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Contesting the Zenana: The Mission to Make "Lady Doctors for India," 1874–1885

Antoinette Burton

Recent work in British studies suggests that the project of historicizing the institutions and cultural practices of British imperialism is crucial to understanding metropolitan society in the nineteenth century. Monographs by Catherine Hall, Thomas C. Holt, and Jenny Sharpe, together with the impressive nineteen-volume series on Studies in Imperial Culture, edited by John Mackenzie—to name just a few examples of scholarly production in this field—have effectively relocated the operations of imperial culture at the heart of the empire itself.[1] By scrutinizing arenas as diverse as the English novel, govern-

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[1] Catherine Hall, *White, Male and Middle Class: Explorations in Feminism and History* (New York: Routledge, 1992); Thomas C. Holt, *The Problem of Freedom: Race, Labor and Politics in Jamaica and Britain, 1832–1938* (Baltimore: Johns Hopkins University Press, 1992); and Jenny Sharpe, *Allegories of Empire: The Figure of Woman in the Colonial Text* (Minneapolis: University of Minnesota Press, 1993). Examples from John Mackenzie's series, Studies in Imperial Culture, are John Mackenzie, ed., *Imperialism and Popular Culture* (Manchester: Manchester University Press, 1986); David Arnold, ed., *Imperial Medicine and Indigenous Societies* (Manchester: Manchester University Press, 1988); and J. A. Mangan, ed., *Making Imperial Mentalities: Socialisation and British Imperialism* (Manchester: Manchester University Press, 1990).

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mental policy making at the highest levels, and the ephemera of consumer culture, scholars of the Victorian period are in the process of giving historical weight and evidentiary depth to Edward Said's claim that "we are at a point in our work when we can no longer ignore empires and the imperial context in our studies."[2]

The origins of the London School of Medicine for Women (LSMW), its concern for Indian women in the zenana (sex-segregated spaces), and the embeddedness of its institutional development in Victorian imperial mentalities is one discrete example of how ostensibly "domestic" institutions were bound up with the empire and its projects in nineteenth-century Britain. As this essay will demonstrate, the conviction that Indian women were trapped in the "sunless, airless," and allegedly unhygienic Oriental zenana motivated the institutionalization of women's medicine and was crucial to the professionalization of women doctors in Victorian Britain.[3] One need only scratch the surface of the archive of British women's entry into the medical profession to find traces of the colonial concerns that motivated some of its leading lights. For women involved in pursuing a medical education, the specter of the zenana was more than a source of personal motivation; the provision of medical care to Indian women was nothing short of national and, indeed, of imperial obligation.[4] According to Sophia Jex-Blake, one of the first "lady doctors," even those who opposed female physicians practicing in Britain could not "dispute the urgent necessity that exists for their services in India and other parts of the East, where native customs make it practically impossible that women should be attended by medical men."[5]

"The Indian woman," imagined as imprisoned and awaiting liberation at the hands of Englishwomen's benevolence, exercised a generally powerful ideological force in this period, even while Rukhmabai, Kadambini Ganguli, and others entered the medical profession and

[2] Edward Said, *Culture and Imperialism* (New York: Vintage Books), p. 6.

[3] The expression "sunless, airless" existence is Mary Carpenter's. For an example of Victorian women's interest in and attitudes toward the zenana, see her *Six Months in India,* 2 vols. (London: Longman's, Green, & Co., 1868). Janaki Nair's essay, "Uncovering the Zenana: Visions of Indian Womanhood in Englishwomen's Writings, 1813–1940," *Journal of Women's History* 2 (Spring 1990): 8–34, suggests how the zenana was constructed by a variety of English women writers from the early nineteenth century onward as a resourceful ideological and vocational space.

[4] Edith A. Huntley, *The Study and Practice of Medicine by Women* (Lewes: Farncome & Co., 1886), p. 34.

[5] Sophia Jex-Blake, *Medical Women: A Thesis and its History* (London: Hamilton & Adams, 1886), p. 234.

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were active in a variety of social reform efforts in the 1880s and after.[6] Indeed, given Pandita Ramabai's testimony before the Hunter Commission in 1882 about the need for women doctors in India, her own frustrated attempt to pursue a medical education in England, and Englishwomen's attention to her reform efforts, it is arguable that Indian women were both directly and indirectly responsible for the organized interest in supplying medical women for India in the late Victorian period.[7] My focus here is the metropolitan scene, where ideas about British women's mission to the Indian female population divided some British women from others over what the definition of Western women's "mission work" in the colonial field should be during the 1870s and after. In the process, gender came to be rearticulated in relation to race and empire as women's medical training was institutionalized and women doctors were professionalized in Victorian Britain.[8] For in addition to the struggle against the male medical establishment that the first women doctors waged in the United Kingdom, there was a contest of authority going on between British female medical missionaries doing de facto medical work among potential native converts and "scientifically qualified lady doctoresses,"—that is, those trained from the 1870s onward either at the London School or in other degree-granting institutions.[9] Female physicians of the first generation in Britain worried that the lack of proper training on the part of women attached to religious missions threatened to undermine the claims to

[6] For an extended discussion of this phenomenon, see Antoinette Burton, *Burdens of History: British Feminists, Indian Women and Imperial Culture, 1865–1915* (Chapel Hill: University of North Carolina Press, 1994). Rukhmabai trained at the LSMW; Ganguli, at Bengal Medical College and, later, at Edinburgh. For details of Rukhmabai's medical career, see the letter from S. Bhatia, president of the Association for Medical Women in India, to Dr. Lowrie of the Medical Women's Federation, April 17, 1967, Wellcome Institute for the History of Medicine, London, SA/MWF/c. 144; and the "Report of the Cama Hospital's Jubilee Fund" (where she had been a house surgeon in 1895), Wellcome Institute for the History of Medicine, SA/MWF/ c. 146, 1936, pp. 14–17; and Edith Lutzker, *Edith Pechey-Phipson, M.D.: The Story of England's Foremost Pioneering Woman Doctor* (New York: Exposition Press, 1973), pp. 199–208. For Ganguli, see Malavika Karlekar, *Voices from Within: Early Personal Narratives of Bengali Women* (Delhi: Oxford University Press, 1993), pp. 173–78.

[7] See A. B. Shah, ed., *The Letters and Correspondence of Pandita Ramabai* (Bombay: Maharashtra State Board for Literature and Culture, 1977); Meera Kosambi, *At the Intersection of Gender Reform and Religious Belief* (Bombay: Shreemati Nathibai Damodar Thackersey Women's University, 1993), esp. chap. 2; and Frances Hoggan, "Medical Work for Women in India," *Englishwomen's Review* (April 15, 1885): 150–51.

[8] This formulation has been applied to Indian social reform in the context of nineteenth-century nationalism by Susie Tharu and K. Lalita, *Women Writing in India,* vol. 1, *600* B.C. to the Early Twentieth Century (New York: Feminist Press, 1991), p. 154.

[9] *Mayfair* (August 27, 1878), p. 615; Newspaper Cuttings Collection, Royal Free Hospital Archives, London.

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female professionalism that they were working so hard, and against all odds, to ratify. Several of the most prominent of them appreciated the fact that India was a "practically unknown territory,"[10] but they realized at the same time that, if its resources were to be of maximum use, British medical women would have to formulate and then police their own definition of "women's work" in the empire so that they could be taken seriously both as medical professionals *and* as workers indispensable to the imperial enterprise. Their quest to carve out a professional sphere in the colonies, therefore, not only shaped the direction that medical education for women in Britain would take but also led female medical reformers to construct their goals as different from, and in some ways superior to, traditional missionary reform as carried out by women.

The question of what Western women *could* bring to *empire* was transformed by the first generation of British women doctors into the question of what British women doctors *should* bring to *India*. Such a transformation was predicated on the centrality of the zenana and the imagined passivity of Indian women patients. As presumptions about the zenana were circulated and contested, a public debate emerged that advertised the cause of professionally trained "lady doctors" and produced a shift in the terms on which women's public role in the imperial nation-state was imagined. Examining both the discursive and the institutional practices of the LSMW at its founding historical moment contributes to our understanding of how gender categories were reconstituted by imperialism even as they helped to determine how the very concept of empire performed the kinds of ideological work it was capable of in the later nineteenth-century. The colonial investments of the London School enable us, in short, to appreciate more fully how what Laura Tabili calls "the material mechanisms through which colonial racial inequalities" came to be articulated in Victorian imperial culture, not just in the empire, but at home as well.[11]

In 1878 the annual report of the London School of Medicine for Women recorded its satisfaction at the progress that the movement for the qualification of women in the medical profession in Britain was making in the wake of Russell Gurney's Enabling Act, which had demolished the legal barriers to medical examining boards granting

[10] Edith Moberly Bell, *Storming the Citadel: The Rise of the Woman Doctor* (London: Constable & Co., 1953), p. 125.

[11] Laura Tabili, "The Construction of Racial Difference in Twentieth-Century Britain: The Special Restriction (Coloured Alien Seamen) Order, 1925," *Journal of British Studies* 33 (January 1994): 62. Tabili's essay is a skillful and long-overdue analysis of this process in twentieth-century Britain.

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licenses to women two years earlier. At the school's annual meeting William Cowper-Temple, M.P., moved that the London School raise "a special fund of not less than £5000" in order to guarantee that it would be able to continue to educate women so that they could, through training in "a complete medical school, including clinical instruction in a hospital," become eligible for examination for medical diplomas. In support of his resolution Cowper-Temple observed that a recent petition circulated in Britain had been signed by 16,000 women expressing "their desire to be attended by persons of their own sex."[12] He ended his motion by emphasizing "the great advantage which it would be to missions in India if female practitioners attended the Zenana."[13]

The imperial rationale that Cowper-Temple articulated for the professionalization of women doctors is one instance of how crucial a symbolic and material site the zenana was for those involved in establishing the provision of medical education for women in Victorian Britain. Traces of the colonial concerns that informed the organized movement to open the medical profession to British women are evident throughout the historical record of that struggle, though they remain unremarked on or underexamined by historians.[14] One foundational

[12] Frances Power Cobbe ratified the claims of these petitioners when she narrated the following anecdote. A London woman was advised by her doctor to consult another male physician at Bath. He sent her along with a sealed note, but her curiosity got the best of her. "The seal was broken, and the lady read: 'Keep the old fool for six weeks, and be sure to send her back to me at the end.' " "I rejoice to believe," wrote Cobbe, "that thanks to men like . . . Mr. Cowper-Temple, there will soon be . . . women's hospitals attended by women-doctors, in every town and kingdom." See Frances Power Cobbe, "The Little Health of Ladies," *Contemporary Review* 31 (1877): 294, 296.

[13] *Report of the London School of Medicine for Women* (London, 1878), p. 12. Cowper-Temple had also been the author of several bills in the mid-1870s that called for the opening of British university medical courses to women. See Catriona Blake, *The Charge of the Parasols: Women's Entry into the Medical Profession* (London: Women's Press, 1990), pp. 178, 183–84; and Thomas Neville Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine* (Cambridge, Mass.: Harvard University Press, 1992), chap. 6. For a comprehensive analysis of the Victorian medical profession, see M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley: University of California Press, 1978).

[14] For example, Jex-Blake's recent biographer makes no mention of her colonial interests or concerns about the zenana. See Shirley Roberts, *Sophia Jex-Blake: A Woman Pioneer in Nineteenth-Century Medical Reform* (London: Routledge, 1993). Blake's *Charge of the Parasols* is an excellent study, though it does not reference India at all, except to talk briefly about Mary Scharlieb's experiences in Madras (pp. 175–76). David Arnold's *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley and Los Angeles: University of California Press, 1993) devotes a small section to "Women Doctors in India" and focuses chiefly on the Dufferin Fund (pp. 260–68); as does Mark Harrison, "The Veil of the 'Zenana,' " in his *Public Health and Anglo-Indian Preventive Medicine, 1859–1914* (Cambridge: Cambridge University Press, 1994), pp. 90–97.

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text, Jex-Blake's *Medical Women: A Thesis and its History* (1886), suggests that commitment to the imperial mission in India was part of the earliest schemes for promoting women's medical education in Britain. Jex-Blake made history when, along with seven other women, she sued Edinburgh University over its exclusion of female students pursuing medical degrees in 1872.[15] Recalling the last meeting of the Committee for Securing a Medical Education for Women in Edinburgh (April 1871), she explained in *Medical Women* how an Indian man, the Reverend Narayaa Sheshadri, stood up and testified to the need for women medical practitioners in India. There were "innumerable females," he said, "whom no male doctor was allowed to see" because of their seclusion in the zenana.[16] In a footnote to her narrative of this event, Jex-Blake added that shortly thereafter she had questioned an Indian gentleman who had studied medicine in Britain about the conditions under which Indian women received medical treatment—and that he had confirmed her suspicions about the inaccessibility of good care due to the requirements of zenana life.[17] Such suspicions became the grounds for arguments about the imperially minded mission that underwrote the quest for British women's access to medical education. Dr. Frances Hoggan publicized the appeals of a variety of colonial reformers for women doctors in the 1880s—arguing that all who encountered zenana women "strongly insist[ed] on the urgency of the need of medical women in India to attend patients of their own sex."[18]

Certainties about the ready-made clientele the zenana provided for Western professional women were common currency in Britain by the mid-1880s, and not just among women doctors and their advocates. Female teacher-training schemes used similar rationales, particularly after Mary Carpenter's first visit to India in 1866–67 established her commitment to providing a corps of British-trained teachers for India.[19] The argument from colonial necessity presumed the passivity of zenana inhabitants as well as their basic incapacity, save in exceptional circumstances, to train as medical doctors themselves. It was motivated by the woman-to-woman care ethic that helped to justify most

[15] The next year the university overturned this ruling, thereby preventing graduation from Edinburgh. See Blake, pt. 3, and esp. pp. 218–19.

[16] Jex-Blake, *Medical Women: A Thesis and its History* (n. 5 above), p. 154.

[17] Ibid.

[18] Hoggan, "Medical Work for Women in India," *Englishwomen's Review* (April 15, 1885): 150.

[19] See Mary Carpenter, *Six Months in India* (London: Longman's, 1868), esp. vol. 2; and "Miss Carpenter and Her Work for India," *Our Magazine* (North London Collegiate School for Girls) (July 1876): 182–84.

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if not all of women's work in the public sphere, as well as by the national-imperial commitments through which Victorian women articulated that ethic from the 1870s onward.[20] And finally, it gained additional currency as a response to arguments put forward from within and without the male medical profession that women doctors would be quickly redundant in Britain, where the local economy could not sustain an influx of new practitioners. The success in India of newly qualified British women doctors like Mary Scharlieb, combined with their reports of the possibilities of "that large and unexplored field of labour—the women of India," added legitimacy to the claim that the zenana system in India provided the new female professionals with a necessary outlet. It also gave India a high profile as the most obvious extranational site for Western women's medical work.[21]

I have argued elsewhere and in some detail about how essential images of Indian women were to the construction of feminist ideologies in Victorian and Edwardian Britain, chiefly in terms of discourses around women's suffrage and the repeal of the Contagious Diseases Acts.[22] The centrality of colonial women in the rhetoric and practices of the crusade for women's medical education is integrally related to this sociopolitical phenomenon, not least because a number of pioneering women doctors were affiliated with the women's suffrage and repeal movements and because so many prominent Victorian feminists contributed financially and with their political influence to the cause of medical women.[23] In the Victorian period, the women's movement and the institutions it generated—suffrage societies, the repeal campaign, and the feminist periodical press in all its variety—intersected with and helped to support several corporate bodies expressly devoted

[20] Josephine Butler, ed., *Woman's Work and Woman's Culture* (London: Macmillan, 1869); Jane Rendall, *The Origins of Modern Feminism: Women in Britain, France and the United States, 1780–1860* (New York: Macmillan, 1985); Philippa Levine, *Victorian Feminism, 1850–1900* (Tallahassee: Florida State University Press, 1987); and Antoinette Burton, "The White Woman's Burden: British Feminists and 'the Indian Woman,' 1865–1915," in *Western Women and Imperialism: Complicity and Resistance,* ed. Nupur Chaudhuri and Margaret Strobel (Bloomington: Indiana University Press, 1992), pp. 137–57.

[21] The quote is in the *Calcutta Englishman* (July 8, 1878); Newspaper Cuttings Collection, Royal Free Hospital Archives, London. See also Geraldine Forbes, "Medical Careers and Health Care for Indian Women: Patterns of Control," *Women's History Review* (Special Issue: "Feminism, Imperialism and Race: Britain and India," ed. Barbara N. Ramusack and Antoinette Burton) 3, no. 4 (December 1994): 515–30; Nair (n. 3 above), esp. pp. 17–19; and Burton, "The White Woman's Burden," pp. 146–47.

[22] Vron Ware, *Beyond the Pale: White Women, Racism and History* (London: Verso, 1992), pts. 2, 3; Burton, *Burdens of History* (n. 6 above), chaps. 4, 6.

[23] For a discussion of women doctors active in the suffrage movement, see Blake (n. 13 above), pp. 193–94; and Roberts, pp. 190, 167–68.

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to the question of women's medical work for India. Chief among these was the countess of Dufferin's Fund. The Dufferin Fund is generally recognized as the first initiative launched to coordinate the flow of medical women to India. Also referred to as the National Association for Supplying Female Medical Aid to the Women of India, the fund was organized in 1885 by Harriot Dufferin, vicereine of India, who was galvanized, so the story goes, by Queen Victoria's personal request that she interest herself in "measures for the medical relief of the women in India."[24] The queen's request was revealingly ambiguous about which women, Indian or British, would provide the necessary medical relief, as was her commitment to the education of Indian women more generally.[25] In fact, the question of whose education should be secured first was one that dominated the early years of the fund's existence, even if later accounts insisted on the priority given to Indian women aspiring to the field.[26] From the outset the fund repeatedly emphasized its nonsectarian character: its organizers professed to respect the policy of noninterference in indigenous religious customs promulgated by Queen Victoria's post-Mutiny Act of 1858. In this and in other ways the countess of Dufferin's scheme worked, as Maneesha Lal has argued, to "replicate the structure of the colonial administrative hierarchy" by grafting onto India "the English model of philanthropy which colonial rulers believed represented a progressive civic ideal."[27] One of the effects of this arrangement was the perpetuation in the Indian medical service of racial and gender hierarchies. Britons were doctors, Indians were lesser-grade "hospital assis-

[24] *Countess of Dufferin's Fund, 1885–1935: Fifty Years' Retrospect* (London: Women's Printing Society, 1935), p. 3. See also 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 (March 1994): 5–6.

[25] See Collin C. Davies, "India and Queen Victoria," *Asiatic Review* 33 (1937): 493.

[26] According to W. W. Hunter, "the first object of the Association founded in 1885 . . . was to obtain from England, and to train up in India, a body of nurses and lady doctors, who should form the nucleus of a Female Medical Profession for India." See W. W. Hunter, "A Female Medical Profession for India," *Contemporary Review* 56 (August 1889): 211. Margaret Balfour and Ruth Young's characterization is equally revealing. They remembered the fund as having been organized to "bring women doctors to open women's hospitals and wards and "to train Indian women to follow in their footsteps." See Margaret Balfour and Ruth Young, *The Medical Work of Women in India* (London: Humphrey, for Oxford University Press, 1929), p. 33. See also Frances Hoggan, "Medical Work for Women in India," *Englishwomen's Review* (May 15, 1885): 200. For other accounts of the Dufferin Fund, see Arnold (n. 14 above), pp. 260–68; and Geraldine Forbes, "Managing Midwifery in India," in *Contesting Colonial Hegemony: State and Society in Africa and India,* ed. Dagmar Engels and Shula Marks (New York: I. B. Tauris, 1994), pp. 159–61.

[27] Lal, pp. 7–8, 29.

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tants,'' and, even after the Dufferin Fund celebrated its first decade, by far the majority of lady doctors in India were Europeans.[28] Two important nineteenth-century exceptions were Ganguli and Rukhmabai; neither of them, significantly, was educated under the auspices of the fund.[29] The Dufferin Fund effectively managed opportunities for systematic medical training and distributed patronage to qualified women doctors in the form of hospital posts and dispensary positions. While it succeeded in creating opportunities for aspiring female physicians through educational scholarships, grants-in-aid, and other forms of financial assistance, it did not, and indeed perhaps could not, challenge the racialized imperial bureaucracy that structured the medical establishment in British India.[30]

The longevity of the Dufferin Fund, together with its aristocratic patronage, its origins in royal-imperial benevolence, and its vast network of branches at home and in the empire, has eclipsed the role played by the London School of Medicine for Women in promoting the work of female medical women for India. The LSMW predated the Dufferin Fund by a decade and established ideological and structural linkages between British women doctors and their Indian female clientele that the fund would use as the basis of its own network of female medical women for India. The foundation of the LSMW was the immediate result of British women's struggle to win the right to a medical education from unwilling British universities. While a variety of sympathetic male faculty members circumvented official policy and risked their own professional reputations to accommodate determined female medical students, the weight of institutional power was decidedly against them, as the Edinburgh Seven's failure to win a legal victory securing their rights to examination in 1872 demonstrates.[31] Rather than take their case to the House of Lords, the seven women decided to seek admission to examinations elsewhere—some on the Continent,

[28] See the *Fourteenth Annual Report of the National Association for Supplying Female Medical Aid to the Women of India* (for the year 1898) (Calcutta: Office of the Superintendent of Government Printing, 1899), p. 13.

[29] Although not trained by the fund, in 1888 Ganguli was appointed to the Lady Dufferin Women's Hospital with a monthly salary of 300 rupees (see Forbes, ''Managing Midwifery,'' p. 161), but she felt that the fund discriminated against her countrywomen in hiring European-trained Western women.

[30] Racism was undoubtedly combined with sexism in the Indian Medical Service, where all members had to be of military rank, thus ensuring the exclusion of many ''native'' men and all women. Although the Indian Medical Service had been opened up to competitive examination in 1855, by 1905 only 5 percent of the service was of Indian origin, and these were all men. See Harrison (n. 14 above), pp. 15, 31.

[31] See Blake, pp. 154–55. The margin of defeat was, significantly, slim: seven out of twelve voted against.

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others in London. Access to examinations was key for getting on the Medical Register. Examination candidacy was also the primary site of institutional exclusion: as late as 1874, only Elizabeth Garrett Anderson and Elizabeth Blackwell were registered in Britain, and both of them had trained outside the United Kingdom.[32] Sophia Jex-Blake and Isabel Thorne took the lead on the London scene, but with little success: so resistant was the medical profession to their claims that the entire Board of Examiners at the College of Surgeons resigned rather than deal with the applications of two women who had applied for candidacy.[33] Jex-Blake and her sympathizers, among whom were a number of prominent physicians, formed a provisional council that soon handed the institutional planning over to a body of governors. It was decided that the most logical procedure was to provide a full course of study with lecturers who were already recognized teachers at metropolitan schools—on the presumption that one among the nineteen examining boards would accept their certificates. On the strength of £1,800 in subscriptions, they bought the lease of "a quaint old house and garden" in Henrietta Street. The London School of Medicine for Women—which Isabel Thorne called "The Mother School of all British Medical Women"—was now in business.[34]

Its prominent patrons and its three-year course of nonclinical study notwithstanding, all of the examining boards refused to accept certificates of attendance and achievement from the school. Even after the passage of the Enabling Bill in 1876—which gave the boards the power to admit women to their examinations but did not require it—no board acted on it until the summer of 1877, when the Royal College of Physicians, Ireland, decided to admit Jex-Blake, Edith Pechey, and several others to their final examinations.[35] The University of London soon followed suit. There remained the question of clinical training, for which Cowper-Temple recommended a fund-raising campaign in the 1877 annual meeting. The £5,000 was eventually raised and by midsummer the London School of Medicine for Women students were admitted to the wards of the Royal Free Hospital. In light of the arguments from colonial necessity that framed the debate over British women's access to medical education, it is worth noting that Scharlieb obtained admittance, along with four other women, to the three-year

[32] Garrett Anderson studied in Paris, and Blackwell, in Geneva, N.Y. See Blake, pp. 215–17.

[33] Isabel Thorne, *Sketch of the Foundation and Development of the London School of Medicine for Women* (London: G. Milford, 1906), p. 17.

[34] Ibid., pp. 18–19.

[35] Ibid., pp. 20–21.

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certificate course at Madras Medical College in 1875, though this was also a bitter struggle. Thus, as S. Muthu Chidambaram reminds us, "While the universities and medical associations in Great Britain were debating whether women should study medicine, this progressive step was taken in India."[36] It is also worth underscoring that Scharlieb and others who had studied medicine in India tended eventually to come to Britain, and especially to the LSMW, for further training pursuant to qualification. This reflects not so much the higher standards or better quality in London as perhaps the reputation for superiority over colonial courses of study that schools in the metropole might be expected to have acquired in Victorian imperial culture.

Of the fourteen women enrolled at the opening of classes at the LSMW in October 1874, twelve had been students at Edinburgh. Fanny Butler, a member of the Church of England Zenana Missionary Society, was one of the two newcomers. While deeply committed to the work of evangelizing India and particularly its women, Butler was uneasy about the whole notion of "lady doctoring." She shared many of her contemporaries' prejudices about the "unwomanliness" of the profession and for a time was firm in her opposition: "I could not do it," she wrote; "I could not care for the medical women's movement."[37] And yet like so many other British women of her generation, Butler's understanding of the zenana system in India convinced her that evangelization must go hand in hand with medical treatment—both because she cared for the physical well-being of Indian women and because "it was a means of approach to many who were inclined to be hostile to [missionaries'] teaching, but could not resist it when it was expressed in acts of mercy."[38] Butler's decision to attend the LSMW in spite of her reservations stemmed from this conviction. She won the first Ernest Hart scholarship (£50), took her qualifying exams in Dublin, and set sail for India in December 1880. After a relatively short career, she died of dysentery in Srinagar in 1889.[39] She was the first qualified British woman doctor to practice in India, and the first

[36] S. Muthu Chidambaram, "Sex Stereotypes in Women Doctors' Contribution to Medicine: India," in *Gender, Work and Medicine: Women and the Medical Division of Labour,* ed. Elianne Riska and Katarina Wegar, Sage Studies in International Sociology no. 44 (London: Sage, 1993), p. 16. I am grateful to Philippa Levine for this reference.

[37] E. M. Tonge, *Fanny Jane Butler: Pioneer Medical Missionary* (London: Church of England Zenana Missionary Society, 1930), p. 9. As one columnist wrote of Elizabeth Blackwell, "It is impossible that a woman whose hands reek of gore can be possessed of the same nature or feelings as the generality of women." Quoted in Jo Manton, *Elizabeth Garrett Anderson* (New York: Dutton, 1965), p. 47.

[38] Bell (n. 10 above), p. 113.

[39] Tonge, p. 50.

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of those who trained at the LSMW to do so.[40] Her example of martyrdom, together with the scholarship to the LSMW established in her name, inspired many British women after her to take up practice among what one correspondent for the school's magazine called "zenana patients."[41]

Butler's biography, written by E. M. Tonge under the auspices of the Church of England Zenana Missionary Society, indicates that Butler found the LSMW a fairly secular place. She helped to start a Bible and Prayer Union at the school, in part because her association with students "of many creeds, and no creeds . . . has forced me to examine the foundations of my own belief, so as to be able to give a reason for the faith that is in me."[42] I do not mean to suggest, and nor did Butler, I feel sure, that the LSMW was a godless place. Indeed, although arguments for women's entrance into the medical profession were most often grounded in claims that women were "natural healers" and that their continued disqualification on the basis of sex hampered the progress of British civilization, the fundamentally Christian commitment to healing the sick was an equally constituent element.[43] And yet it was not an entirely hospitable environment for someone in Butler's position. As one student at the LSMW put it, "The medical skill is not a means to gain surreptitious entrance for Christian doctrine under the pretence of doing something else."[44]

From the very beginnings of the school's foundation, there were criticisms made of those seeking a medical education for the purposes of proselytizing by newly minted professionals not expressly committed to evangelizing the mission field. At an inaugural address given at the London School in October 1878, for example, Dr. Pechey (who had trained at Berne and qualified for the British Medical Register at Dublin in 1877), expressed the following reservations:

> There may be . . . [those] here, who study not from any special taste for medical pursuits, but as a means to an end; in order, namely, that they may be more useful in the future they have planned for themselves. I refer to medical missionaries. . . . Go out with the best credentials possible and as you belong to two professions, see that you serve both faithfully. I

[40] Balfour and Young (n. 26 above), p. 18.

[41] London School of Medicine Executive Council Minutes, 1893, Royal Free Hospital Archives, London; E. B. Meakin, "Medical Work among the Women of 'Little' Indur (Nizam), India," *Magazine of the London School of Medicine for Women and the Royal Free Hospital* 5 (May 1903): 180.

[42] Tonge, p. 10.

[43] Jex-Blake, *Medical Women: A Thesis and its History* (n. 5 above), pp. 6, 52.

[44] Huntley (n. 4 above), pp. 42–43.

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> confess that I have been somewhat horrified to hear occasionally remarks from the supporters of medical missions to the effect that a diploma is not necessary, that a full curriculum is superfluous—in fact that a mere smattering is sufficient for such students. I cannot believe that such sentiments are held by the students themselves, and if there are any here to-day, I beg of you not for one moment to give way to this idea. Is human life worth less in other lands, amongst people of another faith? or do such persons imagine that disease there is of a simpler nature, and that the heathen, like the wicked, are "not in trouble as other men"?[45]

While Pechey did not discount the possibility that lady doctors could still be handmaidens to the project of Christian conversion, she was clearly worried about the possibility that female medical missionaries might give the movement for women's medical education a bad name. " 'Christian England' is renowned in every land for adulterated goods. Let it not be said," she exhorted her audience, "that under the very guise of Christianity the medical help she sends out is also an inferior article." For her the salvation of zenana women required the kind of "science and skill" which she believed only the thoroughly trained professional could provide. Her concern that a woman doctor prove herself "a worthy member of the profession, by saving life, . . . lessening pain and smoothing the passage to the grave" signals one of the ways in which the claims of science and professionalism might compete with those of the Christian religious mission narrowly conceived.[46]

Significantly, those medical missionaries who horrified Pechey with their arguments about the sufficiency of basic medical knowledge for women missionaries were not the only ones opposed to the training of women doctors for India. Male doctors practicing in India dismissed as overrated and inaccurate claims that zenana women needed English lady doctors to provide them medical care. According to Dr. Charles West, a fellow of the Royal College of Surgeons in London who canvassed the opinions of medical men in India, they testified that this was a "demand [that] arose in England, not India." One, a Dr. Ewart, argued that "the native women in India are quite shrewd enough to pin their faith to the colours of the male doctors, native or European. Excepting a few strong-minded European ladies in Madras, and perhaps in Bombay, there is not the faintest demand for female doctors. . . . If these good and wise ladies would turn their attention to

[45] Edith Pechey, "Inaugural Address, 1878" (McGowan's Steam Printing Co., London, 1878), p. 27; Wellcome Institute, SA/MWF/c. 4.
[46] Ibid., p. 28.

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missionary enterprise, they might prove useful. But in medicine, their efforts can only result, as has been the case here, in the production of an inferior article for which there is literally no necessity or demand in India.''[47] Clearly the opposition to women doctors was as intense and as territorial in the colonies as in Britain. As Catriona Blake has written of the domestic scene, institutionalized resistance on the part of male medical professionals was proportionate to their ideological commitment to preventing women from learning ''about their own bodies from doctors of their own sex,'' whether those women were British or Indian.[48]

Female medical missionaries and women like Pechey were in fact fighting the same battle. It was a battle against the entrenched patriarchalism of institutionalized religion and institutionalized medicine. Apologists for both wished British women's imperial role to be limited to the work of conversion to which Victorian mores believed they were by nature fit. In some ways, then, Pechey was preaching to the converted (so to speak): presumably the women in the LSMW audience who were attached to missions were enrolled in the school because they believed, like Butler, in the importance of solid medical training. Perhaps because of the newness of the LSMW and her own investment in its uphill battle for legitimacy, Pechey felt compelled to admonish those who might potentially discredit women's quest for medical credentials. Even if Pechey's talk was intended to alert medical mission women to the sexism of their male missionary counterparts, she nevertheless made clear what she believed the priorities of degreed medical women like herself should be: the practice of scientific medicine above all other commitments. Those who thought otherwise might always be suspected of using medicine as a means to an end in India and other British possessions and of thus undermining the professional ethics of disinterestedness that, somewhat paradoxically, even a pioneer medical woman like Pechey was apparently willing to embrace.

That all British women might be understood to be using India's zenana women as a means to their own professional and status ends did not evidently occur to Pechey. As concerned as she was over the quality of medical mission work, however, she at least conceded that its practitioners were pursuing ''two professions'' and urged them to pursue one as ''faithfully'' as the other. The publicity given to the

[47] Charles West, *Medical Women: A Statement and an Argument* (London: J. A. Churchill, 1878), p. 17.

[48] Blake (n. 13 above), p. 155.

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career of Elizabeth Beilby in 1881 and after prompted both a recalibration of that position and an institutional realignment on the part of the LSMW so that it could participate more actively in shaping the ways in which medical women became qualified for and were directed toward India as a site of medical practice. According to Edith Moberly Bell in her classic study of British women doctors, *Storming the Citadel* (1953), Beilby had been a student at the LSMW in its early days. Like Butler before her, "she was a missionary at heart and entered the School to become a medical missionary."[49] She left the school at the end of 1875 (the year before Gurney's Enabling Act), discouraged by the prospects of women ever being able to get onto the Medical Register. The Zenana Mission sent her to Lucknow, where she established a dispensary and eventually a small hospital. In Bell's evaluation, "she was just sufficiently trained to be very conscious of her own deficiencies."[50] Once the battle for registration had been won in England, she resolved to return home in order to become fully qualified as a doctor.

On the eve of her return, Beilby became celebrated for the conversation she had with the maharani of Punna before leaving for England. Beilby had been called by the maharaja to examine his ailing wife, whom she successfully treated. The maharani urged Beilby to take a message back to the queen telling her that "the women of India suffer when they are sick." Beilby's account of this encounter suggested the maharani was asking the queen to send English-trained female doctors to alleviate the suffering of Indian women.[51] Lal has remarked that the attention given to Beilby's eventual meeting with the queen "fostered the presumption that a personal bond existed between Queen Victoria and her female subjects, a bond to be mediated through select Englishwomen."[52] Beilby's return to Britain did indeed help to crystallize the woman-to-woman ideological justification for Western lady doctors' access to the zenana, and in part because of the queen's personal interest in the cause, it eventually led to the formation of the Dufferin

[49] Bell (n. 10 above), p. 115.

[50] Ibid., pp. 115–16.

[51] Ibid. See also "Women Doctors in India," *The Times* (October 27, 1881) (where Beilby's account was excerpted from the *Indian Female Evangelist*); Newspaper Cuttings Collection, Royal Free Hospital Archives, London.

[52] Lal (n. 21 above), p. 10. The National Indian Association had endeavored to project the same sense of woman-to-woman bond several years earlier when it printed an extensive account of Carpenter's personal meeting with the begum of Bhopal. See Ellen Etherington, "A Visit to the Present Begum of Bhopal," *Journal of the National Indian Association* 8 (May 1878): 215–19.

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Fund as well.[53] Images of the queen as empress-mother of India remained crucial to the narratives through which the fund was historicized and through which the whole medical mission project was memorialized. Tracing the origins of the fund in 1929, Ruth Balfour and Margaret Young recalled that "it is pleasant to think that the Countess of Dufferin's Fund owed its origin to Queen Victoria who will long be remembered in India as 'the Great White Queen and Mother of her People.' "[54]

Less attention has been paid by historians to the fact that Beilby's decision to return home for proper medical training was accompanied by a renunciation of mission work. In a letter to the editor of the *Pioneer Mail,* Beilby reported that after six years of working for the Zenana Missionary Society, she was leaving the organization, "and nothing would make me work under it or any other again." She confirmed Pechey's fears about the attitude of medical missionaries toward the practice of medicine in the following terms:

> I do not approve of the "hybrid mixture with a strain of medical knowledge," but on the contrary I think every lady doctor who comes to this country to practice medicine should have gone through the full curriculum of studies and should have obtained a diploma qualifying her to practice . . . one of my greatest objections to the societies who send out zenana medical missionaries is that they think if the said missionaries have enough knowledge to work as sick nurses at home, such knowledge will be sufficient to fit them to undertake the difficult task of a lady doctor out there. This is a most fatal mistake, and one that sooner or later will bring the work of zenana medical missions into disrepute.[55]

Beilby did not see the qualification of Western medical women as the only solution to this problem: she argued that it was "a duty we owe to the native women to train those who are willing to be of use to their own countrywomen." At the same time, she envisioned Indian women being schooled either as nurses or assistants, rather than as doctors, and she excoriated what she considered the unhygienic practices of untrained *dhais* (midwives), "to whose ignorance and superstition hundred of lives have been and are still sacrificed." Her advice to English

[53] *The Countess of Dufferin's Fund, 1885–1935: Fifty Years' Retrospect* (n. 24 above), p. 3.

[54] Balfour and Young (n. 26 above), p. 33.

[55] Elizabeth Beilby, reprinted in the *Journal of the National Indian Association* (June 1882): 342.

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women who wanted to help the "prisoners" of the zenana was, not only to get a sound medical education, but also *not* to come to India under the auspices of a missionary society at all.[56]

Beilby's declaration caused a tremendous stir among supporters of medical education for women in Britain—many of whom had until then carefully avoided impugning the motives of medical missionaries but for whom the practice of medicine was a matter of science and secular reform rather than faith.[57] Beilby's public disassociation from her missionary sponsors provided an opportunity for leaders of the women's medical movement to move in on the zenana and appropriate it as their particular professional cause. Dr. Garrett Anderson, lecturer at and later dean of the LSMW, wrote a letter to *The Times* on October 31, 1881, affirming that indeed "there is in India a field almost indefinitely large in which competent medical women would be of the greatest value." Like Pechey, she did not exactly reject the project of evangelism—but she made her own priorities indisputably clear. She warned against using medicine as an instrument of conversion, in part because "one profession firmly grasped is enough for most people," but also because in the end such a project undermined the very Christian principles its proponents wished to instill. "It will not recommend Christianity to Hindoo ladies to send them missionaries in the disguise of indifferent doctors. Already there is suspicion of this having been done, and we have heard in various quarters of native ladies inquiring critically as to the diplomas possessed by the medical missionaries especially for their benefit."[58] She indicated that the LSMW was ready to step into the breach, and could, according to her estimation, provide twenty to thirty qualified lady doctors a year, should willing students be able to find the necessary funding. Isabel Thorne, writing for the same issue of *The Times,* echoed Garrett Anderson. In her capacity as honorary secretary for the LSMW, she assured the reading public that, because of the school's recent affiliation with the Royal Free Hospital, English women doctors heading to India would have the benefit of both classroom and clinical training. They would thus be

[56] Ibid.

[57] This was an issue debated at some length in the pages of the *Journal of the National Indian Association*. See, e.g., Ellen Etherington, "Education in the North-west of India," *Journal of the National Indian Association* 5 (December 1875): 267–73; and Arabella Shore, "English Indifference Toward India," *Journal of the National Indian Association* 11 (September 1882): 506–15.

[58] Elizabeth Garrett Anderson's letter, "Medical Women for India," *The Times* (October 31, 1881); Newspaper Cuttings Collection, Royal Free Hospital Archives, London.

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fully equipped to work for "the relief of the suffering women of India."[59]

Isabel Thorne was keen to make the maharani of Punna's request of the queen the basis for her appeal for scholarship money to the LSMW. Garrett Anderson, in contrast, politely rejected royal benevolence and emphasized that this was a problem to be negotiated between "the leaders of native society on the one hand, and by the medical women themselves on the other."[60] The LSMW was instrumental in clearing the way for this negotiation, but it did not act alone. Critical to its success was the National Indian Association (NIA)—an organization founded by Mary Carpenter in 1870 in the wake of her visit to India and committed from the outset to promoting female education generally. The NIA, which was run by Elizabeth Adelaide Manning after Carpenter's death in 1877, had been gathering information on the status of medical mission work even before news of Beilby's defection was made known in Britain. Manning had commissioned Dr. Hoggan (licentiate, King's and Queen's College of Physicians, Ireland, 1876) to follow up on information given to the association by Mrs. Sarah Heckford, who had reported to the NIA on the insufficiency of medical aid being provided to zenana women from her own experience in India in December of 1881.[61] In November 1882, the NIA announced a meeting in London for its subscribers and other sympathizers to discuss plans for guaranteeing the supply of female medical aid to the women of India. It was at this meeting that the first public case for lady doctors for India was made, that the first concerted schemes for paying Englishwomen's passage to India were proposed, and that a concrete proposal for creating an agency to mediate between Britain and India was first suggested in Britain.[62] This was December 1882, three years in advance of the establishment of the Dufferin Fund and before Dufferin met with the queen to discuss the vicereine's role in establishing a medical scheme for Indian women.

Present at this meeting were Hoggan (who read a lengthy paper

[59] Isabel Thorne's letter, "Medical Women for India," *The Times* (October 31, 1881); Newspaper Cuttings Collection, Royal Free Hospital Archives, London.

[60] Garrett Anderson's rejection of royal benevolence was quite unusual in an era when many if not most female reform and feminist organizations sought out public figureheads. I am grateful to Philippa Levine for this observation.

[61] See "Women Doctors in India," *Journal of the National Indian Association* (December 1881): 718–22. Sarah Heckford was the wife of Nathaniel Heckford, the resident accoucheur for instruction at the London Hospital. See Manton (n. 37 above), p. 152.

[62] "Medical Women for India," *Journal of the National Indian Association* (December 1882): 681–84.

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on the need in India for women's "professional knowledge and skill"),[63] Dr. Blackwell (Chair of Gynecology at LSMW), James Stansfeld (M.P. and member of the governing board of the LSMW), and Dr. Garrett Anderson. The LSMW was thus well represented, with several of its founders and two of its most prominent women doctors in attendance. Hoggan's arguments, which drew on information she had collected from English doctors in India as well as India Office records and statistics, stressed both the special female needs of zenana patients and the contributions English medical women could make to the imperial enterprise. These latter would be "the most powerful agents for raising the whole tone and worth of women's lives in that vast empire."[64] Hoggan wanted not just individual lady doctors or even a coordinated flow of medical practitioners but a full-fledged women's medical service for India. Dr. Robert Harvey (Professor of Midwifery, Medical College of Bengal), who was basically supportive of the idea of Western women doctors in India, dismissed that ambitious scheme as premature, and although it remained a cherished and sought after goal of British feminists and medical women for decades, it did not materialize until just before World War I.[65]

Blackwell, for her part, was heartened by the professional possibilities created by the needs of zenana women, though she expressed concern that the kinds of hardships lady doctors faced in India would be daunting and their responsibility all the greater for being imperial. The proper clinical training of midwives was also of great concern to her, and she urged the establishment of "a well organized School of Midwifery with Sanitary Science attached . . . for the training of native women."[66] Garrett Anderson agreed, and, foreseeing the very real possibility that qualified medical women might be exploited in India, warned that a trained lady doctor could not be expected to take up an unpaid position in the empire—"if she desired that, she could get plenty of it in England—in the East End of London, for instance."

[63] See *Journal of the National Indian Association* 12 (January 1883): 11–18. See also Hoggan, "Medical Work for Women in India," *Englishwomen's Review* (April 15, 1885): 145–58, and (May 15, 1885): 193–200.

[64] *Journal of the National Indian Association* 12 (January 1883): 12.

[65] Ibid., p. 19. For accounts of the Indian Women's Medical Service, see Balfour and Young (n. 26 above), chap. 4; and Arnold (n. 14 above), pp. 267–68.

[66] "Medical Women for India," *Journal of the National Indian Association* 12 (January 1883): 25. Blackwell was also less agonized over the schism between the medical missionary and the lady doctor than some of her contemporaries, believing that "the arbitrary distinction between the physician of the body and the physician of the soul . . . tends to disappear as science advances." Quoted in Regina Markell Morant, "Feminism, Professionalism and Germs: The Thought of Mary Putnam Jacobi and Elizabeth Blackwell," *American Quarterly* 34 (Winter 1982): 465.

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Given the isolation from friends and "the wear and tear" on their constitutions that an Indian stint would surely involve, English women doctors would, according to Garrett Anderson, have to have considerable financial incentive to choose a colonial post over a metropolitan one.[67] Garrett Anderson was a shrewd institution builder who was prepared to make forcible arguments about the socioeconomic realities Victorian women faced. In a turn of phrase that anticipated Virginia Woolf's a-room-of-one's-own thesis by half a century, she had elsewhere warned that women doctors contemplating going to India would have already "spent their patrimony" to get through medical school and they therefore had to earn enough to save money to return to Britain after their time in India was up.[68] Debates about the form and nature of medical schemes for Indian women continued over the course of several NIA meetings and in a variety of articles published in the association's journal, up to and including the announcement in March of 1883 that George Kittredge, an American businessman from Bombay, was initiating a fund for the purpose of guaranteeing the training of women doctors expressly for women's medical care in India. Stansfeld, for his part, concluded the December NIA meeting by pledging that the LSMW would do whatever possible to contribute to "the supply of what is so clearly a want in our great Indian possessions."[69]

Paradoxically in light of Beilby's revelations, Hoggan reported that she had first learned of the inadequate medical provisions for Indian women from missionaries in India. Whether they were Western, native, and/or female, she did not specify.[70] The origins of concern for zenana women were quickly lost in plans for how the LSMW could accommodate, coordinate, and exercise some influence over both the

[67] For a general discussion of the loneliness and emotional hardships the first generation of women doctors faced, see Regina M. Morant-Sanchez, "The Many Faces of Intimacy: Professional Options and Personal Choices among Nineteenth- and Twentieth-Century Women Physicians," in *Uneasy Careers and Intimate Lives: Women in Science, 1789–1979,* ed. Pnina G. Abir-Am and Dorinda Outram (New Brunswick, N.J.: Rutgers University Press, 1989), pp. 45–59.

[68] "Medical Women for India," *Journal of the National Indian Association* 12 (January 1883): 28. Quote is from Elizabeth Garrett Anderson's letter to *The Times* (October 31, 1881); Newspaper Cuttings Collection, Royal Free Hospital Archives, London.

[69] "Medical Women for India," *Journal of the National Indian Association* 12 (January 1883): 31. For a full account of Kittredge's involvement and the establishment of medical aid for women in Bombay, see Lutzker (n. 6 above), pp. 67–68.

[70] "Medical Women for India," *Journal of the National Indian Association* 12 (January 1883): 11. Dufferin, for her part, was not loathe to admit that zenana medical missionary women had the best opportunities of knowing Indian women most "intimately." See Harriot Dufferin, "The Women of India," *Nineteenth Century* 169 (March 1891): 359.

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disbursement of scholarship money and the kinds of training facilities that operated in both England and India. Distinguishing professional medical training from unskilled medical missionary practice remained the guiding principle behind these efforts. Indeed, insisting on that distinction was what had drawn the LSMW into the public debates in the first place; it was also what justified their continued involvement in overseeing the flow of female medical personnel to India. And, needless to say, it was what defined and legitimated their claims to medical professionalism at a critical historical moment when those claims were in danger of being doubted if not challenged head-on by the mainstream medical establishment and its defenders.[71] Institutionalizing this philosophy in the LSMW was crucial to its professional standing and identity. In 1886 Edith A. Huntley, a second-year student at the LSMW, entered an essay competition sponsored by the school. In her essay, "The Study and Practice of Medicine for Women," a discussion of what English medical women could do for India figured prominently. Just as prominent was her emphasis on the need for "legally qualified lady doctors" and her rejection of lesser medical training for women missionaries: "No! If lady medical missionaries are to be a recognised evangelistic agency, let them at all costs be good doctors."[72] Once again, evangelism was not discounted but it was also not to be undertaken at the expense of rigorous and professional training. Huntley won the £10 prize that year. Clearly she and her peers were being schooled in the role of women in Britain's empire, in the conditions of professionalism in the field of clinical medicine, and in the personal rewards of national-imperial service—as well as in pathology, histology, and materia medica—at the LSMW.

If images of zenana women and their medical needs were undoubtedly essential to the successful contest of opposition to women's medical professionalization in Victorian Britain, the voices of Indian women did not figure prominently in discussions of their "condition" in the metropole. And while they might exhibit concern, as Blackwell had, over the training of indigenous women as midwives, qualified British women doctors attributed little or no agency to zenana women. "What about the great dependency of our own Empire," wrote Hunt-

[71] In addition to the alleged impropriety of working in labs and taking lecture courses on anatomy, women's physical unfitness for medical work had always been one of the arguments against removing the legal disabilities that aspiring female doctors faced. The harsh conditions in India, particularly the ill effects of its "burning sun" and "banishment from all that makes life worth living" were mustered with even more force in the debate about colonial women doctors. See West (n. 47 above), pp. 19 ff.

[72] Huntley (n. 4 above), p. 43.

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ley, "where millions of women, our fellow subjects, are immured in zenana beyond the reach of medical skill unless it be carried to them by a woman."[73] Beilby's remark that zenana inhabitants did not even realize their great need for Western women's medical care in many ways typified the attitudes of her fellow-women doctors.[74] In fact, according to Lal, contemporary statistics showed that, while Indian women routinely sought medical care at European-staffed government hospitals, "women's attendance was between 15 and 20 percent" of the total—her argument being that Indian women were not absolutely averse to seeking treatment from male physicians.[75] I do not mean to suggest that the first generation of British women doctors was fabricating evidence; nor is it the case that they were not genuinely concerned about the health and welfare of Indian women. There is little reason to question their good intentions. What I would argue is that Western female sympathy was neither transparent nor disinterested; it was additionally bound up in this context with the need to justify Western women's professional activities and to hierarchize the doctor/patient, along with the doctor/nurse and doctor/midwife relationship as well. Imperial ideologies, acting in conjunction with changing presumptions about how gender roles should be played out in the course of professionalization, helped to decide who had the upper hand in these relationships and how they were institutionalized. To paraphrase Sharpe, British women doctors' bid for gender(ed) power passed through colonial hierarchies of race, making the zenana the foundational justification for British women's imperial intervention even while Indian women remained an undifferentiated and allegedly compliant colonial clientele.[76]

In an echo of the certainties of the imperial civilizing mission, many Victorian Englishwomen were quite convinced that Indian women would train as doctors in time—but at least in these early years, the emphasis was on training English women doctors whose purpose was to supply not just medical aid but that inimitably English

[73] Ibid., p. 32.

[74] Elizabeth Beilby, "Medical Women for India," *Journal of the National Indian Association* (August 1883): 358. Beilby qualified in the summer of 1885 by passing her examinations at the Kings and Queens College of Physicians, Ireland. She then went to Lahore, where she headed the Lady Aitchison Hospital. See Balfour and Young, pp. 21–22.

[75] Lal (n. 21 above), p. 11. By the same token, many women who came to hospitals for treatment were brought there by husbands and fathers or by police who picked up indigent women suspected of having the plague or other "contagious" diseases. I am grateful to an anonymous reviewer for pressing this point.

[76] Sharpe (n. 1 above), p. 12.

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commodity: personal example.[77] Spokeswomen for the LSMW moved easily into the authoritative space that had been the special province of medical mission women—largely because they depended on Indian women as a clientele but also because they were not finally critical of the missionary posture, broadly conceived, in which they found themselves as healers of colonial peoples. To say that they secularized what they characterized as a primarily evangelical concern for Indian women would therefore be going too far, because it was not a question of rejecting Christian principles. As Susan Thorne has observed, the missionary movement was one of the principal sites through which imperialist ideologies "infiltrated Victorian feminist consciousness" and Christian principle, one of the ideological bases that sustained a variety of feminist-imperial commitments in this period.[78] Insisting on professional training was rather a question of choosing medical skill over religious persuasion as a primary strategy of self-identification and, finally, of gendered cultural power. Empire not only provided a new and "untapped" domain for the exercise of such power, it gave the very category of "women's work" new and permissible scope, national and imperial prestige, and a secular, world-civilizing status as well.

Such valences were available because of how embedded the LSMW was, both ideologically and in terms of personnel, in the kind of domestic imperial culture that made supplying medical aid to the women of India seem like the highest form of national-imperial service as well as the best guarantee of a bright and prosperous future for British women entering the medical profession beyond the initial "break-through" period of the mid-1870s. Although I have striven to demonstrate how the LSMW and, to a lesser extent, the NIA anticipated the concerns for and the linkages to India that were systematized by the Dufferin Fund, it would be a mistake to conclude that there was anything but goodwill among all three of these institutions once the Dufferin Scheme was a reality in 1885.[79] Most if not all Victorian women and men involved in the female medical movement welcomed

[77] Hoggan, "Medical Work for Women in India," *Englishwomen's Review* (May 1885): 200.

[78] Susan Thorne, "Missionary-Imperial Feminism" (paper given at the annual meetings of the American Anthropological Association, Washington, D.C., November 1993), p. 5. This paper was provided courtesy of the author.

[79] Some medical missionary men, however, saw the fund as a direct threat to their proselytizing efforts: "Shall the Queen-Empress, or Lady Dufferin, or the National Association stand between you and the most blessed of all your privileges as a servant of Christ?" See J. L. Maxwell, "Lady Dufferin's Scheme: Its Bearing on Christian Freedom," *Medical Missionary Record* 2 (1887): 231, quoted in Lal, p. 26.

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the foundation of the fund, cooperated with its organizers, and worked happily to realize its goals. As the system of scholarship funding suggests, the fund depended on the organizing skills of Elizabeth Manning at the NIA and the prestige of the LSMW for attracting women candidates as much as the latter did on the fund for placing its graduates in hospitals and dispensaries throughout India.[80] These connections were forged because ''medical tuition'' was ''the backbone of the Fund'' as well as because the LSMW was, until 1886, the only place in England where women doctors could train.[81] Such connections were also assured because of how intertwined the very concept of women's professional medical work was from the start with Britain's civilizing mission in India. Ensuring that British women be trained as doctors for work in the empire was not the exclusive province of any group or scheme, and it was not limited to the patronage of vicereines and monarchs, though their images undoubtedly gave cachet to the cause. It was also the product of middle-class women's professional needs and of their broadly based feminist-imperial commitments. Because reliance on the zenana as a site of civilizing effort, whether secular or religious, was crucial to the justification for allowing medical women into the mission field in this period, the contest over zenana women was one constituent of what J. A. Mangan has called the ''making [of] imperial mentalities.'' It was, more broadly, instrumental in the gendering of imperial ideologies in the Victorian metropole as well.[82]

The popularity of medical mission work among LSMW graduates tells us as a lot about the conditions under which many British women imagined themselves as doctors before 1900. In an 1890 profile of the LSMW, the *Daily Graphic* observed that ''the majority of the lady pupils'' who graduated from the school proceeded to India or the east after qualifying as medical doctors.[83] Three years later, *The Young Woman* echoed these sentiments, recommending India as the best place for newly qualified lady doctors to practice.[84] The Royal Free

[80] The NIA, e.g., initiated the John Stuart Mill Scholarship, under whose auspices a number of women attended the LSMW. It stipulated, as did the Fanny Butler Scholarship, that the winner would devote a specified numbers of years to medical service in India. See Isabel Thorne, ''The London (R.F.H.) School of Medicine, Its Foundation and Development,'' *Magazine of the L.S.M.W.* (May 1896): 742–43.

[81] *Fourteenth Annual Report* of the Countess of Dufferin's Fund (n. 28 above), p. 15. After 1886, Edinburgh was another site. See Isabel Thorne, ''The London (R.F.H.) School of Medicine,'' p. 741.

[82] Mangan, ed. (n. 1 above).

[83] ''Sketches at the London School of Medicine for Women,'' *Daily Graphic* (June 28, 1890); Newspaper Cuttings Collection, Royal Free Hospital, London.

[84] ''How Can I Earn My Living?'' *Young Woman* (November 1893): 63; Newspaper Cuttings Collection, Royal Free Hospital Archives, London.

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Hospital archives indicate that a significant number of women who attended the LSMW during its first decade did in fact adopt India as their cause. In addition to Pechey and Bielby, Drs. Agnes McLaren, Scharlieb, Mary Elizabeth Pailthorpe, Lilian Trewby, and Helen Hanson are among the most well known doctors who trained at the school and ended up practicing in India.[85] So prominently did India figure in the career choices of the school's graduates that discussion of their achievements occurred regularly in the Reports of the Executive Council of the LSMW from 1884 until the end of the century.[86] Alumnae wrote about their colonial experiences regularly for the LSMW magazine in the 1890s; in fact, the magazine, which is full of news from India, is itself powerful evidence of both the appeal of colonial work to the first generation of lady doctors and of India's centrality in the history of the school. The archives also document the educational careers of several Indian women, among them Rukhmabai, Merbai A. Vakil, Nalini Bonnerjee, Susila Anita Bonnerjee, and Alice Sorabji, all of whom attended the school around the turn of the century.[87] Rukhmabai, who gained celebrity in India and Britain because she had contested her child-marriage in a Bombay court, qualified in midwifery, as did many of the doctors who went from the LSMW to do service in India. Even when English medical women were willing to concede the capabilities of native women, they tended to be critical if not contemptuous of untrained *dhais,* to whom they attributed most of what they viewed as unsanitary conditions in the zenana and among Indian women in general.[88] The LSMW developed quite a faculty in and a reputation for its midwifery branch, not least because of the school's desire to rectify the perceived inadequacy of indigenous

[85] See the mimeographed copy of the ledger, "Entry of Students, 1874–1927," Royal Free Hospital Archives, London. See Lutzker (n. 6 above); Helen Hanson, "From East to West: Women's Suffrage in Relation to Foreign Missions" (London: Francis & Co., 1913), pp. 1–21; and Lilian Trewby, letter to the secretary of the Association for Registered Medical Women (Bombay, April 19, 1912), Wellcome Institute, SA/MFW/c. 148. See also "D.Y.," "A Chat About India," *Magazine of the L.S.M.W. and R.F.H.* (October 1900): 688–95; and Mary Pailthorpe, "A Letter from India, " *Our Magazine* (North London Collegiate School for Girls) (July 1886): 74–81.

[86] See the reports of the Executive Committee, 1884–1899, Royal Free Hospital Archives, London.

[87] Of these, apparently only Vakil did not complete the training course at the LSMW.

[88] I am grateful to an anonymous reviewer for urging a distinction between trained and untrained *dhais* since the British in India continued to use the word *dhai* for women (not of the *dhai* caste) whom they trained in their hospitals. Significantly perhaps, the horror of the traditional *dhai* was shared by both men and women Indian doctors who had been trained in Western medicine.

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women practitioners in Britain's colonial possessions.[89] If, as Nancy Theriot has recently argued, "woman's [sexual] difference . . . was the object of gynecological knowledge" in modern Western medical systems generally, such difference carried racial as well as gender dimensions in the Indian colonial context, where British women doctors relied on Indian women's bodies both as the site for their clinical experience and as their best hope for on-the-ground specialty training.[90]

What had been tensions in the early 1880s between medical missionaries and fully trained doctors were, if not completely resolved, then at the very least largely subsumed in the greater cause of healing the colonial sick as early as the late 1880s. In an 1888 article for the *Queen* entitled "How to Become a Lady Doctor," Scharlieb explained that "in India the demand is great and is increasingly necessary." Of the three best ways to get to India, she recommended the Dufferin Fund, "various missionary bodies," and service in the family of native princes—in that order.[91] Mission work was not first, but it was also neither last nor completely absent from the list of possibilities. There were some, like Jex-Blake, who continued to excoriate mission organizations for their continued use of insufficiently trained women in the mission field. She called the Church of England Zenana Missionary Society a "notorious offender" and warned that such blatant disregard for the necessity of "professional skill" would end up severely limiting the power and the usefulness of such agencies.[92] For her, the commitment to "sending forth" thoroughly qualified women remained of "paramount importance."[93] And yet despite such fulminations from the leadership, medical missionary women—that is, qualified doctors attached to mission stations—were among the most frequent contribu-

[89] See the London School of Medicine for Women Executive Committee Minutes, 1895, Royal Free Hospital Archives. As the school continued to expand, calls for better midwifery and gynecology instruction multiplied. The charge was led by Garrett Anderson. She hired Scharlieb, who had practiced in India, to teach the course in gynecology. See Isabel Thorne, "The London (R.F.H.) School of Medicine," pp. 741–45; *Echo* (March 17, 1891); "Women and the Medical Profession," *The Times* (December 11, 1896); Huntley (n. 4 above), pp. 37–45; Elizabeth Blackwell, "The Influence of Women in the Profession of Medicine," in her *Essays in Medical Sociology* (London: Ernest Bell, 1902), 2:29 ff.; and Manton (n. 37 above), pp. 269–70, 287–90.

[90] Nancy M. Theriot, "Women's Voices in Nineteenth-Century Medical Discourse: A Step toward Deconstructing Science," *Signs* 19, no. 1 (Autumn 1993): 6.

[91] Mary Scharlieb, "How to Become a Lady Doctor," *Queen* (December 15, 1888); Newspaper Cuttings Collection, Royal Free Hospital Archives, London.

[92] Sophia Jex-Blake, *Medical Women: A Ten Years' Retrospect* (Edinburgh: National Association for Promoting the Medical Education of Women, 1888), pp. 15–16.

[93] Ibid., p. 23.

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tors to the LSMW monthly magazine in the 1890s and after, where they unself-consciously championed their work as the natural and logical result of their metropolitan training. Her prize-winning essay notwithstanding, Huntley became a medical missionary for the Church of England Zenana Mission—thus robbing Jex-Blake's critique of that organization of some of its credibility.[94] Medical training schemes like the one attached to the mission at Ludhiana (which was founded by Edith Brown, a LSMW graduate) got considerable press and may have even drawn LSMW alumnae to work in the colonial field alongside their missionary counterparts.[95]

This apparent reconciliation between mission work on the one hand and trained medical work on the other is somewhat surprising and raises important questions about the relationship between institution building and rhetorical strategies, especially where gender is at issue. In the case of the LSMW, it seems quite likely that criticism of medical mission work was a strategy to force mission societies in India to hire the "professionally" trained women being produced in London—women who might otherwise be redundant if they limited their employment horizons to the United Kingdom.[96] Insistence on professionalization over religious enthusiasm may also have been a screen for concerns about the class origins of would-be women doctors. At the very least, the quest for secular medical training may be read as evidence of the power Garrett Anderson and others believed the London School had to transform aspiring physicians of any class into indubitably respectable women.[97] It may well be, too, that, in the face of cultural opposition to the "unwomanly" effects of practicing medicine, even arguments for imperial service could not compete with the legitimating appeal of evangelical/medical work to Victorian women seeking emancipation through the newly opened secular professions. There will be some for whom this final allegiance to the evangelical imperial mission signals the fundamental conservatism at the heart of an apparently radical cause such as the movement for opening the profession

[94] London School of Medicine Annual Report, 1894, p. 23; Royal Free Hospital Archives, London.

[95] "North India School for Medicine for Christian Women, Ludhiana," *Magazine of the L.S.M.W. and R.F.H.* (May 1895): 40–44.

[96] I am indebted to Angela Woollacott for pressing this line of argument. She deals with some of these same issues in her paper, "From Moral to Professional Authority: Secularism, Social Work, and Middle-Class Women's Self-Construction in World War I," which she kindly shared with me.

[97] I am grateful to DeWitt Ellinwood for encouraging me to consider this point during a panel discussion at the South Asia Conference at the University of Wisconsin—Madison, November 1994.

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of medicine to women. If analyses of such kind are historically important, then it behooves us to consider as well how committed to the emancipation of zenana women such lady doctors were in the last analysis, whether they were "medical missionaries" or not. By attempting both to distinguish themselves from what had been an evangelically minded tradition of women's national-imperial mission and to refigure medical work among colonial women into a more self-consciously professional, secular project, female physicians in Victorian Britain linked their cause to the progress of science, medicine, and civilization itself.[98] In so doing, they obscured the extent to which both missionary workers and medical reformers were simultaneously supportive of and resistant to the emancipation of Indian women. Although many Indian women may be said to have benefited from the efforts of the Dufferin Fund, as Lal has observed, almost all women physicians of this period accepted and worked within the confines of the zenana, rather than challenging that particular separate sphere.[99] They thus perpetuated the conviction, already pervasive in Victorian culture at home, that seclusion alone was the cause of Indian women's degradation and, in this particular case, of the inaccessibility of adequate medical care. Whether because of cultural deference, ideological commitment to official policies of religious noninterference, professional self-interest, doubts about Indian women's capabilities—or a combination thereof—the zenana functioned as one of the pretexts for women's medical professionalism, for Western doctors as for some newly professionalized Indian women practitioners as well.[100] Nor was this merely a phenomenon of the Victorian period. Rukhmabai's career path, as well as those of other early Indian women doctors, anticipated a long tradition of sex-segregation within the Indian medical profession, where "historically Indian women doctors have worked mainly as gynecologists and obstetricians."[101]

By the time she wrote her preface to the definitive book on women doctors and India of the interwar period, Balfour and Young's *The Work of Medical Women in India* (1929), Scharlieb appears to have all but forgotten the contests over the colonial terrain of the zenana that

[98] For an excellent example of the linkages made between women's medicine and scientific progress, see Elizabeth Garrett Anderson, "On the Progress of Medicine in the Victoria Era," *Magazine of the R. F. H. S. M. W.* 2 (October 1897): 290–305.

[99] Lal (n. 21 above), pp. 12–15.

[100] Ganguli faced accusations of being a prostitute simply because she was an Indian woman who had gone to Britain for higher medical training and who practiced medicine "in public." See Karlekar (n. 6 above), p. 178.

[101] Chidambaram (n. 36 above), p. 13.

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shaped the Victorian debates about the nature of British women's medical mission to Indian women. Although she mentions the Dufferin Fund and credits Garrett Anderson—of whose "gallant endeavour to secure medical education, training and success for women in England" the movement for colonial medical women was "the early and excellent fruit"—hardly any trace of the competition between religion and science for the hearts and minds of the first generations of British women physicians remains. In fact, Scharlieb waxed eloquent about the historically harmonious relationship between Christian evangelization efforts in the British empire and the medical mission of professional Western women to India. Looking back over the sixty years since "the first medical woman landed in India," Scharlieb happily conflated mission women and doctors not only with each other but with yet another group—British suffragettes. Her characterization of their collective contributions is worth quoting at length:

> Medical mission work indeed constitutes 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 meant 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 gladness of the early Christian Church, of those days when all things were held in common, when the poverty of the state was the clearest deed to the wealth of heaven . . . as the authors point out, [these] 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.[102]

In this remarkable passage, Scharlieb merges Christian evangelism, imperial medical practice, and feminist reform impulses into Kipling's all-encompassing exhortation of the "white man's burden"—a responsibility that, despite its originally masculine connotations, she implies has been transformed into a white woman's burden of equal national and, indeed, world-civilizing importance by the unstinting work of British women doctors. Like all histories, that of British women's

[102] The verse is, of course, from the Kipling poem, "The White Man's Burden" (1899). See Mary Scharlieb, in her preface to Balfour and Young (n. 26 above), pp. 11–12.

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mission to make "lady doctors for India" is a complex set of representations only partially retrievable through the narratives that its participants constructed about the past.[103] Working to complicate the picture they have left us helps not just to contextualize those narratives but also to appreciate more fully their authors' investment in them.

[103] For an insightful set of reflections on the challenges of narrating British women's/feminist histories, see Laura E. Nym Mayhall, "Creating the 'Suffragette Spirit': British Feminism and the Historical Imagination," *Women's History Review* 4, no. 3 (1995): 319–44.

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