

Short Essay

IN HIS SERVICE, FOR HER HEALTH: WOMEN MISSIONARY DOCTORS IN COLONIAL INDIA

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Modern notions of gender and sexuality have been defined and asserted in the colonial discourses which portrayed Europe as the masculinist colonizer exercising control over a feminized Orient. Ideas of a hypersexual, unhygienic, and simple-minded oriental subject informed colonial policies on health, taxation, urban and economic planning. In this colonial context, women's private spaces and their bodies became sites of study, social reform, and philanthropy. This essay studies this intersection and interaction between medicine, gender and colonialism in women's healthcare provided in the newly emerging women's hospitals and in the *zenanas* in the early 20th century.¹ It focuses on the quotidian realities of women's hospitals in colonial India. This essay also, by employing a feminist reading of personal records of women as doctors, nurses, and patients, seeks to understand how individual medical encounters can be used in writing intimate histories of medicine and in re-conceptualizing women's spaces as sites of knowledge production.

Historical Context

In late 19th century, there was an increasing concern among upper class British women about the sickness and ill health of their poor sisters in India. Several missionaries, wives of colonial officials and philanthropists sought to create better health care facilities for women in India. The ostensible motivation for such activities was to ameliorate the sickness and diseases among the *pardahnasheen* (veiled women) who were isolated within their "unhygienic and secluded" *zenanas* (women's quarters) in India.² As Antoinette Burton has shown, these efforts to send away lady doctors were also linked to the fact that women were attaining medical degrees in Britain but

were unable to find employment there due the gatekeeping of the profession by their male counterparts.³

This process of creating women's healthcare institutions was pioneered by the Countess of Dufferin Fund which pushed forth a series of other governmental and missionary activities to build training institutions, hospitals and dispensaries exclusively for women.⁴ To run these hospitals, women from Europe and America travelled to India to serve as doctors and nurses. One such lady doctor, Marie Elizabeth Hayes 'May' came to Delhi in the early 20th century to serve at the St. Stephen's Hospital (see Figure 1). This healthcare institution was built by a missionary organization named Cambridge Mission to Delhi.⁵ Hayes, born in 1874, in Dublin, grew up in a family closely associated with the evangelical movement of the Church of Ireland. She had an interest in pursuing missionary work in Asia in her early teens but chose to study medicine before joining the missionary group.⁶ She attended Alexandra College, Dublin, and was conferred the degree of Bachelor of Medicine and Surgery in 1904 and was the only woman who obtained an Upper Pass. She attended the School of Tropical Medicine, served at the Belfast Infirmary and undertook the study of the Urdu language in preparation for her work in India.⁷

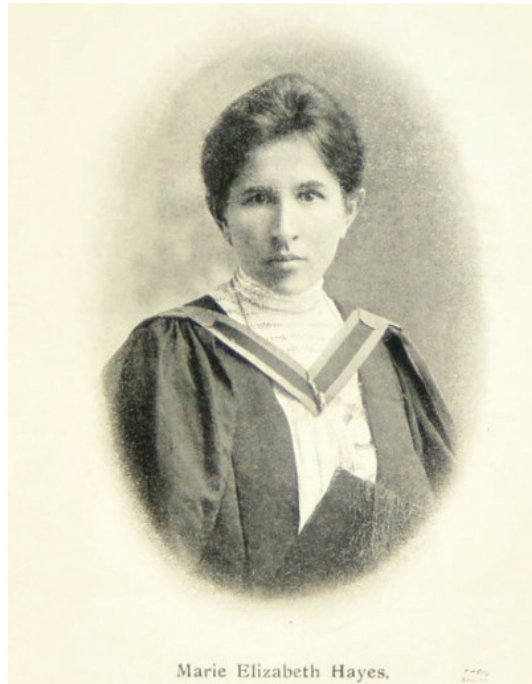


Figure 1

Finally, in 1905, Hayes reached Delhi to serve as a doctor in the newly opened St. Stephen's Hospital (see Figures 2 and 3). She served at the main hospital in Delhi, and its two branches in Karnal, 70 miles north of Delhi, and the other, 50 miles south in Rewari. She was in sole charge of the Rewari branch of the hospital for several months in 1907. As soon as Hayes reached Delhi, she took up her medical duties and became one of the most important players in the growth of the hospitals. Though her training in medicine was very useful in running the hospitals and dispensaries, her short training in Urdu – the language widely spoken in North India – proved less than adequate. Hayes often described the challenges due to her lack of command over Urdu that created difficulties in understanding the nurses and patients. During her time in north India, she frequently wrote to her mother and the members of her Raheny Parish Church. This paper uses her letters to understand her experiences as a doctor in a newly opened women's hospital and describe the hitherto understudied nuances and complexities of women's healthcare in colonial India.



Figure 2

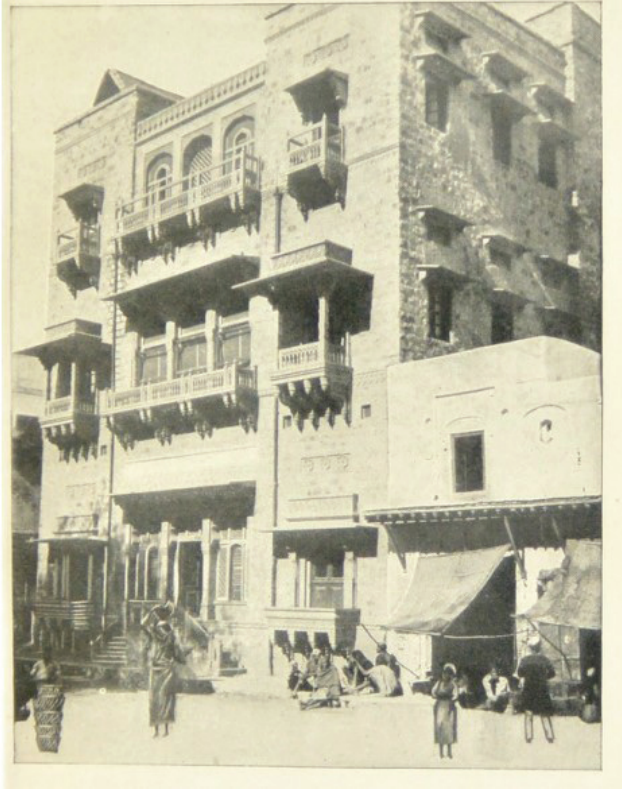


Figure 3

Medical, Religious and Cultural Encounters

In conceptualizing the interactions between different types of medical knowledges, historians of medicine in South Asia have primarily focused on the bodies of knowledge that existed and how colonial hegemony determined the power relations among these epistemes.⁸ Even within these hospital spaces, medical encounters were not a linear process of Western medicine displacing or marginalizing indigenous medical practices but rather interacting and negotiating with them. While writing about the grand narratives of the past what is often ignored are the common individuals who struggled, rejected, accepted, resisted or simply tried different medical remedies available around them. Hayes notes in several instances that people brought their ailing family members only after trying indigenous remedies for several days. Multiple anecdotes from her letters show that native people actively chose among different methods of healing available to them and often came to the missionary hospital as the last resort.

The social and physical location of the patient also determined their access to these hospitals as proximity with the healer played a strong role in consulting them in time for possible recovery.

Through Hayes's accounts, though it is not clear what the indigenous remedies could entail, it seems that they are most likely to have been a concoction of Ayurveda, Siddha or Unani medicine, or a combination of them.⁹ Yet, such medical encounters established Western medicine as the better alternative and created a new standard of medical care. Understanding this phenomenon through the Gramscian concept of 'hegemony' shows that the gradual displacement of indigenous medicinal systems occurred not just through domination or coercion but also consent of the indigenous populations.¹⁰ Western medicine and the idea of lying-in hospitals reiterated the dominant standard of good medical care and synonymized itself with the ideas of healing and recovery. Alternate systems of medicine had to transform and repackage themselves to meet these standards and remain relevant in rapidly changing times.¹¹

The other issue that becomes crucial while discussing missionary medicine is the involvement of missionaries in proselytizing people. From Hayes's records, it is clear that given the chaotic and hectic lives of the missionary doctors, they had no time in their schedules to conduct preaching activities. Their only hope was that patients and their care-givers in the hospitals would observe the Christian doctors and nurses and be inspired to know more about the Biblical message and then, spread the word when they returned to their villages. To this end, Christian prayers in the hospitals were held in Urdu so that the native people could understand them. In most cases, Hayes and her colleagues could hardly keep up with these translations but often attended these sessions in the adjacent church.

In Hayes's spare time, she would also read prayers to nurses who assisted her. She fondly wrote that many of her nurses began to remember these prayers by heart. Interestingly, in these religious and cultural exchanges, Hayes also listened to the *bhajans* (devotional songs) that the Hindu nurses sang and enjoyed the extraordinary rhythmic repetition in the melodies. When talking about God with some Muslim patients, she learned about Islam and appreciated their faithfulness. These cultural exchanges not just show the complexity of inter-religious discourse among the common people within these hospitals but also gives a more active role to the Indian women who were not simply swayed by all that was preached to them.

The hospital was also a stage for the transformation of medical

practitioners in India. Drawing upon Projit Mukharji's argument about the growth of "*daktars*" or indigenous practitioners of Western Medicine in colonial Bengal, I find certain similar instances in this context.¹² Midwives or *dais* were employed as nurses and assistants in these new hospital settings. These individuals were not only important for their traditional knowledge of medicine but also for that they knew more about Indian society and were well versed in the languages of the land. The indigenous practitioners were referred to as "*dais*" in Hayes's accounts while those trained in western medicine were specifically called "nurses". These brief moments where such processes of change become clearly visible are crucial in understanding the processes of medicalization of women's bodies and masculinization of women's healthcare.¹³

Feminine Spaces of Knowledge Production

The alternate space where medical care was provided to women were the *zenanas* where doctors attended to house calls and cases of emergency. The *zenana* has been usually seen in historical accounts through the colonial perspective – characterized as crowded, disease-ridden and filthy spaces where women oppressed by patriarchal order and religious structures spent their lives secluded from the world.¹⁴ A different interpretation of this social space – one that allows female interaction and exchange not just among native women but with the coming of missionary medicine, among Indian, British, Irish and American women as doctors and patients – can radically change the way we understand *zenana*. It is also crucial to note that many accounts of wives of colonial officials and missionary women reiterated common tropes about native women and described them as filthy, brainless, and powerless.¹⁵ In Hayes's accounts though, native women, both Muslims and Hindus, are described in several instances as beautiful, intelligent and bright. She mentions several patients individually and writes about their lives. The difference in her perception of native women can be attributed to her long stay and lasting interaction with them instead of single, isolated visits for observation of native life.

Hayes's letters depict the hospital as a new social space for women's interaction. This study focuses on these individual encounters not only to understand medicine or religion but people's experiences in rapidly changing times. Bringing in the experiences of people and especially marginalized groups enriches our understanding of medicine and society. More importantly, it allows us to move away

from a masculinist reading of medical histories in which medicine is understood only as a body of literature produced by male intellect and labour. It is important to redefine the ways in which women's hospitals and *zenanas* are studied and understood. It is certain that within these hospitals and *zenanas*, knowledge was exchanged and produced – medical knowledge that was not only restricted to treatments but was also about understanding diseases, life and health.

The production of these knowledges about bodies, diseases and health in the women's hospitals underwent processes that were starkly different from other kinds of healthcare institutions where bureaucratization and specialization among the medical staff had increased manifold.¹⁶ Yet, in the women's hospitals, the same doctors were performing obstetric surgeries, cataract operations, tumor removals, attending to house calls during accidents and managing dispensaries. Hence, for women's healthcare institutions, the realities were different and to some extent much harsher and harder than other parallel places. Despite these challenges, these hospitals continued to grow and expanded their reach within and outside their local zones.

Conclusion

Hayes, like many other doctors, continued to serve in the hospital for several months. In January of 1908, she returned to Delhi from Rewari for a celebration of St. Stephen's Day and fell ill. She wrote a letter to her mother but days before it could reach, a wire was sent from Delhi, "Marie – severe pneumonia" and four hours later, "Asleep in Christ." Today, at the busy junction of Tis Hazari in Delhi, St. Stephen's Hospital still stands as one of the oldest and largest private hospitals in the city that serves more than 350,000 patients every year. In the hospital, there remains a ward named after Hayes, and an Urdu inscription in the church commemorating her life and contribution to the hospital and the people of Delhi (Figure 4).

In the Foucauldian concept of the "medical gaze", doctors fit their patient's bodily history into a biomedical paradigm that makes sense in their knowledge system.¹⁷ The medical practitioners thus exert a kind of power on their patients by exercising an authority to choose and filter the elements of their patient's history. Nearly four decades ago, Roy Porter suggested the idea of "writing medical histories from below" taking into account the patient's view on illness, disease, suffering and recovery.¹⁸ Decades later, turning the

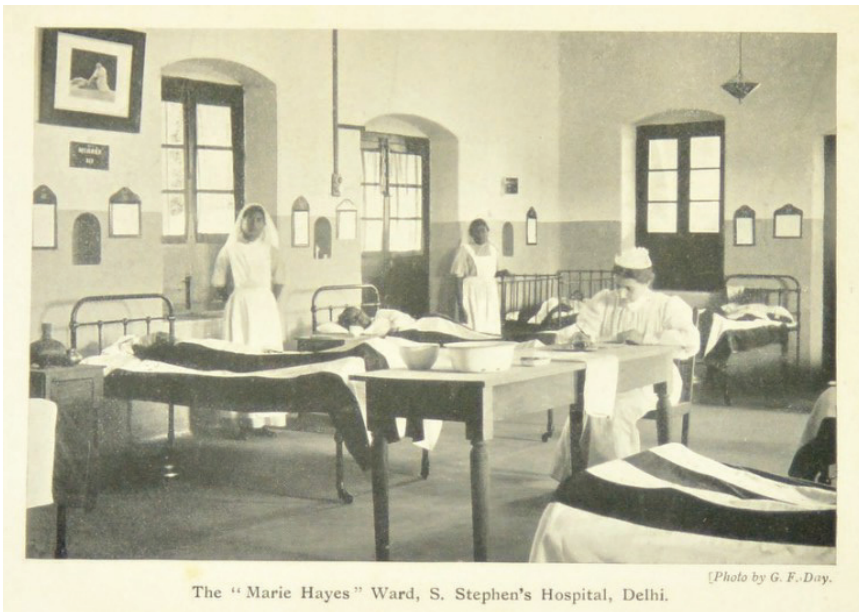


Figure 4

historical focus on the sufferers/patients remains a challenge as most historical sources are written from the position of biomedical power. Further study into the official, public, and personal records of medical care providers along with those of their patients, families and people in the *zenanas* will aid in understanding medicine as a system that interacts with not just individuals but families, societies, communities and institutions divided on the lines of caste, class, religion, race, gender and sexuality in rapidly transforming spaces and times.

Notes

1. *Zenana* literally means a space, group or something pertaining specifically to women. During this period, it referred to a particular part in upper class, upper caste Hindu, Sikh and Muslim households where women of the family resided. In most cases, men were not permitted to enter these spaces.
2. Sujata Mukherjee, *Gender Medicine and Society in Colonial India: Women's Health Care in Nineteenth- and Early Twentieth-Century Bengal* (New Delhi: Oxford University Press, 2017), 24-30.
3. Antoinette Burton, "Contesting the Zenana: The Mission to Make 'Lady Doctors for India,' 1874-1885," *Journal of British Studies* 35, no. 3 (1996): 368-97.
4. Maneesha Lal, "The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin's Fund, 1885-1888," *Bulletin of the History of Medicine* 68, no. 1 (1994): 29-66.

5. The Cambridge Mission to Delhi was an Anglican Christian missionary initiative led by graduates of the University of Cambridge. Members of the mission also established St. Stephens's College (a constituent College of the current University of Delhi), and in the later years provided support in the Indian independence movement.
6. Joan Sharkey, "Marie Elizabeth Hayes – a Dublin Doctor and Missionary," *Dublin Historical Record* 67, no. 2 (2014): 110–25.
7. *Ibid.*, 110–25.
8. Biswamoy Pati and Mark Harrison, *The Social History of Health and Medicine in Colonial India* (London: Routledge, 2009); David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993).
9. Ayurveda, Siddha and Unani are indigenous systems of medical knowledge that developed in the Indian subcontinent. While Siddha grew in southern India and Ayurveda in north India during the ancient times, Unani developed after the arrival of Muslim rulers in India and the interaction with Arabo-Persian medical knowledge.
10. Antonio Gramsci, *Prison Notebooks*, trans. Joseph A. Buttigieg and Antonio Callari (New York: Columbia University Press, 1992).
11. Projit Bihari Mukharji, *Doctoring Traditions: Ayurveda Small Technologies and Braided Sciences* (Chicago: University of Chicago Press, 2016), 10-12.
12. Projit Bihari Mukharji, *Nationalizing the Body: The Medical Market Print and Dakteri Medicine*. (London: Anthem Press, 2009).
13. Supriya Guha, "From Dias to Doctors: The Medicalisation of Childbirth in Colonial India by Supriya Guha", In *Understanding Womens Health Issues: A Reader*, (New Delhi: Kali, 1998), 228-230.
14. Geraldine H. Forbes, "In Search of the 'Pure Heathen': Missionary Women in Nineteenth Century India," *Economic and Political Weekly* 21, no. 17 (1986): 2–8.
15. *Ibid.*
16. Mark Harrison, *Medicine in an Age of Commerce and Empire: Britain and Its Tropical Colonies 1660-1830* (Oxford: Oxford University Press, 2010).
17. Michel Foucault, *The Birth of the Clinic*, trans. A. M. Sheridan (London: Routledge, 1973), 54-58.
18. Roy Porter, "The Patient's View: Doing Medical History from Below." *Theory and Society* 14, no. 2 (1985): 175–98.

References

- Arnold, David. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*. Berkeley: University of California Press, 1993.
- Burton, Antoinette. "Contesting the Zenana: The Mission to Make 'Lady Doctors for India,' 1874–1885." *Journal of British Studies* 35, no. 3 (1996): 368–97.
- Forbes, Geraldine H. "In Search of the 'Pure Heathen': Missionary Women in Nineteenth Century India." *Economic and Political Weekly* 21, no. 17 (1986): 2–8.
- Foucault, Michel. *The Birth of the Clinic*. Translated by A. M. Sheridan. London: Routledge, 1973.

- Gramsci, Antonio. *Prison Notebooks*. Translated by Joseph A Buttigieg and Antonio Callari. New York: Columbia University Press, 1992.
- Guha, Supriya. "From Dais to Doctors: The Medicalisation of Childbirth in Colonial India by Supriya Guha" In *Understanding Womens Health Issues: A Reader*. New Delhi: Kali, 1998.
- Harrison, Mark. *Medicine in an Age of Commerce and Empire: Britain and Its Tropical Colonies 1660-1830*. Oxford: Oxford University Press, 2010.
- Hayes, Marie Elizabeth. *At Work: letters of Marie Elizabeth Hayes, M.B. missionary doctor Delhi, 1905-8*. Edited by her mother, with an introduction by the Venerable G. R. Wynne, London: Marshal Brothers Limited, 1909.
- Lal, Maneesha. "The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin's Fund, 1885–1888." *Bulletin of the History of Medicine* 68, no. 1 (1994): 29–66.
- Mukharji, Projit Bihari. *Nationalizing the Body: The Medical Market Print and Dakari Medicine*. London: Anthem Press, 2009.
- . *Doctoring Traditions: Ayurveda Small Technologies and Braided Sciences*. Chicago: University of Chicago Press, 2016.
- Pati, Biswamoy and Mark Harrison. *The Social History of Health and Medicine in Colonial India*. London: Routledge, 2009.
- Porter, Roy. "The Patient's View: Doing Medical History from Below." *Theory and Society* 14, no. 2 (1985): 175–98.
- Sehrawat, Samiksha. "Feminising Empire: The Association of Medical Women in India and the Campaign to Found a Women's Medical Service." *Social Scientist* 41, no. 5/6 (2013): 65–81.
- Sharkey, Joan. "Marie Elizabeth Hayes — a Dublin Doctor and Missionary." *Dublin Historical Record* 67, no. 2 (2014): 110–25.