ANGLO-YUGOSLAV MEDICAL **RELATIONS IN PEACE AND WAR***

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Although the medical centres of Great Britain, owing to their distance from Yugoslavia,† have influenced Yugoslavian medicine less than those of neighbouring countries such as Italy, Austria, and Hungary, some traces of contact can be found as far back as the seventeenth and eighteenth centuries. But the first real co-operation dates from the end of the nineteenth century, when assistance began to be given to Yugoslavia by various British charitable and other organizations, by groups of doctors, and by individuals assistance which has continued during the first half of this century.

The first observations on health conditions prevailing in Yugoslavia can be found in the writings of several British doctors, diplomats, travellers, and visitors, like John Burbury, George Sandys, and others who travelled through Austria, Hungary, Serbia, and Turkey. of the oldest of these descriptions is that by Edward Browne, F.R.S., published in London in 1673. Howard's famous book on hospitals and the plague in Europe contains a description, on the basis of local reports, of the epidemic of plague in Split in 1784 and the measures taken to combat it. Early in 1717 Lady Mary Wortley Montagu described in two letters her journey from Belgrade to Adrianopolis, and mentions the characteristics of the country and its people. The famous Richard Bright published in Edinburgh in 1818 his excellent description of a journey through Austria and Southern Hungary, in which he gave his impressions of social and health conditions in some Croatian provinces. Garrison said Bright's book was the best on travel ever written by a physician.

Spread of Knowledge

Through printed works and by personal contacts, but particularly through the help and influence of the medical schools of Bologna and Padua, Yugoslav doctors, primarily those of Slovenia and Dalmatia. quickly became acquainted with the new achievements of British science and medicine. Marcus Gerbezius (1658-1718), famous for the first description of complete heart-block, was the main disseminator of Sydenham's medical theories both in Northern Italy and in Southern Germany. In Sydenham's book on fevers whole chapters on the "epidemic constitution" in Slovenia's capital, Ljubljana, were written by Gerbezius. Jenner's discovery of smallpox vaccination quickly reached Yugoslavia by way of Vienna, Italy, and Budapest. Only two years after the publication of Jenner's method Stulli performed vaccination in Dubrovnik, and a year later Lueff did the same in Varaždin. By 1805 a number of booklets on vaccination were published in Yugoslav provinces. The method was quickly accepted and soon became compulsory.

Towards the middle of the last century three English women-Mary Adelaide Walker, Alexandra Kerr, and Lady Stratford-travelled through Serbia, Bosnia, and Montenegro, and wrote on the life and social and health conditions there. Adeline Paulina Irby (1833-1911), a great benefactress and social and educational worker, became a legendary personality among the Serbians, particularly in Bosnia and Herzegovina. Together with her colleague. Mure Mackenzie, she spent most of her life in Bosnia establishing schools. She also helped the refugees of Herzegovina after the rising against the Turks in 1876, giving first-aid to the sick and wounded. Miss Irby's and Miss Mackenzie's books and numerous articles about the Christians in the Turkish empire contributed greatly to a better understanding of the position of these peoples and their struggles under the Ottoman rule.

A remarkable but not well-known fact is that during the Crimean War British Army medical officers visited the north of Serbia and wrote detailed reports on the climate and on infectious diseases as well as on the general conditions of hygiene. It is worth mentioning that a Yugoslav from Osijek Edward Emanuel Klein, F.R.S. (1844-1925), became lecturer on histology at St. Bartholomew's Hospital, London, and a well-known pioneer in bacteriology. Ronald Ross was one of his pupils.

The Wars of Liberation

Among the foreign medical missions which rendered assistance to Serbia and Montenegro in their wars of liberation over a period of more than 70 years, British medical teams were in the majority during the first world war. In the archives of the British Red Cross Society the earliest particulars of the activities of medical units in Serbia and Montenegro date from the first Serbo-Turkish War in 1876-7. At that time the British established in Belgrade an army hospital with 150 beds. A surgical unit under Sir William MacCormac served in the front line. Dr. Vladan Djordjević, who was then head of the Serbian Army Medical Corps, vividly described in his memoirs his numerous meetings with the British. In one of his books he wrote:

- "I hastened on, as fast as I could, towards the Trnjane inn, to find the British operating in the corridor of the inn, leisurely as if they were in the operating theatre of St. Thomas's in London. I warned Dr. MacKeller to hurry up because the Turks were already near.
- "'Oh, yes,' said MacKeller, calmly completing the operation.
- "The Turks had cut off our road, and the only alternative was either to go through Djunis or cross the Morava river, perhaps even to swim across it. I tried to explain to my colleagues, as best as I could in English, this alternative that was left to us, letting them to make the choice.
- "'Oh, yes.' said MacKeller. 'I think through the Morava river—that will be a very interesting passage.'
- "'All right,' said the other surgeons, and we entered the river. But when the strong middle current started dragging us downwards together with our horses my comrades realized that all wasn't quite all right."

During the fighting against the Turks in 1877 the British National Aid Society sent John Furley as its There he became commissioner to Montenegro.

^{*}Abridged from a lecture given at the Postgraduate Medical School, Cambridge, and at the Royal College of Surgeons of England, July, 1960
†In order to simplify the matter I shall refer all the time to "Yugoslavia," although it came into being under this name only in 1918. Prior to that some parts of the country belonged to Austria-Hungary and some—the kingdoms of Serbia and of Montenegro, for instance—were independent.

acquainted with the difficulties facing this little State, and in his lengthy report he paid tribute to the heroism and endurance of her sons. Here is an excerpt:

"The Prince of Montenegro told me that he had met a man with a fractured thigh who insisted on being lifted on a horse, and he rode away regardless of the agony he was suffering. . . . These men preferred to die rather to lose an arm or leg. . . . Here the men are all soldiers and receive no pay. . . The blessing invoked on a boy when he comes into the world is that he may not die in his bed, and a pistol is the first plaything put in his hand."

During the Serbo-Bulgarian War in 1885-6 the British Red Cross Society sent one mission to Belgrade and one to Sofia. In Belgrade they organized a reserve hospital, staffed by four British surgeons and helped by Serbian voluntary nurses and schoolboys. The chief of the mission in Sofia, Kennett-Barrington, reported that the kindness and helpfulness of the Serbian General Command in making it possible to send international supplies of medicines and clothing to wounded Bulgarian soldiers were without precedent in the history of war.

After the so-called "Ilinden" rising of the Macedonian people against the Turks in 1903, a rising which was not successful, many thousands of families lost their homes and lived in terrible conditions. The London Balkan Committee sent a mission to Macedonia under Lady Eleanor Thompson. This mission gave social and financial help to the refugees, and founded hospitals in Bitola, Ohrid, and other places.

In the First Balkan War (1912) various foreign missions were sent to Serbia, among them two of the British Red Cross Society (one of the Scottish and one of the Welsh branch) under Mr. (now Sir) Max Page and Major Douglas, R.A.M.C. In November, 1912, they formed a large hospital in Skoplje, where a great number of Serbian soldiers were treated. The members of this mission were decorated with Serbian Army and Red Cross medals.

First World War

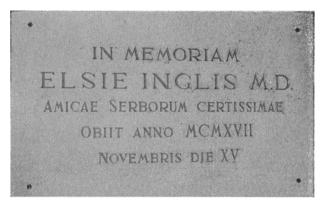
During and after the first world war there were many missions sent to Serbia from various countries, including Russia, France, and the U.S.A., but it appears that the British can claim foremost place in these efforts, both on the battle fronts and behind the lines, where the wounded, the sick, and the children were cared for. By the end of 1915 they had in Serbia over 20 medical missions, hospitals, and teams. Pride of place must be given to the Scottish Women's Hospitals in different towns. The leader of this organization, Dr. Elsie Inglis, remained during the Serbian retreat with her unit to await the arrival of the enemy, because she did not want to abandon her wounded. The soldiers called her "srpska majka," which means "Serbian mother." Later Dr. Inglis went with two hospital units to join the Yugoslav voluntary divisions in Dobrudia and Southern Russia. There she fell ill, and she died immediately after She really was "amica her return to Britain. Serborum certissima," as described on the memorial plaque of the Medical Faculty in Belgrade.

After 1915 the Scottish Women's Hospitals continued to work with the Serbian Army in Salonika, on the Ostrovo Lake, and in Vranje. The head of the hospital in Vranje was Lady Emslie Hutton, who until her death in January, 1960, remained a great friend of our people. Among other missions led by women there were the hospitals of Lady Leila Paget and Lady Wimborne in

Skoplje. St. Clair Stobart's hospital in Kragujevac also had out-patient departments for civilians in neighbouring places.

Many of these hospitals were sent and equipped by the Serbian Relief Fund. The Joint War Committee of the British Red Cross Society and the Order of St. John had the following hospitals: one in Skoplje, in charge of Dr. J. Johnston Abraham, the famous author of My Balkan Log, two in Vrnjačka Banja with Sir James Berry and Dr. E. Bennet in charge, and one in Montenegro with Dr. F. G. Clemow in charge. After the retreat of the Serbian Army Sir James and Dr. Clemow headed two hospitals sent to the Dobrudja front in 1916–17. Other British medical units belonged to the organizations called "Aid to the War Allies" and "The Eastern Aid" (under Admiral Trowbridge), and to the English Methodist Church.

There was also a strong British military medical team sent to the country, consisting of a complete hospital with 30 doctors. This group contributed a great deal to the fight against typhus, the disease which claimed tens of thousands of victims among Serbian soldiers, civilians, and prisoners of war, including a large number of doctors and nurses. Among these last were about 40 belonging to various British missions—for example, Dr Louise Ross and the writer Mabel Dearmer. In 1917 Catherine Harley, who with her two daughters accomplished a great deal by leading the Scottish Women's Automobile Transport Columns, was killed by a bomb in the recently liberated Bitola. Scottish women did outstanding service in the work of evacuating the wounded, especially on the Salonika front during



Memorial plaque to Dr. Elsie Inglis in the Medical Faculty of Belgrade.



A Scottish Women's ambulance car on the Salonika front.

the fighting for Bitola and the great battle of Kajmaktchalan. Many British doctors shared with our troops the most trying times of the withdrawal through Albania and of the recapture of Serbia.

After the catastrophe in the autumn of 1915 British organizations, especially the Serbian Relief Fund, transferred their efforts to helping disabled and convalescent soldiers and assisting refugees in various parts of the world—from Corfu and Corsica to Bizerta and other North African towns-where various hospitals for invalids and cases of tuberculosis were established. Particulars of these activities were published, some during the war itself, in more than 30 books of memoirs and reports. All these publications helped considerably to acquaint the world with the struggle and the just cause of the Yugoslav peoples. Two written by Flora Sandes are particularly interesting. This Irish girl came to the Serbian army as a medical sister, but very soon left her hospital work and joined the fighting units, eventually reaching the rank of captain.

As a result of all these activities many British surgeons and physicians returned home with rich experiences and new approaches to some medical problems in war surgery and other fields.

After the war many British women doctors did good work in Yugoslavia—in medicine, in social care, and in rehabilitation. For instance, the Dr. Elsie Inglis Memorial Hospital was founded in Belgrade. Dr. Catherine MacPhail organized the first children's hospital in Belgrade, and some years later the first hospital for tuberculous children in Kamenica. In the second world war Dr. MacPhail came again to Yugoslavia and remained there working for a number of years. An orphanage under Florence Maw and Jean Rankin was opened in Nish, and various other similar institutions were established in different places. The late Sir James Berry and Lady Berry established an endowment fund to provide scholarships for Yugoslav women medical students and doctors studying in Great Britain.

Second World War

The old wartime comradeship of British and Yugoslav doctors was renewed during the second world war. The assistance rendered to the medical corps of the partisan



Flora Sandes as a Serbian sergeant at Salonika.

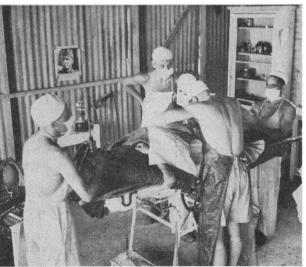
forces was threefold—the sending of doctors, particularly surgeons; the provision of medical supplies; and the evacuation of sick and wounded to Italy and Allied bases. The first British doctor to reach our country, Major MacKenzie, was parachuted in August, 1943. Among his colleagues who later worked in various places as members of independent surgical teams—for example, on the Isle of Vis—or in the partisan hospitals, particularly popular was the New Zealand surgeon Lindsey Rogers, who worked in Dalmatia and Bosnia and later in the underground hospitals in Slovenia. After a meeting with Marshal Tito, Rogers organized a special teaching hospital in the forests near Drvar. His book Guerrilla Surgeon is widely read in Yugoslavia.

After 1943 the partisan troops were receiving more and more medical supplies from the Allies, especially from the British Army. Of particular importance was the evacuation on a large scale (by air and to a lesser degree by sea) of more than 12,000 sick and wounded. This was important not only for their successful treatment and recovery but also for the greater mobility of the Yugoslav fighting troops. The first evacuation took place at the end of 1943, but operations on a larger scale did not start till the spring of 1944, mainly from the improvised airports in Bosnia, Slovenia, and Croatia. From 1943 a Yugoslav medical mission was stationed in the liberated part of Italy, because the Allies, primarily the British, had established in the vicinity of Bari a series of hospitals and special units where several thousand partisan soldiers were treated. These medical bases also served as centres for the training of our doctors and other medical workers.

Among the large number of British doctors who helped in the creation and the work of these hospital units I should like to mention especially Brigadier (now General) R. D. Cameron, Colonel (now General) Sir Alexander Drummond, and the late Sir Harold Gillies. Many of these friends of our country are still helping our doctors to come to Britain for special studies and training.

Continuing Co-operation

Towards the end of the war and immediately afterwards British doctors and scientists played an important part in introducing some of the latest medical discoveries into our military and civilian medicine. And every year



A British surgical unit with the partisans on the island of Vis,

since the end of the war British specialists have been visiting our centres to lecture, to teach, and to operate. More and more Yugoslav doctors as well as nurses visit Britain for the purpose of special training. Also the number of visiting lecturers from Yugoslavia is increasing steadily. Many standard works by British authors have been translated into our language in the course of the past few years, and there is an active exchange of medical journals between our countries. Cordial relations exist between our medical organizations and the British Medical Association, the Royal Society of Medicine, and many other medical institutions.

I hope that this short survey has shown that a friendly medical co-operation has existed between our peoples for several centuries, in spite of the geographical remoteness and the differences in languages, in social evolution, and in political opinions. This co-operation and mutual exchange of knowledge—in the past, at present, and, I am sure, in the future—is a brilliant example of international understanding and friendship.

I would like to thank the many institutions, colleagues, and friends, both in Britain and in Yugoslavia, without whose help my research and this article would not have been possible. I am especially grateful to the Imperial War Museum, to Dame Beryl Oliver, Dr. G. E. W. Wolstenholme, Dr. E. A. Underwood, Dr. F. N. L. Poynter, and Miss Ethel Wigmore, all of London, and to Professor Dr. L. Glesinger, of Zagreb.

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The Annual Report of the Commonwealth Fund records that a grant of \$600,000 has been made to the Harvard Medical School for the purpose of helping to finance the Francis A. Countway Library of Medicine, which will serve the entire metropolitan Boston community. The new library, which will be second in size only to the National Medical Library in Bethesda, will combine the existing medical library of Harvard University and the Boston Medical Library, and it will be housed in a new building on the campus of the Harvard Medical School.

FIRST PAN-AFRICAN PSYCHIATRIC **CONFERENCE**

[FROM A SPECIAL CORRESPONDENT]

This conference, which was held at Aro Hospital, Western Nigeria, from November 12 to 18, was successful from several points of view. It was a landmark in the self-realization and development of African psychiatry; the standard of the papers was very high; and finally, and not least, it has demonstrated to all developing countries what can be done with limited psychiatric resources. The principles indicated by Sir AUBREY LEWIS in his inaugural address—to start with well-trained psychiatrists, to maintain high standards rather than to spread indifferent work more widely, and, having chosen priorities, to pursue them in a judicious but "not too restrained" a manner—have clearly been followed in Nigeria, and indeed in other countries of Africa, with impressive results.

The conference, though encouraged by the Federal and Western Region Governments and supported by Trusts, Foundations, and commercial firms, was entirely due to the initiative of Dr. T. ADEOYE LAMBO, senior psychiatrist in Nigeria and superintendent of Aro Hospital. He, together with Dr. Tolani Asuni and an efficient secretariat, deserves credit for the enterprise and its smooth running. Eighty-five official delegates from 21 countries, ranging from Norway to South Africa, and from the U.S.A. to Mauritius, attended the confer-The chairman, Professor A. H. LEIGHTON, was familiar with local problems, having recently completed a pilot epidemiological study in the surrounding villages with the help of the staff of the Aro Hospital and his team from Cornell University.

Besides clinical demonstrations by Sir Aubrey Lewis and Sir Russell Brain, ward rounds, and visits to places of interest, 44 formal papers were presented. The proceedings are to be published in full (applications for copies should be addressed to Dr. Lambo at Aro Hospital, Abeokuta), and a special number of the West African Medical Journal will be devoted to the conference.

Psychiatry in Africa

The basic theme was concerned with problems peculiar to African psychiatry, and with prevention, research, and training of staff in the midst of changes which are occurring more quickly and urgently than ever before. The peculiarities of African clinical psychiatric material proved especially fascinating, and it was always difficult to know whether they were real or masked by intercurrent physical disease (especially malnutrition, anaemia, or vitamin deficiencies) or by social and anthropological factors. Why, for instance, is the sex incidence of psychiatric disorders the reverse of what we know in Europe and America? a real but temporary phenomenon, or is it due to the reluctance of women to present themselves? Is depression relatively rare in Africa or are recent suggestions correct in stating that it merely presents itself in a form masked by agitation and hypochondriasis, or that depressed persons disappear into "the bush," or are dealt with by native healers (who show signs of multiplying and adapting to the times)? A study by Dr. Asuni of the incidence of suicide in Western Nigeria implies that depression may be much more common than had been supposed. Similarly in physical medicine, the objective studies of Professor A. Brown (University College Hospital, Ibadan) show that peptic ulceration in West Africans, formerly reported as rare, is in fact