

Women doctors and women's hospitals in Madras with notes on the related influencing developments in India in the late 19th and early 20th centuries

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At least 30 years before qualified women doctors from Britain, America and Australia came to India to assist in the health care of women, Mary Ann Dacomb Scharlieb living in Madras (now Chennai) graduated with an LMS (Licentiate in Medicine and Surgery) diploma from the Madras Medical College in 1875. She then proceeded to London to earn an MBBS degree from the newly started Medical School for Women. She returned to Madras after completing advanced training in operative midwifery at the Allgemeines Krankenhaus, Vienna, Austria in 1884. The Government of Madras established a women's hospital in Moore's Garden – the Royal Victoria Hospital for Caste and Gosha Women (RVH) – which she superintended from 1884 to 1887; the hospital was shifted to its current location in Triplicane, Chennai in 1890. Doctors in Madras, such as Ida Sophia Scudder and Muthulakshmi Reddy, played a major role in taking women's health care to new heights. While chronicling the lives and works of pioneer women doctors of Madras, this note also enunciates details of the establishment of premier women's hospitals in Madras: (1) the Maternity Hospital (MH) in Egmore and (2) the RVH in Triplicane, in the backdrop of an overall context of women's health management in the rest of India, triggered by the Dufferin Association and its sprigs, the Association of Medical Women in India and Women's Medical Service for India. The MH, at least four decades older than the RVH, performed remarkably on many a score: for example, in starting of a midwife training school and the Diploma in Gynaecology and Obstetrics programme, the latter setting the trend for the rest of India. The MH pioneered in developing a facility to treat infants and children as well in 1949, thanks to the efforts of pediatrician S. T. Achar, thus earning a reputation as the 'Egmore model' in medical circles. This note is an appreciation and a token of gratitude to those unforgettable heroines, who worked against odds, including facing resentment and resistance from some Indian men of status and influence.

Cultural reasons prevented Hindu and Muslim women of the 19th-century India to seek medical support from male doctors, either during childbirth or when they required attention on other personal health and hygiene matters. A few qualified overseas missionary women doctors came to India in the early decades of the 20th century, with an intent of assisting Indian women and popularizing Christianity. Many missionary women doctors came from Australia. For instance, Laura Fowler-Hope from Adelaide served as a doctor attached to the Australian Baptist Mission in Bengal, Calcutta, between 1893 and 1934. Effie Stillwell from Melbourne, attached to the Zenana Bible and Medical Mission of Calcutta, worked at the Duchess of Teck Hospital in Patna between 1905 and 1937. Flora Innes from Brisbane and a medical graduate from Edinburgh, UK attached to the Presbyterian Women's Missionary Association of New South Wales, began medical work at the Presbyterian Mission at Sholinghur (Solingapuram), Tamil Nadu

in 1911. She joined the Christian Medical College & Hospital (CMC&H), Vellore in 1918. Ethel Ambrose, also from Adelaide, spent nearly three decades (1905–1934) at the Poona & Indian Village Mission, Poona, and established a women's hospital at Pandaripur, Maharashtra in 1909–1910. Mary Glowrey, a nun of the Society of Jesus–Mary–Joseph, and a trained medical doctor holding specialist diplomas in obstetrics, gynaecology and ophthalmology, came from Birregurra, Victoria, Australia to India as a medical missionary in 1920. She was the first nun–doctor authorized by the Pope (Pius XI) as a Catholic medical missionary. For 37 years, Glowrey serviced the people of Guntur, Andhra Pradesh as a doctor at St. Joseph's Hospital. She also trained Indian women as nurses, midwives and compounders¹. The above are illustrative. Many men and women doctors came from America and Europe to serve women in other parts of India in the later decades of the 19th century. For example, James Humphrey of

the American Methodist Church and Clara Swain (1834–1910) representing Methodist Episcopal Church served in Bareilly at slightly different times in the 19th century. For details, see Gracey² and Llewellyn-Jones³.

The earliest overseas-qualified Indian woman doctor was Anandibai Gopal Rao Joshi (1865–1887) of the erstwhile Bombay Presidency. She went to the Women's Medical College of Pennsylvania (WMCP, presently the Drexel University College of Medicine, Philadelphia, USA) to study medicine during 1883–1886. On her return to India, with an MD from WMCP, she joined as a women's physician at the Albert Edward Hospital, Kolhapur, Maharashtra. Joshi succumbed to pulmonary tuberculosis aged 22 years. Rakhmabai (also spelt as Rukhmabai, 1864–1955) from Bombay (now Mumbai), fought the cultural shackles of India bravely. She graduated with an MD from the London Medical School for Women (LMSW) in 1894 and trained at the Royal Free Hospital, London. She was the

Principal Medical Officer at Surat Women's Hospital, Gujarat, for many decades until her death at 90 years. Rakhmabai blazed new social trails for Indian women in general and women doctors in particular.

References, in passing, mention about one Annie Jagannathan^{4,5}, who qualified in medicine in Madras in 1883, possibly with a Licentiate in Medicine & Surgery (LMS) from the Madras Medical College (MMC). She went to Edinburgh in 1888 and studied further at the Edinburgh School of Medicine for Women (ESMW). In 1892, she returned to India and joined as a house surgeon (note 1) at Cama Hospital (now Cama & Albles Hospital), Bombay. She succumbed to pulmonary tuberculosis at an early age – similar to Anandibai – in 1894. Nothing further is known about Annie Jagannathan. Another Annie (Annie Walke Sharp, an English woman?) studied at the Grant Medical College, Bombay, and qualified in medicine from the University of Bombay in 1889 (refs 5, 6).

Kadambini Ganguli (1861–1923) and Haimabati Sen (1866–1933) of Calcutta sparkle for having contributed substantially to the health management of women of Bengal. Since detailed narratives on Anandibai⁷, Kadambini⁸ and Haimabati⁹ are available (note 2), here we highlight the lives of some pioneering women doctors of Madras (Chennai), of nearly the same period. This note also briefly features the early days of two premier women's hospitals in Madras, while referring to a few other related influencing factors in India, such as the Lady Dufferin Association (LDA), Association of Medical Women in India (AMWI), and the Women's Medical Service for India (WMSI). Before we discuss about missionary medical help and the other influencing factors, a reference to the pioneer medical practitioner of Madras, Mary Scharlieb, would be in order.

Mary Scharlieb, Royal Victoria Hospital for Women

In the later decades of the 19th century, entry for women into medical schools in Madras and Calcutta was somewhat easier than in Britain. An early woman entrant into formal Western science-based medical education in India was Mary Ann Dacomb Scharlieb *née* Bird (1845–

1930) (Figure 1). Scharlieb came to Madras from Britain as an 18-yr-old, accompanying her barrister husband William Mason Scharlieb (1829–1891). She visited women patients at the Madras General Hospital (MGH) during her spare time, when the struggles and pains of the women she saw there touched her heart¹⁰. This experience pushed her to seek admission into MMC to qualify as a doctor in 1875, when the college opened its gates to women, thanks to Surgeon-General Edward Green Balfour (1813–1889). Women were admitted into the 3-yr LMS programme, which included a brief training in midwifery (note 3). A 4½-yr-long MBCM (Bachelor of Medicine, Master of Chirurgery, ≈modern-day MBBS) programme existed in MMC, but was open only to men. After gaining an LMS (note 4), Scharlieb went to London in 1881 and acquired MBBS and Honours titles of the University of London, studying at LSMW (established 1874) (ref. 11). Using the scholarship monies she had won during her study time at LSMW, Scharlieb trained in operative midwifery (now obstetrics) for four months with Gustav August Braun (1821–1911) at the Frauenklinik (Women's Clinic) of the Allgemeines Krankenhaus der Stadt Wien (General Hospital of Vienna), Austria. The Government of Madras, on the personal interest of Anna Julia Webster, wife of Mountstuart Elphinstone Grant-Duff, Governor of Madras, established an exclusive hospital for women, under the superintendence of



Figure 1. Mary Ann Scharlieb. Oil canvas by Hugh Goldwin Revière (1908).

Scharlieb, which came up in a spacious, multi-room garden house in Moore's Garden (13°06'N, 80°25'E) in 1884. This hospital was named the Royal Victoria Hospital for Caste and Gosha Women (RVH). According to Scharlieb¹⁰ (p. 103; 108):

'In India, at any rate in those long gone-by days, little was to be accomplished without the help of the Government, or at any rate without the initiative and sympathetic interest of the powers that be. I was extremely anxious that there should be a hospital dedicated entirely to the service of Caste Hindus and Gosha Mahommedans. Naturally there was a certain amount of difficulty and delay, but finally Lady Grant Duff (note 5), the Governor's wife, and Surgeon-General Furnell (note 5) called a meeting of the chief members of the Indian community. There was the usual amount of speech-making setting forth the merits of the scheme. And finally a series of resolutions was submitted to the meeting, to the effect that it approved of the institution of a hospital exclusively for the use of Caste and Gosha ladies; that the hospital should be under my care; and that I should have such assistance as I considered necessary. Details were settled later, and without too much loss of time a very nice house in a large garden was found and dedicated to the service of the hospital'.

'I ought to state that soon after the hospital was opened I wrote to Lady Biddulph (note 5), and through her obtained the Queen's gracious consent to the hospital being called the Royal Victoria Hospital for Caste and Gosha women'.

RVH serviced the women of Madras coming from varied social backgrounds¹⁰ (p. 104). At one stage Mary Pailthorpe, an MBBS degree holder from the Newnham College, University of Cambridge, UK, who had trained at the Royal Free Hospital, Camden, England, joined Scharlieb at RVH as Resident Medical Officer in 1885. She was selected in Britain to supervise the Mission Hospital in Banares (Varanasi), but was assigned to work at RVH. For personal reasons, William and Scharlieb returned to England permanently in

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1887. Soon after Mary Scharlieb qualified for an MD and MS through LMSW, and later became the personal physician to the Queen.

While in Madras, Scharlieb had a busy practice¹⁰ (pp. 118–120). She argued for a feminine line of communication: flowing from a woman medical professional to the mother and through her to her children. She lectured on midwifery, gynaecology, and children's illnesses at MMC until her return to London. Scharlieb's books, written after her return to England, reinforced the importance of personal hygiene for girls and reproductive health in women.

The RVH established under the superintendence of Scharlieb in Moore's Garden underwent major changes in the following years. Anna Webster, along with K. Bashyam Iyengar, R. Raghunatha Rao, Ananda Gajapati Raju (Raja of Vizianagaram), S. Muthuswamy Iyer, G. K. Yachendra (Raja of Venkatagiri) and Savalai Ramaswamy Mudaliar played a major role in developing the RVH. The Government of Madras donated a block of land and offered Rs 10,000 towards the establishment of this hospital. It relocated to Triplicane (a suburb of Madras along the coast) in 1890. The main building of this new precinct was constructed from a generous grant by Yachendra. The Government of Madras took over the management of this hospital in April 1921. It was renamed as Kasturba Gandhi Hospital for Women in 1948. The hospital gained reputation through the sustained efforts of many women medical practitioners, notably Mary Beadon, Hilda Mary Lazarus and E. Madhuram in later years. It presently functions under the banner 'Institute for Social Obstetrics and Kasturba Gandhi Hospital for Women and Children'.

The Maternity Hospital, Madras

The Maternity Hospital (MH) in Egmore has been in existence for at least four decades before the RVH. The MH marks the beginning of professional obstetrics rendered at a hospital scale not only in India, but in the whole of Asia¹².

A Western medical hospital intended for Indians – the Native Hospital [NH] – existed in Purasawalkam ('Poorshe-wark'¹³ (p. 499)) from 1797. This hospital came up due to the efforts of John Holen Underwood, an assistant surgeon

in the Madras Medical Service. The General Hospital in Madras (MGH), the oldest Western medical hospital in India, functioned as a military facility within Fort St. George from 1664, which moved to its present location in Périamét (Narimédu, Hog Hill) in 1763 (ref. 14). Since the MGH was not accessible to Indians at that time, they received treatment at the NH, both as out- and in-patients. This hospital included modest lying-in facilities to meet maternity needs, further to meeting other medical needs. The NH was managed by a committee of non-Indian residents of Madras¹³ (note 6). John Underwood is also remembered in Madras for the establishment of the Kanji Thotti Hospital in Royapuram in 1799, which metamorphosed first as the Auxiliary Medical School (AMS) in 1903. Lady Willingdon Medical School for Women (note 7) was started in Royapuram in 1923 and was merged with the AMS. This complex

grew into the Stanley Medical College & Hospital in 1938.

Midwives were trained in this precinct from 1844. A list of names of 80 midwives trained in the NH between 1844 and 1864 is available¹⁵. By 1871, this less formal training gradually transformed into a formal training programme with the establishment of a midwife training school. The maternity ward at the NH was renamed 'Maternity Hospital' (MH) in 1881 and relocated to Pantheon Road, close to Egmore train station in 1905–1908, where it presently exists. The new MH precinct was built through public donation. The Government of Madras paid staff salaries and met food expenses towards patients. The MH during the superintendence of Gerald Giffard (Superintendent, 1905–1917) issued qualifying certificates to midwife trainees after six months of training. The certificate in Figure 2 clarifies that the qualified midwife (Jane Bullock) had

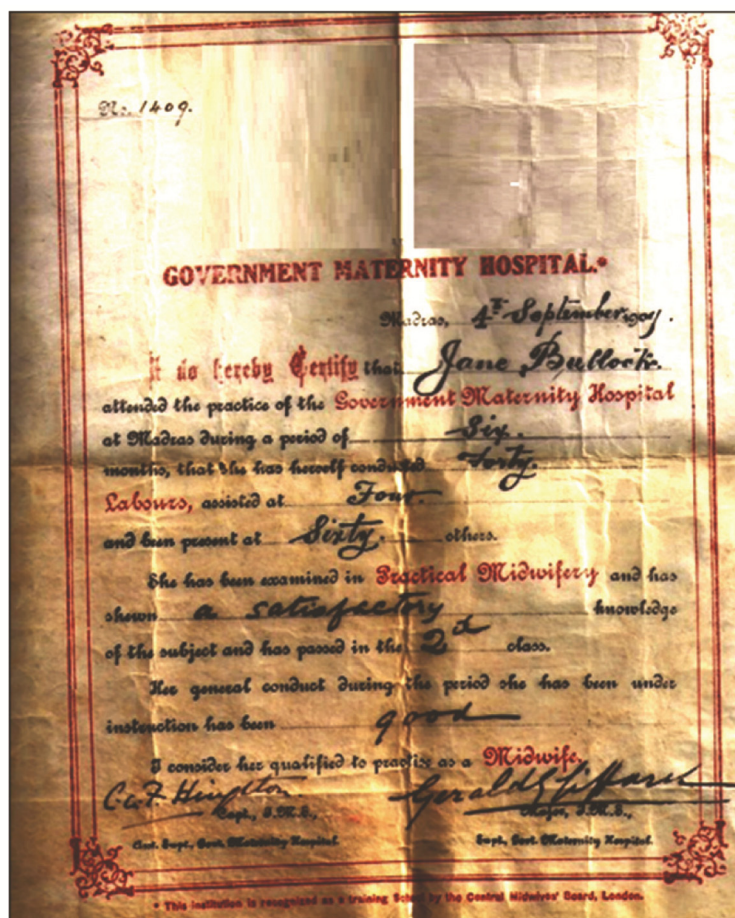


Figure 2. A certificate issued to a qualified midwife by the Maternity Hospital, Egmore, Madras, signed by G. Giffard and C. G. F. Hingston, Superintendent and Assistant Superintendent respectively, dated 4 September 1909. The footnote in this certificate is noteworthy. Source: <https://wiki.fibis.org/w/Nurse>

conducted 40 labours, assisted in 4 and observed 60, thus providing an idea of the level and quality of training provided. The Government of Madras managed to get a reciprocal registration in the training of nurses between the UK and Madras in 1928 (<http://rcnarchive.rcn.org.uk/data/VOLUME081-1933/page-286-volume81-october1933.pdf>, accessed on 16 June 2019).

The frontage of the Pantheon Road MH includes a gable façade and an asymmetrical arcade topped by an ornate balustrade and a ‘Travancore’ style tower (Figure 3). This frontage bears a misleading semblance to the popular Indo-Saracenic architecture (note 8). From 1881, the MH became a Government-managed facility. In the next two decades, it expanded to accommodate 150 in patients. By 1882, MMC offered intense training to medical students at the MH precinct through a 9-month-long integrated course in midwifery and diseases of women and children¹⁶ (p. 6), which was the predecessor of the Diploma in Gynaecology and Obstetrics, formally offered from 1930. By the 1900s, the MH further expanded with scope for 140 additional beds. William Thompson superintended this hospital between 1848 and 1851.

James Shaw, the first professor of midwifery at MMC, superintended the maternity ward of the NH between 1844 and 1864. Arthur Branfoot (Superintendent, 1879–1898) is indicated to have attended to the delivery of the baby of Supalayay (1859–1925), Queen of Burma, who was imprisoned by the British Government and stationed in Madras in

1886 (note 9). Gerald Giffard constructed a separate teaching block, after whom the Giffard Block remains today. This Pantheon Road building, when completed, was remarked to be resembling a female pelvis: the labour ward complex representing the sacrum, the lying-in wards representing the inlet, and the main-gate complex representing the inguinal ligaments reaching the pubic symphysis¹⁷. Fourth-year students from medical colleges of far-off Lucknow, Lahore and Burma came to this hospital for a month-long training involving observation of obstetric procedures and hands-on experience in handling labour¹⁸.

Arcot Lakshmanaswami Mudaliar (note 10), at the inauguration of the First All-India Obstetrics and Gynaecological Congress, presided over by Ida Scudder of Vellore, held in Madras in 1936, said¹⁹ (p. 118):

‘... But Madras is proud, and justly so, of the place it occupies in the obstetric world of today and it is in no spirit of narrow provincialism that I venture to maintain that no other city in Indian could have claimed this honour with greater confidence and dignity. ...’.

Guha²⁰ (p. 108) remarks,

‘...The practice of female-oriented midwifery had deep roots in Bengali society which accounts for the fact that despite Bengal being the bastion of British imperial power in India, it lagged behind Madras in institutiona-

lizing midwifery in the nineteenth century.’

The MH, while remaining as a teaching department of MMC, was the first institution in India to offer the postgraduate Diploma in Gynaecology and Obstetrics (DGO) in 1930. A children’s ward was added to this hospital in 1949 with 28 beds, thanks to the efforts of Madras paediatrician Santanuri Thirumala Achar (note 11). Subsequently this ward grew, thus rendering the name ‘Egmore Women & Children Hospital’ to the MH. The concept of combining health care of women and children was so unique in India that this hospital came to be referred as the ‘Egmore model’ in medical circles²¹.

Medical help to women by Christian missionaries

At least 400 years ago, different Christian missionary organizations saw helping the sick and destitute as an opportunity to evangelize. From the 1620s, several trade posts (‘factories’) established on the initiative of Frederick IV, the King of Denmark, existed in India with the sole purpose of spreading the Gospel²². Among the various trade posts set up, the Evangelical Lutheran Mission post at Tranquebar (Tranquebar, Tarangampadi, Tamil Nadu) was conspicuous. The missionaries at the Tranquebar Mission included doctors²³. Samuel Benjamin Cnoll (1705–1767), a medical doctor trained in Halle, Germany, supervised the Royal Danish Mission Hospital in Tranquebar between 1740 and 1767, which included a laboratorium chymicum, an early version of a modern pharmacy²⁴. A Western medicine-based ‘hospital’ managed by the Jesuits existed in Pondichéry in 1690 (ref. 25). A military hospital (*Hôpital Militaire*) – a formal, large establishment, adjacent to the French East India Company Garden (*Jardin de Compagnie Française des Indes Orientales*), Pondichéry²⁶ – came up opposite to the Church of Sacred Heart of Jesus (*l’Église Sacré Coeur de Jésus*, a Basilica presently) in 1738, managed by the Ursuline Sisters of the Catholic Church from 1755 (refs 27, 28). Sam Nesamony²⁹ refers to the work of missionaries in colonial southern India as ‘medical philanthropy’. He says²⁹ (p. 177):



Figure 3. Frontage of the Madras Maternity Hospital (1940s?). Source: <https://sriramv.wordpress.com/2015/02/11/government-hospital-for-women-and-children-egmore/>

‘The close association between religion and medicine, and the fact that the process of evangelization was not especially successful, forced the attention of the missionaries to divert their attention toward health care and form medical missions, which offered a ‘divine method’ of healing as another way to forward their goal of evangelization. Accordingly medical dispensaries, missionary movements against ... disease ... mobilized a powerfully challenging social order that was perceived by the disadvantaged masses as a response to their genuine needs, including those for the health of the body and the enlightenment of the mind.’

The London Missionary Society (LMS; note 12) realigned its objective of evangelization through health care in the 19th century India³⁰. John Coldstream (1806–1863), a Scottish physician, spoke on this topic at the Edinburgh Medical Missionary Society, in 1855 (ref. 31), referring to LMS’s medical efforts in helping Indian women. One sparkling example illustrating the role of medical missionaries in India comes from the life and work of Ida Sophia Scudder of Vellore, Tamil Nadu.

Ida Scudder

Ida Scudder’s (Figure 4) work in Vellore progressed from the inspiration she derived from her parents, John and



Figure 4. Ida Scudder. Source: The Scudder Association Foundation (<https://scudder.org/about/history/india-medical-missions/ida-scudder-story/>)

Sophia Scudder. John was a medical doctor and a missionary belonging to the Arcot Mission, which reported to the Reformed Church in America³². When Ida Scudder (1870–1960) was spending time with her parents in Kātpādi, Tamil Nadu, as a secondary school student on vacation, a touching incident occurred. According to the Australian Friends of Vellore³³:

‘One eventful night in 1890, Ida, then a young girl visiting her missionary parents in South India was asked to help three women from different families struggling in difficult childbirth. Custom prevented them from accepting the help of a male doctor and being without training at the time Ida herself could do nothing.’

After medical training at Cornell, USA (42°45’N, 76°47’W), Scudder returned to India and established a one-bed clinic for women in Vellore in 1900, which grew as the 40-bed Mary Taber Schell Memorial Hospital (for women) in 1902 (Figure 5), and subsequently as Christian Medical College and Hospital (CMC&H). Scudder’s mission was to provide quality care to women and children. She constructed her life’s task on the philosophy that she needed to train women to help women, which included the first setting up of a formal nurse-training programme for women in Vellore in 1909. She opened the Missionary Medical School for Women offering L.M.P. (Licensed Medical Practitioner) diplomas in 1918 (<https://www.cmch-vellore.edu/Single->



Figure 5. Mary Taber-Schell Memorial Hospital, Vellore (1900s). Source: <https://www.vellorecmc.org/who-we-are/history/>

[Page.aspx?Pid=p171127016&mid=M1712-11128](https://www.vellorecmc.org/who-we-are/history/)). While talking about Scudder and CMC&H, a brief reference to Paul Wilson Brand (1913–2003), an orthopaedic surgeon attached to CMC&H and his immense contributions to the surgical management of deformations caused by leprosy is but necessary³⁴. Brand established, in the 1940s, that patients of leprosy hurt themselves because they lost sensation due to the disease. This finding was a major breakthrough in the understanding of the aetiology of leprosy and its management³⁵.

Institutionalized medical assistance for women

Lady Dufferin Association

Hariot Dufferin (Hariot Georgina Hamilton–Temple–Blackwood, 1843–1936), wife of Frederic Dufferin, the Viceroy of India, campaigned to improve medical support for women in the country in 1884. Her efforts fructified with the establishment of the ‘National Association for Supplying Female Medical Aid to the Women of India’ (popularly, ‘Dufferin Fund’, ‘Dufferin Association’) in 1885 (ref. 36). Dufferin passionately referred to this scheme as ‘my female-medical scheme’³⁷ (p. 516). The LDA aimed at providing medical support and relief to Indian women, building women’s hospitals, and encouraging women to study medicine. To some Indian men of high social status and influence, this initiative was hard to accept, whereas a few others supported

it. Those who opposed this project argued that it was 'yet another intrusion by the colonial government into their private lives'³⁸ (p. 516). Joseph Rudyard Kipling (1865–1936) wrote the following lines acknowledging the creation of the LDA in 'The Song of the Women' in April 1888, a thanks message imagined to be from the women of Utterpara in Bengal dispatched to Hariot Dufferin through the wind (note 13):

The consort of a ruler – more than
human –
Remote, unseen, a gracious name
alone?
Nay, surely, for we know her very
woman
Who, stooping down, hath made our
woe her own,
Fear not, O wind, but swiftly follow
after,
And take our cry, half weeping and
half laughter.

Association of Medical Women in India

A group of women doctors from Bombay led by a Briton – Annette Benson, who supervised the Cama Hospital – formed the AMWI in 1907 (ref. 39). It was critical of the racial approach prevalent in the operations of the LDA. According to AMWI, priorities to European women were greater than what was offered to their Indian equals; qualified Indian women doctors were posted in remote locations with either little or no basic amenities. A general criticism was that the LDA served as an evangelical organization. Benson, the first President of AMWI, committedly worked towards raising its reputation in international forums. Complaints such as undue requirements of subordination to men, unlawful sudden dismissals, lack of incremental rates of pay and work-related and study-leave rules, provisions for retirement were frequently heard.

Women's Medical Service for India

The Government of India (GoI) considered addressing the legitimate grievances and improving the status of medical women serving under the LDA. One decision made by the GoI was not to create a separate service of medical

women, similar to the Indian Medical Service. However, an annual grant of £10,000 towards establishing a new service of medical women under the Central Committee of LDA, named the Women's Medical Service for India, was approved based on the proposal of Charles Pardey Lukis⁴⁰ (note 14), made at a meeting held in Simla in 1912. The WMSI was a vague equivalent of the prestigious Indian Medical Service, but intended for women and run by women, although not formally existed⁴¹. Women doctors who served under the aegis of WMSI used 'WMSI' in the list of academic titles after their names, similar to the Indian medical servants of that period using 'IMS' in their academic title list. WMSI in the first instance was to include 25 first-class medical women, one-fifth of whom will form the leave reserve. Its members were to be under the direction of the Central Committee of the LDA. Lukis also spoke elaborately on pay conditions, required qualifications, leave rules and other requirements⁴².

The newly established WMSI facilitated improvement of working conditions of women doctors in the whole of India. It played a key role, especially during World War II. Overall, the AMWI and WMSI contributed to better health management of Indian women and improved the status of Indian women doctors. AMWI and WMSI worked towards integrating every fragmented service committed to women's health care throughout India. Margaret Balfour (1866–1945), another Briton in Bombay, was appointed as the first chief medical officer of WMSI in 1918. She played a pivotal role in developing education of women doctors in India and also developing obstetrics and gynaecology as a specialist training programme in the country. Along with Ruth Young, she wrote *The Work of Medical Women in India* in 1929 (ref. 4), for which Mary Scharlieb wrote the foreword. This book describes how the Dufferin Fund Project panned out in India⁴. In 1933, the Indian Medical Council standardized medical education in the country. Most significantly, many women came forth to study medicine, unlike earlier days. It distinguished licentiates (LMP, LMS) from degree holders (MBCM) in terms of quality control. Two early women pioneers of Madras at this time were Hilda Lazarus and Muthulakshmi Reddy.

Hilda Lazarus and Muthulakshmi Reddy – leaders in women's health care

Hilda Mary Lazarus (1890–1978) (Figure 6) was the first Indian Christian to qualify as a doctor (note 15). Born in Visākapatnam, Andhra Pradesh, Lazarus, after earning a BA from the Madras Presidency College, completed her MBCM from MMC and qualified for memberships of the Royal Colleges of Surgeons (London and Dublin), joined as an obstetrician–gynaecologist in Lady Hardinge Medical College & Hospital, New Delhi, and later became its first Indian Principal. She was the first woman medical officer in government service to receive her appointment to WMSI. She worked at the Dufferin Hospital, Calcutta, for several years and retired in 1947. On the request of Ida Scudder, Lazarus directed CMC&H between 1948 and 1954. The Lazarus Ward in Kasturba Gandhi Hospital for Women in Triplicane celebrates her contributions to women's health care in India.

Muthulakshmi Reddy (1886–1968) (Figure 7), born in Pudukkottai, Tamil Nadu, joined MMC in 1907 and graduated with an MBCM in 1912. She was influenced by Annie Besant and Mohandas Gandhi. She constantly worked for the welfare and development of women. In 1927, she was nominated to the Legislative Council of Madras and was the Vice-Chair of the Council, which she quit in 1930 protesting against Gandhi's arrest for defying Salt Law. Muthulakshmi Reddy was solely instrumental in abolishing the abhorring practice of *déavadāsi* system and in

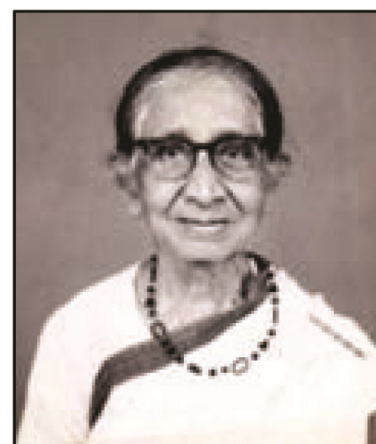


Figure 6. Hilda Lazarus. Source: https://te.wikipedia.org/wiki/Hilda_Mary_Lazarus.jpg



Figure 7. Muthulakshmi Reddy. Source: <http://www.cancerinstitutewia.in/CIWIA/about.html>

restricting child marriages, then rampant in Madras Presidency, and in developing support facilities for destitute women (e.g. Avvai Home, Chennai)⁴³. Touched by her sister's death due to cancer, she established a cancer hospital in Madras in 1952, which has blossomed today as the Adyar Cancer Institute (ACI), toweringly standing under the inspirational mentorship of V. Shanta. ACI celebrates the name and greatness of this extraordinary Madras woman, Muthulakshmi Reddy. A delightful narrative on the remarkable life and work of Muthulakshmi Reddy is available⁴⁴.

Conclusion

This note is an appreciation of those great women of Madras, who blazed new trails in the health care of women in 1850–1930. In terms of exclusive hospitals for women's health care and needs, Madras pioneered as early as 1844 with the establishment of the MH, which functions today – 175 years later – as the Institute of Obstetrics & Gynaecology and Government Hospital for Women & Children, with multiple specialties, offering varied advanced training programmes (http://www.mmc.ac.in/mmc/content_page.jsp?sq1=og&sqf=406). The other large, multi-bed hospital in Madras is the Kasturba Gandhi Hospital, born out of the initiative of the British woman doctor Mary Scharlieb. The brilliant and dedicated contributions made by the America-born Ida Scudder and the India-born Muthulakshmi Reddy and Hilda Lazarus fill several pages of modern medicine for

the women of Madras, immensely and inspirationally.

We fully recognize that we have not covered every lady doctor who strived for women's health care in Madras. One notable omission, we recognize, is Sourdaram Ramachandran (1904–1984), a devoted Gandhian, who set up a two-bed clinic honouring Kasturba Gandhi in Chinnalapatti, near Madurai, Tamil Nadu in 1947, which has grown today into a 220-bed hospital, fully committed to rural health and family welfare. We strongly hope that this note will stimulate others to chronicle the lives and works of those unsung heroines.

Notes

1. A biopic entitled 'Anandi Gopal', a Kishor–Arora production, directed by Sameer Vidwans has been released in 2019. Another, entitled 'Doctor Rakhmbai', a Swapna–Patkar production, directed by Ananth Mahadevan was released in 2016.
2. The term 'house surgeon' meant a 'resident medical officer', who resided in the hospital campus and was available almost through the day.
3. Several previous authors refer to this academic title as 'Licentiate in Medicine, Surgery, and Midwifery', following Scharlieb¹⁰, who refers so in her autobiography. In high likelihood, this Licentiate may have included a brief training in midwifery, but the academic title was 'Licentiate in Medicine and Surgery' (LMS) only. The forwarding note (# 1648) by the Acting Director of Public Instruction, Edmund Thompson (pp. 4–6) addressed to D. F. Carmichael, Acting Chief Secretary to the Government of Madras, while referring to the then new policy of admitting women students into the Madras Medical College (MMC), clarifies this point. See Furnell⁴⁵ (p. 6): '... the admission of lady students, from whose future labours among the women of India so much good may confidently be expected; the institution of a new degree of Licentiate in Medicine and Surgery, which being somewhat less exacting than the present M.B. and C.M. degree in its demands upon the time and previous education of students will, it is believed, attract a considerable number of candidates ...'.
4. M. C. Furnell, Principal of the MMC in the *Annual Report of the Madras Medical College, Session 1877–1878* (pp. 6–16) (*vide* No. 2815, Director of Public Instruction, Government of Madras, 20 July

1878, printed and published by R. Hill, Government of Madras, Madras) dated 24 June 1878 mentions the following in the context of the four women students graduating in 1878 (p. 6): 'This day marks an epoch in the history of the Madras Medical College. For the first time since its foundation its teachers have the satisfaction of having carefully trained four ladies for the practice of the medical profession. Having completed a regular course of study and fulfilled all the conditions required of students of the Second Department, they pass out of College to-day with certificates entitling them to practise the various branches of the profession. It is simply their due that I should state publicly that during their collegiate career they have been remarkable for their assiduity, regularity of attendance both at lectures and hospitals, for the keen interest they have taken in their studies, and for their strongly-marked desire to attain proficiency in every branch of the work they have so nobly undertaken and brought to a successful issue – virtues which have had their reward, not only in the high places they have taken both in the class and pass lists, but also in the remarkable fact that their proficiency has been seldom surpassed by the alumni of this College. During the past three years Mrs. Scharlieb has won prizes in the following subjects: – Medicine, Ophthalmology, Surgery, Hygiene, and Chemistry, Practical Chemistry; and Miss White in Anatomy, Chemistry; Medicine, and Miss Beale in Chemistry; and at the Final Examination they have, out of a possible maximum of 890, secured the following marks: – Miss D. White ... 738; Mrs M. Scharlieb ... 728; Miss M. Beale ... 670; S. Mitchell ... 580. With these facts and figures before you I do not think, Mr. President, Ladies and Gentlemen here present, that I have said one word too many in praise of these ladies, whom a Committee of Examiners have pronounced qualified to enter on the practice of the profession. I feel certain that I echo the feeling of the whole Presidency in wishing our Lady Doctors every success in their professional work, especially in that large and unexplored field of labor, the women of India.'

5. Anna-Julia Webster – Lady Grant Duff – was the wife of Mountstuart Grant Duff, Governor of Madras, 1881–1886. Michael Cudmore Furnell (1829–1888) entered Madras Medical Service in 1855. He was the Principal of MMC in 1875–1877, when the first batch of women were admitted into the college. Later he was the Surgeon-General in Madras. Upon retirement in 1886, he served as the Sanitary Commissioner of Madras. Elizabeth Philippa Adeane became Lady Biddulph

- by marriage to Michael Biddulph. She enjoyed quick access to Victoria, the Queen of England.
6. The management team included William Webb (Mayor of Madras, 1783–1784), Nathaniel Kindersley (a Madras Civil Servant), Charles Baker (a merchant?), Henry Sewell (a naval agent), and John de Fries (a merchant?), in addition to John Underwood.
 7. Unfortunately, we could not track down any details of the Lady Willingdon Medical School in Royapuram. Marie-Adelaide Freeman-Thomas (1875–1960) by marrying Freeman Freeman-Thomas (1866–1941) became the Marchioness of Willingdon, and later Lady Willingdon. Marie-Adelaide and Freeman arrived in Madras on the letters posting as the Governor of Madras in 1919. Popular written features indicate her to be a woman of vanity and pomp; yet she did some good to the women of India. She was instrumental in starting the Lady Willingdon Medical School in Madras in 1923. Many institutions committed to empowering women in Madras and elsewhere in India, because Freeman was the Viceroy of India in 1931–1936, still prevail honouring her name, e.g. Lady Willingdon Training College for Women (now Lady Willingdon Institute of Advanced Study in Education) in Triplicane, Chennai. Marie-Adelaide supported the life values of Sister Subbalakshmi (R. S. Subbalakshmi, 1886–1969), the first woman graduate of the University of Madras, a well-known social reformer, women activist, founder of Sarada Ladies Union in 1912, and the first principal of the Lady Willingdon Training College for Women in 1922.
 8. The Indo–Saracenic style is a unique construction design for large buildings. It imaginatively integrated the medieval construction styles of India and Saracenia, the latter occupied by people known as the Saracens. The Saracens, who followed Islam, but not Arabs, lived in and around the Roman Province of Araba Petraea⁴⁶. The terms ‘Saracen’ and ‘Saracenia’ were used widely by European writers of the Middle Ages. Paul Benfield (1742–1810), an East India Company employee and trader, who turned into a building contractor and builder, first built the currently existing ‘Chepauk Palace’ (the official residence of the Nawab of Arcot) at Chepauk, Madras, developing the novel Indo-Saracenic style. A photograph of the Chepauk Palace made by Frederick Fiebig of Calcutta in 1851 is available with the British Library’s Online Gallery. This unique style was followed and promoted by Robert Fellowes Chisholm (1840–1915) and Henry Irwin (1841–1922) in later years, who designed several buildings starting in Madras and later in other major cities of India: e.g. the Gateway of India, Bombay.
 9. Only unverifiable Internet sites refer to this story.
 10. Arcot Lakshmanaswami Mudaliar (1887–1974) was an eminent educationist and a highly qualified, early gynaecologist–obstetrician. *Clinical Obstetrics* written by him with M. K. Krishna Menon (Professor of Gynaecology and Obstetrics, MMC), first published in 1938 by Oliver & Boyd, Edinburgh, UK is currently running its 12th edition; <https://www.Amazon.in/Mudaliar-Menons-Clinical-Obstetrics-L/dp/8173719535>.
 11. S. T. Achar is remembered for his popular *Textbook of Pediatrics*, first published in 1973. Its fourth edition published in 2009 by Universities Press, Hyderabad, is available thanks to Swarna Rekha Bhat; <https://www.amazon.in/Achars-Textbook-Pediatrics-Swarna-Rekha/dp/8173716544>.
 12. The London Missionary Society was established in London in 1795. It was a combined effort of the Welsh Congregation, Evangelical Anglicans, and other protestant groups such as the Presbyterians, Methodists, and Baptists.
 13. The full verse, published in different British dailies on different dates, is available at http://www.Kipling-society.co.uk/rg_songofwomen1.htm
 14. Charles Pardey Lukis (1857–1917) was the Director-General of the Indian Medical Service between 1910 and 1917. He was the founding editor of the *Indian Journal of Medical Research*. Lukis was a major force behind the establishment of the Calcutta School of Tropical Medicine, although he did not live to see its opening in 1921. After an F.R.C.S. earned through St. Bartholomew’s, London, Lukis joined the Bengal Army and worked in India for the rest of his life. He was a professor of medicine at Calcutta Medical College from 1905.
 15. Most of the published documents refer to Hilda as the first Indian Christian to qualify as a medical doctor. We know very little of the life of Annie Jagannadham, who possibly hailed from Madras. However, from her first name Annie, it is possible that she was a Christian.
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