ACTIVITIES OF THE OTTOMAN HILAL-I AHMER (RED CRESCENT) ASSOCIATION IN THE OTTOMAN-ITALIAN WAR (1911-1912)

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ABSTRACT

One of the first charities established in the Ottoman Empire was the “Ottoman Hilal-i Ahmer (Crescent) Charity.

The charity was initially named the “Ottoman Hasta ve Yaralı Askerlere İmdat ve Yardım Cemiyeti” (Society in Aid of Ill and Wounded Ottoman Soldiers) on 11th June 1868, following which it was legally institutionalized and officially established as the “Ottoman Hilal-i Ahmer Cemiyeti” on the 14th April, 1877.

The charity was reconstructed following the declaration of the II. Constitutional Monarchy in 1908. The first general assembly was held 3 years later, with its 100 founder members.

In 1911 the Ottoman-Italian war began while the charity was still in its organization stage. On 7th October, 1911 the charity decided to send medical crews and staff to Tripoli in order to provide help to injured troops and civilians. Two further crews were then sent in order to work in patient medical, dispensary and kitchen services.

Following the success of its services during the Tripoli War, several national and international organisations supported the charity, which became more established. This support enabled the charity to function with efficiency, during the “The Balkan and The First World War”.

Key Words: Crescent, Tripoli War

Red-Crescent Association

The Hilal-i Ahmer Association, today’s Red Crescent, was founded in Turkey, in April 1877. The initial services were observed during the Ottoman-Russian War between 1877-1878. Twenty-two mobile hospitals were established with the aid of 72,000 collected golden lira. When the war was over, the Red Crescent Association terminated its activities until 1897, the year of the Ottoman-Greek War (1-4).

The main organisation of the Association was established following the declaration of the Constitution. In April 1911, a Central Committee was selected in a meeting also attended by the Prime Minister Hâkki Pasha. The Sultan took the Association under his protection. The Crown Prince became Honorary President of the Association. The Red-Crescent passed its first serious test during the Ottoman-Italian War between 1911-1912 (1, 3, 5).
The charity also provided help during the Balkan War, I. World War, and the Turkish War of Independence as well as during epidemic diseases, fires and earthquakes.

The name of the Association, “Hilal-i Ahmer”, was changed to “Red-Crescent” (Kızılay) in April 1935 (2).

**Ottoman-Italian War (1911-1912)**

Following the occupation of Morocco by France, and Egypt by England in 1902, Italy decided to occupy Tripoli and Bingazi and after the declaration of the Constitutional Monarchy, civil turmoils started in the Ottoman Empire. These turmoils encouraged the Italians to decide to invade these regions (6, 7).

On September 28, 1911, Italy telegraphed a 24-hour notice and then declared war. Italy attacked Tripoli five days later on the 3rd October (1, 8).

The Ottoman State was unable to send sufficient troops to this region, with the exception of a small amount of weapons and ammunition. The Paris Military Attaché, Mr. Fahri, Berlin Military Attaché Mr. Enver and Staff Captain Mustafa Kemal joined the war in Derne, Retired Major General Ethem Pasha joined the war as a volunteer soldier and became Commander of the Ottoman troops. He founded the native volunteer army corporation and established the defensive lines against the Italians.

Staff Captain Mustafa Kemal was seriously wounded during the Kasr-i Harun battle. He insisted on staying in the front-line, despite a limestone wound in his right eye.

Italians had also attacked the Turkish ships in the Red-Sea and in the Mediterranean, bombed the Dardanelles Strait and several coastal cities, and occupied some of the Aegean Islands (9).

The war with Italy concluded with the Ouchy Treaty on 18th October, 1912. Tripoli and Bingazi were taken by Italy and some Aegean Islands were also left under the temporary occupation of Italy (6, 7).

**ACTIVITES OF THE RED-CRESCENT (HILAL-I AHMER) ASSOCIATION**

The Red Crescent Association was in a comparatively weak state when the Ottoman-Italian War started in 1911. They had neither sufficient money nor materials. Following the declaration of war, the Ottoman State requested help from a number of Muslim countries, such as Egypt, India, South Africa and Bosnia, which responded positively. Money and materials gathered by 3 health committees were sent to Tripoli. Hospitals were established in Al-Aziziyah, Tripoli, Ghairan, Al Khum, Bengasi, Darnah and Tobruq. The Association served the wounded and natives of the region (1).

**The Red Crescent First Health Committee**

Central Committee met on 7th October 1911 and decided to send a Health Committee to Tripoli and to gather 5000 liras for their expenses.

A Medical Faculty Teacher, Surgeon Doctor Major Kerim Sebati, who was also member of the Central Committee, was selected as President Vice-president Dr. Saip Giray, Dr. Lütfi Ismail, Dr. Abdüsselam, Dr. Ziya, Pharmacist Suphi and 15 nurses were also included in the team (1, 6, 7).

Dr. Kerim Sebati and Dr. Saip Giray went to Paris in order to obtain the necessary supplies such as drugs, surgical tools, tents, stretchers, kitchen tools and tinned food. Luckily, Dr. Besim Ömer Pasha, Dr. Kazım İzzettin and Dr. Akil Muhtar were in Paris at the time and with the aid of these gentlemen, the necessary materials were purchased. Apart from these materials, two-fully equipped ambulances were bought from the French Red-Cross (1, 10).

Dr. Kerim Sebati and Dr. Saip Giray went to Marseilles with 200 packs and met the Committee from Istanbul. The 1. Health Committee arrived in Sfax on a steamer named “Ville de Tunis” on the 2th of November 1911. They established 13 tents in Sfax with the help of the city residents. Each tent had 8 beds (1, 11).

The Health Committee arrived at Al-Aziziyah near Tripoli soon after. They transformed the
school building into a hospital and also set up tents around the building. These efforts led to the establishment of a 160 bed hospital. The hospital provided service for 300 wounded on the first day of the war (2, 12).

The Committee also trained sanitarians, who transported wounded people to the centre. Camels were provided for the use of sanitarians to transport wounded soldiers from the front-line to the hospitals. Every transporting branch had a doctor and a nurse. Six volunteer doctors, (Eşref, Orhan, İzzet, Hüsnü, Nedim, Zeynel Abidin), trained at Medical School in Paris, joined this Health Committee at a later date (7, 12, 13).

**Second Health Committee**

Rising numbers of wounded soldiers and the appearance of epidemic diseases forced Dr. Kerim Sebati to request a second health committee from the Red-Crescent Association’s Management Team (1). A second Health Committee was therefore appointed in December 1911, with Dr. Emin as president. The total number of personnel was 25, including surgeon Sadettin Vedat, 2 doctors, a pharmacist and nurses.

Some members of the second team went to Paris in order to buy the necessary equipment. They met the rest of the group in Marseilles later on (7).

Members of the Committee were released in response and sent back to Marseilles after being examined by French and Italian doctors (1).

Tunisian people met the Committee with great enthusiasm when they returned from Marseilles to Tunisia. The Tunisian Islamic Committee gave golden watches to the doctors and silver tobacco boxes to the nurses as a gift of celebration (7, 11).

The Committee arrived at Al-Aziziyyah via Sfax and Tripoli. A group under the direction of surgeon Ertuğrul Baydur established a 100-bed hospital in Garyan and a 50-bed hospital in Nifrin.
Furthermore, under the guidance of Dr. Emin from Al-Aziziyah, 2 doctors and 5 nurses established a hospital in Homs Reşadiye School (25 January 1912). Dr. Emin was appointed president instead of Dr. Kerim Sebati who returned to Istanbul. Doctor Rasim Ferit was in turn appointed Chief Doctor in Homs Hospital.

After the arrival of 400 wounded soldiers on 13th June 1912, the hospital had to be enlarged and a 50-bed, fully equipped hospital was transported over from England. 575 wounded and 212 patients were treated in Homs’s Hospital. They also provided service to over 1000 local citizens. In this hospital, Dr. Rasim Ferit, Dr. Beşir Fuat and Pharmacist Yunus worked together (1).

The personnel of the Garyan Hospital consisted of Dr. Emin, Dr. Lütfullah, Dr. Aziz, Dr. Abdüsselam, Dr. Ertuğrul, Dr. Beşir Fuat, Pharmacist Nazif, Pharmacist Suphi and Pharmacist Solun. 503 wounded soldiers and patients were treated between March and September 1912 and an outpatient service was also provided in the hospital (1, 6, 7).

In Garyan, a German Red-Cross Committee worked until 9th June 1912. 330 camels and 12 carriages were used to bring the necessary equipment in order to set up a hospital. The German Red-Cross Committee consisted of Prof. Dr. Schütze, Prof. Dr. Goebel, Dr. Fritz, 3 Medical Faculty students and 9 helping staff. When Dr. Schütze died as a result of typhoid fever, Dr. Otten was send from Germany to complete Dr. Schütze’s mission. Turkish doctors, Dr. Rifat, Dr. Nedim, Dr. Saip, Dr. Hüsnü, Dr. izzet, Dr. Zeynel Abidin joined this team at a later stage. The hospital was composed of 6 tents and a school building. A total of 750 people, including 31 wounded soldiers and 54 patients, were treated there (10, 13).

When the Germans left on 9th June 1912, they donated their equipment to the Turkish Red-Crescent Committee (13).

Third Health Committee

Tripoli front-line Commandership requested a further hospital in Bengasi region, and in response, the third Red-Crescent Health Committee departed from Istanbul (30 November 1911) under the direction of Dr. Arif.

The members of the committee initially came to Alexandria, where they were met by the Egypt Red-Crescent Committee, and then they departed for Cairo. In Cairo, with the help of Esat Pasha, they bought the necessary equipment and found nurses having spent 3,000 liras within a month. The convoy, containing 312 camels and 4 horses, reached Bengasi on the 22nd of January, 1912 (7).
Red-Crescent Associations provided health services for the Ottoman Army and the resistance forces fighting the Italian Army under the most difficult circumstances, as well as supplying useful services for the local people.

A poem written by a native of Tripoli expressed gratitude to the Turkish Red-Crescent Association as follows (14).

O surgeon, who gave us life,
It’s you who saved parents of children
O surgeon, It’s you who stopped women’s tears
And when you were here, the ballad of bullets meant nothing to us.

REFERENCES

ESTHESIONEUROBLASTOMA (ENB) IS AN UNCOMMON MALIGNANCY OF OLFACTORY NEUROEPITHELIUM THAT WAS FIRST RECOGNIZED IN 1924 BY BERGER ET AL (1). AGE INCIDENCE HAS BIMODAL DISTRIBUTION WITH PEAKS AT 11-20 YEARS AND 40-60 YEARS (2).

CLINICALLY THIS TUMOR IS USUALLY UNILATERAL. THE MOST COMMON EARLY SYMPTOMS ARE EPISTAXIS AND NASAL OBSTRUCTION. ON GROSS EXAMINATION, THE TUMOR APPEARS AS RED, POLYPOID MASS HIGH IN THE NOSE. THE NOSE CAN BLEED AND BECOME OBSTRUCTED, AND SYMPTOMS CAN BE PRESENT FOR MONTHS OR YEARS. THE HISTOLOGIC FEATURES THAT IDENTIFY THE ESTHESIONEUROBLASTOMA ARE UNDIFFERENTIATED SMALL NEUROEPITHELIAL CELLS ARRANGED IN COMPACT CELL AGGREGATES CONSISTING PREDOMINANTLY OF DENSELY STAINING CELL NUCLEI SURROUNDED BY SCANT FIBRILLARY CYTOPLASM. OCCASIONALLY CELL AGGREGATES MAY FORM PSEUDOFIBRILLARY CORDS. MITOTIC FIGURES ARE ABSENT, AND OCCASIONAL INTERSTITIAL CALCIFICATION IS PRESENT.

THE ANATOMIC ORIGIN IN THE SUPERIOR NASAL CAVITY OFTEN LEADS TO NON-SPECIFIC SYMPTOMS THAT PRECLUDE EARLY DIAGNOSIS. AS A RESULT, MOST PATIENTS PRESENT WITH LOCALLY ADVANCED DISEASE THAT INVOLVES THE PARANASAL SINUSES OR ANTERIOR CRANIAL FOSSA THROUGH THE CIBRIFORM PLATE. METASTASIS OCCURS IN ABOUT 10 TO 30% OF THE PATIENTS AND THE MOST COMMONLY INVOLVED SITES ARE THE CERVICAL LYMPH NODES (3).

OPTIMUM MANAGEMENT FOR ENB IS POORLY DEFINED BECAUSE OF THE RARITY OF THE DISEASE AND CHANGES IN IMAGING, SURGERY, AND RADIOThERAPY. MOST OF THE AUTHORS STATE THAT SURGERY IS THE FIRST CHOICE OF TREATMENT FOLLOWED BY RADIATION OR COMBINED THERAPY WHEN RECURRENTS OCCUR (2). A COMBINED CRANIOFACIAL RESECTION IS THE SURGERY OF CHOICE IN PATIENTS WITH NO METASTASIS. CRANIOFACIAL RESECTION IN CONJUNCTION WITH RADICAL NECK DISSECTION CAN BE PERFORMED IN UNILATERAL CERVICAL METASTASIS. CHEMOTHERAPY WITH CYCLOPHOSPHAMIDE AND VINCristine SHOULD BE RESERVED FOR THE MOST ADVANCED CASES.

PROGNOSIS OF THIS TUMOR HAS BEEN CONSIDERED TO BE GOOD I.E., FOR THE TUMOR CONFINED TO THE NASAL CAVITY, 3 YEAR SURVIVAL RATE IS 100%; AND THE LEAST, ABOUT 40% FOR A TUMOR WITH DISTANT METASTASIS (4).

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misyonlarında azalmalı, epilepsi, renal, hepatik veya myeoproliferatif bozuluklu hastalarda dikkatle kullanılmalıdır. Kanser tedavisi veya non-hodgkin lenfoma, rekor 

rendikasyonları: Interferonlara veya fare immunglobuline karşı aşırı duyarlılık, ciddi kalp hastalıkları, ağır böbrek veya karaciğer disfonksiyonu, epilepsi, MSS fonk

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