

Medical Education for Women in Colonial Tamil Nadu

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ABSTRACT: *Women's health occupies a special place in the history of Western medicine in colonial India. From today's understanding, it is striking how little consideration was given to women's health in colonial India before the 1870s, but it is also remarkable, how it developed and assumed a prominent position in the latter colonial period. Existing accounts of growth of medical education for women in Colonial India mostly focus on how it was facilitated by British administrators, missionaries, philanthropists, as well as Indian reformers who were eager to spread western education and healthcare facilities for Indian Women. In such narratives, the wider colonial contexts of institutionalization of western science and medicine and growth of curative medicine, changing patterns of education and health services for women, the broader social impact of growth of women's medical education etc. have received attention. An attempt has been made here to bring out the factors which led to the growth of medical education for aspirant female medics in order to bring out the complexities in the relationship of medicine, gender, politics of colonialism and social reforms in colonial Tamil Nadu. Western Impact especially the effort of Medical Missionaries encouraged Indian women to come out of the domestic sphere to earn like men. While the upper class women responded early and fully to the changing process, other women belonging to the lower socio- economic strata responded to the change very late.*

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I. INTRODUCTION

In the early nineteenth century in the male operated system of medicine, women appeared only as adjuncts and appendages to the health of men. Even in army, jails and hospitals, the medical fields were dominated by the male doctors, whereas women played a little part in the domain of health¹. Since a generation back, a large number of medical students and physicians were men. Opposition came mainly from the society of 19th century, a society steeped in an age old tradition with no scope for women to act or think independently. The social acceptance of medicine as a desirable profession for Indian women is very significant². Forbs points out that, historian who discuss Indian women's entry into medicine emphasize cultural values such as female seclusion, as being the major obstacles in the training of women doctors. The lives of the Indian women began to change significantly in the late nineteenth century when the colonial government, critical of the treatment of both Hindu and Muslim women, found allies in reformers, keen to reform their own society³. Women patients were admitted to the Government and municipal hospitals since their establishment, but the attendance of women was usually negligible because of the strict, Purdha observed by women in many parts of India and the fact that there were no women doctors on the hospital staff. The medical care of women was handled by the traditional midwives (dais), with their primitive and often barbaric practices of treatment⁴. Even in Great Britain also, women's medical education did not witness that much of progress in the beginning of the nineteenth century. When the British first came to India they had come to realize the fact that the women of the conservative society had hardly any access to the medical services of trained doctors. Women doctors were absent in mid- nineteenth century India. These circumstances offered a unique opportunity for women pioneers in medicine to practice in their own countries. They felt very much attracted to come to India to provide the much needed medical care to Indian Women. Thus, a favourable environment was created for Indian women to take to the Medical profession.⁵

¹ David Arnold, Science, Technology, Medicine in Colonial India, Cambridge University Press, Delhi, 2000, p.254.

² Mita Bhadra, "Indian Women in Medicine: An Enquiry since 1880", Indian Anthropologist, Vol.41, No.1, (January- June 2011), p. 17.

³ Mita Bhadra, Indian Women in Medicine..., p. 20.

⁴ O.P. Jaggi, History of Science, Philosophy and Culture in Indian Civilization, Vol. IX Part 1, Oxford University Press, 1978, New Delhi, Vol. IX Part 1, p. 57.

⁵ Mita Bhadra, Indian Women in Medicine...p. 18.

II. CHRISTIAN MISSIONARIES AND THE MEDICAL EDUCATION

The Christian missionaries played a vital role in the field of education, especially in the medical education. They took initiative to bring the Indian women in the medical field. The nurses in India in the context of colonisation were mainly missionary nuns who were engaged in the charitable institutions. By around the 1930s, the missionaries started to enrol local nuns. This made possible the availability of the young Christian women in India. This religious aspect cannot be minimised. So when first nursing schools were open to women, the choice of candidates was surely done on the basis of religious origin. The nursing is seen by young Christian women or religious nun as a charitable duty. They started their own institutions for imparting medical education for women. In the Hindu context, nursing was, on the contrary, seen as a very impure job. As a result, nursing carried a stigma which has lasted till very recently. In the case of Muslim community, the problem was more, that women's studies or work outside the family context was not well considered. Nevertheless, for a long time nursing was considered as a low status job in India⁶. The entry of women in the medical field brought tremendous changes in the Indian society. The Missionaries were sent to India as educationists, but soon felt that doctors were needed even more urgently than teachers, in order to prevent human suffering. Missionary women doctors provided comfortable medical help to the women of India. They even laid a strong background for Indian females to ask for and to qualify in medicine through the existing medical institutions⁷.

III. MEDICAL EDUCATION AND WOMEN IN TAMILNADU

Women's education in Tamil Nadu is considered to be more advanced than in many other parts of India. The first organized work of teaching women in western medicine was taken up in Madras Presidency. This was initiated by the efforts of Dr. T. Balfour, Surgeon – General, and Mrs. Scharlieb, an English woman. Mrs. Scharlieb came to India in 1866. She heard and saw the sufferings of Indian women because the services of female doctors were not available and Indian women were hesitant to be treated by male doctors. Mrs. Scharlieb took one year course in midwifery at the Madras Maternity Hospital. When she felt that midwifery training was inadequate to meet all the needs of the women patients in India. She proposed to the then Governor, Lord Robert, and Dr. Balfour that permission should be granted to women students to enter Madras Medical College⁸.

In 1872, Dr. Balfour took up the cause of medical education for women, as he was of the opinion that the needs of Indian women could not be met by men for the next hundred years. He proposed either to institute a nurses' training at the women's and the children's hospital. The director of Public Instruction regarded this move as 'entirely premature', and did not recommend admission of women to the college⁹. In 1875, four students, including Mrs. Scharlieb, were admitted. All of them were of European or Anglo- Indian origin. All four students entered what was then called the Certificate Class. This was a shortened course of three years which was meant for students who had not matriculated. Mrs. Scharlieb completed her studies and she was immediately appointed as a lecturer of Gynaecology and diseases of children for the women students. This appointment as lecturer gratified her. She was also honoured by being appointed as an examiner in the University of Madras.

A lot of scepticism was expressed in many quarters of the country about the advisability of training women as doctors. In an editorial of the *Indian Medical Journal*, was full of contempt for the scheme of training women doctors for the purpose of treating women patients. The Journal opined that "female doctors are really demanded by the people of India is a pure assumption to start with, that females of any kind are fit to be doctors are a very doubtful point"¹⁰. By seeing the outstanding performance of the women doctors, the same Journal, even in 1882, poured forth its gall against the concept of women doctors. It stated that one thing is undoubted that women are physically, mentally and morally fitted for the profession of nursing... At the back of the editor's mind seems to have been the fear that in time, female doctors might come to compete with male doctors¹¹.

Writing about the facilities the women students received, Mrs. Scharlieb stated:

"The arrangements for the medical education of women students were conceived in a generous spirit. We were to pay no fees, our textbooks were given to us, and a comfortable room at the Medical College was assigned for our use...practical midwifery we were to learn at the lying – in- hospital, and other clinic work was to be done by us at the Women's Hospital under the medical Superintendence of surgeon".¹² Mrs. Scharlieb, started her medical practice in Madras and soon had more patients than she could manage. When she realized

⁶ Marie Percot, S. Irudaya Rajan; "Female Emigration from India: Case study of Nurses", Economic and Political Weekly, Vol. 42, No.4, 2007, p. 318.

⁷ O.P. Jaggi, History of Science, Philosophy and Culture..., p. 58.

⁸ O.P. Jaggi, Science, Technology and Medicine in India, Vol.XIII, Atma Ram & Sons, New Delhi, 1979, p. 93.

⁹ E. W. C. Bradfield, An Indian Medical Review, Manager of Publication, Delhi, 1938, p. 55.

¹⁰ O.P. Jaggi, History of Science, Philosophy ... p. 58.

¹¹ Ibid

¹² Ibid, p. 59.

the fact that without hospital it will not be successful, she demanded hospital and finally a beginning was made in the hired house. The hospital was a success from the beginning and the work was very strenuous.

In 1878, for the first time in India, the Madras Medical College opened its door for women. In the 1880s, women's medical education spread slowly simultaneously with the increase in the number of hospitals were built and run throughout India by the Government. Associations and medical foundations for female medical education were started to help the women students. In 1912, a medical college was opened at Vellore. In 1923, Lady Willington Medical School for women was started in Madras, to promote women's medical education¹³. Female nursing hospital is a Christian institution of European origin. It was a long and a continuous tradition in England. Lord Napier took great interest in the spread of western medicine throughout the Madras presidency and in the work of the mission hospital of the Arcot Mission at Ranipet¹⁴. In 1871, the question of improving the level of Nursing at Madras General Hospital was discussed. At that time women were given a short course of instructions in midwifery at the hospital for three months of further training. In 1887, two Madras trained nurses Mrs. McIntyre, and Miss. Coady acted as Matron Superintendents in Madras General Hospital¹⁵.

Dr. Ida Sophia Scudder was the most important women who took a response to promote the Vellore Medical College. She came from the Scudder family members of which were the pioneers in medical service in South India. In 1820, Dr. John Scudder came to India to serve the sick and suffering and dedicated his service at Madurai and Madras. Ida was born in Ranipet. Later she went to America to get her studies and then she returned to India, at a time when women did not get proper medical relief.¹⁶ The incident that happened at one night in 1894 changed her thought. That night three men, whose wives were having difficult conditions in childbirth, asked her to help them. Unfortunately she did not have proper training. Ida's father was also a doctor, but the three men did not accept her father's offer of help. The next day all the three wives had died. This incident influenced her to devote her life for the promotion of medical facilities for women, especially for childbirth¹⁷. She left for America entered the women's medical college at Philadelphia, Cornell University in 1895. After became the qualified doctor she came back to India and started her medical work in her father's house at Vellore. The number of women patient increased day by day and over 5000 patients treated in the year 1901. This had evolved as the Mary Taber Schell hospital and was moved to Thottapalayam in 1924. The first road side clinics were held by Ida Scudder in 1906 and the form of transport used by her was pony cart. One assistant maintained records and took payments when patients could pay. The other assistant functioned as compounder making up prescriptions and dispensing medicines. By 1924, a dispensary was established at Gudiyattam and Pallikonda. In recognition of her service, the government of India awarded her the *Kiser-i-Hind* gold medal in 1939¹⁸.

Miss. Samuel P. Lady, was a specialist in apothecary department of the tuberculosis institute in Madras. She had held independent charge of women and children hospitals at Dindigul, Mary Tabar School hospital of Vellore and of Kallyani hospital in Madras at various times. The lady practioners were not available in this department. She did her great services to the people especially for women¹⁹.

Dr. Muthulakshmi Reddy was the first women medical student, first lady house surgeon and the first women medical graduate in South India. She was born in the Princely State of Pudukottai of Tamil Nadu. Among the builders of modern India, she has an honourable place. She was not only a Medical practitioner but also a social reformer and political achiever. She was concerned about the plight of women and deeply interested in liberating them. She fought for their upliftment in several fields.²⁰ She was instrumental in Avvai Home for the benefit of destitute women at Adyar, Chennai. Women doctors and midwives have been trained and inducted into the hospitals to attend on women patients.²¹ In 1909, the general trend in nursing history was to improve the standard of Nursing. It could be understood from the minutes of the meeting, held at Bombay in December 1908 by the association of nursing superintends of India.

¹³ E. W. C. Bradfield, *An Indian Medical...*, p. 154.

¹⁴ Government Order(G. O.) No. 113, 20 July 1866, Public Department, Government of Madras, TNSA.

¹⁵ Anil Kumar, *Medicine and the Raj: British Medical Policy in India 1835- 1911*, Sage Publications, New Delhi, 1998, p. 120.

¹⁶ Ibid

¹⁷ B. Malathi, *Growth of Medical Education in Colonial South India (1857 – 1928)* (unpublished Thesis), Pondicherry University, 2004, p. 62.

¹⁸ O.P. Jaggi, *Science, Technology ...* p. 95.

¹⁹ Government Order(G.O) No: 1139 P.H., 7.7.1923, Samuel Miss P. Lady apothecary promoted as Lady Assistant Surgeon, p. 3.

²⁰ *Frontline*, Vol. 25- Issue 11, May 24- June 6, 2008.

²¹ Kumar Pragya, *Medical Education in India*, Deep and Deep Publications, New Delhi, 1987, p. 8.

IV. MISSIONARY MEDICAL SCHOOL FOR WOMEN

It is curious fact that in India medical education for women was embarked on any other kind of professional education. It depended, in fact, on the customs relating to women, which were then prevalent and it made it impossible for the majority of Indian women to receive medical aid at the hands of men.

Christian missionaries became aware of the amount of suffering endured by women on account of their seclusion and this led to Missionary society sending out women medical missionaries in the attempt to relieve this suffering. The sorry plight of women during confinement owing to the lack of medical attendance and the large scale infant- mortality disturbed many women missionaries who decided to do something to mitigate the sufferings of those women. They introduced hospital nurses into Indian homes and persuaded Indian women to go to hospitals for delivery and took part in public life and social service activities. Before the colonial period and in the early colonial period midwifery was practiced by indigenous Dais, whose professions were hereditary. It passed from mother to her daughter in Madras and Bombay regions. As the Dais did not have scientific knowledge of mechanism, it led to the death of many women. The spread of western education through mission schools for girls facilitated their profession. The Christian College at Vellore, the Victoria hospital and maternity hospital helped the women to get in to the medical profession.

The majority of the first medical women in India were missionaries, in fact a large portion of women, who first studied medicine in the west, did so with the express object of becoming medical missionaries and helping their Indian sisters. The number of such workers was very small compared to the needs of the country and it was evident that if medical women were to provide medical aid for Indian women, these medical women must be largely Indian. As it was out of question to send Indian women abroad in any numbers for study, a plan of education had to be devised in India. Some sixty years ago, the idea of forming a medical school or college, which would be staffed by women only, probably occurred to no one²².

The medical work institution for women and children was started in 1900 in Vellore. Dr. Ida Scudder with a group of medical women founded the Missionary Medical School for women in 1918. Dr. Ida Scudder, whose family has already had good connections with the Arcot Mission, opened the first Christian medical training school for women in South India. The first medical missionary work for women and children was started in 1900 at Vellore in a small rooms of the Mission's bungalow, which were given as a memorial to Mrs. Tabar Schell by her husband Mr. Robert Schell. He also sponsored sufficient money to erect the Mary Tabar Schell hospital and dispensary with the accommodation of 40 beds. The hospital was completed in 1902. The Missionary physicians in charge of the hospitals and districts soon felt the necessity of training India's young women as doctors to meet the increasing demand for medical aid for women and children. In 1918, Lord Pentland declared the medical school open and the Vorhees College of Vellore put its laboratories and lecture rooms at the disposal of the students. In 1923, Her Excellency Lady Willingdon opened the Cole Dispensary²³.

The missionary physicians in charge of the hospitals soon felt the necessity of training young Indian women as doctors to meet the increasing demand for medical aid for women and children. In 1914, the committee opened a medical school for women in South India. Nearly 150 women candidates applied for admission out of those only 18 were admitted and 14 completed their course and took their diplomas. During 1918- 22, the Missionary Medical School of Vellore was formerly known as the Medical School for Women. From 1923- 26, it was called as the Missionary Medical College for Women²⁴. Another medical school known as the Lady Willington School was a government institution started in 1923 only for women students and students were selected on the basis of qualification.

The Medical work of the missionaries at Erode began in the year 1909 with Antony W. Brough (Medical Missionary) taking the initiation as well as sustaining interest in it. In the initial years the Medical Mission, without any hospital facility rendered service to women and children. In the same year, hospital at Erode was opened, after the arrival of the Medical Missionary, Dr. Hilda M. Pollard. Dr. Pollard carried on with the Medical Mission with single-handed till 1923. Immediately, at the nursing school, Miss Edna Baker was appointed as nursing superintendent. Quickly nurses training course for Indian women was started. The Medical Mission at Erode, not only promoted Medical skills among the people in the missionaries, but also successfully trained a cadre of Indian nurses from among the Dalits. Goodall, referring to Erode Medical Mission, says: "... It concentrated upon the needs of women and children, and, while centered in the towns, it was carried into the villages as far as resources could permit"²⁵

²² E. W. C. Bradfield, *An Indian Medical...*, p. 156.

²³ *Ibid*, p. 157.

²⁴ O.P. Jaggi, *History of Science, Philosophy and Culture...*, p. 59.

²⁵ Franklin J. Balasundaram, *Dalits and Christian Mission in the Tamil Country*, Asian Trading Corporation, Bangalore, 1997, p.90.

V. ASSOCIATIONS FOR MEDICAL AID FOR WOMEN

National Association for supplying female medical aid (Dufferin fund-1885), Lady Amphill Nurses Institute (1904), the South Indian Nursing Association (1920) and Madras Presidency Maternity and Child welfare Association (1921) were the associations established for women in Madras Presidency. Mary Scharlieb and others attended the medical needs of the Indian women; urged by Queen Victoria, Lady Dufferin, established in 1885 a great fund to promote medical aid for the Indian women. It was commonly called as Dufferin Fund, but formally known as 'the National Association for supplying female medical aid' to the Indian Women. Its main aim is to give medical instruction and medical training to the Indian women as doctors, hospital assistants, nurses and mid-wives; to organize medical relief for women and children including the establishment of hospitals, dispensaries and to supply trained female nurses and midwives. Lady Dufferin had taken an active interest in the welfare of the Dufferin Association from 1885 up to the time of her death. Nurses and midwives benefitted from this fund²⁶.

In 1904, Lady Amphill established Lady Amphill Nurses Institute. It was situated in Western Castle Mount Road, Madras. In 1920, Lady Willington formed a general Nursing Association, which was called as South Indian Association. Her main aim was to establish a good systematic way of nursing throughout South India on the model of Lady Minto Indian Nursing Association²⁷. This association is affiliated to 'The Lady Chelmsford All India League for Maternity and Child welfare' The main aim of this association is to train health and maternity supervisors, to give financial assistance, and to propagate the object of the league. During the year 1922, the Indian Government instituted two state scholarships to enable medical studies abroad for nurses and doctors to study in the United Kingdom or foreign countries. One was given to female candidates from the domiciled community and one for the Indian women graduates for medical studies. The missionary school of nursing for women at Vellore was soon linked with other mission schools of nursing. In 1918, the Union Missionary Medical School for women was opened²⁸.

Medical education and medical services have reduced the death rate due to epidemics in the 19th century. In fact, in 1782, the native infirmary in the Madras Medical School was started for the sole purpose for providing medical aid for the suffering poor in Tamil Nadu. The wide spread mortality in India due to epidemics like cholera and smallpox has been reduced to a great extent after the development of western medical services and education. With the development of medical education, there has been a steady and systematic war against the diseases. Mortality has been reduced by preventive and curative measures²⁹.

VI. CONCLUSION

The medical education for women made tremendous changes in the society. Western education for female led to the growth of awareness and the significant changes in the state. The Christian Missionaries played a significant role in providing medical education for women in Tamil Nadu. The first organized work of teaching women in western medicine was taken up in Madras Presidency. Associations and medical foundations for female medical education were started to help the women students. In 1912, a medical college was opened at Vellore. In 1923, Lady Willington Medical School for women was started in Madras, to promote women's medical education. Women's health occupies a special place in the history of Western medicine in colonial India. The colonial influence helped the women of India to come out of the rigid traditional cultures. By seeing the pathetic condition of women, the missionaries showed great interest to provide and bring the medical aid to the Indian Women. They took Initiatives to introduce the Medical education in the male dominating society of India. Madras and Bombay were the first two Indian cities where attempts were made to provide medical training for women. Women physicians who graduated in the first five decades of 20th century India were not only very influential in coping with the serious public health challenge of maternal mortality but their excellent professional skills were very much appreciated by the future generation.

²⁶ Meera Abraham, Religion, Cast and Gender: Missionaries and Nursing History in South India, B.I. Publications Pvt. Ltd., 1996, p. 52.

²⁷ Bradfield, An Indian Medical Review..., p. 274.

²⁸ Madras Year Book, 1923, Part-II, p. 294.

²⁹ O. Malley L. S.S. Modern India and The West, Oxford University Press, New Delhi, 1941, p. 640.

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