

# A Brief History of the Beginning of Military Nursing Service in Colonial India During Late Nineteenth Century

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## Abstract

The Army Nursing Service had its roots in the post Crimean War of the 1850s, although it's took many years for it to flourish. Military Nursing Service was introduced in India in the late nineteenth century under colonial British imperialism. Florence Nightingale played a major role in the development of the Indian Military Nursing System. She has never been to India but has been giving important advice on nursing to military officers for over 40 years. Since the Military system was a major pillar of British imperialism, the British government was a little more concerned about their health. The death of a large number of soldiers in Tropical Diseases alarmed the British government, which led to the introduction of modern medical care and nursing services in India. As a result, the Indian Army Nursing Service (I.A.N.S.) was started in 1888 by Lord Roberts, a British soldier. The story of nursing services in India has been primarily about social accounts of caste, class, religion, the status of women, gendered construction of the occupational realms, and the influence of colonial forces. In this paper I have tried to focus on these issues.

**Keywords:** Military Nursing, Nurse, Sister, Army Nursing Service, Hospital, Florence Nightingale, Queen Alexandra's Military Nursing Service, Dirty work, World War 1.

“We the nurses of India, known as ‘Sister’ by society, are not treated equally with other professionals. Being women- a weaker section of the society- we have never been given justice by the ministry of health and family welfare. We face a lot of problems during our service hours, but hardly any concern is shown for this community.”<sup>1</sup>

Nursing in India has suffered from persistent underdevelopment and widespread stigmatization. Before the eighteenth century, western medicine in India was primarily confined to the European-dominated ports such as Pondicherry, Bombay, Calcutta, Surat, Goa, Dhaka.<sup>2</sup> By the eighteenth century, the ‘British established Indian medical services and Hospitals in Madras, Bombay, and Calcutta. Only a few Indians belonging to the Royal families could provide these hospitals’ services. Indians did not have access to the Hospitals, although they did most nursing work there. They worked as dressers and unofficially were trained for other medical purposes, enabling them to assist the surgeons. The battalion Hospitals opened in 1785 treated Indians serving the

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British Army along with European soldiers. Most of the Indian soldiers were Hindus, and they followed caste rules forbidding them from receiving medicine from anyone but individuals from their caste. Thus, they were nursed by their family members. For high caste Hindu women, visiting these Hospitals was considered unrespectable.<sup>3</sup>

During the colonial period, Anglo-Indians and Indian Christians were primarily recruited into the nursing profession. Indians perceived nursing from the European Christian Institution, owing to its colonial and missionary connections. The mission schools of this period had very low-status Christians who had been converted from low castes as nursing students. Most of them were widows and 'unfortunate' orphans. During the 19th century, many soldiers' widows and deserted wives also used to take up nursing, devoid of any other alternative.

Regarding orphans, becoming a nurse was the last alternative if the chances of marriage or becoming a teacher were bleak. After studying, Nursing trainees wanted to become teachers rather than become nurses to achieve higher social status. Nurses were seen as susceptible to prostitution, both in public and within their working sphere.<sup>4</sup> Some of the nurses who arrived in India were a group of better educated "elite professional nurses" concerned with constructing "the basis of an Indian nursing profession modeled on the styles and standards of nursing in the west."<sup>5</sup> The influence of Christianity in Indian nursing started with modern nursing and Florence Nightingale (1820-1910). Although military Hospitals and nursing services had existed earlier, in 1857, the British government of India consulted Nightingale. She never visited India but provided strong leadership to reform the Indian Nursing Service.<sup>6</sup> Nightingale sent questionnaires to more than 200 large military stations controlled by the British government, inquiring about rules and regulations regarding health and sanitation. Nightingale has been advising medical and military officers in India on health and sanitation for over ten years. She wrote a paper suggesting that Hindu religious teachers could be used in the community as "health missionaries," liaisons between the villagers and the sanitation officers because the Hindu religion emphasized purity and cleanliness.<sup>7</sup> From his writing, it is understood that religion influences healthcare in India, and these health missionaries were human beings. The Royal Commission of the Army in India was appointed in 1859 and established in 1861. It may be noted that, before 1864, the employment of female nurses in Indian Hospitals was limited to Vicereine Lady Canning and some institutions in Calcutta and Allahabad. Service in Military Hospitals is provided mainly by untrained male coolies. With the formation of the Bengal

Sanitary Commission in 1864, it was seen that several steps were taken to improve the staff of Indian Hospitals. The Commission, promoted by the Viceroy, sir John Lawrence, decided to seek advice from Florence Nightingale.<sup>8</sup>

In late 1864, sir John Lawrence decided to introduce female nursing to army Hospitals. European and Anglo-Indian women were initially recruited as nurses in Indian Hospitals. Female nurses had been employed on a limited scale in the General Hospital and the medical college Hospital in Calcutta. The nurses working there were under the management of the Calcutta Hospital nurses' institution, which was a lady's committee initiated by Lady Charlotte Canning. The organization was officially funded by private donations, including monthly contributions and some income from private nursing. In 1864 only twenty-seven female nurses were employed. Some women joined Allahabad Hospital in 1858 as nurses. Most of the nurses were European and Anglo-Indians.<sup>9</sup>

Florence Nightingale's influence from the mid-1860s onwards for the next 40 years saw the installment of the first woman superintendents of nursing in India, Miss Locke.<sup>10</sup> In addition, Miss Foxley was posted to various parts of India to develop and improve the standards of care within military Hospitals. They faced opposition from some quarters of the Army, who did not want female nurses. Although male orderlies and ward servants took on the nurse's role in the past, Nightingale's proposals saw them replaced by female nurses. The nursing Sisters sent to India in the 1870s by Nightingale set about taking in women to train as nurses and up-skilled some male orderlies, giving nursing a higher status than previously in military Hospitals. Military nursing in India continued to exclude Indian nationals throughout the First World War period. These nurses and those that followed had been through a rigorous interview process that focused on their social class and character as good women. This was an essential time for military nursing, as nurses were recognized as being essential to the military effort for the first time.

#### **Origin of Indian Army Nursing Service (I.A.N.S)**

In nineteenth-century India, the regiment was stationed in garrisons throughout India. British and European officers and men also served in the Indian Army. Nursing at the Indian military Hospital was conducted by the male medical order of the Military subordinate medical service.

Many sick or wounded British soldiers died due to a lack of skilled nursing, but in 1867 Florence Nightingale's plan for trained female nurses in Indian military Hospitals was rejected

as unnecessary. The Indians' new commander-in-chief, Lady Nora Roberts, found further success twenty years later. Raising money from the regiments, Lady Roberts established a station Hospital and special ward for sick officers. As a result, the Indian Army Nursing Service (I.A.N.S.) was started in 1888 by Lord Roberts, a British soldier. The government of India and the India office funded a few trained nurses as an experiment. Miss Catharine Loch (lady superintendents) and five Sisters were sent to Rawalpindi, and Miss Oxley (lady superintendents) and three Sisters were sent to Bangalore. Nurses were recruited in England. Although it has existed for only fourteen years, the organization has played a vital role in understanding the need for nurses and nursing in India. The care given to sick soldiers is now acknowledged as necessary for them. The success of the experiment was primarily due to Catherine Loch. Her diplomatic leadership was recognized in the medical service, under whose leadership the care of the soldiers was more organized. She described the unhealthy climate in India in his letters sent home. She told cold, stifling heat and dust storms that blotted the sun, covering everything in a thick layer of sand. Later that year, armed with some rudimentary firing practice and belted-on revolvers, Miss Loch and four nurses accompanied the black Mountain Expedition in North-west India.

The first Indian Army nursing Sister, in April 1888, Catharine Loch, is a seated center with four nurses. (Royal British Nursing Association collection, by Kind Permission of King's College, London)

By 1891, fifty - two I.A.N.S. members had served in some of the largest military stations in India and Burma, sometimes two, three, or even along, over vast distances. In India, an army nurse had to be very self-reliant, physically strong to withstand the working weather and season demands, sustain good relationships in a small community, and not attract gossip. For this reason, the selection was restricted to well-bred gentlewomen for fear of bringing nursing into disrepute. Since 1894, the training of soldier orderlies, who perform most of the nursing duties, has become more formal. The nursing Sisters worked shifts, so there was always one on duty, in charge of several wards.<sup>11</sup>

### **Organization**

By 1897, every major military Hospital in India had I.A.N.S. nurses. The service consisted of four lady superintendents, nine deputy superintendents (later called senior nursing Sisters),

and thirty-nine nursing Sisters. But many more were needed in the smaller stations where patients still died due to inadequate nursing. The female superintendent served in each military command, with authority over all subordinate stations. She made an annual inspection visit, reporting to the principal medical officer about the work and behavior of the nursing Sister. The deputy superintendent was responsible for the management and discipline of the wards. He gave instructions and advice on various tasks. Absolute loyal obedience to her was insisted upon, not always easy in a situation where two or three were living and working together. An application must be between the ages of 25 to 35 and be recruited for five years. Renewable for a further five years. If passed by the medical board as physically fit, they can be in the third term. In very exceptional circumstances, the fourth, fifteen years later, they become eligible for a pension. Successful applicants are instructed to join the work about a month after the appointment. The quarters were spacious and comfortable, often with private living rooms. However, the government provided only basic furniture. Therefore, it was the responsibility of the Nursing Sisters to provide their bed linens, crockery, and cutlery. The senior Sister usually did the housekeeping.

Sister could be moved from one station to another. Hospitals in India have changed significantly, some without running water, others without electricity. The climate is usually dictated by the nature of the work, with 'dull' quiet periods before an outbreak of fever, dysentery, or pneumonia. There were very few surgical cases. The Nursing Sisters were transferred to the cool hill station in the summer. They were then housed in huts or tents, but most of the Sisters lived on the plains. They had to be on duty for fourteen hours, with wards filled with enteric fever (cholera), operating at temperatures above 100°F (37.78 °C) during the monsoon, even the salt on the table turned into a bit of puddle before one's eyes, and clothes not made of wool always felt wet. Lady Roberts had set up convalescent homes for nursing Sisters who fell ill. Homesickness surfaced most on short leave periods. So, it was helpful to have family or friends in India during the five years before extended leave in England was permitted.

### **Queen Alexandra's Military Nursing Service for India**

In 1901, the committee considering the re-organization of the Army Medical Department and Nursing Service recommended the amalgamation of the A.N.S. and the I.A.N.S. as a new combined service. Thus, six months later, the Q.A.I.M.N.S. was established. However, the

India Office, fearing dilution of the high moral standard of the I.A.N.S., opted to carry on running its nursing service, which in 1903 became Queen Alexandra's Military Nursing Service for India (Q.A.M.N.S.I.). Q.A.M.N.S.I. nurses were recruited and selected by a nursing board in England. A new grade of senior nursing Sister was introduced. The organization now consists of a female superintendent (one for each command), an old nursing Sister (one at each station), and a nursing Sister. Typically, three Sisters working at a station Hospital worked alone in three shifts every week. Two months' leave on full pay was granted annually. After five years of service, the sisters could take a year on two-thirds salary, with free passage to and from the house. In addition, four nursing Sisters on a two-year tour of Burma are eligible for posting at a hill station after returning to India.

### **Recognition of Service**

Small I. A. N. S parties accompanied frontier expeditions in 1888, 1892, and 1895 for which they received campaign medals, and in 1899 the Royal Red Cross. In addition, Q. A. M. N. S. I, who served during the First World War in France and Mesopotamia, received campaign medals, with several Royal Red cross and ten Mentions in Despatches.

### **Q. A. M. N. S. I in the First World War**

In 1914, out of ninety-one Q. A. M. N. S. I members, seventeen joined in India for service with three medical Units of the British Expeditionary force in France, named after the stations from which they came, for example, the Rawalpindi British General Hospital at Wimereux. They also served with two Casualty clearing stations. In November 1915, nearly all were recalled to the Rawalpindi before posting to two General Hospitals in Mesopotamia (now Iraq). The belief that white women will not tolerate climate could influence the decision to send Q.A.M.N.S.I. members. In March 1916, the remaining Sisters were urgently withdrawn to India, where the need for trained nurses was so great that 600 were sent from the Australian Nursing Service. 12 Australian Army Nursing Service nurses were despatched to small hospitals all over India. They were employed on the British Hospital Ships working from India westwards to the Persian Gulf and eastwards through Hong Kong and Vladivostok. Although their experiences varied widely, they took it all in their stride. By late 1918 there were approximately 520 trained nurses in India, consisting of eighty Indian nursing services, 120 Q.A.I.M.N.S., and 32 A.A.N.S. From July 1916 to 1919, some 560 members of the A.A.N.S. served in India. They were

challenged by cultural differences with the local staff and the English Sisters, nursing exotic diseases in primitive medical conditions and coping with a vastly different climate.

The story of nursing services in India has been primarily about social accounts of caste, class, religion, the status of women, gendered construction of the occupational realms, and the influence of colonial forces. The subjugated position of women in Indian society has led to the poor professional status of nurses among health professionals. Nursing was considered a servant, 'dirty work' involved cleaning and bathing the patients and coming in contact with stigmatizing body fluids, which has 'polluting' aspects similar to tasks ascribed to the lower castes in Indian society. Therefore, nursing was seen as low-status work.<sup>13</sup> In addition, nurses were seen as susceptible to prostitution, both in public and within their working sphere. A status hierarchy had taken shape within nursing during the colonial period. The 'ladies' nurses trained in England, usually represented at the Queen Alexandra's Imperial Military Nursing Service and Lady Minto's Nursing Association, were at the top of this hierarchy. Anglo- Indians, who formed a large part of the nursing force. The Indian nurses could mostly avail themselves of only the B-grade training and were placed in the lower professional position. Despite so many obstacles in the nursing profession, the colonial power established formal nursing services in India. The outbreak of World War I in 1914 stimulated interest in nursing care of the poor Indian soldiers, who were struggling for their life on various fronts in Europe and Asia.

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