

# ENIGMAS OF IMPERIAL NURSING: FLORENCE NIGHTINGALE, CATHARINE GRACE LOCH AND THE INDIAN ARMY NURSING SERVICE

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## Abstract

Professional nurse, Catharine Grace Loch made a significant contribution to the development of the Indian Army Medical Services in the late nineteenth century. With the notable exception of George and Lourdasamy (2023), historians have almost entirely overlooked her work. This article addresses our lack of understanding of her project in India, focussing on her genteel struggle with the imperialist military medical establishment of her day and drawing out several themes: Loch's understanding of the nature of nursing and the need for fully-trained women to deliver it; the significance of Florence Nightingale's mentorship and the enigmatic ways in which both women decoded the imperialist mentalities of their age in order to make use of Anglo-Indian networks and patronage; and the personal costs of Loch's sustained efforts to implement a form of nursing that harmonised with her professional values. The main primary sources for the study are Loch's letters to her mentor, Florence Nightingale, her correspondence with her sisters (which was subsequently developed into a *Memoir*), and her articles in professional nursing journals.

I argue that Loch successfully navigated the complex terrain of late-nineteenth and early-twentieth-century Indian military medicine. Nursing care was delivered by teams composed of lady-nurses, who she herself managed; military orderlies, over whom she had no control and little influence; and so-called 'native' orderlies, who suffered prejudice and sometimes outright abuse from doctors, orderlies and patients, and who, in consequence, withdrew psychologically and emotionally from the delivery of care. These complexities are analysed within the paper, which concludes that Loch's work had a profound and positive influence on the tortuous history of late-nineteenth-century British India, but that these gains were won at the cost of Loch's own health.

*Keywords:* Catharine Grace Loch; imperial nursing; colonial nursing; Indian Nursing Service; Indian Medical Service; professional nursing values

## 1 INTRODUCTION

"Skilled and tender nursing is a boon which all are quick to recognize, but perhaps nowhere are its benefits more clearly to be appreciated than in India," wrote Field Marshal Earl Roberts in 1905.<sup>1</sup> He had been asked to compose a preface to the posthumously published *Memoir* of Catharine Grace Loch, the first Senior Lady Superintendent of the Indian Army Nursing Service.<sup>2</sup> Roberts' somewhat bland description of nursing as a 'boon' conceals both the complexities of running a military nursing service in India, and the wider philanthropic and medical work that operated under the often patronising, but sometimes highly effective, imperial matriarchies of British vicereines, wealthy ladies and

<sup>1</sup> Loch 1905, p.vi.

<sup>2</sup> The Indian Army Nursing Service became the Queen Alexandra's Military Nursing Service for India in 1903. See: Piggott 1975, pp. 26–27; Light, Sue, Scarlet Finders. Website available at: <http://www.scarletfinders.co.uk/8.html>

professional nurses. This paper focuses on the difficulties encountered by Loch in establishing the Indian Army Nursing Service, and on the relationship between Loch herself, as the executor of military nursing in India, and her most prominent mentor, Florence Nightingale.

The paper highlights the complex synergies between the ideas of iconic nurse leader, Nightingale, and late-nineteenth-century nursing superintendent, Loch. It draws out a number of themes examining the two women's shared understanding of the nature of nursing and the need for fully trained women to deliver it. It also explores the ways in which their work was refracted through the lenses of their professional, gendered and imperial sensibilities, noting their attitudes to both patients and fellow-workers, and acknowledging their use of Anglo-Indian networks and patronage. Ultimately, the paper concludes that, although the behind-the-scenes (or perhaps 'behind-the-screens') work of nurses had a profound influence on the tortuous history of military medical care in late-nineteenth-century British India, the right to perform that work was hard won. The creation of nursing 'teams' in military hospital wards, consisting of female nurses, male military orderlies, and 'native' workers, was complicated by the social, gendered and imperialist attitudes and prejudices of both male doctors and female nurses.

In referring to 'enigmas' of imperial nursing, I am drawing upon the idea that, whilst they could often be overt – or even forthright – the communications of those British ladies who sought to advance the cause of imperial nursing projects often had a hidden or secretive quality. In their correspondence and other writings, Nightingale and Loch hid their messages of angst and resolve behind communications that drew so heavily upon the conventional social codes and mores of their time that their writings could be seen as encoded. The gritty realities of the challenges they faced were often veiled behind words of deference and polite courtesy.

## 2 BACKGROUND TO THE STUDY

Whilst gender and imperialism form a significant element of the context in which this article is set, they should not be read as the main focus of the work, which is, essentially, nursing practice and organisation and the ways in which they could be supported and undermined. Nevertheless, even though it takes neither an overtly gendered, nor an overtly post-colonial stance, this work is heavily influenced by existing research within both fields. The gendered nature of nineteenth-century nursing is inescapable, and yet it has received little attention from women's historians within the Anglo-American academic world. Historians of nursing from Susan McGann to Carol Helmstadter and Judith Godden have focussed on the politics behind the emergence of the profession in the nineteenth century without paying overt attention to gender politics.<sup>3</sup> Some women's historians – notably Martha Vicinus, Judith Moore and Sue Hawkins – have given prominence to gender and social class in their analyses.<sup>4</sup> Others who have deliberately foregrounded gender have tended to focus on Canadian or U.S., rather than on British or colonial nursing.<sup>5</sup> In the late twentieth century, Juliet Piggott was commissioned by the British Army to write the first 'official history' of the Queen Alexandra's Royal Army Nursing Corps (QARANC) (including its forerunners the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) and the

<sup>3</sup> McGann 1992; Helmstadter/Godden 2011.

<sup>4</sup> Vicinus 1985; Moore 1988; Hawkins 2010.

<sup>5</sup> Reverby 1987; Lynaugh/Brush 1996; McPherson 1996; Nelson 2001.

Indian Army Nursing Service). As might be expected, her work is largely celebratory in tone and views the development of the QARANC as a linear process characterised by slow but steady progress.<sup>6</sup> Writing several years later in the 1980s, Anne Summers brought a more critical perspective to her work, yet the main purpose behind her study of the development of military nursing was to understand how women's direct involvement in warfare made the First World War more likely. Hence, her work focussed more on women's political consciousness than on their nursing identities or perspectives.<sup>7</sup>

Although imperialism is not the main focus of this paper, it forms an essential component of its context. Florence Nightingale and Catharine Grace Loch were both steeped in the imperialist attitudes of their time. Although both were sympathetic towards the subjects of Empire, neither was able to move beyond the essentially paternalistic attitude to social reform in India, or the assumption that only British superiority and expertise could effect that reform.

The focus of historians' writings on the British Empire has changed over time. From largely laudatory accounts which perpetuated the view that the empire was a civilising force, to searing critiques of the brutality shown by British soldiers and politicians towards their imperial subjects, largescale overviews, in which India takes a prominent place, have abounded in the last three decades.<sup>8</sup> The process through which British attitudes to empire have changed has accelerated in the last ten years as a result of a greater consciousness of current prejudices and inequalities.

Historian Lawrence James commented at the end of the twentieth century on the power of British imperial mythology, which, almost invariably, highlighted the stoicism and military discipline of the British troops. From Clive's legendary victory at Arcot in 1751 to the Siege of Lucknow during the so-called 'Indian Mutiny' of 1857-8, fable after fable unfolded during the first hundred years of British imperial incursion and conquest, to create a multi-layered narrative of British prowess – a narrative that was laced with a sense of British exceptionalism.<sup>9</sup> Over the last 30 years, these narratives have been gradually broken down and rewritten, as historians have become increasingly critical of British imperial propaganda. At the same time, histories of India have increasingly come to be written from the perspectives of the empire's Indian subjects, rather than those of its British rulers.<sup>10</sup> By 2022, Caroline Elkins could argue that even the apparently benevolent attitude to empire that was espoused by genuinely concerned liberals such as Florence Nightingale cloaked a succession of "chimeras" which "took fresh breath from a potent ideology of liberal imperialism."<sup>11</sup>

The self-delusion of British empire-builders was expressed in a particularly invidious form by Rudyard Kipling's declaration that the empire was "the white man's burden".<sup>12</sup> But even if one agreed with this characterisation of empire, an inescapable (yet never-voiced) question remained: where did women stand within this burdensome landscape? Governing India was viewed as an intrinsically masculine pursuit; one, moreover, which required either political skills (and women were barred from politics) or military prowess (and women were not permitted to bear arms). Iris Macfarlane's evocative account of three generations of women within her own family illustrates how women's lives could be both desolate and powerless;<sup>13</sup> yet it also demonstrates how closely they shared their fathers', husbands' and brothers' attitudes to imperial subjects. These were almost invariably seen as 'other', in ways rather similar to those identified by Edward Said as 'Orientalism'.<sup>14</sup> Very few studies of women in the British colonies

<sup>6</sup> Piggott was only able to devote two pages to the inauguration of the Indian Army Nursing Service in what is a brief history of British military nursing: Piggott 1975. pp. 26–27. See also: Hay 1953.

<sup>7</sup> Summers 2000.

<sup>8</sup> Porter 2004; Thompson 2014.

<sup>9</sup> James 1998, p. 25. For a further critique of imperial mythology, see: Burton 2015.

<sup>10</sup> See, for example, the work of Amartya Sen: Sen 1999; Sen 2006; Sen 2021.

<sup>11</sup> Elkins 2022, p. 8.

<sup>12</sup> Rudyard Kipling's poem 'The White Man's Burden' was first published in The Times newspaper on February 4, 1899.

<sup>13</sup> Macfarlane 2006.

<sup>14</sup> Said 1978.

have focussed on nursing. A small body of work by Anne Marie Rafferty and colleagues forms a notable exception, focussing on the work of nurses in promoting a particularly British form of 'hygiene' in a number of colonies.<sup>15</sup>

### 3 METHODOLOGY

This study explores the relationship between the iconic Florence Nightingale and the largely unknown Catharine Grace Loch. Although it considers the writings of both women, it leans heavily on Loch's side of their ongoing conversation: the letters she wrote to Nightingale. This focus on Loch is, in part, pragmatic. Whilst her letters were preserved as part of the British Library's Nightingale Collections, Nightingale's replies appear, frustratingly, to have been lost.<sup>16</sup> The study has, therefore, been obliged to read 'between the lines' of Loch's correspondence to attain a glimpse of Nightingale's mentorship style and a sense of the synchronicities within the thinking of the two women. Further insights into the peculiarly female imperial project of which each was a part have been gained through Nightingale's writings on nursing in India (available in McDonald's *Collected Works of Florence Nightingale*) and articles published by Loch in the professional nursing journals of the day. Insights into Nightingale's work have been gained from a close reading of letters to recipients other than Loch. These display a remarkable consistency in approach and content and are revealing both of Nightingale's mentorship style and of her attitudes to the boundaries of nursing practice.

The most valuable primary source for the purposes of this article was the *Memoir* of Catharine Grace Loch.<sup>17</sup> A remarkable text, the *Memoir* consists of Loch's own personal letters, which were incorporated into a lightly edited published book by Alexander Frederick Bradshaw – the Principle Medical Officer with whom Loch served in India. The letters were given to Bradshaw by two of Loch's sisters in 1905, following her death. The book is redolent of the respect and deferential affection which Lady Superintendent and Principal Medical Officer felt for each other during a time when the nursing profession was edging its way carefully into the British military medical services. It is clear from Loch's letters that Bradshaw was a key enabler of her work in India. Yet, she was also clearly not happy with all of his decisions, and it is notable that Bradshaw does not flinch from including materials in the book which are critical of his own actions. A number of Loch's published articles were also, helpfully, included by Bradshaw, as appendices to what is a superbly comprehensive overview of Loch's work in India. Bradshaw clearly had great respect for Loch. Nevertheless, his work as editor was undoubtedly influenced both by his position in the hierarchy of the health service in India and by his gendered perspective.

As part of the study of the relationship between Nightingale and Loch, I have drawn upon correspondence between Nightingale and other senior nurses she mentored. Her approach to those nurse-reformers of whom she approved appears to have been remarkably consistent, with an emphasis on the composition of encouraging letters which advise the recipient to act with strength and determination, and yet also with diplomacy.

<sup>15</sup> Rafferty/Solano 2007, pp. 147–54; Howell/Rafferty/Wall et al. 2013, pp. 338–341. See also: Sweet 2015.

<sup>16</sup> Vallee/ McDonald 2007, p. 786.

<sup>17</sup> Loch 1905.

## 4 MATRIARCHS OF EMPIRE

Anna Davin was one of the earliest women's historians to identify the key characteristics of ideal imperial British womanhood. The perfect role for a British woman, she observed, was that of mother: producer and nurturer of new civil servants and soldiers who would govern and protect the empire.<sup>18</sup> But there was also a place for 'matriarchs' who were not necessarily biological mothers: indeed, for a few such as teachers and nurses, it was essential to be neither married nor a mother. Nightingale and Loch both appear to have fitted admirably into this nurturing matriarchal niche. In an article for the *Nursing Record*, Loch declared that:

What is needed [for the Indian Army Nursing Service] are gentlewomen in every sense of the word. In the social sense first of all, for something more than a hard-working Nurse is required to be able to maintain her position in working with and nursing the British soldier, and those who have not an unquestionable social position are not suited either for the work or the society into which they are admitted when they join the Service: they will be out of their element, and it will be hard on both them and their colleagues. Secondly, we require gentlewomen who are devoted first and foremost to their work – who care for nursing for its own sake and for their patients' sakes, and who are content to live quietly and unostentatiously, without parading their independence or craving for gaiety and excitement.<sup>19</sup>

In referring to women of higher social class who would devote themselves to their work and behave with decorum, Loch was describing characteristics possessed both by herself and by her mentor, Florence Nightingale. In the late nineteenth century, the British social elite, to which both women belonged, viewed the administration and support of the Empire as one of its primary 'missions': a duty that could only be discharged by those whose social background and disciplined upbringing were regarded within their own circles as impeccable. The prerequisites of imperial service, then, were gentility (a quality that was almost invariably associated with an upper- or middle-class upbringing), physical strength and devotion to service. Historians Preethi Mariam George and John Bosco Lourdusamy have argued that "British Victorian middle-class 'ladies' in India served a performative function as representatives of the 'civilised' culture of the British colonisers."<sup>20</sup>

Loch was far from being Nightingale's first protégé; the latter appears to have been willing to support any nurse-reformer who possessed the 'right' qualities, and was particularly devoted to nurses who had trained at the school she herself founded at St Thomas's Hospital: women such as Angelique Pringle and Rachel Williams, to whom she gave the respective nicknames, 'Little Sister' and 'Goddess Baby'.<sup>21</sup> Her affection for these acolytes is clear in her letters, as is their loyalty and devotion to her. Yet, she was willing to offer support and mentorship to any senior nurse who clearly promoted and forwarded her project for reformed nursing, and Catharine Grace Loch appears to have represented everything she wished to see in a senior nurse: gentility, devotion to service and a determination to advance her profession.

<sup>18</sup> Davin 1978, pp. 9–65.

<sup>19</sup> Loch, June 4, 1896.

<sup>20</sup> George/Lourdusamy 2023, p. 351, p. 353.

<sup>21</sup> Bostridge 2008, p. 457.

## 5 FLORENCE NIGHTINGALE'S ENCOUNTERS WITH IMPERIAL MILITARY NURSING

Florence Nightingale's interest in India began soon after the Indian Mutiny in 1857 with her work on the Indian Army Hospital Corps, but expanded to encompass a wide range of issues, including village sanitation, the protection of ryots (Indian peasants, or tenant-farmers), and the health of Indian women.<sup>22</sup> Her correspondence on these subjects was voluminous and much of it was conducted with men of power such as viceroys, members of parliament and prominent public health officials. Her collaborations with powerful ladies, such as Hariot, Lady Dufferin and Nora, Lady Roberts, have often been overlooked,<sup>23</sup> whilst her support for professional nurses, such as Loch, has been omitted almost entirely from the historical record.<sup>24</sup>

Nightingale's mentorship of Loch opens a window into a particularly female imperialist mindset of the late nineteenth century, because the writings of both women reveal their drives, aspirations and frustrations. Nightingale's mentorship style appears to have consisted of a complex process of: firstly, choosing who to support – focussing her attention on those who shared her values and pursued work she considered worthy, relevant, and within her own sphere of influence; second, offering warm encouragement for any actions she considered likely to expand her own projects; and third, placing clear boundaries around her involvement, in part to conserve her own energy during a time when she was experiencing chronic debilitating illness.<sup>25</sup> It may seem a little obtuse to study Nightingale's mentorship style almost entirely through the lens of letters written *to* rather than *by* her, but this serves the purpose of exploring the impact of her work on one particularly energetic nurse-reformer. It also helps reveal the significance of Loch's own work – a significance which has, hitherto, been largely neglected. The often lamenting, and sometimes tortured tone of Loch's letters enables an understanding of the fierce resistance and exhausting barriers that were placed in the paths of nurse-reformers during this period: ranging from the apathy of senior military officials, through opposition of medical officers, to the vagaries of the Indian culture and climate.

Nightingale's history is well known; it has frequently been transmuted into complex mythologies which have soaked up the aspirations and fears of successive generations. Most biographies, whether hagiographical or analytical,<sup>26</sup> agree that, at the age of 17, Nightingale experienced what she interpreted as a 'call to service' which came directly from God. After years of searching, researching, and battling the prejudices of her upper-class family and its encompassing 'society', she gained experience of the nursing care provided by a Protestant religious sisterhood in Germany and of a Catholic order of nurses in France. She then, in 1853 and 1854, led and managed a small hospital in London: The Institute for Gentlewomen During Illness. It seemed fortuitous that, soon after she had taken on this leadership role, a close family friend, Sidney Herbert, who was, at that time, British Secretary of State at War, was searching for someone who could lead an experimental team of nurses to the Crimea, where British soldiers were dying in their thousands, not only from war wounds, but also (and more frequently) from enteric diseases such as dysentery, typhoid and cholera. Nightingale was chosen to lead a group of 38 British and Irish nurses to the Black Sea and Bosphorus in November 1854. Here, she established small enclaves of what she viewed as 'professional nursing' in hospitals in Turkey and on the Crimean Peninsula.<sup>27</sup>

<sup>22</sup> Gourlay 2016, pp. 1–20; Vallee/McDonald 2006, pp. 1–22; Vallee/McDonald 2007, pp.1–17.

<sup>23</sup> It is ironic that the only secondary sources which give any insight into the work of Nora, Lady Roberts are those that focus primarily on her husband. See, for example, Atwood 2015.

<sup>24</sup> The work of Vallee and McDonald is an obvious exception: Vallee/McDonald 2006, pp. 730–36; p. 786.

<sup>25</sup> On Nightingale's mentorship of nurse-leaders as a strategy for spreading her own version of reformed nursing, see McDonald 2009, *passim*.

<sup>26</sup> The more laudatory biographies include: Cook 1913; Woodham-Smith 1972; Huxley 1975. Probably the most measured and well-researched biography is: Bostridge 2008. See also: Nelson/Rafferty 2010.

<sup>27</sup> Helmstadter 2019.



The enormity of Nightingale's task in developing a cadre of female military nurses in the Crimea cannot be overstated. She faced numerous barriers in placing professional nurses into the highly masculine environment of the military hospital, and in asserting their distinct expertise and authority. The most significant of these were the opposing claims of medical authority versus that claimed by the nascent nursing profession, and the clinical complexities that arose when female nurses worked alongside male medical orderlies, who took official orders only from doctors. The melding of the distinct (and very different) approaches and priorities of surgeons, nurses and orderlies created a parallel hierarchical system that was very complex. But, in one sense, this was exactly what Nightingale wanted. Her project for nursing (both civilian and military) was to interpolate a cadre of highly efficient women of impeccable moral character into the harsh and somewhat undisciplined environment of the hospital ward. It was inevitable that some male medical authority figures would oppose this move, and that conflict was likely to ensue.

Other difficulties encountered by Nightingale (and by the medical services generally) in the Crimea related to the servicing and supply of an imperial army that was so far from home. Her battles with the 'Commissariat' are legendary.<sup>28</sup> But her greatest frustrations arose out of medical and political interference in the choosing of 'her' nurses. When a second contingent of nurses was sent to the Crimea in November 1854 without her consent, she almost resigned.<sup>29</sup> This personal experience of being unable to control events for which she was held responsible undoubtedly contributed to her sympathy for her protégé, Catharine Grace Loch, who encountered similar difficulties in India.

Following a visit to Balaklava, Nightingale contracted a 'Crimean fever' (identified subsequently as brucellosis) which recurred throughout her life and reduced her to a housebound state from 1858 onwards. Refusing to be constrained by her situation, Nightingale used her reclusiveness as a means to focus on the work for which she had felt inspired since her teenage years.<sup>30</sup>

By means of voluminous correspondence and occasional meetings with people she viewed as influential or significant at her house in South Street, London, Nightingale pursued her many goals, all of which were focussed on enhancing the health and wellbeing of the British people, including its imperial subjects. The health of the British soldier, and the wellbeing of the Indian population were probably her two most favoured projects.<sup>31</sup> Twenty-first-century historians might well interpret the twinning of these aspirations as intrinsically self-defeating: surely bolstering the British Army merely served to strengthen the instrument that acted as the primary means of oppressing, disempowering, and ultimately contributing to misery and poverty in India? Whether we interpret this as an innocent blind spot of imperial womanhood, or an intrinsically immoral self-delusion, neither Nightingale herself, nor philanthropic women in India such as Lady Roberts or Lady Dufferin, would have sensed any irony in the directions taken by their work. They focussed, in all sincerity, on alleviating suffering and enabling all people (whether British or colonial subjects) to live fuller lives.

Historian Jharna Gourlay emphasises the way in which Nightingale's interest developed from a concern with the health of the British Army in India to a focus on health and sanitation for the entire Indian population. She argues that Nightingale's "empathy for Indians was in sharp contrast with the imperialistic and colonial attitudes of the period."<sup>32</sup> But she also reveals Nightingale's cleverness in appealing to the imperialist vested interests of her time, by, for example, pointing out that the health of the British in India could not be improved without a complete overhaul of the entire sanitary system,

<sup>28</sup> Helmstadter 2019.

<sup>29</sup> Helmstadter 2019.

<sup>30</sup> Young 1995, S.1697–1700; McDonald 2010.

<sup>31</sup> Vallee/McDonald 2006, pp. 1–22; Vallee/McDonald 2007, pp.1–17.

<sup>32</sup> Gourlay 2016, p.1. See also: Crawford/Greenwood/Bates et al. 2020, p.184; pp.192–193, p.196.

from the provision of good drainage, fresh air and clean water to a recognition of the need for social and political justice for Indian people.<sup>33</sup> Paul Crawford and his colleagues elaborate on Nightingale's mode of 'working from home', at first, in the late-1850s, from the Burlington Hotel and then later (and for most of the rest of her life) from No. 10 South Street in Mayfair, London. They argue that she not only overcame, but made use of her status as a chronic invalid to give herself the seclusion required to complete her work as effectively as possible. They argue that her "unique brand of bedroom imperialism" was, indeed, highly effective,<sup>34</sup> enabling her to more fully understand and empathise with the situation of the Indian people, even though she was "never able to totally break free of the notion that educated British citizens had a tacit right to offer tutelage over how India should be run."<sup>35</sup>

Nightingale's attention appears to have been drawn to the nursing care of British troops in India during the so-called 'Indian Mutiny' of 1857. The Royal Commission of the Army in India and the Bengal Sanitary Commission (appointed respectively in 1859 and 1864) sought her advice, but in 1867 her plan for the introduction of professional female nurses into Indian military hospitals was rejected.<sup>36</sup> It was not until the 1880s that the combined efforts of Lord and Lady Roberts enabled the foundation of the Indian Army Nursing Service under the command of two lady superintendents (Catharine Grace Loch in Rawalpindi, and Miss Oxley in Bangalore). Overall command of the service soon devolved upon Loch.<sup>37</sup>

## 6 CATHARINE GRACE LOCH'S WORK IN INDIA

Nightingale's partner and protégé in providing professional nursing care to British soldiers in India, Catharine Grace Loch, was different from her mentor in a number of ways. She belonged to a newer generation of British nurses who aspired to a type of professionalism of which Nightingale disapproved. She had trained at The Royal Hants County Hospital in Winchester (1879-80), and then worked as a ward sister at St Bartholomew's Hospital in the City of London (1882-88).<sup>38</sup> Here, she appears to have become imbued with the values of two famous 'Bart's' matrons: campaigner for nurse registration, Ethel Gordon Fenwick, and reformer of nurse education, Isla Stewart. Loch saw nursing as less a moral and spiritual vocation, than a professional and technical science, although the differences between her perspective and that of Nightingale should not be overstated, and these differences are never mentioned in a correspondence which is always impeccably courteous and deferential on Loch's part. Indeed, Loch appears to have placed Nightingale on a pedestal: her letters have an apologetic tone; they express gratitude, concern about taking up Nightingale's time and energy, and a sense of the honour paid by Nightingale in reading them. In a letter home to her sisters, which was later incorporated into her posthumous *Memoir*, Loch wrote:

Jan 28 [1889] – I have just been writing a long letter to Miss Nightingale in answer to one of hers. She does write such charming letters full of encouragement and also lots of questions about our work. When she wrote last it was immediately after receiving all the doctors' reports, etc., also several private and official letters to the India Office, which had all been sent to her to see, so you see she is very well up in all that goes on.<sup>39</sup>

<sup>33</sup> Gourlay 2016, pp. 14–15.

<sup>34</sup> Crawford/Greenwood/Bates et al. 2020, p.185.

<sup>35</sup> Crawford/Greenwood/Bates et al. 2020, p.199.

<sup>36</sup> Rana 2022, pp. 209–216, pp. 210–212. On Nightingale's fascination with India and her work for the Royal Commission. See also: Godden 2010, p. 60.

<sup>37</sup> Rana 2022, pp. 209–216, p. 212.

<sup>38</sup> Anonymous, Loch, Catherine Grace; Pioneering Nurses. Archives of King's College, London. Website available at: <https://kingscollections.org/nurses/j-l/loch-catherine-grace>. Accessed March 2023.

<sup>39</sup> Loch 1905, p. 36.



In 1888, Loch, clearly an impressive character, who exuded both a 'ladylike' persona and a steely sense of determination, was offered the arduous task of jointly heading the newly founded Indian Army Nursing Service.<sup>40</sup> Her letters indicate that she received a rare invitation to visit Nightingale in her home on South Street before taking up her mission.<sup>41</sup> This personal visit marks out Loch as one of Nightingale's most favoured mentees.

Loch departed Britain in February 1888, along with another Lady Superintendent, Miss Oxley, and eight nursing sisters who were to be deployed throughout the four 'Circles' or commands of Rawal Pindi, Meerut, Bangalore and Poona.<sup>42</sup> They arrived at one of the largest Indian military stations, in Rawal Pindi, on 21 March. This was to be Loch's posting as Lady Superintendent, and her first letter to Nightingale from the Station Hospital, reveals her ambivalence towards the military medical officers of the British Army. On the one hand, she comments on the courtesy and kindness of individual officers, and clearly feels that their intentions are good:

The medical officer in charge of this hospital is Brigade Surgeon Walsh, Surgeon Genl. [sic] Bradshaw is the P.M.O. [Principal Medical Officer]. These are both most thoughtful and kind in everything that they have arranged for us and they are most anxious that we should succeed in every way. Indeed, I think we are exceedingly fortunate to begin our career in this country under Medical Officers who are so favourably inclined to the new scheme and so ready to help and support us in our work.<sup>43</sup>

Nevertheless, she lamented what she saw as a lack of insight which was shared by all medical officers in India, revealing a belief (clearly shared by Nightingale) that only a trained professional (female) nurse could understand the true nature of nursing work. Men – however senior, experienced and intelligent – could never grasp the real nature of the contribution to be made by an expert nurse:

There is a vast amount to be done before the nursing arrangements can be rendered anything like efficient and it seems to me that the medical officers have no notion, no conception in any way what is required for sick people. There are so many things I long to see altered, many of which would certainly be considered out of my province even to suggest, so it will only be by very slow degrees, if ever, that we will be able to make improvements.<sup>44</sup>

One of the striking features of this passage is the juxtaposition of an inherent confidence that she, Loch, knew what was best for military patients, with the frustration of her powerlessness – which was both gendered (she was a woman) and professional (though a highly-trained nurse, she was seen as inferior in both knowledge and ability to a 'medical man'). Loch's *Memoir*, which was published posthumously in 1905, was edited by Bradshaw, who clearly had huge respect for Loch. In his 'Note by the Editor' he commented that "by her administrative ability, strikingly sound and tactful common sense, and by her decisive and level-headed judgement in complex and trying circumstances, she had obtained the high esteem of the medical authorities with whom she was brought into communication."<sup>45</sup>

Nightingale would, undoubtedly, have approved both of Loch's ladylike diplomacy towards her medical colleagues and of her mentee's insights into the need to overcome the medical profession's entrenched and obstructive attitudes to female nursing. In 1872 Nightingale herself had written to U.S. physician, Gill Wylie:

<sup>40</sup> Loch's fellow Superintendent was a 'Miss Oxley', but it appears that Loch took over as the sole 'senior nurse' and leader of the service soon after their arrival. Loch 1905. 'Note by the Editor'.

<sup>41</sup> Loch, Letter dated 24 January 1888.

<sup>42</sup> George/Lourdusamy 2023, pp. 347–64, p. 351, p. 353.

<sup>43</sup> Loch, Letter dated 12 April 1888.

<sup>44</sup> Loch, Letter dated 12 April 1888.

<sup>45</sup> Loch 1905, p.xii.

Nurses are not 'medical men'... The whole organization of discipline to which the nurses must be subjected is for the sole purpose of enabling the nurses to carry out intelligently and faithfully such orders and such duties as constitute the whole practice of nursing... And for this very purpose, that is, in order that they may be competent to execute medical directions – to be nurses and not doctors, they must be, for discipline and internal management, entirely under a woman, a trained superintendent, whose whole business is to see that the nursing duties are performed according to this standard.<sup>46</sup>

Loch's leadership of a small (yet growing) and scattered nursing service required her to travel throughout India. In 1895, she described a "tour of official inspection" in which she had visited members of her nursing team in "Mian Mir [sic], Quetta, Umballa, Peshawar and Cherat."<sup>47</sup> She also undertook numerous, intrepid, tourist expeditions during her periods of leave. By the time her tenure ended in 1902, Loch had established a nursing service throughout India.

## 7 THE BRITISH SOLDIER-PATIENT: A MILITARY ASSET

The work of Catharine Grace Loch in India was viewed by the British establishment – both political and military – as vital. Britain, a small, divided nation in the North Atlantic, had by the 1880s, conquered vast areas of territory throughout the known world: an empire that was both a source of great wealth and prestige and a potential drain on the expertise and energies of the British people. The British soldier was coming to be regarded by all as a necessary resource of that small, complex nation, although the campaign to recognise his needs and pay attention to his health was still in its infancy. Any gains during the latter half of the nineteenth century had been hard won by Nightingale's campaigning efforts after the Crimean War.

The British officer, who was always drawn from a higher social class than his rank-and-file counterparts, was a prized asset: one the nation could not afford to lose cheaply to either disease or injury.<sup>48</sup> The Crimean War had already demonstrated what a mistake it was to take soldiers' lives for granted. Yet, in spite of Nightingale's best efforts, the British military was slow to learn the lessons of the Crimea.

Officers and men, along with civil servants, engineers, and other male 'specialists' were shipped in their thousands to British imperial territories, and the vast sub-continent of India received more than its share of 'ex-patriot' Britons, many of whom remained for most of their lives, serving colonial governments and imperial armies (the elite sending their children back alone to British boarding schools to acquire a 'properly British' education).<sup>49</sup>

When Loch and her fellow Lady Superintendent, Miss Oxley, landed in Rawal Pindi, they took only a small cadre of eight professional nurses with them: a tiny team on whose shoulders the founding of a large and effective service would rest. Arriving at the Station Hospital, they found that all serious cases had been brought to the one base from outlying districts, and had been placed in the fever ward to be under the care of the professional nurses. There were also other, 'scattered cases' who were considered serious enough to require their care, including "an officer convalescing from Typhoid [sic],

<sup>46</sup> Nightingale, Florence, Letter to Gill Wylie dated 18 September 1872, in: McDonald 2009, pp. 501–502.

<sup>47</sup> Loch, May 18, 1895.

<sup>48</sup> On the ways in which imperialism fuelled a militaristic mentality, see: Dawson 1994; Paris 2000.

<sup>49</sup> Macfarlane 2006.

and absolutely insane in the verandah" [sic].<sup>50</sup> It was made clear to the nurses that they were to have 'nothing to do' with less sick cases – undoubtedly because it was seen as improper for nurses to come into contact with recovering men. Their ministrations were reserved for those who were 'in extremis': unconscious or delirious, and, significantly, incapable of flirtation. Loch's nurses often cared for men who were very acutely ill; they had to contend, for example, with frequent epidemics of cholera, a disease which caused such severe ill health that only expert nursing care could hope to save sufferers, who were usually prostrate with dehydration and debility.<sup>51</sup> Among the other serious illnesses they encountered were dysentery, rheumatism, malaria, enteric fever, influenza and pneumonia.<sup>52</sup>

By 1893, Catharine Grace Loch was becoming a recognised expert in the care of patients with severe infections, ranging from the enteric diseases common amongst soldiers in all climates to more acute and life-threatening diseases such as malaria and yellow fever. In an article commissioned for the *Nursing Record* by editor Ethel Gordon Fenwick, Loch commented on how difficult it was to be one of the nurses who remained on the "burning, fiery, intense heat" of the plains of the Punjab whilst the majority of troops and nurses retreated to the foothills of the Himalayas to continue their work "seven or eight thousand feet above the oven-like plains."<sup>53</sup> At the base in Rawal Pindi, fevers were rife and the condition of the patients was always worse during the hot season. Loch's dangerous work on the plains of British India was reminiscent of Nightingale's 1855 visit to the Crimean Peninsula (during which she contracted the illness that would keep her housebound much of her life). This tendency to put one's own health and wellbeing at risk to support the soldiers who were, themselves, seen to be a bulwark of British imperial strength, undoubtedly served as an important bond between the two women.

## 8 THE BRITISH MILITARY ORDERLY: A MALLEABLE YET SCARCE AND BRITTLE INSTRUMENT

George and Lourdasamy have commented that "the newly introduced nursing sisters of the INS were required not only to care for the patients, but also to train the orderlies in nursing and to supervise their work,"<sup>54</sup> adding that "this can be counted among the few scenarios in the nineteenth and in the early-twentieth centuries where women were in charge of instructing men."<sup>55</sup> The professional nurses would have seen this as an entirely appropriate aspect of their role. Yet they encountered difficulties. They found that, not only were most of the male assistants who were assigned to help them worse than incapable, but also, the entire system into which nurses and orderlies had been placed was faulty: there were no clear lines of command. As George and Lourdasamy have commented, "the inadequate delineation of responsibility in the military medical system, and the refusal of the government to grant a nominal rank to the sisters undermined the authority and position of the sisters in relation to the orderlies and the assistant surgeons."<sup>56</sup>

In her first letter to Nightingale, Loch declared, "There is no hospital orderly corps at all. Men volunteer for hospital service out of the ranks, chiefly I think because they get more liberty."<sup>57</sup> Prior to the arrival of the female nurses, all care had been given by these 'orderlies' under the direction of apothecaries

<sup>50</sup> Loch, Letter dated 12 April 1888.

<sup>51</sup> There are numerous references in Loch's Memoir to cholera epidemics. See, for example: Loch 1905, p. 101, pp.124–125.

<sup>52</sup> George/Lourdasamy 2023, pp. 347–64, p. 354.

<sup>53</sup> Loch, October 7, 1893.

<sup>54</sup> George/Lourdasamy 2023, pp. 347–64, p. 352.

<sup>55</sup> George/Lourdasamy 2023, pp. 347–64, p. 356.

<sup>56</sup> George/Lourdasamy 2023, pp. 347–64, p. 357.

<sup>57</sup> Loch, Letter dated 12 April 1888.

(trained medical men placed under the command of medical officers); but the system was marred by two serious problems: the apothecaries did not seem to care whether the orderlies worked or not; and the orderlies were members of the fighting force, with no nursing training, who were only ever assigned to ward duty for short periods. As Loch lamented: “They know nothing of nursing. They are not to be depended on either to feed a patient or to keep his bed dry, even when left to watch him. They sleep soundly at night, and we are told they must not have the work rendered irksome to them or they will throw it up and return to their barracks.”<sup>58</sup> In the fever ward, Loch speculated, the orderlies “got thro’ the work by the simple plan of not doing it.”<sup>59</sup> She added that on some wards the bad cases were being cared for only by their convalescent fellow patients, offering the example of one ‘poor fellow’ who was found “hugging a large packet of Dovers Powders marked ‘every four hours’. He has severe pleurisy and dysentery, and he was left to take care of himself.”<sup>60</sup>

Not all military orderlies were uncaring. Loch commented that, “of course, there are some men a great deal better than this – men who seem really anxious to learn, and who have already picked up very quickly much that the sisters have taught them – but there is no certainty of keeping them. If this regiment were moved tomorrow they would have to go too.”<sup>61</sup>

Nightingale would almost certainly have understood the feelings of helplessness experienced by Loch. Indeed, it is clear from Loch’s subsequent letters that Nightingale must have responded sympathetically to her feelings of anxiety and pressure. Over 30 years earlier in the Scutari Barracks Hospital, Nightingale had found herself working under very similar circumstances. She may well have found it disheartening to discover how little progress had been made in the training and deployment of military orderlies since the publication of her reports on the need for reform in the late 1850s and early 1860s.<sup>62</sup>

Loch and her fellow nurses responded to what they considered to be a crisis in care at the Rawal Pindi Station Hospital by “[throwing] themselves heart and soul into the work”. They had “been able, as the number of sick [was] comparably small, to do a great deal of personal work, and to show the orderlies actually how to turn, wash the patients etc.”<sup>63</sup> But Loch knew that her team was too small to perform all the care themselves in the long term:

I feel that this will do only very temporary good, from the shifting nature of the arrangements, and that in the unhealthy season when the wards are crowded, as each sister has charge of a much larger number of beds, that it will be almost impossible for her to keep the orderlies up to their work. If only we could persuade the authorities to start a regular organised orderly corps, we may succeed.<sup>64</sup>

The supply of orderlies appears to have worsened rather than improved during Loch’s first ten years in office.<sup>65</sup> In 1898, she wrote home to her sisters:

We have lost fourteen men in ten or twelve days and several more will certainly die; and as the regiments have changed again we have changed our orderlies – only for the thirteenth time in ten months – and of course the new ones know nothing at all... I was altogether in such despair, that I wrote yesterday a private and confidential appeal to the adjutant of the Dragoon regiment here. I knew that they have several certificated men whom we have trained in former years, if they

<sup>58</sup> Loch, Letter dated 12 April 1888.

<sup>59</sup> Loch, Letter dated 12 April 1888.

<sup>60</sup> Loch, Letter dated 12 April 1888.

<sup>61</sup> Loch, Letter dated 12 April 1888.

<sup>62</sup> Nightingale 1858. *Passim*, on the Propositions as to General Hospitals, see pp. 218–234. On the compiling of this report, see: Bostridge 2008, pp. 316–23. Nightingale offered significant advice and direct help in the drawing up of two reports on army sanitation: Royal Commission, Report 1858; Royal Commission, Report 1863.

<sup>63</sup> Loch, Letter dated 12 April 1888.

<sup>64</sup> Loch, Letter dated 12 April 1888.

<sup>65</sup> See, for example, the account in a paper written by Loch for *The Nursing Record*: Loch, November 18, 1893.

would only consent to send them, and I knew that the S.M.O. had been applying for them, and that as usual everything was full of red tape delays and mutual jealousies between the medical, the military, and the station staff offices and nothing was happening, so I wrote. Capt. B., the adjutant, came this morning to see me and is going to send up four good men to-night, who will be I hope a backbone for us to depend upon, so I feel encouraged. But I do not know whether the S.M.O. will be down on me for having ventured to interfere!<sup>66</sup>

This story illustrates the deep frustration that was so frequently felt by Loch in being unable to assemble teams of workers who would possess the skills necessary for the efficient running of a hospital. The fundamental problem for the nurses was the 'itinerant nature' of the medical teams, and George and Lourdasamy have commented that "the dynamics of work in a military hospital in India was such that mutual trust and confidence could not be cultivated easily. This resulted in a system where the expertise of a nursing sister was not adequately validated."<sup>67</sup>

The problems associated with a constant turnover of male nursing staff was exacerbated by lack of cooperation from medical officers. In a letter home to her sisters, Loch commented that "one is always at the mercy of the individual medical officers who happen to be in a given place at a given time."<sup>68</sup> It is clear that, with greater support from these fellow professionals, many of her difficulties could have been overcome with much greater ease, and less stress upon herself. In a letter dated 4 November 1901, Loch gives way to a long treatise on the shortcomings of junior doctors. Her letter has many of the qualities of a rant but is, nevertheless, controlled and thoughtful:

Sometimes they [the medical officers at the Station Hospital] are sensible, broad-minded and friendly, but sometimes even at this time of day they are quite the reverse, and it is maddening to have a bumptious boy just come out to the country, trying experiments and treating the patients on lines which one has seen tried over and over again without success, and which one knows he will utterly give up and try to forget in a year or two, and looking upon us as though we were mere probationers... This is what makes it so trying out here.<sup>69</sup>

It is clear that, although Loch felt well supported by senior medical officers, the gendered and professional power relations between late-nineteenth-century doctors and nurses meant that she and her fellow nurses were helpless to intervene when poor treatment or bad care was provided by medics and orderlies.

## 9 THE 'NATIVE ORDERLY': A DOUBTFUL AND DANGEROUS IMPERIAL RESOURCE

The Station Hospital at Rawal Pindi, like all large military hospitals in India, relied heavily on a small army of native servants and 'coolies'.<sup>70</sup> In an article for the *Nursing Record*, Loch described the scene in a typical ward in the early 1890s:

<sup>66</sup> Loch 1905, p. 235. See also: Loch, October 7, 1893.

<sup>67</sup> George/Lourdasamy 2023, pp. 347–64, pp. 352–53.

<sup>68</sup> Loch 1905, p. 289.

<sup>69</sup> Loch 1905, p. 290.

<sup>70</sup> On the creation of the Native Army Hospital Corps, see: Vallee/McDonald 2007, p.173.

Imagine a long narrow one-storied building surrounded by deep verandahs [sic], which forms one wing of the hospital. Outside there are blinding glare and pitiless scorching heat; inside darkness and (comparative) coolness... The doorways are filled up with closely fitting thick mats of cuscus grass called 'tatties', which are kept wet by troops of little boys perpetually throwing water over them, and the very rapid evaporation transforms the oven-like blast into a cool damp air as it blows through and pervades the place with a pungent sweet smell. In spite of all precautions, however, it is difficult to keep the temperature of the ward much below 100 degrees, and I have known it 104 degrees for days together. A small punkah hangs over every bed; these punkahs are attached to a large heavy frame which swings from the rafters, and this is pulled sleepily to and fro, day and night, by a half-naked coolie who squats on his haunches in the very middle of the floor.<sup>71</sup>

Loch clearly saw such menial tasks as appropriate for 'native' workers. She had commented in her earliest letter to Florence Nightingale on what she saw as the capacity of the native workers on the wards at the Station Hospital: "There are a number of coolies and sweepers who do the cleaning and all the menial work, but they are wretchedly dirty fellows and quite incapable of any nursing."<sup>72</sup>

She later adjusted her perspective in response to a query from Nightingale:

It was wrong if I gave you to understand that there is no native hospital orderly corps. I think that I did not realize at first that the tribes of coolies, ward servants, sweepers, etc. about the hospital do belong to a regularly organized corps, and are enlisted as part of the Bengal Army, but they are quite hopeless as nurses. According to the army regulations, they are supposed to receive training, and they are supposed to be able to pass an exam in simple dressings, poultices and bandaging, etc., before they can be promoted to a higher grade. This looks very well on paper! But practically it is of very little use. They are dirty, idle, untruthful, dishonest! They will steal the patients' food off their locker if they are too ill to look after it.<sup>73</sup>

Loch was clearly unimpressed by what she saw as the character deficiencies of the 'native orderlies', and it is clear from this quotation that she had a tendency to assume that they were exactly alike – an assumption she did not make with the British orderlies. Nevertheless, there is one sense in which she saw the orderlies as being distinct from each other: in terms of their skill set. She believed that each orderly could only learn to do one task well:

It is true these Indians are often skillful with their hands, and they can be taught to do any one thing very nicely, but then each man does only one thing, and when that thing has to be done the right man has to be hunted up and told to do it, which is far more tedious than doing it oneself. In addition to this, the soldiers do not like being touched by them. They despise them utterly, abuse them and treat them very badly, which does not promote good service and altogether prevents any satisfactory relation between them as nurse and patient.<sup>74</sup>

The failure of patients to allow themselves to be nursed by Indian orderlies undoubtedly impacted on the capacity of those orderlies to learn to perform nursing work well. Given the importance of understanding and emotional connection in building nurse-patient relationships, the racism shown by some British patients towards Indian orderlies is likely to have been a serious barrier to care.

<sup>71</sup> Loch, October 7, 1893. The temperatures in this quotation are given in Fahrenheit.

<sup>72</sup> Loch, Letter dated 12 April 1888.

<sup>73</sup> Loch, Letter dated 12 June 1888.

<sup>74</sup> Loch, Letter dated 12 June 1888.



Loch herself never expresses overt racism in her letters to Nightingale or in the letters and papers later collected for her *Memoir*. Yet it is very clear that she is a product of her upbringing as an English middle-class 'lady' operating in a highly militaristic environment at the height of Empire. Many of her letters home describe historic scenes in various parts of India, with frequent reference to events such as the 'Mutiny' or works such as those by Rudyard Kipling.<sup>75</sup> On a visit to Mandalay in 1895, she writes:

I think Mandalay is rather a sad place. It is barely ten years since we turned out Theebaw and his queen and established ourselves in possession, and though the natives appear to be perfectly cheerful and satisfied and no doubt are really much better off, still many of the public buildings are falling into disrepair and look neglected and miserable.<sup>76</sup>

What seemed to Loch herself – and no doubt to her readers – to be perfectly normal comments on one particular corner of the British Empire are likely to evoke discomfort and censure from a twenty-first-century readership. The casualness of the reference to 'turning out' the previous ruler and establishing the British 'in possession' is a little jarring, despite the genuine sympathy which also appears to be expressed by Loch.

By 1896, Loch was describing the "native ward servants of various grades" as a "regular Hospital Corps", but she was still bemoaning the fact that "they do the cleaning and ward work, but are absolutely useless from a nursing point of view. They are nearly all a very low class of men and poorly paid, and they never do more work than they are absolutely obliged. The soldiers do not like them and would often bully them if they dared... and the ward boys retaliate by being as idle and provoking as in their turn they dare to be."<sup>77</sup>

## 10 THE IMPERIAL (AND IMPERIOUS) PROFESSIONAL NURSE: THE LYNCHPIN OF CARE

In her first letter to Nightingale from India, Loch commented that only another senior female nurse could really understand the problems she was facing:

It has been a great comfort to me to write all this out to you, for I feel that you understand the right bearings of all these things and that you will be able to judge how things really are out here. I should be afraid to write so fully to anyone else. It is very likely that coming from a place like Barts where the nursing arrangements and general discipline have been worked up to a pitch of perfection, that we are more scandalised than is necessary at the general promiscuousness in the manner in which the subordinates here carry out their instructions – but I hope we shall not grow too particular ourselves.<sup>78</sup>

One of Loch's major concerns was her own lack of control over the appointment of nurses to the service – a concern which had long been reflected in Nightingale's own writings.<sup>79</sup> In a letter home to her sisters dated 5 February 1892, Loch deplores some of the choices made by the "gentlemen at

<sup>76</sup> Loch 1905, p.182.

<sup>77</sup> Loch, September 12, 1896.

<sup>78</sup> Loch, Letter dated 12 April 1888.

<sup>79</sup> See, for example, Nightingale's letter to Gill Wylie, quoted earlier in this paper: Nightingale, Florence, Letter to Gill Wylie dated 18 September 1872, in: McDonald 2009, pp. 501–502.

<sup>80</sup> Loch 1905, pp. 95–96.

the India Office”, adding that they “know nothing about selecting or rejecting candidates; how should they?”<sup>80</sup> Her own wish (which seems to have remained unfulfilled) was that nurse leader and reformer Ethel Gordon Fenwick should be involved in the selection of staff. Loch’s faith in Fenwick is interesting, given that Fenwick was viewed with mistrust by Florence Nightingale. Her capacity for drawing upon the support and counsel of nurse-leaders of different perspectives and persuasions provides suggestive evidence for her diplomatic skills.

Nightingale’s approach to promoting a better understanding of nursing among powerful medical men had always been a careful and diplomatic one. She avoided controversy, and her tendency towards diplomacy was admired and shared by her acolytes. In 1880, during the so-called ‘Guy’s Hospital dispute’, Nightingale’s supporter, Angelique Pringle (at that time matron of the Edinburgh Royal Infirmary) had written to her deploring the actions of openly assertive nurses such as Margaret Lonsdale, declaring, “That was not the silent and patient way of our Chief.”<sup>81</sup> Loch appears to have taken a very careful stance in her relationships with senior medical men in India, perhaps realising that open dispute with them would hinder rather than advance her work. Yet, the tensions created by this need for diplomacy appear to have taken their toll on her emotional wellbeing.

In October 1897, plans were drawn up for a new Base Hospital in Rawal Pindi to support British forces sent to suppress an uprising on the North West Frontier. Due to a shortage of staff and illness among her nurses, Loch found it difficult to staff the new hospital. Having expressed her concerns to the Principal Medical Officer, she was horrified to find that he was planning to advertise for ‘temporary nurses’. Writing home, she exclaimed:

I cannot think what kind of creatures he would find. I know that all sorts of funny people have been volunteering and clamouring to be allowed to nurse on active service, so no doubt he would find people in petticoats calling themselves trained nurses; but we all went crazy at the idea, and I flew up to Murree at a moment’s notice to see the P.M.O. of the Punjab Command.<sup>82</sup>

The P.M.O. of the Punjab Command was Loch’s ally, Alexander Bradshaw. Gaining his immediate support, Loch wrote a letter to the Commander-in-Chief at Simla, but volunteer nurses had already been posted to various army hospitals. Loch takes up the story in her letter:

The only orders that have reached us here were that a certain Miss P. and a Miss D., temporarily appointed nurses, were ordered to the Punjab... Miss P. turned up promptly, and to my dismay she is very dark and about nineteen years old, with as only training two months in a zenana hospital and has never in her life seen a male patient! We are furious naturally. However it is so bad that my spirits rose immediately and I have positively refused to allow her to go into the wards at all, and I have written officially to say so and to request that she may be sent back at once.<sup>83</sup>

Loch’s determination not to allow ‘Miss P.’ to nurse appears to have produced a deadlock, during which the unwanted volunteer remained at the Station Hospital for several weeks. Loch commented that she felt “sorry for the girl”, who had clearly volunteered out of ignorance and could not be held to blame for the actions of the army high command. The situation worsened when large numbers of troops suffering from “a virulent and fatal form of dysentery” were brought to the hospitals in Rawal Pindi. Meanwhile, Loch received “the biggest wiggling I ever received in my life” in response to her first letter,

<sup>81</sup> Pringle, Letter dated 1880.

<sup>82</sup> Loch 1905, pp. 211–212.

<sup>83</sup> Loch 1905, pp. 212.

and was waiting to see what her refusal to appoint Miss P. would bring. There was no hint, though, that she would 'back down'. At this point, her letters begin to reveal how disheartened she was becoming:

It is a tiresome sort of life this; everything that may or may not happen depends on something else that also may or may not occur, or on somebody who cannot be got at or who cannot be counted on, but always does what I do not expect or leaves undone what I do expect. At present we are extremely short-handed both here and at Nowshera, from various causes such as more work and sick Sisters... The last of the wretched men from Tochi Field Force are coming in – about 250 more I believe – and they are awful; they nearly all die, and nothing does them any good.<sup>84</sup>

It is likely that Florence Nightingale saw in Loch's struggles with military bureaucracy in India something akin to her own battles with the 'Commissariat' during the Crimean War. Her sympathy was clearly aroused by Loch's struggles. In 1894, Loch returned to England on leave, and once again visited Nightingale in her house on South Street. Soon afterwards, she wrote a letter of thanks which suggests that she felt that the question of whether the Indian Army Nursing Service would succeed or fail was still an open one:

I wanted to thank you very much for the lovely flowers which I recd [sic] from you... I was so much delighted with them for there is no place so absolutely lacking in flowers as a country home in the winter - when there are none in the garden - and it was so kind of you to think of them. Thank you also very much for letting me come to see you. I am very glad indeed to have had the privilege of doing so and of talking to you about a few of our experiences and difficulties in India. I often wonder very much how matters will turn out in the end. Whether eventually they will materially increase the number of nurses in the service and whether, if they do, a more regular and general system of nursing and training in the military hosps [sic] will be gradually established, or whether they will remain as they are at present, only a few doing it scattered here and there.<sup>85</sup>

Loch and Nightingale appear to have shared the view that a hospital ward staffed by female nurses rather than male orderlies would always be a healthier, better-organised place. Both women had experience of civilian nursing in which female nurses performed all the nursing care (with the help of probationers). And both had been shocked by their first experiences of military hospitals, in which they believed that patients were badly neglected by both medical men and military orderlies. They appear to have shared the view that male military hospital orderlies were necessary to perform the work of lifting and handling patients, pitching hospital tents and performing other heavy work such as hauling water and digging drainage ditches. They were also, however, united in their view that fully trained female nurses should be in charge of all the nursing care on a given hospital ward – and that there was a need for a much higher ratio of nurses to orderlies, in order to ensure that the former could properly train and supervise the latter, as well as providing the more intricate care themselves. It was clearly of considerable comfort to Loch that a social icon such as Nightingale should share her concerns – and, indeed, demonstrate enough sympathy to send flowers.

<sup>84</sup> Loch 1905, pp. 218–219.

<sup>85</sup> Loch, Letter dated 1 February 1894. I am indebted to Lynn McDonald for sending me a legible transcript of this letter.

## 11 CONCLUSION: 'A BRAVE SOLDIER WITH A LARGE HEART AND BRAIN'<sup>86</sup>

Much of the stress and strain experienced by Loch can be attributed, whether directly or indirectly, to the failure of senior British medical officers to share her vision for military nursing, or to provide the resources she needed. As George and Lourdasamy have commented, "[the] Lady Superintendent [in India] was accorded a semblance of power – but no real authority."<sup>87</sup> The support of Alexander Bradshaw notwithstanding, Loch frequently found (and explained in her candid letters home) that senior officers were incapable of listening to, or taking advice from, a woman. The endemic gendered and racial prejudices in Indian military hospitals, which dictated that, whilst nurses would be treated with deference as ladies, and orderlies (both British and Indian) would be accorded their own 'lines of command', both groups would be left to flounder in a system that had become archaic, disorganised and often uncaring. Both Loch and Bradshaw agreed that the system needed a complete overhaul, but, although reform was slowly emerging during Loch's term of office, it was not in place until the outbreak of the First World War, ten years after her death. Medical ignorance of nursing expertise and a wilful refusal to recognise nursing authority were not, however, the most destructive elements of Loch's situation. At no point during her tenure – or for several decades after it – did the British Government in India assign adequate resources to the Indian Army Nursing Service. Even after the reforms of 1903, through which the service was renamed the Queen Alexandra's Military Nursing Service for India and Loch was given the title 'Chief Lady Superintendent', staffing levels remained inadequate, and "the government continually showed an attitude of neglect towards the nursing service."<sup>88</sup>

Florence Nightingale's mentorship of Catharine Grace Loch clearly had an important and supportive influence on her younger colleague. Consistent with her mentorships of her own former St Thomas's probationers, Nightingale assumed a fellow feeling with Loch. Much of the understanding between them appears to have been born out of the similarities in their social class backgrounds and reforming projects. Loch's letters frequently contain thanks to Nightingale for so thoroughly understanding the position in which she found herself in India.

Ultimately, Loch's story is a sad one. She suffered a stroke in 1901 at the age of 47, whilst on active service in India. It is difficult to avoid the conclusion that Loch's work contributed significantly to the breakdown of her health. Her Memoir resonates with a sense that she found herself living a life of strife and difficulty which could only be overcome by a determined and persistent struggle. A letter written home to her sisters in May 1901 addressed a question: "Alice asks, Why do I not come home?" She answers by observing that she must work for five years before she can draw the pension that military service entitles her to, and adds that she feels she cannot let her team of nursing sisters down. They will be "short-handed" all summer and would "feel very sick" if she left.<sup>89</sup> Seven months after writing of her need to stay, Loch became seriously ill. Her close friend and fellow-nurse, Miss. R.A. Betty, wrote to Loch's sister: "Dec 18 – I am writing to you this mail as I grieve to say that dear Cathy is unable to do so...She had a stroke on Friday morning."<sup>90</sup>

In February 1902, having made a partial recovery, Loch returned home to England, and was invited to join the 'Ladies Board' of the India Office – the panel which selected nurses for service in India. For

<sup>86</sup> Sister M.E. Barker, Dalhousie, India, Letter of Appreciation, cited in: Loch 1905, p. 306.

<sup>87</sup> George/Lourdasamy 2023, pp. 347–364. p. 351, p. 356. <sup>88</sup> George/Lourdasamy 2023, pp. 347–64, p.351, p.353.

<sup>89</sup> Loch 1905, p. 284.

<sup>90</sup> Loch 1905, p. 294–295.

years she harboured a desire to return to 'active service', but a trip to Gibraltar and Tangier convinced her that she would be unable to cope with the extreme weather conditions in India. She wrote to Miss Betty:

The die is cast! I had to go to the India Office to the Medical Board and it is settled. They were all very nice and kind; however, it is all over and done and nothing makes any difference. It has come so suddenly at the last that I sit most of the time quite a blank...It is horrid to arrive home decrepit, and it is the one thing that from the beginning I had hoped to avoid. Oh! It is very sad, and I have nothing now to do except remember and think over the past delights and glories.<sup>91</sup>

Catharine Grace Loch died on 1 July 1904 at the age of 50. Her physician expressed the belief that "the primary cause of the illness which proved fatal was excessive mental strain acting on a constitution enfeebled by long residence in India."<sup>92</sup>

Florence Nightingale outlived her protégé by six years. Both women had fallen ill whilst working overseas caring for soldiers of the British Army, and both had returned home to England somehow 'broken' by their pioneering work. Loch's illness has never been subjected to the same scrutiny as that of Nightingale,<sup>93</sup> and remains mysterious. It was, nevertheless closely linked by her contemporaries both to the strain caused by overwork, and to conditions in the military hospitals in India.

Loch's tenure as Lady Superintendent of the Indian Army Nursing Service illustrates the enigmatic nature of imperial nursing in the late nineteenth century. In the person of Loch, that nature was a co-mingling of fiery determination, a desire for adventure, unconscious prejudice, deep compassion, and an icily self-composed gentility; or to put it more simply, as M. E. Barker, one of her nursing team in India, declared: she was nothing less than "a brave soldier with a large heart and brain."<sup>94</sup>

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<sup>91</sup> Loch 1905, p. 302.

<sup>92</sup> Loch 1905, p. 304.

<sup>93</sup> Young 1995, pp. 1697–1700.

<sup>94</sup> Sister M.E. Barker, Dalhousie, India, Letter of Appreciation, cited in: Loch 1905, p. 306.

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