Everyone has heard about Miss Florence Nightingale. But how many know that she had an opposite number in Russia? Duchess Elena Pavlona was her name, and the comparisons are striking. Born Frederika Maria Princess of Wurtenberg in 1797, she had a brilliant and wide-ranging education in Paris at one of the best colleges, she married the Grand Duke Michail Pavlovich, fourth son of the Russian Emperor Paul I. Arriving in Moscow in 1823 after her marriage, she was re-christened Elena Pavlovana.

Many of her efforts were directed to charitable causes, and the one which brought about the move of nurses to the Crimean War was the Holy Cross Community of Sisters of Charity. When that war broke out, she asked at once that her nursing sisters go to the Crimea. The Emperor Nikolay I was doubtful, because in those times nowhere were women sent to the battlefield. He was counselled by one of his doctors to proceed carefully. Pirogov (1810-1881), whom we have heard about previously, was anxious to go to help in September 1854, when the wounded were dying in thousands in Sevastopol. Although a local group of ladies, ‘The Compassionate Widows’ were nursing in Sevastopol already, they could not cope with the casualty load. His first offer was refused, but he finally had a meeting with Elena Pavlona at the end of October. ‘At that time’ Pirogov wrote ‘when every heart in St Petersburg was beating hard and expecting the results of the battle under Inkerman with anxiety...to my great satisfaction she announces to me that she took the responsibility to reply in a positive way... she expounded to me her great plan to arrange organised care for the sick and wounded on the battlefield by women and offered me to enrol medical personnel.’

By the end of October the first group left for the Crimea. On 5th November the first detachment of the Holy Cross Community Sisters followed, consisting of 28 nurses headed by Mrs Alexandra Stakovich, an army captain's widow and the first Lady-in-Chief. They arrived at Simferopol on the 29th of November and began work next day.

Russian accounts mirror those of Scutari. ‘The miserable men lacked any care and were crowding the houses. Many of them were lying without mattresses, in dirty underwear, on the dirty floors without any care and attention. The air was spoiled, the wounds were inflamed and producing a bad smell. There was a lack of both minds and hands to get all that chaos into some degree of order.’

Not all the ladies were aristocrats, but the majority were. It is recorded that the sisters not only nursed but laundered sheets and blankets, and some even assisted at operations. Nursing sisters were given responsibilities beyond those of Florence Nightingale’s - some were even entrusted to sort wounded into categories, following Pirogov’s policy. ‘The first group consisted of hopelessly sick and deadly wounded people. They were entrusted to the care of the Sisters of Charity and the priests. To the second category belonged those seriously wounded who needed urgent surgery which was performed directly at the emergency dressing station in the Building of the Nobility Assembly. The third group included the less heavily wounded who could be operated on next day, and the fourth had minor injuries...’

The letters, despatches, and whole ethos of nursing resembled that of Florence Nightingale to an amazing degree. They were soul-mates in their background, but
the difference was perhaps that the Russian nation saw more quickly that the need was there. The Russians had the advantage of having a nursing system in place already at home, and had the additional advantage of strong support, with surprisingly little discrimination, in St Petersburg.

Even the strategy was sound. It was said: ‘not medicine, but administration plays the major role in the task of helping the wounded and sick at the battlefield.....the Sisters passionately fought against “the insatiable rapacity of hospital administration” and “the stupidity of the official medical personnel... Feminine tact, sensitivity, moral standing and independence from official subordination could in many instances have more influence upon the abusive hospital administration than any checking commissions.’ It is a remarkable story and worth recounting.

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