THE MEDICAL SERVICES IN THE RUSSIAN ARMY.
(WAR.)

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On taking the field, the medical service performs its duties under the immediate authority of a general officer of the headquarter staff. It has already been noticed that this dual control exists in peace time; in war the conditions are further complicated by the addition to the medical administration of the Chief of the Army Service Corps. The Inspector General of Hospitals, in consultation with the Director-General of the Medical Services, and with the Chief of the Army Service Corps, elaborates the plan of necessary medical arrangements. The General Officer studies the plan, rejects or modifies it, and gives the orders to the three above-mentioned officers. The Inspector-General of Hospitals is usually a General Officer; a junior officer of administrative capacity and of scientific reputation, may, however, be chosen. He supervises the medical officers appointed to the different hospitals, all the personnel of the medical administration, and in general arranges all the details of working and equipment. He orders the movements of the field hospitals and bearer companies, and according to the course of events regulates the evacuation of the field hospitals, and is responsible for the transport of the sick and wounded. The dressing stations are inspected by him, and he is specially charged with availing himself of any local resources in supplies or transport.

His powers are in theory great, and resemble those allotted a Principal Medical Officer in our own Regulations. His duties, however, are mostly confined to the hospitals directly behind the actual fighting zone. In that zone, the Divisional Generals are supreme, and give orders directly to their Senior Medical Officers, without reference to any higher authority. On the lines of communication the Medical Officer is simply an adviser on professional matters, the military commandant at each post and a steward arrange the other details.

The Principal Medical Officer in the field is chief of the medical service; he has a certain authority on the personnel; a reserve of Medical Officers is provided to fill up any vacant posts. He arranges for the supplies of medicines and advises on sanitary matters, and represents where hospitals and convalescent depots are
required. He also makes free use of any resources put at his disposal by the Red Cross and other Societies. As previously insisted on his rôle is purely technical.

In the Army Corps, the Medical Officer fulfils much the same duties as those first enumerated. In point of administration, the most important post is that of the Medical Officer of a division. A division is the tactical unit which serves as a base for the organisation of the medical service. In the Russian Medical Service no arrangements for greater numbers are contemplated; the regimental units are provided with separate establishments.

A division of infantry is accompanied by a bearer company1 and a field hospital of 200 beds. Only half the field hospital is provided with transport, the other half is retained in store, and is used as a reserve of material. Except those in reserve and two small mobile hospitals, all the other medical units are placed under the orders of the Senior Medical Officer of the division. This officer has also under his orders an Assistant Surgeon, who is the chief of the bearer company; a regimental officer is appointed to command the stretcher-bearers and to administer the discipline, &c., of the bearer company. In an engagement, the Senior Medical Officer selects the places for dressing stations and field hospitals, and sees that his arrangements are carried out.

Organisation in the Fighting Line.—This service is completed by the regimental surgeons, having at their disposal a bearer company, and by the divisional bearer company and two field hospitals.

Medical Arrangements in a Regimental Unit—Four Battalions.—From what one has seen of the organisation in time of peace, it is apparent that service in the field cannot make many modifications. In fact the regimental unit possesses sufficient resources to establish dressing stations, to transfer the sick and wounded, and to start a temporary hospital. The senior surgeon has at his disposal four surgeons, twenty-two feldschers, thirteen hospital attendants, four pharmacy waggons, four ambulance waggons, each carrying four lying down cases and one seated, and thirty-two stretchers. He can thus carry twenty wounded; the temporary hospital can

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1 Bearer Company in French is "Ambulance," in German "Das Feldlazaret," in Russian "Brizadni Lazarek." In the A.M.D. Reports, and in the Medical Organisations of Foreign Armies, "Ambulance" is translated "Ambulance Waggon." The divisional hospital means the field hospital of the division and not the bearer company.
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accommodate sixteen usually, or during an engagement thirty-two. In his waggons eighty rations are stored to ensure, for the time, the feeding of the wounded.

The regiments of cavalry and artillery are provided with a proportional medical staff, &c. The medical store waggons are part of the regimental transport, and follow their units almost into the fighting line; they contain dressings, &c.

Each soldier is provided with a first dressing, the feldschers have each a small haversack, and the surgeons a surgical haversack and some compressed drugs. At an engagement a dressing station is installed. The stretcher-bearers leave their battalions under the control of one non-commissioned officer from each battalion and form a unit, commanded by one regimental officer. They deposit their arms at the place where the waggons have stopped, they are then fitted with small haversacks and advance with the stretchers into the fighting line. They pick up any wounded, and bring them back to the dressing station.

Personnel and Matériel of Units at the Front.

<table>
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<tr>
<th>Personnel and Matériel of Units at the Front</th>
<th>Regiment of Infantry, 4 Battalions</th>
<th>Regiment of Cavalry, 6 Squadrons</th>
<th>Brigade of Artillery, 6 to 8 Guns</th>
<th>Division Hospital</th>
<th>Field Hospital</th>
<th>Medical Convoy</th>
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Organisation of a Division.—This is divided into two sections, one composed of a bearer company and a field hospital, which

1 In the South African war, the colonial contingents and some of the British cavalry regiments had independent transport, their ambulances carried their wounded back to the nearest bearer company or to the field hospital. So in the Russian Army, the regimental ambulances work in the same way with the medical transport. When a brigade advances rapidly, or the front extends for miles, the bearer company may not be seen for days. Regimental light ambulances, any way one to each unit, are an absolute necessity.
follows immediately the column in advance; the other similarly follows the rear columns. The mobilisation of these medical units is arranged by the General (of Hospitals) and by the Principal Medical Officer. The personnel is selected partly by the medical and partly by the regimental authorities. The equipment, which is supposed to be complete in time of peace, is distributed amongst the regiments and various depôts. To each divisional bearer company is attached a company of 200 stretcher bearers and seventeen non-commissioned officers, all placed under the command of an officer. This company is only formed in time of war, and is composed of orderlies, stretcher bearers and musicians, taken from the reserve. The bearer company has four tents, eight ambulance waggons and fifty stretchers, it can thus transport forty wounded and provision temporarily 200. It will be noticed that this bearer company functions also, to a certain degree, as a field hospital. When the bearer company arrives at the fighting line the Senior Medical Officer takes over the direction, he establishes a dressing station on a large scale and sends out his stretcher-bearers to search for the wounded. As before stated, the regimental dressing stations are relieved of their wounded, and in all arms of the service the divisional bearer companies either do this, or reinforce the bearer companies already in the field. The principal dressing stations are organised by the divisional surgeon. If, however, great numbers of troops are actually fighting, the Inspector-in-Chief takes command and decides the situations for establishing the dressing stations and the field hospitals. These stations are generally about a mile behind the troops and at equal distances one from the other. The wounded are divided into two classes. The slightly wounded are dressed, &c., and then sent back to rejoin their corps. Those wounded who require an operation, or who require special care, are treated as quickly as possible and then sent back to the field hospital. Then, if not able to rejoin, they are transported to the base. Everywhere the surgeons simply exercise their profession, they are restricted to purely surgical work.

Divisional Field Hospitals are established in the vicinity of the bearer company in accordance with the orders of the senior surgeons of the division; the most sheltered places available are chosen. Their function is to take over the patients brought back by the bearer company, but at the same time they must be ready to evacuate their sick and to rejoin the column on the march. Each of the two hospitals can be broken up. Four sisters of
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charity are included in their total, and are carried about in the only vehicle for the transport of wounded that this hospital possesses. It is rather curious that though these hospitals included twenty-nine waggons, not one is reserved for the transport of wounded. This transport is confided to convoys, instead of a system linked with the field hospitals; it is more or less detached and cannot work well.

These convoys are placed under the command of the Inspector-General. In their twenty-seven ambulances they can transport 200 wounded, sixty lying down; a kitchen on wheels is also added, which provides, at all events, proper food for the personnel of the sick. These convoys are in touch with the troops, and with the transport obtained from local sources can evacuate all the unfit from the fighting zone.

Organisation in the Second Line.—The Inspector-General of hospitals is here the director of all the means of lodging and transferring the sick and wounded, and finally the bringing of them to the lines of communications. Independently of the sick convoys, he has at his disposal two field hospitals and four reserve hospitals for each division of infantry and any other hospitals organised in the zone of operations. These field hospitals can replace the others or supply any article deficient or used up on service. The hospitals in reserve have a personnel and equipment analogous to field hospitals, but they have no waggons, no saddlery, and no drivers. They are simply a collection of material, &c., interchangeable on demand, or on requisition of the necessary transport they can become available at any point where required. They are commanded by a combatant officer, with the aid of a medical officer and a steward. The Inspector-General can utilise them to the best advantage; they can be added to by the erection of auxiliary hospitals and depôts for convalescents. These latter are erected in the vicinity of the hospital and are under the same medical charge and under the same military command.

Evacuations of Sick and Wounded.—There are three zones recognised, the one of the fighting line, an intermediate one, and the base. In each zone a committee sits; it is composed of a colonel as president, and of five members, amongst which a medical officer and a delegate of the Red Cross Society are included. The Commission utilise all means of transport. In each zone a central station where the unfit are gathered together is instituted; they are then divided into classes, some to be treated locally and others to be sent back to the zone immediately behind.
Hospital Trains.—As regards railway arrangements for the transport of sick and wounded, each train is fitted up for the conveyance of 250 to 400 patients. An enormous equipment ready to improvise invalid carriages is kept in store. Each train is commanded by a combatant officer, one medical officer, two feldschers, eighteen hospital attendants, six sisters of mercy, and ten fatigue men.

The Distribution of the Sick and Wounded.—In 1859, after the war in Italy, Austria found it necessary to take special measures to evacuate the hospitals near the theatre of war. Nearly 50,000 patients were sent back and distributed amongst the military and civil hospitals, and amongst the civil population. In Russia this lodging of the patients in private houses is part of the system. On commencing hostilities, a list of inhabitants is asked for who are ready to receive into their houses sick or slightly wounded cases, where convalescence would not demand a very elaborate nursing or care. A bonus is given for the support of such patients, and the authorities are ordered to prepare a list of those who will undertake to assist with their hospitality the victims of devotion to the country.

Red Cross Society.—After Sadowa, Russia joined the Geneva Convention and the Central Society was founded and placed under patronage of the Empress. This Association became soon a great national institution; it is splendidly endowed, and in its sphere are included the organisation of charities and work undertaken in England by the St. John Ambulance Association. Its official rôle is to assist the medical services of the Army, and to distribute to the sick articles of diet or equipment which are not provided by the military administration. It is possible to give an idea of the extent of its functions by stating its normal establishment. This consists of twenty-five hospitals, thirty-seven bearer detachments, seven convalescent homes, four orphanages for military children. It numbers in its ranks and provides for 3,600 sisters of charity. This is, however, not all. In 1888 the Convention founded, under the auspices of Alexander III., a school of medicine for women, who are trained as assistant surgeons. This school is an annexe of the Hospital of the Dames of the Red Cross at St. Petersburg. The young ladies who enter follow the curriculum for four years, they then are granted a diploma, which confers on them the right to practise medicine throughout the Empire. The Red Cross also organises the recruiting and the distribution of the sisters of charity, who are employed in the military hospitals, and those who proceed
on duty with the army in the field. Independently of the *matériel*
that the Society issues for the use of the troops, it also aids in the
service of evacuating the hospitals at the front; that is, by afford­
ing additional transport and by the lending of a *personnel* skilled in
this special branch. Its resources are numerous; the Government
allotted to it the proceeds of special taxes during the war against
China. It is estimated that since its foundation it has spent nearly
£10,000,000. In the China war, a special hospital of 275 beds, and
a hospital ship "Tsaritsa" were established at Port Arthur; in
addition, fourteen bearer detachments were organised, and numerous
posts for giving refreshments, &c., to the troops on the march were
maintained. Five depôts of clothing and medical stores were also
created. In time of war its committee work in the different zones,
and its members are included in the staff of the army, and are an
important element in all questions relating to the sick and wounded.
It is apparent that this Society is a powerful factor in the medical
arrangements. The danger of all such extraneous aid is, that
defects are permitted in the medical service under the impression
that any failing will be remedied, or any necessary equipment
supplied, by a powerful and rich civil corporation.

What the Red Cross accomplished in 1900-1901 is almost
nothing in comparison to the work now in operation. Money is
flowing in from all sides, Count Orloff Drwydoff has given a million
roubles. The old believers of Moscow have sent 28,000 roubles. The
Club at Moscow to which nobility alone are admitted, has
sent 25,000 roubles to General Kuropatkin for comforts and
necessaries for the field hospitals, and 25,000 for the support of
the families of the wounded. The French Colony has collected
10,000 roubles. The Red Cross confidently anticipate to transport
and efficiently nurse 10,000 sick and wounded.

At St. Petersburg the departure of a Red Cross train is a
daily occurrence.

The sisters of charity belong to all classes of Society, and they
are of all ages from old ladies to young girls; they are all clad in
nurses' uniform, a white shawl over the head and a thick grey hood
over the shoulders.

*Hospital Ships.*—As the Russian fleet is effectually blockaded,
these need not be mentioned. French ladies collected enormous
subscriptions to organise a floating hospital (Hôpital des Dames de
Paris) and a large steamer was allotted for this purpose by the
Russian Government.

*Dogs.*—A number of war dogs, trained to search for and bring
in the wounded, and to carry medicine and stimulants, are being sent out to the Russian army.

It will be seen that the Russian Medical Military Service is arranged on the same lines as those of the other European armies. The division of the administration into two branches must prove fatal. The military side not only consider the medical officer as subordinate, but deny him the smallest administrative capacity. After the war in the Balkans a commission reported that the medical arrangements had hopelessly failed through the maintenance of a system condemned by every other civilised power.

It is also known that the War Minister, General Kuropatkin, had decided to give to the medical services the necessary autonomy. At present the steps taken to carry out this reform are unknown, but it is evident that a Commander-in-Chief with such ideas will support the medical officers in discharging their duties in the only way possible to ensure efficiency.