Health and Medicine (India)

By Samiksha Sehrawat

Summary

Initially, medical arrangements for Indian troops in France and England were poorly organized, but in 1915, Indian war hospitals in England became cornerstones of British imperial war propaganda. The emphasis in these hospitals was on returning as many soldiers as possible to the front while ensuring that soldiers' ethnic customs were not violated, and on preserving the imperial gender order and racial hierarchies that underlay British rule. Medical improvements were pushed through on the Western Front, but were not implemented in the campaigns in Mesopotamia and East Africa, leading to high levels of mortality from sickness. The Mesopotamia medical breakdown led to public criticism and a drive for reform.

Table of contents

1 Western Front: France and England
1.1 Medical Arrangements in France
1.2 Indian War Hospitals in England
2 Non-European Fronts: Mesopotamia and East Africa
2.1 Mesopotamian Front
2.2 East Africa
3 Conclusion
Notes
Selected Bibliography
Citation

Western Front: France and England

Medical Arrangements in France

When the First World War broke out, Indian troops were not meant to be employed in Europe because it was believed that they would be ineffective against a white force. This decision was reflected in the poor standard of equipment among the troops, who were not dressed for war in the cold of the Western Front and were given poor quality weaponry. However, the lack of a standing army in Britain meant that in the face of a war of attrition, manpower would be urgently required.[1] Although the Dominions were willing to help, India was the colony best able to provide urgent support to the beleaguered Allied forces thanks to its large standing army. These factors, which led to the deployment of Indian troops in France, deeply

affected medical arrangements for them on the Western Front and in England.

Though this is glossed over by news coverage and later accounts, until December 1914, medical arrangements for Indian troops on the Western Front were marred by confusion. Mark Harrison points out that the general hospitals sent with the force to the front were underequipped and did not have medical comforts due to the bureaucratic disorganization surrounding their unforeseen deployment in Europe. Troops suffered from respiratory diseases due to the poor clothing they had been sent in, so that 30 percent of the Indian soldiers who arrived in the winter of 1914-15 were ultimately pronounced unfit for service.[2] Soldiers with serious illnesses were sent back to India and, although initially, wounded Indian soldiers were given the option of not returning to the front, Harrison argues that with 47 percent of the soldiers being invalided back to India, there was a serious shortage in manpower. This led the Indian army to enforce the military medical efficiency that required all recovered soldiers to return to the front.[3]

Especially at first, it proved difficult to ensure that the correct funerary practices of the various ethnic groups were observed scrupulously, given the poor staffing and congestion in the lines of communication. Sir Walter Roper Lawrence (1857-1940) was appointed the Commissioner of Indian Sick and Wounded in November 1914 to oversee medical arrangements for Indians in England and France. The medical situation in France improved over the summer of 1915, thanks to the exertions by Lawrence and the War Office.[4]

Indian War Hospitals in England

Originally, sick and wounded Indian soldiers were to be evacuated from France through Marseilles on to Egypt, and then to India. However, this plan could not be implemented due to a lack of cooperation from French authorities, who refused to make transport arrangements. As a result, it was decided to evacuate Indian troops from Boulogne to southern England in October 1914. Conflicting instructions from the Government of India, the War Office, the India Office and the Admiralty regarding hospital ships and their use in the evacuation of Indian troops from the Western Front caused some confusion until November 1914, when the War Office took charge. The shortage of medical personnel for Indian military hospitals both in France and England meant that medical arrangements in England were still incomplete when a large number of Indian sick and wounded began to arrive in Boulogne. By the end of October, hospital ships had conveyed Indian sick and wounded to Southampton, but due to the lack of hospital accommodation in England, they had to stay there, acting as stationary hospital ships until the hospitals on shore were made ready.

Lawrence’s appointment was crucial in improving medical facilities for Indian troops on the

Western Front. Initially, some Indian patients were accommodated in hotels in the New Forest and at the Red Cross Hospital in Netley. “Hutted hospitals” in the New Forest and in Brockenhurst were also established. Lawrence felt that Indian war hospitals ought to be set up in the relatively mild climate of Brighton, to offer the soldiers relief after their experiences of wet and cold weather in the trenches with inadequate clothing and footwear. He persuaded Brighton’s mayor and local authorities to convert a school at York Place, the Brighton Poor Law Infirmary and the buildings of the Royal Pavilion, Dome and Corn Exchange into hospitals for Indian troops.[5]

Lawrence’s appointment had been meant to ensure that poor medical conditions did not provide opportunities for negative propaganda on which nationalist critics of the Indian government could capitalize, and to ensure that recruitment in India was not jeopardized. The deployment of Indian troops on the Western Front was, on the contrary, used to generate positive war propaganda: Images of Indian soldiers, troops from other colonies and of indigenous troops from both the British and French empires were very visible in British newspapers and Allied war propaganda. The support of colonial troops was seen as proof of the justness of the Allies. It therefore became essential to ensure that this was not undermined by poor medical arrangements for Indian troops, where scrutiny from the British public and press would be high. Indian hospitals in England became very important for war propaganda in 1915, with accounts of the Royal Pavilion at Brighton, formerly a royal palace, being especially popular.[6] It was considered a particularly suitable setting for Indian patients because of the “Oriental” influences in its architecture. The Royal Pavilion Hospital (722 beds) was photographed extensively, portraying turbaned Indian troops tucked in neat rows of hospitals beds, especially in rooms with opulent furnishings, such as the Banqueting room. Visits by George V, King of England (1865-1936), Secretary of State for War Field Marshal Horatio Herbert Kitchener (1850-1916) and Secretary of State for India Sir Austen Chamberlain (1863-1937) to inspect the hospital were publicized widely as a mark of concern for colonial subjects. Official photographers, such as Charles Hilton DeWitt Girdwood (1878-1964), photographed Indian patients playing cards, listening to Scottish bagpipe players or the gramophone, and mixing with civilians from Brighton.[7] These were similar to photographs taken of recovering British and Dominion troops, but the captions photographs of Indian troops portrayed them as exotic, emphasising their loyalty to the empire and British paternalistic concern for them. Underneath this propaganda, suspicion of the valour and loyalty of Indian troops persisted, especially given that German propaganda declared its sympathy with Indian anti-colonialists and sought to lure away Muslim soldiers through its alliance with the Ottoman Empire. Suspicions of malingering led to an enquiry into gunshot wounds of the hand among Indian soldiers. The report declared accusations of malingering as false, but as Harrison points out, what is material is not whether this was a conclusive report,

but that it indicated the existence of colonial anxieties about Indian soldiers.[8]

The Lady Hardinge Hospital at Brockenhurst (500 beds) stood in sharp contrast to the grandeur of the Royal Pavilion Hospital. It was funded by the Indian Soldiers' Fund and was locally known as "Tin Town" due to the galvanized corrugated iron in its construction. This "hutted hospital" arranged wards of huts constructed from a wooden framework covered by iron formed around a covered U-shaped corridor. The effects of exposure to a cold climate – many soldiers contracted frostbite due to their lack of shoes in the trenches – did not abate entirely with time. The number of soldiers suffering from bronchitis, rheumatism and pneumonia remained high in both the Lady Hardinge Hospital and the Kitchener Indian Hospital (KIH). By early 1915, in addition to the Brighton and Lady Hardinge facilities, Indian patients were being accommodated in hospitals in Mont Dore, Bournemouth (500 beds), Victoria Hotel and Milford (350 beds), while convalescent troops were sent to the Indian Convalescent Home, Barton, New Milton (1500 beds).[9]

The inmates of the Brighton Poor Law Institution and Infirmary had been relocated to temporary accommodation to make room for the KIH until November 1915, and for British troops after that. The KIH was the largest hospital for Indian troops in England (1,948 beds in 1915) and was comprised of three Indian general hospitals of the Indian army: nos. 1, Y and Z.[10] Brevet Colonel Sir Bruce Gordon Seton (1868-1932) took command of the KIH in February 1915; his prolific reports provide detailed information about the hospital. A member of the Indian Medical Service (IMS), Seton had served on two committees (in 1909 and 1910) established to improve military hospitals for Indian troops. Neither of the committees' recommendations had been implemented by the Government of India before the war broke out. Seton strong advocated adopting several contemporary medical practices in Indian military hospitals which had not been introduced due to financial stringency. Arguments against their adoption were driven by the belief that they would lead to dissatisfaction amongst Indian troops, undermine their loyalty and adversely affect military recruitment in India.[11]

There was, however, considerable support within the IMS for these improvements, since obsolete military hospitals tended to undermine the professional expertise of IMS officers and the prestige of the service. Seton therefore seized the opportunity presented by the KIH to show that improvements could be introduced without alienating Indian troops. An elaborate organizational scheme was introduced into Indian war hospitals in England, with separate wards for officers and the segregation of patients with infectious diseases. Pre-war regimental hospitals for Indian troops had failed to implement basic precautions to prevent the spread of infectious diseases (even though such precautions were in force in British

soldiers' hospitals in India). Patients with infectious diseases had been accommodated in the same space as other patients, for example, and were allowed to mix freely with comrades who were not ill in Indian regimental hospitals. When they recovered, patients took their bedding and clothing with them back to their lines, carrying the infection back to their regiment and increasing the risk of its spread. Seton reported that, though Indian troops had been unfamiliar with the use of hospital uniforms and bedding, they soon adapted.[12]

An important aspect of medical arrangements was the great solicitude for maintaining the ethnic practices of Indian troops. War propaganda about Indian troops by British and French newspapers, and about Indian prisoners of war by German forces, tended to adopt a posture of ethnographic curiosity, with the peculiarities of Indians' cooking and eating practices being of particular interest. The shift in ideologies of rule after the Revolt of 1857 in India had emphasized the irrational and fanatic religiosity of Indians, and the ethnic identity of Indian soldiers had been the cornerstone of regimental discipline in the army's policy of recruiting "martial races".[13] All of this led British authorities to place a great emphasis on ethnic practices related to food. On the Western Front and in hospitals in England, Walter Lawrence and IMS officers took pains to ensure that separate cooking arrangements were made for high-caste Hindu troops, Muslim troops and Sikh troops.[14] These measures ensured that the rules of commensality – who was allowed to touch the cooked food, and with whom soldiers could eat – of high-caste Hindu soldiers were not broken, and to ensure that meat for Sikhs and Muslims was slaughtered according to their religious practices. The preoccupation with these arrangements was linked with the belief that it was their ethnic identity that made the soldiers martial and that violation of ethnic practices could provoke falling recruitment at best and mutiny at worst.[15] During their deployment on the Western Front, when anxieties about the loyalty and valour of these troops were at their highest, it is not surprising that British officials took special precautions regarding the food and religious observations of the soldiers. Arrangements were also made for soldiers to observe religious ceremonies, with considerable quantities of religious literature being distributed by the Indian Soldiers' Fund.[16]

Nursing in these war hospitals was also improved. Indian military hospitals before the war had had minimal nursing personnel, who were supplemented by patients' comrades from their regiments. When the war broke out, the Indian government was considering proposals by the Lukis Committee to establish corps of ward orderlies who were to be given basic training in nursing.[17] Seton's arrangements in the KIH seem to have furthered this aim. Expressing dissatisfaction with the very poorly trained nursing staff, Seton drilled convalescent soldiers in nursing duties, claiming that these men provided better nursing than the ward orderlies of pre-war Indian regimental hospitals. The employment of white female

nurses in Indian war hospitals in England raised some controversy.[18] Although common in hospitals for British troops in India, female nurses were deemed "out of place in an Indian unit" by Seton.[19] The attendance to the personal and physical needs of ill sepoys would have closed the physical distance between the British, who perceived themselves as the "ruling race". Since such physical contact was considered as defiling by sepoys, who were often drawn from middle and upper castes, white nurses ministering to Indian soldiers were perceived by military authorities as subverting imperial racial hierarchies, and prompted fears of miscegnation. As a result, British women nurses acted only in a supervisory capacity, with the nursing being done by British NCOs and men from the Home Hospitals Reserve (RAMC) and Voluntary Aid Detachment. All reports about Indian hospitals, such as those by organizations like the Indian Soldiers' Fund, stipulated that female English nurses in Indian war hospitals in England "should not 'nurse' the patients in the proper sense, but only exercise a general supervision and control in the wards".[20] Later, men from the Indian army drilled in nursing duties were used, and female British nurses were withdrawn entirely from all Indian hospitals in England, except the Lady Hardinge Hospital in Brockenhurst.[21] As Alison Fell points out, this was more difficult to arrange in hospitals in France, where white nurses often came into contact with Indian and indigenous African soldiers.[22] Indian ward orderlies were trained at the KIH for service at all Indian hospitals in England, as well as for hospital ships.

It was not just the racial hierarchies which needed policing in the hospitals established in England, but also the imperial gender order. Letters from sepoys in France often referred to the opportunities for sexual liaisons with French women, as Harrison points out, and local women in Brighton were fascinated with the exotic Indian troops who arrived amid propaganda about their valour. Army authorities, alarmed at the possibility of liaisons between Indian men stationed in England and white women, and the danger of these to "the prestige and spirit of European rule in India", sought to impose harsh discipline in Indian war hospitals, amounting to incarceration.[23] At stake was the racial and gender order of the Raj, within which British women's superiority to Indian men could not be threatened by sexual relationships between the two.[24] Harrison outlines measures taken by Seton to prevent all Indians in war hospitals, except for some officers, from leaving the KIH, including the use of barbed wire and a military police guard.[25]

As a result of such harsh discipline, the hospital also had to provide occupations for soldiers, resulting in the expansion of recreational facilities for Indian troops invalided to England. The "recreation room" provided amusements for sepoys, including games and gymnastics

equipment, while a small mess had newspapers, books and gramophones. Troops were also regularly taken on tours of London; cinema shows organized in Brighton and subsidized by the Indian Soldiers' Fund introduced Indian patients to Charlie Chaplin (1889-1977), whose appearance on film "was hailed with much applause."[26] Similar arrangements were made in other hospitals for Indian soldiers. The covered corridor of the Lady Hardinge Hospital at Brockenhurst was characterized as a "winter garden" by the staff, with settees provided for convalescent patients and a recreation room. Despite such amenities, Harrison points out that soldiers resented this policing, with frequent complaints appearing in their letters. One famous case of overt resistance was an unsuccessful murder attempt against Seton by a sub-assistant surgeon, whose revolver shot missed its mark.

Non-European Fronts: Mesopotamia and East Africa

Mesopotamian Front

As Mark Harrison points out, the military medical machine set up on the Western Front was meant to reduce the "wastage" of men in a war of attrition.[27] It aimed to treat and return as many soldiers to the front as possible. Hospitals for Indian soldiers in France and England were meant to facilitate this, and marked a break with earlier perceptions of Indian soldiers as expendable and easily replaced. However, both the difficulties of recruiting Indian soldiers and the expense of equipping and transporting them to distant theatres of war led to a greater realization of the importance of medical services for them, which was, however, most conspicuous on the Western Front. Unlike the Western Front, medical arrangements in both Mesopotamia and the East African campaign were marked by high mortality from sickness and breakdowns in medical supply lines.[28] Official histories of medical services state that, while the high mortality rate during the South African War had led to a new awareness of the importance of medical care for sick and wounded soldiers, innovations in medical care that were adopted on the Western Front often failed to percolate to other fronts. Mark Harrison argues that crucial in this respect was the importance of close communication between military commanders and medical officers. Learning from the lessons of the South African War, military authorities on the Western Front were keen to incorporate better sanitation and evacuation of casualties into their campaigns. A similarly close communication did not exist between commanding officers and medical officers on either the East African or the Mesopotamian Front. Furthermore, the Western Front was closer to England and therefore subject to closer scrutiny. Harrison argues that of considerable importance was the growing feeling in Britain that it was the duty of the state to do everything it could to reduce the suffering of soldiers.[29]

The Mesopotamia campaign, under the command of the Indian government until February 1916, did not take adequate account of this. The campaign's aim had been to protect the oil field at Abadan, but with the rapid conquest of Basra, a decision was made to conquer Baghdad as well. This campaign, after its initial success at the Battle of Ctesiphon, ran into serious difficulties with the fall of the besieged fort at Kut al-Amara in April 1916. The campaign was resumed in December 1916 after reorganization, leading to the conquest of Baghdad, and was completed with the occupation of Mosul in November 1918. Focus has centred on the medical breakdown in late 1915, which was investigated by two commissions: the Vincent-Bingley Commission (appointed in March 1916) and the Mesopotamia Commission (appointed in July 1916). The decision to advance to Baghdad in 1915 did not adequately consider the logistical implications of the campaign. Although medical equipment had been adequate for the initial conquest of Basra, it proved insufficient for the treatment and evacuation of casualties along the long lines of communication over difficult terrain in subsequent campaigns. The lack of sufficient river transport and the failure of general staff to adequately consider questions of evacuation of casualties meant that sick and wounded soldiers often had to be evacuated forwards with the force instead of backwards to the base hospitals in Basra. This led to a comprehensive breakdown, which in turn prompted considerable criticism in Britain as private reports appeared of the lack of medical comforts and treatment.[30] The Mesopotamia Commission criticized the Government of India's culture of "economy" that had put too much of a strain on medical equipment. In an attempt to reduce military spending, medical expenditure on Indian troops had been reduced to a minimum and a system had been put in place which required authorization from the centre for any expenditure. This meant that in times of war, when rapid expansion of medical facilities was required, sanction for such expenditures was delayed. This created substantial discrepancies in medical equipment – for instance, X-rays were widely used in Indian war hospitals in England, but were not available in sufficient quantities in either Mesopotamia or Bombay hospitals set up to receive wounded soldiers from the Western Front, Mesopotamia and Africa. The reports of the two commissions also pointed out that, although the medical breakdown had affected both British and Indian troops, medical facilities for Indian troops were worse than those for the British.[31] In this, the Mesopotamia campaign reflected the prevailing orthodoxy within the Indian military establishment of providing different standards of care for Indian and British troops. Santanu Das provides a rare autobiographical account by an Indian (Bengali) sub-assistant surgeon relating the experience of racial discrimination in the Mesopotamian British force and as a prisoner of war held by the Turks after the fall of Kut.[32] The harsh criticism of the Indian government's lapses and callous disregard for medical arrangements in the British press and parliament brought pressure to bear upon the India Office, leading to a greater willingness to improve military medical infrastructure for Indian

troops.[33]

East Africa

Climate, geographical terrain and disease were to dominate the East African campaign, in which a sizeable contingent of Indian forces participated. The main fighting took place from 1916 on, with the advance into German East Africa leading to several arduous campaigns involving long marches through bush and across rivers, lakes and swamps. The campaign was marked by a lack of planning and coordination in organizing the evacuation of the sick and wounded, and of medical services more generally. Medical supplies were vastly insufficient: malaria nets given to troops in 1916 were so small that soldiers used them to carry their rations instead of for their intended purpose. Although casualties from wounds were low, those from disease during the last quarter of 1916 and until mid-1917 were very high, partly due to the failure of military staff to recognize the importance of medical services and sanitation.[34] Surviving information on medical arrangements tends to provide aggregate statistics for the entire force and when differentiated statistics are available, they do not distinguish clearly between Indian and African soldiers. Official histories indicate that Indian troops suffered less than African troops from dysentery and pneumonia. The operations in the Kilwa region in 1917 led to the highest sick rate levels during the war, with a high monthly wastage due to sickness of fifty-nine per 1,000 between January-May 1917.[35] The ratio of hospital admissions for all troops (including British, Indian and African) during 1917 was 1,422, with 84 per 1,000 for malaria and 277.01 per 1000 of ration strength for dysentery. It was not until October 1917 that adequate hospital accommodation was provided and the hospital admission ratio from malaria fell to 559.09 per 1,000 troops.[36]

Conclusion

As a result of the criticism of the Indian army's medical arrangements following the Mesopotamia medical breakdown, pressure from the India Office led to a reform of the most obsolete aspects of the army medical infrastructure. Soldiers who had served on the Western Front may have come to expect better medical care, but many failed to see these improvements. Ultimately, it was the intention to reward soldiers for their service that led to a raft of improvements, including better medical care in the army. Post-war retrenchment meant that these improvements were never implemented to the full extent envisaged in the heat of the war.[37]

Samiksha Sehrawat, Newcastle University

Notes

1. Visram, Rozina: Ayahs, Lascars and Princes. Indians in Britain, 1700-1947, London 1986, pp. 113-117. ↑
2. Harrison, Mark: The Medical War. British Military Medicine in the First World War, Oxford 2010, pp. 52-53. ↑
3. Ibid., p. 56. ↑
4. Ibid., pp. 52-58. ↑
5. Harrison, Mark: Disease, Discipline and Dissent. The Indian Army in France and England, 1914-15, in: Cooter, Roger/ Harrison, Mark/ Sturdy, Steve (eds.): Medicine and Modern Warfare, Amsterdam 1999, pp. 188-191; Visram, Ayahs, Lascars 1986, pp. 122-123. ↑
6. Visram, Ayahs, Lascars, pp. 125-127. ↑
7. Sehrawat, Samiksha: Colonial Medical Care in North India. Gender, State, and Society, c. 1840-1920, Delhi 2013, pp. 231-232. ↑
8. Harrison, Disease, Discipline and Dissent 1999, pp. 197-198. ↑
9. Report of the Indian Soldiers' Fund, 1 October 1914-31 March 1915, London n.d., pp. 16-18; Second Report of the Indian Soldiers' Fund, 1 April-20 November 1915, London n.d., pp. 14-15. ↑
10. Gooch, Janet: A History of Brighton General Hospital, Chichester 1980, pp. 106-107. ↑
11. Sehrawat, Samiksha: Prejudices Clung to by the Natives. Ethnicity in the Indian Army and Hospitals for Sepoys, c. 1870s-90s, in: Pati, Biswamoy / Harrison, Mark (eds.): Social History of Health and Medicine in Colonial India, Abingdon et al. 2009, pp. 151-172. ↑
12. Sehrawat, Colonial Medical Care 2013, pp. 192, 195-196, 199-200; Report on the Kitchener Indian Hospital Brighton, India Office Records (IOR), British Library (BL), London. ↑
13. Omissi, David: Sepoys and the Raj. The Indian Army, 1860-1940, Basingstoke 1994, pp. 110-123. ↑
14. Visram, Ayahs, Lascars 1986, pp. 127-128. ↑
15. Sehrawat, Colonial Medical Care 2013, pp. 202-219. ↑
16. Visram, Ayahs, Lascars 1986, p. 123. ↑
17. Sehrawat, Colonial Medical Care 2013, pp. 207. ↑
18. Greenhut, Jeffrey: Race, Sex and War. The Impact of Race and Sex on Morale and Health Services for the Indian Corps on the Western Front, 1914, in: Military Affairs 45/2 (1981), pp. 71-74; Omissi, David: Europe through Indian Eyes. Indian Soldiers Encounter England and France, 1914-1918, in: English Historical Review 122/496 (2007), pp. 379-380. ↑
19. Report on Kitchener Indian Hospital, p. 5. ↑

20. Second report of the Indian Soldiers' Fund, p. 27. ↑
21. Visram, Ayahs, Lascars 1986, pp. 129-131. ↑
22. Fell, Alison: Nursing the Other. The representation of colonial troops in French and British First World War nursing memoirs, in: Das, Santanu (ed.): Race, Empire and First World War Writing, Cambridge 2011, pp. 158-175. ↑
23. Censor of Indian Mails, Part I, IOR, BL, p. 460. ↑
24. Levine, Philippa: Battle Colors. Race, Sex, and Colonial Soldiery in World War I, in: Journal of Women's History 9/4 (1998), 104-130. ↑
25. Harrison, Disease, Discipline and Dissent 1999, pp. 194-196. For an earlier account, see Visram: Ayahs, Lascars 1986, pp. 131-134. ↑
26. Report of the Indian Soldiers' Fund, 1 October 1914-31 March 1915, p. 17. ↑
27. Harrison, Medical War 2010, pp. 8-10. ↑
28. Ibid., pp. 210-213, 242-247. ↑
29. Ibid., pp. 8-10. ↑
30. Ibid., pp. 206-227; Barker, A. J.: The Neglected War. Mesopotamia 1914-1918, London, 1967, pp. 97-98, 112, 176, 458-474; Davis, Paul: Ends and Means. The British Mesopotamian Campaign and Commission, Madison 1994, pp. 208-234. ↑
31. Sehrawat, Colonial Medical Care 2013, pp. 225-231. ↑
32. Das, Santanu: Indians at home, Mesopotamia and France, 1914-18. Towards an intimate history, in: Das, Santanu (ed.): Race, Empire and First World War Writing, Cambridge 2011, pp. 79-81. ↑
33. Ibid., pp. 232-236. ↑
34. Harrison, Medical War 2010, pp. 240-244. ↑
35. Macpherson, W. G. / Mitchell, T. J.: History of the Great War based on official documents. Medical Services, General History, vol. 4, Gallipoli Campaign 1915, Macedonia, Mesopotamia (Iraq), Persia (Iran), Aden, Russia, Ambulance transport, London 1924, p. 479. ↑
36. Mitchell, T. J. / Smith, G. M.: History of the Great War based on Official Documents, Medical Services. Casualties and Medical Statistics of the Great War, London 1931, pp. 258-259. ↑
37. Sehrawat, Colonial Medical Care 2013, pp. 236-247. ↑

Selected Bibliography

- Barker, A. J.: **The neglected war. Mesopotamia 1914-1918**, London, 1967: Faber.
- Collins, Joyce: **Dr. Brighton's Indian patients, December 1914-January 1916**,

Brighton, 1997: Brighton Books.

- Das, Santanu: **Indians at home, Mesopotamia and France, 1914-1918. Towards an intimate history**, in: Das, Santanu (ed.): Race, empire and First World War writing, Cambridge; New York 2011 Cambridge University Press, pp. 70-89.
- Davis, Paul K.: **Ends and means. The British Mesopotamian campaign and commission**, Rutherford; London; Cranbury, 1994: Fairleigh Dickinson University Press; Associated University Presses.
- Fell, Alison: **Nursing the other. The representation of colonial troops in French and British First World War nursing memoirs**, in: Das, Santanu (ed.): Race, empire and First World War writing, Cambridge; New York 2011 Cambridge University Press, pp. 158-175.
- Gooch, Janet: **A history of Brighton General Hospital**, London, 1980: Phillimore.
- Greenhut, Jeffrey: **Race, sex and war. The impact of race and sex on morale and health services for the Indian Corps on the Western Front, 1914**, in: Military Affairs 45/2, 1981, pp. 71-4.
- Harrison, Mark: **Disease, discipline and dissent. The Indian Army in France and England, 1914-15**, in: Cooter, Roger / Harrison, Mark / Sturdy, Steve (eds.): Medicine and modern warfare, Amsterdam; Atlanta, GA 1999 Rodopi, pp. 185-204.
- Harrison, Mark: **The medical war. British military medicine in the First World War**, Oxford; New York, 2010: Oxford University Press.
- Levine, Philippa: **Battle colors. Race, sex, and colonial soldiery in World War I**, in: Journal of Women's History 9/4, 1998, pp. 104-130.
- MacPherson, W. G / Mitchell, T. J.: **History of the Great War based on official documents. Medical services. General history. Medical services during the operations on the Gallipoli Peninsula; in Macedonia; in Mesopotamia and North-West Persia; in East Africa; in the Aden Protectorate, and in North Russia. Ambulance transport during the war**, vol. 4, London, 1924: Her Majesty's Stationery Office.
- Mitchell, T. J. / Smith, G. M.: **History of the Great War based on official documents. Medical services. Casualties and medical statistics of the Great War**, London, 1931: Her Majesty's Stationery Office.

- Omissi, David (ed.): **Indian voices of the Great War. Soldiers' letters, 1914-18**, Basingstoke, 1999: Macmillan Press.
- Omissi, David: **Europe through Indian eyes. Indian soldiers encounter England and France, 1914-1918**, in: The English Historical Review 122/496, 2007, pp. 371-396.
- Sehrawat, Samiksha: **'Prejudices clung to by the natives'. Ethnicity in the Indian Army and hospitals for Sepoys, c. 1870s-90s**, in: Pati, Biswamoy / Harrison, Mark (eds.): The social history of health and medicine in colonial India, London; New York 2009 Routledge, pp. 151-172.
- Sehrawat, Samiksha: **Colonial medical care in North India. Gender, state, and society, c. 1830-1920**, New Delhi, 2013: Oxford University Press.
- Visram, Rozina: **Ayahs, lascars and princes. Indians in Britain 1700-1947**, London, 1986: Pluto Press.

Citation

Samiksha Sehrawat: Health and Medicine (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 Freie Universität Berlin, Berlin 2017-08-29. DOI: 10.15463/ie1418.11150

External Links

- Das, Santanu: The Indian Sepoy in the First World War, February 2014 (British Library) (Article)
- India and the Great War (USI-MEA Centenary Commemoration Project) (Institutional Website)
- Mitchell, T. J. / Smith, G. M.: Medical Services. Casualties and Medical Statistics of the Great War, London 1931 (HathiTrust) (Book)
- Omissi, David: India and the Western Front, 2011 (BBC) (Article)

- Omissi, David: What Indian soldiers in the First World War wrote home about, 20 August 2014 (The Caravan) (Article)
- Seton, Bruce: An Analysis of 1,000 Wounds and Injuries Received in Action, with Special Reference to the Theory of the Prevalence of Self-infliction, 1915 (The British Library) (Book)
- Seton, Bruce: A Report on Kitchener Indian Hospital Brighton, ca. 1916 (The British Library) (Book)
- WW1 Audio Tour (Royal Pavilion) (Audio)

Metadata

Regional Section(s)
South and South East Asia > India

Thematic Section(s)
Home Front

Subjects
Politics, law > International relations > Colonialism, imperialism
Politics, law > Political ideologies > Racism, xenophobia
Science and technology > Medicine
The media > Propaganda > Propaganda, domestic
The media > Propaganda > Propaganda, military
Warfare and the military > Battles, battlefields and campaigns > Battles, battlefields and campaigns, Near and Middle East
Warfare and the military > Battles, battlefields and campaigns > Battles, battlefields and campaigns, Western Front
Warfare and the military > Combatants > Colonial troops
Warfare and the military > Military infrastructure > Equipment and supplies
Warfare and the military > Trauma and medical care > Diseases
Warfare and the military > Trauma and medical care > Medical services, military
Warfare and the military > Trauma and medical care > Nurses

Author Keywords
Brighton; Mesopotamia; Medicine; Hospital

GND Subject Headings
Großbritannien ; Weltkrieg [1914-1918] ; Militärmedizin

LC Subject Headings
World War, 1914-1918--Medical care ; Great Britain. Army

Rameau Subject Headings
Guerre mondiale (1914-1918) ; Soins médicaux ; Grande-Bretagne

Key Person(s)
Chaplin, Charlie; Lawrence, Walter Roper; Chamberlain, Austen; Girdwood, Charles Hilton DeWitt; Seton, Bruce Gordon; George V, King of Great Britain; Kitchener, Horatio Herbert Kitchener, Earl

Key Location(s)
Baghdad; Basra; Boulogne-sur-Mer; Bournemouth; Brighton; Brockenhurst; Milford; New Milton; Southampton

Title
Health and Medicine (India)

Author(s)
Samiksha Sehrawat

Article Type
Handbook Article

Classification Group
Regional Thematic Article

Articles That Link Here
Warfare 1914-1918 (India) and War Losses (India)