

## GREAT WAR: MILITARY MEDICAL CARE AND ITALIAN RED CROSS

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*After a brief description of the great war the authors deal with medical assistance, military health activities and the Red Cross. The tragic aspects of a vast medical assistance, yet always insufficient compared to the magnitude of the tragedy, are described.*

**Keywords:** *Battles of the Isonzo, Military Healthcare, Italian Red Cross, Diseases of war, causes of death.*

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This short text is intended to recall “the other battle”, that of the Military Medical Care and the Italian Red Cross that, together with other institutions (eg The Sovereign Military Hospitaller Order of Saint John of Jerusalem, of Rhodes and of Malta also known as the “Sovereign Military Order of Malta”, SMOM) granted their assistance to people in need in order to alleviate the suffering and pain caused by the war!

World War I is the last war of which there is still a lot of celebratory literature. But, since then, a severe moral condemnation to war has started. By the end of World War II, war would only be seen as a curse. Which confirms that “historia est magistra vitae”; history should teach people not to repeat the mistakes of the past. We always say to the young Red Cross volunteers that “the Red Cross history is the Red Cross”; dates, facts and characters narrate its birth, its development, its glory and its miseries and, as we have argued in our previous works, it is part of the History of Medicine<sup>(1,2)</sup>.

The “Italian Front”, in the entirety of the Great War, is considered little more than a chapter, yet we also fought in France, Libya, the Balkans, Albania and northern Russia, but here we will deal only with the Italian eastern front; from the Stelvio to the Isonzo, at the Carso, at the gulf of Trieste, at the bay of Panzano (Monfalcone).

**Summary of the main battles**

First 4 battles of the Isonzo (there were 12 including Caporetto) in 1915:

June 22nd- July 7th

July 18th- August 3rd

October 18th - November 4th

November 10th-December 2nd

In these first 4 battles, the Italian losses amounted to 174,000 in killed, wounded and missing<sup>(3)</sup>.

*5th Battle of the Isonzo (March 11th-29th 1916)* The Italians launched another offensive on the Soca River under great pressure from the

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French commanders. It is that of “San Martino del Carso” by Giuseppe Ungaretti. A massacre, a slaughter of human lives without any particular advantages.

*Austro-Hungarian Strafexpedition (15th May 1916)*: was an unexpected attack against the first Italian army on the Isonzo on June 29th 1916. The Austrians used asphyxiating gas and iron maces to kill off the wounded soldiers. Between Mount San Michele and Mount San Martino Italian Army had about 6,000 losses as well as a great number of intoxicated people in our hospitals.

*6th Battle of the Isonzo (6-17 August 1916)*: led to the Italians’ successful seizure of Gorizia but at the cost of 22,000 losses and 52,000 injured.

*7th Battle of the Isonzo (14-17 September 1916)* The battle caused some thousands casualties.

*8th Battle of the Isonzo (9-12 October 1916)*: the Italians yearned to annex Trieste to Italy. It’s the battle of D’Annunzio’s great lyric on Doberdò. A hospital inside a church was completely destroyed.

*9th Battle of the Isonzo (31 October - 4 November 1916)* also known as the Battle of Dosso Fajti on the Karst Plateau (some steps forward and more dead)

*10th Battle of the Isonzo (12 May - 5 June 1917)* the occupation of Trieste was attempted in vain. The Italian Army was stopped on the Mount Hermada, another damned top.

*Battle of Ortigara (June 10-25, 1917)*, Italians were unable to keep this strategic position. The battle is remembered in the famous song “Tapum, Twenty days on Ortigara”.

*11th Battle of the Isonzo (17 July - 15 September 1917)*, The Italians crossed the river at several points on temporary bridges, but the main effort was exerted on the Bainsizza Plateau and Monte Santo which were finally conquered. Mount Saint Gabriel and Mount Hermada turned out to be impregnable and the offensive wore out. The final result of the battle was an inconclusive bloodbath just a few kilometers far from Trieste.

*12th Battle of the Isonzo or Caporetto defeat 24 October 2017*. Austro-Hungarian forces were able to break into the Italian front line and rout the Italian army. On November 4th our troops were ordered to retreat to the other side of the Tagliamento and then to the Piave (pg.70). Italian losses were enormous: 400,000 among dead, injured, prisoners (about 300,000, pg.155 G. Guerra) and 400,000 stragglers as well as a huge booty: 3150 cannons, 1750 bombards, 3000

machine guns, a large amount of materials, warehouses and reserves, thousands of donkeys, horses, mules, cows, etc.: “ 300,000 civilians flee to the Veneto and passed the Piave, with so much hunger and misery...Most of them were killed by hunger”<sup>(4)</sup>.

*1st Battle of the Piave (13-26 November 1917)*. The battles took place mainly on Mount Grappa, on the Brenta and then along the Piave.

*Battle of Mount Grappa and Mount Asalone (16 November - 21 December 1917)*. The Mount Grappa was considered a sacred mountain to the Italians, (as it is stated in the famous song “Monte grappa you are my homeland”) the connection between the Trentino front and that of the Piave.

*Battle of the Solstice (15 June 1918)* Italian troops resisted on the Asiago plateau, on Mount Grappa and on the Piave. It was the last containment battle which led the Italian army to the final victory.

*Battle of Vittorio Veneto, (October 24, 1918 - November 3, 1918)*, called 2<sup>nd</sup> Battle of the Piave or victory.

In 1918 the Spanish flu spread and resulted in the immediate death of 271,000 people and additional 500,000 due to complications pg.85. The pandemic continued in 1919 but in an increasingly virulent form, killing more people than the war.

There were 650,000 war-related deaths and about 1,500,000 injured.

### **Military Health System**

At the beginning of the conflict, the medical officers in the SPE (Servizio Permanente Effettivo) of the army were 773 and those of the Royal Navy were 181 for a total of 954 men. The paramedical staff (nurses) consisted of marshalls and medical sergeants who had received their nursing education in short courses at military hospitals. Short-commissioned officers, from very different professional experience, trained in a-few-weeks course, were called *medical assistants*. The lowest role was that of the porters, soldiers made available by the commanders of the combat units who went to the battlefields to collect wounded soldiers<sup>(5)</sup>.

These numbers multiplied greatly during the war years. The future S. Pio da Pietralcina and S. Giovanni XXIII were both military health assistants. By the end of the war the medical officers in the Active Duty Service (career officers) would be about one thousand while short-commissioned officers, SMOM officers and the IRC members were

about 17,000. Here we want to remember the 14 unredeemed doctors who died from hardship and persecution during captivity on Austrian soil for refusing to wear the hated uniform. First of all prof. Giulio Ascoli, honorable representative of Italian medicine, died of consumption in prison. Then the doctors Fortunato Morpurgo, Ugo Husch from Trieste, Cesare Armanini, Vittorio Bonapace, Lionello Cristoforetti, Alfonso Fabiani, Ettore Fabiani, Benedetto Lucchi, Saverio Massari, Vittorio Prati, Luigi Rosatti, Alessandro Troiani, Arterio Visentin. 150 of the 500 students graduated from the Castrense University of San Giorgio di Nogaro fell on the Field of Honor<sup>(6)</sup>.

### **Military Medical Care and other organizations similar to IRC**

The Base Unit was the Health Section associated with the regiments and commanded by a surgeon-captain. It was divided into:

Health departments associated with the commanding battalion, led by a surgeon lieutenant commander and constituted by 2 junior doctors, 1 military chaplain, 30 nurses, porters, stretcher bearers with red cross band and white helmet

#### *First aid posts:*

1. Advanced medicine posts (field infirmaries) protected from direct exposure to enemy fire. From there, on foot, in stretcher or ambulance or with mules the patient was transported to

2. Field hospitals. The wounded soldiers were sorted out to prioritize the most critically ill patients in order to ensure them immediate medical treatment (50 beds)

3. Hospitals of 100 - 200 beds, (bandages were removed from agonizing patients to reuse them)

4. Rearguard Divisional Hospitals, Army hospitals, Territorial Hospitals, hospital trains and hospital boats.

The equipment of the Health Department pg.109 was 4 stretchers, some chests and Medical Bags (wardrobes) - bandages, gauzes, tourniquets, sutures, syringes, disinfectants (alcohol, iodine), anesthetics (ether, chloroform), parasiticides (naphthaline) and vials of morphine. The Duchess of Aosta in "Accanto agli Eroi" also speaks of trains and nonfumigated cattle cars where it was impossible to medicate patients. There were no toilets and food was missing. The wounded soldiers still wore their clothes soiled with earth and blood. For their physiological needs they had to go in the court-

yards. At night they used buckets whose content often overflowed and spilled over among the floor joists. Infectious soldiers or suffering from skin diseases were kept all together and hygiene consisted of washing in a single bathtub<sup>(5)</sup>.

### **Italian Red Cross**

About 13,000 men and women from the Italian Red Cross joined forces. In details, at the outbreak of the Great War the CRI provided 1163 medical officers, 165 pharmacists, 1080 Red Cross-nurses (I. I. V. V.), 157 chaplains, 273 drivers, 5750 NCOs and soldiers, 427 clerks and 4122 civilian assistants<sup>(7)</sup>.

At the end of World War I this numbers had increased dramatically by 2539 medical officers, 318 pharmacists, 8500 Red Cross nurses, 349 chaplains, 14650 NCOs and soldiers and 4200 civilian assistants (D.Baldo 59). These numbers might have been underestimated, but it is clear that the category that had the most significant increase was that of the Red Cross nurses (about eight times the initial number). Princess Elena of France, Duchess of Aosta and wife of Emanuele Filiberto of Savoia-Aosta, Commander in Chief of the 3rd Army called "Invitta" that fought on the Carso, was chosen as Head of the Italian Red Cross Nurses<sup>(2)</sup>.

About 40 Red Cross medical officers and 32 Red Cross nurses died, not to mention nurses from other organizations. The Red Cross territorial hospitals were about 220 providing 30,000 beds. Red Cross assistance was also essential for prisoners of war.

### **A brief summary of the SMOM work is reported below<sup>(3)</sup>:**

It worked side by side with the Military Medical Care with:

- four hospital trains (based on the stations of Roma, Bologna, Milano and Padova, where they set up huge depots containing linen, pharmaceutical products, disinfectants, food and other sanitary equipment);

- eight First-Aid posts installed in as many railway stations in Gemona, Casarsa della Delizia, Montebelluna, Cormons, Ala D'Avio, Castelfranco Veneto, Monselice and San Giorgio di Nogaro each of which was managed by one medical officer and 12 nurses. At first they had the task of providing first aid near the railway stations, but then they became real field hospitals;

- a 180-beds Field Hospital installed in

Togliano (Cividalde) in an ancient ruined castle built by the Bishops of Aquileia, restored for the occasion by the Italian Knights of the Order;

- a 350 beds Territorial Hospital in Rome, "Santa Marta". It was a Pontifical hospital, made available for the Knights of Malta by His Holiness Benedict XV in person where about 5,000 injured people were given medical assistance during the four years of war.

Finally, for an in-depth comparison between Military Medical Care and the Red Cross, see the exhaustive three-volumes work by IRC major Ruggero Belogi "Il Corpo Militare di CRI"<sup>(8)</sup>.

### Prisoners of war

After the defeat of Caporetto, about 350,000 Italians were taken prisoner while another 150,000 had already been captured since the beginning of the conflict. By the end of the war 100,000 out of 600,000 Italian prisoners had died in captivity. Our supreme command was always ruthless towards the prisoners of war, suspecting them of desertion or lack of will to fight. Cadorna, as well as Diaz, considered them cowards who had surrendered to the enemy without fighting. Treating them well would have facilitated unconditional surrender. Tens of thousands of our soldiers were left to die of debilitation and hardship. Italian government left the support of the prisoners to the initiative of the Red Cross and families. They took care of the miserables sending parcels ad personam that often did not arrive at their destination or took long time to be delivered (116-117). Officers were treated better than soldiers, the latter were kept in terrible conditions, in overcrowded prisons often hungry, sick, forgotten by the mother country<sup>(9)</sup>.

### Diseases of the war

In short, the main diseases were:

- Communicable diseases such as scabies and cholera due mainly to lack of hygiene
- Petechial typhus due to omnipresent body louses and to Rickettsia
- Dysentery: people lived and ate in unsanitary conditions
- Venereal diseases, due to the problem of complacent prostitution
- Acute articular rheumatism. The trenches were muddy, filthy and often flooded with cold water.

Trench foot, affecting mainly the lower limbs and especially at high altitudes. (copy pg.66)

War neurosis, then called post-traumatic stress disorder (PTSD), often affected soldiers due to their exposure to hardship, combat, dead, agony and the prolonged incessant bombing which could even cause the eardrums to rupture.

Cases of leptospirosis and rabies have also been reported apparently due to the bite of rats in the trenches.

### Causes of death

Mortality was very high mainly because of poor sanitation, tetanus, gangrene, hemorrhages (no blood transfusions were performed and few attempts at transfusion resulted in a fatal outcome).

Traumatic brain injuries characterized by the disbursement of brain matter. The mortality rate was 30%. Other frequent causes of death were post-operative infections, meningo-encephalitis, brain abscesses and hemorrhages.

Chest wounds mortality rate was 20%; but those who survived subsequently died from tuberculosis, pleurisy or other pulmonary infections.

Abdominal wounds. No hope! Soldiers wounded in the lower abdomen were denied every treatment and left to die under morphine sedation.

Patients with wounds in the limbs had greater chance of survival. It was common practice to amputee and disarticulate the fractured limb. Those were the antibiotics of the time. Sometimes, however, gaseous gangrene occurred and the chances of survival were virtually none. Even the transport of the wounded patient was often fatal!

### The trench

The trenches (narrow ditches extended over kilometers in different war sectors protected by an inextricable mass of woven wire and guarded by deadly machine guns emplacements) represent the most dramatic and significant symbol of the extreme sufferings experienced by our fighters. *"Those who came down in the trenches already felt the slime and stench of decay. The guts of the earth, slashed there under the blue sky, were scary. In front of the mass of woven wire between one trench and another, it stretched the squalid "no man's land".* (Personal testimony by Colonel Angelo Gatti<sup>(4)</sup>)

### The assault

It is the most terrible thing that human mind can imagine. From "A year on the high-plateau "The words pronounced by Captain Savoia" fell

like an axe". The 9th Army was standing, but I couldn't see it all as it was leaning against the parapets of the trench. The 10th Army stood in front of it, all along the trench, and I was able to distinguish every soldier. Two of them moved and I saw them, side by side, adjusting their rifles under their chins. One of them bent over, shot and crouched down on himself. The other one did the same and collapsed next to the first. Was it cowardice, courage, madness? The first one was a veteran of the Karst!<sup>(10)</sup>.

## Conclusion

It is with a certain degree of bitterness that we have to point out that no doctor had the gold medal for military valor, except Dr Raffaele Paolucci who was awarded the Italian gold medal not for the practice of medicine but for sinking the Austrian battleship *Viribus Unitis* in Pola (together with Raffaele Rossetti, an engineer). Among the members of the medical staff only one, fully deserved, gold medal was awarded to the stretcher-bearer Angelo Vannini.

The Military Medical Care and the Red Cross were two institutions that worked hard to alleviate the many sufferings of our soldiers, although they only partially succeeded in doing it.



**Fig. 1:** Dedicated to the Martyrs of the trenches.

*"...They all had the face of the Christ in the livid halo of their helmets, all of them bore the sign of torture in the cross of their bayonet, in their pockets the bread of last supper, in their throats the tears of last farewell....."*

What we wanted to point out in this brief account of the facts is that the ordeal of our soldiers was the ordeal of every other soldier.

The image at the end of this work represents the Italian martyrs, but it could belong to any other country (fig.1). We found it in a small publication in the ancient town of Montevarchi, near Florence, it is in memory of the dead of that place during the Great War<sup>(11)</sup>. The only "Samaritans" for millions of suffering people were doctors, nurses and military chaplains.

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