Chapter V

Institutional Experiments

Curative health care consists of treatment of the patients by the medical professionals and for a very long time women were kept apart from this profession. Female entry into medical profession was not welcomed for a very long time. The social conditions and position of women peculiar to India, where women went only to women doctors, necessitated the training of women doctors in India. Despite many social discriminations and discouragements, female medical education grew slowly in India under the tutelage of missionaries, philanthropic organisations and state. In this chapter attempt is made to study the training of women in medicine and various issues related to it, focussing on the exclusively ladies medical institutions. By 1920 there were many institutes providing medical education for women in India. The various levels of training like research, post graduate training, degree studies, diplomas, health visitor training, nursing training etc are studied. Some of the issues studied are the establishment of the ladies institutes, the struggles they faced and the growth of these institutes and finally the short comings in the trainings. Some of the questions addressed in the chapter are what was the nature of medical education provided in India before 1920? What was the role of GMC and later MCI as the co-ordinating agency for medical education in India? What was the importance given in various medical institutes for Midwifery and MCW etc.

Medical Education in India

It is not easy to grasp at one’s first effort the lines on which University medical education in India was organized. In the earlier stage the Medical colleges were units, isolated and independent, organized by the Government and dependent on it for all their resources. Medical Education was directed and controlled by the Indian Medical Service. These Colleges (all of them Government Colleges) grew up under the closest relationship to the Indian Medical Service; all the
Professors were Presidency Medical Officers and for many years all of them were European officers. Sometimes the Principal and Professor of medical colleges were nominated by the Government on the advice of either the Director-General or the Surgeon-General or Inspector-General of Civil Hospital of the several provinces. This system has changed after 1919 with the division of power and establishment of provincial universities. There was gradual disappearance of Indian Medical Service officers from the teaching staff and the attending Physicians and Surgeons became part of the teaching staff. As the University system developed, the influence of the Surgeon-General weakened and the Universities grew in the direction of isolation and independence and came to be virtually autonomous, although dependent for maintenance on Government support. Each college was functioning as an independent unit and there was no single co-ordinating body to regulate medical education in India. "There was no single local coordinating agency in India and it was General Medical Council of Great Britain, which recognized Indian medical degrees from 1892, acted as a coordinating and inspecting body. By the provision of sections 11 and 13 of the Medical act, 1886 periodic inspections were held of all universities regarding the standard of courses of study and examination."1 The General Medical Council (GMC) appointed three Inspectors (one each for medicine, surgery and midwifery) whose duty was to be present at the final Examinations of each of the twenty-three Licensing Bodies and to report to the General Medical Council (for transmission to the Privy Council) on the sufficiency of the Examination.

The Medical Colleges which desired admission to the Medical Register were to reach the standard which the council required. Without exception they were required to pass the Intermediate Science course of two academic years of instruction in Chemistry, Physics, Biology and English or the equivalent of this examination. In many of the Colleges the number of applicants with these qualifications was greater than the number of vacancies so a further selection test was conducted where the selection was not always based on educational

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grounds. Lack of proficiency in English language was considered as one of the heaviest handicaps which the Indian students faced. GMC recommended in May 1893 that the minimum medical curriculum should not be less than five academic years. The Council further recommended that the last three of these years should be devoted to the clinical subjects and provided that the examination in the basic subjects of Anatomy and Physiology must have been passed before the study of these three years commences. The subjects taught in various medical colleges of India were Anatomy, Physiology, Pathology, Materia Medica and Pharmacology, Hygiene, Forensic Medicine and Toxicology, Clinical Medicine, Clinical Surgery and Practical Midwifery.

Except at the Madras Maternity Hospital the opportunities for the study of Practical Midwifery were scanty and that the training of students, for this and other reasons peculiar to Indian conditions, presented difficulties. In Lahore and Lucknow, the purdah system and social customs precluded the opportunities for training students in Midwifery from being other than negligible. From 1923, the GMC sought information in addition to that of training in midwifery about the training in medicine, surgery and allied subjects and the organization and standards of the professional examination.

"The readjustments of the medical curriculum prescribed by the council in 1922 had not been attempted, and the courses of study and examinations were not in accordance with the requirement of the council. There were important differences and omissions. Increases in the teaching staffs and hospital training facilities, additional courses of study in special subjects, improvements in the practical and clinical and clinical examinations – all were necessary to provide the medical student in India with opportunities for sound education and as almost of secondary importance, to comply with in a general way with the council's requirements on which recognition of the degree of MBBS of the several universities depended."^2

On the whole it was felt that some changes were yet to be made. In the earlier years the standard of medical students in preliminary general education, especially in English and in the pre-medical scientific subjects was to be improved and in the later years to develop or expand the facilities for training

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2 Sir Norman Walker Report 1927, Appendix ix p. 4-5.
students in the special departments. This was the condition of medical education provided in various colleges in India.

**Professional Education**

The educational opportunities available for women and the importance given to midwifery in medical training increased after 1920s. The professional education in the field of female health care can be very broadly divided into three categories i.e. the training of students as Doctors or Sub-Assistant Surgeons, Nurses and Public Health Personnel. The first category constitutes the training of students at various medical colleges and schools for MBBS and Licentiate degree respectively. While the former students became Doctors the latter were eligible only for the Sub-Assistant Surgeon posts. Besides this basic professional training there were also research, post graduate and refresher courses for medical practitioners. Nurse is a person who holds a certificate in nursing from any institution recognized by the provincial government. Almost all the medical colleges and schools were offering training courses in nursing. Even in some big hospitals nursing courses were offered. The training of health visitors, midwives and dais constitute the third category.

Health visitors were the most important single unit in the maternity and child-welfare (MCW) services. The success or failure of MCW services was dependent on her personality, knowledge and skill. Her training was therefore a matter of utmost importance. The main duties were to supervise the domiciliary work of midwives and of trained dais and to participate in preventive work associated with the hygiene of pregnancy and of post natal period. The midwifery training varied from a period of six months to two years and the examinations for the midwives was conducted by a board appointed by the Government or by the provincial nurses and midwives council concerned.

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3 Ibid., p. 41.
4 There were three types of medical practitioners, namely (a) Doctors who take the university degree of MBBS which were obtainable at Madras, Bombay, Calcutta, Lahore, and Lucknow Universities. These universities aimed at standards similar to British Degrees and the degrees of these institutions were recognised in United Kingdom. (b) Those who take the Sub-Assistant Surgeon’s course or the Licentiate degree at various medical schools. This was of four years duration and matriculation was the requirement. (c) Those who take LMS, obtainable at Madras only and this continued till 1920’s.
The training of dais constituted the weaning of indigenous dais from her normal objectionable methods and training them in modern scientific midwifery methods.

**Research**

Maternal and infant mortality occurred due to a large number of obscure diseases which attack the mother and through her affect the child. Some of these diseases were unique to India yet there was hardly any attempt at investigating or researching them. The subject of the need for research was also discussed at All India MCW conference at Delhi in 1927 and the following resolution was passed there. “That this conference believes the time has come for an intensive enquiry into the causes of infant mortality in India and for this purpose asks the Government of India to appoint a medical woman as a full time research officer for a period of at least 3 years to work in connection with a research institution in one of the large towns of India.”

In March 1929, a memorandum was presented by the Association of Medical Women in India to Her Excellency Lady Irwin asking for the extension of medical aid to women in India and one of the suggested needs for medical relief was the “provision for at least two research posts in order that women may undertake research into the conditions of diseases in pregnancy, childbirth and infancy.”

The investigations carried out by the Indian Research Fund Association (IRFA) were the first organised efforts in this direction, though of temporary nature. This preliminary research has shown the need of long and patient enquiry to find the causes and remedies of these diseases. Some times research was left out totally to the occasional services of honorary workers. Dr. Margaret Balfour was closely associated with the maternal care in India and has worked at various levels in Women’s Medical Services. She has under taken a very important research to identify the causes of maternal mortality in India. In her application to IRFA, Dr. Balfour wrote “Little is known of the causes of the

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5 NAI File no. 114-115 Health ‘B’ October 1927 EHL Department
6 NAI File no. 24 Health ‘Deposits’ September 1929 EHL Department
7 Ibid.,
high maternal death rate. It was known that contracted pelvis, the toxaemias of pregnancy puerperal sepsis and other diseases and accidents of labour are common, but no enquiry has been made as to their relative frequency or the caused which may lead to them."

Her research was funded partially by Indian Research Fund Association. Dr. M. Balfour worked in honorary capacity and Dr. Lucy Wills, one of WMS doctors and assistant to Dr. Balfour in this study was paid Rs.125 per month by the IRFA. Another study of significance was conducted by Dr. Cujrel Wilson on maternal care and this was also partly funded by the IRFA.

A Research Department for maternal care and specifically for diseases of pregnancy was never established in any university or in any of the research organisations before 1930s. When All India Institute of Hygiene and Public Health (AIIPH) was established in early 1930’s it was proposed to carry on research in maternal care besides post graduate courses. It was hoped that the two WMS doctors, who were to be the faculty (one professor and one assistant professor) for this section, would also engage in research study also. But teaching, administrative and routine executive duties and with various consultation at clinics under MCW scheme has left hardly any time for the teachers to take up systematic research even though they had very vital information readily available to them.

"The present day defect of medical education in India is quite apparent in the fact that hardly there is any place of international repute and fame in the researchers concerned in art of healing held by a body of practitioners which can boast of no less than 30,000 members........Rarely they come out to find out something new in art of healing and capable of pursuing it with patience and faithfulness."

Post Graduate Education

There were very few facilities for post-graduate instruction in different medical colleges in India. While practically each of the medical colleges offered a Doctor of Medicine, Master of surgery etc; the facilities were not of a category such as those of the British post graduate medical colleges or other

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8 NAI File no. 155-156 Health ‘B’ February 1925 EHL Department
international centres of graduate study. Madras University and All India Institute of Hygiene and Public Health (AIHPH) were the only institutes which were providing a Diploma in Obstetrics and Gynaecology and Diploma in Maternity and Child Welfare respectively. The specially organized nine month Diploma in Public Health course at AIHPH and six months Diploma in Tropical Medicine course at the School of tropical Medicine, both at Calcutta were exceptions. Besides this there was no organization to coordinate and foster post graduation education in any of the universities till 1947.

**All India Institute of Hygiene and Public Health**

By 1930s, all over the country maternal welfare schemes were coming up in response to the stirring of social conscience by the continued high infantile and maternal death rates. These welfare schemes were under the charge of medical women who had training in the preventive care. However, the whole teaching process in medical colleges and schools was towards curative medicine and they hardly got any training in the preventive care. It was observed that due to lack of training in preventive care a fresh graduate doctor “continues hospital methods in the welfare clinics, makes her cards simply a record of prescriptions given and very little better than a compounder’s sheet. In the rare instances where she does continue to study after qualification she does not know to which text books to turn or where to see working, a model scheme.”\(^{10}\) A regular course was thus required to train the graduates of MBBS and Sub-Assistant Surgeon grade to take up the administration and executive posts in the new maternity and child welfare schemes. Another problem was with the nature of MCW work in India itself.

“This work all over India has grown up sporadically without much forethought, planning or co-ordination, and mostly by voluntary agencies that deserve great credit for initiating the work. The need for trained women graduate who could take charge of the work and direct and develop it on proper lines has been felt and hitherto the only means of obtaining such training was to proceed to London or else where.”\(^{11}\)

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\(^{10}\) Annual Report of the CDF for the year 1932, p. 38.

\(^{11}\) Annual Report of the AIHPH for the year 1934, p. 16.
AIIHPH, established in 1933, was the only Indian institute which offered a post
graduate diploma in maternity and child welfare for a very long time. The
genesis and the growth of this institute throw light on the importance given to
this course. Major General Sir J.D Graharn, the then Public Health
commissioner with Government of India, in his annual report for 1925 said
public health "presents a grand and unlimited field for public health workers,
but it is well to recognize that the improvement cannot be achieved without a
careful system of specialized training in institutes or schools devoted to public
health teaching and research and that cannot be done with out adequate
financial support." Major General Sir John Megaw, head of the Calcutta
School of Tropical Medicine and Hygiene held the similar views which were
expressed from time to time in the annual reports of the School.

Dr. W.S Carter, M.D, Associates Director of Rockefeller foundation, met
General Megaw and General Graham on various occasions and became deeply
impressed with the necessity for establishing an All India Institute of Hygiene
where purely public health subjects especially related to Indian requirements
could be dealt with. He on behalf of the Rockefeller foundation addressed the
Government of India in terms of embodying these proposals and the foundation
offered to provide the cost of acquiring the site selected, build and equip All
India Institute of Hygiene and Public Health. They asked the Government of
India’s assurance that it would meet the recurring cost of staff and maintenance
after the building was handed over to them. One of the conditions laid down
by the foundation was to open a section on maternity and child welfare in this
institute. The Government of India gratefully accepted this munificent offer

12 Ibid., p. 10.
13 Sir Leonard Rogers conceived the idea in 1914 of establishing an institute in India for post graduate
study in tropical medicine and hygiene. In 1920 the Calcutta School of Tropical Medicine and Hygiene
was started due to his perseverance and enthusiasm and to the generosity of the Governments of India
and Bengal and various private benefactors. This institute combined teaching and research in both
tropical medicine and hygiene. A professorship in Hygiene was established and a course of instruction
arranged in the school for the diploma of the public health of the Calcutta University. However there
were many limitations to the course. The aspects of public health were rapidly developing requiring the
full attention of a single worker and teacher for each aspect. Public health was no more a single entity
and it was impossible for a single person to cover these diverse aspects. Thus maternity care hardly
received any attention in this course.
14 Sirish N Kavadi, The Rockefeller Foundation and Public Health in colonial India 1916-1945: A
and negotiated for the acquisition of the site. The building was completed early in 1932 and the institute was formally started on December 30th, 1932. The general administrative control was vested in DG; IMS, subject to the ultimate control of the Government of India through the Department of Education, Health and Lands.

The Government of India also agreed to open AIHHP with 6 sections of Public Health Administration, Malariology and Rural Hygiene, Epidemiology and Vital Statistics, Nutrition and Bio-chemistry, Sanitary Engineering and Maternity and Child Welfare. The AIHHP provided 3 courses of instruction.¹⁵

1. Diploma in public health of the Calcutta University and diploma in Public health and hygiene of the Faculty of Tropical Medicine, Bengal. It was a post graduate course for university medical graduate or holder of LMS of a university

2. Doctorate of science (Public Health)

3. Special Courses. In this MCW was a section with 10 lecture and 4 hours practical work.

MCW Section

The Faculty of Tropical Medicine and Hygiene of Bengal in 1933 decided to create a Diploma in MCW to be given to women graduates after a course of training and examination in the institute. The course was designed for producing medical personnel sufficiently trained to take on administration posts in connection with the organization and control of MCW work in India. The standard of teaching in different subjects has been kept high and it has also been considered necessary that the initial medical requirement of the candidates taking up the course should be that of university graduates and not that of Licentiates.

Initially in 1928, the Government of India undertook to meet the annual recurring cost of All India Institute of Hygiene and Public Health; Calcutta, subject to a limit of Rs.3 lakhs. There was a sudden financial crisis at the end of

¹⁵ NAI File no. 55-5/32-Health, EHL Department
1931 and the general purposes sub committee of the Retrenchment Committee recommended that the initial annual cost to Government on account of the institute should not be allowed to exceed Rs.2 lakhs until the financial stringency lasted. This recommendation was accepted by the GOI and it was decided to open only 4 section with the allotted sum of Rs. 2,00,000 per annum. The two sections of Sanitary Engineering and Maternity and Child Welfare (MCW) were to remain in abeyance pending the improvement of financial conditions.\textsuperscript{16} This closure of MCW section came as a major setback to the MCW movement in India.

"The delay in the opening of a MCW section is very regrettable. It may not be expedient, however desirable, immediately to deflect large sums of money from curative to preventive medicine but it is surely a duty as well as wisdom to help voluntary or official bodies to initiate and develop effective local schemes by making it possible for them to secure the services of trained personnel....... It seems neither fitting nor just that a section potentially so beneficial should have to struggle along under the handicap imposed by an uncertain and limited income.\textsuperscript{17}"

The Countess of Dufferin’s Fund (CDF) was very keen and anxious about the opening of the MCW section and considered its establishment as an urgent need. They agreed to lend the services of a suitably qualified officer of the WMS for the purpose of teaching and research work in MCW and also to meet the pay of the officer.\textsuperscript{18} The proposal regarding the opening of the section was at first only for the year 1932-33, but was extended to the next two years. Dr. Jean M. Orkney of WMS was sent to the institute to initiate the section and CDF granted the necessary funds to finance the section. Indian Red Cross Association of India realizing the importance of the section of MCW and especially the necessity for providing post graduate instruction in the work especially for women graduates agreed to finance the section partially.\textsuperscript{19} At the

\textsuperscript{16} NAI File no. 55-10/32 Health, EHL Department
\textsuperscript{17} Annual Report of AIHPPH for the year 1934, p. 42.
\textsuperscript{18} NAI File no 55-20/32 Health, EHL Department
\textsuperscript{19} NAI File no 32-7/35 Health, EHL Department
instance these two voluntary organisations the section was kept open on temporary basis\textsuperscript{20} and it was only in 1937 the Government of India took it over.

1932 was spent in drawing up syllabus for a diploma course for medical graduates in MCW and in making practical arrangements for the work of the diploma students. The then existing facilities could not be used for teaching and demonstrations purposes and financial considerations have made it impossible to establish a model centre attached to MCW department of the institute. Her Excellency Lady Willingdon was approached and she graciously promised to help in securing a suitable building.

In 1933 the course was commenced with three students of which two were awarded the diploma in July 1934. This first batch was more or less experimental and few alterations were made in the course to be effected from the next session, which started on 24 October 1934, in which two more students were admitted.\textsuperscript{21} There were many problems in the accommodation of the students. It was also felt that the arrangements made for training in midwifery, venereal diseases and hospital ante natal work were far from satisfactory for a post graduate course.\textsuperscript{22}

From its inception the MCW section faced lot of problems due to lack of funds. The secretary (Governing Body and Scientific Advisory Board, IRFA) wrote to CMO; WMS, CDF on 9\textsuperscript{th} January 1934,

"With regret that I have to inform your council that the Government of India have expressed their inability to increase their grant for 1934-35 to AIHPH. The continuance of the MCW section at the institute will, therefore depend on the attitude which your council take in regard to the value of this work to the institute and to India as a whole. It would be very regrettable if this work, so well begun with your committee's generous assistance, were brought to an untimely end."\textsuperscript{23}

\textsuperscript{20} MCW section received further grants in 1934 from Calcutta Health Week Committee, Indian Foot Ball Association, Calcutta Corporation and individual donations from Mr. B.M.birla, Mr. Khaitan and other generous individuals.

\textsuperscript{21} There were no students taking course for diploma of MCW in the session 1935-36. Only one student began the course in October 1936.

\textsuperscript{22} \textit{Indian Medical Gazette}, November 1937, p. 709.

\textsuperscript{23} NAI File no. 32-2/34-Health, EHL Department
On 18th January 1934, CDF sanctioned the grant for 1934-35 and was unable to grant the request for a further grant of Rs.3000 to complete the scheme by establishing a midwifery section. It also expressed that CDF will not incur any further expenditures on the institute and by then it should be incumbent upon government to resume the liability. Indian Red Cross Society also agreed to grant funds to reopen MCW section for 1934-35 and these arrangements were to terminate on 31st March 1935. If the funds were to be stopped the direct effect would be withdrawing the services of the WMS officer lent by the CDF, who was teaching at the MCW section and thus the closure of the section itself.

Lt. Col. A.D Stewart CIE, IMS, Director of AIIHPH wrote to DG; IMS on 12 April 1934 on subject of opening the 2 sections. “Dr. Orkney, who has had large experience on the subjects of MCW section, has been instructing students of D.P.H class and the class of DMCW, the special subject of the section. If the funds of CDF are discontinued then the services of Dr. Orkney specialized instruction in MCW for D.P.H students will cease down and MCW will shut down. The valuable ground it has gained will be lost and MCW clinic would be closed.”

The same problem has arisen the next financial year also. The CDF authorities were not willing to finance the MCW section after the year 1934-35 either in the form of Dr. Orkney’s salary or otherwise. It considered that the GOI should undertake the responsibility for the continuance of the section as it was primarily the liability of the government under their agreement with the Rockefeller foundation. CDF has decided to withdraw the services of Dr. Orkney from the AIIHPH as she was required to relieve Dr. Ruth Young as director of MCW bureau of IRCS. Dr. Orkney relinquished the charge of duty on 13th December 1935 and was replaced by Dr. M.N. Edwards of WMS in temporary post. On December 27th 1935, Public Health Commissioner of India noted: “The D.G and I would regard the closing down of this section at the institute as a tragedy and we are afraid it might have serious repercussions in the attitude of the Rockefeller foundation towards future proposals for financial

24 NAI File no. 32-9/34-Health, EHL Department
25 NAI File no. 32-21/35-Health, EHL Department
aid to public health schemes in India.”

The government grant to CDF was restored to its original figure of 3.70 lakhs on the condition that it will continue to finance the institute for another year. Thus CDF agreed to finance the MCW again during the financial year 1936-37 and refused to do the same from the following year. And finally GOI took over the full responsibility of the section in 1937.

A refresher course of one month duration was conducted for health visitors every year at AIIHPH from 1934. As a course for the diploma of MCW forms part of the regular curriculum of the institution a three month course in these subjects was not given. A short course however of four weeks on the organization of the MCW and school medical services suitable for public health officers responsible for the administration and supervision of such schemes and as a refresher course for medical women holding the diploma in MCW was held in November of each year. The admission was restricted to persons holding certificates of having passed the health visitors examination from any of the recognized Health schools giving training in English.

Over the years the importance of a diploma was recognised by the medical professionals and there was a great demand for it yet the licentiates were denied the same at AIIHPH. The requirement of the candidates taking up the course for a diploma course in MCW at AIIHPH was that of university graduate degree and not that of licentiate. It was felt that for being able to take on the posts in connection with the organization and control of MCW work in India the standards of subjects and training should be high. Accordingly the requirements were kept high and thus, the diploma was denied to the medical licentiates who were numerically more than the medical graduates. There were very few women doctors compared to the licentiates and at provincial and local

26 NAI File no. 32-21/35-Health, EHL Department
27 GOI gave an annual grant in aid of Rs.3,70,000 to the Countess of Dufferin’s Fund for the maintenance of WMS. In 1932 as a retrenchment measure the GOI reduced the grant to the CDF from Rs. 3,70,000 to Rs.3,44,300. This amount was restored to original figure in 1936 and one of the condition for restoration was continuing the MCW section at AIIHPH for the year 1936-37.
28 NAI File no. 32-12/ 37-Health, EHL Department
29 NAI File no. 32-18/35-Health, EHL Department
levels it was the licentiates who were posted. At the 29th conference of All
India Medical Licentiates Association held on 24-26 December 1938 it was
resolved that:

"the Government of India be requested to give facilities to medical licentiates to go in for
MCW diploma course opened in the AIHHP of Calcutta; that in the opinion of this house
the government have done a great injustice to the largest medical group in depriving the
medical licentiates of the benefits of this course who cater to the needs of the largest
number of people in India." 30

This resolution was considered by the department in consultation with the DG,
IMS, who opined that the standard of teaching the different subjects at the
AIHHP were too high for licentiates. Yet the lowering of the standards of the
course was not agreed upon. He also advised that the legitimate demand of the
licentiates must be met by providing a separate and more suitable course for
them for there was definitely a great need for a class of workers with lower
medical qualifications and with the necessary training in MCW. It was hoped
that such persons, though may not be capable of taking up responsible
administrative posts, would be able to take charge of welfare centres and run
them. As the MCW section was already in financial crisis this short term course
was never taken up at the institute. This type of course in MCW was introduced
at Lady Reading Health School from 1940 but it was only for Sub Assistant
women Surgeons.

Trained administrators and executive officers in MCW scheme played a very
key role yet the demand for there specialized workers was still not so high. So
the number of students was kept small. Mean while, it was hoped that the very
existence of a diploma sanctioned by the government was a valuable piece of
propaganda to the schemes and a stimulus to voluntary bodies and local
authorities to reconsider their aims and achievements in the field of child
welfare and maternity care. It was also aimed to make them more effective and
to bring them more directly into contact with the other public health
departments.

30 NAI File no. 18-4/39-Health, EHL Department
The MCW section thus from its inception was in a crisis and always received a secondary treatment from the government. The Director AIHHPH wrote to DG, IMS on 16 February 1935 "the government was apparently not desirous of treating the section as an integral part of this institute in –as-much-as the rules for diploma in MCW were not incorporated in the prospectus of this institute but were issued in a separate prospectus."\(^{31}\)

Secondly the section was established for the 2 fold purpose of post-graduate teaching and research. While the former purpose was fulfilled the latter never took off as there were never adequate staff and adequate resources. Teaching, administrative and routine executive duties and with various consultation at clinics under MCW scheme has left hardly any time for the teachers to take up systematic research. Very valuable information about conditions which influence maternal health was accumulating on the record cards of the welfare centres yet there was no one who could get time to classify this data and do serious research.

The AIHHPH has been established with the express intention of training medical personnel, as efficiently as possible, in the problems of public health in India. The institute however could not develop its fullest possibilities nor establish its reputation fully for a long period as local governments insisted on the possession of a Diploma obtained outside India for the higher appointments. Thus, the best students were prevented from taking their training at the Institute. In most of the provinces for the post of Assistant Director of Public health, a British Diploma in Public Health (DPH) was necessary and only for district health officer and Municipal health officers DPH of India was accepted.

**Medical Colleges**

By 1920, King George’s Medical College, Lucknow, King Edwards Medical College, Lahore and Lady Hardinge Medical College at Delhi were the only three medical colleges in north India giving graduate training in medicine, i.e.

\(^{31}\) NAI File no. 32-7 /35-Health, EHL Department
MBBS. Of this Lady Hardinge Medical College was the only Medical College in entire country to train women only for MBBS degree and focus of the present would be mostly on this college.

**Lahore Medical College, Lahore**

Lahore Medical College was one of the oldest institutions and dates back to 1860. There were 509 students on the roll of the college in 1923 and there were very few female students in this. From 1929, 10 seats were reserved for female candidates in the college.

The first report of GMC on the Punjab University for the period from March 1922 to March 1923 detailed the position as to the training of students in practical Midwifery. As there were no local facilities, like in Lucknow University, arrangements were made to send all the students to the Madras Maternity Hospital in batches of 4/5 for 1 month training in practical midwifery and the teaching in Lahore was rearranged and coordinated with the teaching in Madras. The Maternity Hospital at Lahore was opened on temporary basis on 1 February 1924 with the main object of attracting labour cases with a view to training students of the King Edward Medical College in midwifery. However, it was used as a dispensary for women and children making it valueless for teaching purposes. The number of patients treated in the hospital during the year 1924 was 627 of which only 29 were labour cases.

There was shortage of patients for practical in midwifery so a new maternity hospital i.e. the Lady Willingdon hospital, was built by 1928 to enable Lahore self-supporting in training students in practical midwifery. This hospital became popular with all classes of public and the daily average attendance was about 92.61 and 654 labour cases were treated in 1936. This number provided the clinical material for 48 students only, while the total number of students to be trained every year is 77. This necessitated to make arrangements for the training of the rest of the students at Madras.  

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The other problem of this medical college was overcrowding. It was advised to restrict the number of students to be admitted to college but in 1922 over 100 students were admitted and there was little prospect that this number could be adequately trained. In 1924 the number was restricted to 75 and 530 students on the college rolls. During 1926-27, the university regulations were further amended and were made substantially in accordance with the requirements of the council. “Matters had definitely improved in some respects, but before they could be regarded as satisfactory or sufficient there was still much to be done.”33 The following statement gives the number of students who appeared for the University Examinations and the number who passed in 1924.

<table>
<thead>
<tr>
<th>Examination</th>
<th>Number of Candidates</th>
<th>Passed</th>
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<tbody>
<tr>
<td>1\textsuperscript{st} M.B.B.S.</td>
<td>111</td>
<td>68</td>
</tr>
<tr>
<td>1\textsuperscript{st} M.B.B.S. (supplementary)</td>
<td>22</td>
<td>16</td>
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<tr>
<td>2\textsuperscript{nd} M.B.B.S.</td>
<td>122</td>
<td>92</td>
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<tr>
<td>2\textsuperscript{nd} M.B.B.S. (supplementary)</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>Final M.B.B.S</td>
<td>93</td>
<td>42</td>
</tr>
</tbody>
</table>

(Source: Annual Report PHC with GOI 1924, p. 124)

The following statement gives the number of students who appeared for the University examinations and the number who passed in 1927.

<table>
<thead>
<tr>
<th>Examination</th>
<th>year</th>
<th>No of candidates appeared</th>
<th>No of candidates passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MBBS</td>
<td>May 1927</td>
<td>101</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>October 1927</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>2 MBBS</td>
<td>May 1927</td>
<td>81</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>October 1927</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Final MBBS</td>
<td>May 1927</td>
<td>79</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>October 1927</td>
<td>113</td>
<td>47</td>
</tr>
</tbody>
</table>

(Source: Annual Report PHC with GOI 1927, p. 212)

King George's Medical College, Lucknow

Lucknow University was established in 1916, earlier it was situated at Allahabad and women were trained along with men at King George's Medical College. There were very few women compared to the male students in the

college and they had no special facilities. In 1924 there were just 2 female students out of total 269 students at the medical college.

In 1922 inspection of GMC for the practical training in midwifery provision available at the college were found to be totally inadequate. In United Provinces there was a very strict practise of purdah and hardly any female patients were available for clinical study. The Lucknow Universities authorities arranged to send all students to the Madras Maternity Hospital in batches of 4 for one month of practical training in midwifery. But in 1925 the Government of Madras had notified the University that they would be unable to accept students from Lucknow for training in practical midwifery after July 30, 1926.\(^\text{34}\) The authorities in Lucknow were looking for other means to fulfil the Council's requirements as there were no local or other facilities available for training students. Thus it was desired to provide a special Hospital in Lucknow and also aimed developing locally facilities for training students in practical midwifery. In fact in Obstetrics and Gynaecology there was no clinical examination in 1926 due to lack of clinical material. Finally in 1926 it was recommended to build a special hospital in Lucknow, as in Lahore, for developing local facilities for training students in practical midwifery. King George Medical College was originally designed to accommodate and train about twenty-five new students per annum but double the number of students was admitted in following years causing over crowding and subsequently poor quality training. The numbers had steadily increased from twenty-three in 1917 to forty-eight in 1923 but the correspondingly essential buildings, equipment and extensions had been gradually provided creating shortage of equipment for students.

GMC also found that the standards prescribed for preliminary general and scientific education necessary before the commencement of medical study were not up to the mark.

In Lucknow the standard of preliminary education is the High school final examination of the United Provinces Board or in lieu there of, the matriculation

examination of a prescribed Indian University. The standard of scientific
education was the intermediate examination of the Board of Intermediate
Education of the United Provinces, the subjects of which were for the medical
student English, Chemistry, Physics and Biology. It was commonly accepted
that at Lucknow (and in other universities) general education as represented by
the matriculation examination or the intermediate examination does not ensure
a standard of attainment requisite for a medical student before he commences
the study of the preliminary sciences. Lt. Col. C.A Sprawson, Principal and
Dean, Faculty of Medicine, King George’s Medical College wrote to Col.
Needham on 6th February 1928 defending the English standards and agreeing
that the preliminary education standards were to be raised. To this Col.
Needham replied “so long as the present standards are permitted for the
preliminary general education and the preliminary sciences the students of the
Lucknow University are not eligible to register as medical students on the
register maintain by the GMC.”

During the year 1924 at King George’s Medical College there were 269
students on the rolls of the college, of whom only 2 were females. The
following statement shows the number of students who appeared for the
University examinations and number who passed in 1924.

<table>
<thead>
<tr>
<th>Examinations</th>
<th>Number of Appeared</th>
<th>Number of Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final M.B.B.S.</td>
<td>63</td>
<td>43</td>
</tr>
<tr>
<td>Final M.B.B.S., Part I</td>
<td>59</td>
<td>31</td>
</tr>
<tr>
<td>Final M.B.B.S., Part II</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>M.S.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.P.H.</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Supplementary final M.B.B.S., Part I</td>
<td>28</td>
<td>20</td>
</tr>
<tr>
<td>Supplementary final M.B.B.S., Part II</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

(Source: Annual Report PHC with GOI 1924, p. 126)

In 1927 there were 261 students on the rolls of the college. The following
statement shows the number of students who appeared for the University
examinations and the number who passed.

35 NAI File no. 390-466 Health ‘B’ March 1926
36 NAI File no. 152-157 Health ‘B’ July 1928
<table>
<thead>
<tr>
<th>Examinations</th>
<th>Number Appeared</th>
<th>Number Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>First M.B.B.S. Part I</td>
<td>60</td>
<td>38</td>
</tr>
<tr>
<td>First M.B.B.S. Part II</td>
<td>50</td>
<td>32</td>
</tr>
<tr>
<td>Final M.B.B.S. Part I</td>
<td>43</td>
<td>26</td>
</tr>
<tr>
<td>Final M.B.B.S. Part II</td>
<td>46</td>
<td>22</td>
</tr>
<tr>
<td>D.P.H., Part I</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>D.P.H., Part II</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>M.D.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Supplementary first M.B.B.S., Part II</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Supplementary final M.B.B.S., Part I</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Supplementary Final M.B.B.S., Part II</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>Supplementary D.P.H., Part I</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Supplementary D.P.H., Part II</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

(Source: Annual Report PHC with GOI 1927, p. 213)

There were very few women students who came forward to study in medical colleges and in mixed colleges staffed by male teachers the number was miniscule. The following table shows clearly the difference in enrolment of female students in North Indian medical colleges of Lucknow and Lahore and other colleges in India.

<table>
<thead>
<tr>
<th>Year</th>
<th>Lahore</th>
<th>Patna</th>
<th>Lucknow</th>
<th>Calcutta</th>
<th>Bombay</th>
<th>Madras</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1932-33</td>
<td>17</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>77</td>
<td>Not known</td>
<td>108</td>
</tr>
<tr>
<td>1933-34</td>
<td>24</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>79</td>
<td>Do</td>
<td>118</td>
</tr>
<tr>
<td>1934-35</td>
<td>33</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>98</td>
<td>Do</td>
<td>146</td>
</tr>
<tr>
<td>1935-36</td>
<td>36</td>
<td>-</td>
<td>1</td>
<td>23</td>
<td>103</td>
<td>Do</td>
<td>163</td>
</tr>
<tr>
<td>1936-37</td>
<td>40</td>
<td>2</td>
<td>2</td>
<td>24</td>
<td>94</td>
<td>102</td>
<td>264</td>
</tr>
</tbody>
</table>

(Source: NAI File no. 38-2/38-Health EHL Department)

Lady Harding Medical College, Delhi

The only training colleges available in India were those at which male students were being educated and there was no separate collegiate institution exclusive for women. This was a great obstacle to including Indian women to enter the medical profession as Indian parents were averse to sending their daughter to mixed Colleges. Most of the women that were trained in the medical colleges in India were domiciled European, Eurasians, native Christians and few Parsis. It has been quite the exception for Hindus or Mohammedans to come forward for this work. Only 89 female students were receiving college instruction in 1911 of which 73 were Christians and 9 Parsis or Jews. As there were no exclusive ladies medical institutes these women were compelled to study
alongside with men in the government colleges in Madras, Bombay, Calcutta and Lahore. The position of Medical Schools was no better. There were only 96 women under training to become Sub-Assistant Surgeon in the schools at Vizagapatnam, Tanjore, Cuttack, Poona, Ahmedabad, Calcutta, Dacca, Agra and Patna and only at Agra, which accounts for 66 individuals were the arrangements in any way adequate. Out of these 96 students 83 were Christians.\footnote{37 NAI File no. 11-12 Medical ‘A’ 1914}

The attention of Lady Hardinge was drawn to this lack of facilities and to remedy these defect Lady Hardinge has consulted with several of the leading Ruling Chiefs and Nobles of India and Government of India to build at Delhi a Medical College and Hospital for women and a training school for nurses. This was to be a separate medical college for women, where women students would be taught by women. In a note by the Surgeon General of India to His Excellency, the Viceroy of India on 13\textsuperscript{th} May 1913 wrote about the objective behind the establishment of the LHMC in the following words.

\begin{quote}
"One great Obstacle to inducing Indian Women to enter the medical profession is the fact that the only training colleges are those at which male students are being educated, and that Indian parents are averse to sending their daughters to a mixed college........create a separate medical college for women, where women students would be taught by women, and the institution proposed should contain a hospital for women staffed by the teachers of the college. This obviates the objection of the mixed classes and teaching..."\footnote{38 NAI File no. 38-4/38-Health EHL Department}
\end{quote}

This College was aimed to be the right institution to induce Indian women to come forward for medical work and thus supply a number of well educated women to carry on and extend the work in female hospitals throughout the country. The foundation stone of the college was laid by Lady Hardinge on 17\textsuperscript{th} March 1914 and on 7\textsuperscript{th} February 1916 His Excellency, Lord Hardinge formally inaugurated this medical college meant exclusively for women in Delhi.\footnote{39 This institution was also meant to commemorate the visit of her Majesty Queen Mary to India in 1911-12 and it was decided to name it as Queen Mary College and Hospital. Her Excellency Lady Hardinge of Penhurst used her good offices and strived hard to raise funds of Rs. 30 lakhs from the primly states and the public. Unfortunately, this great and zealous lady who took the initiative and worked hard to bring about the existence of this institution died later in the same year. According to the}
One of the four understanding on which subscription for the LHMC Delhi were collected was that a separate association on which the subscribers would be represented; would be formed under Act XXI of 1860 to manage the institution. The Government would run the institution financially and have a controlling power to prevent extravagance. In 1930, there was a proposal for the total control and administration of the LHMC and Hospital by the government. The Solicitor to Government of India was consulted and he advised that “If government intended to convert the college and the hospital into a government institution to that the management control and property of the college and the hospital shall absolutely vest in government then, I think it will mean that the association will have to be dissolved and wound.” However, the government was not ready at that stage to take over the full responsibility of administration and management of the LHMC and hospital then and the proposal was dropped.

The CDF and Lady Hardinge Medical Colleges worked in close association. The CDF had deputed senior member of their medical service to this institution. The College was initially managed by a governing body and the internal management was entrusted to the principal and College Council. LHMC was affiliated to Punjab University and students travelled to Lahore for their examination to compete with students of King Edward College of Lahore. It was affiliated to University of Delhi only from 1950. Although the hospitals attached to the college was only women’s hospital, efforts have been made to train the students on male patients by posting them to general hospitals in their third fourth and final years. Initially they were posted in fourth and fifth year at the erstwhile Irwin hospital for 6 weeks. The college had the Departments of

wishes of Queen Mary, the college and hospital were named after Lady Harding, to perpetuate the memory of its founder.
30 NAI File no. 1-2 Medical ‘A’ February 1923
31 NAI File no. 15 July 1930 Health Deposit EHL Department
Anatomy, Physiology, Pathology, Pharmacology, Surgery, Gynaecology and Obstetric, Ophthalmology, Orhinolaryngology, Anaesthesia, Medicine and Radiology. Many departments were added after independence.

The standard of entrance was the Matriculation Examination of an Indian University or its equivalent. The College had an Intermediate Science Department and a Medical Department. Students on first entry spend two years in the former in preparation for the Intermediate Science Examination (Medical Group) of the Punjab University; and if successful pass on to the Medical Department to pursue their studies for five years in preparation for the M.B.B.S. Thus 7yrs course (2-premedical, 5- medical) was introduced at LHMC. Twenty students were admitted and the first Session commenced in the Science Department in September 1916. Proper medical studies commenced in September-October 1918. The college was affiliated to the Punjab University and students presented themselves for the final examination for the first time in October 1923. In 1936, it was proposed to abolish the Premedical course as the intermediate standards in various universities improved and there were certain universities giving intermediate course in sciences specially suited for medical courses. Thus, Pre medical course at LHMC meant a repetition and from 1937-38 admissions to this preliminary science course were closed. Initially about 14-16 students were enrolled every year from all over India. The annual report of 1918 mentions only 34 students on roll. In 1930 there were about 113 students-89 Indians, 24 Europeans. The number of admissions was raised in the following years.

There were 108 Students in residence at the beginning of the session in 1924. In session of 1924-25, 13 students graduated as against 18 in the session 1923-24. The annual output of women with a recognized degree was about 15 only.

42 NAI File no. 1-10 Health ‘A’ proceeding July 1931
43 NAI File no. 25, Health ‘B’; July 1930 EHL Department
and of these 7 or 8 were Indians. There were 105 students in residence at the beginning of the session in 1927 and the Examination results were as shown below:

<table>
<thead>
<tr>
<th>Examinations</th>
<th>Candidates Appeared</th>
<th>Number Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate Science</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>First M.B.B.S.</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Second M.B.B.S.</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Final M.B.B.S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part A</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Part B</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

(Source: Annual Report PHC with GOI 1927 p 211)

Students at LHMC came from different backgrounds and sociologically the students were from families either well educated or were from missionary backgrounds. Nearly half the students were Europeans/foreigners. (Annexure-VII) When the session began on the 15th September 1944 there were 203 students on the college rolls drawn from the following regions:-

<table>
<thead>
<tr>
<th>Region</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punjab</td>
<td>42</td>
</tr>
<tr>
<td>United Provinces</td>
<td>19</td>
</tr>
<tr>
<td>Bombay</td>
<td>7</td>
</tr>
<tr>
<td>Sind</td>
<td>36</td>
</tr>
<tr>
<td>Delhi Province</td>
<td>34</td>
</tr>
<tr>
<td>Bengal</td>
<td>2</td>
</tr>
<tr>
<td>Central Provinces</td>
<td>9</td>
</tr>
<tr>
<td>N.W.F.P</td>
<td>7</td>
</tr>
<tr>
<td>Burma</td>
<td>4</td>
</tr>
<tr>
<td>Hyderabad Deccan</td>
<td>4</td>
</tr>
<tr>
<td>Kashmir</td>
<td>4</td>
</tr>
<tr>
<td>Travancore</td>
<td>6</td>
</tr>
<tr>
<td>Rajputana</td>
<td>8</td>
</tr>
<tr>
<td>Indore</td>
<td>2</td>
</tr>
<tr>
<td>Patiala</td>
<td>2</td>
</tr>
<tr>
<td>Gwalior</td>
<td>3</td>
</tr>
<tr>
<td>Mysore</td>
<td>2</td>
</tr>
<tr>
<td>Malaya Straits</td>
<td>2</td>
</tr>
</tbody>
</table>

One student each from the states of Faridkot, Bihar, Orissa, Madras, Kolhapur, Jind, Bhutan, Mandi, Udaipur, and Baroda ...

---

44 Annual Report PHC with GOI 1924, p. 123.
Statement of New Admissions for the 1945-46 Session

<table>
<thead>
<tr>
<th>Province</th>
<th>No. of application read</th>
<th>No. of applicants eligible for admission</th>
<th>No. of placed list</th>
<th>Candidates on reserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delhi</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Punjab</td>
<td>21</td>
<td>12</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>U.P</td>
<td>12</td>
<td>10</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>C.P</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C.I</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Bihar</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>N.W.F.P</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Bombay</td>
<td>11</td>
<td>4</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Bengal</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Madras</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sind</td>
<td>11</td>
<td>10</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Hyderabad State</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Gwalior State</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Jaipur State</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Kashmir State</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Bikaner State</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Mysore State</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cochin State</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Travancore State</td>
<td>4</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>66</td>
<td>36</td>
<td>9</td>
</tr>
</tbody>
</table>

(Source: File no 33-1/45- E.I EHL Department)

The increasing strength of the students indicates the growing popularity of the medical coeducation among women in India. There was always pressure on the college for admitting more students. It was even proposed once to convert the college into an co-educational institute.

Co-Education in Lady Harding Medical College-1938

LHMC was established with the objective of meeting the difficulties experienced by Indian women in their studying along with male students in hospital wards for men. Through out India, in all medical colleges there was overcrowding and government was put under great pressure to open new medical colleges to accommodate more students. However, it was observed that the LHMC there were few students and the grants given to it were high.
A proposal was put up in 1938 to convert the college in a co-educational institute. Joint Secretary on 9.7.1938 noted that “...in my opinion purdah Nashinism and the pursuit of any advanced profession is incompatible”. It was also observed that enough clinical material was available for study since opening of Irwin Hospital and above all it was felt that since government was giving most of the funds, it was to be ruled by it. The then DG, IMS in his letter noted that.

“the suggestion to throw open the institution to male students would frustrate the object with which this institution was opened and may perhaps lead to some opposition from the original donors and the public though the women student themselves who join this institution do not generally observe any Purdah. If the institution thrown open to men students it seems that same male professors would also have to be recruited to teach and control the male students and possibly a separate male hospital will also be required.......While it is true that British India has changed enormously during the last quarter of a century, Indian India, though changing is still for behind and purdah is quite strict in some states, particularly the Rajputana states.”

Even though the significance of the college was acknowledged the government seriously considered converting LHMC in to a co-educational institute and use it as nucleus for Delhi Medical Faculty. Objections to this proposal came from many fronts. The college received substantial help from home states to encourage women of these areas to take up courses in medicine and it was feared that if any attempts were made to introduce male students into this college some of the states might cease to render the financial assistance. The chief Commissioner of Delhi also pointed out the fact that the college had infrastructure limited to support only 150 students maximum and if it was to be converted into a co-educational institute it meant additional financial burden on the government. The accommodation at the college was only for 134 students and being a 5 year course it meant a maximum of 30 new admissions a year.

46 NAI File no. 38-4/38-H EHL Department
47 The contributions made by the native states for establishing LHMC is well discussed by Samiksha Sehrawat in her article ‘The Foundation of Lady Hardinge Medical College and Hospital for Women at Delhi: Issues in Women’s Medical Education and Imperial Governance’ in Biwamoy Pati and Shakti Kak (eds.), Exploring Gender Equations: Colonial and Post Colonial India, NMML, New Delhi, 2005, pp. 117-146.
The figures for the candidates applied for the college as a whole during the four years of 1935-36 to 1938-39.

<table>
<thead>
<tr>
<th>Year</th>
<th>No. qualified</th>
<th>No. selected</th>
<th>No. admitted</th>
<th>Rejection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1935-36</td>
<td>81</td>
<td>31</td>
<td>23</td>
<td>58</td>
</tr>
<tr>
<td>1936-37</td>
<td>96</td>
<td>39</td>
<td>29</td>
<td>67</td>
</tr>
<tr>
<td>1937-38</td>
<td>63</td>
<td>36</td>
<td>29</td>
<td>34</td>
</tr>
<tr>
<td>1938-39</td>
<td>63</td>
<td>39</td>
<td>31</td>
<td>32</td>
</tr>
</tbody>
</table>

The matter was finally settled with an understanding that in future applications for admission to the LHMC from provinces and states which did not contribute to the college in any way would take their chances of securing vacancies in the colleges after the demands of the suitable applicants from the contributing provinces, central administrative areas and contributing Indian Sates have been satisfied.


The Medical College was affiliated to the Punjab University and students were given MBBS degree of that University which was registrable in England. Thus the curriculum and standards of training in LHMC were to be in accordance with the GMC requirements. The Hospital was visited twice by Sir Norman Walker in November 1924 in connection with the general inquiries concerning the medical education of students preparing for the M.B.B.S. degree recognized by the council. After these visits Sir Norman Walker opined that the deficiencies were such that a satisfactory education to the standards required for a degree which could be recognized for registration in Great Britain were not provided at the Lady Hardinge College under the then existing conditions.

It was found that the teaching was not to the required standard, as an unsatisfactory state of affairs existed in the Medical Department and in the teaching hospital seriously prejudicing the education of the students. There were serious defects and deficiencies both as regards to the staff and equipment. The facilities for training students in Anatomy, Physiology, Pathology and Pharmacology were found inadequate. The number of teaching
staff was inadequate and there were frequent change of the head of the departments. In the course of about eighteen months practically all of the staff, except the Principal, was changed. In a reply to the Joint Registrar of Punjab University, the principal of LHMC replied to this point that “the recruitments are not made directly by college but executive committee of the Countess of Dufferin's Fund recruits the Professors from WMS, who also are responsible for assessing member for service of college and transferring them. Though Principal is always consulted the college authorities felt it not justified opposing the transfer of teacher to a better paid job.”

If Punjab University was to extend recognition to LHMC it was to face serious problems of its own recognition in England. “It has power, of course to withdraw affiliation. But such a course would mollify all the objects for which the LHMC was founded and this could only be contemplated as a disaster.” The matter was discussed and was resolved later on.

Medical Schools

While MBBS degrees were awarded by the medical colleges, medical schools granted Licentiate qualifications like LMP, LMS, DMS etc. There was considerable difference between the standards of the two qualifications like the duration of the courses, the curricula and preliminary qualifications for admission etc. Though both were medical practitioners a sense of compartmentalization always prevailed in the profession. However, a lower standard of medical qualification has proved an interim in the evolution of medical education throughout the world. It was considered a temporary phenomenon resulting eventually in the raising the standard to a university level or the school in the question being abolished. India was no exception and there were many medical schools established giving training for sub assistant surgeons.

49 NAI File no. 181-184 Health ‘B’ Nov 1929, EHL Department
50 NAI File no. 45-59 Health ‘B’ June 1925 EHL Department
Besides, this class of practitioners were necessitated by the poor level of education in the country, the cost of professional training and the urgent need to provide medical aid to large number of women spread all over the country. In 1923, there were 21 medical schools in India in various districts as follows: Bengal 4, Madras 7, Bombay 3, United Provinces 1, Punjab 2, Burma 1, Bihar and Orissa 2, Assam 1.\textsuperscript{51} There were about 28 medical schools (the maximum number) in British India in 1934 and they were distributed as follows: Bengal 10, Madras 3, Bombay 5, United Provinces 2, Punjab 2, Burma 1, Bihar and Orissa 2, Assam 1, Central provinces 1, and Central India 1.\textsuperscript{52} From 1924 the Agra Medical School in United Provinces, Amritsar Medical School and Ludhiana Medical School in Punjab were the only medical schools in North India.

Medical schools in India were under provincial or other local control with little centralizing influence. The staff of one school had no direct knowledge of what was being done in distant schools outside their own province as there were neither uniform standards nor a single co-ordinating authority to regulate all these schools. For example the average cost to educating per student per annum was about Rs. 300 and the same cost in women’s school was Rs. 960 as there were fewer number of students in comparison with the number of the staff paid. There was much more difference between the best and worst medical schools than there was between a good medical school and a medical college affiliated to a university. There have been stronger centralizing and equalizing influences at work among universities and medical colleges than among medical schools.

**Agra Medical School**

The only medical school in north India run by government providing training exclusively for women by women teachers was at Agra. Till this school was established, women were trained along with men at Agra medical school from 1883. In 1923, there were 447 male students and 78 female students on the rolls.

\textsuperscript{51} Annual Report of PHC with GOI 1923, p. 168
\textsuperscript{52} Abstract from Annual Report of PHC with GOI 1934, *INDIAN MEDICAL GAZETTE* July 1937, p. 450.
and of these 101 male students and 12 female students passed the final examination. 81 male and 10 female students passed the junior qualifying examination. There were 76 female students on the school rolls during 1924. 20 students appeared for the final qualifying examination of whom 16 passed. 16 students appeared for the junior examination of which 6 passed. Next year there were 64 female students on the school rolls during the year. 9 students appeared for the final qualifying examination of which 12 passed. There were 63 students on the school rolls Women’s Medical School, Agra of during the year 1926. The following table gives the result of the examination held during 1926.

<table>
<thead>
<tr>
<th>Examination</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appeared</td>
</tr>
<tr>
<td>Final Examination for Diploma</td>
<td>10</td>
</tr>
<tr>
<td>Intermediate Examination</td>
<td>7</td>
</tr>
<tr>
<td>Primary and Intermediate Examination</td>
<td>6</td>
</tr>
<tr>
<td>Primary Examination</td>
<td>21</td>
</tr>
</tbody>
</table>

(Source: Annual Report of the PHC with GOI 1926 p. 193)

There were 75 female students on the school rolls during the following year and the table gives the result of the examination held during that year.

<table>
<thead>
<tr>
<th>Examination</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appeared</td>
</tr>
<tr>
<td>Final Examination for Diploma</td>
<td>15</td>
</tr>
<tr>
<td>Intermediate Examination</td>
<td>15</td>
</tr>
<tr>
<td>Primary and Intermediate Examination</td>
<td>1</td>
</tr>
<tr>
<td>Primary Examination</td>
<td>26</td>
</tr>
</tbody>
</table>

(Source: Annual Report of the PHC with GOI 1927 p. 220)

Dr. M.V. Webb has worked a lot for the promotion of the Agra Women’s Medical School and was principal of it for over ten years. She was succeeded by Dr. Morton. In 1932, 28 students were admitted and 15 appeared for the final examination 12 of whom passed. 35 students appeared for the Primary

53 Annual Report of the PHC with GOI 1924, p. 129.
54 Annual Report of PHC with GOI 1925, p. 158.
and Intermediate examination of whom all passed except three. A woman student gained the first place in the final examination of the State Medical Faculty passing with credit. The first and second places of the Primary Examination were also obtained by women students, 7 passing with credit. The condition of women students studying here was, however, far from satisfactory.

"The conditions for the women students in mixed schools, at least in Agra and Lahore, were far from ideal. Generally speaking the students in these centres were of poor in education than in other places. Though provision was made for their residence in hostels, their working hours were spent with men, who were unaccustomed to freedom among women and whose social customs did not breed respect for those who emerged from seclusion. Further, the women students were not influenced to any extent in their period of study by medical women as teachers, and the supervision in the hostels was not always adequate. The result was that many students were turned out poorly equipped, not merely in medical education but also in personality." 56

The Government of United Provinces in February 1940 has finally decided to raise the standard of Agra Women's Medical School to that of a Degree College. The entrance qualification has been raised to the intermediate standard with medical group of subjects and the course of study has been raised to 5 years. The standard of study, that was adopted, was on lines of MBBS degree qualification of the University of Lucknow and it was affiliated with Agra University. 57 The first year MBBS exam was conducted in April 1941. Agra Medical College was inspected by the Medical Council of India in 1940 and it confirmed the recognition of the MBBS degree of the Agra University.

Ludhiana Medical School
In the province of Punjab, Ludhiana Medical School and College for Women was a very old institution established by the missionaries and for many years it was the only one in India where girls were taught entirely by members of their own sex. Earlier there was a medical school at Lahore but with the progress made by the Ludhiana medical school the Punjab government decided to close the classes at Lahore for women and concentrate on Ludhiana as the Provincial

56 Balfour and Young (eds.). The Work of Medical Women In India, OUP, 1929, p. 111.
57 NAI File no. 43-12/40-Health EHL Department
Medical School. Besides the work of education among medical students, training for nurses, compounders and dais was also taken up at this school.

In 1923, three were 157 students on the rolls of which 2 students appeared for the membership examination of the State Medical Faculty and both passed.15 appeared for the Final Licentiate Examination of whom 12 passed.58 The next year there were 187 students on the rolls of the schools. 15 students appeared for the Final Licentiate Examination of whom 3 failed.59 Where as in 1925 there were 74 students on the rolls of the school and 77 percent of the candidates sent up for the final examination were successful.60 Out of the total 83 students on the rolls 9 students were successful at the Final Professional Licentiate Examination of 1926.61 The next year only 15 could clear the exam.62 "The work of the Punjab Medical School for women Ludhiana has progressed steadily. The number of new admissions of students in the Sub-Assistant surgeon class in the year under report has nearly doubled; viz. 33 against 17 in the year 1923. This shows that the just is gaining popularity and the possibilities of a medical career for women being is gradually realized by the enlightened sectors of the Public."63 There were 279 girls studying at CMC, Ludhiana in 1942-4364 and the following year there were 256 girls.65

The Director General, IMS, in a note about these schools said that "none of them have quite attained the desired standard and several are deplorably deficient, the two principal defects in most schools being overcrowding in the number of students and deficiencies in equipment."66 Major General A.C. Sprawson, CIE, DG, IMS has presented an report on the conditions of Indian medical schools in 1935. The condition of medical schools was found unsatisfactory. "...the low levels of some schools at least is reflected in the fact

59 Annual Report of the PHC 1924 with GOI p. 129.
60 Annual Report of the PHC with GOI 1925, p. 158.
63 Note on the Annual Statement of the dispensaries and Charitable Institutions of the Punjab: 1924
that there were instances when 50 students were being taught pathology with only 4 microscopes.\textsuperscript{67} Every school at that time was deficient in one or all of the very few requirements he deemed necessary. After the report of Major General C.A. Sprawson on the deplorable conditions of the medical schools in India, government decided to hold an All India Conference of Medical Schools to review the matter and take action accordingly.

**Conference of Medical Schools in India- 1938**

In 1933, when the enactment of the Indian Medical Council Act was in consideration, GOI consulted provincial governments as to the need of an enquiry into the standards of education for medical Licentiates.\textsuperscript{68} It decided to hold a conference consisting of the representatives of provincial medical councils and examining bodies, the provincial administrative Medical Officers and a representative of the MCI under the Chairmanship of DG, IMS.\textsuperscript{69} The conference was to discuss the aims and requirement of medical education as was applied to the school or diploma standard in their broader aspect and was to be concerned with details of administration or with minor refinements of the medical Curriculum only. The conference was to be merely of an advisory character and its resolutions were not meant binding. It was left to the discretion of the provincial Government for the formulation of their policy in the matter of Licentiate education. The conference was held 7-8 November 1938 at New Delhi.

The most important resolution was to convert all these medical schools in to medical colleges. For providing opportunities to the licentiates to obtain a university degree, the MCI in 1937 allowed certain facilities to them. They were required to undergo a further training of 12 months to 24 months commensurate with the licentiate qualification held by them after passing the first professional examination in Anatomy and physiology. No period for the study of these subjects was prescribed as they were expected to have acquired the same standard of preliminary scientific qualifications. After the completion

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\textsuperscript{67} C.A.Sprawson Report on Medical Schools in 1935, p. 25.
\textsuperscript{68} NAI File no. 43/33-Health EHL Department
\textsuperscript{69} NAI File no. 57-3/36-Health EHL Department
of the above training they were to sit for the final examination. Many provincial governments took steps to abolish the medical schools and raise the standard of licentiate to that of medical graduates as was resolved in the Conference. In 1941, Punjab government has decided to conduct a special exam for the same. A licentiate in Medicine and surgery of the University of Punjab in order to appear in the examination for the degree of Bachelors of Medicine and Bachelor of Surgery was to be admitted to a special examination for this purpose.\textsuperscript{70}

The Bhore Committee, which inspected many medical schools in 1946, felt that these schools were “.... most unsatisfactory, resulting in grave deficiencies in equipment, libraries, museums and laboratories. the majority of these schools cannot be considered satisfactory either from stand point of the clinical facilities available in the attached hospitals or from that of the number of teachers provided.”\textsuperscript{71} The MCI finally passed a resolution in 1942 to abolish all medical schools by 1947. Most of them were upgraded to medical colleges while the remaining few were abolished. Midwifery training was one of the items to be discussed and not much attention was given in the conference for it.

**Nursing**

Nursing is closely related to medical practice and they supplement and complement each other. Nursing can not exist without medical practice and thoughtful doctors in every country realize that good medical practice, whether in hospital or public health field, cannot exist without good nursing services. A nursing certificate was provided in 1854 for candidates failing to secure a diploma in the first midwifery school at Madras. In 1859, a hospital nurses institute was established at Calcutta and in 1871 a training School was started at Madras. In 1905 the ‘Organisation of Hospital Nurses’ was established which later on came to be known as ‘Trained Nurses Association of India’ and it had a membership of 1600 nurses in 1943. According to the report of the Health Survey and Development Committee of 1946 the number of registered

\textsuperscript{70} NAI File no. 57-7/41-Health EHL Department
\textsuperscript{71} Bhore Committee Report, 1946 p. 163.
nurses available in India was only 7000 i.e. 1 nurse to every 43000 people and there was great need of nurses than the doctors.\textsuperscript{72}

The training for nurses in India was mostly on the pattern laid down by the General Nursing Council of England and Wales. Nurses' training was also offered by all larger hospitals throughout the country. The training courses for nurses were usually of three to four years duration and the medium of instruction was English as well as vernaculars. The four years course included training in gynaecological nursing and in obstetrics. Sometimes it was compulsory for every nurse to have a combined sick nursing and midwifery training. The examinations were conducted by special examination boards appointed either by the Government or by the Provincial Nursing Council. Madras passed the Nurses and Midwives Act in 1929 constituting a Council and seven other provinces followed suit.\textsuperscript{73} The provincial councils mostly had officers to maintain the provincial registers of nurses, midwives and health visitors. The councils, in general, supervised the minimum standards of education and were responsible for disciplinary measures when required.

\textbf{Lady Hardinge Medical School of Nursing}

The Lady Hardinge School of Nursing and Hospital was established at Delhi in 1911 with 50 students and 150 hospital beds to commemorate the visit of Queen Mary and was officially opened by Lady Chelmsford in 1916. From 1925 to 1944, 40-50 students passed out regularly from this school. After completing 3 years of general nursing and 1 year of midwifery, students took their examination under the 'North Indian United Board of Examination'. In 1944 the Punjab Registration Council came into being and took charge of examination. It held a board Examination in 1\textsuperscript{st}, 3\textsuperscript{rd} and 4\textsuperscript{th} years of training and 2\textsuperscript{nd} year was the home examination. Till 1931 the Nursing Superintendent and Assistant Superintendent were responsible for taking classes. In 1932 Miss. Sherwood and in 1938 Miss. Bachana were appointed as tutors and took

\textsuperscript{72} \textit{Indian Medical Gazette}, April 1947, p. 216.
\textsuperscript{73} J.B. Grant, \textit{The Health of India}, p. 25.
charge of teaching. Ward sisters contributed a lot in giving clinical teaching and supervising the student's performance on the wards. 

In 1944 three student nurses were admitted to the Preliminary Training School in January of whom one remained to pursue the course. Nine were admitted in August and of these seven continued to be on the rolls. During 1945 examination results have been as follows:

<table>
<thead>
<tr>
<th></th>
<th>Preliminary Examination</th>
<th>Final Examination</th>
<th>P.C.M.B Midwifery Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1944</td>
<td>... 5 appeared, 4 passed and 1 failed.</td>
<td>...7 appeared, all passed.</td>
<td>...10 appeared, 9 passed and 1 failed.</td>
</tr>
<tr>
<td>October 1945</td>
<td>...10 appeared, 7 passed and 3 failed.</td>
<td>...7 appeared, 5 passed and 2 failed.</td>
<td>...11 appeared all passed.</td>
</tr>
</tbody>
</table>

(Source: Annual Report of LHMC 1944-45, pp. 33-34)

Indian girls from good class found no attraction for nursing profession and one of the main objectives was to attract and train them in this profession. The pay and allowances granted to the probationaries of LHMC was so low that it defeated the aim of the college to attract more women to take up nursing profession. The accommodation for the sisters was found to be unsatisfactory by Dr.C.L. Houlton, CMO, WMS in her inspection of the LHMC in 1938. The condition was no different even after 7 years. In 1945 Lt. Col. Dr. H.M. Lazurus CMO, WMS noted in the inspection report of the training institute “it is not surprising that the profession is unpopular in India if in the Imperial Capital nurses are asked to live under such appalling conditions.”

There was only one hostel i.e Lady Reading Hostel for nurses, and it was to accommodate one nursing superintendent, eleven sisters, 18 staffs, 66 student nurses, 6 dispensers and about 12 probationer nurses besides two house keepers. Student nurses, probationers and dispensers lived in dormitories with inadequate

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75 NAI File no. 38-2/38-Health EHL Department  
76 NAI File no.:35-1/45-E.I EHL Department
arrangements. Yet even after 20 years of the establishment of the college and hospital there was no Indian girl on its staff of nursing sisters.

**College of Nursing, Delhi**

The shortage of teachers in the training schools throughout India was very great. The teaching of student nurses was done by nursing superintendents and sisters who were already, were doing a full-time job in the hospital. The College of Nursing at Delhi grew out of a strong realization during the 1930s that it was vitally necessary for Indian nurses with experience as staff nurses or sisters to be given further training as sister tutors and in hospital administration.

At a conference of the ‘Trained Nurses Association of India’ held at Delhi in 1941 the following resolution was passed and it stated:

"That this conference of Trained Nurses Association of India assembled now in Delhi, 27-31 January, 1941 have unanimously agreed that for more efficient training of nurses and better nursing care of patients, a Post-Graduate College of Nursing was a urgent necessity. In the interest of the people of India there should be facilities for the higher education of nurses and health visitors; in order that they may become teachers of nursing and hold responsible administrative posts, for all of which special training is necessary. We, therefore urge the government of India to take the necessary steps to provide the accommodation and give financial support and to reader possible the opening of a Post-Graduate without delay." 77

A School of Nursing Administration was started at Delhi in April 1943 and it offered a course for nurses to qualify as certificated sister tutors and a course of study in hospital nursing administration. A committee comprising nurses, doctors and representative of the Delhi University worked out a curriculum for a training course leading to B.Sc (Honors) of the Delhi University. It offered a 4 year preparatory course which integrated the teaching of health and preventive medicine. The course had theoretical teaching, practical nursing experience in hospital wards and other departments, field work in Public health and midwifery. For first 3 years the school of Nursing Administration was housed in a portion of Lady Reading Health School and by 1945 that

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accommodation was insufficient and only in July 1946 the college of Nursing had started Functioning.  

In United Provinces three types of Diplomas were awarded to nurses i.e. Diploma in General nursing of 3 years, Diploma in Midwifery of 2 years and a combined diploma of 3 and 1/2 years. Various hospitals were recognized by the State Board of Medical Examination for the training of Nurses. Some of the hospitals giving training to nurses are as follows.

<table>
<thead>
<tr>
<th>Name of the Hospital</th>
<th>Course Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>King George’s Medical College, Lucknow</td>
<td>Nursing Diploma- complete course</td>
</tr>
<tr>
<td></td>
<td>Midwifery Diploma -1st Examination</td>
</tr>
<tr>
<td>Thomason Hospital, Agra</td>
<td>Sick attendant certificate – complete course</td>
</tr>
<tr>
<td>Lady Lyall, Agra</td>
<td>Nursing Diploma – 3yr of which 6 months in hospital with male ward.</td>
</tr>
<tr>
<td>Lady Dufferin, Agra</td>
<td>Midwifery – full course</td>
</tr>
<tr>
<td></td>
<td>Dai course- full course</td>
</tr>
<tr>
<td>Ramsay Hospital, Nainital</td>
<td>Nursing Diploma – Complete course</td>
</tr>
<tr>
<td></td>
<td>Midwifery Diploma- Complete course</td>
</tr>
<tr>
<td>European College Hospital, Massourie</td>
<td>Nursing Diploma</td>
</tr>
<tr>
<td>Dufferin Hospital Allahabad</td>
<td>Nursing Diploma</td>
</tr>
<tr>
<td>Dufferin Hospital, Cawnpore</td>
<td>Nursing Diploma</td>
</tr>
<tr>
<td>Dufferin Hospital, Luknow</td>
<td>Nursing Diploma</td>
</tr>
<tr>
<td>Dufferin Hospital, Banaras</td>
<td>Nursing Diploma</td>
</tr>
<tr>
<td>Dufferin Hospital, Aligarh</td>
<td>Nursing Diploma</td>
</tr>
</tbody>
</table>

There was a great demand for nurses always yet in 1943 there were less than 4,500 nurses throughout the country compared to 42,000 doctors. In England, there were at the same time 1,09,500 nurses and 61,420 doctors i.e. approximately 2 nurses for a single doctor. In most of the training institutes education was subordinated to the service demands of the institution which was providing the training. Pupils were considered much less as students than as service personnel. This fact limited the type of curriculum which was planned

78 ibid p 138
79 NAI File no 8 Health ‘B’ September 1925 EHL Department
80 J.B. Grant, The Health of India, p. 25.
and usually the time spent on theoretical teaching was small as compared to the
time spent on practice. Also practice was planned not according to the
educational needs but according to service demands of the hospital or other
agency. The demand of nursing service exerted unrelenting pressure.
The number of women in India who graduated from secondary schools and
universities was woefully small and very few women came forward to take up
nursing as a profession due to social stigma attached with the nursing
profession. Most of the candidates were Anglo-Indians and Domiciled
Europeans for a long time.

"Emphasis still needs to be laid on the great need for improve in the nursing staff and the
quarters for them in many of the hospitals. We can only repeat what has been said so
many times before, that if the nursing profession is to take an honourable and leading
place in the life of the country, then educated girls of good family must be willing to
come forwards in larger and large number to train and the local committees must sees that
the conditions of living and suitable for them; and they must not be expected to live in
quarters grossly over crowded or only fit for menials." 81

In 1936, the central committee of the CDF allotted to certain nurses training
schools grants from the silver jubilee money to enable them to make
improvements in the training of the nurses; and also grants to Dufferin
hospitals to assist them to build and furnish better nurse’s quarters. 82 Often in
schools of nursing they had only one member of the nursing staff who is also
the sister tutor. The sister tutors had the full responsibility of teaching students
even through they never had any special training in teaching. Thus a single
person was expected to give adequate teaching and supervise all students of 3
different years and it only meant very poor quality of training. Besides, the
teachers were over burdened with administrative and nursing duties. Thus they
had neither time nor energy for extra duties and education slipped into
background. 83

81 Abstract from the Annual report of the CDF 1939, Indian Medical Gazette, September 1940, p. 574.
Public Health Personnel

Doctors alone cannot handle the entire health care system, be it either curative or preventive. There is need of large number of assistants like midwives, dais, compounders, dressers, health visitors, sanitary inspectors, vaccinators etc. But the focus of present study would be on health visitors who were directly involved in administration and organisation of maternal health care. The training of midwives and dais, which was more successfully handled by the voluntary organisations, is dealt in detail in the previous chapter.

Health Visitors

Health visitors were appointed by the municipalities and charitable bodies for the supervision of dais and general health works. Their own work was supervised either by the Health officer or medical women specially appointed for the purpose. One important aspect of the work of health visitors was to supervise the indigenous dais. “A number of highly trained midwives are being turned out by the large hospital but one of the chief branches of maternity work is the endeavour to train indigenous dais in modern hygiene methods. This is being carried out to some extent in all the provinces by doctors, by voluntary societies or by health visitors. The best results are found when the training is in the hands of the health visitors; who can continue to supervise the dais and look after they are not to drop back again into their old ways.” By 1938, only 350 of 828 welfare centres were provided with health visitors in India. The health visitors training was based upon a midwifery course with an additional 12-18 months training in both in theory and practicals in MCW. Field training was given in both rural and urban health centres. The preliminary education qualification for health visitors was matriculation and its equivalent. The final examination was held by the Provincial Nursing Council or by authorities appointed by the provincial governments. The Health Visitors’ League was established in 1922. By 1947 there were training schools for health visitors at Delhi, Lahore and Lucknow in North India.

Lady Reading Health School

The first institute which trained health visitors in India was Lady Reading Health School at Delhi. The Countess of Dufferin’s Fund assisted by a small grant from the Government of India opened the Lady Reading Health School in November 1918. The school was opened with ten pupils, European, Anglo-Indian and Indian. These women received practical training in sanitation and infant welfare work under the health officer and the lady health visitors. They also attended lectures given by medical men and women on physiology, Infant welfare, tropical diseases, sanitation, first aid and home nursing. After six months of training, 6 passed a final qualifying examination. Those who were not already qualified midwives were required to complete their midwifery training in recognized hospitals. These women later on took up posts under Municipalities and Charitable bodies for the supervision of dais and general health works. “Lady Reading School for Health Visitors is doing excellent work in training girls of better classes—who came from all over India as health visitors. There is a great demand for Lady Health Visitors and the school.”

Although LRHS was a prestigious institute giving the training to health visitors for about a decade its diploma was not recognized in many provinces in India. The school was managed by a committee of which the chairman was the Public Health Commissioner with the Government of India and the members included the Assistant Director of Public Health, Delhi Province, the Medical Officer of Health, Delhi and the Director of the Maternity and Child Welfare Bureau, Indian Red Cross Society. It was further strengthened by the inclusion of Educational Commissioner in 1937. In addition the LRHS was granted annually Rs 6,000 from the GOI and it was under the control of the Director of Public Health. Examination work was conducted by examiners who were competent to see that students attain a proper standard of knowledge, both theoretical and practical and in fact two of the examiners were members of the WMS. The school had, therefore, a considerable degree of official recognition

86 Public Health Report on Delhi Province for the Year 1931, p. 29.
87 NAI File no. 59/1/37-Health, EHL Department
and a status. Yet the diplomas issued by the school were not recognized in many provinces for a very long time as they were signed by the Public Health Commissioner with GOI as ‘Chairman of the School’ and not as the Public Health Commissioner. 88

The registration of the Lady Reading Health School Diploma under the Nurses, Midwives and Health Visitors Registration Acts in the various provinces was possible only if the diploma was granted by a Government Department instead of by a voluntary committee. The secretary of the school therefore suggested in 1937 having the diploma signed by the Public Health Commissioner as such to give it the required government recognition. After an official inquiry and lot of deliberations the proposal was accepted in the same year. For many years Lady Reading Health School was the only institution training Health Visitors in India. By 1938 there were 6 schools at Delhi, Lahore, Madras, Nagpur, Poona and two more were proposed at Calcutta and Lucknow. 89

Short Term Course for Licentiates

Besides the training of the Health visitors a short term course in MCW for Licentiates was also conducted at LRHS. The greater part of MCW work was carried on with the help and often under the direction of women doctors. Most of them had no training for it and the provision of a course for graduates at the AIIHPH was the first step taken towards this direction. This had actually done very little to meet the problem as only women graduates with MBBS degree were trained. After training, even if available, these doctors were too expensive for most local authorities or voluntary organizations to employ and most of the MCW welfare work was left to a large extent in the hands of Sub-Assistant Surgeons.

One of the resolutions passed at the 29th conference of the All-India Medical Licentiates Association held at Gauhati on the 24th and 26th December 1938 was that the licentiates be allowed for the diploma course at AIIHPH. 90

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88 Ibid
90 NAI File no. 18-4/39-Health, EHL Department
many reasons the suggestion to lower the standard of admission to the Institution of Hygiene course was not accepted and a very short course in that institution for sub-assistant surgeons was not possible due to the shortage of funds. However, LRHS recognizing the genuine need came forward to provide the same with some help from other institutions in Delhi. There was always a certain amount of accommodation and teaching material readily available at the School from April 15th to July 31st, when no classes were held.

There was a proposal for a course of four months training for sub-assistant surgeons in MCW work at the Lady Reading Health School, Delhi and on 26th May 1937 Additional Deputy Secretary accepted the proposal. The course constituted both lectures and practical work in MCW work for women doctors at the school and at the welfare centre attached to the institute. This course was held in alternate years depending on the demand for it. A certain number of scholarships for the course were also available from Maternity and Child Welfare Bureau funds, which at Rs.50/- per month for four months amounted to Rs.200/- per student. On completion of the course an examination was held and a certificate was awarded to successful candidates. In the first year fourteen applications for the 12 vacancies were received. (UP 5, NWFP 2, Mysore state 1, Holker state 1, Orissa 1, Delhi 1, Bombay 2, and Punjab 1) The selection of candidates was made on February 29th 1940 and the course in

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91 Ibid
92 The short term course at LRHS included the following lectures and practicals.

**Lectures:**
- Organization of MCW: 8
- Ante Natal and Post Natal Care: 10
- Infant and Child Care: 8
- Diseases of Children: 8
- Hygiene and Public Health: 16

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**Practical work**
- Clinic attendance twice weekly at the Ramchand Lohiya Welfare Centre (Dr’s consultation clinics).
- Hospital antenatal clinic, postal clinic and V.D. clinic (Lady Hardinge College Hospital or other women’s hospital in Delhi).
- Children’s ward, Lady Hardinge Hospital (one day a week).
- Other practical work, attendance at Tuberculosis clinic, Delhi, New Delhi Municipal Maternity and child welfare centre, deaf and dumb school, school medical inspection.
MCW for sub-assistant surgeons was held for the first time Lady Reading Health School from April 15th to July 15th 1940.

Punjab Health School

The Punjab health school was run as a private concern constructed and financed by the Punjab branch of Lady Chelmsford League.\(^93\) The Government has taken over this school with effect from 1st April 1927 and 8 students were admitted to the school and all of them passed. Most of these health visitors were employed by the local bodies to run the MCW centres.\(^94\) This school was later on rebuilt and enlarged to accommodate 24 students each year.

GMC and Non Recognition of Indian Medical Degrees

In the first quarter of twentieth century the Medical Council of Great Britain felt uneasy about the low standards of midwifery training imparted to Indian Students. As the arrangements and requirements with regards to midwifery course was not satisfactory the GMC felt that a diploma in midwifery was not a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of midwifery with in the meaning of section 13(i) of the Medical Act, 1886. Executive Committee of the General Council of Medical Education and Registration of the United Kingdom in 1921 passed a resolution for non-recognition of Indian medical degrees till necessary requirements were fulfilled regarding the midwifery training.\(^95\) It also meant that the students would be unable to take up courses of post-graduate instruction in Britain and under the then existing regulations they were not even eligible for admission to the Indian Medical Service.

After lot of protest a detail report was sought on the standards of midwifery training imparted in all the medical colleges in India and Sir Norman Walker was sent for the inspection. The recognition was to be continued in respect to any recognized Indian degree or diploma which was satisfactorily shown to

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93 Dr. Hilda Lazarus ‘The Sphere of Indian Women in Medical Work in India”, in Gedge and Minoski (ed:), Women in Modern India, Bombay, 1929, p. 56.
95 Indian Medical Gazette, October 1921, p. 384.
offer the statutory guarantee of proficiency.96 This gave an opportunity to the Indian universities to set their house in order and they hoped to use it as a lever to enable the medical colleges to obtain from their respective governments improvements in the facilities for teaching midwifery and standards of midwifery training imparted.

This whole development has once again raised the question of the establishment of an all India Medical Council. Very long deliberations have taken place over years for an Indian Medical Council. The first Provincial Medical council was established in Bombay in 1912 and since then various councils have been established in all the provinces. The function of the Provincial council was to regulate the practice of scientific medicine without interfering with the indigenous system. The councils maintain a register of qualified practitioners, supervise medical education, inspect examinations and exercise disciplinary powers over medical practitioners. The provincial council also advised local government in regard to recognition of various medical qualifications. In 1922 though majority of provincial governments were in favour of establishment of an All India Medical Council the GOI themselves decided not to proceed with it for financial reasons.97

The establishment of IMC meant setting of an organisation autonomously to regulate the standards of medical qualification and to determine the terms on which medical qualifications acquired abroad shall be recognized in India. The Indian Medical Council Act was finally passed in 1933 and the Indian Medical Council was constituted in February 1934 along the lines of GMC of Great Britain. Major General C. A. Sprawson, IMS was nominated its first president. The Council, however, neither maintained a register nor exercised disciplinary powers, which were functions of the provincial councils. Its two fold responsibility was to maintain a uniform minimum standard of university medical qualifications for British India; and to further the recognition of these

96 Indian Medical Gazette, February 1922, p. 63.
97 NAI File no. 63-101 Health 'A' September 1929 EHL Department
qualifications outside of British India with the reciprocal recognition in British India of approved qualifications. 98

Immediately after its constitution, in order to have uniformity in the standard of medical training imparted to students, the council took up the task of guiding the institutions in the matter of medical education. In 1934, to maintain a uniform standard of medical degree all over the country, the MCI took over the work relating to inspections of the standards of examinations and the facilities for training available at the associated hospitals. In March 1935 the council adopted recommendations on professional education for the guidance of the universities and accordingly a period of 5 academic years was prescribed as the period of study comprising the medical curriculum with the provision that the last 3 years should be spent in the study of clinical subjects. In 1946 Bhore Committee report it was noted that the inspection of some of the medical colleges by the respective universities was not up to the mark.

"Some universities have been more strict in the control of the medical colleges under their charge than others. On the whole, we consider that there is need for more efficient supervision and control of academic standards in these colleges by the universities concerned. A university has the power to send periodically an inspection commission to report on the working of the colleges under its control and at least the Universities of Bombay and Madras have in the past sent such commissions. 99"

For providing opportunities to the licentiates to obtain a university degree, the council in 1937 allowed certain facilities to them. They were required to undergo a further training of 12 months to 24 months to commensurate with the licentiate qualification held by them after passing the first professional examination in Anatomy and physiology. The Council passed a resolution in 1942 to abolish all medical schools by 1947. Most of them were upgraded to medical colleges while the remaining few were abolished.

Medical Education Shortcomings

The first and foremost shortcoming in the medical education for women in India was lack of women students who were matriculates. The female literacy

99 Bhore Committee Report 1946, p. 163.
rate was very low and due to the social stigma attached to medical profession in Indian there were very few students who came forward to take up the medical courses. The following table shows that there were very few candidates who were qualified enough to join degree course in medicine.

Statement showing the number of girls studying at various universities who were likely to join LHMC in 1931

<table>
<thead>
<tr>
<th>University/Board</th>
<th>No of girls and women following courses which would qualify them for admission to a course for a medical degree</th>
<th>No of girls and women who are likely to join a medical degree at the</th>
<th>No of girls and women who are at present studying for a medical degree in each Medical College in India</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No of Junior Intermediate class</td>
<td>In Senior Intermediate class</td>
<td>Provincial Medical College</td>
</tr>
<tr>
<td>Calcutta</td>
<td>16</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Bombay</td>
<td>-</td>
<td>36</td>
<td>8</td>
</tr>
<tr>
<td>Madras</td>
<td>128</td>
<td>73</td>
<td>Information will be available in July</td>
</tr>
<tr>
<td>Punjab</td>
<td>25</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mysore</td>
<td>10</td>
<td>6</td>
<td>No Information</td>
</tr>
<tr>
<td>Rangoon</td>
<td>7</td>
<td>13</td>
<td>No Information</td>
</tr>
<tr>
<td>Nagpur</td>
<td>-</td>
<td>4</td>
<td>No Information</td>
</tr>
<tr>
<td>Andhra</td>
<td>6</td>
<td>8</td>
<td>No Information</td>
</tr>
<tr>
<td>Board of High School &amp; Intermediate Education, United Province</td>
<td>10</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>202</td>
<td>194</td>
<td>22</td>
</tr>
</tbody>
</table>

(Source: File no 1-10 Health 'A' proceedings July 1931)

Research

Research demands a great degree of time and commitment besides funding. In tropical medicinal research the subject of maternal care hardly received any attention. “The only comment I feel bound to make is that the professors of fundamental subjects (Anatomy and Physiology) too often regarded them as mere stepping-stones to the Clinical Chairs; and as a consequence little research work was done in India in these subjects.”

100 Sir Norman Walker Report 1927, Appendix ix, p. 4.
and with a considerable degree of truth that scientific research work and knowledge of disease in India has far outstripped its practical application throughout the country. Whatever scanty research was done by the voluntary doctors could never get a chance of practical implementation and findings were often left out as mere research papers. To apply medical and public health research in society "requires wise and foresighted statesmanship and legislation and calls for the exercise of the highest and best features of individual and national character. It demands a certain status of economic development of the people and certain standard of education throughout and above all an understanding of the value and the possibilities of human existence and a constant desire for improvement and betterment."\textsuperscript{101} The AIIHPH had research provision but there was no research taken up due to the great demand of the teaching job at the MCW section.

**Lack of Teacher Training**

No special facilities were available in the universities for the training of teachers in different subjects of the medical curriculum. Teachers were of low standard of training and often teachers and demonstrators were appointed in the posts for different subjects in which they have no sufficient knowledge nor experience. In India "the appointment of young professors whose teaching experience is small, whose training as teachers has been short and sometimes carried out under conditions not likely to give the best results. The more experienced and travelled Indians are realising that teachers require to be taught, and that it takes a long time to become a really efficient teacher."\textsuperscript{102} Some of the teachers were also handling the post of medical officers of the big hospitals attached to the schools and for that; beside the pay of their grades a decent allowance was sanctioned. Yet due to the job pressure in the hospitals they devoted as little as possible for clinical lectures. This caused lot of pressure on the teachers. In 1929, question was raised by Sardar Gulab Singh in Legislative Assembly regarding the dual jobs of teaching and nursing of the

\textsuperscript{102} Sir Norman Walker Report 1927, Appendix ix, p. 5.
Principal of Lady Hardinge Medical College and pointed out that it was too much for a single person to do justice for both the jobs. Besides this most of the teachers had their own private practices and even LHMC principal admitted to seeing private patients at her residence. "It is further alleged that more time is devoted by the staff to earn money through private practice and it is conveniently forgotten that the first duty of the members of the teaching staff when they are fully paid is to keep with their pupils and train them in their profession." 

Medical Council of India

The Medical Council was established for registering the names of qualified practitioners in the register maintained by it and taking disciplinary measures against those who were guilty of professional misconduct. Before a new school was affiliated to the State Medical Faculty a recommendation was necessary from the Medical Council, which deputes some members to inspect the school for formal recognition. Besides this there were no periodical inspections of all medical colleges and schools like in the Education department of Government. The State Medical Faculty was practically limited to examining the students by the examiners appointed by that body and granting certificates to the successful examinees. Earlier the GMC held strict inspections which enabled the colleges and schools to maintain certain standards of education. Among 30,000 workers to look after ailing countrymen, only 10,000 belong to the category of graduate and the rest to the order of Medical Licentiates. Yet the larger and major group of this profession was debarred from entering into any part of position which carries responsibility.

Though there were many draw back in the medical training imparted at the institutes, the period between 1920-1947 marks great progresses in medical education in India. The growing popularity of it is also reflected in the growing number of students and the ever increasing demand more institutes and courses.

103 NAI File no. 70-72 Health 'B' April 1929 EHL Department
This period also marks the recognition of the Maternity care and midwifery as a very important subject of teaching.

Conclusion

Medical education institutes were very few in India and of these there were very few which were open for women. The social taboo associated with the medical profession prevented girls from pursuing medical education. As regards to research, even though there were many diseases of women unique to India there was hardly any research on them. What ever research was conducted was the occasional service of honorary workers. The only funded research opportunity was at AIHPH. And the two WMS doctors working here were too burdened with teaching, administrative work etc to undertake any research. The opening and running of the Maternity and Child Welfare Section at AIHPH shows the secondary treatment meted out for Women's Health issues. The MCW section from inception was in crisis and it is due to the initiatives of CDF and Indian Red Cross society this section was able to survive.

The medical colleges at Lucknow and Lahore being mixed colleges had very few girl students. The practical midwifery classes here faced problems due to the custom of purdah. Students often passed out with no or little practical knowledge of midwifery. As discussed in the previous chapter, these doctors when were in charge of hospitals and dispensaries they failed to organise or direct effectively the work concerning childbirth and its complications. They were unable to co-operate with women doctors working under them. LHMC study shows how despite being a coveted and prestigious institute for medical education of girls, was faced with problems of finances, shortage of staff. The main objective of the college was threatened when government seriously considered to convert it into a co-educational institute. The report of Sir.Norman Walker and Col. Needham on the condition of medical education in these colleges show that each of these colleges was lacking in some provision or the other and that they were not fit for recognition by GMC.
Medical Schools were under provincial governments and for a long time they were functioning in isolation with no central body to regulate them. As the local governments were in shortage of funds the medical schools did not have sufficient equipments, staff, laboratories, hostels etc. Nursing training was mostly done by the voluntary agencies and there were very few Indian girls who came forward to take nursing course. The training of health visitor programme was very popular and significant but for about a decade the diploma of Lady Reading Health School was not recognised in many provinces of India.

Though the medical educational institutes had many deficiencies, all the institutes tried to improve the standards of education. The establishment of LHMC, an exclusive college for girls, itself was a major step towards the promotion of female medical education. The increasing number of Indian students at LHMC reflects the growing popularity of medical education among Indian girls. The demand by the licentiates for Health Visitor training shows the recognition of the importance of that degree. Above all the formation of Medical Council of India marks the regularisation and standardisation of medical education and registration of Doctors in India.