

## DOCTORS AWARDED IN 1915

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HOME OF HEALTH BERANE

**The orderlies keep watch over them,  
To prevent them from leaping through the window.  
Doctors visit them with trepidation.  
Every hour, someone is carried out.**

**As he, too, succumbs to a recurrence,  
For so many days now,  
Yet he hasn't sought a replacement,  
For now is not the time for such matters.  
In the scarcity of doctors.**

**Summary:** Since 1925, there has been a recognition that the Chief of the Serbian Military Sanitary Service, Colonel Dr. Genčić, was criticized for untimely and inadequate measures against epidemics and extensive suffering. The main reason for the failure remained unknown. There was no appropriate tactic, and thus timely suppression did not commence. The tactical means and procedures were yet to be promoted. Dr. Subotić found a solution in "scientifically unknown to medicine." Evaluating the events of ten years prior, during the war, as presented by Dr. Genčić, aligns with the war decorations awarded to foreign and domestic doctors in June 1915. These dedicated Serbian doctors, seasoned fighters against typhus and relapsing fever, served as a support to Dr. Genčić, as they later became leaders in the sanitary work of Serbia and the Kingdom of SHS.

**Keywords:** Military Sanitary Service, Col. Dr. Lazar Genčić, Col. Dr. Viljem Hunter, decorated in 1915, Dr. Vladimir Stanojević.

### INTRODUCTION

Dr. Hunter's work, according to medical historians, in combating the epidemic was generally unsuccessful. The same historians examined the work of the Serbian sanitary service [1]. Evaluations made in 1915 and 1925 were also reviewed. After the discovery of the causative agent of plague and Nikola's Nobel Prize, earlier uncertainties needed resolution. Dr. Vuksic noted in 1989 that Dr. Hunter played an impressive role as a leader in combating the plague in Serbia. He pointed out the contribution of Dr. Hunter and his team [2]. This alone indicates the unsustainability of denying the success of 1915. At that time, no significant action by the Serbian sanitary service was noted; instead, it was considered to be within the scope of Dr. Hunter's and other foreign missions' activities.

Chief Sanitary Officer Dr. Genchic insisted to the Serbian government on January 15, 1915, that "the profession needed to be strengthened." The government adopted the proposal, resulting in success. Regarding Dr. Genchic's address on January 15 in his new methodological approach to studying the Great War through archival material, Dr. Nedok states: "This report concludes the reporting of the Chief Sanitary Officer Dr. Genchic to the Chief of Staff of the Supreme Command, Vojvoda Putnik..." after which "the epidemic waned... By the end of May 1915, a period of respite and recovery will occur..." Dr. Nedok concludes his evaluations with biographical data on Dr. Genchic, who is "criticized" [3].

In his discussion (attached to Dr. Subbotic's presentation), Dr. J. Berry (James Berry) emphasizes the possibility of uncertainty regarding the success of epidemic control. The success of control after the plague epidemic gained momentum is also questioned, i.e., that it is not the same as control that was "timely initiated" [4:38]. No answer is given as to why the epidemic gained momentum..

Measures in combating the epidemic by the Serbian sanitary service were achieved through the implementation of administrative measures - interruption of railway traffic. The first measure was

requested on March 10 - "it came into force on March 16 and lasted for two weeks... it was supposed to expire on March 30."

The second measure, the suspension of other traffic, followed the first and lasted until April 16 (according to the Gregorian calendar). Dr. Hunter takes over a significant portion of medical responsibilities from the Serbian sanitary service starting from March 16, thus beginning the "English side" of combating the plague epidemic and return [5].

Some assessments of the work of the Serbian sanitary service in 1925 were disagreed upon by contemporary Dr. Žarko Ruvidić (war sanitary general). The criticisms he pointed out in 1947 were primarily methodological. Due to insufficient argumentation, he disagreed with the given assessments of former chiefs [6]. It has already been shown that Dr. M. Pecic, who combated the epidemic, successfully ended it in its epicenter, in Valjevo [7]. Dr. Pecic and Dr. Ruvidić were awarded in 1915. This was a new reason to doubt the correctness of the negative assessments pronounced in 1925 regarding the work of the Serbian sanitary service. Re-examining the defeatism of the actors [10], assessments of the outbreak of the epidemic are primarily the result of the impotence of medicine exacerbated by war, i.e., "war typhus," and plague.

A way to combat it was sought, and incidentally, the main reason for the outbreak was implicitly found. It was the initial contribution of Dr. Subbotić, i.e., his "buried furnace" [8,9]. Who supported the Serbian sanitary service? How can this be proven today? The hypothesis is that those who were awarded in 1915 contributed to it. Negative assessments of the work of the sanitary service expressed in 1925 call into question the honor of the awarded doctors. A retrospective analysis of the success of the awarded officers of the Serbian sanitary service will be made. Historians' conclusions about medicine are subject to scientific verification. The assessment by the strength of arguments can be confirmed, modified, or rejected.

Are general measures sufficient? Why were they not properly implemented? The increase in the epidemic led to unrest. Fear of failure had already gripped the doctors of Serbia since January and February, hence the request for assistance from the allies. As the response was uncertain, Serbia contemplated the epidemic that had befallen them. They did not give up. Isolating the sick alone needed to be reconsidered as a strategy.

If the actors after the Great War were correct in seeking the reorganization of military and civilian sanitation, it does not mean they pinpointed the correct cause of the high mortality rate in the epidemic. The cause was not the organizational weakness of Chief Dr. Genchic. He contributed to the special epidemiology of typhus by combating the lice infestation [3,12]. The problem was how to solve the advancing epidemic, as seen by Dr. Berry while working with his wife in Vrnjačka Banja. The uncertainty of success in combating the epidemic emphasized by Dr. Berry in the conditions of epidemic spread raises the question: were there conditions for timely suppression? Did the English mission and Serbian sanitation reflect on the same?

It is noticeable that there are differences in the activities of the Serbian sanitation during the epidemic and what Colonel Dr. Subbotić wrote about it in his presentations in Paris and London [4]. There is an inconsistency in interpreting the same events. It's as if one truth applied to foreign countries, where Dr. Subbotić was presenting, and another in the homeland. Therefore, despite the dominance of memories in 1925, the published literature dealing with the issue of epidemics in Serbia during the Great War, such as the works of Strong, Hunter, Subbotić, etc., is not utilized. Despite these weaknesses, the chief of sanitation is attributed with the following: "Dr. Genchic was a participant in liberation wars and a member of the Supreme Command. His work was criticized due to untimely and inadequate measures against the epidemics of typhus and dysentery, resulting in massive losses in the army and among the people." [12;13:190]. By automatism, the writer-doctors, as actors, have also assessed themselves. If so, because of the plague (and that was a criticism), the question is whether the doctors deserved the awards given in 1915.

Engagement of the Royal Mission's sanitation in combating the epidemics. Dr. Hunter found an advanced epidemic upon arrival, as indicated by the number of hospitalized patients. The peak was reached one month after his mission's arrival. This corresponds to Dr. Berry's observations.

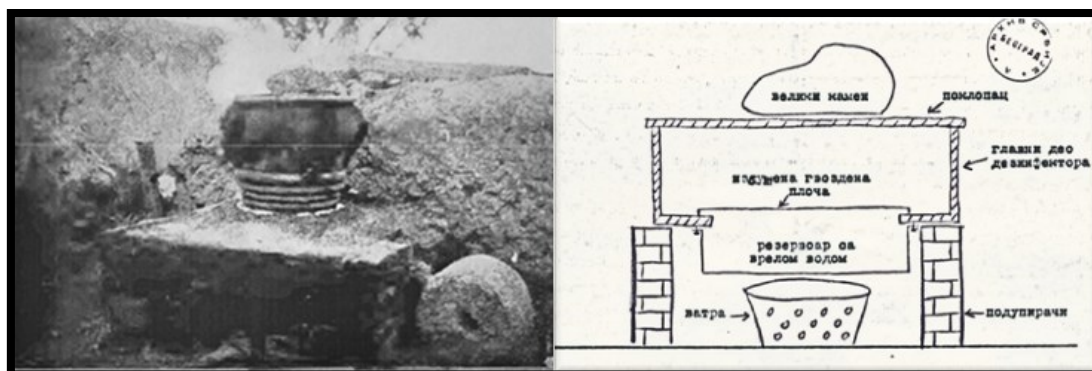
The untimely activity of the Serbian sanitation - The consequence of the untimely implementation of measures is registered by Dr. Hunter in his book. He was familiar with the period preceding the arrival of the mission. Several facts will be presented as he noted them: "There were two

types of problems - a clinical problem concerning the improvement of accommodation. The other... a preventive problem to stop further spread of infection to the healthy." [5:108]. Hunter believes that "seeking help from doctors from our government and others, it is undoubtedly, in my opinion, that the guiding thought of the Serbian authorities was to obtain as much of the much-needed clinical help as possible" [5:237-8]. The basis was seen: "Hospital conditions were indescribably poor; overcrowded, without any sanitation plan; without disinfection measures..." The urgent need was for beds, mattresses, bedding, pajamas, clothing for a mass of 15,000 infectious patients [5:99]. The summary would be: "The state in hospitals was overcrowded and shockingly unhygienic" [5:238]. Other reasons were present: poverty, untimely provision of money, total war, etc.

The English Royal Sanitation Mission of Dr. Hunter proposed measures in nine points, including the use of the "improvised autoclave": a wooden chamber placed above a boiler. A stationary fire heats the water (principle of moist hot air) - (Figure 1) [12]. Then they supplemented them with a new proposal for the interruption of passenger railway traffic [5:113,119,121].

Protich believed that Stamer's improvisation was applied in the Russo-Japanese War of 1905 [14]. Dr. Genchic appointed him as the representative of the Serbian sanitation during the testing of Stamer's improvisation. An order was issued for the production of these chambers at the Military-Technical Institute (VTZ) in Kragujevac [5:219]. The next change was proposed by Stamer: a metal barrel was used instead of a wooden crate, so this was the definitive variant of the improvisation made by VTZ, known as the "Serbian barrel" [12].

Image 1. Left: The furnace used in Japan in 1905 (found according to Dr. Đ. Protić's references) [12:104]; Right: Sketched prototype of Stamer's proposal for an improvised autoclave made of wood: a) box (drawn) and b) "barrel" (notated) [12:101]



Upon arrival, Dr. Hunter was briefed on the preceding events of the epidemic. As these activities in 1919 are partially depicted, predominating are the pieces of information about the epidemic's growth, while activities of the Serbian sanitation to resist the infection are unknown to him.

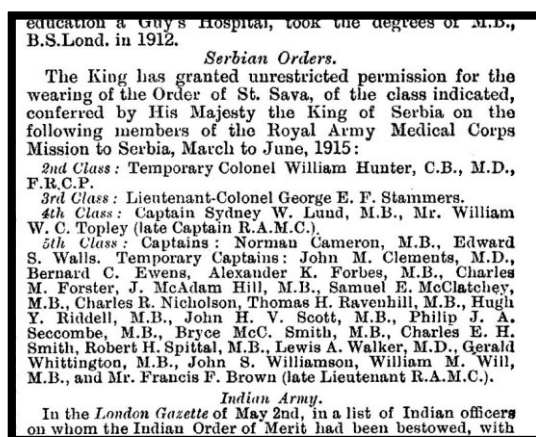
Assessments of the success during the war - The assessment from 1915 is "astonishingly thorough," although unofficial. Primarily, it referred to Hunter's work in Mladenovac. The route from the war zone of Valjevo led by narrow-gauge railway to Mladenovac. Other traffic was not functioning. In Mladenovac, Hunter implemented a disinfection station: quarantine and a cleansing center (bathing and delousing), as well as treatment by bringing in mobile hospitals (under tents). The progression of the epidemic was successfully halted by traffic bans and finding ways to protect healthy soldiers from typhus spreading from Valjevo, known as an "epidemic focus" [15]. The Serbian sanitation also had its judgment about the significance of Hunter's team's work - expressed by the chief. It wasn't just courteous, but more than that - a substantial assessment, which would be agreed upon today.

On May 25 (June 7), 1915, Colonel L. Genchic sent a congratulatory letter to Dr. Hunter for leaving Serbia and embarking on a new task: "Although you and your mission have worked only for a short time, exceptional results have been achieved. The assistance your mission provided us in every aspect, under your experienced leadership, will stand at the forefront of all the foreign aid we have

received in this war... (emphasized, GC)" [5:248,251]. This assessment did not differ from Dr. Vuksic's assessment expressed in 1989 and was not sufficiently emphasized.

These commendatory assessments debunked the assessment from 1925 about the importance of warmer weather. Consequently, the decisive activity of the doctors was supported, justifying the proper awarding of honors to members of the English Royal Mission. [16:735].

Figure 2. Decorations of Serbia awarded to members of the Medical Mission of the Royal Army in Serbia [16:735]



The assessments of Hunter's contribution are commendable, but domestic successes have been neglected.

Dr. Subbotić's work was published in 1918. Hunter, in 1919, does not cite this work, although it was presented in English. In his published presentation, he mentions his "underground stove," as well as the use of other chambers with warm dry air and bathing facilities. This seems inadequately emphasized, somewhat clumsily expressed. This is not the case when he points out the advantage of the dry chamber compared to the "Serbian barrel." He also discusses the endemic nature of typhus and the possibility of its importation from neighboring countries such as Albania and Bosnia. Initially, differential diagnosis of typhus posed difficulties.

It is interesting to note the participation of the Berry couple in the discussion, who were in Serbia during the epidemic. The use and description of the chamber with warm dry air, similar to a dugout, is highlighted more clearly than what Dr. Subbotić did. This was first seen and presented in Russia. Supported is also Dr. Subbotić's experience that a deloused patient is non-infectious to the surroundings, and the procedure is outlined as to how this conclusion was reached when the disease is discovered among hospitalized patients [4:38-9]. This is significant evidence that the human body is crucial in transmitting the causative agent of typhus, thus supplementing Nikolay's observations based on experiments on monkeys.

#### **Chapter on the engagement of Serbia's sanitation in combating epidemics will be explored through questions:**

- a) experience with freckles before the 1915 epidemic;
- b) the importance of a mild climate, warm weather, on stopping the epidemic;
- c) the interrelationship between the actors of the writers (1925), Hunter (1919) and Subbotić (1918).

The essence of the necessary reorganization of Serbia's sanitation was different from the perspectives of the actors. General preventive measures were insufficient. They had to be replaced by "specific measures". The strategy for combating typhus was deliberation. This insight is valuable for the future Nobel Prize awarded to S. Nikola. Dr. Genčić personally contributed to this direction of Serbian sanitation,

as seen in his address to Vojvoda Putnik on January 15 [3,12]. Dr. Subbotić elaborated on the reasons why a certain number of actors did not consistently accept that lice transmitted typhus [4:38]. They could not consider delousing useful for either the sick or the healthy – it just needed to be proven or accepted as having epidemiological significance. So, until then, they were just pests to be removed like any other dirt (unhygienic condition).

At the beginning of the epidemic, a set of facts was noticed that contributed to the spread of typhus. The first is essential: typhus was an unknown disease in medicine. There was a lack of tactical means for mass use. The second fact builds on the previous one, namely the "conditions for the development of such a massive epidemic created by a severe war."

Chapter on the engagement of Serbia's sanitation in combating epidemics will be addressed through questions:

a) Experience with typhus before the epidemic of 1915 - Borjanović in his thesis in 1977 believes that "typhus in Serbia before the First World War was not a health problem, as there were no endemic foci of this disease." He declaratively states the existence of typhus in 1836 in Kragujevac, the then capital of Serbia, without offering arguments on how it was recognized [17:193]. Thus, ambivalence is spoken about the endemicity, as much as it existed, as it was not [18].

It was believed that typhus in Serbia persisted in a chain of acute cases in specific groups. That it "... appeared only among Gypsies without a permanent residence and in a few cases in prisons" [19]. Criticism was raised due to one-sidedness, for supporting only the teaching that preceded the establishment of the existence of recurrent typhus, "for which explanations had to be found," such as permanent beds [18]. Such an approach was not taken by Dr. Kuzelj. He was more correct as he was more biological, insisting on similarities among people rather than differences.

The occurrence of the epidemic among guardsmen in 1836 in Kragujevac has not been studied more studiously. Therefore, it has not been proven which "typhus" was present; or if a type was specified, arguments were not given for such naming [18]. The typhus that appeared in the Topčider prison in 1906 was not even described, so crucial judgments as experience were not drawn [20]. There was also double reporting of the disease. Official statistics collected data recorded by priests in death books. Until the end of the First World War, combating infectious diseases fell within the jurisdiction of district, county, and city doctors – physicians [21:17]. Physicians sent their reports on the movement of infectious diseases to the Ministry of Health, Sanitary Department. This issue was "resolved" by wartime events. In 1913, the last annual report for 1907 and 1908 was published [22,20,23], while for 1909 and subsequent years they were not even published..

b) Mild climate, spring, warm weather - During the Balkan Wars, the experience was: "...During the winter of 1912/13, when our Serbian Army units crossed Albania to the sea and reached Durrës... the first cases of this disease appeared among them and became much more frequent than in other units. Deaths were not lacking. At first, we attributed them to fatigue, exhaustion, and shortages, but soon it was noticed that we were dealing with a very characteristic disease face to face with an enemy previously unknown to us. These were typhus and relapsing fever, two diseases endemic in Albania. The number of those who contracted these diseases was relatively small; only a relatively small number of doctors knew about them. As soon as the weather became nice, these diseases disappeared on their own." [24:3; 4:32].

It is noted that the spread of typhus is contributed to by its difficult detection, differential diagnosis with other diseases or conditions. It was emphasized: fatigue, abdominal typhus, etc. This is what doctors in contact with patients in basic units had to pay attention to, and it is important for the entire sanitation.

Antic states how the "authorities" who did not spare us with countless "orders" missed to inform us of one similar order, ordering us to know that soldiers spread typhus. There is no doubt that there was such a conviction among doctors, as well as among the rest of the army, that the number of victims of typhus in the army and among the people would have been significantly lower. [25:322]. Antic believed that the epidemic was stopped by the arrival of spring, naturally; and not by the influence of measures [25:319].

Like Subbotić, Antic also points out that there were doctors who doubted the correctness of the truth that soldiers spread typhus. According to him, neither Dr. Hunter believed in all of this, as he wore a handkerchief instead of a protective mask, thus showing that the transmission of the typhus pathogen is possible through the air. But, others also thought the same. In the article "Serbia, Land of Death," Reid

described Serbia as: "...the land of typhus - abdominal, relapsing fever, and mysterious and cruel typhus (in English, he is "typhus"; and "typhoid" is abdominal, G. Ch.), which kills fifty percent of its victims and whose bacillus had not yet been found by that time. Most doctors thought that it was spread by white lice, but a lieutenant of the British Royal Army Medical Corps, who traveled with us, was skeptical. I was there for three months - he said - and I have long ceased to take any precautionary measures except for daily bathing. And as for lice, a man gets used to spending a pleasant evening brushing them off one by one... The truth about typhus is this: no one knows anything about it, except that one-sixth of the Serbian people died from it... Warm weather and the cessation of spring rains had already begun to stop the epidemic - and the virus weakened. Now there were a hundred thousand sick people with typhus in the whole of Serbia and only a thousand deaths per day - except for cases of horrible typhus gangrene." [26,9].

Events in the Great War were memorable and unforgettable. In a commemorative brochure reflecting on that time, it was noted: "The epidemic of typhus in Serbia, which during the First World War placed us in an unfavorable position in the history of medicine, could not be thoroughly studied or described... Today, there are few doctors in life who served in the sanitation service of Serbia during the First World War, but those last witnesses of the great typhus epidemic of 1914 and 1915 still vividly remember the sudden appearance and dramatic spread of this serious disease among the ranks of soldiers and civilian population. The catastrophic consequences of that epidemic left a mark in their memories as one of the most painful events of that difficult time. Typhus was introduced by the Austrian army and masses of enemy prisoners from Bosnia into Serbia, where all the conditions for the development of such a massive epidemic were created by a hard war." [20:34]. With the departure of the actors from the world stage, Serbian doctors were supposed to complete the description of the "typhus epidemic in Serbia".

From the foregoing, it can be seen that in Serbia, in peacetime, the people's activities prevented typhus from becoming a problem that imposed itself with its special significance. At the beginning of the epidemic, it persisted because it was difficult to diagnose. It was believed that "typhus, as it came, would also go", spontaneously without major casualties. Experience provided evidence that typhus would not be a bigger problem, and those rare cases (sporadic ones) would incapacitate by the first spring [12:19]. In the archives of the sanitation department of the Supreme Command, evidence supporting such thinking was not found. Contrary to this...

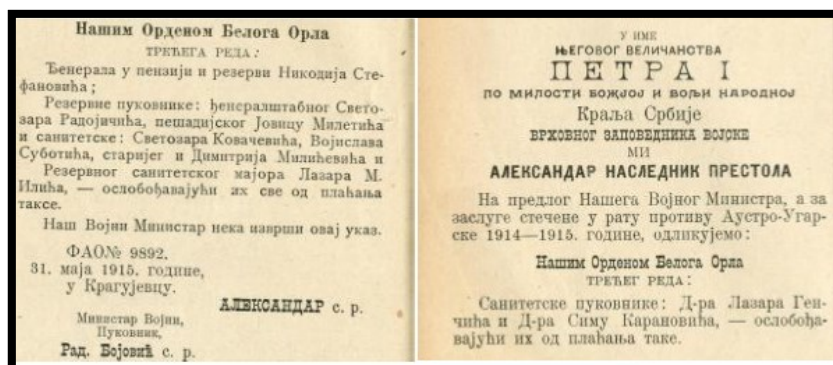
Memories from 1925 indicate that such expectations prevailed among physician writers, as seen in their final conclusion explaining the end of the 1915 epidemics: due to the upcoming warm season, they ceased naturally, rather than through undertaken efforts to combat them [12:29,135].

Capur is probably closest to the truth as he believes in 1875 that the medical personnel's imperfections stem from "a lack of patience and perseverance for deeper and more thorough immersion in certain matters, or specific fields... This is a common occurrence among people taking their first steps towards cultural development. They simply don't yet have the need to be thorough scholars. Practical knowledge, useful for their current needs, is entirely sufficient for them at first" [11:49]. Serbian doctors were aware of these facts. They advocated for the establishment of a medical faculty. Poor personnel preparedness was emphasized not only in terms of quantity but also regarding specialization. Trouble ignites a spirit whose scope is difficult to measure accurately in wartime conditions, with the presence of a not insignificant number of "scientific unknowns."

Unlike the stance of the actors, Dr. Genčić, with the Infection Control Commission at the Supreme Command, as well as the State Committee for Infection Control, advocated for undertaking activities that respected the body's resilience. The only question was - how to manage them. Dr. Subbotić pointed this out in 1916 [24], which was published in 1918 [4].

c) The interaction between the actors, the writers (1925), Hunter (1919), and Subbotić (1918), shows that Dr. Hunter acted as a scientist, which simultaneously connected him to the history of medical science. He commented on the scientific contribution arising from improvisation: "The problem of providing a simple and effective method of disinfection, accessible to everyone and for the needs of the railway, has been solved, not only now, but for all times (emphasized by V.H.)." [5:248]. Therefore, the "Serbian miracle" emerged. With such actions, there were conditions that could provide a solution, which Dr. Hunter utilized as an organizer. Dr. Subbotić also acted in this direction, solving the impotence through improvisation, offering his "buried stove" (for dry warm air) [4,12]. (Figure 3))

Image 3. Distinguished doctors (left) Official Military Gazette. (35) No. 16 dated 08.06.1915. p. 328. and (right) Official Military Gazette. (35) No. 15 dated 04.06.1915. p. 315-6.



Serbian medical services did not emphasize their scientific contribution. Patriotic and military virtues were valued, and military awards were received for them. Stammers was also promoted [26,5], and Serbia honored him. (Figure 2). The great efforts of Serbian doctors were respected, demonstrating selflessness and dedication to the Serbian soldier (Figure 3 and 4). Improvements in the Serbian army followed the same year.

Dr. Hunter also acted as a scientist. He published his contributions in *The Lancet* and in a monograph on typhus in Serbia [12]. His achievements were recognized by the British community, and he was awarded an honorary doctorate.

Hunter and Subbotić mention the buried stove in their works in its most primitive initial form, when it did not represent anything significantly preventive [5:106; 12]. Subbotić points out the applied teachings of Nikola in the Great War, but not in the Balkans. They indicate that Nikola's hypothesis needed to be proven because practice imposed misunderstandings. They sharply point out problems that were later proven as hypotheses: that the unknown cause of typhus "is not transmitted only by flea bites," as was then believed, but that it can also occur through other means, such as inhalation or contact with "dejecta and vomitus." They mention the experience of disinfection in hospitals, which is insufficiently emphasized in the literature about the year 1915. Disinfection was performed using sulfurization, as was routine in Serbia before the war, and systematically during the war in Valjevo, according to the instructions of Hirschfeld, Pecić, and Savić [6]. They present their observations, which are more interesting to surgeons, regarding the frequency of typhus complications that require surgical intervention, such as "parotitis," gangrene, etc.

The authors in 1925 were deeply influenced by emotions for a long time. In support of this, there is a retrospective in the jubilee memorial book of 1969, where the prevailing current rationale of the actors is still presented. Checking the attitudes was as much in line with major discoveries: the awarding of the Nobel Prize in 1928, or the hypothesis of the existence of late relapse of typhus in 1934. Also significant was what was written about the same events, especially before the publication of the memories of 1925: Hunter's work from 1919 was not considered, nor what Subbotić and Strongitd published.

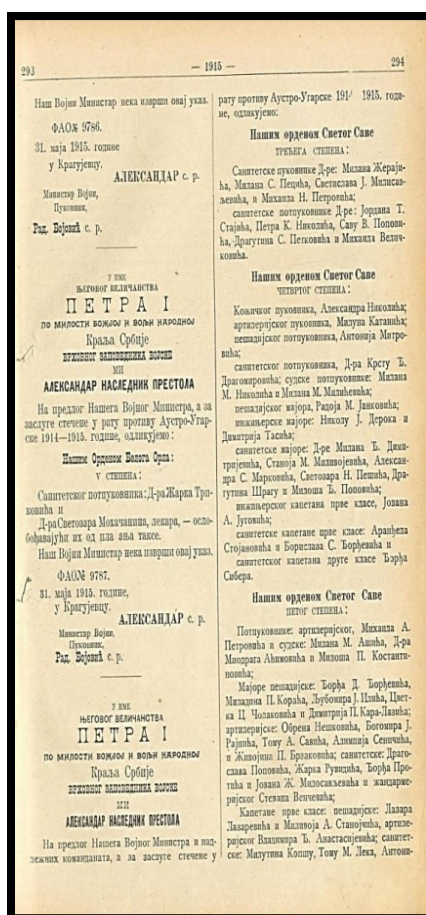
There are assessments of the "unenviable position of the medical service," as well as criticism of the chief's "management of the medical service," despite Dr. Stanojević only considering it as "unexplored." It is noted that the public debate began in 1921, and the question was reopened in 1925 that "our medical experience, however, remains unexplored to this day" [1:foreword]. The unexplored nature was directed through the mortality, and therefore, the culprit for its occurrence was sought...

In the considerations of 1989, the medical historian Dr. Vukšić clearly expressed disagreement with Dr. V. Stanojević as the editor, and he explained this. In evaluating Hunter's work, Vukšić did not differ from Genčić; both emphasized - the success of Hunter's mission was emphasized. The collaboration

between Dr. Hunter and Dr. Genčić is enough to assess the successful engagement of the Serbian medical service. But it should be noted that Dr. Nedok proves the existence of archival material. Based on the documentation found, which he considered the final report of Dr. Genčić, the suppression of the epidemic occurred. Therefore, in addition to Dr. Hunter, Dr. Vukšić, and Dr. Nedok consider the assistance of medical teams that came to Serbia as crucial. This leaves unaddressed the assessment of Dr. Hirschfeld, which obviously does not refer to Dr. Subbotić's "buried stove" because of its modest capacity but rather to the most significant activity of the Serbian medical service, described by the words: "Serbian doctors, with superhuman effort, without means and assistance, began to organize, or rather to improvise devices for dry disinfection, achieving more than all foreign missions combined." [27].

If we accept the fair assessment of Dr. Hunter's work and consider the contribution of the Serbian medical service in proportion to its involvement, along with the correct attitude of Dr. Genčić as the leader, then it becomes evident that Serbian doctors deservedly received the mentioned honors for their patriotic and professional actions in 1915 (Figures 3,4). This is confirmed by the studies of Vukšić, Nedok, Zorić, Stanković, Čukić, and others..

**Picture 4.** Decorated doctors. Official Military Gazette. (35) No. 15, June 4, 1915, p. 293-4.



The Chief's actions were manifested in several ways as correct: a) as a physician, he offered a correct solution consisting of applying Nikolov's teachings, by determining a good strategy for disinfection, for which he proposed factory-made autoclaves; b) as the chief, i.e., the leader, he supported all those who offered arguments that their stance was valid, including doctors (domestic: Subbotić, Batuta, etc., foreign: Hunter, Morrison, etc.) and the State Committee for the Suppression of Contagious Diseases, headed by Eng. Vuković; c) he highlighted proactive individuals (e.g., Infantry Major Sretenović); and d) in the Supreme Command, he founded the Commission for the Suppression of Contagious Diseases,



which made a significant contribution by publishing brochures and numerous other activities [12]. The contribution of Serbia's medical service in 1915 was significant for world medicine [28].

Although the list of honorees was not final, among them were: 4 sanitary generals; 12 brigade generals; 13 colonels, who could be or were the heads of the highest rank, such as sanitary chiefs; then, senior officers - 4; other distinguished doctors who continued their careers in civilian life (academics, faculty professors, civilian sanitary chiefs, ambassadors, physicists, specialists, etc.) - 12. This group engaged in the suppression of epidemics in 1915 provides a general assessment that the honored were successful war doctors who overcame all the wartime trials and were the backbone of Serbia's medical service.

Dr. Genčić, although "criticized," remained spiritually strong, considering himself "neither guilty nor obligated" because of his contributions, for which others were honored with exceptional recognition [8]. The recipients of the same honor include: Tesla, Pasteur, Batuta, vojvodes. Undoubtedly deserving and recognized, Dr. Hunter received the same honor (Figure 2), having successfully collaborated with Dr. Genčić. The highest-ranking honor awarded to Dr. Genčić in 1929, as the head of the medical service in 1915, ranks him among successful citizens, about whom their homeland must care..

### CONCLUSION

- There is no foundation found for the assessment by the medical historian - actors from 1925 that the suppression of the 1915 typhus epidemic was generally unsuccessful and that the epidemic stopped on its own, naturally.
- It has been proven that through the work of Dr. Hunter's mission with the engagement of the Serbian medical service and other foreign missions, the epidemic was suppressed. Therefore, English and Serbian doctors rightfully received their honors in 1915.
- Dr. Genčić deserves a reevaluation of the publicly stated assessment that his work was "criticized." Such an assessment is scientifically unfounded. There are oversights by critics who did not give importance to the results of the Serbian medical service, which are of particular significance to the world of medicine.
- The existing archival material must be studied in more detail. Whether Dr. Genčić's address to Voivode Putnik on January 15, 1915, was his last, the reason for it, and Dr. Hirshfeld's assertion, are separate topics.

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