INTERROGATING THE ZENANA: HEALTH CARE OF WOMEN IN COLONIAL BENGAL, 1880s-1940s

A THESIS SUBMITTED TO THE UNIVERSITY OF HYDERABAD IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF **DOCTOR OF PHILOSOPHY**

IN

Department of History

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June 2022

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DECLARATION

I hereby declare that the work embodied in the present thesis entitled **"INTERROGATING THE ZENANA: HEALTH CARE OF WOMEN IN COLONIAL BENGAL, 1880s-1940s"** is carried out under the supervision of **Dr B Eswara Rao**, for the award of Doctor of Philosophy in History from the University of Hyderabad, is an original work of mine and to the best of my knowledge no part of this dissertation has been submitted for the award of any research degree or diploma at any University. I also declare that this is a bonafide research work which is free from plagiarism. I hereby agree that my thesis can be deposited in Shodhganga/INFLIBNET.

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Parts of the thesis have been:

A. **Published in the following publication**:

1. Prabal Banerjee, "Medicine and Society: Health Care of Women in Nineteenth Century Bengal", *CLIO: An Annual Interdisciplinary Journal of History*, Vol. 19, No. 19, January-December 2019

B. **Presented papers in the following conferences**:

1. 2022 in the National Conference titled "Science, Technology and Medicine in the History of Modern India", held at Amity University, Noida, Uttar Pradesh, 21st-22nd April 2022, paper titled "Medicine, Health and Society: A Study on Health Care of Women in Colonial Bengal, 1880-1947".

2. 2019 in the International Conference on History and Heritage organized by Itihas Academy Dhaka, Bangladesh, held at Asiatic Society of Bangladesh, Dhaka, 22nd February 2019, paper titled "Women and Medicine: Rethinking Aspects of Health Care of Women in Colonial Bengal, 1880s-1940s" .

Further, the student has passed the following courses towards fulfillment of coursework during the Ph.D, July-November, 2017

Course Code	Name	Credits	Pass/Fail
1. **HS 801**	**Historiography**	**4.00**	**PASS**
2. **HS 802**	**Historical Methods**	**4.00**	**PASS**
3. **HS 803**	**Seminar Course**	**4.00**	**PASS**

ACKNOWLEDGEMENT

To begin with, I'd like to thank my supervisor, Dr B Eswara Rao, Associate Professor, Department of History, University of Hyderabad, who supported me throughout, and accepted with a smile all the demands I made upon him. For this thesis, I am indebted to my father, Mr Hirak Banerjee, who labored extremely hard to help me, and who provided me with the necessary mental courage. I am also grateful to my mother, Ms Soma Banerjee, who instilled self-confidence in me throughout this journey. Thanks for my brother, Sayan Banerjee, who helped me a lot despite being extremely busy himself. I am also indebted to my wife, Ayanika Chatterjee who helped me immensely despite her own academic assignments. I would also like to thank my dearest friend, Tathagata Dey, who has helped throughout with proofreading works. I would also like to thank my in-laws, Mr Pratap Chatterjee, Ms Anindita Chatterjee, Ms Chaya Chatterjee for supporting me immensely and providing mental support. Thanks to Prof Arun Bandyopadhay and Prof Uma Chattapadhay for showing me the right path to complete this thesis. I would also like to thank my beloved Jethu (Mr Ramapada Tripathi), Jemma (Ms Mitra Tripathi), Piu Didi (Dr Rajrita Tripathi), Payel Didi (Moumita Tripathi) without whom I cannot think of living and who have always inspired me.

I thank the staffs of Indira Gandhi Memorial Library, University of Hyderabad, Telengana; West Bengal State Archives, Kolkata; Bangiya Sahitya Parishad Library, Kolkata; Centre for Studies in Social Sciences Library, Kolkata; the National Library, Kolkata; Nehru Memorial Museum and Library, New Delhi for providing me with the materials I needed for completion of the thesis. I thank Ms Bidisha Chakraborty Ma'am of West Bengal State Archives, Kolkata for getting me several files which hitherto remained unexplored. Special thanks go to my maternal uncle, Mr Krishanu Chatterjee, who is an Assistant Library and Information Officer

at National Library, Kolkata for helping me with several old journals, newspaper report and government proceedings.

My sincere thanks to Respected Principal of Malda College, Dr Manas Kumar Baidya who always stayed beside me and has always allowed me leave when needed for completion of this thesis. I would also like to thank all the faculties of the Department of History, Malda College, Dr Jagdip Kumar Chauhan, Mr Md Soharab Ali, Dr Poulami Bhawal, Ms Monalisa Laha, Ms Soumi Pandit, Ms Dwipsikha Singha, Ms Madhurima Jha, Ms Kaberi Ghosh, Mr Subhadip Chakraborty, Mr Emdadul Islam, Mr Matin Ahmed for supporting me with my thesis. I thank my colleague, Dr Jyotirmoy Sil, Assistant Professor, Department of English, Malda College who has helped me throughout with necessary editing and proof reading.

My sincere thank to all my teachers of the Department of History, University of Hyderabad for providing me with mental strength. Dr Bhangya Bhukya and Dr M N Rajesh, members of Doctoral Committee, has supported me and guided me thoroughly with the new ideas. I would also like to thank Prof Sanjoy Subodh, Prof Anindita Mukhopadhay, Prof Rila Mukherjee, Dr V J Varghese, Dr Y Swarupa for their guidance. Prof Sajal Nag, Department of History, Assam University, has also helped me with several new ideas which I have tried to incorporate in this thesis.

This thesis surely belongs to all whom I mentioned.

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INTRODUCTION

"*If a girl dies . . . before she arrives at the age when caste custom demands that she should be betrothed, so much the better for the family resources. Many a girl is allowed to die unattended where medical aid would be at once called in if the son were attacked*" (J.A. Baines, General Report on the Census of India, 1891,p. 247)[1]

The above quote refers to the seriousness of the condition of women and their health during the period; women used to die at an early age due to lack of medical aid. In the patriarchal system, the health and education of women were mentioned only as adjuncts to men. Nevertheless, women's issues were neglected in colonial India. The dearth of women's healthcare is evident with the low scale of education of women and the highest maternal mortality rate. Therefore, this thesis examines women's health care, mainly by looking at aspects of medical education and health. It is not just confined to Bengali Hindu "*bhadramahila*" alone but Bengali Muslim women and their role in medicine and healthcare in colonial Bengal is also examined. It adopts a fresh historical outlook to analyze women's education and healthcare issues concerning the urgency of inequitable gender conditions in colonial Bengal. The thesis also features many women who have not previously been represented in any work of history of colonial Bengal. The historical works on women which have been published so far have talk over few prominent social reformers and Christian missionaries' contributions to women's empowerment in colonial Bengal. The thesis engages with new vernacular sources and government records to point out that there were numerous less known reformers who not only thought about the freedom of women but also had adopted certain initiatives to ameliorate the position of women within contemporary Bengali society. Not only the reformers, reports from contemporary journals reveal that many families

[1] Tanika Sarkar, "Changing Hindu Women: Bengal in the Long Nineteenth Cetury" in Sabyasachi Bhattacharya (ed.), *A Comprehensive History of Modern Bengal 1700-1950 (Vol II)*, (Delhi: Primus Books, 2020), 805

in Bengal initiated several processes to educate women and arranged for scholarships to inspire women to receive education in home. The thesis went beyond the writings of well known women authors to include several lesser known women authors of the period who attacked the preconceived notions of the society and pleaded for women's education. Several associations formed by women themselves, names of which have not been discussed elsewhere, provided in the thesis which were founded by women themselves in different parts of Bengal and these associations played an important role in creating an awareness among women themselves about their own 'self'.

The emergence of female medical education and the role that missionary women doctors played to improve Indian women's health confined to *zenana* have been discussed elsewhere, the thesis depicted the contribution of the "*Bhadralok*" (newly emergent Bengali intelligentsia) in creating a new medical domain for the women. Several new vernacular tracts and pamphlets have been published by the representatives of the *bhadralok* class to educate women in several aspects of their own health. These writings by male reformers also attacked the traditional domain of childbirth and it has been shown in the thesis that all these writings catered the needs of the women readers since all these books were written in Bengali language.

In the existing historical works on Gender and Medicine in colonial Bengal, the contribution of established women doctors is well mentioned, addition to this, archival record shows that some women came forward to receive medical education and they themselves were approaching the concerned authority. This thesis aims to prove that all such developments were entirely new during this period. Several advertisements, dealing with medicines to cure several womanly diseases have also been included in this work, which remained absent from the earlier discussions on the health of women.

The thesis also went beyond the sphere of conventional archive to retrieve the voices of those women who, like the male reformers, also attacked the conditions prevailing in the traditional lying in room through the medium of their writing which were published in the contemporary periodicals and urged their readers to reform the deplorable conditions which ultimately resulted in huge number of maternal mortality. Though many works on the area have focused on the health care of women in colonial Bengal, these voices of women whereby they themselves were trying to reform the sphere of their own health, are largely remain absent from those narratives. Interestingly, as the thesis shows, not only the traditional domain of childbirth had been attacked by these women, they also became concerned with the health of women in general. Moreover, many trained midwives after completing their studies came up with their own advertisements.

This work has also examined several essays published in ladies periodicals and medical digests of the period where women from different parts of Bengal have written on the preservation of health of females. Use of alternative sources like fictional literature published in Bengali language have also included in this thesis to show existence of women healers in several villages of Bengal that made it impossible for Western medicine to establish its hegemony.

The thesis also made an attempt to include health care awareness which could be evinced among the Bengali Muslim community which has largely been omitted from the available historical works on Gender and Medicine in Colonial Bengal. The inclusion of Muslims is essential since the period with which this thesis is concerned with, shows that Bengal was a Muslim majority province. The emergence of a Bengali Muslim middle class could be traced out of the opportunities created by the British raj towards the end of the nineteenth century whereby several scholarships and fund has been created for Madrasahs and maktabs and the government records shows that the enrollment of Muslim students were steadily increasing

from 1880's onwards throughout Bengal. Though Bengali Muslims were, in the initial phase, largely averse to Western education, at the end of the 19th century, they had started receiving English education and thus a 'Bengali Muslim middle class' have been emerged. Muslims were also coming forward to receive medical education and the attitudes of the contemporary Muslim society were also changing regarding medical edication among the Muslim females. Though the sources reveal that there was existence of Bengali women doctors from the Muslim community in Bengal during colonial period, available works failed to note the contribution of these women doctors. Quite similarly like their Hindu sisters, archival records show that Muslim females were also approaching the then authority to pursue medical education. Alternative sources like periodicals and journals of the contemporary period also published several articles in Bengali which was written by Muslim women on the preservation of health care of women, which has not been discussed in the existing works related to the area.

HISTORICAL CONTEXT

The Act of 1813 introduced colonial education in India. This education was not only meant for training the general masses under the new colonial regime but also for a deeper cultural penetration, smooth administration and commercial gains. With this agenda, the importance of education of women was realized by the colonial state which led to the appointment of various committees to review education throughout colonial India. Prior to these efforts, upper caste Bengali Hindu and upper class Muslim women were confined only to read religious scriptures. It was mandatory for the Muslim women to know to read the Quran but later on the practice of *Purdah* prevented women from pursuing education. However, an

extensive report on education for women by Robert Nathan in 1904 stated that the number of females per 1000 females who were equipped with reading and writing was very low.[2]

However, it appears that the situation changed with the progression of time. Some contemporary reports indicate that some women of the landlord class in Bengal were educated who were well versed in maintaining accounts of their estate. Not only these privileged women, education has been disseminated also among Vaishnavis in some regions of the province. General Report on Public Instruction in Bengal 1880-81 has recorded considerable progress as far as the education of women is concerned. Apart from metropolis of Calcutta, dissemination of female education has been evinced from various districts of Bengal.[3]

In Northern India, *Arya Samaj* worked for the cause of women and made female education available. It also worked against the prejudices and exploitations of women's family status. In 1889, *Stri Samaj* was founded at Jallandhar and *Stri Samajis* started *Kanya Mahavidyalaya* to promote female education. Schools trained girls to become well equipped and responsible wives and mothers. Women were allowed to get an education in the public sphere which only equipped them to be protectors of their homes. In Bengal also, several associations were formed to disseminate education among women. *Brahmabandhu Sabha, Uttarpara Hitkari Sabha* had taken certain initiatives to promote the education of girls in Bengal.

Before the intervention of colonial state, health care system for Indian women was limited. Traditional *dais*(midwives) were only available for women during their child births. Moreover, women were confined to their houses and the practice of *purdah* further restricted their freedom. They were also denied to be treated by male physicians. This led to a rise of ill

[2] Sabyasachi Bhattacharya (ed.), *The Development of Women's Education in India: A Collection of Documents 1850-1920*, (Kanishka, New Delhi, 2001), p.235

[3] *General Report on the Public Instruction in Bengal 1880-81*, p.82

health and high mortality rate among women. Traditional *dais* who were available to facilitate women during childbirth were unhygienic and unprofessional in her methods of treatment. Lack of medical assistance during child birth often caused death of the child or the mother and most of the women who survived becomes disabled owing to the labyrinth treatment which she underwent, which subjects her to infections and other diseases.

With the colonial state initiatives, there came a drastic change in the health care system for Indian women. From the 1860s onwards, women Christian missionaries contributed immensely from 1860s onwards towards female education in the *zenanas*. Women medical Christian missionaries came to India and efforts were made by both civil surgeons and missionaries to train midwifes. From the 1880s Indian women started receiving medical training in both degree levels and licenses. Mission hospitals and medical educational institutes were established in India which organized small-scale training classes for females providing them with certificates and diplomas to launch their own dispensaries.

By 1868, colonial state initiated women's health care in the form of the Contagious Diseases Act XIII which aimed at protecting soldiers from venereal diseases by treating the sex-workers. This act registered all women sex workers for medical examination and confined them to lock hospitals for treatment if diagnosed positive. Apart from creating dispensaries and hospital, no measures were taken for women's healthcare until 1885 when the Dufferin Fund was created. The grant-in-aid was introduced by the colonial authority to care for the women's health.

In addition to this, the improvement of medical healthcare was started by viceroys' wives and later on, colonial state supported their health missions. In 1885 Vicereine Lady Dufferin on the advice of Queen Victoria launched "*National Association for Supplying Medical Aid to the Women of India*", alias "Dufferin Fund". It mainly released funds to women's hospitals

and wards and also provided medical training to Indian women. The Fund established many hospitals and dispensaries under the supervision of female doctors. Dufferin funds not only brought medical relief but also made women's health care and medical education an important concern by establishing an all India women's college by the name of Lady Harding College, Delhi in 1916.

However, Dufferin fund did not realize the importance of fundamental issues in colonial India relating to poverty, nutrition, education, sanitation and gender discrimination making the fund confined to a smaller section of women's population that only provided western trained women physicians and wards for females in the hospitals in the name of upgradation of health conditions of ladies.[4]

Other attempts were made with the aim of remodeling the sphere of health of females and to impart knowledge of medicine to women of India. While Madras Medical College opened its door for female students in 1875, women were granted permission to pursue medical studies from Calcutta Medical College in the year 1883 and by 1890s, women medical schools were set up at Lahore and Agra. In 1903, Victoria Memorial Scholarship Fund was started by Lady Curzon to train the native midwives. By 1890s female students were admitted in various medical school and colleges at Calcutta, Madra, Lahore and Agra. Indian women who got medical education during this period were Annie Jagannathan, Kadambini Basu, Anandibai Joshi, Hilda Lazrus and Haimabati Sen. Their life stories reveals how gender discrimination and opposition shown by their male counterparts when they have entered the sphere of medicine.

The *Association of Medical Women of India* was started in 1907 and Women's Medical Services (hereafter WMS) was started in 1914. However, WMS offers integration of two tier

[4] Maneesha Lal, The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin's Fund, 1885-1888, *Bulletin of History of Medicine, No 68*, 1994, p.43

system of superior and inferior proved to be more beneficial to the women physicians. By the 1920s, more medical institutional space was opened for women such as nursing homes, dispensaries, lying-in-hospitals, female wards in the general hospitals and academic institutions were established to train female doctors and nurses as well as to provide healthcare services to women.

By the 1900s, the cause of women's health care system was promoted by missionaries, nationalists, philanthropist, colonial government and women themselves. As a result of the positive contributions of these agencies, the female healthcare system and education were positively impacted.

REVIEW OF LITERATURE

Western education and medicine stretched back to the 18th century introduced by the colonizers as a part of their imperialistic design. Both education and medicine act as a device of transmission and penetration of Western ideas and medical practices to colonial India. These were used as hegemonic tools and healthcare, education and law became integral part of the state.

Colonial subjugation was part of new civilization which was considered as a superior one. This caused the inclination of the intelligentsia towards Westernization. Women were considered as the embodiment of carrying traditional customs and values. The nationalists tried to reform the traditional culture by adopting a newer approach towards women. Women were provided education and healthcare during the nineteenth century but within the confinements of *purdah*. These reforms reached the educated middle class who allowed their women to come out of seclusion and to receive education to become better equipped as wives and mothers.

Extensive research was done on education and healthcare of females in India. Balfour and Young[5] vaguely described about the female medical education in colonial India. Other works on the History of Medicine or History of women has not commented on the female medical education or an awareness which has been created by the changing scenario of the concerned period.[6]

Some of the historical works have attempted to reclaim the agency of women through the lived experiences of women, thereby producing an alternative narrative of history. For example, Kumari Jayawardena's "*Feminism and Nationalism in the Third World"* examined feminism's relation with nationalist movements by tracing historical roots of feminism in Asia and in some parts of Middle East.[7] Another work by Kumkum Sangari and Sudesh Vaid, "*Recasting Women: Essays in Colonial History*" attempts to rewrite colonial history from an alternative perspective.[8] "*The Emergence of Feminism in India*" by Padma Anagol is also a remarkable work. This newly emergent feminist scholarship intervened in history-writing too. Histories of religious identity, community and social memory also became associated with "feminism" with the rise of communalism, sectarian violence and militarism. Thus, Charu Gupta in her "*Sexuality, Obscenity, Community: Women, Muslims and Hindu Public in Colonial India*" makes an attempt to understand the condition of women belonging to Hindu community in the period when community consciousness reached peak in North India,[9] Anshu Malhotra's work "*Gender, Caste and Religious Identities: Restructuring Class in Colonial Punjab*" reveals how women exercised their agency, by continuously visiting pirs

[5] Balfour, M & Young, R, *The Work of Medical Women in India*,(Humphrey Milford, London, 1929)

[6]David Arnold, *Science, Technology and Medicine in Colonial India: The New Cambridge History of India*, Vol V, (Cambridge: Cambridge University Press, 2000), Geraldine Forbes, *Women in Modern India: The New Cambrige History of India*, (Cambridge: Cambridge University Press, 1996) etc

[7] Kumari Jayawardena, *Feminism and Nationalism in the Third World*, (New York: Verso, 2016)

[8] Kumkum Sangari & Sudesh Vaid (ed.), *Recasting Women: Essays in Colonial History*, (New Delhi: Kali for Women, 1999)

[9] Charu Gupta, Sexuality, Obscenity and Community: Women, Muslims and Hindu Public in Colonial India, (New Delhi: Permanent Black, 2005)

which undermined the authority of Hindu male, in 19th century Punjab.[10] Urvashi Butalia investigated gendered aspects of the communal violence during the Partition of India.[11] Ritu Menon, Kamla Bhasin both interrogated the nature of communal violence that was inflicted on women.[12]

Though all these literatures have tried to answer "women's question", but they have not focussed on the issue of gender and medicine. Recently, Sujata Mukherjee in her work has tried to answer the questions pertaining to the relation of women with medicine. Although she has examined many periodicals, advice books and government health reports to show the entire picture,[13] but, she is not much focused on used literary sources to trace the complete picture of midwives and women medical practitioners. This narrative by Mukherjee is also devoid of any references to Bengali Muslims and their women. Available literatures on the Bengali Muslim reformation, for e.g Rafiuddin Ahmed's book, "*The Bengal Muslims: 1871-1906: A Quest for Identity*", Tajeen M Murshid's "*The Sacred and The Secular: Bengal Muslim Discourses, 1871-1977*", Sonia Nishat Amin's most celebrated work "*The World of Muslim Women in Colonial Bengal*" etc pointed to emergence of a reformist consciousness among the Bengali Muslims and who also addressed the problems of women's health, childcare, birth control. At about the same time, many Bengali Muslim women were coming forward to receive medical education. One such doctor was Musammat Idennessa who passed VLMS (*Vernacular Licentiate in Medicine and Surgery*) from Campbell Medical School. Ambalika Guha's "*Colonial Modernities: Midwifery in Bengal*" is another important work in

[10] Anshu Malhotra, *Gender,Caste and Religious Identities: Restructuring Class in Colonial Punjab*, (New Delhi: Oxford University Press, 2002)

[11] Urvashi Butalia, *The Other Side of Silence : Voices from the Partition of India*, (Durham: Duke University Press, 2000)

[12] Ritu Menon & Kamla Bhasin (ed.), *Borders and Boundaries: Women in India's Partition*, (USA: Rutgers University Press, 1998)

[13] Sujata Mukherjee, *Gender, Medicine, and Society in Colonial India: Women's Health Care in Nineteenth and Early Twentieth Century Bengal*, (New Delhi: Oxford University Press, 2017)

this field. She has focused on midwifery and ignored the other aspects of health care of women. Though there are some passing references of Muslim society, but health care of Bengali Muslim women has largely been omitted.[14]

An important work on medicine has been provided by David Arnold in his "*Colonizing the Body*".[15] He describes that 19th century colonial India witnessed male operated medical system which were meant only for the army. Hospitals and dispensaries were set up for vaccinations against epidemic diseases such as small pox, and plague. These also became centres for imparting knowledge on hygiene and sanitation. Here, he pointed out that women's health was largely neglected during the period.[16] Radhika Ramsubban in her paper "*Public Health and Medical Research in India*" argues that 'western medicine in the 1900s remained confined to the white residents and soldiers.'[17] While Mark Harrison in his study points out that development in the sphere of public healthcare was linked to the co-operation between the natives and the government. Such co-operation requires financial-aid and the two sections lacked commitment.[18] Poonam Bala in her "*Imperialism and Medicine: A Socio-Historical Perspective*" though made an attempt to write a "social history of medicine", she primarily focuses on the role of state on medicine in nineteenth and twentieth centuries and she shows how a distance has been created between western medicine and traditional mode of medical practices with the introduction of several colonial policies that ultimately indulged western medicine and marginalized traditional medical discourse.[19] In his work, Projit Bihari

[14] Ambalika Guha, *Colonial Modernities: Midwifery in Bengal 1860-1947*,(London: Routledge, 2018)

[15] David Arnold, *Colonizing the Body*, (Berkeley: University of California Press, 1993)

[16] Ibid, 234

[17] Radhika Ramasubban, "*Public Health and Medical Research In India: The Origins under the Impact of British Colonial Policy*", paper presented at SAREC, Stockholm, 1982

[18] Mark Harrison, *Public Health in British India: Anglo Indian Preventive Medicine, 1859-1914*, (Cambridge: Cambridge University Press, 1994), p.234

[19] Poonam Bala, *Imperialism and Medicine: A Socio-Historical Perspective*, (New Delhi: Sage Publications, 1991)

Mukharji traces evolution of '*daktari*' medicine by examining the life-stories of several trained Bengali doctors. He has also done an extensive reading of the contemporary medical journals and shows that how thriving print culture created a medical market and in the process a 'vernacularization' of Western medicine was taking place which was different from core aspects of Western medicine.[20] Biswamoy Pati and Mark Harrison in their "*Society, Medicine and Politics in Colonial India*" re-conceptualized the term modernity and they have argued that though the concept of modernity has been well explored in the context of colonial South Asian historiography that led to the emergence of series of subaltern studies, the same has not been done in the area of health and medicine and thus they tried to solve this problem by bringing in the concept of "Varieties of Modernity" through which they have shown that modernity can be worked in dual ways: either in dominant form where modernity itself became the 'tool of control' or was adapted to local conditions. Thus, this edited book is situated within the broader discourse of health and medicine and shows that how modernity is taking various forms within the binary framework of control and subversion.[21]

Historical analysis of gender would bring out the existence of discrimination between men and women and power struggle that have persisted throughout. Social history of medicine highlights the western and indigenous perception of women health care and growth of modern medicine in colonial India. Analyzing issues of women medical and educational discourse displays asymmetry between the privileged and unprivileged of the society. The main obstacles in the spread of women education and healthcare were the various traditional practices such as "*purdah*", early marriage, performing household chores etc. A work deals with history of women in colonial India commented that females are not chosen as the subject

[20] Projit Bihari Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*, (London: Anthem Press, 2011)

[21] Biswamoy Pati and Mark Harrison, *Society, Medicine and Politics in Colonial India*, (New Delhi: Routledge, 2020)

matters in history but undeniably all factors of reality are gendered. Females are shaped by the processes of changing times.[22]

The thesis focuses on the opportunities created by the female medical education and health care consciousness among Bengali women. Women healthcare in colonial India calls for an inter-disciplinary approach for understanding the various processes in the women's discourse. Question may arise that why this work is significant or where the novelty of this research lies. The related works available in the domain of historical research has already been mentioned. But there was a felt gap has been realized or to be more specific, a lack of orientation and planning has been recognized and sometimes it is not possible to include whole thing under one research. For this work, a particular time period has been chosen since significant changes took place in the discourse of health and medicine during this time. Several aspects of female health care which had hitherto remained absent from the literatures mentioned, has been discussed in this work. Writings by women themselves have been examined to get a better picture of the historical changes that was taking place during the time. The thesis included the discussions on the changes within Bengali Muslim society that has been evinced during the concerned period and their inclination towards female health care has also been discussed.

OBJECTIVE

The present thesis examines issues related to the aspects of female medical education and the health care consciousness among the Bengali men and women in Colonial Bengal. It raises various issues like:

[22] Kumkum Sangari & Sudesh Vaid (ed)- *Recasting Women: Essays in Colonial History*, (Kali for Women, Delhi, 1999),pp. 2-3

What was the status of Bengali women at the beginning of the nineteenth century? How did it change?

What was the condition of female education in Bengal during the concerned period?

Why did the Bengali society hesitate to introduce female medical education?

What was the role of the women themselves in changing their position within the Bengali society which was thoroughly patriarchal?

What was the role of various agencies like reformers, missionaries, associations, philanthropists in promoting the medical facilities and their position on traditional dais?

How did Bengali Hindu *Bhadramahilas* and Bengali Muslim *Bhadramahilas* address issues related to their own health and childbirth?

METHODOLOGY

This study significantly relied on the exploration and analysis of archival and vernacular primary data. The official documents of this period were studied along with the tracts, pamphlets, journals and books. A number of Bengali periodicals gave a better understanding of the contemporary Indian medical and educational ideas and practices. This study also used secondary sources to substantiate the argument along with primary sources.

Printed medical texts including public memoirs, public documents, short stories, novels, and prose writings had been probed into; and this body of literature was analyzed with the critical perspectives of Feminist History, Social History, and Medical history. Although the role/participation of women in historical situations is indelible, women, like the other subordinate groups in the society, had been traditionally neglected, rather, silenced in (texted) history to a large extent. And the void created by the absence of their presence in history is

necessarily to be filled in with the narratives that dedicatedly illuminate women's history. The main aim of Women history is to “restore women to history, and history to women”. Gender role study as one of the core research approaches appears quite convenient in critically observing the men-women relationship and mutual dependability, and the historical analysis of the gender roles involves a thorough study of the male-female discriminations across the period. Gender is inherently a social category that not only differentiates male-female sex but also attributes male/female role/position upon the subjects in the society and demands performances from the subjects' end in accordance with the specified gendered (masculine/feminine) social roles. A feminist historiography seeks to trace the complex methods of subordinating women in socio-political -economic paradigms that concurrently recognizes the possibilities of their political enunciations through the generation of any organized resistance, and locate new meanings from the same.[23] And, this epistemology structured by feminist perspective functions to resurrect the women's history part that was obliterated from categorical history, and contributes significantly to the production of women's history as well as an alternative to the former.

Gender roles in the colonial period are to be reviewed by scrutinizing the factors directly or indirectly influencing women's lives, and by looking into the public documents betraying the plights of women in the mainstream social spaces. In the course of this study, the politics of hegemonic discourses determining the gender roles and other relatable affairs is to be unraveled. Feminist historiography does not only survey lives, actions, and experiences of women, but also focuses on presentability of females, that is, the way women were imagined and represented, and also the way they wanted to 'see' themselves. This question of 'gaze' is a significant corner of feminist historiography and gender study for a number of poignant

[23] Janaki Nair, “On the Question of Agency in Indian Feminist Historiography”, *Gender and History, Vol.6, No.1,* April 1994, pp.82-100

issues come along with this including the following—power coordination involved in the act of seeing/representation, observers' assertion of dominance and the passivity of the represented subjects, emancipation or subordination of the subjects.

SUMMARY OF THE CHAPTERS

The present study divided into four chapters excluding Introduction and Conclusion. The Introduction analyzed the existing historiography of the history of medicine and contextualized within the framework of existing works.

First chapter, "**BENGALI '*BHADRAMAHILA*': A NEW IDENTITY**", revealed the tensions of the newly emerging nationalist consciousness which gave birth to a 'new patriarchy' became more prominent in 'spiritual' domain- in the domestic sphere, being failed to establish itself in the 'material' domain. Women faced 'double marginalization'. The period also witnessed the centering on women's education. Despite these debates, counter discourse came from many women by writing themselves, particularly Hindu upper caste women. This chapter mainly focuses on education or rather education of women. Aspects of female education is discussed in detail because it is well known that education is the main tool in the path of any kind of progress, so it goes without saying that the role of education is strong behind the progress of women in Bengal. Later chapters deal with female medical education and women's health. There are various branches included in education of which women's education and accordingly health education is one of them. Thus, in discussing any kind of topic, it should be remembered that it is being discussed as part of education. Women's health education is no exception.

The Second Chapter, "**BEGINNING OF A NEW ERA: REFORMATION IN MIDWIFERY AND EMERGENCE OF FEMALE MEDICAL EDUCATION IN COLONIAL BENGAL**", traces the expansion of the study of medicine among women in

colonial Bengal. The stage was set by the growing consciousness among the Bengali women. Many male reformers also appealed to begin the process of medical education among the females. Apart from these efforts, missionary women came to serve the women of Bengal and gave the impetus for the first time to reform the domain of health care of women. They also initiated training to marginalize the traditional dhais in Bengal, with the intention of change of the domain of childbirth from a cultural process to medical process and lastly the chapter discussed the emergence of Female medical education in colonial Bengal.

The Third Chapter, "**HEALTH CARE OF WOMEN: A NEW CONSCIOUSNESS**" discusses emerging realization of health care awareness of women in Bengal which grew up in non-official spheres, based on ordinary women's concern about health, fictions of contemporary Bengal, philanthropical activities etc. Contributions of Women doctors also formed a significant part of this chapter.

The Fourth Chapter, "**BEYOND THE *PURDAH*: HEALTH CARE OF WOMEN AMONG THE BENGALI MUSLIM SOCIETY**" deals with the health care of women among the Bengali Muslim society. From this time onwards, there is a emergence of a nationalist consciousness among the Bengali Muslims and many Bengali Muslim periodicals also came to the forefront to address issues about the society. Bengali Muslim women were writing just, not about themselves, as the case was with Hindu women, rather they were addressing the society and urging to reform the society. Noteworthy, one Bengali Muslim woman, Begum Rokeya Sakhawat Hossain wrote about childrearing. Archival sources revealed that the Bengali Muslim reformers also concerned about the health care of women. Muslim women themselves pleaded to pursue medical education. Muslim nawabs from throughout the Province donated generously for *zenana* wards in many hospitals.

The thesis tries to elucidate some socio-historical questions related to women and medicine. Many historians believe that gender inequality is deeply embedded within the society and it is a universal process. The problems which could be evinced in the relationship between gender and medicine in other countries, the same problems exist in India as well. Not only women were forced to remain outside the scope of medicine, their contribution to the field of medicine has not been fully recognized in colonial Bengal. All these issues need to be discussed and it is very important to reinstate those women in the pages of history who helped to expand the scope of medical science in colonial Bengal. The thesis attempted to do a feminist analysis of the gender discrimination that medical women of colonial Bengal have been faced during their lifetime.

CHAPTER - 1

BENGALI '*BHADRAMAHILA*': A NEW IDENTITY

This chapter will talk about the tensions of the newly emerging nationalist consciousness which gave birth to a 'new patriarchy' which became more prominent in 'spiritual' domain- in the domestic sphere, being failed to establish itself in the 'material' domain. Women faced something which we can call as 'double marginalization'. The period under consideration witnessed the emergence of the debates centering the education of the females. But, despite these debates, we can trace that many women are writing about themselves, particularly Hindu women.

BENGALI MIDDLE CLASS

Partha Chatterjee attempted to define the nature of newly emerged Bengali intelligentsia. He argues that – "the terms middle class, literati, and intelligentsia all have been used to describe it. Marxists have called it a petty bourgeoisie".[1] Sumit Sarkar and Tanika Sarkar problematized the term 'middle class'. Though the middle class, *maddhyabitta* in Bengali, presumed to be the harbinger of economic and social progress in the line of English middle classes, still there are sharp contrast between the Bengali *madhyabitta* and the English middle classes. Main source of income of the educated *maddhyabitta* was the rent income from land, which was combined with professions and office jobs in government or European business firms. Authors also pointed towards the variations among Indian middle classes, in some places, connection of this group with commerce and industry are much more evident.[2]This group emerged in Indian society in connection with some policies introduced by the British..

[1] Partha Chatterjee, *The Nation and Its Fragments: Colonial and Post Colonial Histories*, (Delhi : Oxford University Press,1995), p.35.

[2] Sumit Sarkar & Tanika Sarkar, *Women and Social Reform in Modern India (Vol-I),* (Ranikhet: Permanent Black, 2007), p.6.

When British conquered India, they brought with them certain western ideas of nationalism, liberalism and democracy. To meet the needs of their expanding bureaucratic administration, the British in India sought to create a class which, in Macaulay's famous statement of intent, "... must be Indians in colour, but English in taste and intellect". With this aim in mind, British made government employment contingent upon a western education. Thus, Bengali Hindus were exposed to the western world of rationalism and democracy. As first movers in the race to Anglicize, English education provided the *bhadralok* with a near monopoly of government offices as clerks, writers and so on.

The conquest of British rule in India gave rise to a bureaucracy that was "all-pervasibe", obsessively "process ridden" and less concerned with the welfare of the inhabitants for whom it had been created, despite the fact that it had been created in the name of democracy.[3] In order to fulfill the needs of this 'all-pervasive' bureaucracy, British rule sought to create a new class which should remain loyal to the British on one hand and fulfill the necessities of the colonial bureaucracy on the other by serving as clerks, junior administrators etc. The Bitish Raj was also aimed to give birth to a new class of intermediaries out of this 'middle class'. These groups became educated in modern Western education, imbibed the modern Western spirits of rationalism, nationalism and democracy. This group also addressed "women's question". Under the circumstances, the time saw a great change as far as condition of women in Bengal is concerned- women came out of *Purdah* around this time. Until this time, women were primarily remained confined to the '*antahpur*'- the inner quarter, under the observation of the strict *Purdah*. Female sexuality was always under the strict maintainance of male heads of the households. Women don't have any choice of her own- only *antahpur* was, what we may call, an only womans' lands. Rooftops was the only

[3] Shashi Tharoor, *An Era of Darkness: The British Empire in India*, (New Delhi: Aleph Book Company, 2016), p. 63.

place which provides them with some sort of recreation where they could chat, could indulge in womanly gossips when they managed to get some time after spending the larger portion of the day in the tedious household tasks. '*Mahila sampraday*' of Bengal remained confined within the boundaries of the *antahpur* (women's quarter).[4] Thus, a Bengali middle class emerged out of a particular political and economic need of the Empire, which in turn claiming an independent 'nation'. However, this nation was not a 'western' one- it was not born out of the blind imitations from the West, rather this '*bhadralok*' class was continuously reshaping and reinventing their 'nation'. Geraldine Forbes quoted Rajat K Ray who believes, "they digested and borrowed and inherited elements in such a way that the new culture could not be said to be a pale imitation but was a genuinely indigenous product".[5] This '*bhadralok*' community were now keen to modernize their own society and to reform the entire social structure. Reformation in the position of women in colonial Bengal has been addressed in this connection, which in turn gave birth to a class of Bengali *bhadramahila*, a class of good housewife, good mother and more importantly, good companion to her husband.

CONSENSUS TO REFORM WOMENHOOD IN COLONIAL BENGAL

"*Sumongali Bodhu/ Sonchito Rekho Prane, sneho – modhu/*

Sotyo roho tumi preme .../Dukhe sukhe shanto roho hasyomukhe/

Aghate hou joyee/ Obicholo dhoirje kalyanmoyee/

Cholo subhobuddhiro bani sune/ sokuruno nomrota gune/

Charidike shantiro hok bistar/ Khoma snighdho koro tobo songsar"

(Auspicious bride/ In your heart may the nectar of kindness abide/

Be true in your love/ In times of joy or trouble, remain calm and smiling/

[4] Meredith Borthwick, *The Changing Role of Women in Bengal, 1849-1905*, (Princeton: Princeton University Press), p.10.

[5] Geraldine Forbes, *The New Cambridge History of India: Women in Modern India*, (New York: Cambridge University Press, 1996), p.14.

Emerge victorious over hearts/ Paragon of Virtue, with patience immoveable/

Let pure thoughts be your guide/ In your compassionate humility, may peace spread wide/

Soothe your home with the spirit of forgiveness)[6].

New domestic ideology of 19th century visualized this woman- a woman must be a true companion to her husband, a good mother who must produce a good, brave son to fight for the nationalist cause. Emergence of a new patriarchy leads to distinction and idealization of the new women. Geraldine Forbes makes an attempt to define this group of 'new women'. These were those females who got benefitted with the reform movement initiated by the "*bhadralok*".[7] The new woman created a social distance with her "other", the unsophisticated woman. Geraldine Forbes also believes that education leads to social distance between these new women and their "less educated sisters".[8] But, in this context, a question can arise that what leads to reformation of the lives of women's or what was the condition of women in Bengal before this process of reformation.

'*Mahila sampraday*' of Bengal, however, remained constricted within home and denied any kind of access to "public domain".[9] Indian custom of '*Purdah*' was one of the main constraints behind the disgraceful situation of women of India. *Antahpur* was a place where the women were expected to remain within *Purdah*. Meredith Borthwick quoted one missionary visitor who portrayed the grimy and horrible picture of *Antahpur*.[10] It was really difficult for a woman to cross the boundaries of the *Antahpur* to make her-self visible in the

[6] Rabindranath Tagore, *Gitabitan*, (Kolkata: East India Publishers, 2007), p.698 (Translation mine)

[7] Geraldine Forbes, *Women in Modern India*, p.54.

[8] Geraldine Forbes, *Women in Modern India*, p. 41.

[9] Meredith Borthwick, *The Changing Role of Women in Bengal*, p.10.

[10] Mrs. Weitbrecht, The Women of India, and Christian Work in the Zenana (London, 1875), p. 105, in Meredith Borthwick, *The Changing Role of Women*, p.7.

outside domain, which was essentially a 'male' domain. In the domestic households of the nineteenth century Bengal, a girl child was not always welcome, since it was considered as a financial liability. When Katherine Mayo, a journalist from America, visited the subcontinent, she also found that birth of a girl child was not at all a celebrated event in the Hindu families.[11] Thus, education of the girl child was never considered an important task to be carried out. Society expected them to remain inside the household, observe strict *Purdah* and get married within the age of 10. Early Marriage was the norm during this time.[12] Before the advent of the British, girls of the respectable domestic families in Bengal grown up thinking of marriages, in the particular time, their parents used to arrange their marriage maintaining caste orders, and those girl children were sent off to their in-laws house.[13] Women during this time remained deprived of education and child marriage was prevalent in India. Katherine Mayo also presented to us a picture of child marriage. When Mayo asked a high caste Brahman scholar that when he should get his daughter married, she came to know that age of 10 was too late for marriage of a girl.[14] Along with child marriage, there was another constraint for education of the women. Tradtional belief was that if a woman trained herself in reading and writing, she will become widow. William Adam in his *Report on the State of Education in Bengal* told that, "A superstitious feeling is alleged to exist in the majority of Hindu families, principally cherished by the women and not discouraged by the men, that a girl taught to read and write will soon after marriage become a widow."[15] But scholars claimed that not all girls were illiterate. There was a system of home education of

[11] Katherine Mayo, *Mother India* (*Edited and with an Introduction by Mrinalini Sinha*), (Ann Arbor: University of Michigan Press, 2000), p.122.

[12] Aparna Basu, A Century and a Half's Journey: Women's Education in India, 1850s to 2000, in Bharati Ray(ed.), *Women of India: Colonial and Post- Colonial Periods,* (New Delhi: Centre for Studies in Civilizations, 2005), p.183.

[13] Geraldine Forbes, *Women in Modern India,* p.18.

[14] Katherine Mayo, *Mother India*, p.121.

[15] *Adam's Report on Vernacular Education in Bengal and Behar*, submitted to Government in 1835, 1836 and 1838, (Calcutta: Home Secretariat Press, 1868), p.131

some girls. William Adam found that some Zaminders tried to educate their wives and daughters so that they can become competent enough to manage the administrative duties of their familial estates.[16] Adam provides us with the example of Ranee Suryamani and Ranee Kamal Mani Dasi of Rajshahi district possessed skilled knowledge in Bengali language and accounts.[17] Some *Vaishanbis* also were among the exceptions. Adam finds *Vaishnabis* of Natore district were capable enough to read and write and they were also instructing their daughters in formal education[18]. We can also trace some more examples- women of the households of Dwarkanath Tagore and Radhakanta Deb became educated with the help of *Vaishnabi* who was employed by these patrons.[19] We have the examples of Hati Vidyalankar who used to reside in Benaras in United Province and Syammohini Devi of Kotalipara, Faridpore district from the eastern part of Bengal. Both of them were well known Sanskrit scholars.[20] Peary Chand Mitra in his *Adhyatmika* wrote, "I was born in the year 1814… While I was a pupil in the Pathsala, at home I found my grandmother, mother and aunts reading books. They could write in Bengali and keep accounts. There were no female schools then".[21] Satyendranath Tagore in his '*Amar Balyakatha O Amar Bombai Prabash*' wrote that, 'Though there was no concept of female education in those days in our *Antahpur*, but my aunts and other ladies of the household knows Bengali and they were our teachers in some way or the other'.[22]

However, impetus for education of women in India and Bengal in general, came from the missionaries. The time was ripe for this issue- the Charter Act of 1813 granted one lakh

[16] Ibid, pp.131-132

[17] Ibid, p.133

[18] Ibid, p.133

[19] Aparna Basu, *A Century and a Half's Journey*, p.184.

[20] [20] Kalidas Nag (ed.), *Bethune School & College Centenary Volume, 1849-1949*, (Calcutta: Sree Saraswati Press Limited, 1949), p.2

[21] Ibid, 2

[22] Satyendranath Tagore, *Amar Balyakatha O Amar Bombai Prabash*, (Calcutta:1915), p. 5

rupees for the purpose of education in India and encouraged the migration of missionaries. Britishers attacked the Indian society for its "degraded and brutal" traditions of the people of India. Thus, the Britishers attacked the conservative practices of our society that perpetrated on women. Colonial masters assumed the position of sympathy with the subjugated womenfolk by transforming them into a symbol that represented domineering and enslaved heritage of the subcontinent.

REFORM FROM OUTSIDE

In the initial phase, school for girls in Bengal was opened in Chinsurah in 1818 under the initiative of an official of the "London Missionary Society (LMS)" whose name was Robert May.[23] In 1919, "Female Juvenile Society"[24] was founded in Calcutta by Mrs Marshman. In the same year, a girls' school was formed in Gouribaree, Ultadanga in the periphery of Calcutta under the patronage of this society. Though initially there were only eight students in the Female Juvenile School, the number rose to thirteen in 1820. The Female Juvenile Society focussed on establishment of schools without any fees for Bengali girls of Calcutta. By 1821, there were thirty two students in this school.[25] Raja Radhakanta Deb, one of the most esteemed scholars of the contemporary Bengal and an in-charge of the "Calcutta School Book Society", advocated the issue of female tutelage during this time and he for the first time made an attempt to educate female members of his own household[26] and invited the girls' of Female Juvenile School to sit for the annual examination of Calcutta School Society along with the boys of that school.[27] Radhakanta Deb also supported Gourmohana

[23] Aparna Basu, *A Century and a Half's Journey*, p.185.

[24] Kalidas Nag (ed.), *Bethune School & College Centenary Volume*, p. 3

[25] Minna G Cowan, *The Education of the Women of India*, (New York: Fleminh H.Revell Company, 1912), p.104

[26] *A Rapid Sketch of the Life of Raja Radhakanta Deva Bahadur*, (Calcutta: Englishman Press, 1859), p.19

[27] Kalidas Nag (ed.), *Bethune School & College Centenary Volume*, p.4

Vidyalankara, the head Pundit of School Book Society in the preparation of *Stri-Siksha Vidhayaka*, a pamphlet on the importance of female education.[28] A joint committee, Calcutta School Society, comprising Baptist missionaries and Hindu males was formed in 1818 whereby discussions started for the education of both males and females. Miss Cook, who has arrived in India under the invitation of Calcutta School Society, established an institution meant for females. However, this initiative failed under the reaction of the natives in Calcutta. However, in 1822, the "Church Missionary Society" formed a girls' educational institution under the chairmanship of Miss Cook. The contribution of Marchioness of Hastings is worth mentioning in this regard since she has visited the native quarters of the city of Calcutta and did much to reduce the prejudices prevailing among the autochthonous.people regarding female education. Ladies Society for Female Native Education was formed in the year 1824 with Lady Amherst as its president. This Society has established a female school where one native man from Calcutta, Raja Buddinath Roy, though his identity is not known, has donated a handsome amount.[29] By 1828, a school for females was funded by the Ladies Society and girls of the converted Hindu families and lower class Hindus enrolled as students of this school. [30]

A Ladies Association was also formed in the year 1825 to promote learning among women in Bengal. This Association aimed to spread education "among the native girls of Calcutta. [31] The Association had established twelve schools in certain areas of Calcutta. However, due to the shortage of funds, the Association ultimately discontinued.[32] Serampore Mission, also from its inception, furthered the issue of female instruction in Bengal, though initially,

[28] *A Rapid Sketch of the Life of Raja Radhakanta Deva Bahadur*, p.19

[29] Minna G Cowan, *The Education of the Women of India*, p.106

[30] Kalidas Nag (ed.), *Bethune School & College Centenary Volume*, p.5

[31] Ibid, p. 6

[32] Ibid, p.6

concern of the mission was the education of the Christian converts. It was only after William Ward, a Baptist Missionary joined the Mission, it turned attention to educate females in general. After the death of William Ward, his companions at Serampore Mission devoted their energy to spread education among the Bengali girls and we find that by 1824, there were two hundred and thirty girls registered themselves as students in the thirteen schools which were established in and around Serampore in Hooghly district under the patronage of the Serampore Mission. Interestingly, the Mission has established its branches throughout the Bengal and even outside Bengal at numerous places like Allahabad, Benaras and Arakan. Several schools were established by this Mission by 1828- in Birbhum, there were six schools, five schools in Dacca while three schools has been established in Chittagong with five hundred and fifty girls as the students in these schools.[33]

By 1834, there were three girls' school in and around the metropolis of Calcutta. William Adam reported that there was one school at Calcutta with sixty to seventy students; another school was at Chitpore where there were approximately 120 students and the third school was at Sibpore. The number of female student in this school was only twenty. Though the social composition of the girls admitted in these three schools is not known, reading, spelling and geography formed the main curriculum in these schools and emphasis was also given on religious instruction.[34] In the Report of the Hibernian Auxillary Society, it is claimed that it is impossible to stop these initiatives of the missionaries to educate women in Calcutta. Calcutta will become a centre of enlightenment in future, where in future Hindu women, with their enlightened education, will change the society.[35] Apart from these initiatives of the missionaries which took place in the metropolis of Calcutta, we find many other schools in the suburbs of Bengal. It is evident from the Adam's Report that there were four girls school

[33] Ibid, p.7

[34] *Adam's Report on Vernacular Education*, p.33

[35] Binoybhusan Roy, *Antahpurer Strisikhsha*, (Kolkata: Lakshminarayan Printing Works, 1998), p.14

in the district of Burdwan. Ladies Society funded two schools, one at the village Japat in Kalna and another at Burdwan town. Reverend Mr Alexander and Reverend Mr Linke were the superintendents of these two schools respectively. There were two more schools under the superintendency of Rev Mr Weitbrecht and Rev William Carry to promote the education for native females.[36] Report was published in 1832 from Burdwan which praised one girls' school of Krishnagar in Nadia District. Most of the students of this school were from the higher castes and respectable families of the town. In this report, it was claimed that 'superstitions of Hindus is surely disappearing as it is evident from the social composition of the students'.[37] But, however, most of the students of these schools were from the lower caste.[38]

At the same time, missionaries were trying to educate orphan women so that in turn became their assistants. On 24th February, 1824, Rev D Smith, Indian Secretary to the Baptist Missionary Society wrote a letter in which he mentioned that there were 14 girls in their orphanage home that time.[39]

But, however, we cannot really come to believe that these initiatives of the missionaries changed the attitude of the natives towards female education. Upper caste natives still had some reservations against the issue, since we found that most of the students were from Christians, or from lower caste and poor families. There were many orphans too, as it was noted earlier. Adam found that these missionary schools attracted lower castes like *Bagdis*,

[36] *Adam's Report*, p.215

[37] Binoybhusan Roy, *Antahpurer Strisikhsha*, p.18.

[38] Ibid, p.23.

[39] Ibid, p.15.

Haris, *Tantis*, *Chandals*, *Kurmis* etc who were not welcomed in the indigenous schools of Bengal.[40]

Along with the missionaries, the initiatives of the government are also worth mentioning. In 1826, James Mill, in one of his most celebrated work, connected women's situation with advancements of the society. In the words of Mill, "Among rude people, women are generally degraded; among civilized people, they are exalted".[41] Mill further says that with the advancement of society, "the condition of the weaker sex is gradually improved, till they associate on equal terms with the men, and they occupy the place of voluntary and useful coadjutors".[42] Similar concerns could be traced in the writing of another missionary, Rev E Storrow who visited India in the year 1848.

Middle half of the 19th century experienced some initiatives on the part of the Company as far as education of women is concerned. Before 1853, we can't trace any voice from East India Company on this issue. For the first time in 1853, one of the officials of the Company groaned about female education in the subcontinent.[43] Lord Dalhousie, Governor- General of India, also pointed towards benefits of female education. Charles Wood, who was the President of the Board of Control from 1853 to 1855, visualized an educational policy in his famous despatch in 1854, through which he presented a shift in the existing educational policy- a shift to vernacular education. The Despatch of 1854 encouraged female education- "The importance of female education in India cannot be over-rated; and we have observed with pleasure the evidence which is now afforded of an increased desire on the part of many of the natives to give a good education to their daughters. By this means a far greater proportional impulse is imparted to the educational and moral tone of the people than by the

[40] Aparna Basu, *A Century and a Half's Journey*, p.186.

[41] Geraldine Forbes, *Women in Modern India*, p.13.

[42] Ibid, p.13.

[43] Aparna Basu, *A Century and a Half's Journey*, p.187.

education of men".[44] The government during this time established a female school- *Hindu Balika Vidyalaya* by J.E Drinkwater Bethune, who was a legal member of the Governor General's Council and president of the Council of Education. The students of this school came from respectable Hindu families, and the curriculum of the school was secular.[45] Iswarchandra Vidyasagar, a notable reformer of the contemporary Bengal, the name of whom we can find in the discussions later in this chapter, was appointed the secretary of the school. Apart from him, the school received generous support from the contemporary intelligentsia like Debendranath Tagore, Pandit Madan Mohan Tarkalankar who started sending their daughters to this school. We can also find the names of Dakhshinaranjan Mukherjee and Ram Gopal Ghose who also donated generously for the school. Thus, we can say that natives also started supporting this cause.

A panel commissioned in 1882 under the chairmanship of W W Hunter announced the establishment of primary schools meant for women and the need for teacher training institutions has been emphasized. This Commission also recommended creation of funds for female institution and announced fellowships and endowments for girls.[46] Though all these initiatives were taken on the part of the government, a continued apathy of the government towards this issue can be traced. Showing up the reason of 'financial pressure', the government rejected the grant which was recommended for girls' school at Hooghly, Burdwan and the Twenty-four Parganas.[47] This tendency on the part of Raj was also reflected in one of the article published in the periodical "*Banga Mahila*", *Jaistha 1283* (May 1876) which claims that, "Progression of female education in Bengal is unsatisfactory. There are 400 female schools, 300 of which are government sponsored and there 900 students in those

[44] Geraldine Forbes, *Women in Modern India*, p.40.

[45] Aparna Basu, *A Century and a Half's Journey*, 187, also in Geraldine Forbes, *Women in Modern India*, p.39.

[46] Geraldine Forbes, *Women in Modern India*, p.45.

[47] Meredith Borthwick, *The Changing Role of Women*, p.85.

schools. In 1875, Rs 182,295/- was spent on the cause of female education, out of this amount, government spent 87,972/-. In our country, education sector is developing steadily with the government funds- boys' school received adequate funds and the government arranged examination for boys. But progress of female education has been hampered since government is not paying the requisite attention to this sector. However, recently government promised to arrange examinations and scholarships for girls. Arranging scholarships for girls by government will help to improve the situation. The main constraint for the education of the females is the institution of child-marriage and many parents also felt that education of their girls is unnecessary since it will be of no economic return. The article also pleads to government to make arrangement for the examination of girls in the line of *Antahpur* mode of curriculum".[48]

Between the years 1867-1868, female education has increased steadily. An essay entitled, "*Sikhsha Sanskranta Bibaran*" (Descriptions about Education) published in *Bamabadhini Patrika* invoked the argument of Inspector of Schools, Mr Woodrow who said that "from 1860, female education in Bengal is continuously increasing." However, the article has also identified various factors which were detrimental for female education. Pandit Madhabchandra Tarkasiddhanta, Assistant Inspector of Schools, Habra Division, argued that there are two factors which hamper female education. These are: a, Irresponsibility of natives towards female education and b. Absence of government-aided girls' school. Tarkasiddhanta further complained about the lack of government funds for female education. Babu Amritlal Pal, Assistant Inspector of Schools, Hooghly division, claimed that there are only four female schools under his jurisdiction and there are only 80 girls' as students. Though he opined that there is no doubt about the progress of female education in Bengal, but if government

[48] Anonymous, "Streesikhsha O Chatrobritti", *Banga Mahila*, Jaistha 1283, May 1876, pp. 43-45 (translation mine)

provides more scholarships to girls, it would be more helpful.[49] Another officer from Presidency division reported that there are mainly three factors which are mainly responsible for the limitations of the female education. These were, a. Child marriage, b. Societal restrictions imposed on the females to attend schools and c. Absence of adequate number of mistress.[50] It seems from the numerous articles published in contemporary periodical, *Bamabadhini Patrika* that absence of sufficient female teachers is one of the major factors that affected female education during the concerned period. In "*Etoddesiyo Strijatrir Unnati Bisayak Prastab*" (Agendas to reform the condition of Womenfolk of this Country), the author instructed for the establishment of teacher training schools. The article invoked the examples of female teacher training schools of Dacca and Rampur, but at the same time, it also complained about the poor maintenance of these schools. Throughout the article, the author discussed about the importance of these schools, since proper training was essential to educate young girls and only female teachers could trained native girls in curriculum fitted for them.[51]

REFORM FROM INSIDE

Colonisation, with all its machinations of dominations and subjugation, was prominent in the field of education. Early recipients of this western education were middle class boys and men. Numerous schools and colleges were being established during this time and these English educated middle class found their refuge in white collar jobs. Through his 'minute', Thomas Babington Macaulay pleaded for the creation of the Indian, who "despite his blood and colour was to be English in taste, opinion, words and intellect". Macaulay felt the need to

[49] Sikhsha Sankranta Bibaran, *Bamabadhini Patrika*, Baisakh 1276, April 1869, pp.3-5 (translation mine)

[50] Binoybhusan Roy, *Antahpurer Strisikhsha*, p.93.

[51] Etoddesiyo Strijatrir Unnati Bisayak Prastab, *Bamabadhini Patrika*, Chaitra 1277, March 1870,351 (translation mine)

introduce English education among the natives.[52] As Malavika Karlekar argues, colonial edifice required the support of subordinate Indian civil servants, clerks, lawyers and teachers.[53]

This 'middle class aristocracy', the 'Bengali *Bhadralok*', gave birth to a new nationalist discourse. This new nationalist discourse demanded that it was in the sphere of material, i.e external world, every adjustment should made, and men would be principal actors in this sphere, while 'home' should remain 'spiritual'- where spiritual quality of indigenous civilization could be expressed, "and this task to be carried out by women", they must not become essentially westernized".[54] Through the bifurcation of these two domains, this new nationalist discourse, created by a 'new patriarchy', produced a 'domain of sovereignty'. This domain of sovereignty was born out of a particular nationalist need- the need to create a sphere of 'exclusive sovereignty'. Members of this 'new patriarchy' cannot participate in the political power structures of the British Raj, thus they focussed on 'domestic reformulations', a 'domestic world of their own', in "which they could achieve some measure of mastery and autonomous self-indentification".[55] The process, in turn, gave birth to a 'New woman', who must be different from 'both men in their own society and from women of the West'. They must be good daughter and a good wife. New intelligentsia adjusted themselves with the new public domain which forced upon them.[56] Kedarnath Dutta in 1960 contrasted Bengali Hindu women with the European woman.[57] There was always a fear in the minds of the *bhadralok*

[52] Malavika Karlekar-*Voices from Within: Early Personal Narratives of Bengali Women*, Delhi: Oxford University Press, 1991, p.32.

[53] Ibid, p.33.

[54] Partha Chatterjee-The Nationalist Resolution of Women's Question, in Kumkum Sangari and Sudesh Vaid (ed.), *Recasting Women*, p.243.

[55] Judith E. Walsh, *Domesticity in Colonial India: What Women Learned When Men Gave Them Advice*, (New Delhi: Oxford University Press, 2004), p.52.

[56] Ibid, pp.52-53.

[57] Indira Chowdhury- *The Frail Hero and Virile History: Gender and the Politics of Culture in Colonial Bengal*, (New Delhi: Oxford University Press, 2001), p.66.

that education of women would be responsible for the westernization of Bengali women. Partha Chatterjee analyses Bhudev Mukhopadhay's two tracts, "*Paribarik Prabandha*" and "*Lajjasilata*" where Bhudev criticized the idea to educate Indian women. In Bhudev's thinking, this would lead to a crisis if a society does not maintain proper division of labour in proper way.[58] Bhudev tried to uphold the virtues of modesty and chastity present in the nature of women.

The introduction of Western education gradually altered the existing gender roles. Initiatives of the missionaries are worth-mentioning in this respect. However, the middle class reformers were not elated with the efforts of the missionaries since they believed that missionaries have turned their institutions into proselytizing centres. Gradually, members of the caste Hindu families were withdrawing their daughters from the schools set up by the missionary societies. As Prasanna Kumar Tagore, one of the founders of the Hindu College and an ardent supporter of female education, wrote, "For these women it will be difficult to find access to the respectable families, particularly when it is known that their education consists chiefly of the knowledge of the New Testament and the Religious tracts."[59] Thus he visualized an alternative mode of education for Indian females- "We would recommend a more liberal system of education to be adopted in the female school. Let its pupils be initiated into general knowledge, and let its managers pay a particular attention to the national prejudices of those whom they wish to educate."[60]

Rammohun Roy first pointed to degraded position of women of India. Rammohun criticizes contemporary patriarchal society by stating that status of women has been reduced to

[58] Partha Chatterjee, *The Nationalist Resolution of the Women's Question*, pp. 241-242.

[59] Kalidas Nag (ed.), *Bethune School & College Centenary Volume*, p.8

[60] Ibid, p.8

slaves.[61] Rammohun also attacked the contemporary belief that women's minds were too inferior. Tanika Sarkar quoted Rammohun who questioned the existing notions of the society that hailed men as superior than females.[62] However, Geraldine Forbes criticized this argument which hails Rammohun as initial defender of the rights of women. Forbes thoroughly examined the personal life of Rammohun- he was a man who married three times, there is evidence that he kept a Muslim mistress, his conflict with his mother, Tarini Devi, was well known, he even left his mother in anger and the conflict went even to court.

However, considering the contemporary society, an attempt to educate women was not a mere easy task, since there were some constraints from within the household. As it is identified in the some other part of this chapter, during this time, women used to live in a hierarchical family set-up, and at the top of that hierarchy, lay the eldest women of the family, and there was a apathy on their part on this issue. It is evident from the Report of William Ward that the overwhelming majority of natives continued to express deep indifference regarding their daughter's education.[63] Education of females was not at all a matter of deep concern in the respectable native households. Gouranganath Bandyopadhay wrote in his "*Streesikhshar Sankhipto Alochona*" (A short discussion on Female Education) that "Most Bengali girls, except those from *Brahmo* families and respectable Hindu and Musalman households kept under strict *Purdah,* forced to leave their education within the age of 14 or even before that".[64]

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[61] Ghulam Murshid- *Rassundari theke Rokeya: Nari Progotir Eksho Bochor*, Dhaka: Bangla Academy, May 1993, p.4

[62] Tanika Sarkar, Strisikhsha or Education for Women in Mary. E John(edt) *Women's Studies in India: A Reader*, (New Delhi: Penguin Books,2008), p.317.

[63] Meredith Borthwick, *The Changing Role of Women in Bengal*, p. 67.

[64] Gouranganath Bandyopadhay, "Streesikhshar Sankhipto Alochona", *Annesha*, Chaitra 1328, April 1921, p.157.(translation mine)

Satyendranath Tagore, a member of prestigious Tagore family of Jorasanko and first Indian ICS officer, wrote in his '*Amar Balyakatha O Amar Bombai Probash*', "From my childhood days, I support the cause of freedom of women. My mother used to scold me often telling that, what you will do with that (freedom of women)? Will you take them to maidan like those memsahibs along with you?".[65] But, though faced with lots of criticism, middle class reformers initiated a movement for emancipation of women. Malavika Karlekar attempted to provide a brief overview of the reform movements that attacked prevalent social practices like child marriage, polygamy, widow immolation or sati. Reform movements spearheaded by *Brahmo Samaj* of Rammohun Roy, *Young Bengal* under Henry Louis Vivian Derozio-all were critical of contemporary social practices. Protap Chandra Majumdar, an admirer of Rammohun Roy critiqued child marriage and found little girl as an "ornamental appendage to the house".[66]

It was Iswarchandra Vidyasagar, who championed the cause of female education and fought for the women's rights. He wrote vividly on this cause, frequently cited from the ancient scriptures, to support his arguments for maintaining social equilibrium.[67] He founded thirty-five schools for girls in Bengal and he fought for long with the government to get those schools registered.[68] The group of *Young Bengal*, under the leadership of Henry Louis Vivian Derozio, also supported this noble cause through digests like the *Jnananvesan* and the *Bengal Spectator*. Meredith Borthwick quoted from an article in *Jnananvesan* which traced the history of gender inequality and argued that it was the men who were responsible for the degraded situation of women.[69] Rajkissen Mukherjee and Joykissen Mukherjee of Uttarpara

[65] Satyendranath Tagore, *Amar Balyakatha O Amar Bombai Probash*, p.3.(translation mine)

[66] Malavika Karlekar, *Voices from Within*, p.41.

[67] Geraldine Forbes, *Women in Modern India*, p.21.

[68] Aparna Basu, *A Century and a Half's Journey*, p.186.

[69] Jnananvesan, 16th December 1837, reprinted in Benoy Ghose, Samayikpatre Banglar samajcitra 1840-1905, p.805, in Meredith Borthwick, *The Changing Role of Women in Bengal*, pp.31-32.

in Hooghly district supported *Young Bengal* in this regard.[70] Young scholars of the Hindu College have also supported the cause of female education through their paper, *Parthenon*.[71]

Though these early efforts by Iswarchandra Vidyasagar and this group of reformers are worth-mentioning, perhaps the most important initiatives were taken by Keshav Chandra Sen and his *Brahmo Samaj*. This group was mainly focussed on education of women, since education was one of the main avenues, as Meredith Borthwick believes, for "cultural colonialism".[72] Keshav Chandra Sen gave a lecture on training of women in England numerous times. On May 13, 1870, Keshav Sen gave a lecture in a seminar organized by East India Association where he pointed out that the custom of early marriage limited women's education in India. During this time, he proposes for '*Zenana Education*'. Many English women like Mary Carpenter began to think about the issue, since at this time, availability of trained school-mistress was also a problem.[73] In another seminar, which took place on May 24, 1870, Keshav lectured on the responsibility of England toward India, in which he pointed towards the partial educational policy of the government, which favoured education of boys than girls, which created a division between the two sexes. In this conference, he stressed on the education of the women for creation of a 'happy family'. Along with these two conferences, he lectured in many other conferences in England where he pointed that education for women is immensely significant for the national regeneration of the country and education is important for women also to get rid of superstitions.[74] Apart from speaking in many conferences in England, Keshav also gave a lecture on the topic at Bengal Social Science Association. But, during this time, absence of female teachers was an important

[70] Kalidas Nag (ed.), *Bethune School & College Centenary Volume*, p.10

[71] Ibid, p.8

[72] Meredith Borthwick, *The Changing Role of Women in Bengal*, p.28.

[73] Binoybhusan Roy, *Antahpurer Strisikhsha*, p.29.

[74] Ibid, pp.30-31.

issue, since teachers were mainly men in all the girls' school. Aparna Basu quotes Mary Carpenter, who had visited India in 1866, wrote "The grand obstacle to the improvement of Female schools and to the extension of them, is the universal want of female teachers".[75]

Satyendranth Tagore, contemporary of Keshav Chandra Sen, also raised his voice for female emancipation and the erosion of *Purdah*. He wrote, "I never support the custom of *Purdah* which was there in our *Antahpur*. I used to think that this custom is not indigenous to our jati (read community), it is an imitation of the custom of Musalmans. For me, this '*Abarodh Pratha*' (custom of seclusion) is a blind superstition. John Stuart Mill's Subjection of Women was my favourite text book, and inspired by it, I had published a pamphlet entitled '*Stree Swadhinata*'. The custom of free mixing of men and women surprised me in England. But, the condition of our countrywomen is so miserable! ... After returning from England, these differences attracted my attention and I wanted to eradicate this miserable custom of *Purdah*".[76]

The name of Akshay Kumar Dutt is worth mentioning in this respect. An article was published in an edition of *Bamabodhini Patrika*, entitled "*Mahanubhab Akshaykumar Dutta Ebong StreeJati*" (The Great Akshaykumar Dutt and Women) where the author (the name of the author has not been mentioned anywhere) talks about the contribution of Akshay Kumar Dutta towards the education of women. Akshay Kumar Dutta wrote for the first time 40 years ago in *Tattwobodhini Patrika* on this issue. He wrote that education of women is required for the general welfare of the society.[77]

[75] Aparna Basu, *A Century and a Half's Journey*, p.190

[76] Satyendranath Tagore, *Amar Balyabela O Amar Bombai Probash*, p.3.(translation mine)

[77] "Mahanubhab Akshay Kumar Dutta Ebong StreeJati", in *Bamabodhini Patrika*, Asharh 1293,July 1886, p.82.(translation mine)

Motilal Seal, a richest businessman of contemporary Calcutta and who was also known as '*Rothschild of Calcutta*' also supported the cause of female education. K.M Banerjea, an alumnus of Hindu College, Calcutta had written an essay entitled "*Native Female Education*" where he pleaded for the home education of the Bengali girls under the guidance of the European ladies. Ramgopal Ghosh, another respected alumnus of Hindu College offered monetary gifts for the best two essays on female education. Madhusudan Dutta, the famous poet got the first prize while the second prize went to Bhudev Mukherjee.[78]

Ramsankar Sen, Deputy Magistrate of Ranaghat division of Nadia district has established a female school in Ranaghat town in the year 1869. Though there were only 11 girls enrolled themselves as students in the initial phase, the number of students has been increased to 40 within six months. The school has not received any government funds, *Babu* Ramsankar Sen managed to run the school under his own patronage. Girls who were studying in this school, used to read Bodhoday and Geography in their first class.[79]

It was in 1847, that the first school for native girls without any emoluments was established in Barasat, a town lies outside the metropolis of Calcutta under the aegis of the middle class *bhadralok*. Peary Churn Sirker, a graduate from Hindu College took a prominent part in this initiative. Sirkar was supported by two other '*babus*' of Barasat, Kali Krishna Mitra and Dr Nabin Krishna Mitra.[80]

Some associations also had played major role to spread female education. *Uttarpara Hitkari Sabha*, established under the patronage of Joykisen Mukherjee and Rajkisen Mukherjee, Zaminders of Uttarpara in Hooghly district in 1864 deserves special mention. This Association arranged annual examination for granting scholarships to promising girls.

[78] Kalidas Nag (ed.), *Bethune School & College Centenary Volume*, p.10

[79] Ranaghat Balika Vidyalaya, *Bamabadhini Patrika*, Asharh 1276, July 1869, p.94(translation mine)

[80] Kalidas Nag (ed.), *Bethune School & College Centenary Volume*, p.10

Famous Poet, Miss Kamini Roy received scholarship from this Association. *Hitkari Sabha* played major role in the education of girls residing in Howrah, Hooghly and Burdwan districts. Not only school education, *Uttarpara Hitkari Sabha* also provided means to support "*Antahpur-education*" (home education) for elder females. *Babu* Pearymohan Bandyopadhay has donated all his property to this *Sabha* to support the cause of female education.[81]

Brahmabandhu Sabha, established by Keshab Chandra Sen in the year 1863 also created a consciousness about female education, but this Association pleaded for home education for girls. Under the recommendations of *Brahmabandhu Sabha*, *Brahmo* reformers like Umeshchandra Dutta, Bijaykrishna Goswami, Basantakumar Ghosh (elder brother of editor of *Amritabazar Patrika*, Sisirkumar Ghosh) formed *Bamabadhini Sabha* with fourfold aims: 1. To publish books and essays for the mental advancement of native girls; 2. To arrange essay competition for educated girls; 3. To arrange education for elderly females in Bengali families; 4. To help the native females for their progress. This Sabha has started to publish Bamabadhini Patrika from 1863 onwards.[82]

Not only in the metropolis of Calcutta or its outskirts, associations which catered to the needs of female education also have been formed in many districts of Bengal. In Jessore town in the eastern part of the Bengal, a particular body named "*Jessore Union*" has been formed to educate native ladies of the town. *Jessore Union* has been composed with the educated members of the district who were residing at Calcutta during that time.[83]

Thus it is evident from the above discussion that an urge to reform the condition of women was in the air during this time, and that impetus of reform came from among the group of newly emerging middle class intelligentsia, the '*Bhadraloks*'. It was this reform movement

[81] Pulinbehari Sen, *Banglar Nabyasanskriti*, Viswabharati: Calcutta, 1958, pp.75-77

[82] Ibid, pp. 72-73

[83] *General Report on Public Instruction in Bengal: 1880-81*, Calcutta: The Bengal Secretariat Press, 1881, p.83

which gave birth to a concept of a '*Bhadramahila*', the female member of a bhadralok family. The concept was a mixture of two emblems- it composes both "self-sacrificing virtues of the ideal Hindu woman and the Victorian woman's ability to cooperate in the furtherance of her husband's career".[84] Borthwick find several words to describe her- "*bhadrakulabala*" (girls of good family), "*bhadrabangsajabala*" (girls of good lineage), and "*madhyabitta grihastha kamini*" (middle class housewives).[85] After giving birth to this concept, new nationalist discourse expressed its worriedness about the limits of the education of these bhadramahilas. Education of women in 19th century Bengal became a contested issue.

EDUCATION OF THE BHADRAMAHILAS

It is evident from some contemporary reports that the education for girls was steadily expanding by 1880 and during this time, there were 657 schools for girls' with 14,870 pupils. In 1879-80, the Bethune School has been accorded with the status of College and a lecturer has also been appointed to teach the First Arts Course and the government has also increased the grant for the Bethune School. By 1880, we can trace steady expansion of female education throughout Bengal. Eden Female School was established in Dacca in 1878 from where two girls had passed the Lower Vernacular Scholarship Examination in 1879 and students of this school also began to learn English and as far as the social composition of the female students of this school was concerned, majority of them were from caste Hindu families; there were only one Muslim girls and four Christian girls. From Moorshedabad district, three girls had passed the primary scholarship examination, while only one girl appeared in the above mentioned examination from Rajshahi division and from Mymensingh and Chittagong, three and four girls had appeared and passed the primary scholarship examination respectively. The pivotal role played by *Uttarpara Hitakari Sabha* in the process

[84] Meredith Borthwick, *The Changing Role of Women*, p.59.

[85] Ibid, p.54.

by conducting a scholarship assessment for females in the "districts of Hooghly, Howrah, Burdwan and Bankura".[86] Nuddea district has also shown considerable progress in the field of female education. There were 58 girls' school in Nuddea (Nadia) in the year 1880 and 1, 524 girls had registered themselves in those schools. The Raj has also started to shown some interest in female education in Bengal during this time. The government provided for the "maintenance of girls' schools" and made arrangements for the "girls' classes in boys school" in Jessore. In Noakhally (Noakhali), female schools received grants-in-aid from the government and the then Magistrate of the district had promised to grant two annas as scholarship to each girls who would enrolled themselves as students and thus 19 new female schools has been established in the district in addition to existing 21 schools. In Fareedpur, a "*Brahman* girl" (though her name remains unknown) successfully completed her lower vernacular education in 1880 and a married woman of fifteen years of this district formed a '*pathsala*' (traditional learning centres in Bengal) at her natal place.[87] British Raj also found that home education for girls has also made significant progress from this time.[88]

Thus it is evident that the newly emergent middle class intelligentsia felt the need to educate women. But, however, there were tensions over women's education. There were debates over accurate syllabi for women's education. The debate mainly began from the 1860s, and as Borthwick finds, the contemporary educationalists was divided into two groups- 'Uncompromising' (those who propounded equivalent curriculum for women along with men) and 'Seperatists' (those who preferred a woman-only curriculum).[89] The reformist attitude was to create a woman who could manage everything required for successful running

[86] *General Report on Public Instruction in Bengal: 1879-80*, (Calcutta: The Bengal Secretariat Press, 1880), pp. 82-83

[87] *General Report on Public Instruction in Bengal: 1880-81*, pp. 83-85

[88] *General Report on Public Instruction in Bengal: 1879-80*, p.84

[89] Meredith Borthwick, *The Changing Role of Women*, p.80.

of a household in the absence of her husband.[90] Thus, the reformers were worried about feminine content of the curriculum.

Brahmabandhu Sabha, established in the year 1863 also had made arrangements to educate native females. Report on the Progress of Education was sent to the authority four times a year, the secretary was Sree Haralal Ray. The main subjects included, 1st Part, 2nd Part, Bodhodoy, Arithmetic (for first year students), Ratnasar, Nitibodh, Questions and Answers related to Religion, Grammer, Arithmetic (for 2nd Year students), Poems, Bamaranjika, Charupath 1st Part, Religion Studies, Arithmetic (for 3rd year students), Zoology, Bengali Grammer, Geography of Asia and Europe, Lectures of Rajnarain Basu etc (for 4th Year Students), Grammer, History of India, Geography, Philosophy of Brahmoism etc (for 5th Year students). The Report on the benefits of female education through this medium was published in *Tattwabodhini Patrika*.[91]

During this time, *Zenana* or home education preferred. *Vaishnavis* and *Memsahibs* used to help in the education of women during this time. *Zenana* training was becoming more popular during this time. *Bamabodhini Patrika*, started by *Brahmo Samaj* in 1863,which apart from dealing with contemporary social issues, prepared a separate curriculum for girls and labelled that as '*antahpur siksha*'(home training designed for girls).[92]

During this time, there were popularity of books like "*Strisikhsha- Pratham Bhag*" and "*Bala Bodhika- Pratham Bhag*", which upheld the image of 'ideal woman' and 'bad women'. Malavika Karlekar argued that *Strisikhsha*(female education), while on the one hand stressed the need for the education of girls and on the other hand stressed the need for the education of girls and on the other hand it pointed out that learning was not contrary to femininity. Around

[90] Aparna Basu, *A Century and a Half's Journey*, p.188.

[91] Binoybhusan Roy, *Antahpurer Strisikhsha*, p.34.

[92] Malavika Karlekar, *Voices from Within*, p. 87.

this time, *Brahmo* activists took the matter of female education in a serious manner. Perhaps one of the major initiatives to educate the daughters of the *bhadralok* household began to raise their demand in the marriage market. Reformed intellectual youths of the time demanded an educated wife who must be a good companion to him.

Some didactic manuals were in circulation during that time which was concerned about the extent of women's education. Sabyasachi Bhattacharya traced a manual by Mrs Mustafi which was written in 1904. The manual states that – " It is true that new steps are being taken to educate women, but that education is unsuitable for preparing women for household duties (*garhasthya dharma*)...".[93] Another manual by Priyonath Bose expressed the same fear – "Today we hear on all side things about the Awakening of women. Many men shudder to hear of it. Many women wonder what it is... In conversation, behaviour, and interactions, a sort of inversion (*ulta-britti*) has taken place. Men and women have lost their capacity to play their ordained roles (*dharma*); that is perhaps the reason why such a problem has arisen."[94]

Some sort of teaching in English was also felt compulsory for women around this time, because a basic knowledge of English language became a matter of social accomplishment. English became a subject in the curriculam of the girls' schools. In higher class, several English handbooks and Grammer were added in the curriculam. By 1874, in the school which was established by Keshav Chandra Sen, as Meredith Borthwick noted, proficiency in English language was common with the senior girls- now the girls were taught to read several English prose and poems.[95] But, majority of the nationalist intelligentsia always favoured to develop a curriculam that should develop feminine qualities among the women. This

[93] Sreemati Nagendra Bala Mustafi- Garhasthya Dharma in Sabyasachi Bhattacharya- *The Defining Moments in Bengal, 1920-1947*, New Delhi: Oxford University Press,2014, pp.49-50.

[94] Priyonath Bose- Griha-dharma in Sabyasachi Bhattacharya- *The Defining Moments in Bengal,1920-1947*, New Delhi: Oxford University Press,2014, p.50.

[95] Meredith Borthwick-*The Changing Role of Women in Bengal*, p.87.

nationalist discourse always feared that 'westernization' would condemn the inherent feminine qualities of the women. A Report published in *Bamabadhini Patrika* of 1869 discussed in detail about the books which had been gifted to various women who were taking home education during the period. Among those, we find books like *Sishupalan* (Child Rearing), *Nirmalar Upakhyan* (Story of Nirmala), *Brahmamoyee Charit* (Character of Brahmamoyee), *Srutobadh, Bharatbarsher Sankhipta Itihas* (A Brief History of India), *Swasthorakhsha Prabeshika* (Basic Concepts of Health Care) etc.[96]

Reformer like Keshav Chandra Sen also raised his voice against the proposal of uniform syllabus of the two sexes. He feared if females were permitted to have equal access to science and mathematics that could "unsex women". He started Native Ladies Normal School in February 1871 to train new teachers. However, Keshav's ideas came into conflict with the arrival of Miss Annette Akroyd to Calcutta. Being a participant of progressive trend in female education, she was not satisfied with the concept and teaching methods of Keshav's school and instead started her own school, '*Hindu Mahila Vidyalaya*' in November, 1873. She was joined by a group of Calcutta Liberals like Ramtanu Lahiri, Dwarkanath Ganguly, Durga Mohan Das, to name a few. But, however, she soon parted with these associates and *Hindu Mahila Vidyalaya*, after its temporary suspension, was reopened as *Banga Mahila Vidyalaya* in June 1876.

Thus, it is evident that contemporary reformers themselves were divided in their opinion regarding the extent of education of women. Judith E Walsh applied Pierre Bordieu's concept of 'doxa', orthodoxy and heterodoxy in this context. As Walsh finds, there was conflicts regarding reform and the debates took place centering the extent of modernity. This middle class *bhadraloks*, being the initiators of the reform, were aware of this fact that modernity is

[96] Bamabodhini Sabhar Antahpur Strisikkhar Paritashik, *Bamabadhini Patrika*, Paush 1277, December 1870, pp. 267-269 (translation mine)

required, but they were divided to that fact that 'how much and to what degree' modernity is required.[97] Thus, we can say that Keshav Chandra Sen and his followers were belonged to orthodox side, while the group of Dwarkanath Ganguly, Durga Mohan Das followed heterodoxy.

Banga Mahila Vidyalaya started with only fourteen students and the outlook of the educational policy of this school is slightly different- the school followed western manners and customs. There were such rules like girls need to speak in English, they need to learn music, darning, sewing, and knitting, in addition to their academic subjects. The school was later merged with older Bethune school. But, as Meredith Borthwick finds, this amalgamation triggered debates among the male intelligentsia. Again, we can imply Bordieu's notion of 'doxa', orthodoxy and heterodoxy, in this context. The orthodox section went against the amalgamation on the ground that this merge will lead to 'denationalization' of the society. As Borthwick gave us the argument of Indian Mirror which voiced against amalgamation on the ground that *Banga Mahila Vidyalaya* is a 'un- Hindu' school.[98] But, heterodox section defended their opinion on the ground that educated women needs to learn adequate manners to behave themselves in a civilized society. However, the new Bethune school deserves special mention, since it produced many well- known women students like Kadambini Ganguly and Chandramukhi Bose.

But, however, debates centering the adequate curriculum for women continued during this time. The *Nababidhan* group of *Brahma Samaj*, being divided in their opinion, developed a curriculum for women on their own. On the another side, the Native Ladies Normal School, the name of which has already been mentioned, reopened as Metropolitan Female School in

[97] Judith E Walsh, Domesticity in Colonial India:What Women Learned When Men Gave Them Advice, New Delhi: Oxford University Press, 60

[98] Meredith Borthwick, *The Changing Role of Women*, p.91.

1880, but this school became feeble soon. In 1882, a Native Ladies' Association was formed under the patronage of the Indian Reform Association, which aimed to "challenge the educational philosophy of the Bethune School".[99] Soon, Metropolitan School was also amalgamated with Native Ladies' Association and was renamed as Victoria College for Women. As far as the curriculum in this institution is concerned, it included many other subjects like domestic economy, drawing, music, cookery, needlework, and laws of health, along with the ordinary course of studies.[100]

Not only these schools, "*Antahpur*" or home education was also continuing alongside. "*Mullick Paribarik Stree Vidyalaya*" (Female School of Mullick family) was formed in 1864. However, the school has not been given wide publicity during contemporary time and the school managed to run without any government patronage. The number of students enrolled in this school in 1869 was 22 under two female teachers. In the fifth Annual Report of *Mullick Paribarik Stree Vidyalaya* published in *Bamabadhini Patrika* of 1869, we found that there were five classes; 5 students in first standard, 6 students in second standard, three students in third standard, 4 students in fourth standard, 4 students in fifth standard. In the prize distribution ceremony of 1869 which has been attended by fifty female members of the Mullick family, two female mistresses have been awarded with gold medals.[101]

Apart from these initiatives on the part of the reformers, Mataji Maharani Tapaswini founded another school for girls in Calcutta in 1893. The name of the school was *Mahakali Pathsala*, which was a, as Geraldine Forbes saw, 'genuine Indian attempt', since the school used to run without any assistance of foreigners.[102] The patrons included landowners like Maharaja of

[99] Meredith Borthwick, *The Changing Role of Women*, p.98.

[100] Ibid, p.99.

[101] Stree Vidyalaya, *Bamabadhini Patrika*, Aswin 1276, October 1869, pp.104-105 (translation mine)

[102] Geraldine Forbes, *Women in Modern India*, p.49.

Burdwan and Maharaja of Darbhanga.[103] Educational philosophy of this school was nationalistic; the syllabus included reading of shastras, "inculcation of *pativrata dharma* and the observance of the roles of a Hindu woman, the learning of literature of history from the Kavyas and Puranas; and instruction in sewing, cookery, accounts, and the drawing of alpana".[104] Apart from these, cooking lessions were also important for the students of this school.[105] The school became immensely popular among the nationalist intelligentsia.[106] Though, we find lots of controversies and debates as far as the appropriate syllabi for female education is concerned, Judith E Walsh argues that these debates does not changed the content of the syllabus of girls' schools in a radical manner, in fact, as she founds, content of the curriculum was quite similar in all the schools,[107]

Though there were many such initiatives on the part of the reformers on the issue, number of women coming out of their home to receive education, is still very low. But, it is evident from the contemporary reports that some improvement has been achieved in this sphere. We can say that, as Rajat K Roy is arguing in his work, that this time was a time of wonderful improvement.[108] Women receiving education, at least in Primary level, if not in Secondary level. The condition was much fair than the previous century.A report from the contemporary Bengal show that 70, 215 girls were there in elementary schools and the number of primary schools were also increased by 1,788 by the end of 1907. There were only 209 upper level schools, and percentage of girls attending these upper primary schools was only 14.4%.[109] The Report also mentions that on 31st March, there were seven high schools for girls in the

[103] Meredith Borthwick, *The Changing Role of Women*, p.100.

[104] Ibid, p.100.

[105] Geraldine Forbes, *Women in Modern India*, p.50.

[106] Ibid, pp.49-50.

[107] Judith E Walsh, *Domesticity in Colonial India*, p.46.

[108] Rajat Kanta Ray- *Exploring Emotional History: Gender, Mentality and Literature in the Indian Awakening*, New Delhi: Oxford University Press, 2001, p.29.

[109] *Progress of Education in Bengal : Quinquennial Review*, p.117.

province of Bengal, among which three schools of the metropolis deserves special mention. These are- the Bethune Collegiate School, the *Brahmo* Girls' School and the school for girls' in Bankipore. The Bethune Collegiate School was managed directly by government, the Brahmo Girls School was under the management of a committee of *Brahma Samaj* and the Bankipore Girls' was controlled by a local committee. As it is evident from the same report, that the entire teaching staffs of the *Brahmo* Girls' was female.[110] There were some initiatives taken on the part of the reformers to train women as teachers, for example, we may remind that Native Ladies' Normal School, the name of which has already been mentioned, was a school meant for teacher- training but these initiatives failed to meet the need. Bamabadhini Patrika repeatedly complained about the inadequacy of trained female teachers in Bengal. In *Sikhshasankranta Bibaran* (Report on Education), published in 1869 edition of *Bamabadhini Patrika*, we find that the author is complaining about the female teachers who were not properly trained and most of them were from lower castes like Dule, Bagdi, Kaibartya etc.[111] A particular text, named "*Narisikhsha*" (Education of females) was also published in two parts under the aegis of *Bamabadhini Sabha* in the year 1869. In the first part, there were chapters related to necessities of female education, zoology, preservation of health of women etc. The second part was comprised of the subjects like Geography and Natural Science.[112]

From this time, women started accepting paid employment. The names of few Bengali bhadramahilas could be evinced who took up teaching as their profession like Bamasoondoree Debee of Pabna, Monorama Majumder of Barisal.[113] Some amount of success can be evinced in the sphere of higher education also. Out of four students of Bethune College who have been appeared in F.A examination in 1907, three students passed

[110] *Progress of Education in Bengal : Quinquennial Review*, p.114.

[111] Sikhshasankranta Bibaran, *Bamabadhini Patrika*, Jaistha 1276, June 1869, p.27 (translation mine)

[112] Narisikhsa, *Bamabadhini Patrika*, Asharh 1276, July 1869, p.92

[113] Meredith Borthwick, *The Changing Role of Women*, p.316.

in second division and one in first division, and two out of six candidates of Bethune College have been passed in B.A examination in the same year.[114] Significantly during 1903, M.A class was also opened for female students in Bethune College in English and Philosophy, though there was no evidence of success from among the students.[115]

Apart from the metropolis of Calcutta, some kind of developments can also be traced in the Mufussil districts of the province. In Bakarganj in East Bengal, there were only six girls' school with 80 students in 1874, and only 2.2% of the girls of school-going age attend school in 1892, while in 1910, this percentage had been increased to 8.4%.[116] In 1911, out of 14,771 girls of Bakarganj district who were attending public schools of the district, 34 were in the upper primary stage, 11 in the higher and 14,726 in the lower section of the lower primary stage and the expenditure on this issue had also increased during this time.[117] There were 71 girls' school in the district of Howrah in West Bengal, of which one was a Middle English School, 11 were Upper Primary and the number of Lower Primary School was 59. The number of students in all these schools in 1907-08 was 3,186.[118] Another district, 24 Parganas, lying in the vicinity of the colonial Calcutta, has only one girls school in Barrackpore with 86 students and 19,308 girls' were literate in the district in 1911.[119]

Khulna District shows an advancement of over 60% in 1901, the number of girl students had risen from 2,610 to 4,221,[120] while only 4% females attended public schools in Murshidabad in the year 1912-13.[121] Thus, it can easily be inferred from the statistical data provided above

[114] *Progress of Education in Bengal: Quinquennial Review*, p.113.

[115] Ibid, p.113.

[116] *Bengal District Gazetteers: Bakarganj*,(Calcutta: Bengal Secretariat Book Depot, 1918), p.120.

[117] Ibid, p.120.

[118] *Bengal District Gazetteers: Howrah*, (Calcutta: Bengal Secretariat Book Depot, 1909), p.145.

[119] *Bengal District Gazetteers: 24 Parganas*, (Calcutta: Bengal Secretariat Book Depot, 1914), pp.202-204.

[120] *Bengal District Gazetteers: Khulna*, (Calcutta: The Bengal Secretariat Book Depot, 1908), p.160.

[121] *Bengal District Gazetteers: Murshidabad*, (Calcutta: The Bengal Secretariat Book Depot, 1914), p.170.

that there was remarkable progress in the sphere of women's instruction with the progression of the century. Judith E Walsh also finds the rise of girls' school and simultaneously the enrolments has also been increased- there were 1,042 schools for women and 44,096 females who were the students in 1881, which had risen to 2,239 schools and 78,865 students.[122]

There were some philanthropic initiatives on the part of the *Brahmos* to educate women. As Meredith Borthwick observes, since female education and women reform was the main issue for the social reform of the *Brahmos*, main initiative for women's education came from the *Brahmos*.[123] Dacca played most important role in this respect. A female teachers' training school was established by Kashikanta Mukhopadhay in 1864 in Dacca. In 1870, '*Dacca Antahpur Stri-Sikhsha Sabha*' (Dacca Association to spread Home Education) was established by Prankanta Das and Nabakanta Chattopadhay. Earlier the institution was running with public funds, but, satisfied with the progress of the institution, the government provided the fund of Rupees 150/-. In Mymensingh also, a similar *Antahpur Stri Shiksha Sabha* (Association to spread Home Education) was established in 1872. The names associated with this Sabha were Bhagabanchandra Sen and Madhusudan Sen. The local district board provided an amount of Rupees 250/- for the maintenance of the institution.[124]

A 'NEW WOMAN' THUS FORMED…

Despite oppositions and arguments centering female education, growth of female instruction continued. We can trace that many schools for women were established during this time. Most prominent among them were Bethune School, Victoria Institution etc. But the curriculum for the female education remained unchallenged. The syllabi for the education of women were structured in a way that all these educated women must be competent enough to

[122] Judith E Walsh, *Domesticity in Colonial India*, p.41.

[123] Meredith Borthwick, *The Changing Role of Women in Bengal*, p.85.

[124] Binoybhusan Roy, *Antahpurer Strisikhsha*, pp.44-45.

fulfil her traditional roles. As Ghulam Murshid rightfully observes, middle class intelligentsia (*bhadraloks*) was mainly concerned with the advancement of their own society since this project of upliftment of women would ultimately serve their own interest. Thus Murshid writes, "historiography of the *bhadralok* is only partial… Historians have completely ignored one half of the *bhadralok*- their women".[125] Murshid finds dual purpose in the movement which was initiated by the *bhadralok*- "elevation in the status of their women and enrichment of their own lives".[126]

But, however, having received education, Bengali *bhadramahilas*, now made an attempt to redefine their lives in the light of new ideas, forging an identity of their own through which they were expressing their opinion. Ghulam Murshid opined that it is a "matter of interest that how a male-initiated movement turned into a feminist movement".[127] *Bhadramahilas* for the first time questioned the traditional roles of a male defined society and they conceived the idea that that like all men, they were also born free and equal and they had developed their own concept of freedom. The *Bhadramahilas* made their social presence through the medium of writing. The period under review saw the emergence of writings by women- many women were writing about their own life, travel accounts, didactic manuals, fictions which were providing valuable insights into the perceptions of women. These writings, as Malavika Karlekar believes, are the markers of an emerging feminine consciousness which took shape in 19th century Bengal since the mode of education has been expanded.[128] These writings help us to know how these women viewed the change which was on the air due to the reform movements and the education. Writing helps the formation of a distinct identity and the

[125] Ghulam Murshid, *Reluctante Debutante: Response of Bengali Women to Modernization*, (Sahitya Samsad, Rajshahi University, Rajshahi, 1983), p.10.

[126] Ibid, p.10.

[127] Ibid, p.10.

[128] Malavika Karlekar, Construction of Femininity in Nineteenth Century Bengal: Readings from Janaika Grihabodhur Diary in Eunice De Souza- *Purdah: An Anthology*, (New Delhi: Oxford University Press, 2004), pp.286-287.

formation of a self. These writings encompass the emergence of a 'being'[129]- the very 'being' which remained outside the traditional historical accounts. Antoinette Burton also argues that women writers always used their home as the stage to act their dramas of remembrance. Burton believes that the 'Indian home' had become a well-established archive. In the writings of women, home emerges as a very specific kind of space, 'a telling space'.[130] We will examine writings of some women of the period and in the process will try to show that in what way they were exercising their agency.

Rassundari Dasi wrote a full-fledged autobiography in Bengali language for the first time. Rassundari Dasi, was an ordinary housewife living in a village in Pabna, a district of Eastern Bengal, far away from the metropolitan centre of Calcutta. Ghulam Murshid traces a similarity between Rassundari Dasi and Margery Kempe, an English woman who was also a first autobiographer of Europe. Like Rassundari, Margery was also deprived of any institutional education.[131] Rassundari Dasi begins her autobiography when she was 88 years old. She narrated in her autobiography the trauma of early patrilocality and wrote about the discriminations that a woman faced in the field of education. During her time, as we get to know from her autobiography, women were not allowed to read and write during her childhood.[132] There was a school in their own house where a memsahib teaches every boys of that village. Rassundari's uncle kept her in that school and Rassundari learnt many things, even some Persian by hearing. But nobody knows that she was learning. She learned to read after she got married when she was only twelve. She described her condition in her in- laws house in her autobiography and in this context she criticized the tradition of '*ghomta*' (veiling). By the age of fourteen, Rassundari was filled with a desire to study, but was

[129] Malavika Karlekar, Construction of Femininity, p.293.

[130] Antoinette Burton, *Dwelling in the Archives*, p.15.

[131] Ghulam Murshid, *Rassundari theke Rokeya*, pp.29-30.

[132] Rassundari Dasi, *Amar Jiban*, p.7.(translation mine)

frightened by the attitudes of the people who said that if girls became educated, that would lead to the end of the earth. They pointed out that the '*bhadralok jati*' would be threatened, and girls, they sneered, may even think of pushing men out of jobs. Overhearing such conversations, she used to tremble with fear. As she writes, "within my mind, I kept praying to *parameshwar* (God), Oh *Parameshwar*, please teach me how to read and write. Once I have learnt, I will read religious *poonthies* (manuscripts).[133] It was through her seventh son, Kishorilal's insistence, Rassundari learned writing. He insists her mother to reply to his letter and thus she began learning how to write. In the last chapters of her narrative, she repeatedly said that modern girls were fortunate since they could access the means of education.

Following Rassundari, the century saw the emergence of many women writers like Kailashbasini Devi, Krishnabhabini Das, Gyanadanandini Das who were writing about their 'self'. Tharu and Lalita believes that these women's writings are "documents that display what is at stake in the embattled practises of self and agency, and in the making of a habitable world, at the margins of patriarchies reconstituted by the emerging bourgeoisies of empire and nation".[134] As they argue, this effort by women writers helps us to shape the history of contest and engagement.[135]

Kailashbasini Devi, also wrote a memoir. Her husband, Durgacharan Gupta, an enlightened Hindu bhadralok, exposed her to the world of learning. Kailashbasini Devi in her '*Hindu Mahilaganer Hinabastha*' (Deplorable Conditions of Hindu Women) she attacked the blind superstitions of the Hindu community. But, before her marriage, she herself was quite reluctant to the idea that women should receive education. She herself writes, "I had not learned a word in my parent's home in my childhood and I don't had any interest for

[133] Ibid, p.28.

[134] Susie Tharu & K Lalita(edited), *Women Writing In India, Vol 1: 600 BC To the Early Twentieth Century*, (New York: The Feminist Press, 1991), p.36.

[135] Ibid, p.36.

education. Even I felt irritated when someone mentioned some ideas about women's education in front of me".[136] She again writes- "*Ami ak prokar bidyabirodhini chilam*" (I was against education).[137] Throughout *Hindu Mahilaganer Hinabastha*, she vehemently criticized the traditions of Kulin polygamy, prohibitions against widow marriage, child marriage etc. But she was also a woman of her time and the limits to her notions of social emancipation for women were clear. She also believed that duties of men and women are different, they must perform their separate duties assigned to them. She writes, for example, "*Swami stree dujonai baire gele randhanadi koribe ke*?" (If both husband and wife go out to work, then who will cook?).[138]

Another woman, Krishnabhabini Das, wrote a travel account named '*England a Bangamahila*' (Bengali woman in England) which was published by Satyaprasad Sarbadhikari in Calcutta. In this account she elaborated her idea of freedom. She believes that England provided freedom in the true sense to everyone. She compares Bengali women to that of the English women and said that Bengali women are like infants to them. She presented virtually every aspect of English life- educational system, marriage, domestic life, religious rituals and festivals and through her presentations, she tried to give us the contemporary social, and politico-economic situation of contemporary England. For her, "Englishwomen are the true better-halves to their husbands. They co-operate with their husbands and these women are engaged with many economical activities- they run shops, many of them are clerks, teachers, writing in newspapers and periodicals, giving lectures in the seminars…"[139]But, when she compares this condition with her native land, she finds,

[136] Kailashbasini Devi, Hindu Mahilaganer Hinabastha in Ghulam Murshid, *Rassundari theke Rokeya*, p.55

[137] Ibid, p.55.

[138] Ibid, p.65.

[139] Ghulam Murshid, *Rassundari theke Rokeya*, p.104.

"Indian men are afraid about freedom of females, because age old custom of dependence on men had made women weak and immature."[140]

Earlier sections of the chapter throw some lights on the activities of Keshub Chunder Sen on the issue of education of females, who proposed a 'conservative' syllabus for the girls'. Surprisingly, his mother, Saradasundari Devi, wrote an '*Atmakatha*'- a memoir. Saradasundari's *Atmakatha* provide us a fascinating example of of how an illiterate, untutored woman grew to be an important influence in her son's lives. In her Atmakatha, she firmly criticized the practice of child- marriage. She narrates, "Though, I thought, earlier, that all of our Hindu customs are good, but now I think that child marriage is not fair. Marriage should take place at a later age."[141] Saradasundari's husband, Peary Mohun Sen used to tutor her at night. She narrates that his handwriting was very good. It was because of lack of practice, Saradasundari had forgot how to write. However, in *Atmakatha* (autobiography), she writes that her husband expected Saradasundari to observe *Purdah* and advised her not to speak or laugh too loudly.

What emerges from all these writings of early women writers is the image of a "monolithic, unchanging patriarchy and an equally fixed and resilient female self"[142], as it is quoted by Tharu and Lalita following Sandra Gilbert and Susan Gubar who writes that, "The striking coherence we noticed in literature by women could be explained by a common female impulse to struggle free from social and literary confinement through strategic redefinitions of the self, art, and society".[143]

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[140] Ibid, p.103.

[141]Sree Jogendralal Khastagir, *KesavaJanani Saradasundarir Atmakatha*, (Dhaka, 1913) p.3. (translation mine)

[142] Susie Tharur & K Lalita(ed.), *Women Writing in India*, p.26.

[143] Ibid, 26.

Sarala Devi Chaudhurani, is one of the finest "example of new woman".[144] Being a member of prestigious Tagore Family of Calcutta, she had certain priviledges- her mother, Swarnakumari Devi, was one of the renowned female writers of Bengal. Swarnakumari Devi was the editor of journal '*Bharati*'. Though her family had encouraged her to go for institutional education, in her autobiography, *Jibaner Jharapata*, she complained of the boundaries that were drawn for a woman. As she writes, "My elder brother was a male and his position lies in a world outside".[145] Her mother, Swarnakumari, was also founded an all-woman organization, *Sakhi Samiti*. Sarala writes, "My mother formed an all-woman organization, *Sakhi Samiti*. Members were all females. Agendas of this organization were- Providing scholarships to spinsters and helpless widows to pursue education, providing jobs as home-educators, to help in the education of the females, collections of handicrafts from many districts of Bengal, and organizing exhibitions etc".[146] Sarala herself started a school for women- "After my elder sister (Hiranmoyee Devi) got married, I and my elder sister jointly formed a school. *Didi* (elder sister) was the headmistress and I was the Assistant teacher. We attend Bethune School in the morning, Satish Pandit taught us in the morning and evening, Sanskrit Pandit taught us Sanskrit, an Ustad and a Mam taught us singing, playing sitar and piano. That time, I was 10-11 years old, *Didi* (elder sister) was 14-15 years. In our school, Bengali, English, Maths, Spinning formed the part of the curriculum".[147] Bharati Roy finds that main concern of Sarala was on woman-power and for Sarala, "generation of women's power was essential" for the political regeneration of India.[148] She formed '*Bharat Stree Mahamandal*' in 1910. This was the first organization of its kind- made

[144] Geraldine Forbes, *Women in Modern India*, p.29.

[145] Sarala Devi Chaudhurani, *Jibaner Jharapata*, (Kolkata: Dey's Publishing House, 2016), p.90. (translation mine)

[146] Sarala Devi Chaudhurani, *Jibaner Jharapata*, p.64. (translation mine)

[147] Ibid, p.90. (translation mine)

[148] Bharati Roy, *Early Feminists of Colonial India: Sarala Devi Chaudhurani and Rokeya Sakhawat Hossain*, (New Delhi: Oxford University Press, 2002), p.78.

by a woman for women. The organization had its branches throughout India and the main concern of this organization was to make arrangement for home-education for married girls of India.[149] Apart from this, nationalist consciousness of Sarala was also evinced in her initiation of *Pratatapaditya Utsav* in Bengal. As she writes, "I urged them (the boys) to organize *Pratapaditya Utsav*. I asked them to find out boys from throughout the city (Calcutta) who knows sword-fighting, boxing, lathi playing, and also asked them to organize exhibition of these games. I asked them to read an essay based on the life of *Pratapaditya*."[150] She had also organized many volunteer groups dedicated to drill and discipline learning and physical activities. Sarala, in her autobiography, also mentioned the name of Swami Vivekananda who told Bhagini Nivedita- "Education of Sarala is perfect, every women of India should receive this kind of education".[151]

A reformed female subjectivity has also been formed through the publications of many periodicals of women around this time. We can trace emergence of many women's periodicals like *Bamabodhini Patrika, Antahpur, Bharat Mahila, Mahila, Banga Mahila* etc. Anindita Bandyapadhay listed few more- *Hemlata, Abala Hitaishini*, *Binodini, Anathini*, *Balika, Bangabasini*, *Bangabala*.[152] The essential characteristics of all these periodicals remain the same- they proposed the education of females, but debate centering the extent of curriculum was going on throughout all these journals. But, these magazines raised their voice against the superstitions of the society which granted women a peripheral position in the society. Foremost among them, *Bamabodhini Patrika*, started in the year 1863, appealed to women readers and writers from the very beginning. Judith E Walsh gave credit to the

[149] Ibid, pp.80-82.

[150] Sarala Devi Chaudhurani, *Jibaner Jharapata*, p.121-22.(translation mine)

[151] Ibid, p.150.

[152] Anindita Bandyapadhay, Meyeder Patrikar Jagat, in Muntasir Mamun(ed.), *Dui Shataker Banglar Sambad Samaikpatra*, (Kolkata: Pustak Bipani, 2000), p.270.

'substantial publishing industry' which flourished in Bengal in this time.[153] Huge number of newspapers, journals, periodicals- every other means of print literatures, in Bengali language came to dominate the intellectual landscape of Bengal, through which a category of women readers and writers were formed. As Himani Bannerji also observes, "The print media, magazines established by male reforming intelligentsia as well as by eminent women themselves, offered women a wide communicative space".[154] These journals and magazines of the period created "another social, moral and cultural space for and by women".[155] Umesh Chandra Datta, editor of *Bamabodhini Patrika*, wrote in the first issue (August, 1863)- "By the grace of God many people in this country have turned their attention towards bettering the lot of our women…This journal will cover all topics which are relevant to its readers. We will attempt to eradicate error and superstition through the radiance of true learning so as to nurture the finer qualities of their minds, and we will pay utmost attention to the basic kinds of knowledge which they require.... To make our articles easily accessible to women, we shall endeavor to keep our subject matter chaste and our language simple…If by the will of God this effort of ours is accepted by our cultured society and found to be of use to its women, then it will have served its purpose".[156] The Journal also encouraged women to write- "Contributions by women will be very welcome and will be published if considered suitable. Ladies are requested to send in their contributions to the Editor along with their names and addresses".[157] Bhubanmohan Sarkar, editor of "*Banga Mahila*", also gave a 'warm

[153] Judith E Walsh, *Domesticity in Colonial India*, p. 20.

[154] Himani Bannerji, Fashioning a Self: Educational Proposals for and by Women in Popular Magazines in Colonial Bengal, *Economic and Political Weekly, Vol.26, No.43* (October 26, 1991), p.50.

[155] Ibid, p.50.

[156] Krishna Sen, Lessons in Self-Fashioning: "Bamabodhini Patrika" and the Education of Women in Colonial Bengal, *Victorian Periodicals Review, Vol.37, No.2*, The Nineteenth-Century Press in India (Summer, 2004), pp.177-178.

[157] Ibid, p.178

invitation' to Bengali women to send their writings to this journal.[158] These periodicals created an avenue for the women living outside the metropolis to express themselves. Writings in these periodicals were primarily concerned with the education of the females. But, these writers also maintained that education for women would be such that they can be good mother, good wife and good daughter. Many articles were also appeared in the pages of *Bamabodhini* by anonymous writers. Many women from outside Calcutta like Kulabala Devi, Hemantakumari Devi were writing about curriculum suitable for women's education.[159] Amala Devi in her article "*Streesikhsha O Streeswadhinata*" (Women's Education and Liberation of Women), published in *Baisakh 1324* (August 1917) writes that "these days, educated menfolk of our country are fighting to promote female education and freedom of girls. There are differences of opinion between them over the issue". The author is asking in this article, what is the significance of education and freedom? Many people are thinking that education of women only leads to their economic independence, through which women will gain freedom and this freedom will lead to arbitrariness. But, as author thinks, education is something more than a means of securing employment and earning degrees. Author thus believes, education is important for both boys and girls. Education is something which helps to purify our hearts, and through which we can leave all kinds of smallness and narrowness of our mind and cultivate generosity and greatness. And freedom does not mean arbitrariness. Freedom means that thing when one can control his/ her own senses and mind, thus it is important for both men and women. In the last part of the essay, the author claims, education is not meant for only men. The author warns, contemporary situation of our country is such that men alone will not be able to achieve success, keeping women in the dark.[160] Articles

[158] Bhubanmohan Sarkar, "Banga Mahilar Niyom", *Banga Mahila*, Sraban 1283, August 1876, p.72.(translation mine)

[159] Krishna Sen, Lessons in Self-Fashioning, p.183.

[160] Amala Devi, Streesikhsha O Streeswadhinata, *Bamabodhini Patrika*, Baisakh 1324, May 1917, pp.8-12.(translation mine)

were also published with the view to keep inner quarter of Bengal pure and it must remain outside the foreign influence. One such article, "*Bideshiyo Sabhyata Ebong Swadesher Swadachar*" (Western Culture and Values of Indian Civilization) published in *Baisakh 1293* (May 1886) claims that the person who is intelligent will not bend towards one side, rather that person will try to balance everything. That person will adopt the best qualities of foreign customs and will give those a national shape and build his character. Then those aspects of his character will be permanent. Our countrywomen should build their characters in this way and that is the need of the hour. These days, these educated and half-educated womenfolk are not following the womanly customs of our country. There are so many bratas, but these women are not following those. These are not superstitions. Those woman who have got proper education, should know the ways through which they can follow both foreign and indigenous traditions and thus they can create a civilized society fitted to our time.[161]The Journal also aimed to reorganize women and urged them to prosper themselves in any branch they like the most. As one article, "*Streejati O Shilpokarjo*" (Women and Industrial Work) claims, Women should practice anything in such a way that they can excel themselves in that field. They should practice those things which they love the most, be it cooking, be it weaving, it can be anything. It is a well- known fact that women by nature are restless, they can't concentrate on any one thing. A little weaving, a little education, little household chores, all these are responsible for a woman's failure to come on same footing on a man. The author invokes the example of women like Rosa Bonheur, Elizabeth Butler, Elizabeth Strong etc and argues that all women should practice anything they like by sacrificing everything to achieve perfection.[162] Apart from these articles, scores of other inspiring news appeared in the pages of *Bamabodhini Patrika*. An excerpt published in the periodical-

[161] Anonymous, Bideshiyo Sabhyata Ebong Swadesher Sadachar, *Bamabodhini Patrika*, Baisakh 1293, May 1886, pp.29. (translation mine)

[162] Anonymous, Streejati O Shilpokarjo, *Bamabodhini Patrika*, Sraban 1293,August 1886, p.120. (translation mine)

"*Railgarite Strisakat*" (Female Bogie in trains) and information about the same came in this way- "It is a matter of immense pleasure to us that East Bengal Railway has also introduced an extra carriage reserved only for women like East India. Awadh Rohilkhand Railway deserves special mention in this context. They have made arrangement for a lady guard or a servant in every carriage reserved for women".[163]

Several other contemporary periodicals also contain many issues related to welfare of women. An anonymous woman writer wrote an article entitled "*Streeloker Prakrito Swadhinata*"(True Freedom for Women) in *Bangamahila* published in *Asharh 1282* (July 1875) where she wrote that, many gentleman of our time are concerned with the welfare of their womenfolk, but nothing much has been done on the issue. Though there are many textbooks being written for women, many essays has been published for women, but I believe, in the absence of true education, the condition of our countrywomen deteriorated to the position of Englishwomen. Though readers might think that I am false, since Englishwomen enjoy many kinds of liberties which we can't- they can roam freely with their husbands, they acquire scientific education. But they are not economically independent, they don't have access to parliament, in medical business, in law etc, they don't have any connection with the administrative tasks, which is a matter of plight (*klesh*) for them. The author thinks staying illiterate is much better than this type of education. Thus, author was against western education which took away mental peace of women which they earlier had enjoyed. In this article, she pleaded to the learned gentlemen (*kritabidya mahasaydigo*) to make arrangement for that type of education instead of western mode of education which granted women a sense of true freedom. She also warned womenfolk that eating and roaming freely like Englishwomen cannot grant them freedom, rather they have to learn how to

[163] "Railgarite Strisakat", *Bamabodhini Patrika*, Asharh 1293, July 1886, p.1. (translation mine)

maintain themselves, only then they will get the true sense of freedom.[164] In another article, "*Streesikhsha*" (Education of Women), the author claims that we have some evidences which prove that there was a custom of female education in ancient India, women were not relegated to the corners of *Antahpur* like caged birds. All parents should treat their daughters in the same manner like their boys. It is the responsibility of the parents to educate their sons', they need to educate their daughters in the same way. There were many learned females in ancient India which indicates that there was system of female education. The author blames Muslim Nawabs who were mainly responsible for the eradication of the system of female education. The present time saw the advancement of the cause of the female education by some reformers. But, curriculum of female education must be centered round the responsibility of the females. The main responsibility of a woman is child rearing, to educate her child in a proper way, she must be a good companion to her husband and will take care of her in-law's family and she must excelled herself in household chores. In recent times, many girls are becoming educated by mugging up certain rules of Grammer, History and Geography and many parents are also happy with the progress of their daughters, but this type of education is not adequate.[165] The author of "*Stree Swadhinata*"(Liberty of Women) alarmed womenfolk and asked them to inculcate within them the sense of true freedom and the author expressed her anxiety about the 'masculine' educational curriculum which she regarded as unsuitable for women.[166] *Banga Mahila* also praised the officials of the Calcutta University who arranged Entrance and First Arts Examination for women and through which they "opened the door for the future welfare of our society" and the periodical also asked the officials whether they can arrange an examination in English for women. The same report

[164] Anonymous, Streeloker Prakrita Swadhinata, *BangaMahila*, Asharh 1282, July 1875, pp.55-57. (translation mine)

[165] Anonymous, Streesikhsha, *Banga Mahila*, Sraban 1282, September 1875, pp.99-101. (translation mine)

[166] Anonymous, "Stree-Swadhinata", *Banga Mahila*, Magh 1283, January 1876, pp.217-219.(translation mine)

also urged the government to make a plan to introduce an examination oriented educational curriculum for women since many "girls of this generation want to pursue higher education".[167]

It is interesting to note that many male reformers also voiced their opinion in support of emancipation of women through these journals for women. Jatindra Kumar Basu, in his article, "*Mahila Biswabidyalay*" (University for Women) wrote that, "Education is the primary requirement for the all-round development of human being. I felt the necessity of a University for Women along with the National Education Council for the conservation and regeneration of nation. Women should learn the condition and history of their own country".[168] But the author still maintains that curriculum of female education must be separate- "it is important to establish a university for women with a feminine curriculum". He believes, "1. Since nature and workplace for men and women are different, subjects like Mathematics, Philosophy which are the main subjects in all the educational institutions, are not women-friendly. 2. Though the training in language subjects are essential, women need to learn some science and there must be training on handicraft, 3. Physical training (byayam) is essential, for which a separate university for women is important, 4. Lessons on Cooking, Home Science, Midwifery must be an important part of the curriculum designed for women, 5.It is very difficult for women to pursue higher education in the present system since women get married in a very early age, 6. Lessons on singing, recitation, painting must be made compulsory for women in that institution, 7. English is not required for women, 8 Education for women is not meant for economic activities like men, thus their mode of education must be different, 9. A child learnt many things from his mother, thus girls should be given that type of education whereby they can learn the attributes of child rearing. Thus it must be

[167] "Biswabidyalaye Streelokdiger Porikkha", *Banga Mahila*, Chaitra 1283, April 1876, pp.269-271. (translation mine)

[168] Jatindra Kumar Basu, "Mahila Biswabidyalay", *Bharat Mahila*, Shraban 1315, August 1908, pp.73-74.(translation mine)

evident from the above explanations why we need a separate university for women. I think that this proposal must attract the attention of the intellectuals of the country".[169] Amritlal Gupta in "*Ramanir Karya*" (Work of Women) urges women to come outside and devote themselves to uplift the condition of our country. He argues that the main hindrance of the education of the girls of the respectable Hindu and Muslim families is the absence of the female teachers, thus he urges educated women to visit *Antahpur* (women's quarter) of Hindu and Muslim households and to educate their daughters, which ultimately will lead to improvement of womenfolk of Bengal.[170] Thus, he asked to form "*Mahila-Samitis*" (Women's Associations) by women in every town and districts of Bengal to encourage *Antahpur* (home) education. He gave us the example of "*Mahila Shilpa Samiti*" of Calcutta which established a school and a boarding house for women. This *Mahila Shilpa Samiti* was formed by women like Hiranmoyee Devi, Kumudini Devi, Srimati Fullanalini Roychowdhury and the school benefits many widows and poor women. The author writes, "Apart from this, there are many other *Mahila Samitis* (women's associations) in Dhaka, Bankipore, Bhagalpur, Comilla, Barishal, Faridpur and in many villages of Bikrampur. Among these, I know very well about *Dhaka Mahila Samiti*. Srimati Prabhabati Roy, teacher of Eden female school, is the Secretary and Miss Labanyalata Choudhury is the Assistant Secretary. Many women of this Samiti had published their essays in editorial '*Sebak*' and they help many widows financially and they had also proposed for *Antahpur-Sikhsha*".[171] Amritlal Gupta also pleaded for the establishment of schools for moral education. He gave examples of many such schools run by women- by Prabhabati Roy (Assistant Mistress, Eden Female School), Miss Kumud Roy, Miss Labanyalata Chowdhury and Miss Maniharmoyee Singha in Dhaka, Miss Mrinalini Das in Bankipore, there was also a school of this type in

[169] Ibid, pp.74-76. (translation mine)

[170] Amritlal Gupta, "Ramanir Karya", *Bharat Mahila*, Poush 1315, December 1908, pp.212. (translation mine)

[171] Ibid, pp.212-213.(translation mine)

Mymensingh, which was also under a woman. He also urge women to develop themselves through the cultivation of literary activities, thus he encouraged women to contribute their writings in the periodicals and journals of the time. In this article, he gave us the example of Hemantakumari Chowdhury of Srihatta, who was the editor of the journal '*Antahpur*', the author writes, "She is well versed in both Bengali and Hindi and she weaves many kinds of beautiful clothes on her own".[172] Gupta urges all women of Bengal to weave clothes in this way so that we can boycott foreign clothes.[173] Hemlata Sarkar in her '*Lady Abala Basu*' praised Lady as a 'universal mother' and a good companion to her husband, Acharya Jagadishchandra Bose and this essay portray Lady Basu as an ideal example of 'Sugrihini'- who, despite being the secretary of *Brahma Balika Sikhshalaya* and the main spirit behind *Nari Sikhsha Mandir,* she never disrespect her husband's decision in any matter.[174] In "*Paribare Narir Sthan*" (Position of Woman within family), Srimati Sudhamoyee Devi argues for economic dependence of women. But she mentioned that household chore that women perform is also valuable.[175] "*Desher Kaje Banglar Meye*" (Bengali Meye in the work for the Nation) by Srimati Sita Das is another fascinating article where she is narrating the changing social structure which took place due to the First World War in Europe and America where the main aim of the women's movements is to achieve gender equality in all spheres of life. But, she writes, "we must remember that the physical attributes and mind of men and women are different from each other, thus the modes of rights and behavior of both must be different… The proposed social restructuring based on equal rights for men and women does not mean that all social norms will be broken and family life will be destroyed. It is the duty of all those who are the spokespersons of the women's movement and all

[172] Ibid, p. 214. (translation mine)

[173] Ibid, p.214. (translation mine)

[174] Hemlata Sarkar, "Lady Abala Basu", *Banga Lakshmi*, Agrahayan 1337, November 1930, pp. 44-46. (translation mine)

[175] Sudhamoyee Devi, "Paribare Narir Sthan", *Banga Lakshmi*, Agrahayan 1337, November 1930, pp.55-59. (translation mine)

females who are working as leaders in this movement to prevent this danger".[176] She urges females of Bengal- "I hope the girls of Bengal will not be left behind either, the mantra of female education and freedom of women is first recited in this province, so that the girls of present day Bengal does not forget about this glory. We have many duties not only towards ourselves, but also towards the Eastern civilization, towards the welfare of the world. Getting acquainted with the women from outside Bengal is a great way to get to know the world."[177] She encouraged the women of Bengal to organize a women's conference like the one which took place in Lahore- "From now on, various women's associations should try to organize such conference in Bengal. There is no doubt that they will succeed if they try. Such a conference could easily be arranged in Calcutta. There are many educated women in Bengal like Punjab. However, staying for centuries under abarodh, their normal motivation seems to have been overwhelmed".[178] She also critiques the custom of *Purdah* in this essay, "As the girls of other provinces go ahead without any hesitation in trying to get various rights, the Bengali girls cannot do that. The custom of '*Abaradh*' (seclusion) is largely responsible for this. Even if they (women of Bengal) want to, they can't work outside the house and not all girls can afford to travel in car all the time. In our country, the idea of car is presented only when something is proposed with girls. This obstacle should be removed vigorously. There is no disgrace in walking, and there is no harm in falling in the eyes of men".[179] Thus, some amount of political consciousness can be traced in the writing of Srimati Sita Devi and her call for women to break *Purdah* deserves special mention. We have already seen that women like Sarala Devi Choudhurani have started coming out in violation of many rules of the society and are working in the social and political spheres. It is evident from the above-

[176] Sita Devi, "Desher Kaje Banglar Meye", *Banga Lakshmi*, Agrahayan 1337, November 1930, p.67. (translation mine)

[177] Sita Devi, "Desher Kaje Banglar Meye", *Banga Lakshmi*, Agrahayan 1337, November 1930, p.70. (translation mine)

[178] Ibid, p.70. (translation mine)

[179] Ibid, p.70. (translation mine)

mentioned articles that many women are devoting themselves for the betterment of their sisters in different ways- many took the profession of teaching in female schools, some were writing about contemporary issue and making women aware of the happenings in each corner of the country and urge women to raise themselves and break the clutches of patriarchy, some performed the role of organizers of women organizations etc. A particular class of learned women has already been formed during this period and making their debut through their writings and activities. Social reformers who initiated this movement for the emancipation of women want women to work for the nation staying at home, but many Bengali girls are coming out in this period.

Philanthropic initiatives by women to expand the sphere of education are also evident in the concerned period. In 1887, Srimati Arnakali Devi, widow of Rai Annada Prasad Ray Bahadur of Cossimbazar, founded Victoria Jubilee Tol at Berhampur in Murshidabad District, which an important center of Sanskrit education and the fund for the maintenance of the institution used to come from her estate.[180] *Banga Lakshmi*, an eminent periodical, noted the name of Srimati Saralabala Roy who established a school for girls of lower castes like *Rajbangshi*, *Hari*, *Polia* etc in a remote village of North Bengal named Patnitala in the district of Dinajpur. The name of the school was '*Sarala Balika Vidyalaya*' and the number of students was 30 in November, 1930. The journal pleaded for the adequate funds to sustain this philanthropic initiative.[181] Another Women's art school, '*Nari Shilpa Vidyamandir*', was established by Srimati Kirankumari Sen in Senhati in Khulna district who writes, "Relying entirely on our own little energy, we embarked on this great task and Srimati Nirajbashini Shome, secretary of Sarojnalini Nari Mangal Samity showed her great concern by sending

[180] *Bengal District Gazetteers: Murshidabad*, p.172.

[181] "Anunnatader Sikhshay Mahilakarmi", *Banga Lakshmi*, Agrahayan 1337, November 1930, p. 53. (translation mine)

Srimati Nalinibala Dutta as tutor of this school".[182] Apart from these women, many *bhadraloks* of the region like Abinash Chandra Bandyopadhay, Thakurdas Pal, Birendranath Roy extended their support for this school financially. Srimati Sen writes, "Arrangements have been made to teach sewing shirts, embroidery, weaving 'tant' clothes, towel, carpets, spinning on spinning wheel in this school".[183]

CONCLUSION

From the above discussion we can easily understand that a new era was introduced from this time onwards. A new identity was created- the Bengali *Bhadramahila*. But this identity was created essentially by the Bengali '*bhadralok*'. The movement for women emancipation was first started by the European missionaries, who were the first to think about this fact. Some schools for women were slowly being built in the heart of the city of Calcutta. But these early institutions catered the needs of lower castes, absence of upper caste girls as students was remarkable. In course of time, facing the criticism imposed from the British Raj, the Bengali '*bhadralok*' class came forward and started thinking about women's education. And from mid-19th century we can see that the Bengali middle class is getting involved in the movement for education of women. We are getting the names of reformers like Rammohun Roy, Iswarchandra Vidyasagar, Keshav Chandra Sen and many eminent schools for girls like Bethune, Victoria Institution came to the fore. However, attendance rate of girls in all these schools was still negligible. Social reformers themselves were divided into two group, they are creating an argument among themselves. Both sides are claiming that women's education is needed. But conflicts arose over the extent of that education. One group wanted women to be educated like men, the other group wanted a special education system for women only- a 'feminine' curriculum. But whatever was the method of the education, the ultimate goal was

[182] Kirankumari Sen, "Samityr Kotha", *Banga Lakshmi*, Agrahayan 1337, November 1930, p. 71. (translation mine)

[183] Kirankumari Sen, "Samityr Kotha", *Banga Lakshmi*, Agrahayan 1337, November 1930, p. 72. (translation mine)

to create a woman who must be a '*Sugrihini*' and '*Sumata*', economic independence was not desirable for women. But despite all these obstacles, we saw that many women are coming forward and trying to make an identity for them. These women are making their debut through their writing and many more women are getting inspired by reading those. We must remember the contribution of the printing industry in this regard. It was through the medium of print that these writings and the other periodicals and magazines which flourished during this time reached to the hands of readers, who were women. However, little changes could be evinced in the societal outlook, many females were claiming in their writings that there is no need for women to earn. Their job is to keep themselves confined in the home. Nevertheless, many women are coming out and their contribution to the sphere of education is everlasting.

In this chapter, aspects of female education is discussed in detail because it is well known that education is the main tool in the path of any kind of progress, so it goes without saying that the role of education is strong behind the progress of women in Bengal. There was also a new trend emerged among the gentry. Not only domestic education, they also endeavored to educate women in health education during this time. A new awareness has also been created among women about their health. As women felt the need for women's education, they also started thinking about their health. Thus the advancement of women's education and health education as a branch of education became one of the topics discussed. Digests of this period also began to write about the need for women's health education.

It is a matter of interest that in a society where women's place is only inside the house, a society that does not want women to earn at this time, but at the same time wants some change in the nature of women, did that society accepted the desire of women to become doctors? At this time, many women are coming forward to engage themselves in the medical profession, but what kind of situation they faced? The next chapter will focus on these issues.

CHAPTER - 2

BEGINNING OF A NEW ERA: REFORMATION IN MIDWIFERY AND EMERGENCE OF FEMALE MEDICAL EDUCATION IN COLONIAL BENGAL

This chapter deals with female medical education and reformation in the domain of delivery of the child in the province. The growing consciousness already set the stage among the Bengali women. Male reformers also appealed to begin the process of medical education among females. This period also saw the arrival of Christian Missionary women to serve the women of Bengal.

Before the remodeling of the domain of health care of women, they were mainly confined to the inner sphere (*antahpur*) of the household. They were deprived of the beauty of free light and air of the world. They remained within the joint family, under the strict supervision of other older women of the family. Bengali society was caste-ridden, patriarchal and repressive. It tied women within the family structure. The change in the legal family structure led to the emergence of a ‘new patriarchy’. It envisaged novel roles for the 'new woman' as a good mother, a good daughter and an excellent companion to her husband. The newly emerged middle class did take initiatives to educate women by attacking traditional customs and superstitions. The Bengali *bhadralok* (middle class) never envisioned an educational curriculum that could grant women economic independence. Instead, they concluded that the primary duty of a woman was to successfully run the household. To this end, they imported the Victorian notion of womanhood and produced the new category of *'Bhadramahila'* that combined traditional values with the newly imported Victorian ideals.

Many of the writings which appeared in contemporary publications unfold anxiety on the issues related to female education. *"Sikhshita Stree"* (An Educated Wife) which appeared in *Bamabodhini Patrika* revealed this tension. This essay shows that two representatives of the

'*bhadralok*' class, Ramdas Babu and Mr Basu conversing with each other. According to Ramdas-babu, "an educated wife is a curse". They spend a lot on many things. They need cosmetics and to dress according to contemporary fashion. They want motor cars to roam around the city; they need harmonium for singing love-songs. These educated ladies spend their time giving lectures at seminars. Thus he dislikes educated women. The girls who went to schools and colleges are not good. But, Mr. Basu is protesting, saying that "My wife is a graduate, but she never spends on useless items, and her method of household management is commendable."[1] When such arguments were going on within the society regarding the education of females, women were exercising their agency in multiple forms - through their writings about their own life experiences, through their critiques on contemporary social structures and by supporting the cause of education for their less-advantaged sisters. Women's organizations also sprang up throughout Bengal during this period.

The custom of *Purdah* was the primary cause for the ill-health of women. It denied the free light and air of the outside world to them, confining them to their homes. Male medical practitioners were denied access to the '*antahpur*' and thus women perished without medical attention. A feminist journalist, who visited India during this period, portrayed a picture of an Indian girl in the following manner: "Take a girl child twelve years old, a pitiful physical specimen in bone and blood, illiterate, ignorant, without any sort of training in habits of health. Force motherhood upon her at the earliest possible moment".[2]

There is scanty information on the health of Indian women in this period as they were all illiterate. They couldn't pen down their experiences and suffering. The available sources reveal that during medical emergencies treatment was provided with the help of a male doctor

[1] Sree Nistarini Devi, "Sikhshita Stree", *Bamabodhini Patrika*, Kartick 1324, November 1917, pp. 247-248. (translation mine)

[2] Katherine Mayo, *Mother India (Edited and with an Introduction by Mrinalini Sinha)*, (Ann Arbor: The University of Michigan Press, 2000), p.79.

while maintaining Purdah norms. The women of the caste Hindu households relied mostly on herbal medicines. Women used to take the help of midwives and other traditional healers for an immediate cure during the time of childbirth. In many cases, these medicinal practices appeared to be life threatening, but women relied on folk-medicine. Male members of the native households also were averse to the idea of calling Kavirajas and doctors to their home to maintain the sanctity of the inner domain (*antahpur*) of home. This negligence and lack of proper treatment often led to complications and even death. Sarada devi, mother of Rabindranath Tagore, a well-known cultural figure of Bengal died because of herbal treatment. Contemporary physicians and surgeons treated the painful wound in her hand possibly by applying the system of grafting. But Sarada herself trusted a woman traditional healer who used to give her herbal medicines. One of her daughters in law, Prafullamoyee Devi once said, "When the wound was healing up, tamarind paste was applied around the wound on the advice of a traditional women healer (*acharyani*) and then the wound again become poisonous and matured again, which caused her death due to gradual contamination".[3]

During this period, several women died because of wrong treatment. Male doctors were not permitted to enter *zenana*. In some cases, when some families took recourse to treatment by *Kavirajas* or *Hakims* (indigenous healers), proper *Purdah* customs had to be maintained, which made it difficult for these medical practitioners to properly diagnose the patient. Respectable native families were always dependent on the traditional female healers who relied more on herbal medicines. These families also called midwives in the case of childbirth in their families. But these traditional healers treated their patients in unscientific ways which led to deaths from septicemia and other infections.

[3] Chitra Deb, *Mahila Daktar: Bhingroher Basinda,* (Kolkata: Ananda Publishers Private Limited, 1994), p. 15

These conditions of women's health were a matter of great concern for the English missionaries. They for the first time criticised the system of '*Purdah*' which made staying in seclusion a compulsion for women. Belle J Allen, writing in 1919, attacked *zenana* in India - "… women are inherently bent upon evil, and evil only, and that continually, Hindus, all but the lower class, seclude their women rigorously. The apartments used for this darkened and muffled existence are known as the *zenana*".[4] The writings of English missionaries express serious concern over this. Antoinette Burton shows that the emerging Victorian feminist press depicted Indian women "as helpless, unemancipated, and trapped in *Zenana* existence".[5] Burton argues that this assumption was invoked frequently to support the female emancipation movement of the West. Reverend Alexander Duff pointed towards the 'absolute subjection' of Indian women.[6] The periodical, "*Englishwoman's Review*", was perhaps an excellent example of a Victorian feminist periodical which prompted Englishwomen to come to India to save their less-advantaged sisters from the clutches of the 'sunless, airless' domain of zenana. Mrs. Bayle Bernard in her "*The Position of Women in India*", published in 1868 in *Englishwoman's Review*, argued that women of India cannot raise healthy children.[7] As Burton has shown, articles like this were very common in the pages of the *Englishwomen's Review* and she provides a detailed description of all the articles in her work.

Christian missionaries played a significant role in providing healthcare to women. The women missionaries faced immense difficulties while providing treatment to the women in the *zenana* because native households were reluctant to allow them inside the domain of *zenana*. The women missionaries arrived in India in the middle of the nineteenth century and

[4] Belle J Allen, *A Crusade Of Compassion For The Healing Of The Nations: A Study of Medical Missions For Women and Children*, (West Midford, Mass: The Central Committee on the United Study of Foreign Missions, 1919), p.47.

[5] Antoinnette Burton, *Burdens of History*: *British Feminists,Indian Women, and Imperial Culture, 1865-1915*, (USA: University of North Carolina Press, 1994), p.65

[6] Ibid, p.72

[7] Ibid, p.107.

became horrified to see the conditions of *zenana*. These were all 'unspeakable tragedies' of the Indian women.

Margaret Balfour and Ruth Young, women doctors practicing in the 1920s, wrote that "they saw their *zenana* pupil dying in childbirth without any advice other than the dirty and ignorant old *dai*. They saw the precious babies snatched away by pneumonia and dysentery, untreated because their mothers could not take them to a male doctor".[8] These missionaries also had faced many difficulties since "there was no hospital. She had to make best of some Indian house and perhaps live there herself, while devoting all her spare time and energy to raise money for building".[9] Added to these factors were the traditions and superstitions of Indian society which had always relegated its women to the *zenana*, "the darkest and dirtiest part of the establishment".[10] Indian women would have preferred to die than to get treatment from a male doctor.

A missionary woman from North India narrates an incident - "The house surgeon of a government hospital, a clever man and a Sikh by birth and religion, came to me one morning in great distress. He said his daughter-in-law, a young girl of barely sixteen, was dangerously ill and he could do nothing for her, as he must not see her face nor touch her further than to feel her pulse. The girl was living in the house with the husband's parents and her father-in-law had never seen her face all the time she was there".[11]

From the 1870s onwards, we can trace a proliferation of women missionaries in India. In the initial period, these women missionaries were entrusted with the task of proselytising the *zenana*. They were not trained medical doctors. They were the preachers of what may be

[8] Margaret Balfour and Ruth Young, *The Work of Medical Women in India*, (London: Oxford University Press, 1929), p.14.

[9] Ibid, p. 16.

[10] Belle J Allen, *A Crusade Of Compassion For The Healing Of The Nations*, p.51.

[11] Ibid, pp. 51-52

called 'Clinical Christianity.' In the dispensaries established by the missionary women, "A white-clad Bible woman gives each sufferer a few words of teaching regarding the compassionate Christ and His good news of life and light".[12] The main clientele of these women missionaries were the poor outcaste women; women from respectable native women preferred folk-medicine over the medicines prescribed by these missionaries.

Though the Raj introduced some medical innovations, their prime area of focus was the military barracks, since the Company was worried about the higher death rate among the British soldiers. This became a matter of great concern after the revolt of 1857 with Queen taking responsibility of ruling India, abolishing East India Company. The health of the natives did not trouble them. It is quite apparent that not many initiatives were taken in the sphere of women's health. During this time, medicine was "an essentially male-oriented and male-operated system".[13] In the Army, in the Jails and Hospitals which served as important spheres of health care concern, female patients had always received very scant attention, be they prisoners in jails, or wives of the soldiers in the army, and the hospitals generally catered to the needs of the male population of the Company. David Arnold argues that though there were significant shifts in the attitudes of the Europeans as the century progressed and the Europeans were giving some importance to the health of women and children, yet the state was not ready yet to take the responsibility of the health of females.[14]

The earliest initiatives to bring women within the fold of medicine in Colonial Bengal are evident in the activities of the Mesmeric Hospital, which was also known as *Jadoo Hospital*. This Hospital was established by Dr James Esdaile, the son of a Scottish clergyman, who arrived in the subcontinent around 1830 and was appointed as Civil Surgeon in Hooghly and

[12] Ibid, p. 56

[13] David Arnold, *Colonizing the Body*: *State Medicine and Epidemic Disease in Nineteenth Century India*, (Berkeley: University of California Press, 1993), p.254.

[14] Ibid, p.255.

Principal of the Hooghly College from 1839 to 1847. Sujata Mukherjee argues about the activities of Mesmeric hospital under the auspices of Esdaile and she provides the names of two women- Munnoojohn and Bebee Punnah whose diseases got cured under mesmerism. 'Records of Cases treated in the Mesmeric Hospitals' (1847) indicate that Munnoojohn was suffering from Chronic Rheumatism and Bebee Punnah was suffering from neuralgia. What was unique about these two female patients were that both of them belonged to the lower class - they were peasant women.[15] Thus, it is evident that women of the respectable native households were preferring home-cure methods than coming to hospitals for treatment. Mukherjee thinks that with the initiation of *ether* and *chloroform* within the sphere of medication which reduced the cost of surgery and treatment, Esdaile lost patronage for mesmerism and left India in 1851.[16] But this mode of treatment was present in India, even after Esdaile left and mesmerism did exert some influence. As the century progressed, many *bhadralok* also become attracted to mesmerism and preferred this method of treatment for their women, since mesmerism could be performed within *Antahpur*. Sarala Devi Chaudhurani, niece of Rabindranath Tagore and an important figure as far as contemporary women's movement is concerned, wrote in her autobiography about her experiences of mesmeric treatment. She writes, "One morning, I felt a very bad pain in the neck, and I was unable to move. My father gave a call to Mr Olcott who was a good mesmeriser. Mr Olcott mesmerised me and I was relieved of that pain. From that time, family members became attracted to mesmerism".[17] Sarala mentions a woman mesmeriser too who used to treat their

[15] Sujata Mukherjee, *Gender, Medicine, and Society in Colonial India: Women's Health Care in Nineteenth and Early Twentieth Century Bengal*, (New Delhi: Oxford University Press, 2017), p. 2.

[16] Ibid, p. 3.

[17] Sarala Devi Chaudhurani, *Jibaner Jharapata*, (Kolkata: Dey's Publishing House, 2016), p.63 (translation mine)

family - “there were many women who were good mesmerisers. One of them was *Sushila Bouthan, mother of dinu*”.[18]

Direct colonial intervention in the health of the women began with the registration of the Prostitutes because they were held responsible for the venereal disease among the soldiers. In the first half of the nineteenth century venereal disease like syphilis was common among the soldiers and sailors and it was thought that these groups got infected from the sexual intercourse with the low caste prostitutes available in the nearby localities. Philippa Levine argues about the emergence of a ‘distinctive barrack culture’ with the soldiers who were of working class origin where this kind of ‘recreational sex’ was common.[19] Available data on the venereal disease shows that out of the 8,500 European soldiers in the Bengal Army, infections took place among 2,400 soldiers.[20] To regulate this infection, Lock Hospitals were establised in different parts of the country. Prostitutes were the main patients in these Lock Hospitals. Indian prostitutes became the main victims, and their body became a matter of scrutiny since it was compulsory to get their genitals examined in these Lock Hospitals. D.J Crawford testified that Lock Hospitals were well established throughout India in 1811 and by 1828, there were sixteen lock hospitals in Bengal.[21] In the colonial milieu, the picture of Indian prostitutes was portrayed in such a way that they became perpetrators of venereal diseases and ‘white, male soldiers’ became the main victims. There was a complex interplay between the hierarchies, namely the hierarchies of race, class and gender, the very hierarchies which helped to survive the imperial project.

[18] Ibid, p. 63.

[19] Philippa Levine, Rereading the 1890s: Venereal Disease as “Constitutional Crisis” in Britain and British India, *The Journal of Asian Studies*, Vol.55, No.3, August 1996, p. 589.

[20] Sujata Mukherjee, *Gender, Medicine, and Society*, p.4.

[21] Ibid, pp. 4-5.

However, these Lock Hospitals were abolished by 1835 to cut the company expenses. But discussions on the measures to combat venereal diseases among the soldiers were going on in the colonial public sphere. Particularly after 1857 the main concern of the British was to maintain security for which maintaining the health of the soldiers was the first and foremost priority. The result was the Cantonment Act (XXII of 1864) and the Contagious Disease Act of 1868 (Act XIV or Chaudda Ain). These acts required compulsory registration and regulation of the prostitutes. They were required to undergo treatment and were imprisoned as well. However, as Philippe Levine argues, no such regulations can be evinced in the case of the infected soldiers.[22] David Arnold is also of the opinion that the Contagious Disease Act was more concerned with British soldiers, prostitutes' health was not at all their major concern.[23] Thus, early initiatives on the health of the women were concerned more with maintaining the security of the empire than caring for women. Along with this, the barriers of the respectable native families were also there which prevented women of the *zenana* to come out and seek medical care in the colonial public sphere. Missionaries were the first group who became concerned with the health of the *zenana* women.

In the initial phase, all missionary women who had worked in the *zenana* to treat Indian women were not qualified medical practitioners. Foremost among them is Miss Hewlett who arrived in India in 1877, started a *dai* training school in Amritsar and trained many Indian women to serve as assistants in missionary hospitals. Lady Dufferin herself also relied on her advice when Dufferin Fund for providing medical relief to Indian women was created. Miss Hewlett died in Mussoorie after her retirement in 1912. Mrs D.W Thomas, a missionary woman but not a qualified medical woman from Europe or America, has also reviewed health of women in India. She associated herself with an orphanage in Bareilly along with her

[22] Phillipa Levine, *Rereading the 1890s*, p. 588.

[23] David Arnold, *Colonizing the Body*, p.254.

husband and she provided some training in hygiene and physiology. Society for Female Education in the East sent Miss Rose Greenfield who came to India in 1875. Though in initial phase, she was assigned with the task to educate women and children in the *zenana*, she soon became concerned with the illness of women in zenana. She soon started treating women of Ludhiana city by providing simple remedies and by giving them some training on maintaining cleanliness. In course of time, as women themselves became aware of their health, they started coming in huge numbers which prompted Miss Greenfield to open a dispensary for this cause where she used to give advice to women. She also raised funds for a new hospital. Miss Greenfield was the recipient of the *Kaiser-i-Hind* medal in 1926.[24]

It is evident from the writings of contemporary observers that the women of India, who were inside the *Purdah* and were reluctant to came outside for their treatment, were also responding to these initiatives of missionaries during this time. Belle J Allen narrates an incident which she came to know from a missionary in South India. The story is about an old woman who was critical of the missionary activities earlier. But when she was attacked with a painful carbuncle on her knee, she was left with no other alternative than to attend a missionary hospital. Her experience at this hospital turned her into a genuine well-wisher of missionary activities. As she herself said, "I was against them once, but now that I know what love means, they are my parents, and I am their child. Caste? What is Caste? I believe in the goodness they show, that is their caste".[25]

Available literature shows that along with these women who had arrived in India for purely missionary activities, there were other qualified women practitioners also. United States of America took the lead in this case. First qualified woman doctor to arrive India was Dr Clara Swain in 1870 who was attached to the Women's Foreign Missionary Society of the

[24] Margaret Balfour and Ruth Young, *The Work of Medical Women*, p.19.

[25] Belle J Allen, *A Crusade Of Compassion For The Healing Of The Nations,* pp. 69-70.

Methodist Episcopal Church. Dr Swain arrived in Bareilly in Uttar Pradesh and opened a dispensary there. She got help from the *Nawab* of Rampur who helped her by donating the land for dispensary and hospital in Bareilly. She was in charge of the dispensary and hospital at Bareilly till 1885. After that, she was approached by the Raja of Khetri to become physician for the ladies of his estate. She left India in 1895, but again returned in 1906, though she died in New York. Another woman, Miss Sara C Seward, came to Allahabad in 1871. She provided health care to Indian women by setting up a small dispensary in Allahabad in March 1872. However, she died in 1891 out of cholera. Another missionary woman, Miss Sara Norris, arrived in the subcontinent in 1873.

The first qualified woman doctor from England was Miss Fanny Butler, M.D, who was sent by the Church of England Zenana Missionary Society in 1880. She settled at Jubbulpore and then at Bhagalpore. However her work was remarkable in Kashmir where she initiated some pioneering work in the field of women's health.[26] Though most of these lady doctors had arrived in various regions of North India, some came to Bengal also. Dr Mary F Silly arrived in Calcutta in 1872.[27] These lady doctors from outside India came to the subcontinent with a specific purpose. They wanted to treat Indian women who remained confined within 'sunless, airless' *zenana*. It has already been mentioned in the beginning of this chapter that the picture of Indian women confined in *zenana* featured in the pages of Victorian feminist periodicals. Antoinnette Burton has shown that this picture of Oriental women trapped in *zenana* provided the motive for institutionalisation and professionalisation of medicine for women in Victorian Britain. For European and American lady doctors, it was 'white women's burden'- an 'imperial obligation'.[28] The sentiment is evident from the personal writing of Mrs Mary

[26] Margaret Balfour and Ruth Young, *The Work of Medical Women*, pp.17-18.

[27] Chitra Deb, *Mahila Daktar*, p.47.

[28] Antoinette Burton, Contesting the Zenana: The Mission to Make "Lady Doctors for India", 1874-1885, *Journal of British Studies*, Vol.35, No.3 (July, 1996), p.369.

Scharlieb, wife of an English barrister, who joined diploma course in Midwifery in Madras Medical College and then proceeded to England to pursue M.B degree of London University. She wrote in her '*Reminiscences*' about the purpose of joining the course on Midwifery where she wrote that she discovered several facts related to the sufferings of Indian women during the time of their childbirth and illness.[29] English Lady Doctor like Sophia Jex-Blake also argued about the importance of the service of British qualified women doctors in India.[30]

However, getting access to the medical institutions of Europe and America was not easier for women of those countries. Medicine was entirely a male-dominated profession. Elizabeth Blackwell, who was the first woman doctor of the modern world, faced difficulty in getting a seat in the universities of Europe and America. She got admission in Geneva and became a medical graduate, but even after serving in the St Bartholomew Hospital of London for two years, when she returned to New York in 1851, nobody accepted her as doctor. At this time, this was essentially a male dominated profession. The situation was same in the Europe too- Elizabeth Garret Anderson was the first woman doctor of Europe, but she failed to attain a degree in medicine, she attained a diploma in medicine. Sir James Simpson, who was enthusiastic about emancipation of women, tried to help her but failed. Sophia Jex-Balke, whose name has already been mentioned, was the pioneer whose efforts are worth mentioning, since she fought with the contemporary society for a school of medicine for ladies in London. She was the only woman who fought for granting admission of women to medical schools- from passing the Bill in the Parliament to convincing the Professors who were ready to teach in the Female Medical School, she did everything and the consequences of all these efforts was the establishment of London School of Medicine for Women in 1874.

[29] Reminiscences of the first Woman Student of Madras Medical College, in *Indian Journal of the History of Medicine*, Vol-II, December 1957, p.63.

[30] Antoinette Burton, *Contesting the Zenana*, p. 369.

The school was started only with fourteen students.[31] These lady doctors trained in the London School of Medicine for Women came to India since India provided them with a ready-made clientele. Sophia Jex-Blake argued for the demand that exists for trained female physicians in the subcontinent, and it was this imperialistic commitment that prompted the inauguration of medicine studies among females of Great Britain. Jex-Blake in one of her publication has referred to a native named Reverend Narayaa Shesadri who argued about the importance of women medics in India.[32] Burton finds that there existed two assumptions which were important behind the creation of women medical practitioner for India; English women presumed that Indian women were passive, they are not ready yet to serve their society by taking medical training. In this context, it is important to refer Frances Hoggan, the first British woman who came to India as a qualified medical practitioner, who argued that Indian women "were the weakest, the poorest, the least self-reliant members of the community".[33] Secondly, there was a 'national-imperial commitment'. India also provided an important opportunity for these groups of 'lady doctors' to serve in the public sphere, which was not possible in their homeland because of the economical reasons.[34] Maneesha Lal has argued that there were at least fifty missionary women physicians present in India, amounting to two-thirds of the 'lady doctors' in India.[35] Burton has also pointed to the dual concern guided these lady doctors. One was purely evangelical as they were keen to spread the ideals of Christianity among *zenana* women and the other concern was to serve these members of the community as doctors. Dr. Clara Swain agreed to serve the women of the family of the Khetri Raj only on the condition that she would be allowed to continue with her evangelical

[31] Chitra Deb, Mahila Daktar, p. 31

[32] Antoinette Burton, *Contesting the Zenana*, p.373.

[33] Maneesha Lal, The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin's Fund, 1885-1888, *Bulletin of the History of Medicine*, Spring 1994, Vol.68, No.1, p.43

[34] Antoinette Burton, *Contesting the Zenana*, p.374.

[35] Maneesha Lal, *The Politics of Gender and Medicine in Colonial India*, p.32.

work.[36] Fanny Butler who graduated from London School of Medicine for Women and a member of the Church of England Zenana Missionary Society arrived in India to combine missionary work with the medical treatment.[37] However, woman doctors like Edith Pechey were worried about the fact that these women missionary physicians might defame female medical movement. Pechey stressed on "science and skill" of women missionaries. At the same time, Pechey believed that spreading Christianity for the salvation of *zenana* women was also an important task. She urged the practitioners of a medical mission to pursue "two professions" faithfully.[38] Maneesha Lal has shown that the medical missionaries were averse to the Dufferin Fund which was initiated in 1885 as they believed that the main aim of the fund was to stop proselytisation; the initiators of the fund stressed the secular character of the Fund. Thus, leaders of the missionary associations discouraged women medical missionaries to get themselves affiliated with the Dufferin Fund.[39]

Apart from these women physicians, there was a huge influx of lady doctors from outside India. Elizabeth Betty arrived in the princely state of Indore in 1882. She rented a two-storey house in Indore, built a dispensary on the ground floor. There was a four-bedded hospital on the first floor where she used to treat women of the lower class. Among the other missionary women, Margaret Maccelar, Turn Bull, and Mary Christiana Buchanan also came to India intending to serve Indian women.[40] Dr Maria White was another pioneering woman who was sent by the American Methodist Mission and settled herself at Sialkot.

[36] Chitra Deb, *Mahila Daktar*, p.47.

[37] Antoinette Burton, *Contesting the Zenana*, p.378.

[38] Ibid, 380-381.

[39] Maneesha Lal, *The Politics of Gender and Medicine in Colonial India*, p.53.

[40] Chitra Deb, *Mahila Daktar*, p.49.

Women Missionaries in India during the Late 19th Century (Table-I)

Name of Women Missionaries	Year of Arrival	Affiliation to Mission	Place of Work
Clara Swain	1870	American Presbyterian Mission	Bareilly, UP
Sara Seward	1871	American Presbyterian Mission	Allahabad, UP
Seeyle	1871	Women's Missionary Society of America	Calcutta
Sarah Noriss	1873	American Board of Medical Women	Calcutta
Rose Greenfield	1875	Society for Female Education in the East, UK	Ludhiana
Elizabeth Bielby	1876	Zenana Bible and Medical Mission, UK	Lucknow
Ms Hewlett	1877	England Zenana Mission	Punjab
Ellen Mitchell	1878	American Baptist Board	Burma
Fanny Butler	1880	Church of England	Jabalpur, Central Provinces
Ida Faye	1881	American Baptist Mission	Nellore
Anna Kugler	1883	Lutheran Mission, US	Guntur
Elizabeth Beatty	1884	United Church of Canadian Mission	Indore
Mana White	1886	United Presbyterian Church of America	Sialkot
Edith Brown	1893	Society for Female Education in the East, UK	Ludhiana

Source- Compiled from The Ministry of Healing in India: Handbook of the Christian Medical Association, Mysore, Wesleyan Mission Press, 1932.[41]

[41] Rama Baru, Missionaries in Medical Care, *Economic and Political Weekly,* Vol 34, No.9, 1999, p. 521.

In addition to the missionaries, the British Raj also intervened in the domain of women's health through the creation of "*The Countess of Dufferin's Fund for Supplying Medical Aid to the Women of India*" or "The Dufferin Fund." Vicereine Harriet Georgina Blackwood, Marchioness of Dufferin and Ava, named the Fund as "my 'Female medical scheme'".[42]

NATIONAL ASSOCIATION FOR SUPPLYING FEMALE MEDICAL AID TO THE WOMEN OF INDIA

The Fund was created in 1885 to provide medical relief to the women of India who remained confined to the *zenana*. Elizabeth Bielby, a medical missionary, played a pioneering role in the creation of this Fund. Bielby came to India in 1875 and settled herself in Lucknow. During her tenure at Lucknow in 1881, she has been asked by the Maharaja of Punnah, a native state in Bundelkhand, to attend to his wife who was suffering from a serious illness. After she recovered from her illness, when Bielby was leaving the estate of the Maharaja, the Maharani told Miss Bielby: "I want you to tell the Queen and the Prince and Princess of Wales and the men and women of England, what the women of India suffer when they are sick."[43] The Maharani also said, "Write [the message] small, Doctor Miss Sahib, for I want you to put it into a locket, and you are to wear this locket round your neck till you see our Great Queen and give it to her yourself. You are not to send it through another."[44] Bielby was granted permission to meet the Queen only after she had completed her training in medicine from the London School of Medicine for Women. In that meeting, Bielby told the Queen about her experiences in India and the Queen replied, "We had no idea it was as bad as this. Something must be done for the poor creatures. We wish it generally known that we

[42] Geraldine Forbes, Medical Careers and Health Care for Indian Women: patterns of control, *Women's History Review*, 3:4, 1994, p. 516.

[43] Geraldine Forbes, *Women in Colonial India: Essays on Politics, Medicine, and Historiography* (New Delhi: Chronicle Books, 2005), 86, also in Maneesha Lal, *The Politics of Gender and Medicine in Colonial India*, pp.33-34.

[44] Maneesha Lal, *The Politics of Gender and Medicine in Colonial India*, p. 34.

sympathise with every effort made to relieve the suffering of the women of India."[45] The Queen had also met Mary Scharlieb, who attended a course on Midwifery in Madras Medical College and later proceeded to University of London to pursue her further studies, and she enquired, "How can they tell me there is no need for medical women in India?" .The Queen handed over a photograph of herself to Scharleib and asked her to carry that photograph to Indian houses to show her concern for her Indian subjects.[46] When Lady Harriet Dufferin was leaving for India in 1883, the Queen instructed her to read about the situation in India and asked her to introduce some plan for the well-being of Indian women. After being completely convinced about the needs of medical care among *zenana* women, Lady Dufferin launched her scheme in 1885. Geraldine Forbes traced the beginning of European intervention in the field of treatment of women of India with this Fund.[47] The main aim of the Dufferin Fund was to provide medical relief to all Indian women and to arrange medical tuition for the women of the subcontinent. Queen Empress Victoria was the Patron to the Fund, the Patron in India was the Viceroy, the President was the wife of the Viceroy, and the Vice-Presidents were the Governors and Lieutenant Governors of the Provinces. At the bottom of the hierarchy remained the Life Councilors, Life Members and the Ordinary Members, according to the donations given.[48] Maneesha Lal finds that the Dufferin Fund cleary focused on to "bring medical knowledge and medical relief to the women of India".[49] The Prospectus of the National Association mentioned three areas in which it will be working- "1. Medical tuition, including the teaching and training of women as physicians, hospital assistants, nurses and midwives, the education to be supplied first by England and America but then by India; 2. Medical relief, which included establishing under female superintendence dispensaries and

[45] Ibid, p.34.

[46] Ibid, p.34.

[47] Geraldine Forbes, *Women in Colonial India*, p.86.

[48] Margaret Balfour and Ruth Young, *The Work of Medical Women*, p. 36.

[49] Maneesha Lal, *The Politics of Gender and Medicine in Colonial India*, p. 35.

cottage hospitals for the treatment of women and children, opening female wards under female supervision in existing hospitals and dispensaries, providing female medical officers and attendants for existing female wards, and founding hospitals for women where funds were forthcoming; 3. Provision of trained female nurses and midwives to care for women and children in hospitals and private houses."[50] Margaret Balfour and Ruth Young argued that from the very beginning, it was a 'purely humanitarian organisation' and proclaimed its service was for all women irrespective of caste, creed and religion - "The organisation of the Countess of Dufferin's Fund was in accordance with the principles of civilised humanity, which requires relief to be given to all sufferers irrespective of habit, creed or desert".[51] However, Supriya Guha and Maneesha Lal finds that the Fund from the very beginning intended to cater to the high caste and high class women.[52] The Dufferin Fund aimed to provide pharmaceutic comfort to the *Purdanashin* ladies. Balfour and Young wrote that there was a contemporary charge against Dufferin Fund that it encouraged *Purdah*.[53] Maneesha Lal is of the opinion that the initiators of the Fund generalized the concept of *Purdah* in their own way. Studies shows that only higher caste and higher-class women were privileged enough to remain in seclusion inside the *antahpur*; the majority of Indian women did not have that opportunity, they had to work outside the home.[54]

Though the Fund implemented schemes for the betterment of maternal health, its benefits were very limited. Native women were still reluctant to visit hospitals during their illness, and the rate of hospitalization in the *Zenana* hospitals was still very low. Miss Rose Greenfield

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[50] Maneesha Lal, *The Politics of Gender and Medicine in Colonial India*, p.35; also in Geraldine Forbes, *Women in Colonial India*, p.86.

[51] Margaret Balfour and Ruth Young, *The Work of Medical Women*, p.35.

[52] Supriya Guha, From Dias to Doctors: The Medicalisation of Childbirth in Colonial India in Lakshmi Lingam (ed.), *Understanding Womens Health Issues: A Reader*, New Delhi: Kali, 1998, p.2; also in Maneesha Lal, *The Politics of Gender and Medicine in Colonial India*, p.41.

[53] Margaret Balfour and Ruth Young, *The Work of Medical Women*, p.35.

[54] Maneesha Lal, *The Politics of Gender and Medicine in Colonial India*, pp.40-41.

1885, pointed to the apathy of women towards the medical facilties created by the British Raj. [55]

Attendance at Hospitals and Dispensaries in Calcutta, 1885 (Table-II)

Community	Males	Females	Childrens
Europeans	6,740	1,585	1,470
Eurasians	9,522	6,814	11,548
Mohammedans	51,566	10,874	30,753
Hindus	83,442	18,670	21,358

Source: A.J Cowie, Report on what has been done in Bengal for the Medical Training and Treatment of Women & Report on the Calcutta Medical Institutions.[56]

The above table shows the data from the year when the Fund was initiated. However, in the year 1909, scores of women were benefitted by this Fund. In the hospitals which were aided and controlled by the Dufferin Fund, almost 285,361 women were treated and in the hospitals which were assisted by the Fund, the number of women treated was 287,759.[57] In Bengal, the Central Committee of the Dufferin Fund invested Rs 82,016/- and the Provincial Government of Bengal donated Rs 1650/- while the investment from the part of Municipal Funds was Rs 1,279.[58] Dufferin Fund was also utterly patriarchal in nature. Lady doctors who were in charge of the *zenana* hospitals always remained under the surveillance of the district civil surgeon or under Principal of a medical school. It was the relationship of junior commissioned medical officers with their seniors.[59] Balfour and Young also noted the absence of female members in Central Committee. The first woman appointed was Dr

[55] Margaret Balfour and Ruth Young, *The Work of Medical Women*, p. 34.

[56] Maneesha Lal, *The Politics of Gender and Medicine*, p.40.

[57] *25th Annual Report of Dufferin Fund*, (Calcutta: Office of the Superintendent of Government Printing, India,1910), p.21

[58] Ibid, p.23

[59] *Seventh Annual Report of the National Association For Supplying Female Medical Aid to the Women of India, For the Year 1891*, (Calcutta: Office of the Superintendent of Government Printing, India, 1892), p.11.

Kathleen Vaughan and the appointment took place in the year 1909. The Joint Secretary of the Central Committee was also a 'young man' who was unaware of the medical needs of Indian women.[60] Maneesha Lal found another problem with the Dufferin Fund. The Fund depicted the custom of *Purdah* as the main hindrance behind the slow rate of hospitalisation and the resultant health problems among Indian women that led to maternal mortality. But Lal argues that there were some other problems like "poverty, nutrition, sanitation, education and gender discrimination".[61] The Fund was also based on public subscriptions. *Bamabodhini Patrika* (*Magh* 1293, February 1887) while praising the fund for the generous work of welfare of the women, attested to this fact.[62] Twenty Fifth Annual Report of the Dufferin Fund recorded that in the year 1909, the amount of public subscriptions in Bengal was Rs 12,259/-.[63]

In Bengal, the "*National Association for supplying Female Medical Aid to the Women of India*" (Dufferin Fund) has been worked in myriad ways. Lady Dufferin Zenana Hospital was established in Bankura with the patronage of Bengal branch of Dufferin Fund and by donations and subscriptions from local Zamindars and district boards. Lady Curzon Zenana Hospital was formed in Birbhum out of the Government grant of Rs 1000 and Mrs Carstrairs, whose identity is not known, donated Rs 50 for this hospital. Mrs Carstairs Cottage has also been served as hospital which was assisted by Dufferin Fund and a local landlord (the name of whom has not been found) donated the land for the same. Branch Female Hospital of Hooghly has been established under the donation from the local funds and the land for the same was lented by the government. The British Raj has also donated land and money for Woodburn Hospital and Mrs Collins Zenana Cottage in Khulna. In the metropolis of

[60] Margaret Balfour and Ruth Young, *The Work of Medical Women*, p.41.

[61] Maneesha Lal, *The Politics of Gender and Medicine*, p.43.

[62] Countess Dufferin Bhandar, *Bamabodhini Patrika*, Magh 1293, February 1887. p.310. (translation mine)

[63] *25th Annual Report of Dufferin Fund*, p.23

Calcutta, there were three institutions, one hospital and two hostels for female students pursuing medical education, supported by the Dufferin Fund. These were: Lady Dufferin Victoria Hospital and Maharani Swarnamoyee Hostel and Lady Elliot Hostel. Sagar Dutt's Female Charitable Dispensary and Hospital also has been supported by Lady Dufferin Fund in 24 Paraganas.[64]

In many other districts of Bengal, local zamindars, interestingly, many of them were females, has joined this venture of the British Raj whereby they had contributed to *Zenana* Hospitals of those districts. Bidyamoyee Devi of Muktagacha Zaminder family has supported the formation of Bidyamoyee Female Hospital in Mymensingha and the hospital has been formed out of the auspices of the Dufferin Fund. Faizunessa Zenana Hospital in Comilla has been built and presented by "*Nawab Shahiba*" (female landlord) Faizunessa of Laksham (in East Bengal). Babu Sarat Chandra Ray Chaudhuri of Chanchal (a village situated near present day Malda town) inaugurated a female department in English Bazar dispensary in collaboration with the Dufferin Fund. Evidence suggests that enrolments in female hospitals were steadily increasing. The contemporary report shows that 7,650 women has been treated in Lady Dufferin Zenana Hospital of Calcutta in 1909; in Bankura, the number was 2,844 while in Charitable Dispensary of Khulna, 1272 women has been enrolled themselves for treatment. Suri Female Hospital in Birbhum district shows a slight increase where 3060 women were treated as in-house patients.[65] However, as it is evident from the observations of Lady Carmichel published in twenty eighth report of the Dufferin Fund, hospitals supported and financed by Dufferin Fund still lacking involvements with the *Purdah* women, rather they were focusing on other issues. Lady Carmichel raised another problem in 1912 - the Dufferin

[64] Ibid, p.43

[65] Ibid, 70

Fund was more concentrating on *purdah* ladies of Calcutta and less concerned with the ladies of mofussil towns.[66]

Return of Patients Treated in Women's Hospitals assisted by Dufferin Fund (Table-III)

NAME OF PLACES	HOSPITAL	NUMBER OF WOMEN TREATED IN HOSPITALS	NUMBER OF WOMEN TREATED IN HOME
CALCUTTA	Lady Dufferin Victoria Hospital	7,823	7
DACCA	Lady Dufferin Female Hospital	5,548	100
BIRBHUM	Lady Curzon Zenana Hospital	4,018	54
BERHAMPORE (MURSHIDABAD	Victoria Zenana Hospital	13,410	241
KHULNA	Women's Ward attached to the Khulna Woodburn Hospital	4,700	38
Mymensingh	Bidyamoyee Women's Hospital	4,360	387
Pabna	Hemangini Devi Women's Hospital attached to Pabna Women's Hospital	1,441	250

Source: *Return of Patients' treated in Women's Hospitals assisted by the Dufferin Fund, 29th Annual Report of the Dufferin Fund*.[67]

[66] *Twenty Eighth Annual Report of Dufferin Fund*, (Calcutta: Office of the Superintendent of Government Printing, India,1913), 7

[67] *Twenty Ninth Annual Report of Dufferin Fund*, (Calcutta: Office of the Superintendent of Government Printing, India,1913), 10

These reforms initiated by the missionaries and the British Raj attacked the traditional *dai*s who used to play an integral part in the process of childbirth in Bengal. Lady Dufferin wrote a chapter on *dai*s in which she demanded compulsory registration of these traditional *dai*s .[68]

MIDWIVES

Missionaries came to Bengal with the specific purpose of entering the *zenana* which was still an "uncolonised space." It was seen as a polluted space responsible for existence of several gynaecological diseases. They made an attempt to win the hearts of secluded women by providing education and curing them of their illnesses. As Arnold argues, *zenana* became a "battlefield" for Western medicine where the ignorance about the health of women needed to be eradicated not only to preserve women's health, but also for the health of their husbands and children.[69] Maneesha Lal has shown the British Raj was more concerned with maintaining their political and economic power and less with the welfare of the women.[70] In the process, traditional *dhais* or midwives in the province had always involved in the process of childbirth became a marginalised community. The activities of the '*dais*' were labelled as 'barbaric'[71] and 'dangerous'.[72]

However, the role of midwives had been important since ancient times. Mention of Midwives has been found in *Caraka, Sushruta* and in *Atreya Samhita*. *Caraka* portrayed midwives in this way: "The female attendant should be many, who are mothers of many children, sympathetic, constantly affectionate, of agreeable behaviour, resourceful, naturally kind

[68] Margaret Balfour and Ruth Young, *The Work of Medical Women*, p.38.

[69] David Arnold, *Colonializing the Body*, p.256.

[70] Maneesha Lal, *The Politics of Gender and Medicine*, p.45.

[71] David Arnold, *Colonizing the Body*, p.257.

[72] Geraldine Forbes, *Women in Colonial India*, p.100.

hearted, cheerful and tolerant of hardship" (*Caraka Sutra, 8-34*).[73] For *Susruta*, "There should be four female attendants who are of good reputation, fully grown in age, who have given birth to many children and whose nails have been clipped close." (Susruta 10-8) Atreya Samhita recommended that, "The woman in labour should lie in bed surrounded by female attendants, who have given birth to many children, who are cheerful by temperament, who are not given to obstructive speech and who are able to bear strain" (*Atreya Samhita, 9-84*).[74] Radhalakshmi and Rao have worked on the deviation of the various terms that was used to connote a midwife. The terms like '*medefife*', '*medwif*', '*midwyf*' which were in use in the early fourteenth century were used to describe a woman by whose means delivery is affected. It was around 1483 that a term like 'man-midwife' had come to the fore. As Radhalakhsmi and Rao found, '*days*' or '*dhye*' were the mutated form of the word '*dhati*' which was again derived from the Sanskrit word '*dhatri*' or '*upamatha*.' It referred to a woman who delivers children or one who cares for the newborn child and mother. The word '*Dai*' was colloquially used in Bengal and the word was also mentioned in Portuguese literature for the first time in 1568.[75]

Midwives in Bengal had faced kinds of discrimination. Katherine Mayo in her famous '*Mother India*' portrayed '*dhais*' as women who belonged to the "unclean, untouchable class". Mayo found the profession of '*dhais*' an essentially hereditary one - "At the death of a dhai, her daughter or daughter-in-law may adopt it, beginning at once to practice even though she has never seen confinement in all her life".[76] For Mayo, '*dhais*' were "half-blind, the aged, the crippled, the palsied and the diseased, drawn from the dirtiest poor" who was the

[73] K.K Radhalaxmi & M.N Rao, Nursing under Ancient Indian Systems in *Indian Journal of the History of Medicine*, Vol 1, June 1956, No 1, p.37.

[74] Ibid, pp.37-38.

[75] Ibid, pp.39-40.

[76] Katherine Mayo, *Mother India*, p.138.

"sole ministrant[s] to the women of India in the most delicate, the most dangerous and the most important hour of their existence".[77]

The high death rate of infants was perhaps one of the most important causes which concerned the British Raj so they became eager to reform the traditional practices associated with childbirth. Mary Francis Billington, a journalist who was writing in the 1890s reported, "That infant mortality is very high, is not on account of evil intent, but is due to the appalling ignorance of the dhais, the professional class of midwives or monthly nurses whose methods of treatment are simply barbarous, and, indeed, viewed in the light of our scientific knowledge, seem as if they would be enough to kill every unfortunate victim upon whom they practiced".[78]

The custom of appointing midwives during the time of childbirth was a deep-rooted tradition in Bengal and the phenomenon of childbirth was a cultural process. There was no concept of attending hospitals during childbirth. Women of Bengal, during their period of confinement, used to enter a particular room designed for childbirth, a room which was for Katherine Mayo an "evil-smelling rubbish hole".[79] The room was known as *'Sutikagriha'* (traditional lying-in room) and in colloquial Bengali as *'Aturghar'*. Shib Chunder Bose analyzed in detail the activities associated with the delivery of child. He wrote, "… the girl writhing under agony is taken into a room called *Sootikaghar* or *Antoorghar,* where no male members of the family are admitted."[80] As Supriya Guha also says, the room which was designed for childbirth in Bengal was known as '*Anturghar*'. It was a room like a small hut that was built some distance from the main building of the house. The hut was built with either bamboo or reeds

[77] Ibid, pp.138-139.

[78] Geraldine Forbes, *Women in Colonial India*, p. 88; also in David Arnold, *Colonizing the Body*, p.257.

[79] Katherine Mayo, *Mother India*, p.139.

[80] S.C Bose, *The Hindoos as they are: A Description of the Manners, Customs, And Inner Life of Hindoo Society in Bengal*, (Calcutta: W Newman & Co., 1881), p.22.

and it was destroyed after use. The room was sealed and dark and a fire was used to light the room.[81] Childbirth, being a female-dominated domain, access of males was restricted in *Anturghar* (traditional lying-in room). Recent scholars like Ambalika Guha have pointed out that childbirth in Bengal was essentially a combination of some ritualistic and cultural processes.[82] S.C Bose in his work elaborated in detail the traditional processes associated with childbirth. A woman, when her period of delivery comes, was made to wear a robe of red color and worship *Sasthi* (the goddess associated with childbirth in Bengal). The woman was expected to worship these images of the goddess during the period of her confinement for one month. As the time of delivery arrived, abiding by local beliefs, she took the name of *Hari* (Lord Krishna) to ease the process of delivery which was very painful. After delivery, the woman took a bath in cold water and had a normal meal consisting of rice, pulses, fish and curry after she had offered it to the god. Finally, after her period of confinement was over, she offered puja to Lord Krishna and distributed sweets to the children of the neighborhood which was known as *Harirloot* in Bengal. Bose noted that during the period in which he was writing, i.e, the 1880s, women were not using '*Jhaal*' (an antitoxin against gynaecological issues associated with childbirth) and '*Thaap*' (application of heat to the body) after delivery. He wrote that these practices were sometimes effective.[83] However, all these traditional practices came under direct scrutiny during colonial rule when the 'scientific' procedures of Western medicine relegated all other forms of indigenous medicine to the periphery. Some colonial administrators wrote reports showing their concern about the existing practices of childbirth and in the process, a negative image of *Sutikagriha* or *Aturghar* (lying-in room) came to the fore. James Wise, the Civil Surgeon of Dacca, while

[81] Supriya Guha, *From Dias to Doctors: Medicalisation of Childbirth in Colonial Bengal*, pp. 8-9.

[82] Ambalika Guha, *Colonial Modernities: Midwifery in Bengal, c.1860-1947*, (New York: Routledge, 2018), p.66.

[83] S.C Bose, *The Hindoos as they Are*, pp.22-24

reporting on childbirth in 1871, associated the whole process with ritual pollution, to avoid which the custom of sending the pregnant women to *Anturghar* was followed, so that those women remained secluded from the other members of the household. Dr Stewart who was serving Calcutta Medical College during this time, depicted the picture of the traditional lying-in room of Bengali households (*Aturghar*) in the following manner- "filthy, smoky and crowded hovels, to the straw of which unfortunate Bengalee females are condemned by native usage in the hour of suffering".[84] The Health Officer of Calcutta, wrote in 1876, "A chamber, few feet square, so situated that at the best of times its atmosphere must be close, has every aperture carefully shut. It is crowded with relatives and attendants so that there is often barely room to sit, and a fire of wood embers, or even charcoal, is burning in an open vessel. The atmosphere is principally smoke, which is increased by herbs scattered on the fire for the purpose. The woman is lying, generally on the ground, in the midst of this. The feeling of entering the room is that of impending suffocation."[85] Thus, all proponents of Western medicine attacked the traditional processes of childbirth. Not just the colonial masters, some members of the *bhadralok* class had also attacked the existing systems of childbirth. Some of the bhadramahila had also upheld a negative image of "*Sutikagriha*" (lying-in room) in their writings. Nanibala Dasi, in "*Sutikagare Prasutir Sushrusha*" (Treatment of Pregnant Women in Lying-in Room) wrote, "A few days ago, a pregnant woman had fallen ill since she was staying in an air-tight, unhygienic '*sutikagriha*'. Even the newborn child has died just after birth. That woman requested her '*dhai*'-midwife to take her outside that *sutikagriha*. But her mother-in-law objected. Within a few days, that unfortunate woman breathed her last. Thus, lady doctor said to her husband, 'I already had said earlier that staying in *sutikagriha* is not good for your wife's health'". Nanibala Dasi opined despite many such cases, Bengalis still followed these superstitions. Throughout her essay, she

[84] Sujata Mukherjee, *Gender, Medicine, and Society in Colonial India*, p.73.

[85] Ibid, pp.73-74.

depicted the miserable plight of pregnant women being kept in unhygienic *sutikagriha*.[86] As a consequence of this, traditional birth attendants, the midwives or *dhais*, were also marginalised. Ambalika Guha writes that in India, the 19th century saw the emergence of the reform movement and a reformed middle class. Sanitised self and reformed domesticity formed the main features of the period. This ultimately led to the marginalisation of the traditional *dhais* and the images of the sufferings of the Indian women in the hands of 'dirty', 'ignorant' and 'barbaric' dhais became common during this time.[87]

Midwives or *dhais* had traditionally played an integral role in the whole process of childbirth. Midwives were women mainly belonging to the lower castes like *Dome* or *Bagdee* (lower castes of Bengal) who never had any kind of systematic medical training. They don't have any fixed pay structure. Their fees varied from Rs 5/- to 50/-. Along with cash, they were also paid in kind,[88] and the nature of the fees also depended on the gender of the newborn infant. Celebration used to happen in the case when male child was born and birth of a girl was not at all welcoming.[89] This profession was a hereditary one.[90] Supriya Guha argues that this tradition of midwifery belonged to a pre-modern order of occupation and the work of dais covered all aspects of the process of childbirth. These traditional birth attendants were expected to cut the umbilical cord. They washed the puerperal clothes. They lived with the mother throughout her confinement and regularly warmed the newborn child.[91] Some of the contemporary pieces of literature referred to the existence of midwives or traditional birth attendants in many parts of Bengal without whom successful deliveries would not have been

[86] Sri Nanibala Dasi, "Sutikagare Prashutir Sushrusha", *Antahpur*, Baisakh 1311, April 1905(translation mine)

[87] Ambalika Guha, The 'Masculine Female': Rise of Women Doctors in Colonial India, c. 1870-1940, *Social Scientist*, Vol.44, May-June 2016, pp.49-50.

[88] S.C Bose, *The Hindoos as they Are*, p.23.

[89] Supriya Guha, *From Dias to Doctors*, p.8.

[90] Katherine Mayo, *Mother India*, pp.138-139.

[91] Supriya Guha, *From Dias to Doctors*, p.7.

possible in those days. Reverend Lal Behari Dey in his writings on rural Bengal wrote that the presence of the midwife was familiar during childbirth. She was depicted as a mother-figure who maintained some kind of clandestine relationship with the '*Vidhatapurush*', an imaginary figure who arrived on the sixth day after delivery of the child to write the destiny of the new-born infant on its forehead.[92] Dey also provides us with the details of the incident of childbirth at the house of Badan, a rural peasant - "*Rupa's mother* - for she was the village midwife - was in all her glory. From the door of the lying-in room, into which no one, not even the father of the newly born child, might enter - for it is regarded as ceremoniously unclean - she was now and then showing the baby with evident pride and satisfaction, as if the newcomer were her son or grandson."[93]

These traditional birth attendants were ignorant about modern delivery methods, but they used folk knowledge to care for the mother and the newborn to the best of their ability. Some of them were very competent, having saved the lives of many pregnant women. There are many mythical stories that evolved throughout Bengal surrounding them. Saralabala Sarkar heard the story of *Jogini Maa's* mother who was a competent midwife, without any professional degree. In the words of *Jogini Maa*, "If my mother would have listened about the difficulty faced by any pregnant woman, irrespective of any caste, she would be present in the door of that household. My mother had divine power in midwifery, as people used to say, there is no fear of the pregnant woman if my mother was present there".[94] Chitra Deb went through the literatures of the contemporary period and pointed towards the existence of a rich domain of traditional midwives. In an unpublished work by Tapas Mukhopadhay, entitled "*Sekaler Chikitshay Kharda-Raharar Mahilamahal*" (Traditional Treatments among Women's Quarters in Kharda Rahara), we find the names of many dhais. Kushi Kaorani

[92] Lal Behari Dey, *Bengal Peasant Life*, London: Palgrave Macmillan, 1878, p.38

[93] Geraldine Forbes, *Women in Colonial India*, p.83.

[94] Chitra Deb, *Mahila Daktar*, p.25.

learned midwifery from her mother and her competence was such that she could tell the perfect time by tracing the shadow of the sun in the water. Another dhai, Shibi, wife of Gaur Bairagi was not only a midwife who had attended to several pregnant women, she was also well known for her knowledge. Apart from midwives like Kushi Kaorani and Shibi, there were many other dhais present in the region of Khardah-Rahara which now falls in the district of North Twenty-Four Parganas near the metropolis of Kolkata. Mukhopadhay mentioned the names of other midwives as well, such as Giri Naptini of Kulinpara, Ghnetur Maa of Hnaripara, and Panchi Dhatri.[95] The names of these midwives clearly show that all of them were from the lower castes like those of the barbers (prefix Naptini shows that she was the wife of a *Napit* which means barber), *Hnari* etc. The wife of Nani Das (her name is not known) was also a renowned midwife of the village named Nischindipur in Midnapur district.[96]

Bengali novels and short stories of the period also depicted the presence of traditional birth attendants in respectable *bhadralok* households. Tarasankar Bandyopadhyay in his "*Agradani*" portrayed the dhai as a mother figure. In it, we find that a trained doctor was also present along with the village midwife. Bibhutibhusan Bandyopadhay in his well-known novel "*Pather Panchali*" also depicted '*Kurunir Maa*' the *dhai* as a motherly figure who was caring for Durga, one of the characters in the novel, when her mother was in *Aturghar* (traditional lying-in room) for her delivery. The name of the Dhai in "*Subarnalata*", a feminist novel by Ashapurna Devi, was *Gangamani* and here also we find that Gangamani was from one of the lower castes, *Hnari*.[97]

[95] Ibid, p.27.

[96] Ibid, p.27.

[97] Soma Mukhopadhay, *Banglar Dai,* (Kolkata: Loksanskriti o Adivasi Sanskriti Kendra, 2008), pp.22-25.

We also find the presence of *Dhais* in the memoirs of the eminent personalities of the contemporary period. Ramkrishna Paramhansadeva was very fond of his dhai-ma, *Dhoni Kamarni*. Ramakrishna was so fond of *Dhoni Kamarni* that he became adamant during his sacred thread ceremony to make her his "*Bhikhsha Maa*", which was not allowed in the caste-ridden society of Bengal in those days, as Dhoni was from a lower caste.[98]

Folk cultures in nineteenth-century Bengal also pointed to the existence of *dhais*. Sumanta Banerjee has argued that a rich tradition of folklore was present in Bengal since medieval times, which came under attack with the emergence of Western education. According to Banerjee, Calcutta during this period observed the arrival of a group of migrants from the villages had arrived in the city in search of a living. This group also brought with them a rich repertoire of rural folk culture and adapted that culture according to the environment of the metropolis. Most of these folk cultures, as Banerjee argues, were composed by people from the lower orders. These folk forms used to depict images of everyday life and the language used was colloquial Bengali.[99] In a particular form of folklore, named as "*Hento-Chhora*", we find that *dhais* or midwives existed in large numbers in 19th century Calcutta and most of them belonged to Dome and Hnari castes considered to be of the lower orders. One such Hento-Chhora portrays a Dome midwife in the following manner:

> "*Matrigorbho theke Mukti daye Dome Mata, Dui Jonar Chorone noto hoy matha*
>
> *Jononi Garbhadharini Dhai-Mata dhonya, Koto ache jani Mata tobo Putro-Kanya*"

[98] Ibid, p.24.

[99] Sumanta Banerjee, *The Parlour and The Streets: Elite and Popular Culture in Nineteenth Century Calcutta*, (Calcutta: Seagull Books, 1989), pp.83-84.

(Dome Mother frees from the mother's womb, head bows at the feet of two people, Mother only gave birth to me, but my Dhai-mother is great, I wonder how many sons and daughters she has.)[100]

Thus, *dhais* or midwives were not only supposed to deliver a child, but she was also expected to develop some kind of personal ties with the mother and children. It was quite certain because these *dhais,* as has been argued elsewhere, were expected to cover all the works associated with childbirth. However, all these traditional practices came under attack with the emergence of Western medicine. Colonial masters, in their effort to 'otherise' the Indian cultural norms and practices, attacked all the traditional systems. Sujata Mukherjee argues that from this time, some sort of "modernisation" of reproduction was taking place. The colonial masters linked the process of childbirth with "science in general and biomedicine in particular".[101]It has also been argued that the custom of midwifery came to be redefined as the science of obstetrics.[102] The British Raj became more concerned with increasing death rate rate of women and children during this time and they were eager to reduce the rate. The British Raj envisioned a political structure for which they were in constant need of a particular class of educated menfolk emerging out of Indian population to support the ever-expanding bureaucracy of the Raj. Thus, increasing death rate of the mothers and infants was of great concern to the colonial masters. They attacked all the traditional practices associated with childbirth and in the process, traditional birth attendants or *dhais* were marginalised.

Supriya Guha provides us with the example of Queen Victoria who took the help of men midwives in the time of her numerous confinements, used *chloroform* to ease the pain of

[100] Soma Mukhopadhay, *Banglar Dai*, p.27. (translation mine)

[101] Sujata Mukherjee, *Gender, Medicine and Society*, p.69.

[102] Ambalika Guha, *Colonial Modernities*, p.65.

labor, and resorted to "twilight sleep" after her delivery.[103] However, in the mid-twentieth century, in the 1960s and 1970s, as Ambalika Guha shows, health movement for females emerged, main aim was to restore the conventional role that midwives used to play- as the 'mediator between nature and culture'. Scholars like Barbara Ehrenreich and Deidre English, Jean Donnison, Jane B. Donegan were associated with this movement. Donnison attacked the custom of male midwifery and the rise of instruments like forceps, which she thinks, are responsible for the marginalisation of midwives. This ideology portrayed the women as 'hapless victims' "in the hands of unrelenting obstetricians".[104]

In Bengal also, the attack came upon the dhais is a similar way. The Raj envisioned programs for the training of dhai. Midwifery was also becoming an academic subject. The first attempt to institutionalise Western medicine began with the formation of Medical College in Calcutta in 1885. Midwifery was included as a subject in Calcutta Medical College in 1841. It has been argued that midwifery as one of the course in the medical studies broadened its "epistemological dimensions" and midwifery was projected as a science.[105] It was Madhusudan Gupta who for the first time encouraged the creation of a school of midwifery within the premises of Calcutta Medical College which was to train local women about the physiological details of pelvis and uterus of women. These women would receive a certificate of completion after two years. Thus, despite some societal norms, midwifery was slowly emerging as a medical discipline. One of the main purposes of the civilising mission of the British Raj was to spread western medicine among the local population. Thus, a class in Bengali started in Calcutta Medical College in 1851 and it was further divided into two sections in 1864. One section was for the students who were seeking subordinate positions under Government medical service as Hospital Apprentices in Jail Hospitals and Charitable

[103] Supriya Guha, *From Dias to Doctors*, p.2.

[104] Ambalika Guha, *The Rise of Masculine Females*, p.49.

[105] Ambalika Guha, *Colonial Modernities*, p.69.

Dispensaries. Another was a "*Vernacular Licentiate*" section, which produced indigenous practitioners of the 'minor' category, whose services were essential to diffuse western medicine in the Bengal countryside. It was the students of this Vernacular Licentiate section who for the first time showed their interest in midwifery in 1867. They wished to study midwifery. However, the authorities of CMC were reluctant to introduce the training of midwifery for two reasons. Firstly, Bengali women were still averse to the idea of "manual interference" by male doctors during their period of delivery: male members of their family would not allow any male doctors in the lying-in room of the family; secondly, the Medical College authority has cited the reason of non-availability of the cases of labour which were essential for demonstrative purposes. But the authorities failed to convince the students of the vernacular section and the students wrote to the authorities that they agreed to pay "Rs 3 per mensem" instead of Rs 2 for midwifery. Out of 188 students, 155 students had signed a petition stating their wish to the government. Ultimately, the government appointed Mir Ashraf Ali, who used to teach Medicine in Agra Medical School, as a teacher of midwifery, and in turn, the professorship of Midwifery was made permanent in 1868.[106] At about the same time, a textbook on midwifery was published in 1868 for the students of Calcutta Medical College which provided details about the use of forceps and the methods of surgery during delivery. However, instructions in Midwifery and recognition of the practice as a "science of obstetrics" had already begun with the establishment of a lying-in hospital in 1840, consisting of 100 beds within the premises of Calcutta Medical College. It was in this Hospital where male students were for the first time initiated into the processes of modern techniques of reproduction; they came to know about the use of *ether* and *chloroform* to ease delivery.[107] Another large Hospital of 350 beds was also opened in 1852 where 160 beds

[106] Ambalika Guha, *Colonial Modernities*, pp.70-71.

[107] Sujata Mukherjee, *Gender, Medicine and Society*, 20; also in Meredith Borthwick, *The Changing Role of Women in Bengal, 1849-1905*, (Princeton: Princeton University Press, 1984), p.156.

were reserved for the diseases of women and children; and 50 beds were placed under the section of midwifery and devoted to pregnant women and their diseases.[108] But, despite all these measures, these hospitals were meant only for lower caste women; women of the respectable native households were still resorting to the traditional customs- they were still taking the help of midwives during their delivery and giving birth to their child in traditional sutikagriha. Although the Report of the Midwifery Hospital in 1848 claimed that their graduates were now called by many families to attend to their women in confinement "both during and after delivery".[109]

Midwives were integral to the processes of childbirth in Bengal, and Bengali *bhadramahilas* were dubious about the skills of doctors in the processes associated with deliveries. Borthwick provided us with ample shreds of evidence where we see that experienced Doctors were also failed to cure *purdahnashin* women. In some cases, we see that there was a "continued dependence" on midwives. In 1896 when a woman named Pramodini Halder was about to give birth to her child, her family called a European doctor along with a midwife,[110] though we do not know whether this midwife was a trained midwife or not. Borthwick argues that many families were still seeking the help of midwives for their lower fees. The presence of midwives helped women who were in their confinement to develop some emotional attachment with the midwives.[111] Thus, from the 1860s, we saw the introduction of many *dhai* training schemes. Along with the increasing cases of maternal mortality which led to the vilification of indigenous *dhais*, another reason was infant mortality, for which also the colonial master thought that these dhais were responsible. Sujata Mukherjee noted that the death rate of infants was highest in Calcutta and in the narratives of the British Raj, the

[108] Sujata Mukherjee, *Gender, Medicine and Society*, p.20.

[109] Meredith Borthwick, *The Changing Role of Women*, pp.156-157.

[110] Ibid, p.158.

[111] Ibid, p.159.

practices of traditional dhais were held responsible. In the statement of Calcutta Census of 1911, "The practice of cutting the umbilical cord with dirty instruments and of applying cow-dung ashes to the freshly cut end commonly results in tetanus neonatorum and causes a very large number of deaths among healthy infants every year".[112]

British women doctors sometimes praised the efforts of the traditional *dhais* and they argued that it is their ignorance rather than brutality which was responsible for all these problems. Elizabeth Bielby, a missionary lady doctor said, "I do not mean to say for a moment that all these women are essentially bad; but what I do maintain is, they are as ignorant of medical knowledge as a child who is just beginning to learn to read." Francis Hoggan portrayed *dhais* as "victim of Indian society."[113] Thus considering the conditions of contemporary society, training of the dhais seemed more feasible. As the Indian Medical Gazette observes, even though the male pupils of the Bengali section of CMC were familiarising themselves with the aspects of the science of midwifery, they failed to reach those women who were giving birth in their homes under the supervision of the traditional dhais.[114] The first instances of this kind came from the northern part of India- a *dhai* training school was opened in Amritsar in Punjab in 1866 and another was opened in Bareilly in 1867. The school in Amritsar was to train native women of the higher caste. The students in the Bareilly school were mainly unmarried orphans, mainly from among the Indian Christians. The Madras Government also took some initiatives to train the traditional birth attendants in European methods. Bengal followed the trend for the first time in 1870, when Calcutta Medical College and Mitford Hospital in Dacca took initiatives to train indigenous native midwives.[115] Bengali society, though conservative as far as the processes of childbirth is concerned, we still find that many

[112] Sujata Mukherjee, *Gender, Medicine and Society*,p.75.

[113] Ibid, p.76.

[114] Ambalika Guha, *Colonial Modernities*, p.71.

[115] Sujata Mukherjee, *Gender, Medicine and Society*, p.76.

Bhadraloks were supporting this initiative of the Raj. Digambar Mitra, who was a renowned personality of that time, had arranged a scholarship of Rs 9/- for the local midwives. In 1871, Calcutta Medical College was providing training to ten midwives.[116] But still, attendance in all these training schools remained significantly low. In the decade following the 1870s, a major demand in this regard came from Dr Payne, the Surgeon General of Bengal. He cited the example of Madras Hospital of Midwifery which had played a distinguished part for they sent a bunch of trained midwives, both European and native outside Madras Presidency. The then Lieutenant Governor of Bengal approved the plan suggested by Dr Payne and thus Eden Hospital in Calcutta was formed in July 1882. A record from contemporary period shows that the authority called for soldiers' wives to train them as midwives and the military authorities has been asked by the government to send five military pupil midwives as early as possible for the nursing arrangement of the Hospital.[117] Eden Hospital became a predominant centre of the training of the native midwives, but this institution also failed to attract an adequate number of *dhais*. There was also another problem- the number of actual labour cases was very low. Native women still preferred home birth. Faced with this crisis, the then Professor of Midwifery of Eden Hospital, Dr Joubert, came up with the solution of creating a Maternity Department which would cater to the needs of those women who wanted to give birth at home. Such women were required to register themselves with the Maternity Department which would send one of the students of the Eden Hospital to them at the onset of their delivery and if the student failed to handle the case, the Department would send a "Resident Obstetric Officer" or an "Obstetric Physician".[118] Apart from these initiatives, the famous women's magazine, *Bamabadhini Patrika*, has also published several articles to educate

[116] Soma Mukhopadhay, *Banglar Dai*, p.90.

[117] *Proceedings B, General Department, Education Branch, Government of Bengal*, July 1882, West Bengal State Archives, Kolkata. (hereafter WBSA)

[118] Ambalika Guha, *Colonial Modernites*, p.74.

native women with several aspects of Midwifery. In "*Garbhasthya Sishur Abastha*" (Condition of Foetus), the author has discussed about the anatomy of the pregnant women and how a child develops inside the womb and also discussed about the processes that needs to be followed during the delivery.[119] Several aspects of women's health have also been discussed in an article entitled "*Swasthya Raksha*" published in another journal, *Bangamahila*.[120]

There was also a proposal from the authorities of the Calcutta Medical College in 1880 to train European and Eurasian women as midwives. The then Lieutenant Governor who was serving Bengal at the time, accepted this proposal in June 1881. After adequate discussion with the college authorities, Eden decided to form a class of six women and arrangements were made of a scholarship amounting to Rs 15/-. They were to be accommodated in the new building within the premises of the Calcutta Medical College.[121]

During 1893-94, nine native dhais completed their course in midwifery from the Eden Hospital and received their certificates of completion.[122] The main objective of all these dhai training programs was not to train these dhais about the scientific techniques; rather the aim was to train them in the basics of hygiene and cleanliness as well as to make sure they knew when to call for trained doctors during complications. Though many native dhais were still reluctant to receive training, some women came forward.

Eventually midwives themselves started to advertise their services in contemporary periodicals. Srimati Jagatlakshmi Ghosh, Srimati Thakamani Ray, and Srimati Nitambini

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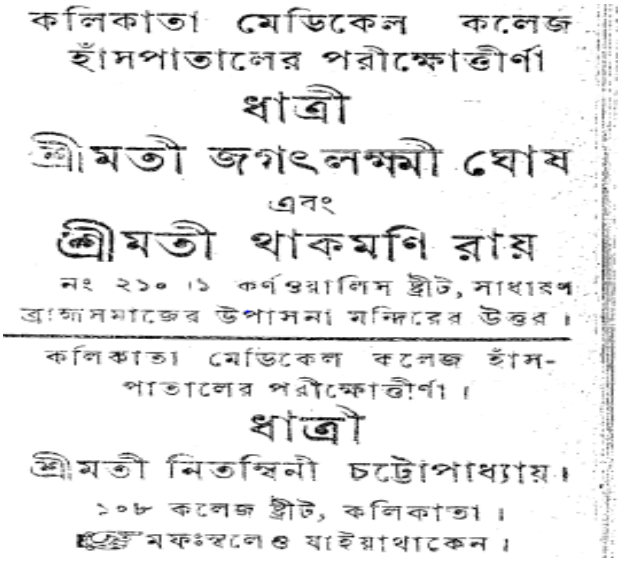
[119] Anonymous, Garbhasthya Sishur Abastha, *Bamabadhini Patrika*, Jaistha 1292, June 1885, pp.45-46 (translation mine)

[120] Anonymous, Swasthya Raksha, *Bangamahila*, Baishakh 1282, April 1875, pp.19-21(translation mine)

[121] *Proceedings B, General Department, Education Branch*, July 1882, WBSA, Kolkata.

[122] *Proceedings B, General Department, Education Branch, Annual Report of the Calcutta Medical College*, December 1894, WBSA, Kolkata.

Chattopadhay published an advertisement in *Bamabodhini Patrika* (September 1882) where they put forward their details.


কলিকাতা মেডিকেল কলেজ
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ধাত্রী
শ্রীমতী জগৎলক্ষ্মী ঘোষ
এবং
শ্রীমতী থাকমণি রায়
নং ২১০।১ কর্ণওয়ালিস ষ্ট্রীট, সাধারণ
ব্রাহ্মসমাজের উপাসনা মন্দিরের উত্তর।

কলিকাতা মেডিকেল কলেজ হাঁস-
পাতালের পরীক্ষোত্তীর্ণা।
ধাত্রী
শ্রীমতী নিতম্বিনী চট্টোপাধ্যায়।
১০৮ কলেজ ষ্ট্রীট, কলিকাতা।
মফঃস্বলেও যাইয়াথাকেন।

Illustration-I (Advertisement from *Bamabodhini*, September 1882, *Bhadra 1289*).

In the above advertisement, Srimati Jagatlakshmi Ghosh and Srimati Thakamani Roy declared themselves to be trained midwives; they state that they had passed the midwifery exam of Calcutta Medical College. They had also provided their contact details- they can be contacted at No 210/1, Cornwallis Street, north of the Sadharan Brahma Samaj. [123] The name of Srimati Nitambini Chattopadhay can be found in the same advertisement. Mrs Chattopadhay was also a trained midwife of Calcutta Medical College. She adds in the advertisement that she also visits Mofussil towns. Her address was at 108, College Street, Calcutta.[124] Another *dhai* of the contemporary times was Srimati Thakamani Ghosh, who also took her training from CMC and in 1887, as can be seen in the above advertisement, she was staying near Thanthania Kali Temple in the College Street area of Calcutta.[125]

[123] Bigyapan, Bamabodhinir Atirikto Patra, *Bamabodhini Patrika*, Bhadra 1289, September 1882, p.3.

[124] Bigyapon, *Bamabodhini Patrika*, Bhadra 1289, September 1882, p.3.

[125] Bigyapon, *Bamabodhini Patrika*, Magh 1293, February 1887, p.1.


কলিকাতা মেডিকেল কলেজ হাঁসপাতালের পরাক্ষোত্তীর্ণা

ধাত্রী

শ্রীমতী থাকমণি ঘোষ।

কলেজষ্ট্রীট বাই লেন (কলেজ ফাষ্ট লেন) ঠনঠনিয়ার চৌরাস্তার কিঞ্চিৎ দ

Illustration-II (Advertisement of Srimati Thakamani Ghosh, *Bamabodhini Patrika*, Magh 1293, February 1887)

Similar advertisements can also be found in the *Hindu Patriot* of 1883. Mrs Basanto Kumari Dutt published an advertisement with the following words: "Mrs Basanto Kumari Dutt, Diploma Holding, first English knowing native midwife, 8, Panchi Dhopanis Lane, Jorasanko, Calcutta". She also clearly stated that she completed her training from Calcutta Medical College.[126] Interestingly, the names of women mentioned above, clearly shows that they were from the upper castes i.e., Brahmin and Kayastha. Usually the traditional *dhais* came from the lower castes. This is evidence of slowly changing mentalities in society. Upper caste women were becoming more independent and educated. They were making their way into the sphere of organized women's healthcare. They weren't shy about letting their qualifications known so their services could be hired by other women. Two women from Dacca, one Muslim and another from the caste of leatherworkers, came to receive the training of midwifery under Dr Abhaychandra Mitra. Only one could afford to complete the course, however.[127] A lot of families were hiring trained midwives during this time. In her memoir, Sudha Mazumder wrote about a trained midwife who had helped her during her second confinement. During her first confinement in 1914, the very experienced but traditional *dhai* of her family, Khiro Dai was present. However, in 1921, when she was about to give birth to her second child, her family hired a trained midwife who gave a call to a doctor when some

[126] Chitra Deb, *Mahila Daktar*, p.49.

[127] Soma Mukhopadhay, *Banglar Dai*, p.91.

complications arose. When the doctor came, Sudha was lying senseless. Though she gave birth to a healthy child, she never saw that doctor ever again in her life.[128]

However, not all *dhais* were eager to participate in the training schemes initiated by the British Raj. Geraldine Forbes cited four reasons for which dhais resisted these training schemes. First, they did not have enough free time to attend regular classes. Second, these dhais found that these training programs were by nature attempt to replace their 'crafts'. Third, it was difficult for these *dhais* to acknowledge the validity of Western systems of childbirth. And lastly, most of their clientele at the time were satisfied with their services already.[129] Along with these reasons, Soma Mukhopadhay argues that another constraint was the medium of instruction in all these *dhai* training schemes was English,[130] a language which was alien to these uneducated, native *dhais*.

To facilitate these *Dhai*-training schemes, Lady Curzon has introduced "The Victoria Memorial Scholarship Fund" in 1901-02 keeping two objects in her mind. One was "to train midwives of a superior class" and secondly "to impart a certain amount of practical knowledge to the indigenous midwives".[131] Through the creation of this scholarship, Lady Curzon wanted to attract large number of "indigenous hereditary midwives" to Dufferin Hospitals and dispensaries so that some amount of "empirical knowledge" could be provided to them. It was decided that in the initial phase, the knowledge should be imparted orally in "colloquial language" and after the successful implementation of the programme, handbooks suitable to practice midwifery would be provided in local languages. It is evident from the Twenty Fifth Annual Report of the Dufferin Fund that with the initiation of Victoria Memorial Scholarships Fund, the objects of the Dufferin has also been changed. It was stated

[128] Soma Mukhopadhay, *Banglar Dai*, 93; also in Geraldine Forbes, *Women in Colonial India*, p.97.

[129] Geraldine Forbes, *Women in Colonial India*, pp.95-96.

[130] Soma Mukhopadhay, *Banglar Dai*, p.90.

[131] *25th Annual Report of Dufferin Fund*, p.75

that training traditional midwives 'in the light' of modern medicine and sanitation and providing scholarships to hereditary '*dais*' would be the main objective of the Fund.[132] This midwifery class which has been initiated under the aegis of the Victoria Memorial Scholarship Fund proved successful in Bengal. Some Civil Surgeons reported that the number of total class was seventeen (17) and they have appreciated the services of the *dais* who have passed from these classes.[133] The Scholarship fund has been successfully implemented throughout the province of Bengal as it is evident from the writing of Colonel R.M Campbell, the Inspector General of Civil Services of Dacca who wrote that, "At Dacca, during the year 1909, there have been five *dais* undergoing training and these will, in June next, be examined and if found qualified, granted certificates. One of these *dais* is entirely supported by the Dufferin Fund which makes a grant of Rs 7 per mensem".[134] There were also four other *dais* in Dacca, identity of whom has not been revealed, used to receive Rs 4 per mensem from the municipality and district boards and Rs 3 per mensem from the Dufferin Fund. After completion of their certificate course in Midwifery from Dacca class, these '*dais*' got posted at hospitals of several mofussil towns of East Bengal like Munshigunj, Manickgunj and Narayangunj and they were provided with free quarters and Rs 25 per mensem from municipality boards.[135] In Birbhum district of present day West Bengal, four women had enrolled themselves in midwifery class; while in Bankura, the number of women undertaken midwifery training under the Victoria Scholarships Scheme were two; out of them one *dai* had successfully passed the training programme and received appointment in one of the hospitals of Bankura district.[136]

[132] Ibid,p.76

[133] Ibid, p.77

[134] Ibid, p.81

[135] Ibid, p.81

[136] *28th Annual Report of the Dufferin Fund*, p.91

This was the context behind the introduction of medical education among females during the British period. When all these *dhai* training programs failed and the attendance in Hospitals and dispensaries remained low, representatives of the British Raj and some members from among the nationalist intelligentsia came forward to discuss the issue of female medical education. The immediate solution was to create a class of indigenous women doctors in colonial Bengal who could attend to the women of the *zenana* during their times of illness.

EMERGENCE OF FEMALE MEDICAL EDUCATION

The endmost decennary of 19th century traced the emergence female medical practitioners in the province of Bengal. They were all drawn from the ranks of the newly emerging Bengali Bhadramahila. In 1880, the male-female ratio of hospital admissions in Calcutta was 4:1. Only 15,584 adult females were treated in Hospitals while the number of male patients treated was 163,925. 4298 were female in-patients, while the number of males was 40,563.[137] Faced with this problem, discussions to create a class of dedicated female medical practitioners arose in the official and the public spheres. A scholar has shown that the appearance of females in professional domain of Western medicine was "an uneven process". Three group viz. British physicians, executives of the Raj and educated male reformers played an important role in the process. [138]

As we have already seen, education of women in Bengal was a matter of great controversy. Some initiatives were taken by the missionaries initially to educate women. With the progression of the century, the nationalist middle-class intelligentsia also introduced several reform programs. They founded several female schools which aimed to ameliorate the conditions of women in Bengali society. But these groups never visualised an educational

[137] Sujata Mukherjee, *Medical Education and Emergence of Women Medics in Colonial Bengal*, Institute of Development Studies, Kolkata, August 2012, p.6.

[138] Ambalika Guha, *Colonial Modernities*, pp.74-75.

programme which would help women to become economically independent. The sole purpose of all these initiatives was to create a new woman- "*bhadramahila*"- who must be a good mother, good wife and good daughter. Liberal *Brahmo* reformers like Keshav Chandra Sen, who delivered lectures on the positive aspects related to education of females opposed to train women in 'masculine' subjects like mathematics and science, since the purpose of the woman was to serve their household in a civilized way. They must not be independent economically. All these initiatives discouraged women studying subjects like mathematics and pure science even in female schools. Sarala Devi Chaudhurani, who was eager to study science subjects in Bethune College was not allowed to do so. She wrote in her memoir, "In our time, the system of co-education was not there. When I was in F.A standard, I expressed my desire to study a science textbook like *Sudhidada* [her elder brother]. But it was not possible in Bethune College to study science. I have applied several times to the Education Department with no result. Finally, the Science Association permitted me to attend the evening lectures of Dr Mahendralal Sircar. The F.A students were all male. I was the only female student among them. In this way, I have learned Physics."[139]

However, a group of radical *Brahmo* reformers favoured the introduction of science subjects in female schools. The women's periodical, *Bamabodhini Patrika*, tried to create awareness around the issue. Brahmo reformers wrote to educate ordinary women readers about the basic aspects of science. *Bamabodhini Patrika* of 1274 B.S (1867) with the title "*Bigyan Bishoyak Prashnottar"* (Questions and Answers on Science) discussed basic science questions raised by the readers in dialogue form. The whole dialogue was framed in such a way that the reader could get an idea about such things as air pollution, the causes of lung disease and the usage

[139] Sarala Devi Chaudhurani, *Jibaner Jharapata*, p.95.(translation mine)

of colloquial Bengali language.[140] In another essay titled *"Bigyan Bishoyak Kathapakathon"* (Conversations on Science), a mother educates her son Satyapriyo and her daughter Sushila about fire, water, air and the basic components of the atmosphere.[141] This indicated a change of attitude in the Bengali middle-class intelligentsia and a movement towards the cultivation of scientific temper among the women of Bengal.

Another reformer, Babu Nilkamal Mitra, a representative of the "*bhadralok samaj*" of Calcutta sent his granddaughter, Birajmohini, to Calcutta Medical College for medical training. Nilkamal Mitra was a batchmate and a close friend of Rajnarain Bose in Hare School. Mr Mitra had been passionate since his school life about medical science. He attended a three-year course at Calcutta Medical College after his schooling. Birajmohini was the daughter of Kaminikumari and Prabadhnath Basu, daughter and son-in-law, respectively of Nilkamal Mitra. In 1875, Birajmohini, 15 years old had already been married to according to Hindu customs. Her husband, Manmathnath Dutta was also a student of Calcutta Medical College.[142] Babu Nilkamal Mitra wrote to C. Bernard, a representative of the Government that "I have a mind to get my granddaughter" trained in the subjects related to medical science and he ended his letter by saying that, "Raring up a lady doctor or doctors in the present constitution of our Hindoo society be an innovation, I need not dwell on the benefits that such would confer upon the community".[143] However, the concerned authorities had divided opinions regarding the admission of Birajmohini at Calcutta Medical College. Dr Chevers wrote on 18th February 1875,

[140] Bigyan Bishoyok Prashnottar, *Bamabodhini Patrika*, Baisakh 1274, April 1867, pp.511-514.(translation mine)

[141] Bigyan Bishoyok Kathapakathon, *Bamabodhini Patrika*, Asharh 1274, July 1867, pp.537-540.(translation mine)

[142] Chitra Deb, *Mahila Daktar*, pp.43-44.

[143] Ibid, pp.45-46

> ”the time ever arrive at which a considerable number of women in this country presented themselves deliberately as candidates for medical education, the very difficult and debatable questions whether they ought to receive such education, and if so, how that education would be best given, ought to be fully weighed with all due care and liberality; but it appears self-evident that no good whatever could result from an attempt to afford such education to one solitary candidate, especially considering that she is a *purdah-nashin* female.”[144]

W.S Atkinson, Director of Public Instruction, Calcutta Presidency wrote that he did not support Dr. Chever’s view. Atkinson believed that “the utmost possible encouragement should be given in a case of this kind to any native lady who may desire to obtain a medical education. I believe that a novel enterprise like this will, at the outset, be only attempted by individuals, and I am sanguine enough to believe that very considerable good would result from affording medical education to even on solitary purdah-nashin… I would by all means help the one respectable lady that comes forward, and I would help her more willingly because she is a *purdah-nashin*.”[145] H.J Reynolds, Secretary to the Government of Bengal, requested the DPI after discussion with the Principal of CMC and the Superintendent of Campbell Medical School to make necessary arrangements for the admission of Birajmohini. Reynolds wrote in his letter to the DPI that “She should be permitted to have a separate seat, screened off by a *Purdah*, in a position which will enable her to take notes of the lectures, and which will allow her to enter and secretly leave the lecture room. There may perhaps be some difficulty in arranging this, but the Lt Governor desires that the experiment should be successful and that all possible facilities should be afforded.”[146] Reynolds saw no problem in

[144] *File 42-2, Proceedings of the Lieutenant Governor of Bengal, Education Department, Calcutta, 1875*, WBSA, Kolkata.

[145] Ibid.

[146] Ibid.

a female student obtaining permission to study in CMC. He wrote, "I am to say that this lady, or any other lady who may qualify herself by a proper course of study, may be permitted to go in for an examination, and if she can pass the examination, will be entitled to obtain a diploma".[147] But despite the petition of Babu Nilkamal Mitra to get her granddaughter Birajmohini admitted to the Bengali class of CMC, he failed. Birajmohini was never admitted to CMC. The reasons were not clear. After this, two subsequent petitions to get women students admitted to the CMC were made by one Babu Rakhaldas Mukherjee in 1879 and the parents of two other girls in the year 1882, but both petitions failed. The reasons cited were the shortage of funds and it has been argued that time has not came for innovations within the area of medicine.[148]

There were some private initiatives by American missionaries in the mid-nineteenth century to train Indian women in medicine. In 1869, Dr Humphrey, a member of the American Methodist Episcopal Church, started a class to train women in medicine at Nainital. But it was not possible to impart medical education single-handedly by one person and thus it failed in 1872. The next effort was made by Dr Clara Swain, who arrived in India in 1870, and started to train three women who were married and fourteen girls from the home of orphans at Bareilly, but this also failed due to the lack of proper infrastructures. Babu Ganga Pershad of Bareilly also came forward to impart medical training to Indian women, but the standard of education was unsatisfactory. The class stopped in 1875.[149]

Other Presidencies also made efforts to introduce medical education among the females. Madras Medical College first launched the initiative to open the door for females. Dr Balfour, the Surgeon General of Madras, thought about the idea of female medical education which

[147] Ibid.

[148] Ambalika Guha, *Colonial Modernities*, p.75. Two other girls were Abala Das and Ellen D' Abreau

[149] Balfour & Young, *The Work of Medical Women*, pp.106-107.

deemed necessary for medical demands of the *zenana* women of India. But, however, DPI (Director of Public Instruction) opposed this move and termed it as "entirely premature". However, the idea was again revived in 1874 and this time, Dr Balfour was supported by the then Principal of the Medical College, Dr Furnell. Thus from this time, women were granted admission in Madras Medical College in the "certificate" class, a class of three years and four European and Anglo Indian girls took admission in this class. The eligibility of gaining admission to this class was not so strict.

In Bombay also, there were some initiatives to educate women in medicine. An American Businessman named George A Kittredge intervened in this sphere by creating a fund to promote female medical education in 1882. One Parsee gentleman, Sorabjee Sapurjee Bengali helped Kittredge in his initiative by raising Rs 40,000 within two months. Pestonji Hormusji Kama also donated Rs 1,64,300 to the fund. The British woman doctor, Dr Frances Elizabeth Hoggan also supported the move. Hoggan stressed the need to create a "new medical department for women" which would work in harmony with the Civil Medical Service. She pleaded to create two groups of women doctors: a. A group of ordinary doctors who would practice in the countryside and b. A more 'accomplished' group who would act both as teachers and practitioners in the metropolitan cities.[150] It was in this context that the Grant Medical College admitted females in 1883.[151]

However, Bengal was lagging behind these two presidencies. Though some representatives of the Bengali Bhadralok appealed on the issue, no program materialized. For Balfour and Young, it was a matter of "curious irony" that Bengal, being a province that remained intellectually advanced throughout the period, remained completely backward as far as the medical education for women was concerned. In 1882, when Ellen Barbara d'Abreu and

[150] Sujata Mukherjee, *Gender, Medicine and Society*, 46; also in Ambalika Guha, *Colonial Modernities*, p.75.

[151] Ambalika Guha, *Colonial Modernities*, p.75.

Abala Das, both of whom had passed Entrance examination from Bethune College, approached the then DPI (Director of Public Instruction) to take admission in Medical College of Calcutta, the Council declined their request and they went to Madras to pursue medical education.[152] However, the mentality of '*bhadralok*' class of contemporary society was steadily changing as it is evinced from Rabindranath Tagore's novel "*Dui Bon*" where Urmila, the younger daughter of Babu Rajaram, expressed her desire to study medicine in Europe. As Rabindranath wrote, "the words of Urmila quickly reached the heart of Rajaram". Rajaram permitted Urmila to study medicine in Europe and asked her to practice in the hospital which would be set up by Rajaram in memory of his son, Hemanta. This matter of female medical education did not seem out of place for Rajaram.[153] *Brahmo* Public Opinion was in favour of medical education for women and they argued about the absence of the mechanisms of the treatment of females in the native households.[154] The same journal again commented in 1883, "If there be any one country where more than at another, the want of lady doctors is most keenly felt, it is no doubt India. The system of *zenana* seclusion makes it nearly impossible for male doctors to be very useful in treating female patients."[155] *Bamabodhini Patrika* also argued in favour of starting female medical education to facilitate the treatment of women of the province.[156] Though the CMC rejected female students in 1876 and again in 1879, [157] the matter was discussed by the concerned authorities in 1883. During this time, the earlier decisions of the Medical College were overruled by the Lieutenant Governor. "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 in this matter of female

[152] Sujata Mukherjee, *Medical Education and the Emergence of Women Medics in Colonial Bengal*, pp.10-11.

[153] Rabindranath Tagore, *Dui Bon*, Tagoreweb.

[154] Sujata Mukherjee, *Gender, Medicine and Society*, p.44.

[155] Sujata Mukherjee, *Medical Education and the Emergence of Women Medics in Colonial Bengal*, p.10.

[156] Ibid, p.10.

[157] *Proceedings of the General Department, Education Branch, July 1883*, WBSA, Kolkata.

medical education, the Lieutenant Governor "had formed a clear affirmative judgment".[158] For Richard Thompson, it was a matter of great reproach, for Bengal as a province was progressive in the matter of education, but it was "illiberal and retrograde" in this matter. Thompson argues that it is a matter of deep regret that many Bengali ladies, though fully qualified to get admission in CMC, went to Madras. The then Lieutenant Governor also argued that illiberality in this aspect would bring some negative consequences; in the first place, "it encourages *zenana* prejudices", secondly, "it strengthens the barriers of caste" and thirdly, "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 beneficent service".[159] The impetus for this movement perhaps came from the Bengali women themselves, since the attempts to increase the rate of hospitalization among women had failed, which shows that these women were determined to not visit male doctors on any ground. Thus, it became clear to the official authorities that the only solution to the problem was to ensure admission of females into Calcutta Medical College. The then Lieutenant Governor also cited the example of Europe, America, and Madras which introduced the option of mixed classes with a positive result. Since it was not possible to doubt the aptitude of female students of those institutions, the Lieutenant Governor rejected objections on the ground that those are "unsubstantial and obsolete". A.P Macdonnell, Secretary to the Government of Bengal, declared in 1883 that women are now eligible for taking admission to CMC and the Lieutenant Governor "is confident that he can count on the loyalty and zeal of the Professors to bring his policy on this question to a successful issue".[160] It was decided that two types of students will get admission to the certificate class of CMC and their amount of scholarship will also vary. A special scholarship of Rs 20 per mensem was reserved for that

[158] Ibid.

[159] Ibid.

[160] Ibid.

lady student who had passed the University F.A examination and who will pay fees as a matriculated student, but those who had not appeared in F.A examination but completed University Entrance Examination would be entitled to receive their tuition and residence free. The course was of three years' duration and all females were expected to read all the subjects essential for medical studies along with three months medical and surgical dispensary in their first year; in the second year, there were subjects like Practical Chemistry, Materia Medica, Physiology, Dissections with six post-mortem demonstrations, medicine with three months clinical and three months dispensary instruction, Surgery and Dentistry with Dental dispensary practice. The curriculum in the third year was quite rigorous. Female students would have to complete a course on Medicine and three months clinical medicine in Hospital, Surgery, clinical instructions on Midwifery with attendance on thirty labour cases, medical Jurisprudence with demonstrations as cases occur, ophthalmic medicine and Surgery with three months in-door instruction, Hygiene and they need to undertake an out-door dispensary practice for three months. These lady students were entitled to receive their certificates after successful completion of all the courses qualifying them for employment as Licentiates in Medicine, Surgery and Midwifery (LMS).[161] An Anglo-Indian individual granted a fellowship of Rupees two hundred per month so that these female students could be benfitted.[162]

Kadambini Basu, the first Bengali woman doctor, was the first beneficiary of the project who had completed her GBMS (*Graduate in Bengal Medical School*) degree in 1886. Gradually, we see a steady increase in the enrollments of female students although the number varied. In 1888-89, 17 female students took admission, while in 1889-90, the number was 11, and in

[161] *Proceedings B. 39-40, General Department, Medical Branch, March 1886*, WBSA, Kolkata.

[162] Margaret Balfour and Ruth Young, *The Work of Medical Women*, p.110. Name of the Individual was Walter De Souza

1893-94, 15 female students took admission.[163] In the year 1893-94, there were 13 female students in CMC, out of this one student had passed the certificate course, and two had left. Thus, there were ten female apprentices in 1894. Among them, Miss Jamini Sen received 1st certificate in Materia Medica, Miss Ada White was the receiver of 3rd certificate in Anatomy and a gold medal in Botany and 1st certificate in Anatomy went to Miss R Cohen. Progress was quite satisfactory among female students in this academic session.[164] We can trace a continuous effort on the part of the British Raj to promote female medical education in Bengal. In 1894, when the then DPI in Bengal, Sir Croft appealed for the renewal of the scholarship to Rs 20 which has been granted to females who were enrolling themselves to study in CMC for the past ten years, the then Lieutenant Governor of Bengal granted the renewal "for the encouragement of medical education among females for a further period of ten years, or until further orders".[165]

The contribution of Maharani Swarnamoyee was very important in the context of female medical education. Maharani Swarnamoyee, hailing from the famous landlord family of Moorsedabad district and also a Member of the Imperial order of the Crown of India, Cassimbazar wrote a letter to the Magistrate and Collector of Moorsedabad in 1884 stating that, "The want of properly educated female medical practitioners for the treatment of my sex has been felt by me for a long time, and gradually with the advance of my age, a deep impression has been made in my mind. I had always hoped and expected that some kind-hearted and noble-minded person would do something for the removal of the sad want, but I regret to observe that this hope has not yet been realized".[166] As it is evident from the letter,

[163] *Proceedinngs B, General Department, Education Branch, Annual Report of the Medical College*, Calcutta, 1893-94.WBSA, Kolkata.

[164] Ibid

[165] *File 2S/10-1, General Department, Education Branch*, WBSA, Kolkata

[166] *File 89, Admission of Female Students into the Medical College, Proceedings of the Lieutenant Governor of Bengal, General Department, Education Branch*, Calcutta, December 1884, WBSA, Kolkata

Maharani at first sought to establish an institution to impart medical education to female in Moorsedabad, but she was convinced by the authority that this type of institution would be more feasible in the colonial metropolis in Calcutta and she urged to donate Rupees One lakh and fifty thousand for the purpose of providing accommodation for the female students who would be enrolled themselves in Calcutta Medical College. She wrote, "I have thought it proper to place, at the disposal of our noble and benevolent Government, the sum of rupees one lakh and fifty thousand, in order that it may be pleased to accept the amount and supplement the same by such aid as may the necessary, and adopt such measures as may be considered desirable and proper, so that my intentions may be carried out and fulfilled. Already lying under grave obligations to the Government, which has not unfrequently shown me kindness and favour which I shall ever remember, I need scarcely add that my gratitude will know no bounds, if the Government will be kind enough to approve of and accept my humble proposal, I shall be ready and very happy to pay the amount whenever I may be called upon to do so".[167] The then Lieutenant Governor of Bengal has took the letter seriously and accepted the generous grant made by the Maharani of Cossimbazar on the ground that the organization would favour medical education by providing accommodation to girls who came to receive medical studies from far off places.[168]

However, the contemporary reports show the quantity of female students have not increased with the progression of time and enrolments of Hindu pupils from respectable native families was still very few. An account of Medical College of Calcutta published during 1922-23 shows the presence of 13 female pupils altogether in CMC and among them, there was only 1 non-Brahmin Hindu girl who was residing with his father in Maharani Swarnamoyee hostel, while there were 9 European and Eurasian females, and only 1 student managed to complete

[167] Ibid

[168] Ibid

the course.[169] Contemporary scholars identified two major problems which were the main barriers for women. First, there were objections on the part of the female students to participate in the "mixed class". They were not fully prepared to move in the outside world and along with that, the attitudes of the male teachers and students were not at all welcoming. Second, a separate medical school for women with women teachers was not there. It was Dr Edith Brown, a young missionary woman doctor arriving in India after 1900, initiated plans for a separate medical school for girls where they would be trained by women. Miss Greenfield of Ludhiana and Miss Hewlitt of Amritsar assisted Dr Brown, and the school was ultimately established in Ludhiana.[170] No such initiative was taken in Bengal.

While CMC opened its door for female students in 1883, female pupils began to take admission in Campbell Medical School from 1888. Campbell School started in 1872 to separate the Bengali vernacular class from the English class of Calcutta Medical College. In this school, the primary medium of instruction was Bengali, and textbooks were in Bengali. Often, they used Bengali translations of English textbooks. Campbell School conferred the degree of VLMS (*Vernacular Licentiate in Medicine and Surgery*), and these graduates performed the role of pioneers in spreading modern scientific medical practices to the inner corners of Bengal. After the formation of Dufferin Fund, the province saw the emergence of many dispensaries and hospitals designed to provide medical aid to *zenana* women throughout the province. Thus, there was a need to train native women as 'hospital assistants'. But contemporary officials had expressed their doubt over the issue. When members of the *Sadharan Brahmo Samaj* approached Dr Coull Mackenzie, the Superintendent of the Campbell Medical School,[171] Dr A.W Croft, the then DPI supported the idea of creating a medical school for the propagation of medical studies in Bengali language

[169] *Annual Report of the Calcutta Medical College, 1922-23*, WBSA, Kolkata.

[170] Margaret Balfour and Ruth Young, *The Work of Medical Women*, pp.102-113.

[171] Geraldine Forbes, *Women in Colonial India*, p.124.

among the females of Bengal.[172] Dr. Croft visualized a programme whereby the female students without formal schooling had to undergo a 'special entrance exam' which would judge their basic teaching and learning skills. In the recommendation of A.W Croft, the minimum age of all applicants was to be 16 and there was no upper age limit for girls (for boys it had been 23). The DPI also made arrangements for ten scholarships of Rs 7/- per month.[173] But these recommendations of Croft for admitting women in the medical class of Campbell Medical School did not satisfy everyone associated with the medical profession. Surgeon Major C.J.W Meadows, the then Civil Surgeon of Patna rejected the idea since he thought that there were no necessities of women medical assistants in the remote parts of Bengal.[174] We find the echo of Meadows's words in the opinion of Dr R.L Dutt, Civil Surgeon of Rangpur who argued that no special need existed to train women in medicine in the vernacular class. Dutt also expressed his fear that the program "would bring European medicine into disrepute".[175] The then Superintendent of Dacca Medical School, Surgeon Major Crombie, also ridiculed the idea. He argued that Indian females themselves were averse to the benefits which were promised by the modern scientific medicine. He listed some other problems among Indian women as well: Muslim girls would always maintain seclusion; the custom of early marriage would force Hindu women to leave their course midway while *Brahmo* and Christian women would never surrender their terms. They would want to stay away from Hindu and Muslim girls.[176]

[172] Sujata Mukherjee, *Gender, Medicine and Society*, p.51.

[173] Geraldine Forbes, *Women in Colonial India*, p.124.

[174] Sujata Mukherjee, *Gender, Medicine and Society*, p.53; also in Geraldine Forbes, *Women in Colonial India*, p.125.

[175] Geraldine Forbes, *Women in Colonial India*, p.125; also in Sujata Mukherjee, *Gender, Medicine and Society*, p.53.

[176] Geraldine Forbes, *Women in Colonial India*, p.125.

However, after Campbell Medical School opened its door for women in 1888, 15 female students began their study of Western medicine in the Bengali language. The entire course in Campbell school was also of three years duration and the curriculum was like that of the Calcutta Medical College: Anatomy, Physiology and Materia Medica were there in the first two years; in the final year, these students were expected to complete the courses on surgery, medicine, therapeutics, midwifery, and medical jurisprudence.[177] During 1893, the number of women apprentice in licentiate class was 16. Fifteen women took admissions in the new phase- out of these nine students were the newcomers to the school, while six women took readmission. By 16th June 1893, there were thirty-one female students altogether.[178] The number of total female students passed in the year 1893 was six: 1 Hindu, 2 *Brahmo*, 1 Eurasian, 1 Native Christian, and 1 Muslim female completed their courses from Campbell Medical School.[179] All the female hospital assistants who had passed from the Campbell School received their employments in the suburban charitable dispensaries and Dufferin Hospitals throughout the Bengal Presidency. Several improvements in the teaching methods and other subsequent issues had been noticed with the progression of the century. In the year 1907-08, there were certain modifications in the existing lecture room- one pathological workroom, an X-Ray room, a photographic workroom for developing X-Rays and other photographs had been installed. There were twelve women pupils in the hospital assistant section, all entitled to scholarships of Rs 7/- from the government; some were also the recipients of scholarships from the Countess of Dufferin Fund, district boards and the Walter Thompson Female Scholarship Fund. Only two women, Mrs. Panna Kumari Hansda and Miss Emily Subarnabala Biswas had passed the final examination. Their names had been sent

[177] Ibid, p.128.

[178] *Annual Report of the Campbell Medical School for the year 1919-20*, WBSA, Kolkata.

[179] Ibid.

to the District Board of Murshidabad for employment.[180] A contemporary account of 1919-20 shows that there were eleven female students in the class meant for Sub-Assistant Surgeons; five in the 2nd year, three in the 3rd year and three in the 4th year class and along with that eight female students took admission in the beginner's section in June 1919. Thus, at the beginning of the session 1919-20, there were nineteen students in the female class altogether. All female students were the recipients of Government scholarships along with other scholarships mentioned above, and the number of students granted fellowships by Dufferin Fund and Walter Thompson Female Scholarship subsequently increased.[181]

The primary intention of the Campbell school was to spread the practice of Western medicine in the Bengal districts. It was relatively more comfortable for these female hospital assistants to treat native women because not only were they Bengali speaking and aware of the local customs, they could also deliver a child with forceps and had knowledge of basic hygiene. They treated other feminine diseases by providing useful medicines. However, these lady hospital assistants lacked formal education and their standard of primary education was "considerably inferior" to that of male students admitted to Campbell Medical School.

[180] Ibid.

[181] *Annual Report of the Campbell Medical School for the year 1919-20*, WBSA, Kolkata.

CLASSIFICATION OF STUDENTS ACCORDING TO RELIGION AND NATIONALITY TAUGHT IN AND PASSED OUT DURING THE YEAR 1919-20 FROM THE CAMPBELL MEDICAL SCHOOL. (Table- IV)

	Total no. of students taught			No. passed as L.M.F	
RELIGION		MALE	FEMALE	MALE	FEMALE
EUROPEANS & EURASIANS		1	1	…	1
NATIVE CHRISTIANS		2	17	…	1
HINDUS (BRAHMINS)		202	…	38	…
HINDUS (NON-BRAHMINS)		244	1	40	1
MUHAMMADANS		61	…	3	…
BUDDHISTS		…	…	…	….
PARSIS		…	….	…	…
TOTAL		510	19	81	3

CONCLUSION

From the above discussion, we can conclude that from this time, a new chapter began. Although there has been no such discussion on the women's health in Bengali society since the initiation of the British rule in India, some changes have been taken place over time. The steps taken by the missionaries in this regard are undeniable. The missionaries were the first to bring about the tide of change in Bengal, and strongly opposed the custom of '*Purdah*'. However, we can easily understand the hidden pride of their 'civilizing mission'. During this time, as the medical education of women in Europe expanded, American and European female doctors began to come to India and devoted themselves to the service of Indian women. Lady Dufferin, through her Fund, arranged for the delivery of European medical care

to the native women. From this time, medical education among women in Bengal has been launched. Although many opposed it at first, Medical College of Calcutta and Campbell Medical School authorities has opened door of the respective institutions for women, overcoming all dilemmas. We have seen many attempts by the government to educate the Bengal midwives in Western medicine. And we also noticed that many traditional midwives came forward to receive that training. The discussions in this chapter mainly focused on what has been changed by the government and the missionaries on the issue of health care of women. The reform movements which were initiated by the middle class '*bhadralok*' provided women the medium through which they made an attempt to broke the existing boundaries and many women have recorded their animosities through the mode of 'print-culture' and also started expressing themselves through the same medium of print as it is evinced from the advertisements of the trained midwives. The women now started accessing information about their own bodies and they started to re-conceptualize notions of their own bodies. Women's bodies remained the site of contestation where the norms of social respectability are contested. However, the context suggests that women during this time were not viewing culture as the destiny of their bodies; rather biological contruct determines the discourses of their bodies. But what exactly was the life of the women who were getting medical education from CMC and CMS? From this time, it is seen that many female doctors are coming from Britain, what is their standpoint? All these questions will be the main topic of the next chapter. The chapter will also focus on the newly educated nationalist middle-class discussion on the health of ladies, reformulation of which took place on the new ideals of domesticity and will try to take seriously what women at the time thought about their health.

CHAPTER - 3

HEALTH CARE OF WOMEN: A NEW CONSCIOUSNESS

The present chapter will cover the aspects of health care among women. Archival records point towards the philanthropic activities of many Bengali men and women who were donating generously to construct maternity wards or *Zenana* wards in many hospitals throughout the province. Many women are writing periodicals about the ways through which women can preserve their health. Although many Bengali *bhadramahilas* have never attended any medical school or college, they still prescribe medicines and inform editors of contemporary periodicals about their findings. Lady Dufferin Fund, which was formed in 1885, took up the issue of health care of Indian women. Use of some alternative sources has been made in this chapter, such as fiction and short stories of the period dealing with women's health care in rural Bengal, which remained outside the purview of 'colonialism'. The chapter will also cover the activities of some successful women doctors of the era.

PERCEPTIONS OF CHANGE AMONG WOMEN

Several changes began to take place in Bengal from this period. Facing humiliation in the public sphere, the class of *Bhadralok* visualised family as, in the words of Tanika Sarkar, "an enterprise to be administered, an army to be led, a state to be governed".[1] In this context, a reformation in the status of women of the family became an important task. As it has been argued in the earlier chapters, many social reformers of this time visualised programmes to educate women. Newly emergent middle class Bhadraloks attempted to break the seclusion custom (*Purdah*) which was one of the main constraints whereby Bengali women remained secluded within the zenana. Nagendrabala Mustafi, a woman writer of the contemporary period, commented that the condition of women under seclusion was similar to that of 'caged

[1] Ambalika Guha, *Colonial Modernities: Midwifery in Bengal, 1860-1947*, New York: Routledge, 2018, p.34.

birds' as they were not expected to go outside and mix with men. During this time, the *Bhadralok* class undertook some endeavours to educate women and reform their status by importing the Victorian ideal of womanhood, the "new woman", who must be a good daughter and a good wife, but she was not expected to engage herself in any kind of economic activities.

However, all these initiatives granted women some kind of independence and women started to come out of their homes. Ghulam Murshid provided many examples and argued that from 1870 onwards, many women were turning themselves into 'social women'. Many women started attending social activities and began to travel abroad with their husbands. Brahmamoyee Devi, wife of Durga Mohan Das, was the first women to attend a religious activity with men and many women, such as Radharani Lahiri, Rajkumari Banerjee, Hiranmoyee Devi, Sarala Devi, and Indira Devi and many other 'Brahma' women became enlightened and emancipated.[2] Outlooks of women began to change with the spread of education of women and breaking of the seclusion. Women began attending social activities, although religious gatherings, for the first time. In January 1966, fifty women gathered for *Maghotsav* ceremony in the house of Maharshi Debendranath Tagore at Jorasanko in Calcutta for the first time. At about the same time, many other women's associations sprang up throughout Bengal. The foremost among the associations called *Brahmika Samaj* was established in 1866. In August 1879, *Banga Mahila Samaj* was formed with some prominent Brahma ladies. Native Christian women, inspired by the activities of *Brahmo* women, started their own associations in 1881.

However, *Bhadralok*'s standpoint on this matter remains ambiguous. On one hand, they were attempting to reform the status of women and were criticising the custom of *Purdah* and on

[2] Ghulam Murshid, *Reluctante Debutante: Response of Bengali Women to Modernisation, 1849-1905*, (Rajshahi: Sahitya Samsad, Rajshahi University, 1983), pp.36-37.

the other hand, they were trying to regulate the activities of women. Members of the *Adi Brahma Samaj* were opposed to the idea of free mixing of women; even Keshav Chandra Sen, whose contribution has been noteworthy as far as education of women is concerned, was against this idea. However, women's outlooks were changing as they were getting access to education. Women started emancipating themselves. It has been argued that this 'emancipation' was a 'modern' phenomenon. However, as Murshid observes, *Bhadraloks* were not satisfied with 'excessive modernisation' of women and men were in a position to grant women only 'limited freedom',[3] which would not imbalance the familial power structure. Since women were getting access to education, they were becoming aware of the minimum social and legal rights and by this time, many women started talking about all these issues.

It was for the first time that women started entering the economic sphere. Women's magazines, such as *Bamabodhini Patrika*, listed various 'professions' that could be suitable for women.[4] The discussions in the preceding sections show that many women took up midwifery as their profession after completing their training from Calcutta Medical College (CMC) successfully. However, most women during this time had accepted teaching as a profession. By 1905, almost 80 women were teachers of upper primary schools.

Bamasundoree Debi of Pabna was the first woman to receive employment as teacher, who set up a teacher training school in her home and trained other women to become *zenana* teachers. Another woman, Manorama Majumder, became a teacher and began her career in Barisal in 1860s. She joined Dacca Government Adult Female School as a second mistress in 1878.[5] The first woman who has accepted paid employment was Radharani Debi of Dacca. She was appointed as a teacher in *Sherpur Strisikhsha Bidhyaini Sabha* (Association of Female

[3] Ibid, p.50.

[4] Meredith Borthwick, *The Changing Role of Women in Bengal, 1849-1905*, (Princeton: Princeton University Press, 1984), p.312.

[5] Ibid, p.316.

Eduation of Sherpur) and the phenomenon was so 'unique' considering the contemporary times that it attracted the attention of the authorities of the British Raj.[6]

A new redefinition of womanhood had emerged during the period. Though many women started entering the economic sphere, the process hardened *Bhadralok's* attitudes towards women. *Bhadralok* always wanted 'limited freedom' for women that would not diminish the authority of men over women. However, the educated class of male intelligentsia agitated when women started going outside their familial sphere after completing their education. They never supported these journeys by women and they were angry when women started exercising their 'personal liberty'. The *Bhadraloks* thought that these were "extraordinary acts of disobedience towards the society".[7] The *Bhadraloks* believed that emancipation for women meant neither breaking the custom of *Purdah* nor engaging in economic activities by women, but it meant proper 'spiritual and mental development'.[8] Even enlightened personalities, such as Rabindranath Tagore, objected to the idea of opening up of a professional sphere for women. In his response to the lecture of Pandita Ramabai in 1891, he emphasised two major points: firstly, women are weak by nature and are not adequately intelligent like men and secondly, mother-nature has created women in the form of 'mothers' and they are therefore not suitable for the professional world outside.[9]

Although men were reluctant, still quite a number of women started accepting jobs. Sarala Devi Chaudhurani, in her memoir, wrote that she faced hostilities of male members of her family when she took decision to earn. Her father was not ready to accept her decision, but she was adamant to earn. Eventually, her father granted her the permission. Scores of women

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[6] Ghulam Murshid, *Reluctant Debutante*, p. 48.

[7] Ibid, p.41.

[8] Ibid, p.51.

[9] Soma Biswas, *Unobingsho Satake Bangladeshe Chikitshabigyan Charcha*, (Kolkata: K P Bagchi & Company, 2015), p.32.

writers of the contemporary period urged women to become independent. Prabadhini Ghosh in her article "*Bangamahiladiger Arthakari Shilpacharcha*"(Industrial Works of Bengali Women) invoked the example of Assam where many women were engaged in the cloth making industry. She urged Bengali women to start weaving clothes to become financially independent.[10] Lilabati Mitra in another essay entitled "*Streelokdiger Arthakari Shilpasikkha*" (Industrial Education of Females) regretted that although a movement was started to encourage men to enter salaried professions, no such movement has been started for women. She also lamented that women were losing certain professions, which were designated for them, while facing tremendous pressure due to deindustrialisation. Thus, she urged women to engage themselves with professions that would be commercial and modern.[11] All these references suggested that numerous women started accepting paid employment and by 1921, several women were working professionals. Data of working professionals' shows that: 68,000 were health care professionals, 30,000 were either teachers or scientists, while 6,000 were lawyers and businesswomen.[12] In this context, we will examine the issue of health care consciousness among Bengali women.

EUROPEAN LADY DOCTORS IN COLONIAL BENGAL

The preceding sections covers the incidents related to female medical education in colonial Bengal.With the progression of time, many women doctors started practising throughout Bengal after getting their degrees from Calcutta Medical College and Campbell Medical School. The middle class nationalist intelligentsia attempted to open up the sphere of education of females. It started the processes of uplifting women facing the attack from contemporary British observers. The position of women in society was one of the hallmarks

[10] Sree Prabadhini Ghosh, Bangamahiladiger Arthakari Shilpacharcha, *Antahpur*, Vol IV, Magh 1307 (January 1901), pp.20-24.

[11] Soma Biswas,*Unobingsho Satake Bangladeshe Chikitsabigyan Charcha*, p.35.

[12] Geraldine Forbes, *Women in Modern India*, p.157.

of civilisation. James Mill testified to this notion.[13] It was with this idea that the British missionaries initiated several programmes to educate native women.

Over time, women's health became a significant concern among the officials. However, in the initial period, the Raj was more bothered with the soldiers' health and thus formed Lock Hospitals in several cantonment areas to combat the spread of venereal diseases. It became mandatory for prostitutes to register themselves in these hospitals and women who were found infected were expected to stay in confinement until they were cured. The Medical Board of the Madras presidency recommended the establishment of Lock Hospitals in 1805 and appointed a special police force to oversee the health care of prostitutes. The "Governor-General-in-Council" granted special grants to develop hospitals for the reception of diseased women in several places, such as Berhampore, Kanpur, Dimapur, and Fatehgarh. A hospital for diseased women was established in Agra in 1807.[14] However, these initiatives were ultimately abolished in 1830 by the Governor-General William Bentinck. After abolishing the Lock Hospitals, no such initiatives were taken by the government to reform women's health until 1885 when the Dufferin Fund was created.

In the meantime, many missionary societies started sending medical women to India to treat Indian women who, as these missionaries presumed, remain confined within sunless and airless *zenana*. From this time, *zenana* became a site wherein the entire propaganda of the British 'civilising mission' to be carried out. Antoinette Burton argues that this picture of Asian women trapped in *zenana* provided the motive for the institutionalisation and professionalisation of medicine for women in the Victorian Britain. It was 'white women's

[13] James Mill; quoted in Sujata Mukherjee, *Imperialism, Medicine, and Women's Health in Nineteenth Century India* in Arun Bandyopadhay (edt), *Science and Society in India, 1750-2000*, (New Delhi: Manohar, 2010), p.102.

[14] Ibid, p.96.

burden'- an 'imperial obligation' for European and American lady doctors.[15] Sophia Jex-Blake supported this view whereby she argued about the necessities of trained women medics in India to serve the women of India.[16] In 1882, Dr. Frances Elizabeth Hoggan reported in the *Contemporary Review* that the existing Indian Medical Service has failed to reach Indian women.[17] By 1880s, female physicians who had received their training from one of the reputed medical school for women in London imagined themselves as figures of progress that will provide relief to the native women who hitherto remained confined within *zenana* and neglected their health. As Narin Hassan figures out, these lady doctors attempted to transform the domestic space through medicine. Native '*Antahpur*' emerged as a site where these lady doctors well versed in modern science could establish their superiority. Over time, they became a critical mediating figure between colony and metropole. Hassan argues that these women doctors were using their biological categories, i.e., 'female constitutions' to enter the native domestic space and negotiate with the 'Empire' to perform medical duties.[18]

In Europe and America, these lady doctors' path was arduous, since medical men were not ready to accept women as their counterparts. Elizabeth Blackwell, the first lady doctor of the modern world, expressed her desire to pursue medicine and faced many difficulties. None of the universities of Europe and America was ready to accept her as a medical student. After much struggle, she got a place in a lesser-known college in Geneva. In 1851, she returned to New York after completing her medical training, but failed to secure any position as a doctor. Like Blackwell in America, Elizabeth Garret Anderson faced similar difficulties in Europe. Women were not allowed to practice within the British Empire, even after acquiring a

[15] Antoinette Burton, *Contesting the Zenana: The Mission to Make "Lady Doctors for India", 1874-1885*, in Neelam Kumar (ed.)- *Women and Science in India: A Reader*, (New Delhi: Oxford University Press, 2008), p.29

[16] Ibid, p.30

[17] Narin Hassan, *Diagnosing Empire: Women, Medical Knowledge, and Colonial Mobility*, (New York: Routledge, 2011), p.61.

[18] Ibid, pp.62-63.

medical degree. Thus, Sophia Jex-Blake and Edith Pechey went to Edinburgh to pursue their career in medicine.[19] It was only in 1870s that the LSMW (London School of Medicine for Women) was established to allow women to pursue their career in medicine. The Enabling Act of Russell Gurney abolished the legal barrier and enabled English women to get medical licences for their practice. Being trained in medicine from LSMW, the lady doctors found Indian *zenana* as the best place to master their training. Medical officials in India were reluctant to allow these medical women, who started to eye their positions in India. An established doctor from Europe argued that there was no such demand in India for lady doctors from overseas. Instead, he opined that such a demand arose in England. Another official, Dr. Ewart argued that the indigenous women have faith with the male physicians. He invoked several examples from different parts of India to show that there were no such demands for women medics.[20]

Though medical men opposed women's entry into their sphere and argued for missionary activities for women, the female students of London School of Medicine were reputed doctors and had done commendable jobs. In the decade of 1930s, women were attending numerous important medical posts, such as Registar, Anasthesist, Visiting Physician, Surgeon and other administrative posts. There was a separate department of gyanaecology too under women.[21] In the words of Antoinette Burton, these lady doctors found India as an 'extra-national site' where they could pursue their medical career. India provided them with a 'ready-made clientele' - the *zenana* women. However, lack of medical care for *zenana* women was the result of British imagination and these lady doctors were guided by two major motivations - on the one hand there was a 'woman-to-woman care ethic' and on the

[19] Chitra Deb, *Mahila Daktar: Bhingraher Basinda*, (Kolkata: Ananda Publishers, 1994), pp.18-19.

[20] Antoinette Burton, *Contesting the Zenana*, p.31.

[21] *The British Medical Journal*, September 4, 1937, p.482.

other hand, there was a 'national-imperial commitments' that helped to justify their works in India.[22]

Available records show that the medical women were offered lucrative positions in India after the successful completion of their degrees. As per the British Medical Journal of 1937, women's medical service was opened up for women and these women were affiliated with several benefits. All these women were granted with the opportunity to serve one of the good hospitals of the subcontinent.[23] However, admission to this service was not easy but indeed very competitive. Strict criteria for selection were followed, and vacancies were very few. Preferences were given to candidates with experience in India.[24] However, medical women always remained focused on their medical work rather than on missionary work. They were not against missionary work, but they were of the opinion that both medical and missionary works must go hand in hand. Dr. Edith Pechey expressed her feelings in the following way: "I refer to the medical missionaries… Go out with the best credentials possible and as you belong to two professions, see that you serve both faithfully. I confess that I have been somewhat horrified to hear occasional remarks from the supporters of medical missions to the effect that a diploma is not necessary, that a full curriculum is superfluous, in fact that a mere smattering is sufficient for such students… I beg of you not for one moment to give way to this idea".[25] Burton finds that these lady doctors were fighting two battles simultaneously-one against a religion which was institutionalised and overtly patriarchal and another that was against 'institutionalised medicine', because the sympathiser for both arguments visualised women to perform the 'work of conversion' as the missionaries. In the initial stage, though many lady doctors were coming to India to perform the role of medical missionaries, many

[22] Antoinette Burton, *Contesting the Zenana*, p.25.

[23] *The British Medical Journal*, September 4, 1937, p.482.

[24] *The British Medical Journal*, September 3, 1938, p.525.

[25] Antoinnette Burton, *Contesting the Zenana*, p.30.

went back to home in due course of time and returned after completing their degrees. Example could be shown of Elizabeth Bielby who played a pioneering role behind the formation of the Dufferin Fund. Having failed to get in her name in the Medical Register, since it was not allowed at that time, she came to India as a medical missionary, but she returned to England once women were allowed to enter their names in the Medical Register. Bielby was also in favour of continuing the same profession; however, she left the *Zenana Missionary Society* and argued for a proper medical degree for all women who were coming to India to pursue their medical career. As she argued, "I do not approve of the 'hybrid mixture with a strain of medical knowledge', but on the contrary, I think every lady doctor who comes to this country (India) to practice medicine should have gone through the full curriculum of studies and should have obtained a diploma for qualifying to practice…one of my greatest objections to the societies who send out zenana medical missionaries is that they think if the said missionaries have enough knowledge to work as sick nurses at home, such knowledge will be sufficient to fit them to undertake the difficult tasks of a lady doctor out there. This is the most fatal mistake and one that sooner or later will bring the work of zenana medical missions into disrepute".[26]

A huge influx of European lady doctors was witnessed in several parts with the initiation of the fund created to provide medical aid to women in 1885. The sole purpose of these doctors was to serve one section of the society - the *zenana* women. Although recent scholars claim that the Dufferin Fund was the first attempt of the British Raj to bring Indian women within the fold of medicine, the early attempt has been taken by the "*National Indian Association*", founded by Mary Carpenter in 1870. Elizabeth Adelaide Manning played the leading role in running the organisation after the death of Carpenter. Mrs. Sarah Heckford first reported to NIA (*National Indian Association*) about the deplorable health conditions of the zenana

[26] Ibid, pp.33-34.

women. This happened even before Elizabeth Bielby conveyed the message of Maharani of Punna. The *National Indian Association* organised a meeting with its subscribers and other sympathizers where they proposed to supply women doctors to India. It was also resolved in the meeting that the NIA would pay for the Englishwomen's passage to India.[27] While NIA mainly focussed on to provide qualified female practitioners for the colony women trapped in zenana, the approach of the Dufferin Fund was two-dimensional: "The association endeavours to provide for the teaching and training of women in India as doctors, hospital assistants, nurses and midwives; and to secure trained female nurses and midwives for women and children in private houses and hospitals".[28]

However, contemporary situation reveals that the principal beneficiaries of the Dufferin Fund in India and in particular in Bengal, were primarily European women. As it is evident from the earlier chapter, though there was some initiative to educate women in medicine in Bengal, they were not given any such opportunities to practice on their own. In the case of Bengal, Seventh Annual Report of the Dufferin Fund shows, the charge of the "Lady Dufferin Zenana Hospital" in Calcutta was under Mrs Isa Foggo until her death in 1891 and the report pointed towards her popularity among the women of Bengal: "In her death, the women of Bengal have lost one of the ablest, most helpful and sympathetic of friends and physicians" and her position was replaced by Miss Morice who assumed the charge of Lady Dufferin Zenana Hospital in Calcutta.[29] We must remember in this context that though Kadambini Ganguly had also passed the degree of medicine from CMC in 1886, it is evident that Kadambini faced enormous difficulties in getting a suitable employment. Archival records show that among twelve *zenana* hospitals and fifteen dispensaries in Bengal, only eleven (11) lady doctors

[27] Ibid, p.35.

[28] *Seventh Annual Report of the National Association For Supplying Female Medical Aid to the Women of India, 1891*, p.7

[29] Ibid, p.10

were available, out of whom only five were Indian, but these lady doctors were also Anglo-Indian. Annual Report of the Calcutta Medical College from the session 1893-94 shows that most of the female students who took admission in CMC in thi period were mostly either Eurasians or native Christians.[30] Bengali women graduating from Calcutta Medical College and Campbell Medical School were not getting adequate employment and experienced discriminatory attitude from the government. Sometimes, these lady doctors were offered some positions of midwifery in Lady Dufferin hospitals and even a contemporary report in '*The Statesman*' did not even bothered to assign the status of a 'doctor' to Kadambini.[31]

Bengali lady doctors faced discrimination in two ways, namely, gender-based and race-based. Firstly, the medical profession of that time was entirely dominated by male doctors, who were not ready to accept women as their fellow-colleagues. In this context, the example of IMS, which was entirely dominated by male medical professionals, could be cited. Secondly, racial discrimination was prevalent and contemporary evidences show that small opportunities meant for women were reserved for European women during those times. The contemporary journal, "*Work and Leisure*", pointed towards the vast opportunities that opened in India for trained European lady doctors.[32]

Narin Hassan argues that these lady doctors in turn, were forming some kind of familial bonds with the native women by extending their medical services in the interior of the native households. Being responsible to expand the spheres of colonial medicine to the interior sphere of the *zenana,* these lady doctors built some kind of familial bonds with the native women.[33] These trained European ladies performed two duties in India; one was to perform

[30] Annual Report of the Calcutta Medical College 1893-94, West Bengal State Archives, Kolkata

[31] Dr Sunita Bandyopadhay, *Kaljoyee Kadambini*, (Kolkata: Parul Publishers, 2015), p.97.

[32] Soma Biswas, *Unabingsho Satake Bangladeshe Chikitsabigyan Charcha: Pathikrit Char Bangali Mahila Daktar*, (Kolkata: K P Bagchi & Company, 2015), p. 91

[33] Narin Hassan, *Diagnosing Empire*, p.62

the colonial rhetoric of 'civilizing mission' in India. A negative image of India was depicted in the English texts of the contemporary period. As Maud Diver wrote about India, "its densely packed cities are hotbeds of disease and physical degeneracy. Dust and flies sow and spread cholera and typhoid throughout the land. The sun's arrows smile on the unwary by day and the treacherous breath of earth breeds fever in the bones by night".[34] Helen Montgomery mentioned about the deplorable situation of Indian womenfolk in "*Western Women in Eastern lands*".[35] While the images of Indian women were being reiterated in Britain, the qualified English lady medical practitioners were contributing in the colonial ideology of "civilising mission". They utilised their biological categories and entered Indian homes, hitherto remained closed for colonial intruders. Hassan believes that English lady doctors subsequently became a mobile and material object of the empire and were 'transferring knowledge' between the two countries. They became a figure of 'scientific authority' and 'domesticity' within an Indian '*Antahpur*'.[36]

However, these lady doctors were continuously surveilled under the British Raj. "The Central Committee of the Dufferin Fund" declared that lady doctors arriving in India to serve the *zenana* women should remain under the supervision of the male authorities of the medical domain. For instance, the Principal of a medical school was in charge of a lady doctor if she engaged with the medical tuition of that school. A civil surgeon of the district or the Principal of a medical school would supervise the activities of a lady doctor who would be in charge of a *zenana* hospital. It also became mandatory for the qualified women medical practitioners to pass an examination in the vernacular of the province where they are posted.[37] Discrimination

[34] Ibid, p.68

[35] Ibid, p.68

[36] Ibid, pp.63-64

[37] *Seventh Annual Report of the National Association For Supplying Female Medical Aid To the Women in India, 1891*, p.12.

was found in the salary structure, wherein female doctors were paid less than male doctors, who were employed in the Indian Medical Service. British or Indian male doctors were entitled to several benefits, such as pensions and other allowances, which were not provided to women doctors.[38]

Gradually, a demand of an all women organisation was coming to the fore and the "*Association of Medical Women in India*" was formed in 1907. However, no female member was found in the central committee of the Dufferin Fund. Dr. Kathleen Vaughan was the first woman member to be appointed in 1909. The Association of Medical Women in India stressed on the formation of a Women Medical Service in India modelled on the IMS. While these qualified and trained women raised their voices for a service formulated only for women doctors, the English press started articulating the issue. Leading contemporary newspapers, such as *The Times* and *The Daily Chronicle*, took up the issue of provisions for medicine available for females of India and claimed that the Raj failed to provide medical relief to women of the subcontinent. Faced with these pressures, the British officials considered the issue in 1910 and deputed 54 members to review the situation, which was inaugurated under Mr. H. M. Forster, while Mrs. Scharleib, Sir Frederick Lely (Indian administrator), and Mrs. Emma Slater were the deputed members. While Sir Lely proposed government action for medical tuition of Indian women by female teachers, Mrs. Slater proposed the formation of an all-women organization to control the hospitals designed for women. However, no one supported the proposal for a dedicated Women Medical Service in India. In 1911, a sub-committee of the "Central Committee of the Dufferin Fund" was formed with Lady Hardinge, Honourable Mr. S. H. Butler (Surgeon), General Lukis, and Colonel O'Kenealy being its members. The delegation reviewed the entire situation and concluded

[38] Geraldine Forbes, Medical Careers and Health Care for Indian Women: Patterns of Control, *Women's History Review*, 3:4, 1994, p.525

that the medical aid available for women in India was inadequate and unsatisfactory and they pleaded for an improved pay scale and other benefits for women doctors employed in India. Thus, the provisions of the Women Medical Service were laid down by the council in 1913. Initially, the central committee selected twenty-five women, who had attained their medical degrees from Europe. The services of lady doctors were made permanent for the first time and the trained women medical personalities were in full professional control of the hospitals in which they were employed.[39]

Hospitals of Bengal started employing "British qualified" lady doctors during this time. The post of a lady doctor was created in the Sambhu Nath Pandit Hospital in Calcutta in July 1940, with a monthly salary on the scale of Rs. 200-20/2-400 and with all benefits of the Provident Fund. The resolution stated that the employed lady doctor would be eligible for getting a free residential quarter inside the hospital compound and she must be a full-time officer in the female out-patient department. The recruited lady doctors were entrusted with major responsibilities. The lady doctors would be responsible for treating all female out-patients from respectable Hindu and Muslim families. The qualified female professionals would be responsible for all deliveries in the labour ward. The lady doctor would be responsible for the training of nurses and midwives.[40]

Records indicate that the category "*lady doctor*" became dominant in mofussil towns of Bengal. The newly emergent middle class intelligentsia was thinking about the health of women and gradually began to send their women to '*Purdanashin*' hospitals (hospitals meant for *Purdah* women), which were established in several districts of province with the patronage of the Lady Dufferin Fund. Babu Aswini Kumar Dutta, chairman of Barisal

[39] Margaret I Balfour & Ruth Young,*The Work of Medical Women in India*,(London: Oxford University Press, 1929), pp.48-53

[40] *File No 1-H-19, Public Health and Local Self-Government Department, Medical Branch*, West Bengal State Archives, Kolkata (hereafter WBSA)

Municipality in the year 1894, pleaded the government to appoint a suitable candidate as the town was deprived of a lady doctor's medical services for five months. Consequently, the Inspector General of Civil Hospitals recommended the appointment of a lady doctor for treating women from respectable and native Hindu and Mohammedan families.[41]

Thus, the contribution of lady doctors was enormous from the perspective of socio-medical history of the province, as they initiated the tradition of medical treatment for women by lady doctors. They paved the path for their Bengali sisters whose stories will be the main point of concern in the next section.

BENGALI WOMEN DOCTORS IN COLONIAL BENGAL

The earlier chapter discussed the emergence of female medical education in colonial Bengal. The avenue was arduous for Indian girls getting the opportunity to study in the medical college, alongside with their male class fellows. The chapter also discussed the introduction of medical education among the female pupils in Campbell Medical School (CMS). The number of women students was 15 in the first batch of Campbell Medical School and they were from Hindu, Brahma, Eurasian and Native Christian communities. Though the doors of both Calcutta Medical College and Campbell Medical School were opened for women, social barriers were still a major concern that prevented the girls of respectable native families to seek admission in medical colleges in Bengal. The numbers of female students from respectable Hindu and Muslim families were few and a data confirmed that out of the 425 students in Calcutta Medical College in 1907, only 17 students were female. If the Calcutta

[41] *File No H/19, Diary No 2/136, Department Municipal, Branch- Medical, Proceedings B 98-106,* WBSA, Kolkata

Census of 1901 is to be believed, only 124 women were registered as qualified medical practitioners.[42]

The annual report of the Campbell Medical School shows that 22 female students took admission in the academic session of 1905-06, but only eight female students continued for the entire academic session. The data was similar in the case of the next two consecutive academic sessions of 1906-07 and 1907-08. Out of the 12 girls admitted to the Campbell Medical School, only nine students continued until the end of 1907 and only seven students continued until the end of 1908. The reasons for the dropout of female medical students were manifold. Many of them left after completing their final examination or were removed due to their failing in examinations. The report showed that two females left without any reason and one student died in the middle of her course.[43]

The admission of females into medical colleges and schools was not limited to the urban metropolis of Calcutta alone. The Dacca Medical School made a pioneering move in this regard. Two female students had enrolled in Dacca Medical School in the year 1916-17 and a consequent increase was witnessed in the enrolment of pupils who were girls. There wre only 7 girls in Dacca Medical School in the year 1917-18, it increased to 10 in 1919-20.[44] The tenacity to create more opportunities for girls who were eager to receive training in medicine was evinced on the part of the government throughout the period. In 1940, the medical schools of Burdwan, Mymensingh, and Chittagong decided that the respective schools would admit four female students on a condition that they would travel to and from the medical school with their guardians. Discussions were held for offering scholarships of Rs 15 per mensem to female medical students admitted in Burdwan, Mymensingh, and Chittagong in

[42] Sujata Mukherjee, *Gender, Medicine and Society in Colonial India: Women's Health Care in Nineteenth and Early Twentieth Century in Bengal*, (New Delhi, Oxford University Press, 2017), p.89

[43] *Annual Report of the Campbell Medical School for the year 1907-1908*, WBSA, Kolkata

[44] Sujata Mukherjee, *Gender, Medicine and Society*, p.54

1943.[45] Thus, it can be argued that societal outlooks were continuously changing and women from respectable native families were pursuing medical education in various places.

The spread of education among Bengali women created a consciousness among the women who themselves started articulating about their own views about the positive aspects of education. By this time, as Ghulam Murshid observes, women of the respectable families started considering the fact that education is invaluable and started questioning their positions in the society. They pleaded their sisters to get educated. Murshid quoted Madhumati Ganguly who wrote about the gender equality and urged for the education of women.[46] It has been pointed out in the beginning of this chapter, Bengali women started accepting salaried positions simultaneously. Archival records reveal the passion of women to study medicine during this time.

Dr. G. Bomford, Principal of the CMC in 1894, received a letter from Mrs. V. Mukherji of Wellesley Square, Calcutta, in which she expressed her desire to study medicine. Her father was a converted Baptist Missionary, her mother was Irish, and her husband was an evangelist. She had completed her preliminary education and had read up to the sixth standard of European schoolbook. She was serving as an in-charge of S.P.G. Girls' Boarding School in Banipur since 1886. However, discussions on the standard of admissions in CMC were started in the year 1873, though no provision was made to admit women into the medical class at that time. The CMC authorities questioned the existing admission procedure and asked for its reformation for the undergraduate classes of CMC. N. Macnamara, Professor of Chemistry of CMC, wrote in 1873 "It is derogatory to the dignity of a great medical school like ours that it should be obliged to admit uneducated boys, the bulk of

[45] *File No 8S, Department of Public Health and Local Self Government, Branch- Medical, August 21,1944*, WBSA, Kolkata

[46] Ghulam Murshid, *Reluctant Debutante*, p.25

whom are wholly unfit, and the mass of these boys are not only unacquainted with English, but are untrained to think. Further, Macnamara asked, "In England, the previous examinations for medical students have are made far more stringent than the former in the past few years. Why have we gone backward with respect to Bengal?."[47] Dr. Cutcliff, who was serving CMC as a professor of surgery argued, "I am clearly of the opinion that the present examination by which students are permitted to enter the primary classes of the medical college is short of what it ought to be and that it is mischievous in its effect and injurious to the interests of the college, the public and the government service… Students who are uneducated and unfit to study to medical science – and in many instances, mentally incapable of undertaking any sustained study – gain admission to the college. They remain in the college for a varying period of 3 to 6 years and never attend the examination for a Diploma. Even if they attend, they would be rejected, but not debarred from practicing. They go to Dacca or some other large station and proclaim themselves as sub-assistants. They start their medical practice and if they are not successful in making money then they filch from duly qualified native practitioners. In some instances, they misrepresent the system of medicine and bring it into disrepute by their incompetency".[48] On a similar note, Dr. Anderson supported the views of Dr. Macnamara and Dr. Cutcliff and urged for some measures to preserve the reputation of CMC.[49] Subsequentlly, the DPI wrote to the Secretary of the General Department, Government of Bengal, in 1873, "it has long been felt that the acquirements and mental training of students fresh from school, who have passed no higher examination for entrance into the Arts colleges, are generally insufficient to fit them for pursuing the scientific and highly technical studies prescribed for the medical college. The

[47] *File No 165, Department- General, Branch- Education, Letter from N Macnamara, Professor of Chemistry to The Principal, Calcutta Medical College, 26th December, 1873*,WBSA , Kolkata

[48] *File No 165, Department- General, Branch- Education, Minute by Dr Cutcliff, Professor of Surgery, Calcutta Medical College, 26th December, 1873*, WBSA, Kolkata

[49] Ibid

Principal of the medical college suggested that the Arts standard should be required for admission to the medical class in lieu of the Entrance standard".[50] The medical college council considered these points on 21st January 1873 and resolved that the prerequisite condition to enter CMC would be "First Arts Examination" of the University of Calcutta with effect from 1st June 1874. Students who had not passed the First Arts Examination would not be eligible to pursue medical studies from CMC.[51]

When the issue of admitting female students to medical classes was first raised in 1876, the medical college authorities strictly adhered to the view that no extra concessions should be given to female students and the minimum standard of granting admission would be the First Arts Examination.[52] However, females first admitted in the medical classes in 1883 and the matter was again questioned by medical men in Colonial Bengal. G. King wrote in 1882, "I am opposed to this proposition of training young women to be medical practitioners for I think the necessity for such a proceeding is highly problematical and if this is carried out, then the good likely to accrue to the native society at large is very doubtful". R. C. Chandra argued at about the same time, "I have no objection in giving women the freedom to graduate themselves as general medical practitioners, but I certainly object to the commencement of their medical studies with a low standard of preliminary education".[53] When Mr. Croft urged the then Principal of Medical College to admit female students in the medical classes in 1882, discussions started again regarding the eligibility conditions to admit females in CMC. The Lieutenant Governor permitted women to enter the medical classes in 1883 on the same condition as of males, i.e., girls who want to pursue medical education must pass the fine arts

[50] *File No 3337, Department- General, Branch- Medical, Letter from the Director of Public Instruction to The Secretary to the Government of Bengal, 13th October, 1873,* WBSA, Kolkata

[51] Ibid

[52] *File No 418T-G, Department-General, Branch- Education, Proceedings, July 1883,* WBSA, Kolkata

[53] Ibid

examination. In 1886, Dr. Coates again opened up the matter before the Medical College Council and he recommended for a Matriculation Examination as one of the eligibility conditions for those females who have not passed the Fine Arts Examination or the Entrance Examination of the University. The then Director of Public Instruction, Charles H. Tawney, left the matter with the medical men and after much consideration, the Medical College Council decided in March 1886 that the female candidates who desires to obtain medical degree from CMC must have passed the Fine Arts Examination. The College Council further stated that the females can be admitted to Certificate class which would enable them to practise medicine with "an amount of practical knowledge" with either of the two prerequisite conditions: a. The female candidates are eligible to enter the Certificate Class if they have passed the Entrance Examination of a University. They must pass a special 'preliminary examination' in the subjects such as English, History, Geography and Arithmetic.[54]

When Mrs. V. Mukherji approached the then Principal of the medical college, she mentioned in her letter that she has not passed "the Entrance Examination of the Calcutta University or any other examination officially recognized by that University as equivalent to the Entrance Examination". It is evident from her letter that she was well aware about the eligibility conditions of the medical class of CMC and thus she placed her request before the Principal of the medical college. She wrote that she wanted to acquire a medical degree and serve the country's women, who failed to get any kind of medical treatment. In fact, the scarcity of trained female doctors was evident in Bengal during the period. Mrs. V. Mukherji spent a good number of years of her life in some unhealthy mofussil town of the province (though she had not mentioned the name of the town in her letter) where she saw the miserable conditions of women during their illnesses. Despite the measures taken by the British Raj to

[54] *Proceedings of the General Department, Branch- Education, March 6 1886,* WBSA, Kolkata

ameliorate the conditions of the treatment of women, females of the respectable native families were still reluctant to receive hospital treatment owing to the absence of female physicians. Bengali women preferred home remedies over hospital care, although medical treatments were provided to women patients by many hospitals in Calcutta and Alipore Dispensary in the suburban areas adjacent to Calcutta had provisions of treatment of females, However, it has been argued that admission of females for medical care in hospitals was a rare phenomenon. In the year 1880, 40,563 males took admission in hospitals, while the number of female admissions was only 4,298.[55]

Mrs. V. Mukherji highlighted this point in her letter where it was evident that women of a certain class were still reluctant to receive any kind of hospital therapy or treatment that involves male physicians. Mrs. Mukherji used to treat such women. She wrote, "I was residing with my husband in an extremely unhealthy district where the only medical relief which women patients of a certain class received was what I could afford out of my small stock of medicine and with the aid of some books, such as Moore's 'Domestic Medicines' and Tunner's 'Index of Diseases'". Her desire to study medicine sprang up from this time and she took Dr. Miss Baumber's permission to enter Lady Dufferin Hospital. She experienced that "amateur medical practice – however well-intentioned – is a dangerous experiment without a thorough knowledge of science". Her ultimate aim was to serve the native women of Bengal who failed to get proper therapy during their illnesses. Thus, she prayed the medical college authority for some concessions. She wanted to enrol herself as a regular student of CMC and humbly prayed for scholarship.[56] After much consideration, Dr. Bomford allowed Mrs. Mukherji to enter the certificate class of the Calcutta Medical College. The letter shows, "Mrs. Mukerji is a person of good education… I have ascertained that her

[55] Sujata Mukherjee, *Gender,Medicine and Society*, 21

[56] *File 7A/1, Department-General, Branch- Education, Proceedings- B. 80-82, Admission of Mrs V Mukherji, January 1895*, WBSA, Kolkata

letter of application was written by herself; and it is believed that her general education is quite up to the standard required for the Certificate class, though she has not passed the University entrance examination". The then Lieutenant Governor made no objection in admitting Mrs. V. Mukerji to the Certificate class of CMC and Sir Alfred Croft opined that "her general education was quite up to the standard required for the Certificate class". Thus, Mrs. V. Mukerji succeeded in her venture to enter the CMC in 1895.[57] Although we do not have any further information on Mrs. Mukerji, this incident was a major breakthrough as far as consciousness among females regarding women's health was concerned. The aim of Mrs. Mukerji was quite clear in her letter: she wanted to provide treatment to the female population. Thus, it could be inferred that a new consciousness was emerging in Bengal during this time.

The emergence of female medical education in 1883 was significant because history was created as women were allowed to enter the premises of Calcutta Medical College for the first time. Dr. Kadambini Ganguly (nee Bose) was the earliest beneficiary of this programme. Prior to Kadambini Ganguly's expression of desire to pursue medical science, Ellen Barbara D'Abreu and Abala Basu approached the education department for their admission in the Medical College of Calcutta. The official letter of 5th May, 1882, shows that, "The parents of two or three young ladies, European and native, who have passed the entrance exam of the University, have expressed their strong desire that their daughters should join the medical college".[58] However, the medical college authorities were reluctant to accept women as medical students and these two applicants then moved to Medical College of Madras from where they had completed their medical studies. Abala Das was younger daughter of Durgamohan Das, a staunch activist of *Brahmo Samaj* and Brahmamoyee Devi. A recent

[57] Ibid

[58] Sujata Mukherjee, *Gender, Medicine and Society*, p.47

research reveals that Abala was the first Bengali lady to pursue medicine and Sivnath Sastri, a notable *Brahmo* leader, wrote to her, "*Brahmo Samaj* is waiting for you like a sailor who waits for his ship to sail". However, Abala failed to complete her studies in Madras Medical College because she married Acharya Jagadish Chandra Bose. Continuing studies after marriage was impossible during that time. Abala devoted her life in developing the spirit of education among Bengali women and she established *Brahma Balika Sikhshalaya* in Calcutta. In this context, it must be remembered that her elder sister, Sarala, a batchmate of Kadambini Ganguly, was also a noted educationist and she pioneered the establishment of Gokhale Memorial Girls' School in Calcutta.[59] Barbara D'Abreu, who was born in Dhaka and belonged to an Anglo-Indian family, went to Madras after she passed the First Arts Examination along with Abala to pursue her study in medicine. She got admission in the MBBS class and she was the first female student to pass the MBBS examination from Madras. She had received the prestigious Bharati Lakshmi Gold Medal for her performance in the college.[60] Kadambini Basu never wanted to leave her native province to study medicine and thus she approached the authority of CMC to admit her to the medical college in 1883.[61]

Kadambini Bose, a native of Chandsi village in Barisal district of East Bengal, was born in 1861in Bhagalpur in Bihar. Her father, Brajakishore Bose was a school teacher and an ardent defender of the movement for female liberation. Kadambini was a student of the girls' school founded by Dwarakanath Gangopadhay. Later she graduated from Bethune College, after which she expressed her desire to study medicine in Calcutta Medical College. Around this time, she married her teacher, Dwarakanath Gangopadhay, who always supported her and was instrumental in the progress of Kadambini. However, their marriage was not supported by the contemporary Brahma reformers for reasons best known to them. Sunita

[59] Chitra Deb, *Mahila Daktar*, p.66

[60] Ibid, p.67

[61] *File No 108, Department- General, Branch- Education, Proceedings, July 1883*, WBSA, Kolkata

Bandyopadhay thinks that the main reason was perhaps the massive difference of age between Kadambini and Dwarkanath.[62] During their marriage, Kadambini was aged 21 years while Dwarkanath was aged 39 years, and it was his second marriage. Malavika Karlekar believes that though the contemporary society reacted adversely to this incident, the marriage was based on the ideals of equality and "meaningful companionship".[63] It is not easy to reconstruct the history of Kadambini Ganguly, since she did not leave any autobiography.

Kadambini failed in one paper of medicine and thus she failed to acquire M.B.; instead, she was conferred with the degree of "*Graduate of Bengal Medical College (GBMC)*" in 1886. Scholars expressed their doubts over the issue of Kadambini's failure in one of the medicine paper. However, it was apparent from existing sources that she was a very determined and hard-working student. Florence Nightingale also had praised Kadambini, in a letter which she wrote to Lord Lansdowne, in the following words- "The Hindu young lady's name is Mrs. Kadambini Ganguly who is still studying in the medical college at Calcutta; she has already passed what is called the first Licentiate of medicine and surgery examinations and she is determined to go for the next final examination in March. This young lady, Mrs Ganguly, married after she had made up her mind to become a doctor! She has since had one child. She was absent only for thirteen days for her lying-in and she did not miss, I believe, a single lecture!).[64] In 1888, she joined Lady Dufferin Women's Hospital where she was entitled to a monthly salary of Rs. 300/-. She started her private practice in the year 1888. Her chamber was situated at 15/5, Beniatola Lane in Calcutta. An advertisement was published in the journal "*Bengalee*" in this regard. The advertisement read thus:

[62] Dr Sunita Bandyopadhay, *Kaljoyee Kadambini*, p.29.

[63] Malavika Karlekar, Kadambini and the Bhadralok: Early Debates over Women's Education in Bengal, *Economic and Political Weekly,* April 26, 1986, Vol 21, No 17, p.27

[64] Dr Sunita Bandyopadhay, *Kaljoyee Kadambini*, p.16

"*A card: Mrs. Ganguli, B.A., 15/5 Beniatola Lane, College Square, North East Corner, Calcutta.*

Studied in the medical college for five years and obtained a college diploma to practice Medicine, Surgery and Midwifery. Has commenced practice and treats women and children at her home between 2 and 3 p.m. daily. Consultation is free for poor patients".[65]

She attended to the illnesses of women of the Royal Family of Nepal. She cured the Queen of Nepal from some deadly disease and this success brought her fame and enhanced her medical career. She left for Edinburgh to pursue further studies in 1893 under the assistance of her husband, Dwarkanath. She believed that she will not get a proper appointment in the *zenana* hospitals without obtaining a degree from outside India. During this time, appointments in these hospitals were reserved only for European and Eurasian lady doctors and Indian women were not given the chance to serve Indian women. Dr. Ganguly wrote, "English medical women thought that Indian medical professionals may not possess higher qualifications and their Indian sisters would soon perform better through acquisition of adequate skills. Hospitals existed for two purposes- treatment of the sick and poor and education of the medical professionals. The performance of hospital duties improves a doctor's qualifications quietly. The Indian women physicians would not get the advantages of their professions since the duties of good hospitals denied to them or they placed in subservient positions or hospitals. No opportunity was offered to Indian medical women to show whether they are capable of assuming the charge of large and important hospitals responsibly".[66] The words of Kadambini are echoed in the voice of Justice Madhab Ghosh, who argued for the

[65] Ibid, p.95.

[66] Ibid, p.97

appointments of native women doctors in the *zenana* hospitals.[67] The contemporary newspaper, "*Bengalee*" also reported against this injustice: "the object with which the association was started has always commanded our warm approbation and if we now criticise some features of its recent conclusions, we do so in no captious spirit. The standard of qualifications proposed by the central association for determining the different grades of lady doctors for employment is in itself so arbitrary and calculated so as to act injuriously to the interests of female medical students of this country that we fear many of our young ladies will be deterred from pursuing their medical studies or accepting employment under the association".[68] Dr. Ganguli registered herself on 13th April, 1893 in Edinburgh to get triple diplomas. She earned diplomas like "*Licentiate of the Royal College of Physicians (LRCP)*", "*Licentiate of Royal College of Surgeons (LRCS)*" and "*Licentiate of Faculty of Physicians and Surgeons (LFPS)*" in a span of three months and five days. *Bamabodhini Patrika* wrote after she returned to Calcutta, "We are extremely happy to hear the news that the lady doctor Srimati Kadambini Gangopadhay received the high degrees from Edinburgh. She received LRCP from Edinburgh University and another two degrees from Glasgow University".[69] Kadambini was not only a dedicated doctor, also a good companion to her husband and she managed her household duties with utmost care. However, she did face lots of hurdle because the contemporary society was not receptive to her activities. In 1891, a journal of the conservative section, *Bangabasi*, condemned Kadambini as a 'whore'. However, her husband cum teacher, Dwarkanath Ganguly stood beside her and fighted legally against the magazine. He succeeded and Mohesh Pal, who used to edit the periodical was found guilty and was

[67] Dr Mousumi Bandyopadhyay, *Kadambini Ganguly: The Archetypal Woman of Nineteenth Century Bengal*, (Delhi: The Women Press, 2011), p.208

[68] Ibid, p.205

[69] Soma Biswas, *Unabingsha Satake Bangladeshe Chikitsabigyan Charcha*, pp.95-96

sentenced to imprisonment.[70] Apart from her chamber near College Square, she also used to practice at another chamber. The contemporary newspaper, *Bengalee*, informed about this chamber through the following advertisement:

> "*Mrs. Ganguli, B.A, GMCB. Medical Practitioner can be consulted at her residence: 57, Sukea Street, Calcutta, where she has now moved. Terms are moderate*."[71]

Apart from Kadambini Ganguly, there were many other women doctors. Jamini Sen, who was the recipient of the first prize in the certificate course in Materia Medica in the session of 1893-94,[72] was also a successful lady doctor. However, she wrote about the discrimination she faced since she passed from an Indian college. She wrote, "I began to feel that my knowledge was getting timeworn while science has been progressing continuously. But I am lagging behind. I have a lot of responsibilities towards my sisters in my country. The dearth of women doctors in our country is a very serious issue. We need able doctors to tackle and cure female ailments. My learning as a student regarding operative strategy and gynaecology has progressed over time. Thus, if I wish to serve my sisters in this country then I must learn the modern procedures. And for this reason, it is necessary that I should visit the hospitals in England to learn and improve my skills as a doctor".[73] Thus, she left for England in 1911 after she was entitled to a scholarship from the Dufferin Fund. She received her L.M. degree from Rotanda Hospital and she then started her journey for Glasgow. She completed her fellowship examination from the University of Glasgow and earned the degree. She was the first Indian lady to receive this degree. In 1912, she decided to leave for Germany for higher qualifications. She joined "Women's Medical Service" after returning to Calcutta from Berlin

[70] Malavika Karlekar, Kadambini and the Bhadralok, *Economic and Political Weekly*, Vol.21, April 1986, p.WS 27.

[71] Dr Sunita Bandyopadhyay, *Kaljoyee Kadambini*, p.96

[72] *General Department, Education Branch, B Proceedings 45-46, December 1894*, WBSA, Kolkata

[73] Sharmita Ray, Women Doctors' Masterful Manoeuverings: Colonial Bengal, Late Nineteenth and Early Twentieth Centuries, *Social Scientist*, Vol 42, March-April 2014, p.64

and she took up a temporary employment in the "Lady Dufferin *Zenana* Hospital" in Calcutta.[74] However, she became the victim of gender and racial discrimination throughout her career. She got transferred to Agra while there was extreme hot climate and after six months, she received a transfer order to Shimla amongst extreme cold climate[75] from the authority. Dr. Jamini Sen was very popular among her native patients in Shimla. They always wanted to get treated under "*Sareewali Dangdarin*"- the name which was given by them to Dr. Jamini Sen. Dr. Sen was extremely dutiful towards her patients and she served many poor patients without any fees and donated wholeheartedly to buy an operation table for the Agra Hospital.[76] While she was serving Ripon Hospital in Shimla, she was subjected to gender bias. She was not provided with any living quarter in Shimla; thus she made her own arrangement within the hospital premises. Inspector General and Civil Surgeon of the Ripon Hospital objected to this arrangement and they were of the opinion that Dr. Sen had broken the rule by setting up her own lodging within the hospital premises. When Jamini had applied for House Rent allowance, it has also been rejected. Actually, it was unacceptable to the representatives of the British Raj that the *Zenana* Hospital in Shimla would remain under the supervision of a native Lady Doctor. Even Civil Surgeon of the hill town got angry with her when she informed the wife of the then Secretary of State about various amenities necessary for the Hospital. After serving Ripon Hospital for few months, she again got transferred to Shikarpur in Sindh in 1916 and here she received utmost recognition for her work from the local authority. Her work made her so famous in the region that native women were also coming forward to receive treatment from her in the hospital. The contemporary report shows that while the number of Indoor patients was 213 in 1915, the aggregate increased to 478 in

[74] Ibid, pp.125-126

[75] Soma Biswas, *Unabingsha Satake Bangladeshe Chikitsabigyan Charcha*, p.126; also in Sharmita Ray, *Women Doctors' Masterful Manoeuverings*, p.63

[76] Soma Biswas, *Unabingsha Satake Bangladeshe Chikitsabigyan Charcha*, p.127

1916. In 1915, 56 women came to this Hospital for their delivery while 96 women delivered their child in the Hospital in 1916. However, she failed to stay in Shikarpur for long time because of the extreme climatic condition and she wrote to the Central Committee to transfer her from Shikarpur within six months. She got transferred to Betia in Bihar and then she also spent few days in Akola in Berar before she resigned from Women's Medical Service in 1921. She again left for England for the second time and during this time, she earned one Diploma and one Certificate: in "Public Healh" from the University of Cambridge and "London School of Tropical Medicine" granted her a certificate and Dr. Jamini Sen got back to India in January, 1924. From this time, she took charge of "Baldeodas Maternity Home" on the request of Deshbandhu Chittaranjan Das. Dr. Sen trained a group of nurse and this hospital earned its fame as far as childbirth is concerned. Though built initially to serve poor and downtrodden women, gradually women from the respectable *bhadralok* families started attending this maternity home for treatment. When Dr. Sen went to Puri in Orissa to spend a retired life for her illness, local Brahmos requested her to take charge of *Zenana* ward of Puri Hospital, but she resigned from this job too. She passed away on 21st January, 1932 after prolonged illness and a contemporary Bengali journal, *Probashi,* published a condolence message respecting her.[77]

Haimabati Sen was another lady doctor who completed her degree from Campbell Medical School which opened its door for female students in 1888. She left an extensive autobiography where she wrote in detail about her journey. Haimabati's story was different from Kadambini and Jamini. Haimabati was born in 1866 in Khulna district of East Bengal. Since her father was very fond of her, she received little education in her childhood with other boys of her family. As it is evident from her autobiography, she was well versed in

[77] Soma Biswas, *Unabingsha Satake Bangladeshe Chikitsabigyan Charcha*, 127-131; also in Chitra Deb, *Mahila Daktar*, pp.129-137

books like the *Ramayana*, the *Mahabharata*, the *Kalikapuran*, *Gangabhaktirangini*, *Bhaktirasamrita* and others. She got married at the age of 9, but within one year, she was widowed and thus began her journey of life which was very arduous. After few years of struggle, she remarried to Kunja Behari Sen, a *Brahmo*. It was during this time, she expressed her desire to study medicine. While she came to Calcutta after her second marriage, she became closely associated with women like Hemangini Majumdar, Nistarini Chakravarti, Priyabala Guha, Surama Dasgupta and others, who were students of Campbell Medical School.

Haimabati wrote that she took admission in Campbell School since many other women were taking admission in the same school.[78] Haimabati took guidance in Grammar, Mathematics and English from Jogendra Chatterji, a *Brahmo* activist. She faced resistance from her husband's male friends while applying for Campbell Medical School. She informs, "My husband did not voice any objection, but his friends tried to stop me in so many ways. However, he did not pay any attention to what they said".[79] She stood second in the entrance examination. When she found that she fails to understand the lectures on Anatomy, Materia Medica and Surgery in the class, she looked for some alternative arrangements. She bought second hand books and began to study medicine. However, while studying in the CMS, she never neglected her familial duties. She wrote, "I really do not know how I did well in the examinations in my class for I had to cook in the morning and evening and attend to all household chores…I would cut the fish and vegetables… I would eat curry, boiled potatoes, and rice and place a pot of lentils on the stove for my husband, make packets of betel leaves, make the bed, keep some water for his bath, and then put aside some rice and vegetables on a

[78] Geraldine Forbes & Tapan Raychaudhuri (ed.), *The Memoirs of Dr Haimabati Sen: From Child Widow to Lady Doctor*, (New Delhi: Roli Books, 2000), p.290

[79] Ibid, p.291

dish for him".[80] She received a scholarship of twenty Rupees per month after attaining the first rank in the annual examination. She found the scholarship to be useful as she spent a majority of this amount for household purposes. Her second husband was much involved with the family. She wrote about her struggle in her autobiography.[81] Although Haimabati proved herself as a good student in CMS, she was subjected to gender discrimination in the medical school. As per the rules of the school, the holder of the first position would be the recipient of the gold medal. However, when Haimabati Sen stood first in the examination and Gopalchandra Datta stood second, the male students of the college became averse to the fact that a lady student would be the recipient of the gold medal. She subjected to gender base discrimination after this incident.[82] The Lieutenant Governor and the Superintendent of the Campbell Medical School intervened in this matter and ultimately, Haimabati received a silver medal instead of a gold medal. She was also a victim of sexual harassment at her workplace. After acquiring the degree of "*Vernacular Licentiate in Medicine and Surgery (VLMS)*", she was appointed as a hospital assistant in Hooghly Lady Dufferin Hospital. Dr. Badrikanath Mukherjee, an Assistant Surgeon, harassed her sexually, about which she mentioned in her autobiography. Dr. Sen wrote in her memoir, "Badrika Babu acted as the boss… but my life had become intolerable because of his attention".[83] Haimabati never neglected her household duties when she was posted at Hooghly Lady Dufferin Hospital. She describes her daily routine in this way: "I would get up every day at four in the morning, prepare breakfast for my husband and children, and go downstairs with hot water and edibles for the patients. I would first help the patients wash… I would finish this core and give them a piece of *batasa* or candied sugar as their snack… if children were staying with their

[80] Ibid, p.293

[81] Ibid, p.299

[82] Ibid, p.303

[83] Ibid, p.339

mothers, then I would make *halua* and give small quantities to them. It would take me a little over an hour to attend to patients and come back. I would go back home, have a wash, wake up the children, dress them, give them breakfast, arrange for my husband's meal, get dressed, have something to eat and then go back to the hospital. This was my daily routine".[84] This proved that how responsible she was to both of her vocations: she treated patients with unconditional love for them and she was seriously involved in her household duties. Her autobiography reveals that she never got any kind of support or cooperation from her husband and he never contributed towards household work. It was Haimabati's meagre income, which used to support her family. Similar to Kadambini and Jamini, Haimabati also used to treat many women without taking any fees from them.

Many other Bengali women pursued medicine during this time. Sarajini Ghosh, an adopted daughter of famous *Brahmo* reformer Shivnath Sastri, completed her diploma in medicine from Lahore Medical College. Nalinibala, a niece of Shivnath Sastri wrote about Dr. Sarojini Ghosh in her memoir. Nalinibala wrote, "After completing her diploma in medicine, Sarojini went to Nepal, where she was appointed as a lady doctor of the royal family of Nepal. She earned recognition as a good doctor in Nepal. She never married. The affection of her uncle and aunt towards her was tremendous. She relocated herself to Dehradun after her retirement in Nepal".[85] It is evident from the Report of the Calcutta Medical College that four women, namely, Charusashi Chattopadhay, Kripasundari, Abhaybala, and Kshirodkumari, completed their medical degrees around the same time. However, in the opinion of Chitra Deb, a reputed scholar of Bengal who has worked extensively on female medical education, their contribution to the society as lady doctors is still not known owing to the dearth of evidence. Charusashi went to Banaras after completing her study from Calcutta Medical College in

[84] Geraldine Forbes, *Women in Modern India*, (Cambridge: Cambridge University Press, 1996), p.157

[85] Chitra Deb, *Mahila Daktar*, pp.123-124

1901 and information about her is not available. Kripasundari, Abhaybala and Kshirodkumari did not leave any information about them and hence remained hidden from history.

Apart from the metropolitan centre of Calcutta, many women from suburban towns of Bengal came forward to study medicine. We have some information about the female students who were medical graduates of Dacca Medical School (DMS). Six female students completed their graduation in medicine from DMS between the years 1918 and 1924. The six students were Shantiprabha Mullick, Brajabala Biswas, Premlata Sarkar, Kamalasundari Ray, Kiranmoyee Sarkar, and Snehalata Sinha. These lady doctors were posted at several Dufferin Hospitals in the suburban towns of Bengal. Renuka Ray wrote about Dr. Snehalata Sinha, who was posted at Barisal Zenana Hospital in East Bengal. Dr. Sinha used to assist civil surgeons during surgery and the civil surgeons respected her.[86]

The legacy of these lady doctors continued throughout the period, as many women were coming forward to receive medical education. The native families were getting rid of their superstitions and they were encouraging the female members of their families to pursue medicine. Miss Bilashini Das took admission in Calcutta Medical College in 1921 and she was being granted with a scholarship of Rs 25/- to continue her studies in CMC.[87] Miss Monika Chanda took admission in the Lytton Medical School in Mymensingh in 1940. She was the first female student of this medical school. A letter written by her father Ramesh Chandra shows that he was interested to send her to the medical school. He requested the local government authorities to grant Monica with a government stipend so that she can continue her medical studies in Lytton Medical School.[88]

[86] Ibid, p.160

[87] *File No 1P-6, Department of Public Health and Local Self-Government, Branch-Medical, Proceedings B. 310-11, July 1921*, WBSA, Kolkata

[88] *File No 8S, Dept of Public Health and Local Self Govt, Branch- Medical, August 21 1944*, WBSA, Kolkata

However, Geraldine Forbes argues that woman doctors faced marginalisation while pursuing their professional careers. The policy of racial discrimination was inherent within the authoritarian and imperialistic ideology of the British Raj. Such a policy forced women doctors to take up jobs in the suburban *Zenana* Hospitals in Bengal. Salaries of Bengali lady doctors were much lower than those of Europeans or Eurasians. Lucrative positions in the medical sector were reserved for Britishers, whereas lady doctors graduating from Bengal medical colleges and schools were offered inferior positions.[89] Hilda Lazaras, a woman doctor practising in the 1920s, wrote that although Indian women doctors were dedicated towards their goal of serving the humankind, they were not getting adequate recognition deserved by them. She wrote about the absence of highly qualified Indian women doctors in the *Zenana* Missionary Hospitals, which used to remain under the supervision of foreign missionaries. The position offered to Indian lady doctors was of a lower grade sub-assistant surgeons or L.M.P.s.[90] Lazaras stressed on the need for women doctors because women patients under Purdah would always prefer lady doctors. She believed that women who came out of *Purdah*, with their generations of inherited bashfulness, modesty and shyness, would still prefer hospitals staffed and attended by women".[91]

Geraldine Forbes is of the opinion that the treatment methods of these lady doctors were not firmly grounded in science. They focused on simple and easy methods and their ultimate goal was to provide patients relief from pain.[92] Forbes believed that lady doctors posted in

[89] Geraldine Forbes, *Women in Colonial India: Essays on Politics, Medicine and Historiography*, (New Delhi: Chronicle Books, 2005), p.112

[90] Evelyn C. Gedge & Mithan Choksi (Ed.), *Women in Modern India: Fifteen Papers by Indian Women Writers*, (Bombay: D.B Taraporewala Sons & Co., 1929), p.60

[91] Ibid, p.61

[92] Geraldine Forbes, "No 'Science' for Lady Doctors: The Education and Medical Practice of Vernacular Women Doctors in Nineteenth Century Bengal" in Neelam Kumar (ed.), *Women and Science in India: A Reader*, (New Delhi: Oxford University Press, 2009), p.14

mofussil towns of Bengal used to practice a hybrid form of medicine that combined both indigenous and western methods of treatment.[93]

ROLE OF BHADRALOKS TO REFORM THE HEALTH OF WOMEN

In the initial phase, Bengali *Bhadraloks* were not concerned with women's health and they always neglected this aspect of women in their household. Dagmar Engels have interviewed many women who testified that their gynaecological problems were often neglected by their male relatives in the 1920s and thus, Engels concluded, "women's health was and is regarded as secondary to men's".[94] However, some sources shows that Bengali men were also thinking about the health of women. The thriving print culture allowed the publication of several advice manuals meant for women in several contemporary periodicals, such as *Bamabodhini Patrika*, *Antahpur*, *Mahila*, *Bangamahila*, *Bangalakhsmi*, to name a few. The main purpose of all these advice manuals was to educate women about their health issues. Upon reading this literature, one can trace a tendency to reformulate the health practices of women along the western lines. However, the writers were not discouraging traditional practices; it was a new medical discourse combining indigenous and western systems. Many writings stressed on cleanliness and maintenance of hygiene.

In "*Aparishkrito Bati O Swasthya*" (Health and Dirty Home), published in a journal named '*Swasthya*' (*Jaisthya*, 1305 B.S, June 1898), the writer claimed that, "Unhygienic places lead to a growth of diseases, such as Plague and Cholera."[95] Another periodical, *Mahila*, published an essay on cleanliness in the medium of dialogue between Sarala and her grandfather, where

[93] Geraldine Forbes, *Women in Colonial India*, p.136.

[94] Dagmar Engels, *Beyond Purdah? Women in Bengal 1890-1939*, (New Delhi: Oxford University Press, 1996), p.139

[95] Anonymous, Aparishkrito Bati O Rog, *Swasthya*, Jaisthya 1305 B.S, June 1898, p.29(translation mine)

the grandfather is educating Sarala about the basic concepts of cleanliness to maintain her health.[96]

The domain of childbirth has come under attack in this new discourse. Both colonial observers and the group of newly emergent Bhadralok class tried to replace traditional dhais. However, the process of such a replacement was different. While colonial masters initiated several training programmes for traditional dhais in Calcutta Medical College and Eden Hospital, the *Bhadralok* class tried to educate *bhadramahilas* with the basic aspects and scientific process of childbirth through advice manuals. An attempt of reconfiguring this domain was witnessed without discouraging traditional practices altogether. Dr. Jadunath Mukhopadhay published his "*Dhatri Sikhsha Ebong Prasuti Sikhsha, Arthat Kathapakathan Chhale Dhai Ebong Prasutidiger Prati Upadesh*", (Midwifery and Education for Pregnant Women, Advices for Midwives and Pregnant Women in the form of dialogue) in 1871. He argued that traditional dhais needs to have some training on practical midwifery because they are practising without any previous training. An educated dhai, Lakhsmi, was instructing Binodini, whose sister Mohini was pregnant. In the preface of the book, Dr. Mukhopadhay urged all traditional midwives to read this book since the work was written in their own vernacular and they could ask others to read the book for them. Along with dhais, the book would also benefit educated Hindu women".[97] In "*Sishur Janmer Purbe Dhatrir Kartabya*"(Duties of Midwives before Delivery), Dr. Jyotirmoy Bandyopadhay (M.B.) discussed the importance of maintaining the basic hygiene of traditional dhais, since lack of general hygiene leads to many ailments in pregnant women and newborn babies. Thus, he writes, “every midwife should wear clean clothes, bathe daily, brush her teeth, trim her nails, and wash her hands thoroughly with disinfectants like *Lysol* before attending any delivery

[96] Anonymous, Dadamoshay O Natni, *Mahila*, Sraban 1310, August 1903, p.37 (translation mine)

[97] Daktar Shree Jadunath Mukhopadhay, *Dhatri Sikhsha Ebong Prasuti Sikhsha, Arthat Kathapakathan Chhale Dhai O Prasutidiger Prati Upadesh*, (Chinsurah, 1871), p.1-2 (translation mine)

case". Dr. Bandyopadhay urged to keep the traditional lying-in room (*sutikagriha*) clean, "The room where the mother and child will stay should be kept as clean and tidy as possible. Do not keep too much furniture in the room and ensure that the sun and wind enter the room. Every midwife should remember that unhygienic practices are the root cause of maternal mortality".[98] Sundarimohan Das was a practising doctor in colonial Bengal, a member of *Sadharan Brahma Samaj*, and a recipient of the M.B. degree of Calcutta Medical College in 1882[99] also asked to regulate the traditional dhais properly to prevent infant mortality. Das observed that half of the babies born in Calcutta every year (about three thousand babies) die within a month of their birth. This was because maternal health was considered during pregnancy. Thus, he wrote, "proper midwifery training programme is required to regulate ignorant dhais."[100] He also encouraged his wife, Hemangini, to complete a course on midwifery.[101] Sundarimohan Das wrote a book named "*Briddhadhatrir Rojnamcha*" (daily life of an old midwife) where he differentiates between a traditional ignorant dhai and an educated midwife. The book deals with the story of an ordinary woman who received training in midwifery from a reputed dhai-training school, after obtaining permission from her husband. The author, by using suitable instances, was trying to educate the ordinary women of Bengal with the aspects of 'scientific midwifery'. Dr. Das, through this text, urged women to use western medicines, such as "*Costic Lotion*", for washing the eyes of newly born babies and apply "*Entephlojistin*" over the abdomen of pregnant women.[102] Throughout the text, Dr. Sundarimohan Das condemned the unscientific practices of ignorant dhais to spread

[98] Dr Jyotirmoy Bandopadhay (M.B), Sishur Janmer Purbe Dhatrir Kartabya, *Ayurbigyan*, Agrahayan 1333, November 1923, p.19 (translation mine)

[99] Geraldine Forbes, *Women in Colonial India*, p.109

[100] Sundarimohan Das (M.B), Ayurved O Dhatribidya, *Ayurbigyan*, Falgun 1333, March 1924, pp.147-148 (translation mine)

[101] Geraldine Forbes, *Women in Colonial India*, p.109

[102] Dr Sundarimohan Das (M.B), *Briddhadhatrir Rojnamcha*, (Calcutta, 1330, 1921), pp.43-44 (translation mine)

awareness about the modern concepts of women's health among ordinary women. In this text, the author presented a contrasted image of an educated midwife with that of an uneducated and untrained dhai.[103]

Illustration-III

This picture shows how an untrained dhai is working in an unhygienic way.

Image of a trained midwife. Her nail is clean and she is using clean water, maintaining proper hygiene during childbirth.

Records show that many doctors were reputed gynaecologists, who were practising in the villages of Bengal. One of them was Dr. Lalitchandra Ray, who passed from Campbell Medical School and started practising in Ulpur village in Faridpur district. He became a renowned gynaecologist during the 1890s.[104]

[103] Ibid, pp.55-56 (translation mine)

[104] Dinabandhu Raychaudhuri O Sri Satindranath Raychaudhuri, *Faridpurer Itihash*, 1344 B.S, 1935, pp.345-346

The newly emergent intelligentsia not only attempted to reform the domain of midwifery, but they were also concerned with the health of women in general. In "*Banglar Swasthya Neeti*" (Medical Policy of Bengal), Sree Prithwindra Prasad Biswas blamed women living in the metropolis. In this essay, he argued that women were responsible for their ill-health and their health was deteriorating every day since they were becoming lazy.[105] *Bhadraloks* were trying to educate their womenfolk with the names of many new diseases through these periodicals. A story named "*Streerog*" (women's diseases) was published in a journal named "*Aragya*" in 1924, where the author explained what happens when a female suffers from *Heamaturia* (extraction of blood from urinary tract) disease.[106] Bipradas Mukhopadhay instructed ordinary women in his "*Garbhasrab Sambandhe Sabdhanata*" (Precaution to the Pre-Natal Ejaculation) about what should be done if bleeding happens during pregnancy. He tried to train ordinary women about the aspects of midwifery so that they could handle the situation during emergencies.[107] Many examples from several parts of Bengal have been invoked in many contemporary periodicals to show how the usage of medicines and modern methods is crucial in the delivery of a healthy child and for the health of a pregnant woman. Medical journals, such as *Chikitsa Sammilani*, played an important role in this regard. Its July 1932 edition referred to an incident from Mymensingh, where it was shown that use of homeopathic medicines, such as *Chrorel Hydrate*, was useful during child birth.[108] Another example from Chandannagar in the same edition shows that medicines, such as *Marcidium*, were useful if a woman was suffering from Syphilis.[109] Dr. Narayan Chandra Mitra, M.B.

[105] Sree Prithwindra Prasad Biswas, Banglar Swasthya Neeti, *Ayurbigyan*, 1st Edition, p.129 (translation mine)

[106] Daktar Narendrakrishna Talukdar, Streerog, *Aragya*, 1st Year, 4th Edition, October 1924 (translation mine)

[107] Bipradas Mukhopadhay, Garbhasrab Sambandhe Sabdhanata, *Grihasthali*, 1st Edition, 3rd Part, pp.49-52 (translation mine)

[108] Sree Jagatbandhu Ray, Chikitshita Rogir Bibaran, *Chikitsa Sammilani*, 2nd Edition, Ashad 12, 1292 B.S, July 1885, p.99 (translation mine)

[109] Sree Gaganchandra Nandy, Chikitshita Rogir Bibaran, *Chikitsa Sammilani*, 2nd Edition, Ashad 12, 1292 B.S, July 1885, pp.131-132 (translation mine)

from Calcutta Medical College, published several tracts in a Bengali Medical Periodical of contemporary period to enlighten women of Bengal and spread awareness about their health, particularly during childbirth, when many women suffer from post-partum haemorrhage.[110] An anonymous writer wrote in another medical journal of the period "*Swasthya*" that every woman should take care of their health and he urged to educate every girl about the important aspects of health. He asked the readers, "Nowadays, social reformers are thinking about education of female members. However, it is a matter of controversy regarding the extent to which females should be educated. I think we need to resolve this debate. We think that if we educate girls by considering the following issues, then it is possible to get the expected results. It is up to the women of the family to follow proper guidelines for protecting the family members' health. If maidservants and mistresses do not pay attention to the aspects of maintaining good health, then our households would be affected. Thus, knowledge of good health is important for females. The woman of the household nourishes us when we are healthy and nurses us when we are sick. Therefore, it is necessary to educate them about the basic aspects of medical science".[111] Dr. Satyendranath Sen gave a talk entitled "*Rogir Sushrusha*" (Nursing the Patients) in *Victoria Mahila Vidyalaya* for its students. Dr. Sen prescribed few steps to treat patients and urged all girls to follow these steps while nursing patients at home. He divided the responsibilities of girls as three steps - firstly, they must arrange a clean and healthy room for patients and they must eradicate all other material problems of the patient; secondly, they should note down the condition of the patient and inform the doctor about it; and thirdly, they should know about the procedure of providing

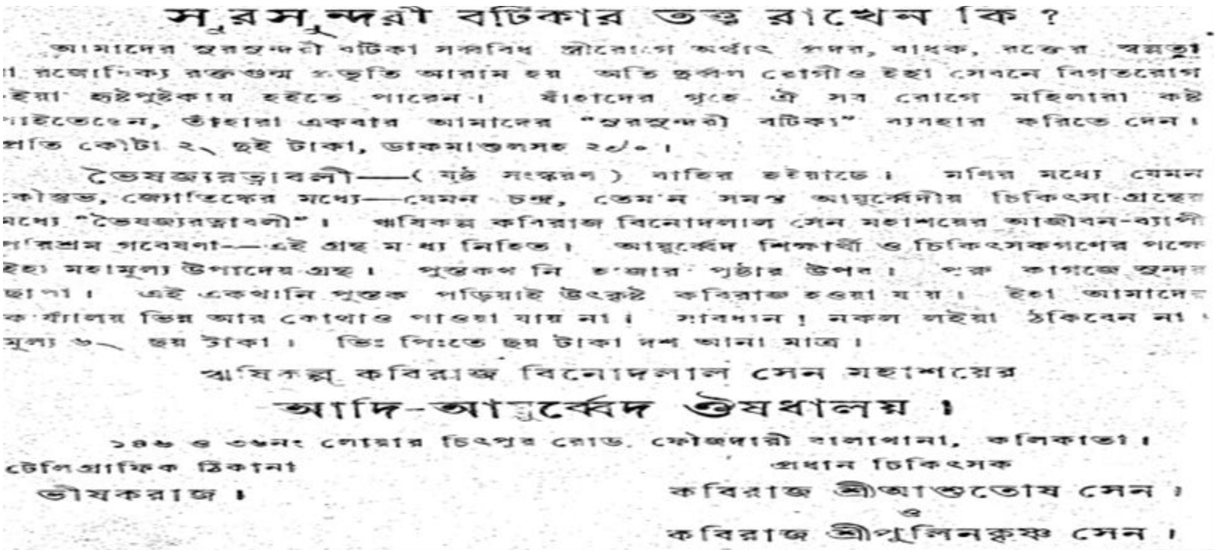
[110] Sree Narayan Chandra Mitra, Garbhabasthay Raktasrab, *Suchikitsa*, 1st Year, 3rd Edition, Agrahayan 1332 B.S, November 1925, p.108; also Sree Narayan Chandra Mitra, Prasabanta Raktasrab, *Suchikitsa*, 1st Year, 8th Edition, Baisakh 1333 B.S, April 1926, p.300 (translation mine)

[111] Anonymous, Stree Sikhsha, *Swasthya*, 3rd Part, 2nd Edition, Jaisthya 1306 B.S, May 1899, pp.39-40 (translation mine)

medicine. The main aim of the lecture was to educate the school girls about the basic aspects of health and hygiene.[112]

Several advertisements could be traced in contemporary periodicals, which show that the then society was concerned about the health issues of women. An advertisement on a medicine named "*Sarasundari Batika*" was published in a contemporary periodical named '*Mahila*' and claimed that it is a great medicine for all types of gynaecological diseases and even weak patients become strong when they take this medicine. The advertisement urged male readers to give this medicine to their women who are suffering from chronic illnesses for a long time.[113]

Illustration-IV



Advertisement on Surasundari Batika published in periodical "Mahila" in August 1909

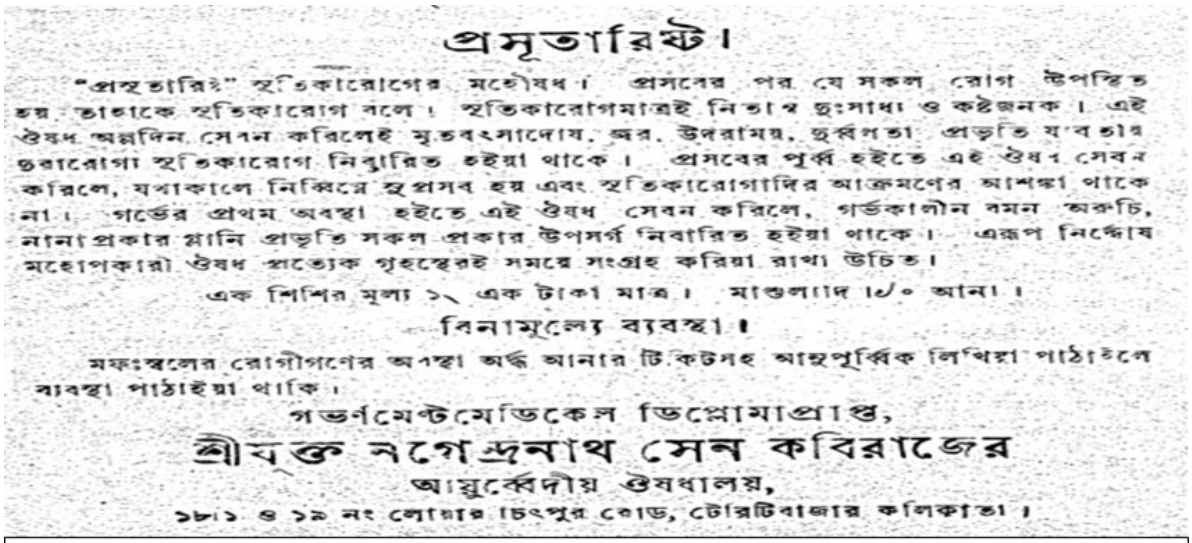
Another advertisement was published on another medicine called "*Prasutarishta*". A product of Ayurvedic pharmacist, Sri Nagendranath Sen (diploma holder from Calcutta Medical

[112] Doctor Satyendranath Sen, Lecture "Rogir Sushrusha" (16th June, 1902), *Mahila*, 14th Edition, Bhadra 1335 B.S, September 1908, p.253 (translation mine)

[113] Surosundari Batikar Tattwo Rakhen Ki? (Advertisement), *Mahila*, Shraban 1316, August 1909, p.2

College), the writers of the advertisement claimed that *Prasutarishta* was a great medicine for all types of obstetric diseases and if one takes this medicine even for a short time, then all types of incurable problems, such as miscarriage, post-natal fever, weakness, etc., could be cured.[114]

Illustration-V



প্রসূতারিষ্ট।

"প্রসূতারিষ্ট" সূতিকারোগের মহৌষধ। প্রসবের পর যে সকল রোগ উপস্থিত হয়, তাহাকে সূতিকারোগ বলে। সূতিকারোগমাত্রই নিতান্ত দুঃসাধ্য ও কষ্টজনক। এই ঔষধ অল্পদিন সেবন করিলেই মৃতবৎসাদোষ, জ্বর, উদরাময়, দুর্ব্বলতা প্রভৃতি যাবতীয় দুরারোগ্য সূতিকারোগ নিবারিত হইয়া থাকে। প্রসবের পূর্ব্ব হইতে এই ঔষধ সেবন করিলে, যথাকালে নির্ব্বিঘ্নে সুপ্রসব হয় এবং সূতিকারোগাদির আক্রমণের আশঙ্কা থাকে না। গর্ভের প্রথম অবস্থা হইতে এই ঔষধ সেবন করিলে, গর্ভকালীন বমন অরুচি, নানাপ্রকার গ্লানি প্রভৃতি সকল প্রকার উপসর্গ নিবারিত হইয়া থাকে। এরূপ নির্দ্দোষ মহোপকারী ঔষধ প্রত্যেক গৃহস্থেরই সময়ে সংগ্রহ করিয়া রাখা উচিত।

এক শিশির মূল্য ১৲ এক টাকা মাত্র। মাশুলাদি ।৶০ আনা।

বিনামূল্যে ব্যবস্থা।

মফঃস্বলের রোগীগণের অবস্থা অর্দ্ধ আনার টিকিটসহ আদ্যোপান্ত লিখিয়া পাঠাইলে ব্যবস্থা পাঠাইয়া থাকি।

গভর্ণমেণ্টমেডিকেল ডিপ্লোমাপ্রাপ্ত,

শ্রীযুক্ত নগেন্দ্রনাথ সেন কবিরাজের

আয়ুর্ব্বেদীয় ঔষধালয়,

১৮।১ ও ১৯ নং লোয়ার চিৎপুর রোড, টেরিটিবাজার কলিকাতা।

Advertisement on Prasutarishta, published in Mahila in October, 1909

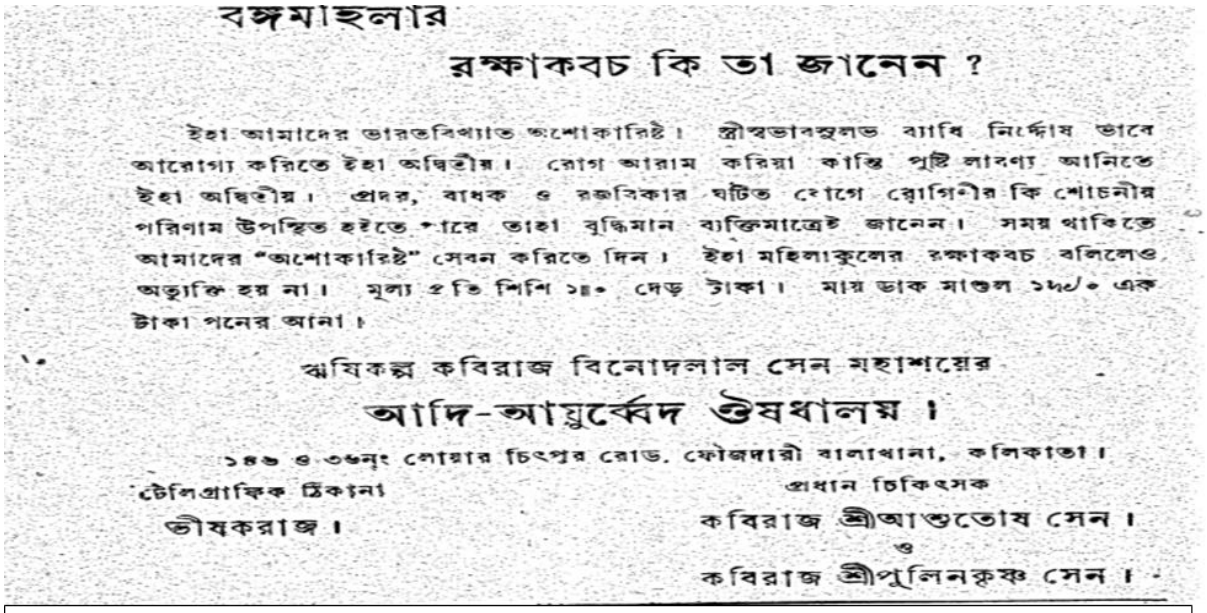
Madhuri Sharma argued that these medical advertisements emerged as a new form of 'social communication' whereby people were becoming aware about themselves and their needs. Advertisements served another purpose of easier revenue generation for these periodicals.[115] Another scholar thought that the advertisements were itself a part of the reality and not only a 'mirror of reality'. Advertisements as a source remained unexplored, but as the examples from contemporary period suggests, these could be an important source to write history from

[114] Prasutarishta (Advertisement), *Mahila*, Aswin 1316, October 1909, p.29

[115] Madhuri Sharma, Creating a Consumer: Exploring Medical Advertisements in Colonial India, in Biswamoy Pati & Mark Harrisson, *The Social History of Health and Medicine in Colonial India*, (New York: Routledge, 2009), pp.214-215

a new perspective.[116] Several other advertisements related to medical care of females could be traced throughout this period. *Adi Ayurved Ousodhaloy* of Rishikalpa Kaviraj Binodlal Sen advertised a medicine called "*Ashakarishta*" for women. The pharmacy claimed that this medicine was like an 'amulet' (safeguard) for womanly diseases.[117]

Illustration-VI


বঙ্গমাহলার

রক্ষাকবচ কি তা জানেন ?

ইহা আমাদের ভারতবিখ্যাত অশোকারিষ্ট। স্ত্রীস্বভাবসুলভ ব্যাধি নির্দ্দোষ ভাবে আরোগ্য করিতে ইহা অদ্বিতীয়। রোগ আরাম করিয়া কান্তি পুষ্টি লাবণ্য আনিতে ইহা অদ্বিতীয়। প্রদর, বাধক ও রজবিকার ঘটিত রোগে রোগিনীর কি শোচনীয় পরিণাম উপস্থিত হইতে পারে তাহা বুদ্ধিমান ব্যক্তিমাত্রেই জানেন। সময় থাকিতে আমাদের "অশোকারিষ্ট" সেবন করিতে দিন। ইহা মহিলাকুলের রক্ষাকবচ বলিলেও অত্যুক্তি হয় না। মূল্য প্রতি শিশি ১৷৷০ দেড় টাকা। মায় ডাক মাশুল ১৸৶০ এক টাকা পনের আনা।

ঋষিকল্প কবিরাজ বিনোদলাল সেন মহাশয়ের

আদি-আয়ুর্ব্বেদ ঔষধালয়।

১৪৬ ও ৩৬নং লোয়ার চিৎপুর রোড, ফৌজদারী বালাখানা, কলিকাতা।

টেলিগ্রাফিক ঠিকানা
ভীষকরাজ।

প্রধান চিকিৎসক
কবিরাজ শ্রীআশুতোষ সেন।
ও
কবিরাজ শ্রীপুলিনকৃষ্ণ সেন।

Advertisement on Ashakarishta, published in Mahila in April 1910

Thus, *Bhadraloks*' concern for the health of women can easily evinced through all these instances. The main purpose of all these advice manuals was to impart knowledge about health to women and the Bengali *Bhadraloks* argued in many of these writings that maintaining home hygiene, such as cleaning, dusting and purifying water, consisted an 'indispensable part of *Garhasthya Dharma*' that need to be performed by every Bengali

[116] Shubhneet Kaushik, Viewing Advertisements Doing History: Advertisements in AJ, 1935-1938, *Proceedings of the Indian History Congress*, Vol 74, 2013, p.587

[117] "Ashakarishta" (Advertisement), *Mahila*, 15th Edition, Chaitra 1316 B.S, April 1910, p.177

women.[118] However, some *bhadramahilas* were concerned with the health of women and these *bhadramahilas* participated actively in the emerging print culture to give their advice to women readers.

WOMEN'S CONCERN FOR WOMEN'S HEALTH

As Sumanta Banerjee argued, a separate domain of folk culture existed in colonial Calcutta,[119] and the existence of a separate sphere of indigenous medicines could be traced both in the metropolis of Calcutta and in the villages of Bengal. Several women were practising their own methods of healing to provide relief to their patients. As it is evident from earlier discussions, women from the respectable native families were reluctant to receive hospital treatment and the contemporary records revealed that the number of in-house patients in the *Zenana* hospitals was low. Many women from the *Bhadralok* families took recourse to treatment from the women practitioners. An instance of Sarada Devi, mother of Nobel Laureate Rabindranath Tagore, taking help from one such woman healer has been mentioned in one of the earlier chapters. Recent scholars have drawn attention to many other women healers who were successful in their venture to treat patients with their own methods of healing. Two legendary women medical practitioners from colonial Calcutta could be found for study. Although their original names are still unknown, they were known as *Jadu's mother* and *Raju's mother*. Sources show that *Jadu's mother* used to stay near Darjipara in Calcutta. Her husband, Kashinath Dutta, came to know about the use of several herbal medicines from an anonymous ascetic of Banaras. *Jadu's mother* learned the use of these folk medicines from her husband whose untimely death forced her to take treatment as her vocation. Instances from her daily life reveal that she used to earn a decent amount. Chitra

[118] Sujata Mukherjee, What did the 'Wise Men' Say? Gender, Sexuality and women's health in nineteenth-century Bengal, in Biswamoy Pati & Mark Harrison (ed.), *Society, Medicine and Politics in Colonial India*, (New York: Routledge, 2018), p.237

[119] Sumanta Banerjee, *The Parlour and the Streets: Elite and Popular Culture in Nineteenth Century Calcutta*, (Calcutta: Seagull Books, 1989), pp.78-146

Deb argues that *Jadu's mother* used to practice at a time when Calcutta Medical College started working and Deb believes that *Jadu's mother* was an important figure in Calcutta.[120] She was a known figure in the field of medicine and it is revealed from an incident when a British doctor failed to provide relief to a native patient and his family called *Jadu's mother* to treat him and *Jadu's mother* succeeded. A contemporary poet, Iswarchandra Gupta, glorified the incident through one of his poem published in *Sambad Prabhakar*. Iswar Gupta wrote,

> "*Daktar Kabiraj Rane Jare Hare*
> *Jadur Janani Jay Kare Tare*
> *Sabash Sabash Bacha Jadur Janani*
> *Gangar Nikate Har Mane Kalapani*"[121]
> ("Doctors and Kavirajs lose in the battle too… / Jadu's mother who emerges victorious... / Bravo Bravo Dear Jadu's mother… / The Ganges reigns supreme over the Kalapani")[122]

Another legendary woman doctor*, Raju's Mother* used to stay in Kaliprasad Dutta Street in North Calcutta. Her husband, Safalyanarayan, was a barber. She was known for her expertise in performing minor surgical operations with a barber's knife. Iswar Gupta praised *Raju's mother* through his poem:

> "*Sabash Rajur Ma'r Naruner Khoncha*
> *Meye Hoye Purushere Banailo Boncha*"[123]

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[120] Chitra Deb, *Mahila Daktar*, p.39

[121] Chitra Deb, *Mahila Daktar*, p.39; also in Sujata Mukherjee, Medical Education and Emergence of Women Medics in Colonial Bengal, *Occasional Paper 37*, August 2012, (Kolkata: Institute of Development Studies), p.17; also in Sharmita Ray, *Women's Doctors Masterful Manoeuverings*, p.61

[122] Sharmita Ray, *Women's Doctors Masterful Manoeuverings*, p.61

[123] Chitra Deb, *Mahila Daktar*, p.40

(Hail Raju's Mother's blade artwork! / Being a woman she has made the men look blunt)[124]

These poems are valuable for many reasons. The nationalist poet praised indigenous medicine and condemned the modern and western medical systems through such poems. There is no doubt that the patriotic poet liked the fact that the British doctors were defeated by the untrained women medics. It is evident from these praises for two self-reliant women that women were not excluded from the field of medical treatment.[125] Recent research pointed towards the existence of numerous Bengali female Kavirajas. The Census of 1871 show that there were 290 female Kavirajas, while there were 215 female Hakims in colonial Bengal. However, with the advent of the western systems of medicine, the number of female Kavirajas declined and there were only 14 female Kavirajas in the metropolis of Calcutta in 1891.[126]

It would not be an exaggeration to say that women started thinking about the health care of other women from this time. Not only the educated and polished women from the urban metropolis of Calcutta, scores of other women from rural Bengal were practising medicine in the domestic sphere; and in this way, these ordinary women negotiated the terrain of tradition and modernity. Sree Nalinikanta Dasgupta, editor of the journal *Ayurved Hitaishini*, pointed towards the existence of many women in the countryside who knew many kinds of indigenous treatments.[127] These women were in most cases untrained and they made extensive use of the contemporary journals and periodicals to express their concern about the health of women. Similar to a Hindi public sphere in colonial North India, a Bengali public

[124] Sharmita Ray, *Women's Doctors Masterful Manoeuverings*, p.61

[125] Chitra Deb, *Mahila Daktar*, p.40

[126] Ibid, pp.40-41

[127] Sree Nalinikanta Dasgupta, Mushtijog, *Ayurved Hitaishini*, 2nd Year, 3rd Edition, Ashad 1319 B.S, July 1912, pp.113-114 (translation mine)

sphere also grew in colonial Bengal with the publication of Bengali periodicals, such as *Antahpur, Bamabodhini Patrika, Mahila, Swasthya, Chikitsa Sammilani, Grihasthali,* etc. These 'medically untrained' but literate Bengali women took advantage of this widespread literary activity and printing because technology offered new means through which these women could assert their identities to their readers. Similar to Yashoda Devi of Allahabad,[128] the Bengali women operated within the domain of printing press and publishing. The spread of female education throughout the province enabled women to write about the society. These women wrote in contemporary periodicals and they focused mainly on two spheres: education of women and health of women. A scrutiny of these writings reveals that these women were writing along with reformist lines of the contemporary time. These women were attacking traditional customs, but at the same time, there was an urge to reformulate the society combining both traditional methods and modern ideas. In the writings that are concerned with women's health, an attempt was made to reconfigure western medicine with the traditional systems.

Nanibala Dasi in her "*Sutikagare Prasutir Sushrusha*" (Treatment of Pregnant woman in Lying-in Room) attacked the traditional sutikagriha or lying-in room and she attributed the reasons for maternal mortality to ignorance and "national superstitions" (*Jatiya Kusanskar*). In this essay, she invoked a true story where the traditional arrangements of "airtight, moist, dirty" *sutikagriha* (traditional lying-in room) and ignorance of untrained '*dhai*' (midwives) and other female members of the family were responsible for the death of a mother and a child. Nanibala pleads to call lady doctors to reform the arrangements of *Atoorghar* (lying- in room) during the period of delivery. She urged to provide proper food and water to newly

[128] Charu Gupta, Procreation and Pleasure: Writings of a Woman Ayurvedic Practitioner in Colonial North India, *Studies in History*, 21:17, 2005, pp.26-38

born infant and mother to prevent post-natal diseases.[129] In "*Grihaswasthye Ramanir Drishti*" (Attention of Women towards Domestic Health), Nirupama Devi urged every women of the *Antahpur* to be aware of their health issues and she wrote that it is a good sign that attention is being paid to women' health issues in contemporary periodicals. She attacked customs such as '*abaradh*'(seclusion) which was responsible for the deterioration in women's health.[130] Srimati Saraju Devi was writing to the readers of the *Grihasthya Mangal* from Chaibasa, Singhbhum, '*Mahasaygan* (Brothers), I am writing few medicines for conjunctivitis, bleeding, and children's diseases and I found relief by using these medicines'.[131] Saraju Devi was an ordinary woman who never attended any medical school, but still prescribed homely medicines. Some women wrote about the preservation of health and thus what followed was a feminine discourse on health. Srimati Snehalata Sengupta in her essay '*Moner sohito Sarirer Sombondho*' (Link of mind with Physique) wrote, 'Health is wealth. It is the responsibility of all human beings to preserve their wealth'. She prescribes, 'To preserve our health, we need to follow certain rules- 1. We need to be careful about the consumption of food, 2. Physical exercise is essential to preserve health, 3. Cleanliness is important, 4. Laborious work is the main basis of our physical and mental well-being'.[132]

Srimati Sonbhona Ghosh wrote about the necessity of preserving good health in her *'Bhogobaner Niyom Palon Dara Swasthyorakkhsha*' (Preserving Public Health through the mode of Religious activities), where she blamed the impiety of women for the current condition of their health. In this essay, she pointed out that women's health deteriorated every day which was due to them becoming irreligious. Along with this, poverty was as an

[129] Sree Nanibal Dasi, Sutikagare Prashutir Sushrusha, *Antahpur*, Baisakh 1311, May 1904 (translation mine)

[130] Nirupama Devi, Grihaswathye Ramanir Drishti, *Antahpur*, Kartick 1311, November 1904.(translation mine)

[131] Srimati Sarayu Devi, Koyekti Katha, *Grihasthya Mangal*, 3rd Year, 9th Edition, Poush 1336, pp. 276-277 (translation mine)

[132] Srimati Snehalata Sengupta, Moner Sohita Sarirer Sombondho, *Grihasthya Mangal*, Magh 1336, January 1929, pp. 313-315 (translation mine)

additional factor.' She prescribed some remedies - 'The main ingredients for good health are fresh air and clean water. Labour for work, regular consumption of good food, physical exercise in good air, everyday bath, drinking fresh water, and pursuing religious knowledge were vital for preserving good health and long life.[133] Hemantakumari Chaudhuri and Sarojini Devi complained that the health of Bengali women was deteriorating day by day. They argued in their "*Bharatmahilar Swasthya*" (Health of Indian Women) that although several initiatives were taken by the social reforms regarding women's education, nothing was done to improve women's health. Both writers were of the opinion that Indian reformers mostly focused on altering the public sphere. They wrote, "There have been agitations on the workings of the municipality, but they neglect the prevailing situations in our home".[134] They asked the readers, "Proper diet, sleep, and rest are the main components of health. Are we getting these elements to sustain our lives inside the *Antahpur*? If not, how is it possible to save our lives? Are we not responsible for destroying our health?.[135] An anonymous woman writer wrote an essay entitled "*Mahilar Swasthya*" (Health of Women) in a contemporary feminine journal named *Antahpur*. In this essay, she delineated three reasons that are detrimental to women's health - a. Women become mothers of many children at an early age, b. The morals of the youth are degrading, and c. Women are becoming lazy in their household chores.[136] Throughout this essay, the author was critical of the custom of child marriage, which she believes is detrimental for women's health. She argued that in many cases, middle class families are not at all concerned with the post-natal treatment of mothers and she urged to provide proper nutritious diet to pregnant women. She showed her concern

[133] Srimati Sobhona Ghosh, Bhagabaner Niyom Palan Dwara Swasthyorakhsha, *Grihasthya Mangal*, Magh 1336, January 1929, pp.315-316 (translation mine)

[134] Hemantakumari Chaudhuri & Sarojini Devi, Bharatmahilar Swasthya, *Antahpur*, 4th Year, 6th Edition, Asharh 1308 B.S, June 1901, p.149 (translation mine)

[135] Ibid, p.150 (translation mine)

[136] Anonymous, Mahilar Swasthya, *Antahpur*, 4th Year, 9th Edition, Ashar 1310 B.S, June 1903, p.57 (translation mine)

to stop the custom of child marriage since this custom was injurious to women's health. She asked Bengali women to give up laziness and do physical exercise to keep their bodies fit. She lamented the absence of a public gymnasium where women could perform physical exercises alongside other women. She ended up saying, "Sisters! Remember, if we do not keep our body, who will keep it? It does not hurt anyone else".[137]

Many of these women were thinking to educate ordinary Bengali women with different aspects of health. Nanibala Dasi in her '*Sutikagare Prasutir Sushrusha*'(Treatment of Pregnant Women in Lying-in Room) urged Bengali women to oversee the arrangements in '*Aturghar*'(lying-in room) because untrained and uneducated '*dhais*' (midwives) cannot assume responsibilities of pregnant women and new born child in an idealistic manner. She argued in this essay that it is the sole duty of female relatives to take care of the mother and the baby in the *Aturghar*.[138] In another essay published in the contemporary periodical '*Antahpur*', she argued that given the prevalence of diseases in Bengal, it is imperative that everyone should know the basic aspects of medicine and Nanibala discussed many homely remedies for various womanly diseases.[139] Sreemati Banalata Devi prescribed several treatments that could be performed with ingredients available in the home itself.[140] Sreemati Chapalasundari Devi asked Bengali women not to visit doctors or Kavirajas everytime; instead, they should try the homely remedies to cure diseases of their children and to preserve their own health. As she wrote, "Nowadays, native sisters take their children to doctors and Kavirajas whenever their children fall sick. They never apply the indigenous mode of treatment with the leaves of the forest vine. If they know the application of these homely

[137] Ibid, pp.58-60 (translation mine)

[138] Sreemati Nanibala Dasi, Sutikagare Prasutir Sushrusha, *Antahpur*, 6th Year, 5th Edition, Bhadra 1310 B.S, September 1903, pp.106-108 (translation mine)

[139] Ibid, pp.78-79 (translation mine)

[140] Sreemati Banalata Devi, Sahaj Mushtijog, *Antahpur*, 3rd Year, 4th Edition, Baisakh 1307 B.S, April 1900, p.98 (translation mine)

remedies in a proper way, then they can treat their children on their own without wasting time and money". In her essay, she prescribed several homely remedies so that the native women can treat their children during their illnesses.[141] Another essay entitled "*Sushrusakarini*" (Nursing Sister) was different and innovative at the same time. The author here invited all Bengali women to dedicate themselves towards the service of the nation and she wrote, "I make a new proposal to you on this occasion". She talked about the public health of Bengal in this essay and argued about the prevalence of many new unknown diseases, which was hitherto unknown and the result was the outbreak of epidemics. She said that although the government took several measures, such as creation of hospitals in various places and inviting European nurses to serve our countrymen, native people were reluctant to visit hospitals and the native women were responsible for the treatment of patients. However, she lamented that these Bengali women were not properly trained to handle these diseases. Thus, she urged all women of Bengal to educate themselves with the basic aspects of medical science. She argued that such training was absolutely necessary since many Bengali women were reluctant to receive treatment from male doctors because of the *Purdah* custom. Thus, she came up with a new proposal in this essay to train orphan and helpless females with the basic aspects of modern medicine through which she believes a basic need of the country could be fulfilled. In the end, she claims, "It is the duty of the women themselves to take on this task. A few widows or virgin girls may take care of the girls staying in ashrams and those women who have studied medicine can easily help them with medical education. European female doctors and nurses are not an alternative to male doctors to serve our *Antahpur*".[142] A strong nationalist overtone could be evinced in this essay and it will be relevant to say that women were becoming conscious about themselves and the health of their sisters, Women

[141] Sreemati Chapalasundari Devi, Mushtijog, *Antahpur*, 3rd Year, 7th Edition, Sraban 1307 B.S, August 1900, pp.132-134 (translation mine)

[142] Sreemati Hemantakumari Chaudhuri, Sushrushakarini, *Antahpur*, 3rd Year, 8th Edition, Bhadra 1307, September 1900, pp.159-163 (translation mine)

writing about medical issues in several periodicals were not medically trained and never attended medical classes. They did not stay in the urban metropolis of Calcutta, but were still aware about public health.

Fictional references point towards the existence of women healers, who were practising medicine within their own households in rural Bengal. Although western medicine was exercising its hegemony in urban areas, the rural areas were still outside the influence of western medicine. Projit Behari Mukherji justified his reliance on the fictional character by saying that 'Fictional characters… reveal those aspects of successful medical careers which are not recorded in the more factual archives… fiction gave an opportunity to present, in the guise of fiction… a social reality'.[143] In a short story named '*Pallikusum*' written by Srimati Kamalabala Devi, published in a periodical named *Ayurvigyan*, the character of Tamalini was portrayed in such a way that it depicted a picture of a medical practitioner in the domestic sphere.[144] Another story, '*Kabiraj Mohasoy*', published in a periodical named Antahpur, portrayed the image of a village grandmother who says that the whole world is a dispensary for her. This grandmother, uneducated and medically untrained, is playing the role of a doctor in this story. This female protagonist of the story claims, "All girls need to know about some medicines. Besides the family members, the people of the neighbourhood can also be benefitted if all women are aware about the treatment of some diseases". The grandmother also argued, "I did not learn all these treatments from any medical college. Just as the girls knows how to cook and make a home, they must learn the usage of some medicines".[145] Kamalabala Devi, writer of '*Kobrej Kaka*' (Indigenous Practitionar Uncle), raised her voice against the western medicine and its failure to cure womanly diseases. In this short story, she

[143] Projit Behari Mukherji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*, (London: Anthem Press, 2011), p. 74

[144] Srimati Kamalabala Devi, Pallikusum, *Ayurbigyan*, 4th Edition, pp. 186-187. (translation mine)

[145] Anonymous, Kabiraj Mohasoy, *Antahpur*, 2nd Edition, Jaistha-Ashar, Bangabda 1306, p. 74. (translation mine)

portrayed a character named Siuli Didi who wrote to Kamalabala about her illness and failure of the western practitioners to cure her. Siuli Didi was suffering from dyspepsia and indigestion from a long time. She also remained sterile for a long time. Along with this, Siuli Didi was suffering from irregular menstruating cycles. Kamalabala then wrote to her to consult '*Kobrej Kaka*' (indigenous medicine practitioner). At the end of the story, Kamalabala wrote, '*Kobraj Kaka*'s medicines are so worthy that all diseases of Siuli Didi were cured and she no longer remained sterile and she became pregnant'.[146]

Archival records show that many women donated generously for female medical education and were concerned with women's health. Many women actively participated in the process of medical philanthropy and patronage. Sujata Mukherjee finds a dual motive behind medical philanthropy: it helps to extend the leadership of a donor over his/her society or community and the donor would earn recognition from the British Raj.[147] Thus, it may be presumed that women were donating to promote well-being of the females and female medical education. Maharani Kaseshwari of Cossimbazar provided a generous grant for a hostel. In a letter dated on 12 November 1884 the Rani of Cozzimbazar expressed her views to the Magistrate and Collector of Murshidabad. She wrote, "The want of properly educated female practitioners for the treatment of females has been felt by me for a long time, and gradually with the advance of my age, a deep impression has been made in my mind. I had always hoped and expected that some kind-hearted and noble-minded person would do something for the removal of this sad want, but I regret to observe that this hope has not yet been realized".[148] Maharani Sarat Sundari Barmani of Rangpur donated Rs. 12,000 for the construction of a female hospital attached to Rangpur Charitable Dispensary. In her letter to the District

[146] Kamalabala Devi, Kobrej-Kaka, *Ayurbigyan*, Agrahayan 1333, 1st Edition, pp.114-115 (translation mine)

[147] Sujata Mukherjee, Imperialism, Medicine, and Women's Health in Nineteenth Century India, in Arun Bandyopadhay (Ed.), *Science and Society in India: 1750-2000*, (New Delhi: Manohar, 2010), p.108

[148] *General Department, Education Branch, Calcutta, Proceedings December 1884*, West Bengal State Archives, Kolkata.

Magistrate, Rangpur, she wrote, 'I have the honour to state that in commemoration of the visit of His Honour the Lieutenant Governor of Bengal to this town in July last, I beg to offer Rs. 12,000 for the construction of a women's hospital to be attached to the proposed Rangpur Charitable Dispensary at Nawabgunje. I wish that a marble tablet be placed in the above hospital with the following inscription.'

"Maharaja Govinda Lal Roy's Hospital for Women, constructed by his widow Maharani Sarat Sundari Barmani, in commemoration of the visit to Rangpur of Sir John Woodburn, Lieutenant Governor of Bengal".[149]

Rani Bhaba Sundari of Dighapataya also donated Rs. 5,000 towards the construction of the building of Rampur Boalia Charitable Dispensary.[150] All these examples clearly reveal that a new horizon regarding women's health had been opened in Bengal during the period.

CONCLUSION

The present chapter is an attempt to break the silence that hovers around the issue of health care of women in Bengal. Conventional historical discourses failed to ask all categories of questions deemed unimportant and women remained as 'missing persons'. Misrepresenting women in history has happened in a number of ways. Historical discourse tends to be male-centric or androcentric. Even recent subaltern approaches which focused on labour and other marginalised groups have tried to challenge the traditional focus of history on powerful 'elite' actors who tend to be gender-blind in an unhelpful way. However, it has been shown in this chapter that many women entered the male-dominated world of medicine through their training in medical institutes and struggled to maintain their positions within the patriarchal society. Many untrained women created an alternative form of medicine, which was a

[149] *Municipal Department, Medical Branch, Proceedings January 1900*, WBSA, Kolkata

[150] *File No 1D/9, Municipal Department, Medical Branch, October 1902*, WBSA, Kolkata

reconfiguration of traditional and modern medicine. These women wrote about a new form of medicine conforming to the age-old traditions, but suitable to the present needs. The next chapter will try to focus on the health care of women among the Bengali Muslim community since the present study aims to give an all-inclusve notion of women's healthcare in colonial Bengal and thus after discussing the tenets of healthcare among the Bengali Hindu *bhadramahilas,* next focus will be on Bengali Muslim *bhadramahilas*.

CHAPTER - 4

BEYOND THE *PURDAH*: HEALTH CARE OF WOMEN AMONG THE BENGALI MUSLIM COMMUNITY

This chapter will discuss certain facts and discourses regarding the health care of women in the Bengali Muslim society. The parlance of a nationalist consciousness had been emphatically perceived since the mid-nineteenth century among the Bengali Muslims, and certain social concerns were attempted to be upheld to its members through their repeated publications and assertions in a number of Bengali Muslim periodicals. During the same time, Bengal witnessed the emergence of an array of Bengali Muslim women writings mirroring the necessity of social reformations. In comparison, the Hindu women writings continued to remain in the narrow thematic periphery that incorporated merely their and their community's interests. One noteworthy contribution on the health care issue was from the revered Bengali Muslim female reformationist and writer, Begum Rokeya Sakhawat Hossain who wrote about child-rearing. Records from the archive depict that the Bengali Muslim society was definitely concerned with the health care and wellbeing of women, but this aspect remained under-studied. Many Muslim women pleaded to pursue medical education, and a number of Muslim *nawabs* throughout the province donated generously for *zenana* wards in many hospitals. Contemporary periodicals also bear the evidence of this attitude of Bengali Muslims. The initial part of this chapter will discuss the appearance of Bengali Muslim *bhadralok*, then the emergence of a specific identity—Bengali Muslim *bhadramahila* will be discussed, and these will be followed by a detailed analysis of certain issues in relation to healthcare of women prevalent among the Bengali Muslim community.

IDENTITY OF BENGALI MUSLIMS AS 'OTHERS'

The Bengali Hindu intelligentsia discovered a new 'self' under colonial rule. As Rajat Kanta Ray believed, it was a time of wonderful improvement (*unnati*) and this intelligentsia believed it was living in a new age.[1] A new circle (*navya – sampradayi*) had been formed around this time in Bengal that was influenced by western education and shaped by internalisation of western notions of rationalism, liberalism, and democracy. The community of educated middle-class called, '*sikshito maddhyabitta sampraday*', was essentially a Bengali Hindu upper caste group. This intelligentsia sought to refute the British notion that India had no sense of history.

Tapan Raychaudhuri perceived that a new consciousness grew around this period which was distinct from the bygone era for the Indian sensibilities were enormously transformed by the western influence. The idea of the 'west' became an overpowering presence in the consciousness of educated Indians.[2] Even when Indians (read Bengalis) attempted to write their own histories, they invoked their 'nation', which was itself a European category where loyalty to the nation and the virtue of patriotism was identified as core values of the western civilisation.[3] The newly emerged '*Bhadralok*' was a true Indian national identity that fused two notions: being Hindu and being Bengali. Anyone outside this communion does not form a part of the nation. Attempts were made to retrieve the 'Hindu' classical past and one of the arguments of this nationalist history was that the tyrannical rule of Muslims was responsible for the present decay of the Hindu society and the related customs and superstitions. Bholanath Chakraborty argued in an Adi Brahmo Samaj meeting, "The misfortunes and

[1] Rajat Kanta Ray, *Exploring Emotional History: Gender, Mentality and Literature in the Indian Awakening*, (New Delhi: Oxford University Press,2001),p.29.

[2] Tapan Raychaudhuri, *Perceptions, Emotions, Sensibilities: Essays on India's Colonial and Post- Colonial Experiences,* (Oxford University Press : New Delhi, 1999), pp.4-5.

[3] Ibid, p.5.

decline of this country began on the day the Yavana flag entered the territory of Bengal. The cruelty of Yavana rule turned this land to waste. Just as a storm wreaks destruction and disorder to a garden, so did the unscrupulous and tyrannical Yavana jati destroy the happiness and good fortune of Bengal, the land of our birth. Ravaged by endless waves of oppression, the people of Bengal became disabled and timid and their religion took distorted forms. The education of women was completely stopped. Women were locked-up inside their homes to protect them from the attacks of Yavanas".[4]

Tapan Raychaudhuri thinks that the Brahminical culture considered itself as universal and all other civilisations as peripheral and irrelevant.[5] Thus, there was a tendency to identify the national past with a 'Hindu' past. By the 1880s, these nationalists saw the struggle for a nationalist historiography as the one against colonialism and also against the 'Muslim' and British rule. The new historiography of the Hindu nation assimilated Buddhism and Jainism, which were anti-Vedic and anti-Brahminical religions. However, Islam and Christianity were excluded.[6] The nationalist history pointed at the classical and ancient glory and attempted to revive the true ideals of the past. In this historiography, the advocated theory of medieval darkness held sway, as this epoch was dominated by 'Muslims'. This essentially 'Hindu' and 'Bengali' historiography created the stereotypical image of the 'Muslims' as fanatical, bigoted, warlike, dissolute, and cruel. One such historian Priyonath Mukhopadhay attributed the lack of historical texts to the Muslim rule claiming - '... the Muslims destroyed these books together with other good books when they conquered this country.'[7]

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[4] Bholanath Chakraborty, Sei ak din ar ei ak din, arthat Banger purba o bartaman abostha, cited in Partha Chatterjee- *The Nation and its Fragments: Colonial and Post Colonial Histories*, (Delhi: Oxford University Press, 1995), p.111.

[5] Tapan Raychaudhuri, *Perceptions, Emotions, Sensibilities*, p.4.

[6] Partha Chattered, *The Nation and its Fragments*, p.110.

[7] Priyonath Mukhopadhay, Balya Sikhsha Bangalar Itihash, 3 cited in Indira Chowdhury- *The Frail Hero and Virile History: Gender and Politics of Culture in Colonial Bengal*, (New Delhi: Oxford University Press, 2001), p. 52.

The pejorative terms '*Yavana*' and '*Mleccha*' came to signify Muslims. Bankimchandra used these terms in his novels when he referred to Muslims. His novel '*Anandamath*' is a good example of this tendency; wherein a village housewife was saved by the 'Hindu' *sannyasi dal* from the clutches of the *Yavan sena*.[8] Within the Bhadralok, a 'Bengali' was always seen as a synonym for 'Hindu'. Thus, this 'Hindu' nationalist discourse condemned the European notions of India's past and attempted to demarcate a space of its own, where a 'Hindu' past was valorised and Islam and Christianity were relegated to the margins. However, although this nationalist discourse attempts to marginalise the Muslim community, Bengal, where most of these ideological conflicts took place, was a Muslim majority province.

EMERGENCE OF BENGALI MUSLIM MIDDLE CLASS

In the popular Bhadralok consciousness, a Muslim cannot be a 'Bengali'. Bengali Hindu Bhadralok's self-definitions tended to be exclusionary. Nirad Chaudhuri clarifies in his autobiography that the Bengali Hindu '*Bhadralok*' always referred to Bengali Muslims as 'Muslims' and never as 'Bengalis'.[9] Sunil Gangopadhay in his novel '*Purba-Paschim'* narrates an incident in which one of the protagonists of the story, a Muslim Bengali called Mamun, faces the same kind of discrimination when he visited his Hindu friend's home. The mother of his Hindu friend, Binoyendra, says, revealingly – '*Oma, oi cheleta Musalman bujhi? Ami toh bhebechilum o Bangali!* (Oh! This boy is a Muslim? I thought that he is a Bengali!).[10] Thus, the *Bhadralok* mind perceived a contradiction between Bengalis and Muslims throughout the century.

[8] Bankim Chandra Chattopadhay, *Bankim Racanavali*, (Kolkata: Aditya Prakashanalay, 2010), pp.558-603

[9] See Nirad C. Chaudhuri, *The Autobiography of an Unknown Indian*, (Jaico Publishing House, 1994).

[10] Sunil Gangopadhay, *Purba- Paschim*, (Calcutta: Ananda Publishers Private Limited, 2012), p.62. (translation mine)

Regardless of the perception, Bengal was a Muslim majority province and this fact was underlined by the censuses of the latter decades of the 19th century. W. W. Hunter was surprised by the census data, which showed that Muslims constituted half of the total population of Bengal, which was long considered as a Hindu-majority province, The Census of 1891 showed that Muslims were more numerous than Hindus, accounting for 48.47% of the population. According to the Census Report of 1891, 'the Musalman population was relatively increasing at a rapid rate over a large part of the province both before and since 1881'.[11] The census of 1911 showed a consolidation of this tendency, wherein Muslims formed 52.3% of the total population. Muslims were concentrated around the low-lying and marshy swamp districts of the eastern Bengal region comprising Dacca (Dhaka), Faridpur, Jessore, Khulna, Mymensingh and Sylhet. These censuses gave birth to a range of controversies centred on the origins of Bengali Muslims.

If the social composition of Bengali Muslims is examined in the 19th century, it would be found that Bengali Muslims were a fragmented community without any real sense of "community consciousness".[12]The Muslim society of Bengal lagged far behind the Hindu society. Muslims, in this narrative, failed to accept the British rule and were reluctant to accept the western education. The Bengal Renaissance remained confined to the Hindu middle class. Many movements of reforming orthodox practices, such as sati, widow remarriage, etc., could be traced in the Hindu society throughout this time. No parallel renaissance was found in the Bengali Muslim society. According to Rafiuddin Ahmed, mutually exclusive social groups existed among the Bengali Muslims in the 19th century.[13] The Bengali Muslim society was highly stratified and it was generally divided into two broad

[11] C.J O' Donnel, Census of India, 1891, Vol-III, Classic Literature Collection, *World Public Library.org*, p.144.

[12] Rafiuddin Ahmed, *The Bengal Muslims: 1871-1906: A Quest for Identity*, (Delhi: Oxford University Press, 1981), p.6.

[13] Ibid, p.7.

catetories, namely, *ashraf* and *atrap*. Tazeen M. Murshid mentions another class named *arzul* that existed among the Bengali Muslims and was identified by Gait in the 1901 census. This was a subaltern group that included scavengers and butchers, in other words, Muslim 'untouchables'.[14]

The *ashrafs* were conscious of their racial superiority and always spoke in Urdu and refused to mix with their local counterparts. The *ashrafs* consisted of three categories: Urdu-speaking Mughal *ashraf*, mofussil gentry (also Urdu-speaking), and lesser *ashrafs*, who spoke in Bengali. The first category, Urdu-speaking Mughal *ashrafs* were concentrated mostly in places like Dhaka, Calcutta, Murshidabad and Hooghly. They did not have any contact with the plebeian Muslim masses. They were satisfied with their past glory and believed themselves to be the custodians of the Mughal culture. Ironically, this isolated and self-regarding group was treated by the government as natural leaders of the Muslim community. In the words of Leonard Gordon, a Mughal *ashraf* was like an Afghan or Mughal official sent to Bengal, an outsider without any roots in the soil.[15] The mofussil gentry resembled the Mughal *ashrafs*, but they often had a link with the local population. Although the lesser *ashrafs* spoke in Bengali, they considered Islam-linked languages, such as Arabic, Persian and Urdu, as more 'Muslim' than Bengali. The lesser *ashrafs* were like rural Hindus and were more indigenous than foreign. They were more concentrated around the urban centres in the districts of northern and western Bengal, than in the rice swamps of eastern Bengal. *Ashrafs* always treated their subaltern Muslims in an unsympathetic way. They were not in favour of educating children belonging to *atraps*. Rafiuddin Ahmed blamed this attitude of the *ashrafs* for the slow and uneven progress of Bengali Muslims in matters of education and

[14] Tazeen M Murshid, *The Sacred and The Secular: Bengal Muslim Discourses, 1871-1977*, (Calcutta: Oxford University Press, 1995), p.36.

[15] Leonard A. Gordon, *Bengal: The Nationalist Movement 1876-1940*, (New York and London, 1974) , p.60.

social advancement.[16] The *ashrafs* refused to accept Bengali as a proper language at a time when Bengali became a medium and a classical vernacular language for Bengali Hindus to express the refined thoughts of the nationalist intelligentsia.

Anecdotes of a Bengali Muslim middle class are hard to find upto 1900. Rafiuddin Ahmed argues that, although rural *ashrafs* were closely related to plebeian Muslims in the countryside, they failed to act as intermediaries in the true sense. Rural *ashrafs* identified with the upper *ashraf* aspiringly and refused to acknowledge the *atraps* as members of a single community. This fragmentation was aggravated by the fact that the upper *ashrafs* gave no importance to the rural *ashrafs* and they considered them as indistinguishable from the *atraps*.[17] The absence of a Muslim middle class that was bound with a sense of solidarity was commented on by colonial administrators too. The gulf between the fortunate and the unfortunate became wider[18] and as a result, a middle class was not formed during this time. Ghulam Murshid confirms the view that an English educated middle class emerged as the upper caste Hindus, whereas lower caste Hindus and Muslims remained excluded from it.[19] These groups remained untouched by the westernisation process initiated by the colonial masters. The Muslim society condemned the English language and they were reluctant to receive the western education. An excerpt from Mir Mosharaf Hossain's autobiography describes that if any Muslim read English, then "*Allah rasul er nam mukhe asibe na... Ingriji porilei ekrup chotokhato saitan hoy... Dnaraiya prosrab kore...sarab khaye... halal- haram e probhed nai...chnuri- knatay khana khaite chay... namaj rojay bhakti kore na.... moribar somoye ingriji kotha boliya moribe...khoda rasul er nam koribe na... mosolman dhormo proti*

[16] Rafiuddin Ahmed, *The Bengal Muslims*, p.23.

[17] Ibid, p.25.

[18] *The Moslem Chronicle*, 25th April, 1896, p.189.

[19] Ghulam Murshid, *Rassundari theke Rokeya: Nari Progotir Eksho Bocchor*, (Dhaka: Bangla Academy, 1993), p.23.

biswas thakibe na" (the name of Allah Rasul shall not come to mind... Learning English makes one into some sort of minor devil... Urinates while standing up... No distinction between halal and haram... Wants to eat with knife and fork... No devotion towards namaz and roza... Dies with English words on their lips... Will not take the name of *Khuda Rasul*...Will have no faith in the religion of the *Musalman*).[20] The emergence of a Bengali Muslim middle class could be traced at the turn of the 19th century and this phenomenon was due to the British policies.

From 1850 onwards, the colonial state started promoting the cause of Muslim education to woo new loyalists because they faced continuous pressure from the nationalist Hindu middle class. Certain policies were made so that the government schools became attractive for Muslims and the administration took measures to bring *maktabs* and *madrasahs* – the indigenous mediums of imparting Islamic education – under the supervision of the education department. The government decided to provide scholarships, provide hostels and provide secular education in the *maktabs* and *madrasahs* for the Muslim children studying in schools and colleges. The government undertook measures to establish more *madrasahs* in the Muslim majority districts of Bengal – viz. Dhaka, Chittagong and Rajshahi. The government provided an annual grant of Rs 38,000 for the cause of Madrasah education in the year 1880.[21] Mohsin Endowment Fund also has been created for the same cause.[22] General Report on Public Instruction 1880-81 reveals that quantity of Muslim students was increasing in all institutions in Bengal- from 18.5 percent to 20 percent in 1880-81. There were 94 Muslim students in Art Colleges, 3,603 students in High English Schools, 4,361 students in Middle Schools, 7,610 students in Middle Vernacular Schools, and 150,843 students were there in

[20] Mir Mosharaf Hossain, Amar jibani, cited in Mir Mosharaf Hossain- *Musalmaner Bangla Sikhsha*, (Dhaka: Koli Prakashani, 2018), p.14. (translation mine)

[21] *General Report on Public Instruction in Bengal, 1880-81*, p.98

[22] Ibid, p.97

Primary schools in the year 1880-81.[23] Though it is evident that number of Mahomedan pupils in the level of preliminary education has been increased, the number of students appearing in University level education is still very few. Contemporary data shows that whereas 761 Hindu students appeared in the First Arts Examination held on December 1880, only 32 Muslim students enrolled themselves for the same examination.[24] Simultaneously, in the B.A examination of 1881, only 8 Muslim candidates had taken the examination out of 271 Hindus.[25]

Such educational opportunities resulted in the emergence of a Bengali Muslim middle class. A growing number of educated Muslim youth were looking for jobs. As a result, the Muslim community felt the need for political mobilisation. It was around this time that many political organisations and *anjumans* were established throughout the country as a medium to express self–confidence and aspirations of the new generation of educated Muslims. Subsequently, Muslim elites were keen to express their own identities.

Similar to the pioneering works of Sir Syed Ahmed Khan in North India, Nawab Abdul Latif was the pioneer of colonial modernism and reforms in Bengal. Abdul Latif also played a pivotal role by opening up the world of western science among the Muslims of Bengal and he also had established an organization to promote education of Muslims in Calcutta. Abdul Latif sought to establish a rapport between the British government and the Muslim community. Syed Amir Ali was a leader who established the *National Muhammedan Association* in 1877 in Bengal and this association was later known as *Central Muhammedan Association*. It had branches throughout Bengal, i.e., in Bogra, Barisal, Burdwan, Chittagong, Comilla, Chuadanga, Mymensingh, Jessore, Khulna, Midnapore, Noakhali, Rajshahi and

[23] Ibid,p. 7

[24] Ibid, p.16

[25] Ibid, p.18

Rangpur. The organisation consisted mainly of government officials, professional people and members of the land-holding classes.[26] By this time, the *anjumans* existed in almost every part of Bengal, which indicates the growing of the political demands of the Muslim community and a new sense of fellowship.

Apart from politics, the Bengali Muslim intelligentsia were concerned about the language. The western educated Muslims turned their thoughts to the issue of social reforms. The newly emergent Muslim middle class began articulating its thoughts through some periodicals and newspapers. Some of the periodicals that emerge during this time were: *Bangiya Musalman Sahitya Patrika, Dhumketu, Bulbul, Annesa, Ahmadi* etc. A Muslim identity was being established in Bengal through these periodicals and newspapers. The Muslim intellectuals invoked the pristine days of early Islam, and this, paradoxically, was a modern manoeuvre because as Ania Loomba points out, "such a going back is actually quite modern in itself – it is a product of a present need, which reshapes, rather than simply invokes the past."[27] Articles in these Muslim periodicals pointed the emergence of a 'scientifically-conscious Muslim mind'. In '*Arabganer Bigyancharcha*' (Practice of science among Arabs), Abdul Wahed wrote about a golden age of the Arabs. He wrote, 'Arabs once reached the height of progress as far as science was concerned. However, after the decline of the Islamic empire, Arabs failed to continue their study of science and the Europeans took over their assignments.'[28] Abdul Wahed pleaded throughout the essay to revive the study of science among the Bengali Muslims. Dr. Fazlar Rahman in his '*Chikitsa Sombondhe MusalmanJati*' (Position of Muslims on Medicine talked about the Arabic medicines. He wrote, 'Since the inception of holy Islam, the study of medical science was important along with other disciplines, resulting

[26] Rafiuddin Ahmed, *The Bengal Muslims*, pp.165-166.

[27] Ania Loomba, *Colonialism/Post-Colonialism: New Critical Idiom*, New Delhi: Routledge, 2005, p. 95.

[28] Md Sahidullah and Md Mojammel Haq (ed.), *Bangiya Musolman Sahitya Patrika*, Shraban, 2nd Year,1326 B.S, p.112. (translation mine)

in the emergence of doctors and surgeons throughout the country.'[29] Dr. Rahman traced the foundation of the first hospital, which was founded by Aled-bin-Abdul Malik, the third Badshah of the Ummayid dynasty. Many hakims and surgeons worked in the hospital. Such a development in the field of medicine resulted in many Christian scholars visiting the court and thus Arabs were exposed to the western Unani systems. The Arabs translated many text books related to medical science.[30] Dr. Rahman wrote that 'Muslims made significant advancements in disciplines, such as Chemistry, Botany, Anatomy, etc, which were a part of medical science.'[31] He ended his essay lamenting, 'Although we had a glorious past, only 17 Muslim pupils completed their course of study in the 70 years of formation of the Calcutta Medical College'.[32] Jaladhar Sen's '*Swasthyorakhshay Atmadayittwo*' (Self Responsibilities to Preserve Health) published in *Bangiya Musalman Sahitya Patrika*, talks about the preservation of health by maintaining cleanliness in everyday life.[33] Thus, the middle class that emerged within Bengali Muslim society was re-invigorated by a new consciousness. The period saw the advent of corporate identity among Bengali Muslims. Although the Bengali Muslim society remained riven due to divisions of class and origin, a sense of Muslim identity had haltingly emerged. The demand for political representation began to grow among the Muslim intelligentsia. Thus, it can be inferred that by this time, the Bengali Muslims emerged as a distinct community and sought to carve out a space for themselves. This class of Bengali Muslims addressed women's concerns in such a manner that it was similar to the one adopted by their fellow Hindu Bengalis.

[29] Dr Fazlur Rahman, Chikitsa Sombondhe MusalmanJati in *Nabanur*, 2nd Year, 4th Edition, Shraban, 1311, p.149. (translation mine)

[30] Ibid, p.149. (translation mine)

[31] Ibid, p.203. (translation mine)

[32] Ibid, p.206. (translation mine)

[33] Shri Jaladhar Sen, Swasthyorakhshay Atmadayittwo, in *Bangiya Musalman Sahitya Patrika*, 6th Year, 2nd Edition, Shraban, 1330, p.157. (translation mine)

BENGALI MUSLIM 'BHADRAMAHILA'- A NEW IDENTITY

The main impetus behind the Muslim reformation, which began around the 19th century, was to reform superstitious customs (*fazul rasum*) of the Muslim community. Several forms of literature began to emerge during this time. Maulana Ashraf Ali Thanawi's book *Bihishti Zevar* was an outstanding illustration in this regard. In *Bihishti Zevar*, Thanawi propounded the idea that men and women are equal and consequently, their potential for understanding is also equal and hence the reform and management of women are the prerequisites for the religious reforms of the entire community. Gail Minault sees *Bihishti Zevar* as a one volume educational curriculum.[34] *Bihishti Zevar* includes rules that govern household management and ritual observance, life of the Prophet, biographies of great Islamic women, stories from the *hadith*, a tutorial on the alphabet and the calendar, a review of numbers, weights and measures, a guide to letter writing style, a disparagement of *begamati* (a dialect) idioms, and a guide to Islamic medicine and nutritional information. Throughout the *Bihishti Zevar*, Thanawi emphasised the egalitarian message of Islam and argued, "Women have an equal duty to follow the injunctions of the faith and they also partake of rights that are laid out in the *Quran* and the *hadith*... Women have an equal obligation to seek knowledge... and thus their education may be the equal of men's."[35]

We have another treatise on women's rights in Islam: *Huquq un-Niswan* by Syed Mumtaz Ali. Mumtaz Ali quoted the *Quran* and *Hadith* to convince conservative Muslims that women should be treated equally and must be given their rights. He criticised the false assumptions of the Muslim community. He stated that men might have the greater physical strength than women may, but this does not necessarily mean that men must exercise their lordship over

[34] Gail Minault, *Secluded Scholars: Women's Education and Muslim Social Reform in Colonial India* (New Delhi: Oxford University Press, 1998), p.65.

[35] Ibid, p.65.

their women. On the assumption that men are intellectually superior, Mumtaz Ali argued that this intellectual differentiation has been imposed by the society and not by God.

Similarly, the Muslim reformation began in Bengal under the leadership of a newly emergent Muslim middle class, which promote instruction of Bengali Muslim women in a manner that was similar to that of the reformist Muslim leadership of upcountry India.

Bharati Ray cited Maulvi Abdul Hakim of the Calcutta Madrasah who opined that education provided to girls at home was adequate for them. A powerful section of the Muslim community opposed school education for girls and instead preferred home/*zenana* education. The journal, *Mihir o Sudhakar*, cited by Bharati Ray, echoed the same view where the editor argued in favour of female education and specified certain texts deemed important for women.[36] Education of women was not readily accepted in the Bengali Muslim society even as late as 1929. *Saogat* was a pioneer periodical that advocated women's liberation and contributed immensely in this area. *Saogat* started a special issue for women, named *Mahila Saogat*, and defended female education in the following words, "The chief impediments to female education are the Mullas. They think that the diffusion of female education in our society will inevitably lead to its downfall. According to them, once enlightened by education, women will become uncontrollable.... By female education, we do not necessarily mean the acquisition of education in the western mould... they do not realise that if our womenfolk are properly educated, then they will not only become worthy mothers and housewives, but also true mates to their husbands and competent advisors to them".[37] The emergence of a distinct category of Bengali Muslim women, the equivalent of Hindu

[36] Bharati Ray, *Early Feminists of Colonial India: Sarala Devi Chaudhurani and Rokeya Sakhawat Hossain*, (New Delhi: Oxford University Press, 2002), p.55.

[37] Firoza Begum, 'Amader sikhshar proyojaniyata' in Saogat, 7th yr, 1st no; Bhadra, 1336 B.S (1929), cited in Mustafa Nurul Islam, *Bengali Muslim Public Opinion as Reflected in the Bengali Press* (Dhaka: Bangla Academy, 1973), p.197.

bhadramahila, could be traced around this time. Many Bengali Muslim intellectuals talked about the *bhadramahila*. Begum Rokeya Sakhawat Hossain, herself an example of Bengali Muslim *bhadramahila*, talked about new women in her writings. An autobiography by one of the reformers from Muslim community of Bengal equated *ashraf* (the upper class Muslim) with *bhadra* and the *begumsahib* with the *bhadramahila*. Najibar Rahman, a popular novelist of the contemporary period, used the term *bhadramahila* in his novels.

It can be found through literature that the age was a period of social transition. Sonia Nishat Amin describes this transition as a movement from the *andarmahal/antahpur* to the *griha*, as far as women's lives were concerned.[38] As Himani Banerjee observes, "The two central themes in this context are the familial social space designated as *andarmahal/antahpur* and the main creator-organiser of this space designated as *griha*. The creator-organiser of this space is described in the latter half of the century as '*grihini*', especially in her incarnation of *bhadramahila* as a mother...the newness of the concept of *griha* and its difference from *andar* stare us in the face...This *andar*/*antahpur* indicates a social domain in women's care and is the constant habitat of women. Children, domestic servants and the nocturnal habits of adult males could be understood specifically when contrasted with *griha*."[39]

Bengali Muslim intelligentsia, like its Hindu counterpart, imported the Victorian ideal of womanhood. This new domestic ideology expected women to be good mothers and good wives. Bengali Muslim reformers, by this time, felt that education was necessary for women's social progress and they committed themselves to promote academic training among girls. The leading periodicals, particularly *Saogat* and *Bangiya Musalman Sahitya Patrika*, had dealed with the issues of liberation of women. A few Muslim reformers

[38] Sonia Nishat Amin, *The World of Muslim Women in Colonial Bengal*,(Leiden, New York: Brill Academic Pub,1996), p.83.

[39] Himani Banerjee, "Fashioning a Self- Educational Proposals for and by Women in Popular Magazines in Colonial Bengal", *Economic and Political Weekly*, Oct 26,1991, p.53.

encouraged women's education and believed that a woman must be educated; however, a vigorous debate was witnessed regarding the limits of women's education.

The idea that children received basic education from their mothers has been invoked repeatedly. Thus, an article in *Sahachar* claimed, "The education most suitable for women is the education that teaches them to raise children. The first teacher of a child is a mother".[40] Bengali Muslim intellectuals, like their Hindu counterparts, were convinced that successful motherhood would be the objective of a girl. Thus, *Saogat* claimed a women-friendly curriculum.[41] Another journal, *Mihir o Sudhakar* expressed the same sentiment. Many Muslim reformers cited examples to spread awareness about the past achievement of Muslim women in the community. Dr. Fazlar Rahman, in his '*Chikitsa Sombondhe MusalmanJati'* (Position of Muslims on Medicine), had pointed out that 'gender equality' existed among the Arabs in the past. He wrote, 'during that time, women also engaged in the process of knowledge production along with men. Medical Science was one of the important areas of discussion among women and many women made significant progress in this regard. Empress of Ajdadoullah established a hospital that became famous. There was a time when Muslim women in Arab countries used to establish many schools, colleges and hospitals to meet their thirst for knowledge and science. However, Muslim women in India remained immersed in a deep well of ignorance and it was a matter of shame'.[42] However, having received some education, women began writing and expressing their views through their writings. The new women, the reformed *bhadramahilas* expressed their opinions through their writings.

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[40] Mohammad Kasim Uddin Basiri, 'Strisikhsha', *Sahachar*, 2nd Year, 7th issue, Shraban 1330,388, cited in Tahmina Alam, *Banglar Samayik Patre Bangali Muslim Narisamaj*, (Dhaka: Bangla Academy, 1998), p.70.

[41] Editorial, "Stree Sikhsha", *Saogat*, 5:9,777, Paush 1334 BS, cited in Sonia Nishat Amin, *The World of Muslim Women*, p.205.

[42] Dr Fazlar Rahman, *Chikitsa Sombondhe MusalmanJati*, p.199. (translation mine)

The new '*bhadramahila*' had only one weapon: she made her social presence felt through the act of writing. All new periodicals were filled with the writings of newly empowered women. Bibi Taherannesa was the first Bengali Muslim woman who wrote in the *Bamabodhini Patrika*. Ghulam Murshid thinks that she might have been the first Bengali Muslim prose writer.[43] Her essay appeared for the first time in the February-March 1865 edition of *Bamabodhini Patrika*. We do not have any accurate information about Taherannesa. As the century wore on, a trend of proto-feminist writing gathered force. A noticeable difference was observed in the writings of these Bengali Muslim *bhadramahilas* when compared to their Hindu counterparts. A tendency towards memoirist writing was found in Bengali Hindu *bhadramahilas'* writings, which were a reconstruction of their personal pasts. However, the writings by Muslim *bhadramahilas* were not autobiographical. These Muslims critiqued the society and social themes dominated their writings. Many among these *bhadramahilas* thought about the health issues of women and talked about the preservation of health of the Bengali Muslim society. However, the upcoming paragraphs shall examine the processes through which medical education has been launched among the Bengali Muslim men and women. Later, the chapter will proceed towards the writings of few *bhadramahilas* and other philanthropic activities that demonstrate the existence of a particular awareness among the Bengali Muslims.

MEDICAL EDUCATION AMONG THE BENGALI MUSLIMS

Seema Alavi in her work talks about a period of transition when the concept of 'health as an aristocratic virtue'[44] broke down and paved the way for a new idea - 'healing as a scientific

[43] Ghulam Murshid, *Rassundari theke Rokeya*, p.89.

[44] Seema Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600-1900*, (New Delhi: Permanent Black, 2007), p.5.

and medical wisdom'.[45] The eighteenth century witnessed the breakdown of the 'institutional edifice' of the earlier realm and Persian became relatively unattainable to a larger masses. The upper echelons of the society, predominantly Muslims, made an attempt to preserve their knowledge by using another language, Arabic. There were compilations of Arabic medical texts, which were translated versions of the "Graeco-Arabic works"[46] Thus, a tradition of medical learning was established among the Muslims.

In Bengal, medical classes conducted in the Calcutta Madrasah were the first institutional initiative to train Bengali Muslim students in medical science. According to a report of Matthew Lumsden, the Secretary of Calcutta Madrasah, the medical classes began during the last phase of 1823. Lumsden was the first person who introduced medical education in Calcutta Madrasah.[47] On 29th March 1824, Lumsden presented his report on the working of the Calcutta Madrasah to the education department. The scholars were expected to inculcate some knowledge of western medical concepts along with Arabic medical learning in the medical classes.[48] An examination has been conducted in medical science on 24th January 1827 under Professor Braton, who was the president of the "Native Medical Institution", the first educational institution of its kind. The result of this examination reveal the name of many Bengali Muslim students, such as Yusuf Ali (best performer in viva voce of physiology), Saman Ali, Kadim Hussain Azimabadi, Abdul Iswari, Afsuddin, Aminuddin, Niyamuttulah, Niyaz Ali, Godda Hossain, Golam Sobhan etc.[49] In 1829, Surgeon John Tytler made a declaration, which was important as far as the medical education among Bengali Muslims was concerned. He said that the main job of the madrasah was "to teach Arabic

[45] Ibid, p.5.

[46] Ibid, p.4.

[47] Binoybhusan Roy, *Chikitsabigyaner Itihash: Unish Sotoke Banglay Paschatyo Sikkhar Probhab*, (Kolkata: Sahityalok, 2005), p.52.

[48] Seema Alavi, *Islam and Healing*, p.57.

[49] Binoybhusan Roy, *Chikitsabigyaner Itihash*, p.53.

medical texts and to diffuse among students a taste of European literature and science in Arabic. If the latter is accomplished, then colleges would have done their duties".[50] Seema Alavi argues that the madrasah was 'creating a Muslim scholar-hakim'[51] around this time. John Tytler was the main teacher of medical classes of the madrasah. However, names of Bengali Muslim women cannot be found among students of medical classes in the Calcutta Madrasah. However, the Civil Finance Commitee attacked both the Native Medical Institute and Calcutta Madrasah[52] resulted in the termination of both these institutions and the Medical College of Calcutta was established in 1835.

However, initially in the Medical College of Calcutta, the enrolments of Muslim pupils were low. Many Bengali Muslims enrolled for a 'military class' that began in the medical college in 1839. Out of 60 students in the military class, 11 students were from the Bengali Muslim community. The students were placed in various military establishments after passing from the military class. The names of these students were Karim Baksh, Muhammad Hossain, Muhammad Kisen Ali, Fuzul Khan, Ali Baksh (1), Baksh Khan, Dewar Sukul, Ali Baksh (2), Mozaffar Hossain, Jalaluddin, and Sekh Munglo.[53] The Calcutta Medical College started granting diploma certificates and medals from March 1845. A Muslim student named Tamiz Khan was the first student to receive Goodeve scholarship for the session 1846-47.[54] Many Bengali Muslims gradually enrolled themselves in the military class of the Calcutta Medical College. They were reluctant to join the English class of the medical college because of their weakness in English language. However, they were interested in pursuing medical science in the native language. In fact, the aggregate of Muslim pupils were higher than the quantity of

[50] Seema Alavi, *Islam and Healing*, pp.57-58.

[51] Ibid, p.58.

[52] Ibid, p.95.

[53] Sabir Ali, *Paschatya Chikitsachorchay Banglar Musalman Samaj (1832-1941)*, (Kolkata: Biswabangiya Prakashan, 2016), p.157.

[54] Ibid, p.158.

Hindu learners in military class of Calcutta Medical College. In 1951, the aggregate of Muslim pupils went to 78, while number of Hindu students was only 18.[55]

During the year 1855-56, many Bengali Muslim students passed from the military class of Medical College of Calcutta. Records shows that the pupils were Mir Abdul Ali, Mir Kader Ali, Muhammad Baksh, Sekh Fayez Ahmed, Sekh Rouf Ahmed, Sekh Keramat Ali, Umar Ali, Sekh Abdullah, Sekh Amir Ali, Sekh Mohammad Hossain, Sekh Saber Ali, Mohammad Ramzan Ali, Muhammad Ishak, Sekh Abdul Rahim, Sekh Haider Baksh, Dedar Baksh, Sekh Ramzan Ali, Abdul Waseb, Mir Amanat Ali, Sekh Nuruddin, and Sekh Morad Ali.[56] Interestingly, Muslim women were not present in the group of passing students.

Apart from the Calcutta Medical College, many private institutions spread awareness on medical education among Bengali Muslims. The most important institutions were the "College of Physicians and Surgeons of Bengal" (formed in 1895), Calcutta Medical Institution (formed in 1883), and a Unani school (formed in 1907) that was established in Kareya Road, Calcutta under the initiative of Maulvi Muhammad Latif.[57]

Archival reference shows that the government undertook certain initiatives for encouraging Muslim students to pursue medicine as their course of study. Nawab Syed Hussain Khan Bahadur, Honorary Secretary to the *Central National Muhammedan Association*, announced a scholarship of Rs. 1875/- in February 1894. In his letter to the Director of Public Instruction, Bengal, he mentioned his intention behind the announcement of the scholarship. He wrote, 'the scholarship is intended for a Muhammedan student in the Calcutta Medical College. If a Muhammedan student is not in the Calcutta Medical College, then it should be given to a Muhammedan student in the Sibpur Engineering College, thereby enabling two

[55] Ibid, p.163.

[56] Ibid, p.159.

[57] Ibid, p.167.

Muhammedan students to get scholarships in the latter college. The scholarship is also meant for one Muhammedan student in one of the Arts Colleges'.[58] Sir A. Croft, the then DPI, accepted this petition of the Secretary of the *Central National Muhammedan Association*.[59] In 1944, scholarships have been announced for Muslim students enrolled in the Calcutta Medical College, Campbell Medical School, Dacca Medical School, and for student enrolled in medical schools of other provinces, such as Mymensingh, Chittagong, Jalpaiguri and Burdwan. Three scholarships of Rs. 30 each per mensem for poor, needy and meritorious students, three scholarships of Rs. 25 each per mensem, two scholarships of Rs. 20 each per mensem, and three scholarships of Rs. 15 each per mensem were provided for the Calcutta Medical College. Ten scholarships of Rs. 20 each per mensem were provided for Campbell Medical School. Eight scholarships of Rs. 15 each per mensem were provided for Dacca Medical School. Four scholarships of Rs. 15 each per mensem were provided for each of the medical schools at Mymensingh, Chittagong, Jalpaiguri and Burdwan.[60] The then government granted permission to Muslim students passing from the government medical colleges. The Secretary to the Government of Bengal, Department of Public Health and Local Self-Government, wrote a letter on 30th November 1943 to the Surgeon- General with the Government of Bengal. He wrote, 'The government is pleased to direct that students of the Muslim and Scheduled Caste communities passing from any government medical school should be eligible for appointment in the house staff of the Campbell Hospital, Calcutta, and Mitford Hospital, Dacca. This was subject to the availability of students of these communities who passed from the medical schools. In case of a passed Muslim or Scheduled Caste student from any government medical school being not available for a particular appointment, the post reserved for the Muslim or Scheduled Caste community may be allotted to candidates

[58] *File 5-E/2, General Department, Education Branch*, West Bengal State Archives, Kolkata. (hereafter WBSA)

[59] Ibid.

[60] *File 8S-7, Municipal Department, Medical Branch*, WBSA, Kolkata.

belonging to other communities'.[61] Apart from the formal mode of medical education, some instances show that many Muslim '*Bhadralok*' were becoming eager to know the various aspects of health during this period. Muhammad Khademjilani from Bagura wrote a letter to the editor of *Swasthya Samachar* asking several questions about the treatment of cholera and other issues related to children's health.[62] S. U. Ahmed, who was a teacher of Dariyapur M. V. School of Gaibandha village of Rangpur of Dinajpur district, asked similar questions related to health in his letter to the editor of *Swasthya Samachar*.[63]

Thus, it was evident that though the pupils from the Bengali Muslim community were reluctant to receive medical education from government medical colleges in the initial phase since those institutions were providing anglicized mode of education, situation was changing with the progression of time and with the official support that members of this community were receiving from the British Raj. Active participation from the Muslim community in medical sphere was observed in late 19th century. British government spread awareness among the Bengali Muslim community students for pursuing a medical career.

MEDICAL EDUCATION AMONG THE BENGALI MUSLIM WOMEN

The government took some initiative for educating Muslim girls from the period after 1900. The government of Bengal appointed a commission in 1915 which after examining several aspects of Muhammadan education reported, 'no system of education for Muslims could be regarded as complete unless it includes an arrangement for the education of girls'.[64] This report also pointed to the paragraphs 16-18 of the Government of India's resolution taken on 21st February 1913. The resolution comprised five principles, "a. The education of girls

[61] *File 3R, Department of Public Health and Local Self-Government, Medical Branch*, WBSA, Kolkata.

[62] *Swasthya Samachar*, Falgun 1322 B.S, March 1915, p.348. (translation mine)

[63] Ibid, p.347

[64] *Report of the Committee appointed by the Bengal Government to consider questions connected with Muhammadan Education*, (Calcutta, Bengal Secretariat Book Depot, 1915), National Library, Kolkata.

should be practical with reference to the position they would be occupying in their lives, b. It should not seek to imitate the education suitable for boys nor should it be dominated by examinations, c. Special attention should be paid to hygiene and surroundings of schools, d. The services of women should be enlisted for instructions and inspections, e. Continuity in inspection and control should be aimed".[65] Although the resolution proposed the education of Muslim girls, the requirement of girls' education being different from boys' education formed one of its limitations. However, a significant rise was found in the education of girls, especially in eastern Bengal. The number of Muslim girls who attended school was 5,564 in 1901-1902, and it increased to 16,468 in 1906-1907 and to 56,683 in 1911-1912.[66] The government prescribed a limited curriculum for girls - 'the curriculum of all primary school for girls should be restricted to the three Rs, as such subjects would be useful to them and cannot be learnt at home, and all useless subjects should be rigidly excluded'.[67]

The Muslim society was conservative in the case of medical education among females. This sentiment has been portrayed by a short story, '*Hafeza*', published in one of the leading Bengali Muslim periodicals of the contemporary period. In this story, the character of Hafeza is portrayed in such a way that it depicts the picture of an ideal housewife that is in contrast to Leela, who had passed from a medical college and became a doctor. Leela was depicted as a characterless woman, who has an affair with Mr. Ashraf, husband of Hafeza.[68] Syeda Manohara Khatun, born in the early years of 1900, wrote, "There was a danger of seeing a doctor if you were sick. The provision was made not only for unmarried girls, but also for all young and old girls. Doctors would prescribe medicine after hearing the condition of most of the diseases. If someone had a serious illness, then a mosquito net would be hung on the

[65] Ibid.

[66] Ibid.

[67] Ibid.

[68] *Moslem Bharat*, Agrahayan, 1327 B.S, 1st Year, 2nd Edition, p.516. (translation mine)

patient's bed to examine the heart or lungs. The four sides of the mosquito net were covered with a thick sheet. The doctor would sit down with a chair next to the bed. In this way, many female patients and pregnant women died. My mother and grandmother believed that girls must die with dignity. My grandmother used to say, we cannot seek enlightenment by sacrificing our values."[69]

Najibar Rahman's novel "*Anowara*" reveals similar concerns. When the main protagonist of the story, Anowara, became physically weak, her father was confused about whether to consult a doctor because that would transgress the custom of Purdah (the veil). Farhad Hasan Talukdar, a friend of Anowara's father, persuaded to consult Dr. Nurul Islam for Anowara's treatment. When the doctor visited, her grandmother hung a mosquito net over her bed so that the doctor could not see her face.[70]

Nurunessa Khatun Bidyabinodini, a Bengali Muslim women writer, pointed towards the existence of strict seclusion in the *andarmahal* (inner sphere) of a Muslim family. In her novel *Swapnadrsihta*, which she wrote in 1923, she portrayed a painful picture of a sick Muslim girl named Momina. Nurunessa Khatun narrates that the doctor came to see Momina and expressed the need to use a *Sthethoscope* for examining the condition of her chest, to which the male members of the household disagreed.[71] Despite such limitations being imposed by the government and the Muslim social reformers, Muslim women were coming forward to attain medical education. An account of the Agra School of Medicine from 1905 shows the name of Sara Nizamuddin, who was a third year student at that time. Another Muslim female student, Sarifunnessa, passed the first year examination at the same time.[72]

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[69] Chitra Deb, *Mahila Daktar: Bhin Graher Basinda*, (Kolkata: Ananda Publishers, 1994), p.17.

[70] Afroja Khatun, *Bangla Kathasahitye Muslim Antahpur*, (Kolkata: Deys Publishing House, 2011), p.33

[71] Ibid, p.35

[72] Chitra Deb- *Mahila Daktar*, p.143.

A number of Muslim females from Bengal also came forward to receive medical education during this time. According to a report dated October 1894, two Bengali Muslim women students, namely, Musammat Idennissa and Mussamat Latifan Nissa,[73] gained admission in the Campbell Medical School during the academic session of 1891-94. Mussammat Idinnessa joined Campbell Medical School in June 1891. She was expected to pass in March 1894. She was entitled to a scholarship of Rs. 7 from the government. Her native place was in Mymensingh. She also received another scholarship of Rs 10 from Mymensingh District Board on the condition that she had to practice for not more than three years in Mymensingh or pay back Rs 500 to the district board.[74] Haimabati Sen, another female student of the contemporary period, also mentioned the name of Mussammat Idinnessa. She wrote that Mussammat went back to Mymensingh after she successfully passed from the Campbell Medical School.[75] Information regarding the other Muslim female student, Mussumat Latifan Nissa, is scant. She joined the Campbell Medical School in the year 1893. Her expected year of passing was 1896. She was entitled to a scholarship of Rs. 7 from the government.[76] Thus, it can be inferred that awareness about medical education was prevalent among Bengali Muslim females and the government provided limited support. Periodical references are replete with women's awareness about health and medicine. Women themselves were talking about the importance of the preservation of health.

Although the attendance of Bengali Muslim females was limited at Campbell Medical School and at Calcutta Medical College in the initial phase, the period after 1930 saw some advancement. A Bengali Muslim woman called Anowara Khatun gained admission in

[73] *File 2S/10, General Department, Education Branch, Proceedings 1-3,* October 1894, WBSA, Kolkata.

[74] Ibid.

[75] Geraldine Forbes & Tapan Roychowdhury(ed.), *The memoirs of Dr. Haimabati Sen: from child widow to lady doctor,* (New Delhi: Roli Books, 2000), p.120

[76] *File 2S/10, General Department, Education Branch, Proceedings 1-3,* October 1894, WBSA, Kolkata.

Calcutta Medical College in 1939. Anowara Khatun was not the first Bengali Muslim woman who attended a medical college, because Kazi Zohra had attended Lady Hardinge Medical College in Delhi before her.

Religion and nationality-based classification of students who passed out from the Campbell Medical School during the year 1919-20 (Table-V)

Religion	Total number of students taught		Number passed as L.M.F.	
	Male	Female	Male	Female
Europeans and Eurasians	1	1	…	1
Native Christians	2	17	…	1
Hindus (Brahmins)	202	…	38	…
Hindus (non-Brahmins)	244	1	40	1
Muhammadans	61	…	3	…
Buddhists	…	…	…	….
Parsis	…	….	…	…
Total	510	19	81	3

(Source: Annual Report of the Campbell Medical School for the year 1919-20, West Bengal State Archives, Kolkata)

Dr. Kazi Zohra was the daughter of Kazi Sattar, who was also a doctor. They had left their native place in Kalkini village of Madaripur district in east Bengal because Dr. Sattar had settled in Raipur in Madhya Pradesh. Zohra received her primary education from Aligarh Missionary School, after which she pursued further studies in Kotani Boarding School in Jabbalpore, Madhya Pradesh. After completing her school education, she took admission in Lady Hardinge Medical College in Delhi. She was a bright student in the college and she

received a 'Viceroy Medal' for her performance in the final examination.[77] Her sister, Kazi Sirin was also a doctor, though there is no information about her.

Anowara Khatun was born in Park Circus area of the then Calcutta. She gained admission in Calcutta Medical College as the first Muslim female student in 1937. In the words of her brother, Professor Hossainur Rahman, 'My elder sister Dr. Anowara Khatun took admission in Medical College of Calcutta as the first Muslim female student. However, my father gave a written agreement to the religious leaders of the community that his daughter will always cover her face with a veil'.[78] Anowara Khatun completed her M.B.B.S. course from the Calcutta Medical College in 1942. In the words of her younger brother, Professor Hossainur Rahman, 'Lieutenant Col. Anderson was present when my sister Anowara Khatun appeared before the interview board after clearing her medical entrance. Lieutenant Col. Anderson told Anowara, 'at last you arrived... let us see which will be completed first - the Howrah bridge or your M.B.B.S course'. Anowara Khatun replied that the construction of Howrah Bridge entirely depends on the government's activism... but the course completion depends on me... I will complete the course within the time.'[79] The name of Dr. Anowara Khatun appears in the archival records. She received support from the government. A letter dated March 1940 written by the education department to the Surgeon General of Bengal indicates that the education department awarded Dr. Khatun a lump grant of Rs. 196/- to enable her to purchase books and instruments.[80] Another letter dated November 1940 written by the education department indicates that Mrs. Anowara Khatun was entitled to another scholarship of Rs.

[77] Saleha Begum, *Pothikrit Musolman Nari*, (Kolkata: Progressive Publishers, 2013), pp.104-106.

[78] Chitra Deb, *Mohila Daktar*, p.181.

[79] *Interview, Dr Hossainur Rahman; Address- 21A Gorachand Road, Kolkata- 16; Date- 07.05.2016; Place- Kolkata*; Interviewer- Prabal Banerjee

[80] *File 8S-9, Department- Local Self-Government, Branch- Medical, Proceedings B.12 (12 years), March 1940*, WBSA, Kolkata.

175 through which she can purchase books and instruments.[81] Anowara Khatun completed her course within the stipulated time. In the words of her brother, Prof. Rahman, 'Lt. Col. Anderson arrived at her house to congratulate her because she had completed her course within the time. However, she said, 'Oh! Everybody has done that! Thank you'.[82] Anowara Khatun never got married. In her own words, 'Some people wrote letters complaining that I am not married. I am not supposed to think about these little bumps. I ignored all such complaints. I never felt any constraints while I was practising.'[83] However, not all girls belonging to the Bengali Muslim community were as fortunate as Anowara. Chitra Deb quoted Khodeja Khatun of Bogura who wrote, 'I had a desire to pursue medical education. However, the system of co-education was not prevalent in those days. Hence, I took admission in the Dhaka Eden College for an I.A. course after passing the Matriculation examination'.[84]

The name of Asia Khatun, a Muslim girl from village Chhotogaurichanna, Barguna, Bakarganj (presently in Bangladesh) appears in the archives. The fate of Asia Khatun was similar to that of Khodeja Khatun. Asia Khatun, daughter of Mir Serajul Haque, pleaded in 1944 to Maulvi Jalaluddin Ahmed Khan Bahadur, Minister of Public Health and Sanitation, Government of Bengal, that she wanted to pursue medical education in Campbell Medical School, since there no female Muslim medical officer or practitioner was available in Bakarganj. In the words of Asia Khatun, 'I beg most respectfully and humbly to state that there is no female Muslim medical officer or practitioner in this district, and it is a great inconvenience and a great discredit to the Muslim community. With a view to eradicating

[81] Ibid.

[82] *Interview- Dr Hossainur Rahman; Address- 21A Gorachand Road, Kolkata- 16; Date- 07.05.2016; Place- Kolkata*; Interviewer- Prabal Banerjee.

[83] Chitra Deb, *Mahila Daktar*, p.181.

[84] Ibid, p.181.

this, I wish to be admitted in the Campbell Medical School in July next. Further, I beg to add that I completed the course of studies in the Sydenessa Girls' Home at Barisal, where I was entitled to a free studentship, as my father is extremely poor and unable to pay for my education. Now, the fulfilment of my ambition requires a large sum of money which my father or any relative of mine has no means of paying. Therefore, I pray most humbly and hope most fervently that your honour would be gracious enough to help me to fulfil this ambition of mine, a poor Muslim girl, by sanctioning a lump grant of at least Rs. 300/- required for the admission and also a recurring grant of Rs. 40/- for the monthly expenses and thereby give me a chance of serving mankind in general and the Muslim community in particular.'[85] Her petition was supported by Mr. M. A. Samad, sub-deputy collector of Barguna, who wrote, 'Her father is too poor to provide the necessary expenses for the fulfilment of her life's ambition. The case may be considered favourably'.[86] Sub- Inspector of Barguna also wrote, 'The father of the petitioner is known to me. This is a fit case for consideration'.[87] Mrs. S. Roy, who was the head mistress of S. N. School from where Miss Asia Khatun completed her studies, wrote a letter saying, 'She was a student of my school for four years. I shall be very glad if she is furnished with the grant prayed for'.[88] However, the government rejected her petition by saying, 'the government regrets the inability to sanction any lump grant for your admission in the Campbell Medical School. However, I add that after gaining admission in the school, you may apply to the proper authority.'[89] However, there was no information whether Asia Khatun gained admission in the Campbell Medical School. Considering her socio-economic status, it may be inferred that she failed to fulfil her dream of becoming a medical practitioner.

[85] *File 3S/20, Department- Municipal, Branch- Medical, Proceeding B 35-36, July 1944*, WBSA, Kolkata.

[86] Ibid.

[87] Ibid

[88] Ibid

[89] Ibid

Another Bengali Muslim woman, Zohra Khatun, attended Carmichael Medical College to pursue her medical education. She was physically handicapped. She was determined to pursue medical education and she was associated with the Islamia Hospital, Calcutta. She was a renowned gynaecologist.[90]

There were many other Bengali Muslim women doctors. Chitra Deb mentioned the name of Mahmuda Khatun, Amena Khatun, Meherunnessa, Altafunnessa, and Hamida Rahman. All these females were the students of Campbell Medical School and contemporaries of Dr. Anowara Khatun. Deb retrieved the personal memoir of Hamida Rahman, from which it is revealed that she failed to complete her course from the Campbell Medical School owing to the outbreak of famine in 1943, due to which she lost her concentration.[91] However, her case was different from Asia Khatun. Hamida Rahman received help from the then education minister, Fazlul Haque. She wrote, 'With the financial help from the then education minister Fazlul Haque, I, Hamida Rahman from Jessore and Meherunissa from Bogura took admission in the Campbell Medical School in a special quota. I have purchased the required books and bones… Our Physics and Chemistry classes used to be held at the Calcutta Medical College…'.[92]

Thus, along with their Hindu sisters, these Bengali Muslim females started to participate in the medical sphere and a new beginning can be evinced from this awareness. The Bengali Muslim society in general started thinking about the health care of women. Many Muslim gentlemen donated generously for the zenana wards throughout Bengal, and the contemporary advertisements spread awareness about the same. Many Muslim women wrote about the ways of preserving women's health.

[90] Saleha Begum, *Pathikrit Musalman Nari*, pp.136-143.

[91] Chitra Deb, *Mahila Daktar*, p.182.

[92] Ibid, p.182.

HEALTH CARE OF BENGALI MUSLIM WOMEN – THE CHANGING SCENARIO

Similar to the Bengali Hindu household, respectable Muslim families divided their living space into two domains, "an inner part (*andar*) and an outer part (*sadar*)". Women remained constricted within strict *Purdah* to maintain the sanctity of home.[93] Begum Shaista Suhrawardy Ikramullah explains the workings of a respectable Muslim household in her autobiographical work.[94]

Katherine Mayo, a journalist who visited India in the mid-20th century, wrote about *Purdah* in her '*Mother India*'. In a conversation, one of the Mahommedan ladies from North India told, "You find it difficult to like our *Purdah*. However, we have known nothing else. We lead a quiet, peaceful, and protected life within our own homes. And, we should be miserable, terrified, outside with men as they themselves are".[95]

A short story named '*Abdullah*', published in a periodical named Moslem Bharat, pointed towards the deplorable condition of the zenana. In this story, a lady of a respectable family named Halima, wife of Abdul Kader, had fallen ill and was suffering from high fever. On the second day, a local kaviraj of the village visited her, but Halima was under the *Purdah*. The kaviraj sat outside the Purdah and asked the lady about her ailment, without any kind of physical examination.[96] A conservative family can allow a kaviraj to visit *zenana*, but not a doctor, a practitioner of western medicine, which is evident from the words of Abdul Kader who said to Abdullah, 'Will *Abba* (his father) allow a doctor inside this household? He is very much against a doctor'.[97] Sayyed Sahab, father of Abdul Kader, was of the opinion that

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[93] Sonia Nishat Amin, *The World of Muslim Women in Colonial Bengal*, pp. 36-40

[94] See Begum Shaista Ikramullah, *From Purdah to Parliament*, (New Delhi: Oxford University Press, 1998)

[95] Katherine Mayo, *Mother India, Edited and with an Introduction by Mrinalini Sinha*, (USA: The University of Michigan Press, 2000), p.155.

[96] Samaj Chitra (Societal Picture), in *Moslem Bharat*, Bhadra, 1328, 2nd Year, 1st Edition, p.49.

[97] Samaj Chitra (Societal Picture), in *Moslem Bharat*, Bhadra, 1328, 2nd Year, 1st Edition, p.50. (translation mine)

western medicines were equivalent to wine, which he would not allow for his daughter-in-law.[98] However, when her physical condition deteriorated, Sayyed Sahab permitted his son to call a doctor, but then again, the *Purdah* was a barrier when the doctor mentioned that a physical examination of Halima's body is necessary using a *Sthethoscope*.[99] When the doctor informed that it is necessary to admit Halima to the municipal hospital, Sayyid Sahed objected on the ground that it would be a matter of dishonour for his family.[100]

However, the scenario changed with the beginning of the twentieth century. As discussed earlier, reformation took place among the Bengali Muslim society. Bengal Muslim periodicals, such as *Bangiya Musolman Sahitya Patrika*, *Nabanur*, *Annesa*, and *Masik Mohammodi*, observed this change. In these periodicals, the Muslim social reformers talked about the health of females, gender equality, and feminine education. Advertisements published in these periodicals also pointed towards the formation of health care awareness among members of the Bengali Muslim society. Medical advertisements prescribed medicines for women. Interestingly, along with Bengali Muslim male reformers, many Muslim *bhadramahilas* wrote about the health care of women in these periodicals.

Bangiya Musolman Sahitya Patrika noted the name of Hazi Shariatullah, who proposed a change in the process of cutting umbilical cord for the first time in Nayabari village in Dhaka district. He said that the umbilical cord should be cut by the mother of the child herself and that dhais or midwives are not supposed to do this process.[101] Medical advertisements published in the Bengali Muslim periodicals portrayed some pictures of these new changes. Many advertisements spread awareness of medicines that were particularly meant for women.

[98] Ibid, p.50. (translation mine)

[99] Ibid, p.52. (translation mine)

[100] Ibid, p.53. (translation mine)

[101] Hazi Shariatullah, in *Bangiya Musolman Sahitya Patrika*, Baisakh, 1330, 6th Year, 1st Edition. (translation mine)

In an advertisement entitled *Shafaunnessa,* a medicine prescribed for womanly diseases, it was written, 'These days, middle class intelligentsia is suffering from several kinds of diseases for various reasons. Many *bhadramahilas* are suffering from diseases related to menstruation. Many women have suffered from these diseases from the beginning of their youth… Though many women prescribed some kind of homely remedies as a mode of treatment, it is difficult to get rid of these diseases'.[102] Lastly, the advertisement ended thus: 'During this period of agony, if anyone consumed a drop of *Safaunnessa,* the patient will feel relieved by God's will'.[103] The same periodical bears multiple numbers of medical advertisements related to women's diseases.

Another advertisement named '*Sayelan Rahem*' proclaimed that it is the remedy for disease of the stoic. The advertisement continued in the following manner: 'Stoic disease (*prodor-rog*) is dangerous for women. In this disease, a whitish yellowish ball protrudes from the uterus. Sayelan Rahem is a great medicine (*Mahaoushadha*) for this disease.'[104] *Begum Bahar*, another advertisement, mentions, 'Use Begum Bahar if you want to remove the haemorrhoids and be beautiful'.[105] '*Rafique Hamela*' claims that it is the best medicine for pregnant women, 'This medicine is useful for the protection of the foetus and for the sustenance of nutrition of the foetus and pregnant women.'[106] *Aksirunnessa,* on the other hand claimed, 'This medicine is astonishingly rewarding for a suffering woman'.[107] It is mentioned in '*Bandhyatto Nashok*', 'The barren women will conceive in God's will if they use this medicine'.

Illustration VII

[102] Safaunnessa, in *Moslem Darpan,* 2nd Year, Vol.II, June, 1926, p.7.

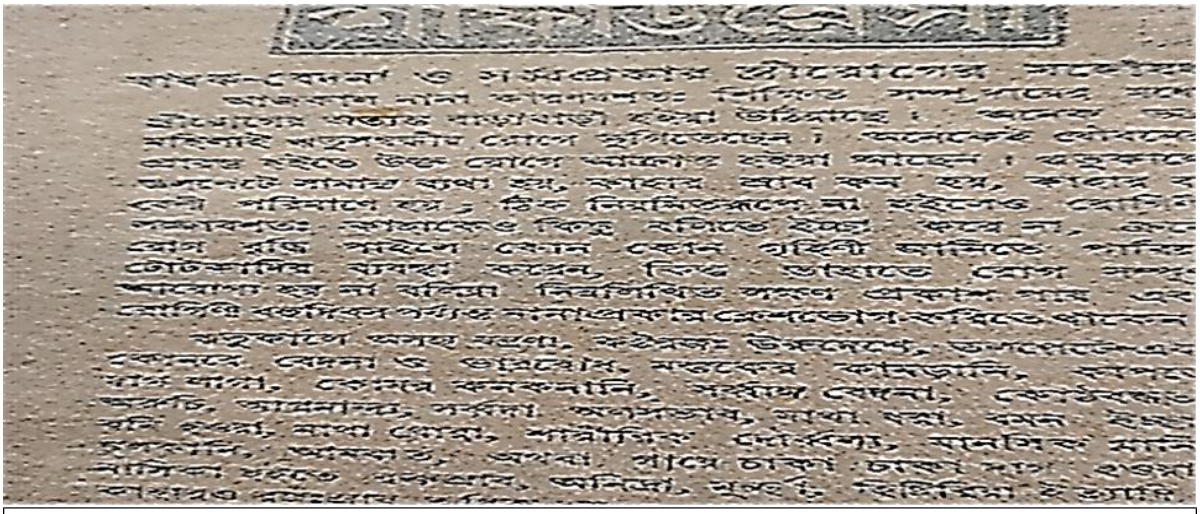
[103] Ibid, p.7..

[104] Saylan Rahem, in *Moslem Darpan,* 2nd Year, Vol II, June, 1926, p.8.

[105] Begum Bahar, in *Moslem Darpan,* 2nd Year, Vol.II, June, 1926, p.8.

[106] Rafique Hamela, in *Moslem Darpan,* 2nd Year, Vol.II, June, 1926, p.8

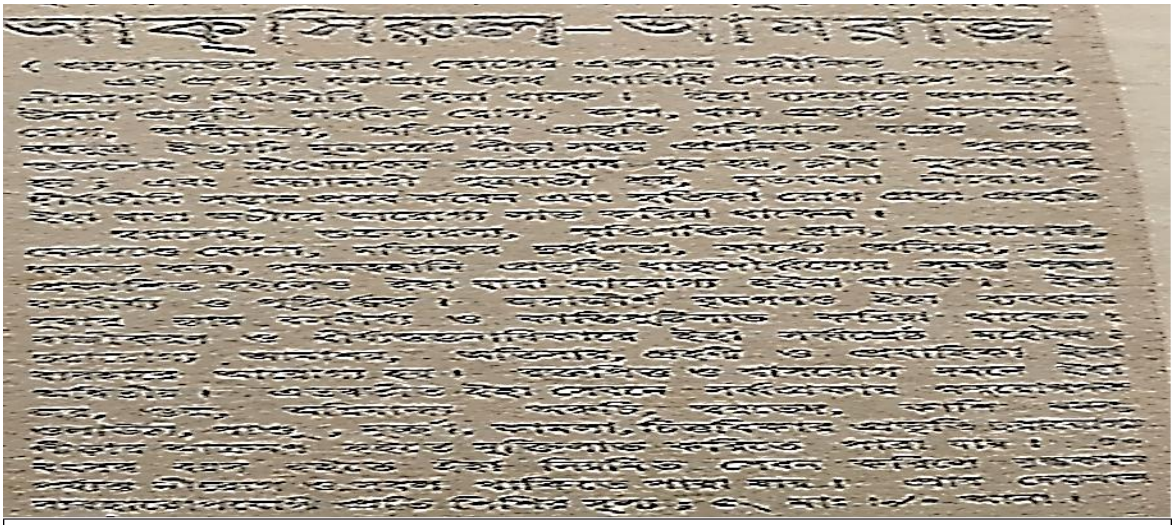
[107] Aksirunnessa, in *Moslem Darpan,* 2nd Year, Vol.II, June, 1926, p.9.



ADVERTISEMENT "Safiunnessa", published in periodical "MOSLEM DARPAN"

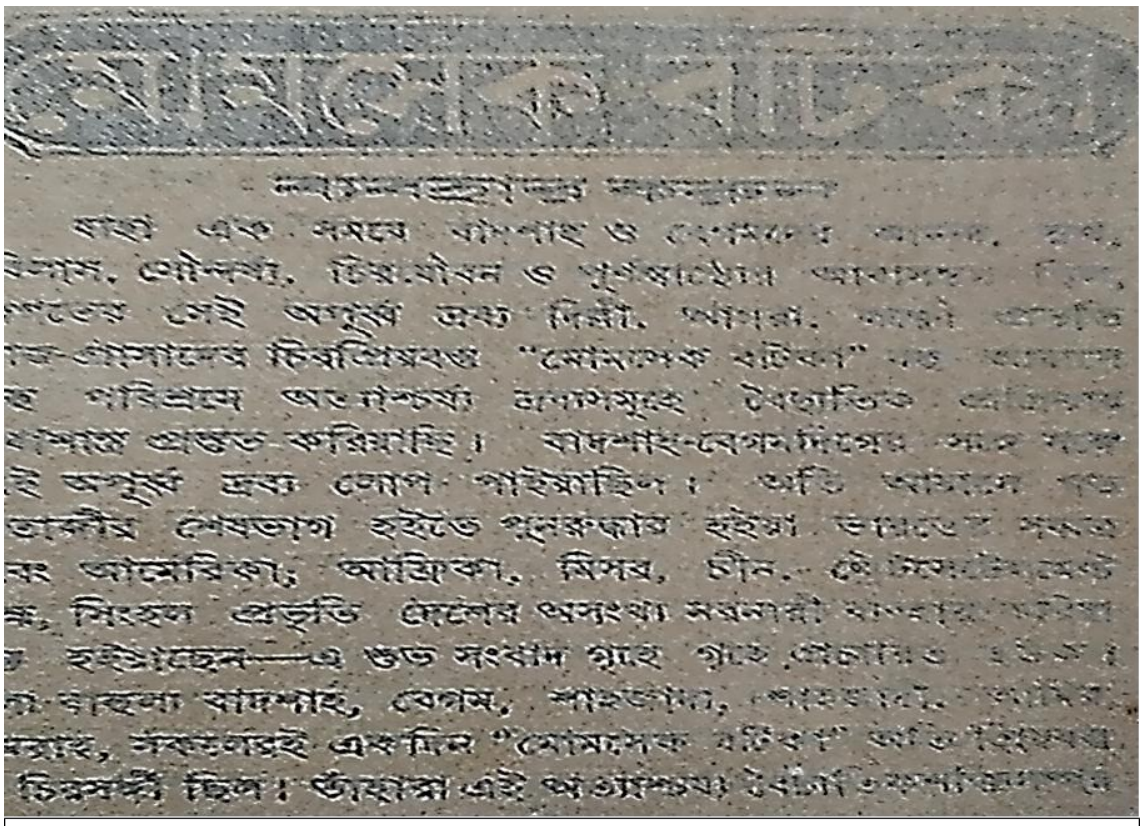
'*Kumari Prapti Churno*', another advertisement, mentions, 'This medicine has the power through which the mother of many children can become a virgin young woman'.[108] Such advertisements were useful for the reconstruction of the narrative of health care of women of Muslim community of the province. Such advertisement rendered an idea that the Bengali Muslim society, though backward than their Hindu brethren, thought about their women's health.

[108] Kumari Prapti Churno, in *Moslem Darpan*, 2nd Year, Vol.II, June, 1926, p.10.



ADVERTISEMENT "Aksirul Amraj", which claims it can cure many diseases of women, published in MOSLEM DARPAN

Illustration VIII and IX



Advertisement of another medicine "Momesek Batika" published in periodical "MOSLEM DARPAN"

AWARENESS ABOUT WOMEN'S HEALTH AMONG BENGALI MUSLIM WOMEN

Many Bengali Muslim women or *'bhadramahilas'* wrote about the health of female. The prime concern was to preserve the good health of their sisters. Although this concern can be noticed among few Muslim *bhadramahilas*, their main concern was with education. The existing periodicals reveal the names of only two Bengali Muslim '*bhadramahilas*', who were concerned about the health of women. Begum Sophia Khatun and Begum Rokeya Sakhawat Hossain wrote extensively on the preservation of women's health. '*Grihini Hoibar Upojogi Sikhsha*' (Education for Dutiful Wife) written by Sophia Khatun was published in a periodical named '*Annesa*'. In this essay, she pleaded that women must be physically fit to overcome diseases. She wrote, 'Along with their (women) inner learning, their physical education is also an important aspect. Girls naturally have higher levels of nervous excitement than boys, but that can be adjusted through physical excellence. Lack of regular and proper daily exercises can render girls useless, fade their face colour, and cause bad breadth.[109] She wrote, 'Before securing higher education for girls, their physical development is important to enhance their minds.'[110] Throughout her essay, she pleaded for physical development of her sisters, though she mentioned that education was also important. A course on physical education was important to develop their minds and preserve their health. Her writings could be located within the nineteenth century male-centric nationalist discourses, wherein the main expectation was that educated women should produce brave children who must be able to fight for nationalist causes. She wrote, 'During the education of girls, we must remember that they must be able to produce strong, brave children… but for that a proper physical education is necessary… Only a higher education will make them

[109] Begum Sophia Khatun, Grihini Hoibar Upojogi Sikhsha, in *Annesa*, 1st Year, 12th Edition, Chaitra 1328, p.154. (translation mine)

[110] Ibid, p.154. (translation mine)

suffer from sluggish luxury or distorted nerves, or both.'[111] It is evident from a contemporary report that the government also during this period gave importance to physical education alongside instructions in other subjects and scholarships also has been granted to Government High Madrasahs for improvement of physical education.[112]

In another essay, '*Meyeder Byayam Krirar Aboshyikota*' (Importance of physical exercises among girls), she discussed the ways by which girls can attain a good physical health through the medium of physical exercises. She wrote, 'We can arrange these things so that physical excellence of girls can be organised. Firstly, arrangements could be made for a playground in the schools meant for girls. In these days, there is no playground in many girls' schools. Secondly, there must be a separate time for playing. No girls should be allowed to spend more than one hour inside the playground. In this way, their lungs can function at full speed and they will get mental rest before studying a new subject. Lastly, exercises, such as walking, running, jumping, etc., are suitable for girls. Swimming is probably the best exercise for girls.'[113]

The most influential writer among Muslim *bhadramahilas* was Begum Rokeya Sakhawat Hossain. Ghulam Murshid argues that Rokeya was the first Muslim woman to propound the idea of gender equality. She was the first Muslim woman to argue that if a man can be a barrister, a woman can be a barrister too. Murshid extended the distinction of being the first Bengali feminist to Rokeya. Murshid presented another important characteristic trait of Rokeya - she identified herself as an Indian first and she raised her identity above religion and regionalism.

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[111] Ibid, p.155. (translation mine)

[112] *Report of the Madrasah Education Committee 1941*, (Alipore: Bengal Government Press, 1941), p.39

[113] Begum Sophia Khatun, Meyeder Byayam Krirar Aboshyikota, in *Annesa*, 1st year, 12th Edition, Chaitra, 1328, p.155. (translation mine)

Rokeya was born in a traditional Muslim family in a village of Rangpur district in northern Bengal. As was usual in traditional Muslim families, Rokeya observed strict Purdah through her childhood. Rokeya did not have a formal school education. Her biographer, Shamsunnahar Mahmud writes that Rokeya's father opposed her learning in Bengali or English. Her brother, Ibrahim Saber, secretly taught her Bengali and English. She was married to Syed Sakhawat Hossain, a civil servant from Bihar in 1896.[114]

Rokeya in her '*Nari Sikhsha o Moslem Samaj*' (Education of Women and Muslim Society) criticised the dowry system and she urges the society people to invest on the education of their daughters rather than saving money for dowry. She blamed women for not willing to inhale fresh air. She wrote, 'To preserve our health, we need to do physical exercise regularly and we require fresh air. Fresh air is one of the precious gifts of Allah, but I do not know why women are so reluctant to inhale fresh air'.[115] She also wrote in the same article, 'Numerous girls of our schools failed in History, Geography and other subjects related to health. The main reason behind this is that they were not aware of the world beyond their own homes and schools. They do not know whether they have any other relatives except their fathers and brothers. They just see that their mothers and aunts always remain exposed to diseases because of living inside a closed room'.[116] In another essay, '*Shishu- Palan*' (child-rearing), she presented the deplorable conditions of pregnant women of our country. She wrote, 'In our country, pregnant women do not know the good effects of good air. They always lock themselves inside a dark room.'[117] Thus, she prescribed, 'Always open the doors and windows so that sunlight can enter the room'.[118] She pointed towards the huge numbers of

[114] Bharati Ray, *Early Feminists*, pp.16-21, also Ghulam Murshid, *Rassundari theke Rokeya*, p.120-123.

[115] Mrs R.S Hussain, Nari Sikhsha o Moslem Samaj, in *Ahmadi*, 2nd Year, 11th Edition, Phalgun 1333, p.136. (translation mine)

[116] Ibid, p.136. (translation mine)

[117] Begum Rokeya Sakhawat Hossain, *Rokeya Racanavali*, (Dhaka: Barnayan, 2000), p.158. (translation mine)

[118] Ibid, p.159. (translation mine)

child death in contemporary Calcutta, the root cause of which was the ill-health of pregnant women. She warned, 'Along with measures adopted for saving children, the health of mothers is also important to save the children. One doctor said that women should know the responsibility of a mother before her motherhood.'[119] Throughout this essay, she instructed on how to nourish children properly. She wrote, 'It is important to preserve the health of women. Though there are many arrangements for physical exercises for girls in the schools, their parents instruct them not to exercise. They wanted their daughters to be seated up to the age of 12, then they will get them married, and eventually, their children would die.'[120] At the end of this essay, she concludes, 'Two things are important to save our future generations - firstly, widespread promotion of female education and secondly, abolition of child marriage. We need to educate our daughters so that they can take care of their health.'[121] Begum Rokeya also pleaded for physical exercises for women, just like Begum Sophia Khatun. These Bengali Muslim *bhadramahilas*, like their Hindu sisters, were concerned about women's health.

PHILANTHROPICAL ACTS

Many Muslim gentry donated for the establishment of female wards in hospitals. Nawab Ahsanulla Khan of Barisal donated thousand rupees in 1894 for the construction of female wards in the Barisal dispensary. Barisal inspection referred the matters in this way: 'A female ward was built by Nawab Ahsanulla Khan to receive 12 patients who were not of the higher (or *Purdah*-keeping) classes, in which eight females were admitted. The municipality proposes to build two cottage wards for securing privacy to the patients at a cost of Rs.

[119] Ibid, p.159.

[120] Ibid, pp.161-62.

[121] Ibid, p.162.

1,000.'[122] A lady doctor attached with the Barisal dispensary was employed at Rs. 30/-, but she demanded more and left that dispensary. Thus, the municipality urged the government for an affiliation with the Dufferin Fund. The letter of Aswini Kumar Dutta, the chairman of Barisal Municipality, to the Magistrate of Backregunje ascertains this point. The letter read, 'I have the honour to draw your attention to this office letter number 340, dated the 13th September 1893, praying that the committee of the Lady Dufferin Fund may be moved for a monthly grant of Rs. 30/- towards the salary of the lady doctor of the female ward attached to the local charitable dispensary. The female hospital assistant, who was in charge of the ward, left this institution in February last because she could not have an increment to her salary and the town was deprived of the services of a lady doctor for five months.'[123] Thus, the service of a lady doctor was central to the dispensary of Barisal. The government duly approved the establishment of a female ward. As the Barisal Municipality wrote to the Commissioner of Dhaka, that LG has no objection to the donation of Rs. 1000/- (Rupees one thousand), granted by Nawab Ashanullah Bahadur of Dacca, being utilised for the construction of cottage wards for females in the hospital at Barisal. Thus it is evident that these Muslim landlords were taking advantage of Dufferin Fund which has been working in different areas of Bengal, which has already been discussed earlier.

A Muslim landlord, Nawab Syed Abdus Sobhan Chowdhury, desired for a female hospital at Bogra. He appealed to J. A. Bourdillon, Financial Secretary, Government of Bengal, 'Sir, with reference to the construction of the "Lady Dufferin Zenana Hospital" at Bogra, I had the privilege of a personal interview with his honour the Lieutenant Governor of Bengal and his honour directed me to see you in order to drawn the plans of the hospital... I request you that

[122] *File H/19, Municipal Dept, Medical Branch, Proceedings B.98-106, September 1894,* WBSA, Kolkata.

[123] Ibid

you will be kind enough to let me know when it will be convenient for you to see me so that I may pay my respect to you and have a talk about the hospital.'[124]

Syed Mahomed Mehdi Hossain Khan, a native of Patna, donated Rs. 10,000/- for building public and charitable objects in the city of Patna'.[125] The then Government of Bengal resolved that the fund should be 'devoted to the creation of an endowment to provide funds for the payment of the salary of the lady doctor to be employed in the female ward of the temple hospital at Patna'.[126]

CONCLUSION

The chapter discussed the emergence of a middle class within the Bengali Muslim community and this class also, like their Hindu counterparts, aspired to reform their own society. They have also visualised a programme of women's education and many articles have been appeared in the contemporary Bengali Muslim periodicals which pleaded for the education of females. The chapter also traced the emergence of health care consciousness among the Bengali Muslim society whereby it is evinced that Bengali Muslims were also taking admission in medical college and the contemporary periodicals and short stories also points towards the changes in the mentality of the concerned society. Bengali Muslim females were also coming forward to receive medical education and the available sources which are available record their firmness. However, not all Muslim females were fortunate enough like their Hindu sisters, as the case of Asia Khatun showed. Asia Khatun, though pleaded to pursue medical education, failed to gain scholarship from the Raj and thus pursuing medical study remained for her a distant dream. However, several Muslim women like Begum Sophia Khatun and Begum Rokeya Sakhawat Hossain has written on the

[124] *File H/3, Municipal Dept, Medical Branch, Proceedings B. 173-185, December 1895*, WBSA, Kolkata.

[125] *File 1-H/7, Municipal Dept, Medical Branch, 1890*, WBSA, Kolkata.

[126] Ibid

preservation of women's health and Rokeya firmly critiqued the contemporary society for remaining careless about women's health. Thus, it could be inferred from the above discussion that the Bengali Muslim society was thinking about the health care of women of their community in particular and all women in general.

CONCLUSION

The present thesis examines how gender shapes women's medical practice, education, and healthcare in colonial Bengal from 1880-1947. This timeline is because, from the 1880s, concern for the healthcare of women began with the arrival of missionary women doctors in the Indian subcontinent and the Dufferin Fund was also initiated during this period. Existing literature portrayed two images of women: women as passive objects, helpless victims in need of help from colonial rule, and women as the repositories of pure culture within the nationalist discourse, on the other. However, we need to go beyond these depictions and instead we should focus on the myriad of approaches women deploy to construct their selfhood for themselves. Women no longer remained passive objects as delineated in the androcentric historical narratives.

With the initiatives of male social reformers from the late nineteenth century, a new era began by creating a new identity for the Bengali *Bhadramahila*. Christian missionaries were the first to initiate crusade for liberation of women by setting up schools for girls in the city of Calcutta and other urban centres. These early institutions catered for the needs of lower castes, whereas upper-caste girls as students were kept away from education. The colonial state condemned Indian customs and practices. At the same time, the British condemned the Bengali middle class intelligentsia for not granting permission to upper caste females to get into educational institutions. The Bengali "*bhadralok*" gradually realized and admitted girls into schools in the mid-nineteenth century. In this endeavour, Bengali middle-class intellectuals and reformers, especially Rammohun Roy, Iswarchandra Vidyasagar, Keshav Chandra Sen, Akshay Kumar Dutt, Satyendranath Tagore, Motilal Seal and others identified women's education as essential and they have taken several initiatives to educate girls. Initially, one group of reformers did not favour extending education to girls equally to men.

Another group of reformers aspired to special education only, confining to a 'feminine' curriculum. The ultimate goal of this education was to make a woman a '*Sugrihini*' (good wife) and '*Sumata*' (good mother) for managing the house in a good way, and the designed curriculam made it clear that economic independence for women was not desirable. It restricted them to the inner sphere of the house, not allowing them in the public sphere as she had to go and work along with unknown men. However, despite all these obstacles, there was steadily increasing enrollment of girls in schools throughout Bengal. Associations like *Uttarpara Hitkari Sabha*, *Brahmabandhu Sabha*, and *Jessore Union* were vital in creating a new awareness about female education. After receiving some sort of education, some women came forward to make their own identity through their own writings and inspired their fellow women. The print contributed in this regard. Many women's writings in books, periodicals and magazines flourished, and they became potential readers at home. Later, nationalist discourse sought to resort back to Indian cultural practices and modify those customs according to the present needs of the society. Thus, women launched a 'continuous gendered resistance', yet their resistance remained largely 'invisible.' Discussions throughout the thesis show how Bengali women received some education and began exercising their agency in various ways- through writing in contemporary periodicals, accepting paid employment in schools, and engaging themselves in societal welfare activities. The period following 1880 was marked by the emergence of several women-only periodicals, the editors of those being women themselves, which addressed several aspects of society. However, the prime focus was on the education and health of women. Not only 'medical women' but ordinary women from different parts of Bengal had also contributed to medicine. They had argued about the existence of a separate medical domain- they prescribed certain homely medicines for several diseases.

Interestingly, writings by these women are also concerned with the well-being of women themselves; almost all the accounts took up the issue of preservation of the health of women. Women in Bengal started writing about several issues, and particularly they have started criticizing the regressive societal norms. This change occurred due to the 'reform' movement, which was initially started by Bengali "*bhadralok*" who tried to reform their 'women' and thus launched several programs to modernize women, which ultimately led to the development of a "sense of individuality and personality" among these ladies. The emancipation of women led to the redefinition of relationship of females with their family and society. While women became educated, they became exposed to new ideas, became concerned about their progress, started expressing their opinions, and began participating in several political, social and economic activities. The '*Bengali identity*' and Bengali women's identity were redefined during this period. With the redefinition of Bengali womanhood, a new kind of medical culture emerged in colonial Bengal driven by the reformist consciousness of the middle-class bhadralok. Women's education significantly changed society's attitudes towards women and their health during this time—the emergence of female medical education in colonial Bengal after much debate and discussion in the official sphere. The reform movement was to facelift the prevailing social orthodoxies in this context as the traditional practice of midwifery and other medical-related practices responsible for the poor condition of women's health. Though the process started by the Baptist missionaries and the British Raj, the crucial role was played by the middle-class intelligentsia in the emergence of this reformulated medical culture. The latest medical culture was not thoroughly based on the ideas of indigenous medicinal practices; instead, it was a '*hybrid*' kind of medical discourse- a blending of modern scientific Western medicine took place with indigenous practices. For the first time, middle-class reformers addressed the deplorable health conditions of women and the phenomenon of 'childbirth' was reconstituted as a medical rather than a mere social

phenomenon. The thriving print culture also helped to accelerate the processes to articulate new ideas of the middle class. Through their writings in various contemporary journals, these middle-class reformers taught ordinary women about the different aspects of 'scientific' and 'modern' midwifery. They attributed the cause of infant and maternal mortality to the unhealthy practices of ignorant days.

Many women entered the male-dominated world of medicine through training in medical institutes and struggled to maintain their positions within the patriarchal society. Many untrained women created an alternative form of medicine, a reconfiguration of traditional and modern medicine. These women wrote about a new form of medicine conforming to the age-old traditions but suitable to the present needs. Writings of Bengali women inscribe about the preservation of the health of women. To support this endeavour, male Bengali reformers and Bengali medical men wrote and attacked the age-old customs and tried to reform the medical field. Bengali women had also attacked through their writing the prevailing conditions, mainly the conditions of the traditional lying in room and the norms related to childbirth. The missionaries were the first to bring about the tide of change in Bengal and strongly opposed the custom of '*Purdah*' with the hidden pride of their 'civilizing mission'. During this time, with women's medical education advancement in Europe, female doctors came to India and devoted themselves to serve Indian women. Vicereine Lady Dufferin, in 1885, through her Fund, envisioned the delivery of medical aid and medical education to the native women. By extending a benevolent portrayal of imperial power, Lady Dufferin was instrumental in extending female medical education in Bengal. In the beginning, there was opposition to opening medical colleges to women. However, the Calcutta Medical College and Campbell Medical School authorities ultimately opened the door for Indian women in the 1880s. The colonial state also attempted to educate the traditional Bengal midwives and gave training in Western medical methods. Victoria Memorial Scholarship Fund was created to facilitate the

training of midwives. Women now acquire knowledge about their bodies and re-conceptualize notions of their bodies. Women's bodies remained the site of contestation where the norms of social respectability were contested. However, during this time, women were not far-sighted culture as the destiny of their bodies; instead, as it can be inferred from the writings of women that they argues that biological constructs determined the discourses of their bodies.

Various 'medical' advertisements in several magazines indicated the changing intelligentsia's concerns about women's health. As discussed throughout the thesis, women were now coming forward to receive medical training and they took up medicine as their profession. In The Calcutta Census of 1901, qualified women medical practitioners were also listed among the 725 women registered under "professional occupations." These qualified women medical practitioners were not among the sole agents who started thinking about the health of their less privileged sisters; ordinary women from several parts of Bengal started articulating their medical opinions through several contemporary magazines.

In the early twentieth century, Bengal witnessed a significant rise in a new Bengali Muslim middle class and, like their Hindu counterparts, aspired to reform their society. The period saw the emergence of many Bengali Muslim periodicals where Bengali Muslim reformers followed the path of their Hindu brethren and tried to reform the social orthodoxies, and one of the major themes of their writings in these periodicals was their '*Bengaliness*'. Bengali Muslims seized the opportunities provided by the British. Muslim middle class further emphasised Islam's purification and questioned the social evils. This class also became concerned about women's health and tried to break the seclusion. Not only Muslim men but many unknown Muslim women were concerned about the health of their sisters and thus critiqued existing social practices to ameliorate the deplorable condition of Muslim women's health. The Bengali Muslim middle class also took the help of the flourishing print culture to

articulate their ideas. Journals and periodicals published by Muslims exposed the issues related to women's health. These writings, for the first time, came from unknown women, as trailblazers and did played essential roles in creating a new awareness in society while discussing various aspects of women's health. This class of Muslim women similarly came forward to receive medical education.

However, not all Muslim females were fortunate enough like their Hindu sisters, as the case of Asia Khatun showed. Asia Khatun, though she pleaded to pursue medical education, failed to gain a scholarship from the British and thus, pursuing medical study remained for her a distant dream. Other Muslim women like Begum Sophia Khatun and Begum Rokeya Sakhawat Hossain had also contributed and created consciousness on preserving women's health. Conventional historical discourses failed to ask all categories of questions deemed unimportant, and women remained as 'missing persons'. Misrepresenting women in history has happened in several ways. Historical discourse tends to be male-centric or androcentric. By drawing all these illustrations, this thesis attempted to break the silence that hovered around the question of health care of females in Bengal and tried to spot that “historical deficit”.

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Interrogating the Zenana: Helath Care of Women in Colonial Bengal, 1880s-1940s

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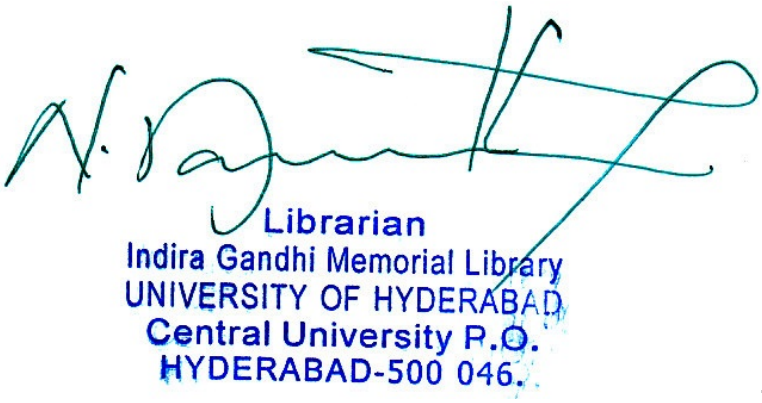

Submission date: 27-Jun-2023 02:44PM (UTC+0530)
Submission ID: 2123400059
File name: Prabal_Banerjee.pdf (1.87M)
Word count: 65654
Character count: 346350

Interrogating the Zenana: Helath Care of Women in Colonial Bengal, 1880s-1940s

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Peer Reviewed ISSN 0976-075X CLIO UGC CARE LIST

CLIO

An Annual Interdisciplinary Journal of History

Vol.19 No.19
January-December 2019

Editor
Chittabrata Palit
Assistant Editor
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Corpus Research Institute
28/C/1 Gariahat Road West
Kolkata-700068

Medicine and Society: Health Care of Women in Nineteenth Century Bengal.

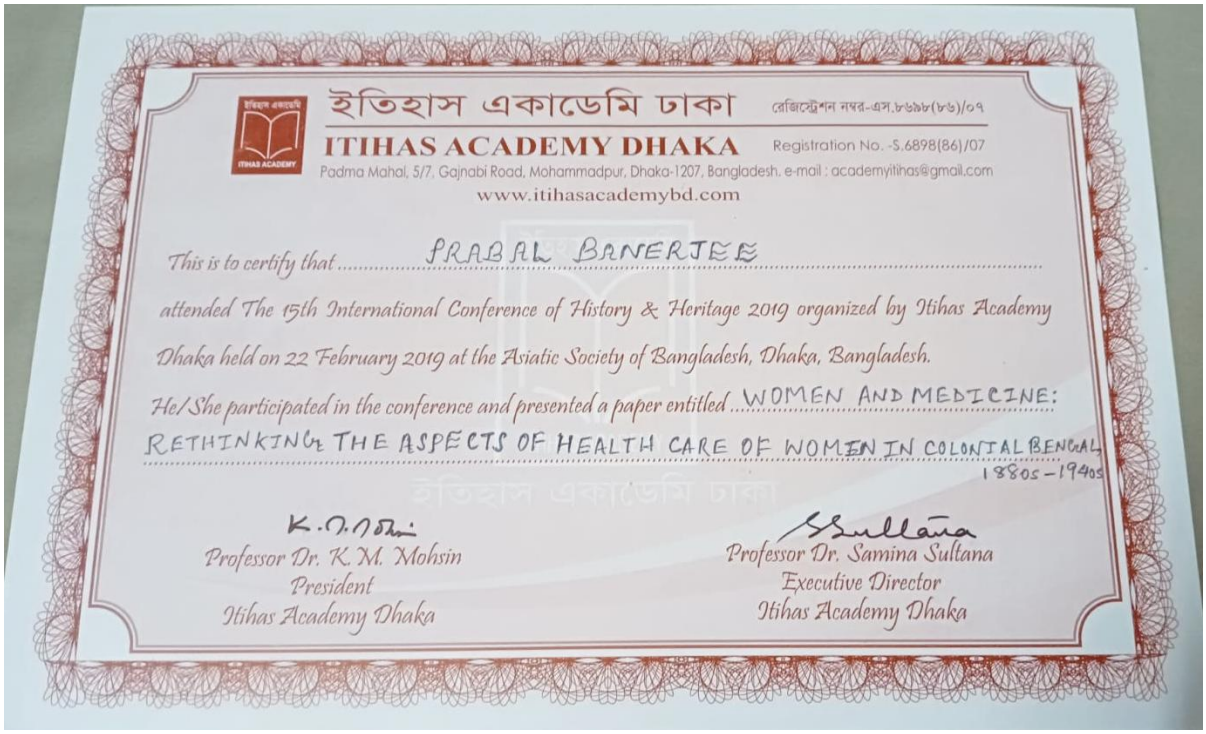
Prabal Banerjee

Abstract

Western medicine also played an important role in the process of colonization, acting as an ideological as well as 'empirical tool of empire'. The traditional practice of childbirth came under attack and the practitioners of Western medicine condemned indigenous dhai as 'dangerous'. Though, Western medicine attacked indigenous mode of healing, women's health was still still not a state responsibility, it was largely a philanthropic activity. Though, there were some initiatives like the formation of Dufferin Fund and the establishment of some zenana hospitals. Along with these western initiatives, indigenous system of medicine was also tried on the health of women. This paper will deal mostly with what women themselves thought about the health care of their sisters. The main source for the reconstruction of this alternative history consists of archival records and the contemporary Bengali periodicals.

Keywords: Women, health, writing, periodicals, zenana

As soon as the British came to power in the middle of the 18th century, they brought in their wake the socio-economic structure of Bengal which unsettled the earlier indigenous balance of power. The entire power structure changed—the East India Company became the



ইতিহাস একাডেমি ঢাকা রেজিস্ট্রেশন নম্বর-এস.৮৬৯৮(৮৬)/০৭

ITIHAS ACADEMY DHAKA Registration No. -S.6898(86)/07

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This is to certify that PRABAL BANERJEE

attended The 15th International Conference of History & Heritage 2019 organized by Itihas Academy Dhaka held on 22 February 2019 at the Asiatic Society of Bangladesh, Dhaka, Bangladesh.

He/She participated in the conference and presented a paper entitled WOMEN AND MEDICINE: RETHINKING THE ASPECTS OF HEALTH CARE OF WOMEN IN COLONIAL BENGAL 1880s-1940s

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This is to certify that Prabal Banerjee from Dept. of History, Malda College, WB has presented a paper Medicine, Health and Society: A Study On Health Care Of Women In Colonial Bengal, 1880-1947 during the **National Conference on Science, Technology and Medicine in the History of Modern India** (HISTEM-2022) organised by Amity Institute of Social Sciences (AISS) in collaboration with the Indian Council of Historical Research (ICHR) and the Society for the History of Technology (SHOT) from 21st to 22nd April, 2022, at Amity University Uttar Pradesh.

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Ph.D. SEMESTER TRANSCRIPT

REG.NO : 17SHPH04 SEMESTER : 1

EXAMINATION : Ph.D. / History

MONTH AND YEAR : Nov 2017

NAME OF THE STUDENT : PRABAL BANERJEE

FATHER'S NAME : HIRAK BANERJEE/SOMA BANERJEE

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HS802	Historical Methods	4.00	PASS
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