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Indian Soldier Healthcare in World War I: A Comparison of the Indian Army's Experiences on the Western Front and in Mesopotamia, 1914-1918

Image 1: British Indian Troops marching into Bagdad in 1917, a victory tempered by 85,197 total British battle casualties in the Mesopotamia Campaign, and almost 30,000 who died as a result of variety of factors, including the lack of infrastructure needed to support medical transport for the ill and wounded.

Although World War I has provided ample fodder for historians since the very start of the conflict in 1914, the past two decades have witnessed an especially rich

outpouring of scholarship decentering the war in Europe and European perspectives, reframing our understanding of the conflict so that we might better see it for what it was – a *world* war. Books like those of Hew Strachan, Leyla Fawaz, or Heather Streets-Salter make clear that it will no longer do to treat the fighting in Africa, the Middle East, or Southeast Asia as "sideshows."[1] Important works by Santanu Das, Joe Lunn, or Richard Smith place Indian, African, and Caribbean perspectives and experiences front-and-center.[2] Anna Maguire, Richard Fogarty, and Andrew Tait Jarboe explore themes of race and empire and representation, while Maartje Abbenhuis and Ismee Tames integrate the experiences of the war's neutrals alongside those of its belligerents as they discuss the war's global impacts and transformations.[3] If history teachers limit their own presentation of the material to the war's "big hits" – the murder of the Archduke; trench warfare in France; propaganda posters; Woodrow Wilson and the Treaty of Versailles – they and their students are necessarily missing out on a good deal of content, an exciting and dynamic moment in the field of First World War studies, and an important opportunity to better see the complexity of the 1914-1918 world.[4]

This study is about Indian soldier healthcare in World War I. It compares the experiences of Indian soldiers who were wounded and/or became sick while fighting in France and the Middle East.[5] In-line with what we might call the recent global/imperial turn in First World War studies, it decenters the fighting in the trenches of France in favor of comparison across fronts. It also places analysis of the experiences of soldiers serving in a colonial army at the heart of the discussion. Between 1914 and 1918, more than one million Indian soldiers serving with the (British-led) Indian Army deployed to battlefronts in Western Europe, East Africa, the Dardanelles, Palestine, and Mesopotamia. India's contribution of manpower therefore surpassed that of Britain's Dominions (Canada, New Zealand, Australia, South Africa) combined. Indian infantry soldiers fought against Germans in the trenches along the Western Front in Belgium and France, Indian artillery soldiers supported Australian and New Zealand soldiers as they assaulted Ottoman positions at Gallipoli, and Indian cavalry provided the "shock and awe" that broke through Ottoman defenses in Palestine and Iraq. In 1917, Indian soldiers captured the ancient city of Baghdad. In 1918, the Indian Army captured Beirut and Damascus.[6] At war's end, some 53,486 Indians had been killed in action and another 64,350 had been wounded.[7]

Some official figures reported by the British Government during the war reveal that a man who got sick or wounded fighting in Iraq was much more likely to die than a man who got sick or wounded on the Western Front. Out of 23,201 Indian soldiers and Indian officers who died in the war in the Middle East, 15,381 died from an infected wound or disease – 66 percent of the total. In France, a far smaller share of the total number of Indian dead were killed by sickness or an infected wound – 3,079 out of 6,671 in all, or 46 percent of the total.[8] Why such a disparity of outcomes? Why was an Indian

soldier who got wounded or sick in the Middle East much more likely to die than his comrade who got wounded or sick in France?

I will show that responsibility for disparities in Indian soldier healthcare outcomes rests squarely in British hands. In the decades leading up to World War I, the (British) Government of India systematically underinvested in the healthcare of its Indian soldiers. This policy changed when its soldiers deployed to France in 1914 to salvage a desperate situation on the Western Front, and the British Government chose to prioritize good healthcare outcomes for the troops. To be sure, the British Army needed as many able bodies on the frontlines as it could muster and repairing bodies to fighting fitness helped to that end. But there was more behind the sudden change in policy than this. The British Government, sensitive to the fact that the deployment of Indian soldiers to Europe garnered considerable attention from home front audiences in Britain and India, leveraged good healthcare outcomes as a form of imperial propaganda to shield British colonial rule against its critics. In the Middle East, where the deployment of Indian soldiers in 1914 and 1915 did not excite the considerable popular attention (or government oversight) their deployment to France had, battlefield commanders sent their men into action without the kind of life-saving healthcare soldiers enjoyed in France. In 1915, when Britain's campaigns in France and Gallipoli stalled, the British Government approved a hastily conceived offensive to capture Baghdad, one that led to the collapse of the Indian Army's already impoverished healthcare system and, with it, the loss of thousands of British and Indian lives.

Colonial Medicine, Soldier Healthcare, and the Indian Army at the Start of World War I

At the turn of the twentieth century, infected wounds and communicable diseases were the greatest scourge of armies, claiming more lives than explosives or steel.[9] Disease claimed two-thirds of all British deaths in the South African War (1899-1902), for example. This pattern held across much of the earth's land surfaces during World War I. Seven times as many Ottoman soldiers died from disease as from bullets. In the war in East Africa, germs killed more Europeans, Africans, and Indians than anything else.[10] When the Indian Army deployed to East Africa in 1914 to engage German and African soldiers under the command of Paul von Lettow-Vorbeck, its forces quickly found themselves overwhelmed by sickness. One member of the British Cabinet lamented, "One Indian Regiment, the 13th Rajputs, is suffering to such an extent from malaria and debility that they will never be of any more use in the field."[11] Extreme temperatures also presented a very real danger. Between January and April 1915, hundreds of thousands of Russian and Austro-Hungarian soldiers froze to death, fighting for command of the Carpathian Mountains in Eastern Europe. The soldier on the Western Front in France – who stood a greater chance of being killed by high explosive shell than anything else –

was the exception to the rule. In the campaigns that ranged across much of Africa and the Middle East, germs remained the war's great killer.

Britain's Indian Army was no stranger to many of the earth's diverse climates by the start of World War I. Long-accustomed to policing India's volatile border with independent Afghanistan, Indian soldiers also had experience fighting overseas, in places like China (where they deployed in 1900 to suppress the Boxer Rebellion), Somalia (where they fought jihadists in 1904), and the Persian Gulf (where they conducted raids on Iranian villages in 1911).[12] The Indian Army numbered 239,561 combatant and non-combatant Indian soldiers in 1914, drawn mainly from the rural peasantry, plus 76,953 British soldiers on rotation from Britain's Home army. An all-volunteer, professional force, its soldiers hailed mostly from Punjab's rural peasantry, supplemented by tribesmen from what is now the Afghanistan-Pakistan border, and impoverished Nepalese, men lured by some combination of steady pay, the promise of a pension, and improved social standing.[13]

The healthcare Indian soldiers received was a far-cry from the kind and quality of healthcare white soldiers in Britain's Home Army had come to expect. Indian soldiers received healthcare according to what was called the "regimental system." Under this system, hospitals and medical equipment traveled with the Indian Army. Its operating principal was – bring the hospital to the patient, rather than the patient to the hospital.[14] Under this system, surgical equipment and facilities were subpar. Comforts and amenities were absent. Indian patients provided their own bedding and clothing, for example, and relied on the kindness of comrades to provide them food and nursing. "The salient rationale behind the system," historian Samiksha Sehrawat explains, "was the spirit of nonintervention in indigenous customs and the principle of managing [soldier] healthcare as economically as possible."[15] The effect was healthcare on the cheap, and it hindered the ability of Indian Army medical personnel to deliver life-saving healthcare. "I doubt whether you gentlemen would consider that the [soldiers'] hospitals in peace time in India are hospitals at all," one doctor serving in the India Medical Service testified before a Parliamentary committee.[16] White British soldiers serving in India enjoyed access to much better facilities and medical treatment. Since 1882, the Government of India had invested in building permanent "station hospitals" for white soldiers, where dedicated hospital staff provided sick and wounded men things like clean sheets, sterilized medical equipment, and professional nursing.[17]

From the Trenches to Hospital Beds: Indian Soldier Healthcare in France and England, 1914 – 1915

In October 1914, the Indian 3rd Division and the Indian 7th Division, supported by a brigade of Indian cavalry soldiers (some 24,000 men in all) deployed to France to help the British and French armies halt the German advance. Renamed the Indian Corps,

command of this force transferred from the Government of India to the Home Government in London. British audiences and Indian audiences were eager to read about these men – the first Indians ever deployed to European battlefields. "People are constantly asking for news of the Indian soldiers in France," offered a correspondent of the *Newcastle Daily Journal* in late October.[18] In India, one man wrote to his friend serving in France, "I have quite tired my eyes over the newspapers looking for your name but have not found it. … Well, I at any rate have spent 20 rupees on newspapers!"[19] Commanders threw the Indian Corps piecemeal into the trenches outside Ypres, where the men fought practically without rest through the remainder of the year. Many of these men required medical treatment. In just two days, stretcher bearers carried 240 men belonging to one regiment, the 15th Sikhs, to the rear with shrapnel wounds, taken before the regiment had the opportunity to dig trenches. At the start of December, 3,915 Indian and British soldiers serving in the Corps had been wounded. By January, that number had risen to 5,860. In three days of fighting at the Battle of Neuve Chapelle in March 1915, more than 1,700 Indians were hit. In total, some 89,000 Indian combatants served in France. More than 22,000 of these soldiers were killed or wounded fighting – more than 25 percent of the total number who saw action on the Western Front.[20]

Handpicked by the Secretary of State of War, Lord Kitchener, to serve as Commissioner of Indian Hospitals, Walter Lawrence (a former senior officer in the Indian Civil Service known to Kitchener for analytic skills and his knowledge of the Indian people) determined that the Indian soldiers should receive the same kind and quality of healthcare as those serving in the British Expeditionary Force.[21] "It would be impossible to have one standard for the British and another for the Indian soldiers," he explained in his final report to Kitchener.[22] In November 1914, he secured locations for Indian hospitals throughout France and Southern England. A non-government charity, the Indian Soldiers' Fund, also established hospitals for Indian troops. Well-resourced and amply staffed, these so-called Indian hospitals (they were segregated; white British troops had their own hospitals) provided Indian soldiers a quality of healthcare they had been long denied by the Government of India. "It is correct to say that the same care which is given to the British wounded has been extended to their Indian comrades," Lawrence reported in one of his frequent letters to Kitchener. "The arrangements are the same as those made in British Military Hospitals, which are of course very superior to those obtaining in Military Hospitals in India for Indian troops."[23] The Indian hospitals were able to perform life-saving work. One hospital in France, for example, admitted 19,858 patients in the war's opening year, of whom only 223 died. At another hospital in England, only 26 soldiers died out of 3,890 admitted.[24]

The British devised a reliable triage system, one that delivered wounded men from the battlefield to a hospital bed quickly. When the Indian Corps went into action at Neuve Chapelle in March 1915, for example, the Indian hospital in Boulogne found itself

inundated with 750 serious cases less than 24 hours after the battle. The Indian hospitals in Southern England took in several hundred wounded men a few days after that.[25] Once there, Lawrence worked to ensure that "every effort was made to keep them cheerful and to provide … simple comforts."[26] Soldiers received letters and care parcels from home. Hospitals in Brighton offered indoor and outdoor recreational facilities, attentive nursing staff, and abundant food prepared according to the soldiers' diverse dietary requirements. One wounded soldier reported to his family in a letter home, "If any of us is wounded, or is otherwise ill, Government or someone else always treats him very kindly."[27] An Indian surgeon working in one of the hospitals remarked in a letter to his relative in India that his patients were "all quite happy." Given the arrangements, he added, "I think every one of them must be thanking God for having a bullet in their body."[28]

Not unlike the flurry of media attention the Indian Corps had garnered upon its arrival on the battlefield, these Indian hospitals were a source of fascination for audiences in Britain. In one of his letters to Kitchener, Lawrence noted that there was "great enthusiasm and sympathy for the Indian troops" in England. Lawrence demurred, however, "One difficulty will be to keep this enthusiasm and sympathy within bounds."[29] In an editorial, *The Times* applauded the arrival of India's wounded in England in late 1914. "It will give us added opportunities of showing in practical form our appreciation of India's enthusiastic cooperation."[30] In January, the newspaper urged its readers to visit the Indian hospitals.

> *Should anyone be disposed to regard a visit to our Indian sick and wounded as something sad and unpleasant to be faced for duty's sake it would be well to assure him at once that – in the Brighton Pavilion at least – he will be most agreeably surprised. Pain, of course, is to be seen – and ugly wounds, and fine young men reduced to crawling cripples; but still the general note is cheerfulness and hope, and a full measure of that brave, quiet patience which is the crowning virtue of the East.*[31]

From the first, Lawrence sensed a propaganda opportunity – good healthcare outcomes at the Indian hospitals might reinforce British colonial rule in India.[32] "There are many political agitators, Indian and English, that one has to walk warily," he wrote. "I feel fairly confident that we can disarm any criticism, whether Indian or English, by the Hospitals which have been installed at Brighton."[33] When 281 Indian students in Great Britain offered the hospitals their services as orderlies, Lawrence found employment for 198 of them. He was impressed by the effect the hospitals had on the young men. "They set to work in the finest spirit, and though many of them had been infected by the fever of youth and revolt they threw this off and rendered most useful and loyal service," he reported. "Their conduct suggests the thought that with opportunities and generous ideals the revolutionary youth of India may be guided into

safe and honourable paths."[34] In 1915, Lawrence supported the publication of a propaganda booklet, one meant to impress Indian readers with the lengths to which the British had gone to provide for the needs and wants of India's fighting men. Written in English, Gurmukhi, and Urdu, the pamphlet gushed, "There is ample evidence to show that the Indians greatly appreciate the care and hospitality which they have received in England. The Mayor and the citizens of Brighton, who have given much for the sake of India, have earned so well the gratitude of her people that Brighton will now be a sacred name in India for many generations."[35]

"Looking back," Lawrence reflected in his final report to Kitchener, "I think that on the whole, from a political point of view, the decision to bring the Indians to English hospitals has done more good than harm." Lord Hardinge – Britain's Viceroy, or chief executive, in India – had written to Lawrence, observing that the work performed by Lawrence's staff at the Indian hospitals in France and England "tends to increase our prestige in this country."[36] Lawrence evidently had enjoyed access to some of the soldiers' private correspondence. "I could quote from letters without end," he boasted. One soldier he quoted wrote, "I have been in hospital for one month and 22 days in bed, and the Government treated me so kindly that not even my own father and mother could have done more."[37]

Racial Anxieties in the Hospital Wards

The deployment of Indian soldiers to battlefields in Western Europe – however necessary the policy might have been, from the standpoint of manpower – engendered considerable racial anxieties among British policymakers and battlefield commanders. The war coincided with a moment when a growing, transnational chorus of white men proselytized a new kind of racially discriminatory politics, one that sought to defend the borders of so-called "white men's countries" against intrusion by the world's non-white races.[38] Australia all-but-banned Asian immigration in 1901, for example, when its newly minted parliament enacted racially discriminatory legislation, championed by white supremacists who viewed immigration restriction as "a matter of life and death to the purity of our [white] race."[39] When Indian troops deployed to France in 1914, their own commander, General James Willcocks, harbored deep misgivings about the racial mixing of Indians with French civilians. "The Ganges and the Seine flow in different directions," he wrote in his memoirs. "The Hindu or the Mahomedan may think differently of the white races across the sea to what he thought before."[40]

In his duties as hospital commissioner, Lawrence enacted policies to limit his patients' exposure to white populations. Indian soldiers were not allowed off hospital grounds without a white chaperone. Lavish though the grounds might have been at the Brighton Pavilion, soldiers resented this racist slight. "We are treated like prisoners," one soldier complained.[41] But Lawrence was unbending. One officer serving with the

Indian Corps in France summarized the rationale for British fear of racial mixing. "It is obviously better to keep a tight hand on [the Indian soldiers] than allow them to conceive the wrong idea of the [honour] of English women," he warned, "a sentiment which if not properly held in check would be most detrimental to the prestige and spirit of European rule in India."[42]

As the above quote suggests, white women were foundational to the construction of whiteness and the policing of racial hierarchy in colonial India. Historian Philippa Levine demonstrates that the deployment of Indian soldiers to Europe "brought about an increasingly alarmist link between racial mistrust and a vision of sexual disorder in which 'unruly' white women and potentially disloyal colonial were subject to far more rigorous controls than other groups."[43] For example, an Indian soldier serving on the Western Front could be flogged if his commander suspected that he had had thoughts about soliciting a white woman for sex. At the same time, white Canadian soldiers were freely racking up the highest venereal disease rate in the war.[44] At the Indian hospitals under War Office purview, Lawrence stipulated that white women were expressly barred from employment as nurses.[45] When the *Daily Mail* published a photograph in May 1915 showing an English nurse at the bedside of a wounded soldier at one of the Indian hospitals in England, Lawrence was apoplectic. A War Office review revealed that women had indeed been working as nurses at the charity-run hospitals. "Anyone who knew anything about Indian customs would have prevented this scandal by forbidding the services of women nurses with Indian troops," wrote one official.[46] In June, Lawrence scoured the hospital wards, ensuring that any women staffing the hospitals did not come in any sort of contact with Indian men in the course of their duties.

The Breakdown of Indian Soldier Healthcare in Mesopotamia, 1915 – 1916

The resources and attention British Home authorities devoted to Indian soldier healthcare in France and England stand in marked contrast to the negligence demonstrated by the Government of India and Indian Army commanders at the outset of the Army's war in Mesopotamia. Offensive operations in the Middle East began modestly in late 1914, when soldiers belonging to the Indian 6th Division deployed to the Persian Gulf to safeguard the Persian oil fields upon which Britain relied. But a series of victories against outmatched Ottoman forces in summer 1915 left the region's commanders convinced that Baghdad – once thought well-beyond the reach of the Army's tenuous supply lines and of little strategic value – could be taken before the close of the year. The war appeared gridlocked on the Western Front, and joint British-French efforts on the Gallipoli peninsula were deteriorating. Given these contexts, the Viceroy of India made the case for launching an attack on Baghdad before the end of the year. "It appears to be of primary importance for the maintenance of our prestige in the East," he told the British Cabinet in October, "that we should get full value out of our military

achievements wherever possible."[47] With the assurances of the region's commander, General John Nixon, that capturing and holding Baghdad was possible, the British Cabinet lent the campaign its approval. With that, some 15,000 men of the Indian 6th Division under the command of General Nixon's subordinate, General Charles Townshend, proceeded up the Tigris River.

The problem was that nothing had been done to prepare for the casualties such an ambitious offensive operation would invariably produce. Rather, the Indian Army soldiers fighting in Mesopotamia were the doomed heirs of the Government of India's decades-long underinvestment in healthcare. In contrast to what happened when the Indian Corps deployed to France, for example, no one took charge to ensure that soldiers had access to quality healthcare – be those men Indian *or* British. One British officer serving in the force later explained that the whole campaign "was believed to be a side-show and 'no man's child.'"[48] Station hospitals had been established in late 1914 and early 1915 in Basra (modern-day Kuwait) for the force's Indian and British troops. But these were beyond capacity even before the 6th Division began its drive on Baghdad.[49] There was a "clearing hospital" for men who were near fully recovered from sickness or wounds. It had only 200 beds. A general hospital had 250 beds for the force's British soldiers and 600 beds for Indian soldiers. At the start of April 1915, these hospitals had already treated 8,900 men for wounds and sickness. As temperatures in the region hit 120 degrees in June, 1,671 Indian patients jostled for floor space in the Indian hospital. 4,200 more soldiers required medical attention before the summer was out.[50]

Unsurprising, then, that the experience of being treated for sickness or a wound in Mesopotamia was markedly different than that of the men fighting in France – even when shrapnel and germs produced similar physiological traumas. When fighting in Iraq in April 1915 landed a thousand men in the hospital, patients relied on the care of 35 overworked medical personnel who tended to their wards despite a critical shortage of medical instruments, medicines, and dressing. There were no fans, even in summer, when "the heat was almost unbearable," one doctor recalled.[51] When the hospital beds were full and there was no space available on the floor, as frequently happened, wounded men fended for themselves in overcrowded and unventilated thatched sheds.[52] Even before the Indian 6th Division began its drive on Baghdad at the end of summer 1915, therefore, the Indian Army's healthcare system in Mesopotamia was at the point of collapse.

In November, General Townshend's advancing Indian 6th Division fought entrenched Ottoman forces at Ctesiphon, south of Baghdad. The back-and-forth battle was a slugfest. Its 3,800 British and Indian killed and wounded littered the ground. Disheartened at the battle's results, General Townshend called off the attack and ordered a 100-mile retreat south to Kut, where he hoped his men would meet up with reinforcements. But what to do about the Army's wounded men, especially those hurt

too badly to walk? Many were just left on the battlefield to fend for themselves. One Indian doctor recalled seeing some of these men begin to weep when it dawned on them that they were being left behind.[53] The Army had only two motor ambulances available to transport thousands of broken men to the banks of the Tigris River. Once there, wounded men waited for days, fully exposed to the elements, for evacuation on board river barges. The barges had been previously responsible for carrying the Army's animals. Nothing had since been done to sanitize the surfaces upon which men would lie – men with shattered bones and open wounds. It took more than a week for the barges to reach the Army's hospitals in Basra.[54] One doctor described men soaked in their own feces and urine, their wounds infested with maggots. He offered this especially harrowing account.

> *I was standing on the bridge in the evening when [the wounded from Ctesiphon (Iraq) arrived on board a ship and two steel barges], without any protection against the rain, as far I remember … [The men] were covered with dysentery and dejecta generally from head to foot. With regard to the first man I examined, I put my hand into his trousers, and I thought that he had a hemorrhage. His trousers were full almost to his waist with something warm and slimy. I took my hand out, and thought it was blood clot. It was dysentery. The man had a fractured thigh, and his thigh was perforated in five or six places. He had apparently been writhing about the deck of the ship. Many cases were almost as bad. There were a certain number of cases of terribly bad bed sores … I found men with their limbs splinted with wood strips from 'Johnny Walker' whisky boxes … and that sort of thing.*[55]

The Indian Army's soldiers needed a reprieve. The Army's doctors needed resources. No one received what they needed, because in December 1915, Ottoman forces surrounded General Townshend's 6th Division at Kut. The Indian 3rd Division and 7th Division redeployed to the region from France and in January 1916, went into action to rescue their beleaguered comrades. Before their medical equipment had the chance to unload at the port in Basra, the region's commander, General Nixon, sent the men into action. When they encountered stubborn Ottoman resistance, the Indian Army's healthcare system collapsed completely. Medical staff did not have field dressings for nasty wounds, much less the facilities they required to perform life-saving surgery. Field ambulances were in such short supply and so choked with patients that wounded men passed through them without receiving any medical attention at all. Men in the 3rd Division and 7th Division who might have already once received medical treatment in France or England again required medical care. Many discovered there was none to be had. In one case, some 800 sick and wounded men set up their own makeshift camp on

the muddy banks of the Tigris River. As dysentery tore through the camp, many men died without ever having had their wounds treated.[56]

Conclusion

In April 1916, starvation forced the surrender of the besieged Indian 6th Division at Kut. In the wake of this military debacle – General Townshend compared his own defeat with that of Cornwallis' at Yorktown, Virginia, in 1781 at the end of the American War for Independence – Parliament ordered an investigation into the failings of the Mesopotamia campaign. Published in 1917, the Mesopotamia Commission's report found that "the advance to Baghdad under the conditions existing in October, 1915, was an offensive movement based upon political and military miscalculations and attempted with tired and insufficient forces, and inadequate preparation. It resulted in the surrender of more than a division of our finest fighting troops and the casualties incurred in the ineffective attempt to relieve Kut amounted to some 23,000 men."[57] General Nixon took the brunt of the blame. The Commission found that his "confident optimism was the main cause of the decision to advance." The available evidence "did not disclose an imperative need to advance without due preparation."[58] At the time of the Battle of Ctesiphon, the Indian Army's healthcare system was already undergoing a "lamentable breakdown," according to the Commission. The decision to throw the 3rd Division and 7th Division into the field in early 1916 absent adequate preparation turned things into "the most complete breakdown of all."[59]

One Army. Two very different healthcare outcomes for its troops. As I have demonstrated here, Indian soldiers fighting in France during World War I had access to life-saving healthcare. Indian soldiers fighting in the Middle East did not. What lessons were learned? What legacies for the Indian Army's healthcare systems did the war leave in its wake? Seated at his office desk in England in 1916 – just as the Indian Army's healthcare system in the Middle East was collapsing beneath the weight of neglect – Lawrence wrote to Kitchener, believing he had identified one outcome of his work. "It has shown to the sick and wounded Indians in very strange circumstances that there was a personal interest in them." Indian soldiers had left France, he maintained, "with profound respect for the British soldier and for British resources." And the experience of caring for India's fighting men had been a good one from the British standpoint, too, he wrote. "The lesson taught by the bold and wise policy of giving India a chance may be of enormous value to those who will soon be called upon to organize the real and actual British Empire."[60]

It is difficult to know for certain how much goodwill the Indian hospitals in France and England garnered among Indians. To be sure, plenty of soldiers treated for wounds on the Western Front had good things to say about the health care they received.[61] The publication of the Mesopotamia Commission's findings in 1917 were

damning and cast the Government of India in the worst possible light. Public scrutiny of the Indian Army's operations in Mesopotamia did spur important changes on the ground, however. New commanders prioritized the theatre's healthcare systems, and Indian soldier healthcare outcomes improved in the latter part of the war.[62] When the war ended, the Army abolished its previously clung-to policy of separate and unequal healthcare for its British and Indian soldiers.[63] Thereafter, Indian soldiers accessed their own station hospitals, not unlike those enjoyed by the Army's British soldiers. In some ways, therefore, the war led to significant changes in healthcare outcomes for Indian soldiers serving in the Indian Army.

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Notes

[1] Hew Strachan, *The First World War in Africa* (Oxford: Oxford University Press, 2004); Laila Tarazi Fawaz, *A Land of Aching Hearts: The Middle East in the Great War* (Cambridge, MA: Harvard University Press, 2014); Heather Streets-Salter, *World War One in Southeast Asia: Colonialism and Anticolonialism in an Era of Global Conflict* (Cambridge: Cambridge University Press, 2017).

[2] Santanu Das, *India, Empire, and First World War Culture: Writings, Images, and Songs* (Cambridge: Cambridge University Press, 2018); Joe Lunn, *Memoirs of the Maelstrom: A Senegalese Oral History of the First World War* (Portsmouth, NH: Heinemann, 1999); Richard Smith, *Jamaican Volunteers during the First World War: Race, Masculinity and the Development of National Consciousness* (Manchester: Manchester University Press, 2004).

[3] Anna Maguire, *Contact Zones of the First World War: Cultural Encounters across the British Empire* (Cambridge: Cambridge University Press, 2021); Richard Fogarty, *Race and War in France: Colonial Subjects in the French Army, 1914-1918* (Baltimore: Johns Hopkins University Press, 2008); Andrew T. Jarboe, *Indian Soldiers in World War I: Race and Representation in an Imperial War* (Lincoln, NE: University of Nebraska Press, 2021); Maartje Abbenuis and Ismee Tames, *Global War, Global Catastrophe: Neutrals, Belligerents and the Transformation of the First World War* (London: Bloomsbury, 2022).

[4] The "big hits" listed here are from the standards listed by the College Board's *AP World History* course framework. See the *Course Exam and Description* (2020), pages 131 and 132. Two important edited volumes examining the war's imperial dynamics and dimensions include Robert Gerwarth and Erez Manela (eds.), *Empires at War, 1911-1923* (Oxford: Oxford University Press, 2014); and Andrew Tait Jarboe and Richard Fogarty (eds.), *Empires in World War I: Shifting Frontiers and Imperial Dynamics in a Global Conflict* (London: I.B. Tauris, 2014).

[5] See the important discussion of this very topic in Mark Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford: Oxford University Press, 2010), and Samiksha Sehrawat, *Colonial Medical Care in North India: Gender, State, and Society, c. 1840-1920* (Oxford: Oxford University Press, 2013). For an excellent study on the Indian Army's campaign in Mesopotamia in 1915 and 1916, see Nikolas Gardner, *The Seige of Kut-al-Amara: At War in Mesopotamia, 1915-1916* (Bloomington: Indiana University Press, 2014).

[6] Important recent works on the Indian Army and Indian Army soldiers during World War I include Andrew T. Jarboe, *Indian Soldiers in World War I: Race and Representation in an Imperial War* (Lincoln, NE: University of Nebraska Press, 2021); George Morton-Jack, *Army of Empire: The Untold Story of the Indian Army in World War I* (New York: Basic Books, 2018), and *The Indian Army on the Western Front: India's Expeditionary Force to France and Belgium in the First World War* (Cambridge: Cambridge University Press, 2014); Kaushik Roy, *Indian Army and the First World War, 1914-1918* (Oxford: Oxford University Press, 2018).

[7] See *Statistics of the Military Effort of the British Empire during the Great War, 1914-1920* (London: H.M. Stationary Office, 1920), 777-778.

[8] See Roy, *Indian Army and the First World War*, 59.

[9] See Mark Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford: Oxford University Press, 2010).

[10] David Stevenson, *Cataclysm: The First World War as Political Tragedy* (New York: Basic Books, 2004), 168.

[11] The National Archives, Kew (London) [hereafter TNA], CAB 24/1/43, Future Operations in East Africa.

[12] Jarboe, *Indian Soldiers in World War I*, 42.

[13] See discussion in Heather Streets-Salter, *Martial Races: The Military, Race and Masculinity in British Imperial Culture, 1857-1914* (Manchester: Manchester University Press, 2004), 195; David Omissi, *Indian Voices of the Great War: Soldiers' Letters, 1914-18* (New York: St. Martin's Press, 1999), 12.

[14] Sehrawat, *Colonial Medical Care in North India*, 192-3.

[15] Ibid, 192-3.

[16] Mesopotamia Commission, *Report of the Commission Appointed by Act of Parliament to Enquire into the Operations of War in Mesopotamia, Together with a Separate Report by Commander J. Wedgwood* [hereafter *Mesopotamia Commission Report*] (London: H.M. Stationary Office, 1917), 95.

[17] Sehrawat, *Colonial Medical Care in North India*, 192-3.

[18] "The Indian Soldiers in France," *Newcastle Daily Journal*, October 21, 1914.

[19] Quoted in Jarboe, *Indian Soldiers in World War I*, 21.

[20] Jarboe, *Indian Soldiers in World War I*, 88.

[21] See Walter Roper Lawrence, *The India We Served* (London: Cassel and Company Ltd, 1928); and Andrew T. Jarboe, "Healing the Empire: Indian Hospitals in Britain and France during the First World War," *20th Century British History* 26, no. 3 (2015), 347-369.

[22] TNA WO 32/5110, report, March 8, 1916.

[23] TNA WO 32/5110, Lawrence to Kitchener, December 15, 1914.

[24] Jarboe, "Healing the Empire," 354.

[25] Jarboe, "Healing the Empire," 351.

[26] TNA WO 32/5110, Lawrence to Kitchener, December 15, 1914.

[27] TNA WO 32/5110, report, March 8, 1916.

[28] India Office Records [hereafter IOR], L/MIL/5/825/1.

[29] TNA WO 32/5110, Lawrence to Kitchener, December 15, 1914.

[30] *The Times*, October 20, 1914.

[31] *The Times*, January 2, 1915.

[32] See the discussion in Harrison, *The Medical War*, 52-58.

[33] TNA WO 32/5110, Lawrence to Kitchener, December 15, 1914.

[34] TNA WO 32/5110, report, March 8, 1916.

[35] The Brighton Corporation, *A Short History in English, Gurmukhi and Urdu of the Royal Pavilion Brighton and a Description of It as a Hospital for Indian Soldiers* (Brighton: King, Thorne and Stace, 1915), 18.

[36] TNA WO 32/5110, report, March 8, 1916.

[37] TNA WO 32/5110, report, March 8, 1916.

[38] Marilyn Lake and Henry Reynolds, *Drawing the Global Colour Line: White Men's Countries and the International Challenge of Racial Equality* (Cambridge: Cambridge University Press, 2008), 4.

[39] Quoted in David Atkinson, "The White Australia Policy, the British Empire, and the World," *Britain and the World* 8, no. 2 (September 2015): 204-44.

[40] James Willcocks, *With the Indians in France* (London: Constable, 1920), 23.

[41] IOR L/MIL/5/825/4.

[42] IOR L/MIL/5/825/4.

[43] Philippa Levine, "Battle Colors: Race, Sex, and Colonial Soldiery in World War I," *Journal of Women's History* 9 (1998), 106.

[44] Jarboe, *Indian Soldiers in World War I*, 112.

[45] For a discussion of colonial soldiers and wartime nursing, see Alison S. Fell, "Nursing the Other: The Representation of Colonial Troops in French and British First World War Nursing Memoirs," in Das, ed., *Race, Empire and First World War Writing* (Cambridge, Cambridge University Press, 2011), 158-74.

[46] IOR L/MIL/7/17316.

[47] TNA CAB 24/1/33, The Strategical Situation in Mesopotamia, October 16, 1915.

[48] See the discussion in Ross Anderson, "Logistics of the Indian Expeditionary Force D, 1914-18," in *The Indian Army in the Two World Wars*, edited by Kaushik Roy, 105-44 (Leiden: Brill, 2012).

[49] Harrison, *The Medical War*, 211.

[50] Anderson, "Logistics," 111-14.

[51] Anderson, "Logistics," 96.

[52] Anderson, "Logistics," 111-14.

[53] Extracts of the memoir of Sisir Sarbadhikari, *On To Baghdad*, can be found on Amitav Ghosh's website: https://amitavghosh.com/docs/On%20to%20Baghdad.pdf.

[54] Harrison, *The Medical War*, 215.

[55] Mesopotamia Commission, *Report of the Commission*, 67. See also the adjoining *Vincent-Bingley Report*, 155-56.

[56] *Vincent-Bingley Report*, 157.

[57] Mesopotamia Commission, *Report of the Commission*, 111.

[58] Mesopotamia Commission, *Report of the Commission*, 111-14.

[59] Mesopotamia Commission, *Report of the Commission*, 113.

[60] TNA WO 32/5110, report, March 8, 1916.

[61] See David Omissi, "Sepoy Letters (India), in *1914-1918-online. International Encyclopedia of the First World War*, ed. By Ute Daniel, Peter Gatrell, Oliver Janz, Heather Jones, Jennifer Keene, Alan Kramer, and Bill Nasson, issued by the Freie Universität Berlin, Berlin 2016-01-11. DOI: 10.15463/ie1418.10798.

[62] Harrison, *The Medical War*, 220-227.

[63] Sehrawat, *Colonial Medical Care*, 234.