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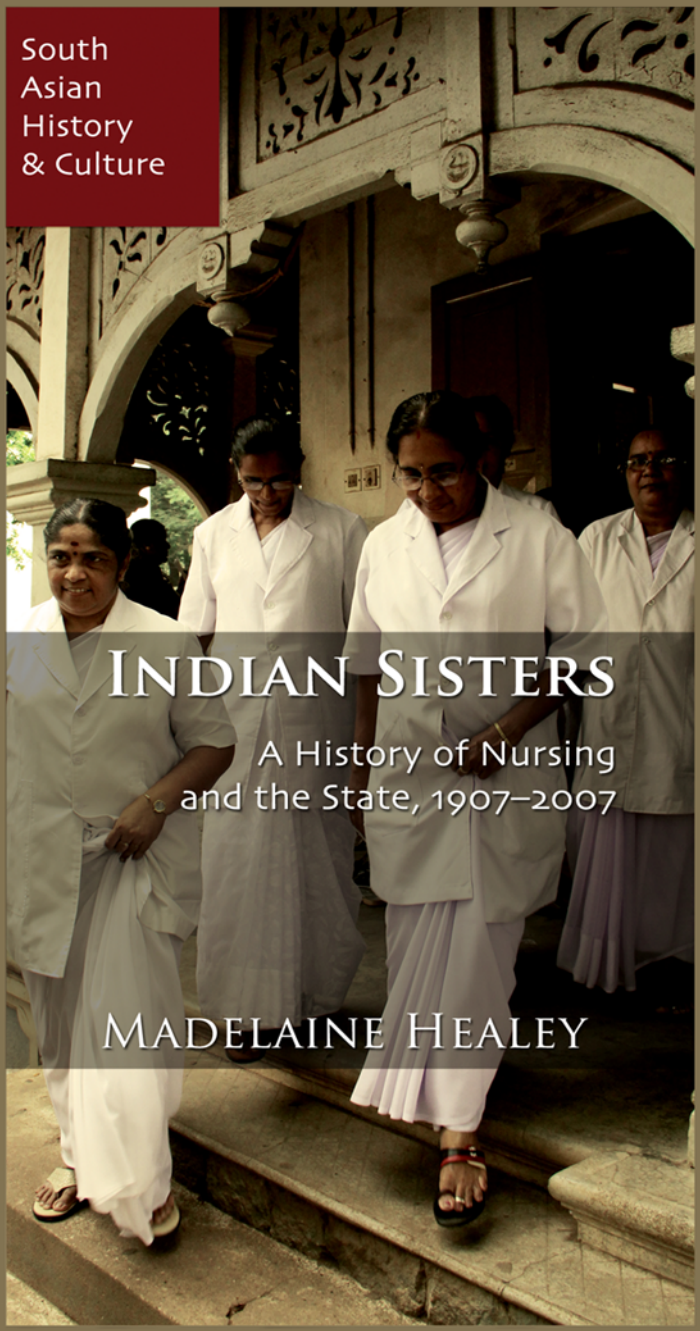

Indian Sisters

A History of Nursing and the State, 1907–2007

Madelaine Healey

Routledge

Indian Sisters

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List of Abbreviations

AIDWA	All India Democratic Women's Association
AIGNF	All India Government Nurses' Federation
AIIMS	All India Institute of Medical Sciences
ANA	American Nurses Association
ANM	Auxiliary Nurse Midwife
ANMC	Australian Nursing and Midwifery Council
ANS	Auxiliary Nursing Service
ANSI	Association of Nursing Superintendents in India
BNE	Board of Nursing Education of the CMAI
CAHP	Coordinating Agency for Health Planning
CGFNS	Commission on Graduates of Foreign Nursing Schools
CHEB	Central Health Education Bureau
CIN	Central Institute of Nursing
CMAI	Christian Medical Association of India
CMC	Christian Medical College
CNF	Commonwealth Nurses Federation
CNL	Christian Nurses' League
COMPAS	Centre on Migration, Policy and Society, Oxford University
DGHS	Directorate General of Health Services
DGNU	Delhi Government Nurses' Union
EHA	Emmanuel Hospital Association
EU	European Union
GNM	General Nursing and Midwifery
ICN	International Council of Nurses
IELTS	International English Language Testing System
IHD	The International Health Division at the Rockefeller Foundation
ILO	International Labour Organization
IMNS	Indian Military Nursing Service
INC	Indian Nursing Council

INS	Indian Nursing Service
IRN	International registered nurse
JAC	Joint Action Committee
KEM	King Edward Memorial Hospital, Bombay
KGNA	Kerala Government Nurses Association
LMS	London Missionary Society
MCI	Medical Council of India
NARA	National Archives and Records Administration
NCIW	National Council of Women in India
NGO	Non-government organisation
NHS	National Health Service, UK
NICE	Nurses for International Cooperatives Exchange
NJI	*Nursing Journal of India*
NMC	Nursing and Midwifery Council, UK
NRI	Non-Resident Indian
PGIMER	Post-Graduate Institute of Medical Education and Research, Chandigarh
PTS	Preliminary Training School
QAs	Nurses belonging to the Queen Alexandra's Imperial Military Nursing Service
QAIMNS	Queen Alexandra's Imperial Military Nursing Service
RCN	Royal College of Nursing, UK
RCS	Royal Commonwealth Society
SANA	South African Nursing Association
SNA	Student Nurses' Association
TNAI	Trained Nurses' Association of India
TUC	Trade Unions Congress, UK
UN	United Nations
UNCTAD	United Nations Conference on Trade and Development
UNICEF	United Nations' Children's Fund
USAID	United States Agency for International Development
VAD	Voluntary Aid Detachment
WHO	World Health Organization
YWCA	Young Women's Christian Association

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Introduction

We the nurses of India, known as 'sisters' by the 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.[1]

This book is a history of the development of the nursing profession in India over the past 100 years. It charts the uneven, problematic relationship of professional nursing organisations with governments throughout the period. The complex nature of this task is, I hope, indicated by the title of this book. 'Sister' is a term still very much in use in India, as a title given to a nurse in-charge and as an expression of respect. Throughout this period, however, the nursing sisters of India have struggled to achieve the authority and autonomy that the title implies. 'Sister' also, of course, evokes the image of the religious sister, who has in important ways influenced the cultural heritage and the practical development of Indian nursing. Politicians delivering speeches to nurses, promising improvements in conditions and salary that have rarely been delivered, have also always addressed nurses as their 'noble sisters'. This repeated use seems to have drained the term of its meaning, making the notion of nurses as the nation's sisters a hollow joke. The relation of sister has also been frequently deployed by international nursing organisations, suggesting a cross-cultural continuity of care and a commonality of purpose. This 'sisterhood' explains some of the weaknesses and some of the strengths of Indian nursing, the culture, heritage and structure of which has been profoundly determined by Western women. The notion of 'sisterhood' is also, evidently, at the heart of feminist

[1] All India Government Nurses' Federation (henceforth AIGNF), 'Representation to Honourable Prime Minister, Government of India, in respect of Nursing Profession', Fourth National Convention, 26–27 September 2000, New Delhi, p. 1.

organisation. Indian nursing leaders, however, have until quite recently only reluctantly identified themselves as feminist, and their evolving relationship with Indian women's movements has been complex and ambivalent. The different ways in which nurses can and cannot be captured by the term 'sister', therefore, suggest some of the questions at the heart of this book.

The book takes the 100 years between 1907 and 2007 as the period for study, responding to the self-perception of the Western nurses who first brought modern nursing to India. Many of these women viewed themselves as pioneers, building an institution for India that would provide rewarding, worthy careers for the women they could fit into the mould of the dutiful, service-oriented, frock-wearing Anglo-American nurse. Looking back from the early 21st century, it now seems apposite to consider the success of their project and the extent to which the institution they built has been remodelled by the nurses of India and by the post-colonial health establishment.

Indian Nursing Organisations and the State

The story I have chosen to tell is of the relationship between the nursing leadership and the state. The threads of this narrative run through the entire period, with the post-colonial state replicating and perpetuating the colonial state's lack of engagement with nurses; and professional nursing organisations remaining largely weak and unrooted in the lives of nurses. On the one hand, the patriarchal state has proved consistently unwilling to recognise or focus on the development of the role of nursing in modern health systems. On the other hand, nursing inherited a professionalising culture of elitist leadership, which focused chiefly on education rather than conditions and which was insufficiently responsive to the actual experiences of nurses. It is my suggestion that the history of the state and of the leadership can explain, just as much as the oft-cited factors of culture and caste, the longstanding troubles of the nursing profession.

In telling this story I have attempted where possible to place the voices and views of nurses themselves in the foreground, something the state has repeatedly failed to do. Interviews with nurses and nurse leaders (carried out in Kerala, Delhi, Australia, and the UK) are used to tell the compelling and controversial story of the modern

phenomenon of nurse emigration, to sometimes give shocking details of hospital conditions and to express the frustration of working within a system seemingly deaf to nurses' concerns. Archival materials such as the *Nursing Journal of India* (*NJI*), mission records and the papers of international organisations working in India have been used to give a strong sense of the struggles nurses faced in building up their profession.

The troubles of nurses in India are commonly ascribed to aspects of culture, seemingly accepted as immutable; the strength of the caste system, which stigmatises work with bodily fluids, strong limitations on female mobility in many parts of India, and disapproval of work that requires women to work intimately with male strangers. Ruth Harnar, a long-term American nurse leader in India, who worked for the World Health Organization (WHO) and a number of Indian hospitals, for example, wrote that

> the status of nursing as an occupation in India has suffered from the stigma attached to it by a society which could not approve of women working outside the home with tasks considered unworthy of all but the lowest caste people.[2]

As Chapter 1 explains, culture has certainly been an important part of this story. The introduction of the relatively youthful institution of modern nursing into colonial India involved a dramatic collision of concepts of gender at a historical moment when local gender practices were being vigorously defended and, to some extent, reified and hardened. Several historians of the late-colonial period have noted, as Srimati Basu writes, the 'centrality of the woman question as the marker of cultural authenticity or modernity, and a prime site of colonial domination and resistance'.[3] This meant that the challenge nursing posed — in asking 'respectable', high-caste women to care

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[2] R. M. Harnar, 'Social Forces and Factors Influencing Nursing Education in India', *Nursing Journal of India* (*NJI*), vol. 67, no. 3, 1976, p. 54.

[3] Srimati Basu, 'Review Essay: Janaki Nair, Women and Law in Colonial India: A Social History', *Gender and History*, vol. 11, no. 1, 1999, p. 175. See also Tanika Sarkar, *Hindu Wife, Hindu Nation: Community, Religion and Cultural Nationalism*, Delhi: Permanent Black, 2001, p. 5; Antoinette Burton, *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865–1915*, Chapel Hill: University of North Carolina Press, 1994, p. 31; Partha Chatterjee, *The Nation and its Fragments: Colonial and Postcolonial Histories*, Princeton: Princeton University Press, 1993, p. 119.

for strangers, and for men, and to expose themselves to polluting bodily substances, against all norms of higher caste communities — was unlikely to succeed. The reality was that nursing in the colonial period was an attractive career predominantly to Christian converts from communities considered untouchable under the caste system, and particularly to destitute orphans and widows from these communities. Social prejudices against these groups reinforced the public perception of nursing as 'dirty', low-status work (although for some of these women, at least, nursing represented an effective and even an enjoyable survival strategy).

The encounter between Indian society and nursing was also shaped by the nature of nursing as a recently evolved dimension of Western industrial modernity. Nursing has a long history of association with religious sisterhoods, which has heavily determined its symbolic culture. Its slow emergence from the middle of the 19th century as a career that could respectably be pursued by middle-class women was enabled by a heavily Christianised discourse of obedience and service. In India, where for a long time nurses were predominantly Christian, these aspects of nursing became firmly entrenched and to a large extent shaped the encounter between nursing and Indian society.

The persistently low social status of nursing, however, cannot be reduced to a story of caste, religion or gender. After all, the stern moral disapproval of nursing work is part of the professional history in almost every national context.[4] In both Western and non-Western societies, the early history of hospitals as a recourse for the desperately poor, combined with social restrictions on female work and mobility, invariably resulted in the stigmatisation of nursing. Extreme negative perceptions of nursing have persisted to a rare degree in

[4] See, for example, Barbara Melosh, *'The Physician's Hand': Work Culture and Conflict in American Nursing*, Philadelphia: Temple University Press, 1982, pp. 42–43; Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System*, Baltimore and London: The Johns Hopkins University Press, 1987, p. 214; Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868–1883*, Athens: University of Georgia Press, 1988; Aya Takahashi, *The Development of the Japanese Nursing Profession: Adopting and Adapting Western Influences*, London and New York: Routledge and Curzon, 2004, p. 27; Catherine Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History*, London: Duke University Press, p. 25.

India, however, and I suggest that this must be viewed, at least partly, as the result of an under-achieved relationship between a patriarchal state unusually unwilling to accept the need for quality nursing, and a weak mode of professional organisation determined by its colonial roots that was unable to adequately represent nurses.

The colonial nursing leadership was weakened by its failure to mobilise either Indian or Western nurses and by its adherence to a professionalising agenda that had relatively little real application in the Indian context (see Chapter 2). At the same time, the colonial state willingly and consistently tolerated an extremely underdeveloped nursing system and engaged only minimally with the concerns of nurses until the late 1930s. On their own terms, however, colonial nursing organisations cannot be judged to have been entirely unsuccessful. Although the organisational and representative structures they created were weak, their professionalising ideology determined the future of nursing in India. This was because the dying years of colonial rule brought nursing into the spotlight to an unprecedented degree. The war highlighted the shocking absence of nurses to care for the wounded soldiers pouring into Indian hospitals, focusing policymakers' attention on the need to develop nursing, and forcing them to consult with the leadership. In general, there was also a rush to reform the colonial health system that was to be independent India's legacy.[5] In this context, leaders' professionalising agenda, which was perceived as modern, progressive and desirable, found a strong theoretical place in the health-planning discourse. A professionalised nursing service was to remain the goal, if not the reality, throughout the ensuing decades.

The internationalist, professional orientation of Indian nursing was reinforced by the post-Independence arrival of nursing advisors in India, working for government and non-government development agencies. Rockefeller, WHO and the United States Agency for International Development (USAID)[6] nurses devoted much of their time and resources to the establishment of university degrees in

[5] For an account of this, see David Arnold, 'Crisis and Contradiction in India's Public Health', in Dorothy Porter (ed.), *The History of Public Health and the Modern State*, Amsterdam, Atlanta: Rodopi, 1994, p. 349.

[6] The international aid arm of the US government underwent a number of organisational and name changes during the period under discussion, but for consistency's sake, I have referred to it as USAID throughout the book.

nursing, to the development of advanced public health nursing and to the sponsorship of Indian nurses for training in the West. Chapter 3 examines the ways in which these post-Independence projects shaped the Indian nursing leadership. It is suggested that although the practical successes of international agency projects were limited, they contributed to the further institutionalisation of an outwardly focused, internationalist, professionalising nursing culture, through the preparation of an elite thoroughly schooled in such ideas. This had some positive effects — the relatively fast preparation of a local leadership, the promotion of quality education for nurses, an excellent theoretical understanding of the importance of public health nursing — but at the same time, such projects did not foster the growth of a responsive leadership focused on local issues and the concerns of working nurses.

Chapter 4 explores the activities and the ethos of a post-colonial leadership which was profoundly influenced by both colonial as well as international agency nurses. The Indian Nursing Council (INC), the Trained Nurses' Association of India (TNAI) and the Christian Nurses' League (CNL) of the Christian Medical Association of India (CMAI) have all developed according to the professionalising agenda promoted by Western leaders and advisors. Organisational activity centres above all on education, with the solution to poor conditions and the low status of nursing consistently viewed to be the creation of more educated, more highly skilled nurses. This has been accompanied by a theoretical, under-researched commitment to an enlarged public health role and a strong focus on nursing internationalism. Meanwhile, activism over working conditions has largely continued along the lines set out by colonial leaders: the genteel lobbying of those in power through the dispatching of petitions and memoranda. Unsurprisingly, nurse organisations have been neither powerful nor popular. Nevertheless, nursing leaders have had some significant achievements. They have institutionalised and defended the professionalist ethos, and have ensured a theoretical agreement (if not practical action) at all levels of government, that nurses require a good-quality education, rather than an exploitative training. In general, however, they have wielded little power. High-level positions for nurses in government have been disregarded and left vacant. While those in government have periodically endorsed leaders' plans and initiatives, they have rarely implemented them.

Since the early post-colonial years a rising groundswell of dissatisfaction with nursing leaders has been evident. Ward nurses have rejected a leadership distant from their own concerns about dangerous workplaces, sexual harassment, poor accommodation, low salaries, and stagnant careers. This can partly be understood as a result of the youth and immaturity of the profession in India, which did not see the emergence of a strong Indian leadership until the early 1960s. At the same time, the recent development of stronger, nurse-led and nurse-managed trade unions has suggested, at least to some degree, the rejection of a leadership style profoundly shaped by nursing's colonial, Western inheritance. It seems that hope for the future lies substantially in the evolution of this kind of solid, issue-based leadership grounded in the concerns of nurses working in hospital wards, rather than with a degree-educated elite focused on professionalism.

The limitations of the nursing leadership have been compounded by, and in part determined by, a disengaged post-colonial state. The early years after Independence saw, at least in some quarters, a high level of respect for the importance of nursing in the context of a general atmosphere of optimism about the potential of the new state to build a more equitable, accessible and better quality health system. The commitment to better nursing and professional development remained abstract rather than actual, however, and by the mid-1960s, even this abstract commitment disappeared. A long series of committees, from the 1940s to the present day, produced reports lamenting the neglect of nursing and echoing nursing leaders' protests, but few resulted in substantial action. Chapter 5 analyses the post-colonial state's approach to nursing, examining the planning process of modern India to reveal an astonishing degree of blindness to nurses and nursing. Over time, this political neglect of nursing has become self-reinforcing. With nurses never seriously encouraged to work in public health, the planners and politicians of contemporary India now effectively accept that they are not needed in the nation's primary healthcare system. As hospitals have never employed enough nurses, it is generally accepted as the status quo that they should function with only the most minimal nursing staff. With such small value ascribed to nursing skill, there is very little concern that emigration may further reduce the quality of nurses' education.

Struggling at home with poor conditions, unstimulating careers and low social status, the nurses of India, and especially of the south-western state of Kerala, have historically been an internally and internationally mobile group. Chapter 6 examines the phenomenon of nurse migration, particularly its increase since the late 1990s. It suggests that, although migration has brought dramatically improved social status to nursing, the willingness of the state to allow the rapid emigration of large numbers of nurses, while paying little policy attention to the consequences of this, illustrates the general disdain for nurses and their work identified throughout this book.

India in Nursing History: The Global Context

This account of India's nurses is shaped by the sub-discipline of nursing history, which has become increasingly popular since the 1980s, enriched by the often unexplored written archives left by nurses, and the enormous potential offered by oral history work. Scholars of nursing history recognise that the study of nursing represents a unique opportunity to understand the social status of women. Eva Gamarnikow comments on nursing that it 'represents the patriarchal nature of the sexual division of labour in relatively pristine form'.[7] Indeed, E. D. Baer writes that for many years, feminist historians in the US ignored nursing because it painfully embodied the undervaluing of women in society, reflecting the 'deeply negative status of women'.[8] The devaluation of the uniquely feminised work of nursing, its subordination to the medical profession and its permeation by notions of service, vocationalism and obedience reflect the suspicion historically attached, in every national context, to women performing caring work in the public sphere. The story of nursing everywhere is that of subordination of nurses' interests and often, nurses' understandings of patient interests, to the (often economic) imperatives identified by male hospital administrators.

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[7] Eva Gamarnikow, 'Sexual Division of Labour: The Case of Nursing', in Annette Kuhn and AnnMarie Wolpe (eds), *Feminism and Materialism: Women and Modes of Production*, London and Boston: Routledge and Kegan Paul, 1978, p. 121.

[8] E. D. Baer, quoted in Linda C. Andrist, 'The History of the Relationship between Feminism and Nursing', in Linda C. Andrist, Patrice K. Nicholas and Karen A. Wolf (eds), *A History of Nursing Ideas*, Sudbury, MA: Jones and Bartlett, 2006, p. 6.

At the same time, nursing history also offers the potential to explore very early stories of women's creativity, responsibility, leadership, and courage.

Within this field, according to Cynthia Connolly, authors have often chosen to strongly focus on social history, while neglecting the political histories that are key to positive action.[9] This book, therefore, aims to provide a political history of nursing that will highlight the reasons for the underdeveloped relationship between the profession and the state. I have drawn particularly on nursing academics' extensive work on professionalisation as the definitive concern of the modern nursing leadership since the beginning of the 20th century.[10] In her account of nursing in the US, for example, Barbara Melosh acknowledges the achievements of the exponents of professionalism in promoting an ideology of commitment and of entitlement to authority. By and large, however, she views professionalism as a divisive and ineffective strategy, with a history of marginalising the concerns of nurses working in the traditional apprentice system of hospital education.[11]

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[9] Cynthia Connolly, 'Beyond Social History: New Approaches to Understanding the State of and the State in Nursing History', *Nursing History Review*, vol. 12, 2004, pp. 5–24.

[10] An important account of the work of the leadership in the UK has been provided by Brian Abel-Smith in *A History of the Nursing Profession*, London: Heinemann, 1960. He argues that leaders' focus on professionalism and drive for high standards has meant that healthcare outcomes suffered. Robert Dingwall, Anne Marie Rafferty and Charles Webster in *An Introduction to the Social History of Nursing*, London: Routledge, 1988, give an excellent account of the history of the defeat of professionalising leaders by the economics of health care as practised by British hospital administrators. Celia Davies in *Gender and the Professional Predicament in Nursing*, Buckingham and Philadelphia: Open University Press, 1995, p. 61, deconstructs the concept of the profession, arguing that it is deeply masculinised and rests on a vision of the world that tries to eliminate the feminine and deny the place of nurturing, caring qualities. Her suggestion that 'nursing's long-term project may therefore be not to become a profession in the present sense of this term, but to challenge the gendered basis of the concept' has much strength. For an overview of the contemporary professionalising position, see Rozella M. Schlotfeldt, 'Structuring Nursing Knowledge: A Priority for Creating Nursing's Future', in Linda C. Andrist, Patrice K. Nicholas and Karen A. Wolf (eds), *A History of Nursing Ideas*, Sudbury, MA: Jones and Bartlett, 2006, pp. 287–91.

[11] Melosh, *'The Physician's Hand'*, p. 16.

In writing on the relationship between profession and state, I have been particularly influenced by the work of Catherine Ceniza Choy and Shula Marks, who are also concerned with a 'long view' of the nursing profession in former colonies, and with the long-term ramifications of colonial projects in nursing. Ceniza Choy, in her study of nursing migration from Philippines, proposes the concept of the 'empire of care', in which global structures of power now determine the distribution of nurses between wealthy and poor countries. For Ceniza Choy, the large migration flows that developed from the 1960s cannot be understood independently of the early 20th-century history of US colonialism, which involved the development of a Filipino profession closely modelled on its US counterpart. Filipino nursing was oriented outward, shaped by an 'individual and collective desire for a unique form of social, cultural and economic success obtainable only outside the national borders of the Philippines'.[12] Marks' analysis of South African nursing traces the evolution of nursing representation under colonial rule and the tensions of race and class with which organisations struggled. This historical analysis is linked to the modern South African profession and the internal divisions caused by apartheid and the development of a leadership elite removed from the concerns of their constituency.[13] According to Marks, South African nurses' historical legacy includes 'the authoritarian and hierarchical structure of the profession' and leaders' adherence to a set of 'inappropriate standards', which promotes an increasingly professionalised nursing service, while ignoring the fact that 'there are simply insufficient educated women to fill the qualified nursing role'.[14] This is strikingly similar to the case of India, which inherited a similar colonial tradition of genteel, professionalising leadership.

The history of colonial nursing is, of course, shaped by the increasingly rich work in the field of the history of colonial health. This sphere of scholarship has strongly emphasised the role of Western medicine in 'promoting the security and legitimacy of colonial rule', while also questioning the extent to which it was able to or intended

[12] Ceniza Choy, *Empire of Care*, pp. 6–7.

[13] Shula Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession*, London: Macmillan, 1994.

[14] Marks, *Divided Sisterhood*, pp. 200, 207.

to access the rural majority of the Indian population.[15] In recent years, a strong focus on gender and women's part in the health projects of Indian colonialism has emerged, forming a significant dimension of the also relatively new body of historical work on the role of Indian and Western women under British imperialism.[16] This body of literature has emphasised the emergence of India as a site of professional advancement and career development for British and North American women doctors, facilitated by missionaries' promotion of the idea that Indian women (whose different social locations

[15] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India*, Berkeley: University of California Press, 1993, p. 139. For accounts of colonial medicine and its role in regulating and disciplining colonial subjects see also Shula Marks, 'What is Colonial about Colonial Medicine? And What has Happened to Imperialism and Health?', *Social History of Medicine*, vol. 10, no. 2, 1997, pp. 205–19; W. Anderson, 'Excremental Colonialism: Public Health and the Poetics of Pollution', *Critical Inquiry*, vol. 21, 1995, pp. 640–69; Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness*, Cambridge: Polity Press, 1991; Radhika Ramasubban, 'Imperial Health in British India, 1857–1900', in Roy McLeod and Milton Lewis (eds), *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, London: Routledge, 1988, pp. 38–60; Radhika Ramasubban, *Public Health and Medical Research in India: Their Origins and Development Under the Impact of British Colonial Policy*, Stockholm: SAREC, 1982; Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine, 1859–1914*, Cambridge: Cambridge University Press, 1993; Sanjoy Bhattacharya, Mark Harrison and Michael Worboys, *Fractured States: Smallpox, Public Health and Vaccination Policy in British India, 1800–1947*, Hyderabad: Orient Longman, 2005; Deepak Kumar (ed.), *Disease and Medicine in India: A Historical Overview*, New Delhi: Tulika, 2001; Mridula Ramanna, *Western Medicine and Public Health in Colonial Bombay, 1845–1895*, London: Sangam Books, 2002.

[16] For work on gender and imperialism in India, see, for example, Avril Powell and Siobhan Lambert-Hurley (eds), *Rhetoric and Reality: Gender and the Colonial Experience in South Asia*, New Delhi: Oxford University Press, 2006; Jane Haggis, 'White Women and Colonialism: Towards a Non-recuperative History', in Clare Midgley (ed.), *Gender and Imperialism*, Manchester and New York: Manchester University Press, 1998, pp. 45–78; Lata Mani, *Contentious Traditions: The Debate on Sati in Colonial India*, Berkeley: University of California Press, 1998; Bharati Ray (ed.), *From the Seams of History: Essays on Indian Women*, Delhi: Oxford University Press, 1995; Burton, *Burdens of History*; Barbara Ramusack, 'Cultural Missionaries, Maternal Imperialists, Feminist Allies: British Women Activists in India, 1865–1945', *Women's Studies International Forum,* vol. 13, no. 4, 1990, pp. 309–21; and Kumkum Sangari and Sudesh Vaid (eds), *Recasting Women, Essays in Colonial History*, New Delhi: Kali for Women, 1989.

and experiences were often reduced to the figure of the high-caste, upper-class inhabitant of the *zenana*[17]) required women doctors.[18] It has examined the ways in which women doctors participated in the ideological and cultural work of imperialism, through their involvement in schemes such as the Dufferin Fund, the private philanthropic body launched by the Vicereine Lady Dufferin in 1883 to promote the training of Indian women doctors and nurses and improved hospital care for women and children.[19] As Barbara Ramusack and Dagmar Engels have recorded, Indian and Western women also forged a role for themselves in maternal and child welfare public health projects, directed to the reshaping of Indian motherhood along Western lines, and even in the early promotion of contraception.[20]

This literature has also focused on the different kinds of relationships that emerged between Indian and Western medical women. Geraldine Forbes, for example, has emphasised the limitations imposed by the often elitist and exclusionary practices of Western women doctors, as well as highlighting the less visible but often highly successful work pursued by early Indian doctors.[21] This literature has also explored the role of the *dai*, the village midwife, focusing on the constant problems experienced in the various schemes launched from the late 19th century to retrain her in the techniques of Western

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[17] The term *zenana* refers to the section of the house in which women were secluded in some, usually higher caste and class, communities. The inhabitants of the *zenana* were a particular focus of many women missionaries.

[18] See, for example, Geraldine Forbes, *Women in Colonial India: Essays on Politics, Medicine and Historiography*, New Delhi: Chronicle Books, 2005; Maneesha Lal, '"The Ignorance of Women is the House of Illness": Gender, Nationalism and Health Reform in Colonial North India', in M. Sutphen and B. Andrews (eds), *Medicine and Colonial Identity*, London: Routledge, 2003, pp. 14–40.

[19] Maneesha Lal, 'The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin's Fund, 1885–1888', *Bulletin of the History of Medicine*, vol. 68, no. 1, 1994, pp. 29–66; Sean Lang, 'Saving India through its Women', *History Today*, vol. 55, no. 9, September 2005, p. 46.

[20] Dagmar Engels, 'The Politics of Childbirth: British and Bengali Women in Contest, 1890–1930', in P. Robb (ed.), *Society and Ideology: Essays in South Asian History Presented to Professor Kenneth Ballhatchet*, Delhi: Oxford University Press, 1993, pp. 222–46; Barbara Ramusack, 'Embattled Advocates: The Debate over Birth Control in India, 1920–40', *Journal of Women's History*, vol. 1, no. 2, 1989, pp. 34–64.

[21] Geraldine Forbes, 'Medical Careers and Health Care for Indian Women: Patterns of Control', *Women's History Review*, vol. 3, no. 4, 1994, pp. 515–30; Geraldine Forbes, *Women in Modern India*, Cambridge: Cambridge University Press, 1998;

midwifery, as well as her representation as the embodiment of superstition and barbarity, and a crucial opponent in the battle to replace indigenous health practices with allopathic medicine.[22]

In general, however, the neglect of nursing in academic work on the role of women in the colonial medical system has been outstanding. This may be as a result of, first, the relatively fewer sources relating to nursing as compared to medicine and midwifery, second, the lesser focus on nurses and nursing in the colonial public sphere, and last, the comparatively less empowered position of nurses as compared to women doctors or women activists, who were usually privileged in class terms. It is perhaps also the case that perceptions of nurses as conservative, intensely bound to the missions, deeply identified with Christianity, and unlikely to challenge the orthodoxies of imperial rule has made them less popular subjects for feminist historians.

There are, however, important exceptions to this rule. Margaret Jones' research on nursing in Ceylon has emphasised the domination of leadership structures by British nurses during the late-colonial period. She suggests that this dominance retarded the acceptance of nursing as an attractive career option for Ceylonese women.[23] The major exception to the neglect of colonial nursing in India has been Rosemary Fitzgerald's pioneering historical work on nursing and the crucial role played by missionaries in its establishment.[24] Fitzgerald's

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Geraldine Forbes, 'Negotiating Modernities: The Public and Private Worlds of Dr Haimabati Sen', in Avril Powell and Siobhan Lambert-Hurley (eds), *Rhetoric and Reality: Gender and the Colonial Experience in South Asia*, New Delhi: Oxford University Press, 2006, pp. 223–46.

[22] Sean Lang, 'Drop the Demon *Dai*: Maternal Mortality and the State in Colonial Madras, 1840–1875', *Social History of Medicine,* vol. 18, 2005, pp. 357–78; Geraldine Forbes, 'Managing Midwifery in India', in Dagmar Engels and Shula Marks (eds), *Contesting Colonial Hegemony: State and Society in Africa and India,* London: British Academic Press, 1994, pp. 152–72.

[23] Margaret Jones, 'Heroines of Lonely Outposts or Tools of the Empire? British Nurses in Britain's Model Colony: Ceylon, 1878–1948', *Nursing Inquiry*, vol. 11, no. 3, 2004, pp. 148–60.

[24] Rosemary Fitzgerald, '"Making and Moulding the Nursing of the Indian Empire": Re-casting Nurses in Colonial India', in Avril Powell and Siobhan Lambert-Hurley (eds), *Rhetoric and Reality: Gender and the Colonial Experience in South Asia,* New Delhi: Oxford University Press, 2006; Rosemary Fitzgerald, 'Rescue and Redemption:

work is particularly useful in highlighting the arrival in India from the early 20th century of nurses who perceived themselves as emissaries of a professionalised version of nursing, with a role to play in the cultural mission of imperialism. My work traces the results of this trend up to 1947, and emphasises the extent to which the internationalist, professionalist nursing ethos highlighted in Fitzgerald's work continued to define nursing organisation.

This book elucidates the influential role of international organisations in directing the development of nursing, and thus forms a contribution to the small but growing literature on the effects in India and other developing countries of the post-World War II internationalisation of medicine. According to Randall Packard, international health bodies such as the WHO and other United Nations (UN) organisations prevented former colonies from making a decisive break with the ideology and practice of colonial medicine.[25] In the case of nursing, the vague, theoretical and radically underachieved plans held by colonial leaders for professionalising nursing were strengthened by these international agencies, whose focus on nursing was strong in the 1950s and 1960s.

The literature on health and the post-colonial state has also been crucial in situating the story of nurses' neglect after Independence.[26] Sunil Amrith's work on the post-colonial history of medicine, for example, has emphasised the utopian possibilities expressed by the post-Independence nationalist government, and the nature of this

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The Rise of Female Medical Missions in Colonial India during the late Nineteenth and early Twentieth Century', in Anne Marie Rafferty, Jane Robinson and Ruth Elkan (eds), *Nursing History and the Politics of Welfare*, London: Routledge, 1997, pp. 64–79; Rosemary Fitzgerald, 'A "Peculiar and Exceptional Measure": The Call for Women Medical Missionaries for India in the later Nineteenth Century', in Robert A. Bickers and Rosemary Seton (eds), *Missionary Encounters: Sources and Issues*, Richmond: Curzon Press, 1996, pp. 174–96.

[25] Randall Packard, 'Postcolonial Medicine', in R. Cooter and J. Pickstone (eds), *Medicine in the Twentieth Century*, Amsterdam: Rodopi, 2000, p. 98.

[26] For an indispensable account of the post-colonial health system, see Roger Jeffery, *The Politics of Health in India*, Berkeley: University of California Press, 1988. Amiya Kumar Bagchi and Krishna Soman's edited collection on Indian public health debates is also useful: Amiya Kumar Bagchi and Krishna Soman, *Maladies, Preventives and Curatives: Debates in Public Health in India*, New Delhi: Tulika, 2005.

commitment to a disease-free world, as 'both short-lived and inherently limited'.[27] According to Amrith, 'the patient, unglamorous task of building up local health services' was later sacrificed at the altar of the large and expensive 'vertical' programmes launched to eradicate particular diseases such as malaria and smallpox.[28] David Arnold's analysis of post-Independence public health emphasises that the transfer of the governance of health from British to Indian elites was 'unaccompanied by any radical overhaul of existing institutions or even a major shift in attitudes and personnel'.[29] The hitherto largely untold history of the politics of nursing forms an important contribution to this story of the evolution of a post-colonial health system. Nursing suffered from wholesale delegation to the states, and also witnessed the sidelining of what was initially a fervently proclaimed commitment to the building of a strong nursing service, in favour of an all-consuming commitment to vertical programmes, family planning programmes and later, the attempted reorientation of health services to rural needs.

The literature on Indian nursing after Independence is minimal, and the politics of nursing and any account of leadership are almost completely neglected. Though there is a small body of useful sociological work, including studies of nurses' status and career motivations.[30] Meera Abraham's monograph on south Indian nursing provides valuable information on the work of mission hospitals

[27] Sunil Amrith, 'Political Culture of Health in India: A Historical Perspective', *Economic and Political Weekly*, 13 January 2007, p. 114. See also Sunil Amrith, *Decolonizing International Health*, Basingstoke: Palgrave Macmillan, 2006; Sunil Amrith, 'Development and Disease: The United Nations and Public Health, c. 1945–1955', in Martin Daunton and Frank Trentmann (eds), *Worlds of Political Economy: Power and Knowledge, Eighteenth Century to the Present*, Basingstoke and New York: Palgrave Macmillan, 2004, pp. 217–40; Sunil Amrith, 'The United Nations and Public Health in Asia, c. 1940–1960', PhD dissertation, Christ's College, Cambridge University, 2004.

[28] Amrith, 'Political Culture of Health in India', p. 119.

[29] Arnold, 'Crisis and Contradiction', p. 351.

[30] See T. K. Oommen, *Doctors and Nurses: A Study in Occupational Role Structures*, Delhi: Macmillan, 1978; Shantha N. Mohan, *Status of Nurses in India*, New Delhi: Uppal Pub. House, 1985; Ranjana Raghavachari, *Conflicts and Adjustments: Indian Nurses in an Urban Milieu*, Delhi: Academic Foundation, 1990.

before and after Independence.[31] The survey conducted jointly by the Coordinating Agency for Health Planning (CAHP) and the TNAI, published in 1974, offers a rare and important source of hard data on the profession.[32] Some attention has also been paid to nursing as a dimension of the unique developmental successes of the south Indian state of Kerala, where women have been much more highly educated than elsewhere in India and encouraged to pursue paid employment.[33] Most of the existing work, however, does not substantially examine the role of the leadership or the political treatment of nurses.[34] There is as yet no detailed account of the growth and development of the profession post-Independence.

My analysis of the post-colonial fortunes of nurses also adds to the literature on women and the Indian state, documenting the extent to which a large, relatively well-educated group of working women has been rendered voiceless by governments that have at all levels proved persistently anti-woman. Shirin Rai's account of the state proved particularly useful. She writes:

> I use the term 'the state' not as signifying a unity of structure and power. The state is used here as a shorthand term to describe a network of power relations existing in cooperation and also in tension. I do not regard these relations as based on a reductionist explanation of socio-economic systems but rather situate these power relations within

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[31] Meera Abraham, *Religion, Caste and Gender: Missionaries and Nursing History in South India*, Bangalore: B. I. Publications, 1996.

[32] Coordinating Agency for Health Planning (CAHP), 'Report of a Nursing Survey in India Carried out under the Auspices of the Coordinating Agency for Health Planning and the Trained Nurses' Association of India', New Delhi, 1974.

[33] There is a brief but useful section on this in Robin Jeffrey, *Politics, Women and Well-Being: How Kerala Became 'a Model'*, London: Macmillan, 1992, pp. 193–95; see also Robin Jeffrey, 'Legacies of Matriliny: The Place of Women and the "Kerala Model"', *Pacific Affairs*, vol. 77, no. 4, 2004–5, p. 655; Gita Aravamudan, 'Nurses and Nuns of Kerala', in Devaki Jain (ed.), *Indian Women*, Delhi: Publications Division, Ministry of Information and Broadcasting, Government of India, 1975, pp. 251–59.

[34] Jeffery's account of the post-colonial politics of health contains a useful section on nurses: see Jeffery, *The Politics of Health in India*, p. 242.

> a grid which is composed of economic, political, legal and cultural forms all interacting on, with and against each other.[35]

This usefully captures the potential of the state to simultaneously support the development of an empowered nursing profession, through its series of sympathetic committees, while displaying a consistent incapacity and unwillingness to implement its own findings. This is confirmed in the analysis of Rajeswari Sunder Rajan, who comments on the 'benign and progressive intent' of the state, expressed in its frequent and much-proclaimed commitment to international norms of gender equality, which is countermanded by its 'dismal failures' in achieving substantial improvements to women's status.[36]

This literature on the Indian state has been well complemented by international analyses of the politics of nursing. The elimination of nursing from the national health discourse in India provides stark evidence for the cross-national resonance of this body of scholarship. The suggestion by feminist scholars of nursing, such as Celia Davies, Karen A. Wolf and Chris Hart, that the gendered nature of nursing work can render it invisible to those in 'masculinised' positions of power and authority are particularly relevant.[37]

The historically high mobility of nurses has led to the creation of an important literature around the topic of nurse migration. Recent escalation in the global movement of nurses has meant increasing attention to this topic. The last chapter in this book addresses the question of the domestic effects of migration and is very much informed by this literature. In the Indian context, Sheba George and Marie Percot have conducted important anthropological and

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[35] Shirin M. Rai, 'Women and the State in the Third World: Some Issues for Debate', in Shirin M. Rai and Geraldine Lievesley (eds), *Women and the State: International Perspectives*, London: Taylor and Francis, 1996, p. 5.

[36] Rajeswari Sunder Rajan, *The Scandal of the State: Women, Law, and Citizenship in Postcolonial India*, Durham: Duke University Press, 2003, p. x.

[37] See Davies, *Gender and the Professional Predicament*; Celia Davies, 'Introduction', in Celia Davies (ed.), *Rewriting Nursing History,* London: Croom Helm, 1980; Celia Davies, 'The Sociology of Professions and the Professions of Gender', *Sociology*, vol. 30, 1996, pp. 661–78; Karen A. Wolf, 'The Slow March to Professional Practice', in Linda C. Andrist, Patrice K. Nicholas and Karen A. Wolf (eds), *A History of Nursing*

sociological work on Keralite nurses' migration to the West and the Gulf States, and the resulting changes to nurses' individual levels of autonomy and family structures.[38] More broadly, other scholars have drawn attention to the increasing 'feminisation of migration', the rise of woman-led migration and the particular benefits and dangers of this new aspect of globalisation.[39] In my analysis, however, I have taken a more political and more national focus, examining the domestic ramifications of nurse emigration and the significance of state policy on the issue.

Nursing Archives

In establishing this story, I have sought to accentuate the accounts of nurses themselves, while also tracing the history of nursing policy through the official correspondence and planning documents of the colonial and the post-colonial states in India. Despite frequent

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Ideas, Sudbury, MA: Jones and Bartlett, 2006, pp. 305–18; Chris Hart, *Nurses and Politics: The Impact of Power and Practice*, New York: Palgrave Macmillan, 2004.

[38] Marie Percot, 'Indian Nurses in the Gulf: Two Generations of Female Migration', *South Asia Research*, vol. 26, no. 1, 2006, pp. 41–62; Marie Percot, 'Indian Nurses in the Gulf: From Job Opportunity to Life Strategy', in Anuja Agarwal (ed.), *Migrant Women and Work*, New Delhi: Sage Publications, 2006, pp. 155–76; Sheba George, *When Women Come First: Gender and Class in Transnational Migration*, Berkeley: University of California Press, 2005.

[39] See, for example, Nana Oishi, *Women in Motion: Globalization, State Policies and Labor Migration in Asia*, Stanford: Stanford University Press, 2005; Leela Gulati, 'Asian Women Workers in International Labour Migration: An Overview', in Anuja Agarwal (ed.), *Migrant Women and Work*, New Delhi: Sage Publications, 2006, pp. 46–72; B. Ehrenreich and A. R. Hochschild, *Global Women: Nannies, Maids and Sex Workers in the New Economy*, London: Granta Books, 2003; Susie Jolly, Emma Bell and Lata Narayanswamy, *Gender and Migration in Asia: Overview and Annotated Bibliography*, BRIDGE, Institute of Development Studies, 2003, at http://www.bridge.ids.ac.uk/reports_gend_sect.htm (accessed 26 March 2006); Anupama Roy and Sadhna Arya, 'When Poor Women Migrate: Unravelling Issues and Concerns', in Anupama Roy and Sadhna Arya (eds), *Poverty, Gender and Migration,* London: Sage Publications, 2006, pp. 19–48; Ken Young, 'Globalization and the Changing Management of Migrating Service Workers in the Asia-Pacific', in Kevin Hewison and Ken Young (eds), *Transnational Migration and Work in Asia*, Abingdon and New York: Routledge, 2006, pp. 15–36.

warnings that there is little material available on Indian nursing, I found a rich and extensive archive, which would reward further investigation. A crucial source has been the *NJI*, the monthly journal published by the TNAI since 1910. This journal is a somewhat unique resource of women's history, in that it is an almost uninterrupted record of close to a century of women's organisational work and professional identity. The TNAI headquarters at Green Park in New Delhi hold a continuous run of the journal in their library, to which they provided generous access. I have also used the Oriental and India Office Collections at the British Library in London, the archives of the Imperial War Museum in London, the archives and collection of the Wellcome Institute Library for the History and Understanding of Medicine in London, the British National Archives in Kew, the Church Missionary Society Archives at the University of Birmingham, the Royal Commonwealth Society Library collection held at Cambridge University Library, the Rockefeller Foundation archives in New York, the archives at Columbia University's Burke Library of the Union Theological Seminary, the USAID archives in Washington, DC, records at the Nehru Memorial Library in Delhi, and the archives of the Christian Medical College (CMC) in Vellore.

I interviewed nurses and nursing leaders in the UK and in India. Indian nurses in Britain gave accounts of their education in India and their passage to the West; nursing leaders in India described the benefits and challenges of the phenomenon of migration that increasingly defines the profession, and testified to the poor conditions under which most nurses continue to work. Retired leaders described their relationships with Western advisors and teachers and their commitment to the creation of a strong profession in India. Leaders in the new nurse-led unions expressed a whole new ethos, which combined much of the symbolic language of service, nobility and duty with a new and radical language of rights that was clearly informed by the growth of the feminist movement since the late 1970s.

In general, Indian nurses have few local heroines and the stories of nurses are little known. In an attempt to subvert this, and also to suggest the immense variety of individual stories that underlie my narrative of a century of professional development, I have included brief profiles of individual nurses at the start of each chapter. Some

are eminent leaders, others are relatively anonymous. It is my hope that the life story of each will enliven the succeeding chapter, by suggesting some of the ways in which individuals might experience, reflect or contest the themes identified in it.

Choices and Limits

In addressing such a lengthy time period and such a large subject, there have inevitably been choices of focus to be made. My analysis is of trained or registered hospital nurses, and in referring to 'nurses' I mean only those who have received either a three-year diploma in general nursing and midwifery or a four-year BSc (nursing) degree. This means that the history of Auxiliary Nurse Midwives (ANMs, later in some cases referred to as multipurpose health workers [female] or female health workers), the 18-month trained health carers who have worked in the public health system and in hospitals, has not been a main focus. Similarly, the histories of the health visitor and the two-year trained public health worker (trained from the first decade of the 20th century), who preceded the ANM, have not been included. I have, however, written on public health nursing, because nurses' exclusion from the public health system and the radical underdevelopment of this branch of nursing has been a consistent concern of the nursing leadership. My analysis of Indian nursing organisation also attempts to suggest that a closer alliance between nurses and the other grades of female health worker will be crucial to more effective professional activism, improvements in conditions for both, and the evolution of a sustainable, meaningful role for nurses in public health.

I have chosen to write the history of the profession at a national level, but am conscious that this has meant the sacrifice of rich local detail. There are many stories still to be told about the development of nursing in particular regions and states — the role and experience of south Indian nurses in north India, the choice to run a state nursing service in West Bengal, the prominent role of male nurses in Rajasthan and Punjab, the exclusion of Keralite students from the schools of Andhra Pradesh, and the different social attitudes towards nursing that characterise the north-eastern states.

Throughout this book, I have chosen to refer to Indian nursing as a profession, despite frequent suggestions that this was an inaccurate use of the term, and that 'nursing service' or the rather unattractive 'semi-profession' would be more accurate. Michael Burrage, Konrad Jarausch and Hannes Siegrist cite the German scholar Jurgen Kocka's definition of the profession as the most accurate, in that it incorporates not only the characteristics of professions, but also the demands and claims that they make:

> Profession means a largely non manual, full time occupation whose practice presupposes specialized, systematic and scholarly training . . . Access depends upon passing certain examinations which entitle to titles and diploma, thereby sanctioning its role in the division of labour . . . [Professions] tend to demand a monopoly of services as well as freedom from control by others such as laymen, the state, etc. . . . Based upon competence, professional ethics and the special importance of their work for society and common weal, the professions claim specific material rewards and higher social prestige.[40]

It is clear that by any analysis, the nurses of India do not qualify all of these criteria. At the same time, they very strongly satisfy the element of the *claim* to 'higher social prestige'. Leaders themselves have not generally been blind to the fact that they do not fulfil the oft-identified criteria of autonomy and occupational monopoly usually suggested in definitions of the concept of the profession. Kamal Joglekar, for example, in her textbook for nursing students, writes that 'in general, Nursing in India has made sufficient progress to meet the criteria for a profession to some extent. Perhaps the future nurses will be able to help the profession to attain its status as profession fully.'[41] At the same time, the concept of nursing as a profession has been at the heart of nursing's identity, taking a central place in TNAI's work since the drawing up of its constitution in the first decade of the 20th century. Joglekar, despite her recognition of the

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[40] Jurgen Kocka, quoted in Michael Burrage, Konrad Jarausch and Hannes Siegrist, 'An Actor-based Framework for the Study of the Professions', in Michael Burrage and Rolf Torstendahl (eds), *Professions in Theory and History: Rethinking the Study of the Professions*, London: Sage Publications, 1990, p. 205.

[41] Kamal S. Joglekar, *Hospital Ward Management, Professional Adjustments and Trends in Nursing*, Bombay: Vora Medical Publications, 1990, p. 84.

definitional problems of nursing as a profession, proceeds to advise students, 'during the course of your study and practice, evaluate your work regularly and make sure that you are a professional nurse and you are practising a profession'.[42] It is obvious that the concept of nursing as a profession has been a source of self-esteem and a key aspect of nurses' identity and I have therefore not felt it appropriate to refuse the use of a term so frequently employed by those on whom my research has focused. The search for professional status, moreover, is at the heart of all that follows. Respect, status, a decent education, and authority over the field of practice are the goals which, for better or worse, have animated leaders from the time of the first professional meeting in Lucknow in 1907.

[42] Joglekar, *Hospital Ward Management*, p. 86.