

TRANSPORTATION OF THE WOUNDED DURING THE RUSSO-TURKISH WAR OF 1877 – 1878

1877-1878 OSMANLI-RUS SAVAŐINDA YARALILARIN TAŐINMASI

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Abstract

In the Russo-Turkish War of 1877-1878, the Ottoman Empire encountered difficulties in transporting the wounded and sick soldiers. The difficulties were generally due to the insufficient transportation infrastructure, the lack of an effective mobilization plan, as well as an unawareness of the importance of military health organization. In order to overcome the difficulties, help was requested from foreign countries and Red Cross associations. During the Russo-Turkish War of 1877-1878, Great Britain provided great support to the Ottoman armies in transporting their patients. The British especially established transportation systems on highways and railways. Experiences gained in this war constituted an important field practice for patient transport for the British officers who published their observations at the end of the war. Undoubtedly, this practice provided a substantial contribution to both the development of Great Britain's own patient transportation system and the course of wars fought in the East.

Key words: Transportation of the sick and wounded, ambulance, Military health organization of the Ottoman army, The British Red Cross, Ottoman Red Crescent, transportation, railways, Rumelian Railways, soup kitchen, litter-bearers, hospital ship.

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Öz

1877-1878 Osmanlı-Rus Savaşı'nda Osmanlı Devleti yaralı ve hasta askerlerin taşınması konusunda büyük zorluklar yaşadı. Bu sorunların temelinde genel olarak ulaşım altyapısı ve ulaşım araçlarının yetersizliği, iyi bir seferberlik planının olmaması, ordu sağlık teşkilatının öneminin iyi anlaşılmamış olması, gibi nedenler vardı. Bu problemin çözümü için yabancı devletlerden ve bazı yabancı Kızılhaç derneklerinden yardım istendi. 1877-1878 Osmanlı-Rus Savaşı'nda Osmanlı Devleti'ne hasta nakli konusunda en büyük desteği veren ülke İngiltere oldu. Özellikle kara ve demiryollarında taşıma sistemleri kurdular. Bu savaşta elde ettikleri tecrübeler İngilizler için hasta taşımacılığı konusunda önemli bir saha uygulaması oldu. Savaş sonunda elde ettikleri tecrübeleri raporlar halinde yayımladılar. Şüphesiz bu bilgiler İngiltere'nin hem kendi hasta nakil sistemini geliştirmesi için, hem de ileride Doğu'da yapacağı savaşlar açısından değerli katkılar sundu.

Anahtar sözcükler: Yaralı ve hasta taşımacılığı, ambulans, Ormanlı ordu sağlık teşkilatı, İngiliz Kızılhaçı, Osmanlı Hilal-i Ahmer Cemiyeti, ulaşım, demiryolu, Rumeli Demiryolları, aşevi, sedyeci, hastane gemisi.

Introduction

Wars, undoubtedly, are events that leave deep imprints in the collective memory of societies consequent to the economic, demographic and social destructions experienced. Wars can also be conceived as events which set the stage for inventions, innovations and improvisations in many areas, particularly in military technology, and healthcare. These arise either from the immediate necessities of warfare or from the experience accumulated during the war.

States or institutions actively involved in combat or providing humanitarian or medical assistance for the affected, have considered military operations as a call for betterment of their services, endeavoring to overcome their actual deficiencies, at the same time. We can propose that this point of view is especially valid for the European armies restructured after the Napoleonic Wars. It is not surprising that states which translated their war experiences into military technology, medical innovations, organization and other developments are those states that have been able to maintain technological and economic superiority since the Industrial Revolution. Their infrastructure and know-how made this transformation possible, and provided further advantages. As a result, from 18th century on, Western powers regarded wars not only as a means leading to military developments, but also as field laboratories and experiments for certain material improvements. This understanding was not confined to the political and military leadership: from journalists participating in wars to the healthcare personnel; from volunteers to civilians who catered for military needs during the war, many individuals

became observers and arbiters of operations. On the other hand, each war has been regarded as a set of experiences in which one or more features have become prominent. Therefore, some military confrontations became to be characterized as “modern warfare”. This depends on certain aspects of the war under consideration, but there are prominent features for such categorization, relevant to the change and transformation of modes of war over time.

Although the Russo-Turkish War of 1877-1878 was fought between the Ottoman Empire and the Russian Empire, it contributed to the experience of other countries and institutions involved in the war. Lieutenant Colonel Fielding H. Garrison (1870-1935), MD, who served in the US military medical service, emphasized three points in his evaluation of the war: firstly, the use of military technology, secondly the management of dispatch and administration by military experts, and thirdly the importance of health organization and the evacuation of wounded soldiers. The final point was crucial for reducing casualties and keeping the number of servicemen at maximum during the war. Garrison stated:

This war (1877-78) is of interest as establishing the value of entrenchments and field works in securing invisibility against artillery fire.... The Turks were better armed and proved to be better fighters, but they had no such generals as Skobelev and Todleben, and their commanders were overridden by their politicians at Constantinople “with the disasters which invariably follow the attempt of civilian amateurs to control warlike operations [...] in the Turkish army of 363,000 men there was no organization for evacuation of the wounded, who were taken out of the lines by comrades. The Russians had an organized medical corps, ambulances and litter-bearers, “temporary war (field) hospitals,” troops and division hospitals, retreats for the light sick and slightly wounded (*okolotki*) and large general hospitals in the cities of the interior helped out by the voluntary nursing organization of the Russian Red Cross, but their losses from typhus, dysentery and battle casualties were heavy.¹

As Garrison mentioned, one of the major concerns for the Turkish army in the 1877-1878 Russo-Turkish War was the ineffectiveness of patient transportation services. This was a result of the structural deficiencies of the Empire and the poor condition of the military health organization, which was given second priority in the military organization scheme of the time.

The transportation of Turkish wounded soldiers in the war was mainly carried out by the British. The best and the most active organization was the

¹ Fielding H. Garrison, *Notes on the History of Military Medicine* (Washington, Association of Military Surgeons, 1922), 179, 180.

*Stafford House Committee for the Sick and Wounded Turkish Soldiers.*² British transport activities carried out in Turkey both enabled the British to closely observe the capacity of their new ambulances by testing them directly at the front, and allowed them to understand what kinds of transport systems could be used in wars in the East. This helped the British to gain knowledge and experience in the transportation of soldiers wounded in action. After the war was over, the *Stafford House Committee* gave wide coverage to the data they collected on transportation of the sick and wounded in a report based on the experience they accrued, proposing designs of the best patient transport vehicles in a battle fought in the East, the staff to be formed of, and the equipment of the ambulances. Undoubtedly, this information provided valuable contributions to the development of Great Britain's own patient transport system and to its future engagements.

This article will attempt to introduce the organization established for the transfer of sick and wounded soldiers during the Russo-Turkish War of 1877-1878 -especially via land and rail- by the British institutions providing health aid to the Ottomans. It will also discuss why the Ottoman Empire left such a crucial issue concerning the lives of soldiers to foreign institutions at large. The experience that the British gained by organizing the transportation work as well as the evaluations of British authorities will be analyzed as based on reports from the *Stafford House Committee*, articles from *The Lancet*, the most important British health periodical of the era, newspaper articles, and related secondary sources.

Transportation networks in the Ottoman Empire

The transportation of the sick and wounded Turkish soldiers from the front to the hospitals proved problematic during the Russo-Turkish war. The first problem was the inadequacy of Ottoman transportation network in the 19th century. Although land and sea transportation, especially the railway network, were improved after the Tanzimat period, the transportation network was still insufficient by the turn of the century. There was only one railway line that could be used on the Rumelian Front.³ Conditions permitting, ships commuting

² This organisation had been founded in December 1876 by the third Duke of Sutherland (1828-1892) with the sole aim of helping wounded Turkish soldiers. "The Red Cross," *The Graphic*, May 18, 1878, p. 494. See also "Aid Abroad: The Stafford House Committee in Turkey," The Sutherland Collection. Accessed on 20.10.2018. <https://www.search.sutherlandcollection.org.uk/Details.aspx?&ResourceID=903&SearchType=2&ThemeID=35>

³ The existing railway lines during the Russo-Turkish War of 1877-1878 were Constanta - Cernavodă - Boğazköy, Varna-Ruse, and İstanbul-Edirne-Plovdiv-Bylova lines. In 1872, Sirkeci-Yedikule and Küçükçekmece-Çatalca lines, the 149 km-long line between Alexandroupoli (Dedeağaç) - Edirne, and the 102 km-long line between Banjaluka and Novi Sad were also lines that could be used during the war. Although attempts were made to extend the Rumelian railway line to the Danube river, the connection between Shumen (a very important base) and Yambol could not be constructed. This failure was a great

between Istanbul and Varna and those navigating on the Black Sea could have been used for military purposes from and to the Rumelian and Black Sea fronts respectively.⁴ Apart from this, the most common, yet inferior means of transport in the Ottoman Empire was road transport.⁵ During the Russo-Turkish war of 1877-78, the number of roads suitable for carriages was still limited. On the Rumelian Front, there were only four macadam roads in Romania while all the others were dirt roads. In the city of Edirne, there were two macadam roads of strategic importance in military operations; all the others were dirt roads.⁶ The Trabzon-Erzurum and Erzurum-Sarıkamış-Kars-Gümürü macadam roads that the army was to use on the Caucasian front were badly in need of repair.⁷ In order to reach the Danube front from Istanbul, it was necessary to take first the Istanbul-Edirne-Plovdiv-Pazardzhik railway, and then the highways extending from Sofia to Plovdiv.⁸ In order to reach the army headquarters in Erzurum from Istanbul, it was necessary to sail Black Sea to Trabzon and then travel on the rough macadam road from Trabzon to Erzurum for some 60 hours.⁹ These conditions caused serious delays in communication and also in the transportation of both troops, ammunition, and sick and wounded soldiers, they

drawback for the Ottoman Empire. If the line had been completed, it would have been possible to deploy soldiers in Shumen in a short time and to transport patients on this line during the Russo-Turkish War of 1877 - 1878. Due to this failure, all transport to the Danube front during the war was made by sea (Istanbul-Varna line), and then by railway (Varna-Ruse line) from Varna on. Hikmet Süer, *1877-1878 Osmanlı Rus Harbi Rumeli Cephesi* (Ankara: Genelkurmay Basımevi, 1993), 27, 518; Vahdetin Engin, *Rumeli Demiryolları* (İstanbul: Eren Yayıncılık, 1993), 108, 179.

- 4 Prior to the war, the most important ports in the Ottoman Empire were the ports of Istanbul, Varna, and Thessaloniki. The ports of Tekirdağ, Gallipoli, Çanakkale, Alexandroupoli, Kavala, and Constanta were also in use. During the war, soldiers, ammunition, and supplies were often transported by the *İdare-i Mahsusa* (Ottoman shipping enterprise) ships. Additionally, the army had recourse to the ferries of *Şirket-i Hayriye* (the company that operated ferries on the Bosphorus line), commercial ferries and riverboats operating on the Danube river, and also to some foreign vessels. Soldiers, ammunition, and immigrants were transferred to the Caucasian Front over the Black Sea. All transfers were sent via İstanbul-Trabzon of Samsun-Trabzon sea routes. During the Russo-Turkish War of 1877 – 1878, the Navy was also used for shipping. Yüksel Bayıl, "1877-1878 Osmanlı-Rus Savaşı'nda Osmanlı Ordusu'nun İkmal ve İlaşesi," *History Studies* 5, 1 (2013): 21, 22.
- 5 In 1865, the 34 km-long Bursa-Mudanya and 34,5 km-long Bursa-Gemlik roads were put into service. In 1872, the 314-km long Trabzon-Erzurum road, which was important both militarily and commercially, was completed by the French. Leyla Şen, *Türkiye'de Demiryolları ve Karayollarının Gelişimi* (Ankara: Toplumsal Ekonomik Sosyal Araştırmalar Vakfı, 2003), 14-18.
- 6 Süer, *1877-1878 Osmanlı Rus Harbi*, 23-27.
- 7 *Türk Silahlı Kuvvetleri Tarihi, Osmanlı Devri, 1877-1878 Osmanlı- Rus Harbi Kafkas Cephesi Harekatı*, II. cilt (Ankara: Genelkurmay Basımevi, 1985), 216.
- 8 Süer, *1877-1878 Osmanlı Rus Harbi*, 518.
- 9 Gazi Ahmet Muhtar Paşa, *Anılar 2 - Sergüzeşt-i Hayatımın Cild-i Sanisi*, çev. Yücel Demirel, yay. haz. Nuri Akbayar (İstanbul: Tarih Vakfı Yurt Yayınları, 1996), 2.

also affected the outcome of the war directly. Mehmed Arif Bey¹⁰ who served in the Caucasian army, explained the situation as follows:

Now, if each of the battalions that have been stranded in Trabzon would move towards Erzurum in one day, the arrival of twenty battalions in Erzurum requires at least one month. It is obvious that the enemy will not stop to lose a month, a day, or even an hour. So, in this battle, we were not defeated by the size or military competence of the Russian State; we were defeated by our own deficiencies and the lack of railroads.¹¹

Commenting on the subject, the British military attaché in Istanbul, Colonel Wilbraham Oakes Lennox (1830-1897) commented, “*I am not aware whether the Russian transport service is good, but it can hardly be worse than that of the Turks.*” French Major Louis De Torcy (1844-1918) who evaluated the war said, “*the most pressing Turkish problem “as always” was that of transport*”.¹²

Cargo animals such as horses, oxen, camels, donkeys, and mules, called *mekkare*, were mostly in the service of military transportation. Horse, oxen and buffalo carts, two-wheeled carts and spring carts made to be used with these animals were the best means of transportation on the deficient roads of the empire. Most of the animals were leased from the people. The rent was fixed according to the weight of the load they could carry per hour.¹³ There were also animals that belonged to the state or maintained by the state.¹⁴ However, the number of animals in the empire was both meager and unfit due to drought, long wars, and illnesses. On the Caucasian front, animals that were traditional means of transport, and the aforementioned primitive vehicles utilizing such animals were used for military purposes.¹⁵ Camels sent from Baghdad and Aleppo also took part in transport services.¹⁶ Many horses, oxen, and buffalo

¹⁰ Mehmed Arif Bey (1845-1897) had worked as the first secretary (*başkâtip*) of Gazi Ahmet Muhtar Pasha (1839-1919), the commander of the Anatolian Army in the Russo-Turkish War of 1877-1878. After the war, he was entrusted with various tasks in Istanbul tribunals. In 1885 he was appointed first-secretary to Gazi Muhtar Pasha who was sent to Egypt with the title of “Extraordinary Commissioner.” See Ali Akyıldız, “Mehmed Arif Bey,” *TDV İslam Ansiklopedisi*, c. 28 (Ankara: Türkiye Diyanet Vakfı, 2003), 443.

¹¹ Mehmed Arif, *Başımıza Gelenler, 93 Harbi'nde Anadolu Cephesi, Ruslarla Savaş*, haz. M. Ertuğrul Düzdağ (İstanbul: İz yayıncılık, 2009), 616.

¹² Maureen P. O'Connor, “The Vision of Soldiers: Britain, France, Germany And The United States Observe The Russo-Turkish War,” *War in History* 4, 3 (1997): 269.

¹³ Bayıl, “1877-1878 Osmanlı-Rus Savaşı'nda,” 33.

¹⁴ Süer, *1877-1878 Osmanlı Rus Harbi*, 234, 235.

¹⁵ Yücel Karadaş, *Osmanlı Ordusunda Modernizasyon ve Demodernizasyon, 1826-1918* (İstanbul: Doğu Kitabevi, 2016), 216; Bayıl, “1877-1878 Osmanlı-Rus Savaşı'nda,” 33; Süer, *1877-1878 Osmanlı Rus Harbi*, 39.

¹⁶ *Türk Silahlı Kuvvetleri Tarihi*, 216.

wagons were given to the army and its divisions on the Danube Front. Moreover, black oxen and water buffalos on the Danube Front were used more effectively because they could both swim in waters and move on land.¹⁷ Since the existing animals and vehicles were insufficient, animals and vehicles were bought from the public in return for money and promissory notes. However, neither the animals and transportation vehicles that the state possessed, nor the ones imported from foreign countries, nor the ones received from the local owners were enough to meet the vast need during the war.¹⁸

Prelude to Mobilization in the Ottoman State

The inadequacy of mobilization services was another obstacle for the transfer of patients during the war. The work undertaken in 1869 to re-organize Turkish Army's was not still completed by 1877. Even if it had been completed, it was too little, too late. Preparations for the campaign continued even after the Russian troops crossed the Danube River in the Western front using Romanian railroads.¹⁹ French Major De Torcy who evaluated the Russo-Turkish War of 1877-1878, emphasized that disorganization of Danubian and Anatolian armies and wartime deficiencies created great problems for the Ottomans.²⁰ Looking closely at the preparations for the campaign, it seems that logistics services had not been prioritized. Defined as "friction" elements by the military theorist Clausewitz, logistic services, which include health, veterinary medicine, evacuation and transportation services, as well as supply units, could negatively affect the course of the war. According to Clausewitz, remoteness of hospitals and ammunition stores might impose on some of the important strategic decisions in war planning.²¹ The Ottoman state entered the war without any of these preparations. Mounts, and draught animals for the cannons that were needed on the Rumelian front were bought from Romania and Hungary.²² Although all the mounts the local population possessed were collected, this did not meet the urgent need. Newly built railways, steamboats and riverboats in the Balkans could have reduced transportation problems, yet these were not efficiently used because coal supply and its storage were not planned in advance. As the steam-powered transport system collapsed due to shortage of

¹⁷ Charles Ryan, *Kızılay Emri Altında Plevne ve Erzurum'da (1877-1878 Osmanlı-Türk Harbi)* (İstanbul: Milli Eğitim Bakanlığı Yayınları, 1962), 56.

¹⁸ Ahmed Muhtar, *Anılar 2*, 13; Süer, *1877-1878 Osmanlı Rus Harbi*, 518, 519.

¹⁹ Osman Ünal, "Hiçbir Taktik Başarı Stratejik Yanlışı Düzeltmez," *1877-78 Osmanlı-Rus Harbi Rumeli Cephesi" I. Uluslararası Plevne Kahramanı Gazi Osman Paşa ve Dönemi Sempozyumu Bildirileri* içinde (Tokat: Gazi Osmanpaşa Üniversitesi, 2004), 205; Süer, *1877-1878 Osmanlı Rus Harbi*, 56, 79; O'Connor, "The Vision of Soldiers," 268.

²⁰ O'Connor, "The Vision of Soldiers," 269.

²¹ Carl von Clausewitz, *Savaş Üzerine*, çev. H. Fahri Çeliker (İstanbul: Özne yayınevi, 1999), 76-78, 87.

²² Süer, *1877-1878 Osmanlı Rus Harbi*, 39. Bayıl, "1877-1878 Osmanlı-Rus Savaşı'nda," 33.

coal, troops in remote provinces had to wait for weeks at ports and stations to board for ships and trains.²³

Military Health Organization of the Ottoman Army

The inadequacy of the Ottoman military health services also raised difficulties in transporting the sick and wounded. The health services were not properly organized even in the period of peace.²⁴ Since they figured only superficially in the war plan, they could not be implemented due to the lack of health staff and sanitary equipment.

Considering the difficulties experienced in the Crimean War, France, Russia, and especially Great Britain had enacted new regulations on the health organization of their armies. However, this was not the case with the Ottoman Empire, and critical experiences encountered in the war were overlooked. Although the health organization of the army became affiliated to the Seraskerat (Ministry of War) in 1871, the army's health organization was not restructured in a modern sense. Therefore, when the Ottomans went to war against Russia in 1877, the military health organization was far from perfect. There was a very limited number of doctors and surgeons. In fact, a military medical school named *Tıphane-i Amire* was created in 1826 immediately after the establishment of the new army.²⁵ A school to train surgeons, namely the *Cerrahane-i Mamure* was founded in 1831. These two schools were unified

²³ Mesut Uyar ve Edward J.Erickson, *Osmanlı Askeri Tarihi* (İstanbul: İş Bankası Kültür Yayınları, 2014), 406

²⁴ Frederick William von Herbert, *Plevne Müdafasında Bir İngiliz Zabitanın Hatıraları*, çev. Nurettin Artam (Ankara: Ulus basımevi, 1938), 2.

²⁵ One of the most important steps of Ottoman military modernization was the abolition of the janissary and the creation of the new army Asakir-i Mansure-i Muhammediye in 1826 by Mahmud II (r. 1808-1839). See Uriel Heyd, "The Ottoman Ulema and Westernization in the Time of Selim III and Mahmud II," in *The Modern Middle East: A Reader*, eds. A. Hourani, P. Khoury ve M.C. Wilson (Berkeley: University of California Press, 1993), 29-60; Avigdor Levy, "The Ottoman Ulema and the Military Reforms of Sultan Mahmud II," *Asian and African Studies* 7(1971):13-39; Abdülkadir Özcan, "Asâkir-i Mansûre-i Muhammediye," *TDV İslam Ansiklopedisi*, c.3 (İstanbul: Türkiye Diyanet Vakfı, 1991), 457-58; Gültekin Yıldız, *Neferin Adı Yok: Zorunlu Askerliğe Geçiş Sürecinde Osmanlı Devleti'nde Siyaset, Ordu ve Toplum (1826-1839)* (İstanbul: Kitabevi, 2009); Mehmet Beşikçi, "Askeri Modernleşme, Askeri Disiplin ve Din: Düzenli Kitle Orduları Çağında Osmanlı Ordusu'nda Tabur İmamları," *Akademik İncelemeler Dergisi* 11, 1 (2016): 1- 33; Mehmet Mert Sunar, "Cauldron of Dissent: A Study of the Janissary Corps, 1807-1826," (PhD diss., State University New York Binghamton, 2006); Fatih Yeşil, "Nizâm-ı Cedid'den Yeniçeriliğin Kaldırılışına Osmanlı Kara Ordusunda Değişim 1793-1826," (Doktora Tezi, Hacettepe Üniversitesi, 2009); Tobias Heinzlman, *Cihaddan Vatan Savunmasına: Osmanlı İmparatorluğu'nda Genel Askerlik Yükümlülüğü, 1826-1856*, çev. Türkiş Noyan (İstanbul: Kitap Yayınevi, 2009); Gültekin Yıldız, "Kara Kuvvetleri," *Osmanlı Askerî Tarihi: Kara, Deniz ve Hava Kuvvetleri, 1792-1918* içinde, ed. G. Yıldız (İstanbul: Timaş Yayınları, 2013); Yüksel Çelik, "Asâkir-i Mansûre Ordusu'nda Talim Sisteminin Değişimi ve Avrupalı Uzmanların Rolü (1826-1839)," *Türk Kültürü İncelemeleri Dergisi* 39 (2008): 87-118.

and then reformed in 1839 as the Imperial Military Medical School.²⁶ The total number of military doctors with a diploma on the eve of the Russo-Turkish War of 1877-1878 was barely over 300.²⁷ In order to deal with the lack of health staff, the Ottoman government chose to employ contractual doctors and surgeons from Austria, Hungary, and Great Britain.²⁸ They were paid monthly salaries along with travel allowances, were given military ranks in the Turkish Army, and were assigned to mobile military hospitals. Most of them were employed in the hospitals in Istanbul, although some were employed on the Eastern Anatolian Front and on the Rumelian Front.²⁹ Since there were no experienced caregivers and nurses in the army, privates with some training in the care of the sick and wounded were commissioned. In order to meet the need, 12 nurses were received from the Carola of Vasa (1833-1907), the Queen of Saxony at the initiative of the wife of Prince Heinrich VII Reuss (1825-1906) the German Ambassador to the Sublime Porte in 1877-78.³⁰

The weakness of the army's health care system also affected the transportation of the wounded. The Turkish military health services did not have a proper transportation unit. Since there was no detailed arrangement for the transport of patients in the mobilization plans, an attempt was made to immediately establish a transport team wherever necessary. In fact, at the beginning of the war, a commission titled *Sevk-i mecruhın* (i.e. transportation of the wounded) and consisting of physicians was created under the presidency of Colonel Dr. Fahri. This commission decided to organize two transport wagons consisting of 10 carriages with 8 beds in each. In addition, cargo and passenger carriages were rented and allocated to the same commission.³¹ However, these regulations proved insufficient during the war. Moreover, transportation of the wounded soldiers was managed not by the doctors, but by the military officers, so this transportation commission could not work very effectively.

²⁶ For more information on modern medical education in the Ottoman Empire, see Yeşim Işıl Ülman, *Galatasaray Tıbbiyesi, Tıbbiye'de Modernleşmenin Başlangıcı* (Istanbul: İstanbul Bilgi Üniversitesi yayınları, 2017); Rıza Tahsin, *Tıp Fakültesi Tarihçesi (Mir'ât-ı Mekteb-i Tıbbiye)*, cilt I-II, yay. haz. Aykut Kazancıgil (Istanbul: Özel Yayınlar, 1991); Ayten Altuntaş, "Tıbbhane-i Amire ve 14 Mart Tıp Bayramı," *Tarih ve Toplum* 20 (1993): 45-56; *Osmanlı Belgelerinde Mekteb-i Tıbbiye-i Şâhâne*, ed. A. Z. İzgöer, K. Topkar Terzioğlu (Istanbul, T.C. Sağlık Bilimleri Üniversitesi, 2016).

²⁷ Karadaş, *Osmanlı Ordusunda Modernizasyon*, 191.

²⁸ Kemal Özbay, *Türk Asker Hekimliği Tarihi ve Asker Hastaneleri*, cilt I (Istanbul: Yörük Basımevi, 1976), 45, 46.

²⁹ Süer, *1877-1878 Osmanlı Rus Harbi*, 519

³⁰ For the letter from the ambassador's wife to the government about the arrival of the nurses, see Esin Kâhya, Ayşegül D. Erdemir, *Bilimin Işığında Osmanlı'dan Cumhuriyete Tıp ve Sağlık Kurumları* (Ankara: Türk Diyanet Vakfı yay, 2000), 273-274; Nuran Yıldırım, *Savaşlardan Modern Hastanelere Türkiye'de Hemşirelik Tarihi* (Istanbul, Vehbi Koç Vakfı, 2014), 92.

³¹ "The Sick and Wounded in the Russo-Turkish War" *The British Medical Journal* 2 /876 (1877): 540; Kemal Özbay, *Türk Asker Hekimliği Tarihi*, 69.

The *Osmanlı Hilal-i Ahmer Cemiyeti* (Ottoman Red Crescent Society), which was founded in 1868, had its first experience in the Russo-Turkish War of 1877-1878.³² From the very beginning of the war, the society communicated with the Red Cross associations abroad, and carried out investigations related to receiving, distributing and organizing the aid to be dispatched. Accordingly, as part of the International Committee of the Red Cross (ICRC) in Geneva, Red Cross Associations of France, Austria, Great Britain, Germany, Belgium, The Netherlands and Sweden, and many other charitable foreign organizations, notably those in India and Northern Africa, along with philanthropists, began to send aid to Turkey. The aids mostly consisted of medical supplies, ambulances, clothing, and financial support.

The Ottoman Red Crescent took a big step in training litter-bearers to transfer the wounded from the front to the hospitals. There was no separate unit of litter-bearers in the body of the Ottoman army. Known as *teskereci*, the litter-bearers consisted of soldiers. During the Russo-Turkish War of 1877-78, 3 to 4 privates were assigned as *teskereci* for every wounded soldier. In order to meet the demand, the Turkish Red Crescent set up a '*corps of litter-bearers*' consisting of groups of 25 persons, after Dr. André Leval's *Regulation for Litter-Bearers*. Establishing this corps required 200 soldiers from the army,³³ but more stretchers and litter-bearers were needed to carry the seriously wounded on rough terrain. Since there were often neither litter-bearers nor stretchers in the army during the war, the wounded frequently lost their lives from blood loss. Some of those who were fortunate enough to have reached the hospital either lost limbs, already had their wounds infested by fly larvae, or waited to die in great pain because of the insufficient number of staff or drugs and equipment.³⁴

During the siege of the Pleven (Plevne), the Captain Fredeick William von Herbert, an Anglo-German who was serving in the Ottoman army as a volunteer, noted in his memoirs the lack of a proper transport system to carry

³² The Ottoman Hilal-i Ahmer Society (Turkish Red Crescent) was established in 16 April 1877 with the name of *Mecruhın ve Zuafa-yı Askeriyeye İmdat ve Muavenet Cemiyeti* (Aid and Support Society for Wounded and Sick Soldiers). *Osmanlı Hilal-i Ahmer Cemiyeti 1329-1331 Salnamesi* (Istanbul: Ahmet İhsan ve Şürekası Matbaası, 1329[1913-1914]; *Padişah'ın Himayesinde Osmanlı Kızılay Cemiyeti 1911-1913 Yıllığı*, yay. haz. Ahmet Zeki İzgöer, Ramazan Tuğ (Ankara: Türk Kızılayı Yayınları, 2013); Seçil Karal Akgün ve Murat Uluğtekin, *Hilal-i Ahmer'den Kızılay'a* (Ankara: Kızılay, 2000); Haluk Perk, *Felaketlerin Umut Işığı Türk Kızılayı* (Istanbul: Zeytinbunu Belediyesi, 2012); *Türkiye Kızılay Cemiyeti Rakam ve Resimlerle Çalışmalarımız* (Ankara: Doğu Matbaası, 1959); Orhan Yeniaras, *Türkiye Kızılay Tarihine Giriş* (Istanbul: Kızılay Bayrampaşa Şubesi, 2000); Zuhul Özaydın, "Osmanlı Hilal-i Ahmer Cemiyeti'nin Kuruluşu ve Çalışmaları," *Türkler Ansiklopedisi*, c.13, yay. haz. Hasan Celal Güzel (Ankara: Yeni Türkiye Yayınları, 2002), 687-698.

³³ Yıldırım, *Savaşlardan Modern Hastanelere*, 81.

³⁴ Süer, *1877-1878 Osmanlı Rus Harbi*, 519; *Türk Silahlı Kuvvetleri Tarihi*, 217, Özbay, *Türk Asker Hekimliği Tarihi*, 48.

the wounded to the hospitals. He also described the pain of the wounded, and the primitive conditions under which they were carried.³⁵

Edward R. Pratt, who was in charge of the Stafford House Committee during the war, also stated in the report he sent to the committee that supporting services did not have a significant role in Ottoman war planning, and noted that there was hardly any preparation, especially for patient transport.³⁶

Carriages and trains were often used to transport sick and wounded people. Sea routes were also used in the evacuations at the end of the war. As previously mentioned, dirt roads were more common than macadam roads. Especially in rainy weather, the muddy dirt roads made it impossible for carts to move. Generally, spring (*yaylı*) and ox-carts (*kağni*) were preferred for transporting patients on rough dirt roads. The passenger carriage *yaylı*, was covered at the top and on the sides, had four wheels and a spring suspension. Pulled by horses, they were customized for transporting the wounded. A Red Crescent sign was shown on them, and they were used as ambulances at the front. The wounded were carried to the ambulances from the front with stretchers that were called *cacolet*,³⁷ and they were transported to hospitals from there.³⁸ Since there were not enough ambulances in the war, ox-carts³⁹ were also used to transport patients. Because ox-carts were often used for carrying ammunition and provisions, it was difficult to procure them to transport the wounded. Therefore, many of the wounded were stacked and transported on top of each other.⁴⁰ Sometimes the wounded soldiers were transported in supply and ammunition carriages that were returning from the frontline after having unloaded their cargo. The gun carriages were also used to transport the wounded. Because of the shortcomings in patient transport carts and ox-carts, horses and donkeys were used to transport the wounded.⁴¹ In case no vehicle was available, soldiers carried their wounded fellows on their backs and tried to reach the first aid centers at the rear. Taking into consideration the poor conditions of the roads and the vehicles, we might deduce that sick and wounded soldiers suffered as much on the way to hospitals.

³⁵ Herbert, *Plevne Müdaafasında*, 138-139.

³⁶ *Report and Record of the Operations of the Stafford House Committee for the Relief of Sick and Wounded Turkish Soldiers: Russo-Turkish War, 1877-78* (London:Spottiwoode & Co, 1879), 180.

³⁷ *Cacolet* is a seat or a stretcher fitted to the saddle of a mule for carrying the sick or wounded.

³⁸ "The Sick and Wounded in the Russo-Turkish War," 540.

³⁹ *Kağni* is a two-wheeled vehicle pulled by oxen or cows, generally used to carry cargo, and suitable for dirt roads.

⁴⁰ Rupert Furneaux, *The Breakfast War* (New York: Thomas Y. Crowell Company, 1958), 75.

⁴¹ Süer, *1877-1878 Osmanlı Rus Harbi*, 519.

Mehmed Arif Bey, executive assistant of Gazi Ahmed Muhtar Pasha (1839-1919), the commander of the Caucasian army, described in his book the difficulties in transporting the wounded soldiers:

The wounded were transported to Kars, thirty to thirty-five kilometers away, with horses on saddle and ox-carts called *kağni*, which were the fastest and most comfortable of the means of transportation of the army. Do you know what is to transport the wounded on ox-carts that ride on roads with holes since there were no proper macadam roads?

One must be wounded and lay on those carts or be assigned to ride with the carts in order to understand the terror and tragedy of it. Because nobody could determine the number of people who died because of the shaking of the carts or because their wounds could not be checked and treated on the road, so I could not record it here either.⁴²

At the beginning of the war, the Ottoman Red Crescent (*Hilal-i Ahmer*) prepared nine field ambulance wagons and sent them to the Rumelian and Caucasian fronts.⁴³ These vehicles were used extensively throughout the war. A single field ambulance train made five rounds between Istanbul and the Rumelian front to bring wounded soldiers.⁴⁴ The *Hilal-i Ahmer* established a larger unit in the Balkans in early August 1877 for transporting the wounded. While the salaries and the requirements (horses, carriages etc.) of the staff in charge in the unit were met by *Hilal-i Ahmer*, the salaries of the surgeons as well as the expenses for drugs and medical equipment, and supplies were covered by the *Stafford House Committee*. On November 1, 1877, *Hilal-i Ahmer* took over the administration of this unit. Accordingly, the surgeon George Stoker⁴⁵ and his team were transferred to the Ottoman Red Crescent.⁴⁶ In the Balkans, especially in the Kazanlak and Plevna region, the Red Crescent services in Orhaniye worked over-capacity during the war.⁴⁷ During the war, Red Cross delegations and British aid agencies cooperated with the *Hilal-i Ahmer* in many places to transport the wounded to the hospitals.

⁴² Mehmed Arif, *Başımıza Gelenler*, 502.

⁴³ "Medical Aspects of the War," *The Lancet*, January 5, 1878, 28.

⁴⁴ John F. Hutchinson, *Champions of Charity, War and the Rise of the Red Cross* (Colorado: Westview Press, 1996), 144.

⁴⁵ For his travelogue containing his observations and his experiences during the Russo-Turkish War of 1877-1878 see George Stoker, *With "The Unspeakables" or, Two Years' Campaigning in European and Asiatic Turkey* (London: Chapman & Hall, 1878).

⁴⁶ *Report and Record of the Operations of the Stafford House Committee*, 121.

⁴⁷ "Medical Aspects of the War," 28.

British cooperation with the Ottomans in the Russo Turkish war of 1877-78

During the Russo-Turkish War, Great Britain was the main country to assist the Ottoman State. Many British institutions sent delegations to Turkey, especially to help the wounded and sick Turkish soldiers, and they also dispatched aid and raised funds.⁴⁸ The reasons behind this were political and medical. Politically, the interests of Great Britain over the Ottoman State were quite obvious. Although Great Britain had declared neutrality in the war, the British interests would be seriously jeopardized if the Suez Canal, the Persian Gulf, Istanbul, and Danube river fell under Russian control. Therefore, Great Britain decided to continue to uphold the territorial integrity of the Ottoman State. Additionally, the insistence of the Muslims of India to support the Ottoman State since the beginning of the war obliged Great Britain to follow a moderate policy towards the Ottoman State. That is why it supported some activities that would reassure Muslims,⁴⁹ mainly through medical aid for to wounded and sick Ottoman soldiers. Since health and humanitarian activities did not constitute a violation of the neutrality policy, it did not compromise the political stance of the British government.

From a medical point of view, it can be said that the Russo-Turkish War of 1877-1878 was the field of application for some innovations and new regulations that the British had developed to improve their military medical services following the Crimean War. The Crimean War had demonstrated weaknesses in the British military health services. This had challenged Great Britain's image of 'strong state' on the international scene and questioned the confidence and support of the British public in the army. In order to improve British hospitals and reorganize health services, forty nuns/nurses were sent to Istanbul under the supervision of Florence Nightingale (1820-1910), and

⁴⁸ The salient British organizations that came to the aid of the Ottomans during the Russo-Turkish War were the following: The British Red Cross known as *British National Society for Aid to the Sick And Wounded in War* (est.1870); *Stafford House Committee for The Sick And Wounded Turkish Soldiers* (est. 1876 by Duke of Sutherland) being the most active among the foreign aid organizations; a relief fund called *The Turkish Compassionate Fund*, which was established in 1877-78 by the Baroness Burdett-Coutts under the auspices of the Queen of Great Britain and overseen by the British Ambassador to Istanbul and his wife; *Lady Strangford's Hospital Fund* and *International Relief Fund*. See "The Red Cross," *The Graphic* May, 18, 1878, 494; "The Wounded in the Russo-Turkish War," *The British Journal*, August 25, 1877, 270.

⁴⁹ Yuluğ Tekin Kurat, *Henry Layard'ın İstanbul Elçiliği (1877-1880)* (Ankara: Ankara Üniversitesi Dil ve Tarih Coğrafya Fakültesi Yayınları, 1968), 26; Keziban Acar, "Russian National Identity in Patriotic Culture: Russian Descriptions of Themselves in Contrast to their Enemies During the Crimean War of 1853-56 and Russo-Turkish War of 1877-78" (PhD diss., University of Kentucky, 2000), 97. For the policies that Great Britain followed in the war, see Joan Haslip, *İngiliz Merkezli Şark Politikası ve II. Abdülhamid*, çev. Zeki Doğan (İstanbul: Fener Yayınları, 1998), 133-150; Azmi Özcan, *Pan-İslamizm, Osmanlı Devleti, Hindistan Müslümanları ve İngiltere (1877-1914)* (Ankara: Türk Diyanet Vakfı Yayınları, 1997), 89, 94, 97, 101.

subsequently, the medical staff and health services were improved. Shortly thereafter, all these efforts were expanded. and the British military health services surpassed those of the French, so much that the British could also offer help to the French.⁵⁰ The efforts of the British military health services continued after the Crimean War. In the Crimean War, the experience gained in the organization of modern hospitals, war surgery, combating epidemics, sanitary and ambulance services were further developed. During the score of years that followed the Crimean War, the British military health services undoubtedly had come a long way. Nevertheless, Great Britain was not actually actively involved in military conflicts up to 1877. Although the British Red Cross had served in the Franco-Prussian War in 1870-1871, its activities were rather limited because the society was established only in 1870. The great organization of the Prussian army's healthcare organization during the Franco-Prussian war and the Prussian success in evacuating the wounded set an example to the British Red Cross.⁵¹ After the war, they gained important information on how to organize ambulances, use railways efficiently, equip units better, and supply good food, while developing new models for patient-transport cars, hospitals and stretchers. Indeed, immediately following this war, British Red Cross officials such as John Furley (1836-1919), Henry Brackenbury (1837-1914), Charles Burgess, and Thomas Longmore (1816-1895) suggested that the British Red Cross should work on road construction, railway accidents, and training stretchers to be assigned to the army during wartime.⁵² Thus, when the Russo-Turkish War broke out in 1877, the British thought about putting into practice some of the plans and regulations they developed thus far within the military health services. As a matter of fact, transporting the wounded and sick soldiers from the front to the hospitals was one of these practices they worked on.

⁵⁰ For detailed information, see Oya Dağlar Macar, "Kırım Savaşı'nda İstanbul, İzmir ve Çanakkale'deki İngiliz Hastaneleri," *Yakın Doğu Üniversitesi Sosyal Bilimler Dergisi* 9, 2 (2016), 194-218; Joseph O. Baylen and Alan Conway, *Soldier-Surgeon, The Crimean War Letters of Dr. Douglas A. Reid 1855-1856* (Knoxville: The University of Tennessee Press, 1968); *Nurse Sarah Anne, With Florence Nightingale at Scutari*, ed. Robert G. Richardson and Charles Hugh Terrot (London: John Murray, 1977); Sarah A. Tooley, *The Life of Florence Nightingale* (London, Cassell and Company, 1906); Anne Summers, "Pride and Prejudice: Ladies and Nurses in the Crimean War," *History Workshop*, 16 (1983); *Florence Nightingale and the Crimea 1854-55*, ed. Tim Coates (London, The Stationery Office, 2000); Gillian Gill, *Nightingales, The Extraordinary Upbringing and Curious Life of Miss Florence Nightingale* (New York: Ballantine Books, 2004); *Florence Nightingale Letters From the Crimea 1854-1856*, ed. Sue M. Goldie (New York, Mandolin 1997); Alastair Massie, *The Crimean War, The Untold Stories* (London, Pan Books, 2005).

⁵¹ For detailed information on health organization and transportation of the wounded by Prussia and France during the Franco- Prussian War, see Garrison, *Notes on the History*, 178.

⁵² Hutchinson, *Champions of Charity*, 239.

Sick and Wounded Transportation Systems of the British Army

As a result of the strains on the transportation and triage of the sick and wounded from the battlefield, the British Red Cross Society, established under the name "The British National Society for Aid to the Sick and Wounded in War", and some other British aid organizations took action. First, in June 1877, The British National Society sent medical supplies and surgical staff to Turkey with the steamship *Belle of Dunkerque*. Between July and November 1877, this steamship sailed back and forth between Istanbul and the ports of the Black Sea, carrying wounded soldiers from the front, distributing supplies, and taking doctors to places they were needed. Moreover, ambulance services were established in Silistra, Razgrad, and Salonica (Thessaloniki), and hospitals in Varna in the Balkans, and the Society's medical team assisted the Turkish authorities. In addition, they distributed significant amounts of supplies to places where the most intensive battles took place around the Soukhoum Castle, Kars, Erzurum, Kamarli, Sofia, Şipka, the Coast of Lom, and the Ottoman regions of the Danube.

The British National Society set up three ambulances for the Ottomans. The first assisted the army in the Balkans under Dr. Armand Leslie (1845-1884); the second was in Lom under Dr. Harry Crookshank, and the third under Dr. James Hope in Khoussanban, where it assisted the forces in Batum.⁵³

Moreover, an ambulance unit was set up by Dr. George Stoker's Field Ambulance Corps. This unit under the leadership of Dr. George Stoker was responsible for patient transport from Kazanlak to Philippopolis, and from Pleven and Orhaniye to Sofia. Successfully executing this extremely difficult and dangerous mission, the unit transported more than 3,000 wounded Turkish soldiers. Moreover, only three soldiers lost their lives in the course of transportation.⁵⁴

During the Russo-Turkish War of 1877-78, the most active organization which provided medical assistance to Ottoman soldiers, was the *Stafford House Committee for the Sick and the Wounded Turkish Soldiers*. The Stafford House Committee organized transport services in the Balkans by using the railway network operated by the Rumelian Railroad Company. This service line was called 'Stafford House Relief to the Wounded During Transport on the Rumelian Railway.' Following an agreement with the Ottoman Rumelian Railroad Company, the service became operational in August 1877. The intention was to provide medical care and food to the wounded and sick soldiers in groups from Philippopolis to Edirne, and Istanbul. Dr. Barker, who was asked

⁵³ "The Red Cross," 494.

⁵⁴ "The Red Cross," 495.

to oversee the line, had turned a wagon into a dispensary. Four wagons were allocated to the heavily wounded patients. Five wagons were reserved for the lightly wounded.⁵⁵ Every wagon held eight beds. In addition, special Stafford House ambulances accompanied the train.⁵⁶ In every wagon, there was a surgeon, and patients received wound care throughout their journey. Dr. Barker personally looked after the most difficult cases on the train. The surgeons in the Stafford House Hospitals in Philippopolis, Edirne, and Istanbul looked after the patients who arrived at the train stations as best as they could. Furthermore, the Committee set up soup kitchens in Pazardzhik, Çorlu, Tirnovo, and Istanbul in order to feed the wounded and sick soldiers. In the final days of the war Committee's representatives very efficiently organized the rail transportation of the wounded to Istanbul and under great danger.⁵⁷ On 12 September 1877, the Stafford House Committee administrator Kennett-Barrington (1844-1903) wrote that the soup kitchens in Çorlu and Istanbul worked very well and that the wounded and needy who came on the trains arriving every two or three days were taken good care of there.⁵⁸ The Committee distributed 40,000 bowls of food to the soldiers arriving in Istanbul from the front.⁵⁹ This service continued until the Russians took the railroad line all the way to Çekmece.⁶⁰

Ottoman government officials welcomed the help of the British. During the war, Ottoman senior officials inspected the British hospitals, ambulance carriages, and soup kitchens at train stations and received information.⁶¹ For example, Nuri Pasha, president of the Medical Council of the Ottoman War Office and several other members inspected the soup kitchens opened at the Çorlu and Istanbul train stations to provide food for the soldiers and immigrants transported by the Stafford House Committee, and they expressed their satisfaction.⁶² The work of the British doctors in the hospitals was also appreciated both by the Turkish authorities and Turkish soldiers themselves.⁶³

In spite of the satisfaction of the Turkish authorities, the Turkish soldiers viewed the humanitarian aid of foreign institutions differently, as the British

⁵⁵ *Report and Record of the Operations of the Stafford House Committee*, 75.

⁵⁶ "The Sick and Wounded in the Russo-Turkish War," 540.

⁵⁷ *Report and Record of the Operations of the Stafford House Committee*, 75; "Medical Aspects of the War," 28.

⁵⁸ "The Sick and Wounded in the Russo-Turkish War," 540.

⁵⁹ "Victims of the War: Stafford House and Blantyre Staff Red Cresscent," *The Times of India*, July 4, 1878, 2.

⁶⁰ *Report and Record of the Operations of the Stafford House Committee*, 75.

⁶¹ "The Red Cross," 494.

⁶² "The Sick and Wounded in the Russo-Turkish War," 540.

⁶³ "Medical Aspects of the War," *The Lancet*, December 22, 1877, 937.

doctors' reports indicate. In the report he sent to the Stafford House Committee on 12 September 1877, Vincent Kenneth-Barrington (1844-1903) wrote:

It was difficult to make the wounded men believe that it was the Stafford House Committee which was providing them with soup, coffee, tobacco, etc.; they think that no one but the Sultan could supply them with such good things.⁶⁴

Refugees also benefitted from the soup kitchens. Many of them arrived on trains together with the soldiers. They would usually lie down on the trains' floors and roofs. They all were in a wretched condition. In the freezing winter cold, some died of exposure during this journey. Dealing with the dead slowed down the trains. Also, villagers used the railroad tracks as roads and did not allow the trains to pass. These obstacles caused the death of heavily wounded soldiers who needed to reach a hospital as quickly as possible.⁶⁵

A British report dated 1 February 1878, wrote that Muslim refugees at the Plovdiv and Çorlu stations froze to death while waiting for help at stations controlled by the Ottoman soldiers. According to the report, passers-by had become accustomed to see the dead piled by the railroad.⁶⁶ All these adverse conditions somewhat improved after the regulations regarding the transportation of patients. In fact, although it seems basic, soup kitchens established at the stations also became "saviors" for immigrants in many ways, as these kitchens provided safe places to take shelter, served as an enclosed space where they could warm up in severe winter conditions, and served as a place where they could find food.

Another service that the Stafford House Committee organized was the so-called *Samakov Transport*. The surgeon Sketchley oversaw this transportation aid, which was intended to serve the wounded Turkish soldiers who retreated from the Balkans and Sofia. In addition, in August 1877 the Committee organized another field ambulance in Kars in the Eastern front, for Gazi Muhtar Pasha's headquarters. This ambulance provided services during the battles at Subatan and Alacadağ. As Muhtar Pasha retreated, the ambulance team was captured in Kars by the Russians. Then the team members were sent to Tiflis, so that they would no longer be able to help the Turks. From there, they returned to Great Britain.⁶⁷

The British found ample opportunity to test the transportation systems designed for Turkey's road conditions on the battlefield that they had set up, to

⁶⁴ "The Sick and Wounded in the Russo-Turkish War," 540.

⁶⁵ "Victims of the War," 2.

⁶⁶ Hikmet Özdemir, *Salgın Hastalıklardan Ölümler 1914-1918* (Ankara: Türk Tarih Kurumu, 2005), 7, 8.

⁶⁷ *Report and Record of the Operations of the Stafford House Committee*, 75, 113.

see how they functioned under the most trying circumstances. For example, Dr. George Stoker (1854-1920), one of the Stafford House doctors, wrote the following lines in a report that he sent to the committee on 23 August 1877:

The 21st August, 1877, with the wagons, I left Adrianople for Hain Boghaz. I thought it best to go all the way by the carriage-road, and not part of the way by railway, because it was necessary to test exactly the capabilities of our transport in crossing a rough country, and this before any sick or wounded had been received. Up to the present, all has gone well. To-morrow early we shall arrive at Yeni Zaghra, where I will make all inquiries which will influence our further movements.⁶⁸

A letter from Philipopolis to the Stafford House Committee stated:

The cacolets are absolutely necessary to get the wounded off the mountains. If you could send me some more, or induce the Committee to get some made after your pattern, it would save lots of lives and suffering.⁶⁹

Colonel Coope, who went by train to Edirne to fetch the wounded soldiers, wrote in a letter from Istanbul, dated 31 August 1877, that the wounded were transferred from carts to trains, and that in the soup kitchen set up in the train station soup, bread, tobacco, and coffee were provided to 790 soldiers within a matter of minutes. Colonel Coope confirmed that this system worked effectively and suggested that it also be applied in other locations.⁷⁰

Colonel Coope served as gendarme officer under General Valentine Baker (Baker Pasha, 1827-1887) who served in the Ottoman army, and it is evident that he was closely involved in the transportation services. Coope suggested organizing a "Corps of Stretchermen" and traveled to Telis in order to meet Gazi Osman Pasha and ask for his permission. However, according to some rumors, Gazi Osman Pasha did not want to employ a British doctor, and Colonel Coope suddenly found himself unemployed.⁷¹

⁶⁸ "The Sick and Wounded in the Russo-Turkish War," 540.

⁶⁹ *Report and Record of the Operations of the Stafford House Committee*, 121.

⁷⁰ "The Sick and Wounded in the Russo-Turkish War," 541.

⁷¹ "Medical Aspects of the War," *The Lancet*, November 10, 1877, 694.



Red Crescent (*Hilal-i Ahmer*) ambulance No.5, on its way to the front.

R. B. Macpherson, *Under the Red Crescent, or, Ambulance Adventures in the Russo-Turkish War of 1877-78* (London: Hamilton, Adams & Co., 1885). MacPherson was among the surgeons sent by Stafford House Committee to Turkey during the Russo-Turkish War of 1877-1878.

Stafford House employees gave very detailed information about their work in the reports they regularly sent to the Committee. Many noted the inadequacies of the Ottoman State in terms of transporting the wounded during the war. For example, in the report he wrote to the committee on 12 September 1877, Dr. Kenneth-Barrington,⁷² the head of the Stafford House Committee and the supply distribution manager, stated:

My original opinion was that the greatest want which would be most probably experienced by the Turkish ambulances was that they had no proper organization for transporting wounded on a large scale, and that we ought to come to their aid in this branch of their ambulance service.⁷³

Such assessments were common. In some reports, there were interesting evaluations on Turkey and (in a more general sense) Eastern countries. One comment related to patient transportation belonged to E. R. Pratt, who served in the Transportation Association of the Stafford House Committee. According to Pratt, much experience was gained during the Franco-Prussian War in terms of

⁷² Barrington-Kennett from Stafford House Committee was admitted as a member to the Ottoman Red Crescent Association (Turkish Red Cross) during their session on 30 June 1877, with the Sultan's order. Yıldırım, *Savaşlardan Modern Hastanelere*, 81.

⁷³ "The Sick and Wounded in the Russo-Turkish War," 540.

patient transport and many new regulations were enacted. However, they had little chance of being implemented in the wars in the East. Pratt made the following evaluation:

In an Asiatic campaign circumstances are very different, both as to the nature of the country, roads, &c. and the habits and mental condition of the inhabitants, and thus ambulance organization must be conducted under very different rules; the main difference being that, instead of doubts as to the best form of relief, the difficulty would be that of combating time and distance, and prejudices in supplying relief of the simplest description.

In the late [Russo-Turkish] war the distress was often so great that the difficulty was not how the wounded should be dressed, but that should be attended to at all; not how they should be carried, but that they should not die on the road; not how fed; but that they should not starve.⁷⁴

In addition to such views criticizing the Ottoman patient transport system, the British also realized that their own manner of transportation services could not be of use in the East. For instance, the usual vehicle models used by the Red Cross, which had been designed for paved roads, were useless there. The carriages were too heavy even for the strongest horses. In case of breakdown the drivers were unable to repair the carriages themselves. If anything happened to the horses, it was difficult to procure new ones. As the Russians retreated from the valley of Lom, it became obvious that the soldiers were forced to protect everything, apart from the ambulance carts, which they had to leave behind.⁷⁵ Although wains had been seen negatively when the British first started to provide aid in Turkey, they later realized that these vehicles constituted a crucial means of transportation for the wounded in the trying conditions in the East. Because the wains moved slowly, they were not particularly useful to the medical staff in cases of emergency or under intense bombardment, but they did offer significant advantages for patient transport.

As Kennett-Barrington emphasized at the beginning of the war, traditional carriages had advantages in transporting the sick. The harnesses on these vehicles were light and allowed for sharp turns. The drivers could easily repair them. It was also easy to purchase or rent them locally. Moreover, it was easy to adapt them for patient transport. In winter, a water-proof cover was enough to keep the cart warm and dry, and in summer a tarp protected against the sun. Once the cart was covered, a mattress placed on it, and medical conditions secured, it was extremely well-suited for patient transport. It was possible to use it either in stationary or mobile form. Because it moved slowly, transportation was less painful for the patients on the bad and bumpy roads. The

⁷⁴ *Report and Record of the Operations of the Stafford House Committee*, 180.

⁷⁵ *Report and Record of the Operations of the Stafford House Committee*, 181.

slightly inclined cart was useful for carrying surgeons and supplies quickly from one place to another.⁷⁶

As a result of all these observations and evaluations, the British understood in this war that it was necessary to redesign the tools they could use in the Eastern campaigns. The ambulances to be designed for the highways should be light-sprung and light-running, with the top being convertible, and with the wheels being made suitable for sharp turns. In order to make these types of ambulances, heavy village carriages in Turkey may have been taken as a model.⁷⁷

The British made new and crucial evaluations of the ambulance staff and the organization of their materials, as well as the design of field ambulances using the experience they gained in transportation. Their experiences during the war included invaluable information on how to transport the wounded and the sick under the most unfavorable conditions. For example, it was concluded that the authority and responsibility on the field ambulance should be left to the chief surgeons as much as possible, because they were the ones who knew what was needed most and in which areas the most effort was needed. Without being restricted by the orders of the central authority, they would be entitled to make decisions quickly, meet the needs, and intervene on time. Many times during the war, there were difficulties regarding this issue. According to the report of the Committee, transportation of the sick carried out by the officers who took orders from the central authority led to serious problems.

The staff of the division ambulances was also to be established according to certain criteria. In the ambulances, there should be a surgeon (three surgeons in some cases), a dresser, a cook, an interpreter, a pharmacist and two local servants. All these officers could be used as water carriers or dressers when necessary. There had to be at least six or eight carriages to transport the sick and wounded. Also, there had to be durable vehicles available to carry the medical equipment and provisions in bad weather. If the army was not moving forward or was not withdrawing, these vehicles could be used in the transportation of supplies and the wounded. Lightweight *yaylı* carriages were also very useful for quickly transferring surgeons and their equipment from one place to another. As for the equipment of division ambulances, tents were needed for three different purposes: the first for the surgeons, the second for the servants and kitchen, and

⁷⁶ *Report and Record of the Operations of the Stafford House Committee*, 182.

⁷⁷ It should not be assumed that the British transport systems of the wounded consisted of only ambulances and motor vehicles. Horses and human power had an important place in the battle logistics, and the transport of the wounded was included in the British military organization. The British had benefited greatly from human and animal power for transporting oats and straw and military material even in WWI. Anthony Giddens, *Ulus Devlet ve Şiddet* (İstanbul: Kalkedon, 2008), 452, 453 (n. 49)

the third as a hospital. The tent to be used as a hospital had to be as big as possible, and supplies such as blankets, sheets, and pillows had to be supplied. There should not have been a stove in the tent, as opening a hole and preparing a brazier-like arrangement was a better way for heating. Every surgeon had to be given a horse to go to the front and a saddle designed to hold simple medical tools such as food, bandages, and splints. The carriages had to have blankets, sheets, twine, and a bucket or water container. These containers had to be 2 x 2 x 3 *feet* in size and weigh 60 lbs. These were the most suitable measurements for the carriages as well as for horses and mules. What was in the containers absolutely had to be written on a tag. This was extremely important to avoid mistakes and time loss. Lockable surgical cases had to be prepared. On the other hand, it had to be taken into consideration that the risk of losing the key could lead to major problems. In addition, bottles either 8 or 12 pints in size were very useful for medicine that needed to be mixed and prepared beforehand. All medical supplies had to be boxed and numbered. Their breakdown had to also be in a separate notebook. On the left side of the notebook were the entrants to the store, and on the right side, the items that the surgeons took from the storage had to be recorded and signed. This avoided confusion and could save the surgeons from a conflict with their superiors during an inspection. The supply and control of materials in the storage had to be done by inspectors assigned to this task.⁷⁸ As it can be seen, the British gained very detailed information on the restructuring of division ambulances through their evaluations at the end of the war.

The experience of the British on hospital ships was different. Since sea routes were used in a limited way during the Russo-Turkish War of 1877-1878, transportation of the wounded by ships was also limited. Nevertheless, the hospital ships that the British sent to the Ottoman State were very useful during the war and were used as effectively as possible between the ports of Istanbul and the Black Sea. Thus, the British hospital vessels proved to be suitable for patient transport. Such vessels were also used in the following years for the British occupation of Egypt (1882) and during the Spanish-American War (1898).⁷⁹

Conclusion

The Russo-Turkish War of 1877-1878 brought new experiences related to the transportation of the sick and the wounded from the fronts to the rear. Before the war, the infrastructure and the means of transportation of the

⁷⁸ *Report and Record of the Operations of the Stafford House Committee*, 181.

⁷⁹ Jack Edward McCallum, *Military Medicine: From Ancient Times to the 21st Century*, (Santa Barbara, California, ABC-CLIO, 2008), 150-152.

Ottoman Empire were generally weak. There was no timely and effective plan for the mobilization of the army. Logistical services were especially neglected in the already delayed preparations for the mobilization. The military health organization, which is a part of the logistics services, did not receive much focus because of the fact that it was not considered as a priority. All these problems disrupted the military's war and mobility capabilities, the number of soldiers who could be deployed, and the chain of command. Thousands of soldiers wounded in the battle or waiting for treatment due to infectious diseases lost their lives on the way to the hospital. The arbitrary regulations enacted during the war did not meet the needs that they were intended to address. Therefore, the Ottomans asked for the assistance of foreign countries and foreign Red Cross associations.

In the Russo-Turkish War of 1877-1878, the country that gave the greatest support to the Ottoman State in transporting patients was Great Britain. Great Britain, having declared its neutrality at the beginning of the war, decided to provide the Ottoman State with significant health care support both because of its political interests and in order to test some of its rapidly developing medical innovations since the Crimean War. After the Crimean War and the Franco-Prussian War, the British military health organization had effected significant developments in ambulance organization, use of railways, litter-bearing, and patient transport services. At that time, it was important for the British military healthcare organization to put these into practice and test them in actual battlefields. The inability of the Ottoman army to transport the sick and wounded soldiers provided the British with a good opportunity in this regard. With the permission of the Ottoman State authorities, they established their own transportation systems on the existing transportation networks of the empire. They used their modern ambulances and hospital ships several times at the front and rear health services, and measured their suitability for war. In doing all this they had displayed British humanitarianism to the Ottomans and Muslim communities in their own colonies and to the whole world.

The Russo-Turkish War of 1877-1878 was an important field experiment for the British, especially of the transport of patients via roads and railways. They also took the opportunity to further improve on their designs by publishing them in reports at the end of the war. They realized that their latest model of ambulances would not work in territories that did not have suitable transportation routes. Though initially underestimated and not taken seriously, they saw how useful the indigenous transport vehicles were, in places without roads. Based on this, they decided to design new types of ambulances for their future campaigns in the East. The ambulance carriages they built for the railways proved to be the most frequently used and most effective patient transportation vehicles in patient transportation. They also experienced how

important the soup kitchens located at the train stations were during the war. Even though there were few of them, hospital ships were also regarded as very convenient in terms of equipment and functionality. Undoubtedly, the experience and knowledge of the British were also of great importance for the Ottoman State. The Ottomans experienced their first “modern war” in Crimea, and later during Russo-Turkish War of 1877-1878. In order to succeed in subsequent wars, it was necessary to develop facilities and instruments in accordance with the requirements of novel conditions of warfare. But successive wars, fought especially under domestic economic strains, and revolutions and wars of independence that emerged with nationalist movements, created unpredicted obstacles for their implementation.

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