

CHARACTERISTICS OF THE RUSSIAN SOCIETY OF THE RED CROSS ON THE CAUCASUS FRONT (1914-1917)

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Introduction

The proper organization of medical support for sick and wounded servicemen during wartime is a crucial objective in any military engagement. The effective work of medical units is vital to maintaining morale among the troops as well as boosting the percentage of servicemen returning to operations after treatment. During World War I, the medical needs of the Russian army on the front were handled by a number of public organizations, such as the Union of the Cities of the Caucasus, the Russian Society of the Red Cross, the Zemsky Union, the Baku Public Assembly, the Armenian Benevolent Society, the War Victims Relief Caucasus Senior Committee, and others. Under the laws of the period, during wartime all public and private organizations were to be united under the flag of the Red Cross.

Materials and methods

In writing this article, the authors have utilized documents from the Russian State Military History Archive as well as official reports and other materials on work carried out by the Russian Society of the Red Cross (RSRC) during World War I.

The methodology is based on the principles of objectivity and historicism which presuppose taking an unbiased approach to the analysis of issues in question, adopting a critical attitude to sources, making judgements as a result of analysis of all available facts, as well as examining phenomena in the context of the historical setting. This methodology was used for the

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analysis of the everyday activity of the Third Advance Squadron of the RSRC in the context of events on the Caucasus front. The authors also employ a number of common scientific methods such as logic classification and factor analysis, as well as special methods of research, such as comparative, statistical and typological.

Primary Source Overview

Reference information on the Russian Society of the Red Cross (RSRC) was first provided in *Bol'shaya entsiklopediya* published under the editorship of S. N. Yuzhakov.¹ The first information on the RSRC's activity on the front and behind the lines is contained in the proceedings of the Pirogov Congress (14-15 April 1916), a portion of which was published in the same year.² Information on the RSRC's activity on the Caucasus front was also provided in a brief report on the activity of the Caucasus Department of the All-Russian Union of Cities, published in Tiflis in 1915.³ A year later, *Kratkii obzor deyatelnosti ROKK po okazaniyu pomoshchi bol'nym i ranenym voenam na teatrakh voiny s Austro-Uengriei, Germaniei i Turtsiei v 1914-1915 gg* was published in Petrograd.⁴ Documents and materials from the wartime period have become a valuable source crucial to gaining a general insight into the RSRC's diverse activity during the war.

In Paris, 1925, Russian émigrés released a brief analytical work entitled *Russkii Krasnyi Krest posle 1917 g. Ocherk deyatelnosti Rossiiskogo Obshchestva Krasnogo Kresta (staroi organizatsii)*.⁵ This was one of the first works on the RSRC published during the post-war period.

During the Soviet era, the subject of sanitary activity during World War I, and on the Caucasus front in particular, was addressed by researchers such as N. G. Korsun,⁶ G. A. Melkumyan.⁷ The approaches employed by these authors were distinguished by being highly politically biased, with many aspects viewed from the standpoint of a class-based approach, the major focus being on government mistakes.

During the early 2000s, the subject was investigated in the context of the study of regional history by L. G. Polyakova,⁸ A. P. Yeroshenko,⁹ A. A.

¹ *Bol'shaya entsiklopediya* 1903.

² *Materialy Pirogovskogo* 1916.

³ *Kratkii otchet* 1915.

⁴ *Kratkii obzor* 1916.

⁵ *Russkii Krasnyi Krest* 1925.

⁶ Korsun 1946.

⁷ Melkumyan 1971.

⁸ Polyakova 2012, p. 48.

⁹ Eroshenko, Cherkasov 2010, p. 60-72.

Budko and N. G. Chigareva,¹⁰ O. V. Chistyakov.¹¹ That said, very little attention has been devoted to medical service on the Caucasus front. As a result, to this day there still remain gaps regarding the activity of the Russian Society of the Red Cross during World War I.

Results

The Russian Society of the Red Cross was founded on 3 May 1867, at the initiative of Madame M. S. Sabina. Originally known as The Russian Society for the Care of Wounded and Sick Warriors, it was immediately taken under the patronage of Empress Maria Aleksandrovna. In peacetime, the society operated independently of the military department, while in wartime the society's senior commissioners were subordinate to the army's commanders-in-chief and its commissioners to the heads of military district administrations.

The Red Cross's military activity began during the time of Russia's Turkestan campaign (1868), its campaigns to Kulja and Urga (1871) and later Khiva (1873). The experience gained by the organization enabled it to provide tremendous amounts of aid during the 1877-1878 war when, having started out simply delivering supplies to infirmaries, the Red Cross soon began setting up its own infirmaries behind the lines, transporting the sick and organizing field dressing staging stations and "flying" ambulance squadrons. The organization is known to have spent around 17 million rubles on these activities, not counting all kinds of donations.¹²

By the start of World War I, the Russian Society of the Red Cross had grown into a large organization with 39,000 members across 97 departments and 465 committees. By this time it had in its employ approximately 1,000 doctors and 2,500 sisters of mercy, plus 750 sisters of mercy on inactive duty and about 1,000 women in inactive duty training in the community.¹³

According to pre-war plans, the Red Cross society was expected to set up in the theatre of war 48 hospitals with 200 beds per each, as well as 37 staging infirmaries and 33 mobile infirmaries with 50 beds each:¹⁴ all in all 118 medical field units of its own with a total of 13,100 beds. The start of the world war demonstrated that the above number of beds would definitely not be enough to meet the needs of the front, so the overall number of hospitals and infirmaries was increased. During the war's first

¹⁰ Budko, Chigareva 2014, p. 74-81.

¹¹ Chistyakov 2009, p. 67-69.

¹² *Bol'shaya entsiklopediya* 1903, p. 474-476.

¹³ *Russkii Krasnyi Krest* 1925, p. 6.

¹⁴ *Kratkii obzor* 1916, p. 9.

year, 10 additional hospitals, 20 staging and 20 mobile infirmaries were set up, with a total of 8,000 beds added and 16 advance ambulance squadrons set up. Refreshment, dressing, and transport squadrons were also put together, as well as ambulance-and-disinfection, epidemic, flying surgical and X-ray squadrons. Other supporting infrastructure, such as mobile depots, bathing trains, and disinfection chambers and apparatuses, was also established.¹⁵

The Main Administration of the Russian Society of the Red Cross set up 6 field depots in the area of operations with supply reserves of no less than 5,000 beds in each and 17 separate depots for the frontline, 8 of which were mobile depots on rail trains.¹⁶ The creation of field depots was prompted by the experience gained during the Russo-Japanese War, and a Depot Council was set up to:

- 1) ensure the Red Cross' ability to promptly dispatch the necessary number of medical units supplied with all essentials;
- 2) ensure the ability to set up new field medical units of various types *after* the start of hostilities;
- 3) oversee the operation of the central depot in the capital and the entire network of depots all across the empire in terms of stockpiling and storing all the equipment and supplies the Red Cross would need immediately if war broke out;
- 4) assign a relevant number of depots on the front during the war.¹⁷

As well as field depot supply catalogues, the Depot Council developed medical unit equipment catalogues, which incorporated a 200-bed field hospital, a 50-bed mobile infirmary, a 50-bed staging infirmary, an advance squadron and a meal station. Equipment was stockpiled only after examples of individual items had first been tested by a preparatory commission. Items manufactured based on these specimens would then have to go through checks by acceptance commissions with the participation of representatives of Red Cross communities and experts. Certain items would be purchased overseas (in Germany, England and Sweden). Some of the enhanced specimens developed by the Depot Council included ambulance pharmacies equipped with a microscope and an ambulance lab, heaters, folding operating tables, cabinets for surgical instruments, Dr Isachenko's collapsible wash basins and beds, etc.

As early as 25 August 1914, within the first month of the war being declared, the Red Cross provided the army with 167 units supplied with 13,900 beds, equipment and medical personnel. Concurrently, field depots

¹⁵ *Materialy Pirogovskogo* 1916, p. 3.

¹⁶ *Ibid.*

¹⁷ *Ibid.*, p. 16.

were also set up on all the fronts.¹⁸ Between the start of the war and January 1916, the following supplies were distributed to infirmaries and hospitals by the depots: about 40 million arshines of gauze, 471 million kilograms of cotton wool, 1,450 heaters, 1,368 ambulance wagons, 8 million kilograms of iodine, 18.5 million kilograms of chloroform, and 25.5 million kilograms of diethyl ether. In 1915, the Red Cross expended 24 million rubles to replenish its reserves.¹⁹

It is also worth remembering that by no means all of the supplies made it to the main depots: a portion of medication gathered or acquired by the Red Cross communities stayed with local infirmaries, which means these supplies were unaccounted for. To give an example, we know that in 1915, the Novorossiysk Community of the Red Cross (the Black Sea Governorate) acquired 82.57 rubles worth of gauze for local infirmaries no. 1 and no. 2.²⁰

As of 1 January 1916, across all the fronts, the Red Cross had 44,600 beds spread between 71 hospitals, 61 staging and 57 mobile infirmaries and 11 ambulance trains, and 61,247 beds across 1,329 rear evacuation-type infirmaries. There were 646 units that did not engage in stationary treatment but provided dressing-and-refreshment aid. The above units were operated by 1,645 physicians, 9,625 sisters of mercy, 214 assistant physicians, 725 medical students, 210 supply managers and 24,200 nursing assistants.²¹

In terms of transportation, over 9,966 horses and 804 automobiles were provided. As of 1 November 1915, the Red Cross's stationary field units had provided treatment to 779,832 individuals²² (a total of 5,917,727 hospital days). The Red Cross society had arranged for the operation of 11 ambulance trains - 6 for the southwestern and 5 for the northwestern front. These trains could transport about 44 wounded men on each run. Special cars were designated for the especially contagious. All in all, as of 1 November 1915, a total of 453 runs had been carried out, with a total of 215,682 wounded and sick individuals transported. To combat infectious diseases, ambulance-and-epidemic squadrons and disinfection squadrons were formed and field bacteriological labs established. Two bathing trains also operated in the southwestern region. To provide specialist assistance, 18 dental-care stations and 3 eye-care squadrons were set up. To support evacuation into the country, 436 evacuation infirmaries were set up,

¹⁸ Ibid., p. 17.

¹⁹ Ibid.

²⁰ *Chernomorskaya gazeta*, 18 August 1915.

²¹ *Materialy Pirogovskogo* 1916, p. 3.

²² *Kratkii obzor* 1916, p. 17.

providing a total of 22,400 beds, wherein 5 million hospital days had been spent as of 1 November 1915. In addition, there were 221 evacuation infirmaries with a total of 12,465 beds that operated under the flag of the Red Cross and were subsidized in part and sometimes in full.²³

The RSRC played a significant role in training sisters of mercy. By 1 January 1916, Red Cross communities had dispatched as many as 7,811 sisters of mercy to military medical units.²⁴

During the period preceding the February Revolution, the Russian Society of the Red Cross managed to put together a powerful medical framework on the front which numbered 1,024 organizations, with another 45 expected to be introduced subsequently. These establishments employed 2,500 physicians, 26,000 sisters of mercy, 600 medical students, 285 assistant physicians, 58,000 nursing assistants, and 1,536 functionaries.²⁵

The first activities aimed at providing the Caucasus Army with medical equipment were conducted as early as September 1914, before Turkey's attack on Russia. On 12 September, as part of preparations for war with Turkey, a convention of the Union of the Cities of the Caucasus was held in Tiflis, in which a number of crucial medical, evacuation and anti-epidemic support mechanisms for the Caucasus Army were worked out. The convention arranged for the provision of 50,000 beds for the Caucasus Army in case of war.²⁶

Let us take a closer look at the RSRC's activity on the Caucasus front.

Active hostilities began with the Sarykamysh Operation in December 1914. As a result of this operation, the Third Turkish Army was defeated. Turkey's 90,000-strong army suffered over 70,000 casualties, losing as many as 30,000 men to frostbite alone.²⁷ The Russians had around 20,000 casualties, with about 6,000 cases of frostbite.²⁸

The situation with the Caucasus Army was somewhat better. To preempt frostbite and chilblains, public organizations took early measures to provide military personnel with warm clothing. Red Cross Commissioner Count R. F. Grocholski arranged for a large shipment of warm clothing for servicemen to be delivered to Sarykamysh from Tiflis. Then he "headed toward the frontlines with loaded camel caravans, where he visited the commanders of corps in Medzhingert and Karaorgan and, as directed by

²³ *Materialy Pirgonskogo* 1916, p. 3-4.

²⁴ *Ibid.*, p. 3.

²⁵ Eroshenko, Cherkasov 2010, p. 65.

²⁶ *Kratkii otchet* 1915, p. 5.

²⁷ Korsun 1946, p. 37.

²⁸ *Ibid.*

them, supplied the troops with warm clothing.”²⁹ In early December, Grocholski again had a great quantity of winter clothing brought over from Tiflis for the troops engaged in the Sarykamysk Operation. On the frontlines, he “actively distributed unquestionably much-needed warm clothing among the troops out in the freezing cold in the snow. It’s thanks to this that many a soldier was able to escape frostbite.”³⁰ It was the Red Cross that provided the army with warm clothing in wintertime throughout the war, distributing items collected from civilians on a massive scale.

By the beginning of January 1916, the RSRC had the following institutions operating on the Primorye front: from the sea to the Pontic Mountains medical support was provided by the two Batum Flying Squadrons and the Kursk Infirmary in Peronit, with a branch in Arhavi, whilst the area from the Pontic Mountains (Magaradag-Patadjur) to Melo (the Artvin route) was overseen by the Third Advance Squadron of the Red Cross, which had developed into a network of positional infirmaries (a total of 9 as of December 1916). In addition to the Third Advance Squadron (which operated a network of positional infirmaries and a temporary infirmary in Dzansul, and had the capacity to handle the evacuation of this entire front), there were 3 infirmaries from the Zemsky Union operating in the area.

In the beginning, the advance was pursued along two major lines: a) along the coast line and b) to the south of Artvin and Melo. The troops advanced negligibly in the centre, where the snowy Pontic Mountains run parallel to the sea, impossible to pass in winter, thus totally dividing and isolating the two columns of advancing troops. The seemingly insignificant Chorokh Squadron, which had been stationed at the foot of the Pontic Mountains, was soon deployed to the littoral front. Thus, by following the troops in these two absolutely independent lines, the Red Cross organizations were drawing away from their base in Batum.

The RSRC’s Third Advance Squadron, in particular, split into two separate groups and formed flying squadrons in both lines of the Russian advance. The squadrons were 70-100 kilometres away from each other.³¹

The following lessons were learned from the first battle, at Arhavi:

1) Operating in mountainous terrain across a 40-verst front, with poor or no paths, just a single base and a single evacuation centre (the sea coast) required a considerable number of stretchers and stretcher-bearers to carry the wounded out of the area, evacuation on foot being the only option;

2) There was a need to come up with special means of evacuation by sea to Batum;

²⁹ RGVIA, fund 2018, opis 1, delo 846, leaf 19.

³⁰ Ibid., l. 20.

³¹ Ibid., fund 12651, opis 1, delo 1192, leaf 3.

3) In terms of medical assistance, there were enough doctors during the first battle (Arhavi).

4) However, there was an almost total lack of military medical vehicles on the front (apart from those pre-assigned to army units).

Medical care across the entire Primorye front of the Caucasian Army was provided by the following units:

- The RSRC's Third Advance Squadron, comprising 3 physicians, 7 medical students, 6 sisters of mercy and around 300 nursing assistants;

- Two Batum Flying Squadrons, each comprising 1 physician, 2 assistant physicians, 1 sister of mercy and 35 nursing assistants;

- The Kursk Zemstvo infirmary, comprising of 1 surgeon and 8 sisters of mercy, with its branch establishments each comprising 1 surgeon, 2 sisters of mercy and 18 assistant physicians.



Fig. 1. On the Caucasus front. Representatives of the Union of the Cities of the Caucasus: 1) Mayor of Baku L. L. Bych; 2) Red Cross Commissioner Count R. F. Grocholski (after Muizhelya 1915, p. 186)

The issues were resolved thanks to the efforts of Count Grocholski, Head of the Third Advance Squadron of the RSRC, and the Third Squadron was enlarged to the size of a battalion, making it sufficient for the medical needs of this front.³² On the Black Sea coast, from Arhavi to the river

³² Ibid.

Chorokh, the Russians had 14 battalions, 24 fieldpieces, and 6 companies compared to the Turks' 14 battalions and 10 fieldpieces.

Among the RSRC's most crucial duties were organizing medical assistance and evacuating men from the front. To ensure proper and prompt evacuation, there was a need to come up with a system of relay evacuation as opposed to that of direct evacuation, i.e. evacuating the person from the spot where he was wounded directly to the sea, which was hardly possible considering the lack of stretcher-bearers to cover 35-40-verst distances on foot.

The reasons behind this state of affairs were as follows:

a) In battles waged in the mountains, due to the fact that some areas were absolutely inapproachable, offensives would be launched only in a few specific areas. It is in these areas that wounded soldiers would accumulate in large numbers after the battle. Consequently, the distribution of the wounded across a 30-40-verst front was always uneven; most of the time, the majority of the wounded would be concentrated in 3 or 4 highly crowded locations. It was impossible to accurately determine prior to the battle where these locations would be later on, due to which there had to be a flying squadron with each battalion. However, normally just 3 or 4 of these squadrons managed to get the job done over the course of the entire battle.

b) In addition, considering the conditions for the positioning of one battalion on the 3-5-verst front, which was possible only in the mountains, the flying squadrons were not likely to be able to administer first aid to the entire battalion through wound dressing activity on the battlefield, when it was virtually impossible to complete so much work across such an extent.

c) The wounded would almost always come to the nearest dressing station after having used their individual first-aid kits and been bandaged by the company's assistant physicians, their comrades, or themselves.

d) In the first battles, a major shortcoming was that it was very hard to know the whereabouts of the gathered wounded: in the first three battles, there were cases when the battalion physician, after gathering all the wounded in his battalion and administering medical aid to them, proceeded further after his unit, leaving an assistant with the wounded. As a result, the unit responsible for evacuating the wounded had to search for these wounded men for 2 or 3 days before transporting them to intermediate camps.³³

The issue was resolved only through the institution of new orders:

1) The flying squadron would, instead of being a dressing station on the battle line, become the centre in which all the wounded from its assigned unit were gathered.

³³ RGVIA, fund 12651, opis 1, delo 1192, leaf 4.

2) Flying squadrons, which had 24 bearers in addition to dressing nursing assistants, could evacuate a known number of the wounded by themselves; when there were a lot of wounded soldiers, they (except for the Fourth Battalion of the Border Regiment) notified the leadership and took up positions to the west and to the south of Trebizond. They were followed by health support units, which resulted in there not being a single unit in the city where all the front's wounded and sick had been coming before. As a consequence, the Third Advance Squadron set up hospital admissions in several buildings, which served over 1,000 people between April 9 and 17. That said, the entire evacuation to the port and onto the hospital ship was carried out using the evacuation capacity of the Third Advance Squadron.³⁴

When retreating from Trebizond, the Turkish troops left behind 12 buildings fitted out as hospitals and infirmaries. In two of them they left several dozen wounded men of their own. Upon inspecting the premises, the Red Cross found out that:

- a) the Turks had carted away a considerable amount of medication and instruments;
- b) they had left behind much of the inventory;
- c) all the buildings were in total disarray and filth due to looting which began after the retreat, prior to the arrival of the Russian troops.

The spaces inside were utterly unsanitary and filthy. The Third Advance Squadron was able to gradually clean up and disinfect the buildings. All usable items were sequestered and divided into three categories:

- a) Property that remained in the buildings and was transferred, according to a list, to arriving medical units.
- b) All gathered medication was combined and placed in one common depot inside a special building, a former drugstore. A Greek druggist was brought in to translate all the Turkish inscriptions, and a general roster of all the gathered medication was put together.
- c) All linen gathered was taken to disinfection squadrons and then dispensed by appointment to all hospitals and infirmaries in Trebizond from a depot set up for this purpose.³⁵

In Trebizond, they also found two constant steam disinfection chambers which were appropriated and put to use. After dividing disinfection personnel into two squadrons and adding to them a few nursing assistants from the Third Advance Squadron, Count Grocholski gave them some systematic work. These proved a great help in the above-mentioned hospital clean-up and later took part in disinfecting the linen of the newly-arrived

³⁴ Ibid., leaf 5.

³⁵ Ibid.

wounded and sick. The chambers worked 8-18 hours per day, with a 2-hour intermissions at midday.

General Lyakhov (Commander of the Primorye front) arranged for the proper distribution of newly-arrived medical units across the city of Trebizond, while the regional RSRC leadership proposed to a) place all the hospitals out of town, b) subsume their activity under several specialties (surgical, therapeutic, contagious), and c) set up a distribution hospital.³⁶

However, certain difficulties were encountered here as well. In his report to Senior Commissioner of the RSRC with the Caucasian Army L. V. Golubev, Count Grocholski wrote:

Unfortunately, it is currently my duty to have all the wounded evacuated from my station as soon as possible, regardless of how the evacuation may affect the health and life of the critically wounded. In consequence of the directions and kind explanations of Professor Chizh, it has become clear to me that we are better off keeping the critically wounded in here even in wretched conditions rather than evacuating them straightaway. Thus, I have instructed the flying squadrons and evacuation stations to evacuate only those wounded men whose harmless evacuation has been avouched for by the physician. In this regard, it is worth noting that in a number of battles, far away in the mountains, there were kept in each of the flying squadrons, or evacuation stations, between 2-5-9 critically wounded men for quite a long period of time, from 3 days to 2 weeks. The results have exceeded our expectations. I am convinced, just like the physicians are, that in the Kalapotamos - Darasi area it is thanks to this method that they were able to save the lives of 12 badly wounded men who were in 3 different stations far away in the mountains; the men had suffered a perforating gunshot wound to the chest, there being two cases of two bullets hitting the stomach; two of the men successfully underwent surgery performed by a surgeon specifically called in for that purpose. At the time, the troops were outside the town of Of already, approximately 40 versts from these stations, while the stations were 7, 18 and 24 versts from the sea; in each of the stations the critically wounded were under the care of a student or assistant physician; it was hard to get supplies to these stations, for there were almost no communications with them. Luckily, no matter what, 2 weeks later we witnessed the passage through Fethiye, Tiribon, and of the last batch of these hopelessly wounded men who had convalesced so well that it is just impossible to doubt that.³⁷

It was decided to set up a totally self-contained special reserve squadron under the direct control of the chief of the RSRC's Third Advance Squadron. The squadron was a unit of quite considerable size, with 20-35 horse-drawn stretchers and 150 stretcher-bearers. It was intended for areas where a large

³⁶ *Ibid.*, leaf 6.

³⁷ *Ibid.*

number of wounded men had accumulated by accident and where local means of evacuation would not do.

The second part of the evacuation was by sea to Batum or Peronit, with those in the latter location sent on to Rize, when these locations remained in the deep rear. When battles first commenced on the Caucasus front, evacuation was carried out exclusively using transport ships which were not equipped to transport the wounded. Several months later, a large two-story, tarp-covered barge called the *Magona* was converted for this purpose and equipped to accommodate up to 80 non-ambulatory wounded men. One could hardly call this a perfect means of evacuation, for the wounded were taken to the *Magona* on Turkish boats, oared boats or a tug from a Red Cross motor-boat. Only in early 1916, with the advent of the hospital ship the *Portugal*, was evacuation by sea brought to a proper level. That said, a number of expected enhancements to the *Magona* were not implemented, as shortly after its conversion it was sunk by a torpedo fired by a German submarine on 17 March whilst on its way to pick up the wounded. This put things back to square one. However, before the last battle, on the way to Trebizond in the Kara-Dara area the army did manage to equip a means of maritime transportation for evacuating the wounded, with board beds provided in all its holds. By the middle of April 1916, subsequent to the capture of Trebizond, a hospital ship called the *Equator* arrived in the area for the purposes of evacuating the wounded to Trebizond.³⁸

The Red Cross soon prepared and placed at the disposal of the Primorye Squadron a ship called *Vperiod* ("Forward"), but the ship was also sunk by a German submarine on 27 July 1916.³⁹

Another novel approach was the division of the entire front into stations. They appointed the aides to the head of the Third Hospital Squadron as the heads of these evacuation and medical assistance stations; they received orders and directives from the leadership by phone or via horsemen. It is worth adding that one of the most crucial conditions was to correctly identify the location of each of the above stations, as when it comes to mountainous areas, even a difference of half a verst could make a station impossible to find. There were cases when a station whose location was off by a mile in any direction failed to receive wounded simply because wounded soldiers, directed by their instinct for shortening the distance, would not head toward the location but proceed directly toward the sea. As a result, the Red Cross establishments had the duty of making rounds of the littoral area and reconnoitring the paths and roads.⁴⁰

³⁸ Ibid., leaf 7.

³⁹ Ibid., opis 3, delo 427, leaves 3-9.

⁴⁰ Ibid., opis 1, delo 1192, leaf 8.



Fig. 2. The *Portugal* hospital ship

For this purpose, a special team of nursing assistants, comprised of 10 mounted soldiers, were assigned as scouts. For lack of a more detailed map, these scouts had to use 5-verst maps. These reconnaissance activities were highly helpful, to the extent that even command staff would now and then utilize the schemes for routes that had been explored that way. That the scout team's activities were well-organized is also substantiated by the fact that Count Grocholski entered the city of Trebizond with a team of nursing scouts two hours ahead of the regiment's reconnaissance unit.

Furthermore, it was common to signpost, as part of preparatory activities ahead of every upcoming battle, the shortest and most convenient paths that had been explored with signs featuring a red cross and an arrow indicating the direction in which to proceed. The great value of this approach is illustrated by expressions of gratitude on the part of the commanders of regiments whose units were directed to and managed to arrive at their destinations only thanks to those signs - and that is despite the fact that the original purpose behind them was to guide the wounded rather than the able-bodied. Thanks to these signs, the bearers of wounded could find a remote flying squadron or an evacuation station hidden away far into the mountains.

Due to the fact that there were several other organizations working on the front alongside the Red Cross, including those working under its flag such as the Zemsky Union and the Kursk Union, General Lyakhov habitually specified all the intended locations in squadron and deployment orders so as to ensure that all organizations followed their intended routes as accurately as possible.⁴¹

⁴¹ Ibid.

To summarise, the system of Red Cross organizations providing aid to the wounded and sick on the front mainly involved two kinds of activity:

1) Providing medical assistance within flying squadrons and at district evacuation stations by the sea.

2) Evacuating the wounded from the site through the head, central, district and main surgical stations to the sea and from there to Batum.

Note that during the period between the spring and summer 1916, virtually all the evacuation work on the front was carried out through the efforts of the Third Advance Squadron of the Red Cross.

Following the February Revolution, the dynamic development of the Red Cross ended. Finding itself in a time of confusion and financial strain, the Red Cross was faced with the issue of how to preserve all that had been created up to that point. The October Revolution had a huge impact on the Red Cross, with the Bolsheviks seeking, by way of ultimatum, to subjugate the organization to their will, which resulted in a protest from the organization. In the end, on 4 January 1918, all the assets of the Russian Society of the Red Cross were declared the property of the Soviet Republic, and its main administration was shut down.⁴²

Conclusions

Summing up, we have seen that the activity of the Russian Society of the Red Cross on the Caucasus front during World War I represents one of the most vibrant pages in the Russian Red Cross' history, pervaded with the sheer selflessness of tens of thousands of Russian Empire loyalists. The collaboration between the many organisations and individuals working under the Red Cross banner not only ensured direct help reached soldiers wounded on the battlefield, but established clear and efficient evacuation procedures, making it easier to get the sick and wounded to safety, and thus saving many thousands of lives.

Characteristics of the Russian Society of the Red Cross on the Caucasus Front (1914-1917)

(Abstract)

This article addresses the diverse activity of the Russian Society of the Red Cross on the Caucasus front during World War I, based, among others, on documents from the Russian State Military History Archive (RSMHA). The article introduces much of this documentation into academic circulation for the first time. In addition, the authors use materials and reports on the activity of the Russian Society of the Red Cross published during World War I as well as materials from research and the periodical press. The article features materials on the

⁴² Polyakova 2012, p. 48.

everyday activity of the advance squadrons of the Red Cross and analyses work on organising the evacuation of the wounded from the frontline on the Caucasus front to major hospitals within the Kutaisi, the Black Sea, and other governorates. The paper provides the first ever account of the activity of the Red Cross intelligence department. The many organisations and individuals working under the Red Cross banner not only ensured direct help reached soldiers wounded on the battlefield, but established clear and efficient evacuation procedures, making it easier to get the sick and wounded to safety, and thus saving many thousands of lives.

Bibliographical Abbreviations

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- RGVIA - Rossiiskii gosudarstvennyi voenno-istoricheskii arkhiv.
- Russkii Krasnyi Krest* 1925 - *Russkii Krasnyi Krest posle 1917 g. Ocherk deyatel'nosti Rossiiskogo Obshchestva Krasnogo Kresta (staroi organizatsii)*, Paris, 1925.

Keywords: Russian Society of the Red Cross, World War I, Caucasus front, Red Cross intelligence department, Russian Empire.

LISTA ABREVIERILOR

ActaMN	- Acta Musei Napocensis. Cluj-Napoca.
ActaMP	- Acta Musei Porolissensis. Muzeul Județean de Istorie și Artă Zalău.
ADB	- Allgemeine Deutsche Biographie. Verlag Duncker & Humblot. Leipzig.
AÉ	- Archaeologiai Értesítő a Magyar régészeti, művészettörténeti és éremtani társulat tudományos folyóirata. Budapest.
AHA	- Acta Historiae Artium. Akadémiai Kiadó. Budapest.
AI	- Artificial Intelligence. Elsevier. Amsterdam.
AIAC	- Anuarul Institutului de Istorie și Arheologie Cluj. Cluj-Napoca (din 1990 Anuarul Institutului de Istorie „George Bariț”).
AIIAI/AIIX	- Anuarul Institutului de Istorie și Arheologie „A. D. Xenopol” Iași. (din 1990 Anuarul Institutului de Istorie „A. D. Xenopol” Iași).
AIIN	- Anuarul Institutului de Istorie Națională. Universitatea „Regele Ferdinand I”. Cluj-Sibiu, Sibiu.
AISC	- Anuarul Institutului de Studii Clasice. Cluj.
AJJ	- Arktika: jekologija i jekonomika. Institut jadernoj bezopasnosti Rossijskoj akademii nauk. Moskva.
AJN	- American Journal of Numismatics. American Numismatics Society. New York.
AJPA	- American Journal of Physical Anthropology. The Official Journal of the American Association of Physical Anthropologist. Baltimore.
AM	- Arheologia Moldovei. Institutul de Istorie și Arheologie „A. D. Xenopol” Iași.
AMZ	- Arheološki muzej u Zagrebu. Zagreb.
AnB	- Analele Banatului (serie nouă). Timișoara.
AnUB-I	- Analele Universității din București - Istorie. Universitatea din București.
Apulum	- Apulum. Acta Musei Apulensis. Muzeul Național al Unirii Alba Iulia.
ArchKözl	- Archaeologiai Közlemények. Pesten.
ARCS	- American Review of Canadian Studies. Association for Canadian Studies in the United States. New York.
Argesis	- Argesis. Studii și Comunicări. Muzeul Județean Argeș. Pitești.
ArhMed	- Arheologia Medievală. Reșița, Cluj-Napoca.

Lista abrevierilor

- ArhMold** - Arheologia Moldovei. Institutul de Istorie și Arheologie „A. D. Xenopol” Iași.
- ASS** - Asian Social Science. Canadian Centre of Science and Education. Toronto.
- Astra Salvensis** - Astra Salvensis. Cercul Salva al ASTRA. Salva.
- ASUAIC-I** - Analele Științifice ale Universității „Alexandru Ioan Cuza” din Iași (serie nouă). Secțiunea IIIe. Istorie. Universitatea „Alexandru Ioan Cuza” din Iași.
- ATS** - Acta Terrae Septemcastrensis. Sibiu.
- AUASH** - Annales Universitatis Apulensis. Series Historica. Universitatea „1 Decembrie 1918” din Alba Iulia.
- BAMNH** - Bulletin of the Alabama Museum of Natural History. The University of Alabama. Tuscaloosa.
- BCȘS** - Buletinul Cercurilor Științifice Studențești. Universitatea „1 Decembrie 1918” din Alba Iulia.
- BG** - Byllye Gody. Sochi State University. Sochi.
- BMS** - Bibliotheca Musei Sabesiensis. Muzeul Municipal „Ioan Raica” Sebeș.
- BOR** - Biserica Ortodoxă Română. Patriarhia Română. București.
- BpRég** - Budapest Régiségei. Budapest.
- BSNR** - Buletinul Societății Numismatice Române. București.
- Caietele CIVA** - Caietele CIVA. Asociația „Cercul de Istorie Veche și Arheologie” Alba Iulia.
- CArh** - Cercetări arheologice. București.
- Carpica** - Carpica. Complexul Muzeal „Iulian Antonescu” Bacău.
- CH** - Church History. Cambridge University Press. Cambridge.
- CN** - Cercetări Numismatice. Muzeul Național de Istorie a României. București.
- ComȘtMediaș** - Comunicări Științifice. Mediaș.
- Corviniana** - Corviniana. Acta Musei Corvinensis. Hunedoara.
- CPF** - Cahiers des Portes de Fer. Beograd.
- Cumania** - A Bács-Kiskun Megyei Önkormányzat Múzeumi Szervezetének Évkönyve. Kecskemét.
- Dacia** - Dacia. Recherches et découvertes archéologiques en Roumanie. București, I, (1924) - XII (1948). Nouvelle série: Revue d'archéologie et d'histoire ancienne. București.
- Danubius** - Danubius. Muzeul de Istorie Galați.
- e-COM** - e-Conservation online magazine. Vila do Conde. Portugalia.
- EphNap** - Ephemeris Napocensis. Institutul de Arheologie și Istoria Artei Cluj-Napoca.

Erdély Múzeum	- Erdély Múzeum. Erdélyi Múzeum-Egyesület. Cluj-Napoca.
FVL	- Forschungen zur Volks- und Landeskunde. Sibiu.
Geopolitics	- Geopolitics. Taylor & Francis. London.
Glasul Bisericii	- Glasul Bisericii. Mitropolia Munteniei și Dobrogei. București.
GNS	- Gumanitarnye nauki v Sibiri. Sibirskoe otdelenie Rossijskoj akademii nauk. Novosibirsk.
Graiul Maramureșului	- Graiul Maramureșului. Baia Mare.
HCS	- Historia y comunicación social. Departamento de Historia de la Comunicación Social de la Facultad de Ciencias de la Información. Universidad Complutense Madrid.
HHCT	- History and Historians in the Context of the Time. Academic Publishing House <i>Researcher</i> . Sochi.
HIR	- Harvard International Review. Harvard International Relations Council at Harvard University. Cambridge (Massachusetts).
IJI	- Istoriko-jekonomicheskie issledovanija. Bajkal'skij gosudarstvennyj universitet Ekonomiki I prava. Irkutsk.
IJMS	- Indian Journal of Marine Sciences. National Institute of Science Communication and Information Resources. New Delhi.
Istros	- Istros. Muzeul Brăilei. Brăila.
IV	- Istoricheskiy vestnik. Izdatelskiy dom B. B. Glinskogo. Sankt Peterburg.
IVUZ	- Izvestija vysshih uchebnyh zavedenij. Severo-Kavkazskij region. Serija: Obshhestvennye nauki. Rostov-na-Donu.
Îndrumător pastoral	- Îndrumător pastoral. Episcopia Ortodoxă Română de Alba Iulia.
JBSM	- Jahrbuch des Burzenländer Sächsischen Museums. Kronstadt (Brașov).
JeKO	- Izdatelskiy Dom ECO. Novosibirsk.
JGlassStud	- Journal of Glass Studies. The Corning Museum of Glass. New York.
JGRO	- Journal of Geophysical Research: Oceans. AGU Publications. Washington.
JHA	- Journal for the History of Astronomy. SAGE Publications (UK). London.
JHG	- Journal of Historical Geography. Elsevier. Amsterdam.
JPIPSS	- The Journal of Power Institutions of Post-Soviet Societies. Paris.

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JRGZM	- Jahrbuch des Römisch-Germanischen Zentralmuseums zu Mainz.
KHKM	- Kwartalnik Historii Kultury Materialnej. Instytut Archeologii i Etnologii Polskiej Akademii Nauk. Warszawa.
Materiale	- Materiale și cercetări arheologice. București.
MedievArchaeol	- Medieval Archaeology. Society for Medieval Archaeology. London.
MemAntiq	- Memoria Antiquitatis. Complexul Muzeal Județean Neamț. Piatra Neamț.
MFME	- A Móra Ferenc Múzeum Évkönyve. Studia Archaeologica. Szeged.
MMJ	- Metropolitan Museum Journal. The Metropolitan Museum of Art. New York.
MPEA	- Magyar Protestáns Egyháztörténeti Adattár. Budapest.
MTT	- Magyar Történelmi Társ. Magyar Tudományos Akadémia. Budapest.
NET	- Nurse Education Today. Elsevier. Amsterdam.
NGB	- New German Biography. Bayerische Akademie der Wissenschaften. München.
Niva	- Niva. Petrograd.
NK	- Numizmatikai Közlöny. Magyar numizmatikai társulat. Budapest.
ODIL	- Ocean Development and International Law. Taylor & Francis. London.
OK	- Orvostörténeti közlemények / Communicationes de historia artis medicinae. Semmelweis Orvostörténeti Múzeum. Budapest.
Oltenia	- Oltenia. Studii și Comunicări. Arheologie-Istorie. Muzeul Olteniei. Craiova.
Pallas	- Pallas. Revue d'études antiques. Université de Toulouse le Mirail. Toulouse.
PG	- Political Geography. Elsevier. Amsterdam.
Polar Geography	- Polar Geography. Taylor & Francis. London.
Pontica	- Pontica. Muzeul de Istorie Națională și Arheologie Constanța.
Porțile Cetății	- Porțile Cetății. Sebeș.
PR	- Polar Record. Cambridge University Press. Cambridge.
PUM	- Programm des evangelischen Unter-Gymnasium A. B. in Mühlbach. Sebeș.
RB	- Revista Bistriței. Complexul Muzeal Bistrița-Năsăud. Bistrița.
Revista istorică	- Revista istorică: dări de seamă, documente și notițe. București (1925-1941).
RGI	- Revista generală a învățământului. București.

RHSEE/RESEE	- Revue historique du sud-est européen. Academia Română. București, Paris (din 1963 Revue des études sud-est européennes).
RI	- Revista de Istorie (din 1990 Revista istorică). Academia Română. București.
RIR	- Revista istorică română. Institutul de Istorie Națională din București.
RJTP	- Regional'naja jekonomika: Teorija i praktika. Finansy i Kredit. Moskva.
RMM-MIA	- Revista Muzeelor și Monumentelor. Monumente Istorice și de Artă. București.
RRH	- Revue Roumaine d'Histoire. Academia Română. București.
RSM	- Rossija i sovremennyj mir. Institut nauchnoj informacii po obshhestvennym naukam Rossijskoj akademii nauk. Moskva.
SAA	- Studia Antiqua et Archaeologica. Universitatea „Alexandru Ioan Cuza” Iași.
SAI	- Studii și articole de istorie. Societatea de Științe Istorice și Filologice a RPR. București.
Sargetia	- Sargetia. Acta Musei Devensis. Muzeul Civilizației Dacice și Romane Deva.
SCB	- Studii și cercetări de bibliologie. Academia Română. București.
SCIM	- Studii și cercetări de istorie medie. București.
SCIV(A)	- Studii și cercetări de istorie veche. București (din 1974, Studii și cercetări de istorie veche și arheologie).
SCJ	- Southern Communication Journal. Southern States Communication Association. Philadelphia.
SCN	- Studii și Cercetări de Numismatică. Institutul de Arheologie „Vasile Pârvan” București.
SG	- Soziale Geschichte. Stiftung für Sozialgeschichte des 20. Jahrhunderts. Bremen.
SGP	- Sovetskoe gosudarstvo i pravo. Nauka. Moskva.
Signs	- Signs. Journal of Women in Culture and Society. University of Chicago Press. Chicago.
SMIM	- Studii și materiale de istorie modernă. Institutul de Istorie „Nicolae Iorga” București.
SMK	- Somogyi Múzeumok Közleményei. A Somogyi Megyei Múzeumok.
Societatea de mâine	- Societatea de mâine. Cluj (1924-1945).
SPS	- Sovremennye proizvoditel'nye sily. Sovet po izucheniju proizvoditel'nyh sil, Ministerstvo jekonomicheskogo razvitiya Rossijskoj Federacii i Rossijskoj akademii nauk. Moskva.

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SRFJP	- Sever i rynek: formirovanie jekonomicheskogo porjadka. Institut ekonomicheskikh problem im. G. P. Luzina. Apatity.
SS	- Sovetskij Sever. Oblastnoy Komitet Narymskogo okruga KPSS. Kolpashevo.
StComSibiu	- Studii și comunicări. Arheologie-istorie. Muzeul Brukenthal. Sibiu.
StComSM	- Studii și comunicări. Muzeul Județean Satu Mare.
StRI	- Studii. Revistă de istorie (din 1974 Revista de istorie și din 1990 Revista istorică). Academia Română. București.
SUCH	- Studia Universitatis Cibiensis. Series Historica. Universitatea „Lucian Blaga” Sibiu.
SVS	- Supplément de la vie spirituelle. Le Edition de Cerf. Paris.
SympThrac	- Symposia Thracologica. Institutul Român de Tracologie. București.
Terra Sebus	- Terra Sebus. Acta Musei Sabesiensis. Muzeul Municipal „Ioan Raica” Sebeș.
Thraco-Dacica	- Thraco-Dacica. Institutul Român de Tracologie. București.
Történelmi Szemle	- Történelmi Szemle. Magyar Tudományos Akadémia Bölcsészettudományi Kutatóközpont Történettudományi Intézetének. Budapest.
TP	- Telecommunications Policy. Elsevier. Amsterdam.
Transilvania	- Transilvania. Centrul Cultural Interetnic Transilvania. Sibiu.
Tyragetia	- Tyragetia. Muzeul Național de Arheologie și Istorie a Moldovei. Chișinău.
Ungarische Jahrbücher	- Ungarische Jahrbücher. Berlin.
VCGU	- Vestnik Cheljabinskogo gosudarstvennogo universiteta. Cheljabinskij gosudarstvennyj universitet. Chelyabinsk.
VIZ	- Voенno-istoricheskii zhurnal. Moskva.
VKGU	- Vestnik Kazanskogo Gosudarstvennogo Universiteta. Kazanskij (Privolzhskij) federal'nyj universitet. Kazan.
VMZ	- Voенno-meditsinskii zhurnal. Moskva.
VRJU	- Vestnik Rossijskogo jekonomicheskogo universiteta im. G. V. Plehanova. Rossijskij. Gosudarstvennyj universitet imeni G. V. Plehanova. Moskva.
VSA	- Vestnik Severnogo (Arkticheskogo) federal'nogo universiteta, serija: Gumanitarnye i Social'nye Nauki. Severnyj (Arkticheskij) federal'nyj universitet imeni M. V. Lomonosova. Arkhangelsk.
VTP	- Voprosy teorii i praktiki. Izdatelskiy Dom Gramota. Tambov.

- WI** - Die Welt des Islams. Internationale Zeitschrift für die
Forschung des modernen Islams. Brill.
- WJC** - Western Journal of Communication. Western States
Communication Association. Philadelphia.
- ZEKM** - Zhurnal eksperimental'noi i klinicheskoi meditsiny.
Novosibirskii gosudarstvennyi meditsinskii universitet.
Novosibirsk.
- ZfSL** - Zeitschrift für Siebenbürgische Landeskunde.
Gundelsheim.