MEDICINE, WOMEN AND PATTERNS OF HEALTH CARE IN COLONIAL BENGAL (19TH CENTURY)

Ajay Kumar Jha
Research Scholar, Kaliyaganj, India
Email: ajayjha.kaliyaganj@gmail.com

Bipul Mondal
Assistant Professor, Kaliyaganj College, India
Email: bipulmandalklg@gmail.com

ABSTRACT
This essay analyses the comparative study of medicine, position of women regarding medicine and healthcare between ancient and colonial Bengal. Besides this article analyses the intention of the government in promoting medical care and knowledge for the women and also the response of the Indian society. It also discuss about the practitioners, who were the creation of the British Medical system and their impact on the contemporary society. This paper also shows that what were the objectives of the government in promoting medical care and medical knowledge for women and why did the Indian female medical practitioners accept this western medical knowledge and what kind of problems they had to face during that time. Actually From the Beginning of the 19th century women were neglected by the male dominated society of Bengal. No proper education was given to them. They were entirely confined in some household activities and the curse of superstitions made their lives next to hell.

Keywords: Mythology; Materialize; Natives; Contagious Diseases; Midwives; Dhais; Oriented; Lucrative; Discrimination

INTRODUCTION
Nineteenth Century was very important phase in the history of modern India. During this period the history of science, technology, environment and medicine was a less explored area of historical research. It witnessed the growing patronage of medicine. This century we can also observe the gradual undermining of indigenous medical system by the colonial state.

Before we discuss about this topic it is important to know the history of medicine, medical education for women and patterns of healthcare in ancient India in briefly.

The Atharva Veda, the last of the four classic treatises handed to man by divinity according to Hindu Mythology, embodies information of the maintenance of health and cure of diseases. It has been variously date from 1600 BC to 600 BC. It mentions fever, consumptions, diarrhea and leprosy among other diseases and contains descriptions of magical practices and herbs for their treatment. The Atharva Veda is supplemented by the works left behind by some of the great ancient Indian Medical teachers. Chief among them were Charaka, the physician at Takasila and Susrata, the surgeon at Varanasi. Sushruta samhita describe the existence of 1120 diseases including smallpox and tuberculosis.

Ayurveda is the indigenous Indian system of medicine. Prevention of diseases is an important aspect with emphasis on hygiene, yoga and exercise. That hygiene was important to the ancient Indians is
obvious from the excellent sanitation system. Seen at the excavation sites of the ancient civilization at Harappa and Mohenjodaro. Similar to the Greek thery of humor’s, Ayurveda is based on the Dosha system which maintains that health was dependent on equilibrium among the three doshas—Vata (wind), Pitta (gall) and Kapha (mucus). Vedic India recognised three types of doctors—Salya Vaidya (surgeon), bhisaks (physician) and bhisag alharvans (magic doctors).

A succession of invasions of northern India further devalued extant medical routines and saw the development of imported variants based on Persian and Arabian practices. Unani was introduced into India around the 11th century by the mughal and siddha replaced Ayurveda. These in turn gave way to modern western medicine with the arrival of Europeans to the sub-continent.

The Portuguese were the first to attempt to set up a hospital, a medical school in Velha Goa. The present Goa medical college is a continuation of that effort. Danish, Dutch and French settlers made no serious effort at propagating their medical system. The credit for establishing footing throughout India goes to the British.

Ayurveda is still a popular treatment among Hindus, particularly in the rural areas, where most use only this system of medicine. Expense may dictate from of treatment especially when the alternative for a village is expensive. Allopathic treatment on travelling large distance to visit a modern hospital.

Siddha is practiced mainly in Tamilnadu, being characterize by the importance of the pulse in diagnosis and the therapeutic use of a substance called kuppu and metals such as mercury, iron and Zinc.

Homeopathy flourishes and has overtaken Ayurveda, Unani and Siddha in popularity. Indeed some practioners of modern medicine have either supplemented their practice with homeopathy or have abandoned allopathic medicine in its favour.

Women in Medicine in India

The first woman to become a doctor in India was Anandibai gopal Joshi, who travelled to the women’s Medical College of Philadelphia, graduating in the class of 1886. Her thesis was entitled “Obstetrics among the Aryan Hindus”. Unfortunately she died of pulmonary tuberculosis soon after her return to India.

Women gained entry into Indian Medical Colleges in the 1880s. Their entry was not as painful on frustrating as that of their counterparts in Britain or the USA. The Grant Medical College Bombay, for example, opened its doors to women for the medical courses in 1888, the first women graduate being Freny Cama in 1892. Between 1892 and 1915, 63 Indian women obtained this degree.

Education for women

From the Beginning of the 19th century women were neglected by the male dominated society of Bengal. No proper education was given to them. They were entirely confined in some house hold activities and the curse of superstitions made their lives next to hell.

The upliftment of women from the degraded condition is one of the important areas of historical research and it had been furthered by progress of education among them. Christian missionaries, promoted by religious zeal, took interest in female education. But there were strong opposition from the orthodox society. Generally education for females was extremely discouraged. Inspite of some opposition in the late 19th century witnessed a growing acceptance for female education. To materialize the movement, three sections of the society took the initiative the British rulers, the Indian male reformers and educated Indian women. The first initiative in this regard came from the Missionaries. Unmarried female missionaries arrived in India and started working for the Indian women and
children. To educated women they established many school for them. But these missionary school were not very popular for several reasons.

The Indian male reformers played an important role in the sphere of women education. The initial step was taken by men like Radha kanta Deb, the Secretary of the Calcutta school society, and later by Keshab Chandra Sen and the Brahma Samaj. In western India Mahadeb Govinda Ranade began to promote female education through Parthana Samaj. In northern India Swami Dayananda Saraswati and his Arya Samaj played a crucial role in popularizing female education among the women. But it is true that the real motive behind the initiative taken by British Government for female education was different than the male. They wanted to educate the wives of their civil servant so that the loyalty towards the Raj could be extended among the inner world of the Bengali community. They also believed that the Eastern educated Indian wives would gave birth only western minded child. But Indian reformers truly wanted the developing a progressive society. If women were educated, the society could no longer be characterized as decadent and backward.

**Medical Education for women**

In the field of health and education there was a widespread insensibility among the British government. In the first half of the 19th century medicine reminded an essentially male oriented and male dominated field.

However, the Indian Medical Services (IMS) was established in 1764 with a view to cater the medical needs of the British in India. In addition to IMS doctors, the British employed native compounders, dressers, and apothecaries who belonged to the subordinate Medical service. By 1820’s increased demand from the military and civilian populations for western medicine led to the decision to train 'natives’ as doctors. Calcutta Medical College established in 1835, became the first Indian institutions to award medical degrees.

In 1860’s the British officials became conscious to medicalize the bodies of Indian women when veneral diseases threatened and tried to capture the capacity of the army. So in the form of the Contagious Diseases Act (1868) the state directly intervened into Indian’s women health. It was designed to protect the health of the soldiers in lock hospitals to alleviate the evil of veneral disease. Western medical care directed at Indian women began in earnest with the missionaries. It was until the 1860’s that single women were grudgingly admitted to the missionary calling but, like the wives and daughters of earlier missionaries, they were to confine their work to women and children.

The Countess of Dufferine's Fund, began in 1885, became the first programme with official support to focus on medical care for Indian women. The Home Department immediately informed municipalities that some of the funds at their disposal could be spent on female hospitals and dispensaries, while other branches of the government lent their support to the educational programmes that would train these women. These efforts initially became successful through the missionaries because they needed assistants in different sections of female medical professions.

**Training Indian Women as Medical Practitioners**

The Countess of Dufferin's Fund materialized to provide scholarships for doctors, nurses and midwives. The position of midwives in the Western medical system in Bengal was a discussable matter. Midwives were not a creation of British practitioners. It had a position in pre-British era. They were the professional in charge.

Pandit Madhusudan Gupta, in 1837, recommended that Calcutta Medical College should sponsor a programme to train midwives and built a lying-in-hospital for poor women, that means poor women would come to these hospitals for free treatment and it was also good news to the medical students because they were allowed practicing what they were learning. Pandit Madhusudan's suggestion materialized as midwives hospital of C.M.C.
In the middle of the century, some Indian women used to take the midwifery training. Some scattered information tells us that. But it is not enough for us to know the details about these programs.

There is considerable evidence that midwifery-training programmes were emancipator for the women who obtained this credential. Hemangini Das, the wife of Dr. Sundarimohan Das (1857-1950), who received his MB from Calcutta Medical College in 1882, and had the credentiality and completed the midwifery course in 1880. Gradually the demand of midwives profession was on the rise.

But in the case of Dhais, it was difficult to train them. Margaret Balfour and Ruth Young mention that Indian Medical Service organized a retraining scheme to train the Dhais in western medical system, which, however, failed. Because the young men teachers had probably no practical experience in midwifery. One of these institutions was Dr. Aitchison's Class for Dhais which started in Amritsar in 1866. Later it was survived and became the Amritsar Dhais’ School under the Church of England Zenana Missionary Society.

**Medical Lady Doctors**

Before 1870, few missionaries came to India as medical practitioners to provide medical assistance to Indian women, but this was hopelessly inadequate. After 1870, many missionaries came to India after getting proper medical degree, such as Clara Swain, Fanny Butler, etc.

From the beginning of the Western medical treatment medicine was oriented and dominated by male. The condition of women was not good in the medical field. They never used to go to the hospitals. They were bound to their homes by religious customs. These women even could not is it the male doctors for treatment. For them the only medical aid was the unscientific Dhais.

In that context, Duffrein Fund (also known as the 'National Association for Supplying Female Medical Aid to the Women of India) decided to train lady doctor, nurse and midwives. The missionaries at first started-the programme with the help of some Indians. Duffrein Fund established many hospitals and dispensaries, but for smooth running of these institutes, the requirement of staffs was huge. So they decided to train females as doctors.

In this field there were some eminent female medical practitioners who devoted their lives for the emancipation of women from their degraded health condition. Kadambini Basu, later on Ganguly, was prominent among them. In 1883, after completing B.A. from Bethune College, she applied to Calcutta Medical College. At that time Lieutenant Governor, Rivers Thompson overruled the previous decision of the Medical Council and put more emphasis to the admission of female candidates at the Calcutta Medical College. Luckily during that time Kadambini sought admission at the College and got the admission. Shortly after entering Medical College, she married thirty nine year old widower Dwarkanath Ganguly, her teacher and mentor. In 1884 government announced a scholarship of Rs. 20 a month for female medical students. Kadambini was able to secure that scholarship throughout her tenure of study. Three years later, in 1886, she was awarded the GBMC (Graduate of Bengal Medical College) which gave her the right to practice. She did not qualify MD degree which was more prestigious than GBMC as she failed in one paper of the final practical examination. But she appeared in all the written papers for the final medical examination. In the same year she entered C.M.C.

In 1888, Kadambini was appointed as a doctor at the Lady Dufferin Women's Hospital. She received a monthly salary of Rs. 300 and also started a lucrative private practice. In 1893 she was sent to Edinburgh for higher studies. Kadambini was criticized by a section of the Hindu society who gave vehement false spoken statement. In 1891, Bangabasi, a journal of the Hindu orthodoxy, accused Kadambini of being of fitting and therefore despicable example of modern Brahmo women. Though by then she was a mother of five and a responsible housewife, the author of the article accused her of being whore. It was feared that her example would inspired other women to come out and compete with men.

After 1885 many hospitals and dispensaries were opened by the financial assistance of Dufferin Fund. They provided employment for many women including Kadambini. But these showed racial
discrimination. Appointments were given to white doctors even when more efficient Indian female doctors were available. Kadambini held temporary post at the Calcutta Zenana Hospital. Such kind of discriminations was the practice of the day. These attitudes prevented the Indian doctors from developing their skills. Especially the fate of the female doctors was worse than their male counterparts.

The next eminent female medical practitioner was Dr. Haimavati Sen (1866-1933). She was a Campbell graduate. She was born in Khulna in a wealthy zamindar family. She was married at the age of 10, but became a widow within a year of marriage. Facing immense hardships after the death of her parents, Haimavati went to Benaras and became a teacher at a small girls’ school. Hearing about Brahmo Samaj and their programme for widow education, she joined the institution. Later she remarried a Brahmo, Kunjabehari Sen. In 1891 she entered the Campbell School. She received a scholarship of Rs. 8 per month from the government. She graduated with a silver medal from this institution. Later in her career she had to accept the position of a lady doctor at Hooghly Dufferin Hospital (1894) with a low salary. She was placed under the supervision of the assistant surgeon and the Civil surgeon.

Dr. Jamini Sen who remained single and had long career. She graduated in 1886 at the age of 25. She was the only Bengali girl in her class. After graduation she went to Nepal and worked in Bir Hospital and attended the Royal family.

Surprisingly, we came across the names of the first muslim girls to participate in full measures in the formal system of education instituted by the colonial government, as early as the 1880’s and that too in the field of medicine.

The names of two muslims ladies appear in official records upt to the year 1905. One of them were put down as Iddenesa bibi or Mussamut Iddenesa. She was 19 when she graduate from Campbell Medical School with a VLMS (Vernacular Licentiate in Medicine and Surrgery). She was under promise to return to mymensingh where she went back and was put down in the official record 1903 as ‘Bengali Mahomedan’, Native lady doctor, Bidyamoyi Female Hospital, Mymensing.

The other lady was Mussamut Latifanisa (born on 1877) obviously the British Spelling for the Latifunnessa who had passed the Campbell Medical School examination with distinction and mentioned in the “Bamabodhini Patrika” in 1897. The record mention that she was a Bengali Mahomedan studying for the VLMS at a monthly scholarship of Rs. 7/- and being in the second year medicine course was expected to graduate in 1896. The VLMS degree this women received was nto given the equivalence of the more prestigious MB conferred by medical colleges, but passing the examination of the Compbell Medical School was a perquisite. The fact that Iddenesa is listed as working in my mensing till 1905 and Latifanisa is not, could have meant that the latter did not work in a place where records were readily maintained.

The real agony is the majority of women were deprived from the medical care of trained and qualified women doctors who were products of colonial medical education.

Nurses

The female hospital nurses came mainly from the European community. In England, this profession had a long and continuous tradition. There was no existence of nursing education or profession in India. Since India lacked the tradition of female nurses, it took a long term endeavour for starting nursing education in India. Nursing as a profession and education was first started by Baptist missionaries. Then gradually with the acceptance of the society it developed.

The concept of nursing was popularized by Florence Nightingale after the Crimean war. Florence never did come in India, but her works became he pathway for nursing all over the world including India. After 1857 the necessity of nursing was vividly felt in India. The Indian Army Nursing Service was established in 1888. It introduced a nursing course. It was the the first step towards professionalization of nursing. Gradually it developed in Bengal along with Bombay and Madras
presidency. Many schools-Colleges were opened to impart nursing training to women. Here missionaries played an important role. The calcutta Hospital Nurses' Institution was famous in this regard.

CONCLUSION

Finally we may say that actually science helped Europeans to dominate the world and confined the superiority of western culture. When brought to India science would regenerate this old civilization. Western medicine according to this construct, could bring relief to the Indian’s suffering millions.

But in professional education or Medical education there were two major problems. One is expensive and secondly, even if every women in England studied medicine and came out to India, they would not be able to treat all Indian’s women and children. It had only one solution, which was agreed by every one, was to train Indian women in western medicine and hire them at lower salaries than required for British women.

In addition, to structural condition made the medical education more problematic. There was no proper infrastructure for making and moulding this education. There was little school for girls and only a few prepared students for the university examination. In Bengali, this examination was not open to women until 1878 and when it was made available for them, they come out successfully. There was no women’s college for them to attend. Later few college were set up, but it was difficult to find science teacher to cater the needs of these college student had to face many problems as well.

Actually delivering western medicine without an adequate support system was really hard for the female medical practitioners. Still in the last half of the 19th century, few Bengali women distinguished in the field with limited resources. Gradually the demand for better medical education increased. The Bengali Bhadramahila community realizing the importance of medical education, actively joined in the project, as they participated in various social reform movements of 19th century.

REFERENCES

Primary Sources

1. Census Report in India, 1911
2. Annual Report on the progress of Female Education in the Presidency and Burdwan Divisions for the year ending 31 March 1920,
7. West Bengal District handbooks of the concerned Districts.

Secondary Sources


9. Karlekar, Malavika, Kadambin and Bhadralok; Early Debates over Women’s Education in Bengal, ‘Economic and Political Weekly’, April 26 1986, ws25-ws31


