

She did it anyway

History tells us the first women healers, oppressed and short of power over their own destinies, transitioned from the zenana to university halls with obstinacy and personal brilliance

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Sex ratios in medical schools have now decidedly tipped to the female side. And a fair amount of work – by institutions and individuals – has gone into reaching this point of overturning. Until the 1900s women were not allowed to see male doctors when sick, leave alone study medicine. “In the public mind, very little is known about the so-called native women who were trained in western medicine and then graduated to work in what was a man’s world, and still is, at least, in some branches of medicine,” says Dr Mario Vaz, Professor, Department of Physiology, and head in-charge of History of Medicine at St John’s Medical College in Bengaluru. He is delivering a talk about the personal histories of early pioneering physicians at the Bangalore International Centre at 6.30pm on April 7.

There was Anandibai Joshi, born in 1865, who fought to be educated. As an eight-year old she told her parents that if she had no education, she’d no reason to live. “It’s remarkable,” says Dr Vaz, “she follows her tutor from a village in Maharashtra to Thana and ultimately marries him. She wished to study medicine at the first women’s medical college for women in Philadelphia but

leaving home for the West had its taboos. Her grandmother offered to accompany her. She eventually did go to America and completed medicine. She returned to India but within a year, she was dead of tuberculosis. She couldn’t achieve what she set out to do.”

There was Kadambini Ganguly born in 1861, the first female trained in western medicine in South Asia (at Women’s College, Calcutta), and possibly the whole of the British Empire. She graduated the same year as Joshi did in America. But she took a licentiate which was a lower qualification than a degree, “she works for many years and soon there are many like her. These women have the real need to prove they were not there just because they were women of means, of unique circumstances. But they were smart. They may be the only woman in the class but they’d top. Their presence shocked people. They were able to deal with anything. They were inspired in that sense.”

There was Rukhmabai who is still talked about in contemporary legal circles. Married at 12 years-old, her husband came to fetch her when she reached menarche but she refused to go and fought for divorce. She became instrumental in the enactment of the Age of Consent, 1891. She studied medicine in England and practiced as a physician for many years in Surat. Muthulakshmi Reddi was the first to enter a



Dr Mario Vaz, Department of Physiology and head in-charge of History of Medicine at St John’s Medical College, Bengaluru. Location: SL Bhatia History of Medicine Museum

men’s college to study medicine.

He believes these stories need to be reclaimed, and the history of medicine made less event- and politics-driven. In fact these women were so driven because of episodes in their lives. For instance, the death of a sibling, or a child. It was a time when many women died in childbirth along with their newborns. “Only women were seen as fit to deal with ‘women’s problems’ or childbearing. It was as though they didn’t have problems that men did,”

says Dr Vaz. Only *daiis*, or midwives, many very ably, handled women’s illnesses.

Until recently at St John’s, there was a conscious split down the centre when each class took 30 boy- and 30 girl-candidates. But now with open admissions there are more women getting through. “The initial division was to ensure that enough women were getting an education. Now the division is gone. We have increased our strength to 150 students of whom 90 are women,” says Dr Vaz, smiling.

To fully understand what problems women have faced historically, it is important to understand how western medicine developed: The old European universities always had medical schools attached to them, “the physician there was really a liability. He would have read the classics, Greek, Latin. He’d know astronomy. He’d know everything but medicine. And this is the gender construct of how Western medicine developed. The courts, the monarchy always had a physician. But it was



Kadambini Ganguly



Anandibai Joshi



Rukhmabai

probably the women who did the healing. They were herbalists and midwives who learned empirically through the generations but their main methods were bleeding or cauterising. Still, they did better than medieval physicians who lectured their patients with discourses that had no bearing on their health. They dismissed women healers as engaging in witchcraft, sorcery and quackery. At the height of the inquisitions these women were even punished.”

Women, for instance, con-

sidered childbirth a natural process, “a midwife would watch and wait and let the woman deliver her baby of her own accord. Physicians would intervene, they would monitor her progress at labour and in the process, because the germ theory had not emerged and hand-washing wasn’t a habit – we lived in the time of humours – they were transferring infections from one person to another between examinations. As a result what was called child-bed fever was extremely high in wards managed by men and extremely low when managed by women. Men would over-intellectualise – or intellectualise in quotes – because they had very little real understanding, anyway. Women would come in perfectly healthy, have a child and three days later die because of what we know today as sepsis or infection which spreads into the bloodstream. As part of doctors’ duties they had to do postmortems, too, and straight after doing those they would return to wards.”

In India, as in the rest of the world, the first lot of women wanting to study western medicine lived in the Victorian era and were frequently upper class and could not soil their hands by touching poor people. Or they were considered too delicate to be doctors. The same society didn’t mind poor women working in mines, for instance, or do everything menial that men could.

Women were educated but hardly ever in the sciences, maybe arithmetic because that enabled them to look after their home accounts or inheritance matters, as long as it did not necessitate their leaving the house. “There was the concept of the *zenana*,” he says, “this private space the westerner could not fully understand. It was demonised as a place of intrigue. These were the circumstances for women’s medical care provision in the 19th century.”