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THE WORK OF MEDICAL WOMEN IN INDIA

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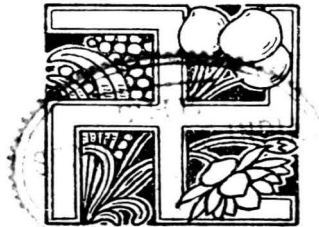
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DEDICATED
TO THE MEMORY OF THE
PIONEER MEDICAL WOMEN OF INDIA,
SOME WITH US STILL, SOME GONE BEFORE,
TO WHOSE DEVOTION, STEADFASTNESS AND
COURAGE, INDIA OWES THE RELIEF BEING GIVEN
TO-DAY TO COUNTLESS THOUSANDS OF HER CHILDREN

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FOREWORD

I have been honoured with a request from Drs. Balfour and Young that I should write a Foreword to their book. These are ladies exceptionally well qualified for their task, for they themselves are doctors who have worked long and enthusiastically in the endeavour to bring medical aid to the women of India.

Among the many flimsy, incomplete and one-sided books with which the market is burdened it is really delightful to find one the authors of which have honoured the public by writing seriously and sincerely, and who have taken the trouble of collecting and sifting their material, selecting from it what is interesting and necessary while rejecting the commonplace and non-essential.

The book opens with a sketch of the field of work, which is the land of India and her women. The authors bring before us the principal races inhabiting the country, the many different languages, the varieties of climates and of physical characteristics. They deal sympathetically with the social customs, conventions, and religions which exist throughout that vast peninsula. Very interesting remarks are made on all these matters, and they find that the conditions of life and the customs of the people which are common to-day in Kashmir and Baluchistan are practically identical with those which I found to obtain in the Presidency and town of Madras some sixty years ago. They find too that the Open Sesame to be applied to closed doors is now, as then, the gift of sympathy. Without this it is impossible that barriers should fall, that blinded eyes should see, and that frozen hearts should melt as melts the ice in Indian sunshine.

The difficulty in writing a Foreword to a book of this sort does not consist in poverty of material but in the impossibility of conveying any adequate idea of its value in

the space at one's command. The authors have much to tell us of such unfamiliar things as the purdah system and caste, of child-marriage, and of the ill-assorted unions of old men and young girls. All these and other kindred customs are closely connected with the problem of how medical women may best help their Indian sisters, but their interest and value are not limited to those who would fain serve the women of India as doctors and nurses, or as missionaries and educationists. On the contrary, they concern all whose work lies in India whether they be men or women, Hindus, Mahomedans, or Christians. Indeed I should like to see a copy of this book in the hands of all such workers. It is full of information useful to them all alike, while the common sense, sympathy, and reasonableness of the authors are evident on every page.

For instance, we are told why certain customs have sprung up among the Hindus. In the matter of early marriage we find that 'the principle on which it is founded is that young people of both sexes are likely to lead chaste lives and to form lasting affections for each other if brought together early in life'; while the important fact is added that, although the marriage ceremony may be performed at any age, the bride does not leave her father's home until after puberty is established. Thus, with a few wise words, an injurious imputation of selfish and ungovernable passion is dismissed.

Again, in mentioning some of the criticisms on the splendid movement known as Lady Dufferin's Scheme, the old arguments are cited that it was contrary to public welfare because it favoured caste. This is clearly shown by the authors to be unfounded.

When Lady Dufferin went out to India as the wife of the Viceroy she was specially charged by Queen Victoria to do all that might be possible to help these, her daughters, in their hour of need. So well did Lady Dufferin understand the wishes of her Sovereign, and so great was

the enthusiasm that she brought to the task, that in three years she collected in India seven lakhs of rupees, of which five and a half were invested in buildings, grants-in-aid and scholarships. The undertaking was so well organized that during the same period of time the United Kingdom branch collected three lakhs of rupees.

It was but natural that after Lady Dufferin left India some of the enthusiasm died down, but it has revived from time to time under the fostering care of successive Vicereines whose names are connected, sometimes with the Dufferin Fund itself, sometimes in special educational effort, in the provision of well-equipped medical colleges and hospitals, or in the training of the nurses and native midwives, whose services are essentially necessary to the success of any endeavour to secure adequate medical assistance for the women of India.

Among the most interesting chapters of the book is the one on the pioneers, the medical women who went out to India during the last twenty years of the nineteenth century. In reading this record one realizes that the difficulties and the labours of these women were great and insistent, their problems were stiff and frequently not immediately soluble. But they worked on; they never despaired but hoped to the end, and remembered that although God may bury His workers He continues His work.

As we read it becomes more and more clear that the foundation on which the pioneer work was built was by no means strong and firm. A generation ago, even in England and America, would-be medical women were still fighting hard to obtain education, especially in the form of clinical training both as undergraduates and as junior practitioners. No one welcomed us, no one wanted us. Professional brethren saw in us probably incompetent, and certainly inconvenient, competitors, and the public at large looked on us in much the same manner as that in which suffragettes were greeted thirty years later.

Still, after all, when once an individual or a cause has attained maturity, it is fair to expect that it will bear fruit, and what might be called the Medical Mission of Women to India was the early and excellent fruit of Mrs. Garrett Anderson's gallant endeavour to secure medical education, training and success for women in England.

From this point of view there is another truth to be considered. Movements, peoples, and individuals, are apt to attain their best development under apparently unpropitious circumstances, such as the maximum of work and worry, and the minimum of outside help and financial resource. At any rate, as Sir James Berry wittily said of women's medical work,—'their jaws were stronger and their bite was better when they were not spoon-fed.'

Another excellent chapter is devoted by the authors to what is technically known as 'medical mission' work by women. The endeavour to save the bodies of Indian women has been most wonderfully prosperous in the hands of those, their sisters, whose primary and declared object in exile and in renunciation of this world's golden store was the welfare of souls.

Medical mission work indeed constitutes not only the most attractive exposition of the work and aims of the Good Physician, but it is also the foundation of the truly educative and statesmanlike endeavours which are made to draw into one state ancient, spiritually minded India, and the modern, materialistic West. Indeed, it is in the humble mission compound, with its narrow means and its want of earthly prestige, that we find the nearest approximation to the spiritual wealth and gladness of the early Christian Church, of those days when all things were held in common, and when the poverty of the state was the clearest title deed to the wealth of Heaven.

The appreciation of the work of women medical missionaries in the book before us is true and generous. The authors appraise both the quantity and the quality of

the women missionaries' work, pointing out that, both from the professional and the administrative view, medical missions have one great asset which seldom exists in other spheres of medical work in India. In each medical mission there are one or more nursing sisters, trained in England, who are both competent and enthusiastic in training Indian women to be nurses and midwives, agents without whom medical mission work is liable to be superficial and short-lived.

Two important chapters deal with the subject of preventive medicine, the first with the tremendous work that has been inaugurated and still progresses in the care of women before, during, and after childbirth, and the other with the child welfare movement. It is possible that to many readers the chapter dealing with the pathetic and important questions connected with maternal health and maternal safety will be looked upon as one of the most important of the whole book. On such a view was founded the action taken by the Government of Madras when, in 1875, they permitted me and three other women to share in the studies of the male medical students at the Medical College, Madras. They comically put on their minutes that they did not expect, nor did they want, Listons and Brodies, but what they desired to secure were useful practitioners to look after women in childbirth and to attend them in everyday ailments. Similarly, some years ago, Sir Charles Pardey Lukis, in his inaugural address at the London (Royal Free Hospital) School of Medicine for Women, expressed it as his considered opinion that the chief objects of women's medical work in India should be—

- (1) The safety of India's women in childbirth;
- (2) The recognition and treatment of antenatal disease;
- (3) The training of nurses and midwives;
- (4) Infant welfare;
- (5) Household hygiene; and
- (6) Research work, for which last there is a great

and urgent, but unrecognized need. . .

With all these subjects the authors deal carefully and wisely, and distinguish between the spheres in Preventive Medicine which belong to men and women doctors respectively. They point out that general sanitation and the scientific control of epidemic and endemic disease in general falls to the men, while mother and child welfare, together with the training and education of doctors, nurses, *dais*, and health visitors, is chiefly in the hands of the women.

It is to be noted that the difficulties and comparative neglect of these latter subjects do not arise so much from lack of money as from lack of sympathetic understanding by state and public alike. As our authors point out, even the doctors are almost obsessed by their great mission to

Take up the White Man's burden,

The savage wars of peace—

Fill full the mouth of Famine,

And bid the sickness cease.

They feel, therefore, they have scarcely time, thought, or strength for such less insistently clamant ills as anaemic mothers and starved infants, while the public are often unaware of the tragedies enacted at their own gates. Here, we are told, is one of the stricken fields the fortunes of which may be retrieved by the skill and sympathy of women doctors.

A chapter on administrative work and one of valuable general conclusions close the main body of the book. There remain for notice several appendixes showing to some extent why the authors, together with their able assistants, spent so much of their hard-worked time and scanty leisure in what is truly a *magnum opus*. They instinctively felt that 'the day is short, and the work is great, the reward also is great, and the Master presseth. It is not incumbent on us to finish our work, but we must not therefore cease from it.'

MARY SCHARLIEB

LONDON, January 1939

PREFACE

In presenting this account of the work of medical women in India, we feel we ought to say a few words to explain the reasons which led to the conception of the book, as well as to thank the many people who have helped us with information and advice.

It is now nearly sixty years since the first medical woman landed in India. Slowly, but in growing numbers, others followed. Many difficulties were encountered and were overcome, by a devotion and steadfastness beyond praise. These pioneer women are passing from among us, and with them the recollection of conditions and events which will soon be forgotten, but which deserve a lasting place in the annals of the women of India, as well as of medical women generally.

A new generation of medical women is growing up in India which is ignorant of the very names of those who originated their work, and of the struggles and trials by means of which the conditions they now enjoy were secured. It is right that they should realize the efforts and achievements of their predecessors, which may well stimulate them to carry on worthily and to far greater purpose than was possible in the old days.

It was suggested we should devote a special chapter to Indian medical women. We feel, however, that this is unnecessary, for what is said in these pages, with few exceptions, applies equally to British, Indian and American medical women. All took part in the same movement as pioneers; all met and overcame the same difficulties. The problems we have discussed affect all, and our interests are identical.

Besides recording the past, we have endeavoured to give a picture of the present conditions of medical relief by

women in India, and to offer a forecast of what we feel to be the greatest needs in the immediate future.

We cannot help wishing that this very important task had been carried out by more worthy writers ; but our excuses must be: love for the people of India, experience gained by many years' work, and travels in many different parts of the country. We have endeavoured to give as much information as possible, but have been obliged to leave out a great deal, in order to economize space. Lastly, we would ask our readers to remember that the book has been written in the intervals of our work, during week-ends and on journeys, and was finally completed during our not very lengthy furlough.

We wish to express our warmest acknowledgments, especially to the Dowager Marchioness of Dufferin for old papers and records kindly supplied; to Dame Mary Scharlieb for permission to take material from her *Reminiscences*, and for associating her name with ours by writing a Foreword; to the Council of the Countess of Dufferin's Fund for permission to reproduce from its *Annual Report* the map showing hospitals staffed by women; to Dr. Agnes Scott for advice, photographs and permission to look up old records; to Dr. Margaret MacKellar and the Council of the Association of Medical Women in India; to Dr. Annette Benson, Dr. Emma Slater, Dr. Kathleen Vaughan, and many others, who have contributed papers, recollections and advice, without which this history would have been impossible.

M. I. B.

R. Y.

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APPENDIX I

MATERNAL MORTALITY IN CHILDBIRTH IN INDIA

It is not easy to estimate the correct maternal mortality partly owing to the lack, in most cases, of medical certification of death, and partly owing to the frequency of deficient registration of births. The former leads to the putting down of deaths, for which childbirth is accountable, to other causes; and the latter, when maternal deaths are counted per 1000 births, leads to an appearance of an unduly high maternal deathrate. Births more easily escape registration than deaths, and this error, no doubt, often creeps in, especially in connexion with the smaller municipalities. In the *Annual Report of the Public Health Commissioner with the Government of India, 1926*, rates of maternal mortality in childbirth are given for different towns, which vary from a minimum of 1.2 per 1000 for Rangoon to a maximum of 48 per 1000 for Parorru but, for the reasons mentioned above, these cannot be depended on.

The following rates of maternal mortality in childbirth are probably more or less correct:—

Source of information	Cases	Maternal Deaths	Rate per 1000 Births
<i>Bombay Corporation Health Officer's Report, 1924.</i>	21,838	365	16.7
<i>Calcutta Corporation Health Officer's Report, 1924.</i>	17,219	320	18.0
<i>Madras Corporation Midwives, 1924.</i>	7,027	33	4.7
<i>Bombay Corporation Midwives, 1924.</i>	1,850	9	4.8
<i>Calcutta Corporation Midwives, 1924.</i>	4,380	9	2.0
<i>Delhi Municipal Midwives, 1925-26.</i>	306	nil	
<i>Simla Municipal Midwives, 1925-26.</i>	600	4	6.5
<i>Bengal Enquiry, 1919-25.</i>	3,844	47	12.2

It will be seen that the rates for the midwives' organizations are the least, due partly to the fact that the work is done by trained midwives, and partly to the fact that abnormal cases are not attended, but are sent to hospital. In the case of the Bombay and Madras midwives' organizations, efforts had been made to trace the cases sent to hospital and include the result in these figures; this accounts for the rates being higher than in Calcutta.

The Bengal Enquiry was undertaken for the verification of vital statistics in Bengal. It was carried on for five years in an area consisting of small towns and villages, the average population each year being 15,549. A staff of three doctors and fifteen peons kept the people under constant supervision. During this period of five years 3844 conceptions took place with 47 deaths directly due to pregnancy or labour—that is 12·2 per 1000 births.

Even this deathrate is much higher than in other countries. In England, in 1925, the maternal deathrate in childbirth was 3·86 per 1000 births.

The high maternal deathrate in India is due to :—

- (1) bad attendance at the time of childbirth.
- (2) lack of any legislation requiring registration and supervision of midwives.
- (3) lack of medical aid and of women's hospitals.
- (4) lack of antenatal centres, both for treatment and research.
- (5) the existence of certain serious and fatal diseases connected with pregnancy, such as anaemia and osteomalacia.

APPENDIX II

INFANT MORTALITY

It may excite surprise that, in considering the subject of infant and child welfare, the closely related one of infant mortality has not been further dwelt on. The reason is not far to seek and is the same as in the case of maternal mortality during childbirth.

The figures for infant mortality are more accurate than those for maternal mortality, as all that is required for the total figures is the number of deaths, not the causes. But there are various fallacies and sources of error which vitiate such figures as exist, and they must be remembered in assessing the value of the statistics. Many births actually escape registration.

Registration is not compulsory all over India. Even where it is compulsory, many births escape it. The returns are made for the most part by illiterate people and the work is hardly ever a paid whole-time job; public opinion is quite indifferent and, where there is compulsory registration, few prosecutions are made and defaulters escape with fines insufficient to have a deterrent effect. In some large towns special officers are employed whose duty it is to pay house to house visits and so secure information regarding births. In such places the statistics are fairly reliable. Deaths also escape registration, but not to such an extent as births. In Bombay, for example, a body may not be disposed of without a certificate, though not a medical one. Migration accounts for some errors. In industrial areas, especially, a woman goes to her village to have her child and returns to the town when it is a few months old. The child may or may not have been registered in the village, but if the death takes place in the town it swells the infant

mortality rate there. Such factors helped to give rise to the extraordinary returns for two years (1922-1924) for the city of Poona where the infant mortality rate was given as over 1,000 per mille!

The *Annual Report of the Public Health Commissioner* for 1925 gives the infant mortality rate for British India as 174 per mille. The rates for large towns are very much higher, e.g., Bombay 359, Calcutta 326, Cawnpore 420. The number of deaths of infants under one week and one month is a high proportion of the total—practically fifty per cent of the deaths occur during the first month of life and more than half of these (64.75 per cent) in the first week of life.

The figures give us an approximate idea of the loss of infant life in India. When we come to scrutinize the causes of these deaths, we find that we really know very little about them. It must be remembered again that death in India is not certified by a medical practitioner and indeed no doctor may have seen the infant. If the Chief Medical Officer to the Ministry of Health in England complains of inaccuracy in stating the cause of death¹ what can we expect in India! Hence headings such as 'fevers', 'respiratory diseases', 'convulsions', 'diarrhoea', 'debility', really convey no information, and accurate knowledge of the causes of infant deaths is not available. Investigation of this problem is urgently required, not only for its own sake, but also in order that welfare work for infants may be conducted on lines which will serve to combat the high infant mortality rate in the most efficient manner. Improvement of registration, on the necessity of which all are agreed, would also advance the progress of infant welfare work and make it possible for existing agencies to be more effective.

¹ *The State of the Public Health*, 1925, pp. 21 f.

APPENDIX III

EARLY MOTHERHOOD

The following facts as to the age of Indian women at the time of the first delivery were collected by Balfour :

- (1) 847 consecutive primiparae were observed in Bombay Hospitals. The average age of these was 18·7 years. 75 among them were below 17, that is, 57 were 16, 11 were 15 and 7 were 14 years of age. In the Hindu community the proportion below 17 was 12·3 per cent, in the Mahomedan community it was 10·3 per cent, in the Christian community it was 2 per cent. A fair number of the Hindus were Brahmins.
- (2) 2312 consecutive primiparae, delivered at the Government Hospital for Women and Children, Madras, had an average age of 19·5 years. 12 was the youngest age, 7 mothers being 13, and 22 mothers 14 years of age.
- (3) 90 consecutive primiparae, delivered in their own homes and in the Seva Sadan Hospital in Ahmednagar, had an average age of 18·2 years. More than half of these were Brahmins. One was 14, 6 were 15 years of age.
- (4) 3964 cases of childbirth were reported from all-India hospitals, of these only 10 were below 15 years of age. 13 was the youngest age.

Exaggerated reports are sometimes made as to the frequency of early motherhood in India. It is true that the marriage ceremony takes place very early, but cohabitation does not usually begin until after puberty. In 188 cases specially investigated in the Cama Hospital,

Bombay, enquiry was made as to the age at which menstruation, cohabitation and the birth of the first child (or miscarriage) took place, and the average worked out at 13·4, 16·6 and 19·1 years respectively. In 481 cases collected by Curjel (see Chapter X) the average age at the commencement of cohabitation was 13·83 years. In collecting these cases, however, the enquiry as to the age at the commencement of cohabitation was not made directly, as in Bombay, but by a question as to when the girl went to live at her husband's house, which might not always be understood.

In the Bombay cases cohabitation had begun below 16 in half the number. It was found that in the cases where the mother was below 17 at the time of childbirth (that is, in 75 cases) the incidence of maternal disease was rather higher, and the average infant birth weight was slightly less, than in the case of the older mothers.

POSTSCRIPT

It is stated on page 63 that women doctors are not allowed to attend patients in the European Hospital at Simla. Since this passage was written the rule has been altered, and the medical woman in charge of the Lady Reading Hospital is now allowed to attend cases there.

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