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HUMANITY AND EMPOWERMENT: THE ROLE OF THE SCOTTISH WOMEN'S HOSPITAL UNITS IN SERBIA BETWEEN 1914-1919

Introduction:

So, the vote has come! Fancy it's having taken the war to show them how ready we were to work! Or even to show that that work was necessary. Where do they think the world would have been without women's work all these ages?¹

These words were not being remonstrated before a chamber of men, in the United Kingdom's Houses of Parliament during the Electoral Reform bill in May 1917. They were written by Dr Elsie Inglis, an innovative Scottish doctor, pioneer in women's medicine, leading light in Scotland's suffrage movement and founder of the Scottish Women's Hospitals. This letter to her sister, is not being transcribed in a comfortable middle class house in the suburbs of Edinburgh, but from Reni, a small town on the banks of the river Danube in South Ukraine. It's June 1917 and Dr Inglis is writing from a small tent which is part of a field hospital belonging to the Scottish Women's Hospitals (SWH). They were supporting the Russians and Romanians, but mainly two Serbian divisions. The fighting

1 Francis Balfour, *Dr Elsie Inglis* (London: Hodder & Stoughton, 1918), p. 82.

was intense and war in the Dobrudja region showed no mercy to troops nor civilians alike. Offensives and retreats meant huge casualties from bullets and the twisted metal shards from shrapnel as the bombs rained day and night. The fighting was commonly a precursor for a more tumultuous period as displacement, hunger, disease and infection dominated daily existence. Typhus, dysentery, influenza and pneumonia were all prevalent and arduous to combat on the Eastern Front. This was very much the recurring theme of war experienced by the SWH units as they supported the Serbs during World War One. What makes this particular representation of the realities of war-time Serbia so idiosyncratic? The SWH units were unique because right from their inception they were set up with two very specific aims:

- to help the war effort by providing medical assistance.
- to promote and justify the progress of the women's rights movement.

Although the SWH had several primary hospitals in France during World War One, it was while supporting the Serbian army and civilians that they encountered arguably their most challenging times. Letters and journals from the women reveal that whilst working with the Serbs, deep feelings of compassion, admiration and love were frequently expressed towards the Serbian soldiers and civilians by the women. In this paper I will assert that the women gained more than just these personal feelings for the Serbs whilst working alongside them on the front-lines of World War One. Indeed, I will suggest that the women collectively felt empowered whilst living and working on the Eastern Front: an emancipation that would have been unattainable in their everyday lives in Britain.

Dr Inglis' Mission:

Elsie Inglis was born on 16 August 1864 at Naini Tal, in the Himalayan foothills of India, though her family had descended from Inverness-shire in Scotland. With the blessing of her father, Inglis decided to follow a career in medicine. In 1887 she attended Dr Sophia Jex-Blake's Edinburgh School of Medicine for Women, but following a dispute with Jex-Blake, Inglis established a rival school: the Medical College for Women. Inglis studied at the Glasgow Royal Infirmary for eighteen months under the tutorship of Sir William MacEwen before qualifying as a licentiate at the Colleges of Physicians and Surgeons in Edinburgh and Glasgow. After working in London and Dublin, Inglis returned to Edinburgh where she established a hospice, maternity hospital and a midwifery resource centre for the poor. Politically, Inglis became active in "The Common Cause." She wrote:

There is no question among women who have work for themselves about wanting the suffrage. It's the women who are safe and sound in their own drawing rooms who don't see what on earth they want it for.²

Inglis was a suffragist. She held the belief the arguments for women's suffrage could be won through debate and peaceful protest. She has often wrongly been described as a Suffragette. When war broke out in 1914, the suffrage movement was immediately scaled down and much of the campaigning terminated. A truce was agreed between the two wings of the suffrage movement and the Government. Within the first week of war, many female doctors offered

2 Margot Lawrence, *Shadow of the Swords* (London: Michael Joseph, 1971), p. 143.

their services to local committees and to the Red Cross. The Red Cross was under the domain of the War Office, and as such was unable to allow female doctors and surgeons the opportunity to serve at the front, something they so richly deserved. They had battled prejudice in becoming doctors, even being denied positions in mainstream hospitals and often only being accepted for work in workhouses, asylums and poor houses. In 1914, prejudice towards women was only part of the reason women doctors and surgeons were declined to serve in front-line hospitals. Both the Government and the War Office insisted that, firstly they were medically adequately covered and that the war would be over within a year and these women would be better serving in hospitals at home. The only option for female doctors was, therefore to join one of the privately funded organisations who were active in supporting Britain's allies. Dr Inglis took her own path and it was at Edinburgh castle that she first offered her medical services to the Royal Army Medical Corp (RAMC) and it was here she was rejected with the words "my good lady, go home and sit still."³ With authorities taking this attitude officially many medical women like Dr Inglis felt a sense of being held back once again. As one newspaper wrote in her obituary:

To Elsie it seemed wicked that women with the power to wield the surgeon's knife in mitigation of suffering and with knowledge to diagnose and nurse should be withheld from serving the sick and wounded.⁴

In August 1914, the first Scottish Federation of Women's Suffrage Societies (SFWSS) committee meeting was held. Dr Inglis proposed that female hospital units be offered to

3 Ibid., p. 98.

4 Ibid., p. 102.

Serbia and France. The idea was greeted with enthusiasm. The National Union of Women's Suffrage Societies (NUWSS) also embraced the scheme and Dr Inglis now found herself with two powerful supporters who would advocate her plans, primarily assisting with funding and promotion. The suffrage weekly newspaper 'The Common Cause' was particularly active in fundraising for the SWH in the early days. At astonishing speed, the venture gained traction. Writing about the scheme, Dr Inglis wrote:

I cannot think of anything more calculated to bring home to men, the fact that women can help intelligently in this kind of work. So much of our work is done where they cannot see it. They'll see every bit of this.⁵

By October the SWH had headquarters in Edinburgh, funds were pouring in and a group of all female medical recruits were ready, Dr Inglis scheme was finally operational. The Belgian Consul was the first to approve of Dr Inglis plans and a unit was dispatched to support the Belgian troops at Calais. In the meantime, Dr Inglis had also written to the French and Serbian Ambassadors in London. It was thus that the French Red Cross allocated a further unit of the SWH to Royaumont Abbey, 30 miles outside of Paris. In November, Robert Seton Watson, a Scot who was sympathetic to the plight of Serbia and who encouraged the SWH throughout the war, telegraphed that the Serbian Government was also on board with Dr Inglis scheme. By 1915, the newspapers in Scotland were covering Serbia's plight, comparing it with the story of "David and Goliath". The SWH now also had the support of Scotland's citizens

5 Press Cuttings - Scottish leading dailies and provincial press, c.1914-1920, TD1734/20/8/3, Glasgow City Archives, Mitchell Library, Glasgow, Scotland.

who raised money through flag days, fetes and donations. As the war moved on, fundraising expanded worldwide. Nearly £500,000 was raised, the equivalent to approximately £53,000,000 today.⁶

Ascension to the Serbian Campaign:

The First Serbian Unit, consisting of 30 women, sailed from Cardiff in December 1914 and travelled to Kragujevac. Transportation to Serbia was no easy task. Many subsequent journeys were made via the ports of Cardiff, Newport and Southampton to Salonika, and from there the women journeyed by train into Serbia. The voyages were fraught with danger, the waters infested with U-boats and mines. From the air, too there was the constant threat from Zeppelins. Dr Kathrine MacPhail wrote about that first crossing in 1916:

Most of us had only the vaguest idea of what Serbia was like. We had read that it was a wild country with wilder people. Therein lay half of its attraction. I remember on board the ship a letter being handed round all the members of the unit to read, warning us of the dangers we would meet in Serbia, how it was full of dark intrigues and unknown subtleties, how it was dangerous even to be alone and impossible to be out after dark, how when we were travelling in trains, we were to talk with the utmost discretion, as information might fly rapidly the length and breadth of the country from our incautious lips. How very different it was when we arrived there.⁷

6 According to the office for National Statistics composite price index, prices in 2017 are £10,865% higher than 1914.

7 Zelimir Dj. Mikic, *Ever Yours Sincerely* (Cambridge: Perfect Publishers Ltd, 1998), p. 17.

On arrival the hospital at Kragujevac was forced to admit 250 patients immediately and by early spring was in charge of 650 beds. The hospital was located in a key military base and at the centre of the typhus epidemic. Initially the work involved treating the wounded soldiers. Whilst there was little fighting in Serbia at that time, the hospital had many soldiers receiving no medical provision. The Austrians, after their defeat at the Battle of the Ridges in October, had now retreated from Serbia. In their wake were overcrowded and squalid hospitals, filled with Serbs and Austrians alike. By cruel fate, the Serbian victory had a disastrous twist. Austrian prisoners of war (POWs) in Serbia were heavily infected by lice which spread the typhus disease to both the civilian population and the hospital staff. This placed the women in real danger of becoming too ill or from death, however, an opportunity for these women to demonstrate how effectual and resilient these units were. It was obvious to the women that in Serbia they were being used in eye of the storm and not tucked away miles behind the action. Whilst Serbia had good doctors, there was a severe shortage of nurses. Nurse Louisa Jordan from Glasgow remarked that ‘the men barely looked human, they were wasted with fever and covered in poisoned wounds, all had awful bed-sores, often worse than the original battlefield wounds.’⁸ Nursing, had by World War One evolved in the sense that these women were trained and qualified, this advancement was new to Serbia. As winter progressed in Serbia it brought starvation, influenza and a typhus epidemic. Typhus, a cold weather disease carried by lice, thrived in the dirty overcrowded conditions that were

8 1st Serbian Unit - Extracts from letters written by a member of the SWH unit at Kraguievatz, 9 January 1915, 1st Serbian Unit Correspondence Series, TD1734/11/1/1/2, Glasgow City Archives, Mitchell Library, Glasgow, Scotland.

rife in Serbia. The question of whether Serbian soldiers would object to being treated by women never arose. Dr Wakefield wrote that 'Quite the contrary. First, these simple peasant lads respect women, especially the mother figure, which of course, given the circumstances, we were.'⁹ The typhus epidemic was a humanitarian disaster resulting in an appeal for more recruits and units. At the same time their work had proved, without question, that they were equal to every task. It was with proficiency and fortitude that the women were winning the hearts and minds of Serbia. If women were expected to convey a portrayal of being delicate and vulnerable and lacking in stamina, leadership and enterprise, then it was not seen on the front-line in Serbia. The Serbian Prime minister, Nikola Pasic, wrote of that time that 'the Scottish Women turned up their sleeves, so to speak, at the railway station itself, and went straight to typhus and typhoid stricken patients, who were pitifully dying in the overcrowded hospitals.'¹⁰

In early March 1915 Colonel William Hunter, an RAMC sanitary inspector, arrived in Serbia. It was in his remit to get the epidemic under control. Working systematically alongside the SWH, it was their swift measures of closing roads, rail links and cancelling army leave for up to a month that stemmed the spread of the typhus epidemic. The mortality rate at Kragujevac was at 50% and bodies were piled in heaps at the side of the road. The SWH also suffered during this time, three of their nurses perished including Nurse Lousia Jordan. The SWH unit in Kragujevac were praised, as their clean and excellent nursing practices had saved many lives. The unit had demonstrated unequivocally

9 Monica Krippner. *The Quality of Mercy* (London: David Charles, 1980), p. 55.

10 Frances Balfour, *Dr Elsie Inglis* (London: Hodder & Stoughton, 1918), p. 164.

that their presence was invaluable. Serbia was keen to increase the number of SWH units and invariably increase their responsibilities. Seton Watson contacted Dr Inglis, insisting on more units. Dr Inglis by now was keen to enter the fray and units were dispatched to Valjevo, Mladenovac and Lazarevac.

Emancipation in War-time Serbia:

By April 1915, the second unit arrived in Valjevo where the conditions had, if anything, been worse, than elsewhere in Serbia. The mortality rate was 70% and 120 of Serbia's 460 doctors had succumbed to the disease. Dr Alice Hutchinson, the Chief Medical Officer of the Valjevo unit, en-route to Serbia demonstrated just how effective these units were and that Britain's folly was Serbia's gain. Their decision to support the Serbs was the right one, rather than end up marginalised the women acquired empowerment working in Serbia. En-route, the unit made a brief stop at Malta to unload ammunition's headed for the Dardanelles. Here they found floods of very badly wounded New Zealanders, Australians and British troops arriving on the island from the Dardanelles. The War Office had provided very little, if any, provisions to treat these soldiers. The Valjevo unit was summoned by Lord Methuen, the Governor of Malta, who commandeered it to provide cover and medical aid for two weeks until reinforcements arrived. Lord Methuen and the casualties were impressed by the work of the unit, but it was not enough to convince Britain's War Office. The contrast could not be greater in Serbia, where the units were being requested and instructed to work in the most severe of conditions. Britain was still actively procrastinating over the service of women at the front, while in Serbia they were gaining empowerment. In May 1915, Dr Elsie Inglis

herself arrived in Serbia and set up blocking hospitals in Mladenovac and Lazarevac to stem the disease. Like the hospital unit in Valjevo, these units were under canvas and located on the edge of town. Dr Inglis went straight to work, inspecting the units, demanding Edinburgh send more reinforcements and supplies, and performing surgical operations. She engaged with the Serbian High Command with great effect, importuning that the locations of the hospitals be moved if they did not fit her standards of sanitation, running water and suitable ground conditions. She was consulted on hospital matters by the military and entertained by generals and shopkeepers alike. Clearly, by this stage the women were not only viewed on merit but were appraised on ability. The initial curiosity and intrigue for the women had long-since passed. They were now on an equal footing with male soldiers in Serbia. Soldier to the high command of the Serbian Army acknowledged that the women were a formidable force. They were respected and regarded as part of their Army. Dr Inglis's stature in Serbia had now been elevated and she was viewed among the Serbian ranks as being tenacious, benevolent and highly accomplished. Dr Inglis, like the other women in the SWH, had by now, fallen in love with the nation. The stakes however were high. Failure to achieve their main objective of providing excellent front-line hospital units, would have been viewed by the authorities in Britain not just as a non-fulfilment of the SWH scheme, but almost certainly as a justification for not allowing women go to the front. In September, at Mladenovac Dr Inglis unveiled a fountain built to commemorate her and all the unit had achieved in stemming the typhus epidemic. Following the occasion, her niece wrote that 'at the age of fifty, [her Aunt] had fallen romantically in love at last, not with a man, but with a Nation.'¹¹

11 Margot Lawrence, *Shadow of the Swords* (London: Michael Joseph, 1971), p. 124.

As the Typhus epidemic began to recede in the summer of 1915, a period of stability commenced. This gave the opportunity for greater interaction. During these better times, picnics, concerts, excursions etc, took place. The women had come from a variety of backgrounds. The doctors and surgeons were mainly middle-class, the daughters of teachers, church ministers and doctors. Nurses tended to come from the daughters of shopkeepers, small business owners and farmers. The orderlies and ambulance drivers were almost always from wealthy industrialists, aristocrats and the privileged classes. It must be acknowledged that the units did not function on the then, stringent, class system. Those who were educated in medicine (including nurses) were firmly in charge of decision making. The women from privilege often found themselves doing menial work. Generally, the women were not married and even after the war ended, many never entered into marriage. This was mainly due to their own devotion in the field of humanitarian work which often continued until their death. In October 1915 the huge invading forces under August Von Mackensen crossed the Danube after days of bombing. Serbia was alone, exhausted and now completely outgunned. The French sent forces up the Vardar Valley, but it was too late. The Bulgarians had entered the war, Serbia was now boxed in on three sides and rather than surrender, began moving south. Dr Inglis, rather than return home, proclaimed that 'as long as the Serbians fight, we'll stick to them.'¹² The women now faced new challenges; not only could they hear the shelling, but their own hospitals were coming under fire. In November the Serbian retreat began. The SWH women were free to make the choice between remaining in Serbia or leaving. With Serbia now

12 Ibid, p. 141.

under occupation and the units evacuated, Dr Beatrice MacGregor, the CMO at Mladenovac, felt it best to retreat with the army and form dressing stations, Dr MacGregor and William Smith (SWH Administrator at Kragujevac) led two parties of over forty women. Both groups converged at Prizren before crossing the mountains of Montenegro and Albania to arrive at Scutari on the Adriatic Sea. Tens of thousands of people perished during the retreat, including nurse Caroline Toughill. There are numerous accounts given by the women who joined the retreat. All of them were deeply affected by the conditions and what they had witnessed. Even with enemy planes flying above her hospital, however, Dr Inglis, completely committed to Serbia's cause and patients refused to leave her hospital. . The work in Kragujevac intensified as the SWH were nursing the casualties from the bombardment of Belgrade. The majority of injuries being treated were compound fractures and head wounds. Soldiers and civilians were pouring into the city, the hospital was enlarged and a canteen was created. When the order came to evacuate it fell on the shoulders of Dr Milan Ćurčin to inform Dr Inglis. Dr Ćurčin was the Head of Foreign Personnel and was devoted to Dr Inglis. He knew well that Dr Inglis was not happy to surrender her hospital and patients. Reluctantly, after negotiation that Serb orderlies remain with the wounded, Dr Inglis finally agreed to leave but performed operations till the last. As the train was about to leave Kragujevac she ran back to the hospital with some cigarettes. The hospital was virtually empty and Dr Inglis was devastated by the sight of amputees and severely wounded men attempting to leave the building due to fear of the invading soldiers. On board the train to Krusevac, Dr Inglis vowed to never abandon her patients again. On arrival at Krusevac the unit set up in an old school. The unit from Lazarevac under the

command of Dr Holloway, had been given the Czar Lazar Barrack Hospital and the conditions were inhumane: no sanitation, no hot water and men crammed together with all manners of wounds and sickness. The great fear was that the conditions were ripe for another typhus outbreak. With the retreating units about to leave, this was a testing time. The work steadily increased to around 1000 beds. The overriding reason for choosing to stay, was not wanting to abandon their patients and hospital equipment. Dr Inglis was, however, ready for conflict with the Austrian and German authorities.

On the morning of November the 7th 1915, Dr Inglis and a band of around sixty women woke up to the sound of German accents. The unit were now effectively prisoners of war. At first the relationship was cordial, but soon the commanding officers began to taunt the women about the war being won by the Germans, and wild rumours would fly. The isolation and lack of news from home was difficult to cope with. With the Germans' plan to hand over occupation duties to the Austrians, Dr Inglis was asked to sign a document testifying to good German behaviour. With the German Commanding officer shouting for her to 'sign it at once or I'll make you!'¹³ She replied, 'Make me!' then leaned back into her chair, folded her arms and closed her eyes.¹⁴ She knew it was a propaganda stunt, and as ever she was as prickly as a Scottish thistle whilst dealing with her enemies. The SWH were alone in occupied Serbia and Dr Inglis took orders from no one. Dr Alice Hutchinson joined them briefly in December after having set up a dressing station at Vrnjatchka Banja. At Vrnjatchka Banja this unit had also been declared Prisoners

13 Ibid., p. 159.

14 Ibid., p. 159.

of War, something that Dr Hutchinson would not accept as under the Geneva Convention hospital workers could not be made prisoners.¹⁵ Her unit was not allowed to remain in Krusevac. They would spend the next three months under guard, in a camp on the plains of Hungary. Many of the women were mindful of how compassionate the Serbian soldiers were to the wounded invading soldiers being treated in the hospitals, often laying side by side with never a complaint. This left a huge impression on the women who then were eager to hold the Germans to these acts of humanity. The German and Austrian troops badgered and taunted the women, everything from claiming German victories to asking for intimacy of various degrees, but the women refused to be defeated. Instead they continued to work hard and protest the treatment of Serbian orderlies and prisoners. Evelina Haverfield, who had worked as an administrator at Mladenovac, wrote that 'on the 11th [February] we were sent north under an Austrian guard with fixed bayonets. Great care was taken that we should not communicate with anyone en-route.'¹⁶ The Germans had had enough of the women and they and the hospital were moved to Belgrade, with the women being repatriated home. Even this expulsion, however, was delayed by a number of the women's defiance as they hid in peasants' cottages and refused to leave Serbia. This disturbance was instigated by Evelina Haverfield, who was well used to acts of disruption from her suffragette days.

15 Leah Leneman, *In the Service of Life: The Story of Elsie Inglis and the Scottish Women's Hospitals* (Edinburgh: The Mercat Press, 1994), p. 43.

16 Eva Shaw McLaren, *A History of the Scottish Women's Hospitals* (London: Hodder and Stoughton, 1919), p. 171.

'Home' for Dr Inglis meant one thing: to advocate the plight of her 'beloved Serbians.'¹⁷ There was no rest and no time to spare. Even when returning from a gruelling winter in Serbia, she stopped at Paris to attend a conference about aid for Serbia. Arriving in London she set about campaigning for more funds and medical missions to head to Serbia. She also took to the stage during the rallies and openly condemned Britain's role in Serbia. She felt strongly that Britain had not done enough to support Serbia, and they could have prevented Bulgaria from entering Serbia in the autumn of 1915. She now spoke on Serbia with authority. Her units had excelled while working at the heart of the storm and they had found a nation accepting of them and their values. Dr Inglis once again approached the War Office in London with a view to offering a unit to Mesopotamia at no cost to the public purse. Notwithstanding the great need for medical missions in the region, conditions were just as bad, if not worse than they had been in Serbia. The SWH had proved both in Serbia and France that these units could perform to a high standard in the most challenging of conditions. They were well-equipped, well-staffed and had experience in the theatre of war. Yet, Dr Inglis was once again rejected at home. Her request, after weeks of persistent visits to the War Office, went full circle as Sir Alfred Keogh, who had been unwilling to support her original idea of all-women hospitals had the final say in the matter. He claimed that Mesopotamia was well supported and had plenty of hospitals: a lie that was exposed when, in June 1917, an official report was published, highlighting the many failures in adequate medical care and cost to life. It is conceivable that the War Office did not want the SWH

17 Glasgow City Archives, Mitchell Library Reference number: TD1734/6/4/1/39.

anywhere near the region out of fear of exposing the true conditions. By contrast, in April, Dr Inglis was the first woman to be decorated by Prince Aleksandar I of Serbia with the Order of the White Eagle, the highest honour his nation could bestow. Empowerment had been realised through her humanitarian work in Serbia.

On Christmas day 1915, two more SWH units were stationed in Corsica. The units, under the command of Dr. Mary Blair from New Zealand were initially heading for Valjevo but the timing of events overtook them. As a direct consequence of the Serbian retreat, the SWH set up a convalescent hospital on the island. Men, women and children arrived in the most appalling conditions after weeks of travelling without food and having been exposed to the hardships of winter. Starvation, infected sores, typhoid and tuberculosis were commonplace. This work continued until 1919. During this period the hospital at Troyes in France was ordered to pack up. Designed as a mobile rather than a static hospital, it was equipped with tents and vehicles. It was attached to a division of the French army and was dispatched to Salonika in Greece when their French division was transferred there as part of a belated move by the Allies to provide practical help to the beleaguered Serbs. The hospital (known as the Girton & Newnham Unit after the Cambridge University women's colleges that funded it) was set up in a disused silkworm factory in the border town of Ghevgheli, though it soon had to be relocated to the city of Salonika when the rapid Bulgarian advance threatened. This unit joined a much larger Girton and Newnham unit already located in Salonika. Much of the work at Salonika was spent fighting malaria, a huge killer made worse by the lack of suitable clothing supplied by the Allied Armies. In August 1916 a sixty-strong unit, funded by the Americans and called the American Unit, was dispatched to Northern Greece to

support the Serbian Third Army in Serbia throughout their push for home. This hospital was under canvas. For the next two years they supported the Serbian army with field hospitals and dressing stations in the Kaymakchalan mountains. The group was led by an Australian, Dr Agnes Bennett, who had, like the British women doctors, been unable to work in front-line hospitals. She remarked on her experiences that despite the hardships on the front-line they enjoyed entertaining the Serbian Soldiers and various members of the High Command over a dinner. 'We sat around smoking for a long time with Prince Alexander and his brother, Prince George.'¹⁸ Smoking was a relatively new phenomenon for women and many SWH engaged in the activity. Smoking, like cycling and horse riding astride, were to these women symbols of liberation. The Serbs were entirely comfortable with the women's pursuits and accepted that they were mavericks who were autonomous in all aspects of their lives. The unit was later joined by a transport column. These remarkable women, ambulance drivers and stretcher bearers made hundreds of journeys in extremely difficult conditions onto the battlefields. Remarkably, at the same time as saving lives they felt completely liberated, driving ambulances and trucks up and down mountain tracks risking their lives in the process.

Conclusion:

By September 1916, Elsie had led two units to the Russian Front where they supported two Serbian divisions made up of Serbs and other Slavs. Elsie, who had been suffering from cancer throughout the war, found her health failing. For almost a year the unit looked after Serbian,

18 Cecil & Celica Manson, *Doctor Agnes Bennet* (London: Michael Joseph, 1960), p. 93.

Russian and Romanian wounded. In 1917 the Russian revolution began, changing things again. The War office demanded the SWH come home, but Elsie refused to leave her beloved Serbians stipulating that 'if you want us out, get them home.'¹⁹ Between 8000 and 12,000 lives were saved from certain death due to the bravery of this lady. Dr Inglis never made it back to Scotland. She sadly passed away the day after the ship bringing her from Archangel docked in Newcastle. In amongst her final words was the declaration that 'Serbia must have its hospitals.'²⁰ Towards the end of 1918 more SWH units pushed into Serbia. The American unit pushed on to Vranje and set up a large hospital for both troops and civilians. A new and aptly-named Elsie Inglis Unit began supporting Serbian troops in Macedonia, whilst the large field hospital in Salonika moved to Belgrade. The unit in Corsica headed to Sallanches in France to provide a hospital for Serbian boys suffering from Tuberculosis.

Without question these women showed their worth in the theatre of war. In assisting the Serbs and stemming the typhus epidemics, by providing medical aid in the fight to contain the many diseases and life threatening conditions they faced, these women won the hearts and minds of a nation. By supporting the Serbian Army through acts of courage and prowess in front-line hospitals on the field of battle they obtained a supporting partner and gained self-determination in the process. It is clear, therefore, that these women were not only emancipated from the strict social constraints of the early twentieth century Britain, but were empowered by their work. It was in Serbia that, perhaps for the first time in their lives, these women tasted equality whilst carrying out humanitarian work in extraordinary circumstances.

19 Letter from Dr Inglis to Miss Palliser, 27 August 1917, The Women's Library, London School of Economics, London.

20 Ibid.