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Indian infantry in the trenches, prepared against a gas attack [Fauquissart, France]. Photographer: H. D. Girdwood. Crown Copyright, via British Library

To help illuminate the psychic and medical realities of the First World War, it is perhaps useful to study the archive of personal correspondences in a British hospital where injured Indian soldiers were brought during the conflict. Though conceiving of medical cases that arise out of personal correspondences might appear to be a stretch, we can in fact think about these conversations as medical case records; a lot of these conversations appear to have been translated into English from Hindi or Urdu (for purposes of documentation and compilation) and evidently carry traces of some mediation by the military bureaucracy, both within the hospital as well as outside.[1] The ways in which soldiers communicate their wounds and injuries to their comrades and how these are documented by British military doctors can perhaps allow us to interrogate the purposes of the correspondences for military doctors at the time and investigate how these correspondences might have, in turn, shaped medical encounter between the injured soldiers and doctors. [2]

In a letter from a hospital in England on 29 January 1915, an Indian soldier wrote, “Do not think that this is war. This is not war. It is the ending of the world. This is just such a war as was related in the *Mahabharata* [the Indian epic] about our forefathers.” This anonymous *sepo*y [from the Persian word *sipahi*, meaning soldier] was one among more than one million Indians, including over 621,224 combatants and 474,789 non-combatants, sent overseas between August 1914 and December 1919 for the Great War.[3] These numbers illuminate both the range of archives one can use to illuminate the psychic costs of war and how we as students and scholars may recover them. Santanu Das comments on these mediated forms, that they are “neither the transparent envelope of *sepo*y experience nor just scribal literary embellishments, these letters are some of the earliest encounters between South Asian plebian history and textual form: given their heavily mediated nature, they are read as palimpsests where, underneath various accretions, one can still hear the echo of the *sepo*y heart.”[4] How is it, then, that we can understand the medical encounter from the the perspective of the injured soldier in these letters?[5]

Some letters attempted to bypass the mediation by some kind of a coded language. For instance, in a letter from the Kitchener Indian Hospital, an Indian soldier wrote: “The state of affairs is as follows: the black pepper is finished. Now the red pepper is being used, but occasionally black pepper proves useful. The black pepper is a very pungent and the red pepper is not so strong.”[6] In this correspondence, black and red pepper are used for Indian and British troops, respectively. While for Santanu Das, the dichotomy is also about how the Indian soldier navigates between different cultural worlds at the site of the hospital, I read this as particularly a question about how fears about re-deployment are voiced, as the soldier lingers between being a combatant and a patient. What would it then be to think about the British hospital as a place where the emergence of Indian soldiers’ voices can be sited, but also one where in documentary practices of compiling letters, it is lost? In this article, I consider how the patient’s subjectivity, in particular, emerges in these mediated and censored correspondences.

In a letter written from the soldier Abdul Raheem to Fatah Muhammad, the former first thanks the latter for his services in translating a book on Islam and circulating it among soldiers. Abdul Raheem suggests to Fatah Muhammad that it would have been better for each soldier to send him money directly, instead of sending it to France for collection. However, in the short letter, Abdul Raheem also later voices Islamic eschatological themes, and how the World War was an example of the second-coming of the Messiah; he writes, “Nowadays as the world is under dangerous calamities which are in the specimen of God’s wrath, and this world is directing its charges against the world in its drawn dagger, as spoken by the tongue of the promised masiha (messiah).”[7] In some ways, the soldier’s own body appears as a cauldron of God’s wrath. This proposition can perhaps be taken a little further, as in another letter written from the Indian General Hospital in Brighton. A soldier writes in complete abjection, possibly also having been injured while fighting:

“I am telling you the trouble. What can I say of the war? It is a manifestation of divine wrath. There is no counting the number of lives lost. We have to deal with a terrible and powerful enemy, who is completely equipped with every sort of contrivance. Out of the 64th Regiment

which arrived in full strength, only about 10 men are left. In my regiment the 57th absolutely none are left, with the exception of the Jamadar now appointed Subeydar, and only one newly joined Lieutenant.”[8]

In addition to eschatological themes about doomsday, the second coming of Christ and the rendering of the body itself as a vessel of God’s wrath, one may also speculate what language translation is doing to transform the Indian soldier’s medical experience as a form of Christian suffering in the context of Kitchener Indian Hospital. Interestingly, the letters almost forcefully demand the subjectivity of the Indian soldier, while the mediation appears to de-subjectify him. The fact that these letters had been published and their meanings were only retrospectively fully understood can perhaps help us understand why they were allowed to be delivered without much resistance by the military bureaucracy.

Although language barriers might have made the patients’ clinical experiences less intelligible, the experiences of the sepoys are still presented transparently. Another soldier shows his knowledge of his own injury, to the point of the depth of the bullet wound: “I got two bullets in my right hand and wound from a shrapnel in my right side. The wound in my hand has healed. The bullet has not yet been extracted. It is 5 ½ inches deep. I was taken to the X Ray room (*bijli ghar*). I am hoping the bullet will be extracted very soon.”[9] The soldier’s subjective experience is possibly shaped by documentation of his wound and the conversations between doctors and the hospital staff about his treatment. Later, he briefly shares his experience going to the *bijli ghar*. The term literally translates into an “electricity house” in Urdu or Hindi, but the translator chooses to translate it directly into “X-ray room.” It is evident that the soldier, with his limited knowledge of medical equipment, used whatever words he knew to communicate his experience, which is dubbed as an X-ray room in the process of translation. This translation does not let us understand how soldiers were trying, with their limited medical vocabulary, to communicate their experiences as patients to their comrades on the battlefield as well as in other hospitals.

Later, the sepoy asks the recipient if he has heard that only a few regiments have survived. While describing his experiences of war, he writes allegorically, “It is now the month of Cheyt (harvest month for the winter barley crop in Northern Punjab). There is a full crop of ripe barley. Crowds are gathering round the woman who parches the grain. She parches the whole lot at once. Her stove is very hot. I hope you will read very carefully what I have written so badly.”[10] Interestingly, the document has been preserved with revisions and explanatory footnotes. For instance, the translator clarifies at the end of the note that “by the woman who parches the grain’ he means the enemy.” Here a word of caution about the materiality and the formatting of the document is also perhaps required. On the letter one can find the names of the sender and recipient, as well as their respective locations. It seems that at certain points, the translated document (which has been type-written) has undergone further spelling corrections. There is some scribbling on the documents, which may perhaps have helped in compiling these correspondences. Finally, in brackets, the translator has included the interpreted meaning of the allegories. This appears to have been done retrospectively, as the explanations clearly escaped military supervision; direct reporting of the events of war—which were in most cases different from the events as they were

discussed in newspapers—was censored. The translator’s explanations of the metaphors and allegories thus represent an added layer of interpretation.

Therefore, one way to approach medical cases would be in terms of files managed where diagnostic tests along with prescriptions and personal correspondences were kept. However, this can only be speculative, since evidence doesn’t fully allow us to make the conclusion definitively. This can still perhaps be a useful speculation. What we can ascertain from these personal correspondences is to think about them as part of a larger bundle or a file, which was maintained as well as reworked overtime, within the hospital administration and bureaucracy as well as beyond. In this sense, we can treat the letters as a form of accretion, both because they were part of a larger bundle, but also because they had to be worked upon in successive stages of translation, management and compilation.

Endnotes

[1] To understand this mediation, one would need to understand the sociomateriality of paper technologies, in which certain differences are enacted when certain actors are excluded from its use, because of the way paper can be manipulated by various actors. Here the materiality of the paper shapes the way actors, particularly doctors engage with what has been recorded through in documents. Paper technologies then document practices, but also shape interactions in turn. For more on paper technologies see Carla Bittel and Elaine Leong and Christine von Oertzen, ‘Introduction: Paper, Gender, and the History of Knowledge’ and Jacob Eyferth, ‘Afterword: Making and Using Paper in Late Imperial China: Comparative Reflections on Working and Knowing beyond the Page’, in *Working with Paper: Gendered Practices in the History of Knowledge* (Pittsburg, 2019).

[2] Here I take the lead from Lauren Kassell’s work on digitizing 18th century casebooks of astrologer-physicians, as such as Richard Napier and Simon Forman, in which she persuasively argues how the processes of record keeping were ‘integral to integral to medical consultation, even when the notes were recorded after the fact.’ She suggests that as ‘ritualized displays and medical knowledge casebooks even shaped the medical encounter that they recorded.’ See, Lauren Kassell, ‘Paper Technologies, Digital Technologies: Working with Early Modern Medical Records’, *The Edinburgh Companion to the Critical Medical Humanities*, edited by Anne Whitehead, Angela Woods, Sarah Atkinson, Jane Macnaughton and Jennifer Richards (Edinburgh, 2016), 122.

[3] See Santanu Das, “The Indian Sepoy in the First World War”, *The British Library*, 2014.

[4] *ibid.*

[5] Instead of thinking of the patient as the object of medical gaze, historians of medicine, caution us from projecting our present context of professionalization to earlier generations. Doing medical history from “below” would then enable us to explore how patients understand and treat their medical symptoms, instead of assuming that physicians or medical expert’s advice is taken by patients at face value, excluding the multiplicity of ways in which patients put medical advice to use. Historically, the move of medical knowledge away from the sick man may have been a result

of privileging of medical knowledge of investigators away from the sick person. To understand the historical process through which this may have happened as well as the particular juncture in the history of medical history and sociology, when there was an increased in interest to understand medicine from the perspective of the patient, see Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society* 14 (1985), pp. 175–98., Nicholas Jewson, 'The Disappearance of the Sick-Man from Medical Cosmology, 1770–1870', *Sociology* 10 (1976), pp. 225–44. & , Lauren Kassell, 'Paper Technologies, Digital Technologies: Working with Early Modern Medical Records', *The Edinburgh Companion to the Critical Medical Humanities*, edited by Anne Whitehead, Angela Woods, Sarah Atkinson, Jane Macnaughton and Jennifer Richards (Edinburgh, 2016), pp. 121-135.

[6] Ibid.

[7] From Abdul Rahim Clerk, Post Office, To Fatah Muhammad Syal, Vaughan Avenue, Stamford Brook, London. (English, June 1915).

[8] From Muhammad Asim Subeydar, 57th Rifles, Indian General Hospital Brighton, to Subeydar Major Firoz Khan, 56th Rifle, F Force Egypt, 28/5/15.

[9] From Pay Havildar Shadma Khan, 40th Pathans, Kitchener Indian Hospital Brighton, To Gunner Hafiz Nawat Khan, Hong Kong, 28th May 1915.

[10] Ibid.