Turkish Medical Arrangements in the Gallipoli Campaign: A General Survey
By Harvey Broadbent

In 2007 The Gallipoli Centenary Research Project at Macquarie University embarked on five years of research in the Turkish Military Archives in Ankara. The aim was to uncover and relate hitherto unpublished Turkish documents on the Gallipoli Campaign that would provide more comprehensive information about the battlefield events. There have been no such in depth investigation and resultant translations in English till now. A full survey is to appear in the project’s publication in 2015. In the course of the research a number of documents appeared relating to Turkish (Ottoman) military medical activities in both the Turkish Military Archives, known by the acronym ATASE (Askerlik Tarih ve Stratejik Enstitütü) and the Red Crescent (Kızılay) Archives. The documents represented in this chapter are only a small proportion of what is available, but give a general picture of the scope of Turkish hospital arrangements at Gallipoli. Deeper research into factors such as individual surgeons, their modus operandi of treatment and procedures and supply of medical equipment and so on will need their own future projects.

On the advent of military operations in the Dardanelles in 1915 the Ottoman authorities realised that seriously large land and sea battles would ensue and that the numbers of dead and wounded would be high. The Ottoman Red Crescent Organisation known in the Turkish of the time as the Hilal-i Ahmer, and nowadays translated as the Kızılay joined with Ottoman Army Medical Units to increase inadequate available facilities. Both sources of military medical services had begun their work well before the famous 18 March sea operations eventuated. With the Dardanelles always a strategic issue for the Ottomans as the seaway to their capital at Istanbul, basic military medical infrastructure was already established before the outbreak of war in the area the Turks called the Strait’s Fortified Area.

This consisted of infirmaries with 25 to 100 beds on the Rumelian (European) side of the Strait at Seddülbahir, Kilidbahir, Maydos, Bolayır and on the Anatolian side at Kumkale and Çanakkale, which were under orders of this command. In addition, there was a hospital with 250 beds at Çanakkale.¹

¹ Turkish General Staff, The History of the Turkish Armed Forces Ottoman Period, The Turkish War During the First World War, Volume 5 Book 3, The Dardanelles Front Operations Campaign, General Staff Publications, Ankara, 1978, p. 545 (hereafter TGSH)
The Red Crescent was assigned as the major military medical arm of the Ottoman Army. It was expected to fully play its part in the medical war about to explode at Gallipoli, as it was on all battle fronts as they developed. Fifth Army Commander, Liman von Sanders, even without a full appreciation of the developing situation around Gallipoli in March 1915 had recourse to personally write the letter below to the Red Crescent for material assistance.

In reference to the transportation of sick and wounded the Special High Command requires a supply of casualty carts, an amount to the value of 1600 Lira for the immediate requisition and presentation of the carts being required. It is necessarily submitted, importantly with thanks, that in order to achieve the benefit, and by the special agreement and cooperation existing between the Hilal-i Ahmer and the National Civil Defence Organization regarding the present medical necessities, the aforementioned sum can be deposited by special order.

Signed Liman von Sanders

Note: copy sent to National Civil Defence Organisation

Answer written: on 8th inst.²

Before the Gallipoli landings in April 1915 various important measures were put into operation dealing medical issues for troops and those civilians who remained in the operational sector. The number of beds in the Gallipoli area was also increased. However, adequate medical personnel and doctors for anticipated numbers of wounded and sick at the front needed recruitment. Continual notices were printed in the newspapers and announcements made at popular meeting places, especially at the Red Crescent Centre at the Sultan Ahmet Mausoleum. Since the Balkan Wars of 1912-13 the Red Crescent had begun the recruitment of women nurses and auxiliaries. It was reported in an Ottoman journal that twenty days after the Gallipoli landings up to a hundred and fifty new healthcare workers were inducted into training in Istanbul hospitals.³ Subsequently they were attached to 22 hospitals in Istanbul.

Recent Turkish research has identified notable female nurses emanating from the Ottoman military medical care arena, one or two who have taken on the mantle as the Turkish Florence Nightingale, such as Safiye Huseyn Elbi, the only Turkish nurse to have been awarded the Nightingale medal.⁴ The supply of Turkish nurses was added to by Austrian and German nurses and orderlies (in addition to doctors), who subsequently arrived in Istanbul, many a little incongruously perhaps from service with the German Red Cross.

² Red Crescent Archive File No. 129, cited in S.K.Akgun and M.Ulugtekin, From the Hilal-i Ahmer to the Red Crescent. p.224
The particular nature of the Gallipoli operational front was its narrowness, unlike the fronts in France which spread far wider and longer. Consequently the Red Crescent necessarily established only one main Field Hospital with a few medical stations converted from tea-houses as a feeder line to cater for the wounded. Most of the seriously wounded were then to be sent on from the battlefields to Istanbul for treatment at aid stations set up there. This proved to be less than an easy task because prior to the Allied attack on the Dardanelles, the Field Hospital Inspectorate had tried to accommodate all possibilities of where enemy attacks might originate and deal with the possibility of fighting on multiple fronts. It set about preparing for a 2000 bed hospital in the Adapazari area (east of Istanbul) and began transferring all health equipment and supplies there. With the Dardanelles under threat it was then necessary to re-assign all the equipment that had been stored in an Istanbul warehouse and transport it urgently to the Red Crescent operational centre at Eskisehir, a more suitable geographical location.

Meeting the cost of equipment and enhanced Red Crescent activity was assisted by public donations to the organisation, much of it collected on city streets. The people of Akşehir, for example, immediately collected and sent the substantial amount of 18 000 lira (perhaps equivalent of a one or two thousand dollars in today’s terms) for the Red Crescent Çanakkale Branch.5

The Strait’s area military medical services came under the jurisdiction of the experienced Medical General Inspectorate Director Dr. Colonel Suleyman Numan Bey. He organised the attachments of doctors and medical personnel to all sectors of the Gallipoli area under the administration of the 9th Division command. The initial capacity in the six small hospitals in the Çanakkale environs was 1050 beds. More beds were available further afield and inland from the Strait and numbers grew as the campaign progressed (see Table below). By 6 July there were 26 hospitals in the area with corresponding increase in beds.6

The enhanced supply of beds had begun even before the 25 April landing as the following document from Dr. Numan shows:

To the Board of Administration

It has been decided to send five hundred stretcher-beds and five hundred bed quilts, pillows, sheets and clothes for five hundred patients.

20 April 19157

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5 Akgun, op. cit.
6 S. Hatipoglu, S.Tastan, V Unver, p.451
7 Red Crescent Archives 12/280
Field Hospital Activity

The main Field Hospital was at Gallipoli town (Gelibolu) and was supervised by an accomplished and eminent Ottoman surgeon Dr. Talha Yusuf Bey. It appears he ran a tight ship as the ever critical German Liman von Sanders, used to German standards, sent a message to Dr. Talha Yusuf after an official visit, which stated:

I thank you and express my deepest and sincere feelings, which resulted from the good order and finesse I saw in your hospital. ⁸

Standard medical operational procedure was as follows. Wounded soldiers, if they were lucky, were carried by two orderlies, taken first to the rear of the trench lines and emplacements to the casualty area. Here their injuries were initially treated in casualty stations by the battalion doctors. After first treatment, if assessed as fit enough, the doctors would order their return to the front or to detachment dressing stations, which were opened by the battalions at their field centres. The ones who looked like they would survive after more treatment were sent to the inland hospitals. They would order the ones who they believed had fatal wounds to be carried away to the bush. Here they were put in the shade of the trees and bushes. However, in the summer many wounded died from necrosis or from the infections caused by the hundreds of flies settling on and leaving larva in their wounds. ⁹

Surgical procedures were seldom, if ever, performed at field hospitals due to lack of equipment and supplies. Serious head, chest, and abdomen wounds could not be surgically treated, many soldiers frequently dying as a result. As blood transfusions were not possible at that period, normal saline was given intravenously in order to prevent the wounded going into shock. ¹⁰ The use of morphine tablets placed under the tongues of heavily wounded men was sometimes the only method of treatment. However, distribution of morphine was also insufficient. Typical first treatment for shock was to keep the patient warm, bandaging his body with heated bricks or stones, and covering him with blankets. Morphine was also used in shock treatment, administered with atropine for heart support and to prevent morphine-induced vomiting. ¹¹

As conditions were tough in the trenches, with unreachable dead bodies around, human and animal excreta lying around and insufficient clean water (the greatest scourge), epidemics was

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⁸ Akgun.
⁹ Aydin Ayhan, in Excerpts from Research into Medical History Edited by Prof. Dr. H. Hürev Hatemi and Prof. Dr. Aykut Kazancıgi, Yüce Publishing, Istanbul, 2005.

¹⁰ Turkish General Staff Archives, ATASE 1/6, File: 1129, Dossier: 27, Index: 2 cited by Onur Ural in paper ‘THE HEALTH FRONT DURING THE GALLIPOLI CAMPAIGN’

¹¹ ibid
a constant problem. The greatest problem was the provision of clean water, which was insufficient and existing water was not clean. The Allies’ water came from the islands on boats. Water obtained from the few available wells was gathered in warehouses, then distributed by water canals and pipes to small reservoirs. Efforts were made to disinfect the water, but in that environment where thousands of people died everyday water was frequently polluted.

During the last few days of August 1915, 500 men were diagnosed with dysentery at a time when there was no treatment. Any regiment diagnosed with the illness was fed clay soil in large amounts in the hope it would prevent cholera. As for typhus, soldiers could not change their uniforms, or have baths. Lice were therefore common among the troops. Symptoms of typhus were observed among soldiers who complained from high fever, but a major typhus epidemic was prevented at one point before it spread. Lice were a constant menace to Turkish troops as well as the Anzacs and British. In order to combat lice epidemics, a lot of importance was placed on cleanliness and efforts were made to provide mobile sterilizers to units. To handle shortcomings in supply of sterilizers, attempts were made to pass clothing and other belongings through field ovens, even bakery ovens, but thanks to these measures taken typhus only appeared once during the whole Çanakkale campaign.

Symptoms of malaria were observed at times. The netting used for hand bombing protection did not help the situation. In order to ward off mosquitoes, drainage holes were dug to dry puddles of water. Furthermore, the dried manure of camels, horses and cows were placed in parallel form in small groups across the camp, and burnt, in an attempt to repel the mosquitoes.

Fifth Army troops also suffered from clinical cases of receding gums and bleeding, related to Vitamin C deficiency due to a degree of malnutrition. 1000 cases of scurvy were reported in the records. The scurvy epidemic was prevented by a determined response in providing large amounts of green vegetables and salads. Providing suitable and adequate food was a constant struggle but uppermost in considerations.

It appears that the voluntary efforts of community organisations such as the Red Crescent Society were of great assistance:

Sultanate Commission Administration, Office of Census

Entry 244 Summary

Secondary Chairman of the Supreme Ottoman Red Crescent Society

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12 TGS History, op. cit., p. 525-526
13 ibid and TGS Archives ATASE; No: 1/6, File: 1129, Dossier: 27, Index: 2.
14 ibid
Beside the important help of our Providential Company for the transportation of wounded soldiers from Gallipoli, we are waiting your order about distributing tobacco, tea, simit (sesame bread rings), milk and ayran (buttermilk) to these soldiers as humanitarian aid. Please accept our respect.

12 May 1915, General Director of the Providential Company

The following document in formal Ottoman Turkish suggests that by 6 July 1915 food supplies to the troops at Gallipoli were adequate and did not need to be supplemented directly to the Gallipoli front.

To the Supreme Presidency of the Red Crescent Society of Constantinople

Mr. Honorable Chairman,

Reply of the general order dated 15 June 1915, numbered 1777.

It was informed earlier that although the military hospitals at the Gallipoli Peninsula and vicinity and Red Crescent Hospitals are adequate for the treatment of Imperial Army wounded, the (food supply) boxes at the Centre were sent to places as ordered by your Presidency and the new donations will be sent to Centre of the Society. However, the patients on the Red Crescent ships and those dropped around nearby desire ayran (buttermilk) and tobacco as supplied before almost on an everyday basis and as we bought from shops and have supplied so far. But will this application continue in this manner? If so, my master, it is submitted that we will send the bills to your Presidency.

19 July 1915

President of the Ottoman Gentlemen’s Red Crescent of Gallipoli

An interesting fact of the World War 1 period was the attitude to smoking, which was universally tolerant, even in health matters, probably because of the initial stress-relieving effect of nicotine. The following document provides a good example:

Ottoman Red Crescent Society

To the Supreme Presidency of the Red Crescent Society of Istanbul

Honorable Mr. President

The wounded Ottoman soldiers sent to Lapseki desire tobacco, even though it could not be supplied here because of the lack of supply and could not be distributed for a week like ayran

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15 Red Crescent Document 90/6
16 Red Crescent Document 27/176
and sherbet; if it is suitable for you, Sir, it is desired that five thousands packets of cigarettes be sent from our side to Lapseki, in tens or twenties and fine cigarette paper.

July 21, 1915, Head of the Dardanelles Branch of the Red Crescent, Doctor\textsuperscript{17}

With the increase in sickness and disease during the fighting vaccination became an issue. On 25 August 1915, the Turkish soldiers in the Suvla group were provided with vaccines for cholera and typhoid as a precaution against epidemic disease.\textsuperscript{18} Turkish records mention the supply of vaccines to the Allied prisoners of war. Similarly, vaccines for typhoid, cholera, smallpox were provided to the civilian population and even to the victims in prisons.

Lightly wounded troops who needed more treatment were sent back from the detachment dressing stations to the light casualty collection places. The severely wounded, were sent to the transportation stations and from there they were conveyed to the main divisional dressing stations. The main dressing stations in the Cape Helles sector were opened in the Kerevizdere area, the Tenker valley area, the Soğanlidere area, and the Havuzlar Deresi area. In the ANZAC sector they were set up at Kocadere and Matıkdere areas behind the third ridge.\textsuperscript{19}

The division medical stations treated both wounded troops and those suffering sickness and also performed surgical operations according to capability. Troops with special needs and those arriving when there were no available beds were sent to mobile hospitals or to communication zone hospitals well to the rear. The work of the division medical companies had been arranged according to plan 2.\textsuperscript{20}

As seen in the two examples of field deployment plans below from the Turkish General Staff History, the divisional medical companies were generally divided into dormitories and medical dressing stations for the injured and the sick, administration and storage areas, bath areas, sterilizing sections and rehabilitation areas. In addition, underground shelters had been constructed in the face of the frequent enemy bombardments. Each divisional medical company had access to one or two water wells around the washing areas and a kitchen opened up by fatigue platoons whose job it was to dig wells and other construction.

\textsuperscript{17} Red Crescent Document 270/55
\textsuperscript{18} Cemil Conk (Pasha), \textit{Gallipoli Memories}, p. 182.
\textsuperscript{19} TGSH p. 546
\textsuperscript{20} Turkish General Staff Archives ATASE 6\textbackslash{}5745, File 4836, Dos 2, Index 22
It was noted that on the days of heavy fighting with high casualties up to 2000 personnel arrived at the divisional medical stations. This led to great difficulties with the supply of cotton swabs and roll bandages and exhaustion among the medical staff. So critical was the fighting at times that particular medical companies had to come up close to the firing line to administer urgent first aid to both get men back into the line and save men from bleeding to death.

The medical formations of the Fifth Army were increasingly reinforced as the intensity of the battles lifted. An idea of the scale of the Turkish medical effort, showing responses to the casualty rates at Gallipoli is given in the 6 July 1915 table below, just one third of the way through the campaign. (See Map for locations)\textsuperscript{21}

\textsuperscript{21} Combined numbers from Turkish General Staff Archives 1\6, File:1128, Dos: 27 Index 4 and 2-8 and TGSH p. 547.
<table>
<thead>
<tr>
<th>The name and the number of medical formations</th>
<th>The place where the formations were established</th>
<th>Original official allocation of beds</th>
<th>The number of the available beds on the 6 July in 1915</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Communication Zone Hospital No:1</td>
<td>Biga</td>
<td>500</td>
<td>850</td>
</tr>
<tr>
<td>The Communication Zone Hospital No:2</td>
<td>Biga</td>
<td>500</td>
<td>1000</td>
</tr>
<tr>
<td>The Communication Zone Hospital No:3</td>
<td>Dimetoka</td>
<td>500</td>
<td>650</td>
</tr>
<tr>
<td>Karabiga Hospital</td>
<td>Karabiga</td>
<td>0</td>
<td>150</td>
</tr>
<tr>
<td>The Red Crescent Hospital No:1</td>
<td>Demerek</td>
<td>150</td>
<td>200</td>
</tr>
<tr>
<td>The Red Crescent Hospital No:2</td>
<td>Çardak</td>
<td>150</td>
<td>750</td>
</tr>
<tr>
<td>The Red Crescent Hospital No:3 and No:4</td>
<td>Lapseki</td>
<td>150</td>
<td>850</td>
</tr>
<tr>
<td>The Red Crescent Hospital No:5:</td>
<td>Şarköy</td>
<td>150</td>
<td>350</td>
</tr>
<tr>
<td>The Red Crescent Hospital No:6</td>
<td>Şarköy</td>
<td>200</td>
<td>300</td>
</tr>
<tr>
<td>The Epidemic Hospital</td>
<td>Galata</td>
<td>0</td>
<td>200</td>
</tr>
<tr>
<td>The Murefte Hospital</td>
<td>Murefte</td>
<td>0</td>
<td>280</td>
</tr>
<tr>
<td>The Erdek Hospital</td>
<td>Erdek</td>
<td>0</td>
<td>500</td>
</tr>
<tr>
<td>The Keşan Hospital</td>
<td>Keşan</td>
<td>0</td>
<td>150</td>
</tr>
<tr>
<td>The Üzünköprü Hospital</td>
<td>Üzünköprü</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>The Tekirdağ Central Hospital</td>
<td>Tekirdağ</td>
<td>750</td>
<td>1000</td>
</tr>
<tr>
<td>The Gallipoli Central Hospital</td>
<td>Tekirdağ</td>
<td>750</td>
<td>1400</td>
</tr>
<tr>
<td>The total bed number of these 16 hospitals</td>
<td>-</td>
<td>3800</td>
<td>8680</td>
</tr>
<tr>
<td>The Communication Zone Convalescent Home No:1</td>
<td>Biga</td>
<td>0</td>
<td>200</td>
</tr>
<tr>
<td>The Communication Zone Convalescent Home No:3</td>
<td>Dimetoka</td>
<td>0</td>
<td>400</td>
</tr>
<tr>
<td>The Convalescent Home of Tekirdağ Central Hospital</td>
<td>Tekirdağ</td>
<td>0</td>
<td>300</td>
</tr>
<tr>
<td><strong>The total of these 3 convalescent homes</strong></td>
<td></td>
<td>0</td>
<td>900</td>
</tr>
<tr>
<td>Post Hospital</td>
<td>Çanakkale</td>
<td>n/a</td>
<td>350</td>
</tr>
<tr>
<td>Post Hospital</td>
<td>Ezine</td>
<td>n/a</td>
<td>200</td>
</tr>
<tr>
<td>Light Injuries Post Hospital</td>
<td>Birgos</td>
<td>n/a</td>
<td>2000</td>
</tr>
<tr>
<td>The Medical Depot Battalion</td>
<td>Biga</td>
<td>0</td>
<td>600</td>
</tr>
<tr>
<td>The Patient Transport Detached Party</td>
<td>Karabiga</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Communication Zone Medical Depot</td>
<td>Lapseki</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gulnihat Hospital Ship</strong></td>
<td>-</td>
<td>200</td>
<td>700</td>
</tr>
<tr>
<td><strong>Sirketi Hayriye Ferry No:60</strong></td>
<td>-</td>
<td>0</td>
<td>300</td>
</tr>
<tr>
<td><strong>Sirketi Hayriye Ferry No:61</strong></td>
<td>-</td>
<td>0</td>
<td>300</td>
</tr>
<tr>
<td><strong>Sirketi Hayriye Ferry No:63</strong></td>
<td>-</td>
<td>0</td>
<td>300</td>
</tr>
<tr>
<td>The total number of the available beds of 4 hospital ships [X]²²</td>
<td>-</td>
<td>200</td>
<td>1600</td>
</tr>
<tr>
<td><strong>The total number</strong></td>
<td><strong>4006</strong></td>
<td><strong>14250</strong></td>
<td></td>
</tr>
</tbody>
</table>

²² They had worked as patient transporting ships.
of the available patient beds

The following chart from the Turkish General Staff History shows how the hospital arrangements fitted into the Fifth Army structure:
The civilian population had also made a great contribution to increasing the capacity of hospitals. Almost all inhabitants of the villages around the war zone, but not in it, had actively competed with each other to donate their own beds to the army.

Total 5th Army personnel numbers was 250,818 on the 28 July 1915, which makes the total number of the available beds in hospitals just 4.7% of the available army personnel, which appears to indicate that bed numbers, despite efforts to respond, were greatly inadequate for the numbers of casualties occurring.

In addition to these hospitals, the medical companies, which were in the establishment of the army divisions, and mobile hospitals were operating in their divisional sectors. Besides four hospital ships mentioned above, the Akdeniz Ferry and the Ferry Number 70 had been also added as hospital ships by 14 July. The total of beds and hospital units continued to be increased, so that by the end if the campaign, the figure of 7.5% of available army personnel was reached.\(^\text{23}\)

With up to 3000 and even 4000 wounded cases sometimes occurring daily during high battle periods, difficulties in coping were obvious. It was generally necessary to administer first aid, then send the injured troops back well inland in Anatolia (Asia Minor) or Thrace in order to receive anything approaching full care and hospitalization. Similarly, army personnel as indicated below, was sent to hospitals around Istanbul during the Gallipoli operations between the 25 April 1915 and 1 July 1915.

<table>
<thead>
<tr>
<th></th>
<th>Injured</th>
<th>Sick</th>
</tr>
</thead>
<tbody>
<tr>
<td>In April</td>
<td>25065</td>
<td>207</td>
</tr>
<tr>
<td>In May</td>
<td>16298</td>
<td>1192</td>
</tr>
<tr>
<td>In June</td>
<td>15031</td>
<td>959</td>
</tr>
<tr>
<td></td>
<td>56394</td>
<td>2358</td>
</tr>
</tbody>
</table>

\(^\text{23}\) TGSH, p.549
The medical organizations of the units had been organized as follows:24

4th, 6th and the 11th Divisions’ medical companies located in the Old Değirmendere area at the north-west of Alibey Farm. The 9th Division’s medical company was to the north of Serafim Farm and the 7th and 12th Divisions’ medical companies were at the south ridges of Soğanlidere. The 4th and the 9th Divisions’ mobile hospitals and the 1st mobile hospital of the III Army corps in the Ağadere Area to the north of Kilitbahir.

The 10th and the 6th Divisions’ mobile hospitals, the 5th mobile hospital of III Army Corps and the 3rd mobile hospital of the II Army Corps were established in Havuzlar Deresi. The mobile hospital of the 12th Division and the medical depot of the South Group were put into action to the south of Çamburnu.

The 5th Division’s medical company, the 16th Division mobile hospital and the 9th Division medical company were established on the west hillside of Kocadere, to the west of Kilye and at the east of Avcılarırtı respectively. The 19th division mobile hospital, the mobile hospital of the 7th Division and the mobile hospital of the 5th Division were located in the gully, which was 6km north of Bigali. The 5th Communication Zone medical depots were at Karabiga and Lapseki.25

24 ATASE 4\8749, File:3402, Dos:10, Index:2
25 ATASE:1\117, File:2208, Dos:25, Index:46 , according to TGSH, pp. 549-50
An original sketch map of Fifth Army medical units and hospitals on 23 May 1915\textsuperscript{26}

Key:

\begin{itemize}
  \item Red Crescent Hospital
  \item Medical Company
\end{itemize}

\textsuperscript{26} TGS ATASE File 3401-452-002
Despite the efforts problems of supply arose regularly as the following Fifth Army document attests:

To The Command of the Gallipoli Group

The sickbeds are in such a bad condition that they could not be used and have been in use since the beginning of the war on the peninsula. Sufficient sickbeds and clothes are requested from the Red Crescent to be used for those who are seriously ill, those who cannot be removed at present and who deserve at least a comfortable bed and to receive treatment in it.

I beg the total cancellation (i.e. responsibility of military) of the hospital at Akbaş and to leave some of the hospital to the supervising of the Akbaş Red Crescent Hospital Agent Mehmet Fethi Efendi to provide tea as before for the patients.

The Commander of the Gallipoli Group, Brigadier General

Medical Evacuation Procedures

The Ottoman Fifth Army had no automobiles to transport patients. Carts were used where available and supply transportation vehicles were requisitioned to carry the injured and the sick to the medical stations or to the hospitals behind the battle field. Civilians also contributed transportation with their own vehicles, usually carts covered with straw, to the rear. Each medical company built a station for vehicles and a collecting station for light injuries and used

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27 Red Crescent Archives Document 12/73
established routes to the rear via tracks and the rough roads. In the Anzac sector the so-called ‘transfer hospitals’ were situated in Ağadere, Akbaş and Mайдос.

Badly injured troops and the slightly injured were evacuated via separate convoys to the main hospitals distant from the battlefield. For the sick and the injured soldiers sent overland, the convoy routes were organized so that vehicle columns moved between medical stations that each held 50 beds. These were constructed every 50 kilometres so the vehicles could transfer their own injured and sick soldiers to the other patient transport columns waiting there and return to their units.28

Certain soldiers, who had received their first treatment but needed to be sent to the hospitals inland, were sent to Mайдos (named Eceabat today) and Akbaş wharfs and from there put on ferries, single-mast boats, lighters or sailboats which might be returning after unloading their goods. Therefore, Mайдos and Akbaş wharfs also operated as transferring centres for the wounded.

Turkish documents state that on some occasions British aircraft attacked the ships carrying injured soldiers so that they had made the situation of the wounded and their carers more difficult. One document describes the bombardment of Mайдos early in the campaign on 1 May 1915, in which the hospital there was hit. Allied ships were reported as firing 23 shells, destroying the hospital buildings, which housed 2500 injured soldiers and had caused the death of most of the injured soldiers including two severely injured British captives.29 The following message to Red Crescent Central Office in Istanbul describes the event.

Entry 36

To the Supreme Presidency of the Red Crescent Society of Constantinople

Yesterday the enemy bombarded heavily from the Strait Bay to Mайдos village, in which thousands of innocent and helpless people live, and the first shells hit the Military Hospital that flies the Red Crescent flag and caused the death of hundreds of helpless patients and the numbers are not known yet but it is guessed more than a few hundred offspring perished. Considering that the hospital is at the west side and out of the town, this attack happened by design and is an inhuman act; the Red Crescent consults to your presidency about protesting this action and we send our respects.

Head of the Red Crescent Gallipoli Centre, Doctor30

28 ATASE 1\217, Dos:51, Notebook 2, p12
29 ATASE 1\217, Dos:51, Notebook 2, p34
30 Red Crescent Document 270/41
It appears this had little effect as later a telegram, dated July 27, 1915, stated that: ‘The Halil Paşa Farm Hospital, which was marked with a Red Crescent flag was attacked with 12 bombs by six enemy aeroplanes. The quarantine area and the areas of the personnel were destroyed. During the attack, six soldiers in treatment were killed, and two were injured. The injured were transferred to the İhtiyat Hospital in Birgos.’\(^{31}\) Ottoman authorities requested assistance from the neutral United States to stop the shelling and bombing of hospitals, yet one document stated: ‘Despite all the signs in the Fifth Army area, attacks on the Red Crescent Hospitals continue. It is requested that this situation be reported to the American embassies of the French and British governments’.\(^{32}\) Another document described British naval artillery targeting the Turkish field hospital at Yalova in the northern sector, ‘in the guidance of a foreign plane. As a result of the attack, the Fifth Army Health Deputy Ragıp Bey, his wife and two soldiers were killed. Please inform the authorities of the attack on our hospital which was marked with a Red Crescent’.\(^{33}\)

As a result the Turks could not rely on Red Crescent markings as protection against artillery fire. New procedures were introduced for injured soldiers, in places sighted by the British which might come under the fire. Those who were likely to be returned to the front were taken to protected areas for the first aid and were only able to be returned to service at nights.

Wounded soldiers in the war hospitals in the rear, such as Istanbul, were visited by their friends where practicable, often bringing gifts such as cigarettes, tobacco, and Turkish delight. These visits would involve conversations about the battle and the patients’ units, and commemoration of their comrades who had lost their lives in the fighting as well as greetings sent to those left behind. Assistance in writing letters was also given and visits by state officials were encouraged. All these activities were seen as important morale boosters or what these days we would call a casual form of ‘de-briefing’ and considered an aid to recovery.\(^{34}\)

The heavy losses constantly denuded the Fifth Army of experienced commanders and officers. Their replacement was therefore of critical importance in the defence of Gallipoli. Consequently


\(^{34}\) Sokrat İncesu, Gallipoli Memories, p. 347.
extra care was taken to speed the recovery of such wounded, convalescence periods of ‘given change of climate or rest’ being an important element in their treatment.  

Another Red Crescent activity appearing in the Gallipoli Research Project’s research is the organisation’s activity with war orphans. It opened an orphanage and a hospital at its Edirne (Adrianople) Centre. Additional essential and necessary facilities were also located here for especially for victims of the Gallipoli Campaign. Securing of shelter for orphaned children was only one activity at Edirne. Follow-up measures for dealing with their upbringing were also activated.

There remains much to investigate further in the thousands of documents now being processed in the Red Crescent Archives in Ankara. This is over and above the likely many hundreds, which have not yet been researched, as well as those that have been, but exist only in Turkish, in the Turkish Military Archives or published by Turkish scholars in Turkish. The Gallipoli Centenary Research Project at Macquarie University, with its restricted resources and focus on the military events in the field at Gallipoli, has only been able to work from a relatively small number in order to write this chapter.

One thing appears clear though. Despite the generally impoverished state of the Ottoman Empire in World War 1, the effort of the Red Crescent, the divisional field ambulance units and the German assistance was significant at Gallipoli. After the Allied evacuation, the Austrian Crown Prince sent a congratulatory message to Dr. Besim Omer, Head of the Vienna branch of the Red Crescent, in light of the successes in the Gallipoli operations and signalled the esteem held for the role played in the Ottoman defence. Ottoman leaders of the time are also on record as praising the efforts of the Red Crescent.

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Harvey Broadbent, Dept. of Modern History, Politics and International Relations at Macquarie University