

Intoxicants and the Indian Colonial Army: Consumption and Control, 1857-1919

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Abstract

Between 1857 and 1919 the military hierarchy of the Indian Army had to learn to carefully control and manage colonial regiments. Indian soldiers elected to serve under the British, they did not do so from patriotism or a desire to subjugate India. Instead they fought for a mixture of incentives and a special relationship with their imperial rulers based on consensus and compromise. One of these compromises involved intoxicants as the wide variety of social groups who joined enjoyed a range of different drugs and alcohols. This project seeks to assess how the European component of Anglo-Indian forces considered, understood and reacted to these habits. It traces attitudes towards intoxicants in relation to key medical, military and political debates from the time of the Indian Mutiny where the European fear of the sepoy army was grounded. Military responses were from then on crucial in deciding policies based on these fears. They played a key role in combatting anti-narcotic movements in India and later internationally. Throughout the First World War, the habits of sepoys were of key concern as the habitual user depended upon his source of intoxicants to function. Such examinations challenge the current understanding of those dominated by empire while adding to studies which underline the complex relationship between the British and Indian soldiers. Looking closely at the European attitudes and responses serves as a lens through which to observe and understand the complexities of governing colonial forces and the influence of the latter in deciding policy.

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A Glossary of Military and Medical Terms

Military Ranks and Terms

Havildar – An Indian Non-Commissioned Officer corresponding to sergeant.

Jemadar – An Indian Company Officer corresponding to lieutenant.

Naik - An Indian Non-Commissioned Officer corresponding to corporal.

Risaldar - An Indian cavalry officer.

Sepoy – An Indian infantryman

Sowar – An Indian cavalryman.

Subedar – Senior Officer of an Indian Company.

Subedar-Major - Senior Officer of an Indian Battalion.

Intoxicants

Bhang – The leaves of *Cannabis Sativa* or “Indian Hemp” and the weakest of the three cannabis preparations which is most often drunk or eaten.

Charas – The strongest of the three cannabis preparations made from the resin of *Cannabis Sativa* and commonly smoked.

Ganja – The resinous, female flowering tops of *Cannabis Sativa* which is commonly smoked.

Opium – A raw mixture taken from the poppy plant or *Papaver Somniferum* later distilled into its purest alkaloid form as morphia from which morphine is derived.

Toddy – A spirit distilled from a south-east Asian palmyra palm tree which is sometimes noted to be adulterated with narcotics.

Arrack – A spirit which can be refer to a blend made from coconut flowers, sugarcane, red rice or a number of other materials sometimes referred to as *arak*.

Introduction: Intoxicants and the Indian Colonial Army

During a battle in 1833 a young Indian soldier, Meer Emaum Ally, fought over the body of a wounded brigadier. A British ensign later recalled Ally's heroics on the day and the rewards for his action in the field:

His daring conduct saved his officer's life, for he stood over his body, and kept the enemy at bay with his rifle, killing or disabling a man at each shot. His unerring aim and manly bearing, as he stood with his breast to the assailants, checked their advance; and the ringing of his solitary rifle through the jungles told those in camp that assistance was required; the retreating party was reinforced and the enemy driven back...The officers of the regiment, ever ready to reward deeds of heroism, presented him with a beautiful gold medal...the brigadier...would have him round to his house whenever he had a party, in order that his guests might see and converse with so gallant a soldier.¹

Several months later Ally was reprimanded in rifle exercise by another officer who stated that he was both 'unsteady and careless'.² The officer further noted that this was strange as Ally had proven himself the best marksmen in his unit. When he raised the issue, Ally offered an insolent reply and was subsequently reported to the Major for disciplinary action. Following another training session, a shot from the ranks mortally wounded the brigadier in the abdomen. The culprit was Ally who had

¹ Captain Albert Hervey, *A Soldier of the Company: Life of an Indian Ensign, 1833-1843*, (London: Penguin Books, 1988) pp.38

² *Ibid*, p.49

intended to kill the officer who insulted him and instead had killed the man he had struggled to save in combat.

It was found that Ally had been under the influence of opium and had been worked up to 'the point of madness'.³ When he was sentenced to death the other officers grieved the loss of a man they believed to be a good soldier. By becoming intoxicated and committing this crime it was said that he had become 'not the hero of former days but a vile murderer of yesterday'.⁴ Ally himself accepted the punishment stoically and stated that he deserved execution for his actions. In the minds of the East India Company officers, the drug caused an instant transformation. Opium use turned a brave and capable sepoy into a coward and a murderer.

Ally's taste for narcotics was not unique and the Company officers had a working knowledge of Indian soldiers and their habits. Throughout the nineteenth century, authors from Europe had noted that groups such as the Rajputs, a group from Northern India, had a fondness for opium.⁵ Others offered fantastical accounts of Muslim men who carried out frenzied attacks under the influence of narcotic preparations.⁶ In fact, drug and alcohol use was a practice which was seen to be closely linked to Asia and its cultures. Charles James, the author of the 1802 military dictionary noted that:

³ Ibid, p.51

⁴ Ibid, p.57

⁵ M. Elphinstone, *The History of India: The Hindu and Mahomedan Periods*, (Calcutta: J. Murray, 1849) p.174

⁶ Charles James, *A New Enlarged Military Dictionary, Or, Alphabetical Explanation of Technical Terms*, (London: Egerton, 1802) p.5

The first effect of opium is making the person who takes it cheerful; it removes melancholy and dissipates the dread of danger. The Turks always take it before going into battle: it afterwards quiets the spirit, eases pain and disposes to sleep.⁷

Twenty-four years after Ally's death Britain assumed formal control of India and a colonial army which consumed a range of intoxicating substances. The officers who merged into the new system had an intimate knowledge of vice among European soldiers and many shared them often to the detriment of the army they commanded. However, India and the locally recruited troops were new to many of the men employed there. Indian soldiers consumed various substances which included not only alcohol but intoxicating drugs. The latter were sometimes considered unique to the cultural or social background of the soldier and they were used for many reasons.

Intoxicant consumption was problematic for military authorities when they discovered that these habits existed. On one hand the new rulers of India maintained a general wariness about interfering with mass cultural or social practices.⁸ Alternatively, the control of India required a capable and obedient force numbering in the tens and later the hundreds of thousands. For economic and logistical reasons this army could not be provided by Britain alone. The costs of a European soldier exceeded that of an Indian sepoy considerably. Furthermore, the effort required to raise, train and transport enough Europeans to the subcontinent

⁷Ibid, p.5

⁸Mark Harrison, *Public Health in British India: Anglo-Indian Preventative Medicine, 1859-1914*, (London: Cambridge University Press, 1994) p.60

was impractical.

To control India, Britain depended upon a large force of local men to be the coercive power of the metropole in the region. The importance of this force increased over the following decades of British rule. Initially the army policed India under the eye of the European core in the period following the Indian Mutiny. Later, Indian Army units were redesigned primarily as a defensive force but also as supporting units for colonial wars in Central Asia, East Asia and Africa. By the First World War this had developed even further as Indians became central to the British war effort in Europe, Asia and Africa as a substantial offensive force. In this India fielded the largest volunteer army in the world, a feat which it would match in the Second World War.⁹

The central aim of this thesis is to examine how the military hierarchy in India understood, considered and managed intoxicant use among Indian soldiers between 1857 and 1919. This period covers the beginning of official British control in India until the end of the First World War and it encompasses several important medical, political and military developments relating to the use of intoxicating substances. Medical discourse surrounding consumption progressed quickly over this period and Indian Army physicians actively contributed to these debates. These revolved around the rise of addiction and alcoholism as diseases and the growing awareness of the dangers surrounding use.

As previously mentioned, the role of the Indian Army also varied widely over this time as a policing tool, a defensive force and an active army used

⁹ Kaushik Roy, *The Indian Army in the Two World Wars* (Leiden: BRILL, 2012) p.1

internationally. Throughout the nineteenth and twentieth centuries political issues constantly surrounded intoxicating substances especially narcotics. These began as localised concerns internal to the empire but later grew into global debates on the cultivation and sale of drugs through Western monopolies. By assessing these areas in relation to the Indian Army this thesis will not only outline the extent of consumption but how such habits were controlled. In doing so, it will highlight the role of Indian soldiers as actors in imperial and global policies and the importance that intoxicant use had in military life.

The History of Military Vice and Intoxicant Use

The field of medical history has often been dominated by Western-centric evaluations and this is particularly evident in studies pertaining to military intoxicant use. Since the 1990s, works on the use of alcohol and its links to venereal disease have largely occupied historical attention. This has led to a thorough knowledge of vice among white soldiers. Douglas Peers is one of several historians who have shown that alcohol consumption was often a key issue for different armed forces.¹⁰ In British India, overindulgences were considered one of the root causes of ill-health. Use not only increased the likelihood of contracting venereal disease for the socially uninhibited soldier but was also seen to increase the spread of local infectious disease.

¹⁰Douglas Peers, *Imperial Vice: Sex, Drink and Health of British Troops in North Indian Cantonments, 1800-1858*, pp.25-53 in D. Killingray and D. Omissi's, *Guardians of Empire: The Armed Forces of Colonial Powers c.1700-1964*, (Manchester: Manchester University Press, 1999) p.5

Paul Kopperman has charted similar issues in this respect by examining consumption throughout the empire. He argued that alcohol was important to the functioning of the army though medical and military opinions were often divided on the subject. The key point Kopperman highlighted was that alcohol was a tool which had to be managed to allow for the benefits of moderate consumption while eradicating the problems associated with excess. Due to its perceived benefits in tiring or psychologically distressing duties small doses could aid soldiers on duty.¹¹ However, the frequent issues caused by excessive drinking called for careful management strategies.

These points, however, have been echoed repeatedly in a range of different historical perspectives. Mark Harrison has noted that drunkenness and its associations to other diseases were a key concern to the British Army especially in India.¹² Harald-Fischer Tiné has also made similar points about the significance of alcohol to European soldiers and sailors. As he stated, alcohol played a central role in military life and affected discipline, health and military policies since the eighteenth century.¹³ This has most recently been expanded upon by Erica Wald who has attempted to define how vice in India was reacted to and managed. Wald has endeavoured to show how far the army would cater to European soldiers who were viewed as the core of British rule. In the case of prostitution, the army targeted sex workers as the carrier of venereal disease. Using the Contagious

¹¹ Paul Kopperman, "The Cheapest Pay": Alcohol Abuse in the Eighteenth Century British Army, *The Journal of Military History*, Vol.60, No.3 (July, 1996) pp.445-470

¹² Harrison, *Public Health in British India*, p.63

¹³ Harald-Fischer Tiné et al., *A History of Alcohol and Drugs in South-East Asia: Intoxicating Affairs*, (London: Routledge, 2014) p.68

Disease Acts the military then enforced a system of inspections to ensure only healthy individuals could ply their trade. Alternatively, those found to be diseased entered a system of enforced treatment in lock hospitals. In this way, the army allowed for the sexual habits of soldiers, ignoring their role as carriers of the same diseases. This meant that these regiments could continue in their sexual mores which officers believed were necessary to their effectiveness.¹⁴

Identical practices were again noted in their use of alcohol. European soldiers in India were often keen drinkers and the practice was considered central to military life. In the same way that the army targeted the prostitute it attacked types of alcohol rather than those who consumed it. More specifically, the military attempted to curb the use of hard liquor, especially local liquor, and instead substituted it with lesser alcohols such as beer or wine. This was later combined with the practice of encouraging military men to take up alternative past times such as reading and tea clubs to varying degrees of success.¹⁵ In these works there exists a consensus on the role of the British soldier and military attitudes towards intoxicants and vice. Those who came from Britain to serve abroad were the bulwark against the conquered societies the empire controlled. As such, their habits were catered to because the Crown could not risk their discontent or refusal to serve.

In the same period, the question of narcotic use in the army has received limited attention. Wald noted that it is a subject which merits further study though

¹⁴Erica Wald, *Vice in the Barracks: Medicine, the Military and the Making of Colonial India, 1780-1868*, (London: MacMillan, 2014) p.8

¹⁵Ibid.

this was again underlined in relation to British soldiers.¹⁶ Others such as Nile Green have maintained that bazaars near or inside cantonments in India often featured drug users.¹⁷ These users were intermittently the subject of fear or distaste by British officers who operated a policy of ushering them into the madhouse when necessary. As James Mills has contended, asylums were part of a wider system of weeding out 'mad' soldiers and they fuelled early beliefs that cannabis caused insanity.¹⁸ Peers further argued that cantonments commonly contained specialist sellers of cannabis preparations as well as toddy and arrack venders.¹⁹ These drinks were often found to be mixed with narcotics which further encouraged the army to promote safer military supplies.²⁰ However, these more commonly pointed to the perceived threats to the white soldier in India while ignoring the larger pool of locally recruited men.

Outside the British Empire the subject has featured most prominently in studies which have looked at a few famous nineteenth and twentieth century episodes. David Courtwright and Steven Maisto have both examined the increase in morphine addiction following the American Civil War. The key argument here was that medical misunderstandings caused a rise in addicts as doctors provided too much morphine to wounded soldiers. This allegedly resulted in dramatic increases of drug addicted soldiers finding their way back into post-war American society. However, both have argued that these increases caused by the overuse of

¹⁶Ibid.

¹⁷Nile Green, *Islam and the Army: Sepoy Religion and the Army in Colonial India*, (Cambridge: Cambridge University Press, 2009) p.109

¹⁸James Mills, *Cannabis Britannica: Empire, Trade and Prohibition*, (Oxford: Oxford University Press, 2003) p.85

¹⁹Peers, *Imperial Vice*, p.44

²⁰Ibid. p.5

morphine injections were exaggerated. They were instead used in a strategy to attack opium use in general society which was increasingly considered a problem. In the Franco-Prussian war comparable stories arose of soldiers returning home addicted to morphine.²¹ These similarly suggested that addiction was becoming a problem following the war and spurred on the myth of the 'army's' or 'soldiers' disease'.²²

Aside from these examples, most examinations on the question of military narcotics consumption have focused on the twentieth century. Though historians like Lukasz Kamienski have tried to demonstrate a broad history of drugs in warfare even his work focuses lopsidedly on this era.²³ Many have been quick to note that during the First World War most western forces were concerned about the presence of drugs on the front line. These works have therefore primarily focused on the controls designed to prevent soldier-addicts. Virginia Berridge and Howard Padwa among many others have pointed to the growing concerns in France and Britain regarding the use of opium and cocaine which encouraged post-war restrictions.²⁴ This has also been a topic of anecdotal interest in a variety of First World War scholarship which has shown that markets existed for families to send

²¹ Caterina Roman et al. *Illicit Drug Policies, Trafficking, and Use the World Over*, (New York: Lexington Books, 2007) p.11

²²See Richard Severo et al. *The Wages of War: When American Soldiers Came Home: From Valley Forge to Vietnam*, (New York: O. R. Media, 2016)

²³Lukasz Kamienski, *Shooting Up: A Short History of Drugs and War*, (Oxford: Oxford University Press, 2016)

²⁴See Virginia Berridge, *Opium and the People: Opiate Use and Drug Control Policy in Nineteenth and Early Twentieth Century England*, (London: Free Association Books, 1999) and Howard Padwa, *Social Poison: The Culture and Politics of Opiate Control in Britain and France, 1821-1926*, (Baltimore: John Hopkins University, 2012)

soldiers different drugs prior to these restrictions.²⁵ Rarely have these gone beyond the novel concept of drug kits and cocaine supplies from Harrods reaching loved ones at the front.

More contemporary interests have been directed at the Second World War and the ways in which narcotics were utilised to improve the fighting ability of soldiers. Nicolas Rasmussen's study demonstrated that both the Allied and Axis powers employed amphetamines and methamphetamines extensively. Forms of both drugs found their way to most military branches to keep pilots awake, to fuel infantry offensives and to fine tune the skills of tank teams in the war.²⁶ These drugs filtered through Western armies into all the military branches and supplies were often dispensed prior to battles. This has been examined in detail in Norman Ohler's new work on methamphetamines in Nazi Germany. Ohler's focus on the army suggests that consumption was important during the earliest campaigns of the war. Like Rasmussen, his study contends that Germany pioneered military use which materialised in tales of drugged and frenzied Nazi troops in Poland and France. He further argued that consumption was a common feature of civilian life and that these drugs were closely linked in Germany to the war effort. This period marked an acceleration in government backed schemes to provide troops with these drugs. He suggested that intoxication was integral throughout German society, the army and high-ranking officials including Hitler.²⁷

Kamienski surmised that the use of amphetamines or methamphetamines

²⁵See Kamienski, *Shooting Up*, p.100

²⁶Nicolas Rasmussen, *On Speed: The Many Lives of Amphetamine*, (New York: New York University Press, 2008) See Chapter 3: Speed and Total War.

²⁷Norman Ohler, *Blitzed: Drugs in the Third Reich*, (New York: HMH, 2017) p.155

followed a similar progression in military practice for the other actors of the war. In countries like Britain, this involved an initial interest and mass dispensations to soldiers before the realisation that these substances caused detrimental side-effects and addiction. Unfortunately, these conclusions were often reached after addiction had become prevalent leading to illicit use after restrictions.²⁸ This caused concern in the army especially since consumption had been noted to cause hallucinations and ‘induced numbness’ in certain cases.²⁹

Studies of the latter half of the twentieth century have also focused on several select areas of interest in this field. These have been drawn primarily to the role of narcotics in the Cold War and the experiences of Russia and America. The widespread use of licit and illicit substances has been examined in detail with regards to the conflicts in Vietnam, Afghanistan and Korea. Historians like Jeremy Kuzmarov have highlighted that these conflicts were as closely linked to narcotics as to the combat itself. Vietnam spurred on mistrust in the American government because of CIA links to drug trafficking. This was matched by a deep-seated fear that American soldiers were sampling a wide array of local substances including heroin and cannabis.³⁰

Alongside illicit use, the army was a key source of performance enhancing drugs used to combat the difficult environmental conditions.³¹ This period therefore marked an acceleration of interest in amphetamines and the use of ‘pep

²⁸Kamienski, *Shooting Up*, See Chapter 7: The Second World War.

²⁹Ibid.

³⁰Jeremy Kuzmarov, *The Myth of the Addicted Army: Vietnam and the Modern War on Drugs*, (USA: University of Massachusetts Press, 2009) p.16

³¹Kamienski, *Shooting Up*, See Chapter 8.

pills' as tools of war.³² This was matched simultaneously by increasingly strict measures to prevent drug addicted troops from returning home. Many have been quick to note that Russian soldiers faced similar problems in the invasion of Afghanistan which saw dramatic increases in drug and alcohol consumption for similar reasons.³³ The Russian experience there resonated closely with the problems faced by American troops in Vietnam and later Korea. Overall these studies have all pointed to the ways in which different armed forces have managed and controlled the use of intoxicating substances.

However, despite the colourful history of military intoxication it is a subject which has most commonly been referred to in passing with regards to the Indian Army. In examining the role of Islam in the army Green has noted that narcotics concerned the British. Religious figures like fakirs, semi-religious mendicants, were routinely found in cantonments many of whom were ex-soldiers. These individuals were known consumers of opium and cannabis preparations and were commonly seen as 'perpetual' ringleaders of rebellion and sedition.³⁴ Mills has also noted that drug use was perceived to be prevalent among sepoys in the Indian Mutiny and was later a feature of the Indian Hemp Drugs Commission.³⁵ Historians such as Rajendra Singh have pointed out that some European officers were aware of the sepoys' taste for narcotics as part of a wider examination of Indian troops in the First and

³² Ibid.

³³ United Nations, *World Drug Report, 2010*, (United Nations Office on Drugs and Crime: United Nations Publications, 2010) p.48

³⁴ Green, *Islam and the Army*, p.56

³⁵ Mills, *Cannabis Britannica*, p.83

Second World Wars.³⁶

It is also something which features anecdotally in studies of the Indian Army in several other works. Kaushik Roy stated that drunkenness was a common feature in the Indian Army in both the nineteenth and twentieth centuries. Punishments for inebriety however declined in severity from outright dismissal in the late nineteenth century to more lenient punishments such as temporary suspension in the early twentieth century. He argued that drunkenness was particularly common among Indian officers who felt that they had been relegated to intermediaries between the European and Indian units rather than functioning officers.³⁷

David Omissi's review of the Indian Army noted that one subedar-major had been a known opium user in 1910. This individual, who held the highest rank attainable for an Indian officer, was said to be too 'dulled' to be aware of what was happening in his own regiment.³⁸ This was a practice Omissi also later underlined in his work on Indian soldiers' letters in the First World War. In this the key focus was directed more at morale and Indian experiences in France and Belgium. However, he noted that Indian soldiers sometimes used opium or cannabis to soothe themselves after battle.³⁹

Kamienksi's limited attention to these men argues contrarily that opium and

³⁶ Gajendra Singh, *The Testimonies of Indian Soldiers and the Two World Wars: Between Self and Sepoy*, (London: Bloomsbury, 2014) p.41

³⁷ See Kaushik Roy, *Coercion Through Leniency: British Manipulation of the Post-Mutiny Indian Army, 1859-1913*, *Journal of Military History*. Vol. 65, No.4, (October: 2001) p.946 and Kaushik Roy, *Military Synthesis in South East Asia: Armies, Warfare and Indian Society c.1740-1859*, *The Journal of Military History*. Vol.69, No.3, (July: 2005) pp.656-660

³⁸ David Omissi, *The Sepoy and the Raj: The Indian Army, 1860-1940*, (London: Palgrave MacMillan, 1994) p.137

³⁹ David Omissi, *Indian Voices of the Great War: Soldiers' Letters, 1914-1918*, (London: MacMillan, 1994) p.14

cannabis were used commonly in the Indian Army and that the British believed use increased the fighting potential of troops.⁴⁰ However, the broad focus of this research has only offered a general overview of this practice in the nineteenth century. Despite these brief forays into the habits of Indian soldiers the history of intoxicant consumption in the Indian Army remains underdeveloped. Examinations of the soldiers who policed and defended the jewel of the empire have been largely sacrificed for parallel studies into inebriety and indiscipline among European soldiers. The first aim of this thesis is therefore to provide an in-depth analysis of intoxicant use in the Indian Army. In doing so, it will attempt to redress the imbalance between the Western-centric examinations which dominate this field of research.

Subaltern Studies, Orientalism and the Indian Soldier

In examining attitudes towards consumption in the Indian Army it is also important to consider the key postcolonial works which have contributed to the study of South-East Asia. Ranajit Guha's seminal work on subaltern studies has introduced new considerations to the ways in which historians examine British India. His examinations of Indian nationalism underlined problems with how Indian history has been written. More specifically, Guha pointed out that the history of India has been produced by Western and Indian elites who have misrepresented different historical events. Subaltern studies revisions have attempted to remedy this by

⁴⁰Kamienski, *Shooting Up*, See Chapter 3

trying to uncover the subaltern's voice and their influence in history. The 'subaltern' here being detailed as any individual or group that is dominated in any relationship and 'subalternity' as any relationship governed by 'dominance without hegemony'.⁴¹

Guha widened the focus of his original analysis by scrutinising insurgency and armed revolt in India. As he has stated, a bias existed in studies that examined instances of rebellion, mutiny and insurgency which was found in the notion that the peasant represented an unconscious entity in an event which occurred spontaneously.⁴² However, Guha has contested these studies by showing how peasant insurgency required the subaltern to exert their 'will' and 'reason'.⁴³ In failing to recognise this it was suggested that previous accounts offered only a limited understanding of this process. The influence of the school has subsequently prompted a significant revision of histories through the 'hunt' for subaltern sources and the 'reading against the grain' of established accounts.⁴⁴ As Edward Said remarked, the school provided a necessary deconstruction of histories that have focused solely on the elite perspective.⁴⁵

While the school's significance was initially realised in the reappraisal of Indian nationalist movements it has more recently become central in a variety of other studies including medical history. For instance, Amar Farooqui has adopted

⁴¹Ranjit Guha, *Dominance Without Hegemony: History and Power in Colonial India*, (Delhi: Oxford University Press, 1998) p.XII

⁴²Ranjit Guha, *The Prose of Counter-Insurgency, Subaltern Studies II* (Delhi: Oxford University Press 1983) p.2

⁴³Ibid, p.2

⁴⁴Gyan Prakash, *Subaltern Studies as Postcolonial Criticism*, *The American Historical Review*, Vol.99, No.5, (December 1994) p.1475

⁴⁵Edward Said, "Introduction", in Ranajit Guha and Gayatri Spivak's, *Selected Subaltern Studies*, (New York: Oxford University Press, 1988) p.VII

this approach in his works on opium. By applying these ideas Farooqui has offered new insights into the opium trade by underlining the resistance of the peasant and merchant within the British system.⁴⁶ For Farooqui, the peasantry and merchants continuously challenged the opium trade to China through illicit channels. This contested previous studies which outlined these groups as the dominated parties of a British monopoly.⁴⁷ Mills has similarly outlined the role of the subaltern in the illicit cannabis trade. He attempted to highlight the 'subtle' forms of resistance shown by the circumvention of colonial controls and regulations.⁴⁸ Here it is argued that resistance was shown not only in illicit trade but also in how the indigenous landscape itself was exploited by smugglers.⁴⁹

Despite the obvious significance of Guha's work however the school has faced criticisms significant to this thesis. Vinay Bahl suggested that the subaltern approach simply reversed the dependence on the 'metanarratives' of the west with a new dependence on eastern sources.⁵⁰ For Said, the value of the subaltern studies resided with the ability to provide an 'overlap' rather than an 'oppositional' mirror to traditional accounts.⁵¹ As such, the school has been chastised for its emphasis upon subaltern sources rather than a combination of both. As Guha repeatedly claimed the aim of the school was not to replace these histories but rather to situate them in a wider analysis which included the dominant and dominated

⁴⁶ Amar Farooqui, *Opium City – The Making of Early Victorian Bombay*, (Delhi: Gurgaon, 2006) p.33

⁴⁷ Ibid, p.222

⁴⁸ James Mills, *Production, State Intervention, and Resistance in Late Nineteenth-Century Bengal*, in M. Steinberg, K. Mathewson's and J. Hobbs, *Dangerous Harvest: Drug Plants and the Transformation of Indigenous Landscapes*, (London: Oxford University Press, 2004) p.221

⁴⁹ Ibid, p.222

⁵⁰ Vinay Bahl, *Relevance (or Irrelevance) of Subaltern Studies*, p.1333

⁵¹ Said, in Guha and Spivak's, *Selected Subaltern Studies*, p.VII

perspective.⁵²

Others such as Vivek Chibber have also argued that many studies have focused more on the marginalised rather than subalterns.⁵³ This, he argued, was the case in Gyan Prakash's review of oral testimonies among agricultural workers in Bihar.⁵⁴ With Gayatri Spivak's *Can the Subaltern Speak?* the school faced one of its greatest ideological challenges as Spivak called into question the extent to which the historian could retrieve the voice of the subaltern through studying subalternity. By drawing on the case of *sati*, widow burning, Spivak argued that attempts to retrieve the subaltern perspective would inevitably lead to the same suppression of the subaltern's voice.⁵⁵ More specifically, she maintained that the subaltern studies would cause a new dependence on western academics to underline the subaltern view rather than the subalterns themselves.⁵⁶ However, if the subaltern found his or herself in a position to speak themselves then they would no longer fall within the definitions of being "subaltern".

Criticisms over the definition of the subaltern and the historian's ability to uncover their perspectives are central to this study. David Ludden has argued that the school's definitions often failed to embrace ideas of 'collaboration', 'submissiveness' or 'peaceful agreement' between the subaltern and the elite.⁵⁷ This stemmed from the fact that 'repression' tended to be the main focus of

⁵² Guha, *Selected Subaltern Studies*, p.33

⁵³ Vivek Chibber, *Postcolonial Theory and the Specter of Capital*, (Delhi: Verso, 2013) p.284

⁵⁴ Gyan Prakash, *Bonded Histories: Genealogies of Labour Servitude in Colonial India*, *Ethnohistory*, Vol.39, No.1, (Winter, 1992) pp.69-71 – *Kamias* were bonded agricultural labourers from southern Bihar,

⁵⁵ Gayatri Spivak, *A Critique of Post-Colonial Reason: Toward a History of the Vanish Present*, (London: Harvard University Press, 1999) p.309

⁵⁶ *Ibid*, p.309

⁵⁷ Ludden, *Reading Subaltern Studies*, pp.1-30

subaltern theory.⁵⁸ This last point has particular relevance to this thesis which seeks to assess attitudes within the army towards the sepoy. As Omissi stated the sepoy is one of several individuals who collaborated with the British Raj.⁵⁹ Soldiers who were recruited locally were in the most literal sense subalterns in the military context and any Indian soldier or officer could be overruled by the lowest European recruit. However, this dual aspect of the sepoy as both collaborator and conquered subject suggests that these men occupied a grey area.

For Omissi, this was an important issue for the subaltern studies which suggests that Indian soldiers forfeited their ability to resist or defy Britain when they joined the army.⁶⁰ However, the military was the largest colonial employer in India and this therefore represented a large pool of individuals allegedly stripped of their autonomy.⁶¹ Historical interpretations of this argument have featured in other assessments. In evaluating the development of the Madras Police force David Arnold argued that locally recruited men became tools of colonial rule distinctly separate from their subaltern counterparts.

He demonstrated that the predominantly Indian force was removed from general society and formed a collaborative body fashioned through the process of recruitment, training and discipline.⁶² These officers were conditioned similarly to soldiers and increasingly demonstrated themselves to be a coercive tool of empire. Though subservient to the Raj they also had authority far above general society and

⁵⁸ Ibid, pp.4-5

⁵⁹ Omissi, *Sepoy*, p.XII

⁶⁰ Ibid, p.XII

⁶¹ David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India*, (Berkeley: University of California Press, 1993) p.94

⁶² David Arnold, *Police Power and Colonial Rule: Madras, 1859-1947*, (Delhi: Oxford University Press, 1986) p.277

therefore these men were neither subalterns nor fully part of the dominant party.⁶³

The methodological focus of this thesis will not be to look significantly at sources from Indian soldiers to any great extent for two reasons. Firstly, because sources of this nature are rare with the exception of soldiers letters in the First World War; and secondly, because the analysis of these sources will inevitably fall victim to the same ideological questions involved in Western academics interpreting the subalterns voice. Instead, this thesis will - in the main - look at traditional or conventional sources widely available to most historians such as military reports, political speeches and political dispatches and attempt to read between the lines of these to assess the underlying points within them. By “massaging” these sources it is possible to achieve some of the aims of the post-colonial studies by showing the centralised fear of the British towards Indians soldiers and the power which the latter held in deciding important policy in relation to drugs and alcohol. By carefully understanding the limitations of these sources as defined by both Orientalism and the Subaltern Studies it is still possible to use them as conventional sources of information. The second key aim of this thesis will therefore be to examine the influence and autonomy of locally recruited soldiers who represented the majority of the Indian Army.

Alongside the challenges presented by subaltern studies, Edward Said’s *Orientalism* also merits discussion. ‘Orientalism’ refers to the Westerner’s ‘way of coming to terms with the Orient’ based on the special role that it commands in the

⁶³ Ibid.

Western experience.⁶⁴ In short, he argued that Westerners invented or constructed the Orient as a means of controlling the East. Orientalist works imagined areas populated by 'exotic beings' and strange cultures ruled by despots antithetical to the west.⁶⁵ By outlining the ways in which the West has constructed the East Said has suggested that Western sources contain intrinsic inaccuracies. These reflect falsehoods and general mythologies which have been constructed and reconstructed over time depending on the relationship between the western and eastern country in question. He pointed out, for example, that the Orientalist experience in America has a different focus from many European countries as it more predominantly considers the Far East. Alternatively, countries such as Britain and France are were likely to present the Orientalist perspective of the Middle-East or South-East Asia. This is based on the close historical links between these areas over time.⁶⁶

Based on this, it is important to discuss the source base for this work in relation to postcolonial studies and the ability of the Western historian to gain insights into the average Indian soldier. The ways in which the West has "constructed" the Orient is important to this but, it will be argued here, not definitive from a research stance. Orientalism has raised necessary attention to or perhaps wariness of the use of sources for the purpose of understanding or examining countries outside of Europe and North America. It is argued that scholars have created stereotypes and favoured sources which do not accurately reflect

⁶⁴Edward Said, *Orientalism*, (New York: Knopf Publishing Group, 2014) p.1

⁶⁵Ibid.

⁶⁶Ibid, see preface.

those who inhabited Eastern countries.⁶⁷

However, though Orientalism has had a significant impact on Western scholarship it has also been criticised. Firstly, it has been accused of refuting Western studies in general rather than those which are genuinely guilty of conforming to the issues raised by Said. For instance, it fails to acknowledge individuals from the west who went to great lengths to learn the linguistic skills and knowledge to validly examine eastern cultures.⁶⁸ It has also necessitated the same oppositional divide produced by the subaltern studies which stresses the dominant and dominated but for the occidental and oriental. Warraq has argued that these countries have often historically welcomed such foreign examinations with 'open-arms'.⁶⁹

Again, this thesis will draw primarily upon Western sources produced by the army, imperial administration, medical circles and officer memoirs for its core evidence. However, the aim here is not to show that these sources are accurate or indicative of the subaltern's or Oriental perspective. Instead, this thesis will argue that regardless of inaccuracies the British themselves believed in their own constructed orientalist discourse and acted upon it in practice. When they acted in this fashion they did so because the soldiers concerned held an important level of influence.

What will be shown is that many army personnel believed that sepoys

⁶⁷Michael Dodson, *Orientalism, Empire, and National Culture: India, 1770-1880*, (London: Palgrave MacMillan, 2007) p.2

⁶⁸Ibn Warraq, *Defending the West: A Critique of Said's Orientalism*, (London: Prometheus Books, 2007) p.179

⁶⁹Ibid, p.89

required a system of management based on social and cultural factors and that this included intoxicants. This belief was important in managing and controlling the Indian Army which was directed by a complex system of control. Whether this was created because of a genuine understanding of the sepoy or India is not important nor will this thesis attempt to uncover the subaltern voice of the soldier. It will instead attempt to work backwards by attempting to show what European beliefs and the implementation of imperial policies suggested about these men. In this way, this thesis will attempt to reach conclusions about the extent to which the sepoy demonstrated power and autonomy through the European understanding and management of these soldiers.

Control and Management Strategies in the Indian Army

In considering the ways in which intoxicant consumption was managed it is also important to discuss the more general management strategies employed by the Indian Army. This is a subject which has received detailed attention over the past several decades as historians have sought to define and explain the relationship between the empire and locally recruited soldiers. In these there also exists a general consensus which suggests that the military hierarchy endorsed an array of policies to manage troops. Roy has noted that the military authorities used a unique disciplinary apparatus to govern Indian men and that this differed from the system used for Europeans. In the latter half of the nineteenth century the military system was deliberately lenient towards Indian soldiers. This was shown by the implementation of bureaucratic rather than corporal punishments designed to

prevent unrest in the army.⁷⁰ As Roy contended, the comprehensive system created by the military for sepoy discipline was driven by consensus because the army was the 'chief component of colonialism' and the military hierarchy was conscious of the soldier's possible reaction to harsh punishments.⁷¹

Others have examined other ways in which the army maintained the loyalty of sepoys in India. As Omissi pointed out, the locally recruited soldier was in many ways a mercenary akin to a migrant worker in India. These individuals were drawn mostly from rural backgrounds and elected to serve for tangible economic benefits. In peacetime, the soldier was provided with a steady wage for his service and this was augmented by *batta* or additional pay to cover the costs of campaign.⁷² In the long term this steady wage would become a consistent pension for good service with land grants in the 'canal colonies' awarded to veterans.⁷³ At another level the patronage of a European officer could lead to a better paying job in the military or civilian administration.⁷⁴ Furthermore, the army served as an avenue of social advancement for some soldiers. For example, Jat-Sikhs, a caste from the Punjab, could only be married in a Sikh temple if they held a military position.⁷⁵ Military service also more generally allowed for the advancement of lower castes in the Indian social order including "untouchables".⁷⁶ These men gained respectable and

⁷⁰ Roy, *Coercion Through Leniency*, p.963

⁷¹ Ibid.

⁷² Mathiah Alagappa, *Military Professionalism in Asia: Conceptual and Empirical Perspectives*, (Hawaii: Government Institutes, 2001)

⁷³ Singh, *Testimonies*, p.17

⁷⁴ Singh, *Testimonies*, See Introduction

⁷⁵ Stephen Cohen, *The Untouchable Soldier: Caste, Politics and the Indian Army*, *The Journal of Asian Studies*, Vo.28, No.3, p.9

⁷⁶ Manas Dutta, *The Army as a Tool for Social Uplift: The Experience of the Paraiyans in the Madras Presidency Army, 1770-1895*, *Social Scientist*, Vol.44, No.3/4, (March/April: 2016) p.60

well-paid employment with the Indian Army with the same economic benefits that they could not find in wider society.⁷⁷

The tangible benefits however only explained the soldiers' decision to serve and to obey during peacetime and this did not explain the sepoys' decision to risk themselves in combat. This has sparked parallel studies to determine the ways in which the army kept the sepoy loyal in war and combat. Omissi suggested that this involved a process in which the military instilled concepts of 'honour, identity and loyalty'.⁷⁸ As Phillip Mason similarly argued, the army attempted to instil Indian units with an *esprit de corps*.⁷⁹ To achieve this, they created a system blended with 'Oriental' practices and 'Occidental' traditions.⁸⁰ One example of the latter involved the creating a regimental identity and inter-regimental contests. In this way a soldier's loyalty was bound to the regiment, its flags and ensigns as a microcosm rather than the entire army.⁸¹ This identity was fostered by regimental histories and encouraging Indian concepts such as *izzat*, honour, within units.

To further secure control over these forces, contingencies were put in place to account for cultural and religious practices. This was part of a complex system to bind two conflicting military cultures. As Seema Alavi noted, this pre-dated official British control and the East India Company operated a policy based on consensus and benevolent rule.⁸² This is supported by Channa Wickremesekera who stated that 'pandering' to socio-cultural intricacies was one of the simplest methods of

⁷⁷ Ibid.

⁷⁸ Omissi, *sepoy*, p.75

⁷⁹ Phillip Mason, *The Men Who Ruled India*, (Calcutta: Rupa & Co, 1985)

⁸⁰ Roy, *Brown Warriors*, p.215

⁸¹ Roy, *Coercion Through Leniency*, pp.937-964

⁸² Seema Alavi, *The Sepoys and the Company: Tradition and Transition in Northern India, 1770-1830* (London: Oxford University Press, 1998) p.22

maintaining good relations with local soldiers. Officers learned the languages of troops and made dedicated efforts to acclimatise themselves with the customs of the soldiers they commanded. This was used to compensate for the fact that Indian soldiers were willing actors in British dominance rather than British regulars who would serve for patriotic sentiment. As such, these men had to be conditioned as far as possible to be loyal to their British officers and their regiments.

As Stephen Cohen argued, these methods were part of an intentional process to understand and control individuals of a conquered colony.⁸³ However, they also highlighted the deep consideration which guided such practices and that the army was acutely aware of the limitations involved in using local troops. Though military policies went to great lengths in this regard resistance was a routine feature of military life. Sporadic mutinies occurred, soldiers defied their officers and court martial cases existed just as they did amongst Europeans. It was never a full-proof system and the officers on the spot often had to react spontaneously to ensure loyalty while the military command had to carefully reflect on longer-term policies. The final aim of this thesis is to add to these debates by examining the role of intoxicants in management strategies. Understanding how or if the military controlled consumption and under which specific terms will provide new perspectives on how colonial forces were exploited and utilised by the empire. It will also show how far the attitudes of the lowest ranks in the army affected or guided military policy and responses in the higher echelons of command.

⁸³Stephen Cohn, *The Indian Army: Its Contribution to the Development of a Nation*, (London: Oxford University Press, 2001) p.141

Methodology and Thesis Structure

In writing a history of intoxicant use in the Indian Army throughout this period there are two important methodological issues to consider. The first relates generally to the subject itself which blends military history with Indian history and the history of medicine. The second involves the source base which will be used to examine the subject. In relation to the first this thesis will attempt to borrow from several different types of military and imperial histories alongside key medical approaches. Streets identifies three key categories of military/imperial history in this area: “conventional military history”, “new imperial” and “new military history”.⁸⁴ Conventional military history refers to studies which have focused predominantly on top-down examinations which focus on power structures, military growth, tactics and strategy and the increase or decrease of military force. New military histories have attempted the opposite by looking at the bottom-up dimension. These have placed an emphasis on studying the soldier, wartime society, the psychological effects of warfare and the changes it brings to societies. However, as Streets pointed out, these both engaged with the same source base which takes form in official memoranda, correspondence, reports, directives and despatches etc.⁸⁵

These types of studies have tended to produce problems for military historians. A prominent issue is that they are by nature insulated and have

⁸⁴Heather Streets, *Martial Races: The Military, Race and Masculinity in British Imperial Culture, 1857-1914*, (Manchester: Manchester University Press, 2004) p.4

⁸⁵Ibid.

suggested that the army was apolitical and that officers were detached from 'party politics' with little influence beyond their own regiments.⁸⁶ They have also tended towards the study of the domestic army and ignored the variations created in different colonial forces. Their focus is on dedicated archival research to discover unpublished materials from within the army and as a result they have been criticised as too selective.⁸⁷

New imperial history has been more heavily influenced by post-colonial studies and has therefore been less interested in military based archival documents. Instead, it has directed attention towards social and cultural sources which permeated society at the time in the form of magazines, cigarette cards, newspapers and song, among others, as a means of underlining the 'jingoistic, militaristic and imperially minded culture.'⁸⁸ New imperial history has also tried to move away from the traditional approaches of conventional and new military history by attempting to underline the popular culture of the military and what it said about gender and the construction of the soldier. These histories have often run parallel to each other given the fact that their source bases are polar opposites as military historians favour archival evidence over what these popular representations tell us of the soldier. In this thesis the aim is to blend both the archival evidence and the popular representations by using military sources as well as those produced by the popular media and culture such as martial race literature.

Other approaches will have to be combined with these to accommodate for

⁸⁶Ibid.

⁸⁷Ibid.

⁸⁸Ibid.

both the medical and “Indian” dimension of this study. The medical approach will focus on sources from civilian and military physicians and will therefore also relate to the military aspect of this thesis. Medical journals, periodicals, army medical reports and the memoirs of doctors who knew the Indian Army will be central to this study. This approach which Porter described as the “physician-centred” account has been criticised in the past.⁸⁹ As he himself stated, the medical encounter involves both a patient and physician and an overemphasis on either can create a historical distortion.⁹⁰ This has been raised more recently in a social theory context by Flurin Condrau who argued that little progress had been made following Porter’s assessment and that concepts had to be rethought and redefined in the modern context.⁹¹

This thesis will be directed at the view of the physician for two key reasons. Firstly, it does so from necessity given that sources from sepoy patients are not readily accessible. Secondly, and as a defence for this imbalance, it does so because the remit of this thesis regards the views of the army, the military authorities and the command rather than the sepoy’s or sowar’s viewpoint. It will attempt to show through popular publications and military sources how the physician considered and reacted to intoxicants and what this tells us about the sepoys.

Finally, the thesis will look closely at key political debates, parliamentary reports and governmental commissions in domestic, Indian and international

⁸⁹Roy Porter, *The Patients View: Doing Medical History From Below, Theory and Society*, Vol.14, No.2, (March, 1985) pp.175-176

⁹⁰Ibid.

⁹¹Flurin Condrau, *The Patients View Meets the Clinical Gaze, Social History of Medicine*, Vol.20, No.3, pp.525-530

debates. For instance, the House of Commons Debates on India and narcotics trading and the international meetings on drug trading in the early twentieth century. Political sources in the context of this work are crucial for a number of reasons. In several cases the army was involved closely with major political changes relating to India as will be seen in the case of the Royal Opium Commission and Indian Hemp Drugs Commission. In addition, the army was the largest point of contact between Indian society as many Europeans in India were there through military employ. Overall, this thesis will therefore seek to mix military, medical and political sources to create a multi-faceted view of how the army authorities, officers, military doctors and the higher echelons of command considered and reacted to the use of intoxicants. By tackling this from different dimensions it will offset some of the issues caused by a lack of Indian sources.

The history of this subject begins in Chapter 1 which assesses attitudes towards intoxicant use in the Indian Mutiny and the first two decades of British rule as the new rulers of India settled and reorganised the colony. The Indian Mutiny continually influenced military and colonial policies until independence in 1947 and served as a constant reminder to those in power that Indian soldiers had reacted violently to policies they found to be unfavourable. This chapter will therefore examine the general perceptions surrounding intoxicants at this time and how these developed in the post mutiny period. It will also attempt to answer several important questions regarding intoxicant use in the army. For instance, how did the European part of the Indian Army understand or consider intoxicants in the mutiny? What role, if any, did these considerations play in the following years as Britain

asserted control of the colony and reorganised the army? And did these attitudes change as local soldiers were deployed on campaign within India and the surrounding areas? Examining these questions will provide a basic understanding of how the army catered to or controlled these habits and will form the foundation for examining later responses to consumption.

In Chapter 2, the thesis will shift to look at the political problems mounting against intoxicants and the challenges to military use during the rise and fall of the drug crusades. This will cover the period of 1880 until 1900 which was significant for both the army and India more generally. The Indian Army was being reorganised once again to increase fighting potential due to external threats to the sub-continent while it was also employed increasingly on campaigns abroad. For the colony, the mounting pressure of the drug commissions was also a cause of concern for officials who worried about the implications of prohibition on wider society.

The aim here will be to look in-depth at the Royal Opium Commission and the Indian Hemp Drugs Commission from a the military perspective and evaluate these in relation to the medical and military developments at the time. The focus of this chapter will be to examine the extent to which political opposition in Britain and India challenged intoxicant use in the army and the ways in which wider military concerns influenced these opinions. There are several key questions at hand here. For example, what changes did this period bring for the army and how did these affect the use of intoxicants? How far were the responses to the Royal Opium Commission guided by military concerns on the need for opium in the army? What were the differences between these responses and those to other substances

such as cannabis? The documentary emphasis in this chapter will therefore switch to accommodate both military sources, the key political debates in Britain and the final Commission reports. These will accommodate the different perspectives both in the army and those of key figures at home.

In Chapter 3, attention will be devoted to the early developments of the twentieth century and the changes which followed in the post-commission years. The chronological focus of this chapter is important for several reasons. It marked the early resurgence of political opposition to drug monopolies but this time from a global perspective as the US attempted to have the key European powers act in concert to control the opium trade. The army was also facing new changes as the first decade saw of the twentieth century coincided with two changes to Commander-in-Chief. Both these leaders – Lord Kitchener and Garret O'Moore Creagh – were focused on putting the Indian Army on a war footing which added new considerations to the use of intoxicants.

From a medical perspective, this time was also important for changing attitudes towards habitual consumption of drugs and alcohol as physicians began to underline chronic use as a disease. This chapter will subsequently examine several central questions. How did the army understand or react to consumption by the twentieth century? Did the growth of international pressure towards narcotics impact attitudes towards use in the Indian Army? Did the rising tensions in Europe and the possibility of war there play a role with regards to consumption and use. Assessing attitudes towards consumption in these three chapters will therefore show whether attitudes towards consumption were defined by change or

continuity between 1857 and 1913 in light of these factors.

The final two chapters will then serve as case studies on the military attitudes and strategies towards intoxicant use after 1913. In Chapter 4, intoxicant consumption will be examined in the First World War and the sepoys' experience in Europe and on the Western Front. This will be central to understanding the military response to intoxicant use as soldiers were deployed in a culturally alien setting far from their usual posts. As such, it will question how the average sepoy fared when removed from his usual supply of intoxicants and how or if the army catered to the habits of these men. The documentary focus of this chapter is also unique in comparison to earlier chapters. It will assess the question of consumption from the perspective of the sepoy through the examination of Indian soldiers' letters. This is the only significant source base created by soldiers in this study. These represent the largest central supply of documents authored by sepoys in the First World War. By comparing these alongside official supply records, the reports in the media, military memoirs and other official materials it will be possible to highlight the intricacies surrounding consumption at this time.

In Chapter 5, the same analysis will be carried out on the campaigns which were fought outside of Europe in Mesopotamia, East Africa, the Middle East and Gallipoli. These campaigns were markedly different from the Western Front and as such they introduced different problems unique to each combat zone. These campaigns also represented the bulk of Indian Army efforts abroad as these regiments were used to supplement the limited European forces available.

Finally, this period is crucial as general military orders had been issued to

prevent the use of narcotics in British forces. This introduces a number of important questions in relation to use. For instance, how did consumption and management strategies differ in these theatres of war? Did new pressures towards general intoxicant use affect Indian Army units abroad? And how important were the habits of Indian soldiers to the wars in these areas? To answer these questions, this chapter will draw on memoirs, medical reports and political dispatches relating to these theatres. Through these it will be possible to assess the difficulties and strategies put in place in relation to intoxicants and their use in the Indian Army.

Chapter One: Intoxicants, Consumption and Management, 1857-1880.

Introduction

This chapter will assess how the army in India considered, reacted to and managed the use of intoxicants among Indian soldiers from the 1857 until 1880. The reason for this focus stems not only from the fact that the period marked the beginning of formal British rule. It is important because it heralded significant changes in the army and society. This time represented a period in which the new rulers settled a mutiny, began to reform the East India Company Army into the new colonial army and set the course for how India was to be controlled.

The chapter will examine military attitudes towards intoxicants through the examination of five key sections. The first looks at the ways in which intoxicating substances featured in the Indian Mutiny and how important intoxicants were in the memories of those Europeans who witnessed the events of 1857. The second section will then look at how or if these intoxicants were considered in the immediate post-mutiny period as the colony was settled and the army reformed. The third part of the chapter will assess the medical understanding of intoxicant use in the army in the 1860s and 1870s as physicians turned their attention towards the health of sepoys. This will determine how aware the military medical authorities were with regards to the consumption of different intoxicants and the extent to which this was controlled or managed. The fourth section will then outline the ways in which consumption was perceived more generally in relation to crime and civilian medical discourse. This will be used to understand the general concerns which surrounded use and how these related to the army. In the final section, the focus will then shift to examine the role of intoxicants on campaign and how the army managed the habits of troops during active service. The key point here will be to determine the general awareness throughout the army in relation to use and if officers and the military command took an active role in curbing or encouraging consumption.

These sections will therefore focus on three key questions. Firstly, how prevalent was the use of intoxicating substances within colonial regiments between 1857 and 1880? Secondly, how was consumption considered by medical officers, military officers and the higher command? And thirdly, in what ways were the use

of intoxicating substances managed among sepoys and what does this suggest about their ability to influence policy?

To achieve this the chapter will draw upon a range of sources which incorporate both civilian and military perspectives. The initial focus will be directed at the various accounts of the Indian Mutiny both from soldiers and civilians present during this time. This will provide a basic understanding of how these individuals understood or considered intoxicant use and how or if it was seen to be linked to insurrection. With this as a basis, attention will then be directed at official sources from within the Indian army and how considerations developed following 1857. The aim will be to try to comprehend the official stance on intoxicant use by analysing the official reports, correspondence, memoranda and commission reports produced by officers and army officials. These will also underline the different arguments which surrounded the subject of use. In addition, the chapter will look closely at army medical reports and medical periodicals which will be used to address the subject of consumption within the wider discussions of army physicians. When assessed as a whole, these will provide a basic review of the prevalence of consumption and how this was considered throughout the colonial regiments in this period.

The Indian Mutiny, Intoxicants and Insurrection

Some of them were so bhanged, or overcome by opium,
that they lay down like drunkards with their muskets in

their hands, unable to move; but, with eyes glaring and
bright like owls, they lay cursing...until death.¹

- Thomas Lowe on in the Indian Mutiny

On May 10th, 1857, the sepoys of the Meerut cantonment mutinied and marched on Delhi where the Mughal Emperor, Bahadur Shah, resided.² Upon arrival the mutinous units convinced the local garrison there to fire upon their officers and join the mutiny.³ When the scale of the mutiny was realised, troops were dispatched from across the empire. Soldiers marched overland through Persia and from the Crimea; troop ships on route to China were redirected and units were sent from England, Burma, Ceylon and Mauritius.⁴ For many of these men, the mutiny was their first experience of India and it had a lasting effect on their perceptions of the colony.⁵

The above quote is drawn from the narrative of Thomas Lowe who served as medical officer to the Madras Sappers and Miners. At the outbreak of hostilities Lowe and his unit were only just returning from the Anglo-Persian War when he heard of the breakdown of the Bengal Army. He wrote his work in 1860 just as thousands of others were penning their accounts and experiences of 1857. During the Battle of Golowlee, Lowe described the near defeat of British forces before a

¹Thomas Lowe, *Central India during the Rebellion of 1857 and 1858*, (London: Longman, Green, Longman and Roberts, 1860) p.290

²Saul David, *The Indian Mutiny 1857*, (London: Penguin Books, 2002) p.XIX

³ Ibid, p.XIX

⁴John Harris, *The Indian Mutiny*, (Herefordshire: Wordsworth Editions, 2001) p.180

⁵Kamran Rastegar, *Surviving Images: Cinema, War and Cultural Memory in the Middle-East*, (Oxford: Oxford University Press, 2015) p.23

counterattack by the 86th and 3rd Europeans and the 25th Native Infantry broke the enemy. Here he clearly remembered the drug induced state of the mutinous sepoys who were incapacitated by the strain of combat and the use of cannabis and opium.⁶

Prior to the mutiny of the sepoys at the Meerut several lesser incidents had occurred which had also been linked with the use of intoxicants.⁷ At Barrackpore on March 29th, a disgruntled sepoy named Mungul Pandy armed himself and fired at a sergeant-major in front of the quarter guard.⁸ The investigation found that Pandy had taken bhang and opium before his attack. More worryingly, only one sepoy had come to the aid of the British officer in the arrest.⁹ In his witness statement he said that:

I then seized him [Pandy] round the waist with my left arm; the adjutant and sergeant-major then got away. I then called out to the quarter-guard to come and make Mungul Pandy a prisoner and told the jemadar...to send four men to take him...They did not come, but abused me, as also did the jemadar, and said that if I did not allow Mungul Pandy go they would shoot me.¹⁰

⁶Lowe, *Central India During the Rebellion*, p.289 – Other accounts of the same battle noted that the enemy were ‘wild with opium and fury’. For a full account see G. W. Forrest, *A History of the Indian Mutiny, 1857-58*, (New Delhi, AES, 2006) p.248 and Thomas Rice Holmes, *A History of the Indian Mutiny and the Disturbances Which Accompanied it Among the Civil Population*, (London: MacMillan and Co, 1904) p.520

⁷Philip Mason, *A Matter of Honour: An account of the Indian Army its Officers and Men*, (London: Peregrine Books, 1974) p.278

⁸ Sir George Forrest, *Selections of the letters, despatches and other state papers preserved in the Military department of the Government of India, 1857-1858*, (Calcutta: Calcutta Military Department, 1893) p.11 – Various spellings exist for the Pandey both in primary and secondary sources. The above spelling is that used specifically in the state papers.

⁹ Ibid, p.11

¹⁰ Ibid. p.130

While this case is a popular feature in various histories of the mutiny it was not an isolated episode. Earlier in March, one Lieutenant-Colonel W. Mitchell wrote to his commanding officer regarding a disturbance in the 19th Regiment of Native Infantry. According to Mitchell, the troops were concerned about using the new cartridges which were rumoured to be coated in both beef and pork grease.¹¹ As biting these cartridges would equally offend the religious beliefs of both Hindu and Islamic troops in the army it had caused unrest. He reported that:

I heard that on Thursday...Friday, and Saturday, the men of the regiment fasted, taking only bhang and other exciting drugs. On Sunday, I had a private interview at my quarters with a Brahmin havildar of the regiment, who asked me if I would forward a petition from the regiment to you. I replied, certainly, if there were no disrespectful terms used, and it contained a fair statement of what had occurred...all they ask is to be allowed to make their own cartridges and prepare the grease for them. The men are behaving very well since, they take their usual meals and perform their duties cheerfully.¹²

As he stated, the sepoys of the regiment fasted when faced with the possibility of using the new cartridges and substituted these drugs for their usual diet. However, when their fears were allayed by the Major-General, they reverted to their typical meals and carried on with their duties. His testimony also hinted at an underlying

¹¹ Forrest, *State Papers*, p.61

¹² Forrest, *State Papers*, p.61

fear of the sepoys in their use of intoxicants in that their use could be a precursor to disobedience. Indeed, drug use filtered through many memoirs and histories which described the mutiny and it was thought that intoxicants were used for several reasons.

In Charles Ball's history, the use of intoxicants was mentioned frequently. Ball's work was based on a mixture of his own historical interpretations and extensive quotes from individuals present during the mutiny. He described different offensives in which 'insurgent troops' stimulated with bhang or opium attacked Europeans.¹³ There was also a marked consistency in memoirs surrounding the use of stimulants. John Holloway, a soldier of the 32nd Light Infantry, raised the issue in his own representation of the mutiny. Holloway was the son of a soldier and served from the age of fourteen with the Indian Army where he witnessed the outbreak and served in the defence of Lucknow. Like others, he noted that mutinous sepoys were often 'primed' with cannabis or opium before their attacks.¹⁴ Sir George Trevelyan noted other uses in his narrative of the events at Cawnpore which he wrote as a civil servant in India after the mutiny. He stated that in one attack on the British:

The cavalry...were now with some difficulty prevailed upon to dismount and lead the way to glory; but after the loss of two of their number they

¹³ Charles Ball, *The History of the Indian Mutiny Giving a Detailed Account of the Sepoy Insurrection in India*, Volume 1, (London: The London Printing and Publishing Company Ltd. 1858) p.470

¹⁴ John Holloway, *Essays on the Indian Mutiny*, (London: Dean and Son, 1866) p.44

concluded that enough had been done to sustain their credit...and retired to console themselves for their repulse in the opium shops.¹⁵

The use of intoxicants was therefore present in a wide variety of mutiny accounts. The mutineers were seen to use these drugs to commit atrocities, to aid in attacks and to provide relief after battle. The consistency of these accounts suggests that they were partly accurate reflections remembered by Europeans on the spot. Accounts however were clearly biased despite claims by the authors to the contrary. For example, Holloway prefaced his work by stating that he had a 'justly claim' to be 'considered an authority' on the events he described. However, he himself lost his young wife, brother and sister-in-law during the massacre at Cawnpore which casts doubt on his ability to give an impartial account.¹⁶

As Green noted, the fictional and historical accounts of the mutiny were commonly skewed by occidental perceptions of India. They frequently underlined the outbreak of the mutiny to be linked to local superstition which itself had links to the use of intoxicants.¹⁷ This aside, the perspectives which detailed the mutineers and their actions were inextricably linked to the liberal use of substances like opium and cannabis in the British mentality. Though these were unlikely to be entirely reliable accounts for detailing the extent of intoxicant consumption and the reasons behind use they are useful in underlining the general European perceptions in the mutiny. This again relates closely to the points raised by Said in relation to how Westerners imagined India. However, despite the clear bias involved all these

¹⁵ George Otto Trevelyan, *Cawnpore*, (London: MacMillan & Co, 1865) p.150

¹⁶ Holloway, *Essays on the Indian Mutiny*, p.45

¹⁷ Green, *Islam and the Army*, p.84

sources put forward the shared belief that intoxicants were important to the mutiny and insurrection.

Intoxicants were also understood to be used by the sepoys who stayed loyal during the mutiny. One British major wrote a short message to the supply corps on the subject of opium supplies:

From Bombay, Saturday 1st May, Major Mace to Captain Hutchinson,

How about the Opium? More troops going up on the arrival of the next mail and the 92nd are likely to follow shortly after – pray don't do anything without first letting me have [some]?

(More troops are going up, requests he would'nt do anything without first telling him with respect to opium).¹⁸

During the siege of Lucknow opium was also mentioned in the commentaries of defenders:

The rations of course beef and unground grain were found insufficient to keep the garrison in good case; and before long these had to be reduced, while the price of the smallest luxury had risen beyond the means of most...What the English soldiers missed most was tobacco; and when some of the Sikhs deserted, they left a message that it was because they had no opium.¹⁹

¹⁸NAI – Commerce and Industry A, No's 10188-1520, 1st May, 1858, *Letter from the Department of Transport Train Bombay Addressed to the 92nd Force Despatch of Residency. Major Mace to Captain Hutchinson.*

¹⁹A. R. H. Moncrieff, *The Story of the Indian Mutiny*, (London: Frederick Warne and Co, 1896) p.180

The author of the volume, Ascott Moncrieff, stated that his interpretation was based on the testimony of General McCleod Innes' and his own experiences of Lucknow. The story itself later featured in other works which described the siege. The diary of Lady Julia Inglis' published three decades later mentioned that:

On August 28 definite news from the relieving force reached us that there was no hope of our being relieved for some twenty-five days. Great care had to be taken in consequence to husband our resources and the tension and strain after expected relief was felt by some of the native members of the garrison, especially the opium-eaters. A party of sixteen...deserted on the night of August 30...They left inscribed on the walls in several places, "Because I have no opium".²⁰

Lady Inglis' was one of over eight hundred women who lived through the siege and the wife of Major-General Inglis who commanded British forces until the relief. To conclude her daily entry, she further stated that she had 'no doubt' that the 'regular opium-eaters prolonged abstinence was hardly endurable.'²¹ Lady Inglis' sympathetic summary of the deserters was not unique. Another narrative by a British merchant from Calcutta, L. Rees, had noted that the lack of opium had caused several suicides in the city among regular users.²² Intoxicants were therefore significant to how the defenders remembered their time in Lucknow but the relief force also had its own experiences. A chaplain in General Outram's force later wrote that:

²⁰Lady Julia Inglis, *The Siege of Lucknow: A Diary*, (London: James R. Osgood, McIlvaine and co, 1892) p.137

²¹Ibid.

²²L. Rees, *Siege of Lucknow*, (London: Spottiswood and Co. 1858) p.35

In the last attack...the rebels were led by a fanatic, dressed up like a monkey, and drunk with bhang. They came out in dense masses, without guns and Sir James opened with grape, smashing them awfully. The monkey was wounded and caught.²³

While the “monkey” in question is most likely a reference to the Hindu god Hanuman this source clearly attests to the British understanding of drug users and also the possible relation to what were perceived to be strange Eastern traditions or superstitions. A final underhanded threat materialised in several instances where the mutineers attempted to incapacitate British soldiers with drugged liquors. A colonel of the horse artillery recalled that several local water-carriers were executed for attempting to bring drugged alcohol to European troops.²⁴ The colonel, George Bouchier, was a veteran soldier with twenty years’ service by the outbreak of hostilities in 1857 and took part in the siege and capture of Delhi. In addition, this was a tactic also featured in fictionalised retellings of the mutiny that continued to be popular decades on.

As these examples all demonstrate, intoxicants were intrinsically connected to the mutiny. They permeated the memoirs, diaries and narratives of soldiers, soldiers’ wives, chaplains and accounts by officers. Intoxicating substances were important to the outbreak and the fighting on both

²³James MacKay, *From London to Lucknow*, Vol.II, (London: James Nisbet and Co. 1860) p.374 – For other accounts describing drugged mutineers see Anon. *The Indian Mutiny to the Evacuation of Lucknow*, (London: Routledge, 1858) p.166 – The purpose of this source is *not* to reflect a genuine stance or legitimate fear that mutineers dressed like monkeys while on drugs. Its use is designed to show what the British *believed* and how they acted on it.

²⁴George Bouchier, *Eight Months’ Campaign Against the Bengal Sepoy Army During the Mutiny of 1857*, (London: Smith, Elder and Co. 1858) p.70

sides. For many in the army, the campaign to suppress the mutiny was defined by perceptions of drugged addled mutineers and bhang dosed mystics. The enemy sepoys assumed the popular nickname “Pandies” by the British after the exploits of Mungul Pandey. Indeed, in 1901 Reverend William Henry Fitchett commented in *The Tale of the Great Mutiny* that:

That incident at Barrackpore is the history of the Indian Mutiny in little. All its elements are there: the bhang stimulated fanaticism of the Sepoy, with its quick contagion, running through all the sepoy ranks; the hasty rush of the solitary officer, gallant, but ill-fated, a single man trying to suppress a regiment.²⁵

Post-Mutiny Reform and Vice in the Army

In the immediate post-mutiny period the subject of intoxicants was conspicuously absent in political and military discussions as power was transferred from the East India Company to formal British control. This was partly because the new rulers of India had several significant military, political and economic problems to settle. The causes of the mutiny were later partly attributed to the aggressive territorial policies of Lord Dalhousie. Dalhousie’s stratagems included the annexation of lands

²⁵William Henry Fitchett, *The Tale of the Great Mutiny*, (New York: Charles Scribner’s Sons, 1901) p.6

without a direct heir and the prohibition of adopting one legally.²⁶ This had caused significant discontent among Indian rulers who had previously been guided by informal company rule.

When the mutiny was concluded Britain assumed the responsibility of direct rule over the colony. The transition was complex as it required the amalgamation of Indian and East India Company elements under the British. Furthermore, Queen Victoria issued a proclamation to announce that the new regime should also respect religious practices in India.²⁷ The latter was important as it was intended to prevent religious unrest like that which sprung up around the greased cartridges. However, it remained important throughout British rule and intoxicants were linked to this in later years when administrators argued that they were used in various religious rites and festivals.

One of the initial challenges for Britain was the economic situation in India. When the East India Company rose to dominance it gained control of a rich trade with high profits based upon Asian goods such as tea, opium, cotton and textiles.²⁸ The wealth of this trade created salaried positions in the company which commonly exceeded any income that could be gained in Britain.²⁹ In the final years of the company these high salaried positions remained but profits had been increasingly

²⁶ Sekhar Bandyopadhyay, *From Plassey to Partition: A History of Modern India*, (New Delhi: Orient Longman Ltd. 2004) pp.59-60

²⁷ Arthur Godley, *East India (Proclamations), Copies of the Proclamation of the King, Emperor of India, to the Princes and People of India, of the 22nd day of November 1908, and the Proclamation of the late Queen Victoria of the 1st day of November 1858, to the Princes, Chiefs and People of India*, accessed – 25/03/2015 > <http://www.csas.ed.ac.uk/mutiny/confpapers/Queen%27sProclamation.pdf>

²⁸ See Emily Erikson, *Between Monopoly and Free Trade: The English East-India Company, 1600-1757*, (Princeton: Princeton University Press, 2014) p.157 or Margot Finn and Kate Smith, *The East India Company at Home, 1757-1857*, (London: UCL Press, 2018) p.183

²⁹ Harris, *The Indian Mutiny*, pp.11-12

diminished by corruption.³⁰ Furthermore, the earliest pioneers had drawn trade from the locally held interior before channelling it through coastal warehouses. By the 1850s, the company controlled large tracts of land and therefore acquired the duty to police and maintain them.³¹

For the British Raj, one of the most immediate issues revolved around the inheritance of a colony which was fiscally unstable. The company had committed itself to costly wars throughout the early nineteenth century which had depleted the coffers considerably.³² The cost of suppressing the mutiny and the loss of commerce in the north from the fighting had compounded this problem. At this time monetary concerns had even begun to dictate military decisions and expenditure. The colony had to be bailed out with British loans in the 1810s and even faced the possibility of bankruptcy after the First Anglo-Burmese War.³³

Within the military, concerns were focused on the composition of the army and how it would be used following the near disaster of the mutiny. Most of the Bengal Army had been disbanded after the peace settlement and the scale of the outbreak was caused by the fact that this force was recruited almost universally from high caste recruits. Given the homogenous composition of the army at the time the mutiny affected most of the units in question. To counter the mutineers, the British created regiments of low-caste groups but this now presented a new imbalance. As Viscount Canning noted:

³⁰ Ibid, p.11

³¹ George MacMunn, *The Indian Mutiny in Perspective*, (London: Bell & Sons Ltd. 1931) p.3

³² Dietmar Rothermund, *An Economic History of India*, (London: Taylor Francis, 2003) See Chapter 3.

³³ Wald, *Vice in the Barracks*, p.141

The Bengal army now amounts to about 80,000 men...about 75,000 are Punjabees...and probably 23,000 are Sikhs. The difference, therefore, between our position in 1857 is, that there is now a larger native force, and that the bulk of it, instead of being drawn from the Oude, is drawn from the Punjab.³⁴

The sepoy units continued to present a threat based on this structure. Between 1858 and 1861 the military concerns of British India were therefore focused on several core points that were to be discussed by a military commission chaired by Major-General Peel, the Secretary of State for War. The Peel Commission had several aims but the central concern was reforming the army in a way which guaranteed that it would not threaten British interests again in the future.³⁵ Several practical solutions were suggested to achieve this. Initially, calls were made to disband the sepoy regiments entirely and substitute them with a force solely comprised of Europeans.³⁶ This however was quickly rejected based on the logistical difficulties and high-cost of keeping a European only garrison. Another solution advocated the total abolition of Indian regiments who were to be replaced by mixed units of other colonial forces from the empire such as African soldiers.³⁷ This was contested by individuals like John Lawrence, the future Viceroy of India, who pointed out that it would leave a large pool of displaced soldiers who would be

³⁴ *Report of the Commissioners Appointed to Inquire into the Organisation of the Indian Army, Vol.1: Together with Minutes of Evidence and Appendix*, (London: George Eyre and William Spottiswoode, 1859) p.58

³⁵ Tan Tai Yong, *The Garrison State: Military, Government and Society in Colonial Punjab*, (London: SAGE Publications, 2005) p.50

³⁶ *Ibid.* p.51

³⁷ Jill Bender, *The 1857 Uprising and the British Empire*, (Cambridge: Cambridge University Press, 2016) p.55

sure to become a problem in future.

It was finally determined that Indian units should remain but that their numbers should be partially reduced while European numbers should be increased. In addition, it was recommended that the composition of the army should not be dependent on any one caste or social group. The Earl of Ellenborough typified many testimonies which called for recruitment to be as diverse as possible. As he stated, the system to be employed here was that the army should be based on 'one force' being 'balanced against the other'.³⁸ In the formative years of the British Raj the military was occupied with implementing a divide and rule policy that would prevent any large-scale mutinies in the future and allow for their quick suppression if one occurred.

The ratio of European to Indian troops was not the only strategy put in place for this purpose. The commission also supported propositions to remove sepoys from key military branches such as the artillery and the engineering corps. Furthermore, Indian troops were to be provided with inferior weaponry to place them at a technological disadvantage to European soldiers.³⁹ Attention to the health and welfare of troops was subsequently limited in these proceedings which considered the conventional issues of future mutinies. While these points were debated no one called for restrictions on the use of intoxicants even though they had been mentioned frequently in relation to the mutiny at the time.⁴⁰ Though the outcomes of the Peel Commission mainly centred on changes to recruitment and

³⁸*Report of the Commissioners Appointed to Inquire into the Organisation of the Indian Army, Vol.1, Testimony of the Earl of Ellenborough, p.xviii*

³⁹Yong, *The Garrison State*, p.51

⁴⁰*Report of the Commissioners Appointed to Inquire into the Organisation of the Indian Army, Vol.1, p.13*

the composition of the Indian Army this would have far ranging effects in the future. It spurred on diversification and increased popularity firstly for Sikh and Punjabi troops but also later for Gurkhas.⁴¹ The added variety was accompanied by new mixed regiments with different social and cultural practices which would have to be catered to in future.

Any questions raised in the Peel Commission regarding drugs, alcohol and health related to certain select areas and these were usually aimed at European troops. One key concern was the impact of the Indian climate on the 'European constitution'.⁴² This was questioned in consideration to introducing new 'fresh blood' units into the colony.⁴³ The remaining medical points raised by the Commission debated the vices of European troops. One medical officer, Charles Berry, advised that local 'arrack' posed a danger to health while beer had a 'beneficial effect'.⁴⁴

Others argued that venereal disease and drunkenness proved to be detrimentally affecting most regiments. Alternatively, some maintained that the spirit ration was 'an injury' though 'a dram after dinner' did no harm.⁴⁵ British administrators were also faced with problems from the old East India Company elements of the army. In the transition of power many European troops objected to their transfer to regular forces. Resentment existed partly because the men were

⁴¹Rob Johnson, *The British Indian Army: Virtue and Necessity*, (Newcastle: Cambridge Scholars Publishing, 2014) p.7

⁴²*Ibid*, p.136

⁴³*Ibid*.

⁴⁴*Ibid*, p.xxxi

⁴⁵*Ibid*

not consulted beforehand and due to the economic and social impacts.⁴⁶ As part of the regular army they could be expected to fight anywhere in the empire. However, many hoped to live permanently in India and had or expected to take 'Indian or Eurasian wives'.⁴⁷ Moreover, if troops were transferred to a more expensive region their pay would be worth less to the individual.⁴⁸ The subsequent White Mutiny led to the discharge of soldiers who disagreed to the transfer and a subsequent decrease of European manpower.

As a result, from the mutiny until the completion of this military reorganisation in 1861 the attention of the Indian army was focused upon maintaining stability in a recently volatile colony. Viscount Canning had written desperately one month after the peace treaty in 1858 that unrest still existed in Bihar and Bundelkhand.⁴⁹ In addition, he noted that at least 'one example' of disaffection existed in a Sikh regiment and begged that MPs at home 'keep the peace' for fear that European troops might be drawn out of India.⁵⁰ Military examinations of intoxicants and health were suggested by some medical professionals in the commission who called for the enforcement of 'sanitary duties' and future reports on the health and sanitary state of the army.⁵¹ However, during the commission no attention was given to intoxicating substances despite their perceived role in the mutiny.

Though intoxicants did not feature in discussions surrounding reform they

⁴⁶H. H. Dodwell ed. *The Cambridge History of the British Empire Volume V: The Indian Empire*, - See Chapter 22: Sir Wolseley Haig, *The Indian Army*, (p.395)

⁴⁷ Ibid, p.395

⁴⁸ Ibid, p.396

⁴⁹ Mss Eur F231/15/26 – 6 August 1858 – *Letter from Canning to Vernon Smith*.

⁵⁰ Mss Eur F231/15/26 – 6 August 1858 – *Letter from Canning to Vernon Smith*

⁵¹ *Report of the Commissioners*, p.202

were mentioned in military law. This suggests that though they were not considered to be of vital importance they were not altogether forgotten. The Indian Army Articles of War in place prior to the mutiny had cited 'drunkenness' on duty as a punishable offence for local troops.⁵² This was amended after the mutiny and the term 'intoxication' substituted in place of drunkenness.⁵³ For Singh, the reason for the amendment stemmed from the sepoy's use of narcotics as well as alcohol.⁵⁴ However, with this exception, the question of intoxicants was not addressed in any detail while Britain reformed the army and instead the new administration focused on settling the colony. The army clearly did not perceive consumption to be of core importance and the subject of health and vice deviated towards the health of Europeans. From this it is clear that military attitudes towards intoxicants had been overshadowed in the immediate post-mutiny period.

Vice, Sanitation and Health

By 1863 another commission had been sanctioned in response to rising health concerns involving the army in India. The report coincided with the publication of Florence Nightingale's paper *How People May Live and Not Die in India* which concurred with the commission findings.⁵⁵ The overall aim of both was to discover how Britain could maintain possession of India in the face of widespread ill-health in the army. The British Medical Journal aptly summarised the problem at hand:

⁵² *Articles of War for the Native Troops of the Army of India*, (Madras: Athenaeum Press, 1845) Act 24

⁵³ *Articles of War for the Native Troops of the Army of India*, (Madras: Athenaeum Press, 1862) Act 26

⁵⁴ Gajendra Singh, *Testimonies*, p.22

⁵⁵ See Florence Nightingale, *How People May Live and Not Die in India, a paper read at the meeting of the National Association for the promotion of Social Science*, (London: Longman, 1864)

The average death-rate of the troops serving in India was no less than 69 per 1000 *per annum*. That death-rate, moreover, did not include those who were invalided, and who died on the voyage to England or soon after their return...assuming the strength of the British army was at 73,000, it proved that such an army would lose on an average...5037; sometimes it would be half that number, but in other years it would lose two such brigades.⁵⁶

Though the focus was again on the health of European troops these investigations also began to refer to intoxicant use in the colonial ranks. In the first volume of the sanitary commission drug and alcohol use was secondary in concern to disease and mortality statistics. Despite this, the habits of both Indian and European soldiers were noted when linked to disease. Inspector-General MacPherson of the Madras Presidency referenced one report from a physician who looked at Hindustani and Mahomedan sepoys. It underlined that high caste Hindustani recruits did not consume 'meat, fish or spirits'.⁵⁷ However, he outlined that: 'Mahomedans and low caste Hindoos, such as Mahrattas...consume animal food, ardent spirits, ganja (hemp water), and opium'.⁵⁸

While intoxicant consumption featured here it was not highlighted as a serious issue. Mortality statistics for both these groups were reasonably low with Indian soldiers being statistically healthier.⁵⁹ The main scrutiny centred on the

⁵⁶R. Christon, "Reports of Societies", *The British Medical Journal*, Volume 2, (July to September) (London: John Honeyman, 1863) p.457

⁵⁷Ibid, p.119

⁵⁸Ibid, p.118

⁵⁹High caste troops having a mortality rate of 12 per 1000 and the low caste soldiers 10 in 1000.

widespread intemperance of Europeans. This was unsurprising given that European soldiers were thought to average a little over eighteen gallons of raw spirit every year.⁶⁰ The problem was that European troops were susceptible to disease and this was seen to be worse in those who overindulged in alcohol.⁶¹

The second volume of the report mentioned intoxicants more often because it considered sanitation in military barracks, stations and bazaars. The observations made were subsequently focused on accommodation and the day-to-day lives of soldiers which included their diet. Reviews of the military bazaars showed that locally brewed drinks were frequently 'drugged' and sometimes used by European troops.⁶² Despite restrictions on consumption, these soldiers would employ sepoys or civilians to procure these substances.⁶³ In comparison, the use of these same drugs among Indian troops had few restrictions. In Ceylon, it was asserted that as many as twenty percent of sepoys were 'confirmed opium eaters'.⁶⁴ In addition, only the most conscientious surgeons tried to discuss the impact of intoxicants in any detail. The report from Berhampore concluded that:

The extensive use of bang and opium, ultimately leading to a debilitating state of health, insufficient and impoverishing food often badly cooked, the use of unripe fruit, and the overcrowding of huts

⁶⁰ Ibid, p.119

⁶¹ This point was raised in the commission and by Nightingale who stated that soldiers believed that the Indian climate called for double the daily alcohol use that would be expected in Britain. See Nightingale, *How to Live and Not Die in India*, p.189

⁶² IOR/L/PARL/2/144– *Royal Commission on the Sanitary State of the Army of India Vol. II: Reports from Stations in India and its Dependencies Occupied by British and Native Troops*, (London: Eyre and Spottiswoode, 1863) p.45

⁶³ Ibid, p.45

⁶⁴ Ibid, p.926

where there are large families rendering the atmosphere impure, all tend to predispose to disease.⁶⁵

Indian regiments stationed at Labuan were also characterised as being 'addicted to the use of narcotics' with some instances of drunkenness in the ranks.⁶⁶ Aside from these examples, it is clear that even in the case of narcotics the military authorities were most concerned with British troops rather than locally recruited forces. In most cantonments alcohol was provided to Europeans either as a ration or sold by the commissariat. While some prohibited alcohol this was rare and the reasons given almost invariably revolved around preventing local substances from being used.

In the Bengal presidency, it was argued that beer should replace spirits and be offered as a free ration. However, it was stressed that this should be coupled with 'stringent measures' to keep the men inside the fort. This would prevent the more intemperate from using the 'bad unwholesome' liquor of the bazaar.⁶⁷ Such concerns were echoed by other physicians who argued that without a significant alcohol allowance Europeans would procure cheap and adulterated alcohol from the local markets.⁶⁸ Alternatively, the sepoy lived separately in individual huts. Prohibiting consumption was difficult given that alcohol or narcotics could be used in their personal homes and out of general sight.

Moreover, testimonies often explained that there was little data available to

⁶⁵ Ibid, p.494

⁶⁶ Ibid, p.582

⁶⁷ Ibid, p.19

⁶⁸ Ibid, p.786

draw clear conclusions on these intoxicants and disease.⁶⁹ For many military doctors this was a non-issue. In practice, there existed neither statistical evidence nor any incentive to prohibit intoxicant use among Indian soldiers. For many army surgeons the sepoy and sowar were comparatively temperate in relation to the European. Furthermore, consumption was difficult to chart without official barracks for sepoys or formal procedures. The European represented British rule on the spot and the military concern was aimed at these soldiers who were three times more expensive to train and employ.

This situation altered slightly over the following years as the army produced yearly sanitation reports to monitor the problems highlighted in the commission. These included separate reports dedicated to the colonial units in each of the three presidency armies and this shed more light on intoxicant use among sepoys. In the Bengal Army reports relating to intoxicants increased and began to raise anxieties like those associable with European soldiers. This presidency army was of central importance because it was most frequently engaged on active service on the frontier.⁷⁰ British soldiers and officers strove to attain postings there as this increased the likeliness of promotion. In comparison, the Madras Army had often been considered the most inferior of the three presidencies. The campaign in Burma in the 1880s was the first active combat for this force in thirty years.⁷¹

Reports from the Bengal presidency revealed some concerns over intoxicants in the sepoy ranks. In 1869 a poor rum supply was argued to be

⁶⁹Ibid, p.494

⁷⁰Streets, *Martial Races*, p.96

⁷¹Ibid, p.96

encouraging sepoy of the Suddya Detachment to use the adulterated alcohol of the local bazaar.⁷² This was one of the first times that doctors raised this concern in relation to sepoy rather than European troops. By 1873 army surgeons had pointed out that many confirmed opium eaters served, and that liquor was being used 'more than ever'.⁷³ Basic statistics were now also being gathered within locally raised regiments. However, these shed a favourable light on drug use. In 1869 opium use hospitalised only 8 troops in the Bengal army and was rarely fatal.⁷⁴ Though these rates fluctuated the recorded numbers for Bengal forces in 1875 showed only two hospital cases for opium and sixteen for cannabis. Of these both opium cases resulted in death while those suffering from cannabis use all recovered fully.⁷⁵ In comparison, the report for one regiment the following year showed that more sepoy died from snake and scorpion wounds than from drug consumption.⁷⁶

Of the collection of reports for the Bengal Presidency few argued that drug or alcohol use required restrictions. This was the polar opposite of surgeon reports for European troops which continued to condemn intoxicants given their effects on the body. The report from the 13th Bengal Cavalry at Mooltan provides one notable exception to this. As the surgeon stated here that:

⁷²IOR/V/24/3108 (1869) – Bengal Army, Medical Department: Medical and Sanitary Report of the Native Army of Bengal, p.18

⁷³IOR/V/24/3110 (1873) - Bengal Army, Medical Department: Medical and Sanitary Report of the Native Army of Bengal, p.67

⁷⁴IOR/V/24/3108 (1869) - Bengal Army, Medical Department: Medical and Sanitary Report of the Native Army of Bengal, p.168

⁷⁵IOR/V/24/3110 (1875) - Bengal Army, Medical Department: Medical and Sanitary Report of the Native Army of Bengal, p.190

⁷⁶IOR/V/24/3111 (1876) - Bengal Army, Medical Department: Medical and Sanitary Report of the Native Army of Bengal, p.190

The practice of opium-eating appears to be rather common in the regiment: 38 men acknowledge to eating the drug, - Mahomedans 10, Hindoos 28. The habit ought to be discouraged as much as possible and stringent restrictions placed on the sale of the drug in the bazaars. Opium, I am told, cannot be obtained in the regimental bazaar.⁷⁷

It is clear however that similar levels of use were considered differently depending upon the colonial army in question and the perceptions of the habit. Reports for the Madras Army at the same time were more negative in reference to intoxicants which were more frequently described as being injurious to soldiers. The military surgeon of the Nagpore force stated that while there was little crime there was 'no doubt' that eating and smoking opium was 'indulged in by many men'.⁷⁸ More importantly there were stronger links to intoxicants and health problems in this force though these were relatively small. Statistically, 10 in 1000 Indian soldiers were invalidated annually because of 'Debility' caused by smoking cannabis.⁷⁹

Though this paled in comparison to the health problems in the regular army it still represented a health concern. In the 20th Native Regiment stationed at Banda the report argued that the use of narcotics tended to make the soldiers thinner and therefore more susceptible to bronchitis and pneumonia in winter.⁸⁰ It was also pointed out that though the sepoy was less expensive to train and employ than

⁷⁷ IOR/L/MIL/24/3110 (1875) - Bengal Army, Medical Department: Medical and Sanitary Report of the Native Army of Bengal, 1875, p.146

⁷⁸ IOR/V/24/3099 (1873) - Madras Army Medical Report: Medical and Sanitary Report of the Native Army of Madras, p.139

⁷⁹ IOR/V/24/3099 (1873) - Madras Army Medical Report: Medical and Sanitary Report of the Native Army of Madras p.71

⁸⁰ IOR/V/24/3113 (1877) - Madras Army Medical Report: Medical and Sanitary Report of the Native Army of Madras p.129

Europeans there was still cost. In fact, though a British soldier cost three times as much to train the greater numbers of sepoys meant that costs could be closely equated in the grand scheme of things. As such, poor health signified a waste in expenditure.

Alcohol was also seen to be an issue in the Madras force and several officers raised concerns about the free indulgence in arrack. This surprised those that believed that sepoys were largely temperate who now found that some consumed local drinks freely.⁸¹ Until 1880 reports commonly mentioned the high proportion of troops who used intoxicants. Alcohol was supplied to Indian troops through the commissariat if they elected to drink. In the case of the 41st Regiment of Native Infantry the surgeon summarised that the health priorities of sepoys should revolve around supplying good food consistently and safe alcohol if required.⁸²

While Madras soldiers were characterised in these reports as being among the most intemperate consumers of intoxicants it is possible that this was partly due to the poor general perception of the army. This period represented a time in which military and political figures were calling for the abolition of the presidency armies in favour of one unified force. Those who advocated this outlined the Madras Army to be indolent and these ideas fitted well with the chronic use of intoxicants.⁸³ Unlike the Bengal reports however there were no clear recommendations to restrict or prohibit consumption and the troops here could

⁸¹IOR/V/24/3102 (1878) - Madras Army Medical Report: Medical and Sanitary Report of the Native Army of Madras p.99

⁸² Ibid, pp.99-115

⁸³ Streets, *Martial Races*, p.97

buy alcohol from the British or narcotics from local vendors.

This situation was similar to some extent in the Bombay Army. In the early 1870s the key concern of many army surgeons centred on nutrition rather than the dangers of intoxicants.⁸⁴ One army doctor argued that by giving sepoy extra wages to buy food rather than providing rations the sepoy were suffering from malnourishment. There were two reasons for this: firstly, the more fiscally minded soldier could save the extra income by purchasing inadequate or poor-quality food; and secondly, those who were inclined to drink or use drugs would spend the extra income on their habit.⁸⁵ However, the latter was stated to be uncommon and the individuals in question identifiable by their 'lean, anaemic, and cachectic appearance'.⁸⁶ In the Poona Division, only one noted story stemmed from drug use as one surgeon reported:

During the past year two deaths have occurred in Seroor, one man died from pneumonia complicated with infiltrated tubercle, the other man died of...an overdose of *cannabis indica*. He lived 16 hours after he had taken the poison, became active and intelligent, ordered his horse for morning parade, sat down and suddenly expired in syncope, or he may in the interval have taken a second overdose.⁸⁷

With the exception of a death caused by excessive drinking, the Bombay force on paper appeared to be the moderate consumer of the Indian colonial forces. Though

⁸⁴IOR/V/24/3103 (1870) - Bombay Army Medical Report: Medical and Sanitary Report of the Native Army of Bombay, p.32

⁸⁵Ibid, p.32

⁸⁶Ibid, p.32

⁸⁷Ibid, p.32

one sepoy, Ootum Singh, was committed to an asylum after being diagnosed with cannabis induced mania this was mostly rare in sanitary reports.⁸⁸ Furthermore, only one unsubstantiated claim existed in relation to consumption and disease. Here it was argued that one diseased sepoy who died was a 'very confirmed opium eater'.⁸⁹

From the major sanitary commission and the yearly reports which followed it is clear that the medical officers were becoming more aware of the different intoxicants which soldiers were partial to. However, the sanitary reports in these regiments were designed to monitor disease, nutrition and the general well-being of units. They were less concerned with the habits of sepoys in relation to intoxicants and those who raised the subject included these small observations because they personally felt that it had an effect on soldiers and health. There was no clear consensus on the use of intoxicating substances nor were military physicians ordered to give detailed attention to use. Attitudes towards consumption were ambiguous and differed depending on the physician, the presidency army and often the ability to relate use to the prevalence of disease.

General Medical Discourse, Intoxicants and Crime

While the army was collating sanitary reports that increasingly discussed intoxicants it was also a subject of interest in medical circles outside of the army. In India,

⁸⁸IOR/V/24/3102 (1871) - Bombay Army Medical Report: Medical and Sanitary Report of the Native Army of Bombay, p.82

⁸⁹ibid, (1873) p.64

medical periodicals frequently related accounts or examinations that focused on sepoys and their habits with varying conclusions. In many cases, these articles were authored by individuals of the Indian Medical Service who wrote about cases of interest within their units. These reports are invaluable to understanding how military attitudes to intoxicants developed with regards to sepoy consumption. Unlike the formulaic and limited observations which characterised the sanitation reports these articles offered wider discussions or interpretations.

In 1873 Surgeon-Major J. Johnston described three cases of opium poisoning, two of which involved sepoys. The first case described a Pathan soldier named Goolab Deen who was advised by a local physician to use opium to tackle a case of bronchial catarrh.⁹⁰ After consuming a measure of three ruttees Deen fell into a comatose state. Upon investigation it was found that the local doctor was a Moochee 'quack' who often treated sepoys in his unit. Unfortunately, Deen was provided with a dose commonly given to Sikh troops who could eat three or four times this amount without any negative effects. Without this tolerance, the dosage was significant enough to prove fatal. In the second case, a Sikh sepoy, Khejan Singh, who had averaged one sick day a year for fifteen years died suddenly. The enquiry found that Singh commonly consumed nine ruttees or eighteen grains of opium daily. The narcotic was purchased in bulk and prepared as a month-long supply. Johnston described the process:

⁹⁰K. McLeod and C. Macnamara ed. *The Indian Medical Gazette, Volume 8* (Calcutta: Wyman and co. 1873) pp.184-185 "Three Cases of Opium Poisoning" – J. W. Johnston.

The Sikhs have a custom of mashing up, say a month's supply in...water; this is boiled, strained, and the infusion gradually concentrated into a solid mass in a fair state of purity. During the process, a portion of the desiccated opium adheres to the side of the decoction pot, while the bulk settles in the centre. The latter is put aside...for regular use; the former is re-dissolved, and a few boon companions are invited to an [orgy].⁹¹

Unfortunately for Singh this 'extraordinary brew' was used in one such orgy for an Indian officer leaving on furlough. Singh consumed the residue alone at 9pm in a 'moody silence' before dying in his sleep from an overdose. Despite this, Johnston stressed that Singh had been a 'man of good character' and a good soldier. Neither his opium habit nor his overdose provided any cause for concern other than his accidental death.⁹² In the 2nd Madras Native Infantry, the doctor in charge of the military hospital noted that one of his sepoy patients who died from cholera had a reputation as a 'drinker' which may have explained his susceptibility to the disease.⁹³

The subject of intoxicants was not confined to the Indian Medical Gazette nor was interest limited solely to regimental physicians. The Assistant Apothecary to the Madras Army, J. Wood, published an article on how to avoid and treat traumatic tetanus. Here he stressed that:

⁹¹ Ibid, pp.184-185

⁹² Ibid, pp.184-185

⁹³ K. McLeod, *The Indian Medical Gazette, Volume 10*, (Calcutta: Wyman and Co. 1875 p.102 "A Case of Sporadic Cholera" – Surgeon Thomas Mayne

The *particular habits* of the patient should never be lost sight of;---and this appears to be one of the most important points to be attended to, in the treatment of “wounds and injuries”...with a view to the prevention of Tetanus...We are aware that many, if not most Europeans, whether in civilian or military employ...habitually take some form of alcoholic stimulant; some of course in greater excess than others...Turning to the ranks of the sepoy, made up, as it is, of so many various castes, we find the Pariah...imbibing as often as he conveniently can, either toddy or the country arrack; the Mussulman...will be found frequently a slave to the use of opium or cannabis...while the Rajpoot habituates himself almost solely to the preparations of cannabis or ganjah.⁹⁴

Wood stated that this must be taken into consideration by the attending physician to ensure that the patient did not leave the premises or consume substances which might interfere with treatment. However, he further noted that this presented a problem because subjects ‘habituated’ to a stimulant might do one of two things. The first would be to attain some of his chosen substance in the ‘defiance’ of medical orders and the second that they would ‘endeavour’ to obtain permission to use the intoxicant. In relation to the latter Wood noted that few men in the service chose this option either through reasons of caste or from the ‘fear of losing either

⁹⁴Howard Montgomery, *The Madras Quarterly Journal of Medical Science, Volume 6*, (Madras, Adelphi Press, 1863) pp.58-60 “Considerations as to the Possibility of Preventing the Occurrence of Traumatic Tetanus” – J. J. Wood

promotion or favour'.⁹⁵ This was one of the earliest suggestions that the army in India would look down upon a regular user of drugs or alcohol but it was rare. In Wood's appraisal the individual should be provided with their chosen intoxicant because depriving them may have done more harm than good. As such, upon discovery of the sepoy's 'peculiar stimulus' he would 'permit him to take it, taking care, by all means that I was not imposed upon.'⁹⁶ As a final point of interest, Wood provided a footnote which attested that:

It may not be out of place to mention here that I was an eye-witness, on more than one occasion, to a party of European soldiers smoking the *hemp* or *Ganjah*, in the ordinary native pipe or chillem; and which practice, (if I remember rightly) they told me was taught them by a Faquir, several of these smokers have been now and again seen stealing into the barracks after nightfall "on all fours", in order to answer the Roll-call at 8 o'clock.⁹⁷

As these cases demonstrate, many medical men who served with the army took time to publish articles in relation to the sepoys' use of intoxicants. However, the findings or comments naturally mirrored responses from the official sanitary reports despite the added detail. Consumption patterns were commonly referred to but there existed no clear consensus on the subject. A sepoy could be considered an able soldier in full knowledge of his use of intoxicants even in cases of habitual consumption. Equally however, as Wood hinted, there were underlying suggestions

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ Ibid. – See footnote on p.58

that the army may have sometimes frowned upon users and delayed or prevented their promotion.

Rather than inspire temperance this encouraged some soldiers to hide their habit which led to problems if an individual was hospitalised. Another key point here surrounded the question of suddenly ceasing a habitual user's supply. Wood's assessment of this was based partly on his own examination but also from the writings of Edward Waring. Waring's work on practical therapeutics had been in circulation since 1854 and he too made the assertion that regular users should continue to be given stimulants that they were accustomed to.⁹⁸ In many cases, this was considered necessary to maintaining the health of patients since disrupting the supply could cause a man to become 'alarmingly depressing'.⁹⁹

It is clear that attitudes towards consumption were also influenced by the fact that these intoxicants were perceived as inexpensive and valuable medicines. This was especially important for locals who did not have ready access to healthcare which the army offered. In the military, it was common for these substances to be used to treat the diseases which plagued cantonments. This even included the use of arrack which was demonised in the Peel and Sanitary commissions when overindulged in by European troops. In May and June of 1872, the 9th Native Infantry experienced a particularly bad outbreak of dengue fever. For those who began to recover, 'strong soups, wine and arrack' were dispensed to the

⁹⁸ Edward John Waring, *A Manual of Practical Therapeutics Considered Chiefly with Reference to Articles of the Materia Medica*, 3rd Edition, (London: J. A. Churchill, 1871) See preface.

⁹⁹ *Ibid.* p.xxii

sufferers.¹⁰⁰ In addition, arrack was given in cases of malaria, cholera, typhoid and bronchitis.¹⁰¹

As Pati stated, many Indian drugs had been absorbed into Western medical practices and were legitimate medicines in both the East and West.¹⁰² Intoxicants had been linked to insurrection, malnourishment and disease in the colonial regiments. However, this was partly counterbalanced by the understanding that they represented one of the few ways for Indians to tackle illness on the sub-continent. This was matched by the prevailing popularity of drugs like opium in Britain and the legitimacy of the government monopolies in cannabis and opium in India. In short, the general medical discourse was largely ambivalent on the subject of consumption. There existed sporadic problems of accidental overdoses and medical issues which was detailed in the official medical sources within the army. This was paralleled by similar insights in medical periodicals commonly authored by the same men. However, overall the legitimacy of different intoxicants and a lack of clear consensus offered few reasons to attack consumption.

While medical perceptions on the matter were ambiguous the issue of intoxicants and crime presented some concern. Both the European and Indian elements of the army were commonly involved in criminal incidents that were blamed upon intoxicants. In one report, a medical officer relayed an account of a sepoy who had been 'partaking freely' of Hindu sweetmeats.¹⁰³ When his comrades

¹⁰⁰ See the *Sketch of the Medical History of the Bombay Army*, (Bombay: Government Central Press, 1873) p.50

¹⁰¹ Ibid.

¹⁰² Pati and Harrison, *Colonial India*, p.9

¹⁰³ Dublin Medical Press, *Opium as a Cure for Datura Poisoning*, Wednesday 11th July, 1860 p.6

found him later he appeared to be 'in a state of high delirium'.¹⁰⁴ An investigation revealed that the sweetmeats had been infused with bhang in the hopes that he might be robbed while incapacitated. Moreover, it was pointed out that this was common especially with soldiers given that they often owned 'valuable ornaments'.¹⁰⁵ Amongst the British, the old drug using mystics who featured in the mutiny also reappeared intermittently and spurred on fears of drug use and crime. Many semi-religious mendicants such as fakirs were regularly found in criminal reports. As Green pointed out, the fakir was commonly considered a seditious individual often found to be working against the Raj.¹⁰⁶ In addition, sepoys were also known to become fakirs themselves by fraternising with these individuals. This provided a link between drug use and poor military practice.

In one instance a fakir named Nanuk was executed for the assassination of a British officer – Lieutenant Ommanney. It was found that Nanuk had travelled from the North specifically to an area with a garrison. His hope was that he might kill an officer in front of his assembled troops. While smoking 'churrus' Nanuk saw Ommanney alone on horseback¹⁰⁷. Recognising him as an officer, he approached him stating 'urzlurum' or 'I have a petition to make'.¹⁰⁸ While leaning towards the fakir, the lieutenant was stabbed beneath his right arm and died later that night due to internal haemorrhage. The leader of the enquiry lamented the loss of a 'promising' young officer 'beloved' by his men at the hands of a 'ruffian much

¹⁰⁴Ibid, p.6

¹⁰⁵Ibid.

¹⁰⁶See Green, *Islam*, Chapter 1.

¹⁰⁷IOR/L/PS/6/541 – Collections to Indian Political Dispatches, Vol.82, 1866 – *From the Secretary to Government, Punjab, and its Dependencies, to the Secretary to Government of India, Foreign Department, with Governor General, Simla*, - No.480-1414, Dated Lahore, 11th October, 1865.

¹⁰⁸Ibid.

addicted to the drug'.¹⁰⁹

Despite the fact that intoxicants could be linked to criminal cases there was a relatively limited legal process on the subject unless it involved Europeans. Heavy punishments were meted out to locals who attempted to trade or sell many of these stimulants to European soldiers. This partly explains Wood's interest in the case of British troops taking to the cannabis habit. Intoxicating drugs and bazaar supplies of arrack and toddy were considered illicit substances in these cases. Indian soldiers were allowed to consume the same stimulants so long as they did so in the bazaar. However, the problem of hutted accommodation allowed for personal use in the cantonment in these circumstances. In official regulations, it was stated that:

In the bazaar no spirituous liquor or intoxicating drug is allowed to be sold to any European soldier without a written license from the commanding officer, under a penalty not exceeding 50 rupees. Any camp follower, or military pensioner, or soldiers' wife, having in their possession spirits without a permit, is liable to a fine of 50 rupees. Natives smuggling spirits or intoxicating drugs within the limit of the cantonment, and selling the same to a European, are liable to imprisonment for one month, on the second offence, to corporal punishment not exceeding 50 lashes.¹¹⁰

¹⁰⁹Ibid.

¹¹⁰See the Royal Sanitary Commission, Volume 2, p.411

These regulations existed while sepoys committed crimes relating to intoxicants and chronic use. In 1872 soldiers of the 17th Bengal Cavalry were court martialled for attacking a local opium vendor and stealing his stock before severely wounding two people of the vendor's household.¹¹¹ In this event, the British officer in charge of the regiment was considered at fault for failing to control the soldiers in his command. Finally, the sepoy regiments were also known to involve themselves in smuggling intoxicants in contravention of British laws. In 1871 administrators raised concerns regarding the 'pernicious traffic' being carried out in the penal colony Port Blair. It was found that sepoy guards who served in the area were bringing in large quantities of opium and cannabis. These substances were restricted in penal colonies to prevent problems amongst prisoners. The superintendent described his concerns on the subject:

We have often had reason to suspect that a considerable quantity of opium and ganja was smuggled into the Settlement by means of the contract steamers. I accordingly determined, when the last batch of convicts arrived, escorted by a party of sepoys, to have the baggage detachment searched, when about 22 lbs. of opium and 3 bundles of ganja were found in the possession of 6 men.¹¹²

Though these men were circumventing the British monopolies while simultaneously causing problems with controlling prisoners it was not met with decisive action. In

¹¹¹NAI – Military Department, February 1872, No's 285-93, Judicial Civil Convictions, *A case of Dacoity by Certain Troops of the 17th Bengal Cavalry.*

¹¹²NAI – Military Department (Miscellaneous), No's 710-11, March 1871, *Smuggling of Opium and Ganja into the Settlement of Port Blair by Means of Contract Steamer.*

fact, it underlined problems because the superintendent had no real authority to interfere with the military baggage. Instead, he lobbied the Commander-in-Chief for approval with the aim of suppressing the illicit trade who took no considerable action on the matter.¹¹³ As these points demonstrate, Indian soldiers were free to consume intoxicating substances even when these habits were clearly linked to problems raised by the colonial administration. When individual administrators raised the issue, there was no clear action taken on the subject.

The only definite criminal or legal limitations which applied to sepoys involved cases in which they supplied a European soldier. The punishment was severe in these cases and extended to corporal punishment for repeat offences or hefty fines for offenders. With this exception the criminal cases relating to consumption showed that the military authorities were often lenient in relation to intoxicant use and this hints at some of the earliest evidence regarding the autonomy of these soldiers. The military command allowed these men to bring intoxicants with them to penal colonies on the understanding that they consumed them and that they were important to the individual. However, even when complaints were raised regarding smuggling the command failed to act against popular habits. In general medical discourse physicians were also detailing occasional overdoses while military reports had shown violent crimes and petty larceny cases involving these substances. Despite all of these, the officers, medical officers and higher command did not move to curb or prohibit use.

¹¹³The superintendent noted that the same men were aware of the search and in future learned to leave the baggage on the contract steamer until it could be retrieved without being search at port.

Campaign, Management and Supply

Over the course of twenty years, the army in India had gathered a working knowledge of sepoys and their consumption of intoxicants both by accident and design. For many officers the question was not one of great significance and supplies were easy to acquire for those who chose to consume drugs or alcohol during peacetime. This aside, it is also important to consider how these same troops fared on campaign when active service removed them from local supplies. Shortly after Britain established formal control the Indian Army was utilised for service in several campaigns. These also involved different military scenarios from small scale warfare involving one thousand troops to larger wars in the empire toward the very end of the 1870s.

Though these actions differed each removed the Indian units involved from their localities and subsequently their source of intoxicants. This was not an issue in the case of alcohol as supplies could be gained from the commissariat. However, for habitual consumers of intoxicants like opium or cannabis acquiring supplies would be difficult and this introduced problems for the combat effectiveness of troops. It had been understood for several decades that the sudden cessation of intoxicants to chronic users could cause problems. Physicians like Waring and his colleagues in the Indian Medical Service had already shown that an addict would suffer from withdrawal effects. Since concepts of addiction as a disease remained in their infancy and the understanding of these habits was relatively limited it produced

medical issues.

This was raised frequently in the official source materials of these campaigns. In 1871 a punitive expedition was ordered against hill tribes in Assam. Like many of the smaller conflicts in India the army depended on a large body of coolies or labourers to supply units in the hilly terrain.¹¹⁴ One army report reprinted in the Indian Medical Gazette pointed out that sickness rates had risen because of harsh environmental conditions.¹¹⁵ In addition to the rise in ill-health it noted that a 'considerable number' of opium addicted coolies were unfit for the campaign. It stated that for these men:

The government has made no provision, and of course the services of all the men addicted to that vice will be lost if they are deprived of their habitual sedative. No steps are being taken...for the supply of opium. There is also a scarcity of tobacco, which is almost a necessity to the majority of the natives.¹¹⁶

The same issues here were later referenced by Andrew Duncan in his work *The Prevention of Disease in Tropical and Sub-Tropical Campaigns*. Duncan was a surgeon of the Bengal Army and served with units on several of the wars coordinated by the Indian Army. He also took a particular interest in the day-to-day lives of sepoys and how their respective roles could relate to disease and sickness. Here he noted that in the same expedition the diet of the colonial units was found

¹¹⁴Robert Gosset Woodthorpe, *The Lushai Expedition* (London: Hurst and Black, 1873) p.27

¹¹⁵K. McLeod and C. Macnamara, *The Indian Medical Gazette, Volume 10*, (Calcutta: Wyman and Co. 1872) p.71 – This was a reprint from the health records of the expedition.

¹¹⁶*Ibid*, p.71

'wanting' and this was made worse by the higher workload of these men. Sepoys and coolies were said to be suffering from a general lack of commodities like meat and sugar.¹¹⁷ It was therefore recommended that provisions should be made for these items and that a rum ration should be dispensed. For 'non-drinkers' individuals were to be given some 'bhang or opium'.¹¹⁸ By the end of the fighting, some officers had therefore introduced a military supply of intoxicants as a necessity to ensure good service in locally raised regiments. This fact was repeated in later reviews on opium use in India such as those published by the *Journal of Inebriety* in which a physician from Calcutta stated that:

Opium is taken very commonly with a view to lessen fatigue and hunger in prolonged hard work or long marches. The Bhutia and Ghurkha coolies in Lushai land stipulated for opium in their rations, because they were accustomed to it; because they believed it lessened fatigue...and because they believed it lessened their susceptibility to fever...The authorities wisely allowed them to have a fixed daily opium ration. I never saw any symptoms that could be attributed to eating opium, though I have seen some of them beastly drunk.¹¹⁹

Following the Lushai Campaign the military command put in place official measures to provide soldiers with intoxicants. In later expeditions the problems associable with withdrawal effects subsequently decreased. Furthermore, references to

¹¹⁷ Andrew Duncan, *The Prevention of Disease in Tropical and Subtropical Campaigns*, (London: J & A Churchill, 1888) p.90

¹¹⁸ *Ibid*, pp.88-92

¹¹⁹ Robert Rudolph, M.D. "Opium in India", *Quarterly Journal of Inebriety*, Volume 19, 1897, p.365

military supplies of intoxicants became more common. In 1874 units dispatched on the Duffla Hill Expedition were well catered for. The planning and organisation of the campaign included considerations for commodities that Indian troops were used to. One memorandum noted that the problems surrounding these goods could be met by providing them at the expense of other supplies such as rice.¹²⁰ It also called for a 'certain amount of tea, sugar, rum, tobacco, and opium' which was to be taken by the commissariat for both troops and public followers.¹²¹

These items were to be provided for different purposes. For the sick, 2oz. of sugar and 1 ½ oz. of tea were to be given for free. This was to be extended to all troops and followers on the occasion of 'fatigue', 'exposure' or 'bad climate' at the discretion of a medical officer. For all other soldiers, 1 dram of rum was provided as a ration for the same reasons. However, sepoys were allowed to purchase '1 dram of opium daily' if they were 'willing to pay'.¹²² This amounted to around 27 grains which would keep even hardened users functional on campaign. Moreover, this was not simply a discussion coordinated between the medical and army officers on the spot. It was sanctioned by the Commander-in-Chief and planned for by the central supply corps of the army. Another memorandum noted that:

¹²⁰ IOR/P/659 – *Memorandum on the Organization and Equipment of a Force, as well as a Plan for Operations for an Advance into the Duffla Country*, p.6

¹²¹ IOR/P/659 – *Proceedings of the Government of India Military Department, Duffla Expedition*

¹²² *Ibid*, p.6

The Commander-in-Chief is of the opinion that tea, sugar, rum, tobacco and opium should be supplied at the rate of 1/3rd for the whole force including followers, whether public or private.¹²³

This brief note is particularly significant when examining how the military hierarchy in India considered the use of intoxicants in this period. It was sent by Frederick Roberts who would later become Commander-in-Chief of Indian forces. At the time Roberts was employed as the Quartermaster-General to the Indian Army and he stated that the supplies were advocated by the current Commander-in-Chief – Lord Napier. Both Roberts and Napier had fought with distinction during the mutiny and had been present at the relief of Lucknow.¹²⁴ They had witnessed first-hand the events of the 1857 and were present at many of the battles and sieges in which others had pointed to the use of intoxicants. Despite this these men were now advocating an official military supply to Indian soldiers on campaign.

It is also clear that such supplies had become commonplace. By the Second Anglo-Afghan War, soldiers could purchase ‘chillies, pepper and other spices,’ as well as ‘opium’ and ‘bhang’ provided they paid for them.¹²⁵ Roberts also served as Major-General and one of three key military leaders of the campaign. In the expedition to Lushai the British learned a key lesson surrounding the functionality of colonial troops with regards to intoxicants. In response, contingencies were

¹²³Memorandum from Lieutenant-Colonel F. S. Roberts, C. B., V. C., R. A., *Officiating Quartermaster-General, to Colonel H. K. Burne, Secretary to the Government of India, Military Department, Calcutta, - (No. 147 Duffla Expedition, Field Operations, Dated Army Headquarters, Simla, the 26th September, 1874)*

¹²⁴Roberts actually won the Victoria Cross during the mutiny – See Walter Jerrold, *Lord Roberts of Kandahar, V.C: The Life-Story of a Great Soldier*, (London: Partridge & Co.1900) and for Napier see Forrest, *The Indian Mutiny, 1857-58*, Volume 4: Central India.

¹²⁵Duncan, *Prevention of Disease*, p.91

created to prevent any issues in this area over the following years.

When sepoys were sent on foreign service in areas where their daily commodities were more expensive malingering also increased. This had been reported by military physicians as early as 1875 and intoxicants like opium were pointed to. A physician in the Madras army noted that for troops on service in Burma:

Malingering has been carried on to a great extent since the arrival of the regiment here and chiefly among the Mahomedans, and it will continue in every native regiment for some time after its arrival in Burmah, as long as the present regulations continue regarding men on foreign service. One of the chief causes of malingering on foreign service is the difficulty of finally disposing of men on the spot as can be done with them in India. A second great cause of malingering is the men being separated from their families; and a third cause is that when a man is sent to his native village sick, his travelling expenses are paid, he draws the same pay as when on foreign service (except batta which to a private amounts to 1 Rupee 8 Annas a month) and has nothing to do, but eat, drink, and bask in the sun-shine all day; and the best part of the latter is that all his leave counts as service. He can also obtain his opium and other little luxuries at a much lower price in his own village than he can here, which latter fully compensates for rations and batta, which are the only advantages he gains by remaining on foreign service. The quantity of opium for

which he pays only 4 Annas in Madras will here cost him about 5 rupees...There were other men who purposely produced swelling of the legs, others sore-eyes, some dysentery, and a number reduced themselves to a low debilitated state.¹²⁶

From these sources it is clear that intoxicants were important to how the Indian Army performed on active service. Sepoys were deterred in some cases from campaign or garrison duty if the areas they were sent to represented an increased cost for their habits. In addition, the same men on campaign required substances like cannabis and opium if they were habituated to them which the army readily supplied. The alternative to these supplies was a decrease in man power and this was important especially with those involved in the supply corps. The difficult terrain on some actions meant that most supplies had to be carried by soldiers or coolies. As a result, the supply of intoxicants affected not only those who used them but the common soldiers who depended upon these men for their daily rations.

¹²⁶IOR/V/24/3101 (1875) Madras Medical Department: Medical and Sanitary Report of the Native Army of Madras, pp.108-109

Conclusion

Between 1857 and 1880 the subject of intoxicants and their consumption in the Indian Army fluctuated in importance. The mutiny was inextricably linked to the use of drugs and alcohol by soldiers, officers, military wives, chaplains and writers who experienced the events first-hand. It was a subject raised in connection with insurrection from the very beginning in the case of Mungul Pandey among other incidents. These individuals understood consumption in different ways. Drugs and local alcohol preparations were seen to be used as tools to encourage soldiers before and during battle, to desensitise those who committed atrocities and to provide psychological or physical reprieve in the aftermath. They were mentioned in relation to elements in Indian society that the British feared in the case of mystics. Despite the link between intoxicants and insurrection however the question was not raised in the immediate post-mutiny period which was paradoxical. This is partly explained by the fact that the new rulers of India had several central political, economic and military problems which had to be addressed. The use of these substances in 1857 was rarely mentioned while the army focused on general reforms and the protection of Europeans.

It did not take long for these habits to resurface when these problems had been resolved and the military began to take a more direct interest in the health of soldiers. The Royal Sanitary Commission sparked a general interest in health and the yearly reports that followed thereafter began to uncover some of the habits which existed in sepoy units. These showed that certain social groups used intoxicants and to varying extents. However, the goal here was to monitor the

health of the regiments and the medical officers who wrote of these habits often did so in relation to mainstream concerns surrounding disease or malnourishment. The focus was therefore on the welfare of the army in general rather than any key interest in the fondness for drugs and alcohol. Opinions on use differed widely depending on the substance and no official regulations were in place to preclude use nor did the military have any consistent and reliable statistics on the subject. Therefore, while some regular users of opium, cannabis or different alcohols were said to be susceptible to disease or malnourished because the individual favoured his habit over a proper diet no one suggested outright prohibition.

The situation was different when assessing the more general medical discourse that was circulating in medical periodicals. These were authored by military physicians but also by civilians who took an interest in the subject. As these interests were personal they offered more detail on such practices from the European perspective which expanded upon the formulaic military reports. They showed that intoxicant consumption existed and detailed certain groups who used the substances and the method of consumption. However, these doctors did not call for restrictions and consumers were not specifically seen to be poor soldiers. In the case of medical studies some physicians called for these habits to be understood and tolerated for the benefit of the patient.

In short, these habits were to be managed rather than attacked or suppressed. This is also peculiar given the sporadic reports of crimes either in the form of drugged soldiers stripped of their valuables or more sinister episodes of assassinations. These were paralleled by reports from the colonial administration

which pointed to smuggling by sepoys. The latter hinted that the military authorities were hesitant to interfere with intoxicants because the individuals in question had to have access to their own supply in penal colonies which forbade the same substances. This was one of the first instances in which the sepoys demonstrated their agency through their chosen habits. Soldiers continued the illicit trade almost unhindered because the Commander-in-Chief refused to take direct action in the matter. Military law had strict provisions in place if supplies reached Europeans and in this case the range of possible punishments were severe. Otherwise the sepoy was given relatively free reign in the matter.

When these units were sent on campaign their officers and the army command showed the extent to which they would facilitate the needs of consumers. The early campaigns provided the final understanding that sepoys who were common users required these substances when their own supplies could not be guaranteed. At this time, enough evidence existed which showed that intoxicants could cause problems but these men were supplied through official channels to maintain their effectiveness. This clearly began with the officer on the spot who was made aware of these problems at the time and remedied them to prevent withdrawal effects for soldiers and military labourers. Shortly after this the commander-in-chief then granted the legitimacy of the practice by sanctioning similar supplies.

In peacetime the sepoy therefore was free to attain his own supply of drugs and local alcohols to suit his tastes. In war the army stepped in to make up for any breakdown in supply. This established an early precedent and showed that the

military authorities were careful to manage these habits. In these areas the sepoy often demonstrated agency and autonomy through his ability to rebel against military authority and colonial monopoly. Some sepoys took to malingering to ensure their posting was in an area with an acceptably priced supply and the lack of authoritative action when problems arose showed that the same officers managed sepoys with caution. The developments in this period would be important in how these practices were managed in future as they decided the early precedents which governed use.

Chapter Two: The Drug Crusades, Supplies and Support, 1880-1900.

Introduction

This chapter will analyse how ideas about intoxicant use developed from 1880 until the turn of the twentieth century. The chronological focus here stems from several important changes which began in this period. From around 1880 the Indian Army was increasingly being used in campaigns outside of the colony such as Afghanistan, Egypt and Burma. In addition, this time marked a growing interest in conditioning the army to improve its fighting abilities. Medically the subject of narcotics and chronic use were also being examined more closely and domestic political pressure was mounting against British narcotics monopolies in the region.

As the last chapter showed, military officers, physicians and the command of the Indian army had built a working knowledge of sepoys and their habits in the first decades of control. With this as a basis, the military as a whole learned to cater to these habits to maintain the effectiveness of soldiers and ensure their good service. Consumption was viewed in a variety of ways depending upon the examiner but as a general rule peacetime consumption was largely ignored. On campaign, consumers were increasingly catered to until official orders from the commander-in-chief were drawn up to facilitate supplies in war. This chapter will now assess how perceptions and strategies changed in line with the late nineteenth century developments.

The first section will briefly examine the medical and military advances of this period and the general perceptions towards the army and intoxicants. The second section will then look at the political origins behind the two major drug crusades. With this as a basis, the third and fourth sections will examine each

commission in-depth in relation to military consumption. The last section will address the wider implications of the commissions with regards to Indian society and how consumers featured in post-commission India.

In the opening sections military and medical sources will be examined to underline the ways in which attitudes were changing towards the Indian Army and intoxicant use more generally. These will be used alongside some of the key political debates which rose in Britain relating to users and the British monopolies. The key attention of the chapter however will be to look closely at the Royal Opium Commission and Indian Hemp Drugs Commission in relation to military consumption.

There are several important questions to be considered throughout these sections. Did military and medical developments impact upon how use was considered in the army? How significant was the military perspective in the drug commissions and what does this suggest about the influence of the Indian regiments? And did attitudes and strategies differ depending upon the intoxicant in question? By assessing these areas this chapter will show how the attitudes of the military authorities and officers changed from the early perceptions gained in the first decades of British rule.

Military and Medical Developments in the Late Nineteenth Century

Herat...the capital of the fertile oasis which covers the
approaches to India...must ere long resume her

position...The crucial moment has arrived to decide whether her splendid resources will be used for the invasion of India by Russia, or for the defence of India against an aggressive power.¹

George B. Malleon, 1885 – On the Russian Threat

The late nineteenth century was a time of significant change for British India and the presidency armies. For almost a century Britain had manoeuvred against Russian expansion into Central Asia in the 'Great Game'.² While in 1800 two thousand miles separated the Russian and British frontiers this distance had halved by 1873.³ Less than a decade later, British India was buffered by only a few hundred miles of land.⁴ Historians continue to debate whether or not the threat to India in this period was realistic given the logistical and strategic problems faced by Russian forces.⁵ Invading India would require a herculean task of supply and an overland route that would be difficult to cross.⁶

Alternatively, the concept of invasion was considered a British ploy used to justify counter-expansion in the region.⁷ Though in hindsight the possibility of

¹George B. Malleon, *The Russo-Afghan Question and the Invasion of India*, (Manchester: Manchester Selected Pamphlets, 1885) p.16 – On the advance of Russian in western Afghanistan and the danger to British India.

²Jennifer Siegel, *Endgame: Britain, Russia and the Final Struggle for Central Asia*, (London: I. B Tauris & Co. 2002) p.1

³ *Ibid*, p.2

⁴ K. Meyer and S. Bryac, *Tournament of Shadows: The Great Game and the Race for Empire in Central Asia*, (New York: Basic Books, 1999) p.34

⁵ Petr Shastitko, *Russia and India: Ancient Links between India and Central Asia*, (New Delhi: Vostok, 1992) p.118

⁶ M. Yapp, *British Perceptions of the Russian Threat to India*, *Modern Asian Studies*, Vol.21, No.4, (1987) pp.647-665

⁷ *Ibid*, p.648

invasion is often viewed as an exaggeration it is clear that it had an impact on the military in India. The Russian Empire expanded at a rate of 55 miles a day or around 22,000 square miles a year in the late nineteenth century.⁸ More importantly, the possibility of invasion introduced military concerns unique to British-India. Any conflict there would be different from other wars involving the Great Powers. In the Crimean War, Russia, France and Britain were similarly trained and equipped but in India the fighting would be left to colonial forces with a core of Europeans. Following the Peel Commission, sepoys were limited by restrictions in armaments and specialist training. Though this was sufficient for small frontier actions doubts existed regarding the sepoy's ability to compete against Russian regulars.

This anxiety was paralleled by the more central fear of mutiny in India that continued to concern the army. For Mazumder, Britain had consolidated control over Indian troops since the mutiny and the political, economic and military issues that existed in the early years of the Raj had been largely resolved.⁹ However, a war with Russia could cause a return of old issues. The army had to consider the problems of a campaign as well as maintaining the loyalty of 'untrustworthy inhabitants' and Indian regiments, some with a recent history of mutiny.¹⁰

By 1880 these concerns had two key effects on the sepoy units employed by the British. Firstly, the military sought to alter the function of colonial troops from tools of 'internal peace' to a force prepared for active service.¹¹ Secondly, it aimed to improve the fighting ability of these units in order to match the Russian

⁸ Peter Hopkirk, *The Great Game*, (London: John Murray Publishers, 2006) p.24

⁹ Mazumder, *Indian Army*, p.14

¹⁰ Ibid, p.14

¹¹ Ibid.

army.¹² These aims were behind the initiation of Martial Race Theory and changes in military management. In considering Russian expansion, military officials moved away from the notion of balancing the colonial army with different castes.¹³ Instead, attention was directed at recruiting the best or most martial troops available to defend India. As Stoler argued, these ideas were pseudoscientific attempts to identify certain castes or groups as good soldier stock.¹⁴ This increased the desirability of certain groups who were seen to be warlike or who had a heritage as a warrior class. Sir Frederick Roberts ardently backed Sikhs and Ghurkhas as the best recruiting targets at the expense of those from the south.¹⁵

Support for martial race theory was not immediate and some refused to advocate it. Roberts was particularly derisive of castes from the south and routinely decried the weaknesses of the Madras Army. This had created discord among the officers there who viewed Roberts' comments as a slur on their own abilities.¹⁶ Despite such issues, by the time Roberts assumed the role of Commander-in-Chief the theory was rising in popularity in the Indian Army.¹⁷ While the aim of recruiting martial castes grew from the perceived need for a stronger army other underlying themes were also important. As Levine argued, many of these new recruiting targets were considered both 'childish and simple'. This benefitted the British as they were considered good soldiers while a lack of education allowed the army

¹² Quoted in Mazumder, *Indian Army*, p.14

¹³ Ibid, p.15

¹⁴ Ann Stoler and Frederick Cooper, *Tensions of Empire: Colonial Cultures in a Bourgeois World*, (California: University of California Press, 1997) pp.198-238

¹⁵ Streets, *Martial Races*, p.137

¹⁶ Ibid, p.99

¹⁷ Omissi, *Sepoy and the Raj*, p.35

greater control over them.¹⁸ In the completely opposing view, their selection as martial races also originated in their previous resistance to the British.

As Metcalf noted, martial groups such as the Scottish, Irish, Sikhs and Ghurkhas had all fought well against English subjugation. The previous military history of these groups was subsequently important to their preferential recruitment.¹⁹ Finally, many of the groups selected had simpler dietary customs and shared some of the same habits as the British.²⁰ Intoxicants were important in this because they represented one aspect which bridged the gap between the different groups. Streets for instance points to the supposed affinity between Ghurkhas and Scottish troops stemming from the erroneous belief that they both came from mountainous regions and had a fondness for alcohol.²¹

While the army altered in the face of military developments the medical discourse on the use of intoxicants was also changing. By the 1880s, habitual consumers of drugs and alcohol were under closer scrutiny.²² In the early eighteenth century, the addictive properties of opium had already been pointed out in works such as those by Thomas De Quincey. However, medical concepts of addiction were entering an empirical stage of study.²³ With Edward Levenstein's works on morphine use physicians were beginning to understand chronic

¹⁸Phillipa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire*, (London: Routledge, 2003) p.284

¹⁹Thomas Metcalf, *Imperial Connections: India and the Indian Ocean Arena, 1860-1920*, (London: University of California Press, 2007) p.73

²⁰See Roy, *Indian Army in the Two World Wars*, p.460

²¹See Streets, *Martial Races*, p.175 – This was a point of amusement for many officers who understood that Scottish recruits in “Highland” regiments were more commonly recruited from the Scottish central belt rather than the highlands and had little knowledge of the mountains.

²²Barry Milligan, *Morphine-Addicted Doctors, The English Opium-Eater, and Embattled Medical Authority, Victorian Literature and Culture*, (2005) pp.541-555

²³T. Parssinen and K. Kerner, *Development of the Disease Model of Drug Addiction in Britain, 1870-1926, Medical History*, Vol.24, (July, 1980) pp.270

consumption as a disease.²⁴ More importantly, Levenstein provided a detailed breakdown of this disease in terms of the causes, symptoms, development and treatment.²⁵

Attempts were also being made internationally to understand the 'undefinable' and 'inexpressible thirst' of the opium addict.²⁶ At a time when Indian troops were able to purchase 20 grains of opium daily in the Egyptian campaign, doctors in Britain were examining the problems of use in the domestic setting.²⁷ This was matched by doctors such as Norman Kerr who headed a society to study inebriety in different forms. Like Levenstein, Kerr proposed that chronic intoxicant consumption and intemperance were a sickness.²⁸ However, in much of the literature the military remained conspicuously absent. Kerr argued that in India 'whole tribes' refused to eat animal food for religious reasons but would happily get as 'drunk as a London...pauper' if supplied with arrack or any other 'fiery spirit'.²⁹ Kane similarly quoted an army surgeon who noted that his time in the army in 1866 had brought him into contact with 'numerous slaves to the opium habit'.³⁰ In this case however the surgeon offered no detail as to the forces he served with or the "slaves" in question.

Despite the developing medical discourse on addiction the impact in the

²⁴ Ibid, p.270

²⁵ Ibid, p.271

²⁶ B. Wodey, *The Opium Habit and its Cure and what others say of his Cure*, (Atlantic Constitution Print, 1879?) p.2

²⁷ Duncan, *Prevention of Disease*, p.91

²⁸ Norman Kerr, *Inebriety: its etiology, pathology, treatment and jurisprudence*, (London: H. K. Lewis, 1888) p.105

²⁹ Ibid, p.224

³⁰ H. Kane, *The Hypodermic Injection of Morphia: its history, advantages and dangers*, (New York: C. Birmingham & Co, 1880) p.283

Indian Army was partly limited by cultural differences. On one hand medical officers were developing an understanding of addiction. This was spurred on by the new examples of intoxication caused by the intravenous injection of narcotics in the west. In India use was governed by the traditional methods of smoking, drinking or eating the drug in question. Surgeons there continued to report cases of intoxication but they were radically different from the addicted doctor's wife in Britain.³¹ In one report, a Hindu male who had smoked and drunk cannabis died suddenly. The physician in question described the case:

The body of a Hindu male, aged forty years, was brought in by the police for examination. The mother and the wife of the deceased stated that since the mutiny he had been in the habit of using intoxicating drugs excessively, smoking *ganja* and drinking *bhang*, preparations of Indian hemp. After so indulging he generally became insensible or stupid. He was delirious for a fortnight before his death. On the day on which he died he tried to hammer a nail into his temple and then died suddenly.³²

This incident was particularly interesting as the article once again drew attention to the mutiny and links to intoxicating substances. From this time, medical and military developments were beginning to change how intoxicants were considered. The military focus now aimed to improve the fighting ability of locally raised troops in the hopes of defending India. At the same time, concepts of addiction and alcoholism were progressing and these had begun to change how physicians

³¹Parssinen and Kerner, *Drug Addiction*, pp.270-273

³²K. McLeod, *The Indian Medical Gazette, Volume XV*, (Calcutta: Wyman and Co., 1880) p.71

considered the habitual use of intoxicants. This added new considerations for the army in India with regards to the habits of sepoys. Memories of the mutiny continued to influence how the army was constructed and managed and this was now intensified by developing ideas in medicine and changing attitudes about the Indian Army. Though the impact of these studies was different in Britain and the colonies it provided legitimate reasons for any concerned officers to attack consumption. The lack of any detailed studies in this sphere based on the Indian Army was in of itself peculiar given that many doctors there had already highlighted Indian soldiers as key consumers of these intoxicants.

Narcotics, Politics and the Rise of the Drug Crusades

While the medical profession built a working knowledge of addiction, political pressure on the opium trade in India was mounting. The drug had already been subject to parliamentary scrutiny immediately after the First Opium War when Lord Ashley attacked the 'immoral and wicked' sale of the drug in 1843.³³ To support his claim he quoted one Dr Madden who called for the trade to be stopped by a 'single dash' of the pen.³⁴ As he argued, the habitual opium user would: 'steal, sell his property, his children, the mother of his children, and finally, even commit murder for it.'³⁵ The anti-opium movement was limited in this period but moral and medical arguments had already been raised in relation to the sale and use of the drug.³⁶

³³Hansard, Lord Ashely, House of Commons Debate, April 4th, 1843, Vol.68, cc.378-383,

³⁴Ibid.

³⁵Ibid.

³⁶Berridge, *Opium*, p.176

In fact, anti-opium support grew markedly over the next three decades. In 1874 the Anglo-Oriental Society for the Suppression of the Opium Trade (SSOT) brought focus to the opium question.³⁷ The society had a well-funded Quaker background which outlined the Indian monopoly and Chinese consumption as two of the most prominent issues in the debate. Lord Ashley rose to become president of the SSOT in 1880 and by 1881 the opium question was becoming a regular feature in the House of Commons.³⁸ Joseph Pease, who would assume the presidency of the society in the 1890s, called attention to a 'flood' of petitions condemning the drug.³⁹ Both sides of the opium debate utilised various economic, moral and medical arguments to support their position and military use was quickly drawn in to these arguments.

In 1889 Robert Farquharson, MP for West Aberdeenshire, weighed in on the debate surrounding opium. Farquharson raised objections to claims that opium was harmful and an imposition on China. In his speech he pointed out that the Chinese themselves had backed the trade in various treaties and cultivated their own domestic supply. He argued that if opium use was destructive then China as a country would have been perceptibly damaged. However, their population was said to be both 'strong' and 'industrious'.⁴⁰ Moreover, the Chinese army was a key consumer of the drug and as he noted:

³⁷ Katherine L Lodwick, *Crusaders Against Opium: Protestant Missionaries in China, 1874-1917*, (Kentucky: University of Kentucky Press, 2015) p.55

³⁸ *Ibid*, p.176 - He was now Lord Shaftesbury.

³⁹ Hansard, Joseph Pease, House of Commons Debate, April 29th, 1881, Vol.260, cc.1452-1453

⁴⁰ Hansard, Dr Farquharson, House of Commons Debate, May 3rd, 1889, Vol.335, cc.1181-1182

Chinese soldiers are in the habit of taking, as a matter of routine, certain...doses of opium...those who have had the opportunity of seeing them in the field admit that a more brave, hardy and admirable set of men cannot be conceived.⁴¹

Farquharson's defence of opium in China would later become a typical example of pro-opium arguments which attempted to show that use damaged neither civilian nor military elements of society. His speech on opium use was important for several reasons. He served as a Liberal politician and his views therefore differed from many of his party colleagues in Commons who provided the main political support of anti-opium groups.⁴² In addition, Farquharson had been a practicing physician both in military and civilian spheres. He served as an assistant surgeon in the distinguished Coldstream Guards. Following his military service, he was employed in St Mary's hospital in London where he also lectured in materia medica. His testimony on the subject is unique given his clear military and medical background though his argument is commonly refuted by historians. For instance, Zheng argues that opium consumption ranged from 30-90% in the Chinese army and that it damaged the fighting skills of both officers and men.⁴³

Farquharson however set the tone for the future defence of opium use in the Indian Army. In addition to consumption in the Chinese forces he further claimed that:

⁴¹ Ibid.

⁴² See Lodwick, *Crusaders Against Opium*, p.55 and Julia Buxton, *The Political Economy of Narcotics, Production, Consumption and Global Markets*, (New York: Zed Books, 2015) Chapter 1.

⁴³ Hansard, Dr Farquharson, House of Commons Debate, May 3rd, 1889, Vol.335, cc.1181-1182

the Rajputs, who are the finest race in India, the finest men, are also in the habit of taking opium as a matter of routine. It does not make the man sleep; it seems to brace him, and invigorate him for works...the effects of alcohol are very much worse than those of opium.⁴⁴

This was a bold statement on Farquharson's part given that he had never served in India nor had he first-hand experience of the Rajputs.⁴⁵ By the 1890s the military argument was becoming central to debates on drug use and various concerns were presented. The conservative MP for Southport and future Viceroy of India, George Curzon, alternatively pointed to the possible reaction of stopping the trade amongst Indians and especially sepoys. As he argued, the suppression of opium would cause 'great dissatisfaction' among the civilian population of India. In addition, he stated that the 'sympathies of many of the best soldiers' in India would be 'alienated' if Britain interfered.⁴⁶

Curzon travelled Asia widely for over ten years and was a central figure in the "Great Game" who believed that Russia presented a clear threat to India.⁴⁷ His attitude was reflective of his drive to keep Indian forces on a good war footing against a possible Russian invasion. Anti-opium groups were quick to retaliate and attacked articles which attempted to outline use in the Indian Army as beneficial. *The Friend of China*, published by the SSOT, made efforts to dispel the military argument surrounding use. It published an article by a Dr Lewins who discussed

⁴⁴Ibid.

⁴⁵See *The Lancet*, Volume 194, (London: J. O. Publishing, 1918,) *Obituary: The Right Hon. Robert Farquharson, M.D. Edinburgh, L.L.D. Aberdeen*, p.859

⁴⁶Hansard, Mr Curzon, House of Commons Debate, June 30th, 1893, Vol.14, cc.630-631

⁴⁷See George N Curzon, *Russia in Central Asia In 1889*, (London: Biblio Bazaar, 2016)

opium rations to Indian soldiers in China. Lewins was an Indian Army physician and he argued that his wards were:

Rendered incapable of military duty by its [opium] cessation. The Commissariat having made no provision for its issue, the complete collapse of these soldiers was the result...When the issue of this narcotic took place as a part of the ordinary ration, as in India, the men rapidly recovered.⁴⁸

In response the society outlined various arguments against the efficacy of opium by pointing out that the negative effects were caused by 'withdrawal' from the drug rather than 'restoration'. They reasoned that opium itself was the problem and that soldiers should be weaned from the habit rather than encouraged to consume it through military supplies.⁴⁹ As opium reached the forefront of politics cannabis also entered into questions surrounding narcotics trades. As Mills argued, the concern regarding the various preparations of cannabis was 'mired' in the politics of opium.⁵⁰ As protests towards opium had existed for several decades, cannabis largely escaped political attention until individuals thought to use it as an addition to the opium question.⁵¹

References to Indian hemp were rarer in Commons debates before the 1890s. In 1884 one bill proposed restricting the sale of some patent medicine in

⁴⁸"Experience of an Indian Army Doctor" *The Friend of China*, Volume 13, December, (London: P.S. King and Son, 1892) p.270 – It is also interesting to note that Lewin's had served in the Lushai expedition as well as in China.

⁴⁹Ibid.

⁵⁰Mills, *Cannabis Britannica*, p.121

⁵¹Ibid.

Britain as it was asserted that the government stamp gave 'undue prominence' to medications which were 'more or less' poison.⁵² As evidence it offered the report of a coroner who investigated the death of a young boy:

who had died from...a patent medicine called "Indian Tincture"...the tincture or elixir was found to contain 30 per cent of methylated spirit, resin, capsicum cayenne pepper...and...Indian Hemp.⁵³

With the exception of attempts to prevent children being 'poisoned by quacks' the question of cannabis was mostly absent throughout nineteenth century political debates. In 1891 the subject was raised by Samuel Smith, MP for Flintshire, who gave a long-winded speech against general agricultural taxation in India. In addition to the high rates of the Salt Tax, Smith decried the sale and taxation of opium and preparations of cannabis. As he stated:

The Government has not denied that the license to sell opium contains a stipulation that a fixed maximum quantity must be sold, and a heavy penalty is inflicted if the licensee fails to drench the natives with this deadly drug to the utmost extent. I can only call this provision diabolical, and I hope the exposure in this House will put an end to it for ever, as well as to the power of selling those poisonous drugs bhang and ganja. These two drugs are so bad that no Government, even in the most degraded country, can be found to make a profit from their sale.⁵⁴

⁵²Hansard, Mr Warton, House of Commons Debate, March 26th, 1884, Vol.286, cc.802-803

⁵³Ibid.

⁵⁴Hansard, Mr. S. Smith, House of Commons Debate, August 4th, 1891, Vol.356, cc.1336-1339

Smith's overall intent was to draw attention to high taxation and how it impacted upon the poor population of India. He was a well-known philanthropist and anti-opium advocate whose attacks on the government sale of opium and cannabis served to bring the latter into focus. Smith had also visited India and had a better understanding of the colony than individuals like Farquharson.⁵⁵

Six months later he again raised the issue of cannabis cultivation, this time underlining the fact that Britain drew an annual sum of £240,000 from taxing hemp in Bengal alone.⁵⁶ In 1893 William Caine, MP for Bradford East, also requested that a commission be formed to examine the cultivation and sale of hemp drugs. Caine was one of several MPs pushing for investigations into the 'social' and 'moral' effects of hemp preparations.⁵⁷ As a result the 1890s witnessed a peak in anti-narcotics debates. The sanctioning of the Royal Opium Commission and the Indian Hemp Drugs Commission marked the first in-depth investigations into narcotic consumption and both included reviews of the Indian Army. This would not only push officials towards examining the habits of local troops. The success of either would force military and medical officers to actively interfere with popular practices in the Indian army.

The Royal Opium Commission and the Indian Army

From the time of its publication in 1895 the Royal Opium Commission was steeped in controversy. When the reports became available the anti-opiumists immediately

⁵⁵Paul C Winther, *Anglo-European Science and the Rhetoric of Empire: Malaria, Opium and Anti-British Rule in India, 1756-1895*, (New York: Lexington Books, 2003) p.82

⁵⁶Hansard, Mr. S. Smith, House of Commons Debate, April 11th, 1892, Vol.3, cc.1086-7

⁵⁷Hansard, Mr. W. Caine, House of Commons Debate, March 2nd, 1893, Vol.9, c.822

questioned the accuracy of the findings. Politicians like Joseph Pease complained that *the Times* newspaper had received some volumes before they themselves had a chance to examine the conclusions.⁵⁸ It was also argued by figures such as John Ellis that testimonies had been guided to reflect a pro-opium stance. According to Ellis and Pease, anti-opium advocates had been dismissed before giving comprehensive evidence, requested circulars giving exact figures were absent and several hundred pages of documents were added surreptitiously to support the trade.⁵⁹

Like Pease, Ellis was a liberal politician and firmly against the monopoly. Pro-opium advocates seized the opportunity to attack their rivals by pointing out that these ‘groundless agitations’ had cost the British taxpayer £16,900.⁶⁰ Modern interpretations have largely supported the claim that the Royal Opium Commission was engineered to reflect positively on the trade. The conclusions of the Commission were clear; reports or views on the dangers or immorality of the drug had been exaggerated and this was supported by both general witnesses and those in key governmental positions.⁶¹ As a result, historians such as Jay and Berridge have both maintained that the commission was a “whitewash”.⁶²

While it is clear that the reports contained some questionable elements however the reality is more complex. As Richards argued, many supported the

⁵⁸Hansard, Mr. J. Ellis, House of Commons Debate, May 24th, 1895, Vol.34, cc.303-304

⁵⁹Ibid.

⁶⁰Hansard, Sir. E. Ashmead-Bartlett, House of Commons Debate, March 19th, 1895, vol.31 c.1432 – The total cost of the commission for ferrying the commissioners to different areas. Several people argued that India should cover half these costs.

⁶¹John F. Richards, *Opium and the British Indian Empire: The Royal Commission of 1895*, Modern Asian Studies, Vol.36, No.2, (May, 2002) pp.375-340

⁶²See Berridge, *Opium*, p.186 and Mike Jay, *Emperor of Dreams, Drugs in the Nineteenth Century*, (London: SCB Distributors, 2011) Chapter 3.

cultivation and sale of opium but testimonies were arguably often genuine. Furthermore, the anti-opiumists were also guilty of ignoring some of the legitimate concerns of their opponents. Anti-opium opinion largely disregarded the cultural and social values of the drug to the Indian population.⁶³ In addition, much of their support was drawn from missionaries with their own agenda towards the drug. They were consequently guilty of their own attempted whitewash. On one hand campaigners for the trade backed its continuation to support what they believed to be legitimate anxieties over trade and colonial security. This was done at the expense of health concerns and moral obligations. Equally however, the anti-opium sect targeted the immorality of the trade at the expense of imposing policies on a foreign society and culture which did not fully support them. Overall, both sides of the debate were guilty of trying to colour the findings in a way which suited their arguments.⁶⁴

Attitudes towards consumption in the military were drawn out in the investigations of the Commission. Like most of the points raised this showed evidence of both legitimate concerns and careful attempts to skew perceptions. The 'soldier argument' that had grown from earlier parliamentary debates assumed a central position in enquiries.⁶⁵ In the breakdown of witnesses, military officials represented the largest group after physicians.⁶⁶ Of the latter many had also served in some military capacity before moving on to other colonial roles. A significant proportion of other witnesses also held positions which brought them into direct

⁶³Richards, *British Indian Empire*, p.376

⁶⁴Ibid. See conclusion.

⁶⁵Hansard, Sir J. Pease, House of Commons Debate, May 24th, 1895, Vol.34, cc.286-287

⁶⁶Richards, *British Indian Empire*, p.385

contact with the army. The commission subsequently forced military and civilian officials to assume a stance on opium use in the colonial ranks and this was inherently supportive of consumption. There were three key concerns relating to military use. Firstly, did use impact upon the ability of the soldier on campaign? Secondly, how widespread was consumption in Indian regiments? And thirdly, would prohibition cause unrest or indiscipline in the ranks?⁶⁷

These were real concerns for the army in India as narcotics retained their imagined links to the mutiny and many in the military were aware of their importance for sepoy regiments. As Harrison has argued, these considerations were important in deciding health policies in British India.⁶⁸ This pushed British officers into defending a vice which had been largely ignored or was overlooked in the early years of the Raj during peacetime.

The Commission also drove individuals towards a more complex understanding of the habits of soldiers. In 1878 one medical officer had written to complain about medical arrangements for sepoys which he deemed a 'flagrant...waste of money'.⁶⁹ His argument was based on the assessment that the sepoy was 'self-dieted, self-clothed, and not infrequently...self-medicated' which meant that military dispensaries were useless.⁷⁰ However, the Commission shed light on many of the self-treated individuals in the ranks who previously escaped notice.

⁶⁷Of all the military related testimonies these three areas were perhaps the most commonly raised.

⁶⁸Mark Harrison, *Public Health in British India: Anglo-Indian Preventative Medicine, 1859-1914*, (Cambridge: Cambridge University Press. 1994) p.60 – See also the case of vaccination in India which was never fully imposed in the early years of the Raj.

⁶⁹IOR/MIL/17/5/2004 - *Papers Respecting the Medical Officers in India*, (London: G. Eyre and W. Spottiswoode, 1881) p.236

⁷⁰Ibid, p.241

Many testimonies defended opium use by arguing that it was either beneficial or had little impact on a soldier's conduct on active service. A. S. Lethbridge of the Indian Medical Service offered his opinion on opium use when he served as surgeon of the 15th Sikhs (Ludhiana Regiment). He attested that the unit was 'exclusively recruited' from Cis-Sutlej Sikhs and that many were 'habitual opium-eaters'.⁷¹ Lethbridge also noted that older soldiers appeared to use the drug more freely and if sepoys were admitted to hospital they 'brought their little boxes of opium with them'.⁷² As he recalled:

It was never hinted in those days that it was a disgraceful thing for a Sikh to take opium, or that a regiment in which such a large proportion of the native officers and men were opium-eaters had its efficiency in any way injuriously affected by the use of this drug. On the contrary, this regiment has always held an honoured place in the army of India, and has perhaps been more frequently employed on active service than any other. In cantonments the men are particularly well-behaved, and on active service, in such campaigns as those of Afghanistan and the Soudan, they have distinguished themselves by their courage and endurance.⁷³

Lethbridge's testimony emphasised a number of important points. Historically, the 15th Sikhs had one of the best reputations in the army and remained loyal in 1857. They had a noted history of active service and had distinguished themselves on

⁷¹Royal Commission on Opium, Volume II, (London: Eyre and Spottiswoode, 1894) p.135 (5169)

⁷²Ibid.

⁷³Ibid.

these campaigns. However, no disciplinary problems were underlined in peacetime or in war. Moreover, the drug was used by both officers and the sepoy. In short, no link was drawn between consumption and their ability to perform on active service.

Rai Maya Das, Extra Assistant to the Commissioner of Ferozepur, argued that opium was actually important for active service. In his own investigation with an Indian officer, Das was informed that the soldiers of the unit consumed 'a little opium' every day. He further stated that when preparing 'for an assault, or to do extra work or to keep up at night, they would take a half ratti more' than usual.⁷⁴ Consequently, opium was said to hold a pseudo-medical role in the ranks and consumption in this case was considered beneficial for the soldier on campaign. Like Lethbridge, Das also acknowledged that the habit could also be found among officers in the army. Surgeon Lieutenant-Colonel Boyd of the 45th Sikhs stated that the 15 grains of opium, which his troops used daily, had no ill effects in relation to health but aided their military duties.⁷⁵ However, rather than simply condoning use, Boyd actively supported it. As he noted:

I have always taken a private supply with me when going on service, and I have told the men to apply to me if they could not get it elsewhere and were running short.⁷⁶

While the reports identified Sikh troops as the largest consumers of opium other castes were also known users. A colonel of the 2nd Punjab Infantry stated that of his

⁷⁴Royal Commission on Opium, Volume III, (London: Eyre and Spottiswoode, 1894) p.234 (18415) – Farooqui notes that a half a ratti would be somewhere in the region of 60 mg.

⁷⁵ Ibid, p.264 (19189)

⁷⁶ Ibid. (19189)

regiment the three-eighths comprising of Sikhs were the most common consumers. However, he added that Dogra and Pathan troops were also known to take opium. He noted several situations in which the drug was useful. When troops were called on 'sustained effort' or a forced march, if soldiers 'experienced' cold conditions or night duties or when suffering from illnesses such as 'bowel complaints' or a head cold opium was seen as useful.⁷⁷ The same officer wrote of his personal experience with a non-commissioned officer who he knew personally to be a chronic user. He noted that the man was:

as gallant a soldier as ever walked, of splendid physique and capable of enduring great fatigue. I always knew he used opium, and probably in excess; when, if I remember rightly, about 40 years of age, he broke down suddenly and died at his home shortly after.⁷⁸

Despite the premature death of the officer the regimental surgeon highlighted the cause of death as premonitory pneumonia with no link to his habit.⁷⁹ These testimonies often typify responses to the first concern over drug use regarding the soldier's ability to perform on active service. Opium either improved the fighting ability of troops or had no impact. In addition, the physique and strength of these men were unaffected by the drug. Perhaps more importantly, the Indian officers used the drug on occasion and so it transcended the officer soldier divide. Narayan Singh admitted to using the drug over one hundred times in his career. Singh held

⁷⁷ Ibid. p.196 (17059)

⁷⁸ Ibid. (17059)

⁷⁹ Ibid. (17059) – He notes that opium complicated the case rather than being the cause of his death.

the second highest post attainable by an Indian soldier and his testimony did not reflect poorly on his reputation or career. He claimed that:

Last year when I went to Kurram several Mahomedans, on account of the severity of the winter, asked whether the Sikh Company had some opium with them. The Mahomedan Company was close alongside the Sikh Company, and many of the Mahomedans came and asked the Sikh Company for opium. On another occasion when we had marched on a foray for 26 miles, a few Mahomedans came to the Sikhs to ask for opium, and the Sikhs who had opium gave it to them.

17098 – (Mr Mowbray) Have you ever taken opium yourself? –

At the very least I have taken it about 100 times on occasions of emergency.⁸⁰

The number of men who consumed opium was another point of concern for the commission. Lieutenant-Colonel Boyd stated that in his command eighty percent took opium on occasion while fifteen percent were habitual users.⁸¹ Similar estimations were common in many of the military testimonies. The belief that use was this widespread raised concerns as prohibition would affect large parts of the army. Several testimonies argued that restrictions would also upset the wider population.

This was particularly alarming from a military standpoint given the perceived Russian threat. Officials had already stressed the need to maintain

⁸⁰Ibid. (17098)

⁸¹Ibid. (19189)

the loyalty of the general population and colonial troops. The Commission showed that many believed prohibition would be a cause of unrest. The Secretary to the Bengal National Chamber of Commerce argued along these lines. He stated that opium use was common in Bengal and important economically to the region.⁸² As a result he believed that restricting the trade would cause discontent the 'length and breadth' of India.⁸³

These sentiments were shared by many other administrators who argued that an anti-opium victory would be an imposition on the people of India. J. Rivett-Carnac, a colonel of volunteers and an agent of the Benares opium trade, noted that it would take too much effort to convince Indians that they would not suffer from the financial deficit involved. He maintained that a large amount of capital would have to be raised by Britain to ensure that no extra taxation would be set in India if the trade ceased.⁸⁴

The Inspector of Prisons for the North-West Provinces, Sir John Tyler, further argued that even without added taxation Indians would see prohibition as a measure against long standing cultural and social practices.⁸⁵ Tyler spent his entire career in the colony and vehemently backed opium as a valuable medicine crucial to the health of the local population.⁸⁶ As the anti-opium lobby contended, many of these testimonies came from individuals with vested interests in the trade. However, these concerns were important

⁸²Royal Commission on Opium, Volume II, (London: Eyre and Spottiswoode, 1894) p.44 (2708)

⁸³ Ibid.

⁸⁴ Ibid, p.55 (2936)

⁸⁵Royal Commission on Opium, Volume III, (London: Eyre and Spottiswoode, 1894) p.110 (14975)

⁸⁶Winther, *Anglo-European Science*, p.170

to the military given that the mutiny had been linked closely to a failure to or interference in local customs.⁸⁷ An anti-opium victory was a possible source of unrest which would affect most of the colony.

Though many testimonies were biased in this regard some reflected real concerns which impacted on the strategic safety of India and the management of the army. Indian and European officers also testified that meddling in these habits would cause upset. Subadar Gubdatt Singh told the Commission that he had served with several different castes of men including Sikhs, Jats and Rajputs. Of these he highlighted that all took opium at some time in their service for different reasons. Singh was less concerned with habitual users which he stated to be low in his regiment – about 12 of 850 men.⁸⁸ His concern rested with the men who used opium as a tool for military service. He stated that these troops were remarkably healthy and utilised the drug on campaign. When questioned about possible unrest he replied that:

I am quite sure that if orders were issued by the Government restricting or forbidding the sale of opium, it would cause very great discontent in the Bengal army, especially in the Sikh or Jat regiments; this might not be shown at first openly, but it would cause murmurings and discontent on the part of the sepoys.⁸⁹

⁸⁷G. Vickers, *Narrative of the Indian Revolt: From its Outbreak to the Capture of Lucknow by Sir Colin Campbell*, (London: Vickers, 1858) p.75

⁸⁸Royal Commission on Opium, Volume III, (London: Eyre and Spottiswoode, 1894) p.110 (14192)

⁸⁹Ibid.

Singh's statement was similar to the officers who reported dissatisfaction in their units prior to the mutiny. In addition, his testimony noted that it would affect the whole Bengal army and this would have been a suitable cause of concern for the Commission. This was the force which had mutinied in 1857 and the one most used on active service. It also held some of the most martial troops and the limited amount of mountain artillery units in the army. General Bulmukund Gayadeen, the commander of the standing army of Indore, made a similar appraisal of prohibition. He stated that:

Opium is eaten as well as drunk in the army. The percentage of consumers is in my opinion 50...Opium-eaters are sober, quiet, obedient, enterprising and attentive to their duties. They can stand hard marches under the influence of the drug...It staves off hunger and keeps the user from the effects of exposure to cold or heat...The stoppage of opium would disable the users for active duty and is sure to cause great discontent.⁹⁰

By the end of the commission the military standpoint on consumption was therefore clear. Opium in its various forms did no harm to the individual or unit while on active service. In fact, among many it was considered vital for military duties in extreme heat or cold or for particularly tiring marches. This contrasted sharply with the issue of alcohol use in the European ranks which still produced disciplinary and health issues. Furthermore, the use of opium was seen to be

⁹⁰Royal Commission on Opium, Volume II, (London: Eyre and Spottiswoode, 1894) p.420

widespread in the army which policed India. It spanned the officer/soldier divide and prohibition would not only impact upon the relatively small pool of habitual users but also the majority who used it intermittently. Many interviewees focused on the legitimate concern regarding interference in a sphere which would affect most of the colonial army and wider society. In summary, the possible dangers of opium consumption were minor and not significant enough to prompt a potentially dangerous policy of restrictions. These conclusions were based on what were considered to be historic precedents and conscientious concerns.

While these points may have been historically justified however the army did manipulate certain facts to shed a favourable light on opium. Firstly, it employed an exaggerated rhetoric which used the new martial races to lend more importance to military consumption. And secondly, it suppressed or minimised the military's role in supplying troops. While the possible threat of prohibition was genuine the martial rhetoric used in relation to these troops stood as the whitewash for military use. The British Medical Journal cited one of many references which stated that consumers were often among the best, most martial and most masculine troops. In 1893 the BMJ highlighted that:

among the Sikhs and Rajputs; the custom of opium eating was universal, and the former formed an immense and important part of the army. They looked upon it as a necessary of life, but it was the fact that they

were physically the first races in India. If opium was so universally destructive, how were such facts to be explained?⁹¹

This represents one of many examples which tied the masculine and martial castes of the army to narcotic use. In 1894 the Indian Medical Gazette published a similar appraisal in its analysis of the opium trade. Here it was said that opium had no effects on morale or health. As evidence it pointed out that:

The Sikhs and Rajputs, a considerable proportion of whom take to the opium habit, are two of the finest races in India and the most martial.⁹²

In the Commission witnesses were commonly guided into supporting these ideas after prompting by the interviewers. In the case of Udai Pratap Singh, a Fellow of Allahabad University, testimony was gathered by commissioners which included phrases such as 'you desire to say' before testimony was offered.⁹³ This was particularly common in relation to the martial races. In one interview it was stated that:

13876. I gather that you desire to say that opium is extensively used by what you call the martial races: I presume it is chiefly taken by the Mahomedans in moderation, and therefore in your opinion without

⁹¹The British Medical Journal, September 23rd, 1893, "The Opium Commission" pp.690-691

⁹²Indian Medical Gazette, January, 1894, "The Royal Opium Commission" pp.20-21

⁹³Royal Commission on Opium, Volume II, (London: Eyre and Spottiswoode, 1894) p.102 (13877)

doing them very much harm? – Yes, it is taken by the Rajputs, Sikhs, Jats and Mahomedans.⁹⁴

Further testimony argued that those of the West Indian provinces were more common consumers but that they possessed the ‘finest physique’ and the ‘most martial’ character.⁹⁵ Like Singh’s testimony, evidence was usually followed by questions such as ‘would you say that the finest specimens’ use opium?’⁹⁶ When taken as a whole, the commission contains consistent similarities in particular phrases or guided questioning. The martial argument also presents several inconsistencies when examining historical attitudes towards opium. Over several centuries certain social groups had acquired reputations as consumers. However, the perceived effects of opium consumption were ambiguous.

Historians such as Derk have highlighted Palseart’s work in which he stated that Rajputs made better soldiers because of opium.⁹⁷ It was noted that the drug drove the individual to feats of bravery and fearlessness. Others such as M’Gregor made similar assessments of Sikhs who he believed used opium to augment their physical strength.⁹⁸ Despite this, a number of works outlined narcotic use to be a debilitating feature of different Indian societies. As chapter one showed, Adams surmised in the 1860s that opium use had become a cause of madness among Rajputs and a detriment to their physique.⁹⁹ In his tour of India Sir Henry Lawrence

⁹⁴Ibid p.102 (13876)

⁹⁵Ibid, p.276 (19528)

⁹⁶Royal Commission on Opium, Volume IV, (London: Eyre and Spottiswoode, 1894) p.362 (27972)

⁹⁷Hans Derk, *History of the Opium Problem: The Assault on the East*, c.a. 1600-1950, (London: BRILL, 2012) p.185

⁹⁸William M’Gregor, *The History of the Sikhs, Volume One*, (London: J. Madden, 1846) p.278

⁹⁹Adams, *Bradshaw’s Handbook to the Bombay Presidency*, p.126

also commented that the Rajputs had become useless due to their addiction to opium. Lawrence's account also argued that this signified the deterioration of a previously strong and capable people.

As these examples highlight, the testimonies of the Commission deliberately encouraged witnesses to link opium use with what they considered to be the most martial, masculine and physiologically capable castes. Historically this was never a unanimous assessment but officers and military officials assumed a pro-opium stance. Throughout the proceedings there was only one reservation offered by officers on the opium question. This regarded the actual supply of narcotics by the army to its soldiers. Here there was an obvious hesitation to disclose any opium supply to troops. Dr William Fredericks, a medical officer, maintained that while troops might procure opium on field service it was 'never' supplied to troops in cantonments.¹⁰⁰ Another officer tentatively stated that on the Afghan campaign troops 'probably' supplied themselves and that opium was not available in the regimental bazaar.¹⁰¹ These points conflicted with other testimonies which stated that troops could acquire a supply from the regimental bazaar.¹⁰²

When the Commission inquired into the actual procedure for the supply of opium to troops it was conceded that opium was available on payment but that the commissariat supply was rarely used. Official correspondence stated that only 4 regiments of the Bengal Army were given a government supply. This was extended to the 15th, 23rd and 32nd Bengal Infantry and the 3rd Sikh Infantry. Of these the 15th

¹⁰⁰Royal Commission on Opium, Volume II, (London: Eyre and Spottiswoode, 1894) (3318-19) p.69

¹⁰¹Royal Commission on Opium, Volume I, (London: Eyre and Spottiswoode, 1894) (3318-19) p.212

¹⁰²Ibid.

were said to have brought their own supply. The 23rd were allotted 3lbs. which was alleged to be a three-year supply. In the 32nd 1 lb. was supplied but this was later returned unused and only a 'small amount' was taken by the 3rd Sikhs. Statistics for the army revealed that in the early 1890s approximately 64lbs and 14 oz. of opium was used in the Bengal Army. Of this only 7lbs. was detailed to be given to coolies, animals and followers with the majority dispensed as medical supplies.

In the conclusions of the commission it was noted that 'no system' existed which provided troops with a free ration.¹⁰³ Soldiers were given the opportunity to purchase opium as an extra provision on campaign at an especially 'high rate'.¹⁰⁴ Free rations were given only in situations where it benefitted the health of troops. Overall, in the same way that the army distanced itself from interfering with Indian troops it similarly distanced itself from the idea that they were supplying them. Despite testimonies from military surgeons such as Surgeon Lieutenant-Colonel Boyd the military refused to acknowledge that the drug was offered by the British as a general rule. In official correspondence, it was also noted that no statistics or vouchers could be produced for the military supply of opium other than those given above. Though Boyd himself stated that he offered troops some of his personal stores, details about supply remained largely absent in the commission.

¹⁰³Royal Commission on Opium, Volume VI, (London: Eyre and Spottiswoode, 1894) p.17-18

¹⁰⁴Ibid.

Cannabis and the Sepoy

While the Royal Opium Commission gathered evidence, a parallel study was carried out into the effects of cannabis, cultivation and use. Though the cannabis question had originally been raised in the haze of anti-opium debates the Indian Hemp Drugs Commission (IHDC) was emphasised as a separate study. It was stressed that while attention was to be given as to the different types of hemp products it was to be 'borne in mind' that opium was to be 'entirely excluded from the enquiry'.¹⁰⁵ The IHDC produced seven public volumes pertaining to cannabis use and these settled any immediate questions surrounding the drug. It was concluded that cannabis was usually consumed in moderation and was not morally or medically injurious.¹⁰⁶ It was also decided that its potential to produce insanity had been exaggerated. This was a symptom of excessive use and was considered rare. Overall, the variations of cannabis – bhang, charas and ganja – were largely inoffensive. Any formal ban on these substances could drive common consumers towards alcohol and this was considered a greater evil.¹⁰⁷

Examinations prior to the IHDC had highlighted similar points. In 1893 a government funded investigation by Surgeon D. Prain rated cannabis products on

¹⁰⁵ *Report of the Indian Hemp Drugs Commission, 1893-94, Volume 8: Supplementary Volume Answers Received to Selected Questions for the Native Army*, (Calcutta: Superintendent of Government Printing, 1895) p.iii

¹⁰⁶ Jay, *Emperor*, p.101

¹⁰⁷ *Ibid*, p.101

par with 'tea, coffee, cocoa...and other similar substances.'¹⁰⁸ Prain also defended cannabis as a vital tool for the average Indian civilian. He stated that:

The honest peaceable labourer, sane, if not brilliant, in mind and sound in body, finds the greatest comfort and relief from its use, and while certainly soothed and comforted, is probably physically benefitted by smoking *ganja*. His body...is often sadly ill-nourished, and not infrequently this is put down to the use of this drug. No statement could be more misleading; the man's body is ill-nourished because it is not possible for him to get food enough to nourish it better; there is little doubt that but for the use of this very drug his condition would be worse than it is.¹⁰⁹

In addition to the perceived benefits of use, it raised doubts about the possibility of restricting cultivation as cannabis grew in the wild. As a result, while arrangements could be made for taxing cultivated forms few could be made for its prohibition. Suppressing cultivation would be almost impossible while it could be easily taxed as a legitimate product. Besides this, in Prain's estimation a reliable consensus of consumers could never be established as the drug was in disrepute. The average consumer of cannabis indulged in the habit privately and rarely advertised the practice.¹¹⁰

Some of these sentiments were shared by other government publications at

¹⁰⁸ Surgeon-Captain D. Prain, *Report on the Cultivation and Use of Ganja*, (Calcutta: Bengal Secretariat Press, 1893) p.66-67

¹⁰⁹ *Ibid*, p.67

¹¹⁰ *Ibid*, p.67

this time. Another collection of papers relating to the historical use of ganja were collated and these also argued that prohibition would be impossible. It was conceded that cannabis products were among the most noxious in India but that bans would drive consumers to more dangerous substances. Unlike Prain however, it was argued that 'ganja, bhang and charas' did injure the constitution like any other narcotic.¹¹¹ Moreover, though it was not seen to cause insanity it would encourage those predisposed to it.¹¹² And finally, it detailed that users were often 'rough in manner and speech' and 'reckless of consequences'.¹¹³

Several military reports featured in this compendium of papers. These were taken from officers in the 1870s relating to their knowledge of cannabis and memories of the mutiny played a key role. Alexander Thomas, a medical officer of Kyouk-Phyoo, attested that many 'acts of Sepoy insubordination' were caused by the use of ganja.¹¹⁴ He further stated that this drug was 'largely brought into play' at the time of the mutiny.¹¹⁵ Another officer, Captain Evanson, corroborated this by saying that sepoys who used cannabis were 'troublesome', 'refractory' and often 'violent'.¹¹⁶ In fact, Evanson had known 'smart and excellent' sepoys to go 'completely to the bad' by taking to the drug.¹¹⁷

Cannabis therefore presented a more complex case than that of opium and conclusions varied more widely in regards to the possible dangers. While most

¹¹¹*Papers relating to the Consumption of Ganja and other Drugs in India*, British Parliamentary Papers India, Volume 66 (1893-94) pp.4-10

¹¹²*Ibid.*

¹¹³*Ibid.*

¹¹⁴*Ibid.*, p.35

¹¹⁵*Ibid.*

¹¹⁶*Ibid.*, p.41

¹¹⁷*Ibid.*

agreed that moderate consumption was safe there was by no means a unanimous opinion on the subject. Following the investigations of the IHDC an eighth and unpublished volume was produced. This final volume focused upon cannabis use in the ranks of the Indian Army and the attitudes of officers towards the habits of their south-east Asian troops. Like the previous reports, the eighth volume enquired into the moral or medical effects of the drug. It also looked at links to crime, insanity and the problems associated with immoderate use.¹¹⁸ However, this volume also examined topics important to the army. It aimed to determine the military castes who were known consumers.¹¹⁹ It sought clear statistics on military use for smokers of charas/ganja and those who ate or drank bhang. These questions were also to be framed around any religious, social or cultural ties to cannabis.¹²⁰ In short, it attempted to define the role of use in the army and the potential problems if the drug was restricted. The different preparations of cannabis were described as follows:

The dried, shrivelled and entangled flower tops, called ganja, and the resinous juice, called charas, which exudes from the plant are smoked like tobacco. The larger leaves and capsules, called *bhang* or *siddhi*, are macerated in water and made into a stimulating beverage, and

¹¹⁸ IHDC, Volume 8, p.iv

¹¹⁹ *Ibid.*

¹²⁰ *Ibid.*

extensively used by certain classes of natives, especially in Upper India.¹²¹

Unlike in the case of the Royal Opium Commission, there was less consensus on consumers or the uses of these preparations, but cannabis use was more commonly seen in a negative light. Answers were also anonymous and neither the regiment nor those who offered evidence were recorded. The reason given was simply that: 'for various reasons it is not considered desirable to make public the name of the Regiment to which the reply refers.'¹²² One of the alarming points raised intermittently was that bhang, charas and ganja caused madness, indiscipline and violent crime. For instance:

One Ram Sarup, a Muharrir in the military hospital was addicted to the use of charas. The quantity he smoked daily was not much for his age, which was 23. Gradually the use of charas began to tell upon his mind, and although no other cause existed, he became insane and remained in the hospital. He was ultimately cured, but after a time took to smoking charas again and became insane again.¹²³

In another case a sepoy who was found to be intoxicated with ganja while on sentry duty attacked his officer with a bayonet when the latter reprimanded him.¹²⁴ This was of particular concern not only because of the attack on the officer but because

¹²¹Trailokyanatha Mukhopadhyaya, *A Descriptive Catalogue of Indian Produce Contributed to the Amsterdam Exhibition, 1883*, (Calcutta: Printed by the Superintendent of Government Printing in India, 1883) p.41

¹²²IHDC, Volume 8, p.2

¹²³Ibid, p.ii

¹²⁴Ibid, p.11

the soldier ignored his sentry duties. Another case described a Sikh soldier allegedly nicknamed 'bhangor' after his cannabis habit. Bhangor shot his friend and anyone who approached his quarters before committing suicide. Ultimately, cannabis products seemed to be a problem in the case of indiscipline and crime.¹²⁵ Statements like this one were common in the Commission and 'temporary homicidal frenzy' was often noted as a side effect of immoderate consumption.

Articles authored in the same period also noted that these substances were dangerous to British soldiers in India. Robert Pringle's article on ganja stated that country liquors were still known to be adulterated with ganja and that these tainted products were said to be making some British troops 'mad' or suicidal. Even more alarming was a case in which another British soldier drowned after wagering with a colleague that he could swim the Indus while on the drug.¹²⁶ In all these instances cannabis use produced was regularly seen to produce the opposite effects of opium. It caused indiscipline where opium cause obedience and it caused crime where opium was often seen to produce docility.¹²⁷

One of the other key issues raised continuously was that the use of these substances degraded soldiers and damaged their abilities. This was not only claimed by European officers but also by their Indian counterparts especially since the latter were often called upon for their knowledge on the subject. Another testimony attested that: 'The men of the Native Army who make use of any of these drugs are regarded as unreliable and uncertain. The use is in disrepute, because it renders a

¹²⁵Ibid, p.30

¹²⁶Robert Pringle, *Indian Hemp ("ganja") from a public health point of view*, (London: LSE Selected Pamphlets, 1893) p.8

¹²⁷Ibid, p.110 – Seen General Gayadeen's ROC testimony.

man more or less useless.¹²⁸ Indeed, this was a sentiment shared by many officers in command of regiments. One claimed that:

There is no doubt that the habitual moderate use of these drugs will produce bad physical and moral effects. Bhang seems to be less injurious in its effects. It does decidedly impair the constitution and makes the user spiritless, emaciated and decrepit.¹²⁹

An officer in charge of a Gurkha regiment stated that it was sometimes smoked with tobacco but that crime was non-existent among Gurkhas.¹³⁰ When quizzed he stated that the narcotic made a man 'slack in every sense as a soldier' which made it unpopular in the unit.¹³¹ Furthermore, the notion that using the drug to incite soldiers to crime or to encourage them to fight was denied. This was partly based on the martial perceptions of Gurkhas as he stated that 'Gurkhas need no Dutch courage'.¹³² Other Indian soldiers were said to feel the same in many cases as one officer noted that: 'The consumption of all these drugs is regarded with disfavour by all ranks of the native army, as they are considered debilitating and demoralising.'¹³³ Finally, this was also said to be the general feeling among Indian officers who considered users to be poor soldiers. However, in the case of the latter some stated that they underestimated or suppressed the extent of use.

This was argued by a European officer who stated that of the 850 men and

¹²⁸ Ibid, p.30

¹²⁹ Ibid, p.53

¹³⁰ Ibid, p.29

¹³¹ Ibid, p.29

¹³² Ibid.

¹³³ Ibid, p.57

camp followers only 8 were reported by their Indian counterparts to be users but he admitted: 'I should say that these numbers are below the mark.'¹³⁴ Other officers made an interesting comparison between cannabis consumers and alcohol use in the British ranks. Here he stated that bhang, charas and ganja made a man unfit 'physically, socially and morally' just like and 'Englishman given up to drink'.¹³⁵ This represented another key difference with the testimonies of the Royal Opium Commission which claimed that opium had little influence on a soldier's capabilities or improved them. In general cannabis consumers allegedly could not perform to required standards; they suffered from a loss of intellect, were idle and unfit for service.¹³⁶

Though many reported that these products were linked to military crime, indiscipline and insanity several of their colleagues disagreed. Responses of this kind usually resembled those in the Royal Opium Commission about the usefulness of these drugs for soldiers and as medicines. One report claimed that all these preparations were: 'said to be used much as a protection from cold and rheumatism and to increase appetite.'¹³⁷ Another claimed contrarily that these were not effective in deterring the effects of cold weather but that: 'Seventy per cent of the Sikhs and Dogras drink a little bhang during the hot weather.' The connection between use and nutrition was also quite common as a regimental officer attested that: 'In moderation it enables men to stand fatigue...Purbia sepoys used to take a little bhang before morning parade. This, I thought, was to stimulate

¹³⁴Ibid, p.90

¹³⁵Ibid, p.113

¹³⁶Ibid. See Answers 5, 116, 119 and 121 for examples.

¹³⁷Ibid, p.56

them for they only ate once a day.¹³⁸

Of course, some officers who held commands with a high volume of consumers answered that it was not overtly injurious. The Sikhs considered bhang 'harmless', to Rajputs it was the equivalent of 'beer' among Englishmen and for some mixed regiments it was considered 'generally beneficial'.¹³⁹ It was also pointed out by some that these products were valuable medicines throughout India and not simply useful for the army if consumed moderately:

The consumption of these drugs is regarded as a medicine for travellers, as they say that if these drugs are used, the climate of the foreign countries does not affect them injuriously...It refreshes and stimulates appetite. If not taken in moderation, produces intoxication and the effect lasts four to five hours.¹⁴⁰

Attitudes among Indian, European and medical officers were therefore ambivalent on the subject of cannabis use in the army and no considerable consensus was presented. As a final point in relation to medicine the old question of supplying habitual users was noted. In these it was said that soldiers who ran low on campaign became 'useless as a sepoy'. Even though Indian hemp could be obtained in most places of service and 'Chins' brought in supplies, the possibility always existed that the soldier might become debilitated by the habit.¹⁴¹

This wide variety of responses raises several questions, most importantly

¹³⁸Ibid, p.36

¹³⁹Ibid. See Answers 24, 52 and 80.

¹⁴⁰Ibid, p.91

¹⁴¹Ibid, p.163

the question of how the same officers considered restricting or prohibiting cannabis use. The possible repercussions of prohibition were less clear in comparison to other intoxicants. The Royal Opium Commission testimonies often suggested that restricting opium would be unpopular in the ranks of the Indian army and that it might lead to problems. In the case of the IHDC attitudes were split between three common responses. The first, like the Royal Opium Commission, argued that it would be dangerous to interfere in the practice within the army. One officer testified that attacking consumption would cause a 'very strong objection' and 'much discontent'.¹⁴² This was also partnered by interviewees who underlined key military castes such as the Sikhs and Dogras as consumers.¹⁴³ More importantly, use was sometimes linked to religious practices and the military authorities remained hesitant to interfere especially since several reports noted that it would affect many of the different castes or classes. One officer answered that:

Bhang is used on Shivaratra, the religious day of Hindus. Bhang and ganja are much used among Hindus by Shiva-worshippers. Charas is used by Baluchis; ganja is used in low classes, while bhang in high ones; these are given to friends when honoured, and special regards are shown to them.¹⁴⁴

Reports like this introduced the idea that restrictions might affect a sizeable proportion of the Indian Army even with the more diverse recruitment system

¹⁴²Ibid, p.39

¹⁴³Note: The Sikhs are underlined very commonly as consumers though on the basis of moderate use. Others differ on whether the Dogras and Pathans etc. used the drug.

¹⁴⁴Ibid, p.18 For other examples of this point see Answers, 42, 152, 115, 129 or 144

which had been in place since the post-mutiny period. The second response pointed out that the soldiers themselves viewed users who indulged to excess in a negative light and believed that their reputation as consumers could impact upon their career. This was mentioned in one report:

The consumption of these drugs is regarded as more or less disreputable according to the amount indulged in, though there is no objection to a moderate consumer in the Native Army. Their disinclination to state whether they use these drugs shows that they are ashamed of it. Excessive use renders a man lazy and dull-minded and an indifferent soldier. If his physical and mental deterioration were known to be due to his own imprudence, the sepoy is liable to a reduction of pension.¹⁴⁵

Responses like this were common and usually argued that the lower ranks disdained even moderate users and feared being connected with the habit. Another case reported that:

The men of the regiment, as a rule, are not addicted to the use of any drugs, even as moderate consumers, for fear of being known as such, and taking to the habit of consuming the drug to an excess to the detriment of their health and the chance of forfeiting their pension or a

¹⁴⁵Ibid, p.90

portion of it as being men addicted to drugs and who have injured their health thereby.¹⁴⁶

The third general response suggested that soldiers were already punished or weeded out of the army by officers when found to be overindulging. These claims are particularly strange given the reports from the Royal Opium Commission. One officer reported that: Ganja and charas are not used at all. The use of bhang is on the decrease, as under existing military regulations, the use of all and any intoxicating drugs is prohibited.¹⁴⁷ Others stated referred similarly to the notion that using narcotics was 'strictly forbidden.'¹⁴⁸ In examining the military regulations of the army however it is unclear as to how far drug use was restricted. Intoxication featured in several points in the standing orders of the presidency armies. In the Bengal Cavalry a number of regulations existed in this respect though these were based on unique situations. Soldiers in a state of drunkenness were to be 'confined alone, until sober, in the cells'.¹⁴⁹ This included a regular inspection by a non-commissioned officer every two hours to ensure the safety of the offender.

"Intoxication" had its own guidelines, presumably because of the sepoys' greater pharmacopeia of substances. In these cases, the sepoy was not to be examined until 24 hours of confinement had taken place.¹⁵⁰ As a result, it is unclear whether the drug in question could even be identified at

¹⁴⁶Ibid, p.101

¹⁴⁷Ibid, p.103

¹⁴⁸Ibid, p.87

¹⁴⁹IOR/L/MIL/17/2/431 – *Standing Orders of the Bengal Cavalry*, (Simla: Adjutant General's Press, 1875) p.69

¹⁵⁰Ibid, p.70

the time of the offence. Other regulations did restrict narcotics, but these were limited to patients and prisoners. The Hospital Duffadar was responsible for ensuring that no 'drugs, spirits or prohibited articles' were to be brought to the hospital.¹⁵¹

There were also similar restrictions in giving prisoners these articles. However, only one general rule in standing orders may have been utilised by officers to remove habitual consumers. Within the regulations, it was stated that when men became 'inefficient through loss of nerve' or any 'other disqualifying cause' the case could be referred to the Commander-in-Chief.¹⁵² While many officers reported that they had weeded out habitual cannabis users as unfit for duty, it seems unlikely that such official channels were employed for this purpose or rather that it was never seen to be strictly enforced and instead this was done covertly.

The question of cannabis in the military mindset was therefore substantially more complicated than that of opium. Immoderate use, especially of bhang, was considered more positively but there was no consensus. Officer responses based on conferring with their Indian counterparts and regimental physicians forwarded a variety of attitudes. Cannabis was commonly seen to damage a soldier's abilities, cause crime and indiscipline and make individuals lazy in general. However, others stated the exact opposite or suggested it was, like opium, a useful medicine or important in overcoming physical stress.

¹⁵¹Ibid, p.49

¹⁵²Ibid, p.87

The religious element to consumption and the concept of causing military unrest also filtered through reports and the presence of this question alone in the Commission hinted at a hesitation to interfere. When asked most officers made three observations. Firstly, that it would either be unwise or dangerous to interfere in these practices. Secondly, that the average Indian soldier looked down upon chronic users or feared being considered one. Or thirdly, that regimental officers were already removing and dismissing soldiers they found to be overindulgent consumers. These factors were seen to be limiting use and causing a general decrease in consumers throughout Indian regiments.

While there was a lack of consensus on the topic of cannabis there were several underlying themes to these answers and they hinted at the level of influence of sepoys. The Commission clearly tailored the questions in the final volume to determine the impact of restrictions. Moreover, many answers reflected a general hesitation on the part of the army to prohibit these products and this highlights the agency of these men. In the final volume of the IHDC the military testimonies showed that the attitudes of soldiers were central to considerations about cannabis and prohibition. Even in the case of criminal cases or indiscipline there existed no clear calls to challenge the use of these drugs.

Consumption in Post-Commission India, 1895-1900

Though the Commissions made light of the consumption of intoxicants both failed to address pre-existing issues related to use. Smuggling continued to plague administrators particularly in penal colonies and it was abundantly clear that the offenders were soldiers. More importantly, these men used their special military dispensations to consume these substances to circumvent the local restrictions in place. Intoxicants were closely monitored in these areas because supplies to prisoners sometimes led to violent incidents. In Port Blair, cannabis products had already been prohibited outright by the colonel in charge as an item which was included amongst arms and ammunition as a hazardous commodity.¹⁵³ In 1893 Colonel Horsford, the superintendent in Port Blair, wrote to the Secretary to the Government of India, to discuss the problems of smuggling. He raised the point that opium supplies to convicts continued and his close surveillance of the licensed opium shops in the colony showed that an external source of opium was to blame.

A short investigation revealed several suspicious inconsistencies surrounding the military consumers. On one hand, the records showed that almost half of all registered consumers were soldiers or colonial police. This was a fairly high average based on reports from the Royal Opium Commission. In addition, in four months alone these groups were recorded to have consumed 256 tolas of opium. This showed a discrepancy between their pay and the amount bought by these users. As the Colonel asserted:

¹⁵³ NAI – Finance and Commerce Department, Separate Revenue A, No's.1202-1214, February, 1893 – *Prohibition of the Sale of Opium to the General Public in Port Blair, special arrangements being made for the supply of opium to the Police and to the Madras Sepoys for their own Consumption,*

The Police are far more highly paid than the sepoys, but one man is put down as having paid between Rs. 6 and Rs. 7 for opium in one month, whilst 10 Madras sepoys paid between Rs. 5 and Rs. 6 and the same number between Rs. 6 and Rs. 7 and 4 between Rs. 7 and Rs. 8 during a month for their opium. In other words, nearly the whole of these men's pay went in buying opium.¹⁵⁴

In response, the Secretary to the Government of India issued an order of prohibition for the local populace rather than the offending soldiers and police. Instead of prohibiting consumption among these men a canteen system was put in place to ensure that soldiers consumed opium on the spot after it was issued by an Indian officer similar to the canteen system among British soldiers to control alcohol use.

Once again the solution centred on maintaining the soldier's supply by making sure the individual consumed his daily dose while supervised rather than interfering more directly with dedicated restrictions. This included further inspections and records to ensure these new practices when full prohibition would have solved the matter. As a result the habits of sepoys were supported at the expense of further straining the administration. More importantly, management strategies of this kind showed that the military had a well-developed system in place despite direct statements to the contrary which permeated the opium commission.

The sepoys themselves were also known to be involved in more

¹⁵⁴ Ibid.

general cases of smuggling outside the niche markets offered by the penal colonies. One Indian officer and two cavalymen were arrested in 1897 for attempting to smuggle opium into Hyderabad while purchasing camels for military use. When these men were seized their commanding officer immediately called for their release from local authorities. He argued that they were subject to military law and could not be tried for their offence despite a petition by the British resident there that they should be tried by Civil Court.

This debate casually superseded the opium smuggling and the men were released despite the open knowledge that they had committed a criminal offence.¹⁵⁵ Though the military often refused to acknowledge any vital role in supplying troops it backed the military consumption of opium from medical and regular officers to the Commander-in-Chief. The latter of these, Lord Frederick Roberts, offered his perspective on the matter when he spoke of the anti-opium agitators' attempts to suppress the trade. As he stated:

An effort has...been made to deprive our Asiatic fellow-subjects, who as a rule are...singularly abstemious in the matter of drink, of a small and inexpensive stimulant, which they find necessary to their health...to suddenly establish...and enforce these ideas on a community which is

¹⁵⁵NAI – Foreign Department, Internal A, No's 129-130, May, 1897 – *Proposed extradition of a Daffadar and two Sowars of the Hyderabad Contingent who were arrested on a charge of opium smuggling.*

not prepared for them, does not want them and cannot understand them, must only lead to suspicion and discontent.¹⁵⁶

Following the Commissions, the military stance was largely established on the use of opium and cannabis and the evidence produced in both became commonly used in debates on use in the late 1890s. Anti-opiumists continued to refute the evidence but this had dimmed considerably after their defeat in 1895. J. G. Alexander, the Secretary to the SSOT, wrote a short article in the *English Mechanic and World of Science* in 1896. Here he seemingly refuted some points of the Commission while supporting others. Once again the military consumption of opium was brought up. He argued that the 'opium habit contributed materially to the defeat of Chinese troops (who are almost universally opium-smokers) by the Japanese (who strictly prohibit the drug)'. In addition, he made the bold claim that the East India Company and French had conquered parts of India because local forces were addicted to opium, but that the practice was now limited in the army. He wrote:

It is owing to the same characteristic of the opium habit-viz, its complete enslavement of those who indulge in it that an army of opium takers becomes useless when deprived of the drug. This circumstance was often made use of by English and French commanders in India during the last century, when the habit of opium eating was very prevalent among the native soldierly, in affecting a surprise. In our

¹⁵⁶Field Marshal Roberts, *Forty-One Years in India: From Subaltern to Commander-in-Chief*, (London: Richard Bentley and Son, 1897) p.447

Indian Army at present...the habit is almost confined to a small percentage of Sikh soldiers.¹⁵⁷

Despite these minor attempts to reignite anti-opium feeling the crusades wiped the question from the political agenda for almost fifteen years.¹⁵⁸ Opium cultivation increased by 50% and the trade to China continued unhindered.¹⁵⁹ In 1899 physicians casually reported that cannabis use also remained prevalent in India. Captain P. Gorman, a doctor in the Indian Medical Service, published an article in the Indian Medical Gazette about alcoholic liquors in India. He noted that many drinks were still bolstered by the use of local narcotics. In relation to hemp products he reiterated the fact that charas and ganja were the strongest form and that:

Bhang, the weakest of the three, is used in the preparation of the green intoxicating beverage *Hashish*, and, along with nux vomica, poppy seeds, dhatura, etc., in the manufacture of the narcotic sweetmeat known as *Majun* or *Majum*, which is consumed in all Mohammedan countries...It is suspected that *Bhang* is used to increase the intoxicating properties of beers, besides native liquors. One of the effects of

¹⁵⁷J. G. Alexander, *The Opium Habit in India*, in *English Mechanic and World of Science*, (London: 1896) p.225

¹⁵⁸Winther, *Anglo-European Science*, p.13

¹⁵⁹*Ibid*, p.337

Cannabis is homicidal violence, especially that form of multiple homicide known as “running amuck”.¹⁶⁰

In summary, the evidence provided by both Commissions offered informed opinions on use, yet little efforts were made to curb consumption even when it continued to cause problems. Both showed that moderate use of either drug was usually safe and some claimed that it was important to the health and well-being of the local population. From a purely military perspective opium consumption was noted to be prevalent in the army but, far from causing problems, it either had no impact on a soldier’s abilities or enhanced them. Though the case of cannabis products were more complex similar points were raised and though opinions differed the subject of dissent commonly dominated considerations. The key message delivered by the testimonies surrounding military consumption was that officers, military physicians and key figures in command and administrative positions were unwilling to go against habits which were widespread in the army. This represented a continuity in policy which had existed since the mutiny.

The military authorities were constantly conscious of policies which could upset the delicate balance between sepoys who served only because the army gave due consideration to their habits or needs. As a whole the locally recruited army therefore demonstrated significant influence and power as they guided or impacted upon the outcomes on the opium and

¹⁶⁰L. Wandell and J. Buchanan, *The Indian Medical Gazette*, Volume 34, (Calcutta: Thacker, Spink & Co, 1899) p.293

cannabis questions. At an individual level, soldiers also resisted or interfered with British policies with few restrictions or punishments. While on leave they were catered to with supplies of narcotics even in areas where these were strictly prohibited. In addition, they used their special treatment to circumvent the British narcotic monopolies and legal processes. By 1900 Indian soldiers had impacted significantly upon policy decisions and showed that they would act against the British for their own gain sometimes without punishment.

Conclusion

From 1880 until the turn of the century the question of intoxicant use in the Indian army was brought into clear focus. By this time new factors were developing which created legitimate reasons for the army to reconsider the use of intoxicants. Many military men and important politicians envisaged a war with Russia and the threat made the army wary of both the colonial army and wider society. The focus of the military authorities was fixed on increasing the fighting ability of the army to face Russia while Indian regiments were also being used increasingly on campaigns further afield. In wider society politicians and army officers raised concerns about the possibility of a general uprising occurring in tandem with an invasion. This was therefore a time in which tensions were high with regards to India and the colonial forces. It was also a time in which racialised ideas and notions were at the forefront

of understanding empire. In medical discourse physicians were discussing the idea that chronic use of drugs or alcohol was a disease. Doctors like Levenstein and Kerr were drawing closer attention to consumers at a time when the army was supplying significant amounts of opium to sepoys in Egypt. In the period immediately prior to the drug crusades however the “soldier” argument was already an important feature in political debates and concerns were limited.

When assessing these points alongside the evidence gathered by the Royal Opium Commission and the Indian Hemp Drugs Commission the position of the Indian Army on the subject was clear. Officers, both European and Indian, as well as military doctors had few reservations about the consumption of opium. This was more complex in the case of cannabis but similar themes emerged. The question which occupied attention involved the possible repercussions which would be caused by restrictions. In the first chapter, responses by the military authorities and hierarchy towards these drugs were seemingly paradoxical. They had a key place in relation to the mutiny and could be linked to medical issues for sepoys. Yet the army responded by introducing a system of supply in war or ignoring consumption in peacetime. By 1895 this was clearly not paradoxical but rather a deliberate policy adopted by the army to ensure that soldiers could function on campaign and remain loyal to their regiments. In the years following these investigations the evidence settled most debates on the subject. Anti-opium groups continued to criticise the trade and the findings but many of the articles on the subject were pushed to the periphery and it was mostly eradicated as a political question in Commons debates.

Though the subject had been settled by the evidence of those who testified the problems associated with use did not. Indian soldiers continued to cause problems because of their use of intoxicants. Sepoys used their dispensations in the penal colonies to smuggle drugs to prisoners while others attempted the same on the mainland. In the case of both the military response was limited to minor changes to restrict but not entirely eradicate the problem.

In all these areas Indian soldiers were shown to be powerful actors in the empire. Their habits were safeguarded at the expense of mounting medical and political pressures. This was similar to how the army regulated the vices of British troops by limiting rather than eliminating alcohol use and attacking the female courtesan rather than the soldier to limit outbreak of venereal disease. In both cases, the European and Indian corps in India were treated in the same way because of the necessity for a strong and stable military so far from the metropole.

Chapter Three: Intoxicants, Recruitment and the Beginnings of International Drug Control Measures, 1900-1913.

Introduction

This chapter will examine the attitudes towards intoxicant use in the Indian Army after the turn of the twentieth century. As the last chapter argued, the army in India had made an official stand on consumption in favour of intoxicants by openly supporting the use of drugs like opium and discouraging prohibition on cannabis products by 1895. The attention in this chapter centres on the situation after 1900 for several important reasons. This period marked the beginning of international concerns regarding narcotics as new pressures and interests rose to challenge the trade. At the same time military attitudes towards intoxicants were entering a period of transition and differences of opinion were forming against soldier consumers. Within a decade these arguments were placed within the context of global affairs as the First World War loomed.

The chapter will focus on three key sections. In the first it will examine how intoxicants and military consumers featured in recruitment strategies for the army in the early twentieth century. This will be used to show whether the military position at this time represented one of continuity or change following the opinions of the 1890s. With this as a basis, the second section will then go on to look at the rising domestic and political tensions which were mounting against drugs and how these influenced British policies. The third section will then assess how the army viewed consumption before the outbreak of war and how the tensions in Europe affected the military perspective. Several key questions will be tackled in examining these areas. Firstly, how did European officers think of drug and alcohol consumers by the twentieth century? What impact, if any, did the renewed pressure on

narcotics have on consumption in the Indian Army? And finally, what did the military hierarchy or command think of users by this period following these debates?

A variety of sources will be consulted to answer these questions. The first section will draw upon military reports and medical records compiled by the army. However, the key focus will be directed at the recruitment handbooks used by officers to replace regimental losses. These will be used to underline intoxicants in relation to recruitment policy after 1900. The following section will subsequently assess the official and unofficial sources relating to the Shanghai Commission and the Hague Conventions of the 1910s. These will be used to highlight how different countries considered the problem in official minutes and how these compared to the discussion which went on between British delegates and politicians behind the scenes in interdepartmental memoranda and reports. Finally, the chapter will look at sources from within the military command regarding intoxicants. This will be used to determine the difference between what the military hierarchy thought of consumers and how or if this differed from the views of active officers.

Recruiting Consumers in the Twentieth Century

By the turn of the century, the Indian Army was comprised of a variety of castes which were perceived to be the most warlike in India. This had been a fluid transformation which stretched back to the mutiny. It began with the diversification of the army in the hopes of limiting any possible unrest to one caste or group. This

changed slightly in the following decades as external threats posed primarily by Russia encouraged the army to keep recruitment varied but to favour certain “martial groups”.¹ Martial Race theory had been employed to varying extents since 1857 but by the late nineteenth century it had become the ‘cornerstone’ of recruitment policy.² As the previous chapter discussed, Frederick Roberts, the old Commander-in-Chief of the Indian Army and now Commander-in-Chief of British regulars, fully endorsed the concept and openly favoured several castes he believed to be good fighters. However, by the late 1890s the theory had transitioned from a series of fluid concepts advocated by different officers into an embedded and widespread culture in the army.³

This was paralleled by the rise of military recruitment handbooks which characterised the various military races of India. These works were compiled by British officers and each outlined the various aspects of the castes best suited to military service. They were designed as aids for recruitment officers who were expected to bring in a select quota of new soldiers each year. As Omissi has noted, this was made possible by the fact that the army only employed an additional 20,000 troops per annum.⁴ The average intake per regiment was around eight men per month and this encouraged selectivity.⁵ Recruitment handbooks for these castes were printed, revised and reprinted continuously until the late 1930s.

As works of literature they embodied many of the aspects of the

¹Ibid.

²Amiya Samanta, *Gorkhland Movement: A Study in Ethnic Separation*, (New Delhi: A. P. H. Publishing, 2000) p.25

³Ibid.

⁴Omissi, *Sepoy and the Raj*, p.78

⁵Ibid.

“pseudoscience” involved in this system.⁶ Singh argued, for instance, that military potential was often based upon how “European” a caste was seen to be. In handbooks, this was a recurring theme and castes with physical or social characteristics similar to Europeans were well regarded.⁷ The Sikhs, Jats and Rajputs, among other castes of northern India, were all underlined as mixed descendants of the Aryan race that hailed from Central Europe and the Macedonians who entered India under Alexander.⁸ Unsurprisingly, these represented many of the most sought after troops in question. Alternatively, certain groups could be cast in a negative light depending on a series of other criteria. For example, the geography of the group’s homeland, the rates of disease within this geography, their perceived intellect and recent military service were some indicators. In the case of the south Indian castes this effectively limited their recruitment. These men came from hotter climates more prone to disease, they had rarely seen active service and they lacked the Aryan heritage of the north.⁹

Caste handbooks were not static pieces of information and they changed over the years with different groups gaining ascendancy while others of previously good standing were demoted. Some classes such as the Pathans fell from favour in the 1920s after being described as too “tribal” for service. Their perceived homosexual tendencies which had been known since before First World War but

⁶Stoler and Cooper, *Tensions of Empire*, pp.198-238

⁷See Sir George MacMunn, *The Martial Races of India*, (London: Sampson Low, Marston & Co Ltd., 1933)

⁸L/MIL/17/5/2168 – Major A. Barstow, 2/11th Sikh Regiment, *Handbooks for the Indian Army: Sikhs*, (Calcutta: Government of India, 1928) p.58 – First Published 1899.

⁹Singh, *Testimonies*, p.12

which had been 'quietly permitted' also later counted against them.¹⁰ As Streets outlined, handbooks were partly works of fantasy and some encouraged myths which still exist in modern day military circles.¹¹ In 1964, Duncan Forbes' *Johnny Gurkha* still discussed the 'courage, honesty, frankness and generosity' which made Gurkhas the best soldiers in the world.¹² This goes some way in explaining their continued recruitment in modern day Indian and British forces. In summary, writings on martial races were lenses into how the army perceived different troops. Each one combined history, ethnography, popular imagination and preconceived beliefs to form a unique view on each caste. In context these ideas shaped the fabric of the army for several decades by deciding which castes could be counted upon most.

Among the histories and ethnographies of each group authors included a brief analysis of the dietary requirements of castes and often their consumption of drugs and alcohol. In the case of diet this helped officers run efficient regiments. Many castes had specific dietary requirements and officers were expected to accommodate them fully to avoid conflict with troops for religious or cultural reasons. It was not uncommon for problems to break out in mixed regiments if officers were ignorant of certain customs.¹³ In the case of drugs and alcohol, handbooks provided an overview of the habits of troops for recruitment officers.

These studies offered the first clear insights into intoxicant use among

¹⁰Ibid, p.12

¹¹Streets, *Martial Races*, p.181

¹²Duncan Forbes, *Johnny Gurkha: A Fascinating Account of the Gurkha People*, (Bombay: Vikas Publishing, 1964) p.39

¹³Brown, *British Logistics*, p.65

colonial forces following the nineteenth century investigations. They also drew a line between the most intemperate troops in the army and those who were abstemious in matters of drink and drugs. Once again, the Sikhs emerged as one of the most indulgent consumers of all the castes in the Indian Army. Under the heading 'Indulgence in drugs and liquor' the handbook detailed that Sikhs consumed a variety of substances.¹⁴ In the case of tobacco, it was noted that the Sikh faith prohibited all use because of the 'gossiping' and 'idle' habits created by using a huqqah pipe.¹⁵ Major Barstow claimed that this made Sikhs better soldiers than the tobacco smoking Mohamadans and Hindus. In the case of the latter, it was argued that tobacco damaged the work ethic and 'industry' of the individual.¹⁶ However, Barstow pointed out that prohibiting tobacco had encouraged the use of drugs and alcohol. As he stated:

The Malwa Sikhs are consumers of opium, while those of the Manjha have a great partiality for bhang, a powerful stimulant extracted from wild hemp. A fondness for liquor and opium is the cause of an old deal of indebtedness of the Sikh agricultural classes, and illicit distillation gives rise to many prosecutions on the part of the Revenue authorities.¹⁷

Though Barstow's description holds a tone of disapproval in the case of these indulgences he still outlined the Sikhs as strong warrior class. Other physical

¹⁴Barstow, *Sikhs*, p.159

¹⁵Ibid.

¹⁶Ibid.

¹⁷Ibid.

descriptions denoted the 'generally tall and muscular' physique of these men as well as their 'handsome features'.¹⁸ Perhaps more importantly, they were described as shrewd in 'ordinary affairs' but not particularly intellectual. Overall, the Sikh recruit made an 'admirable' soldier with 'dogged' courage and the stubbornness to continue fighting even in hopeless situations.¹⁹ In relation to these habits and their suitability as soldiers Barstow noted that: 'they are largely addicted to the use of drugs or spirits, but on the whole their faults are less conspicuous than their virtues'.²⁰ This point was particularly significant given that it specifically referred to this consumption as an addiction.

Alongside the Sikhs, the Dogras were also highlighted as common consumers of narcotics and spirits. Here it was noted that Dogras were partial to drugs but not to the same extent as Sikh recruits. Alternatively, tobacco consumption was seen to be common and though it was described as a 'vice' it was considered less dangerous than other habits.²¹ It was conceded that Dogras consumed 'ganja, bhang, and opium' but that use was restricted when serving with the regiment. Whether this was enforced and to what extent is unclear and the use of opium and hemp was evidently tolerated in other units.²² Finally, it was outlined that alcohol use was becoming popular among the different groups which comprised the Dogra class and that officers and men routinely returned home with

¹⁸Ibid, p.152

¹⁹Ibid.

²⁰Ibid.

²¹L/MIL/17/5/2156 – Lieutenant-Colonel W. B. Cunningham, 2/17th Dogra Regiment, *Handbooks for the Indian Army: Dogras*, (Calcutta: Government of India, 1932) p.92

²²Ibid. p.92

'whiskey, brandy, or port' ostensibly for medicinal purposes.²³

Among the Jats, Gujars and Ahirs, it was reported that ganja, bhang and opium use was extremely prevalent.²⁴ However, 'unlike their Sikh brethren' they were also 'addicted' to the use of tobacco both when chewed and smoked.²⁵ Even the Gurkhas, perhaps the best praised of all soldierly classes, were known to be frequently intoxicated. However, the vice of the Nepalese troops tended towards alcohol and gambling rather than narcotics. According to Vansittart, the average Gurkha when 'properly led and looked after' was 'no more addicted to drink than anyone else'.²⁶ However, in relation to their drinking habits he stated that:

Gurkhas will drink any English spirits, wines or beer. They manufacture a kind of beer out of rice which they call Jaur, and spirit called Raksi, and although they drink this freely, they far prefer good commissariat rum. Many curious tales are told regarding the heavy stakes the Nepalese will put on a throw of the dice, such as staking their wives, etc. One man is said to have cut off his left hand and put it down under a cloth as his stake.²⁷

While narcotic and alcohol addiction was therefore commonly accepted among some of the most sought after troops there were exceptions. Colonel Latham of the 18th Garhwal Rifles argued that Kumaonis were sober and abstemious in matters of

²³Ibid. p.92

²⁴L/MIL/17/5/2160 – Major A. H. Bingley, Connaught's own Rajputs, *Handbooks for the Indian Army: Jats, Gujars and Ahirs*, (Delhi: Government of India, 1937) p.53

²⁵Ibid.

²⁶L/MIL/17/5/2158 – Eden Vansittart, 2/10th Gurkha Rifles, *Handbooks for the Indian Army: Gurkhas*, (Delhi: Government of India, 1906) p.58

²⁷Ibid, p.58

drink and drugs.²⁸ Among the Moplahs, under the heading 'Drugs and Liquor' it was highlighted that the Koran forbade the use of intoxicating substances. As a result, while the Moplah was also an enthusiastic gambler he would 'never touch' any alcohol or intoxicating drugs.²⁹ Similarly, Hindustani Musalmans were said to be sober for religious reasons. In this case it was again stated that the Koran prohibited the use of anything with intoxicating properties including 'wine' or narcotics such as 'opium, bhang or charas'.³⁰

For medical officers a parallel examination existed in the medico-topographical reports for different units. As historians like Brown have argued, these were the same 'broad-brush' outlooks of local ethnography and history centred on specific regiments.³¹ Like recruitment handbooks they also provided assessments of diet although these were more specifically health focused. In 1905 the report for the Merwara Regiment discussed the issue of malnutrition caused by the self-dieted sepoy. During parade, 64 of 543 men were found to be in poor condition due to malnutrition.³² However, following two months of a military subsidised diet the regiment's health returned to normal.

The report also provided a breakdown of consumables which could be purchased from the regimental bazaar. Despite the testimonies of the Royal Opium Commission, opium was present on this list with one tola costing between 4 ½ and

²⁸L/MIL/17/5/2162 – See Colonel A. Latham, 18th Garhwal Rifles, *Handbooks for the Indian Army: Kumaonis*, (Delhi: Government of India, 1933)

²⁹L/MIL/17/5/2163 – Major P. Holland-Pryor, *Handbooks for the Indian Army: Mappillas or Moplahs*, (Calcutta: Government Printing India, 1904) p.47

³⁰L/MIL/17/5/2159 – Major W. Bourne, *Handbooks for the Indian Army: Hindustani Musalmans and Musalmans of the Eastern Punjab*, (Calcutta: Superintendent of Government Printing, 1914) p.13

³¹See Mark Brown, *Penal Power and Colonial Rule*, (London: Routledge, 2014) see chapter 4.

³²L/MIL/17/5/4317 – Major H. Woolbert, Medical Officer, *A Medico-Topographical Account of the Merwara Regiment*, (Calcutta: Superintendent of Government Printing, 1905) p.8

6 annas.³³ At around 180 grains this was nine days' supply for Sikhs users according to the statistics provided in 1895.³⁴ In addition, it is clear that this was not an isolated case. In 1907 during the review of the Erinpura Regiment, diet and health were in good condition with no complaints raised regarding the availability of common goods. Once again, opium appeared on the list of commodities available at the regimental bazaar at a cost of one rupee for 3 ½ to 4 tolas. This averaged out at a maximum of 4 annas per tola which was slightly cheaper than that of the Merwara regiment three years earlier.

As Arnold noted, this was a time of increasing medicalisation which brought the sepoy ranks further under the aegis of military medicine.³⁵ Sepoys were brought into the barracks system and encouraged – but not pressed – to accept western medicines such as vaccination. For the first time the consumption of different individuals could no longer be hidden in the traditional hutted accommodation and physicians were increasingly assessing sepoys more closely. However, not only were these habits recognised they were catered to in regiments and at reasonably low cost. The concept that opium was used medicinally in the army also cropped up again around this time. Donald Norman Reid, a well-established indigo planter, wrote an article in the *Asian* quarterly in which he argued that Indian Army medical officers believed that:

the opium-eating sepoy stands the extreme of temperature, particularly severe cold, better than that of his companion who has no taste for

³³ Ibid, p.8

³⁴ See chapter 2. The Sikhs – a large consumer group – are usually detailed to use around 20 grains a day this is consistent with the regimental supplies for the Egyptian campaign.

³⁵ Arnold, *Colonizing the Body*, p.95

opium, and that as regards dysentery and kindred complaints, he enjoys extraordinary immunity. He does not smoke opium but uses it just as a European takes quinine in a feverish climate. He knows its virtues, and experience has shown him how and when he should take it.³⁶

Despite the descriptions of drug consumption as addiction the military therefore continued to provide a market for opium and alcohol to local troops. Not only did this directly contrast with some of the statements in the Royal Opium Commission it was also in operation when the army was under reform. From the perspective of British officers, many of the most martial castes remained consumers of drugs and alcohol but these classes were appealing as recruits. In addition, these habits continued to feature in handbooks for several decades. At a regimental level, military stocks of opium and rum were sold to these men by the army. In the case of opium, this was also at affordable rates even by the standards of the 1870s.³⁷

Intoxicants were an integral part of twentieth century military culture. Though hemp products were absent from this list, it is clear that a flexibility existed with regards to use and that personal supply was not universally prohibited. In the case of alcohol, Britain replicated the canteen system used within the ranks of European troops and for opium a regular supply existed in the regimental bazaar. As such, recruiting the consumer in the twentieth century was an unregulated and commonplace practice. This can be seen clearly in the descriptions of 'liquor' and

³⁶*The Imperial and Asiatic Quarterly Review*, Volume 11, (Woking: The Oriental Institute, 1906) "A Bihar Planter on the Opium Question", p.45

³⁷See Duncan's, *Prevention of Disease*, p.108

narcotic consumers in both military and army medical studies of this period.³⁸

Though these handbooks were partly works of fiction it is clear that British officers believed these men to be users and continued to recruit them. Attitudes towards consumption were therefore largely neutral or positive in regard to Indian soldiers.

The Indian Army and Opium as an International Issue

Despite the lax attitudes toward narcotic use in the army, political circumstances were once again turning against drugs. Unlike the 1890s however these had become international in focus and the combination of global interests made the situation more complex. In 1906 the Liberal party under Sir Henry Campbell-Bannerman won an outright majority in Parliament and anti-opium sentiment returned as a key feature of liberal policies.³⁹ One year later Britain made a bilateral agreement with China which promised a ten per cent yearly decrease in opium exports if China successfully decreased domestic production by the same amount.⁴⁰

As an addendum, Britain insisted that officials be allowed to inspect the progress in China after three years to ensure that they adhered to the agreement.⁴¹

Following the inspection, it was found that both parties had fulfilled their promises and that the initiative had been successful.⁴² This initial Anglo-Chinese agreement

³⁸L/MIL/17/5/2164 – Major R. Bentham, 101st Grenadiers (Recruitment Officer), *Handbooks of the Indian Army: Marathas and Dekhani Musalmans*, (Calcutta: Superintendent of Government Printing, 1908) p.81

³⁹Virginia Berridge, *Demons: Our Changing Attitudes to Alcohol, Tobacco, & Drugs*, (Oxford: Oxford University Press, 2013) p. 123

⁴⁰Mills, *Cannabis Britannic*, p.153

⁴¹Berridge, *Demons*, p. 123

⁴²Ibid, p.123

was established to resolve some of the perceived problems involved in the British opium monopoly. Tackling the Indo-Chinese trade remained a key goal for anti-opiumists in Britain and this was a dedicated step against exports. Moreover, the social problems connected with the drug would be dealt with by reducing and finally eliminating the supply in China which dealt with the moral aspect.⁴³

However, following the Spanish-American War, America acquired territory in the Far East. Among these new Pacific possessions was the Philippines where opium smoking was considered a significant issue.⁴⁴ America also maintained an important trade link with China. Ensuring that the latter was industrious and productive was subsequently a key feature of US policy. These concerns were aggravated by the Episcopalian Bishop assigned to the Philippines – Charles Henry Brent. Brent adopted the anti-opium cause and lobbied continuously in support of stopping both the consumption and traffic of opium.

Though many in the British foreign office opposed American efforts to launch a commission, support quickly grew. As Berridge argued, powerful political individuals overruled lower civil servants' disapproval on the matter. Sir Edward Grey of the Foreign Office and John Morley, the new Secretary of State for India, both pressed for a new commission and this proved decisive.⁴⁵ In 1908 King Edward informed Parliament that he had appointed commissioners to attend the international meeting in Shanghai. The aim of their participation was to:

⁴³Ibid, p.124

⁴⁴Mills, *Cannabis Britannica*, p.153

⁴⁵Berridge, *Demons*, p.154

offer suggestions for measures which the Powers concerned may adopt for the gradual suppression of the cultivation, traffic, and use of opium within their Eastern possessions, with a view to assisting China in her purpose of eradicating the opium trade in the Chinese Empire.⁴⁶

The conclusions of the Shanghai Commission in 1909 were not legally binding but each country underlined some core issues and these went further than the importation of opium into China. The problems discussed included opium smoking, the import and manufacture of morphine and possible regulations which could be used to enforce agreements made in 1909. Overall, the resolutions decided in Shanghai never presented any major concern for the Indian opium monopoly. The meeting went some way in placating anti-opiumist sects which saw the informal resolutions as important progress against narcotics.

However, the discussions reintroduced the question of military consumption when the subject was raised by the Dutch delegate. In the proceedings of the commission this was a minor point in which it was suggested that no opium users be employed in 'any office in the Government civil services or in the Army and Navy'.⁴⁷ In response the chief British delegate, Sir Cecil Smith, made the impromptu comment: 'Surely in 1909 it cannot be necessary to tell a Government not to appoint anyone who makes use of opium into any position in the Army or Navy.'⁴⁸

Though Smith's comment was spontaneous it sparked a heated debate in the aftermath of the Commission. Privately his statement prompted concerns in the

⁴⁶Hansard, *His Majesty's Speech*, December 21st, 1908, vol.198, cc.2347-51

⁴⁷Bishop Charles Henry Brent, *Report of the International Opium Commission, Shanghai 1909*, > https://archive.org/stream/cu31924032583225/cu31924032583225_djvu.txt

⁴⁸Ibid.

Finance Department of the Government of India which sought to continue the trade. James Brunyate, another British delegate, wrote to different members of the civil and military branches regarding Smith's outburst. Upon inquiring into the military arrangement of supplying opium to Indian soldiers he found that the practice did exist in military regulations.

During peacetime, Sikh and Punjabi soldiers were eligible to purchase 20 grains of 'good quality' government opium per day. However, the consumer allegedly had to be registered and the price met by the individual at the exact cost to the Indian Government.⁴⁹ In war soldiers and followers were to be supplied with the same daily amount at a reduced rate of 9 pies per 20 grains. It was underlined that it was to be requisitioned beforehand at 2lbs. per 100 men per month as it was stated in 1895.⁵⁰ In a concluding comment it was also noted that:

The origin of these opium supplies to troops date back a considerable time. They have been in force at least 30 years and possibly a very much longer period. An attempt will be made to trace the exact date and the circumstances if desired, but this will take some time and the papers are sure to be in Calcutta.⁵¹

While many testimonies of the Royal Opium Commission had shown a general hesitation in admitting to a government supply this correspondence showed that a system was clearly in place. Research carried out by the Finance Department

⁴⁹NAI – Finance Dept., Separate Revenue C, No.200, August 1910, *Question of the Supply of Opium to Native Troops in Times of Peace and War*. p.90

⁵⁰Ibid.

⁵¹Ibid.

showed that this system had existed for a significant length of time and regimental supplies were present in medical and military reports. For Brunyate and other civil servants such as James Meston, Secretary to the Finance Department and future Lieutenant-Governor of Agra and Oudh, Smith's statement presented a problem. As Brunyate concluded:

This observation (which was made without consulting his colleagues) might be embarrassing if anti-opium agitators get hold of the fact that our Army Regulations and Tables definitely contemplate the laying in of stocks of opium for supply to troops (not merely for medicinal purposes) both in peace and war. The Dutch delegate's experience was presumably obtained in Java where the smoking habit prevails; Sir Cecil Smith's experience was...I presume, of the smoking habit also.⁵²

Brunyate further suggested that a man 'who simply swallows 10 or 20 grains of opium' daily was not a person who could be 'marked down' in the same way as an opium smoker.⁵³ He questioned whether it was sensible for military regulations to so 'openly countenance the non-medical use of opium'.⁵⁴ However, the responses were divided on how to proceed. It was initially suggested that the military regulations might be changed in printed form and that a medical officer might 'intelligently' apply war time use as 'medicinal'.⁵⁵ This system would circumvent any direct link between Indian soldiers and the army in supplying substances consumed

⁵²Ibid. p.91

⁵³Ibid.

⁵⁴Ibid.

⁵⁵Ibid.

for non-medical purposes. In peacetime, it was assumed that soldiers could attain a ready supply locally and therefore in war phrasing supplies as “medicinal” would legitimise use. However, it was argued that this might be ‘misinterpreted’ by anti-opiumists as a retraction of previous attitudes on the matter or perhaps an admittance of guilt.⁵⁶ More importantly, the specific supply given to Sikhs and Punjabi troops was in regulations as these groups were among the few who elected to serve overseas in areas where narcotics were prohibited such as Port Blair. This had to remain to ensure their supplies in areas where use was prohibited.

It was therefore decided that the practice and written regulations should remain untouched. Firstly, regiments were once again stated to make their own arrangements for the drug which meant that it rarely appeared on official supply lists. Secondly, the system could not be ‘concealed’ without liaising with the Army Department and hiding the practices would provide the anti-opium campaigners with ammunition against the trade.⁵⁷ Thirdly, Brunyate’s suggestion called for physicians to read between the lines and list dispensations as medical. Any mistakes or confusion here could lead to a loss of supply during a conflict which would make the consumer either useless as a soldier or ‘would cause discontent’.⁵⁸ In any case, should the anti-opium lobby raise complaints about the practice the suggestions of re-writing regulations could then be used to placate any political disturbance.

Overall, action taken in regard to the Shanghai Commission was limited and in many ways, it favoured pro-opium advocates. Figures like Brunyate and Meston

⁵⁶Ibid, p.92

⁵⁷Ibid. p.92

⁵⁸Ibid. p.92

insisted that Britain should embrace as many of the resolutions as possible. This however did not stem from any genuine commitment to restricting opium but was rather an attempt to end further attacks. Brunyate suggested that Britain should 'cordially accept' as many resolutions as possible because he surmised that:

the success of China's efforts, already triumphantly anticipated in anti-opium circles, will inevitably increase the pressure brought to bear on India, not only as regards the China trade, but as regards the conditions under which opium is consumed in India. I think it should be our policy cordially to accept the findings of the Shanghai Commission and to make a genuine attempt to give them the utmost practical effect within reason. If we treat them slightly or casually, the anti-opiumists, who have accepted these very moderate findings with a surprising degree of satisfaction, will consider, not unnaturally, that the Government of India are not to be trusted, and we shall have another Royal Opium Commission forced upon us. I am convinced that the result would be the laying down of a policy leading to ultimate prohibition.⁵⁹

Both men subsequently recommended more comprehensive measures when local governments were seen to be too lenient. In the case of opium smoking, local responses argued that more restrictions should be placed on the legal possession of smoking preparations of opium. Alongside this, it was argued that a limitation

⁵⁹NAI – Finance Dept., Separate Revenue A, Nos.325-29, 18th February to October 1910, *Action taken by the Government of India Upon the Resolutions of the International Opium Commission at Shanghai*. p.1

should be placed on the number of opium dens and clubs.⁶⁰ Several delegates countered this by arguing that this was a pointless venture and that British India should adopt full prohibition. The reason for this was that the Home Government already condemned the practice as had the Royal Opium Commission.⁶¹ Opium eating was the most common method for consumers which meant that prohibition of smoking-opium would provide an outward appearance that appealed to the resolutions of 1909 without any significant changes to the current system.⁶²

A similar argument was raised regarding Brent's proposal for restrictions on the export process. It was suggested that opium should be marked to show the country of origin, exports limited to a series of areas and measures to restrict exports to prohibitionist countries. Again, members of the Finance Department faced trouble this time from the Commerce Department. The latter believed it would be excessive to offer such support for so many new regulations. In complete opposition, Meston argued that this was a point of vital importance. Brent and his colleagues were already pressing for a formal convention at The Hague to ratify the resolutions and make them legally binding. Consenting to these measures would prohibit the trade to the Philippines and meet the criteria set by the Americans. This was the surest way of putting an end to Brent's meddling in British affairs. More importantly, as they reasoned:

⁶⁰NAI – Finance Dept., Separate Revenue A, Nos.325-29, 18th February to October 1910, *Action taken by the Government of India Upon the Resolutions of the International Opium Commission at Shanghai*. p.1

⁶¹Ibid.

⁶²Ibid, p.21 – This was suggested in addition to points such as misuse of flags for the transit of opium, a system of permits and other administrative points.

We already do so much in the way of regulating the export of opium and are so seriously interested in preventing the convening of another conference that it will be a pity if we cannot say outright that we are prepared to take all reasonable steps to make any prohibition of exports effective.⁶³

Finally, several points were made in relation to the question of limiting the manufacture and export of morphine. This had a cynical element to it as a number of members in the Finance Department maintained that British morphine manufacturing was already highly regulated. Alternatively, Brunyate felt it would be 'interesting' to see whether other countries would 'carry their piety' when the resolutions interfered with their own manufacturers.⁶⁴ Committing to these three resolutions was seen to be the best strategy for individuals like Meston and Brunyate. Opium smoking was one of several areas where complete prohibition could be enforced without interfering too acutely with on-going practices. Supporting the key American aims would deter further international action. And finally, backing the morphine issue would show other countries that these international meetings could be equally damaging to their own economies.

Short-term strategy along these lines ultimately failed to prevent further international action against narcotics despite the best efforts of pro-opium advocates in India. Britain and America never reached a consensus on the resolutions and instead compromised on many of the points raised by different

⁶³Ibid.

⁶⁴Ibid.

countries.⁶⁵ Less than nine months after the Shanghai Commission Brent was already calling for the meeting to ratify the resolutions which many within British India had attempted to prevent.

By 1912 this manifested itself in the first of several conventions at The Hague to formalise plans for the regulation of natural and synthetic preparations of opiates.⁶⁶ America set the agenda of the convention by moving to eliminate opiate use, to strictly regulate the trade and to introduce an international system of control.⁶⁷ However, the initial proposals encountered immediate resistance from many of the attending nations. One of the central issues regarded the perceived costs of introducing an international regulatory system. This would require the creation of entirely new branches to coordinate effectively and the expense would have to be met by each individual country. American proposals also included tougher protocols in the production and sale of narcotics like morphine. However, attendees such as Germany had significant revenue streams based on these substances.⁶⁸ Therefore, they would assume the financial costs of introducing regulatory bodies while simultaneously losing income from opium derivatives.

In addition, many of the nations who did not attend the convention were producers of these drugs. Switzerland rivalled Germany as a key manufacturer of narcotics and this meant that they would assume the profits when their trades

⁶⁵Mills, *Cannabis Britannica*, p.154

⁶⁶Nancy Marion et al. *Drugs in American Society: An Encyclopaedia of History, Politics, Society and the Law*, (London: ABC-CLIO, 2014) p.457

⁶⁷Ibid. p.457

⁶⁸Mills, *Cannabis Britannica*, p.154

increased.⁶⁹ Manufacturing countries therefore considered such a policy to be ineffective unless all producer countries signed. Real progress could only be made if the points were ratified by all parties who produced opium and it also had to include all derivatives which could be imported in lieu of the raw drug.⁷⁰

Britain raised individual concerns in relation to these new attempts at control. The British delegate William Meyer noted several problems in correspondence between the Home Government and the Government of India. He stressed that Britain would stand by the conclusions of the Royal Opium Commission and the recent responses from India. Opium was an invaluable tool in Indian society which had limited access to comprehensive medical care. Use was often non-medical but rarely injurious and Britain would not risk widespread unrest over the complete prohibition of a valuable substance in society or in the army.⁷¹

In addition, Meyer entirely refuted the argument that Britain maintained this internal monopoly on the sale of raw opium purely for profit. He argued that the Government of India had already taken some steps to reduce consumption, the drug was heavily taxed and strict regulations applied to cultivation and sale. Such measures were designed to prevent illicit cultivation and smuggling and this would occur if the British system ended.⁷² Lastly, Meyer pointed to statistics from lunatic asylums in 1909 which showed that other substances were of greater concern. In the case of 'insanity caused by intoxicants', hemp products allegedly triggered 10%

⁶⁹Marion et al. *Drugs*, p.457

⁷⁰Ibid.

⁷¹NAI – Commerce and Industry Dept., Excise B, March 1913, Nos.70-71 – *Report of the British Delegates to the International Opium Conference at The Hague*,

⁷²Ibid.

of all admissions while 3.35% were caused by alcohol.⁷³ More worryingly, 1.26% cases were caused 'primarily' by cocaine while only 0.46% was linked to opium. Given that Indian opium consumption had existed for hundreds of years and cocaine was relatively new this showed that the prior was of less pressing concern.⁷⁴

Through these recurring meetings a consensus was gradually being reached. By 1913, new members had joined the debates and calls were being made for the final ratifications. Though each country envisioned this new international agreement differently its success would institute a formal system for the first time. By early 1914 eight countries had ratified the proposals with 24 others promising to adhere in future.⁷⁵ Once these measures had been fully agreed upon, Britain would face problems in both civilian and military circles. In the army peacetime use may have once again been quietly ignored to maintain the status quo. However, a dedicated supply during war would be a conspicuous measure against any agreements made at The Hague. This would constitute conscious effort to keep known addicts' dependent on their drug of choice.

They 'like to pamper their men': Intoxicants and the Prelude to War

As politicians debated the pros and cons of restricting narcotics the Indian Army was carrying out its own inquiries. This had been also prompted by Sir Cecil Smith's

⁷³Ibid.

⁷⁴Ibid.

⁷⁵Berridge, *Demons*, p.127

comment and the subsequent investigation into the military opium supply. The request to examine the military regulations on the matter uncovered a system which was possibly being ignored in the army or which some seem to have been unaware of. In addition, the meeting at Shanghai coincided with another change of Commander-in-Chief. Lord Kitchener was succeeded by General Garrett O'Moore Creagh who assumed office just as these international debates were beginning.⁷⁶

Creagh was born in Ireland into a military family and spent his entire career rising through the ranks where he won a good reputation as an excellent soldier. In 1879 he was awarded the Victoria Cross when his detachment of 150 men held off ten times their number before relief arrived. His actions were given the personal approval of the Commander-in-Chief at the time, Frederick Haines, who praised his ability to act under pressure.⁷⁷ Despite his reputation he was not a universally popular choice and Kitchener had personally written home to stress that he was a poor successor. Prior to his appointment, he had served as military secretary and had little experience of higher command roles.⁷⁸ His first major command had only been given to him in 1900 when he led the Indian contingent in the Boxer Rebellion.⁷⁹ In addition, it was also suggested that he 'lacked drive' and knew too little of military administration, tactics and management.⁸⁰

Creagh was unique because he represented the first Commander-in-Chief to make an open attack on drug and alcohol use amongst sepoys. Disciplinary

⁷⁶David French and Bryan Reid, *The British General Staff: Reform and Innovation, 1890-1939*, (London: FC Publishers, 2002) p.56

⁷⁷See Phillip Wilkins, *History of the Victoria Cross*, (London: Andrews UK Ltd. 2012) Entry: *The Afghan War, Garrett O'Moore Creagh*.

⁷⁸French et al. *The British General Staff*, p.56

⁷⁹Ibid.

⁸⁰Ibid.

incidents relating to intoxication were still less frequent than cases within the European ranks. However, court martial reports involving intoxicated sepoys and sowars were not uncommon. In 1909 one sepoy of the 45th Sikhs, Ganda Singh, was arrested for attempted murder while on recruitment duty. Singh had quarrelled with a wealthy local of his village before assaulting the individual with an axe in a drunken attack. The case caused considerable concern for the Indian administration when local police refused to hand him over to military authorities. It was argued that the assault had taken place while Singh was relieved of regular duty and that the crime was committed outside the cantonment. Singh's actions subsequently sparked an intense argument between the civilian and military branches.⁸¹

While the Finance Department had agreed to change military supply regulations if anti-opium groups raised objections, the army independently took its own initiative. By 1910 the original rules for providing troops with drugs and alcohol were altered slightly. Opium supplies were to be issued on payment only during war under careful restrictions. In addition, the supply of alcohol was supposed to be limited to medical use only. In colonial regiments rum could be served at '25 per cent proof' per day to each man but only under the authority of regimental physicians.⁸² Medical consumption was to extend to one month's use only and units with high rates of alcohol use were inspected to determine the prevalence of use.⁸³

This was the first time the army had made any significant changes to

⁸¹NAI – Foreign Dept., Internal B, Nos 204-206, May, 1909, *Arrest and Trial of Ganda Singh, a Sepoy of the 45th Sikhs, on a charge of attempted murder while on recruiting duty in the Nabha State*. pp.1-3

⁸²This was an amendment to the regulations discussed by Brunyate in 1909. For full details see IOR/L/MIL/17/5/541:1909 Army Regulations, India, Volume 1, Paragraph 615.

⁸³Ibid.

protocols surrounding intoxicating substances. Again, it is interesting that alcohol rather than opium was of most concern and also that these new changes did not seek full prohibition. Use of indigenous drugs was therefore secondary and the military authorities were now aligning their attitudes on alcohol within Indian regiments in an identical way to those for the European.

The new rules were designed to increase the control over intoxicated troops and to limit issues arising mostly from drunkenness. However, the change in written rules on the subject did not necessarily mean a change in practice. In 1912 the Commander-in-Chief wrote to the Adjutant-General of India to raise further concerns on the subject. Here he suggested that some European officers were encouraging intemperate habits in the army. As he stated:

I believe much harm is being done to the Army (Indian) by the way officers in some regiments, to wit, 1st Gurkhas, encourage the drink habit and by the way the regulations encourage the consumption of opium and rum. I would be obliged if you would take the matter up with a view of its prevention. I think drastic measures will be necessary.⁸⁴

After reviewing the situation in other regiments, the Adjutant-General, Sir Fenton John Aylmer, concurred with Creagh. Aylmer was, like Creagh, both of Anglo-Irish descent and a recipient of the Victoria Cross.⁸⁵ He stated that few doctors backed

⁸⁴NAI – Public Records, Department of Commerce and Industry, Excise B, *Demi-Official Letter from His Excellency the Commander-in-Chief, to the Adjutant-General of India, Dated Fort William, January 10th, 1912.*

⁸⁵John George Smyth, *The Story of the Victoria Cross: 1856-1963*, (London: F. Muller, 1963) p.116

alcohol as a valuable medicine either in the European or Indian Regiments.⁸⁶

However, from his examination it was clear that Indian soldiers were being supplied with alcohol and opium and that this was the result of officers manipulating regulations. He noted that:

The British soldier used to get a daily issue of rum and it was supposed to be good for him, but I don't think anyone would agree nowadays. Why should it be good for the Indian? I think the majority of doctors now...seldom if ever order them in the case of illness. Yet we have Medical Officers in India signing papers to say that they think a dram of rum a day for a month is necessary on medical grounds for every man in the regiment.

The truth is that many Commanding Officers think it is a sign of superiority in a Sikh or Gurkha to drink and they like to pamper their men and no doubt persuade over the medical officer. The whole system appears to be hypocritical.⁸⁷

In response Aylmer requested information from several regimental commanders in charge of regiments known to be indulging in alcohol and opium. Interestingly, some responses to the Adjutant-General supported consumption for the same reasons that had been advocated since the beginning of the British rule for European troops. The adjutant summed up the general responses from Commanding Officers:

⁸⁶NAI – Department of Commerce and Industry, Excise B, Nos.22-39, January 1913, *Question of putting down the consumption of rum and opium in the Indian Army.* p.7

⁸⁷Ibid. p.8

Taken from a medical point of view there is no doubt that certain classes of Indian troops do feel the loss of an occasional dram.

If such men fail to get good liquor at reasonable rates – that is to say at rates which suit their means – in their own lines, they obtain inferior spirits in the bazaars, resulting in the detriment of their health and almost certain increase in venereal disease. From a discipline standpoint, the same argument applies. Commanding Officers report that if they are unable to issue rum at a reasonably cheap rate, men will either obtain inferior liquor in the bazaars, which is objectionable in every way to discipline; or they will resort to the nearest British canteen and drink beer; or – which is worst of all – they will take to drugs. These arguments are in my opinion well founded and based upon long experience.⁸⁸

Once again, this response showed a clear alignment with older attitudes toward consumption and European troops. It was highlighted that if local soldiers were deprived of their canteen rum these men would simply attain a supply in local bazaars. Such sources inevitably involved tainted or adulterated liquors in areas where troops were more likely to pick up venereal disease while intoxicated. Forcing troops to break regulations and seek illicit substances would also have negative disciplinary effects. Finally, it was noted that it may cause certain individuals to ‘take to drugs’ when they had not previously shown an interest in

⁸⁸Ibid. p.25-26

narcotics.⁸⁹ This last point was exceptional given that it offered the warning of potential drug habits as the darker alternative to alcoholism. Presumably, the drugs referred to did not include opium which was still being supplied during wartime.

The question had therefore broken down into one of theory and context and a divide between the higher command and the officer on the spot. Though individuals in the higher echelons like Creagh were beginning to call for “drastic” measures the actual impact seems limited. It was quickly understood that officers who commanded individual units and military physicians were circumventing new guidelines to keep their troops supplied with their intoxicant of choice.

More importantly, the reasoning behind this was almost identical to assessments which dated back to the early 1860s. Preventing or restricting substances which troops habitually used could have clearly had detrimental effects on health, discipline and functionality. In the year before the war the debate dissolved in the face of rising political and military tensions in Europe and Asia. In 1907 Britain had agreed to a treaty which settled Russian and British autonomy in central Asia. At the time this eradicated the question of a possible Russian invasion of India in the form of the Anglo-Russian Agreement.⁹⁰ However, by 1913 it was unclear if the ‘scheduled renewal’ of the agreement would come to pass. Instead, Britain faced the likely rekindling of the Russian threat in central and south-east Asia.⁹¹ At the same time, the metropole had only concluded the naval race against

⁸⁹Ibid.

⁹⁰John Gallagher, *The Decline, Fall and Revival of the British Empire*, (London: Cambridge University Press, 2004) p.84

⁹¹See Christopher Clark, *Sleepwalkers: How Europe Went to War in 1914*, (London: Allen Lane, 2012) Chapter 2

Germany less than a year before which underlined two potential threats to British power.⁹²

In correspondence, the interests or concerns of the Indian Army changed to increasingly consider the function of sepoys and their possible use in a war against a European rival. Creagh personally conceded that the army must be treated carefully especially given the return of the Russian problem. As he stated, the Indian Army was a 'mercenary' force which could not be driven or inspired by patriotism.⁹³ It might be possible to stir India against Russia if the latter could be painted 'sufficiently black' but this could not be guaranteed.⁹⁴ The sepoys and sowars of the army remained loyal because of regular pay and future pension.

It was therefore argued that military wages should reflect increase to reflect this ideal and that the army should be based on two central foundations. Firstly, the concept that the composition of the army should be based on the most warlike troops available should be reinforced. This included the alcohol loving Gurkhas, the opium eating Sikhs and the other "martial" castes outlined in handbooks. And secondly, that the army be treated in a way which posed 'as little' danger as possible to Britain given that discontent could become a disastrous security risk if the army was required to fend off an attack.⁹⁵ As a result, though the Commander-in-Chief and Adjutant-General shared an interest in suppressing the use of intoxicating substances in the locally raised army the actual progress was limited.

⁹²Ibid.

⁹³IOR NEG 50442 – Recommendations by the Commander-in-Chief, 1912-1913 (Simla: Government Monotype Press, 1914)

⁹⁴Ibid.

⁹⁵Ibid. p.265

The invasive measures which were called for were sacrificed in the prelude to war which was expected to be fought in Europe or Asia.

Conclusion

The twentieth century witnessed the culmination of developments which had been building since Britain assumed control of India in 1857. Following the narcotics commissions intoxicant use in the army was widely acknowledged and featured in the recruitment handbooks which were used as tools for British officers to select the best soldier stock possible. These had become widely popular and reprints continued to detail these habits to underline some of the traits of Indian social groups. Though some pointed to abstemious castes it was ordinary for many of these groups to be key consumers of drugs and alcohols. However, this rarely impacted upon the decision to employ them and sometimes counted in favour of these men.

More importantly, it was noted in several that many of these groups were addicts and chronic users of intoxicants rather than older reviews which suggested consumption to be a useful tool used sporadically for various reasons. In this, the military attitudes towards use were perceptibly lax. Regimental bazaars continued to sell opium in some cases at a very affordable rate. The military canteen also sold a governmentally regulated supply of alcohol at a similarly low cost. Overall, not only was the addict or alcoholic accepted in the ranks they were also catered to and at a low cost. Given the new medicalisation of the sepoy regiments it is also clear

that medical concerns were more focused in other areas. The troops accommodation, their diet which often caused malnutrition and vaccination are altogether more commonly mentioned in reports rather than their taste for different substances.

These habits might have continued uncontested without the new international pressures aimed at narcotics in this time. The success of the Anglo-Chinese agreement to reduce and finally eliminate the import and domestic cultivation of opium in China would have arguably soothed many anti-opiumists who returned when Campbell-Bannerman and the Liberals took control of Parliament. The trade to China had been one of the longest standing complaints against the drug and success here would have decided a debate which had begun before Britain even formally controlled India. American intervention in this sphere drove the international meetings which set the stage for the early foundations of drug control policy. Ironically, the departments most interested in the continuation of the opium trade were the greatest advocates for agreeing to the resolutions in 1909. Individuals such as Meston and Brunyate argued that the surest way of preventing any action against narcotics lay in placating Brent and his allies. The suggestions of 1909 could have been accommodated without any major interference to the trade. Dedicated action on these terms could have also prevented the conventions which begun in 1912 and which posed the more serious threat to British interests.

Sir Cecil Smith's quip to the Dutch delegate only complicated matters for pro-opiumists. It sparked a heated discussion behind the scenes and prompted

investigations into the military supply system. This off-handed comment therefore had important knock on effects. Firstly, it highlighted that the military did have a system that many interviewees of the Royal Opium Commission were either ignorant of or openly concealed. Not only did the system exist but it also issued opium in peacetime conditions and it had done so for a minimum of thirty years. Based on the reports of British campaigns in the 1860s it had been in place for longer as the correspondence of the military department suggested. Secondly, it showed that the continued supply to troops would supersede the possible political ramifications and general embarrassment of Smith's comment.

The possible unrest and detriment to military performance were raised again and this showed little change in the opinions of the past fifty years. In the face of concerted international pressures, the habits of troops still took precedence in British India. Even in the event that the system had to change the contingency in place would guarantee that soldiers still had access to drugs and alcohol. Consideration of the sepoys was therefore extensive and Britain placed more interest in maintaining their happiness than in conforming to new practices. Once again, this underlined the power that the local regiments wielded which was significant enough to influence key policy decisions at a domestic and international level.

In the army, the question of giving troops opium and alcohol caused a divide between the higher army commanders and the lower officers in charge of troops. The Shanghai Commission not only marked the first international meeting on narcotics but also the first time a Commander-in-Chief took a stand against the

dispensation of intoxicants to soldiers. As chapter one showed, it was orders from the Commander-in-Chief which originally authorised military dispensations to coolies and troops in the early British campaigns. The system which developed thereafter therefore did so with the full authority of the army. Frederick Roberts personally spoke out against anti-opiumists at the time of drug crusades in favour of opium and praised castes which were known to consume alcohol as readily as European soldiers.

Creagh represented the first to openly denounce alcohol and opium consumption by calling for aggressive changes. Though this was significant enough to instigate some revisions in regulations the result affected the supply rather than the practice itself. Medical and military officers made blatant efforts to circumvent the new regulations by detailing use as medical in some cases for everyone in the regiment. This supported Creagh's comment that these officers were encouraging consumption. The escalation of this situation was prevented by the rising political tensions in Europe and Asia. By this time the correspondence of officers changed to focus on the composition of the army and the fear of what would happen if Indian troops were forced to decide on their loyalties. Since the beginning of direct British rule this had been an intermittent concern which cropped up in line with tensions between Britain and Russia. In the end the political pressures and military debates which were building would be stalled by the outbreak of war in 1914.

Chapter Four: The Indian Army on the Western Front: Consumption, Control and Supply.

Introduction

When Britain declared war, it did so on behalf of the empire and the colonies were drawn into the conflict by default. War with Russia would have perhaps have been preferable for the Indian Army. In Europe four Great Powers acted as a buffer between Russia and Britain. In addition, Anglo-Russian antagonism at the time centred on central Asia where a potential conflict would be fought. The Indian Army would be involved but an assault on India would put sepoys on a battlefield they had experience with. A Russian invasion could be met in the north and Kitchener's reforms had ensured that most troops had some experience there. Though this would be far from ideal it had been discussed and theorised upon for several decades. If Indian troops stayed loyal, Britain was well placed to coordinate operations effectively.

War with the Central Powers posed a more complicated problem and this extended beyond the added scale of the war. Firstly, German military prowess over the past half century was intimidating. In 1866 Prussia had won a 'non-attribitional' victory in the Austro-Prussian Campaign which was decided in six short weeks.¹ This was followed by the swift defeat of France in 1870 which guaranteed German unification.² In a purely military context Germany represented the more capable and well-prepared enemy. Secondly, if Indian soldiers were employed in the war then there would be significant obstacles including foreign service. Traditionally, only certain castes served overseas and these usually volunteered as in the case of

¹Allan English, *Changing Face of War: Learning from History*, (Canada, McGill-Queens College of Canada, 1998) p.30

²See Michael Howard, *The Franco-Prussian War*, (London: Taylor and Francis, 1981)

Sikh and Punjabi troops. This was due to the issue of crossing the 'Kala Pani' or "Black Water" which to Hindu groups would mean a loss of caste.³ Britain would have to dispatch sepoys to several different theatres of war which would be new to them. The conflict therefore transformed what were previously theoretical concerns into difficult realities. Sepoys would have to be pitted against trained European soldiers and in overseas campaigns. This added the fear of how Indian society would react to the war and how this would impact on running the colony.

These eventualities all had to be confronted in the opening year of the war. Fortunately for Britain, the Indian Army mobilised for overseas service without any mass mutinies and in good spirit.⁴ However, in Europe the British Expeditionary Force (BEF) had quickly encountered severe problems. German units were advancing rapidly at the expense of the Britain and French and it was clear that new troops would have to be raised.⁵ While Britain was training domestic soldiers for service the reinforcements would have to be brought in from the empire. This offered a limited number of options. As Omissi has argued, the white colonies typically maintained small militaries to control their spheres of empire.⁶ They could eventually contribute troops but these would need to be raised, trained and transported first. India represented the only viable pool of trained men in numbers significant enough to prevent disaster on the Western Front.⁷

However, suggestions that Indian troops should be sent to Europe were

³See Singh, *Testimonies*, p.263

⁴Ibid.

⁵P. Marston et al, *A Military History of India and South Asia: From the East India Company to the Nuclear Era*, (Bloomington: Indiana University Press, 2008) Chapter 5, David Omissi, *The Indian Army in the First World War, 1914-1918*. p.75

⁶Ibid.

⁷Ibid.

initially attacked by military and political figures in the metropole. It set a new precedent as Indian regiments had primarily been withheld from similar conflicts for racial reasons. For instance, Indian soldiers were never employed in a combative role in the South African War from 1899-1902.⁸ This had been customary practice throughout the nineteenth century in wars against other white nations as Britain maintained a general anxiety about pitching non-white troops against white forces. It set a dangerous precedent in the case of the Indian Army which contained a core of Europeans whose privates were supposed to be superiors to even the highest Indian officers. Furthermore, it went against the general concept of the superiority of the west over non-white nations.⁹ Despite protests it was decided by the King and Lord Hardinage, Viceroy of India, that Indian soldiers should serve.¹⁰ In August 1914 the Indian divisions en route to Egypt were redirected towards the south of France for deployment on the frontline. For over a year these divisions would play a crucial role in holding the Western Front.

This chapter will examine intoxicant use and control among the Indian divisions that fought in France and Belgium from 1914 until the beginning of 1916. Unlike the previous chapters this will serve as a more isolated case study which will offer insights into how the army considered and managed the use of drugs in such a crucial period. As the last chapter showed, the subject of intoxicant consumption in the army had finally been questioned in the 1910s while international drives against narcotics had begun to scrutinise military supplies and use. How the military

⁸Morton-Jack, *The Indian Army on the Western Front*, p.51

⁹Ibid.

¹⁰Omissi, *The Indian Army*, p.75

reacted in the face of the war is therefore central to understanding how far the army would go to accommodate sepoys and how they considered managing these habits.

The chapter will be divided into two sections to underline these points. The first section will examine the circumstances under which Indian soldiers acquired their own supplies of drugs when posted in France and how the army reacted to this. The second section will then look at the military supplies which reach troops through official channels. There are several key questions to be examined here. Did consumption change when Indian soldiers were removed from their local supplies of drugs? To what extent did the military authorities consider the habits of sepoys during the war in Europe? And what attitudes existed in the ranks of officer and military physicians?

In examining these points this chapter will draw on a range of sources. In the first section, the key focus will be directed at the censored Indian letters in France which offers the largest collection of sources authored by sepoys in the war. These provide insights into their day-to-day lives at the front and their experiences of intoxicants. Furthermore, these were specifically selected by the censor's office and as such they underline topics which the army found to be of interest. In the second section, the source base will then be directed at memoirs and reports from army officers and records relating to military supplies to the Indian Army. These will be compared alongside popular attitudes towards intoxicants in this period presented by political debates and the British media. Overall, this will show how

intoxicant use was viewed more generally in this period, how the military considered consumption and how prevalent these habits were in the sepoy ranks.

Narcotics, Soldiers Letters and Self-Supply

Send me some of what you and I bought from the Malakand (i.e charas)...Send it by the hand of a trusty man who comes from the regiment. Send twenty rupees worth. I am sending you some more money and will send you all that you can spend on charas.¹¹

The advent of the First World War spurred on British interests in the health of individuals necessary for the war effort. One of the first major drives in this direction came from the Defence of the Realm Act in 1914 when limitations were applied to control civilian and military alcohol consumption. Lloyd George fervently advocated the measures and frequently stated throughout the war that alcohol posed as much danger as Germany.¹² For certain politicians, the question stretched beyond issues associated with consumption. Alcohol use in the short term could lead to disciplinary or efficiency problems in the domestic war effort. This fact occupied the attention of Lloyd George who was expected to keep the front line

¹¹IOR L/MIL/5/825 – Censor of Indian Mails in France, 1914-1915 (f547)

¹²Kamienski, *Shooting Up*, p.19

supplied as Minister of Munitions.¹³ His forward strategy included the introduction of a Central Board of Control to prohibit excessive alcohol use coupled with one of his most famous quotes that: 'We are fighting Germany, Austria and Drink and so far as I can see the greatest of these deadly foes is Drink'.¹⁴

Lloyd George also had the support of other politicians who were quick to point out other concerns involving alcohol use while waging total war. The MP for Rushcliffe noted early on that the raw materials for alcohol were extensive and increased pressure on the already strained food supply. He highlighted that one million bushels of corn were used every week to produce alcohol which matched the same volume required to provide bread to the British *and* French armies.¹⁵ This was also true in the case of sugar which was needed in huge volumes to produce alcoholic beverages.¹⁶

Despite the cynical reply from the MP of West Ham South that 'the moral is, do without sugar' the argument had merit.¹⁷ In addition to the raw materials, forty thousand tonnes of alcohol were moved along the vital railways every week. The goods imported for alcohol production also took up space that might have been better used to supply foodstuffs being shipped into Britain. Perhaps more importantly, the industry maintained a workforce of over five hundred thousand able bodied workers for production and distribution.¹⁸ The manufacture and consumption of alcohol therefore placed considerable pressure on the British war

¹³Ibid.

¹⁴Quoted in Martin Pugh's *Lloyd George*, (London: Routledge, 2014) p.89

¹⁵Hansard, L. Jones, House of Commons Debate, October 26th, 1916, Vol.86, c.1431-1440

¹⁶Ibid.

¹⁷Ibid.

¹⁸Ibid.

effort at home.

These concerns were also applicable to the British and Indian troops in the field. In the same debate, one Major called attention to the fact that the army must be as efficient as possible and this included restricting alcohol consumption to reasonable levels.¹⁹ While the basic theory had value however the situation in context made restrictions unlikely or potentially harmful. In India the troops used to control the United Provinces of Agra and Oudh consumed five thousand gallons of rum before the outbreak of war. In 1914 the same unit's consumption increased to 87,718 gallons.²⁰ The army backed this dramatic increase by continuing supplies to troops while parliamentary opposition supported the use of spirits.

The MP for Berwickshire stated that soldiers 'served under totally different conditions' and often refused to countenance discussions of prohibition like those in civilian spheres.²¹ As Kamienski has argued, alcohol was still culturally embedded in imperial forces. It was often dispensed before combat to strengthen the resolve of soldiers. In addition, it served a daily function in soothing fears and as an avenue of escapism. In the increased psychological pressure of mechanised warfare, soldiers endeavoured more than ever to attain the altered state of consciousness which intoxicants provided.²²

In the case of Indian troops the divisions sent to France in 1914 were primarily comprised of castes who consumed alcohol as well as a pharmacopeia of

¹⁹Ibid. c.1405

²⁰NAI – Commerce and Industry Dept., Liquor Excise, No.3, October 1918, *Increase in the Issue of Duty-Free Rum to the British and native Troops in the United Provinces.*

²¹Hansard, House of Commons Debate, "Rum for Troops", 20th April 1915, Vol.71, c167.

²²Kamienski, *Shooting Up*, p.19

other substances. The Indian Army units which landed in France amounted to 44,500 men who shored up a front of over seven miles.²³ Of these, 28,500 were Indian soldiers with a core of 16,000 British troops from India.²⁴ The prior was comprised mostly of battalions of Gurkhas, Garhwali and Sikhs with the rest of the force made up of mixed units.²⁵ When these men landed they entered an environment which few Indians had experience of. Kitchener's reforms had upgraded the weaponry of the army but the sepoy who disembarked in 1914 remained underequipped by European standards. The Indian Expeditionary Force now formed almost a third of the troops sent to fight on behalf of Britain in Europe.²⁶ These regiments fought in some of the fiercest engagements thousands of miles from home, in a culturally alien setting and at an initial technological disadvantage to their opponents. The correspondence of soldiers show that various intoxicants played the same central role in the Indian ranks as alcohol played amongst the British. This was further compounded in the case of Indian groups who did not consume alcohol.

For these men, the only relief involved drug use. Given that their cheap and accessible supply now resided several thousand miles away this was problematic. Historical opinion often suggests that Britain at best 'frowned upon' the use of narcotics and at worst actively sought prohibition.²⁷ Omissi's review of the censored Indian mail argues that it was 'unusual' for a letter to be passed which

²³Omissi, *Indian Voices of the Great War*, p.3

²⁴Ibid.

²⁵Omissi, *Indian Army*, p.76, in Marston et al. *A Military History of India*. – Of these mixed units most were stated in handbooks to consume alcohol or spirits with the exception of some of the Garhwali soldiers and the Punjabi Muslims.

²⁶ Ibid.

²⁷Omissi, *Indian Voices of the Great War*, p.14

contained instructions for a relative to send drugs.²⁸ Others such as Roy have also pointed to the disdain sometimes shown by certain officers with regards to these habits.²⁹ However, upon closer examination it is clear that this situation was more complex and depended upon a range of variables.

The censoring of Indian mail was never designed to check intoxicant use or illicit distribution within the Indian ranks. It was intended to monitor or restrict correspondence which was seditious or which could cause unrest in India.³⁰ The batches represented a select amount of all communication and the mail was treated in three different ways. Firstly, if a letter contained no obvious concerns it was “passed” by the censor to the intended recipient unabridged. Secondly, if the letter contained some suspicious elements a note would be made, key words or phrases deleted and the edited letter would be sent on. Thirdly, in the rarer cases which raised legitimate concerns the letter would be withheld entirely and detained. In the volumes of the Indian censor in France relatively few make direct references to narcotics while others hint at the extent to which drugs were being sent to France. Of these the majority were lightly edited to remove references to substances with several being passed completely unchanged. Only a small amount with such references were in fact detained by the censor.

The original influx of soldiers requesting drugs from India began in the latter half of 1915 after the sepoys had experienced some of the most severe fighting

²⁸Ibid, p.230

²⁹Roy, *The Indian Army*, p.400

³⁰Singh, *Testimonies*, p.127

such as that of Neuve Chappelle.³¹ It is also possible that this time coincided with the depletion of supplies that any Sepoys brought with them on campaign. Pleas for narcotics increased almost a year to the day in which the sepoys occupied the frontline in 1914. On the 11th of October a wounded Sikh soldier wrote to an orderly in France that he was 'in great trouble' because he could not 'get any opium'.³² He implored the intended recipient to send him two tolas and on this occasion the letter was passed. The soldier in question was requesting around 20-25 grams of raw opium obviously for personal use at a time when he was suffering from a lack of supply.

One week later three other soldiers wrote from the front with similar requests. Lekhraj Kahar of the Garhwal Brigade asked for some of the 'powder' that his 'uncle Sita Ram' was in the habit of using. Interestingly, Kahar had an entrepreneurial agenda here as he stated that he could sell five rupees worth for one hundred rupees on the front.³³ Even with this clear reference to trading in these "powders" the letter was passed untouched. One possible reason may have stemmed from a lack of knowledge of what was being requested though the reference most likely referred to charas powder rather than other powdered narcotics like cocaine or heroin for two reasons. Firstly, reports on cocaine or heroine use were almost non-existent in historical records for sepoys. And secondly, powdered charas had been raised within pharmaceutical and medical journals in this period.

³¹See Lt-Col Merewether, *The Indian Army Corps in France*, (London: PP Publishing, 2014) p.99

³²L/MIL/5/825/8 Censor of Indian Mails in France, f1274

³³L/MIL/5/825/7 Censor of Indian Mails in France, f1102

The British and Colonial Druggist detailed the process of obtaining powdered charas in 1908: 'the charas plants are gathered and stored in a cool dry place. When quite dry the plants are shaken and the dust collected in a cloth'.³⁴ Furthermore, in the same week another colleague, Komil Khahar, sent a short and direct message home which stated: 'Send me as soon as you can four powders of charas. It is getting bitterly cold here and we need it and also tobacco'.³⁵ As in the case of the injured Sikh, this request related to personal use of an identified narcotic and this was passed uncensored.

Not all men wrote solely to attain a supply of their chosen substances. One Sikh sepoy wrote that his family should send no more 'black medicine' or opium. His supply was stated to be too irregular and this damaged his health presumably from withdrawal symptoms. The man in question, Hira Singh, later stated that he was 'by the grace of the Guru' in good health and that he no longer wished to use opium.³⁶ As these different examples suggest the censor did pass letters containing requests for narcotics. If a soldier was referring to a supply for personal use or was suffering some leniency existed.

As time progressed correspondence editing increased when a sepoy asked for intoxicants. However, minor editing was the most common method of censorship in relation to drugs and this was limited in certain ways. If the mail was seen to be threatening to the war effort it would have been detained completely which suggests that the censors did not consider the subject to be crucial. One

³⁴*The British and Colonial Druggist*, Vol.54, David Hooper, *Charas of Indian Hemp*, (London: Straker Brothers Ltd. 1908) p.

³⁵Ibid. f1103 – Presumably, the previous letters "powder" also referred to charas as well.

³⁶L/MIL/5/827/3 Censor of Indian Mails in France, f442

letter from the same batch of samples was edited to omit references to charas. Alongside the usual platitudes of personal correspondence, the sepoy in question wrote:

Now I am going to put you to some trouble. Please get me...dry tobacco and put from ten to fifteen rupees' worth of the long smoke stuff (charas) inside it and send it to me.³⁷

Unlike previous examples this piece of correspondence asked for a significant amount and clearly instructed the intended recipient to conceal it. In 1911 the wage of a sepoy was set at 11 rupees per month.³⁸ By the time these men landed in France they were allotted an extra 5 rupees as "batta" or additional pay for active service. Historically this provided extra funds if troops were stationed outside their usual areas or on campaign to counter the increased costs of living. This letter therefore requested an amount worth almost an entire month's wage and the only word deleted was "charas". Presumably, the recipient would have had a personal knowledge of the sender's habits and could understand the reference to the "long smoke stuff". The large volume of narcotics and references to concealment also seems to be consistent in other edited mails. Another sepoy wrote:

It would be a great favour indeed if you were to send the Sulfa [Cannabis Indica]. I will send you Rs.100 from here. (When sending...get

³⁷L/MIL/5/825/7 Censor of Indian Mails in France, f1163

³⁸Singh, *Indian Army*, p.43

half a seer of prepared tobacco and place the Sulfa in the midst of it.

Secure the laces firmly.)³⁹

The words which the censor omitted were shown by the brackets in the passage. Once again, the request for cannabis was still present and only the method of smuggling the drug and the amount was suppressed. The reference to “Sulfa” was left untouched even though the censor noted that it referred to cannabis. This amount was also over six months’ wages worth of the drug in question.⁴⁰ At the Indian rates for these products this would have constituted a significant supply. More importantly, the omission focused more on information that encouraged subversion against British censorship or methods to circumvent the parcel system.

Another sepoy criticised a family member who told the post master in India that the package being sent to the front contained opium. He stated that when sending opium, the relative should say it was a ‘preparation for the beard’ and to send it ‘secretly’.⁴¹ Here the censor wrote that he had deleted the advice about how to dispatch opium covertly rather than simply the references to the drug itself. Furthermore, in other accounts concerning opium there seems to have been some disagreement or lack of understanding on regulations. Ajaib Singh who served as a sowar of the 6th Cavalry made several interesting observations on the subject. In his letter he wrote:

³⁹L/MIL/5/827/2 Censor of Indian Mails in France, f210 – Not including the brackets around the words “Cannabis Indica” which were added as a note by the censor.

⁴⁰Assuming batta was included this accounts for six months wage and almost ten months not including batta.

⁴¹L/MIL/5/826 – Censor of Indian Mails in France, f1362

In the letters which I wrote you I mentioned about the opium. You have not said a word about it in reply. What is the reason? I am very concerned. I also write to Bapu Ji about the opium, he said in reply that he had addressed you on the subject. If you can send it, do so. Many men come (here) from your direction. If you do not wish to give it, you can send it through them. Otherwise pack it up in a shirt and send it as a parcel. No one will stop it. Here the Doctor Sahib says that opium can be got from our homes, and opium comes to Bir Singh of Ambala from his home. In the end, I am being put to much inconvenience (for the want of opium).⁴²

There are three significant points in Singh's letter. Firstly, only the word "opium" is censored even though Singh highlighted that he has written before on the subject. Despite the censorship, the recipient again likely understood what Singh was referring to from past correspondence. He noted that another individual, Bapu Ji, was already aware of his needs and he had informed the person Singh was writing to. Secondly, the most significant deletion once again regarded smuggling or subverting the censorship system and this is the main point of concern rather than the opium. Thirdly, Singh highlighted that the "Doctor Sahib" or the British doctor openly advised troops that a supply could be sent from home.

Another sowar, Hari Singh, had written to ask that he be sent some bhang as he had been reduced to consuming 'fired poppy heads'.⁴³ The reason for the

⁴²L/MIL/5/826/3 – Censor of Indian Mails in France, f468

⁴³Ibid. f469

deleted points was even questioned by another censor who wrote 'Why?' beside these omissions.⁴⁴ Disagreements or confusion therefore existed on the subject of narcotics. In almost every case in which a letter was edited there existed a reference to breaking regulations or a request for a large volume of drugs.

In relation to policy there were no clear British regulations to prohibit narcotics. As the previous chapter showed, any dedicated attacks on consumption had been overshadowed by the threat of war before concrete measures were put in place. From the time of the drug crusades cannabis use was seen as a bad habit for soldiers but no measures were enforced to prevent its use. This point was also raised in the censorship in 1915 following the various letters asking for cannabis substances. The censor wrote:

Before we go on to speak about letters from this end...It is not known whether any rules exist with regards to the dispatch of "Charas" and other intoxicants from India to troops in the field. If not, it is for consideration whether any should be introduced. [Charas] is especially dangerous stuff. A large proportion of perpetrators of "murderous outrages" on the N. W. Frontier have been found to be addicted to the use of the drug.⁴⁵

From the censor's message it appears that no policy existed regarding prohibition or if policy did exist it was largely unknown. This is supported by numerous other letters which complimented the British system of supply for Indian troops. Many

⁴⁴Ibid. See the censor's comments beneath both extracts.

⁴⁵L/MIL/5/825 – Censor of Indian Mails in France, ff-641-642

wrote to say that they were well provided for and that even home delicacies were supplied by the British. One soldier of the 59th Rifles stated that Britain had made 'excellent arrangements' and that there was 'no discomfort or trouble'.⁴⁶ He also wrote that 'There is nothing lacking. Even such things as Indian tobacco, beautiful handkerchiefs, opium, charas (an intoxicating drug) in fact any kind of intoxicant' could be had if required.⁴⁷

One Sikh soldier suffering from low morale made the comment that any 'shrivelled charas-sodden fellow can fire the gun and kill a score of us at our food in the kitchen'.⁴⁸ Presumably, he referred to the ability for German soldiers to attack the trenches from long range and he referred to use as an insult. His reference to a "charas sodden fellow" therefore resonates closely with some of the testimonies of the Indian Hemp Drugs Commission that pointed to the derision felt by some soldiers towards cannabis users.

Of all the letters only a select few were detained or withheld by the censor as possibly dangerous. Abdul Karim of the 3rd Company 1st Sappers and Miners asked a relative for something to be sent from home which would produce minor but persistent injuries. He also noted that it might be best to send 'some Indian drug' as the British could not cure the symptoms quickly. Karim was suffering from reduced morale after a year of constant warfare on the front.⁴⁹ The concern in this letter however was obviously based upon his attempts at malingering by using

⁴⁶IOR NEG 42,426 (MS/EUR f143/92) – *Further Extracts from Reports made by the Censor for Indian Mails in France*, September, 1915.

⁴⁷Ibid. – It remains a mystery as to why beautiful handkerchiefs should be included among a list of these items.

⁴⁸IOR NEG 42,426 (MS/EUR f143/92) – *Further Extracts from Reports made by the Censor for Indian Mails in France*, October, 1915.

⁴⁹L/MIL/5/825/6 – Censor of Indian Mails in France, f106

substances native to India. The mail was therefore detained and sent to his regimental commander.

As time passed the censorship in relation to drug use became more prevalent. A letter from an Indian Depot stated that parcels being dispatched to theatres of war had been temporarily stopped. The reason was that 'some people had been sending charas and bhang' to the front and that it had been seized on route.⁵⁰ This was the first time an individual mentioned any direct action on behalf of Britain to stop the supply from home. However, opium did not feature on any of these notes and the concern was based upon cannabis. In the case of narcotics, censorship was therefore limited and the individual context of each letter was considered. If soldiers requested small personal supplies or if they were in distress mails were at times passed unedited. Moreover, while most direct references to drugs were deleted the focus was more heavily placed on attempts at subversion.

Though it might have been possible for a family member to understand the request for drugs the censor thoroughly erased sections relating to concealment. Despite such efforts these requests did not cease. A year later, censors continued to note that the 'importation of charas had by no means ceased' and could still be found hidden in parcels of tobacco.⁵¹ The only examples detained or withheld by the censor related to cases of malingering. This was of paramount concern to Britain who later used the censorship offices to monitor morale. In doing so, they tried to prevent instances of desertion or self-inflicted injuries. Overall, sepoys had

⁵⁰L/MIL/5/827/6 – Censor of Indian Mails in France, f812.

⁵¹L/MIL/5/827/2 – Censor of Indian Mails in France, f210.

their own limited methods of gaining these intoxicants and these were rarely dealt with harshly or in some cases not deterred at all.

The Military Supply: “Indian Treacle” in the Trenches

While Indian soldiers endeavoured to attain their own supplies from home a military system was also in place. In Indian Army regulations, the pre-war contingencies for supplying troops still existed. Moreover, the intensity of the war often suppressed efforts to restrict intoxicating substances among soldiers in general. As Kamienski argued, daily alcohol consumption increased as the war progressed and high mortality rates spurred on sympathy for alcoholic indulgences.⁵² Officers were supposed to conform to regulations backed by military physicians which were designed to limit use. However, they freely granted rations to men who might well become part of casualty or mortality statistics in the short term.⁵³

For Indians the same logic applied in a roundabout way. Sepoys on active service were technically allowed to purchase opium but the situation had become complicated. On one hand Indian soldiers who were known users still required doses to prevent withdrawal. This had been understood since at least the 1860s in areas such as Lushai. Beyond simple physiological issues there also remained the question of how soldiers would react if supplies were banned. Given the now crucial role of Indian forces the case for causing discontent through prohibition had

⁵²See Kamienski, *Shooting Up*, pp.19-30

⁵³Ibid, p.18

never been more important.

Alternatively, the international dimension of the war placed pressure on catering to these divisions. They were deployed in different countries which were governed by their own laws and protocols. Moreover, France had a particularly problematic history with opium as the French struggled to enforce laws on the use of opiates since the mid-nineteenth century. By 1895, ministers were calling for harsh punishments to curtail the practise amongst the general populace. More importantly, the issue had become a central military concern by the early twentieth century.

French military authorities noted that consumption in the French Navy and colonial forces was on the rise.⁵⁴ Further investigation highlighted links between opium dens, prostitution and soldiers which drove concerns. This culminated in several scandals involving intoxication and the armed forces. One prostitute had been convicted of espionage after trying to induce opium addled soldiers to divulge military secrets.⁵⁵ In 1908 a serious naval accident occurred allegedly because the ships officers were doped on opium.⁵⁶ A short time later France was thrown into turmoil when an officer, Charles Benjamin Ullmo, was convicted of attempting to sell sensitive documents to foreign agents.⁵⁷ Ullmo defended his actions by claiming that as an opium addict he had acted under diminished capacity. When this was scrutinised it was discovered that his defence was unfeasible. Ullmo's scheme

⁵⁴Padwa, *Social Poison*, p.111

⁵⁵Ibid.

⁵⁶Hans Derks, *History of the Opium Problem: The Assault on the East Ca. 1600-1950*, (Leiden: Brill, 2012) p.392

⁵⁷Ibid.

showed clear forethought which contrasted with popular scientific opinions at the time. It was stated that an addict would not have been encouraged to commit crime in general much less one which required coherent preparation.⁵⁸

Despite these assessments the case was already an international phenomenon and the drug was now firmly considered an enemy of the armed forces. Opium was a threat to efficiency; it had caused serious accidents and was now consistently, if dubiously, linked to espionage and treason.⁵⁹ By the outbreak of war the use of opiates was therefore of key concern to the French. Though frequent scandals had resulted in tougher measures the problem was still present especially in the army. Confidential reports had revealed as early as 1915 that the front lines contained a considerable number of addicts. Opium dens continued to operate underground and soldiers on leave could obtain illicit supplies and channel them back to the front.⁶⁰ The concern was two-fold: soldier-addicts were allegedly poor soldiers and they risked encouraging the habit of consumption among comrades who could be swayed into betraying their country.⁶¹

Newspapers frequently printed stories which seemed to confirm these fears in France and Britain. One report from the *Gloucestershire Echo* told of the arrest of German woman living in France known as 'Old Susan'.⁶² The individual was investigated when a high volume of letters were found to be addressed to her from soldiers. A 'discreet inquiry' found that Susan was in fact a German named

⁵⁸Padwa, *Social Poison*, p.113

⁵⁹Ibid.

⁶⁰Ibid.

⁶¹Ibid. p.117

⁶²*Gloucestershire Echo*, "German "Godmother" Arrested in France", Wednesday 29th September, 1915, p.4

'Krielsger' pretending to be the godmother of her customers.⁶³ More worryingly, the 'comforts' Krielsger was sending to soldiers contained cocaine which she was supplying to addicts who were unable to 'wean' themselves off the drug.⁶⁴

In Britain the topic was represented in stories of robberies and suicides. In early 1915 one soldier on leave was found dead beside an empty bottle of opium. The case was deemed a suicide and the cause of death from poisoning after consuming a fatal dose of 'opium and whiskey'.⁶⁵ Even more common were instances of soldiers who were 'plundered' after being dosed with narcotics in London pubs. A Middlesbrough newspaper recounted tales which told of soldiers on leave who had been dispossessed and left unconscious outside Waterloo station after being drugged. One sergeant recalled that he had 'one glass of whiskey' before waking up in a local Y.M.C.A.⁶⁶ He was one of several soldiers including a 'giant of an Australian' who had been robbed while unconscious and carried there by worried bystanders.

The reverend who testified to these incidents argued that they were just select examples and that 'many other' cases existed.⁶⁷ Despite the sensationalised nature of popular media stories were widespread and constantly in the public eye. They reflected a growing negativity relating to intoxicants as tools of criminals and threats to the soldiers defending British society. However, for the army these drugs were also important and regular supplies of opium were a requirement. Opiates

⁶³Ibid.

⁶⁴Ibid.

⁶⁵*Illustrated Police News*, "A Soldiers Suicide", January 7th, 1915, p.15

⁶⁶*Daily Gazette for Middlesbrough*, Monday 14th February 1916, p.6

⁶⁷Ibid.

constituted many of the key pain relief medicines for troops and supplies were imported routinely into Britain from various sources.⁶⁸

To the military authorities the question of intoxicants and their consumption required careful consideration. Many of these drugs were being targeted in Europe and there were already reports in Britain casting drugs in a negative light. In Indian law the sale of these substances was strictly prohibited for European soldiers in India. It was stated on licenses that opium, cannabis and their variations were never to be sold to any European officers, soldiers, soldiers' wives, soldiers' children, policemen or excise workers without permission. It also imposed these limits for prisoners or the insane and was equally applicable in military cantonments and the general market.⁶⁹

Introducing these drugs to Indians abroad would pose threats to pre-existing policy and make it difficult to dispense them without risks. Despite these limitations the Indian Army continued to provide soldiers with intoxicants. This is evident in the variety of testimonies which attest to widespread consumption and of supplying troops. One Lieutenant-Colonel in France reported that high mortality rates had forced the army to recall Indian reservists. However, he lamented the condition of the new troops who he said suffered from malnourishment and were often 'too old'. In the case of the Sikhs he also mentioned that they were 'perfectly useless' unless they were 'doped with opium'.⁷⁰

In Brown's study of logistics on the Western Front the question of opium

⁶⁸*Sunderland Daily Echo*, "Opium Getting Dearer", Tuesday 22nd December 1914, p.5

⁶⁹NAI – Central India Agency, Calcutta Files, July 1915, No.907, *License granted by the Political Agent for the preparation of and admixtures of opium and intoxicating hemp drugs.*

⁷⁰IOR MSS EUR D744, H. Vernon, *Lecture on Indian Reservists in France.*

was also noted. He underlined the reports of the Director of Supplies who complained of the complications involved in rations for Indian units in France.⁷¹ In addition to the complex dietary requirements he was also to allocate a daily supply of opium to over six thousand Sikhs euphemistically termed as “Indian Treacle”.⁷² Though he was unaware that this was part of the ration he was consoled by the fact that one thousand one hundred pounds of this “treacle” was available at the depot in Marseille. This meant that the ration could be easily catered to for several months.⁷³ The supply at Marseilles which he alluded to is also interesting as it clearly refers to raw opium rather than any refined opiate derivatives. This suggests that it was likely sent to accommodate Indians alone. It landed in the south of France where these troops disembarked and was forwarded on. If this was intended to be refined and used as medical supplies it would have been sent to Britain for processing before channelling it through the north of France to the trenches.

Other sources related similar information and this is seen in detail in the memoirs of John George Smyth who was an officer of the 15th Sikhs. Smyth served as a lieutenant in India and later rose to become a brigadier after serving in both the First and Second World Wars. As a young officer he wrote that both he and his colleagues were excited to be mobilised for service in Europe as they believed that the Indian Army would be ‘stuck for the whole’ time in their stations in India far

⁷¹Ian Malcolm Brown, *British Logistics on the Western Front, 1914-1919*, (Westport: Praeger Publishers, 1998) p.66

⁷²Ibid

⁷³Ibid

removed from the fighting.⁷⁴

When the conflict broke out he recounted the disappointment of the regiments who were to remain behind and the eagerness of sepoys to go to war. Smyth related a story of a sepoy called Harman Singh who had been bedbound for ten days with a serious case of malaria. Singh was to be left behind and was described as little more than a 'gaunt' and 'hollow eyed...bag of bones'.⁷⁵ While marching to the embarkation area Smyth sighted Singh among the troops and later sought him out. When he asked an Indian officer, he was told that Singh had fallen in as they left and the officer 'didn't have the heart' to turn him down.⁷⁶ When the officer tried to apologise Smyth was only concerned with how the soldier had 'possibly marched' the distance when he was so seriously ill.⁷⁷ The officer replied:

Oh, opium - he's a non-opium eater and the effect on him is therefore very great. We give him a little opium before the march and put him to bed as soon as it is over and then do the same again the next day.⁷⁸

The soldier in question survived the hard march and transport to France before serving a year in the trenches. When Smyth related the tale to his Commanding Officer he stated that he was 'so impressed' that they discussed the desirability of British officers carrying their own emergency ration of opium which could be used if 'they were all-in.'⁷⁹ He later wrote that 'eventually...I am sure wisely' they decided

⁷⁴Sir George Smyth, *The Only Enemy*, (London: Hutchinson & Co. 1959) p.58

⁷⁵Ibid. p.60

⁷⁶Ibid.

⁷⁷Ibid.

⁷⁸Ibid.

⁷⁹Ibid.

against the measure.⁸⁰ As he argued, there was a danger to opium eating in that the user would often find it 'very difficult' to stop. However, Smyth also noted that there were a hundred regular opium users in the ranks and that they were a 'very great nuisance'.⁸¹ The reason was that these men had to be given a regular ration for the entirety of the war.

The memoir offers several interesting points regarding military attitudes towards opium use in this period. Smyth obviously was not fully aware of these habits but the Indian officer seemed to consider the practice indifferently or casually. Moreover, once aware of the habit Smyth did not display any distaste over the practice but was rather interested in the effects of opium on the soldier. This attitude was shared later by the Commanding Officer and the only reservation involved seemed to be the understanding that a soldier might become an addict. Ultimately, this was underlined as commonplace and Smyth was unconcerned about the fact that the regular users were supplied for the rest of the war. The full extent of opium use was not fully understood but it was tolerated and even looked upon with interest. Among other insights, Smyth also noted that the Sikh soldier 'loved his rum' but was never particularly fond of beer or diluted drinks as he liked his drink to 'have a kick in it'.⁸²

Interestingly, this was not Smyth's last experience of the Sikhs partiality for drugs and alcohol. He later told a tale where he once again witnessed the 'miracu-

⁸⁰Ibid.

⁸¹Ibid, p.61 – 100 users roughly equated to around 1 in every six soldiers in a regiment of 750.

⁸²Ibid, p.61

lous effect of opium'.⁸³ In this case, the unit had assumed control of some trenches from a British battalion which had suffered heavy casualties in an unsuccessful raid. Among the casualties were fourteen men who were too badly wounded to leave with the rest of the battalion. The officer in charge sent several Sikh stretcher-bearers to evacuate the troops. To the surprise of several officers, some of the wounded were later chatting amongst themselves and smoking. In fact, three of these wounded then walked back of their own volition. It was later found that 'a little opium' had been administered and that the 'effect was magical'.⁸⁴

From Smyth's account the use of different substances, despite rising anxieties over drugs, was therefore common. This was true not only for Indians but also occasionally for British soldiers who had encountered sepoy users. In fact, the concept of supplying soldiers with substances was of key interest to Smyth personally. He noted that he had always taken an interest on the 'whole question of the effect of drugs and stimulants on the soldier in battle'.⁸⁵ He also pointed out that many people had 'sought a drug which would eradicate fear from the soldier without paralyzing his brain'.⁸⁶ Here Smyth offered a final insight into this subject as he stated that the Germans took far more interest in the question than Britain and that he could attest to some of their experiments.

During his first night in France, he recollected that the battalion adjacent to his own was attacked in the middle of the night by a German regiment. Remarkably, heavy losses did nothing to deter the attack and the Germans 'went clean through'

⁸³Sir John George Smyth, *Milestones*, (London: Sidgwick & Jackson, 1979) pp.33-34

⁸⁴Ibid.

⁸⁵Ibid.

⁸⁶Ibid.

the allied line and into some woods behind it.⁸⁷ It transpired that the Germans had been drugged with a mixture of ether and alcohol. After three hours in the woods these same men suffered feelings of depression once the effects wore off. They then 'withdrew just before dawn for no apparent reason except nerves and a frightful hangover, so much so that some of them gave themselves up.'⁸⁸ As these instances point out, the use of drugs and alcohol were closely related to war for both European and colonial forces.

In addition to his anecdotes the euphemism for opium was also mentioned though he recalled that it was labelled as 'Black Treacle' rather than "Indian" treacle.⁸⁹ Like the Director of Supplies Smyth did not specify why the drug was concealed though the combination of different legalities and public opinion would understandably have provided enough encouragement. These substances were largely absent in many of the lists of supplies including those requested by soldiers themselves. The Indian Soldiers' Fund sent various items to the different theatres of war including common goods from local spices to clothing.⁹⁰ However, no intoxicating substances were requested or apparently received through these channels. In addition, though tobacco and alcohol were present in high volumes in official supplies narcotics were not.

Alongside the new terminology, it seems that the army also suppressed the presence of drugs like opium, such as the large amount at Marseille, from official

⁸⁷Ibid.

⁸⁸Ibid.

⁸⁹Ibid.

⁹⁰IOR/MIL/17264 – *Formation of Indian Soldiers Fund under control of sub-committee of St. Johns Ambulance Association to provide medical and other comforts to Indian soldiers: donations and gifts.*

lists. In the years following the war Thomas Lowell commented on Indian intoxicant use in the war and underlined one reason for this duplicity. Lowell is best remembered for immortalising Lawrence of Arabia and later as a famous travel writer. During his time in India in the 1920s he remarked that the Afridi was never to be found without his rifle or his pipe of 'charas' or crushed hemp - the effect of smoking which was a 'delicious dreaminess – and a short life'.⁹¹ He further commented that:

Only the richer men smoke opium; for the paraphernalia of pipe and lamp and needle is far too complex for the border tribesman and calls for the service of a handmaiden from Kashmir. But the drug is eaten to a large extent. If you were to ask the truth of that tall Sikh...- a typical descendant of Ranjit Singh, the "Lion of the Punjab" – no doubt he would deny it, but he and most of his silky-bearded coreligionists from Amritsar and Lahore firmly believe in the tonic properties of opium and eat a little every day for the stomach's sake. The British Government took account of this habit during the war and supplied, in reasonable measure, the opium demanded by the Sikhs at the front. Large cases of the drug (labelled "treacle" for the benefit of the reformers from Exeter Hall) followed Sikh regiments into the field.⁹²

⁹¹"Where the Ends of the World are Met – Peshawar", *Asia: Journal of the American Asiatic Association*, Volume 25, January 1925, (New York: Van Tassel Publishing, 1925) pp.316-317

⁹²Ibid.

As Lowell intimated the military reasoning behind such euphemisms grew from concerns over anti-opium groups like the SSOT and possible protests regarding supplies who had their meetings at Exeter Hall. In some isolated cases it featured in ship manifests for the Indian forces in France. However, this was highlighted by disputes over accountancy regarding the costs for catering to Indian soldiers. In the confusion of the war sepoy were given supplies from various sources including bulk stores from India. For accountancy purposes the stores sent to Indian troops were to be paid for by the India Office and disputes had risen over costs incurred by Britain. When audited several ships sent with supplies for the Indian Expeditionary Force contained opium. In April 1915 the *Varsova* unloaded opium, rum and tobacco with other commodities such as chillies and tamarind.⁹³

In the same month the *Arona*, *Egra*, *Ellenga*, *Taroba*, *Teesta* and *Erinpura* sent similar supplies amounting to almost forty pounds of opium in April alone.⁹⁴ As well as opium these ships included over four hundred gallons of rum and almost one thousand pounds of tobacco.⁹⁵ In May and June the *Elephanta*, *Arona*, *Bandra* and *Assaye* unloaded more opium, alcohol and tobacco. Curiously, the *Assaye* also carried ten pounds of treacle on one occasion but this item never appeared on any of the other ships lists. Furthermore, this was one of the few ships which did not list any opium on the manifest of supplies which raises suspicion as to whether this was termed with the euphemism on this occasion. These figures only represented the accounts on a select number of supply ships audited. Overall, almost 25 ships were

⁹³IOR/L/7/2692 – European War 1914-1918, *Stores sent in bulk from India: method of accountancy*

⁹⁴Ibid.

⁹⁵Ibid.

noted to have made continuous drops in France which presumably contained equivalent items.⁹⁶

Opium therefore formed the majority of narcotic supplies to troops and drugs like Indian hemp and its derivatives were absent in official lists. This might further explain why censors seemed to have allowed the occasional request for charas from home since addicts would unlikely have a government allowance. While Indians enjoyed their home comforts they also avoided many of the negative perceptions relating to intoxicants which were common for Europeans. The Indian soldier in France was a subject of curiosity in Britain and reports often highlighted these men as being mostly temperate. One newspaper reported that sepoys had an affinity for the areca nut which was chewed with betel leaf. Though the science behind it was unclear it was stated that it was a narcotic habit similar to how 'South American Indians' chewed quicklime and coca leave to 'draw out the alkaloid of cocaine'.⁹⁷

Alternatively, the old concept of the moderate sepoy in comparison to the European filtered through reports. Another stated that the sepoys had 'few equals as fighters' but in private they were the 'mildest' and 'most peaceable' of men.⁹⁸ They were commonly stated to advocate the teetotal life and that even 'when out for jollification' rarely cared for strong liquors but were slaves to the indulgence in 'treacle junket'.⁹⁹ As well as key alcohol users, the European soldier also had easy

⁹⁶Ibid. – 23 ships are listed to have taken supplies to France in this source alone.

⁹⁷*Farmington Advertiser*, "Sepoys" Saturday 29th November 1914, p.2

⁹⁸*Luton Times*, "The Sepoy in Private Life", Friday 25th September 1914, p.3

⁹⁹Ibid. – Presumably this refers to the dessert and not a euphemistically termed opium after dinner treat.

access to certain substances which were retailed in Britain and highlighted as key aids to military life. One young officer's list of the most important items required for fighting in the trenches included warm clothing and 'opium pills'.¹⁰⁰ In addition, there existed a well marketed industry for tonics and tinctures containing narcotics such as 'Teasdale's Chlorodyne'.¹⁰¹ Teasdale's mix had been created as a competitor for Indian Army doctor John Browne's chlorodyne which had been retailed for almost a century. In advertising, it was also almost exclusively accompanied by a quote from a soldier proclaiming its efficacy.

It is clear then that both European and Indian soldiers could acquire intoxicants either through official or unofficial channels. However, by early 1916 concerns surrounding consumption increased and this was marked by an initial restriction on military use. One army doctor had asserted that the number of soldier-addicts in military hospitals was increasing.¹⁰² Furthermore, the tales of social evils and the danger to the army had finally taken its toll on wider society.¹⁰³ Fears came to a head when an ex-soldier named Horace Kingsley and a London prostitute, Rose Edwards, were sentenced to six months' hard labour for selling cocaine to Canadian troops in Folkestone.¹⁰⁴ The investigation also found that no less than forty soldiers of the same barracks were also cocaine addicts.¹⁰⁵ When police looked further into the subject they uncovered worrisome links to prostitution, soldiers and narcotics in London's West End.

¹⁰⁰ *Sunderland Daily Echo*, "Needed in the Trenches", Tuesday 16th February 1915, p.4

¹⁰¹ *Hull Daily Mail*, "The War: Every Soldier's Kit", Tuesday 25th August 1914, p.5

¹⁰² *Western Morning News*, "Supplying Drugs to Soldiers", Friday 11th February 1916, p.4

¹⁰³ Mills, *Cannabis Britannica*, p.190

¹⁰⁴ Berridge, *Demons*, p.129

¹⁰⁵ Parssinen, *Secret Passions*, p.131

This included the arrest of another dealer, William Johnson, who was found with several packets of cocaine on his person. Johnson was allegedly selling each at over a nine-hundred percent profit to local prostitutes.¹⁰⁶ However, given that he was a civilian who was only caught attempting to sell the product he was released.¹⁰⁷ No legislation existed which prohibited John's possession of the drug and since no actual sale had taken place there was no grounds for prosecution. An Army Council order in May carried out under the authority given by the Defence of the Realm Act carried out the first steps against these problems. The order placed specific restrictions on military consumption by prohibiting substances without prescription to soldiers. Even then, use was supposed to be singular and a ban was also placed on repeat prescriptions.¹⁰⁸

After two years of warfare Britain had finally been pressed into regulating the habits of soldiers for reasons of health and efficiency. This created a policy base which paralleled most of the other European powers. It matched the measures introduced in France surrounding intoxicants and mirrored the interests of the Great Powers in promoting sobriety.¹⁰⁹ However, as in the case of alcohol use it only imposed a new balance between policy and practice. As discussed previously, keeping Europeans sober was written into the regulations of most of the major warring nations. However, in the field those responsible for enforcing these measures had their own autonomy and openly flaunted these rules by giving hard-pressed sol-

¹⁰⁶Ibid.

¹⁰⁷Ibid.

¹⁰⁸*Middlesbrough Gazette*, "Army and Sale of Drugs", Friday 12th May, 1916, p.6

¹⁰⁹Kamienski, *Shooting Up*, p.20

diers rum, beer, whiskey, wine and anything else to hand.¹¹⁰

As a result, though new protocols had been instituted for the use of substances this did not strictly guarantee that these measures would be imposed in the field. In addition, all the combatants in France were allocated furlough and any time away from the trenches would allow soldiers to seek out their own illicit substances. At the official level, the nature of the war superseded policies by accident or design. The question of intoxicating substances was still of importance and the army had only made a small step in suppressing the perceived drug scare. In fact, it would not take long for the military to more thoroughly review the restrictions on narcotics.

Conclusion

The opening phases of the First World War represented a period of both continuity and change with regards to intoxicant use in the Indian Army. The outbreak of the war signalled a time where the higher echelons of military forces sought to promote sobriety. This was paralleled by the use of new extraordinary governmental powers which tried to limit intoxicants use in the French and British armies. However, the intensity of the conflict encouraged soldiers to seek an altered state of consciousness and few openly advocated policies which denied the common soldier a psychological or physical reprieve. Accepting the role of alcohol

¹¹⁰ibid.

in the trenches even superseded the high material costs of alcoholic beverages and the relative loss of foodstuffs.

Sepoys who chose to consume alcohol enjoyed the same access to it as Europeans and this can be seen plainly in the excessive volumes of consumption which continued throughout the war. Abstinent sepoys or individuals who indulged in drugs as well as alcohol also had different ways of acquiring these. In soldiers' letters, any attempts to control these drugs was haphazard, uncoordinated and rarely authoritative. In several instances, the censors passed letters without changing any information relating to drug use. For these select few a supply was apparently possible and depended only on the philanthropy of relatives. Other letters even hint at the idea that British military doctors encouraged some of these men to establish their own supply. Most references also show the British censors at various levels were either confused or largely unconcerned with consumption. Allusions to drugs like opium were often omitted but this was usually restricted to the deletion of the name of a substance alone.

The intended recipient of these letters presumably understood the habits of their husbands, sons and brothers etc. By referring to past correspondence or simply filling in the blanks the relative in question would have presumably had an idea of what was being asked for. The real attention of the censors was devoted to letters which discussed ways in which a relative might send a letter or parcel in a way that bypassed the British system of control. The central focus of this office was to prevent and monitor seditious mail from India not to deter narcotic use. In the few examples where a censor detained a letter and the issue was raised at a

regimental level the contents typically discussed malingering. This was a separate issue and one which was of central concern to Britain. No other instances mention disciplinary proceedings for soldiers writing home for drugs and though censors sometimes discussed the question it was not directly punished. Use in the Indian Army was therefore considered in different ways when an individual tried to establish their own supply. It depended on the volume of drugs requested, the intended use and the interpretation of each letter individually.

Another central reason why personal supplies were sometimes deterred can be explained by the fact that the army had its own system in place. The early twentieth century was a time of increasing regulation on drugs and it featured differently in each country. The Western Front crossed several international borders where addiction was a subject of contention. French military and political figures were particularly keen to eradicate the use of opium. It had become a key issue to the army and anxieties over soldier-addicts were beginning to increase. The war was not only a direct physical conflict as it was perceived to have indirect and underhand threats which involved narcotics.

As Padwa has argued, the French considered addiction another aspect of the war waged by the German pharmaceutical industry. Outside the front line this took form as a 'covert' ploy to spread addiction and damage the Allies from within.¹¹¹ It might have taken longer for Britain to realise similar dangers but popular imaginations of drugged or suicidal soldiers also existed in Britain. It was attested to in the mass media frequently. However, neither the contravention of

¹¹¹Padwa, *Social Poison*, p.80

French policy nor the possible threat to domestic and military regulations prevented Britain from supplying sepoy with drugs. It was included as a direct order to those in charge of supply that sepoy users were to be given opium as part of a regular ration. The only reservation was that these supplies had to be concealed which created euphemisms such as “Black Treacle” or “Indian Treacle”.

From the memoirs of British officers who commanded Indian troops it is plain that attitudes towards these habits were often positive or indifferent. As Smyth attested, the use of these intoxicants could be viewed upon with interest even when Indian soldiers dispensed drugs like opium to British troops. Moreover, his testimony confirmed some of the French beliefs regarding drugs in the war. Substances like opium, ether and alcohol were used for different reasons by most of the countries involved in the war. The conflict did have a dimension involving pharmaceuticals and intoxicant use within the opposing armies. Based on supply manifests and the testimonies of these individuals it is clear that Indian troops enjoyed a supply of opium to supplement their ration. However, cannabis and its derivatives did not form part of the military endorsed substances and many other substances were prohibited to prevent malingering. Without a domestic supply troops had to depend on the official sources of opium and alcohol while they fought in Europe.

Those Indians who served out the war in France continued to draw the regular opium ration and often wrote home for more select items when the need arose. In the opening months of 1916 the army began to prohibit the use of narcotics. This began the initial drive against drugs which would solidify just as the

Indian infantry divisions in France were to be relocated. However, the Army Council Order was designed with European rather than Indian troops in mind. In addition, in the field it would be difficult to eradicate practices even amongst French and British soldiers. Underground markets for these substances existed in major cities like Paris and soldiers could access these markets on furlough. Sympathetic or untrained physicians would continue to administer high doses to the wounded which would foster cases of soldier-addicts. Overall, the war would still be closely linked to these intoxicants and the drive for soldiers to acquire them. Sepoys were special in that they were allocated opium and alcohol from the beginning of the war as a matter of military policy. Furthermore, though the 1916 order introduced restrictions these did not seem to apply to Indian soldiers. This is clear in some of the censor remarks in 1916 which showed that confusion regarding whether it constituted a banned substance or not. It would also be a question which would arise later in the war. While in France and Flanders however these practices were either accepted or supported by the Indian Army.

Chapter Five: Drugs, Alcohol and the Indian Expeditionary Forces Abroad, 1916-1919.

Introduction

By 1916 only two Indian Cavalry divisions remained in France while the infantry there was redeployed to reinforce efforts abroad. In addition to the troops in Europe six other Indian Expeditionary Forces were engaged throughout the conflict to combat the Central Powers. Expeditionary Forces B and C fought German colonial units in East Africa. Force D was sent to Mesopotamia and later saw action in the Middle-East. E and F were designated for Egypt though a series of successes brought the troops into Palestine. Finally, Force G was sent to Gallipoli to bolster European and Dominion units in the region.¹

Britain carefully managed Indian soldiers in these areas. Officers and administrators had a good knowledge of sepoys and they were careful to cater to their social and cultural practices. However, despite the best efforts of army leaders there still existed 'scattered' and 'minor disturbances' spurred on by the cultural intricacies of Indian troops.² One notable anxiety centred on using these men in combat zones where they would be expected to fight co-religionists.³ Around one-third of sepoys were Muslim and religious leaders in Turkey had proclaimed Jihad against the Allies in 1914.⁴ Moreover, the fighting would bring troops into regions with sacred sites and damage to these could prove dangerous to discipline and morale.⁵ To limit the chances of unrest officers took particular care in these matters

¹Morton-Jack, *The Indian Army*, p.1

²Roy, *Indian Army*, p.18

³See James Kitchen, *Indianization of the Egyptian Expeditionary Force*, in Roy's, *The Indian Army in the Two World Wars*, pp.165-191

⁴David Omissi, *The Indian Army in Europe, 1914-1918*, in E. Storm and Ali Tuma's, *Colonial Soldiers in Europe, 1914-1945: "Aliens in Uniform" in Wartime Societies*, (London: Routledge, 2016) p.124

⁵Kitchen, *Egyptian Expeditionary Force*, p.177

especially given the presence of German propaganda.⁶

Even with these efforts a number of isolated incidents occurred. In 1915 the 15th Lancers mutinied as soon as they disembarked in Mesopotamia and refused to fight the Ottoman forces there.⁷ The 15th had been formed in 1857 to combat mutineers and had an exceptional service record which recently included France and Flanders. The mutiny consequently raised considerable concern and though mild punishments were given the unit was disbanded after the war.⁸ This was an isolated case and the religious issue never featured prominently for most of the army there.⁹

Another episode occurred in Singapore when sepoy of the 5th Light Infantry mutinied in 1915. The origins of the mutiny focussed on two key areas of discontent. The first was that the sepoy believed they were to be redeployed overseas and the second stemmed from a lack of commodities which these men were used to in India.¹⁰ The 5th had been in service since 1803 and like the 15th Lancers it had a distinguished list of military honours. To make matters worse, most of the European forces in Singapore had been sent to other theatres leaving only an under-equipped volunteer force as a garrison. The 5th therefore represented the best armed and most well-trained soldiers in Singapore.¹¹ After British, French, Russian and Japanese forces interceded the mutiny was suppressed. On this

⁶Ibid.

⁷See Singh, *Testimonies*, chapter 5.

⁸Ibid.

⁹Ibid.

¹⁰See Harper Miller, *Singapore Mutiny*, (Oxford: Oxford University Press, 1984) chapter 1.

¹¹Heather Streets-Salter, *World War One in South-East Asia: Colonialism and Anti-Colonialism in the Era of Global Conflict*, (New York: Cambridge University Press. 2017) p.22

occasion however, severe punishments were meted out to those involved.¹²

As Gardner has argued, the morale and discipline of Indian troops was commonly affected by dietary customs and this caused considerable logistical problems for Britain in these areas.¹³ Overall however, the task was handled well as evidenced by the few instances of indiscipline for most the war. With regards to intoxicants, it is possible to chart similar problems. Though these troops were closer to home, drugs like opium often had to be transported by the army. This was becoming increasingly difficult not only because of logistics in certain areas but because tensions surrounding narcotics were reaching an apex. Soldiers had ready access to alcohol which was shipped in copious quantities. However, supplying intoxicating substances had been problematic since the outbreak of war and the summer of 1916 signalled a watershed in official policy on drugs. This not only increased pressure on the use of substances amongst Europeans. Though this mostly applied to soldiers in Britain it showed a major discrepancy in the treatment of British soldiers in relation to sepoys.

This chapter will assess how the habits of troops were managed in the theatres of war outside of Europe in three key sections. The first section will briefly chart the developments which proceeded the initial army order ban on narcotic use and the new regulations which existed for troops abroad. In the second section, the focus will then shift to look specifically at the campaign in Mesopotamia. This campaign has a special significance because it represented the largest

¹²Ibid.

¹³Nikolas Gardner, *Sepoys and the Siege of Kut-Al-Amara, December 1915-April 1916, War in History*, Vol.11 (2004) pp.307-26

concentration of Indian soldiers and progressed much differently in comparison to the actions in Europe. The third section will then assess the same points for the Indian units in East Africa, Gallipoli and Egypt. Though these campaigns had fewer Indian troops than Mesopotamia and Europe each presented unique situations in terms of geography, narcotics policies and campaign scenarios.

There are two key questions which are central to this chapter. What were the general military perceptions towards intoxicants in the British and Indian armies at this time? And did responses to consumption in the other expeditionary forces differ from those in Europe? A range of sources will be used to examine these points. To underline the developments in regulations the chapter will look specifically at military manuals, as well as medical journals to show how these ideas progressed. It will similarly consider the way these ideas filtered through military publications such as army magazines for the allied forces. These will show that the issue of intoxicants was becoming increasingly important to military thinking in this period. With this as a basis, the chapter will then assess military attitudes towards use among sepoys in Mesopotamia, Egypt, East Africa and Gallipoli by analysing the array of campaign accounts produced by British officers in the war. When taken alongside the reports on narcotics policy, the recollections of the military governors and medical reports this will show how the army dealt with these habits in practice.

Military Regulation and DORA 40B

Hearing the word “cocaine,” the Army Sister seated at the opposite table looked intently at Isabelle Beaumont, and then taking up her paper she listened honourably, shamelessly, and she heard the girl developing, very cautiously, with seeming innocence, an ingenious defence of the use of the drug.¹⁴

- Saving Tom McKay, *Canada in Khaki*, 1917

The limitations of the Army Council Order in May were quickly realised in Britain. The measure did little to prevent the thriving black-markets which existed in European capitals like London.¹⁵ Furthermore, the edict never comprehensively covered the question of civilian possession. Johnson’s case proved that there were considerable loopholes in the policy which prevented its intended function. Furthermore, the war had stalled the ratification of policies at the Opium Conventions of the 1910s that might control the issue.

Another key concern for Britain resided with the increase of narcotics smuggling.¹⁶ This was a problem which had existed since the initial measures to decrease exports to China. By 1916 officials had deduced that Britain remained a

¹⁴Donovan Bailey, “The Saving of Tom McKay” printed in *Canada in Khaki: A Tribute to the Officers and Men Now Serving in the Canadian Expeditionary Force*, (London: Pictorial Newspaper, 1917) p.149

¹⁵Adrian Barton, *Illicit Drugs: Use and Control*, (London: Routledge, 2003) p.14

¹⁶Hansard, Sir J. D. Rees, House of Commons Debate, July 10th, 1914, Vol.64, c.1410

key centre of smuggling operations to India and the Far East.¹⁷ In addition the core products included opium preparations for smoking which the Home Government had been set against for some time. Discussion in the Home Office on the matter was largely divided. On one hand the recent links to the army and the continued smuggling problem drove attempts at prohibition using the extraordinary powers afforded by the war. This was counterbalanced by the fact that DORA was not strictly designed to impose regulations of this nature.¹⁸ As Parssinen noted, it would mean framing regulations to suit DORA by outlining that the drugs were required for 'war purposes'.¹⁹ The alternative would require official legislation enacted by the usual process of Parliament. However, this might have proved unpopular and could not be guaranteed quickly.²⁰ Ultimately, the perceived urgency of the problem encouraged the use of DORA to resolve the issue.²¹

In July 1916 DORA regulation 40 was extended to incorporate civilian population and tighten controls on narcotics. Act 40B introduced five key alterations to existing practices. It prohibited the possession and sale of cocaine or opium to anyone without a prescription from an authorised individual.²² The import and export of both drugs could only be carried out with a license from the Secretary of State. Full records were to be kept and ready for inspection at any time by government officials. Preparations used for opium smoking and all the

¹⁷ Parssinen, *Secret Passions*, p.130

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Padwa, *Social Poison*, p.102

²¹ Berridge, *Demons*, p.129

²² Alexander Pulling, *Manuals of Emergency Legislation: Defence of the Realm Manual*, (London: His Majesty's Stationary Office, 1918) pp.142-143 – An authorised individual being a licensed physician or dentist etc.

paraphernalia required for that practice were banned outright. Finally, the terms were to be applied to all substances which contained more than 0.1% cocaine or any form of opium either 'raw...powdered or granulated'.²³

The impact of the new law in relation to narcotic restriction has been debated. Berridge has argued that 40B introduced policy which was even more wide-ranging than pre-war policy proposals. However, she suggested that within a year few prosecutions were carried out and that the original concerns were unsubstantiated.²⁴ Historians such as Padwa have maintained alternatively that the new powers increased pressure on narcotics but ultimately showed that 'more needed to be done'.²⁵ As he noted, these problems continued in some capacity after the extension of DORA. One month after the new law two men were arrested in Glasgow for attempting to smuggle seven hundred pounds of opium into China by hiding the drug in a piano.²⁶ In 1917 a large shipment of opium was seized in Shanghai which was 'concealed in packages of innocent cargo'.²⁷ It had been sent through Britain by a US trafficker who was subsequently convicted.

In the same year an engineer was also fined one hundred pounds for attempting to smuggle opium inside steel rollers.²⁸ The court found that the potential profit was high and this encouraged the practice. It was calculated that for £300 of opium in Britain a smuggler could make up to £2500 in China.²⁹ At an individual level, the issue also featured famously in the overdose of actress Billie

²³Ibid. p.143

²⁴Berridge, *Demons*, p.129

²⁵Padwa, *Social Poison*, p.102

²⁶*Western Mail*, "Piano Full of Opium", August 3rd, 1916, p.6

²⁷Hansard, Lord Robert Cecil, House of Commons Debate, April 12th, Vol.104 c.1828W

²⁸*The Scotsman*, "Opium Smuggling – Glasgow Engineer Fined" February 3rd, 1917, p.5

²⁹Ibid.

Carleton. Both the suppliers and the costume designer Carleton acquired her opium and cocaine from were arrested and sentenced.³⁰ Though the high-profile case prompted a media storm over these drugs and overdose cases remained common in general society. One doctor died of an accidental overdose because it 'was rather dark' when he poured the measure of alcohol and opium and he 'took more than he intended to'.³¹ Several months prior to this, a miner also died after taking too much laudanum for bronchial asthma.³² This was a common occurrence in Britain and featured prominently in the press.

Despite the increased limitations, anxieties over narcotics were also still present in military circles. A year after the new laws, the military magazine *Canada in Khaki* published the fictional tale of a Canadian soldier, Tom McKay, who acquired a cocaine habit through the wiles of a young women. As Tom's addiction developed the cost of the cocaine packets increases until a concerned army sister intervened. Later, McKay confronted the young female peddler and revealed that he had never taken the drug before reclaiming his money and burning the packets he previously purchased.³³ The story was largely reflective of efforts to try and limit or prevent what was considered a continuing problem for Canadian forces. It encouraged the moral superiority of a soldier to abstain and the obligation of other military services to intercede in these cases.

Attempts to outline narcotics as dangerous and immoral were paralleled by

³⁰Padwa, *Social Poison*, p.103

³¹ *Middlesex Chronicle*, "Death of a Doctor Dendle." April 6th, 1918, p.3

³² *Newcastle Journal*, "Felling Miner's Death - An Overdose of Laudanum Mixture", December 28th, 1917, p.2

³³Bailey, "The Saving of Tom McKay", *Canada in Khaki*, (London: Pictorial Newspaper, 1917) see pp.145-155

the continuing issue of soldiers being drugged while on leave. A woman by the name of Margaret Henderson was sentenced to two months' imprisonment for stealing six pounds from an invalided soldier.

After drawing his pay, Henderson had taken the soldier to two hotels and dosed his drinks with an unknown substance. In addition to relieving the man of his wage, the drug also caused his collapse and hospitalisation.³⁴ In Sheffield, another man on leave after 18 months in France was drugged and robbed of twelve pounds.³⁵ The issue was later raised by a Major Freemantle at a meeting of city councillors. Freemantle noted that many cases had come to his attention of soldiers being given 'sweets and other things' by women that had been drugged. These men, he stated, had to 'return to France as criminals' after their experiences at home.³⁶ Overall, the new regulations allowed for the prosecution of offenders and extended restrictions on the possession of drugs. However, the new provisions had a limited impact on what were already illegal and clandestine practices. Reports of drugged soldiers and smuggling attempts continued throughout the war and these kept the problem in focus.

The anxieties portrayed here were not limited to Britain and the colonial forces it controlled. American reports were also increasingly concerned with narcotics and the potential of addiction. This stemmed not only from the short-term question of military efficiency but the potential problems of returning addicts. *The Military Surgeon* published an article in 1916 which suggested that addicts had

³⁴ *Manchester Evening News*, "Soldier Drugged and Robbed", November 30th, 1917, p.5

³⁵ *Lincolnshire Echo*, "Soldier Drugged and Robbed", January 13th, 1917, p.3

³⁶ *The People*, "Soldiers Drugged", December 23rd, 1917, p.4

begun to 'pass into military service'.³⁷ A year later, the *New York Times* discussed the wide-ranging problems of addiction and its different causes. One soldier who had won the Victoria Cross had become an opium addict after repeated doses were administered for injuries from gas attacks.³⁸ When the individual was hospitalised again, he informed physicians of his habit yet he was given morphine to prevent withdrawal rather than rehabilitation for his addiction.

Another soldier considered suicide when he was unable to cure himself of his habit before seeking clinical help.³⁹ Both cases placed some blame on the liberal and sympathetic use of morphine by medical staff in the war. The article subsequently called for greater federal legislation to prevent nurses and physicians from dispensing these drugs too freely. However, the causes of addiction were only partly explained by medical negligence. Other investigations reported that American soldiers in Europe were followed by a 'motley mass of parasites, prostitutes, thugs' and 'crooks of all kinds'.⁴⁰ These explained how such characters tainted the soldier:

The tremendous excitement of battle is followed by a reaction during which the soldier feels "down and out", he seeks the companionship of the loose woman or the dealer in bad booze and these suggest to him that a tablet or a pill, a "sniff" or a "shot" may be the specific

³⁷*The Military Surgeon: The Journal of the Association of Military Surgeons of the United States*, Vol.39, (California: The Association, 1916) p.108

³⁸Charles Towns, "War is Increasing the Drug-Consuming Habit: Hospitals Develop Craving", *The New York Times*, April 29th, 1917.

³⁹*Ibid.*

⁴⁰Edward Dunster et al. "Has War Increased Drug Addiction?", *International Record of Medicines and General Practice Clinics*, Vol.105, (California: MD Publications, 1917) p.991

remedy...sooner or later he yields...takes the final step and...follows the usual path of the drug addict.⁴¹

A few bolder examinations explained the problem by pointing at attempts to suppress alcohol consumption. In these it was argued that the Chinese had made similar efforts in the past only to become a nation of 'opium-smokers and eaters'.⁴² Similarly, the Mohammedans who abstained from alcohol were underlined to be key consumers of 'opium, hashish, bhang and other intoxicating drugs'.⁴³

While these anxieties spurred on action against the newly formed habit of Western forces in Britain the habits of Indian soldiers largely escaped attention. It is also clear that officials would act on these new policies to deter supplies from within the army itself. A military physician was convicted in 1917 for giving European soldiers heroin which contravened the new laws. For his 'improper dealings' the man was struck from the Medical Registry and punished under the DORA acts.⁴⁴ The doctor in question had supplied officers as well as several soldiers which added further dimensions to the case. This became a wider issue which included threats to the command structure of the army. The case proved that military physicians were subject to these new regulations and that greater scrutiny now existed on soldiers acquiring these substances.

Furthermore, the additional terms of DORA technically included Indian soldiers though it is unlikely that their practices had been taken into consideration

⁴¹Ibid.

⁴²George Harvey, "Prohibition and Drugs" in *The North American Reviews War Weekly*, (January: 1918) p.iii

⁴³Ibid.

⁴⁴*British Medical Journal*, "The Supply of Intoxicant Drugs to members of His Majesty's Forces" December 15th, 1917, p.797

in drafting the new policy. The terminology used made it an offence to dispense substances to any member of 'His Majesty's forces' and this included British and colonial troops. It also specifically included opium which was the staple narcotic for many of the martial castes who served in the Anglo-Indian forces.⁴⁵ The issue no longer simply involved concealing opium to prevent problems in countries like France or to avoid public scrutiny. The army would have to decide between prohibition for sepoys or continuing the practice in the face of the new policy.

Indian Expeditionary Force D and the "Neglected" War in Mesopotamia

When Allah made Hell, runs the Arab proverb, he did not find it bad enough, so he made Mesopotamia – and added flies.⁴⁶

- A. J. Barker, *The Neglected War*

The campaign in Mesopotamia was convoluted and at times haphazard. When war broke out the Ottoman empire initially remained neutral and British intentions were focused nominally on Persia.⁴⁷ Indian Expeditionary Force D consisted of five ships and a force of less than six thousand including camp followers.⁴⁸ A month after Indian Expeditionary Force A was thrown piecemeal into the trenches these

⁴⁵Pulling, *Manuals of Emergency Legislation*, pp.142-143

⁴⁶ A. J. Barker, *The Neglected War: Mesopotamia 1914-1918*, (London: Faber and Faber, 1967) p.18

⁴⁷ Sir George Buchanan, *The Tragedy of Mesopotamia*, (London: William Blackwood & Sons, 1938) p.4

⁴⁸ Ibid. – This was a single Brigade of the 6th Division which was committed fully at the outbreak of war.

troops were only just sailing with orders to secure Abadan in Persia and its oil refineries. Prior to this, there was no intention to send a division there at all and force D was earmarked for Egypt. The new mandate to the Middle-East also strictly forbade any hostile acts against Turkey.⁴⁹ Britain, France and Russia hoped to maintain Ottoman neutrality and did so successfully until the winter of 1914. The orders which redirected one brigade of IEFD to Persia were designed as a contingency plan. If the Ottoman Empire remained neutral then the small force there would be sufficient to hold the key Persian assets. Alternatively, if they entered the war then IEFD could launch an immediate assault against an unguarded Mesopotamia.⁵⁰

There were other military reasons why Britain hoped for continued neutrality. Firstly, the British Empire represented the largest Muslim state in the world.⁵¹ Fears over a possible rebellion in India were significant enough to dissuade actions which could stir the population against the Raj. As Britain depended heavily on Indian resources a rebellion would be disastrous. Secondly, it would introduce new fronts and pose strategic problems in the Mediterranean and the Middle-East. Allied lines were already stretched and this would further strain British forces. Thirdly, Turkish involvement would have an important knock on effect for medicinal war supplies.

This was a common feature of pharmaceutical journals throughout the war.

⁴⁹Paul Knight, *The British Army in Mesopotamia, 1914-1918*, (London: McFarland and Company, 2015)

⁵⁰Major E. Sandes, *In Kut and Captivity with the Sixth Indian Division*, (London: John Murray: 1919) p.3

⁵¹Knight, *The British in Mesopotamia*, p.6

One journal highlighted that the Allies depended on opium as it dictated the availability of 'morphine, codeine, diacetyl morphine' and other opiates.⁵² At the time Turkish opium was considered the most suitable raw material for these products. In fact, its high morphia content had fuelled the British domination of the morphine market for decades.⁵³ However, an Anglo-Ottoman conflict would immediately cut the supply to Britain. Fortunately, these fears were later proven to be unfounded as Britain and America had a large stockpile of Turkish opium secured in London by October of 1914. In addition, the British later made use of Persian and Indian opium to counter the deficit. Though these products 'did not win great favour' they proved sufficient for the war.⁵⁴ Opium prices did eventually rise but the peaks occurred at the end of 1917 and 1918 as the Great War began to end.⁵⁵

The initial campaign in Mesopotamia was met with early success. The British contingency plan paid off and the brigade was already at the Persian Gulf when Turkey entered the war.⁵⁶ It was joined shortly after by the rest of the Sixth division and the opening months were defined by numerous easy victories including the seizure of Basra.⁵⁷ However, these successes played a part in the later disasters which characterised the campaign. They encouraged British leaders to carry out an aggressive advance as Turkish forces were disorganised and limited in number. This fostered a false sense of security and an ambitious advance on Baghdad under the

⁵²Anon. *Drug and Chemical Markets*, Vol.5, (New York: D. O. Haynes & Co Publishers, 1918) p.5

⁵³Martin Booth, *Opium: A History*, (New York: St. Martin's Press, 1996) p.52

⁵⁴*Drug and Chemical Markets*, Vol.5, (New York: D. O. Haynes & Co Publishers, 1918) p.5

⁵⁵Ibid.

⁵⁶Sandes, *In Kut*, p.3

⁵⁷Knight, *The British in Mesopotamia*, p.12

command of General Charles Townshend.⁵⁸ As Anglo-Indian units reached Ctesiphon they encountered the regular Ottoman forces sent as the counter to the British assault. This force had a numerical superiority and was better organised and equipped. The overall result was a hurried retreat when the war began in earnest.

The campaign in this theatre was in many ways the antithesis to the conflict in Europe. In the trenches, soldiers were well supplied and had access to comprehensive medical care. It was also primarily fought between European troops except for British and French colonial forces. In Mesopotamia, almost four-fifths of Indian Expeditionary Force D were sepoys with only a core of Europeans.⁵⁹ Furthermore, the entire campaign was marked by constant failures in supply and medical care. The terrain was difficult to cross and stores had to be sent upriver or more ponderously overland. However, given the abrupt beginning to the fighting there had been relatively few provisions made for the transport and Supply Corps. The initial shortages meant that substantial amounts of supplies were landed at Basra without the ability to send them on in sufficient quantities.⁶⁰ The conflict therefore hinged as much upon logistics as it did strategy.

These problems had several important effects on the supply of intoxicants to the army. However, they also ran parallel to the issues of regulation both regionally and in British policy. Under Turkish rule, intoxication was handled in much the same way as in British India. For instance, alcohol was prohibited by the Koran but Turkish authorities recognised that large Jewish and Christian

⁵⁸Gardner, *Kut-Al-Amara*, p.1

⁵⁹Ibid.

⁶⁰Buchanan, *Mesopotamia*, p.5

populations consumed alcohol freely. In response, the Ottoman Government allowed for alcoholic indulgences but levied a dedicated tax on the trade. Like hemp and opium laws in British-India this partly prevented illicit systems from springing up. In addition, taxation was seen to curb overindulgence and therefore acted to control the practice.⁶¹

Opium was also a contraband product in Mesopotamia under Turkish rule though it was stated that the 'Turk forbade but did not prevent' it.⁶² In short, smuggling was common because it was too difficult to stop. Overland routes and coastal ports created so many possible avenues that it was 'especially easy' to bring the drug in.⁶³ For the army the illicit opium trade offered one accessible source of drugs. It was noted that supplies were easy to attain in Basra and anyone with ready funds could purchase opium there including smoking preparations.⁶⁴ This would mean that Indian soldiers could purchase opium at the point of disembarkation and in towns and cities.

As smoking opium mixtures were readily available this caused some concern. British administrators initially attempted to suppress smuggling and tried to limit sales through a limited pool of legally licensed vendors. However, from a general standpoint this was untenable as the resources to stop smuggling proved too extensive and the smugglers would be able to undercut the government vendors. The war also aggravated this issue because these drugs played a functional

⁶¹L/P.S/11/171 – *Mesopotamian Opium Rules*, February 1920, p.1

⁶²Ibid.

⁶³L/P.S/11/171 – Lieutenant-Colonel I. A. Acting Civil Commissioner in Mesopotamia, *Note on Opium Policy in the Occupied Territories of Iraq Report from Lieutenant-Colonel E. Howell*, p.1

⁶⁴Ibid.

role in various military branches. By 1916, the army had brought in a significant amount of Chinese, Indian, Kurdish and Persian labourers to act as labourers in the Supply Corps. It was highlighted that these men were:

natives of countries where the use of opium as an intoxicant is common and many of them were addicted to the opium habit in some form or another. Opium being easily obtainable by those who could afford to pay for it, and money being plentiful, opium-smoking, and also opium-eating...became rife amongst these classes.⁶⁵

In addition to spreading consumption amongst labourers it was also noted that these habits were just as common among the 'fighting men' brought over from India.⁶⁶ The author of the above report, Lieutenant-Colonel Howell, was part of the military administration supplied by British and Indian forces in Mesopotamia. The situation bore some resemblance to British experiences in the early campaigns of the 1860s where it was found that coolies and soldiers required drugs like opium on active service. By 1917 it was understood that soldiers, labourers and camp followers were all noted consumers. However, the failure to suppress smuggling and the policies at home did not prompt prohibition. Instead, 'it was decided to recognise' and 'regulate' the practice in wider society.⁶⁷

Among the troops an order was issued to stop civilians bartering or pedalling drugs to all soldiers in the region. However, this was partly to prevent the smoking habit increasing and to limit excess. In 1918 it was found that the practice

⁶⁵Ibid, p.2

⁶⁶Ibid.

⁶⁷Ibid.

to 'scientifically tax' opium had completely failed as had the other measures. Smugglers continued their illicit trade rather than pay taxes and this maintained the influx of drugs. The Lieutenant-General in command of Mesopotamian forces subsequently tried to eradicate the practice entirely by criminalising all non-medical narcotics. This did not occur until the winter of 1918 when the forces there were now described as an army of occupation. It did however place a blanket ban on opium, coca, hemp and all the derivatives of each substance.⁶⁸

The proclamation was issued by Lieutenant-General William Marshall who assumed command the army in Mesopotamia after the death of his predecessor Frederick Maude. He had served in India for over fifteen years and had fought in the Malakand Expedition, the North West Frontier and the Tirah Expedition.⁶⁹ As these reports show, the issue of narcotics in Mesopotamia was important throughout the war from a policy perspective. It started with an attempt to suppress illicit markets before regulation was introduced. When this failed, the military tried to completely restrict the use and sale of all narcotics in the area. In all these debates it was recognised that many elements of the primarily Asian army were users and they played a role in how policy was formed.⁷⁰

It is also clear from testimonies within the army that drug consumption continued to feature in military management strategies. One medical officer attached to the 33rd Cavalry Regiment, Henry Edward Shortt, recounted an anecdote from his time in Basra. He stated that on one occasion several Sikh troops

⁶⁸L/P.S/11/171 – Lieutenant-General W. R. Marshall, *Proclamation at Baghdad October 4th 1918*, p.3

⁶⁹Spencer Tucker, *World War One: The Definitive Encyclopaedia and Document Collection*, (Oxford: ABC:CLIO, 2014) p.1040

⁷⁰Ibid.

at the docks had become very disgruntled and worked badly. When he asked an Indian officer about the soldiers he was informed that they were suffering from a lack of opium. Opium, he argued, was a common good that these troops were used to at home and was 'almost just like smoking a cigarette for them.'⁷¹

Shorrt requested some opium from one of the supply officers for the troops. He replied that it was against orders to supply anyone with drugs but that he should make 'out an indent for treacle'. After submitting the request, he was given three-quarters of a pound of raw opium for the Sikh troops.⁷² His account offers several key insights into the perceptions of the opium which mirror attitudes in the trenches. The Indian officer made no attempt to hide the fact that his men were users even to his British counterpart. Shorrt saw no issue with requesting opium from the supply corps and seemed to be largely unaware that any restrictions existed.

He also was clearly amused by the whole incident which he mentioned as an interesting addition to his account of the war.⁷³ More importantly, the supply officer clearly referred to the euphemistic term for opium which must have continued to be used after 1916. Finally, the indent supplied a significant amount of opium for these troops to prevent developing disciplinary problems. Neither the Indian nor the British officers presented any significant concern over the episode. The only reservation was that the indent had to be concealed as it did in Europe and the concept of soldiers being "disgruntled" represented continuity on the issue.

⁷¹Oral Testimony of Henry Edward Shorrt, IMS Medical Officer 33rd Cavalry Mesopotamia, IWM Oral History Archive: www.iwm.org.uk/collections/item/object/80008523

⁷²Ibid.

⁷³ Ibid.

Other cases were raised by officers in relation to narcotics and these hinted at support for opium consumption. A captain in Mesopotamia noted some problems regarding sepoy and their use of drugs as tools for malingering. On one night raid, it was ordered that any man making unnecessary noise, indulging in a cigarette or lighting a match was 'to be bayoneted at once.'⁷⁴ It was further reported that three Khattak soldiers were tried for 'producing infirmities' that replicated the signs of scurvy using Indian drugs. Several days later the following order was issued to Indian troops:

No person subject to the Indian Army Act is to have or retain in his possession any hemp drugs (other than opium) Nils Patta (copper sulphate or Blue Stone), Jamolgoth, Jafoloth, or Croton seed, washing nut or Dhobis bean (Balacra) or other seed, bean or pill of any description other than as issued or sanctioned by his medical officer.⁷⁵

Again, opium was specifically exempt and therefore constituted a tolerated substance used by troops. More importantly, it was included under "hemp drugs" which suggested that the order was mandated by someone with a limited knowledge of the Indian pharmacopeia. Under this command a soldier could possess opium without sanction from a medical officer. Furthermore, it was issued in December 1916 almost six months after the extension of DORA.

At this time consumption of intoxicating substances was being attacked in European ranks while for sepoy's opium could be possessed and consumed without

⁷⁴MSS EUR/D744/1 - Captain Vernon, War Diary: The Clarion File, December 1916. p.32

⁷⁵Ibid. – Of these other substances most are different variations of local substances found in India which were irritants to the skin or produced minor ailments suitable to place a sepoy in hospital.

any disciplinary implications. However, Indian hemp had fallen into the wide category of substances banned for their potential role in malingering. This emulated the growing distaste for the drug which existed in censored mails in France. This only impacted on the military supply system and illicit markets offered a variety of intoxicants. Overall, both cases showed that opium was allowed for in the Indian army after the new policies of 1916. However, in most cases the medical and military officers maintained the original euphemism which was used to hide opium in official lists.

One physician after the war described the problem of coolies suffering from the effects of withdrawal. In a discussion on addiction the author claimed that in some instances it was impossible to remove the drug completely from the daily routine of an addict. This, it was stated, could lead to the complete 'mental' and 'physical' breakdown of a subject.⁷⁶ As evidence, the doctor pointed to his experiences in Mesopotamia with military labourers. He stated that:

In Eastern countries amongst the lower castes of society the taking of opium by the mouth causes marked addiction...In India certain individuals become so accustomed to a daily ration of opium that they cannot carry on their daily work without it. During the war in Mesopotamia several cases of opium addiction...were brought to my

⁷⁶"Norman Kerr Memorial Lecture on Drug Addiction", *British Medical Journal*, (December:1923) p.1013

attention...often a very small amount...was sufficient to maintain an equilibrium and enable them to perform in their duties.⁷⁷

The doctor further stated that in some cases 'complete mental breakdown' and 'violence of an irresponsible nature' often occurred when these addicts were unable to obtain their daily dose.⁷⁸ As a means of preventing irresponsible violence these individuals were given a daily dose to prevent indiscipline and aid their function to the army. The report also corroborated the claim that administrators had to account for the habit among labourers in deciding opium policy.

When looking at more specific episodes in Mesopotamia the use of opium surfaces only intermittently. In the other theatres, a limited amount of materials authored or dictated by Indian soldiers existed unlike in France. However, accounts written by British soldiers, medical journals and the media continued to comment on different uses of opium. The frequency of these reports increased after December of 1915 when Townshend entrenched his limited forces at Kut-Al-Amara. After the retreat from Ctesiphon Townshend attempted to link up with reinforcements. However, after an exhausting march the Anglo-Indian units stopped to rest at Kut and await relief. The siege and later the capitulation of the four brigades under Townshend represented one of the worst British defeats in the war.⁷⁹ It was envisioned that Kut would be a temporary position held for several weeks until reinforcements could be organised.

As a result the troops there were initially well provisioned but a series of

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ Sandes, *In Kut*, p.148

problems quickly altered the situation. Getting supplies to the troops proved difficult when the British position was surrounded. Furthermore, repeated attempts to break the siege failed to dislodge Turkish forces.⁸⁰ By 1916 the supply situation was a desperate concern of the defenders. Barker related one account in which a regimental ration party was offered only five loaves of bread to feed the entire unit. In response, one of the soldiers stated that if they could also provide a 'few small fishes' they might have performed a miracle.⁸¹ The situation was worse for Indian soldiers who refused to consume the horsemeat that European troops used to supplement rations.⁸² Towards the end of the siege these men could only work one hour a day and desertions were becoming more frequent.⁸³

A captain during the siege wrote that as disease spread amongst the defenders many British soldiers used opium in an attempt to avoid hospitalisation. He stated that some would 'stuff down dozens of leaden opium pills' in their 'unwillingness' to enter the hospital.⁸⁴ The key cause of disease identified by medical officers was related to the poor diet which meant that 'sooner or later' these men ended up in hospital regardless.⁸⁵ To keep the garrison supplied the British later used a small number of aeroplanes to drop foodstuffs to the defenders. Despite consistent drops this method only allowed for an additional four days of resistance.⁸⁶ Alongside these rations the pilots also unloaded opium which was

⁸⁰Ibid.

⁸¹Barker, *The Neglected War*, p.224

⁸²Ronald Miller, *Kut: Death of an Army*, (Barnsley: Pen & Sword Books, 2017) p.99

⁸³Ibid.

⁸⁴Captain E Mousley, *The Secrets of a Kuttite: An Authentic Story of Kut, Adventures in Captivity and Stamboul Intrigue*, (New York: John Lane, 1921) p.60

⁸⁵Ibid.

⁸⁶Iain Philpott, *The Birth of the RAF*, (London: Pen and Sword, 2013) p.110

dispensed to Indian soldiers to stave off severe hunger pangs.⁸⁷

This was corroborated by other reports which stated that such rations were issued at a time when even sepoy soldiers had finally turned to the use of horsemeat to supplement their diets.⁸⁸ Opium was dispensed in one-grain pills and over 14,000 were issued in the final days of the siege.⁸⁹ As these examples indicated, opium had a continued role in the Indian Army. It was issued for non-medical use on various occasions, it was required to prevent withdrawal amongst addicted units and it was a present concern in orchestrating policy and managing troops.

The campaign in Mesopotamia showed that opium was distributed to soldiers before DORA 40B as it had been in Europe in the opening years of the war. However, after the new policies were introduced it continued to be discussed in different spheres and maintained key connections with the Indian Army. It was raised in relation to the army when deciding narcotics policy in the region. It was noted by military physicians in their day-to-day insights of the war. And finally, it was a topic raised by officers in the conflict who showed a tolerance towards opium possession at a time when drugs like hemp or other Indian substances were being targeted. Indian Expeditionary Force D showed the opium and intoxication still had a role in the Indian Army regardless of various medical, political and military oppositions both at home and in the field.

⁸⁷“Opium Pills for Hunger”, *Meyers Brothers Druggist*, Vol.38, (1917) p.242

⁸⁸Barker, *Bastard War*, p.274

⁸⁹*Meyers Brothers Druggists*, Vol.38, p.242

East Africa, Gallipoli and Egypt

Alongside the actions fought in Europe and Mesopotamia the Indian Army also maintained a garrison in south-east Asia and sent contingents to East Africa, Egypt and Gallipoli. At home, intoxication appeared sporadically in court martial cases though these were more commonly related to the consumption of alcohol. On one occasion three sepoy's stationed at Mandalay were sentenced to 28 days hard labour for a drunken incident at a hotel. The Sikh troops who were arguing with the hotel manager were reprimanded by two British privates and a sergeant-major. The report stated that:

At about 10 p.m. or so while several Europeans including Franks, Sergeant-Major Town and Spiers, were in the Grand Hotel the manager came and asked their assistance in dealing with three drunk Sikh sepoy's who were creating a disturbance. Accordingly, Franks, Spiers and Sergeant-Major Town went to his assistance. By then the sepoy's were under the hotel porch and abused the Europeans because they could get drinks while they (the sepoy's) could not. At the insistence of Sergeant-Major Town they decided to follow them when they left the hotel with a view to handing them over to their regimental picket inside the West Gate. When on the bridge the sepoy's threw stones, and Spiers being hit in the stomach by one dropped out. Town and Franks followed after them and owing to delay in opening the gate came up with them

with the result that Franks was struck on the head with a stick and fell unconscious.⁹⁰

This was a serious crime and a problem for the military authorities who had been wary about the perceived superiority of British soldiers over Indian sepoy since their use in Europe. In the investigation the cause of the incident was noted to be solely down to the 'drunken conduct' of the sepoy in question.⁹¹ Another case occurred in a liquor shop when sepoy were violently attacked by local police officers who attempted to prevent them buying alcohol. By the time a British officer had intervened he had to order over fifty sepoy to drop 'sticks' they had collected with the intention of attacking the local police station.⁹²

This represented a certain continuity regarding indiscipline as alcohol was once again the source of problems. In the case of drug use, few cases arose which matched the scale or violence of alcohol related incidents. For troops who remained in India, attaining supplies of most locally cultivated narcotics was a simple affair. The drugs in question were requested frequently by soldiers at the front and relatives had ready access to opium as well as the preparations of cannabis which still grew wild in India. Though restrictions increased as the conflict progressed no significant barriers existed in India that prevented locals from acquiring such substances.

India contributed smaller numbers of troops for the other campaigns as

⁹⁰NAI – Home Department, Police B, No's 209-210, August, 1918, *Report of an Affray at Mandalay on the 21st June 1918 between three Europeans and 3 Sikh Sepoy of the 85th Burma Rifles.*

⁹¹Ibid.

⁹²NAI – Foreign and Political Department, Internal B, No. 9-14, December 1919, *Affray in the Cantonment of Deesa between certain sepoy of the 12th Regiment and the Local Police.*

British and Dominion units were more heavily involved in these conflicts.⁹³ The Mesopotamian campaign was more often considered to be specific to the Indian Army. In Europe the four Indian divisions also represented a substantial force which played a key operational role before the numbers there were halved. In areas like Gallipoli the Indian contribution was significantly lower though the forces were often commended for their efforts. However, these soldiers shared the same need for intoxicants as their colleagues in France and the Middle-East. In fact, several of these units served in Europe and Mesopotamia before being sent elsewhere.⁹⁴ Fortunately, access to these drugs was often easier because regulations on substances such as opium or cannabis were less strict. This was apparent in the opium policy debates which took place in Mesopotamia but countries like Egypt had similarly lax systems.

One woman en route to marry an officer in East Africa noted that in Port Said: 'Everything was for sale: silks and scimitars, opium, whisky and small children.'⁹⁵ Military leaders in these areas were consequently inundated with problems relating to intoxicants but more commonly with British or Dominion soldiers. This created a situation similar to the immediate post-mutiny reforms as military attention deviated towards the health of white soldiers. The combination of 'thousands of boisterous young men' and an iniquitous Egyptian society where

⁹³See Ross Anderson, *Forgotten Front: The East African Campaign, 1914-1918*, (Gloucestershire: Tempus Publishing Limited, 2004) – In the case of East Africa Askaris, the African equivalent of sepoys, were heavily depended upon.

⁹⁴For instance, some of the Sikhs and Gurkhas at Gallipoli had fought in Europe and Egypt or Mesopotamia.

⁹⁵Robert Gaudi, *African Kaiser: General Paul von Lettow-Vorbeck and the Great War in Africa, 1914-1918*, (New York: Penguin, 2017) p.127

prostitution was legal caused significant issues.⁹⁶ Venereal disease was a constant concern and both Dominion and British troops suffered from the widespread availability of prostitutes.⁹⁷ In the age-old tradition these encounters were often encouraged by the liberal imbibing of alcohol. This not only fostered the spread of sexually transmitted diseases but also fuelled disciplinary issues.⁹⁸ At any one time, the average cases of venereal disease sat at twelve per cent per unit but could rise to as high as twenty five percent in some of the more amorous regiments.⁹⁹

Drugs were also a concern for the soldiers who defended the Suez Canal and later conquered Palestine. Anxieties surrounding sexually transmitted diseases and alcohol were echoed by a 'booming trade' in drugs such as opium, cocaine and 'hashish'.¹⁰⁰ For Indians, this meant a cheap supply of intoxicants but officers lamented the potential dangers of the Egyptian markets. Attempts were made firstly to tackle alcohol consumption in the hopes of stemming occurrences of drunkenness and the use of prostitutes.¹⁰¹ This took form in a series of bans on drinking between certain hours.¹⁰² Officials made efforts to regulate prostitution through regular inspections but the 30,000 prostitutes in Port Said alone made this impractical.¹⁰³ Interestingly, one of the central concerns relating to alcohol involved arrack which had been bandied about by military investigations in India since

⁹⁶David Woodard, *Hell in the Holy Land: World War I in the Middle-East*, (Kentucky: University Press of Kentucky, 2006) p.27

⁹⁷Ibid.

⁹⁸Michael Mortlock, *Egyptian Expeditionary Force in World War I: A History of the British-Led Campaigns in Egypt, Palestine and Syria*, (London: McFarland & Company Inc. 2011) p.41

⁹⁹Ibid.

¹⁰⁰Ibid.

¹⁰¹Woodard, *Hell in the Holy Land*, p.27

¹⁰²Ibid. – More specifically between 10pm-5am, then 1pm-3pm and finally 7pm-9pm

¹⁰³Mortlock, *Egyptian Expeditionary Force*, p.41

Britain assumed control. In Egypt soldiers had allegedly become ill either from being duped into buying arrack labelled as whisky or in buying the drink deliberately. A young American who travelled with the Indian Army also noted that arrack was still freely used in India. He described his first taste of it in 1915:

I had my first experience of arrack – the coconut palm distilled liquor. At a little waterside shop I was persuaded to buy a coconut shell full of this fiery liquid but one or two sips was enough for me and I was about to throw it out when my servant...pleaded with me to let him have it...he spent the evening in alcoholic dreams.¹⁰⁴

In the commotion caused by the intoxication of regulars, Indian soldiers fell into relative obscurity with few cases of reported indiscipline.¹⁰⁵ Indian troops were described as 'restive' even while on leave in Port Said except for the 14th Sikhs who were fond drinkers and rarely caused significant disciplinary issues.¹⁰⁶ Furthermore, when not on leave Indian units were routinely stationed some distance from cities. While they enjoyed time off in Port Said and Cairo they never featured as prominently as British, Australian or New Zealand soldiers in reports. Furthermore, it was underlined that sepoys enjoyed the climate in Egypt during winter and that their morale was in good condition there.¹⁰⁷ It is also important to note that Sepoys also faced little censorship in these areas and could write home without the

¹⁰⁴Harold Peterson, *With the Indian Army in the Great War, 1916-1919: A Personal Narrative*, (Indiana: Peterson, 1970) p.53

¹⁰⁵Ibid. – Indians were rarely included or were sometimes specifically noted as being uninvolved with most of the problems focused on British, Australian and New Zealand troops.

¹⁰⁶Peter Stanley, *Die in Battle, Do Not Despair: The Indian on Gallipoli, 1915*, (Melbourne: Helion, 2015) p.53

¹⁰⁷Ibid.

scrutiny faced by those in France. These men had an easier time contacting relatives and receiving home comforts. Though this is impossible to quantify or confirm without the reports of censors the troops there came from social groups of known drug and alcohol consumers.

The British had more immediate concerns with their other colonial troops which were increasing daily. Four thousand Dominion soldiers started a riot in Cairo shortly after units arrived there.¹⁰⁸ The cause was a mix of drunkenness, fury over the cost of prostitutes, the latter's tendency to steal from soldiers and unrest over rising venereal disease rates.¹⁰⁹ The rioters destroyed brothels in the red-light district and were only restrained with difficulty by police and sober British units.¹¹⁰ In response, the army and the YMCA attempted to introduce different entertainments that soldiers could subscribe to without moral or physical injury. They opened athletic clubs, tea houses and funded events to try and keep the men restrained. Indians were also included in this scheme and the *New York Times* noted these efforts in their coverage of the war. It was stated that in Egypt where 'East meets West and the worst of both is combined' the men were 'crying out for a decent place to go.'¹¹¹ This was also said to apply to 'Sikhs, Gurkhas' and 'Bengalis' stationed there.¹¹² Though attempts to establish safe environments for soldiers were commended problems of drunken and disorderly soldiers continued steadily throughout the war.

¹⁰⁸ Marilyn Shevin-Coetzee et al. *Commitment and Sacrifice: Personal Diaries of the Great War*, (Oxford: Oxford University Press, 2015) p.184

¹⁰⁹ Ibid.

¹¹⁰ Ibid.

¹¹¹ "Labors in Egypt", *The New York Times Current History of the European War*, Volume 18, (New York: NY Times Company, 1919) p.482

¹¹² Ibid.

In Egypt and later in Gallipoli, narcotic related issues were also more commonly reported amongst Dominion troops rather than sepoys. Several criminal cases existed in relation to drugged soldiers just as they had in London. One Australian soldier had been 'drugged, robbed and dumped in a water conduit' after a visit to a brothel in the city.¹¹³ In another case, Australian soldiers burned down several houses where they had been 'drugged and diseased' in Cairo.¹¹⁴ The officer in charge later denounced the 'wilful murder' of these men while stationed in the region.¹¹⁵ However, it proved impossible to fully restrict intoxication in Egypt while soldiers were accommodated there. The markets catered to a wide range of addictions and the disposable income of soldiers made supplies easy to acquire just as they did in Mesopotamia.¹¹⁶

Military physicians could never fully regulate prostitution nor could they completely curtail alcoholism. The same applied to the various vendors of substances such as cannabis or opium which were widely available in the busiest towns and cities. Intoxication and narcotics filtered through the ranks and appeared in a variety of forms. The British command even incorporated drugs in its offensive later in the war. Opium was utilised on the march into Palestine and allegedly used in clandestine plans against the Turkish. If the empire had any misgivings about narcotics in its own armed forces the attitude did not extend to the opposition. Throughout the summer of 1917, British aeroplanes dropped propaganda into

¹¹³ Peter Liddel, *Men of Gallipoli: The Dardanelles and Gallipoli Experience, August 1914 to January 1916*, (London: Allen Lane, 1976) p.83

¹¹⁴ Mark Dapin, *From the Trenches: The Best ANZAC Writing of World War One*, (London: Penguin, 2013) p.64

¹¹⁵ *Ibid.*

¹¹⁶ Mortlock, *Egyptian Expeditionary Force*, p.42

Turkish lines along with cigarettes to encourage desertion. For several months, Turkish soldiers happily accepted the free tobacco rations unloaded into their lines. The drops were masterminded by the Chief of Palestine intelligence, Richard Meinertzhagen. At the Third Battle of Gaza, Meinertzhagen ordered the cigarettes to be laced with opium in the hopes that Turkish soldiers would be incapacitated during the assault.¹¹⁷ The plan apparently met with some success and he himself tested a cigarette to judge their effectiveness. This was one of his various schemes adopted in the war. His other strategies included counter-intelligence and misinformation to turn the 'stagnant' campaign.¹¹⁸

In East Africa opium played a role on both sides of the conflict for British and German colonial troops and sources suggest that it was easy to come by in this theatre. Kuss underlined that opiate use was common in the war among local soldiers however for religious reasons these men consumed raw opium and shunned morphine.¹¹⁹ The British also faced a series of drug related problems while fighting in Africa. On one occasion, a German hospital was captured along with a doctor and several nurses who were ordered to aid British staff. The author noted that:

The nurses had been very kind...and worked well for our doctors, but they followed the usual German custom...of being too liberal with

¹¹⁷Yigal Sheffy, *British Military Intelligence in the Palestine Campaign, 1914-1918*, (London: Routledge, 1998) p. 150

¹¹⁸Ronald Florence, *Lawrence and Aaronsohn and the Seeds of the Arab Revolt*, (New York: Penguin, 200) p.275

¹¹⁹Susanne Kuss, *German Colonial Wars in the Context of Military Violence*, (Berlin: Verlag, 2010) p.191

morphia. That this drug can become a curse is well known though it is,
when given in reason, the greatest blessing.¹²⁰

The physician in question was subsequently forced to carry out the 'unpleasant task to break' a series of new addicts from the habit.¹²¹ When he made further inquiries, he concluded that one reason why the nurses had been so free with the use of morphia was to keep the wounded quiet so that they themselves could get some well-earned rest.¹²² For sepoys their time in East Africa was partnered with ready access to the same supplies though these are mentioned less frequently than in Europe and Mesopotamia. One benefit of the war in East Africa materialised in the soldiers' inability to become drunk too frequently. Unlike in Port Said, supplies of alcohol were often infrequent and the nature of the war made it difficult to maintain a substantial and consistent supply.

By 1916 combined British forces were fighting a rapid campaign against General Lettow-Vorbeck who had a distinguished record and military experience in Africa. The supply situation was difficult for both sides and one doctor commented that the army was 'by force of circumstances, a teetotal one.'¹²³ This was said to have dramatically reduced disciplinary issues in all the ranks of the army. Opium played a crucial medical role for all soldiers who served in Africa because health problems were widespread. Dysentery and malaria were rife despite the best efforts of the army medical corps and opium was dispensed frequently as pills to Indian and British troops. One gunner stated that he 'staggered' around in misery

¹²⁰Robert Valentine Dolbey, *Sketches of the East Africa Campaign*, (London: J. Murray, 1918) p.105

¹²¹*Ibid.*

¹²²*Ibid.*

¹²³*Ibid.*

after a fresh bout of dysentery and was forced to consume two opium pills every day with his bully beef.¹²⁴ He also highlighted that opium and quinine were freely dispensed even in cases where patients required different medicines. The frequency of these reports suggest that sepoys were not troubled by a lack of supply as some had in Europe during the first year of the war.

The Germans fighting against imperial forces had identical issues surrounding the health and welfare of troops. Supplies were difficult to move and providing basic rations was problematic as the war progressed. In addition, the best preventative measures often failed to keep soldiers healthy. The German commander noted that even with mosquito nets and a strict medical policy malaria was always present. Indeed, the general himself contracted malaria no less than ten times throughout the campaign.¹²⁵ German officers in East Africa also had a history of morphine addiction. Since 1900 a number had acquired the habit of injecting morphine and it was an 'open secret' that these men were addicts.¹²⁶ The increase in health problems and the threat of investigations into mortality rates convinced the British to decrease numbers of white soldiers by 1917.

Despite assurances that many complaints were exaggerated only a core of European soldiers remained to lead the colonial forces.¹²⁷ For sepoys, home comforts were often widely available in East Africa. The area had a long history of immigration which flowed both ways for several hundred years. Moreover, the

¹²⁴F. C. *On Safari: Experiences of a Gunner in the East African Campaign*, (Cape Town: J. C. Juta & Co, 1917) p.71

¹²⁵ General Lettow-Vorbeck, *My Reminiscences of East Africa*, (London: Hurst & Blackett, 1921) p.25

¹²⁶ Kuss, *German Colonial Wars*, p.191

¹²⁷"East African Campaign: White Troops", House of Commons Debate, 28th February 1917, Vol.90, cc2011-2

currency in East Africa was based on Indian coinage and the 'majority' of imports came from India. One soldier stated that while in Mombasa:

The European and modern parts of the town did not tempt us for long, but we plunged enthusiastically into the dark and narrow streets of the native quarter. There was Eastern life as one might expect to find in Bombay or Jerusalem...the absence of duty makes for low prices. We had two cups of tea in an Indian shop...and a packet of cigarettes all for the equivalent of 2 1/2 d.¹²⁸

Overall, sepoys had an accessible supply of drugs in East Africa. Opium was given frequently to all soldiers in the field and the major cities maintained a thriving trade with India. Furthermore, both German and British East Africa had licensing systems for opium trading and the prior had even successfully experimented with growing opium in the region.¹²⁹ British concerns focused on the deteriorating health of European soldiers rather than sepoys and by 1917 the forces there were comprised mostly of African and Indian soldiers. These men could acquire drugs from medical supplies as well as the major population hubs of the region.

In Gallipoli, only a single brigade of Indian troops aided the assault on the straits though it included Gurkhas and Sikhs who were noted consumers of drugs and alcohol. The campaign has held a long association with drug and alcohol consumption in the face of the aggressive fighting and high mortality rates. However, consumption among sepoys was characteristically unreported. Rum was

¹²⁸F. C. *On Safari*, p.13

¹²⁹"Opium – Experimental Cultivation in German East Africa" - *Proceedings of the American Pharmaceutical Association at the Annual Meeting*, Vol.54, 1906.

supposed to be issued twice a week but abstainers and the wounded offered their rations to their colleagues in the trenches. One soldier even stated that his calendar consisted of days which 'were or were not "Rum Days"'.¹³⁰ The involvement of the Indian Army units in Gallipoli has received a limited amount of attention by historians. However, Indian troops were important to efforts there both in the supply corps and the fighting. The Gurkhas acquired a particularly good reputation and indiscipline was rare for most Indian soldiers.¹³¹ Australian and New Zealand troops were commonly stated to have used narcotics though this was largely prior to the new DORA acts which forbade use. Streatfield argued that Australian soldiers were 'extremely partial' to cocaine while on service in Gallipoli.¹³² Cocaine and morphine was said to be 'simply handed out' to shell-shocked soldiers and the wounded.¹³³

In addition, on one occasion a military pharmacist was ordered to dispense his entire cocaine store to a unit just prior to an attack.¹³⁴ Many aspects of the Indian involvement in the Dardanelles Straits are unreported. However, soldiers faced no significant barriers to consumption and many had a particularly good relationship with Dominion troops who consumed opiates and cocaine.¹³⁵ Furthermore, opium was cultivated throughout Turkey and it is possible that troops could have acquired some local supplies. The Sikhs who took part were known opium consumers and had been stationed in Egypt just prior to the campaign. Both

¹³⁰ John Gallishaw, *Trenching at Gallipoli: The Personal Narrative of a Newfoundlander with the Ill-Fated Dardanelles Expedition*, (New York: A. L. Burt Company, 1916) p.46

¹³¹ Stanley, *Die in Battle*, p.234

¹³² Dominic Streatfield, *Cocaine: An Unauthorised Biography*, (London: MacMillan, 2003) p.154

¹³³ *Ibid.*

¹³⁴ *Ibid.*

¹³⁵ Gallishaw, *Gallipoli*, p.50

Gurkhas and Sikhs were also partial to rum which was given regularly. In short, intoxication formed as much a part of military life in Gallipoli as it did in the other theatres of war. However, the habits of the Anzacs were more commonly questioned rather than the consumption of drugs and alcohol among Indians.¹³⁶

Conclusion

The African and Middle-Eastern campaigns showed that Britain would go to significant lengths to furnish troops with substances or would do little to prevent sepoys from buying their own supplies. This leniency was backed with the intention of maintaining the morale, loyalty and combat effectiveness of soldiers and labourers required for the war effort. Giving soldiers a daily ration of opium in the trenches or allowing them to write home for supplies was a practice which previously occupied a grey area. It contravened some of the ideas which were circulating in the opening year of the war which sought sobriety in European ranks. It also flew in the face of some of the informal resolutions made at Shanghai though this was point was not raised in military reports. However, many of the campaigns fought by Indian Expeditionary Forces B-G only began in earnest after British policy had finally made a stand on drug consumption in its armed forces.

Indian soldiers were excluded from debates but were included in the technicalities of the laws. In addition, for white soldiers the army was ready to enforce these new policies and did so frequently. This was reflective of wider domestic and military efforts to curb drug consumption and illicit trades between Britain and Asia. It was a time in which anxieties over drug use were at a peak. Drug

¹³⁶ Anzac refers to the Australian and New Zealand Army Corps.

problems amongst soldiers were common in popular media and military reports of most of the western nations. In Canada, France, America and Britain fears existed over soldier addicts persisted as did the consistency of accidental deaths and robberies involving military personnel. This was paralleled by continuing reports of drug smuggling and black market dealing.

Despite the new laws and the rising tensions the average Indian soldier could obtain substances with reasonable ease in campaigns abroad while use by their European counterparts was carefully controlled. In Mesopotamia, British opium policies were carried out with some consideration to the “fighting men” and coolies they employed from India and more broadly in Asia. It can also be seen that, at an individual level, physicians continued to dispense opium to prevent withdrawal symptoms amongst labourers and often to simply indulge known users. Opium consumption was in fact explicitly supported in this area. It was excluded from lists of banned substances linked to malingering. It was given out as a ration to ensure soldiers carried out their tasks without complaint. And finally, it was used to deter physical weakness as it had been for hundreds of years in India.

In Kut-Al-Amara it was utilised not only by Indians but by European soldiers to curb hunger and allow them to operate under deprived conditions. When for any reason these military sources failed to give soldiers their fix the sepoy could also turn to local sources. Opium was available in the major cities in Mesopotamia and government attempts failed to stop smuggling or legally tax the drug there. The Indian Army shouldered much of the fighting in this region and no dedicated restrictions were utilised to prevent them becoming intoxicated unless it was to

avoid service. The most concrete measure materialised in the ban of civilians selling drugs to soldiers and later the complete restriction of cocaine, opium and hashish towards the end of the war. By this time, much of the fighting in the area had been resolved and neither measure accounted for illicit trading.

Many of these points also apply to Egypt, East Africa and Gallipoli. In the case of the first, civilian and military accounts suggest that drugs like opium, cocaine and cannabis were widely available to soldiers in Egypt. They could acquire them from an array of local vendors too numerous for military authorities to regulate. Indian units had regular access to these major hubs and with a limited amount of censorship they could also request stores from home without the same problems of their colleagues in France. Moreover, sepoys in Egypt were well disciplined in comparison to other colonial troops like Australians. The latter were often caused anxiety because of their ready access to drugs, alcohol and prostitution. Military authorities were primarily concerned with the deterioration of white soldiers and the increasing rates of venereal disease and indiscipline.

Fortunately, the army was relieved of some of these problems in East Africa because alcohol consumption was more difficult. The nature of the war made it problematic for troops to overindulge too often and this was accompanied by decreases in indiscipline. However, the East African Campaign was closely linked to drug addiction for both the British and Germans. Locally recruited troops were noted consumers of raw opium and a ready supply must have been available for these men as well as sepoys. Furthermore, opium was given out in liberal doses for a range of different illnesses. In the case of battle casualties, the use of morphine

was reported to have caused addiction among Western soldiers but not Indian units. In terms of trade, the area maintained key economic links to India, the currency was Indian, there existed a pool of Indian migrants and opium was grown locally. It should also be pointed out that on a per capita basis the East African campaign was the most dangerous of the overseas campaigns involving the Indian Army with one in ten involved in the campaign dead by its conclusion.

Of all the overseas campaigns, the one which offers least insight into the habits of sepoys is that of Gallipoli. Almost 15,000 Indian soldiers and labourers served in this region in support of Dominion and British soldiers who were hard pressed from the offset. For Anzac soldiers' drugs were mentioned frequently and once again this took precedent over Indian soldiers who escaped notice. However, opiates and cocaine were common additions to rum rations. In addition, troops such as the Gurkhas were more often known for their love of rum rather than narcotics though they had been identified as consumers intermittently for a century.

Throughout this period Indian soldiers had access to drugs via various channels. Controlling consumption was never a key goal for the British and sepoys were either left to these practices or were aided in them. Despite specific policy which was enforced in other white units the sepoy transcended the military regulations on drug use. Indian and British officers were rarely concerned with the habits of these men so long as they maintained the level of efficiency expected on active service. Ultimately, narcotics followed the Indian Army into every campaign it contributed to in the First World War.

Conclusion

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This thesis set out to examine how the army in India understood, considered and managed intoxicant use among Indian soldiers between 1857 and 1919. In doing so, it has attempted to remedy both a historiographical and a theoretical gap in the field. The historiography of military intoxicant use has largely been written as the history of the drunken European soldier or the drug addled GI. This is characteristic of many studies in the history of medicine which tend to be Western-centric. At a theoretical level post-colonial works such as the subaltern studies have created an environment in which the Indian soldier occupies a grey area. This has subsequently underlined these men as passive entities in British rule as they were neither truly subaltern nor included within the group of elites who controlled the colony.

By assessing the consumption of intoxicants in locally raised Indian regiments this thesis has attempted to address both these issues. Indian regiments shared key similarities with their Western counterparts when it came to intoxicant use and how the military tried to control them. In addition, sepoys had the ability to influence military and political policies at a domestic, imperial and later global level. Their habits were crucial in shaping military protocols and officers, army physicians and the higher command learned to cater to Indian soldiers.

Despite the narrow focus of examinations into the European soldier these have provided a framework which can be used to understand the military responses to the sepoy. In her recent evaluation of vice among British soldiers in India Wald demonstrated that medical and economic factors 'led to the cautious construction

of policies to cater to their [European soldiers] perceived needs.¹ In short, the European regiments in India were the bulwark of British control over Indian soldiers. Their importance drove the army to cater to their habits even when these were known to cause substantial problems in terms of health and discipline. By extending the same logic to Indian soldiers, the findings of this thesis parallel Wald's assessment as the army carried out a similar policy for sepoys. As the European units formed a defence against Indian soldiers the latter formed a key barrier against wider society.

These men were required to fully control India and as such they were managed in a comparable way. The fear of unrest and the central requirement to field a formidable force of local Indian men encouraged the army to accommodate the habits of troops. Furthermore, this accommodation involved a significant and concentrated effort on the part of the army as internal and external pressures formed against intoxicants, especially narcotics. This effort transcended the lengths the army went to allow the European soldier a certain level of vice. In the case of the latter, the army sought to control the spread of venereal disease by targeting the female sex worker or to limit drunkenness through reducing but never eradicating alcohol use. In the case of the sepoy, the army created a dedicated system of narcotic supplies to match that of alcohol while defending the free use of intoxicants against political and medical developments for over sixty years.

From 1857 the Indian Army immediately struggled with the sepoy's taste for these substance and memories of the Indian Mutiny were inundated with drugs and

¹Wald, *Vice in the Barracks*, see conclusion.

alcohol. Consumption was seen to be a cause or precursor to mutiny in some regiments while it took on a key role in tales of the fighting, atrocities and suicides. Over the next twenty years of control the military grew to understand the habits of soldiers and that users depended upon supplies when local sources were not available. In response, the officers on the spot and later the Commander-in-Chief organised a military supply to sepoys to guarantee that they could function. At a medical level these habits were also filtering through army medical reports and more specific cases were printed in medical journals but there was little apprehension over use. In peacetime, sepoys were free to consume intoxicating substances while in war the military stepped in to cover troops. This response seemed to be paradoxical until later when it became clear that the army was wary over involving themselves in popular practices.

By 1880 the use of the Indian Army was changing and these units were becoming increasingly important for two reasons. Firstly, these units were being used more frequently on larger campaigns abroad which was often a difficult subject with sepoys who did not want to serve overseas. Secondly, it coincided with increasing anxieties over the Russian threat. While the military now depended more heavily on local soldiers' political opposition to narcotics accelerated before culminating in two major investigations into drug use in India. The question of military use had been important to these debates for decades and the military response was clear. The army testimonies offered no clear reasons to prohibit either opium or cannabis products. In the case of the prior this was because opium was seen to be a useful tool for soldiers. For cannabis, consumption was sometimes

highlighted to be useful or harmful depending on a range of variables. However, a commonality existed with both in relation to sepoys and how they would react to restrictions. The defeat of both drug crusades was partially due to the Indian Army because many feared policies which would affect such a wide array of Indian units. The military authorities backed these intoxicants from a fear of soldiers who had inadvertently determined the outcome of both commissions.

At the turn of the century the recruitment literature which had been reprinted and revised since the 1880s reflected the military backing of intoxicants. In this period the army had no qualms about these habits as they had been implemented, defended and exonerated by 1895. Caste handbooks showed that not only did the army back consumption but also that the groups who were considered most warlike were fond of alcohol and drugs. Within ten years political problems were once again building to challenge consumption this time internationally. In the proceedings the army once again became aware of its role in supplying soldiers and some were concerned about reactions to these habits and their military support.

However, prohibition was not suggested as a strategy and this again stemmed from a central fear of upsetting soldiers. Instead, different contingencies were made to create a happy medium such as removing supply regulations while emphasising the military stores should be given "medicinally". Even this was vetoed because it meant that a sepoy might still lose his intoxicant of choice if a medical officer failed to understand that supplies were to be dispensed freely. The first military opposition from the higher command did not materialise until after these

proceedings. Creagh and Adjutant-General Aylmer drew attention to the fact that alcohol and opium in particular were being given out too frequently. However, they faced opposition by lower officers and by the height of this debate the First World War loomed. This ended the question of tackling the sepoy's indulgences at a time when the army was needed more than ever.

The First World War can subsequently be viewed as a practical case study in the military attitudes and responses to intoxicant use. For the Indian forces who served in Europe it is clear that the army continued to back the use of intoxicating substances at a time when military and civilian consumption was being attacked in Britain. The letters of sepoys which passed through the censor office show that the attitudes on use were confused, cooperative or indifferent in many cases. However, when the censor did involve himself it was mostly because the author attempted to circumvent the British controls rather than because of what was being requested.

Alternatively, many other sepoys wrote home to say that they were well provided for in terms of narcotics while letters often passed without any corrections when they requested drugs. The army also clearly had an active role in getting narcotics to troops in Europe. Supplies were given to sepoys through official channels but these were hidden under euphemisms. In addition, officers who wrote about the sepoys use of drugs like opium were supportive of use. In the opening years of the war the military chose to support consumers by hiding these habits and this showed a continuity in which the army backed these habits even by 1916 when official measures were being put in place to stop use in European units.

For the other expeditionary units abroad the same was often true. When

concrete restrictions had been put in place in Europe to deter intoxicant use in European forces the sepoy continued in his habits in Mesopotamia unhindered. The military administration attempted to prevent smuggling but this proved impossible and a variety of substances were known to be used by the labourers and soldiers who had come over from India. The same was true in East Africa which had a better supply of intoxicants than Europe and had strong links to the Indian economy. Drug problems permeated both sides of the conflict in this theatre especially for Europeans and while use was mentioned less frequently supply was clearly not an issue. In Gallipoli, Egypt and the Middle-East the habits of sepoys were rarely mentioned.

The other white forces in these areas caused significant disciplinary issues and the military authorities were focused on these. In addition, the sepoy had access to many drugs through major trade ports such as Port Said and were stationed at a remove from the other forces. Throughout the entirety of the war the sepoys use of drugs and alcohol were catered to when consumption was finally being attacked in Western forces. The use of intoxicating substances in the Indian Army was widespread and varied. In addition, the military stance on use was often inherently supportive or deliberately ignorant to ensure sepoys could indulge without severe limitations.

One central question permeated all of these periods and defined policy: How would the sepoy regiments react if the army took an active role in restricting intoxicants? One common word also filtered through all these debates: "dissent". That this question was constantly asked and that it was often answered that it

would cause dissent showed that the sepoy commanded considerable power in colonial India. In the individual cases of smuggling, indiscipline and the intermittent cases of malingering the same men showed themselves to be capable of circumventing British colonial and military systems often with little punishment. Overall, the Indian Army as an institution was important in shaping the military and political history of India and intoxicant use was a key part of this.

The findings of this thesis offer the possibility of additional research in two key areas based on the basic research premise at hand. The first is to extend the study of vice and management strategies within non-western sources both within India but also in South America, Asia and Africa. Additional work in these geographies will provide more balance in this field and will also offer insights into the medical and military uses of drugs and alcohol in different areas. Though there have been some attempts to look at this subject in these areas yet most have been superficial and no considerable effort has been made to situate the use of intoxicants within a global military context.

The second major area of research necessitated by this thesis is based on the need to reevaluate post-colonial studies. While scholars of the subaltern studies school and others like Said have provided valuable insights into the nature of colonialism they have depended upon the criticism of empire and colonial administrations. Given the need to challenge imperial and Indian elites this has fostered a research environment in which there is little middle ground and studies have focused upon the oppressed and their ability to resist or the empire and the desire to control. Here the emphasis has been on the soldier as a subject of empire

who retained the ability to resist and defy his employer. In addition, it has shown that the military and imperial administration feared these soldiers and reached a compromise rather than simply exerting their dominance over a conquered colony. The empire and its function was not a binary relationship of the conqueror and the conquered. It was based up a multifaceted base of relationships one of which is represented by Indian soldiers.

In this thesis there have also been limitations in this regard based on the availability of sources from Indian soldiers. The strategy employed in this here was to work backward and show how the fear of Indian soldiers and the lack of clear punishment in relation to problems related to intoxicants. It has sought to use conventional sources and to read them with the aim of understanding what the British in India and at home thought of these soldiers and what their words suggest about the power of the latter. Future work should make an attempt to draw upon these sources while also using those which are difficult for Western scholars to acquire. Studying both will offer the some additional oppositional overlap required to fix the gaps of post-colonial studies such as those of the subaltern school which Said criticised. However, this has to be carried out as a balance of both sources not as a campaign against either the Occidental or Oriental.

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