British Medical Volunteers and the Balkan Front 1914-1918: The Case of Dr Katherine Stuart MacPhail

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Abstract

This paper examines the British presence on the First World War’s Balkan Front in the British popular imagination with a particular focus on the lesser-known woman humanitarian Doctor Katherine Stuart MacPhail. Allied military inertia from 1915 to 1918 led to the British presence in the Balkan theatre being mainly associated through the large number of medical aid volunteers, the majority of whom were women, defining it through a civilian rather than military paradigm. Having been unable to secure a career within the medical establishment of her native Glasgow, Dr MacPhail served as a volunteer doctor in both the Balkans and France during the war. Her experiences of living and working amongst the peasants of Serbia and Macedonia inspired her to remain in the region following the armistice in the newly created Kingdom of Yugoslavia. Amongst her achievements was the establishment of Serbia’s first children’s hospital in 1919. Whilst the example of MacPhail was not typical of the average medical volunteer, it represented a broader trend of record. Unlike many of her contemporaries she did not leave any precise record detailing her own views or ambitions. In Britain her name and mention of her work tended to reach wider attention only through the accounts of her more high-profile contemporaries. However it serves as a prime illustration of a unique historical episode in Anglo-Balkan cultural contact in which issues of gender, the changing role of humanitarianism in war and wider public investment within an Allied campaign primarily viewed as pointless, coalesced. It also reflected the limitations such an extraordinary yet brief historical context imposed on this equally extraordinary situation illustrated by the sudden change in MacPhail’s own fortunes following the war’s conclusion.

On Sunday 23rd September 1934 a large crowd of Yugoslav and British dignitaries gathered at Čardak Hill overlooking the town of Sremska Kamenica outside Novi Sad in Serbia’s northern Vojvodina region. The ceremony marked the official opening of the Anglo-Yugoslav Children’s Hospital for Tuberculosis of the Bones and Joints or, as it was popularly known, the Anglo-Yugoslav Children’s Sanatorium, of which Queen Maria of Yugoslavia was the patroness. As one of only two such institutions in the country specializing in children’s orthopaedic medicine the opening ceremony had attracted considerable attention. During his speech the district governor, Dobrica Matković, enquired whether the new hospital’s founder and director, Dr Katherine Stuart MacPhail, considered the Kingdom of Yugoslavia to be her second homeland. Her confirmation was met with a cheer and the cry ‘Long live Dr. MacPhail!’ For the recipient of this enthusiastic ovation the preceding seven years marked the high point of an unusual journey that had transformed her perceptions and understanding of both Serbia and the Balkans from an almost unknown corner of Europe into her aforementioned ‘second homeland’.
From a historical perspective British involvement in the Kingdom of Yugoslavia was significantly limited, in terms of aid and diplomatic relations, when compared to the country’s other key ally France. However, the First World War marked the beginning of a small but vocal British presence consisting mainly of diplomats, those involved in aid or medical work such as MacPhail and her hospital staff and those with business interests, centred mainly in Belgrade. Like MacPhail, many had served or had had some involvement in the Balkans or Austria-Hungary before or during the war and, through a strongly-held attachment to their recently adopted country, often attempted to raise its profile or the profiles of its constituent nations back in Britain. This included an English-language newspaper, the South Slav Herald, which was published as a joint Anglo-American enterprise and sold across Yugoslavia as well as in London and New York.

Historians examining Anglo-Yugoslav relations – diplomatic, economic or cultural – prior to the Communist era have tended to focus on the influences of political figures and academic ‘experts’ such as the historian R.W. Seton-Watson, the anthropologist Edith Durham or the writer Rebecca West. With the exception of Durham, the majority drew their verdicts on Yugoslavia and the wider Balkan region either through narrowly selective or generalized academic theories or based on their own brief experiences that were usually published as, often, rambling travel accounts. Dr MacPhail represents a lesser-known aspect of Anglo-Yugoslav interaction motivated by humanitarian and vocational concerns. Even amongst the historical accounts of Britain’s prominent 20th century female humanitarians she has remained somewhat enigmatic. Her name often only briefly appears in the memoirs and accounts of her more prominent contemporaries who attracted British public attention as much through their eccentric personalities, lifestyles and the fact that they were mostly female operating in high-profile positions in what was deemed a male-oriented or even exclusive environment as they did through their war-work. These included individuals such as Dr Elsie Inglis, the head of the Scottish Women’s Hospital, in which MacPhail originally served as a volunteer doctor or Flora Sandes, a close friend of MacPhail following the war, who arrived in Serbia as a volunteer nurse before being ‘naturally’ (so she claimed) elevated to the rank of Sergeant within the Serbian army. Whilst documentation detailing her life and medical career exists, it provides little insight into her private views and beliefs. She did not keep a personal diary or write an autobiography, once stating that she had always been ‘too busy or too depressed’ at the end of each day to bother. Some understanding of her motivations can also be gleaned from her personal correspondence and articles written for various medical journals alongside the accounts and memoirs of her fellow humanitarians.
Significantly, these sources reveal her shifting personal perceptions of the Serbs from a vaguely defined archetype to a people whose plight had become a matter of Humanitarian urgency. Above all, her example reflected the transformative potential aid volunteering held for those who undertook it during this period. MacPhail distinguished herself as one of the few examples of this emergent sensibility taken to its extreme conclusion. Her experience also, however, reflected the limits of this emergent sensibility.

Whilst her role in the inter-war Kingdom of Yugoslavia remains a fascinating account in its own right, it was her war-time experiences, particularly her aid work in Serbian Macedonian, which formulated this new-found affinity and shaped her post-war medical career as well as highlighting, through her uniqueness, a trend that was sustainable only through the context of war.

Katherine Stuart MacPhail was born in Coatbridge to the north-east of Glasgow on the 30th October 1887 into a family of self-made middle-class professionals. Accounts of her early and formative years indicate that most of her working humanitarian philosophy as well her later decision to remain in the Balkans were likely to have stemmed from the example set by her father Dr Donald MacPhail. Whilst serving as local physician to the wealthy merchant families in Coatbridge, the elder MacPhail emerged as a champion of the area’s impoverished mining communities, providing them with reduced or even free medical treatment and check-ups. He later advocated and helped to establish Scotland’s first ambulance and emergency paramedic service. Of his children Katherine was noted to be the only one to take any interest in his medical work, accompanying him on his evening rounds and assisting in his practice. It was on these rounds that she first came into contact with non-Britons through the large number of Polish immigrants who formed a significant proportion of Lanarkshire’s mining community. Travelling with and observing her father visiting the impoverished families of miners and steel-mill workers ‘in their grim hovels – rows and rows of one room and kitchen houses, often with families of eight or ten to a house…’ was also likely to have been crucial in formulating how she came to view her role as a medical practitioner.6

However, despite his relatively progressive world-view and a committed belief in his children’s education (all four of his daughters graduated in some form of vocation from the University of Glasgow), her father opposed the idea of women doctors, informing a colleague that he ‘would sooner see her, (Katherine), become a policeman’.7 James Evans’ argument that the ‘righteous indignation’ on behalf of a long-disenfranchised community easily translating into support for Europe’s smaller nations whose ‘oppression’ by the Great Powers corresponded to their lack of political rights in Britain was only fully applicable to the leading figures
such as Inglis whose own accounts have often been interpreted as representing the majority view. However, it is difficult to discount the issue of gender as at least a partial factor in understanding motivations of MacPhail and others in travelling to the Balkans. Whilst most would not point to some unifying political agenda, aid work in Serbia presented at least an opportunity for ending professional confinement. Whilst never considering herself a feminist and remaining averse to any form of militancy it can be argued that MacPhail and other women volunteers were influenced, to some extent, by a prevailing feminist milieu which appealed to a sense of thwarted professionalism. The ubiquitous desire “to do their bit” through a direct application of their medical training should also be considered given the mawkish calls for women to confine themselves to “keeping the home fires burning”.8

This attitude regarding warfare as a means through which women could prove themselves worthy of political and career positions traditionally deemed the preserve of men was not only a phenomenon of the First World War. As Richard Hall has argued, the Balkan Wars of 1912 to 1913 could effectively be considered as forming an unbroken link that continued into the Great War. Even by July 1914 fighting continued in Albania whilst much of the fighting from 1915 to 1918 took place on the same battlefields in Macedonia and Kosovo.9 It also initiated a new period of pacifistic humanitarianism which, despite the outpouring of popular pro-war patriotism across Europe in 1914, was empowered by the experience of the First World War. Whilst the views and beliefs that drove many British interwar pacifistic and humanitarian movements stemmed primarily from the First World War they were often formulated from earlier ideas conceived during the Balkan Wars. Despite being largely rejected or ignored due to its inconclusiveness the Carnegie Endowment’s report on the Causes and Conduct of the Balkan Wars in 1914 for example had served to further a wider cause that encompassed an anti-militant, internationalist agenda expedited by the excesses of the First World War.10 In keeping with this trend advocates for social or political causes back in Britain, particularly women, were coming to regard war-work as a means of advancing particular agendas. They also attempted to serve as non-partisan agents in highlighting the plight of the civilian populace. Mabel Anne St. Clair Stobart, who went on to oversee the main field hospital of the Serbian Relief Fund (SRF) had initially commanded a medical unit during the First Balkan War. Her account published in 1913 argued that if war was to remain an aspect of modern civilisation, women should take it upon themselves to limit its destructive impact on the lives of both soldiers and civilians.11 Another example was the social reformer Eglantyne Jebb whose experiences of the war’s impact on Macedonian children in 1913 were pivotal in her eventually establishing the Save the Children Fund in 1919.12
Despite the emergence of such trends British humanitarians serving during the Balkan Wars found their efforts undermined by disillusionment and apathy back in Britain following the collapse with the outbreak of the Second War in 1913 and reports of extensive atrocities by the war’s participants. Numerous appeals by the Balkan Committee and aid organisations such as the Red Cross and Red Crescent had increasingly failed to attract funds. Appealing for one final time in October 1913 the Red Crescent warned that its funds were almost exhausted and was on the verge of having to withdraw its volunteers.¹³ Five years later this situation was to be mirrored with the signing of the armistice in November 1918. Violent Balkan archetypes and ethnic complexities that even many of those claiming to be experts struggled to explain reinforced a continual sense of distance and otherness established since the eighteenth century. As MacPhail later admitted, in 1914 Serbia had only been of secondary importance in her considerations being ‘a wild and barbaric people, living in a wild country’.¹⁴

As the British army initially refused to accept female doctors MacPhail instead joined the SRF’s sister organisation the SWH, which operated aid missions on the Western and Eastern Fronts as well as the Balkans. Whilst it appears that ideology was not one of MacPhail’s prime concerns, it repeatedly proved to be a major source of contention in her relationship with the SWH. The organisation’s founder, Dr Elsie Inglis, had, like Stobart, been involved in the women’s suffrage movement before the war, whilst her vehemently anti-German sentiments had also made her an advocate of British militarism.¹⁵ This was reflected in her approach to the running of the SWH, whose volunteer units were organised along military lines with a rigid hierarchy, inflexible rules and a blanket ban on male volunteers. Members of the units were also required to wear military styled uniforms designed by Inglis herself.¹⁶ Her personality contrasted sharply with that of the pacifistic, independent-minded MacPhail who initially expressed concerns that her unit’s medical work would become ancillary to some underlying agenda. However, as she quickly discovered, to her relief, such sentiments did not apparently exist within her own unit.¹⁷ This aversion to the SWH’s political dimension later led her to leave the organisation after only a year. Having returned to Scotland in September 1915 the SWH’s executive committee threatened her and a colleague with suspension for independently arranging to transfer from their allotted post to a more understaffed one a few months earlier. Accounts that she had adopted an ‘attitude of criticism’ towards her unit’s Chief Medical Officer were also cited as grounds for suspension but, it was argued, were not ‘tantamount to dismissal’.¹⁸ This struggle between her professional role as a doctor and gender politics remained an unwanted preoccupation even after the war. In the early 1920s her statement to a visiting SWH delegation that ‘feminism had not come into consideration’ over her employing male staff resulted in the withdrawal of a desperately needed funding offer for her hospital.¹⁹
As well as her own fascinating story, MacPhail’s experiences serve as a point of departure into the complex nature of the First World War’s Balkan Front. Whilst the conflict in the west came to be defined primarily in military terms, the south-eastern theatre was distinguished by the large civilian contribution. Despite successfully resisting three invasions by Austria-Hungary at the beginning of the war a combined offensive from the Central Powers in October 1915 forced the Serbian army into a mass retreat through Montenegro and Albania. As a result, the late-arriving Allied forces found themselves cut off in the Greek port of Salonika. Despite a gradual military build-up and the return of the reconstituted Serbian army in 1916, a lack of interest from the British and French governments and political schisms in Greece over entry into the war resulted in military paralysis until 1917. With their own forces strategically positioned along the mountainous border the Central Powers jokingly referred to the cramped Allied encampments in and around Salonika as their ‘Greatest Internment Camp’.20

In contrast aid groups had been arriving in Serbia since the end of 1914 and remained an active force throughout the war and into its aftermath. Volunteer units such as MacPhail’s arriving in the opening months of the war were often exposed to the conflict’s worst excesses including, ironically, its military aspects as in the case of Flora Sandes. Even Inglis found herself a POW when the Germans occupied the town in which her own SWH unit was based, a fate shared by many of her fellow volunteers. Others chose to join the Serbian army’s retreat through the Montenegrin and Albanian mountains.21 However, as MacPhail’s own accounts would testify, it was the climate and the myriad of diseases that posed the greatest threat with over half of all deaths among Allied forces related to illness. Within months of MacPhail’s arrival Serbia was gripped by a sudden Typhus epidemic resulting in the deaths of an estimated 100,000 Serb soldiers and some 60,000 Austria-Hungarian POWs. The cold and usually unhygienic conditions lent themselves to the diseases spreading and placed medical staff in particular danger. Reports and memoirs from those serving as volunteers clearly highlight the devastating toll. Sandes, for example, on being transferred to the city of Valjevo in Western Serbia was informed that the mortality rate had reached 70% and was given only a month to live.22 John Abraham, a surgeon based in Skopje, asserted that of his entire staff only he and a handful of others had survived to the end of 1915. He also claimed that the epidemic had been a central factor in the British War Office’s delay of sending troops north to aid the Serbs.23 Four of MacPhail’s own unit were known to have died whilst MacPhail herself contracted the disease in June 1915. This eventually forced her to return to Scotland in September where she subsequently resigned from the SWH in November.24

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The severity of the afflictions was matched only by the range and diversity. The account of a Red Cross Unit based in Vrnje in northern Serbia best illustrated the situation:

All the terrible and often thought, overdrawn pictures of the text-books come to life, measles, small-pox, scarlet fever, rheumatic fever, relapsing fever, malaria, typhus, diphtheria, whooping-cough, tb, ophthalmia from Turkey etc (By comparison the poor in Britain had led a ‘charmed’ existence).

The loss of Serbia and the shift of the front-line south into Macedonia introduced a new disease into the conflict in the form of Malaria which claimed 162,517 of the 481,262 non-battle casualties, suffered by the British alone. By 1917 the Balkan Front was characterised as much a campaign against diseases as it was a military expedition. A report published in 1918 by two medical officers detailed the anti-malarial work they had carried out in the area of Macedonia where their division was encamped in 1917. They complained that ‘military requirements’ were interfering with their work and the report concluded that if Macedonia was to be occupied for another summer, then a failure to properly observe anti-malarial procedures should be made a punishable offence.

General military inertia until 1918 meant that in many of the more remote areas medical volunteers constituted the main Allied presence. Harold Lake, a British officer, described them as ‘the true heroes’ of the Balkan Front. Though a soldier or peasant in Macedonia would often be far ‘from all the minor comforts of life’, he would never be ‘very far from some kind of hospital’. This endorsement of the work carried out by volunteers, whilst genuinely admiring, also reflected the underlying feelings of contempt many of the British soldiers held for their posting with its monotonous and unglamorous day-to-day routines of road-building, anti-malarial work coupled with ridicule and questioning of its value back in Britain. Whilst men were nobly sacrificing themselves in France and Belgium, ‘the Gardeners of Salonika’ were sitting idle in Greece; ‘If you want a holiday go to Salonika’ ran a popular music-hall act of the time. This was informative of the dichotomy that had emerged. A largely female non-combatant volunteer force represented the British ideal of their military counterparts in the West juxtaposed against an inactive, through no fault of their own, military presence. As with Edith Cavell, medical volunteers like MacPhail could be presented as symbolising the noblest virtues of British womanhood whilst operating on a front deemed militarily useless to the main Allied war-effort.

For many Serb and Macedonian peasants it was their first experience of modern medical treatment. Following a brief period of service in France and at a Serbian refugee camp in Corsica MacPhail returned to the Balkans in early 1917 as part of a SRF mission. She immediately volunteered for a placement in the Bitola valley
in southern Macedonia. With the help of an American friend she was able to acquire a mobile dispensary, which she used to provide aid to the district’s remote peasant villages. She later stated that her shock at witnessing the living conditions of the district’s peasant children had been the determining factor in her decision to remain in post-war Yugoslavia. As with her initial motivations for travelling to Serbia, it is difficult to determine whether this shock was a reaction emanating from her gender or professional instincts. Accounts by women frequently detailed the suffering of the Serbian populace in maternalistic vein often portraying or implying them as collectively child-like and innocent in their suffering as victims of a Germanic “kultur”.

It is easy to forget that the First World War prompted Europe’s largest human migration since the medieval period. Whilst the turn-of-the-century had seen perceptions of the Balkans shift slowly away from being the preserve of wealthy nineteenth-century ‘adventurers’, the war would serve as the catalyst for their ‘opening-up’ albeit under exceptional circumstances. Preconceptions were quickly reappraised or discarded as those who had served alongside the Serbian army published detailed accounts of their experiences and observations. Although historians who have examined these accounts tend to over-generalize, the image constructed of the Serbs was ultimately a sympathetic one. Memories of the First World War subsequently led to many British pro-Yugoslav to oversimplify the inter-war Kingdom’s ethnic and political instability often perceiving Serbia and Yugoslavia as interchangeable. The notion of ‘gallant little Serbia’ standing against the perceived might of Austria-Hungary coupled with the plight of the Serbian people resonated with that of the Belgians. As a result aid groups continued to be inundated with funding and volunteers up to 1918. Inglis noted in March 1915 that one SWH donation drive had raised £1165 in just two days. Alongside the SWH and SRF a host of other organisations and funds were also established during the war. Despite its name the Serbian Red Cross was predominantly staffed by British and French nationals and based in London. Like the SWH and SRF it also accepted women doctors and focused on providing aid to Serb and Montenegrin refugees. Aid missions were also organised by the Quakers and other religious groups, as well as private individuals such as the British ‘tea baron’ Sir Thomas Lipton.

The activities of volunteer organisations were not entirely based on the collection and distribution of overseas aid. At its 1916-17 peak war-time enthusiasm generated by the work of volunteers, coupled with public generosity, allowed the SRF and other organisations to extend the scope of their refugee work to projects based in Britain. One such example was SRF’s education committee, which financed and oversaw the education of Serb refugee children. Another organisation, known as the National Brotherhood Council, founded its own
orphanage in Faversham in Kent admitting around a hundred orphans. Public displays of solidarity were also promoted with Serbian Orthodox holidays such as Vidovdan being observed in schools and churches across the country from 1916 to 1918. This was organised by the Kosovo Day Committee, which included Stobart and other leading aid volunteers with Inglis as President.

Like Sandes, MacPhail’s own affinity for the Serbs was through personal and emotional ties forged during the war. Her postings usually involved lengthy periods of isolation from her compatriots and long working hours, particularly from 1917 to 1918. A lack of staff also meant that her responsibilities often exceeded the proficiency of her own medical training. One particular anecdote involved her being called to perform an emergency examination on a local official who had shot himself in the head. Having pronounced the official deceased she was further requested to perform an autopsy despite her own protestations that she was not fully qualified or properly equipped. Experience such as these, coupled with the support from the Serbian army, led her to increasingly associate her own investment in the war more with the Serbian than the British cause. This proved immensely beneficial for her post-war career. Many of those with whom she established close contacts later held high-ranking positions in the Yugoslav government or wielded considerable influence particularly in the medical establishment. This included the then Crown Prince, later King Aleksander I of Yugoslavia, whose financial intervention arguably saved her hospital in the 1930s.

The shifting perceptions for many who served in the Balkans coalesced with the multi-national and ethnic blend of the Allied Forces which characterised the Balkan Front itself. Alongside Britain, France and their respective empires, Russia, Italy, Greece and the United States were also represented; this was the first foreign contact for many British nationals serving in the Balkans. Unlike on the Western Front, transport difficulties and geographical limitations also led to closer interaction between these various nationalities. Descriptions of the habits and customs were reported more through curiosity than antipathy. MacPhail recounted the many delightful evenings she had spent in the company of an Italian regiment who ‘liked music, singing and a fine voice’, despite not making very good soldiers.

Owing to her father’s declining health MacPhail once again returned to Scotland in August 1918 to manage his practice. She did not return to Serbia until after the cessation of hostilities on 3rd November. She was no longer aligned to any particular organisation which granted her the freedom to act independently eventually establishing her children’s hospital first in Belgrade during the 1920s before moving it to Sremska Kamenica in 1934. Her continued humanitarian work in the Balkans was later acknowledged by the British government who awarded
her an OBE in 1928. Following the Axis invasion of Yugoslavia in 1941 she, and many other British expatriates, found themselves prisoners of the Italian army as they attempted to flee the country via Dubrovnik. However, negotiations by the US embassy quickly led to their repatriation back to Britain. Returning to her hospital after the War, she found Marshall Tito a less accommodating host. The government’s nationalisation of all foreign-owned assets once again forced her to leave in 1947. She spent the rest of her life in St. Andrews where she died in 1974.44

Whilst the story of MacPhail only represents a single, unusual and slightly sanitized perspective, it nonetheless draws attention to a largely overlooked area of twentieth-century British history that, on a broader scale, exemplified the changing nature of humanitarianism and the role of the non-combatant at the beginning of the century. The story of Dr MacPhail reflected the profound impact humanitarian relief work could have on the perceived romance of war and heroism of individuals. Those who served in the Balkans often found opportunities to fulfil vocational potential and contribute directly. For MacPhail, her continued work in Yugoslavia reflected her concern in maintaining this precedent. The journalist Francesca Wilson, who served alongside her in France, wrote;

Of my colleagues the most romantic was Dr. Katherine Mac-Phail. She was unassuming-small, with a mass of wavy short hair and a touch of melancholy in her Scotch voice...But she wanted to go back to her Serbs: they are not wild savages as people had imagined-They were wonderful, brave and uncompromising and grateful for help.45

However, a shift in perceptions and notions of war-time solidarity within Britain were only sustainable within a domestic atmosphere saturated by propaganda saturated atmosphere and the continued presence of a sizable cohort of women volunteers to highlight the plight of Balkan refugees as being worthy of public attention. Ultimately it reflects how such notions of gender and civilian humanitarianism during war-time and perceptions and concerns for relatively unknown regions and peoples during times of peace prove to be divergent issues both in regards to class as well as gender. Few of the overwhelmingly middle-class women volunteers who set-out for the Balkans in 1914 could be described as representations of all British women, let alone people. Their work at a time where most British people could relate to the war and were at least aware of the debate surrounding the roles and rights of women in society during this period. Issues concerning the needs of Yugoslavians and other inhabitants of south-eastern Europe subsequently resumed the mantle of an exclusive peripheral to whom most could not find any apparent investment as had been the case before 1914. A letter of congratulation from the Bishop of London published in The Times on 8th November 1918 marked the last high-profile recognition of the Balkans
campaign. It quickly faded into obscurity with the Allied declaration of victory over Germany three days later. Travelling through Serbian Macedonia in 1919, Stobart warned that health conditions amongst the peasantry had rapidly deteriorated. The departure of aid volunteers and closure of most of their clinics had meant that cases of Typhus and other diseases had returned to levels similar to those in 1915. Whilst the SWH, the SRF and the Serbian Red Cross maintained a presence in Belgrade after the war by the end of 1927 Dr MacPhail’s hospital was reported to be the only known active vestige of Britain’s war-time presence.
Endnotes

1 The first having been established in Croatia when it was part of Austria-Hungary.
3 Officially designated ‘the Kingdom of Serbs, Croats and Slovenes’ until 1929, Yugoslavia’s first incarnation came into existence in December 1918 through the unification of Austria-Hungary’s recently seceded Croatian and Slovenian territories and the unified Kingdoms of Serbia and Montenegro under the rule of the Serbian monarchy. During the inter-war period it was wracked by political instability and disputes between mainly centralist Serbian and federalist Croatian politicians over how the kingdom should be governed.
5 Mikić, Ever Yours Sincerely, p. viii.
7 Ibid., pp. ii-iii.
8 Krippner, The Quality of Mercy, p. 28.
14 Bray, Extraordinary Ambassador, p. 3.
18 Mikić, Ever Yours Sincerely, pp. 32-33.
26 Palmer, Gardeners, p. 145.
27 Mikić, Ever Yours Sincerely, p. 57.
34 The equivalent of £100,000 today.
35 Leneman, *In the Service of Life*, p. 6.
40 Held on 28th June to commemorate Medieval Serbia’s defeat by the Ottomans at the battle of Kosovo in 1389.