CHAPTER VI

COLONIAL POLITICS AND MATERNITY SERVICES
As the settlement in India took deeper roots, the needs of the local people became important for military and political reasons. It became necessary to extend some health care facilities to them in order to ensure safety of Europeans in India. Philanthropic considerations also played a role in extending such facilities to the Indian masses. In all these ventures, the final decisions rested with the British authorities. In the process of retaining control and yet opening up, and more than that, appearing to be responsive to the needs of different sections, the British government created a complex web of power relationships with professional groups.

With its priority being the army and the British civilians it showed some benevolence towards the Indian elite and gave them patronage. The later provided the much-needed indigenous support, appreciation of British welfare initiatives and substantive amount of resources. The British in the process of protecting the army intervened to control prostitution and called it their concern for these poor women. Later on, this concern transformed into more direct involvement with maternity care under the pressures generated by the doctors in the women's movement in England. Other than these, the British cautiously promoted as well as controlled the interventions of medical missionaries whose virtues were used at the social and cultural fronts to break local resistance. In addition, there was a definite effort to redefine the role of Traditional Birth Attendants or Dais.

We thus identify the key actors in the establishment of services for women in the 19th century as, women doctors, medical missionaries, local elite, traditional birth attendants and the State. Each had its own vested interest and the powerful took the advantage of others.

The Colonial State played the most crucial role in the realisation of goals for each category of actors and in the process, also controlled them. The key actors were controlled in a way that they did not circumvent the political priorities set by the State. This chapter explores these political processes and their implications for the professional women and maternity services. It tries to understand how, without even taking up the responsibility for providing health care to the Indian women, the State was able to muster support and political benefits through permitting the establishment of these
services. How the non-governmental organisations like Dufferin Fund and the missionaries took the initiative, yet the imperial government was able to project a humanitarian image of itself. How it promoted medical missionary work and yet insisted on its own secular character. The chapter also examines the role of the State in supporting/ sheltering the process of undermining traditional practitioners of maternity care.

POLITICS OF MATERNITY CARE

The British women doctors could have started services for women and children in Britain itself, if given a chance, but male professionals did not wish to share the field of medicine with them (See chapter III and IV). In fact, there was no institutional set up for their employment in Britain. They worked in the small dispensaries that were either run with the help of charity or they were into private practice. The British women doctors of the 19th century felt isolated without any organisational support to back them up. This was the time when establishment of Dufferin Fund in India provided them with organisational structure to establish themselves in India.

By settling down in India, and starting the services for women of India, these women doctors not only fulfilled their profession aspirations but also helped British administration in realising their political goals to a great extent. It helped them project a humanitarian image of the British rule to the Indian gentry. This intervention - maternity care for the Indian women - also became a potent symbol of their cultural and scientific superiority. It also justified the presence of the colonial rule in India. “It is too often forgotten that medical profession has been instumental in rendering immense services to the State of India. It can scarcely be expected that frontier tribes and native population would view the presence of a military force invading their country with any satisfaction... But...members of medical profession have gained the confidence and earned the gratitude of the people, and in that way advanced the policy of the Government of India and paved the road to peace and amity...”, remarked Lancet. 1

The colonial government had a political agenda, and these philanthropic ventures earned them sympathisers in India who were very important in the realisation of political goals. The promise of relieving the miseries of the women was the professed objective
but it was also a cover for strengthening its hold. This is explicit in the writings of Lord Ripon. Lord Ripon once remarked that, "...He asked me my opinion of Dufferin, and I told him I did not consider him at all a serious man; but I thought he would make, in some way a successful Viceroy, because he would take the Indians in with his good manners and sympathy and pretty speeches, but he would do nothing for them in the long way of giving them liberty..." 2 Though a general remark, it points to the attitude of colonial rule towards India and its people.

The services for women in 19th century India became the concern of the colonial rule as the circumstances in Britain forced them to address issues raised by the women’s movement. Experiences and successes in India boosted the women’s movement and also opened opportunities for British women in Britain as it established their proficiency and ability. British women doctors took the example from India to strength their own domestic agenda. For example, married women in Britain were discouraged from taking up full time employment on the grounds that family responsibility such as child rearing, make them leave medical practise. This argument continued well into the 20th century. 3 The British women doctors argued that married women got better hearing in India, as their experience of motherhood earned them more clients. While they demanded opening up of professional space in Britain, the government took advantage of the conditions of women in India and in other colonies in order to resolve conflicts at home.

Hence, the establishment of maternity services in India not only fulfilled professional aspirations of women doctors and resolved gender conflicts, it also enhanced humanitarian image of the British rule and justified their presence in India. We will explore this further in the following section.

Taking full advantage of the women’s subordinate position in society, the colonial administration buttressed its own legitimacy by expressing concern for them. The lower status of women, poor health status and high maternal and infant mortality served as the signs of Indian backwardness and became the main issues around which reforms were campaigned. In this process, the ‘National Association for Supplying Female Medical Aid to the Women of India’, or The Countess of Dufferin Fund, or Dufferin Fund became the key instrument to deal with the various interest groups as they interacted with the Fund.
Establishment of Dufferin Fund and the Politics of Interest Groups

The National Association for Supplying Female Medical Aid to the Women of India, commonly known as Dufferin Fund, was the first state patronised organisation to be entrusted with the work to take care of the health needs of the Indian women. Lady Dufferin, wife of the viceroy, established it in 1885. Its establishment opened the field of medicine for British women doctors in India, which otherwise was cornered by the male members of the profession in Britain and in India.

The establishment of Dufferin Fund had a political angle as well. Lord Dufferin in an annual meeting of the Fund on 27th Jan. 1886 in Calcutta said, “... in endeavouring to launch scheme for the improvement of the medical treatment of the women of India, we are fulfilling the special injunction of Her Majesty the Queen” Thus it was projected that the first State sponsored efforts for the health needs of the women were initiated on the insistence of the Queen, the benevolent monarch who cared for her subjects! The Countess of Dufferin Fund was not a governmental organisation, it was a humanitarian and philanthropic organisation having the patronage of The Queen of England. The British administration started this service for women at the behest of Her Majesty.

The recognition of real suffering of women and their health needs was not central in the debate for starting the services for the women of India. We say this not to undermine the importance of services for women but to stress that, steps were taken to establish services without having understood the real problems of the women. Death of women during pregnancy and childbirth were recognised as ‘the’ problem women faced due to negligence of traditional dais. These attitudes were not confined to medical professionals only but were shared by the British administration and the officials. Lord Dufferin said in one of his speeches that women in India were left to the mercy of midwives and it was the duty of the British administration to take care of women’s health needs. He was also of the view that dais’ methods were barbaric and it was criminal to leave women under their care. He said that, “the duty of combating these terrible bodily afflictions to which women even more than men are liable has necessarily fallen into the hands of a class of female practitioner who, however great their deftness and zeal are utterly incapable of fulfilling the heavy responsibility imposed upon them, and whose
modes of dealing with their patients... are... of a deplorably clumsy and inefficient character. The object then of our present effort is to found an association which in its ultimate development shall supply the women of the land... with proper medical advice and attendance" ⁵

Dufferin Fund was established with a lot of enthusiasm. It meant to provide trained medical doctors from Britain till such time, that the Indian women doctors became available in India. However, not much was done to encourage Indian women to take up medical education in the 19th century. It was only in the last decade of 19th century that some Indian women made to the medical field.

Dufferin Fund had always projected its humanitarian and philanthropic concerns in its annual reports and also in the media. Summarising its activities from its inception, the Honorary Secretary of the Countess of Dufferin Fund wrote to government of India that "... It is now 15 years since the Dufferin Fund first came into being, and from having treated 100,000 women in 1888, it afforded relief to no less than 1,484,000 in 1898. About 24 lakh of rupees have been spent in providing building, and there are now some 185 hospitals, wards and dispensaries and various kinds which are officered by women. 35 lady doctors of first grade, 75 Assistant surgeon and 257 hospital Assistants are now engaged in forwarding the object of the Association..." ⁶ Though the impressive figures, but as far as the employment of Indian women doctors' were concerned, it did not benefit many. They were confined, at best to the job at Assistant Surgeon level. Majority them worked as hospital assistants. The posts of the first grade doctors were occupied by the British women doctors. And as far as medical relief was concerned it was confined to urban areas, and that left majority of Indian women in rural areas unattended.

Financial aspects of this political move were left to the local people to take care of. The records of the first meeting of the association indicate that the success of the scheme depended upon the contribution of the local people. The viceroy made an open appeal, " What is wanted is a permanent annual income, whether derived from the interests on our capital, or from yearly subscription" ⁷ The philanthropic ventures of the colonial government were mainly dependent on the contribution of the local people. For the local elite, association with the Fund furthered their contact with the British
administration. Such relationships were very satisfying for both of sides. A ladies delegation of seven hundred women met Lady Dufferin before her departure from India. There were moments of mutual appreciation. On behalf of the Indian ladies, the following address was read: - "A memorable attempt has been made to alleviate the fearful amount of female suffering which prevails in India through the want of competent medical attendance, and it is under your auspices that a National Association has been formed for supplying female medical aid to women in all the provinces of the empire....[I]t is through your sympathy with suffering, your devotion to the weak and helpless, your wisdom and enthusiasm, which has inspired others to charitable deeds, that the gratifying results already attained are to be attributed (emphasis added) "  

In reply Lady Dufferin said, "I am quite sure that no one in the fulfilment of a plain duty has ever received so great a reward as I have, in the sympathy and appreciation of those for whom I have tried to do something, and in the rapid progress and success of the work I undertook....If it has been my happy privilege to draw attention to the remediable sufferings and to the wants of the women of India, it is the quick response of their countrymen which has made the amelioration of their lot a reality and not a dream"  

In these moments of mutual appreciation the recognition of suffering of women became incidental.

Dufferin Fund also had office in London and co-ordinated the supply of women doctors to India. In a letter to Lord Mayor of London, Lady Dufferin wrote on 28th Sept. 1885 wrote that, "I hope that it (Dufferin Fund) will not only be the means of bringing medical relief to many suffering women, but that it will also open out a career in native women, and will tend to improve the general female education through out India. I am in hopes that the posts will multiply here much more quickly than we can find native women ready to fill them, and in fact the most sanguine of us know that it will be many years before the medical schools here can be expected to supply candidates for the larger appointments"(emphasis mine)  

This indicates that employment of British women doctors in India was one of the main objectives of the Fund.

Thus we see that right from the beginning the suffering of women in India was used not only to provide employment to British women doctors but also to build a philanthropic image of the Raj, at the cost of Indian elite. The latter willingly contributed
out of their concern for charity as well as for status. We see this in the later section of the chapter.

Dynamics of Dufferin Fund

The main three objectives of the Countess of Dufferin Fund were:

1) Medical tuition, including the teaching and training in India of women as doctors, hospital assistants, nurses and midwives

2) Medical relief by establishing dispensaries and hospitals, by opening female wards under female superintendence in existing hospitals, by provision of female medical officers and attendants for existing female wards and by founding of hospitals for women with special fund or endowment

3) The supply of trained female nurses and midwives for women and children in hospitals and private houses.

The establishment of Dufferin Fund had many more functions than mere taking care of the needs of Indian women by facilitating the women doctors to come to India. Dufferin fund as a body had a political agenda and some social purposes. The annual meetings of Dufferin Fund were some of the biggest events for the Viceroy's wife, who was President of the organisation. These women came in contact with the most influential Indian people through these meetings in the Presidencies and Provinces. The meetings and the activities of the Fund provided a platform for interaction between the rich Indian elite and the wives of the government officials. Before the establishment of Dufferin fund there was not much interaction between them. "The English wives made ...less contact with native life. They tended to form a rather narrow close community, half their thoughts and interests centred on children at home.... Consequently the needs of the Indian women made no impression on them...", wrote Moberly. 11

Dufferin Fund gave them opportunities to interact with high class Indian nobility. The annual reports of the Dufferin Fund carried the names of the Indian people who had attended the meetings and special mention was made of their contributions. Invariably, the Indians who were associated with the Fund were rich and influential. The government officials at many occasions clarified that their association with the Fund was out of humanitarian considerations. In one of the annual meeting of the Fund, on 7th
Feb. 1889, Lord Lansdowne remarked that, "I should however, be sorry to allow you to suppose that (it) was merely on account of our wish to please Lord and Lady Dufferin that we have agreed to connect ourselves officially with the fund. We are, on the contrary glad to do so because we are convinced that the work ... is one of real and substantial usefulness to the people of India..." 12 Lord Elgin, in one of his speeches made on 30th March 1895, also clarified that, "...Lady president has desired to treat her duties in connection with the fund not as occupation of a vacant hour, but public and responsible work which having undertaken she owed it to the women of India..." 13 The annual meetings of the Fund were occasions to reassert their genuine concern for the Indian women.

British officials and their wives used these opportunities to increase their popularity in India. Lady Dufferin established a Fund carrying her name, so did the successive vicereines. The successive vicereines were not satisfied to carry on the work started by their predecessors. They wanted to leave something behind carrying their names. Being known as President of an organisation, which carried the name of its founder, did not excite them. They were happy to be associated with Dufferin Fund but at the same time wanted to have some organisation bearing their name. Lady Curzon, Lady Minto, Lady Chelmsford and other vicereines started some or the other organisation carrying their name. Viceroy's lauded the achievements of the Dufferin Fund in their tenure. Lord Lansdowne remarked, "...the investment standing in the name of Fund has risen in the last four years from 10 to 16 lakh; ... that 27 hospitals and dispensaries, which were in existence at the close of Lady Dufferin's Presidency, have risen to 57, and the trained staff of the Association, which numbered 11 when Lady Dufferin left India, is now no less than 73 strong" 14 The Fund also helped in assessing their popularity amongst Indian elite as the success of the Fund entirely depend upon the contribution of the local rich. Involvement of 'native' princes and nobility in the philanthropic endeavours were acts oriented towards consolidation and permanence of the British rule. Indian princes and other were rewarded with the royal titles by the British rule. 15 Endowment to schools and hospitals were some of the endeavours in which Indian had willingly involved them.

The Dufferin Fund's organisation also replicated hierarchical structure of the colonial administration. It had Queen Victoria as its Supreme patron, Viceroy as patron...
in India, provincial governors and their wives as Vice-Patrons and Vice-patronesses. 16

"Managing Committees of the fund's branch associations reflected the diverse nature of the political alliances the government was eager to make and maintain" 17 It also had few members of Indian aristocracy and some members from the newly formed Indian National Congress, as its associates. This too was to counter the budding nationalist sentiments from the western educated leaders. 18

The British authorities acknowledged the contribution made by the Indian elite. "I am glad to have this opportunity of expressing my acknowledgement of generous manner in which the lady Dufferin scheme has been supported by the prince and Chiefs of this part of the country. They were among the first to come forward when the movement was in its infancy...", said Lord Lansdowne in one of his speech. 19 In fact, local help was taken for granted by the British authorities, who expressed surprise if the local elite did not provide financial support. It was expected that the local rich would always extend full support to the British initiatives. In the fifth meeting of the National Association, the viceroy said, "I cannot bring myself to believe that the sum still wanted for this purpose, considering the great liberality of the wealthier classes in this province, will not soon be forthcoming" 20

Apart from contribution from the Indian nobles and princes, some Indians contributed to the Fund to come closer to the authorities, and some wanted to get noticed by the authorities. For example, the High priest, Baidya Nath, of a Hindu Temple in Bengal contributed Rs.100/ to show his appreciation to the newly formed Dufferin Fund in 1887. He wrote " Kindly do me a favour of conveying my deepest thanks to Her Excellency the Countess of Dufferin for her ...endeavors to provide medical aid to the women of India. It is an undertaking which deserves the earnest support of every Hindu who has an attachment for his natural customs and manners..." 21

There were some sections of society in India, who did not approve of the treatment provided by the women doctors. Some Indian elite, like Bal Gnadadhar Tilak saw Dufferin Fund with great suspicion and criticised the government for shoving the responsibility of maintaining the Dufferin Fund onto the public shoulders. 22 One of the Regional newspaper, Praja Bandhu remarked, "Behold, how very artfully Her Ladyship has drained out the wealth of many Maharajas, Rajas, and noblemen of India" 23 These
criticisms, however, did not discourage the government in any way. Lord Elgin, on the occasion of the opening of Dufferin Zenana Hospital at Gaya in March 1895 said, "I wish it to be distinctly understood that the provision of the hospital in no way runs counter to the treatment in zenanas; on the contrary, it is natural, and universally accepted and believed that proper hospital treatment is necessary compliment to home treatment..." 24 Such remark were meant to allay the resentment of those section of the society that saw Dufferin Fund as one that was trying to erode the existing systems in the society.

The main focus of the Dufferin Fund remained to secure employment for British women in India. The women doctors from Britain, especially the young graduates from London School of Medicine for Women, were the real beneficiaries of this arrangement. Lord Lansdowne once remarked, "it is no longer open to any one to argue that there is no room in India for trained medical women...evidence on this point is forthcoming in abundance. The number of our students is increasing. Those of them who have completed their studies are doing fine as employees of the Association, or are working successfully in private practice, while the popularity of the medical relief which we are able to afford is proved by the number of women and children who flock to our institutions where they are in existence, and by the demand which is springing up for it in new centres" 25

Preoccupied with the employment opportunities for women doctors, the professionals and the administrators missed out on the actual needs of the women and in turn saw the prevalent systems as obsolete. The health services for women were important in itself, but not at the cost of the needs of the recipient population. Unfortunately, the material and professional concerns of the British women doctors guided the focus and direction of the services. The services by the British medical women did not bring about much change in the health status of women in India for three reasons. Firstly, whatever was done was too limited and out of reach for the majority. Secondly, the issue of social and economic deprivation was left untouched. The founder member and the first President of the Dufferin Fund, Harriot Dufferin remarked, "...if only the people of India could be made to realize that their women have to bear more than their necessary share of human suffering, and that it rest with the men of this country and with the women of other nationalities to relieve them of that unnecessary burden...". 26 Thus fixing responsibility on to the Indian male, Dufferin Fund absolved
itself of all responsibility. At no point of time did they ever try to intervene at the social level or even talked about it. They accepted that in Indian society the men had the right to decide for women and they did nothing to change these unequal relationships, except making sympathetic noises. Talking about the future of female education in India, an official letter remarked, “In a state of society where the men exercise such despotic rule over women as they do in this country, the education of women...(is)... almost impossible without the cordial co-operation of their absolute lords and masters...”

Thirdly, the State through the Dufferin Fund fully supported the doctors in their criticism of the traditional dais and the prevailing system of managing deliveries. As we have seen in the previous chapter the government blamed dais for high maternal mortality. Yet, it used its influence to push their attachment to hospitals to provide ‘cases’ for training. The Fund also attempted to change the class base as well as the very role of traditional birth attendants (TBAs). This indicates that the women doctors reinforced the notion of “alien natives” and helped ushering in the message that Indian people suffered because of their backwardness, and racial inferiority. Their own purely clinical approach also did not question government’s rationalisation of non-intervention in social conflicts.

Dufferin Fund’s office in London acted as a co-ordinating agency that arranged to send newly trained graduates of London School of Medicine to India. The annual report of the London school of Medicine for Women for the year 1886 very proudly stated that there were 22 ladies on the medical register and about 5-6 were already working in India. From the official records it is known that the women who were in India in 1886 were Edith Pechey, Miss Littlewood, Miss Ellaby, Miss Van Overbrake and Miss Donald. Incidentally all of them had got their first appointment in Cama Hospital. To encourage women to take up jobs in India, the annual reports of London School of Medicine for Women included a section on Dufferin Fund. The Annual report of the London School of Medicine for Women for the year 1886 remarked that, “Countess of Dufferin Fund continues to extend its operation and urgent applications have been made during the past years for fully qualified English ladies to work in connection with it... Several of the students of the school are preparing for practice in India”. This medical school not only assured women candidates about the job prospects but also arranged to complete their education in India, if they wished to do so. The secretary of London School of Medicine for Women had written to Government of India to facilitate the lady students, who were desirous of completing their course of instruction in India and to obtain the MD degree of
the Indian University. This request was made to give recognition to the certificate of attendance issued by the School. The letter does not indicate why some women were keen to complete their education in India, but again it does indicate that India was not only a place for employment but had also provided opportunities for education to British women.

The Fund facilitated the process of sending fresh graduates from Britain to India by way of providing stipend and fellowships. Dufferin Fund's office in England was a link between the women students and young graduates from Britain and the Central Committee of Dufferin Fund in India. For British women it ensured gainful employment in the colony, whereas in India, it upheld its humanitarian image by making noises about Indian women's miseries that could be taken care of by the trained medical women from Britain. Though its aims and objectives were that it would encourage the training and education of Indian women nothing was done to encourage them. Even after obtaining required qualification the Indian women were confined to lower ranking jobs. Even in Cama Hospital Indian women doctors were appointed on leave vacancies. For example, Rukma Bai got her education from London School of Medicine for Women, and she was appointed at leave vacancy as acting house surgeon on a salary of Rs.125 per month. In fact she was asked to refund some portion of her salary as government claimed that she drawn excess salary. This is an indication that for the same job Indian women doctors were paid less and were confined to lower ranking jobs only.

It is interesting that the ambitious British women doctors did not care much to work under Dufferin Fund. They kept close watch on the vacancies in Cama Hospital. Some opted for private practice in India. Some British women doctors had began to criticise the working of Dufferin Fund, but that happened only in the 20th century. This was the time when women were demanding formation of Women Medical Service (WMS) in India. Commenting on the experience of one of the women doctors, a member of MWF wrote, " it is quite right that the Dufferin Committees are hopeless to work with..." The papers of the MWF also point to the lack of co-ordination between the central and provincial committees of the Dufferin Fund and the increasing demands of the women doctors in India.
Dufferin Fund also helped in projecting a progressive and modern image of the State as hospitals used new advancement in the field of science to combat disease amongst Indian women. Lord Dufferin said, "Now, if there is one direction in which science has made progress, it has been in the means which have been discovered of alleviating the special suffering and traits to which women are particularly liable... (and)... we may well comprehend how grave and urgent is the obligation of placing within the reach of our native female fellow subjects those merciful alleviation which have been so providentially reveal to modern surgery."  

The surgical interventions and use of instruments were the ways to exhibit superiority of western medicine. It also exposed medical women to opportunities to master their skills in surgery. Lord Elgin had also expressed similar feelings in the annual meeting of the Dufferin Fund. He remarked that, "We had to meet a vast mass of human pain and suffering, unnecessary and unrelieved; and, on the other hand, we have a great amount of scientific knowledge, ready, energetic, and able, and if I may be allowed to say so, full of sympathy; and the question is how to bring the science of the West to cope with the pain and suffering of the East."  

Many of the well-equipped Dufferin hospitals remained empty for want of female patients. Though, the annual reports of the Fund lauded the achievements and provided impressive statistics to depict the success of the association, but at the same time expressed its apprehension over the fact that many women did not came for treatment in many of the well established hospitals. In one of the meetings of the Countess of Dufferin Fund, at Madras, Lord Elgin said, "...there is one thing which is less satisfactory than the equipment of the hospitals, and that is that a hospital should remain empty after it is erected, either from want of appreciation of the people whom it is intended to benefit." This points to the fact that services in these hospitals were accessible to select few, probably to those who could afford to pay for the services.

In an enthusiasm of establishing a big organisation with central and provincial committees, and having important and influential people associated with it, the founders of the Fund over looked the class and regional differences existent in India. They also ignored the customs and practices of the people of India and tried to graft a new model of treatment without appreciating the role and importance of the already existent model. They also ignored the fact that women had been accessing the services in hospitals that
were already in existence (Table 2.5, 2.6 and 2.7). Apart from trained medical help there were other factors that influenced accessibility to the maternity care.

The British rule in India shared a special kind of relationship with the missionaries. We have seen in Chapter II that state was cautious while supporting the activities of the missionaries. The establishment of Dufferin fund owes its debt to Miss Beilby, a medical missionary. She had acquainted the Queen of England with the suffering of Indian women. Thereafter, the Queen instructed lady Dufferin to look for possibilities of extending medical aid to the women of India. Even then, Dufferin Fund did not have any working relationship with the misionaries. In fact, Lady Dufferin had turned down request from the missionaries for the establishment of dispensary on the ground that the Dufferin Fund would like to stand aloof from the medical missions. \(^{35}\) But at the same time, the colonial government gave them permission to build its institutions and carry on the missionary work. It never questioned their missionary activities. Yet, it maintained a distance to convey its secular image.

Thus we see the diverse planes at which the Fund operated. It became the platform for entry into the elite spaces of the Indian society. It handled criticism from within the elite by proclaiming sympathy for the suffering masses and it became a means for the State to draw out local resources to nurture its philanthropic image.

Financial Cost of Bringing Women Doctors to India

Dufferin Fund had aimed to bear the cost of bringing female doctors to India and to pay scholarships for training of nurses and midwives. The financial cost of this British 'Philanthropic venture' was borne by the Indian Chiefs and Nobles. The central committee of the Dufferin Fund had started collected subscription from August 1885, and by Jan. 1886 it had collected a sum of Rs.148, 344 (approximately £9, 900) in India. The collection in its office in England amounted to only £225. \(^{36}\) More than half of the money in India came from the Nawabs and Maharajas who contributed at least Rs.5000 to become life members, whereas the viceroy of India and the Countess of Dufferin donated Rs.500 each for the same.
All women doctors did not come to India through Dufferin Fund, some came under the missionary bodies, and there were still others who came independently and preferred private practice. The later had contacts with the influential people in India. There were still other, who had come under the Medical Women of India Fund, established by the rich gentlemen of Bombay with the help and co-operation of his business associates. For all these initiatives the Indian people contributed the money. Only in the case of Cama Hospital that was built with the contribution of the rich gentlemen of Bombay, the government had agreed to pay for the salary of the women doctors in Cama Hospital. "The funds for the erection of this hospital were provided by the liberality of the Parsi gentlemen whose name it bears; that among the conditions attached to the gift of the money for the construction of the building it provided that the hospital shall be maintained at the cost of the Government" 37 stated government proceedings. In all other cases the government provided annual grant to show its patronage of the work for women's cause.

The colonial government was neither ready to take care of the health needs of the Indian women, nor did the State considered it their responsibility to bear the cost of bringing women doctors to India. Replying to the question of appointment of Edith Pechey and Miss Ellaby as Physician and Resident Surgeon at Cama Hospital, a letter from India Office, London on 25th Nov 1886, points to this. Secretary of State for India wrote that "... the Government can not undertake, nor can it reasonably be expected to undertake, the duty of providing appointment for medical practitioners in order to meet the general wants of the community. Institutions founded by private charity to meet the medical wants of Indian women may properly be assisted...within reasonable limits, by means of grant-in-aid from the Provincial Funds. It seems doubtful, however, how far a movement, the object of which is to provide medical women for India, is likely to be advanced by fixing the salaries of the first female doctors paid by the government on a scale so high as necessarily indicate that the services of the medical women are very costly (emphasis added)" 38

Even though the appointment of the women doctors was considered least important, the administration lost no chance in exercising their authority in such matters. All appointments and salary fixation were done with the prior approval of the Secretary of State for India. The government expressed displeasure when such
procedures were not followed. A letter to Governor in Council stated "...I must again remind your Excellency in Council that all appointment in this country of persons to posts in India rest entirely with the Secretary of State" 39. The government wanted to have absolute control on the matters of appointments and salary fixation for women doctors. In any case the government did not want to pay women more than the male doctors.

Though Dufferin Fund was the nodal organisation for the employment of women doctors, Cama hospital had attracted ambitious women doctors from Britain. Cama Hospital had the provision for employment of two women doctors that was later increases to three. The salary of women doctors employed under Dufferin was Rs.350/, whereas the Acting First physician at Cama Hospital was getting Rs.500/. The First Physician's salary was between Rs.700 to Rs.1000 a month, like in the case of Edith Pechey and Miss Benson.

The correspondence between the government and the management of Cama Hospital brings to light very interesting facts. Cama Hospital was the only hospital where government had agreed to pay for the salary of the women doctor. Initially it agreed to provide for the maintenance cost for five years then, it tried to go back on its words, but had to continue providing for their salary. Whenever leave vacancies came up in Cama Hospital, the government tried to reduce the salary. In 1903, Miss Benson, physician of this hospital went on leave, and in her absence, the second physician looked after the work of first physician, and in the place of second physician women doctor was appointed. One women doctor from Dufferin organisation applied for the job. The government suggested, "Dufferin Fund lady doctors of the first grade ordinarily get Rs.300/ a month only, so that it will be fairly good promotion for such a lady...(to) draw Rs.350/ a month under the existing rule..." 40 Finally the salary was fixed at Rs.500/ month to maintain the status of physician of the Cama Hospital.

Apart from the salary, the women doctors at Cama Hospital enjoyed a privileged position. The personal contact of the women doctors earned them higher salary. For example, the government of Bombay had recommended a monthly salary of Rs.1000/ month for Edith Pechey, whereas men in the medical profession got around Rs.750/ month. The salary of Edith Pechey was reduced to the same by the Secretary of State on the grounds that the medical men were available at the same salary. 41 Thus,
controlling salaries and keeping the state investment under control was critical for the government.

Despite financial stringency, the opportunities for women doctors in India were attractive. The British government thus could use as a carrot and still pay lower salaries to its women doctors. Sophia Jex-Blake and Mary Scharlieb admitted that India offered great opportunities for medical practice. Sophia Blake wrote, “It is ...in India and other parts of the east that the necessity for medical women is most apparent, and their usefulness most indisputable. The great publicity given to Lady Dufferin’s movement for supplying medical women to India, and the influential patronage under which it has been organised have brought the matter before the nation at large with emphasis and authority that no private advocate could have commanded” 42 Mary Scharlieb had also emphasised that opportunities in India were of great value to women doctors. To stress her point forcefully, Sophia quoted from Mary Scharlieb’s lecture (delivered in Madras in 1885) where she had stressed the need for women doctors for India. Mary Scharlieb had said “Over a thousand English medical women urgently needed in India in 1880, and in 1887 there are but fifty four women, all told, on the medical register!” 43 Sophia was surprised at the opportunities that were available to English women in India. There were about fifty women on the British Medical Register in Jan. 1886, approximately one fifth were practising in India. 44 In the missionary organisations also, at least fifty missionary women physicians were working under different domination and that constituted two third of India’s total number of lady doctors. 45

Thus we see that the government cleverly restricted state investments and encouraged private investments in building the services.

Male Bias within the Administration

Though British women doctors were happy with the employment opportunities in India which somewhat lessened the gender conflicts in Britain, the women doctors were not free from male hegemony even within the colonial government’s administration. The British administrators, male professionals and the medical and official journals left no opportunity to show that women doctors were not needed in the profession. The colonial government did not want to antagonise male doctors and sometimes conceded to their
demands to replace women doctors by male doctors. The government kept the salaries of women doctors lower than the male professionals, and also supported that view that women were inferior to men. Medical gazette and official reports pointed these views in their publications and reports.

The State did not offer employment to British women doctors directly, it was left to the philanthropic organisations like Dufferin Fund to take care of the women’s employment in India. We have seen above that the Cama Hospital was the only exception where government had agreed to pay for the salaries of women doctors. In this case also government had tried its best to go back on their commitment. The government exercised full control over the employment, salary fixation and who had to be appointed for the post in Cama hospital. The government pointed out that women doctors did not need same salary as male professionals, as they don’t have to contribute to the family expenses.  

The work of the women’s hospitals was very closely watched and reviewed by the male professionals and the government. The government of Bombay had proposed higher salary for women doctors, as it felt that the hospital was doing remarkable work. The Secretary of State replied to the Surgeon General, “As far as I am able to judge from the statistics tables the amount of medical relief given at the Kama (Cama) hospital is nothing remarkable. In 1899 they only treated 781 indoor patients all told, against 2435 in Eden hospital in Calcutta; in the later the number of European and East Indian (832) exceeded the total number of all classes treated in the Kama (Cama) Hospital, of whom only 178 were Europeans and east Indians”.  

It indicates that the government did not want to pay women doctors more than the male doctors, and supported their argument with the statistics from official reports. The other thing that is evident from this arguments is that the providing treatment to Europeans was the prime concern of the government, and it wanted to keep the cost low for the treatment of the ‘native’.

It is therefore not surprising that given a heavy male oriented structure and orientation, the colonial government most often sided with the male professionals. There were also efforts to replace women from the important posts. Miss Adam was lady superintendent at Maternity Hospital at Madras. She resigned from the post to take appointment somewhere else. Taking advantage of the vacant post, the government
proposed that the post of the lady superintendent may be abolished, instead a commissioned Medical officer should be appointed at maternity Hospital. The Chief Secretary to Government of Madras proposed to government of India that, “His Excellency the Governor in Council is of the opinion that advantage should be taken of the present opportunity to abolish the office of the lady Assistant Superintendent of the Hospital...the appointment of the lady Assistant Superintendent continues to be viewed with disfavour by the superintendent, and on the departure of Miss Adam, the surgeon general urged that she should not be replaced, but proposal to appoint commissioned medical Officer to the Hospital should be renewed”. 48

The Colonial government succumbed to male biases, especially whenever financial burden fell on to the government. The correspondence between government and Edith Pechey points to this. Edith Pechey wrote to the government in 1887 that, “women in the government medical employment in India should be placed on the same footing as men in the Indian Medical Service, and be subject to the same regulation as regards services, pay, leave and pension...” 49 She further said that, “When the same qualification are required from the one as from the other, and duties performed are the same as in the hospital... (pay ought to be same as well)” 50 The government replied that since women had been granted permission to engage in private practice, they need not be given the same benefits as given to the male doctors in the service. Whereas, Edith Pechey had refuted government’s assumption by saying, “provisions granted to women doctors to engage in private practice was made a reason for putting them upon pay inferior to that of men in charge of the civil hospitals. This was...no concession to women, as all members of IMS are at liberty to practice medicine privately in their spare time, and the fact that so few of them avail themselves of the permission proves of how little value it is”. 51 It is interesting that the men in the profession were allowed to engage in private practice without much restriction, whereas for women doctors’ private practice became a reason for not offering them regular employment. The adhocism was evident in their dealing with women doctors in India

We have already seen that government did not want to continue paying salaries to women doctors in Cama Hospital, but had to continue with the arrangement, though it tried to reason out discontinuation of such an arrangement on many occasions. The government argued that, “A commissioned medical officer, if held the permanent charge
of a regiment, which he might be expected to reach after 3 years of service would be in receipt of Rs.450/ a month; if employed in the civil department he would not, as a medical officer in charge of a district be likely to obtain the rate of pay given to Mrs. Pechey Phipson (700/) until he had 12 years of service. Mrs. Pechey has more over an extensive private practice, acquired to great extent through her position under the government, and we see no reason to suppose that her official duties are unduly heavy or insufficiently remunerated. It is possible that the government initially offered jobs to women in India, and made conditions much more attractive. As the financial burden of providing jobs to women doctors increased, the government decided to leave the matter to philanthropic organisations. With the establishment of Dufferin Fund, the government passed the financial responsibility to the local people who contributed to the Fund. Dufferin Fund almost survived on endowments, donations and some grant from the government.

The government did not make permanent, the post of the lady physicians' in the case of Cama Hospital for many years. It continued to delay the decision on this issue. Initially, the appointments were for five years, which again were renewed for next five years. It was only in 1893 that the post of the first physician of Cama hospital was made permanent, whereas the post of the second physician and house surgeon were given sanction for five years.

The government exercised full control on appointments, salary and still managed to keep overall appointments of women doctors' ad-hoc. The government also excised its discretion to approve higher salary to some of the women doctors. For example, Miss Edith Pechey was given higher salary in 1883, to make service conditions attractive for women doctors and Miss Benson was engaged on higher salary in 1899 on the ground that it was unable to get anyone on lower salary. The Secretary of state wrote that he was unable to secure services of suitable lady doctor on the salary fixed by the government. This can not be true, as many women doctors were keen to get employment in Cama Hospital. Perhaps, the post of first position in Cama Hospital was kept to oblige the influential ladies from Britain. The British women doctors who had been well connected in the social circle had always occupied this privileged position in India.
The government permitted high salaries in Cama hospital to wean away the influential and the well connected. This created tension between male doctors and Cama Hospital doctors. The government officials in India were not very comfortable with this. Yet, this served a purpose of dividing women doctors and thereby isolating the articulate and efficient professional women of Cama hospital from the other colleagues even though they were well connected. Surgeon General Rice disagreed with the policy. He had pointed out that he would rather cut down the salaries of women doctors in Cama hospital, as there were enough women doctors available in India. He had also noted that women at Cama hospital were paid much more in comparison to men in the profession and the women doctors working with Dufferin hospitals. This male discontent was also a matter of great concern for the officialdom.

In the case of Dufferin hospitals, the civil surgeon of the district supervised the work of women doctors. The women doctors had protested this on the ground that the very purpose of having special hospitals for Indian women was defeated by such arrangement and it also indicated that the government did not have faith in the professional competence of women doctors. Interestingly, the central committee consisted of all male members, except the lady president. It was only in 1909 Dr. Kathleen Vaughan was appointed to central committee. This followed the formation of an Association of Medical Wmen in India in 1907. Thus, we see that the British government's dealing with women doctors was loaded with male biases and these are evident in their dealing with women doctors.

Handling of Conflicts Generated by Dufferin Fund's Activities

Dufferin Fund had the patronage of the State, yet, because of the professional conflicts, its activities were often subjected to criticisms. At one level, the Dufferin Fund was the symbol of humanitarian image of the British, on the other it came in conflict with the British government's financial and political priorities. At such times even the State chose to take side with the male professionals who were resentful of women doctors' control over the Fund's hospitals. The women doctors had chosen to work amongst women and children, in accordance to the notion of women's role in society. The Fund also did not want them to be employed in any other specialisation. Whenever women doctors demanded equal pay and benefits as provided to male doctors, the government
attempted to resolve the crisis by offering them appointments that men were not very keen to take up, such as attending on plague patients or inspection of passengers on railway stations or examination of patients for venereal diseases. Such appointments were neither very lucrative nor did they mean attending on rich and influential patients.

Several responses came in reaction to this official announcement. A lady doctor, Miss Yerbury, in Charge of the Dufferin Hospital at Agra wrote to the Principal of Agra Medical School and expressed her anxiety about women being employed for such work. She wrote, "...the women who pass out...are far too young to be employed on such work...no women under 40 should be employed on such work..." 57 She expressed that employment of this kind would discourage women from respectable families from joining medical profession, and in turn can put an end to female education in India. 58 The central committee of the Dufferin Fund was also against such appointments. The Central committee of the Dufferin Fund also expressed the same opinion. It replied that, "...under no circumstances should a lady doctor attached to a hospital connected with the Association (Dufferin Fund) be employed on any such duty, as committee consider that such employment would be highly injurious to the interests and work of the Association". 59

The government made an offer to appoint women doctors as hospital assistants in 1899 for the hospital for venereal diseases. The Surgeon General of Madras expressed his doubt that women doctors would take up such appointments. He felt that it was difficult to get women to work as hospital assistants in the hospital for venereal disease. He wrote, "I can see no immediate prospects of a sufficient number of female Hospital Assistants being available to undertake the examination and treatment of women suffering from Venereal diseases" 60 Moreover, class prejudices were also evident in the appointment of female hospital assistants. Women from the lower class were not encouraged for employment. This is evident from the official records. The Surgeon General further added, "...women of other than good families...(and) undesirable and (are) likely ...to turn their medical knowledge to criminal purposes... As regards respectable families they have aversion to such work". 61 Similar views came from the other presidencies also. The women doctors also were not keen to take up such appointment and resented the government's offer and its denial to
give them equal status. The government strategy did not succeed and women continued to press for respectable postings.

Dufferin Fund was keen to facilitate British women doctors to establish themselves in respectable job by coming closer to the high-class women in India, who could afford to pay for their fee. It therefore criticised the government’s proposal to offer them jobs that were not considered respectable and lucrative.

The Dufferin Fund was criticised by the male professionals in the medical journals for projecting inflated figures about their work. The Indian Medical Gazette in July 1903 pointed out that Dufferin Fund in its reports had included the female patients of those hospitals also that had no contribution from the Fund. It stated, “…the reports clearly show that a very great deal of work credited to Dufferin scheme is amongst women that can in no sense be classified as Parda-nashins, and that many of the so called Dufferin hospitals are simply female wards in the chief general hospitals of the town or district under the charge of the Civil Surgeon, supported by the local funds and in no way indebted for pecuniary support to the Dufferin Fund (emphasis added)”.

Dufferin Fund had included all female patients from the hospitals to make their reports impressive and presentable, accused the Medical Gazette. The Medical gazette had given example from the reports of the District Board from Bengal to show that the services of the lady doctor were secured on its own initiative and the board also paid her salary and other benefits. She looked after a ward and out patient room in the municipal dispensary. The returns of income and expenditure in the 17th annual report of the Bengal Branch of the Dufferin Fund had no reference to that hospital, but the women and children treated in that hospital had been incorporated in the annual reports of the Dufferin Fund.

Before this incidence appeared in the medical gazette the government had already made a note of it and had sought clarification from the central committee of the Dufferin Fund in 1899. Replying to this question the Honorary Secretary of the Central Committee wrote, “…the chief object of its report is to give complete idea about all that is being done for the Indian women in the way of affording (offering) them female medical help without reference to the manner in which it is provided, or the source from which the funds may be derived…” He further added, “The central committee endeavours,
therefore, to give as complete a summary as possible of the medical relief afforded to women in zenana hospitals and dispensaries throughout the country...whether these are entirely supported by the government, by the Native states or municipalities, or by branches of Association itself. In its defences, the Honorary Secretary further added, "...an earnest desire (is) to keep itself informed and to inform others, through the medium of its reports, of the conditions and progress of these hospitals." Perhaps the reason for showing inflated statistics could be to get more financial help from the government and from the Indian elite who had generously contributed to the Fund. This event is an evidence of the double role that the State played in encouraging as well as tightening the ropes of the Dufferin Fund. Control was necessary to not let it become autonomous on any account.

We thus see that as a philanthropic organisation the Dufferin Fund not only acquired great support and good will from the public and the Indian elite but also created opportunities for women doctors who at times threatened the monopoly of men over the profession. It therefore had to be subjected to scrutiny. In spite of its shortcomings pointed out by its critics and the government control on it, Dufferin Fund played a very crucial role in providing opportunities for women doctors to organise themselves and demand the establishment of Women Medical Service in India.

POLITICS IN THE ESTABLISHMENT OF SERVICES FOR WOMEN

As the British women doctors establish themselves in India, their professional demands began to occupy centre stage. There was hardly any attention paid to the real needs of the Indian women, nor was much done to hand over the responsibility to Indian women doctors. The state did not envisage that British women doctors would demand Women Medical Service (WMS) on the same lines as IMS. It was not prepared to take up extra responsibility and financial cost for establishing parallel services for women. The demand for Women's Medical Service brings to light yet another set of strategies, of delays and of dividing British and Indian women doctors. These contradictions and the divide between British and Indian women doctors are explored in the following section.
Establishment of Women Medical Service in India

There were very few Indian women doctors in the 19th century. They entered the scene only in the last decade of the 19th century. Other than a few at Dufferin hospitals and the Cama Hospital, there were those women doctors who were employed by the local governments and municipalities. Some of them were associated with the female wards in the large hospitals and others who worked in missionary hospitals and dispensaries.

Dr. Edith Pechey took the initiative for the women doctors by demanding the establishment of Women Medical Services on the lines of IMS. She wrote to government on this issue, as early as 1885. Her letter to the government and the reply from the government throw light on the concerns of the government for the health of native women and the priorities of the female doctors in India (also see page 292). As soon as Dr. Edith Pechey came to India, she started working towards the establishment of a women medical service for female doctors in India. She wrote to the government that there should be separate female medical department in India. 66 It is interesting to note that she was not very familiar with the condition of Indian women at that time, yet, she immediately started pursuing government for separate service cadre for women doctors. It was an indication that the professional interests were foremost in the mind of women doctors who came to India.

The government was not very keen to take responsibility for supporting services to take care of health needs of the Indian women. Replying to Edith Pechey's letter, the Surgeon General Commented, "I need hardly point out that such a proposal is quite impracticable; that the Indian Medical Service is primarily a military service, and is kept with reference to the requirements of the troops; the surplus being employed in the time of peace in the Civil department of the Government for educational purposes, charge of jails, &c., and the medical care of its own servants. These medical officers are only lent to the Civil Department, and liable to be called to military duty in the time of war. In other words, government keeps up a Commissioned Medical Service primarily for its own wants, and this is all it can reasonably be expected to do (emphasis added)". 67
However, overtime the government perceived the political value of welfare and started to take interest in these matters. It recognised that health services provided political mileage and also resolved some of the problems of education and employment of women in Britain. This happened only in the 1880s. As more and more women doctors came to India, they were able to press upon the government their demand for separate women's medical service in India.

While in 1885 the government found the proposal too premature, it was ready to do every thing to encourage women to study medicine and qualify themselves for employment as medical practitioners among their own sex. The Secretary to GOI wrote, "...the duty of providing suitable appointment for ladies who qualified... appear...outside the obligation of the government which are limited to supplying, as far as practicable, Medical Officers for the requirement of its own servants and for the educational purpose" He further stated, "...I am to remark that the government has never undertaken, and could not...be reasonably called upon to undertake, the duty of providing appointments for medical practitioners in order to meet the wants of the general community"

The government official also made sarcastic remarks to snub women doctors from making demand on behalf of other women doctors. One such letter from the government in response to Edith Pechey's demand for women's service points to this. The Surgeon General commented, "...the only feasible way of dealing with these cases... is to admit female officers serving under Government into the Uncovenanted Medical Service. At present there are ...only two or perhaps three female doctors who can be considered as in Government employ, viz., ...all attached to the Cama Hospital... and keeping in view the equality of treatment to both sexes, it would be necessary to reconsider the allowances now drawn by these ladies. Miss Van Overbecke's pay is Rs.250. This would have to be increased to Rs.350. the minimum rate of pay of an uncovenanted medical officer; while, on the other hand, Miss Pechey has drawn from the date of her appointment Rs.700, which is highest rate to which an uncovenanted medical officer is entitled, and not till he has completed 15 years of service". This indicates that the government wanted to discourage Edith Pechey from making demands on behalf of other women, and pointed out that she might be deprived of the better
As more female doctors from the West came and took employment in India, the demand for a separate service gathered momentum. The women doctors organised themselves and interacted with each other. They formed Association of Medical Women in India in 1907 and also started a journal of their own for the exchange of information and knowledge. A draft for the scheme for 'Indian Medical Services for Women' was prepared and submitted to the government, in December 1910.

The English medical women were part of the sub-committee that was specially formed to prepare the draft for the scheme. Three women members of that committee were from England and were familiar with the working conditions in India. They were Dr. Mary Scharlieb, Mrs. Mary Thorne, and Mrs. Emma Slater, Hon. Secretary to the United Kingdom Branch of the Association (Dufferin Fund). Annette Benson, first physician to the Cama Hospital and Surgeon General Lukis, Director General of IMS, were also actively involved in the preparation of the scheme. Colonel O' Kinealy, Hon. Secretary of the National Association and Sir Harcourt Butler were other members of the sub committee.

The draft of the scheme for the formation of Women Medical service aimed at creating a cadre under Government that would employ women doctors in the hospitals and dispensaries. It meant that the women doctors would be provided salary and other benefits by the government and would be given all the benefits such as leave, furlough and pension benefits as given to medical men under IMS. 72

It is interesting that the proposal for the scheme came on the insistence of British women doctors who had been in India for a long time and were very keen to improve their working conditions. A note in the government records also points to this. It stated that, "In Nov.1910, Mrs. Mary Scharlieb, M.D., and some other ladies who are interested in the practice of medicine in India and in the United Kingdom submitted a memorial to the secretary of the State for India for the consideration of a draft scheme for the formation of a Women's Indian Medical Service on the lines mainly analogous to those on which the civil Indian Medical Department is constituted". 73 The scheme was
prepared and submitted at the time when British women doctors in Britain were still discriminated by the government and were not accepted on the equal footing with male professionals. They were either appointed at lower ranking jobs or were offered lower salary for the same job. In 1907, Dame Jan Comphell was offered a job of Assistant to the Chief Medical Officer of the Board of Education in London. She refused to accept the post, as she was offered inadequate and unequal pay. Consequently, the British women doctors decided to negotiate with the government of India to press their demands for professional recognition.

Women doctors had anticipated that the government would like to pass on to the Dufferin Fund the responsibility of taking care of the demands of the women medical professional in India. So, they expressed their dissatisfaction with the functioning of Dufferin Fund. It is interesting that these very women doctors considered Dufferin Fund organisation as a body that was most efficient and solely responsible for meeting the needs of the Indian women by way of providing trained medical help to them. However, when the question of formation of Indian Medical Services for Women came up, many shortcomings were pointed out in its functioning by the women doctors.

There were some supporters of the service in the government, but the main constraint was of money. While favouring the demand of the women for separate medical service, the Surgeon to the Viceroy wrote to the Secretary to the Government of India that, “The Dufferin Fund has a record, of which any institution might be proud of...At the present moment... its operation extend over 13 provincial branches, 140 local or district associations and committees, 160 hospitals, wards or dispensaries with more than a million of patients treated”. He added that, “the main difficulty is that of financing the scheme. Local governments are not at present in a position to contribute towards it; the Central committee is at the end of their resources, and there is very little prospect of obtaining increased subscription from the European or Indian Public...The introduction of the scheme involves the necessity of budgeting for an additional expenditure of Rs.3,00,000 per annum, (for) ...which we must depend on the generosity of the Government”.  

The scheme aimed at meeting the cost of salaries and other expenses of the proposed 50 first grade women doctors at the level of civil surgeons and 60 female
assistants. The scheme demanded, "...50 first grade lady doctors a salary of Rs400-20-600, and 60 second grade, or Assistant Surgeon lady doctors, a salary of Rs100-50-300. The former class consists of lady doctors with European qualification". British women doctors argued that inadequate salaries and uncertain working conditions were the main reasons for not attracting efficient doctors from Britain, so the proposed scheme aimed at streamlining these shortcomings. The draft did not make references to the possibility of increasing the number of women doctors, or handing over the responsibility to them and this had been taken note of by the government as well. "No provision of any kind is made for the Indian lady doctors. that is to say, those of the sub-assistant surgeon, or civil hospital class", stated official record.

The professional interests of the British women doctors and their self-promotion motivated the demands for special cadre. One of the members of the sub-committee commented, "to secure a proper stamp of practitioner, it is absolutely necessary to improve the pay and prospects of the medical women serving under the association..."

The British government took advantage of the shortcomings that were pointed out by the women doctors in the functioning of Dufferin fund, and used the same to delay decision on the issue. A letter from the India Office London to the Governor General of India stated that, "The aim of the draft scheme would appear to be to bring about the absorption of the National Association in the proposed Women's Indian Medical Service, which would be to all intents and purpose a regular department of the State, and more or less a duplicate of the existing civil medical service of the Country". The government was satisfied with the arrangement that already existed as the financial cost fell on public, and the proposed scheme meant extra cost to the State. A letter from the government also points to this. It stated, "...the memorialists have in view a more costly policy... and one which could hardly be carried into effect without considerable interference with the work at present done for, and appreciated by, all classes of the people of India by the existing Civil Medical Department". It further remarked, "It seems doubtful whether the Association is really aware of the intentions of the memorialists and seriously contemplated any idea of its absorption in the proposed Women's Indian Medical Service; and inquiry should be made from the central Committee of Countess of Dufferin's Fund, on the subject before action is taken...".

The Secretary of State remarked that there was a need to investigate as to why National
Association, having an excellent record of service was considered hindrance by women doctors. And, if there were some defectiveness in its organisation then how did it manage for so long with enough support from the local people. The colonial government not only wanted to avoid incurring any expenditure, it also wanted to ensure close contact with the Indian elite that was fully ensured by the Dufferin Fund. Putting an end to this arrangement also meant severing contact with the powerful section of the society who had generously contributed to the Fund and were sympathisers of the British government's welfare initiatives.

The proposal for the establishment of scheme Women medical service created lot of anxiety within the government and it was looking for weaknesses within the scheme. The women doctors suggested that formation of Women's Indian Medical Service was necessary as Dufferin Fund did not meet the present requirements of India, and stood in the way of a simpler and more efficient organisation. The Secretary of State for India said that the scheme had come at a time when the government had been contemplating restriction on the growth of civil Indian Medical Service and encouraging and promoting the growth of independent medical profession. It was clear that the government did not want to bear the financial cost of the proposed scheme for the formation of WMS.

To delay the decision on the formation of women's medical service, it used delaying tactics. It sought clarification from the central committee of the Dufferin Fund on the number of women doctors those were working in India. It was reported that there were 359 doctors in total, of whom 181 belong to missions and 178 to Dufferin Fund. Under the missionaries there were 335 doctors, of whom 118 were men and 217 were women. After looking at the figures, The Secretary of State commented that, "Dufferin fund claims credit for more work than anyone else". The government was convinced that Dufferin fund was effective organisation to take care of the needs of the women doctors.

It kept the decision pending for want of one or the other information. The draft of the scheme was submitted in 1910, and it was only in 1912 that the government asked for information on the number of women doctors in the country. This was also a move to convince women doctors that Dufferin Fund was doing a good job in the interest of the
women doctors. But the women doctors had pointed out that "the National Association was ... defectively organized, that it worked through loosely affiliated provincial and local branches, over which the central committee had no control, and which were irresponsible and infrequently capricious and inefficient bodies". The Secretary of State had sought clarification on this issue. The women doctors pointed out shortcomings in the functioning of the Dufferin Fund to press their demands, the government took the very issues to delay the decision on the formation of WMS.

Interestingly, none of the Indian women doctors were involved in the formation of the scheme, though many of them were members of the Association of the Medical Women in India. The official evidence does not show if any Indian women doctors were involved in active campaign for the formation of the Women Medical service in India.

After repeated persuasion by the British women doctors, the government decided to examine the scheme in detail. Lord Crewe succeeded Lord Morley as Secretary of State in 1912, the matter was again brought before him. "The deputation was introduced by MR. H. W. Forster, M. P, and the views of the deputation were expressed, by Mrs. Scharlieb from the professional point of view, and by Sir Frederick Lely, an experienced Indian administrator, from the administrative point of view, while Emma Slater was deputed to reply to questions which might be asked. Mrs. Scharlieb described the present difficulties of women doctors in India, and the suffering of Indian women through lack of efficient treatment. Sir Frederick Lely spoke of 119 millions of women of British India, of whom roughly two third objected to the treatment by men doctors". Though, Lord Crewe expressed his sympathy for the scheme, he decided to refer the scheme to the central committee of the Dufferin Fund.

After delaying the decision for a long time and with the persistent demand for the formation of WMS, the government finally resolved to pay 1.5 Lakh (£ 10. 000) from the Indian Revenue to the Central Committee of the Dufferin Fund, and it was asked to draw up a scheme and submit it for the approval of the government. During 1913, the draft of rules of the Women's medical service was drawn by the sub- Committee appointed for the purpose by the Central committee. The government approved these and new service came into being from 1st January 1914
Rules and regulations for the newly created Women Medical Service stated that:

i) The service shall, in the first instance consist of 25 first class medical women. One fifth of the appointment shall form a leave reserve.

ii) Recruitment for the service shall be made:
   a) in India by a Medical Sub-committee of the central committee, which shall include the Director General of IMS, the Hon. Secretary of the Central committee and a first class Medical Women.
   b) in England by a sub-committee consisting of a medical man and two medical women conversant with the conditions in India, to be nominated by the Home Committee of the Dufferin’s Fund.

iii) The central committee shall decide what proportion of the members of the service shall be recruited in England and in India respectively.

The rules and regulations of Women’s Medical Service did not have much scope for the employment of the Indian women doctors. One of the clauses stated: *No one shall be a member of this service who: “is not a first class medical women, i.e., does not posses a medical qualification registerable in the United Kingdom under the Medical Act or Indian or Colonial qualification other than L.M.S. or Licentiate of Medical College in India registerable in the U.K. under that Act; provided that this condition shall apply at the original constitution of the service to medical women in charge of hospitals who, in the opinion of the central committee, are of proved experience and ability…”*

Initially 25 women were selected under Women Medical Service from 1st January 1914. The women who made to the services were mostly Europeans and Eurasians with very few exceptions. They were:

1. Miss F.B.Leach European
2. Miss M.I.Balfour European
3. Miss A.L Mckenzie -do-
4. Miss K.A.Platt English
5. Miss D.E.Platt European
6. Miss H.Lauder -do-
7. Miss F.D.Bernes -do-
8. Miss A.M.Watis -do-
9. Miss J.E.George Anglo-Indian
10. Miss Yamini Sen         Bengali-Indian
11 Miss H.J.E.Maclaren     Scotch
12. Miss S.H.Commissariat  Parsi
13. Miss P.T.Copeland      European
14. Miss M.V. Webb         -do-
15. Miss J.B.Engineer      Parsi
16. Miss M.A.D.Naroji      Parsi
17. Miss M.O.'Brien        Irish
18. Miss M.L.Batho         European
19. Miss O.T.Leonard       Irish
20. Miss K.M.O'Neill       European
21. Miss P.B.Malabari      ----- 
22. Miss M.C.Murphy        European
23. Miss F.A.Scott         Eurasian
24. Miss Ma Saw Sa         Burmese

Miss Malabari and Miss Engineer expressed their regret to join the service - no reasons for their refusal are mentioned in the official records. In this list we find that there were only five Indian women. Three of these were Parsi and one Anglo-Indian, and even these did not necessarily join the service. The scheme favoured the employment of British women doctors in the higher posts in India as is evident from the fact that many confined to lower ranking jobs in the big hospitals and they worked under the British women doctors.

Indian Women Doctors and Women Medical Service

At the time of establishment of Dufferin Fund, the British government talked of encouraging Indian women to take responsibility to take care of the health needs of its fellow women. The aims and objectives of the Dufferin Fund also stated that it would encourage employment of Indian women, but even after 28 years (1885-1913), the professional interests of British women doctors guided the establishment of Women Medical Service. The service rules automatically excluded the Indian women doctors who were confined to lower ranking jobs in big hospitals. Some Indian women doctors were included in the WMS, but their number was very small.
This created resentment among Indian women doctors, as many of them could not make to the WMS. Some of the Indian doctors wrote to daily Newspapers, expressing their resentment. We have seen in the previous chapter that Miss Joshi wrote to the media on the issue. She had L.M.S.from Bombay, MRCS from England and L.M. from Dublin. She also wrote a letter to the Secretary of State for India. There were 12 more female doctors from India who were signatories to the letter. Miss Jhirad, a famous doctor of that time was also among them. They remarked “…that they with their sister Graduates in Medicine of other Indian Universities, have a special claim to the posts to be created in pursuance of the scheme. They are painfully astounded to find that the scheme, which is financed by Indian Revenue..., seeks to exclude the holders of degrees of L.M and S of Indian Universities from the post thus created. Further, they beg to emphatically repudiate the slur so undeservedly sought to be cast upon Indian Lady Graduates by the Director General of Indian Medical Service in India on his unwarranted remark that ‘owing to the absence of a medical school exclusively for women,’ it has been practically impossible to obtain Indian women of a suitable class”. 92

The following Indian women doctors were signatories to this letter.
1. Dr. N. M. Joshi, L.M.&S.(Bombay), M.R.C.S. (England); L.M. (Dublin).
2. Dr. B. M. Anklesaria, L.M.&S.
3. Dr. C. S. Captain, L. M. &S.
4. Dr. P. S. Captain, L. M. &S
5. Dr. D. M. Cama, L.R.C.P. &S (Edinburgh); Lady medical officer at Menon General Hospital
6. Dr. J. J. Jhirad, L. M. &S (Bombay)
7. Dr. Hirabai A. Contractor, L.M. &S.
8. Dr. K. Mowrange, B.A., L.M. &S.
9. Dr. Kathleen Gomes, L.M. &S.
10. Dr. K. C. Banerjee, L.M. &S.
11. Dr. Goolbai M. Doctor, L.M. &S.
12. Dr. K.D. Ginu, L.M. &S.
13. Dr. Jerbanoo E. Mistri, L.M. &S. Ex. Medical officer, Dufferin Hospital, Surat; Ex. House Surgeon, Cama Hospital; Medical in charge, Lohana Dispensary and Hospital.

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Though in the official records, the resentment of the Indian women doctors has been addressed as 'Miss Joshi's letter', but it is interesting to note that there were 12 other Indian women doctors who had signed the letter that was sent to the Secretary of State in India. This could also mean undermining the importance of the protest expressed by the Indian women doctors who were no doubt few compared to English women doctors.

Miss Joshi also addressed a letter to 'Bombay Chronicle', which also appeared in ‘Morning Post’ on 11th Oct.1913 (see page 264-65). The evidence shows that, prior to the establishment of WMS, the Indian women doctors worked with close co-operation with British women doctors, and there was no evidence of ill feelings among them. With the establishment of WMS, Indian women doctors expressed resentment towards British women doctors. Indian women doctors also started to question the professional competence of British women doctors. Miss Joshi in her letter to the press wrote that, "the lady doctors, who are imposed on India, will be but young graduates, fresh from the colleges, with not a very wide experience and who probably in England will not be entrusted with more serious work than that of inspecting school children". 93

Indian women doctors evoked quite a lot of public sympathy as many educated people realised that services which were started to benefit Indian women did not favour them. In response to Miss Joshi letter, some R. Emanuel wrote to Times of India on 9th Oct.1913 that "... if government is to import women doctors to fill the new places it intends to create in India, Government is doing all it can to discourage higher education for Indian women". 94

Women Medical Service continued to employ women doctors from Britain. The selection of candidates from the United Kingdom was placed in the hands of United Kingdom Committee of the Countess of Dufferin Fund. Lady Dufferin was the president of this committee, and in 1919, Miss L. Brooks, Warden of the London School of Medicine for Women joined as Honorary Secretary. Lady Chelmsford, had expressed, "if first class medical women were to be secured for India, first class conditions must be offered". 95 Over a period of time some more Indian women doctor were admitted to the service, like Rukma Bai joined the services in 1916, and Ms Jhirad in 1921, but by and large, WMS was dominated by British women doctors. These British women doctors
were link between the medical women's organisations in Britain., such as Medical Women's Federation that was founded in 1917 to represent the interests of women as doctors. The experience of British women doctors in India earned them respectable positions in such organisation. For example, Dr. Scharlieb, Dr. Balfour, Dr. Vaughan held important post in Medical Women's Federation and their experience in India earned them respect of their colleagues. Indian women doctors however, had to struggle further to strengthen their position.

Thus we see the intricate political management of welfare services by the State wherein, it did its best to reduce the cost to the minimum and reaped maximum benefits in terms of popularity and political advantage. To achieve this, it promoted employment of British women doctors, attracted investments from Indian elite and encouraged philanthropic activities of the missionaries. At the same time it restrained, controlled and undermined the indigenous health practitioners. The case of traditional Birth attendants, the lack of encouragement for Indian women to join medical education and services are evidence of the State's real intentions.

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