

An ANZAC Surgeon's Kit

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Abstract

In the Gallipoli Campaign of 1915, doctor-soldiers, stretcher-bearers and medical corpsmen of both the Allied and the Turkish armies scrupulously followed both the letter and the spirit of the Geneva Conventions. In spite of their non-combatant roles within the imposts of the Red Cross and Red Crescent Societies, under whose emblems they serviced, medical members of both the Allied and Turkish medical services suffered great losses. Of the 66 medical officers and 536 other members of the Australian Army Medical Corps on Gallipoli, 293 were killed or wounded or evacuated sick, a casualty rate of 47 percent. This figure was the highest such casualty rate for Allied medical personnel in all the military campaigns of the twentieth century. The Turkish figures were even higher. During armistice-truces, some of which lasted for several hours for the evacuation of the wounded and the retrieval of the dead, medical officers of both sides occasionally collaborated in their work of humanity. This account describes one such encounter, and the gift of a surgical medical kit by a wounded Australian Regimental Medical Officer to his Turkish counterpart – a tiny event in the sweep of great events, but one symbolic of an ethos of medicine and humanity higher than the tragedy of war.

Military medicine has contributed much to the practice of medicine in the civilian context. Rescue and resuscitation, triage, casualty evacuation, emergency surgery, nutrition and public health are some themes where the exigencies of military medicine have engendered great advances in civilian health.

One of the greatest advances of all has not been in the technical aspects of surgical or medical treatment, nor in the legacy of preventive medicine and public health, great as such advances have been. We refer here to another theme – to the concept of “Sono Fratelli” or “They are Brothers”.¹ This underlying theme is the foundation of the ethical stance, binding on doctors of both civilian and military calling, to treat casualties without cognisance of politics, class, creed, race or ethnic group, or of friendly or enemy status.^{2,3} Such has its influence also on all of those who treat prisoners and criminals; and indeed on all those who, in the terms of contemporary bioethics, treat victims who might be classed as “captive patients”. This ethos also binds those who are called upon to make ranking judgements in the order of treatment of casualties presenting concurrently, but who are of differing societal status or class. This ethic binds all members of both the civilian world of medicine and of the defence health services of civilised nations. It specifies that in emergency situations, it is an individual's wounds, injuries or illness which are the sole determinants of their treatment. We believe that this concept of humanity, enshrined from 1864 in the Geneva Conventions,⁴ represents an advance in medicine commensurate with any in the technical or scientific field. Its ethos, today engrafted upon the Hippocratic traditions and dictates of medical practice, determines the underlying flavour by which best-practice is conducted.

In this, the Centenary Year of the Gallipoli Campaign, we describe the details of one pragmatic example of the sanctity of the Red Cross and the Red Crescent,⁵ and of the spirit of the Geneva Conventions which govern the conduct of doctors, both civilian and military.

An Australian Regimental Medical Officers' Kit

One of us (O.A.) has in his possession a revered relic and now three-generation heirloom of the Gallipoli [Gelibolu] Campaign (Figure 1). This fine kit of surgical instruments was given by an unknown Australian Regimental Medical Officer (RMO) spontaneously to a Turkish Regimental Medical Officer in the dusk, during a locally-mediated, Red Cross – Red Crescent truce in the carnage above Anzac Cove, in 1915. Both formal and informal truce-armistices occurred during the Anzac Campaign.⁶ Besides the retrieval of the dead, such allowed the rescue and occasional exchange of wounded prisoners across the Anzac-Turkish lines.

One Turkish Regimental Medical Officer, Captain Ömer Avni, survived the War and became the grandfather of one of us (O.A.). Today, the Australian field surgical kit given to him by a wounded Australian counterpart, while the former arranged the transfer to his own lines of the latter, is on display in the consulting rooms of the family's surgical practice in Istanbul (Figure 2).

This kit was the standard field surgical set produced for the army and navy by the surgical supply firm of Henry Lewis, of London. It contained a stainless steel amputation saw, amputation knife, trocars, bone-cutting forceps, craniotomy drills, surgical sounds and Guedel airways in addition to artery forceps, scalpels and surgical scissors.



Figure 1. The Field Surgical Kit of an Australian Regimental Medical Officer at Gallipoli, 1915.

This kit was given spontaneously to a Turkish doctor-soldier, Captain Ömer Avni, Regimental Medical Officer of the 57th regiment of the 8th Turkish Division, on the field of battle during a truce, by a wounded Australian RMO. The Australian RMO had been treated and returned to Australian lines under a Red Cross flag of truce. This kit is today on display in the surgery of Dr Ömer Arikan, grandson of Captain (later Colonel) Ömer Avni. Photograph (JP), September 2002.



Figure 2. The authors with a preserved Field Surgical Kit issued to Australian Regimental Medical Officers in the Gallipoli Campaign of 1915. This kit was passed from a wounded Australian RMO to his Turkish counterpart, under the protective emblem of the Red Cross and under a flag of truce. At right is Dr Ömer Arikan, of Istanbul, grandson of the Turkish RMO, Captain Ömer Avni. General John Pearn, Sometime Surgeon General of the Australian Defence Force (left). Photograph, Istanbul, September 2002.

Great Events

The British force at Gallipoli was termed the Allied Mediterranean Expeditionary Force which in turn comprised three Army divisions and a Royal Navy Division. Of these, there were 27,182 Australians, all volunteers, who landed on Anzac Beach. One quarter of them died there; or were evacuated wounded or sick to hospital ships and subsequently to General Hospitals offshore on Greek islands and at Egypt.

The Turkish strategic plan was to strengthen the land-based forts along the Dardanelles, to maintain the narrow sea-lanes open between the Aegean Sea and the Black Sea, and to defend the integrity of Turkish soil against invasion. Two permanent Turkish Divisions were garrisoned along the northern part of the Gallipoli Peninsula;⁷ and an extra one and a half Divisions were established near Maidos, the epicentre of the ground-based defensive forts guarding the western shores of the Dardanelles.⁸

In the field, the Turkish Senior Officer, Essad Pasha, had overall command of the Turkish Troops on the Gallipoli Peninsula until May 19th [incidentally, the

day of "Simpson's" death] 1915. In the hinterland of Anzac Cove, at the time of the ANZAC amphibious assault on 25th April 1915, the Turkish Commander was Mustafa Kemal Paşa. He commanded the 19th Turkish Division. His subordinate commanders were Zeki Bey, who commanded the 21st Turkish Regiment and Hairi Bey who commanded the 57th Regiment.⁹ Kemal was to become Atatürk Kemal (1881-1938), later to be the President of the Turkish National congress and ultimately Prime Minister and first President (1922) of modern Turkey. He felt passionately that the Turkish Army was totally integral to the Turkish Nation. On Gallipoli, this spirit was seen again, as it had been on many occasions in recent centuries when Turks were called upon to defend their land. The Turkish Army worked closely with the civilian population in the rear echelons. Atatürk's chivalry and the role of his leadership, together with that of the Allied and Turkish⁵ promotion of the Geneva Conventions, were significant factors in the evolution of the Laws of War over the ensuing one hundred years, and noted in the spirit of "Sono Fratelli".

Medical Themes

Much has been written concerning the medical implications and consequences of the Gallipoli Campaign.⁷⁻¹³ Using official Unit war diaries, other formal medical analyses of the first weeks of the Anzac Campaign have also been completed.¹³

Twenty-eight percent of Australians and thirty-one percent of New Zealanders who served in the Gallipoli Campaign were either killed or died from wounds or illness. These remain some of the highest mortality figures for British forces in the campaigns of the twentieth century. Both absolute and proportionate losses to the Turkish forces were even higher. The total number of casualties, including those wounded, those who died of wounds and those who were killed, totalled:

British	104,756
French	27,004
Turkish	218,000

This appalling statistic does not take into account the casualties to Turkish civilians entrapped in the nine months (April to December, 1915) of war on the Gallipoli Peninsula.

The ANZAC Medical Units of the Gallipoli Campaign comprised: 66 medical officers, 186 nursing staff (based primarily in Egypt in the stationary Australian General Hospitals or at Lemnos, and on hospital ships) and 556 other ranks of the Australian Army Medical Corps. They were supported by 23 Regimental Medical Officers, each in charge of his own medical platoon; and by four Field Ambulances (Nos. 1, 2 and 3 Australian Field Ambulances) and the 1st Australian Light Horse Field Ambulance; and No. 1 Australian Casualty Clearing Station.¹³ Offshore were two small Stationary Hospitals and two Australian General Hospitals.¹⁴

Both the Australian and the Turkish combatants scrupulously observed the sanctity of the Red Cross and Red Crescent. Two Australian Senior Medical Officers in the field, Colonel Neville Howse VC, and Colonel Wilfred Giblyn (Commanding Officer of No. 1 Casualty Clearing Station on the beach)¹³ “would not display the Red Cross on their station, crouched as it was amongst supply depots which the Turks might justifiably shell”.¹⁵ The Turks also scrupulously observed the sanctity of the Red Cross and the wounded whom it sheltered.¹³ Nevertheless, the work of the stretcher-bearers and that of the forward Regimental Medical Officers, of both sides to the conflict, was extremely dangerous.

There was most significant loss of life and limb amongst the ANZAC medical orderlies and doctors

themselves. Of the 602 medical officers and medical corpsmen who served at Gallipoli, 293 were killed or wounded or were repatriated sick. This was a casualty rate of 47 percent. This figure was one of the highest in the Gallipoli Campaign, and was the highest rate ever for Allied medical personnel in all of the military campaigns of the twentieth century. The lesson from this statistic is that although non-combatants are protected (in theory) under the Geneva Conventions, nevertheless the potential for injury or death remains significant for those who go forth as doctor-soldiers and medics in the spirit of medicine and nursing with its healing traditions. It is important to note that there is a double loss when such medical personnel are rendered hors de combat. Not only is the stretcher-bearer, medic or RMO lost as an individual, but his potential life-saving function is also lost to others.

Small Players in Great Events

Against this vast strategic background and the awesome challenge presented to the medical services of both the Allied and Turkish armies, two Regimental Medical Officers came face-to-face, during a truce after what he later described to his grandson as a “fearful and prolonged battle” (O.A.). One was a wounded Australian RMO, the other a Turkish doctor-soldier who was temporarily overwhelmed by the sheer enormity of the wounded in his battalion. The identity of the Australian RMO remains unknown. The Turkish doctor was Captain Ömer Avni, grandfather of one of us (O.A.).

The circumstances of the exchange of the Australian Army medical kit were recounted by the Turkish Medical Officer, Ömer Avni, to his son and grandson, the latter a co-author of this paper. During the temporary and local truce above Anzac Cove, the wounded Australian doctor was tended by the Turkish medical officer who had gone forward to treat the wounded. The Australian Regimental Medical Officer was returned to his own lines, under the codes of the Geneva Convention. In parting, he passed his small boxed field medical kit to the Turkish doctor. It was later recounted that this was a spontaneous token of gratitude, in the spirit of medical aid to the wounded irrespective of ally-enemy status. It was indeed a moment when the spirit of the Good Samaritan transcended the polarity of the battlefield.

A Turkish Regimental Medical Officer

Dr Ömer Avni (1882-1951) was born in Islâhiye, a town some 80 kilometres north of the ancient city of Antioch, present day Antakya, near the Gulf of Iskenderun in the southern border region of central

Turkey. He was also the son of a doctor, Nail Argun (d. 1891), a former Turkish Surgeon-General of combined Greek and Bulgarian ancestry.

Ömer Avni studied medicine at the Military School of Medicine (Mekteb-i-Tibbiye-i Şâhane-i Harbiye şakirdanından), also known as the Medical School of the Ottomans. Immediately upon graduation Captain Ömer Avni served as a Regimental Medical Officer in the Ottoman-Greek War and Tripoli War (1911-1912) and in the Balkan War (1912-1913) which followed. At the start of the Gallipoli Campaign (April 1915) in World War One, he was appointed as Regimental Medical Officer of the 57th Regiment within the 8th Turkish Division. He served near Anzac Cove for the calendar year of 1915. There were enormous losses amongst the Turkish defenders, with some casualty estimates as high as 90 percent in the 57th [Turkish] Regiment. Ömer Avni survived the Gallipoli Campaign and served for the rest of World War One, rising to the rank of Colonel. After the Armistice of November 1918, Ömer Avni became a civilian surgeon and medical administrator. He established a Hospital at Malatya in central Turkey; and another Occupational Health and Public Health Hospital at Konya, 480 kilometres south-east of Istanbul before retiring as a Senior Public Health Administrator in Istanbul.

“Sono Fratelli in Medicis”

At the outbreak of World War One, doctor-soldiers caught up in the shot and shell of the battlefield itself were serving in an environment where the military chivalry of centuries past had further evolved. The role of doctors on the battlefield, their relation to prisoners and to their counterparts on the opposing sides, were set against the background of several humanitarian treaties – the unratified Declaration of Brussels (1874), the Hague Convention (1899), the Geneva Convention (1906) and the Fourth Convention of the Peace Conference (1907). The emblem of the Geneva (Red) Cross was first used in the British Army in campaigns in southern Africa in 1881, when it was worn by regular troops of the Army Hospital Corps.¹⁶ The Anzac Campaign on the Gallipoli Peninsula, in the first months of First World War, was still conducted against the humanitarian standards engendered by those Conventions. Tragically, such was not to continue and “one by one in the course of the War the regulations of the Hague Conventions and its successors [were broken]”.¹⁷ At the end of World War One, the Australian official war historian, the former Brisbane paediatrician, Colonel A.G. Butler DSO, wrote:

“If our civilisations should survive through the twentieth century the philosopher of the next, contemplating the War of 1914-1918, will select as its most significant result, the jettisoning of the international move to ‘humanise’ and ultimately to eradicate war by restricting its worst horrors to the specially enlisted armed and uniformed forces of the nations at war; by seeking to eliminate its more degrading cruelty; and by ensuring humane treatment for the wounded. Of this movement only the Geneva Convention remains”.¹⁷

The actions of doctor-soldiers, indeed of all doctors both civilian and military, in times of armed conflict is today specified by international convention;^{18,19} and in the twenty-first century, by both national and international laws to which Australia is a signatory.^{20,21}

During the Anzac Campaign of 1915, Australian and Turkish RMOs were vigorous advocates for the spirit of battlefield repatriation of captured or wounded soldiers who, as members of the medical services, themselves bore the Red Cross or Red Crescent. However, as experience increased, and increasing numbers of battlefield prisoners were taken, medical personnel from their own country were needed to care for them. For this reason, the practice evolved of retaining captured medical personnel. By the terms of the Third Geneva Convention relating to the treatment of prisoners of war (1929), sometimes called the “Prisoner’ Code”, the retention of such medical personnel was still possible but only through local agreement.¹⁹ Under the 1949 Geneva Convention, the practice of legally retaining (in international Law and Convention), as prisoners-of-war, medical and Red Cross-protected personnel, became fully legalised.¹⁹

The example of two doctor-soldiers, on opposing sides in a campaign which from the Allied perspective was a disastrous failure, is but a tiny vignette in the huge sweep of modern warfare. Today, however, the doctor-soldiers of all nations can do much to note these lessons from the history of real-life individuals entrapped on the battlefield. Through the many international military medical associations which exist, doctor-soldiers can continue to reduce the risk of descent again into the ultimate degradation to which conflicts sank in the military and civilian conflicts of the later twentieth century. An accelerated evolution of the international Laws of War remains an ambitious, but not impossible hope for the future.

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