Social History of Medicine in Colonial India

John Bosco Lourdusamy

Dept of Humanities and Social Sciences

IIT Madras

Week 06

Lecture 03

Nursing

Hello and welcome to yet another lecture, Lecture number 28. This is on a very interesting topic which is nursing. As we all know, nursing is one of the most essential and really close-to-people aspects of the modern healthcare system whether it is public health system or private healthcare. The place and presence of nurses, their importance was most vividly seen and felt by all of us during the recent Covid pandemic. They were the most visible face - we saw them doing yeoman service all over the place. But now getting back to our topic, which is the colonial period with regard to its advent. Professional nursing, like many other things related to medicine, came during the colonial period. Initially in the colonial period, the British women in India performed basic nursing and midwifery in the British households within India. With regard to Indians, that is nursing care for Indians, the British nuns and the missionary women offered nursing services to the ailing natives of India. That was part of their missionary activities. But all of these kind of early, what is called the nursing duties, was not actually very professional. It was very unprofessional, untrained form of nursing because these women were not professionally qualified or certified nurses. From the mid-19th century, there were some scattered attempts for providing trained female nurses for government hospitals - and again in this also, as in several of the matters, the government relied heavily on philanthropic efforts - getting money and subscription from good-intentioned public - both native or Englishmen. Rather than the government getting too committed, the Calcutta Hospital Nurses Institution was established in 1859 through such kind of efforts - private efforts - through the efforts of the Bishop of Calcutta, Bishop Cotton and some other British women in Calcutta. This was a private charity which recruited as well as trained nurses, free of charge, and provided nurses for the European as well as native wards of the Medical College Hospital - the Calcutta Medical College Hospital, and the Calcutta Presidency 's GH (General Hospital). They also provided private duty nursing for the home care of Europeans with a moderate charge. This system was availed not only by the whites or Europeans. Even the nobility

or the princes or the elite among the India's rich also availed of it. As we all know, there was a major shift in health care in general after 1858 with the coming of the crown rule and its particular interest on the health of British troops. As we have seen, the famous Sanitary Commission was appointed which was the mother of all Commissions -the first of those Commissions inaugurating the culture of Commissions for studying various things like Famine Commission or Plague Commission and other such things. Florence Nightingale, who in fact, suggested to the Commission that a few matrons and head nurses should be sent from England for training of nurses in civil hospitals here in India. But the plan was rejected again on the same grounds - financial grounds. But in Madras Presidency, the then Governor, Lord Napier who was, in fact, personally acquainted with Florence Nightingale and her medical works on the war front, took special interest in nursing in the Presidency. In fact he went ahead and appointed a permanent nursing staff at the General Hospital in Madras in 1870 and the training of the nurse probationers began in 1871. These kinds of efforts also started in other places - this we will see in detail in another exclusive lecture on women's medical education where we will talk about nursing education as well. Then there was something called the Up-country Nursing Association which was established in 1892 to provide personal nursing care mainly for Europeans on the basis of subscription. In 1904, the Lady Ampthill Nursing Institute was founded in Madras on the same model. In 1906, the Lady Minto Indian Nursing Association was founded by Lady Minto - wife of Lord Minto the Viceroy. This incorporated the Up-country Nursing Association into it. What does the subscription model ? Those with monthly income of less than 500 paid an annual membership subscription of rupees 10 and they paid rupees 20 if the income exceeded rupees 500. Members were entitled to the services of a fully qualified nursing sister in times of illness for a payment of rupees 2 - that is if you had paid subscription of rupees 10 monthly or rupees 4 for the other group. This was the daily daily payment to be made for nursing service and if non-members wanted to avail of the service of the trained nurses, they had to pay 8 rupees for each day of the attendance of the nurse. The nurses themselves were paid rupees 85 per month. They were also given quarters.

Who were these ladies? They were basically English ladies with three years training completed in England or in recognized Indian hospitals and also with one year experience in private nursing. By 1914, the Lady Minto Indian Nursing Association had branches in the United Province, the Central Provinces, Punjab, Assam, Bengal and Rajputana. Missionaries contributed substantially in building the local core of nurses which again will be dealt with in detail in the lecture on non-state initiatives - where we will particularly talk about missionary roles. Apart from missionaries there are also many social reformers and philanthropic organizations which also contributed to the building of indigenous nursing core. This again will be detailed in the lecture on non-state initiatives.

Coming to the beginning of the 20th century professionalization of the nursing duties acquired greater attention - till then there was no uniform standard of training so much so that unqualified nurses would frequently turn out and pose as certified nurses and claim the same fees as a properly and highly trained English nurses. The blame for this was put on the small scattered training and licensing centers here and there. Therefore, there was a call for a certification to be provided by a single examining board. Each province was to have its board for certifying the nurses. Another important step in this direction of professionalization was the starting of the Trained Nurses Association of India which was started in 1908 with nurses employed by both missionary groups as well as by the government in the different parts of India. One of the important purposes and goals of the DNA was to lay down proper code of rules for nurses training as well as their professional conduct - holding up to particular levels of standard. This can be seen as a reflection of further professional identity of the nurses in India. This kind of professionalization was even further visible with the coming of the pioneering act called the Madras Nurses and Midwives Act which came in Madras Presidency in 1926. This Act provided for a council - that is the provincial nurses and midwives council and mandated the registration of all trained nurses. Strict penalties were introduced for dishonest use of certificates or false claims of having certificates, producing fake certificates and other such things. Similar kinds of Provincial Acts (as was done in Madras Presidency), were introduced in other provinces or Presidencies like in Punjab in 1932, United Provinces in 1933, Bengal in 1934 and Bombay presidency in 1935. Yet another dimension of professionalization is the aiming for education and training in standardized forms. We will talk about the nursing training and education in greater detail in the lecture on women's medical education. But we should say here that the conditions of those training were very arduous. Even as they were studying in a particular institution they would also be made to work as nurses in the corresponding hospital. While they were students, they were more than students, also treated as employees. The accommodation provided for the pupils in these kinds of institutions was overcrowded and also extremely unsatisfactory in other ways. These conditions made nursing not an attractive vacation. But apart from this, there were also several other social and religious aspects which stood on the way of nursing acquiring greater attraction as a vocation. Employment of women in public environment was itself seen as something generally undesirable - we were talking about women having to be kept under the protective care of the their men folk and preferably in the zenana in the isolated quarters. Going to the public arena itself was a kind of anathema and then this was particularly so, because in this profession, the women are also getting in closer touch with strangers and also those of the opposite sex. And the dressing of the nurse, the uniform, the attire of the nurses was also something different from the traditional indigenous culture. That was also challenging in its own way and nursing women's morality was often doubted - because they were coming in close contact with men and

moving around closely. You should also see all these things in the context of those times. It may not appear that significant if you see it from today's point of view but if you go back to that time and that kind of zenana, and that kind of seclusion and preventing women from men's gaze and eyes and all that, this is something even alarming - ladies going and talking and touching men. There was a connection made - that this will create the kind of mental and the kind of situation for getting into all kinds of sexual licentiousness. In fact the suspicion gained credence because actually several nurses, because of their low pay, did actually (maybe for the same reasons just mentioned - because they felt more free and comfortable and didn't feel that much of an earlier social stigma and also because of the compulsion of the low pay and trying to make ends meet, they did) resort to prostitution. So, generally that stigma got attached to the overall profession - as nurses being women of loose morals and licentiousness and to kept and seen carefully at a distance. Therefore, there was a very clear image problem with nursing being seen as something very inappropriate for women from respectable families. It was not surprising therefore that for a long time, those who took to the profession were from among the Europeans and the Anglo-Indian community. Apart from this gender issue, caste also played its part because the majority of the Indian nurses were basically converts to Christianity from lower caste or they were widows, orphans or destitute women who took to nursing because they had no option. In that sense, for those kinds of women, nursing provided some kind of an opportunity for social mobility in spite of all the stigma and all that. Since we mentioned widows, widows as nurses was another cultural roadblock as widows generally were considered as inauspicious and were generally subject to social exclusion. Another problem on the way of nursing becoming an attractive profession was that it was seen as a kind of a menial servant-level work as nurses were working very closely with low-caste servants, who performed menial work in the hospital wards and therefore the profession itself - nursing profession - itself continued to be regarded as a low status job for minimally educated women and women from lower caste, and not something which is suitable for middle-class educated women of higher castes.

The nurses were stigmatized like the dais who we came across in another lecture - the traditional midwives - as both were seen associated with impurity because they were coming in contact with bodily fluids and particularly blood which was considered polluting according to religious ideas relating to purity. Due to association with untouchability, the Indian nurses try to distance themselves from the polluting aspects of the work by delegating bedpan and other kind of works like giving bath to the patients -these kinds of works were consciously relegated to the sweepers or ward boys and the nurses avoided doing them because they were seen as belonging to untouchable caste. Also there's another problem - nursing does not necessarily need to be done by women. In fact, for instance in the army, these kinds of medical attention was given to brother soldiers by male orderlies. But in course of time, nursing itself had acquired that

feminine slant which meant that it did not attract male candidates as it was seen as something for women - and also women of a particular kind of background. Looking at all this, the council of medical women in India they took upon themselves as a responsibility to improve the status of their sister profession by encouraging, by creating all kinds of situations which would generate a more respectful attitude towards nursing rather than the very stigmatized way in which it was being looked. They also insisted - these council members - also insisted on adequate staffing of hospitals with well-educated and well-trained nurses. They also called for provision of better living conditions especially for students and an increase in the scale of pay for the staff nurses - sisters and the nursing superintendents. In terms of training, they called for nurses training schools to have properly qualified sister tutors and also with facilities for specialist training such as for theater work. Trained nurses were to be included as inspectors of the training schools. Also, in all the boards of examiners the majority of the members were to be nurses themselves. Trained nurses were to be appointed as Registrars to all the provincial nurses registration councils.

However the colonial state showed a lack of commitment towards nursing as it did to several aspects of health care in general. Again, you know the reason - the prime reason: financial reason. It was reluctant to incur expenses to rectify these kinds of problems in the field. As in some other matters in health care, it sought to put the blame on the natives - pointing its finger to the cultural reservations on nursing which we discussed earlier. This was used as an excuse to justify its lack of political and financial commitment to nursing - saying that Indians themselves are a roadblock to the development of the profession and all that. This reluctance of the government, the failure of the government to engage with the problems in nursing resulted in further reinforcing the negative stereotypes regarding nursing. Thus the profession remained unable to meet the public health demands of the Indian population so much so that by the time of round independence there was only one nurse for every 43,000 people in India. The Bhore Committee (which was appointed around the time of independence to see the existing state of health care and more importantly to suggest means to go forward, that is, to lay a kind of a blueprint, all-round blueprint for health for the new independent nation-to-be), spoke particularly about nursing as well, in their report of 1946. They recognized the agenda of the nursing leadership by recommending that trained nurses with advanced qualifications were to cater to rural and urban public health in India. This report supported the creation of the All-India Nursing Council which would work for the standardization of nursing education and against the exploitation of nursing students in different ways. For independent India, this served as a professionalized model for nursing to be considered for the country's health care system. Whatever we have today, was to a great extent, born out of this study which looked at several aspects of nursing at that time - with all its problems and came up with these kinds of remedial measures. If nursing today forms such a big backbone of the medical profession - both in the private

and public sector - it's all owed to several of these things which happened - both the good things and the bad things - and the lessons that that were learned from them. Of course, we can't deny the fact that this was another outcome of the colonial experience. Of course, traditionally we had our own forms of caregiving but this kind - just like the coming of professionalized midwifery - this was a professionalized one. As we will see in the lecture on nursing training, there were different aspects in which they were trained - including vaccination. This kind of professionalized nursing was a direct outcome of the colonial experience and we will continue to see more of it in that lecture on nursing education. On that note, we will close here. Thank you