

Florence Nightingale and Nursing in Colonial India

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Nursing as a profession was not held in high esteem before Florence Nightingale began her legendary push to upgrade nursing following her experiences in the Crimean War. She expounded the first real systematic theory of what nursing was. Beginning with Nightingale's influential and well publicized reforms, nursing was remade a respectable condition suitable for 'ladies' as played an instrumental role in institutionalizing care for the sick and professionalizing the nursing culture. Her conception of a reformed nursing practice was at one and the same time a calling and a profession. Not only was Nightingale's construction of the nurse and the nursing profession adopted in Britain, they were also adopted by other countries in the West such as the United States and America

Introduction

Margaret MacMillan, Canadian historian in her methodological essays in *The Uses and Abuses of History* argues that history plays a major role in the legitimization of ideas, political movements and nations.¹ For nurses, the uses and abuses of history are just as widespread. There are multiple nursing histories that chronicle a progressivist narrative of reform and development—the steady progress toward the light view of history that offers a credit to the visionaries and energetic leaders of the past. Among these are the classic before and after images popular in the nineteenth century that compare the drunken, dirty, and dishonest nurse characterized by Charles Dickens as Sairey Gump, with the young, bright and honest 'Nightingale', who transformed nursing and the hospital. There are also tales of dedication and selflessness in wartime and other emergencies when nurses had a major role, perhaps the only women to have done so, in landmark national events such as frontline nurses during World War I or Vietnam War or as POWs during World War II. But of all the stories one encounters when reading nursing history what stands head and shoulders above the rest is the overriding theme of Florence Nightingale and the movement for the reform of nursing that began with her work in the Crimean War, the time she spent in Crimea and Turkey ground testing her ideas on the scientific management of the sick. This dramatic episode in British history fueled Nightingale's remarkable worldwide reputation as the founder of modern nursing and launched her as one of the stalwarts of the Victorian era.²

Early Life of Florence Nightingale

Florence Nightingale was born in 1820 in Florence, Italy, the second daughter of influential and affluent parents, William and Frances Nightingale. She received an extensive home education, was a talented scholar, and particularly gifted at mathematics.³ Nightingale's nursing resume began in 1850 with the Sisters of Charity in Alexandria, Egypt to complete her training in Kaiserworth,

Germany, and then to work with the Sisters of Charity in Paris before becoming the Superintendent of English General Hospitals in Turkey. From Turkey, Nightingale went to serve the British troops fighting in the Crimean War. It was her service there, in the midst of a war that marked the shifting sources of global imperial power, that the lady with the lamp, gained the fame that launched her career as the most prominent leader to promote trained nursing. On having returned to England, she founded the Nightingale Training School for nurses at St. Thomas's Hospital in London. Shortly thereafter, she published her wildly influential *Notes on Nursing*, which propagated her ideas about sanitation, military health, hospital planning, and the necessity for nurse training.⁴

Nursing in pre-Nightingale Era

Before Florence Nightingale's *Notes on Nursing*, nursing as a profession was not held in high esteem: a physician of the time described nurses as 'dull, unobservant, untaught women; of the best it could be said that they were kindly and careful and attentive in doing what they were told. The dominant public perception of nurses during Nightingale's time was that they were either drunken or prostitutes, for a 'refined woman' would never be allowed to work outside of the home. Such a public perception of what a nurse was stands in remarkable contrast not only to the life and work of Florence Nightingale but also to what she felt the moral identity of a nurse was.⁵

Nightingale and Nursing

Florence Nightingale began her legendary push to upgrade nursing following her experiences in the Crimean War (post 1856). In the two decades that followed, Nightingale made it her own life's mission to mould nursing into a necessary component of bio-medical care and one that required the right sort of woman with the right sort of training.⁶ This training emphasized character, not skills. The finished product the Nightingale nurse was simply the ideal lady, transplanted from the home to the hospital, and absolved of reproductive responsibilities. To the doctor, she brought the wifely virtue of absolute obedience. To the patient, she brought the selfless devotion of a mother. To the lower level hospital employees, she brought the firm but kindly discipline of a household manager accustomed to dealing with servants.⁷

The beginnings of modern nursing as we understand the term today thus began with the efforts of Florence Nightingale. In her monumental work, *Notes on Nursing* first published in 1859, Nightingale expounded the first real systematic theory of what nursing was. In the Preface of *Notes on Nursing* Nightingale states,

The following notes are by no means intended as a rule of thought by which nurses can teach themselves to nurse, still less as a manual to teach nurses to nurse. They are meant simply to give hints for thought to women who have personal charge for the health of others. Every woman, or almost at least every woman, in England, has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid, in other words, every woman is a nurse. Every day sanitary knowledge, or the knowledge of nursing, or in other words, of how to put the constitution in such a state as that it will have no disease, or that it can recover from disease, takes a higher place. It is recognized as the knowledge which every one ought to have—distinct from medical knowledge, which only a profession can have.⁸

The cardinal principles on which Florence Nightingale established that first school of nursing were these

- a) That nurses should be technically trained in hospitals organised for the purpose.
- b) That they should live in homes fit to form their moral lives and discipline.

Over and over again in Miss Nightingale's writings we find emphasis on the four points which were basic in her philosophy of nursing.

1. That nursing requires a special call.
2. That it needs, more than most occupation a religious basis.
3. That it is an art, in which constant progress is the law of life.
4. That the nurse, whether she wills if or not, has of necessity a moral influence.⁹

Beginning with Florence Nightingale's influential and well publicized reforms, nursing was remade a respectable occupation suitable for 'ladies'. Nursing became a dimension of the mid nineteenth century trend that middle class and elite women followed to participate in public life through philanthropic, charitable and religious projects. The idea that nurses should be motivated by vocations and a desire to serve rather than material gain came into vogue.¹⁰

Florence Nightingale played an instrumental role in institutionalizing care for the sick and professionalizing the nursing culture.¹¹ Nightingale's conception of a reformed nursing practice, was at one and the same time a calling and a profession. In her view the central concern of nursing should be the conjoint moral and sanitary policing both of the infirm and of the society at large. Nursing properly involved both a technical and moral undertaking.¹² Not only was Nightingale's construction of the nurse and the nursing profession adopted in Britain, they were also adopted by other countries in the West such as the United States and Australia.¹³ Nightingale insisted, 'Good nursing does not grow of itself; it is the result of study, teaching, training, practice ending in sound tradition.'⁷ Her conception of health care reform involved the creation of a systematically trained cadres who were to go out and re-organize nursing on a professional basis, replacing or reconstructing the existing provision through themselves 'training, systematizing, and morally improving as far as may be permitted'.¹⁴

Nightingale's scheme for the reform of nursing was first set out in her recommendations concerning *The Introduction of Female Nursing to Military Hospitals* (1858), and was later repeated in her *System of Nursing for Hospitals in India* (1865). Her scheme involved the complete rationalization and systemization of the hours and duties of nurses, of the observation of patients and the supervision of wards, of the preparation of food, provision of laundry and cleaning. The numerous skills involved in the various duties of a nurse were analyzed, and a system of records devised to assess the progress of the trainee nurse in each aspect during the course of a year.¹⁵

The opportunity to put these ideas into practice was provided after the Crimean War by the establishment of the Nightingale Fund with which she opened a training school for nurses at St Thomas' Hospital, London. On entering Nightingale Training School, the probationer signed an agreement to place herself under the regulation and direction of the school, including her place of employment for five years. She was provided with a list of characteristics she was to foster in

herself, and of the skills she was to master. Her dress and communication were also supervised by the school. The aim was to teach nurses ‘obedience, discipline, self control, work understood as work, hospital service as implying masters, civil and medical, and a mistress, what service means, and abnegation of self.’¹⁶

It was intended that after one year’s training a nurse should be able to attend a medical officer and carry out instructions on medicine, food and drink, the application of leeches, poultices, dressings and enemas, the warming of the patient and the ventilation of the ward. She was to be wholly responsible for the personal cleanliness of the patient, the patient’s bed and utensils. Her work would also involve the direction of ward orderlies and carried the responsibility for ensuring the patient’s obedience to the medical officer. Florence Nightingale contended that such duties ‘could only be satisfactorily done by a woman’, a belief which she did not appear to feel needed arguing, indeed she presented it as self evident. She pointed in particular to the care of bed-sores as evidence for this assertion; her position seems to have been that only women possessed technical skills of gentle handling and understanding of housewifely detail essential to patient care. Thus while she insisted on the need for training in nursing skills, she seems to have held that such training was only usefully to be undertaken by women, for its success depended on competence in areas of activity which fell to women.¹⁷

In such an understanding of nursing, the patient becomes the focus of attention, not the disease as such. But the period of Florence Nightingale’s involvement with medical reform saw the advance of germ theories which switched the focus to disease itself. Nightingale’s own theory of disease left her unsympathetic to such views and she remained unconvinced by germ theory until the end of her life. This in its turn had implications for her views on nurse training, and in particular on the use of anti-sepsis. She once wrote that absolute cleanliness was the true disinfectant. Nonetheless by 1882, she was arguing that the nurse must be taught the nature of contagion and infection and the distinction between deodorants, disinfectants, and antiseptics. She also acknowledged that the nurse should be able to apply antiseptic treatment.¹⁸

As a result of Nightingale’s contributions, modern Western nursing became associated with the ethos of duty/selfless sacrifice, professionalism/institutional education and respectability. It was these very ideas of professionalism and respectability inculcated by Florence Nightingale that British officials brought and replicated when they started to develop the nursing profession in India.¹⁹ The introduction of modern nursing and employment of female nurses in India were two other significant contributions of Florence Nightingale. The latter had strong connections with India.²⁰ Nightingale’s abiding concern with the health of Britain’s own troops extended to India, itself a major outpost of the British army. In the late nineteenth century, Nightingale issued recommendations regarding nursing and sanitation in India, corresponded with Indian social reformers, and made sure she was consulted in major public health debates.²¹

She participated in the Royal Sanitary Commission on the Health of the Army in India which presented its report in 1863, including detailed recommendations for improvements in military nursing. She also spent decades corresponding with viceroys and provincial governors, promoting health and sanitation and, later, supporting the Indianization of the British administration. It has been

suggested by Anne Marie Rafferty that during the first half of the twentieth century, the influential leaders of the International Council of Nurses shaped Nightingale into a professional heroine, who was above nationality, belonging to every age and country.²²

It may be noted that, prior to 1864 the employment of female nurses in Indian hospitals had been timidly initiated by the Vicerine, Lady Canning, and limited to some institutions in Calcutta and Allahabad. Service in military hospitals was mainly provided by untrained male coolies. With the setting up of the Bengal Sanitary Commission in 1864, immediately it appeared that something had to be done to improve the staffing of Indian hospitals. The Commission, prompted by the Viceroy, Sir John Lawrence, decided to seek advice from Florence Nightingale.²³

By the end of 1864, Lawrence decided to introduce female nursing to army hospitals. The system of using European women as nurses in Indian hospitals was already in its early stages. 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 sort of Ladies' Committee initiated by Lady Charlotte Canning. This organization was funded by private subscription with monthly donations from the Government and some income from private nursing. Only 27 female nurses were employed in 1864. Women nurses had also been introduced to Allahabad General Hospital in the autumn of 1858.²⁴

The Sanitary Commission of Bengal recommended that female nursing should be introduced to all large hospitals in India, including regimental hospitals, and for this the Supreme Government was willing to meet all expenses. The Secretary of the Bengal Sanitary Commission, Dr James Pattison Walker, asked for Nightingale's help and advice as she was considered to be the 'highest living authority' on nursing. Dr Walker wrote to Nightingale on 21 November, 1864, Acknowledging you are the highest authority on the subject of hospital nursing, the Sanitary Commission for Bengal is solicitous of benefitting by any suggestions with which you might favour it, and I have therefore the honour, by the desire of the officiating President, to invite you to aid us with your esteemed advice.....²⁵

Nursing in India thus became a concrete issue in 1864 with Lawrence's request for guidance in the use of matrons and nurses in military hospitals and the training of nurses in India. Nightingale was thus formally invited to submit her recommendations in a letter from the Secretary of the Bengal Sanitary Commission, Dr James Pattison Walker. She came up with *Suggestions on a System of Nursing for Hospitals in India*. The latter were largely based on her experience and practice in England.²⁶ In a letter to the Secretary of the Sanitary Commission for Bengal, Nightingale wrote in 24 February 1865,

Sir,

In reply to your letter of 21 November 1864 requesting me to send to you any suggestions which might occur to me regarding the organization of a system of female nursing in Indian hospitals, I beg herewith to transmit a paper of suggestions which I hope may assist you in considering the subject.

In order to supply the requisite number of nurses for the hospitals of India you must have

schools for their instruction and training, either in England or in India, or in both. For these schools there must be competent teachers to instruct and train the untaught, and if such teachers cannot at present be found in India, they must be sent from England. Unless it is assumed that the development of excellence in all that relates to nursing will be as rapid and the teaching as good as in England, it would be necessary to provide for a continued supply of teachers, that is, of matrons and head nurses, trained at home. No one, probably, who is acquainted with European life in India, will doubt that such a continuous stream of fresh blood and advanced knowledge will be necessary to prevent progressive deterioration.²⁷

At this stage Florence Nightingale did not consider Indian women for nursing training. This was probably because at that time the upper and middle class Indian women were still not available as they were living a secluded life in *purdah*. This apart, nursing and midwifery were considered menial jobs and no middle class Indian women would volunteer to venture into these. Moreover, working class Indian women were mostly illiterate and did not have access to such training. Nightingale did not consider Eurasian women either, and kept her choice limited to Europeans only. There was a deep rooted prejudice about the skill and efficiency of the Eurasean women among the Anglo-Indian community in India and Florence was aware of that.²⁸

While Florence Nightingale was conveying her thoughts to Lawrence about the use of private enterprise in introducing female nursing in India, the Governor-General in Council in India was taking a different decision. After deliberating for almost two years, Lawrence and his Council decided that the idea of female nursing in army hospitals was not a viable proposition after all, and should be shelved for the time being. What happened was that when Lawrence referred Florence Nightingale's original scheme to his medical advisers, they elaborated on it and decided to apply it to seven hospitals at the same time. Consequently, the estimated cost was so high that the Governor-General in Council abandoned the idea of introducing the scheme and passed a resolution to that effect on 10 June 1867. In 1867 Nightingale wrote to Lawrence,²⁹

It is not for me or anyone to doubt the duty of the Government of India to avoid and prevent undue expenditure, and there is a limit to the burden that can be imposed on the people of India, but to reject as inadmissible and useless any attempt to introduce female nursing which had been adopted by every civilized country, and to reject it because a specially extravagant scheme and impractical scheme submitted by persons necessarily imperfectly informed on the subject was considered too expensive is a course of which the advantage might be doubted, while there was the alternative of adopting the more safe and judicious and inexpensive course which I suggested.³⁰

With Government in India having failed to establish nursing, Nightingale looked for other options and received requests from Indian nationals to take up the work. She hoped to train nurses and matrons for India with financing provided with by the Nightingale Fund. This was based on the understanding that head nurses would be Europeans or at least Eurasians, Indian nationals then not having the status for those roles. She wrote to Robert. S. Ellis, President of the Madras Sanitary Commission in August 1867 that there ought to be a continuous stream of trained nurses coming out of England to India. As it was not possible to depend on recruiting in the country yet all should have been done to promote it.³¹ Female nursing in Indian military hospitals was instead introduced

on a small scale shortly afterwards in the Madras presidency by its governor Lord Napier. It was only in 1887 that female nurses were generally accepted in military hospitals and the first nurses were sent to India. Indian women began working in the military hospitals only during the First World War.³²

When Florence Nightingale first entered public life during the mid-nineteenth century, there were few women on the stage. The very idea of a female profession was in and of itself an entirely radical notion in the mid-nineteenth century. Nightingale's endeavours to build a respectable secular profession for women through the development of training programs for nurses, who would then lead the reform of the hospital, was a breakthrough moment for nursing as it evolved from its previous confines as either religiously motivated or stigmatized as domestic work.³³

Sporadic attempts at providing a trained, female nursing staff for government hospitals began from the mid-nineteenth century. According to Margaret Balfour, the first mention of a hospital matron was in 1844 at the Madras Maternity Hospital, which, in 1854 was also the first to begin training midwives.³⁴ At that time in India, there were neither trained orderlies nor female nurses in regimental hospitals, only a hospital surgeon and a 'plentiful supply of ward coolies'. In severe cases a comrade from the ranks provided care. The English soldiers never liked the ward coolies. The medical authorities, both civil and regimental, felt the need for trained nurses and orderlies in the hospitals. Doctors, and surgeons especially, were appreciative of the contribution already made by the female nurses in Calcutta and Allahabad General Hospitals.³⁵

In Calcutta, the Calcutta Hospital Nurses Institution trained probationers from 1859 for work in the Presidency General, Medical College and Eden Hospitals. In 1870, the general hospital in Madras first appointed a permanent nursing staff, beginning the training of probationers in 1871. By the late nineteenth century, better trained, better qualified 'new nurses' arrived in India from Britain, perceiving themselves as playing a role in the cultural mission of imperialism. A number of these took work in government institutions, as well as the mission hospitals. In 1886, for example, Edith Atkinson started as the nursing superintendent at the Cama Hospital in Bombay, which by 1906 was running a three-year training programme for probationers. Government hospital training schools gradually increased in number throughout the early twentieth century, but in general schooled domiciled European and Anglo-Indian trainees, playing little role in the training of Indian nurses.³⁶

In 1906, the Vicereine Lady Minto founded the Indian Nursing Association that incorporated the Up-Country Nursing Association established in 1892. 'Minto Nurses' as they were popularly known as, provided private nursing care mainly to European families. In Bombay, several of the hospitals funded by Indian philanthropists trained nurses, including the Jamshetjee Jeejeebhoy group of hospitals, which trained probationers from 1891. In 1921, the Matru Seva Sangh was established at Nagpur by two eminent social workers, Kamlabhai Hospet and Venutai Nene. The latter aimed to assist women, especially widows, to eke out a living, and offered general nurse training, in association with the Dufferin hospitals. Meera Abraham reports that Ramabai Ranade's Seva Sadan also helped train Brahmin widows as nurses. In the 1930s, Muthulaksmi Reddy provided nursing training and midwifery to some destitute women. Local initiatives, therefore, strongly focused on the potential of nursing to provide an income for socially marginalized women in Indian society.³⁷

It was not until the late nineteenth and early twentieth centuries, however, that nurses played a really significant role in the work of medical missions in India. From the beginnings of the twentieth century, nursing had emerged as a key component of medical missionary work, and more professional and better trained nurses were attracted to work in the empire. It has been stated by Fitzgerald that missions began to demand fully trained nurses who would not falter in their demonstration of the superior nursing skills of the West. Nurse education became an increasingly strong focus, so that in 1946, 80 percent of Indian nurses had been trained under missionary programmes.³⁸ The prominent influence of the missions in shaping the Indian nursing field continued up to and beyond India's independence and proved to be one of the most enduring legacies of the female medical missions of the colonial era.³⁹

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