

Americans Join the Russian Persia Expeditionary Force

Author: Joshua E. Segal

Issue: Vol 7, no.2 (2023)

Abstract

In this article, Segal examines the little-known role of American medical personnel during the Russian Persian Expedition (1915–1916). This operation, part of World War I, involved Russian forces attempting to counter Ottoman advances in Persia. American Red Cross doctors and nurses, supported by U.S.-based humanitarian and commercial interests, provided critical medical care under harsh conditions. Their responsibilities ranged from treating Russian soldiers and Turkish prisoners to aiding Armenian and Assyrian genocide survivors. Segal emphasizes the historical neglect of this expedition and highlights the Americans' contributions, revealing the humanitarian and logistical challenges of their mission in a politically volatile region.

Americans Join the Russian Persia Expeditionary Force

Joshua E. Segal

Today, it is not uncommon to compare the war in Ukraine to the First World War. Taking away the high-tech weaponry, the situation on the challenges confronting the Russian army is very similar to that faced by its predecessor more than 100 years ago. Operations were hampered by poor logistics, insufficient medical care, and poorly devised lines of communication. Like today, there were American commentators observing Russian operations. However, they were not watching from outside, but as part of the force itself. Like today, they provide their “western” perspectives on Russian operations.

From October 1915 until September 1916, a small group of American doctors and nurses played an integral role in Russian military operations in Persia, including failed attempts to link with British forces in Mesopotamia. Sponsored by business interests in the Petrograd American colony, this small team of American personnel made a significant contribution to medical care for the entire theater of operations. Eventually, their work expanded to include countering infectious disease, caring for Ottoman prisoners of war, and assisting survivors of the Armenian genocide. Petrograd colony’s Russian Committee of the American Red Cross hoped to use the humanitarian and medical aid, financed by U.S.-based commercial interests, to enhance “American prestige” and thereby establish a stronger foothold in their host country’s commerce.

While the Eastern Front may be generously called a second thought for Western historians, the Russian experience in the Caucasus and the expedition to Persia are usually forgotten and neglected by modern historians. From both Russian and American perspectives, this period is important in reflecting significant American contributions to Russian relief. For example, the Americans’ experience in urban Kiev (Kyiv) differed sharply from that confronting them in rural Persia. The contrast was summed up by American Red Cross Surgeon Dr. Edward Dickey: “deserts, mountains, magnificent scenery, mosquitoes, malaria, camels, donkeys, orange, fig, date, apple and cherry trees, nightingales, crows, wild dogs, wild Kurds, caravans, bazaars, Mohammedans, beggars, liars, thieves, robbers, veiled ladies, superstitions, and sons of the prophet.”¹

David Stone, in his comprehensive study of the Russian army in the First World War, writes, “If the Eastern Front is the neglected theater of the First World

1. *Pittsburgh Post-Gazette*, July 7, 1916, 4.

War, the war in the Caucasus is the neglected theater of the Eastern Front.”² He notes that Norman Stone, who wrote one of the first modern in-depth military studies of Russia in WWI, did not even address the Caucasus, and his Soviet/Russian contemporaries also give little attention to the topic.³ While the Caucasus has been neglected, General Nikolai N. Baratov’s Persian Expedition is largely ignored. Sean McMeekin in his 2011 *Russian Origins of the First World War* writes, “The Baratov expedition to Persia remains a largely blank page in the history of the First World War.”⁴

This article attempts to fill in some of the details on that “blank page.” Existing studies of Baratov’s expedition focus primarily on the operational and strategic levels of the war. They document strategy, tactics, and Allied coordination rather than soldiers’ experiences or the operating environment. Examinations from the “top level,” by definition, provide little information on lives of average soldiers, prisoners, and refugees. To date, no study has touched on this topic in any detailed manner. Making matters more challenging, almost without exception, authors examine Russian military activities in Persia through the lens of foreign involvement in the region or as part of the broader story of the unprecedented British humiliation at Kut rather than the events on the ground or the experiences of individual participants.⁵

This same paucity applies to WWI in Persia overall. It was a period of immense political and social upheaval that led to unprecedented suffering and ultimately set the foundation for the rise of Reza Shah Pahlavi. Mohammad Gholi Majd, one of the first scholars to examine early twentieth century Persia using American State Department records, writes, “The history of Persia in WWI is practically a void about which little has been written in sixty years....Scholarly books on the history of Persia in the last sixty years contain practically nothing on the subject.”⁶ Michael Zirinsky, a noted scholar on Iran and American missionaries, concurs with both the importance and the current lack of meaningful study. He writes, “Although these Iranian events have largely been ignored by western historians of the Great War, they were of vital importance to Iran itself.”⁷

Given the lack of historical examination of the broader topic, it is not surprising that the story of the American medical personnel assigned to Baratov’s Persia expedition and their accounts remain undocumented beyond the original letters, diaries, and articles published in contemporary newspapers and magazines.

2. David R. Stone, *Russian Army in the Great War; The Eastern Front, 1914-1917* (Lawrence, KS: University Press of Kansas, 2015), 178.

3. Ibid., 330.

4. Sean McMeekin, *Russian Origins of the First World War* (Cambridge, MA: Belknap Press of Harvard University, 2011), 189.

5. In April 1916, British forces under General Charles Townsend surrendered the Ottomans *en masse* after a nearly four-month siege.

6. Mohammad Gholi Majd, *Persia in World War I and its Conquest by Great Britain* (Lanham, MD: University Press of America, 2003), 1.

7. Michael Zirinsky, “American Presbyterian Missionaries at Urmia during the Great War,” http://www.iranchamber.com/religions/articles/american_presbyterian_missionaries_zirin_sky.pdf, 2.

Other copies of their accounts survive in the Petrograd colony's bilingual Russian-English publication, *The Christian Advocate*, as well as in the letters and diaries of the American missionaries who assisted them in Persia.

Crucial pieces of the puzzle are preserved in the monthly and quarterly reports submitted by the American staff to their financial backers at the Russian Committee of the American Red Cross. The reports were dutifully published in the monthly *Christian Advocate* in the hope that highlighting these humanitarian contributions would bolster colony fundraising and Russian goodwill.

Working Conditions

While primitive working conditions posed significant challenges compared to the Kiev (Kyiv) experience, the scope of the American Red Cross mission in Persia was an even broader contrast. It included care not only for Russian soldiers, but also Turkish prisoners, and Armenian and Assyrian refugees. The American missionary community was an essential partner in their humanitarian efforts. In many areas, before the war, American missionaries were the sole sources of western medical care. Persia hosted numerous well-established American missionary hospitals, staffed by U.S. doctors and nurses. The missionary hospitals and clinics were envisioned as a form of outreach to local Christian communities, and served as natural pathways for religious teachings.

Ahmad Mansoori in his dissertation, "American Missionaries in Iran, 1834-1934" writes: "Medical work occupied an important place in the missions' program in Persia. Foreign missionaries did a remarkable job in relieving the physical sufferings of the Persian people. They opened hospitals and dispensaries for treating the ill. They worked hard during famines, epidemics, and plagues to rescue people from the threat of death."⁸

The Annual Report for Presbyterian missionaries for 1915 contains the following passage from Tabriz:

There is much opportunity for evangelistic work in the medical department (Tabriz) and since the Russian occupation, there is less restraint on the part of the Moslems in discussing religious subjects. The difficulty is that the medical missionary is so busy with his professional work that often he himself is not able to take advantage of opportunities offered or to follow up the influence of the medical work with evangelistic effort.⁹

Faced with infrastructure and resource shortfalls, American medical personnel assigned to the Russian Persian Expedition relied heavily on their compatriots in the missionary community for support and expertise. Until the establishment of the American Red Cross hospital at Khoy the sole source of local medical care

8. Ahmed Mansoori, "American Missionaries in Iran, 1834-1934," (Phd diss, Ball State University, 1986), 63.

9. *The Seventy-eighth Annual Report of the Board of Foreign Missions of the Presbyterian Church in the United States of America*, May, 1915, 29.

was a local Presbyterian mission. American missionaries had a natural affinity for the Russian occupiers. Zirinsky writes, “American missionaries allied themselves with other Christian groups and saw the Russian army, and its locally recruited Assyrian and Armenian levies as ‘our army.’”¹⁰ Similarly, Dr. T.E. Lawrence, an American medical missionary in Qazvin wrote, “We no longer hear any complaint of Russian occupation.

European civilization is coming, and almost everyone seems willing, if not anxious that it should.”¹¹ Given this natural affinity and close working relationship in was inevitable that local American missionaries played a key role as participants in and witnesses to the fortunes of Russia’s Persia Expedition and its eventual failure.

The American Red Cross Hospital in Persia

The American colony’s bilingual monthly *Christian Advocate* served as the official media organ of the Russian Committee of the American Red Cross, and is an invaluable source for information about the activities of both the American medical unit and its sponsors in the Petrograd.¹² The paper’s editor in chief was Petrograd-based Methodist missionary and *de facto* Dean of the colony, Reverend Dr. George A. Simons, who also served as titular head of the Russian Committee of the American Red Cross.

The November 1915 edition carried the following brief announcement: “Surely every American sojourning in this hospitable country will be genuinely glad to know that the splendid work of our American Red Cross surgeons and nurses, who...had charge of the large hospital for wounded soldiers in Kiev, is to be continued.”¹³ It reported the group of “loyal” Americans, under the leadership of Dr. Harry Hamilton Snively, was transferred from Kiev to Tiflis in early November.¹⁴ The party consisted of veterans of the American Red Cross hospital including Snively, Dr. Brown McClintic, and Dr. Lyle Hazlett accompanied by five American nurses, eight Russian sisters, and almost fifty *sanitars*. The group also included a Russian doctor and his assistant.¹⁵

The group’s assignment was to provide medical support to the Russian Army of the Caucasus under Grand Duke Nicholas. Relieved of Command on Russia’s Western front on September 5, 1915, Grand Duke Nicholas arrived in Tiflis as Viceroy and Commander in Chief of the Caucasus front on September 24. Before the war, prospects for an increasingly pro-German Persia forced Russia and the United Kingdom into a closer military regional partnership. Aware of German efforts to sow internal discord,

Russia and Great Britain mobilized forces to counter adversary ambitions

10. Zirinsky, 3.

11. *The Seventy-eighth Annual*, 30.

12. Hough to Bicknell, Letter, May 29, 1916, File 794.8, “Petrograd Committee,” RG 200, ANRC, Group 1, CDF 1881-1916, NACP.

13. “Vivat American Red Cross in Russia,” *Christian Advocate* 83 (November 1915): 15.

14. *Ibid.* Tiflis is modern-day Tbilisi, the capital of Georgia.

15. *Ibid.*

and destroy the opposition based in Kermanshah. One of the first actions taken by the Grand Duke at his new command was to instruct General Nikolai Yudenich to form a special expeditionary force for Persia.¹⁶ Already taxed for forces, Yudenich could only spare a Caucasian Cavalry Division, the 1st Caucasian Cossack Division, and two mixed Kuban Cossack regiments for the task. The force totaled 6,000 infantry and 8,000 cavalry under the overall command of General Nikolai N. Baratov.¹⁷ Snively and the other American medical personnel joined Baratov's expedition.

However, when the Americans departed Kiev on October 23, 1915, they did not realize their ultimate destination was Persia. The thirty-five-car train loaded with hospital supplies and carrying the former staff of the Kiev hospital battled congestion and delays before ultimately reaching Tiflis on November 3.¹⁸ The city served as headquarters for Russian armed forces in the Caucasus. Well-equipped and with enough material to establish a 600-700 bed facility, Snively expected "to establish a big hospital there."¹⁹ Instead, after eleven days of travel, when they arrived in Tiflis, the Russian Commander asked "Are you Americans afraid of typhus?" They replied "no," and were directed to cross the frontier and establish their new hospital near Khoy in Persian Azerbaijan where the disease had been rampant.²⁰

In peacetime, the trip took four days, but due to military movements clogging the rails, delays, and other disruptions, the journey took more than two weeks. The train transported them as far as Julfa, the railhead on the Russo-Turkish border.²¹ The town was Khoy's closest railhead so the party was forced to travel the remaining seventy-five miles by horseback, donkey, camel, and carriage to their new base of operations. Nurse Eleanor Soukup McClintic described their arrival:²² "On November 11, a sad tired and dirty crowd, covered with sand from our heads to our feet, we came to the hospital...we found many changes were necessary, which were to be made immediately, for our own welfare as well as for the soldiers."²³ Conditions were a far cry from the facility in Kiev. Closer to the front, lacking basic infrastructure, and further removed from major lines of communication, the hospital was responsible for surgery, basic medical aid, and contagious disease.

16. W.E.D. Allen and Paul Muratoff, *Caucasian Battlefields: A History of the Wars on the Turco-Caucasian Border 1828-1921* (Nashville: Battery Press, 1953), 322.

17. *Ibid.*, 324.

18. H.H. Snively, "Base Hospital Work in Russia," *Military Surgeon* 38, no. 6 (June 1916): 632 and Eleanor Soukup McClintic, "With the Russians in Persia," *American Journal of Nursing* 18, no. 1 (October 1917): 34.

19. Harry Hamilton Snively, *The Battle of the Non-combatants; Letters of Dr. Harry Hamilton Snively* (New York: The Business Bourse, Publishers, 1933), 50-51.

20. Sophie Kiel, "Experiences in Russia" in "Proceedings of the Twenty-First Annual Convention of the American Nurses' Association," *American Journal of Nursing* 18, no. 11 (August 1918): 1041. and Snively, "Base Hospital Work in Russia," 632.

21. The Julfa Railhead was built by Russia in 1907 as part of the larger Trans-Persian line project.

22. Nurse Eleanor Soukup married Dr. Brown McClintic in June 1916.

23. Soukup McClintic, "With the Russians in Persia," 34.

Supply was a challenge; material also had to travel from Julfa railhead by camel or other animal transport. On the Caucasian front, lines of communication and supply sometimes extended 400 miles or more between Russian supply depots and their ultimate destination.²⁴ Similarly, basic combat medical support capabilities were sparse. Behind the front lines, it might be twenty five miles to the nearest dressing station. The closest field hospital could be 200 miles, and base hospital more than 400 miles from the front.²⁵

Transportation for the wounded was even more treacherous and support was subpar compared to the unsatisfactory situation on the Galician front. In Persia, road infrastructure was not conducive to allow transportation from the front to Khoy by automobile, and railways were virtually non-existent. The Union of Zemstvos had exclusive responsibility for transporting wounded in the region. However, all of their supplies, support, and infrastructure were designed for the European campaigns and were poorly suited to work in the mountainous Caucasus and Persia. These conditions:

induced the Union to supplement considerably its equipment to provide it with means of transport for the hilly roads....The wounded and the forage had to be transported by pack animals along mountain tracks, as the ordinary means of conveyance proved quite unfit for that purpose. The provision of pack-transports proved to be a very difficult and complicated task. A few hundred mules and pack-horses had to be purchased wherever possible in the Trans-Caucasus and also in Persia, Russian horses not being used in the mountains.²⁶

A specially designed “pack-stretcher” was developed for horseback use. This method, suspending the stretcher between two pack animals, suited the primitive camel, mule, and horse caravans required to move people and supplies, which was the “only practicable”²⁷ means of transport in the region. A report by the U.S. Department of State found:

transportation of the wounded in the Caucasus presented very many difficulties. Often on a journey of 100 to 200 versts [66 to 132 miles], all means of conveyance were utilized. From the snow-fields of the mountains down towards the roadway (where it was so hot that motor-cars had to be kept under sheds in the open air) the wounded soldiers were carried on the backs of pack-animals. Over the roadway until the next summit was neared they were conveyed in motor-cars or in wagons, and then across the summit on sleighs, snow-fields being of

24. Despite the fact that Persia is not technically part of the Caucasus, it fell under the command and control of Grand Duke Nicholas, and was considered part of his front.

25. “Russian Army Officer, Pittsburgh Man, Home,” *Pittsburgh Press*, January 16, 1917, 17.

26. Memo to Mr. Emmett White, Bureau Insular and Foreign Affairs, American Red Cross, March 12, 1919, File 948 “Russia-General,” RG 200, ANRC, NACP.

27. *Ibid.*

course impracticable for motor-transport.²⁸

Despite Russia's limited preparedness, Nurse Clara Barndollar was impressed by its medical personnel, explaining that "it's remarkable how they patch up the wounded before they reach the hospitals, and how even the most desperately wounded look forward eagerly to the time when they can again go to the front."²⁹ In the same interview, she described conditions in Persia as "plague ridden.... where disease is still more deadly than the big guns."³⁰

On November 15, Snively rode to Tabriz with the local Khoy Russian military commandant to try to arrange support for his personnel. After the 100-mile automobile journey, he met American Consul Gordon Paddock who arranged for him to stay with two American missionaries, Mr. Burt S. Gifford and his wife.³¹ During his short stay, he visited local missions, schools, and hospitals. Paddock and the missionary community in Tabriz supported the American doctors throughout their deployment.³²

On November 19, after a week in Khoy, Snively sent a letter to Commercial Attaché Henry Baker, who served as the secretary of the Russian Committee of the American Red Cross. In the document he mentions his visit to Paddock, and describes the Khoy's hospital's initial challenges and impressions of his staff:³³

We are pleased with our situation here, although we are well to the front and have no comfort, and few of the supposed necessities of civilized life. As the days go by we shall *dig in*...it is remarkable how doctors and nurses are accepting the rough conditions making the best of it all and taking a splendid interest in the work. We found about 100 patients sick with typhoid fever, erysipelas, malaria, etc. The sanitary conditions are such as to make life here very dangerous, but we are working to improve things.³⁴

Snively also described the abhorrent condition of displaced Assyrians; to alleviate their suffering, the Americans had established feeding stations. He closed by informing Baker, "you may tell your Committee that we are placed where for

28. Memo to Mr. Emmett White, Bureau Insular and Foreign Affairs, American Red Cross, March 12, 1919, File 948 "Russia-General," RG 200, NACP.

29. "Visitor From the Front," *Altoona Tribune* (Altoona, PA), September 20, 1916, 6.

30. Ibid.

31. This visit may be the root of some of the cooperation between the Khoy hospital and the Tabriz mission. Gifford was not a medical doctor, but rather a priest. He worked with Dr. W.S. Vanneman who served temporarily with the Red Cross hospital at Khoy. Tabriz was also the base of Dr. Samuel Wilson, well known for Armenian and Syrian relief. He died of typhoid in 1915.

32. Snively, *Battle of the Non-Combatants*, 55-56.

33. Snively's business card and a handwritten note listing all of the American nurses are still preserved in the Tabriz consular records.

34. "American Red Cross Helping Russia," *Christian Advocate* 84 (December 1915): 17.

the time being we can do the most good for Russia and humanity, and also where we can dwell in the greatest harmony.”³⁵

Khoy had two military hospitals, one under the auspices of the army, the other, run by the Americans, administrated by the Russian Red Cross. Therefore, unlike Kiev (Kyiv), where patients were exclusively battlefield casualties, in Persia medical personnel were confronted with typhoid, typhus, malaria, dysentery, and other infections in challenging sanitary conditions.³⁶

According to Nurse Eleanor Soukup McClintic, the only available disinfectant was kerosene, and flies were a constant problem. Staff and patients alike had to make fly swatters to deal with the nuisance. Killing flies kept “every able-bodied person in the hospital...busy all the time.”³⁷ Flies were such a problem that the staff initiated a reward system whereby patients were even given a cigarette for killing a specified number of the pests.³⁸

Some of the staff actually found the austere conditions as something positive. Nurse Sophie Kiel wrote,

In all my training the one hope I had was that someday I would get a chance to be in a place where I could improvise and do things when I had nothing to work with. We had a chance there. We gave away everything we had in Kiev, we had a big equipment and passed that all along to the Russian Red Cross, thinking we were going to be put in a small hospital properly equipped.³⁹

In Khoy, she got her chance to improvise. Sanitation in the town of Khoy was abysmal, and conditions were far from optimal for infection control. Khoy served the base of operations for Baratov’s forces throughout the winter of 1915-1916. Before granting permission for Russian soldiers to live in the area, military sanitary personnel had to clean up the stagnant water, dead animals, and refuse. Hazlett captured his impressions thusly: “The surroundings, as well as the place itself, were most desolate, the great sandy desert [*sic*], stretching out in front and the bald, bleak mountains of Kurdistan in the distance.”⁴⁰

According to Nurse Sophie Kiel, Khoy’s single-story main Russian Red Cross hospital was a “long adobe building with mud walls. We had thought the Polytechnical Institute dirty, but we found the Persians a bit dirtier. The floors were cobblestones, or just plain earth.”⁴¹ The building previously served as a caravanseraï, where travelers spent the night, while their animals were tended

35. Ibid.

36. H.H. Snively, “Base Hospital Work in Russia,” 632.

37. “Tells of Life With Army,” *Huntington Herald* (Huntington, IN), March 22, 1917, 8.

38. T. Lyle Hazlett, “Experiences with the Russian Army of the Caucasus in Northern Persia,” *Military Surgeon* 41, no. 4 (October 1917): 447.

39. Sophie Kiel, “Experiences in Russia,” 1041.

40. Hazlett, “Experiences,” 445.

41. Ibid.

outside. The compound was converted to include six large wards and an operating room (also used to perform dressings). There were a dining room, drug storage, and four other rooms used by the American and Russian staff. The kitchen, along with the nurses' quarters, were in a separate building. A large area between the wards and a yard served as a receiving area where staff undressed the patients and sterilized their clothes. Sanitary procedures similar those instituted in Kiev were enforced: On arrival, medical personnel clipped patients' hair, then bathed and scrubbed them with kerosene to kill any vermin. Prisoners were sent to isolation wards for periods of three days to three weeks to reduce the spread of typhus.⁴² Dickey described some of his experiences combating the infectious disease challenge:

Lessons of permanent value on the care of troops will be learned from the war. The enemies mostly feared within the army's own lines are typhoid, cholera, and dysentery. All of these are usually communicated from infected drinking water sources. Vaccination has been adopted generally as a proved preventive of the first two scourges. In malarial districts the troops get daily dosage of quinine. Typhus is combated by the use of petroleum in the quarters of the soldiers. In cases requiring unusual treatment the men bathe in the fluid.⁴³

Living and working conditions were far from ideal from an illness prevention perspective. The operating room was the only chamber with wood flooring. Nurses lived in two rooms over that stable and actually mowed the grass on the mud-covered floors.⁴⁴ Other floors were mud brick, and the roof was straw. Infection control was a constant battle. The 175-bed facility had separate wards for clean cases, infected patients, and those with typhoid and dysentery, as well as another for convalescent soldiers. A mile from the town the Americans established a separate typhus hospital. That facility was run by a Russian *feldsher*. These soldiers usually had a year of medical work, and served numerous roles in the main hospital, including administration of anesthesia, performing dressings and sometimes assisting with surgery. Prisoners with contagious diseases stayed at the typhus hospital. Nurses or *feldshers* who became infected would also be treated at that facility.⁴⁵

During summer 1915, well before the arrival of the American Red Cross, the main hospital building housed 1750 cholera patients under the care of an orthodox priest.⁴⁶ When the Americans arrived and took over the month-old Russian Red Cross hospital, they found about a hundred patients under the care of a single doctor and no nurses. Many of the patients were poorly nourished and sick with

42. Hazlett, "Experiences," 447.

43. "Russian Army Largest; Nation Regenerated, Pittsburgher Asserts," *Pittsburgh Post-Gazette* (Pittsburgh, PA), August 2, 1916, 1.

44. "Tells of Life With Army," *Huntington Herald* (Huntington, IN), March 22, 1917, 8.

45. Soukup McClintic, "With the Russians in Persia," 36.

46. Kiel, "Experiences in Russia," 1042.

typhoid.⁴⁷

The building had no toilets, so trenches were dug. Nurses fumigated, cleaned and scrubbed the building. *Sanitars*, who previously served in Kiev said “We will clean this place in the American way.”⁴⁸ They soon had 250 medical cases. Patients did not exhibit the horrific battlefield wounds like those encountered in Kiev, but rather, severe hemorrhages, scurvy, and pneumonia. Despite experience treating the wounded from the Galician front, Nurse Sophie Kiel found the new cases quite shocking: “I never saw medical conditions such as they were there; they were of the worst type.”⁴⁹

Water was a greater challenge than at Kiev. The hospital had no running water, and the only source was a mountain spring located a half mile from the facility. It was carried from the spring in barrels and transferred to a larger boiler in a corridor of the hospital. *Sanitars* built small tanks to support the kitchens and bath. Drinking water was stored in earthenware jugs by beds for patient use. Hazlett noted the Russian custom of only drinking boiled water helped prevent a serious cholera epidemic among the 13,000 troops then in Persia.⁵⁰

Disposal of sewage posed particular challenges. Because supplies had to be transferred long distances by camel caravan, they did not have large amounts of kerosene to burn the waste. Instead, they developed creative solutions to bury and dispose of this potentially hazardous material.⁵¹

The hospital treated the highest number of typhoid cases in the fall of 1915, 165 patients, before Russians received appropriate vaccinations. Later, as one would expect, numbers dropped significantly after prophylaxis and the application of sanitary measures.⁵² In the Americans’ ten months of service, they treated 177 cases with a mortality rate of twelve percent.⁵³ Also charged with responsibility for the entire Turkish prisoner quarantine station, the Americans supervised the care of all of the captured soldiers. In the Khoy, Turkish prisoners remained in quarantine for at least twenty-one days before transfer into Russia and could not enter the main hospital for Russian soldiers. The spread of contagious disease necessitated the establishment of a large tent hospital in March 1916 at the Turkish prisoner of war camp to care for infected prisoners away from the general population.⁵⁴ Again, unlike Kiev, Ottoman prisoners sometimes shared quarters with their former adversaries when both posed an infection risk. Hazlett explained that patients recuperated together: “Enemies the day before, roommates the next

47. Hazlett, “Experiences,” 445.

48. Kiel, “Experiences in Russia,” 1042.

49. Ibid.

50. Hazlett, “Experiences,” 447.

51. Ibid.

52. Hazlett, “Experiences,” 449.

53. This mortality rate is within norms of the First World War. For example, the U.S. Army suffered a 14.5 percent mortality rate., Lieut. Col. Joseph F. Siler, M. C., and Maj. John S. Lambie, Jr., “Typhoid and the paratyphoid fevers,” U.S. Army Office of Medical History, <http://history.amedd.army.mil/booksdocs/wwi/communicablediseases/chapter1.html>.

54. Ibid., 448.

day, each expressing his best wishes for recovery of the other. Russian and Turk lie side by side in the American Hospital in Khoi.”⁵⁵

When surgery was required, American staff packed sterilized tools and went to the prisoner of war “Tent Hospital” to perform procedures. Due to the intense heat, operations at that facility occurred “under the sky” on a wooden bench that served as an operating table. According to Nurse Sophie Kiel, “All kinds of operations were done right out in the open, with very curious patients standing around and looking on. We tried to go into a tent one day, but it was too small, and flies were terrible. A circle of men stood around waving palms to keep the flies off.”⁵⁶ Hazlett wrote in August: “At the prisoner’s hospital, which is entirely a tent hospital, we maintain a dressing room, but we have been compelled to operate under the trees, when necessary, we do so early in the mornings.”⁵⁷

McClintic and Hazlett eventually settled into their routine in Khoy. Soon another American doctor came to fill Snively’s vacancy. Before returning to the U.S. on what was supposed to be a short vacation and business trip, Snively traveled to Petrograd to meet with members of the Russian Committee of the American Red Cross. The trip to the U.S. was to be a temporary visit to see family and discuss Red Cross business, but, he never could return to Russia because of emerging military medical requirements related to American involvement on the Mexican border.⁵⁸

As primitive as conditions were in Khoy, everyday life was even more trying. Disconnected from their compatriots and living in a somewhat alien culture, maintaining morale was a struggle. During his November 1915 visit to the American Consulate in Tabriz, Snively expressed his concern to Paddock about the “somewhat uncomfortable conditions” in Khoy.⁵⁹ Subsequently, Hazlett wrote to Paddock about his frustration that “Americans here at Xoi [*sic*: Khoy] feel that we are very much isolated from the world and we do not receive but very little news.”⁶⁰ In response, Paddock promised to forward Reuters telegraphic news, and provide them with an update on local developments. One report included information on the regional military situation and speculation with implications for Hazlett’s workload:

Russian forces have occupied Souj-Bulak, to the south of Lake Urumia, and...they have entered Sultana-bad, and it is reported that they have also entered Kermanshah, but this last is not confirmed. It is also reported that the Russians have defeated the Turks at Hassan-Kala

55. “Dr. Hazlett Tells of Turks and Russians Side by Side,” *Pittsburgh Post Gazette* (Pittsburgh, PA), December 5, 1916, 3.

56. Kiel, “Experiences in Russia,” 1043.

57. “Good Samaritan Work,” *Christian Advocate* 92 (August 1916): 10.

58. “Dr. Hamilton H. Snively’s Interesting Letter from Khoi,” *Christian Advocate* 84 (December 1915): 20.

59. Paddock to Hazlett, letter, January 25, 1916, File 300/814.2, RG 84, Vol. 8, RFSP, Tiflis, USSR, NACP.

60. Hazlett to Paddock, letter, January 4, 1916, File 814.2, RG 84, Vol. 8, Tiflis, USSR, NACP. The handwritten letter is penned on Hospital Units “C” and “H” stationery.

and are proceeding to Erzurum. It seems quite possible that later on there may be military operations on a larger scale on the Caucasian and Persian frontiers, in which case, should your Unit remain at Khoi, you will probably find considerable demand for your services.⁶¹

Despite their frustration, the adventure of military life did break the monotony. In a December 2, 1915, letter to his father, McClintic described the celebration of the Tsar's name day. General Nikolai N. Yanushkevich, the Grand Duke's Chief of Staff, and local Commander General Chernyzubokov held a review of Russian troops. The American doctors and nurses were given "places of honor" among the other officers and Garrison Commander General Voronov. After an Orthodox service and blessing of the troops, the American staff met the generals, and the Russian soldiers marched in the review. That afternoon the generals inspected the American hospital and were pleased with what they observed, especially considering the austere environment and lack of resources.⁶²

A mid-December letter from McClintic to his father portrayed a less laborious side of the mission. According to McClintic, "Everything is running very smoothly. We have enough work to keep us busy. Social duties take up some time here as everyone who passes through stops to see the American hospital, and we try to make them welcome. I really believe we met half the officers in Persia."⁶³ In addition to the earlier visit by General Yanushkevich, the Persian governor, accompanied by a large retinue, came to visit on Christmas (December 25), which he referred to as the "great American holiday."⁶⁴ The Petrograd Committee sent the staff a gift of one hundred rubles, which they used to treat the now fifty-seven *sanitars* to a fine meal.

From a military perspective, the period from December 1915 through February 1916 marked a consolidation of Russia's position in northern Persia. During this timeframe, Baratov captured Hamadan, Qom and Kangavar. The Turks abandoned Tabriz in January 1916 and Kermanshah fell the following month.⁶⁵ The end result, according to McMeekin was Baratov "achieved the long-standing Russian goal of occupying Persian Azerbaijan."⁶⁶ Baratov later boasted, the "Russian sphere of influence in Persia was entirely in our hands."⁶⁷

However, life continued as normal in Khoy. In a January 2 letter to the Russian Committee of the American Red Cross treasurer MacAllister Smith, Hazlett described the *sanitars*' New Year's dinner, writing that the soldiers were

61. Paddock to Hazlett, letter, January 25, 1916, File 300/814.2, RG 84, Vol. 8, Tiflis, USSR, NACP.

62. "Resplendent Uniforms Worn by the Persians," *Indianapolis News*, March 8, 1916, 11.

63. "American Hospital at Russian-Persian Front," *Christian Advocate* 86 (February 1916): 21.

64. Ibid.

65. Sean McMeekin, *Russian Origins of the First World War* (Cambridge, MA: Belknap Press of Harvard University Press), 180 and 189.

66. Ibid, 189.

67. Ibid.

thrilled to eat a truly American meal. Their Russian military hospital food was normally bland and lackluster, but their American New Year's feast was special. The staff prepared an even larger celebration for Orthodox Christmas. Hazlett reported that at that time the hospital had 175 patients, mostly medical cases, but a few requiring surgery.⁶⁸ The typhus patients were reduced to only four, but by then the Americans also were required to care for the Turkish prisoners. Hazlett closed his summary report to the Committee: "We are getting along very well here and we feel we are really needed. We are really at the front here."⁶⁹ The monthly summary report to the Petrograd Committee for the period ending December 7, 1915, documented 120 patients, of whom twenty-one were surgical cases, fifty-nine typhoid, four typhus, and fourteen with malaria. The hospital admitted (versus only treated and released) 147 patients, of whom nineteen were discharged, and seven died. They treated 152 refugees and provided 1809 hospital days of patient care. Unlike Kiev, where dressing wounds nearly overwhelmed the staff, Khoy performed only 100 dressings.⁷⁰

Raucous Julian New Year's festivities gave the doctors a much-needed break from their dreary daily existence. McClintic captured the colorful events in a January 29 letter to his father describing in very elaborate terms a party at the Russian consul's residence. He and Hazlett, along with the generals, were tossed in the air by Cossacks in traditional Russian fashion. On a more somber note, he recounted the death of a *sanitar* who had served with the unit since it first arrived in Petrograd in October 1914. The soldier died from accidental blood poisoning contracted at the hospital. His death and military funeral "hit hard."⁷¹ The letter also captured the fact that, in marked contrast to their work in Kiev, a considerable amount of effort was devoted to the medical needs of the community and refugees: "Have been out a great many times in the city in consultation with native 'harems' or doctors, and operated quite a number of times."⁷² McClintic informed Petrograd Committee chairman George Simons that "We have done considerable consultation work with the native Persian doctors. They take us out several times a week to see patients, and we have been able to relieve some greatly."⁷³

In one of his regular updates to his father, McClintic wrote the Americans were not receiving many wounded during the winter period. The mountain passes between Khoy and the front were choked with snow, prohibiting the transfer of patients from the battlefield. Tending to the large Russian garrison, Turkish prisoners, and Armenian refugees did, however, keep them occupied. At one point, the hospital even housed fifty Armenian orphans who survived a Turkish

68. The term "medical" refers to work that could be performed by a doctor without surgical training and experience.

69. Ibid., 21-22.

70. Ibid.

71. "Hoosier Doctor Relates his Experience Among Persians," April 19, 1916, *Indianapolis News*, 13.

72. Ibid.

73. "Graphic Account of Good Samaritan Work of American Hospital with Russian Army," *Christian Advocate* 88 (April 1916): 13.

massacre. Journalist Ellwood Hendrick highlighted this event in a popularized magazine article on the American activities in Persia: “Cossack cavalry picked up a number of refugee children from devastated homes and brought them to be cared for by the American nurses. The Syrians were sent to the Armenian Relief Committee at Tiflis, but the two ‘enemy boys’ (little Turks) were sent to the American refuge at Petrograd.”⁷⁴

However, the Americans longed to be closer to the military action. Hazlett predicted that “From the looks of things there will be something doing out on our front in the spring. In which event this hospital will have enough to keep us busy, without looking after the refugees or civilians.”⁷⁵ He informed Committee chairman Simons that the assistance of American missionary medical personnel was essential in providing care to the community. Many of the Armenians were sent to the hospital by American-Armenian volunteers. But, he stressed, the main focus of their work remained the Russian soldier, for whom they were still providing basic medical care including daily office hours and other services as necessary.⁷⁶

Life remained, however, extremely tedious and according to McClintic, “Our American nurses feel the monotony the most. When off duty there is no place to go, and nothing to do for recreation.”⁷⁷ However, there was soon relief from that drudgery, for at least some of the staff.

Baghdad or Bust

However, their next objective was more challenging. Since December 12, British General Charles Townshend and his force of almost 10,000 soldiers had been surrounded and under siege by superior Ottoman forces in the Iraqi town of Kut. Allen and Muratoff write:

The rescue of Townshend absorbed all the attention of the British headquarters in Iraq during March and April 1916. As a natural enough consequence the idea of collaboration with Russians took the form of proposals for combined action to relieve Kut, and from the moment of Baratov’s capture of Kirmanshah [*sic*] (26 February) the question became a major issue.⁷⁸

On April 1, the Grand Duke tasked Baratov with staging a diversionary attack against Baghdad. On April 20, Baratov and 5,000 men moved against the Iraqi border, hoping to draw Turkish forces away from Kut to reduce resistance against a last-ditch British rescue attempt. Sadly for Townshend, Baratov reached Karend too late to prevent the surrender of the British garrison at Kut.⁷⁹

74. Ellwood Hendrick, “Eight of Them in Persia,” *American Red Cross Magazine* 8, no. 11 (August 1916): 282.

75. “Hoosier Doctor Relates his Experience Among Persians,” 13.

76. *Ibid.*

77. *Ibid.*

78. Allen and Muratoff, 385-386.

79. *Ibid.*, 386-388.

McClintic later summarized his time in Persia as “All spring we advanced across Persia, driving the Turks before us, every soldier and every subaltern firmly convinced that we would join the British around the walls at Bagdad and together storm the city’s walls.”⁸⁰ However, the small Russian force was not equal to the task.

Qazvin

The Americans’ involvement in this operation started on February 12, 1916, when McClintic received orders to send part of the medical unit to Tiflis. There they learned their destination was Qazvin, a region experiencing an uptick in military action as part of Baratov’s final push to crush the resistance of Turkish forces and Persian irregulars held up in Kermanshah. By the end of January, Baratov concentrated eight to ten thousand men in Hamadan in preparation for a final push on Kermanshah. Russians captured Kermanshah on February 26, 1916.⁸¹

On February 15, McClintic, enthusiastic about the prospects of linking up with the British, was traveling by train via Tiflis to Anzali.⁸² Once there, they waited several days for a truck to Qazvin, where he arrived on February 20. They found, like in Khoy, the town already had a military and Red Cross hospital. Expecting to advance with the Russian army to Hamadan, they thought their stay was only temporary.

Eleanor Soukup McClintic recounted the mood of her colleagues in early 1916:

Work was getting very dull and monotonous and the doctors were discouraged, when one day word came from Red Cross Headquarters in Tiflis, that two American doctors, two sisters, and a Russian sister were to be sent to the central part of Persia; the others remaining at the Russian-American hospital at Khoi, until further notice when they too were to be sent.⁸³

Ultimately, McClintic, his future wife Eleanor Soukup, and Russian Nurse “Sister Golden” were selected for this mission. McClintic expected the rest of his colleagues to join him after six to eight weeks and recognized that:

Military hospitals must be prepared to move and follow the advance or retreat of armies and our whole desire is to be at the place where we can do the most work. Spring is about to begin and with it I believe the triumphal campaign of the Allies, and we having all been in this

80. “Capture of Bagdad Regarded as Important for the the British,” *Indianapolis News*, March 14, 1917, 7.

81. W.E.D. Allen and Paul Muratoff, *Caucasian Battlefields: A History of the Wars on the Turco-Caucasian Border 1828-1921* (Nashville: Battery Press, 1953), 373-374.

82. “Hoosier Doctor Relates his Experience Among Persians,” 13.

83. Soukup McClintic, “With the Russians in Persia,” 36.

from the start want to have our part in it. Russia has come to mean a great deal to us, and the friends we have made among her people only strengthen our pro-Ally sympathies.⁸⁴

During American Commercial Attaché Henry Baker's visit to the Caucasus, Russian Red Cross officials explained that due to a lack of surgeons and an increase in wounded from central Persia, they required the services of McClintic, recently arrived Dr. Edward Dickey, and Eleanor Soukup to support medical needs closer to the front.⁸⁵ According to Baker, the work of the forward-deployed unit, now assigned to the Russian Fifth Hospital Detachment, was entirely surgical and supported several hospitals in Qazvin.⁸⁶ Division of the American medical unit was intended to be only temporary. Fighting shifted to the south and east, resulting in a decrease in military casualties arriving in Khoy. This reduction made it possible for Hazlett to run the Khoy hospital with reduced staffing.⁸⁷ However, as Nurse Sophie Kiel explained, "But they were no sooner gone than the hospital filled up with medical cases and Turkish prisoners were brought in."⁸⁸ According to Kiel, the prisoners were in abhorrent condition, often suffering from frost-bite, lice-infested clothes that often had to be burned, and worst of all, typhus.⁸⁹

In contrast, McClintic and his staff in Qazvin, despite being closer to the front, were caring less frequently for wounded Russian soldiers than for local inhabitants.

McClintic described his living conditions during that period as "hand to mouth."⁹⁰ Impassable roads kept the Russian garrison bottled up in Qazvin and a major snow-storm delayed their departure onward to Hamadan. McClintic spoke with General Baratov, using broken Russian and French, and requested to be sent where he could perform actual surgical work. Baratov replied that there was a need for surgeons "further on" and, as soon as conditions allowed, they would "go to Hamadan, clean up the work there and then on to Kermanshaw [*sic*]. Our hospital may follow us if the need for surgeons continues-all depends on how much fighting occurs."⁹¹ A week later McClintic wrote the Petrograd Committee expressing his frustration with the wait and lack of meaningful work. By this point, the local hospital was closed. He and the additional Russian medical reinforcements from Tiflis had to await orders to move. Food supplies were limited, as was firewood. He wrote that he was not sure how he would have fared

84. "Graphic Account of Good Samaritan Work of American Hospital with Russian Army," 13.

85. "My Visit to the American Hospital at Khoi," *Christian Advocate* 88 (April 1916): 13.

86. "Nurse Back from War Zone," 6.

87. "Graphic Account of Good Samaritan Work of American Hospital with Russian Army," 13.

88. Sophie Kiel, "Experiences in Russia," 1042.

89. *Ibid.*

90. "Doctor Brings Bride from Thick of Fire on Russ Front," *Indianapolis Star*, February 25, 1917, 66.

91. *Ibid.*

if not for the assistance of two American missionaries, Dr. E.T. Lawrence and his wife.⁹² It is clear that the Presbyterian mission played an integral role in the lives of the American and Russian military personnel. Examples included accounts by Lawrence that Zemstvo staff regularly attended his religious services. Lawrence even exchanged language lessons with a Russian surgeon.⁹³

Finally, when road conditions cleared, the *sanitars* departed Qazvin on foot, and McClintic hoped to leave soon after. Aware the Petrograd Committee used their monthly reports to encourage financial support, he summed up the situation as follows: “As the Corps military surgeon informed me, they can’t manufacture wounded men in order to gain work, nor command the elements to settle down and let us proceed. If we get down to Kermanshaw[*sic*] and work becomes heavy they will call on the rest of our hospital, otherwise, we will be returned.”⁹⁴

Hamadan

McClintic and his colleagues finally departed Qazvin for Hamadan on March 20. The journey took four grueling days. Battling hunger, the thirty-person party traveled over mountain passes and desert plains in rain and snow by truck, sleeping in the vehicles or caravanserais. When they arrived on March 24, they established two hospitals. One facility was previously a carpet factory; the other was originally the American missionary Lily Reid Holt Memorial Hospital for men run by Dr. J. A. Funk.⁹⁵ As a missionary hospital, it had housed twenty-four patients but to meet the demands of war under the Russian and American Red Cross was converted to serve 180 sick and wounded. Funk and his colleagues moved their activities to the other local American missionary medical facility, the Whipple Memorial Hospital for Women.⁹⁶

At the newly established Red Cross hospital, nurses worked with *sanitars* to care for patients, but in the absence of the Russian sisters, *feldshers* assumed that role.⁹⁷ Initially, McClintic worked in the carpet factory hospital, but soon transferred to the former American mission, where he assumed responsibility for all surgical work.

By April 2, the hospital housed twenty-five seriously wounded patients, with many more requiring surgery. Procedures included amputations, resections, and other minor operations utilizing cocaine as anesthesia. Patients included

92. Dr. E. T. Lawrence and his wife were both doctors and medical missionaries in Qazvin. In addition to medical care, they ran a pharmaceutical dispensary in the town.

93. The Eighty-first Annual Report of the Board of Foreign Missions of the Presbyterian Church in the United States of America May, 1918, 281.

94. Ibid.

95. It seems likely that this was the American Hospital run by Presbyterian Missionary and medical Dr. J. A. Funk. He wrote in the missionary publication *Women's Work* that the Lily Reid Holt Memorial Hospital in Hamadan was used as a Russian Red Cross hospital until their final evacuation in 1917. Funk, Dr. J.A., “Hamadan Under British Occupation,” *Women's Work* 24, no. 11 (December 1919): 244.

96. Willem Floor, “Hospitals in Safavid and Qajar Iran” 72 *Hospitals in Iran and India, 1500-1950s*, Ed. Fabrizio Speciale, 2012.

97. Soukup McClintic, “With the Russians in Persia,” 40.

soldiers, prisoners, and civilians. In a letter to his father, McClintic documented that at times he was caring for 125 wounded. Cases included several cases of appendectomies, bullet wounds, and blood poisoning. In one instance, McClintic even rode four miles on horseback to treat a newly arrived Russian colleague from Qazvin who was thrown from his mount.⁹⁸

As in Qazvin, from time to time McClintic augmented the local American Presbyterian mission to provide medical care to the local population. He, as well as his missionary colleagues, often had to improvise because of their austere environment. In one telling anecdote, he described observing Hamadan American missionary, Dr. Arthur Funk, operate on a cataract on the dirt floor of a native home.⁹⁹

Every day American missionaries, Englishmen, and Russian officers visited the hospital to socialize with the staff. Conditions and morale were thus improved, when compared to their previous, isolated condition in Khoy.¹⁰⁰

On April 24, McClintic received a telegram informing him that typhus debilitated Hazlett, and Nurse Sophie Kiel was running the Khoy hospital in his absence. The message also transmitted a request that McClintic's unit return to Khoy as soon as possible to fill the void left by Hazlett's illness. McClintic captured his Russian superior's reaction to this request in his report to the Petrograd American Red Cross Committee:

I showed the telegram to the Russians and the head physician said he was going to try to have us retained here. They have no surgeons here at all and seemed very much vexed. Gen. Baratoff, commanding at this front, also may refuse to grant our departure. In which case the Red Cross at Tiflis will be helpless. Personally, I shall regret very much if we go back, as I've had a dream of being present at Bagdad's fall. More than that there is a certain satisfaction in this pushing forward constantly through Persia, seeing the Russians victorious, cleaning up batches of wounded soldiers under difficulties and seeing them get well enough to return to the front or be sent back to Russia. I am hoping a later telegram will come assuring us of Hazlett's recovery. At present await orders from Tiflis. It will be a great shame if we give up this branch of the work when it is going so nicely and after so long a delay in getting started.¹⁰¹

98. "Bread and Butter Is Treat," *Indianapolis News*, June 17, 1916, 11.

99. "Bread and Butter is Treat," 31. The article also provides some insight into how the spouses of military leaders traveled with their husbands, and served in "nearby" Russian Red Cross facilities. The husband of the Russian head nurse was the Colonel of the pre-war regiment from Tiflis, the Nizhni Novgorod Dragoon Regiment, then based at Kermanshah. McClintic struck up a close friendship with the Colonel, and promised to reconnect once the hospital moved to Kermanshah.

100. "American Hospital Helps Russian Army," *Christian Advocate* 90 (June 1916): 11.

101. *Ibid.*, 12.

McClintic and his colleagues remained with the frontline operating forces, and Khoy was left to explore other options. McClintic understood the strategic value of the Committee's required monthly and quarterly reports. Because every the *Christian Advocate* printed every update, these documents and the data they captured justified the Committee's very existence to the American Red Cross and provided legitimacy for its overall fundraising efforts.

After more Russian advances, on April 27, McClintic and a Russian sister went forward to Kermanshah, leaving Dickey and the remaining staff in Hamadan. Nurse Eleanor Soukup followed McClintic several days later.¹⁰²

Dickey complimented the Russian nursing staff on capabilities and alacrity, noting how well they filled the void previously occupied by their American counterparts: "The women of Russia's aristocracy have responded splendidly to the need for their cooperation. There were no American nurses with our division, although earlier in they were required because the country lacked trained young women for the work. All of this changed now, and princesses are so frequently met in the hospital corridors that their rank ceases to be the exception."¹⁰³

Work Continues at Khoy

The announcement that three American nurses received military decorations for their service in Khoy surely boosted Petrograd Committee's standing in the eyes of their donors and the American Red Cross. Nurses Florence Farmer, R. Lee Cromwell, and Sophie Kiel were awarded the Russian Order of Saint Anne in recognition for their contribution to the Army of the Caucasus.¹⁰⁴

Their recognition was well-deserved. Working with little assistance and even less material support, they expertly handled a large volume of work. In his required monthly report for February to the Russian Committee of the American Red Cross, Hazlett noted the constant flow of sick and wounded, twenty-one on February 2 alone. Since opening its doors, the hospital had cared for a total of 460 patients. Most of the wounded were from the Van and Urmia districts and traveled an average of two to three days over the mountains in rickety carts converted into field ambulances.¹⁰⁵ In some cases, the carts could not complete the journey, and patients continued to Khoy on stretchers suspended between two horses.¹⁰⁶

According to Hazlett's February 7 quarterly report to the Committee, the hospital housed 112 patients. The staff, before McClintic and Dickey's departure, consisted of three American and two Russian doctors, as well as five American and seven Russian nurses. Patients came from a broad range of nationalities. By one account, ten different languages were spoken in a single ward. The Americans had three separate facilities under their supervision: the former mission, a tent hospital for prisoners, and a facility solely for infectious cases in an old mansion

102. "American Hospital Helps Russian Army," 11.

103. "Russian Army Largest; Nation Regenerated, Pittsburgher Asserts," *Pittsburgh Post-Gazette* (Pittsburgh, PA), August 2, 1916, 1.

104. "Three American Red Cross Nurses," *Christian Advocate* 88 (April 1916): 16.

105. Van remained under Russian control until 1918.

106. "American Hospital Helps Russian Army," 11.

on the outskirts of Khoy.¹⁰⁷

There was little fighting that winter due to impassable road conditions. Many of the Russian wounded who did arrive were victims of attacks by roving bands of Kurds who roamed the mountains. When combat surgery was required, it was often to treat frozen feet. Like McClintic's forward-deployed unit, much of the medical effort focused on the local population. According to Russian regulations, local residents were not permitted in the same hospital as its soldiers, so they were treated at the separate tent hospital. The Americans supervised the medical and sanitary needs of the Turkish POWs, and therefore the Turks also received their care at the "tent hospital."¹⁰⁸ Nobody was turned away. In one instance, the Americans even provided care for sixteen children rescued by Cossacks in the war zone.¹⁰⁹

In March, after an official U.S. trade promotion visit to Tiflis, Commercial Attaché Baker, who also served as secretary of the Russian Committee of the American Red Cross visited the hospital at Khoy. He hoped to gain a first-hand understanding of the entire scope of American medical personnel's contributions to the Russian military and gather information to support the Committee's fundraising efforts. After the arduous journey from Julfa and arrival in Khoy, he knew he found the hospital when he saw the "Stars and Stripes" and Russian flag in front of the doorway. Coincidentally, Baker's visit occurred at a unique moment; there was both lull in hospital operations, and uncertainty over whether the staff and equipment would be packed and sent to Erzurum in eastern Turkey or another location closer to the fighting. By this point, Khoy's small staff included Hazlett, four American nurses, and eight Russian sisters. Greeted by Russian military quartermaster and liaison officer A. Petersen and the American staff, Baker received a tour of facilities funded by Russian Committee of the American Red Cross donations. General Fyodor Chernozubov, at the time Commander of Russian Forces in Northern Persia, as well as other military officers, met with Baker's during his time at the hospital. Because the Americans supervised the sanitary conditions and welfare of the Turkish prisoners of war, Baker, like his colleagues from Embassy Second Division back in Russia, took the opportunity to inspect the prisoner of war camps and determined that conditions and standard

107. At the hospital for contagious cases, typhus and skin infections were the most common ailments.

108. "Quarterly Report of the American Field Hospital Caucasian Front, Temporarily at Khoi, Persia," *Christian Advocate* 89 (May 1916): 13. During that month, the hospital treated 436 patients, performed 9973 hospital days of patient care and 1192 dressings, as well as 100 surgeries, twenty of which were major. There were also twenty deaths. They cared for eighty refugee children, ninety prisoners, and at one time up to 125 typhoid cases, as well as a significant number of malaria, bone disorders, hemorrhages, and other common army ailments. From February 7 to March 6, the hospital housed 135 patients, treated 236 over the month, and performed 3267 hospital days of work. There were seven deaths, seventy-five surgical cases, nine operations, as well as 533 dressings. They also cared for fourteen refugee children and treated 195 patients outdoors (local populace and prisoners).

109. "My Visit to the American Hospital at Khoi," *Christian Advocate* 88 (April 1916): 14.

of care met requirements of the Geneva Conventions.¹¹⁰

Other local initiatives funded by Russian Committee of the American Red Cross coffers included an officially sanctioned dispensary to provide cost-free medical care and pharmacy services to the local population.¹¹¹ Part of the reason the Russian Red Cross forbid the local population from visiting the main hospital building was to reduce exposure of Russian soldiers to infectious diseases. According to Nurse Sophie Kiel, the dispensary was quite busy. The “Persians just swarmed in for treatment.”¹¹² To the American staff, most heart-wrenching was the constant stream of Armenian refugees, especially the children. Often, survivors of the genocide, they were literally destitute.

Nurse Sophie Kiel described one encounter:

We had the Armenian refugees. Massacres had been going on not far from us, and they brought in sixty-eight little Armenian children, they looked like little skeletons and were nearly naked. The doctors gave some of their underwear to make clothes, and we had a little of the cloth left from uniforms which we cut up and made underwear and nightgowns for these little kiddies. They were sent on to Tiflis into an orphanage.¹¹³

Baker concluded his visit noting:

It seemed to me at comparative little cost, American prestige is being very much upheld at this Hospital. Because it is under American direction, it is also known as the American Hospital and has become famous all over the Caucasus, and yet our Committee only pays the salaries of three doctors and five nurses, together with a few incidental expenses, while the average expense of the Russian Red Cross in connection with the hospital is Rs 10,000 per month, which would be very much larger except for the excellent management of Mr. Petersen.¹¹⁴

It eventually became clear that the remaining American hospital staff would remain in Khoy for the foreseeable future, and not, as expected, join their forward-deployed colleagues. In a telling statement, Hazlett lauded the contribution of the American hospitals in Persia because in contrast to Kiev where their work only a small piece of the overall medical effort, he felt that in Khoy the Americans were major contributors: “Although we if we can carry on the work in the two places it will be all the better for our reputation on this front. There are no large hospitals on this front and that perhaps at Tiflis and that is too far back from the line of

110. Ibid.

111. Ibid.

112. Kiel, “Experiences in Russia,” 1043.

113. Ibid.

114. “My Visit to the American Hospital at Khoi,” 9.

action.”¹¹⁵

During Hazlett's illness, Nurse Sophie Kiel performed daily oversight and administration of the hospital, including the monthly reports for the Petrograd Committee. In her report for April, she informed the Committee that “The month of April was our busiest since the hospital opened the work was heaviest; more surgical work and more seriously ill patients to care for, and our staff was smaller than at any other time—only one American doctor on duty.”¹¹⁶ Typhus, which was spreading in the town, eventually took hold of the staff. Both Hazlett and Russian Nurse Voronov, the wife of the Khoy Garrison Commander were stricken with the disease. Head of the American Hospital and Presbyterian Mission in Tabriz, Dr. W.S. Vanneman went to Khoy to assist Kiel until another former missionary, Dr. Floyd O. Smith arrived from Tiflis to provide more permanent support. Before his assignment in Russia, Smith served as a missionary in Turkey until his expulsion in 1915. Soon after, with the approval of the Missionary Board, he volunteered with the American Red Cross to work in the Caucasus and Persia. He spoke fluent Turkish and French, skills that proved invaluable with the Ottoman prisoners. Smith, a physician, served as a member of the American Committee for Armenian and Syrian Relief. Before arriving in Tiflis, Smith expected he would be:

providing seed grain, animals and plows to rehabilitate refugees able to return from North-Western Persia to their homes in Eastern Turkey. The peoples involved were Armenians, Syrians, and Assyrian Christians. The Russians refused to allow me to go into the area where we were carrying on relief work, viz, Northwest Persia, with a center at Khoi.... It seemed that as far as I was concerned that we were stymied.¹¹⁷

Smith, a well-known figure in the history of American aid and documentation related to the Armenian genocide was essential to maintaining uninterrupted support during and after Hazlett's illness.¹¹⁸ The typhus that incapacitated Hazlett allowed Smith to obtain the Russian military authorization to enter Persia as the new American head Red Cross doctor in Khoy and then serve “double duty”

115. “Dr. Hazlett writes from Khoi under the Date of April 10, Report of the Month Ending April 6, 1916,” *Christian Advocate* 90 (June 1916): 12. Overall, in the month ending April 6, the hospital treated 271 patients and performed 3871 days of hospital work. They had nine deaths, 114 surgical cases, and performed seventeen operations.

They treated 294 “outside patients”(unclear what this means) and had 121 patients in the hospital on that date. “Report for Month: April 7 to May 6,” *Christian Advocate* 90 (June 1916) 12: According to their monthly report to the Committee, from April 7 to May 6, the Khoy hospital treated 385 patients, including ninety-three surgical cases, and twenty-two operations. There were a total of nine deaths. They performed 1005 dressings and treated five refugees, 162 natives, as well as 171 prisoners. On May 6, there were 177 patients in the hospital.

116. “Sister Sophie Kiel writes from Khoi, under the Date of May 3/16,” *Christian Advocate* 90 (June 1916): 13.

117. F.O. Smith, MD, *A Hawkeye Abroad*, (Privately published, no date), 16.

118. See for example George, Aghjayan, “Portrait of Bravery: The Life and Times of Dr. Floyd Smith,” *The Armenian Weekly*, <http://armenianweekly.com/2014/04/28/smith/>

providing relief to refugees.¹¹⁹ He normally finished his hospital duties around noon and then rode to the relief station where two assistants purchased and shipped seed grain, animals, and implements, mostly in the Van region, following the Russian advance.¹²⁰

As Dr. Smith planned, he served both the interests of the American Red Cross and Armenian Relief during his time in Khoy. As will be discussed in the subsequent chapter, the American Committee for Armenian and Syrian Relief viewed support of the Red Cross hospitals in Persia as an opportunity to get around Russian military entry restrictions and assist the embattled Armenian and Assyrian communities. During his four months in Khoy, Smith travelled frequently to other locations, including Urmia, presumably on behalf of the Armenian-Assyrian Relief.¹²¹ His contribution to humanitarian aid in the region was described by the American Colony as “invaluable.”¹²²

After officially receiving his American Red Cross commission, Dr. Smith arrived at the now 150-bed Khoy hospital. Because Smith spoke Turkish, he was also assigned the prisoner of war “tent hospital.” Hazlett was still seriously ill, and delirious.¹²³ Aided by three Russian nurses, Dr. Smith’s background, experience, and lingual proficiency proved invaluable in caring for the Ottoman prisoners.¹²⁴

Normally, the hospital performed operations every day, but the capability to maintain its normal workload was thrown into doubt by Hazlett’s illness. Initially, it was far from certain whether he would even survive. Nurse Kiel informed Baker, “he was very near death’s door, we have been very anxious about him.”¹²⁵ Hazlett was often in a state of delirium. By May, both Hazlett and Voronov were out of danger, but still not fit to return to work.¹²⁶ In addition, there was another setback. Four of the best *sanitars* were stricken with typhus simultaneously, and one died. Treating typhus in Khoy’s primitive conditions was challenging. There was not even ice to control fevers. Nurse Sophie Kiel was exceptionally frustrated. Something as simple as ice, easily obtainable in Kiev (Kyiv) or any other modern city, was impossible in this under-developed portion of

Persia: “we had no ice. I don’t think in my life I ever put in such a time as mental worry as those six weeks because of not having things to do with. We couldn’t get any ice, except a piece about the size of a goose egg, and after a while we couldn’t get that, with these people just burning up with fever, no ice to be had and very little food.”¹²⁷ However, they received word that Dickey would return to provide assistance. He was expected by early June. Dickey and Nurse R. Lee

119. Smith, *A Hawkeye Abroad*, 2 and 17.

120. *Ibid.*, 17.

121. Letter, Hazlett to Smith, Letter, August 17, 1916, File 814.2, Vol. 8, RG 84, Tiflis, USSR.

122. “Dr. Floyd O. Smith,” *Christian Advocate* 93 (September 1916): 14.

123. Smith, *A Hawkeye Abroad*, 17.

124. “Good Samaritan Work,” *Christian Advocate* 92 (August 1916): 10.

125. Kiel to Baker, letter, May 13, 1916, File 798.4 “Committees-Petrograd,” RG 200, ANRC, NACP.

126. “Sister Sophie Kiel writes from Khoi, under the Date of May 3/16,” 13.

127. Kiel, “Experiences in Russia,” 1043.

Cromwell departed Hamadan for Khoy as soon as they could, but the journey took two weeks.¹²⁸

Since the hospital lacked a dentist, Smith sometimes improvised to provide this service. A story of an aching tooth captures the culture of making do with what they had:

The doctors were impressed into rendering dental services. The operating room nurse was the capable Miss Farmer....One day I was called to give dental care to a Russian Red Cross official. He and I had no common language. He was already in the improvised dental chair we used....The tooth was undoubtedly a bad one. With a little skill and more strong-arm tactics, I soon had the offending member out.¹²⁹

Hazlett began to anticipate another potential transfer to a location closer to the front, as a new military road was constructed and patients from Van were diverted to other facilities, decreasing Khoy's workload and thus the necessity for the hospital itself. Taking these factors into account and aware of the necessity of medical support closer to the fighting, Hazlett believed it was imminent.¹³⁰ Nevertheless, in early June, Hazlett telegraphed the Petrograd Committee to request two new doctors and two new nurses.

By early July, he grew increasingly frustrated with Russian Committee of the American Red Cross unresponsiveness. The American medical staff continued to believe Snively might still return, but received no updates.¹³¹ On July 26, Consul Smith acknowledged receipt of a telegram from David Hough on behalf of the Committee. The telegram read, "Please cooperate with doctors to discover preferences of Russian Red Cross with regard to disposition of our unit when decided will secure additional force also please telegraph both doctors Snively not yet left America. Will substitute another if they prefer urgently beg Hazlett remain until another comes."¹³² Consul Smith in Tiflis informed Hough that the Russian Red Cross representative with authority over such decisions was away performing inspections and Hazlett did not know when he would return.¹³³

By mid-August, Hazlett's responsibilities were increasing rather than decreasing. He became the senior Russian Red Cross representative due to the extended absence of the actual appointed official. Hazlett wrote Consul Willoughby Smith in Tiflis on August 17:

128. "Infection is General, War Surgeon Says," *Pittsburgh Post-Gazette*, July 6, 1916, 9.

129. Smith, *Hawkeye Abroad*, 19.

130. "Good Samaritan Work," 10.

131. The letter from Hazlett to Consul Smith reads in part "...I was sorry to hear that Dr. Dickey has caused unpleasantness in Tiflis. I cannot understand why he should do anything like that. As you know, it was impossible for me to come to Tiflis at that time. I have never received any information regarding what took place...." Letter, Hazlett to Smith, July 10, 1916, File 814.2, Vol. 8, RG 84, Tiflis, USSR.

132. Smith to Hough, dispatch, July 26, 1916, File 814.2, Vol. 8, RG 84, Tiflis, USSR
133. *Ibid.*

The longer we stay here the more work I seem to get into. Recently the Russian Red Cross sent me two thousand rubles to establish a cholera hospital here so now we will soon have three branches here besides our main hospital. Typhus hospital, Cholera Hospital, and the Tent Hospital that we have for the prisoners so by that it looks that they wish us to stay here for a while at Khoi.¹³⁴

According to Hazlett, the Committee in Petrograd still had not responded to earlier correspondence. In fact, by July 1 he became so frustrated that he submitted his resignation. Even then he still had not received an acknowledgment or any guidance. The American nurses desperately needed a vacation. Complicating the personnel challenges, he learned that Snively was not returning, but rather had joined U.S. military medical efforts on the Mexican Border.¹³⁵

Fortunately, there was no large-scale cholera outbreak, which would have made an already difficult situation untenable. The only outbreak was among the local population who served as transport drivers. Malaria was the most common disease.

According to Hazlett, of the 1390 cases admitted to the hospital between November 1915 and September 1916, there were 260 cases of malaria. The second most common infectious ailment was the 249 cases of a vector-borne disorder that led to frequent high fevers. This latter disease was generally not fatal. However, the poor condition of the patients led to some deaths. Typhus was the next most frequently encountered disease. During the outbreak of the fall of 1915, the hospital handled the largest number of typhus cases-165. Infections occurred before troops received vaccinations against the disease.

However, presumably because of these protections, Hazlett did not encounter a single case in his last six months. Similarly, Russian prophylactic measures resulted in a marked decline in cholera and malaria.¹³⁶ Despite the prevalence of infectious disease, the hospital treated a wide array of medical conditions. In the end, its final death rate was five percent from all causes.¹³⁷

Smith and Hazlett continued their work through summer of 1916, and the Committee in Petrograd still lobbied for the unit's relief and replacement as quickly as possible. On August 23, Consul Smith cabled David Hough in Petrograd that "I judge at least two doctors and four nurses required....Hazlett and nurses at Khoi[sic] require leave and should be relieved at earliest date....Unit will probably remain there as Hospital enlarged. Smith still assisting Hazlett.... Good men should be sent out."¹³⁸

134. Hazlett to Smith, letter, August 17, 1916, File 814.2, Vol. 8, RG 84, RFSP, Tiflis, USSR.

135. Ibid.

136. Hazlett, "Experiences," 449.

137. Ibid.

138. Consul Smith to Hough, Dispatch, August 23, 1916, File 814.2, RG 84, Tiflis, Volume 8, Tiflis, NACP.

Kermanshah

As Baratov's forces advanced on the border town of Kerend on April 27, 1916, McClintic, Nurse Eleanor Soukup, and a Russian sister departed Hamadan to establish a surgical capability in Kermanshah, the advance base for operations in Mesopotamia.

Dickey and the remainder of the staff stayed at Hamadan. The nurses rode to Kermanshah in a two-wheeled horse-drawn ambulance, accompanied by several officers and three heavily armed mounted soldiers. Security was paramount, as stories of Kurdish attacks on small parties of Russians continued to circulate. On one occasion, while crossing a high mountain pass in the early morning, the unveiled western women were harassed by a group of about 100 or more Kurdish road workers who almost tipped over the ambulance as they ran alongside trying to look at the women. The Russian soldiers were unable to control the situation, but fortunately the crowd dispersed on its own.¹³⁹ The following day their entry into "Kurd Territory" was described by McClintic in a May 1 letter to his father:

things are a joke no longer. Instructions were issued yesterday morning for all horsemen and carts to stick close together, and our drivers were armed. The officers looked after their revolvers, as did I also, and we buckled on our swords instead of leaving them in the carts. The Kurds have a habit of attacking lone horsemen and carts, and sometimes larger parties. And when they get a man, they cut his throat, and in that cut they place the little cross which hangs about every Russian orthodox neck.¹⁴⁰

Unlike the journey from Qazvin to Hamadan, on this trip the group was well provisioned. The head nurse in Hamadan, Madam Natiev, provided enough food to stave off any hunger. They carried their beds and slept in the open each night. Arriving in Kermanshah on May 3, the group immediately got to work. The initial hospital location was a large mud-walled and floored building with no windows. Due to the large influx of wounded, the hospital had to be relocated to another facility, a former Khan's palace in Delgosha, a deserted Kurdish village, a mile outside of town. To maximize its capacity, wooden beds were built along the garden walls and covered with an awning, as well as mosquito protection. After the modifications, the facility accommodated 200 beds.¹⁴¹ McClintic recorded, "There were no sanitary provisions....As a result the sick far exceeded the number of wounded in this campaign."¹⁴²

As always, improvisation was not only a necessity, but a rule. Sterilization of instruments was accomplished using gasoline lamps, and dressings were wrapped

139. Soukup McClintic, "With the Russians in Persia," 40, and *Christian Advocate* 90 (June 1916): 13.

140. "Surgeons Heavily Armed When Working in Kurds' Territory, *Indianapolis News*, July 17, 1916, 16.

141. Soukup McClintic, "With the Russians in Persia," 102.

142. McClintic, *Russian Retreat*, 3.

in paper and baked in ovens. Since there were no rubber gloves, operations were performed with clean, but bare hands. Carbolic acid, permanganate of potash, and small amounts of alcohol served as the only antiseptics. As before, chloroform was administered by *feldshers* for general anesthesia. Ether could not be used because it rapidly evaporated as a result of poor quality or the local atmosphere.¹⁴³ The hospital was equipped with granite plates and basins, which were sterilized by burning with alcohol. Clean water had to be carried nearly two miles from a spring.¹⁴⁴

Russian wounded typically traveled three to six days to reach care in Kermanshah. Many received only rudimentary treatment at a field dressing station from a doctor or *feldsher* before the journey. Others were not so fortunate, and received nothing at all. Transportation consisted of only the most primitive methods, including two-wheeled cart, stretcher strung between two horses, or tandem horseback, with the wounded soldier holding on to the rider in front. Patients with infected bullet wounds were kept at the hospital to recover, and when strong enough, returned to their units.

Other, more severely wounded, were provided surgical care and remained at the hospital until they were stable enough to be transported back to Russia. Their convoys consisted of a chain of carts twenty to fifty vehicles long, with a field kitchen and dressing cart.

Sanitars, *feldshers*, and nurses traveled with the wounded to maintain care throughout the journey.¹⁴⁵ Wounded who could endure travel were transferred as rapidly as possible by two-wheeled cart to Hamadan, 110 miles in the rear.¹⁴⁶

By May 7, McClintic was deeply engaged in surgery.¹⁴⁷ Welcomed with twenty wounded the day after their arrival, the Americans cared for all the surgical cases, while the Russians, who were not surgeons, managed the purely medical patients.¹⁴⁸

Kermanshah was the closest hospital to the front, and Hamadan, a week's journey, was the second. McClintic was the only surgeon at Kermanshah. Dickey, until his dismissal, held a similar position at Hamadan. The workload was compounded by the challenging conditions in the field. On May 24, Dickey wrote to the Superintendent of the Southside Hospital in Pittsburgh:

Military surgery-much like emergency work at the hospital-mill and railroad accidents-with the exception that patients are received late, always infected, in a state of exhaustion and low resistance and foreign bodies present....Amputation required more frequently than civil cases, patients succumb quickly to infection....Patients in no condition to withstand re-amputation...¹⁴⁹

143. *Ibid.*, 4.

144. Soukup McClintic, "With the Russians in Persia," 102.

145. *Ibid.*, 103.

146. McClintic, *Russian Retreat*, 5.

147. "Kermanshaw, Persia," *Christian Advocate* 90 (June 1916): 13.

148. Presumably in the vicinity of Karend.

149. "Infection is General," 9.

Since McClintic and Dickey were the only surgeons, the local Red Cross Chief, Mr. Smither, objected vociferously to any suggestion that either American should depart their posts for positions further in the rear. Smither hoped to keep one American surgeon at each of the hospitals, and move one up, as the other moved forward.¹⁵⁰ In May, many of the patients came from the battle of Kerend and the hospital served as the front's first aid station, since it was the closest medical facility to the field. Russian forces fell back to defensive positions in Kerend after the disaster at Khanaqin in early June.¹⁵¹

On June 1, McClintic married his head nurse, Eleanor Soukup. Presiding over the ceremony was the American Presbyterian missionary Reverend Dr. F.M. Snead. The couple worked up to one in the afternoon of their wedding day.¹⁵² A proper military wedding, the bride wore a Persian silk gown and McClintic his Russian Red Cross uniform. Music, including the wedding march, was provided by a Cossack band, resplendent in their traditional long red coats.¹⁵³

The first week of June, McClintic reported to the Committee, he had only forty patients, and it was impossible to send them to Hamadan because they were severely wounded. Typically, the hospital averaged between four and eight wounded each day from skirmishes between Russian and Turkish forces.¹⁵⁴ Pressure on Turkish manpower and resources was relieved somewhat after the British failure at Gallipoli. A renewed push into Persia was conceived during a Turkish-German conference at Bagdad in early May. With their flank secured, Turks mustered a force of 25,000, many times greater than Baratov's meager expedition. Russian forces concentrated in the vicinity of Khanaqin on the Persian border. On June 3, Baratov opted to seize the initiative and attack the Turkish forces, hoping to inflict a defeat before they reached their anticipated troop strength. The attack failed, and the Russians were driven back, with a loss of 500 infantry. In retreat, Russian forces established defensive positions at Kerend.¹⁵⁵

The steady stream of wounded became a deluge as the fortunes of Baratov's expedition faltered with the disastrous Battle of Khanaqin. Russian defenses at Kerend collapsed and, on June 28, after heavy fighting, Baratov's men were forced to withdraw. Two days later, he ordered an evacuation of Kermanshah.¹⁵⁶ McClintic wrote his father, "We went down to Kermanshah in April labeled 'Bagdad or bust.' We came back 'busted' by heck. We retreated in advance of the

150. "Kermanshaw, Persia," 13. In their report to the Russian Committee of the American Red Cross for May, McClintic recorded that from May 4 until early June, the Kermanshah hospital cared for 225 patients, performed 1369 dressings, conducted twenty-three minor operations using cocaine as an anesthesia, and nineteen major ones using chloroform. Only three patients died.

151. Ibid.

152. "Graphic Letter From Dr. B.S. McClintic," 15.

153. "Ellsworth Girl Wedded in Persia," *Salina Daily Union* (Salina, KS), July 28, 1916, 2.

154. "Kermanshaw, Persia," 13

155. Allen and Muratoff, 432.

156. Ibid.

Turks riding for six days in the blistering sun and with very little food.”¹⁵⁷

The battle’s first wounded (twenty-three men) arrived on June 8. They travelled for six days still in their original first aid dressings. The hospital received 153 on June 9, fifty more on the June 10, and then, according to McClintic “in diminishing numbers for a week.”¹⁵⁸ Cholera, typhoid and dysentery dogged the retreat. As in Khoy, the Americans maintained separate facilities for contagious patients. McClintic recorded that the “other two hospitals were being filled with typhoid and dysentery patients. Cholera cases usually died en-route to the hospital.”¹⁵⁹ The hospital lost a clerk to cholera and a Russian nurse to typhoid. Two of the physicians were unable to work, one because of typhoid, another due to an acute insect borne fever, leaving only three doctors, and the commanding officer to manage the patients and administrative requirements.¹⁶⁰

Despite on-going medical requirements, the hospital staff was ordered to evacuate in response to advancing Turkish forces. Russian Red Cross representative Snitkin passed the order that all personnel depart by 4 am the next morning. The hospital was “stripped of all equipment and a skeleton” crew remained to staff what was now, in effect, little more than an aid station. Four doctors, a pharmacist, a *feldsher*, and six *sanitars* stayed behind to deal their equipment and care for any new or remaining wounded.¹⁶¹ According Nurse Eleanor Soukup McClintic:

The patients were to be sent first, then household and hospital supplies, and lastly sisters were to go; the doctors were to remain with the retreating army. All went to their various duties, some into the operating rooms, dressing the newly wounded, while others packed the supplies or prepared the sick and wounded for the trip back....The most important things were moved.....The covered vans were piled high with articles and upon these convalescent soldiers, who were too weak to walk, sat holding on....Each person was armed with a rifle bayonet or revolver and all of the cartridges we could carry.¹⁶²

Despite Nurse Soukup McClintic’s pleas to remain with her husband, the two separated, and she departed with the initial convoy, while her husband remained in Kermanshah.

McClintic informed his father of their parting in surprisingly matter of fact manner: “So we went back into the dressing room, dressed some thirty newly arrived wounded, amputated an arm, and then went to our room to pack up. Nobody slept all night. We got 290 wounded into the wagons and horse litters and sent them on, under escort....It was my first separation from Eleanor since

157. “‘Bagdad or Bust’ Was Their Cry, But it Was a Case of Bust,” *Indianapolis News*, October 21, 1916, 31.

158. McClintic, *Russian Retreat*, 4.

159. *Ibid.*, 6.

160. *Ibid.*

161. *Ibid.*

162. “‘Bagdad or Bust’ Was Their Cry, But it Was a Case of Bust,” 31.

the wedding.”¹⁶³ During the Russian retreat, McClintic noted Kermanshah’s streets clogged with caravans, small and large, made up of a variety of carts, and other modes of transport, loaded with equipment, possessions, and even camels mounted by dragoons.¹⁶⁴ He reported to the Committee in Petrograd that the Russians were “fighting every inch of the way” and the first day after the evacuation they received only a few patients, but the next, June 30, sixty wounded arrived. Fighting was just west of the town, and all day, McClintic heard artillery, rifle, and machine-gun fire, as the town filled with retreating infantry and artillery.¹⁶⁵ He could hear the enemy artillery getting closer, and soon received an order to leave in ten minutes. McClintic threw his remaining possessions in a saddlebag and discovered transport wagons already loaded, every *sanitar* equipped with rifle and ammunition, and all of the officer’s horses saddled and ready to depart.

Medical personnel prepared patients for the long journey and made them as comfortable as possible in wagons and horse stretchers. While waiting for final orders to move, McClintic rode to see American Missionary Dr. Snead, and found the American missionary compound full of Christian refugees. Snead insisted on remaining to protect his wards against expected Turkish revenge.¹⁶⁶ Back at the Red Cross hospital, equipment that could not be evacuated was set alight in a massive bonfire. McClintic described the event to his father: “We went around and smashed every breakable article, and made a big pile of surplus stuff we could not carry and poured on the kerosene....A big crowd of Persians was waiting outside to begin looting as soon as we should leave. When the last wagon departed our first sergeant lit the fire.”¹⁶⁷

At 6 pm, the remaining staff evacuated Kermanshah. As they departed, McClintic noted fires burning through the city as retreating Russian troops destroyed equipment to prevent it from falling into enemy hands. Much of the local population celebrated the withdrawal. Rumors spread that Afghanistan declared “Jihad” to drive the “infidels from Asia,” Persia would rebel, and all Islam would unite against the Allies. Ottoman forces arrived in Kermanshah only ten hours after McClintic’s departure. Russia’s retreat was slowed by traffic, terrain, and congestion. By day-break, McClintic stopped with the Russians at Behsitun to prepare a defensive position against the Turkish advance. The town was key terrain, located at a gap where the road entered the mountains. Trenches were dug, the cavalry arrived, and artillery emplaced.¹⁶⁸

McClintic described the reversal:

Now the pursued became pursuer, and for 500 miles we retraced our steps, our backs always guarded by the brave dragoons who were ever the last Russian to evacuate a position. And ever in my work as

163. Ibid.

164. Ibid.

165. McClintic, *Russian Retreat*, 6.

166. “Graphic Letter from Dr. B.S. McClintic,” 15.

167. “‘Bagdad or Bust’ Was Their Cry, But it Was a Case of Bust,” 31.

168. McClintic, *Russian Retreat*, 7.

a surgeon I was receiving these men, recognized by the maroon stripe. At one time twenty officers were brought in after one fight, all known to me personally and my friends.¹⁶⁹

Medical personnel spent the night in the town, but then continued to move further to the rear. On the third night, Kurds attacked a squad of soldiers transporting prisoners. Russian soldiers thwarted the attack after cavalry arrived from a nearby unit.¹⁷⁰ Despite Turkish forces approaching ever closer to the retreating Russians, the greatest threats were attacks from Kurdish tribesmen. McClintic informed the Petrograd Committee that “Our fear was attack from the tribesman along the way, who would seize the opportunity for loot. And I kept wondering if my wife and the other nurses had gotten through safely.”¹⁷¹ Eventually, the retreat lasted almost three months, and along the way, Russian ranks were continuously depleted through battle and disease. McClintic estimated that by the time Behsitun fell the Russians were down to eight battalions against the Turkish eighteen.¹⁷²

Despite McClintic’s hopes for his wife’s safe transit, on the second night of her journey, leading elements of their column were attacked by Kurds. Nurse Soukup McClintic described the attack for which she was subsequently decorated for her bravery, writing of the Kurds:

removed all of the dressings and bandages, thinking money was concealed under them. One *sanitar* was seriously injured, all of the soldiers were in a state of collapse, and the march was delayed until the next afternoon. The sisters acted very bravely, working hard to quiet the soldiers, and because of this had the St. George medal conferred upon them.¹⁷³

Many of wounded, who were armed for the journey, fought as long as they could, but the Kurds were ultimately driven off by dragoons from a nearby aid station. As soon as conditions allowed, the four nurses immediately calmed the patients and provided care to those injured in the assault.¹⁷⁴

Despite the austerity and privation of the almost one week retreat from Kermanshah to Hamadan, there was one ray of hope. Nurse Soukup McClintic described the contribution of the Unions of Zemstvos which maintained “wayside stations” to provide a brief respite from the drudgery of the retreat: “What a treat to the half-sick, distressed soldiers who had to walk! With their boots off, they would struggle along, nothing to eat or drink all day, to these places, which would

169. “Capture of Bagdad Regarded as Important for the British,” *Indianapolis News*, March 14, 1917, 7.

170. “‘Bagdad or Bust’ Was Their Cry, But it Was a Case of Bust,” 31.

171. “Graphic Letter from Dr. B.S. McClintic,” 15.

172. McClintic, *Russian Retreat*, 8.

173. Soukup McClintic, “With the Russians in Persia,” 105. The St George Cross is awarded for combat bravery. The awards for the four nurses were based on a recommendation from General Baratov.

174. “Graphic Letter from Dr. B.S. McClintic,” 15

provide for them.”¹⁷⁵

The Union of Zemstvos held a unique position in the Caucasus and Persia. Unlike Russia proper, where the Russian Red Cross, military, and Zemstvos worked in concert, all activities related to supporting the wounded in the Caucasus was delegated, in its entirety, to the Union. According to a 1919, United States Department of State Report:

The activity of the Union of Zemstvos in the Caucasus has a somewhat special character. The absence of Zemstvos establishments in the Caucasus could hardly permit the Union to maintain local organizations there....Immediately upon the declaration of war against Turkey, the Prince of Oldenburg, the Chief of the Sanitary and Evacuation Departments, requested the Union of Zemstvos and the Union of Towns to take upon themselves the whole work of rendering assistance in the sick and wounded soldiers in the Caucasus.¹⁷⁶

The Russians retreated an average of fifteen to thirty miles a day, and McClintic “leap- frogged” with another aid station, sometimes remaining at a location several days to a week, depending on the speed of the withdrawal, and moved forward when another medical unit took his place.¹⁷⁷

Back to Hamadan

Nurse Soukup McClintic arrived in Hamadan on July 5, followed by her husband two days later. Her convoy carried the Russian Red Cross, military, and Zemstvo hospitals evacuated from Kermanshah, which posed something of a challenge, since all three entities already had facilities operating in the town. Reports suggest the evacuees from Kermanshah simply augmented their respective organizations’ existing capabilities, rather than establishing redundant facilities. The reunited McClintics remained in Hamadan in a month, living in a tent and working at the surgical hospital.¹⁷⁸

McClintic and his wife left very few records from their time in Hamadan. However some insight into their lives and uncertain existence were captured by the Clara Carey Case Edwards, wife of A. Cecil Edwards, manager of Oriental Carpet Manufacturers, a large British Persian carpet concern in Hamadan.¹⁷⁹ Her husband included several of her key journal entries in his article “German Intrigue in Russia” written for the *Yale Review* in 1918.¹⁸⁰ Edwards served as a nurse alongside McClintic, dressing wounds, extracting bullets, and caring for the patients. She wrote in her journal that she answered “readily to the call of ‘Sestreetsa,’ Little Sister, from the patients on all sides. And I am becoming

175. Soukup McClintic, “With the Russians in Persia,” 104.

176. Memo to Mr. Emmett White, Bureau Insular and Foreign Affairs, American Red Cross, March 12, 1919, ANRC, Group 1, File 948 “Russia-General,” NACP.

177. McClintic, *Russian Retreat*, 8

178. Soukup McClintic, “With the Russians in Persia,” 105.

179. A. Cecil Edwards went on to become a well-known Orientalist.

180. A.C. Edwards, “German Intrigues in Persia,” *Yale Review* 7, no. 3 (April 1918).

terribly familiar with all the different ways in which a man expresses pain.”¹⁸¹

However, the Russian position in Hamadan was tenuous. Turkish forces halted for a short period during Ramadan, but once the advance resumed, it was clear the Russian position would not hold. A.C. Edwards wrote his mother of the Ottomans:

For a whole month after the evacuation of Kermanshah, he was content to sit tight until everybody thought that he would not take the risk of advancing further into Persia. Possibly he was waiting until Ramazan¹⁸² [*sic*] was over, or perhaps he was resting his troops after their rapid march from Karind in the middle of summers. Also he may have been waiting for reinforcements.

Whatever the reason was, he waited just a month before renewing the attack....The Grand Duke must have...the soundest reasons for allowing the Turks to take Hamadan, as the evacuation will undo most of the work which our Allies have accomplished in Persia during the last nine months.¹⁸³

By August 5, it was clear evacuation was imminent. Clara Edwards recorded:

The town is full of rumors of the Russian retreat, but we really do not know what is happening fifty miles away. We are told that five thousand new Russian troops are on their way from Enzeli with ten heavy guns.¹⁸⁴ We are also told that there are no troops coming, because the Grand Duke has refused to send reinforcements. We hear that General Baratoff is to be superseded by a general who is on the way from Enzeli; we also hear that he has received a telegram of congratulation from the Grand Duke because he has drawn the Turkish army so far into Persia. One takes one's, choice! It is rather like living on the top of a volcano—a volcano which may blow us to Kazvin before we know it.¹⁸⁵

In a letter to her mother the same day she wrote:

The hospital work has decreased somewhat, as a lot of our patients have been moved to Kazvin[*sic*:Qazvin]. Still the number of doctors has decreased too....We expect to receive a large number of wounded from the front within a few days, but of course we don't really know.¹⁸⁶

181. *Ibid.*, 626-627.

182. Turkish pronunciation of Ramadan.

183. A.C. Edwards, letter to Mother, August 23, 1916, Series I, Correspondence, Clara Cary Case Edwards Papers.

184. A port on the Caspian Sea.

185. A.C. Edwards, “German Intrigues in Persia,” 627.

186. Clara Cary Case Edwards, letter to Mother, August 5, 1916, Series I, Correspondence, Clara Cary Case Edwards Papers.

Mrs. Edwards knew for over a week that evacuation was imminent; On April 7, McClintic notified all Red Cross personnel to evacuate that afternoon.¹⁸⁷ Edwards and her husband were reluctant to leave Hamadan, especially since neither actually saw any evidence of fighting, however, “To be sure, guns had been heard for the last two nights...and a hostile aeroplane had flown over the city that morning.”¹⁸⁸ McClintic and his colleagues treated wounded for almost two days after the bulk of the Russian army evacuated Hamadan. At eight in the evening, a division surgeon informed him that the Ottoman forces were making a flank attack to the northwest. The remaining medical personnel abandoned their aid station equipment and concealed themselves from Turkish reconnaissance by galloping through a dried stream bed for seven miles to safety. Riding nearly all night, they only stopped at daybreak.¹⁸⁹

The following day A.C. Edwards wrote that they:

arranged with the other members of our little community to start early the following morning. At a little after midnight....a note was brought in from the English bank manager, suggesting that we leave in an hour, so as to get ahead of the crush. At 2 a. m. on the ninth of August 1916, our little cavalcade started from Hamadan on a one-hundred-and-forty mile ride to Kazvin. Our party consisted of four Englishmen—two from the Imperial Bank of Persia, my chief accountant, and myself—one Frenchman, a master in the school of the Alliance Israelite, and one Armenian clerk. My wife was the only woman. There were half a dozen servants in addition to the muleteers who trudged behind the pack animals...Turkish guns boomed in the distance. Nor had we barely started before a long row of ambulance carts with winking headlights passed us. They were bringing in the wounded from the Assadabad pass, twenty miles away, where the Russian rearguard was holding off the enemy to give Baratoff time to get away his stores and clear his hospitals. That afternoon the last Russian troops marched out of Hamadan, and the Turks entered the following day.¹⁹⁰

When Russian defenses collapsed, it was sudden and emblematic of how the tables turned after the Ottoman forces reorganized and reallocated forces upon the British pullout from Gallipoli. The American Legation in Tehran reported that:

The evacuation of Hamadan by Russian forces has caused great astonishment in Tehran, as the Russian Commander, General Baratoff, had assured the Russian and other Allied Legations that the reports of the Turkish advances and successes were exaggerated and that he apprehended no further advance on the part of the Turks. Then, without

187. Ibid., August 15, 1916.

188. Ibid.

189. McClintic, *Russian Retreat*, 10.

190. A.C. Edwards, “German Intrigues in Persia,” 628.

warning, he telegraphed that for strategical reasons he was evacuating Hamadan. This news was followed by reports of his defeat and the rapid movement of Turkish troops in this direction.¹⁹¹

News of Russian defeat caused panic in Tehran. Allied representatives and residents prepared to escape. It was feared that if the Ottoman forces reached Qazvin, it would cut off the evacuation route to Anzali.¹⁹²

Civilians and military parties soon separated along the long road of retreat. The McClintics, based on their previous experience, where the retreat was characterized by hunger and thirst, prepared well, ensuring that they were well provisioned for what might lie ahead, but they still suffered “intense thirst.”¹⁹³ After Baratov left Hamadan, he “took the only reasonable decision left open to him. He marched towards his principle intermediary base, Qazvin (120 miles from Hamadan and eighty from Tehran).”¹⁹⁴ By August 25, Baratov telegraphed that his troops still maintained their defensive positions at the Sultan Bulak pass seventy-five miles from Qazvin and Turkish forces were opposite him.¹⁹⁵

McClintic and his team continued their “leap-frogging” back to Qazvin, alternating medical care for the wounded with the Zemstvos. Both organizations established aid stations along the route to treat Russian soldiers tortured by the long journey in the hot sun. Lucky soldiers were able to hitch a ride with automobiles coming from Qazvin with supplies.¹⁹⁶ The path for those continuing on foot was bleak.

McClintic painted a picture of the horrors confronting the retreating soldiers: “The road of retreat was well marked by little wooden crosses, where soldiers had been buried along the lines of communications. Also by dead horses, unburied, whose carcasses were odiferous and frightened our mounts.”¹⁹⁷

A.C. Edwards described the congestion and chaos of the Russian retreat:

But with the rising sun, the army appeared; horse, foot, and artillery joined the road until it was crowded with troops and transports of every kind: great motor lorries—made in Detroit—lumbered past long strings of camels, indifferent, contemptuous. There were carts of every size and description; there were pack animals of every kind to be found in Persia. It was not until I saw this whole army on the march that I began

191. “Abstracts from Recent Despatches to the Department,” American Legation, Tehran, Persia, August 30, 1916, File 860.1, Volume 29a, Tabriz, General Correspondence, RG 84, NACP.

192. Ibid.

193. McClintic, *Russian Retreat*, 8.

194. Allen and Muratoff, 434.

195. “Abstracts from Recent Despatches to the Department,” American Legation, Tehran, Persia, August 30, 1916, File 860.1, Volume 29a, Tabriz, General Correspondence, RG 84, NACP.

196. Soukup McClintic, “With the Russians in Persia,” 105. She also relates a story that captures some of the chaos of the retreat. A doctor working alongside of her lost three fingers when he opened a first aid pack, and instead of grabbing iodine ignited an explosive device.

197. McClintic, *Russian Retreat*, 8.

faintly to understand the colossal efforts which the warring nations are putting forth. Of all the war fronts, this was perhaps the least important as regards numbers engaged, and yet this army extended in a more or less continuous line for sixty miles.

It was amusing to watch the Russian soldiers riding camels and having all the trouble in the world to manage their strange, stubborn mounts. Most painful to see were the lumbering, springless carts full of; sick and wounded—it was a terrible journey for those poor fellows over the burning plain in the August heat. Many a new wooden cross was added to the little graveyards which have sprung up since the war at almost every stage on the post roads of Persia.¹⁹⁸

The size and scope of the retreat was captured by Nurse Soukup McClintic: “One vivid picture will always be remembered, when in the evenings could be seen various regiments with their tents, across the desert, for miles around.... It was like a stage scene, the mountains in the background, the horses picketed near the tents to long ropes and the cannon at either end....and everywhere, in all directions were camp fires burning.”¹⁹⁹ Nurse Soukup McClintic reached Qazvin on 21 August.²⁰⁰

In September, McClintic contracted malaria. He continued to work, alternating with another surgeon suffering from the same ailment. After two weeks they were both sent back to Russia to recover. McClintic and his wife left Petrograd for the U.S. in November 1916.²⁰¹

In July, the Major General (ret) Arthur Murray, Acting Chairman of the American Red Cross Central Committee in Washington, wrote the Secretary of State requesting the Department approach their Russian counterparts to determine whether they were willing to accept an additional three nurses and two surgeons to augment the units already supporting the unit in Khoy and Qazvin. Murray requested a response in the most expeditious manner possible. Seemingly unaware that Snively was no longer available, Murray identified him as one of the proposed replacements along with another Ohio surgeon, Dr. Earl B. Downer. A veteran of the original American Red Cross European Relief mission to Serbia, Downer agreed to a follow-on assignment in Russia.²⁰² On July 29, the American Embassy in Petrograd was instructed to forward the inquiry to the Russian government.²⁰³

Closing Up Shop

As late as August 23, plans were in place to retain the American presence in

198. A.C. Edwards, “German Intrigues in Persia,” 629.

199. Soukup McClintic, “With the Russians in Persia,” 105.

200. Ibid.

201. McClintic, *Russian Retreat*, 13-14.

202. Murray to Lansing, Letter, July 24, 1916, File 811.142/1684, Central Decimal File, RG 59, General Records of the Department of State and Murray to SECSTATE, letter, July 26, 1916, File 811.142/1689, RG 59, CDF, NACP.

203. Phillips to Murray, Letter, August 2, 1916, File 811.142/1684, RG 59, CDF, NACP and Department of State to U.S. Embassy Russia, Dispatch, July 29, 1916, File 811.142/1684, RG 59, CDF, NACP.

Persia. Consul Smith contacted Hough and conveyed Hazlett's request for leave for himself and four nurses. Replacements were requested for Hazlett, Floyd Smith, and the nurses. Consul Smith believed a newly enlarged hospital would remain in Khoy.²⁰⁴ On August 30, Consul Smith cabled Hough and informed him that the Caucasian Front Commander, Grand Duke's Adjutant, and Russian Red Cross Official, Count Stefan Tyskiewicz, informed him that the hospital "at Khoi will be transformed into infection wards and that change in condition at this front does not justify retention of unit here, suggests arrangements should be made with Red Cross Petrograd."²⁰⁵ He also informed Hough that Hazlett and others were expected in Tiflis shortly.²⁰⁶ On September 2, Tyskiewicz notified Consul Smith that "All American Red Cross contingent here is to be withdrawn period," and, after Hazlett made leave arrangements, the rest of the unit should be transferred to the European front.²⁰⁷ McClintic and his wife were summoned for consultation in Petrograd. Remaining American staff departed Russia for a much needed break.²⁰⁸ Before they could return to Russia, the United States entered the First World War, and, as hoped, McClintic and other members of the team were able to put their extensive combat experience to use in supporting their own nation. Back in Russia, the path toward military collapse was well underway, the Tsar abdicated, and the country descended into chaos.

However, by the time word reached the U.S. that American support was no longer needed for Caucasian and Persian hospitals, Dr. Earl Downer and three nurses were already en-route to Russia. Their mission was funded by New York railroad magnate, Edwin Gould, the son of the notorious Jay Gould. Upon arrival in Petrograd, Dr. Downer and his nurses were assigned to the Imperial Lazaret at the royal residence of Tsarskoye Selo, and provided medical care to the Tsarevitch and the Imperial family. Present for the abdication of the Tsar, Downer's experience was in many ways more dramatic than any he may have encountered in Persia.²⁰⁹

Ambassador Francis informed a colleague that David Hough relayed that "the Unit...on the Russian front in Persia is to be given or has been given an indefinite leave or furlough, and while there has been no friction with the Russian Government he can see very clearly that the Russian Red Cross... thinks the Russian Government prefers the American Red Cross should not work in this

204. Consul Smith to Hough, Telegram, August 23, 1916, File 814.2, Volume 8, Tiflis, General Correspondence, RG 84, NACP.

205. All American correspondence refers to Tyskiewicz as "Count Tishkevitch. Consul Smith to Hough, Telegram, August 30, 1916, File 814.2, Volume 8, Tiflis, General Correspondence, RG 84, RFSP, NACP.

206. Ibid.

207. Smith to Hough, Telegram, September 2, 1916, File 814.2, Volume 8, Tiflis, General Correspondence, RG 84, RFSP, NACP.

208. Hazlett returned home on the *Equador*, on what he believed to be a four means leave. (San Francisco Chronicle 15 Nov 16, 3.

209. "Lansing Man Saw Tsar's Abdication," *Lansing State Journal* (Lansing, MI), April 20, 1918, 9 and "Dr. Earl Downer and Three American Nurses, *Christian Advocate* 95 (November 1916): 11.

country.”²¹⁰

Perhaps the best summation of the work of the American Red Cross team in Persia is provided by Baker to the magazine *Chicago Commerce*:

This little American group cleaned up the whole district which contained wounded Russian soldiers, Armenian Refugees and several thousand Turkish prisoners. Typhus and typhoid were raging about the city....Mr. Baker offers the highest praise for the Russian Red Cross organization, which he has frequently observed in his travels through the districts affected by war, but particularly the little group of American Red Cross doctors and nurses....he declares through the entire Caucasus and northern districts of Persia, wherever they went, the problem of general sanitation was placed in their charge and solved it as far as zeal and facilities made it possible. Grand Duke Nicholas has advised that this group receive imperial decorations for their service.²¹¹

Departure of almost all of the remaining veterans of the American Red Cross hospital in Kiev marked the beginning of the end of one vision of humanitarian aid to Russia and the start of another. Downer and his team, although not veterans of Kiev were still sponsored by American commercial interests, but this last group of medical personnel was small in size and profile. Downer and his team were a far cry from the large Kiev hospital and the Persia mission. However, the last two remaining Kiev Red Cross hospital veterans, Doctors Phillip Newton and Edward Egbert continued to open the aperture on humanitarian support for the Russian military. Their efforts eventually led to large-scale national Red Cross sanctioned attempts to redress Russia's military shortfalls, including the initiation of a campaign to correct the lack of motor ambulances on the Eastern Front.

About the Author

Joshua E. Segal received his Ph.D. in history from George Washington University in 2018. He is currently a faculty member at Tulane University.

210. Francis to Philip B. Fouke, Letter, September 16, 1916, Reel 2, David R. Francis Papers, Russia in Transition, Library of Congress.

211. "American Red Cross in Persia," *Chicago Commerce* 12, no. 16 (August 18 1916): 16.