

ART. I.—MEDICAL WORK FOR WOMEN IN INDIA.

Read at the Industries Exhibition, Bristol.

IT has been thought advisable to make this spring gathering more generally useful by the delivery of lectures on various subjects of special interest to women, and I have been requested, by the Committee of the Loan Exhibition of Women's Industries, to address you on a question of very great importance, which I have for several years been helping to solve, and which cannot be too deeply studied or cannot be too often brought forward for public discussion—viz: Medical Work for Women in India.

Our Indian empire is often enough considered by Englishmen simply in the light of a convenient outlet for the surplus youth and energy of the educated classes of this country. There is, however, another light in which we, who are met together here in the town where the idea originated of a National Association in aid of social progress in India, cannot fail to regard that vast country with its teeming, poverty-stricken populations subject to our rule, and that is, not as a source of income, of emolument of any kind, of

titles, of social distinctions and of honours, but as a heavy responsibility laid upon us by our predecessors; one which we cannot shirk, but which we are bound to do our best somewhat to lighten for those who follow after us.

Many Indian officials in high position are deeply impressed with their responsibilities as the rulers of races alien to our own in language, customs, traditions, history, religion, and all the elements of national life; and they are conscientiously desirous of treating with all possible respect the convictions, opinions, nay, even the prejudices of the natives of India. This is exemplified in the great care shown not to force European methods of medical treatment on unwilling recipients. Government assisted, it is true, as early as 1849, in the Presidency of Bengal, in the establishment of hospitals and dispensaries, with the view of introducing European medicines to the people; but, side by side with the European physician and surgeon, the native practitioner, ignorant of the training of the University or the Medical College, but learned sometimes in the learning of a still older school, and often enough successful in practice, still went on his way as Hakim, Vydian, Kravag, coucher for cataract, surgeon or bone-setter, enjoying a certain amount of confidence and local reputation, and occasionally mentioned even in official reports as rendering good service to the community.

The proportion of sick natives treated by orthodox practitioners has always been small. In 1880, the proportion of the native population seeking treatment at hospitals and dispensaries in Bengal was 2.29 per cent. Of these, less than one fourth were women; and everywhere we find a marked disproportion between the male and female patients in the Indian hospitals and dispensaries. The reason is obvious. The women of India are in great part shut out from the ministrations of medical men by the custom of secluding them which prevails over great part of the country. According to the last census, India contains more than 118 millions of women. Of these less than 24 millions and a half are Mahommedans, but the originally Mahommedan

custom of shutting up women in the Zenana has been adopted by the higher caste Hindus, and forms a very important element in their social life. It has to be considered in all schemes for the improvement of female education, and it is a serious obstacle to anything like friendly intercourse between Anglo-Indian and native families. All those who, from various motives, have wished to establish intimate and cordial relations with Indian women (educational and missionary societies especially) have found that they were unapproachable by men; they have, therefore, been obliged to resort to the help of women to effect their purpose. Gradually, a body of trained women teachers have gone forth to work and teach in the zenanas, supplementing the too limited education which little Indian girls can acquire at school before their marriage, at an age when they are yet mere children, puts an end to their school career. Those who have thus penetrated into Indian homes and become acquainted with the lives of the women, give us a touching picture of the monotony and dead level of uniformity of their existence; of their gentleness, their sensitiveness, and other endearing qualities; of their aptness for learning, and, alas, of the many and great physical sufferings they endure for want of such medical help as their customs and traditions enable them to accept.

The first to recognize the great amount of suffering from preventible causes endured by Indian women without having recourse to male doctors, were the missionaries, and they set themselves the task of ministering to the sickness of the body as a means of facilitating mission work in India. A large number of female medical missionaries have been sent out to India. Their work has been variously estimated. Most of them were imperfectly trained, although the American Board of Missionary Physicians sent out regularly educated and fully qualified women doctors to India and China, and, during the last few years, several qualified English medical women have been sent out to India by our own missionary societies. Miss Beilby's successor at the hospital at Lucknow is one of these, and Miss Beilby herself, so well known to the English public as

the lady who delivered to the Queen the touching message of the Maharanee of Punna in 1881, will soon be ready to go back to India as a completely educated woman doctor. One thing is certain, the medical missionaries have got into the homes in a way medical men never could, and have succeeded in establishing very friendly relations with the women they visit. But their influence in families is dreaded and objected to just for that very reason, as they are pledged to use all their influence for proselytizing purposes, and their medical ministrations, whether efficient or not, are avowedly secondary, and designed to lead on to other and, from their point of view, more important objects. That even their medical work is often viewed with suspicion on this account is abundantly testified to by natives and inhabitants of India. Heads of families feel that Indian women are likely to adopt without much critical scrutiny the religious opinions of educated European missionaries who interest themselves in their welfare, and whose independence and free mode of life contrast often painfully with their own position of dependence and restraint, and family disunion is dreaded as a result of religious differences between wives and husbands. It is, therefore, not to be wondered at that, to the majority of native homes, the medical missionary cannot gain access, although, in many, she is welcomed as a friend.

The Indian World for June 20th, 1883, in a judicious and temperate article on Indian girls, contains the following suggestive passages: "There can be no doubt, we think, that the women of India are destined to play an important part in the civilization of their country, and that, until they are emancipated and educated, there can be but little hope of any real civilization, any effective regeneration of India. . . . By the way, one of the missionary ladies who spoke at the Calcutta Conference said she thought the attempts made by Government to educate Indian girls did as much harm as good. We fail to see that. . . . It is just because the Government Schools are unsectarian, and do not attempt to proselytize, that they attract so many students, and, indirectly, of course, acquire so

many opportunities of doing good: At the Calcutta Conference a Miss Hewlett, of Umritsur, after making a very interesting speech about women's work in India, and describing the difficulties encountered and the aid afforded, and giving details as to the number of hospitals, dispensaries, &c., in her district, wound up with a prayer that her district might be saved and defended from any woman doctor who was not also a saver of souls. From her standpoint she was right enough, of course, so to pray. But we take leave to doubt the success as a Zenana doctor of a woman who elects before all things else to be a missionary, and proclaims the fact defiantly to the Indian world." I give this extract as it expresses forcibly a perfectly legitimate point of view, common in India, but which we, in this country, are apt to undervalue—the one of welcoming education and other accompaniments of social progress for women as for men—welcoming and appreciating the thoroughly-trained and unsectarian woman-doctor, while, at the same time, looking with a certain amount of distrust on the qualified, or unqualified medical missionary. I make these remarks in no spirit of antagonism to missionaries; indeed, several of those now at work in India were formerly pupils of my own, and keep up very friendly relations with me. I know that their personal qualities, and even professional knowledge, may be of a very high order. I, however, believe firmly that the social uplifting of Indian women must be a natural growth, developing out of the history and ancient institutions of the country, and I cannot but feel that, if medical women are to be a success, a blessing, and a permanent institution in India, they must be, from the first, not only thoroughly and efficiently trained for their work, but also disconnected from any proselytizing or sectarian agencies. They must be devoted to the professional work they have undertaken to perform—not missionaries first, doctors afterwards,—but their hearts must be in their medical work, and to that their best energies and their lives must be devoted.

It is true that the obligations of seclusion are often evaded and male doctors are called in to attend

on women, but this is generally done only in bad or extreme cases of illness. We find one of the ablest representatives of Indian women, Pundita Rama, declaring publicly in her evidence before the Education Commission, as lately as 1882, that "the women of India are more reserved than those of other countries, and most of them would rather die than speak of their ailments to a man. The want of lady doctors is, therefore, the cause of hundreds of thousands of women dying premature deaths." This evidence is corroborated by hosts of other testimony, from other native women and from native men, from missionaries, medical officers and all classes of Indian officials; and both the native and medical press fully endorse it. Within the last three years, I have repeatedly published extracts from letters, newspapers, and journals, strongly insisting on the urgency of the need of medical women in India to attend on patients of their own sex. If some justification might be found for leaving men in their ordinary ailments to the ministrations of their own native practitioners, unskilled in European methods of treatment, with women it is quite otherwise, for the native treatment employed in confinements and in the illnesses and accidents incidental to womanhood, is such as to sicken those who make themselves acquainted with its details, and to leave an impression of horror on the minds of all who have had experience of its injurious and often fatal results. It is not to be wondered at that, low and degraded as is the position of Indian women at the present day, the untrained native Dhais or midwives should be ignorant, superstitious and incompetent in the extreme, and that charms, exorcisms, pujas or religious ceremonies, rough mechanical tractions, and other barbarous modes of treatment, should form a large part of their resources. "The need for skilled medical assistance to the women of India is simply terrible," writes an eye witness of their sufferings, "greater far than the uninitiated can conceive of in our more favoured land." A lady doctor of high professional ability, in large practice in Southern India writes: "The women are fearfully ill-treated by their native dhais and zenana physicians, but still they cling

to their ignorant advisers, and look with dread on European modes of treatment. Their prejudices are breaking down gradually, and ten years hence I am sure English medical women will be welcomed in all the zenanas of the country, for I find that when once a lady has felt the benefit of European medical treatment she generally seeks it for herself and her family." Dr. Francis, formerly principal of the Calcutta Medical College, gives some interesting particulars on this head.

The necessity of skilled medical women for India is, he says, an acknowledged fact; and it is therefore matter for surprise that any one at all familiar with the country should think otherwise. This contrary opinion may, I believe, be partially thus explained. In the Bengal presidency, in almost every station, there is a "Bengalee quarter." The Bengalee's superior knowledge of English, and his caligraphy obtain for him, almost without competition, the post of clerk in the "office establishments" of the several Government servants and others, scattered over the Presidency. In Bengal proper, and especially in Calcutta, these establishments are composed almost entirely of Bengalees, who *there*, as a rule, have no objection to men doctors visiting and prescribing for the ladies of their household. And similarly throughout the presidency, wherever there is a Bengalee quarter, the services of the civil surgeon are freely sought and given in critical cases in the Zenanas. But Bengalees obviously do not represent the bulk of native society. Women of the lower castes, indeed, will come to our dispensaries and consult the medical men in charge of them, but not so those of the higher, who would rather die than admit a male doctor into their apartments. The Mahometans, to whom India is largely indebted for the zenana system as it now exists, are especially particular on this point. So in the Madras presidency; whilst other sects are not unwilling to admit the man doctor, *they* close the door against him. In Bombay the rule of rigid seclusion is becoming relaxed, and I have no doubt that, in time, the same relaxation will be extended over the whole country. But meanwhile an incredible number of, humanly speaking, preventible deaths occur every year amongst the many millions of her Majesty's female subjects in this so-called gem of the Indian empire.

The skill of the native midwife being quite incompetent to deal with the more serious cases, many women die who otherwise would, humanly speaking, recover. Indian medical officers, who have had much to do with the people, will readily endorse all these statements. The impression, prevalent in Europe, that native women pass through their hour of travail "with more ease and with less mortality than do the women of western and more civilized countries" is a popular fallacy. At a meeting of the Committee of the Charitable Dispensary at Bareilly, in 1869, Lalla Luchmi Narani, a wealthy banker of the city, read a paper showing "the heavy death rate that resulted in all classes of female society from the ignorance and

prejudice of their midwives, and the need that was felt of trained and educated nurses." He added, "that a respectable native would rather let his wife, sister, or mother die than permit her to be examined by one of the opposite sex." At the Lalla's suggestion five professional midwives, well-known in the city, were induced by the civil surgeon, Dr. Corbyn, to come to the dispensary for the purpose of receiving some practical education in midwifery. Their utter ignorance seemed to verify Luchmi Narani's assertion, "that thousands of lives were lost during parturition, simply for want of knowledge and skill." I can myself bear testimony, from personal observation, to the existence of difficult labours, and the incompetency of native midwives to deal with them. The advent of competent medical skill would be a priceless boon.

Some of the earliest efforts of the doctors attached to the government medical service in India were directed towards remedying the deplorable state of things resulting from the ignorance of the native midwives, and in this they were seconded by the more enlightened members of the community. A correspondent writes: "With regard to the general medical training of women you will perhaps be interested to know what has been and is being done in this part of India. For the last twenty-six years a very excellent School of Midwifery has existed at Madras. It trains alike ordinary European women, soldiers' wives, Eurasians, native Christians and Hindus; of these last ten are allowed stipends. Rather more than 400 have been sent out, and 42 are at this moment under instruction. There is no large town or cantonment in Southern India which is not supplied with them. The native women sent out obtain employment on salaries under Municipal and Local Government Boards. They are fairly well paid, and their progress among the natives is as good as can reasonably be expected. A very excellent pupil of this school told me she went to the Gaekwar of Baroda's wife, and that, when in Madras she attended cases almost every night."

In 1867, Dr. Corbyn of the Bengal Army, started a medical school at Bareilly for teaching and boarding native girls, and in 1871, this school was reported to be doing good work, and training up a useful body of humble practitioners. There are also schools for the thorough training of midwives at Calcutta, Bombay, Umritsur, Lahore, Agra, and in a number of other

Indian towns. The training they receive is of the most efficient kind, and is in no respect inferior to that given in the best midwifery schools over here. Midwives are yearly passing out of these schools fully equipped for practice; many of them have been attached to dispensaries always with the result of greatly increasing the attendance of women, and the number of lying-in cases applying at the dispensary, and of lessening the mortality statistics as the official yearly reports clearly testify. The field of work thus opened out to women is so vast that a very long period must elapse before there are a sufficient number of trained midwives for the wants of the population; but they are turned out of all the schools now by the dozen every year, and they are gradually multiplying in the towns, and even spreading out into the mofussil, or country districts, to the immense advantage and comfort of Indian women, and to the saving of many lives.

The larger question of the training and employment of completely educated medical women in India, is also in a fair way of being satisfactorily solved. The movement for this end was begun at Madras by the late head of the Medical Department of the Presidency, Surgeon General Edward Balfour, who, in 1872, drew the attention of government to the great need of medical women in India, and recommended "the educating in medicine of women who could apply to their sisters in their need the benefits of European medical science." He afterwards laid before Government two alternate schemes for the admission of women students. In 1874, this large-hearted and clear-headed friend of women and of India had the satisfaction of receiving the sanction of government to one of his plans, and women were in that year admitted to a course of medical education in the Madras Medical College. In the following year government enlarged the permission granted, and expressed the desire that every encouragement should be given to ladies to study for a degree, in which case they must attend the full curriculum of prescribed studies, just as men did. This liberal policy Dr. Balfour has lived to see imitated by the other Presidencies.

At Bombay, the initiative was taken by Mr. Kittredge, an old inhabitant of that town, who, on reading my article "On Medical Women for India," in the *Contemporary Review* for August, 1882, felt impelled to stir up his native friends to take an active interest in the matter. A fund was started and subscribed to with large-hearted liberality by natives of the Presidency. The Indian Press took the matter up very warmly; meetings were held, both in England and India, and the exertions made in Bombay were so zealous and effectual that sufficient money was collected to justify the Bombay Committee in bringing over one lady from England in 1883 (Dr. Edith Pechey), and another (Dr. Charlotte Ellaby) in 1884, on guaranteed salaries for three years, for medical work amongst the native women. I hold in my hand the First Annual Report of the Medical Women for India Fund, giving an account of the work done up to the 31st of last December. The receipts for the year amounted to Rs. 40,238. A few of the large subscriptions come from women, and the great bulk of the subscribers are native gentlemen.

The Yaffir Suliman Dispensary was opened, we have seen, on July 7th, 1884, and before the end of the first week the women applying for admissions had become so numerous that it was found necessary to restrict the daily number of patients seen to one hundred. In the first six months 2,818 patients were treated at the Dispensary. The new dispensary building will have accommodation for four medical women, and the dispensary staff will, no doubt, before very long be doubled, in order to meet the large and growing demand for skilled female medical attendance. This is not the first time that the number of patients has over-taxed the physical powers of the lady doctor in India. Dr. Nancy Monelle, an able American physician, for whom Surgeon-General Balfour obtained a medical appointment at Hyderabad, in 1873, treated in a single year 10,031 patients. It was a famine year; the weather was exceptionally hot and enervating, and hard work more than usually trying; but the strain was borne by a lady delicately nurtured and not robust, and her suc-

cessor, Miss Dora White, a talented Licentiate of the Madras Medical College, is steadily carrying on, in the Deccan at Hyderabad, the good work begun there twelve years ago.

Mrs. Scharlieb, the first and highly distinguished woman graduate of the University of London, is heavily burdened with medical work at Madras, and it is to be hoped that the public spirit of the inhabitants of that town and presidency will soon lead them to come to her aid, and by their liberality enable her to work under more satisfactory conditions amongst the poor native women. Foremost in education, Madras may be the last of the presidency towns to organize a fund for the purpose of guaranteeing pecuniary support to the enterprising medical women who are willing to devote their lives to the alleviation of the sufferings of their fellow-women in India.

The last mail has brought a letter from Mrs. Scharlieb, in which she writes: "The Caste Hospital at Madras may soon be a *fait accompli*. An influential native gentleman was to hold a meeting about it that same day. A lac of rupees (£10,000)—the sum originally offered by Mr. Pertonjee Hormusjee Cama, for the Bombay Hospital,—is wanted to enable the scheme to be carried out, and the hospital established."

Calcutta has just received from a Hindu lady, the Maharanee Surnomoyec of Cassimbazar, the offer of 150,000 (a lac-and-a-half) rupees—£15,000—to found a Hostel, or Hall of Residence, for native women students; and further sums have been promised towards the salary of a lady doctor as its superintendent.

This munificent gift of the Maharanee has been accepted by the Bengal Government, and it is expected that the Hall will be built on ground the gift of the Government, like the new Women's Hospital at Bombay. Projects for guarantee funds are also being considered in other Indian towns anxious to procure the services of a competent medical woman, and some native rulers are desirous of securing for their female subjects the advantages of medical treatment by women.

Calcutta, which as the capital might naturally have

been expected to take the lead, was singularly backward in recognizing the importance of educating women as doctors. The Medical College repeatedly refused to sanction the admission of female students. The question was referred to the Lieutenant-Governor of Bengal, Mr. Rivers Thompson, for his decision. In June, 1883, the decision was given in the following terms:—

“The Lieutenant-Governor has considered the important question submitted to him, and has examined the opinions recorded upon it by the members of the Medical College Council. He regrets to say that in none of the opinions, except those recorded by Drs. Coates, Harvey, and Anderson, can he find any facts which bear examination or any reasoning which stands the test of criticism. All the force of facts and arguments lies on the side of those gentlemen who favour the admission of females to the Medical College classes, and, therefore, even had Mr. Rivers Thompson not formed, independently of this reference, a strong opinion on the subject, he would be bound to approve of that course which, on the paper before him, is recommended by an overwhelming weight of argument. But the admission of females to medical education is a matter on which the Lieutenant-Governor had already formed a clearly affirmative judgment, and he has, therefore, had less hesitation in over-ruling the decision of the Council of the Medical College, than, looking to the weight which must ordinarily attach to the decision of such a body, he otherwise might have had.”

On this question, looked at from the standpoint of general policy, as well as of individual freedom, there is not, in Mr. Rivers Thompson's opinion, any room for doubt as to the action which the Government should take. It is, indeed, in the Lieutenant-Governor's judgment, a subject of great reproach to the Bengal Presidency, in which education has made such wide progress, that it should be so far behind the other provinces in matters regarding the medical education of native ladies; and this reproach is the more appreciable in that the backwardness of Bengal in this respect would seem to be due, not so much to the prejudice of native

parents and guardians (which might in the present circumstances of India be only natural) as to the attitude which the Medical College Council have thought fit to assume. Already these provinces have suffered from the Council's failure to take a broad and unprejudiced view on this question; for the Lieutenant-Governor learns to his regret that some Bengalee ladies, have had to betake themselves to the more liberal Presidency of Madras, there to prosecute those medical studies from which the Council of the Calcutta Medical College had excluded them. It is, in Mr. Rivers Thompson's opinion, clearly opposed to the public good, as well as to legitimate private interests, that such a state of things should continue, and that the educational system of Bengal, progressive in other respects, should be illiberal and retrograde in this. Illiberality here has great and numerous evil consequences. It encourages zenana prejudices, it strengthens the barriers of caste, and it suppresses the natural and reasonable aspirations of Indian ladies to enter a profession which would find in India, of all countries in the world, a wide sphere of action and of beneficent service. Every day that passes widens our knowledge of the fact that among the native community there are women in every position of life who would prefer death to treatment by a male physician; and the misery caused by neglected and unskilfully treated illness must be widespread and most lamentable. There is but one way by which this suffering can be relieved, and that is by the medical education of females; for, in the present conditions of Indian life, it would be useless to wait till opposition based upon prejudices (if such they can be called) is removed. The Lieutenant-Governor therefore considers it his duty to support this movement; and he looks on the objections which have been made to it on the ground of the difficulty of teaching mixed classes, or the alleged inaptitude of females for the profession of medicine, as unsubstantial and obsolete. Experience gained in Europe, America, and in Madras, has shown that mixed classes can be taught without any bad results, while the aptitude of women for the study and profession of medicine is, in the Lieutenant-Governor's

opinion, no longer open to discussion or doubt. Even if the aptitude of women for the profession of medicine were still an open question, it would be an inadequate objection here, for the fitness or unfitness of women to practise medicine can only be proved by experience. The issue therefore, is—Shall it be put to that proof in Bengal? The ladies who apply for admission to the College will be the only losers if they fail in the trial, the community will be great gainers if they succeed. For his own part, the Lieutenant-Governor has no doubt they will succeed far beyond the expectations of their most sanguine supporters, and he looks forward to a not distant time when Calcutta hospitals shall be partly officered by lady doctors. And if the success of the principle be established in the capital, there is no reason why our medical schools in the provinces should not afford opportunities for a more general extension of the policy, with incalculable advantage to the country. As regards the proposal to lower, in favour of females, the educational standard of admission to the Medical College, the Lieutenant-Governor is entirely of your opinion that it should be negatived. Mr. Rivers Thompson would open the doors wide to students of both sexes; but he would not specially favour either sex. Did the power of reducing the educational standard which qualifies for admission to the College rest with him, and not, as it does, with the Senate of the University, the Lieutenant-Governor would certainly abstain from exercising it, for he knows of no profession in which a liberal preliminary education training the faculties of observation and thought, is more needed than in the profession of medicine. Mr. Rivers Thompson, therefore, thinks it would be conferring a fatal gift on the cause of female medical education to expose it to the risk of practical failure by withdrawing the necessity for that solid foundation of general knowledge on which the superstructure of technical information can only be safely built.”

(To be concluded in our next.)