

# War Losses (India)

By [Andrew Tait Jarboe](#)

## Summary

Some 1.5 million Indians served in the Indian Army during World War I and, of those, slightly more than one million deployed to battlefronts spanning Europe, Africa, and the Middle East. At the war's end, India had suffered more than 120,000 total casualties – men killed, wounded, or missing. Who were these men? What kind of medical care did India's wounded fighting men receive? And what efforts were taken to remember or commemorate the dead? These are the questions considered here.

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## Introduction

[India](#) played a vital role in the British Empire's war against the Central Powers, providing manpower, money, and materiel. Indeed, India's total contribution in manpower exceeded that of all of [Britain's](#) dominions – [Australia](#), [Canada](#), [New Zealand](#), and [South Africa](#) – combined. Between the advent of hostilities in 1914 and the close of 1919, some 1.5 million men from South Asia joined the Indian army – 877,068 as combatants, and 563,369 as non-combatants.<sup>1</sup> More than one million Indian soldiers deployed to battlefields in the British Empire's war against the Central Powers, to [France](#) and [Belgium](#), to [East Africa](#) and [Egypt](#), to Macedonia, [Gallipoli](#), Palestine and [Mesopotamia](#). The November 1918 Armistice against [Germany](#) did not mean the end of combat operations for many of these men. In 1919, Indian soldiers fought against the king's enemies in [Afghanistan](#) and Waziristan. They suppressed rebellions in Egypt and Iraq in 1919 and 1920.<sup>2</sup> The grim task of counting Indian army losses

- like that of tending to India's wartime wounded - was necessarily a global endeavour.

## India's Losses

How many losses did the Indian Army sustain during the war? Unfortunately, a proximate figure might be the best we can muster. According to one official tabulation issued by the War Office in 1922 in *Statistics of the Military Effort of the British Empire during the Great War*, 53,486 Indian soldiers had died, 64,350 had sustained wounds, and 2,937 were still missing by the close of 1919.<sup>3</sup> A few pages earlier, however, the very same book offers an "approximate" figure of 47,746 Indians "killed, died of wounds, died," and claims that another 65,126 were wounded.<sup>4</sup> [Santanu Das](#) suggests that India's actual killed, wounded and missing may be higher than these published figures.<sup>5</sup>

One reason for this no doubt stems from the fact that compiling an accurate tally of Indian losses proved a difficult task for the British from the moment Indian troops first went into action. The back-and-forth nature of battles on the [Western Front](#) in 1914 and 1915 sometimes made it impossible to know for certain who was dead and who was captured, for example. Much to British chagrin, the German authorities (as well as Ottoman, in the [Middle East](#)) made only nominal attempts at keeping accurate records of Indian captured. In November 1915, at a time when more than 3,200 Indian soldiers in France were categorized on the rolls as "missing", Field Marshal [John French \(1852-1925\)](#) complained that the lists the Germans provided British authorities on the Western Front were "so incomplete in details that hitherto it has been impossible to identify more than sixty per cent of the individuals mentioned".<sup>6</sup>

The Indian army's operations in the Middle East were its most ambitious and most protracted. More than 675,000 of its soldiers - both combatants and non-combatants - deployed to that theatre. Casualties there were accordingly the highest the army sustained on any front: 29,555 dead, 32,608 wounded, and 1,035 missing - or 63,198 in total. But in terms of percentage of the total manpower deployed, France was the Indian army's "deadliest" operation. 138,608 Indian combatants and non-combatants served in France, of whom 7,710 were killed, 16,441 were wounded, and 834 were missing - or 24,985 total casualties.<sup>7</sup> Of the soldiers deployed to France, around 18 percent became casualties, compared to slightly less than 10 percent of those deployed to Mesopotamia.<sup>8</sup>

Indian combatants sustained the lion's share of casualties on every front, but Indian non-combatants - sometimes called "followers" - were also placed in harm's way.<sup>9</sup> Of India's

53,486 total dead, 36,067 were Indian officers and soldiers serving as combatants and 17,419 were [followers](#) serving as non-combatants. Of the 49,273 Indian followers deployed to France during the war, 2,218 were killed. In Mesopotamia, where Indian non-combatants outnumbered combatants, 11,624 followers died of the 348,735 deployed.<sup>10</sup>

India’s losses tended to come in waves. The closing months of 1914 produced thousands of casualties as British commanders fed Indian [infantry](#) and [cavalry](#) piecemeal into the lines in Belgium and France during the [Battle of Ypres](#). Three days of fighting at Neuve Chapelle in March 1915 likewise took a heavy toll on the engaged Indian infantry battalions. Indian infantry were withdrawn and redeployed at the close of the year. Thereafter, any Indian casualties incurred in France fell on the cavalry and non-combatants. As Indian army operations in the Middle East ramped up in mid-1915, so too did the body count. Beleaguered offensive operations in late 1915 and early 1916 produced many thousands of losses. Offensive operations in Palestine in 1918 produced another rush of Indian casualties, mainly among cavalry soldiers, who played a pivotal role at the Battle of Megiddo in September.

Historians generally do not include those who died during the influenza pandemic of 1918-1919 among the war’s dead, but the movement of troops and their confinement in crowded cantonments created exactly the conditions the virus needed to spread. Not unlike the Covid-19 pandemic of 2020-2022, the flu struck in a series of deadly waves in 1918-1919. In October 1919, for example, it tore through the ranks of non-combatants stationed at the Lahore Cantonment.<sup>11</sup> Demographers at the time of the scourge conceded that they were at a loss to count the country’s dead but believed that India’s experience with the flu was the worst of any country. Recent work by demographers has yielded a figure of 13.88 million dead.<sup>12</sup> Further study of the war and its impacts on the flu pandemic in India remains to be done.

Total Combatant Indian Killed and Wounded during the War, 1914 - 31 December 1919				
Theatre	Dead from All Causes		Wounded	
	Indian Officers	Other Ranks	Indian Officers	Other Ranks
France	176	5,316	404	15,893
East Africa	67	2,405	59	1,927
Mesopotamia	364	17,567	828	31,330
Egypt	74	3,713	135	6,286

Gallipoli	33	1,591	72	3,578
Aden	7	500	16	548
Frontier operations	17	2,245	65	1,759
Total	738	33,337	1,579	61,321

Table 1: Total Combatant Indian Killed and Wounded during the War, 1914 - 31 December 1919<sup>13</sup>

Total Non-combatant Indian Killed and Wounded during the War, 1914 - 31 December 1919		
Theatre	Dead from All Causes	Wounded
France	2,218	144
East Africa	500	17
Mesopotamia	11,624	450
Egypt	555	98
Gallipoli	127	111
Aden	79	4
Frontier operations	1,621	1,759
Total	16,724	2,583

Table 2: Total Non-combatant Indian Killed and Wounded during the War, 1914 - 31 December 1919<sup>14</sup>

## Caring for the Wounded

The kind and quality of [healthcare](#) a wounded soldier received went a long way in determining if he was ever fit enough to fight again. Good healthcare, therefore, was essential to every army's ability to mitigate the losses armies suffered during battle. When World War I began, the Indian army's Indian soldiers received medical care according to the "regimental system". Under this system, [hospitals](#) and medical equipment were transported

to the wounded man. British soldiers serving in India, on the other hand, received their medical care according to a different system, one that transported wounded men to what were called “station hospitals”.<sup>15</sup>

This was a two-tiered healthcare system in which British soldiers got life-saving healthcare while Indian soldiers did not. The surgical equipment and facilities available to Indian soldiers were subpar. The comforts and amenities British soldiers enjoyed were absent from Indian hospitals. Indian patients were responsible for their own bedding and clothing, which contributed to the spread of contagion, and they relied on comrades who provided unpaid and untrained nursing. “I doubt whether you gentlemen would consider that the Sepoys’ hospitals in peace time in India are hospitals at all”, one officer with the Indian Medical Service testified during the war.<sup>16</sup> “Anything more disgraceful than the carelessness and want of attention with regard to the sick soldier in India it is impossible to imagine”, confided another doctor.<sup>17</sup>

## Indian Soldiers’ Healthcare on the Western Front

When Indian soldiers deployed to France in 1914, home government authorities scrapped the “regimental system”, and determined to provide wounded Indian with state-of-the-art station hospitals in France and England. Lord [Horatio Herbert Kitchener \(1850-1916\)](#), the secretary of state for war, placed Sir [Walter Roper Lawrence \(1857-1940\)](#) in charge of scouring the countryside for suitable locations. Lawrence secured facilities in Boulogne, Montreuil, Marseilles, and Rouen. In Brighton, England, he obtained use of the Royal Pavilion, the York Place Schools, and a block of buildings that became known as the Kitchener Indian Hospital. He also established hospitals in Netley, Bournemouth, Milford-on-Sea, and Barton-on-Sea, New Milton.<sup>18</sup>

By all accounts, the medical care Indian soldiers received in these hospitals was excellent. The Indian hospital in Boulogne admitted 19,858 patients in 1914 and 1915, of whom only 223 died, or 1.16 percent of all those admitted. Only twenty-six patients of the 3,890 admitted to the Kitchener Hospital died, a mortality rate of 0.75 percent.<sup>19</sup> “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. “The arrangements are the same as those made in British Military Hospitals, which are of course very superior to ... Military Hospitals in India for Indian troops.”<sup>20</sup>

These hospitals played an important role in sustaining the Indian army’s fighting capabilities. “The great preoccupation of the officers [working at the Indian hospitals] was to heal and

render the men fit for the fighting line”, Lawrence instructed his staff.<sup>21</sup> This policy proved especially galling to wounded men who had learned from previous campaign experience that once a man had been wounded, he was entitled to return home, his service to the king-emperor fulfilled.<sup>22</sup> One group of soldiers recovering from their wounds in England confronted Lawrence, complaining “that it was not fair to send them back to the trenches until other fresh regiments from India had been sent to the front.”<sup>23</sup> In August 1915, Sepoy [Mir Dast \(1874-1945\)](#) presented a petition to the king, arguing his case that “when a man has once been wounded, it is not well to take him back again to the trenches.”<sup>24</sup>

Beyond healing damaged bodies for the firing line, the Indian hospitals in France and England served an important [propaganda](#) function. Stories in English newspapers about wounded Indians, contentedly recovering from their wounds in Brighton, gave home audiences something to cheer when things were otherwise going badly for the Allies on the battlefield in 1914 and 1915. Hospitals also gave home audiences an opportunity to “do their bit” for the war effort. *The Times* hailed the arrival of wounded Indians in England in October 1914: “It will give us added opportunities of showing in practical form our appreciation of India’s enthusiastic cooperation.”<sup>25</sup> The British also hoped the medical care soldiers received in Europe might endear them to their Indian colonial subjects. “The wounded Indian soldiers are being treated in England with such great care that my pen fails to describe it”, one soldier wrote from his hospital bed. “We ought to give our lives for our kind Government.”<sup>26</sup> [Letters](#) like this were exactly the thing Walter Lawrence hoped would circulate in India.

Whatever the condition of the wards and the quality of the medical care, the Indian hospitals also sought to reinforce white supremacy and racial segregation. The deployment of Indian soldiers to Western Europe engendered British fears that the war might ultimately destabilize white rule in South Asia. Philippa Levine has demonstrated 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’ women and potentially disloyal colonials were subject to far more rigorous controls than other groups.”<sup>27</sup> Indeed, when the *Daily Mail* published a photograph in May 1915 showing a woman [nurse](#) at the bedside of wounded VC recipient [Khudadad Khan \(1888-1971\)](#), the War Office reacted with predictable fury. Alfred Keogh (1857-1936) “condemned absolutely and totally the employment of nurses with Indian troops”, and in June 1915, women nurses were removed from government-run Indian hospitals in England, although they continued to serve in hospitals run by the Indian Soldiers’ Fund, an independent charitable organization.<sup>28</sup>

## Sepoys and Shell Shock

Many of the sepoy soldiers who fought on the Western Front suffered psychological traumas. This kind of injury – what became known as “shell shock” – appeared in every army, but in the case of Indian soldiers, racism lent the matter a certain urgency. [Gajendra Singh](#) has written that “The speed with which the Indian Army acted to create a support structure for the diagnosis and treatment of military shell shock victims was due to the belief that the Indian psyche was particularly susceptible to war trauma.”<sup>29</sup>

Medical personnel attached to the pre-war army had been trained to watch for signs that a sepoy might snap and “run amok”. During World War I, this pre-war fear followed the men to Europe. The India Office outfitted the Indian hospitals with wards expressly for patients who required psychological care. The Kitchener Hospital even had an entire building where it confined its “mental cases”.<sup>30</sup> It is notable that Indian soldiers’ psychological traumas were being acknowledged and treated long before those of British soldiers. The British army did not open its first hospitals for treating shell shock until October 1916, and those hospitals were for officers only.<sup>31</sup>

Try as he might, Lawrence struggled to find an effective treatment for psychological wounds. “They are very difficult cases to treat”, he admitted.<sup>32</sup> In many instances, doctors and hospital administrators conceded that there was little they could do beyond sending the men back to India. “The medical view is there is only one thing to do for [shell shock], and that is to invalid the man to India”, Lawrence confessed to Kitchener.<sup>33</sup>

## Indian Soldiers’ Healthcare in the Middle East

The healthcare Indian soldiers received in France and England stands in marked contrast to the near-total lack of [medical care](#) available to many of their comrades in the Middle East. The Mesopotamia Commission Report, the product of a parliamentary inquiry into the Indian army’s medical arrangements in the Middle East, found that “the medical provision for the Mesopotamia Campaign was from the beginning insufficient.” The army’s offensive operations in that theatre in late 1915 and early 1916 resulted in “the most complete breakdown of all.”<sup>34</sup>

From the very start of operations in Mesopotamia, soldiers confronted “grave deficiencies” in medical personnel and material, shortages of rations, and a lack of comforts. The army’s base in Basra had a clearing hospital with 200 beds, and a British general hospital with 250 beds for British soldiers and 600 beds for Indian soldiers. After the Battle of Shaiba in April

1915, these hospitals were choked with more than 1,000 wounded, cared for by just thirty-five medical personnel. By June 1915, the Indian hospital with its 600 beds housed 1,671 sick and wounded patients.<sup>35</sup>

When command gave the Indian army the green light later that summer to advance on Baghdad, the Indian 6<sup>th</sup> Division proceeded up the Tigris River without the necessary medical arrangements in place. In November 1915, Turkish forces checked the advancing Indian force at Ctesiphon, inflicting 3,600 casualties. Wounded men were left to fend for themselves. There were only two motor ambulances available to evacuate thousands of broken men from the battlefield. Many lay on the ground for days in agony, and when they were at long last loaded onto steamers for transport downriver, they discovered that nothing had been done to sterilize the surfaces upon which they were placed.<sup>36</sup> The Mesopotamia Commission discovered that “the vessels had ... been used for the carriage of animals.” Open wounds were exposed to horse excrement. When the men reached Basra, many of their wounds had turned septic. “In some cases bed-sores had developed, more than one patient arrived soaked in feces and urine, and in a few cases, wounds were found to contain maggots.”<sup>37</sup>

When the Indian 3<sup>rd</sup> Division and 7<sup>th</sup> Division – the Lahore and Meerut Divisions, recently transferred from the Western Front – were thrown into the field in January 1916, an already desperate situation turned into “the most complete breakdown of all.”<sup>38</sup> Soldiers went into battle before their medical equipment had been unloaded from ships. Doctors ran out of drugs and bandages. Field ambulances were in such short supply and so overcrowded that patients passed through them without receiving any medical attention at all. 800 wounded men, many stricken with dysentery, fended for themselves on the banks of the Tigris.<sup>39</sup> The Mesopotamia Commission placed the blame for the disaster at the feet of the theatre’s commanders and strongly recommended that the Indian army discard its reliance on the “regimental system”.<sup>40</sup>

## Commemorating India’s Dead

It would be inappropriate to think of India’s war losses as somehow “peripheral” to the conflict, much less as an afterthought to Indian audiences. A soldier stationed in India during the war commented, “Everyone’s thoughts are always with their soldier sons across the sea, and they are in ceaseless anxiety.”<sup>41</sup> Even if just the smallest percentage of India’s rural communities were literate, India’s peasant communities enjoyed a robust [literary tradition](#). During the war, people sought out and interacted with war news, be it handwritten, printed,

spoken or sung.<sup>42</sup> A retired soldier in Punjab wrote to a soldier at the front, “Whenever the newspapers come I look at the casualties in the Indian Army.” Each of the man’s three nephews had been wounded in the war and redeployed to the front. “For this reason I am very anxious about you”, he said, “and the eyes of all your relatives are fixed on you.”<sup>43</sup> The loss of a loved one to the war left many Indian families grief-stricken and devastated. A Punjabi newspaper reported in 1915 that the widow of a killed Rajput had committed suicide. “It is not known how many more incidents like this will happen next.”<sup>44</sup>

The final resting places of thousands of Indian dead lay scattered across Europe, Africa and Asia, in graves both marked and unmarked. The burial places of 3,293 Indian soldiers killed in France and Belgium are marked by headstones in 141 cemeteries. The names of 421 presumed dead Indian soldiers appear on the [Menin Gate Memorial](#) to the Missing at Ypres. Ever sensitive to “Indian opinion”, Walter Lawrence made the effort to uphold Indian religious funerary rites during his tenure in charge of the Indian hospitals in England and France. He worked with a local maulvi in England to arrange for Muslim burial near a mosque in Woking. Hindu and Sikh soldiers who died of their wounds in hospital in Brighton were cremated at a chattri on the South Downs.<sup>45</sup> This kind of care stands in marked contrast to the seeming indifference attached to India’s dead by some of their commanders in the East Africa campaign, where dead Indians might be thrown into mass graves alongside dead African porters.<sup>46</sup>

As the war dragged on and the casualties mounted, people began asking what might be done to [commemorate the fallen](#). In 1917, the Imperial War Graves Commission received its Royal Charter. Its vice-chairman, Fabian Ware (1869-1949), set to work preserving the graves of the empire’s dead “to keep alive the ideals for ... which they have laid down their lives ... and promote a feeling of common citizenship and of loyalty to ... the Empire of which they are subjects.”<sup>47</sup> For the empire’s Indian dead, however, “common citizenship” did not in all cases translate into equality of treatment. The India Gate memorial in New Delhi, India, and the Indian Memorial at Neuve Chapelle, France, list the names of Indian soldiers who fell in the line of duty. At the Basra Memorial in Iraq, however, one finds the names of some 8,000 British soldiers who fell fighting in Mesopotamia, and one finds the names of 665 Indian officers who died, but 33,222 Indian “other ranks” who died fighting in the theatre are unnamed, recorded only as the number of men killed from each military unit. Visiting the Basra Memorial in 2003 in the wake of the US-led invasion, journalist Fergal Keane commented that one inscription, reading “Subhadar Mahanga and 1,770 other Indian soldiers”, was “a sentence as sad as any I’ve read in war.”<sup>48</sup>

Andrew Tait Jarboe, Berklee College of Music

## Notes

1. The War Office: Statistics of the Military Effort of the British Empire during the Great War, 1914-1920, London 1922, p. 777. [↑](#)
2. Recent histories of the Indian army and Indian soldiers in World War I include: Kant, Vedica: India and the First World War. "If I Die Here, Who Will Remember Me?", New Delhi 2014; Basu, Shrabani: For King and Another Country. Indian Soldiers on the Western Front, 1914-18, New Delhi 2016; Roy, Kaushik: Indian Army and the First World War, Oxford 2018; Morton-Jack, George: The Indian Army on the Western Front. India's Expeditionary Force to France and Belgium in the First World War, Cambridge 2014; Morton-Jack, George: Army of Empire. The Untold Story of the Indian Army in World War I, New York 2018; Jarboe, Andrew Tait: Indian Soldiers in World War I. Race and Representation in an Imperial War, Lincoln 2021. [↑](#)
3. The War Office, Statistics 1922, p. 778. [↑](#)
4. Ibid., p. 756. [↑](#)
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6. India Office Records [hereafter IOR], British Library, London, L/MIL/7/13561, French to the War Office, 31 August 1915. [↑](#)
7. The War Office, Statistics 1922, p. 778. [↑](#)
8. Jarboe, Indian Soldiers 2021, p. 85. [↑](#)
9. See Singha, Radhika: The Coolie's Great War. Indian Labour in a Global Conflict, 1914-1921, London 2020. [↑](#)
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17. Ibid., p. 95. [↑](#)

18. Visram, Rozina: *Asians in Britain. 400 Years of History*, London 2002, pp. 180-192. [↑](#)
19. The National Archives, Kew [hereafter TNA], WO 32/5110, Report by Lawrence, 8 March 1916. [↑](#)
20. TNA, WO 32/5110, Lawrence to Kitchener, 15 December 1914. [↑](#)
21. TNA, WO 32/5110, Lawrence, 8 March 1916. [↑](#)
22. Jarboe, *Indian Soldiers* 2021, p. 137. [↑](#)
23. TNA, WO 32/5110, Lawrence to Kitchener, 15 February 1915. [↑](#)
24. IOR, L/MIL/5/825/5. [↑](#)
25. *The Times*, 20 October 1914. [↑](#)
26. IOR, L/MIL/17347. [↑](#)
27. Levine, Philippa: *Battle Colors. Race, Sex, and Colonial Soldierly in World War I*, in: *Journal of Women's History* 9/4 (1998), p. 106. [↑](#)
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32. TNA, WO 32/5110, Lawrence to Kitchener, 27 May 1915. [↑](#)
33. TNA, WO 32/5110, Lawrence to Kitchener, 15 June 1915. [↑](#)
34. Mesopotamia Commission, Report 1917, p. 113. [↑](#)
35. *Ibid.*, p. 142. [↑](#)
36. Jarboe, *Indian Soldiers* 2021, pp. 147-148. [↑](#)
37. Mesopotamia Commission, Report 1917, p. 67. [↑](#)
38. *Ibid.*, p. 113. [↑](#)
39. Jarboe, *Indian Soldiers* 2021, p. 149. [↑](#)
40. *Ibid.*, pp. 149-150. [↑](#)
41. IOR, L/MIL/5/827/2. [↑](#)
42. See Das, *India* 2018, p. 93. [↑](#)
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## External Links

- [Basu, Shrabani: For king and another country. Indian soldiers on the Western Front, 15 December 2015 \(The National Archives\) \(Audio\)](#)
- [Brighton Royal Pavilion Hospital \(India and the Great War\) \(Database\)](#)
- [Buxton, Hilary: Imperial Amnesia. Race, Trauma and Indian Troops in the First World War, in: Past & Present 241/1, November 2018, pp. 221-258 \(Oxford Academic\) \(Article\)](#)
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## Metadata

### Regional Section(s)

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### Author Keywords

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### GND Subject Headings

[Indischer Soldat ; Westfront ; Weltkrieg \[1914-1918\]](#)

### LC Subject Headings

[Great Britain. Army. British Indian Army \(nb2006021765, CorporateName\); World War, 1914-1918--Campaigns--Western Front](#)

### Rameau Subject Headings

[Guerre mondiale \(1914-1918\) -- Campagnes et batailles -- Front occidental ; Participation indienne \(de l'Inde\)](#)

### Key Person(s)

[Lawrence, Walter Roper](#); [Ware, Fabian](#); [Khan, Khudadad](#); [Dast, Mir](#); [Keogh, Alfred](#); [Kitchener, Horatio Herbert Kitchener, Earl](#); [French, John Denton Pinkstone, Earl of Ypres](#); [nurse](#)

### Key Location(s)

[Barton on Sea](#); [Basra](#); [Boulogne-sur-Mer](#); [Bournemouth](#); [Brighton](#); [Ctesiphon](#); [Delhi](#);

[Lahore](#); [Marseille](#); [Megiddo](#); [Milford](#); [Montreuil](#); [Netley](#); [Neuve-Chapelle](#); [Rouen](#); [Woking](#);  
[Ypres Menin Gate](#)

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**Articles That Link Here**

[Non-European Soldiers](#); [Military Planning and Wartime Recruitment \(India\)](#); [Commemoration, Cult of the Fallen \(India\)](#); [Bereavement and Mourning](#); [Indian Expeditionary Force](#); [Post-war Societies \(India\)](#) and [Sepoy Letters \(India\)](#)