SOME RECOLLECTIONS OF AN OCTOGENARIAN
ARMY MEDICAL SERVICE: BALKANS AND CAUCASUS
(1918-1920)
H J PARISH, MD, FRCP*

Preliminary Training

Soon after qualification as a doctor in July 1918 and camp with the Edinburgh University OTC, I became a first lieutenant in the Royal Army Medical Corps (Special Reserve). I spent six weeks at the RAMC Officers' School of Instruction at Blackpool, at first under canvas at Squire's Gate and later at an hotel which had been requisitioned. Apart from the usual physical training, stretcher drill and route marches, we attended lectures on army administration, aspects of surgery and medicine (including tropical diseases), gas warfare, etc. We also received instruction in horse riding.

Blackpool to Cherbourg

Towards the end of our training course at Blackpool in the Autumn of 1918, we were asked to indicate whether we wished to serve in France or further afield. I stated a preference for Salonica (now Thessaloniki), partly because Greece and its ancient culture fascinated me and partly because my medical leanings would be furthered by having to deal with all the infections which ravaged troops stationed in the Balkans. The main problem in that theatre of war was disease control and not battle injuries.

My wish was granted. We travelled by train to Southampton where we embarked for an unknown destination (Cherbourg). The crossing was rough and we lost a man overboard—almost certainly a case of suicide. The ship was blacked out at the time, and we were accompanied by a destroyer as protection against submarine attack. There was a full complement of troops, and I was given the job of censoring the men’s letters written during the crossing or shortly after landing. The accounts of the voyage showed wide variations from suppression of any mention of the storm to gross exaggeration both of its severity and of the numbers of men swept from the decks by the waves or committing suicide. According to one letter, we had been attacked by a submarine, but the writer was not allowed to give any details. I used scissors and blue pencil very freely. What an insight into the workings of the human mind under some excitement and stress!

Cherbourg to Taranto

Travel by train from Cherbourg to Taranto took eight days, mainly on account of delays in France while we were passing through the American lines of communications. We made very long stops at many stations or even between stations, and we were shunted backwards and forwards into sidings.

*Formerly Clinical Research Director at the Wellcome Research Laboratories, Beckenham.
There was an amusing and revealing occurrence during an isolated stop in rural surroundings not far from Tours. Several French children came to talk to us as we left the coaches and walked to a neighbouring bridge. In accordance with their expectations we gave them chocolate which was issued with our rations. When that was finished, and I wondered what else I could hand over, I came across a very hard biscuit (iron ration) in my haversack. These biscuits were well named; they were almost uneatable unless previously soaked, and they were intended only for emergency use when no other supplies were obtainable. I jokingly gave my biscuit to a pretty little girl aged about five. She had obviously seen similar titbits before, for she grimaced and threw it away, remarking "Beeskeete Eengleshe no bloody good!" How right she was, and what an apt pupil of British Tommies!

Our journey across the Lombardy plain and down the Adriatic coast was tedious and we spent another three or four days at a crowded rest camp at Taranto where there were many troop movements. It rained incessantly during this period.

**Delphi**

It was a short sea voyage from Taranto to within sight of the Island of Corfu and then into the Gulf of Corinth. We disembarked at Itea, where we stayed for another two days at the large rest camp. No time was wasted in arranging expeditions to visit ancient Delphi. We obtained motor-lorry transport part of the way through olive groves along the shore of the Gulf, and hired donkeys for the steep final stages up Mount Parnassus.

The Delphic ruins are hemmed in by towering mountains and are awe-inspiring. The lofty cliff in the immediate background, and the loneliness and remoteness of the location must have influenced those who selected the site for the supernatural pronouncements of the oracle. By 1918 extensive explorations had already been carried out by French and other archaeologists who had also built a temporary museum to house the unique treasures. We visited the Temple of Apollo, from which priests had controlled the inspired messages; the open-air theatre, with curved tiers of stone seats; the Stadium or race-track; and the Treasury of the Athenians, which managed the flourishing finances. There was a warm spring at the foot of the high cliff. Finally, as we left ancient Delphi, we were much impressed by the startling echoes which reverberated from this cliff and other precipices of the Parnassus range.

Next day we left Itea by a mountainous road in a convoy of motor lorries to join the railway line between Athens and Salonica. The train journey northwards took us over the Greek mountains, through the plain of Larissa and past Mount Olympus, the abode of the gods of classical Greece, to Salonica itself.

**Salonica**

At Salonica I was appointed to the 28th General Hospital, a large base hospital which always had more than its share of serious medical and surgical cases. Owing to an early armistice with Bulgaria, all fighting in the Balkans had ceased a few weeks before our arrival. Medical work predominated because the
Vardar and Struma valleys were a breeding ground for mosquitoes and flies. Salonica itself had dirty crowded streets, and movements of population over Macedonia were considerable. Diseases such as malaria and amoebic and bacillary dysentery were rife. The enteric fevers, typhus and relapsing fever were endemic in parts of the Balkans, and had to be kept in mind in differential diagnosis.

The world pandemic of influenza probably hit Salonica somewhat later than the first wave of the infection in Britain. I retained some immunity from an attack I had in Edinburgh that Summer, and escaped further trouble. This was fortunate since some of my colleagues at the 28th were soon incapacitated and their duties necessarily devolved on me. The strain on doctors was great because the influenza complicated problems of diagnosis. In many cases two or more diseases had to be treated. One poor fellow had appendicitis on top of dysentery and influenza. Surprisingly, he recovered after operation although his abdomen had contained pus.

Many patients were in poor physical condition when attacked by influenza. Often they recovered. Other men apparently robust stood up badly to the new infection, and some died unexpectedly. There were on average 13 deaths per diem at this hospital. It was a cruel fate to die from influenza after having survived, in many cases, all the rigours (and the diseases) of four years of war.

Inevitably Salonica held much of interest for sight-seeing expeditions. Ruins were of course extensive, as a tremendous fire fanned by strong northerly winds destroyed one third of the buildings in August 1917; the half-wooden houses in the Turkish town on the hill were mainly affected. For some of us old churches and mosques (in ruins or otherwise) were a special attraction. We also visited the ramparts and Citadel above the old town, and the quaint towers and arches along famous thoroughfares, some of which were made or remade under Roman administration. Down the centuries Salonica was involved in political and religious upheavals, menaces and assaults, wars and pestilence, changes of ownership, great movements of population, earthquakes, etc.

Salonica to Tiflis

Progress of the revolution in Russia was followed closely by the British forces in Salonica, and it was no surprise when medical officers were asked to volunteer for service with units which might assist the “White” Russians. I sent in my name and was accepted. We embarked on SS “Warstag” towards the end of February 1919. It was a fascinating voyage, with some doubt about our destination, but eventually we landed at Batum (now Batumi) at the Black Sea extremity of the trans-Caucasian oil pipe-line from the vicinity of Baku. The purpose of the occupation was to prevent the Bolsheviks from over-running the Caucasian Republics and gaining access to abundant supplies of oil.

I spent six months at Tiflis (now Tbilisi), the capital of Georgia, which is a considerable way across the Caucasus by rail to the Caspian. Then I was recalled to Constantinople (now Istanbul) for nine months, and this city will be the topic of later reminiscences.
Some medical aspects at Tiflis

At Tiflis I was given charge of two general wards at the 14th Stationary Hospital. Work was light, but of course we did not know what might happen if the Bolshevik armies should move south. I was surprised when I had also been appointed Commanding Officer of a Mobile X-ray Unit. As I knew very little about radiology, I protested, but the order was confirmed as my predecessor had requested speedy demobilisation. So I acquiesced, and readily accepted the additional two shillings and sixpence per day specialist pay which went with the job! The unit consisted of a three-ton lorry full of valuable equipment, and a staff of three, namely, myself in command, a corporal who was an expert radiographer, and a private who was both driver and mechanic.

Primary cases of malaria were infrequent in Georgia, but I remember several relapse cases. Typhus occurred from time to time, but there was no devastating epidemic such as occurred during and after the revolution in other parts of Russia. There were also some cases of dysentery and relapsing fever. Inevitably, a few of our troops sustained gun-shot wounds and other injuries. Even at the 14th Stationary Hospital, our armed sentries at the entrance gates were constantly on the alert against dangerous marauders at night. However, the searching scrutiny of the sentries detected nothing wrong when our non-British orderlies walked past them with stolen sheets from the stores. The thieves wore their khaki shirts outside their trousers, and concealed one or two sheets by wrapping them round their waists underneath the shirts. There was a ready and lucrative market for the stolen property in Tiflis.

I had one very unpleasant experience. One afternoon I felt ill and found that my temperature was 105°F. There was no microscope at this stage at the hospital, but malignant malaria was the highly probable diagnosis and I was given an intramuscular injection of quinine into my buttock. When all anti-malarial treatment failed, typhus was suspected, and I was moved for better isolation to an officers' hospital across the valley of the Kura River. Luckily, a pathologist arrived next day with a microscope, and soon diagnosed relapsing fever. An intravenous injection of organic arsenic brought down my temperature within 18 hours. I felt very "washed out", but could at last look forward to full recovery.

Social events in Tiflis

I became friendly with the Church of England padre, who shared with me an exciting introduction into high society in Georgia. We chanced to visit a picture gallery where there was an exhibition of Armenian paintings. In one room was a rather elderly lady with two little girls. To our astonishment they were speaking English. We found that the lady had spent many years as governess to the Bagration-Moukhransky family, the former rulers of Georgia. The little girls, who were introduced as Princesses, spoke Russian, English and French remarkably well. In the next room we met their mother who invited us to their home that evening. It was a great social occasion, attended by many of the Russian aristocracy not only from Georgia but also from Bolshevik-held territory. My colleagues and I got to know about 20 princes and princesses, counts and countesses, within
Some Recollections of an Octogenarian

a few weeks, but it should be remembered that many land-owners seemed to have hereditary titles before the revolution. The British forces were regarded as protectors and saviours, and were much feted in consequence. When we were later recalled to Turkey, Georgia became another state of the USSR. We lost touch completely with our Russians friends, and I wonder what happened to them and their investments.

Tiflis was a cultural centre in the Summer of 1919. Parties from the hospital used to go by ambulance to the local opera house, where refugee players and singers from Moscow and elsewhere ensured very high standards.

Constantinople

My X-ray equipment was no longer required, so I applied for a transfer to bacteriology. My wish was granted, and I and one other officer trainee were posted to the Central Laboratory, which was located in the pre-war Seamen’s Hospital not far from the Galata Tower. This was my introduction to a speciality which in varied forms became my life-work. I was fortunate in my Chief, who was very accurate and thorough, nothing being left to chance. The volume of work undertaken was variable, but everything was interesting. Here are some recollections.

An outbreak of bubonic plague amongst the civilian population caused considerable excitement and activity. I believe there were 49 cases, and we were ordered to prepare plague vaccine with all possible speed. In the first place there was a shortage of flat-sided bottles for growing the bacilli, and square Johnny Walker whisky bottles seemed to be a useful substitute. To save time we made a tour of combatant messes around the city, and had a surprisingly good haul of empties in a single day. Any bottles not quite ready for collection were enthusiastically emptied in a very good cause. We helped, of course, but did not have to “drink and drive” as we had an army chauffeur on loan for the exercise.

After preliminary experiments, with ourselves as guinea-pigs, arrangements were made for the immunization of the civilian population. Street barriers were erected in affected areas, and inoculations (and passes after injection) were given by sergeants of the RAMC. Owing to language and other difficulties some persons had more than their share of injections, whereas others obtained their certificates illegally and dodged the needle altogether. The outbreak came under control, but the role of plague vaccine in this result was uncertain. There was also a campaign for rat extermination, and one of our tasks was the post-mortem examination of large numbers of vermin from the docks and elsewhere. I think all our findings were negative.

Constantinople and visits to Prinkipo and Mudros

Following a report of suspected plague in a Russian refugee camp, I accompanied the Consulting Physician to Prinkipo, one of the Princes Islands in the Sea of Marmora. It was a false alarm, but we had the opportunity of visiting a most beautiful island. Conditions in the camp were good, and very different from those on the overcrowded transports we had observed passing through the Bosporus from Russia a few weeks before.
I had another trip in connection with the arrival of Russian refugees. A Brigadier of the Royal Engineers took me in the Base Commandant's launch to Mudros on the Aegean Island of Lemnos, which had been the base for the ill-fated Gallipoli expedition. His task was to prospect for water for those Russians who were to be landed, and we found a stream from which I took a large test sample for laboratory investigation. The result was satisfactory. The Brigadier was puzzled by his find, because a few years before it was considered necessary to bring water in tankers all the way from Egypt to supply our troops at Gallipoli.

During my stay at Constantinople, the Atlantic Fleet came through the Marmora and anchored in the Bosporus for some weeks. The visit probably had political significance as Russia, Turkey and Greece were still far from settled. Every Tuesday morning a large number of the sailors from the ships used to visit our laboratory. We collected blood from each man for Wassermann tests for syphilis and, naturally, became highly skilled at obtaining blood, even from indifferent veins.

Rather to my surprise, men who had seen bloodshed in battle sometimes blanched when we were bleeding them. One day a VC fainted, and I resolved in future always to make the men sit down. Obviously fainting had nothing to do with cowardice.

Sheep blood as a source of corpuscles for Wassermann tests was obtained from a large tough ram, which was well known to visitors to the hospital, and was named Horace ("our 'orace"). He could use his horns freely at times, and he became increasingly difficult to bleed. There was probably scar tissue over his jugular veins. One morning I was in the middle of operations when my Armenian technician loosened his hold, and Horace lowered his head menacingly. I held on to my equipment somehow, and fortunately he changed his mind. When one day he was found dead, it was chastening to find that his veins were like large drain-pipes with soft walls. In theory, at least, entry should have been easy every time. For long "our 'orace" was sadly missed.

After tuition for four months, I was appointed a Specialist in Bacteriology for the last five months of my army service. For the final six weeks I commanded No. 27 Mobile Bacteriological Laboratory at "B" Section of the 82nd General Hospital, which was housed in the pre-war German Hospital. My pay as a specialist had been increased by the standard sum of two shillings and sixpence per day.

Adrianople

In the previous section I have mentioned my trip to Mudros. Later, I had another long one, at very short notice, to Adrianople (now Edirne) near the eastern frontier with Bulgaria. The purpose of my mission was to investigate the sudden death of an officer of the Intelligence Corps, whose temporary abode had been a compartment of a railway coach in a siding. Although there was some suspicion of foul play, I was able to establish from circumstantial evidence and autopsy findings that he had died from carbon monoxide poisoning. The night of his death had been cold, and he had partaken of some alcoholic drinks and then fallen asleep in an ill-ventilated, confined space warmed by a fuming oil-stove.
Some Recollections of an Octogenarian

The journey by rail to Adrianople provided a most alarming experience. I had a compartment to myself in which I spent the night stretched out on the seat. My tunic was hanging from a hook, and my loaded revolver was within easy reach. At 4 am I was awakened by persistent screams from women and children, angry voices, and much slamming of carriage doors. The din came nearer and nearer, until finally the door of my compartment was thrown open. My revolver was now at the ready, but I lowered it at once when I saw that the intruder was a French doctor in uniform. At the same instant he recognised the RAMC badge on my coat, and laughed at my obvious alarm. He explained the situation volubly in the following terms: “Good morning, doctor. What a hell of a job I have. It is beginning to snow, and I had to get up at this frontier post to inspect this train from Constantinople. You . . . have bubonic plague there, and we don’t want the disease in Bulgaria. I am supposed to examine passengers for buboes (lymphatic glands which might be enlarged from plague infection). Well, these Turkish bitches don’t understand, and think I am trying to rape them. They bite and scratch and yell like hell. Look at this bleeding finger. I shall have a black eye tomorrow. What a life! Why did I ever go in for medicine, etc., etc.” He bade me a cheerful farewell, and the train moved on very soon into Adrianople.

Constantinople again, and then home to UK

A British civilian whom we saw frequently was the pre-war resident superintendent of the Seamen’s Hospital. He was a handsome man, and a great doctor who was very much respected wherever he went. At the outbreak of hostilities, he had been sent to a concentration camp. He related how the Turkish camp commander had ordered him to attend his sick wife, but he refused. The command was repeated, and again he refused, adding that he could only see the lady if the Turk came in person and “licked his boots”. The commander turned up shortly, and he said he would lick his boots as a prelude to treatment. The lady was not seriously ill and soon got better. The doctor was released on parole and was permitted to do what he liked for the duration of the war.

My colleagues and I thoroughly explored all the tourist attractions of Constantinople and its environs both in Europe and Asia. I visited on one occasion the Florence Nightingale Hospital in Scutari. Part of it was being used as a medical school, and I noted that the text-books were often of German origin. There was a large and very untidy Crimean War Cemetery with a suitably inscribed memorial not far from the hospital.

The voyage home by ship was very pleasant as it was summer. After disembarkation at Liverpool, I went by train to Scotland for a period of leave before official demobilisation. On that journey I was fascinated by the varied and most beautiful colouring of the landscape. The shades of green made a tremendous impression and I spent hours looking out of the carriage window. The Balkans were drab by comparison. Never again have I failed to appreciate the advantages of life in our damp, temperate island.

Service for twenty months in the RAMC was an invaluable experience, which broadened my outlook on men and affairs, and enabled me to travel in six European and one Asiatic countries at His Majesty’s expense.