Social History of Medicine in Colonial India

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Lecture 04

Women's Medical Education; Women's Medical Service

Hello and welcome to yet another lecture - Lecture number 29. And in this lecture we are going to discuss two important aspects of women in healthcare in the colonial context. One is about women's medical education and the other is about an exclusive service for women healthcare workers, which is the Women's Wedical Service - WMS. Starting with the education part first. Those of us who are familiar with history of science, modern science in India know very well that most of the sciences were for decades, male dominated or in fact had total male monopoly, till closer to independence almost. And given that context and background, medicine in a sense is exceptional and definitely it was one of the first fields that opened its avenues to women - in the 19th century itself.

And this goes with the usual stereotype that women have some special virtues, special gifts - inborn gifts - for caring and nurturing and therefore especially for caring for the sick. As in many other fields, as even for Indian men, the jobs which are open to Indians and the educational preparations for those kinds of jobs were more at the lower level -subordinate levels. Same was this case therefore, in nursing too. But considerable avenues were open even at the top for instance, to become even doctor at the medical college level, as I said even by the 19th century itself, it all started here in this part of the country in Madras presidency where the Surgeon General here, first mooted the idea of admitting women students into the college - and of course, the leading college by that time, well established college, was the Madras Medical College. There was some initial reluctance, but by 1875 the Principal of the Madras College consented to admitting women and accordingly four women students and all four of them were Europeans or ladies of Anglo-Indian origin.

In fact, for many years most of the students who entered the medical college, the ladies who entered the medical college, came from among this kind of background - either Europeans or Eurasians or among Indians : Indian Christians or Parsis. From this listing you could have figured out what would be the reason. It is basically some kind of restrictions, inhibitions, reservations related to religion - especially in the case of high

caste Hindus, and Muslim women. In the case of Bombay presidency, there was an American businessman named George Kittredge who spearheaded the efforts towards forming what he wanted to be Medical Women for India fund which he started in 1880. The goal was to establish a medical course in India for women and to generate funds for the same. There was a considerable response both from the European as well as from the Indian elite. But then there were some squabblings about what would be the level of entry, after how many years of schooling and what would be the nature of the course and the duration of the course and things seemed to be petering away. But they did have their effects - they laid a good groundwork for women to be admitted later on into the Grant Medical College, which was the equivalent in Bombay of the Madras Medical College in Madras presidency and the Calcutta Medical College in the Bengal presidency. Women were admitted here in 1883.

Coming to Bengal Presidency, here too there was some initial hesitation - generally related to, as I said, socio-cultural religious reservations or general middle-class opinion about respectable women not going out and that they had a place in the family, in honourable families where they had to be in the house and be obedient and not be venturing out and being exposed - that can create problems to the kind of 'virtuous disposition' they are having. That was the kind of hesitation which we see in several situations, and several other factors also mattered. On the government side the Calcutta Medical Council also had its own reservation - one reservation was always finance, reluctance to fund. But they also put forward the same social issue - that there was a real difficulty of introducing these kinds of serious innovations as extending medical education to women or any other such kind of path breaking social engineering is very difficult given the very social setup and especially in the conservative domain of medical practice. But eventually, in Bengal, due to the efforts of progressive, elite social reformers like, say, from the Brahmo Samaj kind of socio-religious reform movements and also support from the DPI, the Director of Public Instruction and the Lieutenant Governor of the Presidency. Women were eventually accepted to be admitted in the Calcutta Medical College from June 1883. All of these things, as you see, by the end of the 19th century itself – so we have all the three major colleges in the three Presidencies having women already in.

In the case of Bengal, there is a famous name - well known woman doctor Kadambini Basu - who later became Kadambini Ganguli. She was admitted in that year when female students were first admitted -1883 - and she graduated in three years in 1886, thus becoming the first Indian female medical practitioner of modern medicine – of course -we came across the first case in Madras Medical College that is where the first women were admitted - but then they were not Indians. This is the first case of an Indian admitted and successfully passing out and becoming the first Indian female practitioner as well. In all of these things, one of the important landmark events was the starting of

the Dufferin Fund. As you know, its actual name is the National Association for Supplying Female Medical Aid to the women of India. This as you know, was started with the active participation of Lady Dufferin, the wife of Lord Dufferin, the Viceroy at that time. The idea was to basically bring medical personnel or generally to make medical personnel available for the female part of the population and naturally - sooner or later, there would be the need to have them produced locally - instead of producing, and bringing the personnel all the way from England or elsewhere from the west all the time. This interest of the Dufferin Fund in educating women basically started from the thrust on the study of midwifery because as we saw, midwifery was one area where the colonial state also showed particular interest in replacing the traditional dai system with more trained midwives and it is basically for that training – in stead of continuously bringing women from even for that, being trained in England. (Initially they would have come). That was the first kind of training - that was initial thrust, and then in course of time, the Dufferin Fund was very instrumental in opening other kinds of institutions for medical instruction. For instance, in the Bengal presidency due to the Dufferin Fund's effort, the government of Bengal allowed women into the Bengali class of the Campbell Medical School. Some of these colleges which were started with the Presidencies - the first colleges like Madras Medical College or Grant or Calcutta Medical College or other ones like these - they were started the 1830s in the heat of the Anglicist-Orientalist debate and the prevailing of the Anglicist side - that students should be taught in English medium i.e., the medium of instruction should be English. But in course of time, there were relaxations due to practical compulsions. Vernacular classes/sessions were started, - for instance, in this college, as in Calcutta Medical College also, there was a Bengali class, as there was a Hindustani class. In that Bengali class, women were admitted and the products of that class used to be called civil hospital assistants - both male and female. In this case, the women who passed were awarded the Vernacular Licentiate in Medicine and Surgery, VLMS. It was considered inferior to the Calcutta Medical College graduates and that too the English class graduates. And similarly, in the Calcutta Medical College Bengali sessions/classes also women were admitted.

Similarly, the Dufferin fund helped in setting up exclusive women's college for medicine like the Lady Hardinge College in Delhi in 1916, named after another Vicereine, the wife of Lord Hardinge who was a Viceroy later. That was not the first of the medical colleges started exclusively for women - that credit actually went to Christian missionaries who started it at Ludhiana in Punjab as the Women's Christian Medical College. That was set up in 1894 as the first exclusive medical college for women in India. And, as I said, this was a missionary effort and its main aim was to produce a trained medical missionaries among Indian women. Those missionaries saw medicine as one of the very fruitful fields through which their main missionary work itself could be pursued.

Coming next to nursing education, nursing education received considerable attention even much earlier - even before the 1870s. One of the earliest efforts was the by the wife of the Bishop of Calcutta - Bishop Cotton, and by other British women in the city. This led to the starting of the Calcutta Hospital Nurses Institution in 1859, almost two decades before women were admitted into medical colleges. It started basically as a private charity to recruit and train nurses totally free of charge and the institution provided nurses for the European as well as native wards of the Medical College Hospital that is the Calcutta Medical College Hospital and the Presidency General Hospital - GH.

In a similar way, between 1800 and 1900, many nursing schools under both missionary effort as well as state effort sprang up in various parts of India. For instance, the St.Stephen's Hospital began its trainings for girls in nursing in 1867. In Madras Presidency, Lord Francis Napier, the Governor of the Presidency who was quite closely acquainted with Florence Nightingale - her works and her ideas - was particularly responsive to her suggestion that there should be, in the long term, facilities for creating adequate number of female nurses in India especially for the military. He was someone who was very particularly sensitive to those ideas and he as early as 1871 started the six-month diploma program in the government GH in Madras. This program trained mainly Europeans and Anglo-Indians. The head-nurses were brought from England and the program awarded diplomas for different fields. It's not just for nursing duty alone in the hospital in ward - they were trained in midwifery and also in vaccination. There were also manuals for nurses and also for midwives. The pupil nurses were also given practical vaccination training, and you should also bear in mind, this was the time that vaccination was picking up and the state was looking for personnel. They were enlisting even the people who were earlier doing variolation - the tikadars - and the nurses sector was one which could be tapped into – also as part of their training.

In Kolkata, the scheme of training government pupil nurses was introduced in the Eden Hospital in 1882. This is another thing - apart from specific institutions, nursing institutions, we also have the hospitals themselves starting a section (for nurses training), apart from the hospital work and apart from the curing work. Some of the hospitals had specific courses for specific things. Here in the case of Eden, there was a nursing class started and this was assisted by the Sisters of the Community of St. John the Baptist of Clewer - who did the training and supervising of the nursing staff there. Some missionaries as we've already seen, played important roles and that will be discussed in the separate lecture on the role of non-state actors where missionaries will also figure in a big way.

Coming to Bombay and the training of nurses in the hospitals there, that was done by especially by the support of philanthropy. The training for nurse probationers was started at the famous Cama Hospital under Edith Atkinson who was the Lady Superintendent of

the hospital from 1886. The Jamsetji Jeejeebhoy hospital in Bombay again started training nurses nursing probationers from 1891. And in 1904, the famous Lady Ampthill nursing institute was started in again Madras Presidency to provide skilled private nurses primarily - but not necessarily exclusively - for the Europeans and there was a fee charged for that. 1920 Lady Willingdon, wife of Lord Willingdon who was eventually one of the Viceroys (but before that he was a Governor of Bombay Presidency and Madras Presidency). Here, while he was Governor of Madras Presidency his wife Lady Willingdon formed the South Indian Nursing Association and the Lady Ampthill Nursing Institute which was started 1904 was incorporated into it. According to the reports of this Institute, from the period 1920s to 1940s, what we gather is that the nurses who were employed through the institutions were basically Europeans but trained within India - the southern part of India.

Throughout the 20th century also, the number of government hospital training schools gradually increased - but again, to underline this point, they mainly trained Europeans settled here or Anglo-Indians, and they played a little role in training Indian nurses - even the Christians also, that took some time. But here again, the role of Dufferin Fund and its establishment in 1885 marked an important watershed in the training of Indian women for nurses. One of the important motives as I said, was related to the question of midwifery - to replace the indigenous dais - the midwives - who were seen as 'barbaric' and actually being a danger to the health of the natives - causing avoidable maternal and child mortality. There was also this particular aspect that the Dufferin Fund was committed to - that was to use Indian agency as far as possible and also to be very sensitive to native customs and feelings. It was also particular about having a staff of well-qualified nurses from England who would initially train the Indians and who will be trainers themselves and be able to produce generations of Indian nurses for the longterm. But initially at least, there was a need to supply matrons and head nurses well trained in England - there had to be that continuous stream of fresh blood and advanced knowledge - otherwise there would be a 'progressive deterioration' in training those trainers.

And apart from education, in the beginning of the 20th century, professionalization also acquired greater attention. Till then, there was no uniform standard for training - this meant that all kinds of unqualified, semi-qualified ladies could turn up as nurses and claim to be certified nurses and also charge the same kind of a fee which any trained English nurse would charge. One of the things that the blamed for this kind of situation was the presence of many small, scattered training and licensing centers. Therefore there was a call for proper certification to be provided by one proper examining board for each province which will have uniform standards and which will have a control. And another important landmark in the nursing profession in general, was the starting of the Trained Nurses Association of India which was established in 1908 - which had nurses

employed both by the mission and the government institutes from different parts of India. But this also had some implications for the training about which we are talking. The TNAI wanted to lay down a code of rules for nursing training apart from the rules of conduct of the profession as part of the standardization and professionalization. In 1926, the government of Madras Presidency formed the first Registration Council to provide basic standards for education and nursing and then in 1926 the Madras Nurses and Midwives Act was passed. According to the Act, in 1927, the period of the nurses training was made three years and the curriculum followed by the General Council of Nursing in England and Wales was adopted in Madras. You see they were trying to pitch at a very high level - even keeping to the international standards - and also trying to modify the number of years and the kind of content that will be there. Eventually it also called for the training of nurses and midwives - trained either in English or in native languages. This registration started in 1928 - now we can see the streamlining taking place both in the instruction as well as in the evolution of the job itself. This act also provided for penalty in case of dishonest use of certificates or procuring registration by false means or forging certificates. The Madras Nurses and Midwives Council was also set up in accordance with the provisions of this Act. In course of time, medical colleges also started training and nursing. We have seen some kind of associations for nursing, some kind of institutes for nursing. Then we saw hospitals having a section where they trained nurses. Now we have classes in medical colleges. For instance, the Christian Medical College in Ludhiana was one of the earliest to start a nursing programme as part of their medical college offerings. And similarly in 1943, in the south, the Christian Medical College in Vellore started their training courses for nurses in 1946. The College of Nursing in Delhi was established as the first college to offer a bachelor's degree - all these days there were only nurses training certificate or diploma courses. Here we have a bachelor's degree itself in nursing - this was the first, this was in 1946 in Delhi College of Nursing. In terms of the period and the nature of the training, there were lot of variations - in some provinces, there were two grades of nursing qualifications the senior certificate of nursing and the junior certificate of nursing. For the senior certificate of nursing to join, you should have a junior Cambridge or should have completed the SSLC - Secondary School Leaving Certificate or some kind of eligibility certificate which allows for enrolling in university courses. For the junior certificate in nursing, passing seventh or sixth standard was fine, and in some cases, it could go down even to third standard - even vernacular education school education was also accepted as sufficient for the junior certificate. The nurses were trained in English as well as in the principal vernacular languages. The period also was not uniform – it ranged from three to four, but the four-year course had some extras like training in gynecological nursing and obstetrics as well. In some provinces, it was compulsory for every nurse to have a combined sick-nursing plus midwifery training.

There were a lot of difference in curriculum from province to province. In some cases, as we saw already, in the case of the Madras Presidency, the curriculum of the General Council of Nursing in in England and Wales was used. BY 1938 the examination came to be conducted by a special examination boards appointed either by the government or the provincial nursing council concerned. In majority of the schools, the services of the nursing students were used to supplement the work of the nursing staff of the hospital concerned - therefore, they would be students and at the same time they would also be working in the hospital as proper nurses - in a sense, not proper nurses, but trainee nurses. They are also, in a sense, employees and sometimes treated more as employees than students. There are issues with the accommodation which was felt to be overcrowded and unsatisfactory. These conditions of the education stood among many factors which made nursing unattractive. But apart from these things later to the schooling and training, there were social factors related to the job itself.

Now, we will move to the Women's Medical Service. As we know there was already an Association for Medical Women in India. In 1911, this Association campaigned for an exclusive women's medical service. Earlier also such requests had been made but they were rejected. But in 1914, government authorized the setting of the Women's Medical Service and this was to be financed by the by state subsidy to the Dufferin fund - about 3.7 million. The service was considerably smaller than the IMS with a cadre of just 25 in 1914 - which rose to 44 in 1927 and this is very minuscule compared to the strength of the IMS the Indian Medical Service which had about 800 personnel. Also this service – WMS - had less medical, administrative responsibilities than the IMS because its role was almost exclusively limited to the care of women and children. There was a further boost in 1931, when the government approved a grant of 1.5 million per annum for a reconstituted service. This was administered by the Central Committee of the Dufferin Fund. This was an enhanced, really substantial amount - this 1.5 million. Earlier one was just three lakhs seventy thousand and compared to that, this is a substantial increase. This again, was to be administered by the Central Committee of the Dufferin fund. It was renamed with an extra ‘I’ at the end - Women's Medical Service of India in 1931. The recruitment for this was done by a subcommittee that included the Director General of the Indian Medical Service and the Viceroy's personal Surgeon - that is for the recruitment done in India. But for the recruitment done in Britain - that was done by a subcommittee with one male and two female medical professionals and also the Central Committee now had a woman medical member. In salaries also, some level of parity was brought. For instance, with those with the qualifications higher than LMS their salaries were set at the same level as the male Civil Surgeons. All this go to show that medical women were increasingly recognized as experts on issues particularly related to women's health. There was also a special interest that AMWI showed towards Indian women. It positioned itself as the voice of Indian women and calling for greater health care facilities for them -especially with regard to proper seclusion and

maintenance of the purdah system. (This was based on the assumption that Indian women do not have, or cannot have a voice of their own to voice their concerns). They showed a special zeal for enforcing the purdak norms within the Dufferin hospitals which were meant to be women-only hospitals. The Association complained that Dufferin Fund let down the women of the Zenana who did not want to be attended to by male doctors. Also there was a mandatory regular inspection to be made by male doctors- that's according to the Dufferin Fund setup. But this was faulted for creating kind of hindrances in the treatment of the purdah women. These kinds of voices in support of seclusion, and for women in general, had a very favorable audience in Britain where there has always been this espousing of this ideal of rescuing native women - rescuing native women from their own men folk. This kind of an idea had been nurtured since the early 19th century and it struck a chord. It also interestingly struck a chord with the orthodox sections of the Indian society who found such kind of voices and stances by the AMWI very favorable and quite in tune with their own desire for female seclusion. Even generally, contributors to the Journal of the Association argued that the role of white medical women in India should be expanded. They should be the female medical experts - acting as advocates of the welfare of Indian women which is what the Association itself was taking upon itself or projecting itself as. That leaves us with one interesting question that we have been talking a lot about - the colonial paternalism - its very patronising ways of handling out not only medical care - but generally. Now we probably have to what can be called a new kind of colonial ‘maternalism’ - with these white women being ‘concerned’ and sympathetic about Indian women, and with those very patronising assumption that otherwise they are helpless they don't have a voice and that they have to be ‘rescued’. On that note, we will end this lecture and meet in another one. Thank you