CHAPTER II

MISSIONARIES AND MEDICAL WORK IN INDIA
The missionaries played an important role in the establishment of health services for the women of India. They came to India long before they got into the medical field to take care of the health needs of the Indian people. They settled down in a foreign land primarily to spread Christianity, and medical activities were recognised as one of the best ways to reach out to the people who otherwise hesitated to come in contact with the missionaries. This chapter focuses on the historical factors that directed missionary attention to the need for getting into the medical field and their attitudes towards the Indian people in general and health care providers in particular. It also explores their contributions to the emergence of maternal health services in India and some of the internal contradictions that existed within the missionary institutions.

MISSIONARY ACTIVITIES - THE BEGINNING

The missionaries have a long history of association with India. There is evidence to show that the first Christian missionary to reach the country had been St. Thomas. There is also evidence that a Church was established in Malabar during the early centuries of the Christian era. The Roman Catholic Missionaries came around 16th century and operated mainly in the areas under Portuguese control. The concentration of their activities was around the coast. By the end of the 18th century, Roman Catholic Missionaries initiated several mission activities in the West Coast, in South India and in lower Bengal. By 1706, the Protestants had started their missions on the south coast, and Tamil Nadu was a scene of remarkable international missionary activities.¹

There is also evidence to show that virtually no Protestant missionary existed in Northern India, and the work in this part of India was started by the Baptist Missionary society—the first of a ‘new wave’ of societies founded in Britain under the influence of Evangelical Movement in the last decade of the 18th century. Evangelicalism with its emphasis on conversion,² stressed the need to learn the language of the people. The usefulness of knowing people’s customs and practices was fully recognised by the missionaries. They also took a lot of interest in social matters and investigated and agitated against some of the social practices, such as sati and female infanticide. The organisation of activities around these common causes turned out to be very crucial for establishing them in India.
The impetus to missionary activities came from the individual initiative of missionary workers. Charles Grant, from a leading Anglican Evangelical Society, was instrumental in the establishment of missionary activities in India. He had served East India Company for twenty-two years in Bengal and he was responsible for directing the attention of his fellow-evangelicals towards India. On his return to England in 1790 as well as 1792, he wrote many pamphlet where he painted a very gloomy picture of Indian social life, which he believed had been fundamentally corrupted by Hinduism and Islam, and could only be reformed by the introduction of Christianity. His fellow evangelicals accepted his viewpoint. When the Company’s charter became due for renewal by Parliament in 1793, a clause was introduced which proposed to send ‘school masters and missionaries’ to India. It was passed through the thinly attended House of Commons, but was withdrawn subsequently as a result of criticism in the Court of Proprietors of East India stock. The members, who argued against the proposed introduction of clause, expressing their apprehension that it was hopeless to try to convert the Indians, as they were strongly attached to their religions, and any attempt to spread Christianity would arouse Indian sentiments and therefore endanger British rule.

The Company had provided chaplains for its settlements in India and they were essentially for the benefit of its European servants, though the charter of 1698 encouraged them to give some attention to Indians also. But in actual practice the Europeans showed little interest in the missionary work. During the 18th century, most missionary settlements tended to have an easygoing existence redeemed by philanthropic activities such as schools and orphanages. The religious observance did not weigh heavy on British community in India. It was confirmed by the Governor General (Wellesley- 1798-1805) that Christianity was the religion of the government and he had issued orders for the better observance on Sundays and regular attendance at Church by the British Community. A procession through the streets of Calcutta to the Church marked the 'inauguration of the Christian religion' as the religion of the rulers of British India.

In the early 19th century, a committee of Church Missionary Society—an Anglican Evangelical body—was formed in Calcutta. Its purpose was to give impetus to the movement for spreading Christianity. Meanwhile, the influential people like Charles Grant pressed on Court of Directors to appoint more Evangelicals as Chaplains. The
strength and effectiveness of Evangelic was gauged by the ability to baptise more and more Indians. One of the memoirs of Evangelist (Daniel Corrie), who worked in Chunar and Kanpur, shows that during his stay of 16 months in India he baptised 71 converts from Hinduism and Islam.  

A vigorous inter-denominational campaign was organised in the first decade of the 19th century, under Evangelical leadership, to ensure that the position of the missionaries was regularised. But there was apprehension in the minds of Company's officials that missionary work might antagonise Indians and endanger British interests. It was feared that it might suggest that British authorities were planning to convert them to Christianity. This apprehension had been sharpened by the mutiny of sepoys at Vellore, which took place in 1806.

The officials did not want to project an image that missionary activities had their full support. On 7th September 1808 the Court of Directors sent out a dispatch that said, “we are anxious that it should distinctly understood that we are very far from being averse to the introduction of Christianity in India, or indifferent to the benefits which would result from the general diffusion of its doctrine; but we have a fixed and settled opinion that nothing could be more unwise and impolitic, nothing even more likely to frustrate the hopes and endeavours of those who aim at the very object.... than any imprudent or injudicious attempt to introduce it by means which should irritate and alarm their religious prejudices....The paramount power which we now possess in India...imposes upon the necessity ...to protect the native inhabitants in the free and undisturbed profession of their religious opinions, and to take care that they are neither harassed nor irritated by any premature or overzealous attempts to convert them to Christianity” (emphasis added).

So the missionaries decided that they no more required the Company to bestow its official patronage on missions, though religious pressure on company continued to grow, and each time it became much stronger and organised than earlier. A clause was introduced into the Charter Bill in 1813, which in effect permitted missionaries to function under the auspices of their societies, thus the Government adopted a policy of religious neutrality. The tempo of missionary activity increased immediately; during the next decade. The Baptist, London and Church Missionary, and Missionary Societies from
America, all extended their support or began operations in Bengal, Bombay, Gujarat, Konkan etc.. The missionaries position became much more stronger after 1833, when the new charter allowed unrestricted permission for citizens of all nations to take residence in those parts of India that were under the British control. Before this the Company had the power to issue license to Europeans to reside in that part of India that was under their control and also to deport them if considered necessary.

The missionaries' activities first concentrated on teaching the elements of Western learning and Christianity through the medium of the vernaculars. They also started some schools for girls. The evangelistic methods included vernacular preaching and circulation of written material from the Bible. These were translated into over 50 Indian languages.

The British government in India did not wish to antagonise the local rulers. So, it began to modify its policy of trying, in a very half-hearted way, to revive traditional Muslim and Hindu learning. Such attempts were to ensure Indians that government was interested in the welfare of the natives and was appreciative of the rich Indian tradition. Governor General, Warren Hasting founded Madarsa—a college for Muslim—at Calcutta in 1781, and in 1791, a British Resident established a Sanskrit College for Hindus in Banaras.

Though the patronage of traditional learning had been, one of the functions of Indian rulers, such attempts from the British Government encountered criticism in Britain, especially from Evangelicals and also from Utilitarian. Both wanted an education designed not to revive past glories, of which they were highly sceptical, but to radically transform India. In the early 19th century, some concessions were made to the reformers in the 1813 Charter Act that empowered the Government to spend some money out of the surplus revenue on education—modern western as well as traditional. But pre-occupation with war did not leave any surplus money to be spent on education during the early 19th century.

The first few decade of 19th century witnessed increase in the educational activities. Missionaries, British government and the influential Indians, all worked towards the establishment of schools. The British hoped and believed that western
studies might be grafted on to traditional oriental learning, but patronage was mainly
directed towards the former in practice. Many schools came up during that time, each
having its own system of teaching and each imparting education depending on their
belief. The Indian elite founded Calcutta School around 1817-1818, Hindu College was
opened in 1817 and its founders were a group of Bengalis who were beginning to realise
the potentialities of modern European learning in India. Not only missionaries or British
Government but influential Indian people also took up the task of education of the
Indians.

The Charter Act of 1813 not only paved the way for missionaries and committed
the Government to support education, but it also provided for the establishment of a
Bishop in Calcutta and three archdeacons for the Presidency cities of Calcutta, Madras
and Bombay; to be maintained out of the Indian revenues. Though aware of the
criticism by some sections in India, the missionaries pointed out many shortcomings in
the Indian social system and the need for enlightenment by the missionary work.

NEED FOR MEDICAL WORK FOR MISSIONARIES

The medical work in a mission was a part of the general missionary work in the
same sense as that of education. But medical missionaries had an advantage over other
missionaries, as it relieved the people of real suffering. Dr. Edward Chester, a medical
missionary of Mudura Mission wrote, “Need I speak of the value of medical mission
work, how it opens the doors of almost every Hindoo or Mohammeden dwelling to the
free entrance of the medical missionary; how it gains the affection and disarms the
prejudices of the village people, who, from 500 and more different villages, ... how it
thereby gives to the workers on the itineracy quite and attentive audience; how it brings
hearers by the twenty or thirty thousand each year to the dispensary to hear the gospel
again and again...”

The Missionary work in the field of medicine was consolidated in early 20th
century, but its seeds were sown in the 19th century, or much earlier. It was as early as
1783, when medical work was started in India. Dr. John Thomas came to India first as a
ship’s surgeon in 1783, later joined the English Baptist Missionary Society. In 1819, Dr.
John Scudder settled in the Madras Presidency to establish the Arcot Mission. Medical
work at Neyyoor in South Travancore was started in 1838. The dispensary was looked after by a layman (not a medical man) of the London Missionary Society.\textsuperscript{15} It was only in 1852 that the first qualified missionary, Rev. C. Leitch took charge of the medical work. Dr. Elmslie of Christian Missionary Society started medical work in Kashmir. In Nagpur, Gantur, Madras and Poona, women built up hospitals for their respective missionary societies. The hospitals run by women for women outnumbered those looked after by men by nearly three to one.\textsuperscript{16} The dispensary was the starting point in the development of mission work. Every mission hospital had at least one dispensary for the treatment of outpatients. At some places missionaries also worked with lepers.

One of the missionaries, C. Rainy, who travelled to India, quoted the experiences of an archaeologist − Dr. Burger, and wrote that medical mission should be more extensively tried in rural districts of India. Quoting Dr. Burger's experience, she emphasised that a person who could 'heal the sick' would have a great advantage in preaching the gospel. Dr. Burger tried carrying a few simple remedies with him and he was able to gain the confidence of the people.\textsuperscript{17}

Medical work was an important aspect of all missionary activities. It not only relieved the suffering but also helped them to spread the message of God that was so very important for the missionary settlements in India. Medical missionary has been defined as one who takes the fruits of Christian Era as exemplified in Modern Medicine and thus seeks to plant the roots of Christianity in nations and among peoples who are ignorant of its doctrines.\textsuperscript{18} Another missionary had defined it as 'Clinical Christianity'.\textsuperscript{19}

The benefits of medical missions as a pioneer agency have proved themselves so great as to form an argument for the immediate and widespread increase of this method of work. Time and again doors closed against the ordinary missionary had been gladly opened for the healer-preachers. It was pointed out by Church Missionary Society that it had tried to establish itself in Kashmir twice but failed at both the occasions. Then, a medical missionary, Dr. Elmslie was sent and gradually as a Surgeon he broke down the prejudices and it became a most successful missionary station in the subsequent years.\textsuperscript{20}
The medical missionaries were able to penetrate the places of religious opposition, break race and caste barrier to some extent. Though, castes were very sensitive issues even for them to tackle, but as far as lower castes were concerned they were able to win them over. With their dedication and tireless work they were able to come closer to the rich elite as well. It took much more time and persistent effort on the part of missionary workers to win over the influential Indians.

In fact Dufferin Fund's establishment also owes its gratitude to the missionary's work. It was Miss Beilby, a medical missionary, who conveyed the message of the wife of an Indian ruler to the Queen of England that India was in great need of women doctors from England. Miss Beilby worked in Punna, about 100 miles from Lucknow. She had treated the wife of the Maharaja who was suffering from a serious and long illness. Her speedy recovery developed into good friendship. Before leaving for England to take her medical degree, Miss Beilby went to meet the wife of the Indian prince to say good-bye. The wife of the maharaja said, “You are going to England and I want you to tell the Queen and the Prince and Princes of Wales and the men and women of England, what the women of India suffer when they are sick. Will you promise me (to convey my message)” She asked Miss Bielby to write the message and put it into a locket and to wear it around her neck until she met the great Empress. It was her message that was conveyed to the Queen of England who directed Lady Oufferin do something to relief Indian women from the suffering. Lady Dufferin on her arrival to India got actively engaged in setting up of a ‘National Association for Supplying Medical Aid to the Women of India’ or the Dufferin Fund.

Missionaries realised that to reach and aid the women, medical skill and Christian sympathy was needed. The conviction grew in the minds of missionaries that there was a great demand for educated medical women. It was realised that through medical work people might listen to the message of gospel.

Rev. Dr. Dwight had been a missionary for many years in Turkey. He wrote to one of the lady missionaries in India in 1852 that, “I want to say to you that I am sure that female missionary physicians is the right stamp, would be most important auxiliaries to the mission work in this part of world. It is my present belief, that well taught female physician in this place would find access to the families of all classes of people, not
excepting the Mohammedan, and she would not find time to attend to one quarter of the calls that would be made upon her professional services. I long to see the experiment made among us”.22

The missionaries from different parts of India usually shared their experiences with other missionaries and stressed the need for more medical missionaries. Mrs. Thomas was a missionary in Bareilly. She wrote a letter to her friend stressing the need for medical missionaries. This letter was read at a meeting of missionaries in America. She wrote that, “Through this medium of medical work I am sure, we will gain access to the zenana in Bareilly, which as we have not been able to accomplish to any extent. The doors of the better classes here are closed against us, and I know of no more effectual ways to open them than through the work of a lady physician. I was assured by the native gentlemen, Lachan Narain, that it would be the means of bringing together European and native ladies as nothing else would ever do”.$^{23}$

Medical mission work not only brought them closer to the local people, local people also started extending their full support to the missionary work by way of providing money or land for their work. Co-operation and help from the local people did not come immediately. In some cases it was medical relief and in some other cases it was religious preaching that brought them closer to missionary workers (like in the case of Clara Swain). The maharani of Rampur was greatly impressed by Clara Swain and the treatment provided by her. She was also impressed by the Bible that she read of and on. Other missionary workers have also reported the help and co-operation of local people. For example, a missionary from Nainital, who had started medical classes for native women reported that, “A Hindoo banker who has till now, never given a pice (small amount of money) to our mission, now lends hundreds of rupees to Dr. Humphrey whenever it is needed to carry on the work, without interest, and has helped in the support of the class and to erect a building for them”.$^{24}$

The leading journals also carried the success stories of the missionary work in India. Such stories encouraged missionaries in other parts of the world to experiment with their experiences to be successful in their mission. One such story of the Bareilly Mission Zenana Hospital appeared in the Journal of the Association of Medical Women of India in 1912, regarding Clara Swain’s work in the 19th century. This event showed
that in spite of the reputation of being tough and an enemy of Christianity, the Newab was won over by them and he agreed to offer all help and even donated the prime land for hospital free of cost. This, in a way, was a message to others to continue their efforts without losing heart. The missionaries had gone to Rampur to request the Nawab to give a piece of land for hospital, which was next to dispensary in Bareilly. The scene has been described by Mrs. Thomas as follows, "...The minister then told Mr. Thomas (missionary from Bareilly) to make his request...He said he wanted to procure, upon some terms, the estate belonging to him (Nawab) in Bareilly, for the purpose of building a hospital for women. He had proceeded only so far, when his highness graciously smiled and said: ‘Take it; take it, I give it to you with much pleasure for the purpose’. We were taken aback; the gift came so freely that there was nothing to say except to express our thanks to the generous giver. All Mr. Thomas’ fine speech and arguments, which he had been getting up in his best Hindustani for a week, were of no use...". 25

In a number of places medical work began along with evangelistic and educational work as part of the whole programme of the mission. Some missions had very specific objectives, and the selection of a place was determined by their additional motives. For example, medical work became an aid to win their way among the hostile tribes. Similarly, Brindaban was selected by Dr. Scott of the Methodist Episcopal Mission as thousands of widows came there to spend their time in devotion while they waited for death. Two hospitals - the Methodist Episcopal in Baroda and the Church of England in Sialkot were so placed as to serve Christian boarding schools, though they served a wider circle as well. 26 Miss Hewlett was a medical missionary worker who took up the task of training of traditional dais. She stationed herself in Amritsar in Punjab after she received partial training from some Dr. Griffith of London. She worked with close association with the civil surgeon of that area. Medical missionary work not only brought them closer to the local people but also proved to be of great value for the medical experience. While engaged in the training of traditional dais, Miss Hewlett identified cases that could be attended by the civil surgeon - cases that were of real academic value to the medical profession. Not only this, she was also able to develop good relations with the ladies of high class in India.

So, it is apparent that the medical work not only influenced the local people but also helped greatly in the expansion of mission work. At the same time it provided
medical missionaries the required medical experience needed for further studies. Many of the missionary workers took full medical education after working a few years in India.

The medical work provided unique opportunity to come closer to the local people. The medical missionary work was different from the other missionary work as “...medical mission work in all its branches...regards healing of a body as a means to one great end. In the eyes of the medical missionary, the hospital over and above ... affords peculiar opportunity for soul-winning, and it is for this reason that high caste Hindu and Mohammedan (Muslim) women — the purdah aristocracy, ... are debarred from the benefits of its ministration”. 27 The missionaries knew that many Indians did not like their wives to be treated by those who preach some other religion, but this did not deter them from continuing their efforts. The missionaries were confident that their services were far better than the services available to the women of India.

NEED FOR WOMEN MEDICAL MISSIONARIES

The credit of starting education for girls in India also goes to women missionaries. It was at the insistence of Rev. H. Ward, a Baptist Missionary, who had been in India for quite some time, that ladies of Liverpool formed the Society for Promoting Native Female Education in the East. To start with, only eight schools for girls were started in Calcutta. In the course of time other schools were established by private enterprise. "So rapid, indeed, has been the development of female education in India, that the Indian Universities actually threw open their degrees before any English University could do so. The University of Madras threw open its degree in 1876, Calcutta followed in 1878, and it was not till 1879 that the University of London accorded them the same privilege”, 28 reported Mrs. Chapman.

Missionaries who had been engaged in the educational work had come across suffering among Indian women that they were unable to cure. There were very few missionaries with medical knowledge, but they could not reach all the women who needed them. It was soon realised that to reach out to the women, the woman medical missionary was the best choice. Women medical missionaries with extra ordinary qualities were needed to work in India. In this context, Maud Diver wrote in 1909 that, “to any women skilled in the divine art of healing and courageous enough to push
steadily onwards in the face of disappointment and soul-sickening apathy, to work her way through a stone wall, and banish from her vocabulary the poor spirited word ‘impossible’, our Indian Empire offers an inexhaustible field of labor (labour).”  

Rev. A.M. McElroy Wylie’s views on the importance of women medical missionaries were published in Missionary Record in April 1891. He was one of those missionaries who had years of experience of work in foreign land. He stressed that the women by nature are more sympathetic, gentle, enduring and had greater capacity for love and these qualities should be used to its full potential for missionary work.  

The other reason for engaging women in the medical work was the belief that “… to reach, and aid the women in their homes, medical skill and Christian sympathy must go together…”  

The conviction grew in the minds of the missionary workers that educated medical women would be of great use for mission work. It was the conviction to reach the secluded homes of the Indian people for the reception of the gospel that lay at the heart of women missionary workers.  

Other than penetrating the Indian homes, the services of women medical missionaries were also needed for medical reasons. The missionaries were also greatly moved by the fact that many women died for want of proper medical care. They also believed that Indian customs and practices did not permit women to be attended by the male doctors. There was genuine concern for the care of the women, but under this genuine concern was the need to reach the women in zenana and spread Christianity. The medical relief was not seen with that much suspicion by the local people, as was the other missionary work.  

The first qualified medical missionary to come to India from America was Dr. Clara Swain. She came in November 1869 through the newly formed Women’s Foreign Missionary Society at Methodist Episcopal Church. It was not that medical relief was not available before her arrival, but she was the first qualified medical missionary. She started her work in Bareilly where Mrs. and Mr. Thomas (missionary workers) had already been running a school and orphanage for the common people. Dr. Swain started a medical class with 17 ‘native’ girls. Miss Funny Butler, M.D. was the first qualified medical woman from England to work in India. She came under the auspices of Church of England Zenana Missionary Society in 1880, and stationed herself at Jabalpur and
later in Bhagalpur. Miss Bielby was the medical missionary from Zenana Medical Missionary. She came to India in January 1876. She was not a qualified medical missionary but had some training in medicine.

School education and medical relief were the two things that opened the door of *zenana* for missionaries. What goes behind the *purdah* was of great interest to the missionaries. The women medical missionaries were considered very useful for missions. The *Medical Missionary Record* commented that, "These zenana missionaries enter into the home-life of the people; they gain admission and minister Gospel where no male missionary could ever hope to penetrate. We reach the women by means of Christian women, and all the more effectually if these Christian women possess the power to relieve pain, minimise distress, and heal sickness."

The need for women missionaries was expressed over and over again in the meetings, conferences and in their periodic journals. Some stressed the feminine qualities in women to prove their point while others found them 'the only' suitable person for the work. The missionaries from India carried an impression that even partial medical training was sufficient to work in India. Rev. F. E. Wigram's view on this were presented as a 'Weighty Testimony' at the annual meeting of the Zenana Medical College in London- "I maintain, as one who knows India, that those who have even a partial training in medicine have an important work in the foreign field. I do not think such should proclaim themselves Medical Missionaries, for that implies the same degree of standing as the term medical practitioner does at home...".

The missionary workers in most of the cases had genuine humanitarian considerations to help the mankind. There were others who chose missionary work to be away from the bonds of families and live their own life. For others it was a welcome relief from the day-to-day oppression of the middle class families. There were still others who took it up as an adventure and wanted to assert their independence. One missionary who chose to come to India and work as a nurse wrote, "Here was I, a young woman from a comfortable middle class home, an only daughter suddenly issuing an ultimatum to the effect that I had obtained a job in India, that it was all fixed up and I would be sailing in a month's time...A nursing career was all right, a lady's occupation, a vocation, but to leave a comfortable home and go off to that far away.... That was too
much (for the family)...”  

This missionary further wrote, “I had a feeling that my poor maiden aunt, in spite of their assumed horror, were jealous and would have given their souls for this opportunity which I had seized with open arms”. This point to the oppressive conditions under which women lived in the middle class families in the west.

The other reason for choosing women for missionary work was rooted in biological deterministic understanding that endorsed that women by nature were most suited for the caring role. More and more women engaged for medical work in the missions. Missionaries also shared the views of other western scientists that emphasised that women by nature were suited to take up certain professions that were in line with their biological make up. The message to women was clear that they should not dwell upon other areas as that might jeopardize her mental and physical health. As a consequence women were discouraged from taking up any task that involved decision making or taking up independent decisions. Male leadership within the missionary organisations also believed that women were not suited for organisational work as they lacked mental capacity and wisdom to take up such a work.

MISSIONARIES’ CONTRIBUTION TO THE PROFESSIONAL ADVANCEMENT

Apart from evangelical considerations, medical missionary work also contributed to the development and advancement of the medical field. This is evident from the writings of the missionary workers. One of the missionaries wrote, “The opportunities of practice abroad are far more numerous than at home. Our profession needs the contribution of this immense field of clinical experience.... The enormous number of cases passing annually through the hands of many mission surgeons make their records and generalisations of peculiar importance”. The missionary doctors sent home valuable specimens, for experimentation and for the growth of medical knowledge. The missionaries sent the supplies of snake poisons from India for experimentation and for manufacture of anti-venom. Medical missionaries also wrote many medical books and translated others in regional languages. One of the medical missionaries, Dr. S. F. Green, wrote thirty-two treatises in Tamil, it included a volume on Obstetrics, a manual of Surgery, Anatomy, Physiology, and on Practice of Medicine and many others. Medical work provided rich medical experience to the medical missionaries. Richness of experience in India is evident from the writing of the missionaries. One of the
missionaries wrote that, "We note that in one of the hospitals in North India during 1897, 1200 operations were formed on the eye and nearly 100 malignant tumors (Tumours) were removed". Thus, missionaries in India not only got medical experience but also upgraded their knowledge and skills and also contributed to the body of medical knowledge.

Medical work at Neyyoor in south Travancore was started as a dispensary in 1838, which later developed into a big hospital. T.Howard Somervell was a surgeon at this hospital in 1923. He had looked at the 100 years' history of this hospital and its contribution to science. He remarked, "Dr. Thomson (one of the doctors in this hospital in the late 19th century) in the 'seventies was treating malaria by the intravenous injection of quinine; Dr. Pugh was the first surgeon in India to realise that dyspepsia that is so common in South India and Ceylon is due to duodenal ulcer. This disease in a village community cannot be satisfactorily treated except by surgical operation; and Pugh was the first surgeon in India to operate for it".

STYLE OF WORKING OF MISSIONARIES -19th AND 20th CENTURY

To understand the style of functioning of missionaries in the 19th century we have to see some of their works in the 20th century. Often the earlier efforts of missionaries have been recorded in documents published later, in the early 20th century.

The missionary activities were characterised by their presence in the remote and rural areas. To start with each person under the mission learnt the local language and became friendly with the local people. Initial efforts were concentrated on social service and prayer meetings. Some local people came to listen to missionaries, out of curiosity other were attracted to them by their skin colour and some were impressed by their cleanliness and simple living. There were others who found their attire very different and attractive. What missionaries aimed at was to get access to people with whom they could interact.

Before the arrival of medical missions in India, there were others who came either as engineers or archaeologists or as social scientists to work and study about the
people of India. They gave feedback to their parent Church about the people and their problems.

The secret of success of missionary work was in their organisational skills, networking, regular interaction through conferences, regular publishing of journals and News magazines. These allowed for exchange of experiences and sharing of success stories as well as of failures. This helped them to know about the work of other missionaries in other parts of the world, and learn from their experiences.

The first most important aspect of their activities had been networking, feedback, and training of new missionaries. Every new person who came to the foreign land was taken care of by the already stationed mission and was provided training by the senior colleagues before giving them an independent charge. The missionary activities were confined to the remote areas, which was in contrast to the Dufferin’s activities. Dufferin Fund activities were concentrated in cities and towns. Moreover, the Dufferin activities were for the medical care of the women and children whereas the missionaries had many more activities at one place.

In most places the missionary work started from the home of the missionary and it usually was a small school for 'native' children followed by training classes for girls in good housekeeping and good mother craft. Some of these girls subsequently worked in the dispensaries or in the homes of Europeans or helped in the orphanages run by the missions. In a way the training was to get local help in their day today work. In these classes daily preaching was the most important activity. The preference was given to the children of the converts in the schools as well as in boarding schools. But over the period of time the services embraced the other sections of the community also.

The initial focus of missionary work was on the lower caste people, Muslims and tribal population. From time to time, the missionaries shared their views and experiences with other fellow worker to keep pace with the developments in other parts of the country. One such survey entitled 'The Frontier People of India—A Missionary Survey,' was published in 1931. It took stock of the progress made in the evangelical work. It said, "The problem of the frontier has not changed. It is how to evangelise the Muslims
of the North Punjab.... It is how to gain converts among people virile, strong and splendid, with an independence of character...". 45

It was not always smooth sailing for missionary workers. They had long working days – from early morning to late evening with the people – talking to people, preaching them in their own language and following up those families where ever there was hope that they would adopt their religion. The missionaries sometimes expressed their despair when not many people heard them. The World Dominion Survey series in 1931 said about India, especially about North India, ".... Our churches in this part are composed of children of these early converts and their families. Seed continued to sown as before, missionaries were very busy, but without winning men". This indicates that missionary organisations kept close watch on the progress in different parts of the world.

The success of missionary activities was described as "...when... every Christian binds himself to sell books; to join a preaching party and to talk to people, whenever possible, and when the women visit zenana to sing and tell Gospel stories, there is real hope that great things will result". 47

Each missionary was very proud of their style of functioning, of their work, discipline, dedication and cleanliness. They had a feeling of superiority and considered local people as unclean who were far away from basic hygiene. Missionaries were also proud that their work was superior and systematic than the other European organisations in India. One missionary (C. Rainy) had expressed her surprise when she visited Caste and Gosha Hospital in Madras. She remarked, "It is not a missionary institution, but it is very benevolent one, and seems to be nicely arranged and managed". 48

Missionaries came to India under different denominations and there was seldom any rivalry or confrontation among the workers of different denominations. Each missionary was very loyal to their own church to which they belonged. But there had always been surprise and praise for others who worked under other than their own original denomination. One missionary who visited India wrote about Mrs. Wilson, a medical missionary whom she met in Agra and in Delhi. "I was glad to find that she (Mrs. Wilson) hailed originally from the Free Church of Scotland, and still has a warm regards
for mother church, though she came out to India in connection with the Baptist Society. Her husband is an Episcopal Methodist. During Dr. Valentine’s absence in Scotland, he took charge of the Medical Missionary Training Institute, where young men from various missions who came to attend the Government Medical College in Agra are boarded and trained in evangelistic work” 49

Missionaries believed that there was a need to educate women in separate schools and colleges because of the variance in India’s social and cultural traditions. They conveniently forgot that not long back, in Britain, special medical schools were set up for women because men would not let women enter the class and there were write ups in leading newspapers that separate classes were a must to protect the modesty of women. The situation was same in India as well as in Britain; but reasons given for having separate classes for women had been different, depending upon their belief, convienence and prejudices against Indians.

Though the ‘native’, especially the convert Christians, were trained in medical schools and given training in the dispensaries but they were not given independent charge of the mission hospitals or dispensaries. The ‘native’ women’s job was confined to lower grade jobs and most cases they assisted the work done by the missionaries. They proved very useful and efficient assistants. These trained local women were also very useful during summer vacation when many missionaries preferred to go on leave because of the hot weather in the plain, and in their absence the work continued as usual. The educational facilities provided by the missionaries were not confined to the Christian community only, these covered the local non-Christian population also. In one of the annual reports of the Women’s Christian College remarked, “…While its ultimate aim was doubtless to attract followers to Christianity, the education which offered was available to students of all faiths and never confined to Christians.” 60

The missionary workers’ participation in the conferences at national and international level was the second most important way by which they were effective in their work. The participation in these events provided chance to each missionary to exchange ideas and experiences with other members. At these conferences some of the members participated in person and others sent their papers to be read and shared. In most cases it was an annual feature. At national level, the medical missionaries had
formed an association of Provincial and National Councils of Missions. The association acting through its Executive had secured the appointment of representatives on various inter-denominational councils. Thus, these bodies came to be regarded as representatives of medical missions throughout the country. This association took up matters of common interest with the government, though the government recognised it only in the 20th century. The Central Government of India gave recognition to this organisation in 1914, and two of its members attended Sanitary Conference held in Lucknow in that year. One of its delegates was even assigned the task of conducting an investigation on the spread of Tuberculosis in India. Members of the association were free to serve as locum tenens for civil surgeons during the period of war, and they were officially acknowledged and appreciated by government for their contribution and work.51

The association of medical mission in India as a body took care of the professional interests of its members such as, it took up the matter of uniform pay scale for medical assistants in different Provinces. It had also taken up the matter of medical registration of medical missionaries when medical registration act came to force in India.52 It was able to secure registration of medical missionaries in the Presidencies of Bombay and Madras. Thus, the association of missionaries in India took care of the interests of the missions and its members in India. In this way it was ensured that the missionaries work did not face any difficulty from the government.

The third most important aspect of their activities was the publication of periodical, which was a binding link for the missionaries in different parts of the world. This helped them to share their views and experiences with others. Medical missionaries brought out journal of the association, which represented the work of medical missions in India. These periodicals kept them in touch with each other.

As missionaries expanded their activities on foreign land, the universities and colleges of Britain and America witnessed a rise of Student Voluntary Missionary Union, declaring their purpose of becoming foreign missionary. This was the fourth strategy that was needed to raise the aspirations of the young people. There was a sudden rise in the number of female students, opting to become a missionary. Report of Missionary Settlement for University Women of 1895-96 stated that for that particular year about 1300 students joined the union and out of these 254 were women students and majority
came from medical colleges. This was the time when women, in the west, faced opposition from the male doctors and women were looking at the possibilities of practising medicine in the colonies to get practical training and experience. Like other women doctors, these missionaries’ doctors longed for good practical experience that was not possible in their homeland. A medical missionary wrote to the editor of a missionary journal that, "It is not always the low salary that scares away some medical women who are willing to work in mission hospitals, but the formidable array of questions that have to be answered on theological subjects. ... More than one medical women has told me that, 'I would like to go and work in a mission hospital for a year or two, just to get the experience..." 

The first missionary settlement in Bombay was set up for work amongst the high-class Indian girls. The settlement started with great scepticism as to whether such settlement would be successful in India, in view of the special obstacles associated with women's work. The settlement also published its annual report to enlist achievements, to take stock of the work done during the year, and to publish the experiences of the successful missionaries. The fourth annual Report of Missionary Settlement of University Women in 1899 published a report of Miss Dobson of Bombay. It read "...I sometimes feel almost glad when a Parsi lady is ill, it generally means that she is confined to the house and relieved to see anyone. I always make the best of such an opportunity, for what one wants above all things is to win the confidence of these people by really getting to know them..." 

After sorting out the initial problems, the missionaries organised themselves and started full-fledged medical schools and colleges exclusively for women and for men. This was their fifth strategy to consolidate their mission work in India. This became possible only by the late 19th and early 20th century when groundwork had already been done and missionaries had established themselves in different parts of the country. Dr. Edith Brown started medical school for women in Ludhiana in 1894. Other such institution was the Christian Medical College and Hospital at Vellore started by Dr. Ida Scudder, the daughter of a well-established American Missionary family in India. She came back to India in 1900 after completing her medical training in US and established the Mary Taber Schell Hospital for women. In 1918, she set up the Missionary Medical College for Women to train Indian women doctors in a Christian institution. The college
was financed and controlled by Missionary Societies (of various denominations) in America and Great Britain.

The Madras Women's Christian College was started in 1913, after realising that no single missionary society had been able to educate Indian women, beyond the intermediate level. And, those who wished to complete their degrees were obliged to attend men's college, which they thought was not in accordance with the Indian social and cultural tradition.

The missionaries were very systematic and well organised in their work. They came to India with a missionary zeal and did everything to attract more and more local people. They had been very organised and reviewed their work regularly. Missionary organisations in India extended full support to its workers. Humanitarian and philanthropic considerations of the missionary workers were also tinted by their sense of racial and cultural superiority, reflected in their day-to-day working and in their dealing with the local people, as we see in the following section. 56

ATTITUDES TOWARDS THE LOCAL PEOPLE

The success of missionary work was indebted to the local converts who contributed in a very significant way in the expansion and effective functioning of the missionaries in India. Missionary work by and large depended on the support extended by the local people and this has been acknowledged in their reports. "It is through the aid of such men (natives of marked ability engaged in evangelistic work) that the work has sustained and enlarged, while the missionary force has become weaker. It is such men, brought up from heathenism that illustrate the developing power, and are the promise of its success in India." 57 Without this help it was not possible for them to expand their activities and to reach the remotest corners of the country. At a conference of women medical missionaries at Ludhiana, on Dec. 20th and 21st 1893 it was acknowledged that medical missionaries are the most useful agents in the evangelisation of a country; that such evangelisation must depend largely for its development upon thoroughly trained native agents. It was concluded that, "In order that these girls may prove effective evangelistic agents, it is essential that they should during the period of their training be under distinct Christian influence." 58
It was not possible for missionaries to reach the secluded places without the support of native people. Finding such support was a great achievement for them and if the support came from a leader of some other religious organisation, it was a matter of great rejoicing for them. One such supporter was Keshav Chander Sen, who was a leader of the religious sect called Brahmo Samaj. He spoke of female emancipation and zenana education before the Bengal Social Science Association, at Calcutta. And 'Missionary Herald' reported this very enthusiastically. It stated that, "The social and moral elevation of women in India has found a new and eloquent advocate in Kashav Chander Sen, the leader of the Brahmo Samaj.... Among other things, he said 'without any loss of time, introduce a more efficient system of zenana education'". 59

Though, missionaries dedicated their life to the work in India and chose the opportunity on their own, at heart some times they felt lonely and unwanted. At one hand they had the satisfaction of carrying out 'Christ's' will, on the other hand, they felt depressed and incomplete as a person. A women missionary, after long years of service, was heard remarking that during all her life in India she had not found a single intimate Indian friend. 60

**Attitudes towards General Population**

The attitude of missionary worker towards the general population depended on which section of society they were addressing to. Their dealing with the lower sections of society was different compared to that of upper section of society. They were able to relate to the lower sections of society much more easily than the upper section of society. Missionaries were aware of the strength and influence of the upper section of society, so they never attempted to antagonise that section. They were very careful in their dealing with that section.

Missionaries had been successful in many places in influencing local people and got followers in some sections of society. In some cases their success had threatened the leaders of religious organisations in India. The anxiety of religious leaders was a sign of success for them. Such incidences had been reported with great pride in the missionary records. The 'Medical Missionary Record' of July 1890 reported a success story of a missionary who had worked with women. To stress the extent of good work it quoted a
Muslim Newspaper, which expressed its anxiety over the fact that missionaries were making inroads in their homes. Missionary magazine called that write up, a most "significant document". This was published as a testimony of their work among women. It read: "The value of such work has lately received a remarkable illustration in the issue of a manifesto by Moslem Molvies (Muslim Religious Leaders), in the Punjab, who says: - 'behold the spies and beguilers! English women of Christian missions, under pretense of education and teaching handwork, go about teaching all your women folk in every house, saying, why do you waste time? Come? Become Christian! Be free! And numberless households have already been destroyed [i.e. have become Christian] and are being destroyed (hote jate hain). Especially are the tender innocent, under age girls of Hindus and Mohammedans taken in dolls in their schools, and there they are taught the Testament, and hymns, which tell of Christ being a son of God, and so the seeds of blasphemy (kufr) are sown in their hearts... when from childhood these things are installed into them, then, when they grow older, nay in two or three generation all women being drawn to Christian faith, and careless of their own, will go into the Churches and become Christians...". 61 The Missionary record also very proudly announced that since that particular Muslim document was of binding authority, it was a strong testimony for those who had been doubtful of missionary influence and denied the reality of missionary work.

Though, missionaries had been proud of their success in some cases, they were doubtful of their acceptability by people at large. It was a tight ropewalk for them in certain localities. They had realised that they usually were wanted, but on India’s own terms, the terms not of leadership but of co-operation. For most of the missionaries, their work always involved certain amount of anxiety and doubt regarding their acceptability. Once successful, their confidence grew and they felt at home with the local people. The recognition from the local leaders boosted the confidence much more than anything else.

The missionaries considered Indians ignorant, unhygienic and uncivilised, and the efforts were directed towards teaching better ways of living. 62 These attitudes were reflected particularly towards the people of lower class. The missionaries found many more followers in this section of the society and by and large the services of the missionaries were utilised by the lower classes. The missionaries were happy with the
success they got among the lower class, but always wished to be closer to high-class people. They believed if the missionary activities have to succeed in India, the support and good will of this section of society was important. 63

Attitudes towards the Local Elite

The nobles, princes, and the local elite had been instrumental in the success of missionary work in India. Newab of Rampur provided a piece of land for the hospital that was looked after by Clara Swain and Raja of Khetri was so impressed with the services of Clara Swain that he offered her to be the personal physician to his family. In some cases the local elite developed personal friendship with the missionary workers. Whether it was money, land or friendship, the local elite had been very crucial to the development of mission work in India. The missionary hospitals, dispensaries, and orphanage came up with the monetary contribution of the local people. The local elite did not come up openly for help. There was initial apprehension on the part of Indian elite to approach missionaries for medical help (Clara Swain has given detailed account of this). 64 In most of the cases the missionaries were successful in establishing good will with the local elite over a period of time. Slowly, they were able to impress the people by their work and they were being called for medical assistance. In most cases this medical relief opened the doors of the palaces for missionaries. 65

We have already seen that the land for hospital at Bareilly was secured very easily though the missionaries were very apprehensive in approaching the Nawab, to whom that land belonged. This story got a wide coverage in the missionary medical records. 66 J. M. C. Gray of Baptist Zenana Hospital at Rajputana wrote in a Journal in 1916 that, "It was in 1887 that medical mission work was begun at Benaras. At that time, there was no Dufferin Hospital there, and Dr. Paithorpe made the beginning very simply and quietly…. As the number of cases increased the Maharajah of Vizianagram lent a house in city to serve as a hospital until land could be secured and a hospital built. Later on, the main amount of money for hospital building was given by a lady who wished her name not to be mentioned, who greatly cut down her personal expenses so as to be able to give the large amount of money". 67 This hospital provided unique opportunity of coming in contact with people from many different parts of India. Benaras being a place of pilgrimage, people from far of places came there. Many rich rajahs came with their
families to stay for months and this provided a good opportunity for missionaries to interact with them and establish relationship. Moreover, in-door patients in the hospital listened to the teachings given by Evangelists. It also provided good exposure to the students who were being trained as hospital assistants in the mission hospitals.

Whether it was Clara Swain in Bareilly (1871) or Dr. Paithorpe in Benaras, the help from local elite was very crucial for missionaries to establish themselves. The local elite came to help missionaries only after they had the opportunity to avail of the services offered by the missionaries. The local elite became friendly, and in some cases it became a long lasting friendship. Dr. Clara Swain, the first trained missionary doctor, moved from Bareilly and settled down in Khetri, where she had treated the wife of the noble king of that area. The request to treat the wife of king came from the king himself, and he offered every possible facility to make her journey comfortable, from Bareilly to Rajputana. After the treatment he requested her to stay back and offered her the position of their personal physician—a offer, which she accepted after a little hesitation.

She continued to stay there with her other missionary friend and carried on her missionary work in a school, where she had regular preaching sessions. The Maharani became her personal friend and was a visitor on her (Clara Swain) birthday, which was celebrated on the insistence of the king. The Rani visited the house of Dr. Clara along with other friends and presented her with a gold chain. Such occasion were used by the nobility to impress the missionaries with the expensive gifts and missionaries impressed them with their simple living, their way of talking, their way of working and the cleanliness observed by them. There was a kind of mutual appreciation for each other, and each one trying to out do the other. Clara Swain became such a good friend of the nobility that she and her co-worker were a part of the special fleet that accompanied the king and his wife to Jaipur to meet the viceroy. Here, Lady Dufferin had discussed with Clara Swain the plan for setting up Dufferin's Fund for extending trained medical help to the women of India. 

Though missionaries worked amongst the poor, provided medical relief with the same dedication, they still hoped and wished to have wealthy gentry as their clients. Miss Green joined Clara Swain in 1876, as a medical doctor. She wrote in the annual report that, "Patients of all classes have come to Dispensary, and a very pleasant feature of
this part of work, is that many more from the higher classes have been coming.... Access to some of the wealthiest families in the city has been obtained". 69

In 1877, Miss Green married Rev. Mr. Cheney, a missionary of the parent Board and moved to Nainital where she continued her work. Along with the medical work, she continued her efforts to teach the message of gospel. She wrote in 1877 that though the medical work was a new thing in the hands of the women, but she had been able to influence one person to connect most intimately with the gospel. "The work seems small, but patient conscientious labor must have its fruits measured, not as we see, but as God sees". 70

It is not that all Indian elite were willing to accept the missionaries. There were some who were full of bitterness against western exclusiveness. One Indian women who returned from Oxford had been heard saying, "you have brought us a Christ wearing a hat and trousers; we want to see him in a turban and dhoti". 71 Such attitudes indicate that though a large majority favoured the work done by the missionaries, there were some sections who were not appreciative of their work, though did not protest openly against them.

Attitudes towards Christians

The missionary activities were started for the local people. At the same time these activities were very much concerned with the welfare of native converts and with their Christian students from the west. Native converts, Christian students, and the local people got different kind of treatment from the missionaries. There was obvious preference for Christians - both native converts and Christians from the homeland.

Though, the missionaries had Muslims and Hindus as their clients and as their students in medical schools, but Christian girl students were given preference and special treatment. There was also great anxiety about their safety and security. They feared that the Christian students were not safe in the company of local girls. Religious and moral superiority of Christian students had to be maintained and it was feared that the Christian girls were vulnerable to bad influence in the company of local girls. This led to the establishment of special schools for Christian students. Missionary records have
mentioned that they were afraid to send a young and untied Christian girl to pursue her studies where she would be exposed to grave dangers among the Muslim and Hindu students, at a time of life when she was unable to appreciate the dangers. In these institutions the work of teaching and training of Christian women was undertaken by qualified medical Christian women. One such institution was in Ludhiana. It was known as Christian Medical School and Hospital and its founder was Dr. Edith Brown. This institution was established in 1894, and this was the first medical school for women. Dr. Edith Brown came to India under the auspices of the Baptist Missionary Society. This hospital not only provided medical training but also gave opportunity for the trained teacher to earn more money by attending to the rich private patients. (Dr. Edith Brown earned lot of fee or fund for the college by attending to private patients. Her earning during 1916 had been Rs.16, 635/-, whereas the grant from the Punjab Govt. amounted to 34,000/-. We see that a substantial part of the money was collected from the rich nobility, either by providing services or by way of donation in cash or kind. "... By far the largest item in the hospital income was Rs.20391/- received as fees for medical attendance on private patients...The total income of the college and hospital was Rs.114142/-."  

Mission hospitals in India provided great opportunities for the training of Christian students and also exposed them to a wide range of diseases with which students were not very familiar. Dr. E. B. Wolf from Gantur contrasts the differences between dispensary work in India and at home (America). She said that her medical friends at home could hardly believe that medical missionary in India often saw between 130-150 patients in a morning. Other missionaries also expressed that the more patients they saw the better it was for any missionary to get experience and training. So, India not only was a land for preaching the message of gospel, it was also a place for getting practical training.

The Christian medical students or other missionary workers who were under training lived in a very protected environment. There were special schools with hostel facilities and there was an elderly missionary woman to look after these students. "...it is essential that they should during the period of training be under distinctly Christian influence. This is already the case at St. Catherine's hospital, Amritsar..." said one of the resolutions at a conference of women medical missionaries in Ludhiana, in December
1893. Though the teaching institutions had non-Christian students also, but the Christian girls had better facilities as compared to non-Christian students. The missionary students were considered innocent and pure who needed to be taken care of and were discouraged to mix up with others. Even while these girls started to work in new locations within India, they had remained under the charge of senior missionary women that invariably was a middle-aged woman.

The missionaries' main concern was not to train Indian women and help them take up independent charge for the care of Indian women. Rather they were quite satisfied with the fact that many 'native' women did not opt for full Diploma of M.D. and instead chose the three years course. One reason for this was that fully qualified women were not available for higher education. In 1886, all women who attended Agra medical college were from the mission schools, as sufficiently educated Indian girls were not available. One of the missionaries, who visited India, expressed a kind of happiness over the fact that, most women had to opt for three years course. She said, "A great many subordinate agents will be wanted, if medical attendance for women is to become general in India. And in many respects, it is better to have for dispensers and hospital nurses etc. people habituated to the language and climate of India". The missionaries' main concern was to get trained help to assist them in their routine activities with the cheap local labour. The local trained women were to help the missionary workers rather than for taking care of the needs of local people. Very often the local people worked as their subordinate staff.

Attitudes towards Women

General belief that Indian women were ignorant and suffered in the absence of proper medical help was also shared by the missionaries. They also believed that women's seclusion was responsible for many of these sufferings. The observance of purdah was considered the main reason for their suffering as no trained medical personnel was allowed to treat them. Missionaries strongly believed that only if women had availed of the services of the trained medical men the situation would have been far better. One of the British women who visited and stayed in India for five months wrote, "Purdah also prevents women having adequate medical care. Men doctor may not attend purdah women, except to ask questions through a screen. The supply of women
doctors is limited so much that there is little demand for them. In none of the mission hospitals, which I visited were the beds full." The missionaries were quite upset that after raising so much money and providing so much equipment, their hospitals remained without patients in many cases.

As regards personal hygiene, the missionaries' believed that women in India were not aware of the need for such practices, nor could they appreciate the value and importance of hygiene in day-to-day life. So, missionaries stressed this aspect in their work in the rural areas. "Personal hygiene, the formation of clean habits in children and the care of the house are among the lessons that the village girl must learn through the rural school..."

Some missionary workers were sensitive about women's oppressed status in the family, but did not wish to do anything much to change the situation. "As we are looking at the women's side of life, it is not necessary here to enter into the question of land acquisition and methods of cultivation. We shall see rather what ways are open to village women to conserve or augment the family income..." The missionaries carried on with the work within the existing social structure, and did not do much to change it. Their main aim was to carry on missionary work with the support and co-operation of the local influential people. In the medical field, they tried everything possible to get the co-operation of traditional dais to be successful in making inroads to the secluded Indian homes. For getting access to the Indian women the missionaries had targeted traditional dais, but they were not very successful in influencing them in their professional field.

Attitudes towards Traditional Dais

Traditional dais had received lot of attention and criticism in the 19th century. They were blamed for suffering amongst women. Missionaries, Dufferin's doctors, British army personnel, their families, British people in general and people who travelling to India, had shared the view that the only person responsible for women's suffering was the traditional dai. They had openly expressed that women's sufferings could be reduced only if they could do away with this cult. It is interesting to note that situation in other countries was also somewhat similar, but the campaign against traditional birth attendants was not that powerful and organised as in India. One of the travellers to
India, from America, wrote in 1928 that, "The girl wives of India enter upon their lives of continuous child bearing aided only by ignorant midwives ... (and) Women (Negros and others in U.S.A)... cling to their midwives so tenaciously that we have begun a system of inspect(ion) and licensing, which may some day clear up the worst of our abuses. We have to bear in mind that we in United States have the higher death rate of women in childbirth of any Western nation. In 1925, 18, 000 of our mothers died in childbirth, a mortality of 7.5% for U.S., as compared with 3.8 % in England. Taking into account our high standard of living, of sanitation and of hospital facilities, it is probable that large percentage of midwives is responsible for this natural disgrace". 82 From the mid 19th century midwives in the western world also, were blamed for high maternal mortality, but this was not true as Florence Nightingale had also mentioned, quoting a report from the government department- that maternal mortality was high in the case of institutional deliveries. 83 But missionaries in India held the view that Indian dais were responsible for deaths among women. Such attitudes were not based on any hard facts. We are not denying that maternal mortality was high in India but pointing out that dais alone can not be held responsible for high maternal mortality.

Missionaries started with the training of traditional dais in India. The aim of such training was to impart knowledge of cleanliness to the Indian dais, whom they considered unclean. But such training ventures also provided for opportunities for missionaries to keep them under their control. Missionaries were not successful in many cases to conduct training for traditional dais. As a result, missionaries tried to pay monetary incentives to them for attending the training classes. 84

Missionaries failed to appreciate the importance of traditional dais in the Indian society. Dai was the only medical help for the poor, only attendant sick women knew of. Initially, the training of dais was about cleanliness and personal hygiene, after the discovery of germ the emphasis shifted towards asepsis. The missionaries believed the Indian women died during pregnancy and childbirth due to the ignorance of dais and of their obsolete techniques. Moreover, the midwives were from the lower caste and this had all the more prejudiced their views towards them.

Missionaries admitted that local people came for treatment, but in the case of women's problems the villagers trusted only traditional dais. They blamed the villagers
for their ignorance and for not appreciating the value of cleanliness. They generally believed that local people needed education about cleanliness and other better living habits. Even after great persuasion, the villagers continued to patronise the illiterate dais, and this sometimes upset the missionary workers.

The training initiatives were also to keep traditional dais under their control for medical purposes. Miss Hewlett was a missionary of the Church of England Zenana Missionary Society. She took charge of the dais class that was started by a Civil Surgeon, Dr. Aitchison in 1866 in Amritsar. This Dais’ School became famous and successful after Miss Hewlett took charge of the school. She persuaded the dais to attend her classes by payment them monetary incentives, and she had obtained funds from the municipality of Amritsar. All dais who came for training were required to submit a report on the each case they attended. This was a way to keep tract of all cases of delivery in that locality, and this information was useful for the medical students’ training. The successful cases earned them (dais) a reward of one rupee.

If, we look closely, each delivery was important for missionary medical and nursing students. After repeated failures to obtain cases it was considered most practical solution to pay monetary incentives to dais for reporting each case of delivery to their nearest missionary hospital or dispensary, which invariably had some missionary students attached to it. Each case reported of delivery, entitled her to 4 annas, 2 annas were deducted if delivery resulted in death of the child or mother, 8 annas for calling assistance and one rupee for taking the women to the hospital as compensation for loss of her fee. The monetary incentive were nothing but a kind fee missionaries paid to the traditional dais for providing them with regular cases, though the missionary reports deny any such intentions.

Dais were doctors, friends and an elderly advisors for the people, and only in extremely complicated cases people sought the help of trained doctors. In many cases these trained doctors were also not very successful and the buck was passed on to the dais for not reporting the case in time. Dr. Balfour also quoted an example of Miss Bielby, a medical missionary, to show that dais took their own time to take the complicated case to the doctors. She wrote, “for years, whenever Dr. Bielby was sent for, she found the woman had been ill for three or four days - that one ignorant dai after
the other had tried to deliver the child and had often in their efforts pulled off a limb and left the women in deplorable state." 89

The medical missionaries were more interested in getting normal cases to hospitals and dispensaries. Successful outcome of these cases was important to develop good rapport. The emphasis on personal hygiene and observance of some of the aseptic techniques was the distinctive feature of missionary way of conducting the deliveries. But for the local people, the need for trained medical help was felt only in the cases of difficult labour. And in many difficult cases the outcome was undesirable, and missionaries did not wish to face failures. The normal cases provided access to the women, and successful cases also meant a chance to built rapport with the family. Traditional dais were thought to be the important link between Indian homes and missionaries. It was here that the training of dais became important for missionaries.

Moreover, abnormal or complicated cases meant emergency management that was not always available in the remote villages, and successful results were necessary to show their superior techniques and application of scientific knowledge. Medical missionaries also, like other doctors, attempted to replace the traditional dais rather then providing supportive services.

MISSIONARIES AND THE STATE

Missionaries and the rulers had many interests in common. "They both shared a deep sense of concern for the well being and prosperity of the people of India." 90 The two groups as far as possible kept out of one another's way. "They worked parallel rather than on convergent lines. Yet the separation could never be complete; the destinies of Church and State were intricately interwoven with one another. Missionaries could not exist in India without the permission or at least connivance of government. Government was compelled, at times rather unwillingly, to take notice of the existence of Christians in India and to intervene in order to secure for Christians, on an equality with adherents of other religions, the rights and liberties to which they were entitled." 91

Missionaries came to India much before the British government established itself in India. The feedback from the missionaries had been very important for the British government, but missionaries expressed their unhappiness with the way the
Government had taken up their concerns. After 1780s the missionaries arrived in increasing number and began to penetrate the ranks of government itself. For example, Charles Grant arrived in 1768 and returned to England after twenty-two years of service, but he exercised a powerful influence in all matters of the East India Company. In 1793, when East India Company's new charter came for renewal, he exercised his influence for introduction of new clause that made entry easy for the missionaries. This clause stated, "...the Court of Directors are hereby empowered and required to send out, from time to time...fit and proper persons...as school masters, missionaries or otherwise...(and) the said Court of Directors hereby empowered and required to give directions to the governments...in India to settle the destinations and to provide for necessary and decent maintenance of the persons so to be sent out".  

The government was caught in dilemma many a times, and the attitude of the government towards Christian missions was inconsistent. It allowed them to work in India yet was cautious about its influence over Indians. The Dispatch from the Court of Directors in September 1808 stands witness to it (see page 96-99). The dispatch clearly shows that government neither wished to antagonise missionaries, nor did it wish to favour them openly for the fear of rejection by the Indian people.  

The relationship between missionaries and the State was complementary. The missionaries needed the support and permission of the state to continue their work in India, and the State banked upon them for projecting humanitarian image of the west. Yet missionaries were not very happy with the way government took up their concerns. Missionary Herald wrote, "The cause of the Christ in the field has suffered from the attitude of the English Government which (did) not oppose the coming of the missionaries, but its patronage of idolatry gave it moral support in the eyes of people; while allusions of Christianity were carefully excluded from the Books, used in the Government schools. When the representatives of a great Christian nation, the rulers of the land, showed so little regard for them, it is not surprising that it should have been held in little esteem by the higher classes of Hindoo (sic)". Missionary bodies were upset over the fact that the government did not show interest in the gospel, and the other religious bodies, such as Brahmo Samaj, have found its place. There are clear indications that spreading of Christianity was upper most in their mind. But, at the same time, the services run by them were had great sense of dedication and commitment.
There was some change in the attitude of British Government towards the missionaries after the 1857 rebellion in India. The missionaries believed that rebellion had made English statesman recognise the value of missionary enterprise as most important agency in the social and moral elevation of India. With the support and recognition from the government, the missionaries were able to expand their activities. The support and patronage from the Government after 1857 gave confidence to the missions in India and the relationship between the two was rested upon mutual respect.

In some cases the missionaries were able to influence government and dictated their own terms. This was possible only in those cases where missionary workers had individual influence over the government, or had exceptionally outstanding work record in India. Otherwise government did not interfere much in missionary activities, and remained their silent supporter. The missionary worker with outstanding record and exceptional work were recognised by the state and in some cases were given important assignments. For example, as mentioned above (see page 114) two medical missionaries attended the sanitary conference and one of its delegates was given the task of conducting an investigation into spread of Tuberculosis in India. Miss Hewlett was given the responsibility of conducting training classes for dais in state run institution. The missionary worker took care of the technical part of the training, whereas financial matters remained in the hands of local bodies. The missionaries took full advantage of such arrangement for evangelical purpose. Ms. Hewlett ran a very successful midwifery training school in Amritsar from 1868. She had a dispensary and a twenty-bedded hospital for women, which was maintained by private donations from friends and local elite. The local government offered her the charge of the maternity hospital at Ludhiana, as her work attracted the attention of the authorities. She expressed her willingness to take charge of the training of midwives in that municipal hospital provided she was allowed to take Bible into it. At first, this deemed unacceptable to the government, but after some time municipality agreed and it virtually became a missionary hospital with a native Christian lady as its superintendent under her direction.

There were times when British government consciously stayed away from the missionaries to maintain an attitude of religious neutrality, but there were occasions when government and missionaries were on the same side. While pointing out
shortcomings in the Indian social system, they both were on the same side. Both projected racial and cultural superiority of the west and believed that Indians were backward because of their religious beliefs and only Christianity could save them. It was relationship where there were moments of mutual appreciation, indifference and antagonism, but by and large the government was supportive of missionary activities as it projected an image of progressive exclusiveness of the west.

MEDICAL MISSIONARIES VERSUS OTHER MISSIONARIES

There existed a very interesting relationship between the medical missionaries and other ordinary missionaries. Though they worked in close co-operation, there were occasions when medical missionaries considered themselves superior to other missionary workers. Their professional training and their easy access to Indian homes made them think that they were superior to other missionary workers. As more and more professionally qualified medical missionaries came, there was concern about their status within the missionary organisation. There were questions about the pay scale and remuneration of each category of workers. The number of medical missionaries decreased in early 20th century, and there serious concern about it and there was also some talk about increasing the pay of missionary doctors to attract professionally qualified doctors work in the missions. There were some within the missionary organisation who believed that increasing pay might not attract mission doctors as medical missionaries came because of dedication and not for money. The missionaries took up the work for the love of the cause. This was not true as the question of pay did come up in the mission organisations.

Medical missionaries believed that they secured better on both the fronts – as an agent of evangelist activity and as a successful and effective worker to attract high-class people – as other missionary workers were not always successful in making contact with people from the upper class. Moreover, medical missionary had to undergo professional education that was expensive and prolonged, whereas no such formal training was required for other missionary workers expect in case of schoolteachers. For that reason, better monetary compensation was asked for the medical missionary workers.
Women medical missionaries were all the more important as they had an added advantage of being accessible to the women in Indian homes. Missionary organisation believed that the women medical missionaries play a very crucial role as evangelicals. There were very few medical missionaries who were willing to work in the colonies. Inadequate salary was thought to be the main reason for not getting sufficient number of women medical missionaries. It was interesting to note that women missionaries were paid less than the male missionary workers and this had also caused resentment in the minds of the women missionaries. The U. P. Church Mission Board recommended “that all female Medical Missionaries, who are appointed to the foreign land, shall have the same standing, salary and allowance for outfit as single male missionaries.”

As far as the status of medical missionaries within the missionary organisation was concerned, they demanded higher pay than the other missionary workers. A missionary magazine published a letter of a missionary worker, expressing concern on salary structure within the missionary organisation. It read: “the salary of a medical missionary is not adequate; many urge that a doctor’s education involved a large outlay of capital and many young doctors feel it incumbent to at least refund to their parents the money, spent on their education - a practical impossibility on an ordinary missionary allowance.” In the same letter this missionary made following remarks: - “I) the Church has no right to undersell the profession. Economic value should be taken into consideration. There is no reason why all missionaries should receive the same salary. Doctors and others who have received university or special training should command a higher salary. II) No educated women could be expected to offer her services to any society who paid their women worker less than the men- (both doing the same kind of work). III) No Society has right to accept such sacrifices from any individual, however willing they might be to make them, “for Christ’s sake and the Gospel’s”.

Thus we find that gender issues and issues of monetary incentives to missionary workers were raised within the missionary organisation. It is interesting to note that missionary workers raised the same issues of professional status and hierarchy within their organisation. As we shall see later, these issues were same as taken up by the women doctors under Dufferin Fund or doctors in Britain when they were seeking equality with their male colleagues within the medical profession. It could be debated whether professional interests or service concerns were of prime importance for
missionary doctors. Many women missionaries came to India to get more medical experience. One can't deny the good work done by the missionaries in later part of 19th century, but at the same time medical missionaries were instrumental in achieving religious goals to some extent through their medical work. In fact, there is no historical evidence in the medical missionary records to show that force was used for conversion. Most of the missionary records stress that, through their good work, they wanted to win the hearts of poor people. Medical missionaries had a great advantage as far as access to local people was concerned. They were instrumental in strengthening the foundation of missionary work in India.

MEDICAL MISSIONARIES AND THE OTHER MEDICAL DOCTORS

There existed no working relationship, as such, between the medical missionaries and other doctors. They did not have much to share with each other. Professionally, they did get united on some common issues. In fact women doctors in Britain blamed missionaries for weakening their struggle for equal opportunities in medical schools and colleges. They believed that medical missionaries working with partial medical training send a message to the society that women do not need medical degree. And that weakened their struggle for admission to medical colleges. Dr. Edith Pechey in an inaugural address at London School of Medicine for Women in 1878 said, "...I have been sometimes horrified to hear occasionally remarks from the supporters of medical missions, to the effect that a diploma is not necessary, that a full curriculam (curriculum) is superflous - in fact, that a mere smattering is sufficient for such students. I cannot believe that such sentiments are held by the students themselves, and if they are any here today. I beg of you not for one moment to give way to this idea..."\(^{103}\) She was of the view that full professional training was necessary for a profession to grow. And practice of medicine with partial training, by the missionaries, would effect their struggle for admission to medical schools adversely. To stress her point, she further said that, "Is human life worth less in other lands...or do such people imagine that disease there is of simpler nature, and that the heathen, like the wicked are 'not in trouble as other men?'"\(^{104}\) She also tried to sell her argument, emotionally by saying that, "'Christian England' is renowned in every land for her adulterated goods; let it not be said that the under the guise of Christianity the medical help she sends out is also an inferior article"\(^{105}\).
There were conflicts of interest in the work of missionaries and of other doctors. Missionaries were believed to study medicine as it helped in evangelical work. The sick patients were forced to listen to the preaching while they waited for their turn in the dispensaries or in hospitals. As against missionary doctors, other doctors working in state run dispensaries or hospitals argued that they were accepted readily as they were only interested in the care of sick people and they did not have any other motive behind their philanthropic activities. One of the missionaries, J. Rutter, remarked in 1899 that, "The purpose of medical missions is not simply philanthropic, though it finds its glory in self-sacrificing philanthropy... Its purpose is not only educative alone.... The purpose of medical missions is to win men of Jesus Christ by the use of methods precisely comparable to those used by the Christ, when on earth, as the Great Succorer of Bodies, as well as divine Saviour of souls". 106

The doctors blamed medical missionaries for using medical relief to achieve other evangelical motives. Mary Scharlieb said that doing missionary work under the guise of medicine was insincere. She wrote in 1924, "I did not think that it would be right for me to take advantage of the doctor's position of confidential advisor and friend to do any missionary work. Had I been an avowed missionary, than I should have been employed by Hindus and Mohammedan with their eyes open, and it would have been both my duty and my pleasure to help them to a comprehension of the Faith, which makes the joy of my life. But, not being a missionary, I thought such a line of conduct would be dishonest". 107 The doctors did not wish to be mistaken for missionary workers because playing with religious sentiments was thought be a sensitive subject by the many of them. They did not want to loss their clients and private practice by creating suspicion by the people.

But missionaries looked at the medical mission work from a different perspective. The medical work provided entry into Indian homes that were otherwise free from evangelical influence. Medical missionary felt that the doors fast closed against the ordinary missionary have been gladly opened to the healer-preacher. "As a medical missionary, I am anxious to give two things - the relief of his suffering and the love of God as we see it through the Christ...it seems to me that it's preventive side of medicine
should be left mainly to the governments, whose public health services have both the personnel and the funds at their disposal to do this work." 108

The doctors were proud of their selfless work as they felt that they were the real representatives of the profession, whereas missionaries took it up for the love of God. At the same time missionary doctors had contributed to the development of medical profession to great extent. The feedback from the missionaries was very crucial for stressing the need for medical doctors in India. The British Government praised the efforts of the missionaries when it wanted to project an image of a racial and cultural superiority. The government maintained distance from the missionary activities as it wanted to project the image of religious neutrality.

Missionary doctors had contributed to the development of science at home. Professionally they also contributed to the body of medical knowledge, but also felt indebted to medical science for providing opportunities from evangelical work. "There is no phrase of modern science which is more distinctly indebted to influence of the Christian religion than the department of medicine". 109 We have seen that the missionary doctors had contributed to the development of anti venom for snake poisoning, by sending useful samples from India. 110 The active members of women's movement constantly stressed the need for properly qualified doctors whereas some of the missionaries believed that short medical training was sufficient to work in India. Some missionaries came and worked in India for some time before joining degree colleges in Britain. This helped them to get some practical experience before going for higher education in medicine. Dr. Pechey in her inaugural address at London School of Medicine for Women had stated that missionaries can also gain professionally if they take up full training and can have lucrative private practice after few years. 111 Lady Dufferin, as the President of the Dufferin Fund had turned down the request from the missionaries for the establishment of a dispensary. Her reply indicates that though they had common professional interests, the Dufferin wished to maintain a distance from the missionary activities. She wrote, "We have ... stated clearly that we cannot aid missionary work; but while we are compelled to stand aloof from the medical missions, yet we have a philanthropic work in common, and we certainly have no wish to be considered antagonistic to them..." 112
Thus, it is evident that the interests of the missionary doctors and other doctors were in contrast to each other even though they belonged to the same profession and had more or less the same medical qualification. But to argue their point both of them took into account the problems of Indian women. Both talked of the problems of Indian women and their health but keeping in mind their own interests. Both started services for women and helped many women but these were started to fulfil their own objectives. Missionary doctors’ attention was focused on medical work as a means to achieve goals of the Christian missions in India, whereas the other doctors were preoccupied with their professional interests. Missionary doctors raised gender issues that were also raised by the women doctors working under Dufferin Fund that we see later. While Dufferin Fund was established with one of the objective to ease gender conflicts within medical field in Britain, women medical missionaries were faced with the same gender conflicts within the missionary organisations that we see later.

GENDER ISSUES WITHIN THE MISSIONARY WORK

The missionary activities were organised through out the world., initially by the male workers who came to foreign lands solely for evangelical work. The only female missionary workers used to be the wives of the male workers who accompanied them to the foreign land. They invariably worked with the women, girls and children. Initially they came as schoolteachers or social workers, it was only in the second half of the 19th century that the need of women medical missionaries was felt. In fact, the feedback from the already existing missionaries attracted the attention of the missionary authorities towards the need for female medical help under missionary banner.

Mrs. William Butler, wife of the first Methodist Missionary was amongst the first women missionaries who came to India to lay the foundation of Indian Methodism. She came to India in 1856 and during her nine years of service in India she constantly felt the need for women doctors to take care of Indian women. On her return to America, she along with Mrs. Sarah J. Hale of Philadelphia, organised a Ladies Medical Missionary Society; with an objective ‘to aid the work of foreign missions by sending out young women as physicians to minister to the wants of women in heathen lands’. The men in the missionary organisation or the Clergymen were not very happy with the women’s decision to do something on their own to help women in the foreign land. They lent more
sympathy than encouragement to the cause. They did want that women should get into the task of deciding as to whom should be sent to foreign land as missionary worker. 114

In spite of discouragement from the male members the women organised the meeting of those missionary women who had been to India and had seen suffering amongst Indian women. In these meetings they stressed the need for women doctors in India, and also appealed to other missionary women in America to arrange to send medical help for the women of India. Within the missionary organisation the women were organising themselves for the cause of women. They visited other places in America and spoke to many women groups to make them aware about women's suffering in India. During the process of these activities many more women joined in this work. Many women gave donations for this cause, but Mrs. Butler and her allies were not satisfied with the monetary help alone, they wanted something more than that. They were interested in a responsible organisation to take care of the activities on behalf of the Indian women. These concerns resulted in the foundation of a Women's Union Missionary Society in New York & Philadelphia. 115 The women were interested in forming a women's society to work in co-operation with the church wide group. But the men leaders were not in favour of such organisation. Through this organisation, these women were seeking authority and power for decision making. They wanted to have an organisation where they could plan, select and arrange to send missionary women to India and at the same time wanted to bear the financial cost. But this created a lot of anxiety and worry to the men in missionary organisation. Dr. Durbin, (Secretary of the Methodist Missionary Society) suggested to the women, "By all means raise funds for some portion of missionary work in India, in China if you wish, but leave the selection of missionaries and the administration of work to the Board of Managers here at home and the mission in India". 116 There were confrontations between men and women even within the missionary society. There were attempts by men (the Secretaries of the Church) in the missionary society to distract women and discouraged them from taking up independent charge of the organisation. "You raise the money we will administer", was the suggestion from the men. 117 The women were determined to have their own organisation so they said, "We women feel that we have organized an independent society. We will be as dutiful children to the Church authority, but through our organization" 118 The men in the Church were threatened but at the same time they comforted themselves by reasoning that "Let the Ladies play around with their little
society and handle their own money for a while. They would find out they needed the
men soon". This example shows that even within missionary organisation the men did
not want women to have power and authority to make decisions. The women were
believed to work under the supervision of the male missionary workers.

Though women's society was one of the many societies that were engaged in
sending missionary workers to the foreign land, but the conflict between the male and
female members of the missionary society was a pointer that even within the missionary
organisation there was no scope for equal relations. The men were keen that women
missionaries should assist them in their work rather then taking up the task of managing
a society of their own. But women did start one of the largest and most efficient women's
organisations in the World.

It is obvious that even within missionary organisations there were conflicts as to
who should have the authority over missionary activities overseas. Women wanted to
have control over the selection of missionaries through just one society, where as men
were threatened by this bold step of the women. They never wanted to hand over this
power to women. Missionaries continued to come to India under different denominations
and women's union also sent missionary doctor under their banner but they did face
initial resistance from the men within the Church. The attitude of men within the Church
organisation was also a reflection of larger societal attitudes towards women. Even
within the religious organisations there was no scope for equal relationship between men
and women.

The women missionaries were paid less than their male collegues for the same kind
of work. These women expressed their unhappiness over the issue of salary as
highlighted by their writings in the missionary magazines and journals, as also
mentioned above. Women, within the missionary bodies also remained surbodinate to
men and most of the decision making remained with the men except in those cases
where only women missionaries were stationed, but such incidences of independent
charge were very few.

The missionaries were the first ones to come to India and start the work of
education and medical relief. Missionaries came to India much before British
government established itself in India. Missionaries work and experience provided feedback for strengthening empire in India. The British government kept distance from the missionary work for political reasons. Missionaries were the first ones to recognise the need for female medical help for the women of India and also the first ones to start training schools dais. The credit of establishment of Dufferin Fund also goes to the missionary worker, Miss Beilby who conveyed to the Queen of India that Indian women were in need of trained medical help from Britain. As a result, efforts were initiated towards the establishment of 'National Association for Supplying Female Medical Aid to the Women of India' or Dufferin Fund. The Dufferin Fund's establishment also had to do with the women's medical education in Britain from mid 19th century. We take up women's entry into to the medical field in Britain and its impact on India in the next chapter.

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15. Ibid.
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