

FROM THE FRINGE OF THE NORTH TO THE BALKANS: THE BALKANS VIEWED BY SCOTTISH MEDICAL WOMEN DURING WORLD WAR I

Costel Coroban

Head of Department for Humanities and Social Studies, Cambridge International Examinations Center Constanta; Grigore Gafencu Research Center, Valahia University of Târgoviște; E-mail: coroban.costel@gmail.com

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Abstract:

This article is about the venture of the units of the Scottish Women's Hospitals organization in the Balkans during World War I. It is important to note that these women, inspired by the ideals of equality and compassion, were not part of any governmental organization, as the British War Office refused to employ them, and thus acted entirely based on their ideals. The first unit to serve in the Balkans under Dr. Elsie Inglis was captured by the Central Powers on the invasion of Serbia, but would be later reorganized as the SWH London unit, and would travel to Romania and Russia together with its ambulance unit, in order to help the First Serbian Volunteer Division. After the unfortunate demise of Dr. Elsie Inglis on 26 November 1917 upon her arrival at Newcastle upon Tyne, the unit

was renamed the “Dr. Elsie Inglis” unit, and travelled to Macedonia and Serbia in order to continue its relief work. Other units that served in Macedonia and Serbia since 1916 were the Girton and Newnham unit, the America Unit, their transport (ambulance) sub-units, and briefly Dr. Mary Blair’s unit. The SWH Committee in Edinburgh had the honourable initiative of crowning their efforts throughout the war by founding an “Elsie Inglis Memorial Hospital” in Belgrade during the spring of 1919, but this project would last only for a year.

Rezumat:

Acest articol ilustrează misiunile unităților Spitalele Femeilor Scoțiene (SWH) în zona Balcanilor în timpul Primului Război Mondial. Este important de notat că aceste femei, inspirate de idealurile egalității de gen și ale compasiunii deopotrivă, nu făceau parte din nicio organizație guvernamentală, după ce War Office-ul britanic refuzase să le angajeze, astfel că acestea au acționat în mod categoric din propria lor inițiativă. Prima lor unitate care a funcționat în Balcani sub Dr. Elsie Inglis a fost capturată în timpul ocupării Serbiei de către Puterile Centrale, dar a fost mai târziu reorganizată ca unitatea londoneză a SWH, și a călătorit în România și Rusia împreună cu sub-unitatea sa de ambulanțe pentru a oferi ajutor Diviziei I de Voluntari Sârbi. După decesul regretabil al Dr. Elsie Inglis pe 26 noiembrie 1917, la o zi după întoarcerea la Newcastle upon Tyne, numele unității a fost schimbat în „unitatea Dr. Elsie Inglis,” călătorind apoi în Macedonia și Serbia pentru a-și continua acțiunile de binefacere. Alte unități care au slujit în Macedonia și Serbia din 1916 au fost unitățile Girton și Newnham, unitatea „America”, sub-unitățile lor de ambulanțe, și pentru scurt timp, unitatea Dr. Mary Blair. Comitetul SWH din Edinburgh a avut inițiativa onorabilă de a încorona eforturile lor în război prin înființarea „Spitalului Memorial Dr. Elsie Inglis” în Belgrad în primăvara anului 1919, dar acest proiect a rezistat doar timp de un an de zile.

Keywords: Scottish Women’s Hospitals; Elsie Inglis; Serbia; Macedonia; Dobrogea; World War I

Introduction

Even though this fact is generally less known, during World War I among the medical staff of the Russian, Romanian and Serbian troops, there were also volunteer units of Scottish women orderlies, nurses and

doctors. They were members of the Scottish Women's Hospitals (SWH), an organization founded at the beginning of World War I as an expression of patriotism and feminism.¹ The main supporter of the SWH was the National Union of the Women's Suffrage Societies (NUWSS), and members of it formed the London sub-committee of the SWH. In Edinburgh, the headquarters of the SWH was provided by the Scottish Federation of the Women's Suffrage Societies, of which Dr. Elsie Inglis (credited as founder of the SWH) was also a member.²

Elsie Maude Inglis (16 August 1864-26 November 1917)³ spent her early years in India with her family, until 1876 when they moved to Edinburgh. She studied there and in Paris: in 1886 she attended the Edinburgh School of Medicine for Women, and then she gained the Triple Qualification Licentiatehip of the Royal College of Physicians and Surgeons of Glasgow in 1892. She set up medical practice in Edinburgh in 1894 together with Jessie McGregor. In 1899 Elsie Inglis went on to obtain her MBChM from the University of Edinburgh, which was now open to women. She also lectured on gynaecology in the Edinburgh Medical College for Women, and travelled to Vienna and the U.S.A. to improve her profession. Before World War I she worked mostly in medical care for women and children.⁴

¹ For the context of Scottish feminism, the right to vote and civic participation, see Jane McDermid, "School board women and active citizenship in Scotland, 1873-1919," *History of Education* 38, no. 2 (2009): 333-347.

² Jane McDermid, "A very polite and considerate revolution: the Scottish Women's Hospitals and the Russian revolution," *Revolutionary Russia* 21 (2008): 135-136; Jane McDermid, "What's in a Name? The Scottish Women's Hospitals in the First World War," *Minerva Journal of Women and War* 1 (2007): 102-114; Leah Leneman, *Elsie Inglis Founder of Battlefield Hospitals Run Entirely by Women* (Edinburgh: NMS Publishing, 1998); Leah Leneman, "Medical Women at War, 1914-1918," *Medical History* 38 (1994b): 160-177; Leah Leneman, *In the Service of Life The Story of Elsie Inglis and the Scottish Women's Hospitals in the First World War* (Edinburgh: The Mercat Press, 1994a): 7-22. Also see Audrey Fawcett Cahill, *Between the Lines: Letters and Diaries from Elsie Inglis's Russian Unit* (Edinburgh: Cambridge and Durham, The Pentland Press, 1999), passim; Lady Frances Balfour, *Dr. Elsie Inglis* (New York: George H. Doran Company, 1919), passim; Eva Shaw McLaren, *A History of the Scottish Women's Hospitals* (London, New York, Toronto: Hodder and Stoughton, 1919), passim. See also Ellen S. More, "«A Certain Restless Ambition»: Women Physicians and World War I," *American Quarterly* 41, no 4 (December 1989): 641, 650.

³ Also see Costel Coroban, *Women at War - Elsie Inglis (1864-1917)*, 28 October 2010, on-line at <http://www.suite101.com/content/women-at-war-elsie-inglis-1864-1917-a301823>.

⁴ Elizabeth Ewan, Sue Innes, Siân Reynolds, eds., Rose Pipes, co-ordinating ed., *The Biographical Dictionary of Scottish Women From the earliest times to 2004* (Edinburgh: Edinburgh University Press, 2006), xxx, xxxii, 3, 26, 56, and mainly 177-178.

The Scottish Women's Hospitals was not the first organization of this kind to have travelled in the Balkans.⁵ In 1912, during the First Balkan War, an all-women medical unit formed by Mabel St Clair Stobart had travelled to Bulgaria, "for the sole purpose of fully demonstrating my argument that women are capable of undertaking all work in connection with the sick and wounded in warfare."⁶ Mrs. Stobart did not have medical education but instead she had money and connections. Among her unit were women doctors such as Dr. Hutchinson, Dr. Tudor and Dr. Ramsbotham. Later on, Dr. Alice Hutchinson would lead the first medical unit of the Scottish Women's Hospitals. This first venture of British medical women in Bulgaria lasted for 10 weeks, after which the doctors stayed for a while under the Bulgarian Red Cross. For now though, the impact of their enterprise was small-scaled, as Bulgaria was of rather no interest for the British at that time, a situation which would change during the Great War.⁷

The founder chose the Scottish Women's Hospitals as the name of their organization with the aim of attracting personnel as well as sponsorships from feminists, but not only them. Even women who did not personally agree with female suffrage were admitted in the SWH as long as they wished to contribute to the war effort. Nevertheless, the latter category could not advance to an officer position in the organization, which also employed the red-white-green standard of the suffragists.⁸

Despite initial cautious expectations, the SWH grew quite quickly. The organization received positive feedback from within the United Kingdom and as well as from the Dominions and the United States of America. It is estimated that approximately 50% of the SWH personnel were women from Scotland, while the rest came mainly from England with

See also William W.J. Knox, *Lives of Scottish Women. Women and Scottish Society, 1800-1980* (Edinburgh: Edinburgh University Press, 2006), 3, 7, 89, 108, 157, mainly 224; Lynn Abrams, Eleanor Gordon, Deborah Simonton, Eileen Janes Yeo, eds., *Gender in Scottish History since 1700* (Edinburgh: Edinburgh University Press, 2006), 68, 154; Janet S. K. Watson, "Wars in the Wards: The Social Construction of Medical Work in the First World War Britain," *The Journal of British Studies* 41, no. 4 (October 2002), 489; Marian Wenzel, *Auntie Mabel's war: an account of her part in the hostilities 1914-18* (London: Allen Lane, 1980), passim.

⁵ Also see Costel Coroban, *Women at War – The Scottish Women's Hospitals in its Early Days*, 27 October 2010, on-line at <http://www.suite101.com/content/women-at-war--the-scottish-womens-hospitals-in-its-early-days-a301498>.

⁶ Mabel St Clair Stobart, *Women and War* (London: G. Bell and Sons, 1913), 19.

⁷ Leneman 1994b, 163.

⁸ McDermid 2008, 135-138.

a few from Ireland, Wales and at least one from Canada, Australia and New Zealand. There were even working guests from the U.S.A. The one credited with founding this organization, Dr. Elsie Inglis, even proposed to change its name to “British Women’s Hospitals for Foreign Service”, but the Edinburgh committee vetoed this proposal, so the original name was preserved.⁹

Women joined the SWH for different reasons, but above all to prove their loyalty to the British Empire (Dr. Inglis herself was born in India in 1864, where her father was working for the East India Company). Other reasons were the adventurous and brave spirit of some of them, while the feminists among them were determined to prove that women were useful in a war and deserved the right to vote. Generally, from the journals they left behind we can deduce that they were negatively impressed by the destructions brought by the war, but they still treated both Prisoners of War as well as refugees, besides Entente soldiers of course.¹⁰

Initially, Dr. Elsie Inglis offered the services of her organization to the British government but her offer was refused.¹¹ Instead she did receive a positive answer from the allied governments of France¹² and Serbia,¹³ which immediately accepted her generous offer. For Dr. Elsie Inglis, this

⁹ Ibid.

¹⁰ Ibid, 135-151.

¹¹ Before that moment, her initial offer to serve as a surgeon was declined by the War Office with the reply “My good lady, go home and sit still”, Margot Lawrence, *Shadows of Swords: a biography of Elsie Inglis* (London: Joseph, 1971), 97-98 apud Ewan et al., 178.

¹² For the SWH units in France, see Eileen Crofton, *The Women of Royaumont: A Scottish Women’s Hospital on the Western Front* (East Linton: Tuckwell Press, 1997), passim; Antonio de Navarro, *The Scottish Women’s Hospitals at the French abbey of Royaumont* (London, Allen and Unwin, 1917); Costel Coroban, *Women at War - Scottish Nurse Corps in France during WWI*, 28 October 2010, on-line at <http://www.suite101.com/content/women-at-war-scottish-nurse-corps-in-france-during-wwi-a302047>.

¹³ Also for the SWH units in the Balkans, see Elsie Corbett, *Red Cross in Serbia, 1915-1919: a personal diary of experiences* (Banbury, Oxon: Cheney, 1964), passim; Isabel Emslie Hutton, *With a woman’s unit in Serbia, Salonika and Sebastopol* (London: Williams and Norgate, 1928), passim; Isabel Emslie Hutton, *Memories of a doctor in war and peace* (London: Heineman, 1960), passim; Olive King, *One woman at war: letters of Olive King 1915-1920 / edited and with an introduction by Hazel King* (Melbourne: Melbourne University Press, 1986); Monica Krippner, *The quality of mercy: women at war, Serbia, 1915-1918* (Newton Abbot: Devon, David and Charles, 1980); E.P. Stebbing, *At the Serbian Front in Macedonia* (London: John Lane the Bodley Head, 1917).

was the beginning of a life-long sympathy for Serbia. Thus, in 1915 the SWH generously declared:

“The work to which our Scottish women have set themselves in relieving distress in Serbia is worthy of the highest traditions throughout the country. ... To the Scottish people in particular Serbia makes a strong appeal. Its mountains and glens resemble our own Scottish Highlands, its people have made a similar fight for freedom against tyranny and oppression. It has been rightly termed the ‘Scotland of the East’ and the Scottish people will not fail this brave little nation in her hour of trial.”¹⁴

In the same spirit, Ishobel Ross, a Scottish nurse from Skye confessed upon her later arrival in Macedonia that:

“It is just like Skye but very parched and dry looking... the Serbs are singing their weird songs very like Gaelic. Even to hear the Serbs talking sounds so like Gaelic.”¹⁵

The Medical Units of the SWH in Serbia during 1915-1916

The unit of the SWH that travelled to Serbia in December 1914 was the second unit of this kind, the first one being sent to Royaumont in France. This unit sent to the Balkans settled in the strategically important settlement of Kragujevac (Крагујевац), near Belgrade. Although the personnel of this unit were prepared for a 100 beds hospital, they had to take care of 250 beds, only with Austrian prisoners to help them as orderlies. Initially, the Chief Medical Officer of this unit was Dr. Eleanor Soltau, but she fell ill with diphtheria the following months after arriving in Serbia. Meanwhile, back in Britain, Dr. Elsie Inglis was torn between the need of raising funds and the feeling of being needed on the front. Upon hearing of Dr. Eleanor Soltau’s illness she took upon replacing her, also

¹⁴ Apud McDermid 2008, 137.

¹⁵ Leneman 1994a, 72; McDermid 2007, 105; Ishobel Ross, *The little grey partridge: First World War diary of Ishobel Ross, who served with the Scottish Women’s Hospitals unit in Serbia / introduced by Jess Dixon* (Aberdeen: Aberdeen University Press, 1988), 11.

taking Evelina Haverfield¹⁶ as her aid, giving her the position of administrator.¹⁷

The two arrived in Kragujevac in early May 1915. There, the SWH unit had split into three hospitals: one surgical, one for typhus and one for “relapsing fever” and general diseases. The surgical hospital was headed by Dr. Lilian Chesney, and consisted of a schoolhouse which held 170 mostly full beds. Undoubtedly this was a large number, but given the conditions of the times and the hardships of war, this was not even close to the worse cases. The typhus hospital consisted of a barracks outside of the town, and it too was overcrowded, but it was clean and tidy. The third hospital was outside of the town, it suffered the most regarding proper equipment and it only had a doctor and a sister as medical trained staff, but the Austrian orderlies were doing their job and at least the injured and sick were receiving their medicine and stayed in a clean and fresh environment. Despite its lacks this third hospital had no less than 570 beds.¹⁸

In Britain sufficient funds allowed the departure of two new units of the SWH. One left for Troyes in France while another one under Dr. Alice Hutchinson was supposed to arrive in Serbia, but had to wait in Malta for a short time because of the failed assault of the Dardanelles.

Meanwhile in Serbia it was decided that a new hospital for typhus should be founded at Mladenovac, which was an important railway hub. Dr. Elsie Inglis was also urged by Colonel William Hunter, head of the Royal Army Medical Corps advisory mission, to undertake this initiative, and the hospital at Mladenovac was founded under Dr. Beatrice Macgregor. Evelina Haverfield was sent there as an administrator, in order to solve the personality clash between her and Dr. Lilian Chesney. Otherwise, besides small incidents, Dr. Elsie Inglis confessed in the letters to her family that she felt quite happy in Serbia, “and she had fallen in love

¹⁶ After the war, Evelina Haverfield would remain in Serbia and open an orphanage at Bajina Basta, a remote and hardly accessible village in the Drina Gorge. She still rests buried in the cemetery of that village, where there is an old gravestone with her name inscribed on it.

A good friend of her was the Australian Miles Franklin, who returned to her home continent being a changed person, and wrote extensively on her venture in the Balkans. Her unpublished manuscripts remain at the Mitchell library (Ljilijana Bogoeva Sedlar, “Mapping the Other, Mapping the Self: B. Wogar’s Novel «Raki» (1994)” *FACTA UNIVERSITATIS – Linguistics and Literature* 2, 09 (2002): 323-324).

¹⁷ Leneman 1998, 39.

¹⁸ *Ibid.*, 40.

with the Serbs *en masse*".¹⁹ Elsie Inglis manifested herself as a Victorian character but of course touched by her contemporary times, as she manifested plenty of vision. She was always trying to prevent her nurses and orderlies from the SWH from behaving inappropriately, perhaps seeming quite prude to them, but this does not mean that she was unaware of their merits or that the atmosphere in their hospitals was dull and deplorable. There were days when games and sport events were organized so the staff, patients and soldiers could get to know each other better.²⁰ Also, most British medical women were impressed with the scenery of the Balkans. Dr. Elsie Inglis wondered if "Serbia is a particularly beautiful country, or whether it looks so lovely because of the tragedy of this war".²¹

As the beginning of the summer of 1915 was quite tranquil for Serbia, in July the heads of all the Scottish Hospitals met to discuss their role and it was decided that they should wait for the time and prepare themselves in case any emergencies would occur. A new hospital was opened at Lazarevac under the leadership of Dr. Edith Hollway, who just like Dr. Elsie Inglis, was very sympathetic to the Serbs. Precautions had to be taken to ensure proper hygiene, as infectious diseases were the greatest danger. Even though the whole country was wary because of the Austro-German armies that were gathering at the Northern borders, on 7 September a ceremony in honour of Dr. Elsie Inglis took place in Mladenovac on the occasion of the unveiling of a stone well that was to provide pure water for the settlement. Unfortunately, the autumn would not bring anything good for the Serbians, and the Scottish Women's Hospitals would as well be affected.²²

Bulgaria joined the Central Powers by signing a secret treaty on 6 September 1915. Everything was set for the invasion of Serbia, which happened the following month, in October 1915 (on 15 October 1915 Bulgaria declared war on Serbia). The British medical women, including Dr. Elsie Inglis, were outraged at their government's negligence to Serbia, because "they could have sent a British Expeditionary Force up here this summer, it would have made absolutely all the difference".²³ Of course, a

¹⁹ Ibid., 42-43.

²⁰ Ibid., 44.

²¹ Ibid., 49.

²² Ibid., 44-45.

²³ Ibid., 47.

French expedition had been sent, but only in late September, when the invasion was already well underway, so it had to retreat to Thessaloniki, where it stayed during the remainder of the war.

Belgrade fell on 8 October 1915. Four days later Dr. Beatrice Macgregor evacuated her unit from Mladenovac to Kragujevac. The casualties were so great that they had to treat even 400 patients a day. Beds were increased from 125 to 175, and furthermore two new buildings were taken by the SWH and fitted with hospital beds. The last hospital to retreat was the one run by Dr. Hollway at Lazarevac, where the Serbs hoped to make a stand. In 3 days this unit retreated 100 miles away at Krusevac, where they were given the Czar Lazar barracks outbuilding. In the meanwhile, as the Germans secured two new bridges over the Danube and the allies did not manage to arrive to the aid of Serbia, Kragujevac also became threatened. On 23 October 1915 everyone in Kragujevac was ordered to retreat, but Dr. Elsie Inglis remained until the very last moment possible with her patients. She left Kragujevac on 25 October 1915 for Krusevac. It became clear that all hope for keeping Serbia was lost, and the Entente advised a retreat to Scutari through the Montenegrin and Albanian mountains. The members of the Scottish Women's Hospitals had the alternative of joining the retreat or remaining behind.²⁴

Neither option was an easy one. Those who chose to retreat through the mountains faced dire blizzards and snowstorms, and 100,000 soldiers and civilians perished during it, among which was also a SWH nurse whose cart fell over the edge of a mountain road. The Serbian Colonel Gentič expressed his deepest regret when he heard that Dr. Elsie Inglis and other British medical women (Alice Hutchinson and others) are staying behind. On 7 November 1915 the Germans arrived in Krusevac, and their behavior was very gentle at first.²⁵

The British medical women agreed then to care for the Central Powers wounded. Then, the patients from Dr. Elsie Inglis' hospital were moved to the Czar Lazar Barrack Hospital, together with the medical staff. When she protested to the Serbian hospital director (major Nicolič) replied that of course the Germans took her hospital, since she "had made it so beautiful"²⁶. At Czar Lazar Dr. Elsie Inglis worked in the main building

²⁴ *Ibid.*, 47-49.

²⁵ *Ibid.*, 49.

²⁶ *Apud Leneman* 1998, 50.

while the unit of Dr. Hallway had to establish itself in the magazine, both treating prisoners of war. The numbers of the wounded coming in were extreme, in some days reaching 900 or even 1200 while the building was fit for only 400 beds. There was a great fear of a typhus outbreak because of the overcrowding and the fact that it was rife in the occupation army. Nevertheless, Dr. Elsie Inglis took pride in the fact that not even one case of typhus occurred, thanks to her unit's sanitization efforts.²⁷

The overall status of the Scottish Women's Hospitals members was not too good; after all they were working in Serbian hospital now occupied by the Germans, without any news from home or any news whatsoever. Rations and adequate clothes were lacking (food consisted of black sour bread and bean soup, with small amounts of meat). On 24 November the Germans were preparing to move from Krusevac (leaving it to the Austrians and Bulgarians) and they made a seemingly innocent proposal to Dr. Elsie Inglis by asking her to sign a good behaviour certificate attesting the fact that the German army treated them well. She refused and had to face threats, but was eventually allowed to return to her unit. Later, in Britain, she would learn that the Germans were trying to redeem their four weeks earlier execution of Edith Cavell^{28,29}

The situation continued to deteriorate throughout the end of 1915. In December many unit members accepted an offer of repatriation, but it would take until February 1916 for them to arrive in Britain. Others, such as Dr. Elsie Inglis and Evelina Haverfield chose instead to remain in the hospital as long as possible, and patients continued to arrive in considerable numbers. In February 1916 they were given notice that they too have to leave, and they arrived home on 29 February 1916, after passing through Vienna and Zurich. In April 1916 Dr. Elsie Inglis was decorated by the Crown Prince of Serbia with the Order of the White Eagle, the highest honour of Serbia. She devoted herself to fundraising, but also found time to travel to the SWH unit in Corsica, which was treating Serbian refugees.³⁰

²⁷ *Ibid.*, 49-50.

²⁸ Edith Cavell (4 December 1865-12 October 1915) was also a British nurse that activated mostly in Belgium during World War I. She managed to save about 200 Allied soldiers escape from occupied Belgium, for which she was court-martialled and executed (being shot by a firing squad) for treason. Her case was strongly publicized in Britain and North America,

²⁹ Leneman 1998, 51-53.

³⁰ *Ibid.*, 53-56.

The Scottish Women's Hospitals in Macedonia and Serbia

Initially there was also a SWH French hospital at Troyes (spring 1915) of the Girton & Newnham unit, led by Dr. Laura Sandeman and Dr. Luise McIlroy. When the French Expeditionary Force asked them to join the front in the Balkans at Salonica, Dr. McIlroy led the unit there, while Dr. Sandeman returned to Britain. The unit left Marseilles on 20 October 1915 and the journey took very long because of the danger posed by the German submarines in the Eastern Mediterranean, only arriving at Thessaloniki at the beginning of November 1915.³¹

Initially they would be joined in Thessaloniki by the unit of Dr. Mary Blair, but as the Macedonian front narrowed instead of widening, as previously expected, it was arranged that Dr. Mary Blair's unit would establish a hospital in Corsica, for the refugees fleeing from the Balkans. They would arrive in Corsica in the morning of the Christmas day of 1915. Meanwhile, the Dr. McIlroy's unit from Thessaloniki set up a hospital in Guevgheli. There they were given a silkworm factory, but on 4 December orders were issued to evacuate Guevgheli, to the sadness of the British medical women who admired "that lovely countryside where we Scots felt so much at home."³²

Back in Thessaloniki, although the hospital received some criticism from the SWH committee commissioners³³ present there, it did receive very important surgery cases, and projectile wounds could be very well handled too because of the unit's X-ray equipment, which was taken care of by Mrs. Edith Stoney. Although patients arrived at the hospital 24 to 48 hours after sustaining their injuries, which meant that some cases presented sepsis, Dr. McIlroy's hospital experienced lower illness incidence than the surrounding hospitals of the Red Cross (fact which the SWH commissioner attributed to the patients' excellent diet).³⁴

In mid-January 1917 the news that British War Office handed over the Dr. McIlroy's Girton & Newnham unit to the Serbs in order to make up the 7000 hospital beds promised to them came as a shock. First, Dr. McIlroy

³¹ *Ibid.*, 37.

³² Apud Leneman 1994a, 46.

³³ The presence of the SWH commissioners, Dr. Marian Erskine and Miss Agneta Beauchamp, in Thessaloniki is broadly discussed *infra*, in the second part of this sub-chapter.

³⁴ Leneman 1994a, 92.

believed that the French expedition, headed by General Routto, decided to give them up, while General Routto in his own turn was offended as he thought that the unit members asked for the transfer themselves. The argument was settled only in March 1917 when the Dr. McIlroy's Girton & Newnham unit was returned to the French. Now the problem was to try and move the unit, as the place was no longer salubrious after so many months of the hospital's activity. In August 1917 there was a great fire in Thessaloniki, but Dr. McIlroy's hospital was saved by a timely change in the wind's direction. During September–mid-October 1917 Dr. McIlroy was on leave to Edinburgh, where she reported to a Committee meeting that her unit was given a new location, which would probably be occupied in December. The hospital was also extended from 300 to 500 beds at the request of the French military authority, while the inauguration of an orthopaedic department was also possible thanks to funds coming in from Calcutta. That is why it was named the Calcutta Orthopaedic Centre. Its radiographer would be Mrs. Edith Stoney.³⁵

In the meanwhile, back in Thessaloniki, the unit's hospital was flooded. Lilian Laloe, the administrator, was at least glad that they had few patients, and that this even prompted General Route to hurry the unit's transfer. The move to the new hospital site occurred in January 1918, and much of the spring was dedicated to setting up the new camp and the Calcutta Orthopaedic Centre. In June 1918 the unit hosted a meeting of the British Army Medical Society although there were plenty of surgery-requiring patients, and at the beginning of July 22 of the unit members were awarded Serbian decorations. The King of Greece visited the unit on 20 July 1918, and "he liked the Hospital very much".³⁶

In autumn 1918, when the armistice with Bulgaria was signed, Dr. McIlroy's Girton & Newnham unit was the only one to remain in Thessaloniki for the moment. Ruth Conway, one of the unit members wrote to her family: "You never saw such a town in all your life...I wonder if any nation in the world is unrepresented. I've not seen an Eskimo or a Pigmy - & I'm uncertain about Australian aborigines - but I can't imagine any others that aren't here". Even "the Zionists had thanksgiving procession [in response to the Balfour Declaration] - a little forest of flags held up the traffic. I never saw anything like it - & the faces of those Jews - ye gods this

³⁵ *Ibid.*, 104-105, 130-131.

³⁶ *Ibid.*, 131-132, 148, 154-155.

is a place.”³⁷ On 11 October 1918 Lilian Laloe, the administrator, noted that there are still patients coming in, and orthopaedic cases too. Unfortunately, the next day a whirlwind would hit the hospital: two huts were moved, some tents were toppled completely while some brick walls fell in. This even kept the personnel busy for a while but they were all wondering what would happen to the hospital as the war drew to an end. In December 1918 the Committee discussed the situation of the unit and it was decided that it should transform into an “Elsie Inglis Memorial Hospital” in Belgrade. Dr. McIlroy had to travel to Belgrade together with Dr. Gillian Ward at the end of January, while with the hospital in Thessaloniki remained Dr. Mary McNeill, as patients ill with tuberculosis, chronic bronchitis, influenza and malaria came from retreating French units, in addition to their 120 orthopaedic patients.³⁸

Dr. McIlroy succeeded in finding a suitable building in Belgrade by the middle of May 1919, but there would be difficulties in moving all the equipment from Thessaloniki to Belgrade. A Scottish Women’s Camp would also be founded outside the city at Avala. Dr. Ruth Conway writes how there would be a lot to do in Belgrade. A big shock was the resignation of Dr. McIlroy, which she carried on with in July 1919 despite the Committee offering her a salary increase. Her position would be taken by Dr. Isabel Emslie from the American SWH unit in Vranje (Vranya) (see the end of this chapter).³⁹

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After her return from occupied Serbia, Dr. Elsie Inglis also encouraged fundraising in the United States of America, where she sent the charismatic SWH office worker Kathleen Burke. Mrs. Burke would soon become known as the “thousand dollars a day girl”, as her efforts in the United States and Canada brought in about a quarter of all the funds of the SWH (sic!).⁴⁰ This allowed for the sending of a new SWH unit to Macedonia, which was called the “America unit” in honor of the beneficence of those that sponsored it.⁴¹

³⁷ Apud Leneman 1994a, 178.

³⁸ *Ibid.*, 178-179, 191-192.

³⁹ *Ibid.*, 196-198.

⁴⁰ Her goal was to raise £10,000. *Ibid.*, 58.

⁴¹ *Ibid.*, 54.

On 3 August 1916 the personnel of the America unit together with their transport column (ambulance service, headed by Mrs. Harley) started their naval journey to Thessaloniki. When they arrived (13 August 1916) there a change of plans occurred, as they were sent closer to the front, to Arnissa (known as Ostrovo in Bulgarian). On 17 August Dr. Agnes Bennett, the Chief Medical Officer (leader of the unit – administrator was Mrs. Florence Jack), visited the site, declaring that it is “a picturesque spot besides a large lake [Lake Vegoritis – ed.] with rather barren hills all around”⁴².

Eventually, as the location was too close to the front, the SWH members were initially settled outside Thessaloniki at Mikra Bay. On 7 September 1916 the American unit and its transport column would send a joint advance party towards Arnissa.⁴³ Unfortunately this advance party would be struck by malaria, of which they informed their base at Mikra by a telegram that never arrived. Starting with 12 September 1916 those at Arnissa had to bear the distress caused by the battle raging on at nearby Kelli ridge (called Gornichevo in Bulgarian). Dr. Agnes Bennett was given until 19 September 1916 to open her hospital, while Mrs. Harley had to face a small revolt of her drivers, who preferred not to listen to her advice of not driving during the night.⁴⁴

The hospital at Arnissa was indeed very close to the front and it received the worst cases. Dr. Agnes Bennett wrote on 25 September that: “We now have 160 cases, all bad and it is terribly hard work, 10 of the staff are hors de combat, and we can only just keep going, but we can’t refuse these poor mangled things, it is all too terrible. I think the compound fractures are the worst, we try to save them but there have been 10 amputations in two days and others must come. Those who don’t die seem to get on well and are very happy, indeed they are most appreciative and it is such a pleasure to have to deal with them.”⁴⁵ The battle now moved to the Kajmakčalan peak, where the Serbs of the 3rd Royal Serbian Army difficultly pushed back the Bulgarians in battles raging from 19 to 30 September 1916. This victory also inspired and boosted the morale of Dr. Agnes Bennett’s unit, which during its first 8 weeks admitted no less than

⁴² Apud *Ibid.*, 72.

⁴³ *Ibid.*, 72.

⁴⁴ *Ibid.*, 86.

⁴⁵ Apud *Ibid.*, 87.

523 patients, of who 60 unfortunately succumbed to their wounds. There was even the tragic case of Olive Smith, the masseuse of the unit, who passed away because of the malaria in the evening of 5 October 1916. She was taken to Thessaloniki for burial, where Dr. Bennett made the acquaintance of Colonel Sondermayer⁴⁶ and the Serbian Crown Prince (which she describes as “a charming fellow”).⁴⁷

Here Dr. Agnes Bennett also greeted Dr. Marian Erskine and Miss Agneta Beauchamp, commissioners from the Headquarters Committee, which came to Thessaloniki to inspect both Dr. Bennett’s unit and Mrs. Harley’s transport column (“Flying Column”) but also the nearby Girton & Newham Unit. Eventually, with the Committee’s consent they released Mrs. Harley from service⁴⁸ (officially she actually resigned, but this was not her initiative), and joined the “Flying Column” to Dr. Agnes Bennett’s unit. On 11 December the French leadership of the Allied front in Macedonia suspended operations, but Monastir (Bitolia) had to be kept at all cost. Noticing that the injured have to suffer a long and tiring road to the nearest railway hub, Dr. Agnes Bennett proposed that a hospital of about 40 beds is set up in Dobraveni, near Monastir, and her idea was accepted by both Miss Agneta Beauchamp and by Colonel Sondermayer.⁴⁹

Now a conflict broke out between Dr. Agnes Bennett and Miss Agneta Beauchamp, because the latter proposed the splitting of Dr. Bennett’s unit in two halves, giving one to the leadership of Dr. Alice Hutchinson. This was just after Mrs. Agneta Beauchamp alienated herself of Dr. McIlroy’s Girton & Newnham unit too, over the latter’s desire to remain attached to the French army and not to join the Serbians. Eventually Mrs. Agneta Beauchamp resigned from the Committee and joined the Red Cross in Thessaloniki⁵⁰.

In the meanwhile the British medical women from Arnissa (Ostrovo) took turns of six weeks in working at Dobraveni. They all were

⁴⁶ In 1906 Colonel Dr. Sondermayer was Chief of the Medical Division of the War Ministry of Serbia and plenipotentiary delegate of the King of Serbia to Geneva Convention for the Amelioration of the Condition of the Wounded in Armies in the Field (6 July).

⁴⁷ Leneman 1994a, 88.

⁴⁸ Mrs. Harley went to Bitolia (Monastir) where she undertook relief work. On 8 March 1917 while she was in her room with her daughter the next house was bombed by a shell. Unfortunately, shrapnel came through the window and caused Mrs. Harley’s death, hitting her in the head.

⁴⁹ Leneman 1994a, 100-101.

⁵⁰ *Ibid.*, 103-104.

looking forward for it, as the scenery was enjoyable, despite the harsh winter. There were Russian, Serbian and Italian patients, and all of them were badly injured. Ishobel Ross and other orderlies would walk up to the trenches and bury as many of the Bulgarian victims as possible. On 11 February came the good news of the decoration of Dr. Cooper by the Russians, to which Dr. Agnes Bennet added: "I am so pleased that they are not getting *all* the recognition on the Dobrudja side!"⁵¹ (*sic!*). Still, as the months passed, morale was still low because there was little work to be done in Arnissa (Ostrovo). Some of the unit members started doing relief work for the civilians in the nearby villages, some requested to be allowed to return home earlier while others had to return because of their sickness (malaria). Sister Florence Caton, one of the unit members, had to be operated of appendicitis but unfortunately it was too late, as it had already become gangrenous. Her death was much regretted by her fellow medical women, who regarded her as kind and hard-working.⁵²

In order to alleviate the situation of the American unit at Arnissa (Ostrovo) they were now allowed to take in medical case, besides surgical ones, as usual, and that was because malaria had spread direly. Also, they could now bring in local civilian patients, the hospital becoming full to almost too small. There was a change in leadership since Dr. Agnes Bennett herself became too ill with malaria and had to return to Britain. The new CMO was Dr. Mary Clementina de Garis, an Australian, and former junior doctor, who was thus promoted. Their transport (ambulance) unit also remained without a leader since the departure of Miss Bedford. The Committee decided the transport unit should again be separated from the American unit and leadership was given to Kathleen Dillon, who moved the transport unit to Jelak (Yelak). During the winter of 1917-1918 the patient count at Arnissa (Ostrovo) increased from 120 to about 170 at any given moment, but tending to malaria patients was not exactly what the personnel had in mind when they joined a field hospital. Morale was dropping again due to idleness when a hurricane struck the hospital on 25 February 1918. Even though it pretty much levelled the hospital tents, in only three days the unit was admitting 5 new patients, and 40 came in by the middle of March.⁵³

⁵¹ *Ibid.*, 104.

⁵² *Ibid.*, 118-120.

⁵³ *Ibid.*, 144-148.

Dr. de Garis was described by one of her Serbian patients, Sergeant Major Milan Lubuvič:

“Miss Dr de Garis is a woman of medium build, physically fairly developed, energetic and of serious look. Her every look, her every step is of great importance and significance” ...“After lunch there should be rest for her, but being brave among the braves, she avoids it and with her book on her table and knitting in her hands, she reads her book and knits her socks. She does two works in one and the same time. If there is urgent case for an operation, which she always performs with skill, alertness and success, she immediately leaves her book and drops her knitting going quickly to the operating theatre. If new patient comes to the hospital she never lets him wait 5 minutes unless she examines him.”⁵⁴

But he also praised the work of Sister Sander, who “knows the Serbs and the thorny path through which they have gone through and that is why she can speak to Serbian patient heart to heart.”⁵⁵ Dr. de Garis had to leave the American unit at Arnissa (Ostrovo) in September 1917 (she had offered her resignation earlier but eventually decided to bear through the malaria season, the summer). The new appointed CMO was Isabel Elmsie, who previously worked in the Girton & Newnham unit since Troyes, and was only in her late twenties.⁵⁶

In 1918 they were joined by the Dr. Elsie Inglis unit (see *infra*). Meanwhile, the Flying Column of Mrs. Kathleen Dillon at Jelak (Yelak) were performing admirably, but had to be more careful than usual, as the Austrians and Bulgarians started shelling their route. Still, on 29 September the armistice was signed with Bulgaria at Thessaloniki. Now both the American medical unit of Dr. Isabel Elmsie and the transport column of Kathleen Dillon could move deeper into Serbia. The latter even arrived in Belgrade, where the two commandants received the Order of St. Sava, while the rest of the transport unit members were awarded the Gold Medal for Zealous Service. The Commander-in-Chief of the 1st Army even mention their dangerous excursions from Kumanovo to Vranje (Vranya).

⁵⁴ Apud Leneman 1994a, 156.

⁵⁵ Ibid.

⁵⁶ Ibid, 158-159.

The America unit of Dr. Isabel Elmsie left for Vranje (Vranya) on 23 October 1918, where their services were much needed, especially because of the Spanish influenza that was now spreading. In Vranje (Vranya) they were given the imposing barracks building to turn into a hospital, but it proved to be too small for all the patients. The death rate was quite high, amounting to 10 a day, but at least the doctors had enough supplies, as Mrs. Green, the unit's administrator, was thoughtful enough to procure them while in Thessaloniki. Besides local civilian population they also accepted Austrian and Bulgarian prisoners, of which the sisters confessed that they rather looked like skeletons than humans, but the Serbians did not appreciate this attitude.⁵⁷

As there was not much work left for the transport unit of Mrs. Kathleen Dillon, they were dismissed in March 1919 and returned home. Of course, they could have returned earlier, but the Serbian government desired them to stay in order to distract the home-sickness of the Serbian army. In the same month the Committee decided to maintain Dr. Isabel Elmsie's American unit, since they received righteous reports that there is still much work to be done, as typhus and influenza were rife. At the beginning of May 1918 the hospital was overcrowded, and hundreds of patients arrived every day. Despite the needs of Vranje (Vranja), Dr. Isabel Elmsie received a telegram from the Committee that she was supposed to close her hospital and become Commanding Medical Officer of Belgrade's Elsie Inglis hospital in September 1919. Of course, she did not receive the news too well, as there wasn't that great a need of a SWH unit in Belgrade as it was in the case of Vranje (Vranya), but it is possible that the Committee preferred the hospital named after their hero to be situated in the Capital where everyone could see it. It would have also hurt the Serb's feelings to withdraw from the country. Even so, the Elsie Inglis hospital in Belgrade was disbanded in April-March 1920, after the Committee had realized their mistake in closing the one in Vranje (Vranya).⁵⁸

⁵⁷ *Ibid.*, 174-175, 189.

⁵⁸ *Ibid.*, 190, 195-201.

The Medical Unit of Dr. Elsie Inglis in Dobruja⁵⁹

The London sub-committee of the SWH and consequently the NUWSS also were responsible for organizing “this last adventure for the Serbian Army.”⁶⁰ Still, the members of the sub-committee were not really enthusiasts for this effort of sending abroad a new unit (probably fearing the overextension of the organization), so they conditioned the unit’s departure by it being led by Dr. Elsie Inglis. When she received the news, at first she wanted to quit the SWH out of principle, expressing her sadness to hear that in London they cared more about politics than whether the Serbs needed help. On this occasion, she also reminded the sub-committee that the women in the SWH often suffered deprivations because of the sub-committee’s tardiness in taking decisions. Even more, Dr. Inglis showed that she was not conditioned by her adhesion to the London committee, and so she might as well join the Serbs through a different organization (the Serbian Relief Fund). It is remarkable that from her correspondence it can be deduced that she never thought about the effect of her parting from the SWH would have on the public. It is likely that this was the main concern of the sub-committee in London, as in its correspondence it is said that the press would have enjoyed such a fiasco, and as a result the general public might have understood that when women do not obtain what they want in the smallest detail, they threaten to resign. This would have been against the interests of the NUWSS.⁶¹

Eventually a compromise was reached and the London Unit of Dr. Elsie Inglis (which she led as Chief Medical Officer) was to leave for Russia in order to join the Serbian Volunteers Divisions. The London sub-committee provided the funding for the medical equipment and its

⁵⁹ Geographically, Dobruja (nowadays composed of Northern Dobruja, which belongs to Romania - i.e. the Constanța and Tulcea counties -, and Southern Dobruja - i.e. the Tolbukhin and Silistra provinces -, which belong to Bulgaria) is included in the Balkan Peninsula. At the beginning of World War I, the whole Dobruja belonged to the Kingdom of Romania, according to the Treaty of Bucharest of 10 August 1913, that ended the Second Balkan War. The venture of the Scottish Women’s Hospitals unit of Dr. Elsie Inglis took place in nowadays Constanța and Tulcea counties. Also see Costel Coroban, “The Scottish Women’s Hospitals in Romania during World War I,” *Valahian Journal of History* 14 (Winter 2010): 53-69; Costel Coroban, *Women at War – Scottish Nurses in World War I on the Eastern Front*, 21 October 2010, on-line at <http://www.suite101.com/content/women-at-war--scottish-nurses-in-world-war-i-a299395>.

⁶⁰ Apud McDermid 2008, 135-151.

⁶¹ Leneman 1994a, 59-60.

maintenance, while the headquarters in Edinburgh provided the salaries. This joint financial control meant that there would be future misunderstandings and frictions between the two institutions of the SWH, but it is important that eventually Dr. Inglis's unit could follow its mission. The unit had to travel via the Archangelsk-Odessa route because the Dardanelles were closed for Entente ships, so the only available route to Romania was by train from Northern Russia.⁶²

The unit consisted of 76 women, meaning generalist doctors, one radiologist, a pharmacist, 17 nurses, 16 orderlies, cooks and laundresses, plus a transport sub-unit of drivers, ambulances, cars and trucks. They all set sail together with 36 Serbian officers and soldiers on the 11th of September 1916 (all dates are in the Gregorian calendar, the Julian equivalent is 13 days earlier). At their arrival in Archangelsk they received messages from the Serbian Volunteers Divisions asking them to arrive in Odessa as soon as possible.⁶³ The news from Romania was not good as the Germans brought 8 divisions and almost occupied the Bucharest-Constanța railroad, while also causing heavy losses to the Entente. There were only 4,000 Serbs surviving out of 14,000 so Dr. Inglis telegraphed to London asking for more medical supplies for the wounded.⁶⁴

The unit of Dr. Elsie Inglis arrived in Odessa on the 21st of September 1916. To their surprise, the Scottish women were described in the local press as *"healthy manly women, sunburnt and ready for anything."*⁶⁵ The Russian authorities and the other British subjects in Odessa received them well. Also, Grand Duchess Maria Pavlovna, the aunt of Czar Nicholas II, invited them for a gala evening at the theater, and offered them advice to prepare warm, thick clothes in preparation for the following winter.⁶⁶

On the 24th of September they left Odessa for Medgidia, where the Russian headquarters were in Dobruja. The train trip to Reni, although in a normal day should have lasted six hours, took three days and four nights. At their arrival in Reni at 6:30 in the morning, one of the nurses, Yvonne Fitzroy, described the view as similar to the Scottish Lowlands. They finally arrived in Medgidia on the 30th of September in the evening (at 11:00 p.m.),

⁶² Ibid., 73-74.

⁶³ McDermid 2008, 140.

⁶⁴ Leneman 1994a, 74.

⁶⁵ Apud McDermid 2008, 140.

⁶⁶ Ibid., 140.

where Dr. Elsie Inglis was given a barrack to turn into a campaign hospital, while 12 members of the unit plus the transport sub-unit, were sent to Bülbül Mic (mostly appears as Bul-Bul Mic in the diaries of the Scottish medical women, today the village Ciocârlia de Jos, Constanța County) under Dr. Chesney to establish another hospital closer to the front. The first two days in Medgidia meant cleaning the barrack to proper hospital hygiene standards, while the personnel set up tents to sleep in. The same Yvonne Fitzroy was wondering in her journal what it would be like to be near a dying man, but she soon found out that when wounded were pouring in from the battlefield there was too much to do and little time for thinking. When the situation returned to normal everybody took advantage of the break and accepted the proximity of death as a daily routine, as she bravely tells us in her journal. The same situation is described by Katherine Hodges, who looking back to this extraordinary experience, tells us that the chaos of the war in Romania made the women, who were unfamiliar with it, adapt quickly. Hard and continuous work meant that nobody took the time to think too much or to assess the tragedy of the situation. The bad news from the front and the increasing numbers of wounded caused a serious drop in morale, but what kept the Scottish women going was the correspondence they received from their families.⁶⁷

The journal of Miss Yvonne Fitzroy also mentions the existence in Medgidia of a unit of the Russian Red Cross. Generally the soldiers agreed that the Scottish nurses were more professional and offered better treatment, but this does not mean, for example, that patients did not sleep on hay mattresses on the floor even in the Scottish women's hospital. And even though they were all women they still accepted the help of men, especially using a Serbian soldier whom they called "Chris" for translation. Miss Fitzroy remarks in her diary that he was rather tall and that he really did not appreciate having to explain to his fellow patients "the mysteries of (forgive me) a British bedpan."⁶⁸ He would take quite a few moments to detach himself from his other occupations in order to explain to the other soldiers that they would sadly have to lose a limb, or that they should not eat certain thing if their stomach was injured. Of course, nobody envied Chris his role, but he was extremely useful to the Scottish women, who also

⁶⁷ Leneman 1994a, 76-77.

⁶⁸ Yvonne Fitzroy, *With the Scottish Nurses in Roumania* (London: John Murray Albermarle Street, 1918), 37.

appreciated the help of the Russians, even though it took even longer for them to offer a helping hand.⁶⁹

The daily schedule of the Scottish medical women in Dobruja is very interesting, and we are lucky that the same Yvonne Fitzroy described it in her journal: waking up at 6:00 a.m.; breakfast at 7:00 a.m.; at 7:30 a.m. the roster was called and tents were inspected; 7:45 a.m. meant the beginning of the working day; at 11:30 a.m. a snack was served, followed by lunch at 12:30 p.m.; tea was served between 3:15-4:00 p.m. and dinner at 8:00 p.m. The women could take up to 3 hours off every day, but this of course depended on the number of patients in their care.⁷⁰

Meanwhile, at Ciocârlia de Jos, initially there was no intense activity, until the 14th of October when bombardments reached as far as the railway near Medgidia. Ysabel Birckbeck, the driver of one of the ambulances, tells us how, because of the bombardments, the passengers asked her to turn around, but to no avail, as the bombs were falling from all directions as enemy aviation often flew far beyond the front line. Mary Milne, the cook of the Scottish women, also complained that doing her job was hard near falling bombs and in a rain of shrapnel. Still in Ciocârlia de Jos, Ethel Moir has left a record telling us that the campaign hospital must benefit from some kind of special protection, since it was untouched by the very frequent bombardments. Nevertheless, following the retreat of the front line northwards, this hospital of Dr. Chesney also had to follow, while in Medgidia the bombardments became the norm of the day.⁷¹

On the 21st of October Ciocârlia de Jos was abandoned while burning, and a severe storm also saddened the day. The conditions of retreat were even worse than those of war, as rain was making traveling difficult, while there was a lack of food to eat and shelter to sleep in. An unpleasant incident happened when the truck in which Lois Turner and Margaret Fawcett traveled, crashed upside down because the driver had allowed himself to indulge in too much alcohol. Because the German-Austro-Bulgarian forces were getting closer everything was done in extreme haste. More so, on 26 October the Scottish women under Dr. Chesney had to wake up at 5:00 a.m. and begin retreating. The next day they reached the pontoon bridge at Isaccea and crossed the Danube into the

⁶⁹ *Ibid.*, 37-38.

⁷⁰ *Ibid.*, 42.

⁷¹ Leneman 1994a, 78-80.

Russian Empire, but their transport (ambulance) sub-unit faced even more problems because of the total lack of roads so that they even had to abandon a broken ambulance.⁷²

In all this chaos of retreat, Dr. Elsie Inglis sought to remain in Medgidia as long as possible. Even though the retreat order imposed a general evacuation at 5:30 a.m. she was still considering waiting even after 6 more hours. At 2:00 p.m. the Scottish women attended religious service, while more and more refugees and retreating soldiers could be seen on the roads. Eventually, in the afternoon, the sickest patients (suffering from dysentery) in Dr. Elsie's hospital were taken by train, so at least she could also leave in a military staff car, while 5 of the nurses used the ambulance, and another 7 were taken in a Russian truck together with the hospital's medical equipment.⁷³

The most impressive accounts are related to the retreat from Dobruja:

"It was a pretty heart-breaking sight to watch the people stripping their little houses and packing what they could into some tiny cart. The women sobbing, and the men dogged and inert. Here and there on the road, of course, there were moments of panic in which they lost all self control. Men, at the cry that the Bulgars were coming, dragged women and children out of carts so as to make good their own escape, and would even in their terror fling their own babies down on the roadside when these hampered them... It is not a pretty sight, but it's a very fine lesson."⁷⁴

Evelina Haverfield added that:

"Streams of troops, refugees, wagons, guns and animals of all sorts were trailing along all day, and as darkness fell all converged on Caramurat (Mihail Kogalniceanu); the streets of rather muddy lanes between houses soon became one mass of terrified humanity screaming, crying and cursing, cars and

⁷² Ibid.

⁷³ Ibid., 80.

⁷⁴ Fitzoy, 51.

scared animals adding to the noise: scenes of terror and despair never to be forgotten”⁷⁵. This could not have led to the Romanian army being perceived positively, and this is shown in a report of lorry driver Ysabel Birkbeck: “We have none of us a thing other than what we stand up in, and find the manicured nails of the Roumanian officers very irritating – but it’s difficult to look one’s best after a retreat [...] Their [the Russians’] wish is now that the Roumanians had joined in the fight against them...”⁷⁶.

As we have seen, the retreat of the Scottish medical women from Dobruja was not done in a concerted way, but rather chaotically, as was the case of the whole population and even some armed forces. Of course, they would soon reunite in Brăila, Galați and Ismail. To sum up, their medical mission in Dobruja did not last more than 3 weeks, but this did not prevent the Scottish women setting up other campaign hospitals.

The ambulance sub-unit ended up in Brăila, and a member of it, Katherine Hodges, tells us how “Out of all that terror and anguish and chaos, we suddenly emerged into an open flower bedded garden place in the centre of the city with gay restaurants and brilliantly lit shops all around.”⁷⁷ The crowds greeted them with cheers and flowers, which was quite incomprehensible to the Scottish medical women, who were amazed how people could ignore the horrors happening just across the Danube.⁷⁸

The group led by Dr. Elsie Inglis was reunited in Galați and offered their professionalism in a Romanian hospital, while the whole town was curious whether the Russians would deploy reinforcements to recapture Dobruja. The wounded began pouring in by tens and hundreds in Brăila, so Dr. Inglis instructed her subordinates from the transport sub-unit who were already there to try their best to alleviate the situation. Eventually, the flow of wounded and refugees returned to a more manageable volume, and the situation was under control again.⁷⁹

⁷⁵ Cahill, 88.

⁷⁶ *Ibid.*, 82.

⁷⁷ *Apud* Leneman 1994a, 81.

⁷⁸ *Ibid.*, 81-82.

⁷⁹ *Ibid.*, 81-83.

The group led by Dr. Chesney arrived in Ismail where a small campaign hospital was opened. They were glad to accept the help of a young Serbian doctor, whose name remains unknown unfortunately. The Scottish nurses found Ismail “a pretty deadly hole, with no decent shops, no cigarettes, and no Turkish Delight – the only things that made life worth living when we first arrived.”⁸⁰ Unfortunately, this was the place where one of the nurses, Evelina Haverfield, suffered a nervous breakdown, which came as a consequence of the hard conditions they had to endure. Because of these conditions, the other Scottish medical women suffered a mild form of dysentery, but this was not such a big problem.⁸¹

In March 1917 Prince Pavel Dolgorukov of Russia, who was in command in the Reni area, made a surprise visit to Dr. Elsie Inglis and decorated all the unit members and some of the patients that took place in the Dobrujan retreat with St. George’s Medal for “bravery under fire.”⁸² This was the same decoration that was also awarded to soldiers, a fact which raised the British medical women’s spirit.

Epilogue

As we have seen, in Romania and Russia the circumstances on the Eastern Front (the Bolshevik revolution) would force the return of the Scottish women to Great Britain. Although Dr. Elsie Inglis wished her medical unit to continue caring for the Serbian Volunteer Division, this was impossible considering her poor health. Having arrived in Newcastle Upon Tyne on the 25th of November 1917, she passed away the next day, not before putting on her uniform, decoration and saying goodbye properly to her protégés, the Serbian soldiers.

At the memorial service held in Westminster Abbey she was honoured by members of the cabinet, diplomats of the Foreign Office, leaders of the Red Cross and from the Army Medical Services, representatives of the embassies of France, Italy, Russia, delegates of Serbia, Belgium and Romania, alongside high clergy and officers and other distinguished personalities. The Scots have given her name to a hospital in Edinburgh ever since 1925, and so her example of philanthropy should not

⁸⁰ Apud *Ibid.*, 83.

⁸¹ *Ibid.*, 83-84.

⁸² *Ibid.*, 112.

be forgotten in Romania either,⁸³ because the Scottish Women's Hospitals proved their bravery, courage and devotion not only in Dobruja, but also in France, Italy and in the Balkans.⁸⁴ In Serbia people would call her British medical women *vilas* (good fairies), and would build monuments in their honour.⁸⁵

In January 1918, the London unit of the Scottish Woman's Hospitals was renamed the "Elsie Inglis" unit and travelled to Macedonia and Serbia to help the Serbs, where they remained until March 1920, when the SWH

⁸³ See the exhortation of I. Rudici, "In jurul solemnitatii de la Medgidia [Regarding the solemn events of Medgidia]", *Marea Neagra* [The Black Sea] 9 (27 September 1926): 1 (originally in Romanian):

"We have thus fulfilled a moral duty, a holy duty, the gratitude for a people who were brother in arms with us on the bloody and fiery fields of Dobrogea. Gratitude is the flower of the gifts which God bestowed upon the Romanian people. Still an episode was forgotten about the heroic struggles of the Serbian division, that during the fierce battles of Dobrogea, a medical ambulance was attached to them, admirably organized and equipped by Scottish women.

Which of us, who witnessed this, does not remember the absolute devotion and deeds of unrelenting courage of these young girls and ladies dressed in military outfits?

There were times when this ambulance, on the front line, under the aegis of the Red Cross, which was often ignored by the enemy, under rains of bullets, has gathered the injured in order to help them and to deliver them to the Medgidia hospital, also run by these Scottish ladies.

Through the devotion and heroic acts of these noble daughters of Albion, thousands of young lives of Serbians, Romanians and Russians were saved from certain death. An episode of this magnitude must not be forgotten, it cannot be forgotten.

If in Medgidia the sublime heroism of the sons of the Serbian people was glorified in an impressive event, it is a great deed.

But during this glorification also representatives of the Scottish women should have been mentioned, as their sacrifice has surpassed military heroism. The socket of the monument that dominates Medgidia should glorify in words, besides the heroism of the Serbian division, also the heroic devotion of the Scottish women. Because the organizers overlooked these facts, their glorification has not been done.

Let us make right this involuntary forgetfulness and let us send the Scottish women our offering of gratitude and the assurance of our eternal admiration and love".

See also Aurelia Lăpușan and Ștefan Lăpușan, *Medgidia-Carasu* (Constanța: Muntenia Press, 1996), 175-178; which further points to *Dacia* no. 196 (4 September 1926) and no. 199 (10 September 1926), *Dobrogea Jună* [Young Dobruja] (4 September 1926), 1 and *Dobrogea Jună* [Young Dobruja] (8 September 1926), 1. Courtesy for helping me in my research also goes to Col. (r) Remus Macovei, the president of the National Association for Heroes' Memory in Constanța, Romania.

Also see Grace Macaskill, *Searing Great War journals of brave young nurses inspire writer*, 8 August 2010, on-line at <http://www.dailyrecord.co.uk/news/editors-choice/2010/08/08/searing-great-war-journals-of-brave-young-nurses-inspire-writer-86908-22473579/>, accessed January 2011.

⁸⁴ Leneman 1994a, 7.

⁸⁵ Bogoeva Sedlar, 232.

officially ended its activities in Serbia, as we have seen.⁸⁶ The autumn of 1918 would find the “Elsie Inglis” unit (with Dr. Annette Benson and later Dr. Rendel as Commanding Medical Officer) near Skopje, after leaving Verbljani in the Macedonian hinterland, from where it advanced to Sarajevo in December 1918-January 1919, although the dissolution of the London Committee of the SWH somewhat slowed them down.⁸⁷

Regarding the 1st Serbian Volunteers’ Division, although the military operations together with the Romanians and Russians in Dobruja meant participating in a decimation of Entente troops, at least, after this tragic episode, nobody could ever doubt them again. In Odessa, a Russian officer even confessed to Dr. Elsie Inglis that they “*were doubtful about these Austrian Serbs at first, but no one doubts them now.*”⁸⁸

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⁸⁶ McDermid 2008, 138.

⁸⁷ Leneman 1994a, 154, 175-179, 188-189.

⁸⁸ Lawrence, 188.

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