

## Challenges in Female Medical Education: The Emergence of Kadambini in Colonial Bengal

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### Introduction

As history has shown us, women's suffrage was obtained after a long period of struggle, the outcome of which was reflected in the UK in 1916-17 (limited voting), in France in 1941, and in the USA in 1920. Though women's suffrage and female education (including medical education) did not go hand in hand, they both faced the hegemony of the unwavering male gaze that dominated the discourse. It was against this extraordinary adversarial situation that female medical education in India gradually took shape in the long nineteenth century in Bengal as well as in India. Kadambini Ganguli, the pioneer in female medical education in India, is the focal point of this essay. To what extent have her fights and determination left lasting imprints in the history of the women's movement in India? This will surface in the discussion of this paper. Even though Anandibai Joshi encountered similar kinds of trying and demanding situations, she is beyond the purview of this paper.

The twin existence of the expansion of print capitalism and the pressure from within the elite section of Calcutta for trained nurses brought into effect a series of changes. These changes include the beginning of modern nursing training at the CMC, the desire for parturition in modern ways, the entry of male obstetricians inside the zenana area of the orthodox Hindu families, the demand for trained nurses for the emerging new medical market, the publication of journals and books in Bengali, expansion of modern European culture to every nook and corner of Calcutta society, among others. It also paved the way for female medical graduates.

### Layers of History

In an early report from late nineteenth century India, we find, "Four native *dais* passed in midwifery during the year, against eight of last year" (*General Report on Public Instruction in Bengal 1881-1882* 102. Hereafter *GRPI*). The entry of *dais* and nurses in the Medical College for training paved the way for female medical education in the Institution. In the *GRPI* (General Report on Public Education) (1883-84), it was reported that: "Three native *dais* passed in midwifery, against five of last year. Six pupil-nurses also qualified as midwives, against the same number of the preceding year" (*GRPI 1883-1884* 113). It is important for a few more reasons, which are documented in the report:

1. Three female students were on the rolls on 31 March — Mrs. Kadambini Ganguli, Bidhumukhi Bose, and Virginia Mary Mitter. All three held a special scholarship of Rs. 20 a month.
2. For the first M.B. examination, twenty-seven candidates were registered, and of these, thirteen passed in the first division. There were 20 candidates for the second M.B. examination, of whom eleven passed in the second division. For the first L.M.S. examination, there were five candidates, of whom three passed.

3. Surgeon F. C. Chatterjee, M.D., donated Rs. 5000 in 4% Government securities to be awarded to the student (excluding European and Native Christians) who did best in “Practical and Theoretical Histology, Normal and Morbid” in their fourth year.
4. “The Maharani Swarnamayi of Cosim Bazar gave Rs. 150000 to build a hostel for female students.”
5. “Dr. Bholanath Bose (one of the first four illustrious students who made their sojourn to London for higher medical education) donated to the college several scientific instruments and medals, and Rs. 1000 [...] to be appropriated to a prize to be given in alternate years to the best of the fourth-year matriculated students in *bedside diagnosis* of medical and surgical cases.”

Moreover, in a separate report, it is mentioned, “A new dissecting room has been sanctioned, but not yet built.” (*GRPI 1884-1885* 86)

In 1887, according to *The Indian Magazine*, female medical tuition had made a great stride in Calcutta. Sir Walter DeSouza gave a generous gift of Rs. 200 a month for three years to enhance female medical education. Eleven DeSouza Scholarships were offered. The generous gift of Rs. 200 a month for three years, made by Sir Walter DeSouza, has been of the greatest possible service. Eleven *DeSouza Scholarships* were offered, and at the insistence of Dr. Coates, the Medical College *modified* its rules of admission, making them *similar* to those of Madras, so that a number of students were able to enter, who could not otherwise have done so. The *DeSouza grant* also provided for the maintenance of one nurse in the Sealdah Hospital. Two more Scholarships have been offered by the *High Priest of the Temple of Baidynath*, who has always evinced the greatest interest in the work and who, by the terms of his grant, has endeavoured to encourage women of his own religion and of high caste to undertake the study of medicine and nursing. The Central Fund receives the money for both the DeSouza and the *Baidynath Scholarships* in trust (Dufferin 229).

The *British Medical Journal* also reported — “eleven scholarships given by Sir Walter de Souza at Calcutta, the High Priest of the Hindoo Temple at Baidyanath has offered one of 150 rupees a year to a Hindu student of high caste, and Sir Dinshaw Manockjee Petit has also given a valuable scholarship to a female student at this university” (Anon, “Female Medical Aid for Women of India” 949). Ambalika Guha argues that in colonial India, the medicalisation of childbirth has been historically perceived as an attempt to ‘sanitise’ the *zenana* (secluded quarters of a respectable household inhabited by women) as the chief site of birthing practices and to replace the *dais* (traditional birth attendants) with trained midwives and qualified female doctors. Moreover, the medicalisation of childbirth in Bengal was preceded by the reconstruction of midwifery as an academic subject and a medical discipline at the Calcutta Medical College. The consequence was the gradual ascendancy of professionalised obstetrics that prioritised research, surgical intervention and ‘surveillance’ over women’s bodies (Guha Ph.D. thesis). Borthwick observes — “Cases were reported of midwives who began *pulling the*

*infant's head* as soon as it appeared, and of others who removed the placenta by hand as soon as the infant had fully emerged" (Borthwick 155). Therefore, there was an urgent need to modernise childbirth and provide proper training for traditional midwives in medical colleges.

### **Setting the Theme Against an International/National Perspective**

The emergencies of the Mutiny led to the employment of female nurses, at the expense of the Government, in the Military Hospital at Allahabad, and this was considered successful. The Calcutta Committee obtained two trained nurses from Allahabad, who, along with a local nurse, formed the nucleus of the Institution. By the end of November 1869, three nurses were at work in the wards of the Medical College Hospital. Additions were made to the number, and very shortly afterwards, a nurse was supplied to each of the four male wards of the newly constructed Hospital and one to the female wards. The Committee (Calcutta Hospital Nurses' Institution) raised the necessary funds. Lady Canning, the wife of the First Viceroy of India, played a prominent part in encouraging this Institution. Dr. Eatwell, Principal of the Bengal Medical College, gave it their cordial support. An additional nurse was supplied to a new ward of the Medical College Hospital in 1862. In 1869, thirteen nurses were employed in the Medical College Hospital, though there were still four wards to be managed without nurses, as the Committee had no funds to pay them. In 1873, public donations were raised, and the Lady Canning Home was built in 1874. The Government of Bengal donated the piece of ground. In 1876, two more nurses were added to each Hospital. In 1877, the services of two Lady Superintendents were secured. In December 1881, the Lady Superintendents were replaced by three members of the Clewer Sisterhood from England (Sisters from the Anglican Community of St. John the Baptist from Clewer, near Windsor in England, who came to Calcutta in 1881), who took up the work of training and supervising the nurses. There was a Sister Superior and two Sisters. In 1882, Government 'pupil nurses' seemed to have been taken in for the first time. The Eden Hospital, which was opened in 1882, received a group of pupil nurses under two matrons employed by the Government. The management was placed in the hands of the Ladies' Committee in 1883. A Sister (probably Sister Eleanor Isobel) took up her residence in the Hospital building. The question of adequate nursing in the Medical College Hospitals was significant and complicated — significant because the recovery of a case was greatly helped by proper nursing, and complicated because the paucity of funds has compelled the Hospitals to employ an inadequate number of nurses. This question had been a source of anxious concern to the Medical College Hospital authorities for quite some years (*Centenary* 57-59).

Sophia Louisa Jex-Blake (21 January 1840 — 7 January 1912) was an English physician, teacher and feminist. She led the campaign to secure women's access to a university education along with six other women. They were collectively known as the Edinburgh Seven. She began studying medicine at the University of Edinburgh in 1869. She was the first practising female doctor in Scotland and one of the first in the wider United Kingdom of Great Britain and Ireland. A leading campaigner for medical education for women, she was involved in establishing two medical schools for women in London and Edinburgh at a time when no other medical schools were training women.

She was also curious about the advancement of medical education in India. In a letter dated September 26, 1883, to her friend, "Dearest Bel," Jex-Blake wrote,

You have so often wished for good medical women in India that you must now be pleased to have your wish granted. I don't know if you know Mrs. Scharlieb who is just entering practice at Madras, but, if you don't, I wish you would go and call on her, and give my card. I do not know her personally, but I have corresponded with her, and respect her much for the gallant way in which she got her education, first at Madras and then coming to England to perfect herself. She passed the very difficult examinations of the University of London (M.B. and B.S.) with great distinction, and won the gold medal in Obstetrics from the whole University. (Todd 478)

Mrs. Scharlieb is an important figure regarding female medical education in India. This paper will discuss her finally. Before proceeding, however, it is worth bearing in mind the following cautionary note:

In India, English women doctors were able to take advantage of the *racial discrimination* of the colonial power to monopolise all available positions, thereby hindering the advancement of Indian women doctors. The colonial mindset and basic self-interest prevented English lady doctors from perceiving any common elements in their experience of discrimination. Indian female doctors were left to labour under the oppressive effects of dual discrimination on grounds of both sex and race. Whereas medicine was a prestigious profession, for the lower ranks of the *bhadramahilas* on the margins of society, such as widows, midwifery was a more feasible career. (Borthwick 326-327)

More elaborately speaking, as early as 1872, the Surgeon-General of Madras, Dr. Balfour, advocated medical education for women to meet the needs of the women of India, which he anticipated could not be met by men for the next hundred years, owing to social customs. His first suggestion was to give nurses training at the Women's and Children's Hospital at Vepery for twenty to twenty-four months or else to form a class at the Medical College. The Director of Public Instruction regarded this move as "entirely premature" and recommended that women should not be admitted to the Madras Medical College. The proposal was thus vetoed for the time being. In 1874, however, Dr. Balfour returned to being in charge and, this time, found a strong supporter in Dr. Furnell, the then Principal of the Medical College. In 1875, four students were admitted, all of whom were of European or Anglo-Indian descent. Due to the difficulties involved in mixing with men within the classroom, the number of students was naturally not as large as may be noted in the case of Indian women. A report in the *Indian Medical Gazette* read thus:

At the same time, it is fair to state that Surgeon-General Balfour pronounces the Madras system to have been "in every way successful; and" he adds "recently a Hindu gentlemen of standing in society sent for one of the dipolmaed (sic) nurses to attend his wife in sickness." Another phase of female medical education has been the training of "female vaccinators," but their usefulness appears to have been impaired by their pay not permitting them to "visit from house to house in a dignified way in a conveyance." (Anon, "Female Medical Education in Madras" 274)

The report further noted that "Women are to obtain instruction in Pharmacy, Anatomy, Physiology, Medicine, Surgery, Midwifery and diseases of women in the college. They are to study all these subjects in common with male students except midwifery, surgery, and

a few lectures in Anatomy and Physiology. In the exceptional subjects they are to have separate instructions” (Anon, “Female Medical Education in Madras” 275).

All four of the above-mentioned students entered what was then called the ‘certificate’ class. This was a shortened course of three years (later increased to four), which was available to students who had not matriculated. It was naturally taken advantage of by students who had not had the opportunity to attend high school or other schools, prepare for the university, and yet have a good general education. These four students were the *first* real women medical students in India, apart from some who were given a private course of instruction, whom we shall notice later. The remarks of their teachers are of great interest. The Principal wrote: “They have been remarkable for their assiduity, regularity, keen interest and strongly marked desire to attain proficiency in every branch of the work they have so nobly undertaken.” They all passed the final examination “with great credit.” One of these four students was Ms. Scharlieb, who was already mentioned at the beginning of this paper (Balfour and Young 103).

### **Changing Scenario of Female Medical Education in Bengal**

However, with the arrival of Miss Mary Carpenter, a philanthropic English lady and a friend of the Women’s Welfare Movement, in Calcutta on 20 November 1866, new endeavours were made in this direction. With the help of some of the ardent advocates of the cause of women’s education in Bengal, such as Pandit Ishwar Chandra Vidyasagar, Keshub Chundra Sen, Manomohan Ghose and Dwijendra Nath Tagore, she suggested the necessity of opening up a *non-denominational* normal school in the metropolis. She insisted that the greatest obstacle to the improvement of women’s schools and to the expansion of female education was indeed a dearth of female teachers. In 1868, the Secretary of State approved her proposal, and the Government of India’s scheme for the establishment of women’s normal schools in the Presidencies of Bengal, Madras and Bombay was well underway. A sum of Rs. 12,000 was designated for this purpose over a five-year period. The Female Normal School survived for only three years. In the latter half of this period, Dwarakanath Ganguly, editor of *Abalabandhab*, a Bengali monthly, worked earnestly to make the school a success (Chakraborty 92).

In 1870, Annette Akroyd, one of the first graduates of Girton College (the first Cambridge women’s college to become co-educational), came to Calcutta. She worked in close connection with Dwarakanath Ganguly, the editor of *Abalabandhab*, to expedite the cause of female education in Bengal (Mishra 163-165). Borthwick observes that “In *Abalabandhab*, a women’s journal run by the progressive Brahmos who had managed the Banga Mahila Bidyalaya, Girton College was again held up as the model for the education to be given at Bethune School” (Borthwick 95).

It must be emphasised that women’s medical education in Madras started much earlier than in Bengal or the CMC. E. G. Balfour, surgeon-general of the Madras Presidency, took great initiative. He attempted to influence the Government to introduce medical education in the Tamil, Telugu, and Malayalam languages, but failed. He worked towards encouraging European women to enter the medical service in India since he believed that women could move more freely within certain sections of the Indian society. This move succeeded, and in 1875, Mary Scharlieb was admitted to the Madras Medical College as its first female applicant.

The *Indian Medical Gazette*, the mouthpiece of the doctors of all fields in India at the time, reported,

(E)fforts have for some years been made with considerable success to train women as nurses and midwives [...] At the same time it is fair to state that Surgeon-General Balfour pronounces the Madras system to have been “in every way successful;” and he adds “recently a Hindu gentleman of standing in society sent for one of the dipolmated nurses to attend his wife in sickness” [...] The final issue was that, after some interchange of correspondence, a scheme, drawn up by the Principal of the Medical College, was accepted. Women are to obtain instruction in Pharmacy, Anatomy, Physiology, Medicine, Surgery, Midwifery and diseases of women in the college. They are to study all these subjects in common with male students with the exception of Midwifery and Surgery, a few lectures in Anatomy and Physiology excepted. In the exceptional subjects they are to have separate instructions. They are to have a room set apart, for them to study with a convenient bath-room, & c., and they may, if they desire to undergo the full curriculum for the degree of M. D., also do that (Anon, “Female Medical Education in Madras” 275).

Even the foundation of “The Female Medical School at Bareilly” was reported in the same issue of the same journal. “The school was originally started in 1867 and arose out of an attempt to “teach some of the midwives of the town and district of Bareilly a little midwifery” (Anon, “The Female Medical School at Bareilly” 275).

Training in midwifery to produce modern nurses started at the CMC in 1870. With the emergence of modern medical women as the chief focus, this article will be limited to some brief sketches of nursing/midwifery training at the CMC. Regarding trained midwives, it was reported that “This system of instruction has also been actively taken up in the Lower Provinces, and with the pecuniary assistance granted by the Government, the classes taught in a year or two to provide efficient midwives for many of the large towns. Classes at present are only formed at the Medical College, Calcutta, and at the Mitford Hospital, Dacca” (Anon, “Native Midwives” 214). Even a Bengali journal, *Bamabodhini Patrika*, fervently advocated for training in modern midwifery.

Notably, Florence Nightingale’s personal interest in nursing in India might have further prompted definite training programs for trained midwives, not necessarily nurses. Nightingale wrote to a certain Miss Jones on 10 February 1865: “Of course if we train for India, we must advertise and engage women expressly for that purpose, as health and other circumstances must be taken into account” (McDonald 94). The death rate around the time was quite disappointing compared to international standards. In the 1871-81 decade, the life expectancy was a meagre 24.6 years, and the implied death rate was 40.7 per mile (Klein 640).

*Purdah* arrangements were considered necessary to attract such women, and extra vigilance was required to deter those of “bad repute” (Borthwick 327). It had perhaps earned a good repute and demand among the upper section of society of the time. In 1879, Srimati J. L. Ghosh and Srimati T. M. Ray, “midwives, holding diplomas of the Calcutta Medical College Hospital,” proudly advertised their practice at 103 College Street, Calcutta, in the pages of the *Brahmo Public Opinion*. By 1880, about half a dozen trained midwives were practising in Calcutta. Their success was attracting others from the

mofussil, and expansion of the training program was recommended because of the increasing supply of recruits. Many “Hindoo widows of respectable families were prepared to take up midwifery” (Borthwick 327).

The beginning of educating nurses and midwives in a modern medical college was the first stepping stone toward female medical education in India/Bengal. Training female medical doctors came at a later stage. One more thing that should be noted here is that there was an increasing market for trained nurses/midwives who sold their expertise to earn a living. At the same time, there was also the same interest in printed books for learning new techniques of nursing/midwifery.

Doctors studying at Calcutta Medical College took midwifery as part of their training. The Midwifery Hospital of the Medical College introduced the use of ether and chloroform in delivery in the 1840s, but it is not known whether it was used in home births as well. Only the poorest low-caste women entered hospitals for childbirth, and even then, many were only sent there by midwives after complications had developed (Bhattacharya 126-127).

Therefore, the new equation of knowledge and expertise production and its emerging tie with the market may be represented thus: modern knowledge and technique of production at the CMC contributed to a growing market of medical facilities. At least, the upper section of Bengali ‘Bhadralok’ used modern techniques for childbirth. The newly educated midwives were selling their expertise. Women attempted medical education, which eventually raised a new demand for printed books. It subsequently initiated the diffusion of the perception of the superiority of European knowledge in the context of medical studies.

### **Female Doctors in Their Own Right**

In England, women were allowed to take medical degrees until 1877. In contrast with nursing, the medical profession was seen as eminently suitable for middle-class women. In Bengal, it was customary for low-caste women to practice midwifery and for a few others to become *kabirajes*, but women’s right to medical education was not immediately accepted. (Borthwick 322)

Dr. Coates, the then Principal of the Calcutta Medical College, favoured the admission of women to medical studies, observing that “if any gentlemen will endow the class and produce the ladies, we will do our best to aid such a good and useful work — one more needed in India than in any other country.” Protracted negotiations continued before the scheme was finally implemented. When his daughter passed her final examinations at Bethune College in 1882, Durga Mohan Das applied to the Department of Public Instruction for permission to enrol her in the Calcutta Medical College. The request was turned down, and she was forced to go to Madras to further her studies. In 1883, the Government passed a resolution that admitted women to the college. The minimum admission requirement was a pass in the F.A. degree, although many thought that this could be lowered to the E.A. without significantly lowering standards and would guarantee quicker results (Borthwick 322-323).

This article has already detailed the degrees from the Minutes of the Senate of the University of Calcutta. All those aspiring female candidates for complete medical degrees

had earned these qualifications before their admission to medical colleges through hard-fought struggles — be it in Madras or Bengal. Against this whole perspective, it is more striking to read the report of the 1881-82 session:

Miss D'Abreu, who passed the F.A. Examination, and Miss Abala Das, who passed the Entrance Examination, in December 1881, both with first-grade scholarships, joined the Madras Medical College, where provision exists for the superior instruction of women in medicine. An application had previously been made to the Medical College in Calcutta for the admission of young ladies to that institution, to study the ordinary course presented for the degree; but met with such determined opposition from the Professor of the College, though warmly supported by the Officiating Principal and subsequently by the Principal, that the proposal was for the time dropped. It may be predicted with confidence that this is one of the movements that no amount of opposition will finally succeed in overcoming (*GRPI 1881-82 92*).

Some important issues are laid bare here. Even after brilliant results, Ms. Ellen Barbara D'Abreu and Ms. Abala Das (later married to the famous scientist Jagadish Chandra Bose) were denied admission to the first Indian/Asian Medical College because of their gender. Madras Medical College, which started teaching a complete medical course to women, was more advanced in this regard to resolve the gender question in medical education. British authorities were sensitive to this issue and agreed to admit female students, and finally, it was the 'progressive' Bengali professors who were the only detrimental force to the admission of these two ladies, which was a scar in the image of Bengal having 'progressive ideas'. Professor R. C. Chandra vehemently opposed the admission of female students to the CMC. After protracted struggles, it was historically noted that

The most notable event in the history of female education in Bengal was the success of Kadambini Bose and Chandra Mukhi Bose of Bethune school in the examination for the B.A. degree. Kadambini Bose, now Mrs. Gangooly, has under recent arrangements obtained her admission into the Medical College as a regular student. His Honor the Lieutenant-Governor, taking into consideration all the difficulties suggested by the Council of the Medical College, decided that no sufficient reasons existed for the exclusion of duly qualified young ladies from the study of medicine in the institution. The Government Resolution of the 29<sup>th</sup> June 1883 pointed out that "already these provinces have suffered from the Council's failure to take a broad and unprejudiced *view* on this question; for the Lieutenant-Governor learns to his regret that some Bengali ladies, fully qualified by the educational attainments for admission to the College, have had to betake themselves to the more liberal Presidency of Madras, there to prosecute those medical studies from which the Council of the Calcutta Medical College has excluded them. (*GRPI 1882-83 70-71*)

The question of female medical education was first raised in 1876, and it was met with a favourable reception from Sir Richard Temple, the then Lieutenant-Governor. It was again discussed in 1879, but on neither occasion did it have any practical results. In 1881, the question was brought before the Council of the Medical College by this Department, in connection with a wish expressed by the parents of certain young ladies who had passed the Entrance or the First Arts examination of Calcutta University, so that their daughters might be permitted to attend the Medical College. The Council, however,



refused to sanction the proposal on various grounds. Their major cause for concern was the inability to reduce the standard of qualification for admission to the college, as one of the points in the proposal was that women should be admitted only after passing the entrance examination.

The question was then submitted for the orders of the government. The proposal to reduce the standard for admission was abandoned. The government took a broad and liberal view of the matter, not only sanctioning the admission of women to medical colleges on the same terms as men but also guaranteeing the young ladies every facility during the course of their medical studies. Special female scholarships of Rs. 20 per month, tenable for five years in the Medical College, were created and were awarded for the next ten years, without restriction of numbers, to all women who joined the Medical College after passing the First Arts examination. In some subjects, the young ladies attended separately; in others, they had common lectures. All the classes worked successfully, and not a single hitch or difficulty was reported (*GRPI 1882-83 70-71*).

One Brahmo leader, Nilkamal Mitra, applied for admission to his granddaughter, Biraj, in the 'hospital assistant' course in 1875. However, it was rejected outright (WBSA 103-105). After that, A. W. Coates, the Director of Public Education, wrote a letter to the Principal of the CMC requesting permission for the admission of two brilliant ladies, Abala Das and Ellen Barbra D'Abreu, into the CMC (WBSA 5 May 1882). However, the vehement and determined opposition of the College Council subverted the proposal (WBSA 10 June 1882).

Here, a pertinent question should be asked: Why was the Bengali professor of the CMC so bitterly opposed to the entry of female students into the college? This article will try to find plausible answers in different layers. First, as Murshid has shown, several debates and anxieties have erupted within the Bengali community since the 1870s about the supposed new habits and clothes of the newly educated Bengali women. It etched out a distinct identity within the traditional and patriarchal '*Bhadralok*' Bengali society (Murshid Appendix 3). Second, so far, women have been seen through the 'male gaze'; now, it seems to be a topsy-turvy situation. Women could attain a space of their own, and they could see the patriarchal society through their gaze, which was never acceptable to society. Third, as Sen and Das have pointed out — "The notion of an irreducible physiological divide between the male and the female underpinned gender difference; and the assertion of masculine superiority presupposed the impossibility of a feminine gaze," which could result in the fact that "the discursive space of the medical classroom required exclusively male participation. The admission of women into that space, subjecting the male body to the *female gaze*, even if it was a 'scientific' scrutiny, was an especially threatening prospect" (Sen and Das 497).

In brief, the world of male hierarchy and domination was afraid of an independent space for the female. They were possibly apprehensive about being judged by women, as there was ample scope for their lust, lewdness and autocratic position within the familial or societal structures to be threatened. It caused a great stir in the male-dominated society. In the backdrop of these developments, we can now revisit Kadambini's brilliant, focused, and gallant journey towards becoming the first female doctor in the country.

## The Journey of Kadambini Revisited

The first two female graduates of Bengal, Kadambini Bose and Chandramukhi Bose, took different tracks for further education. Chandramukhi opted for higher studies in M.A. “But Kadambini Bose (now Mrs. Ganguly, being married, on 12 June 1883 to the Brahmo leader Dwarakanath Ganguly), forsook the beaten track and applied to the authorities of the Calcutta Medical College for admission as a regular student of the college [...] Now the Brahmo leaders headed by Dwarakanath Ganguly started an agitation for opening the precincts of the Medical College to women” (Nag 42).

Further, “before the movement could gather momentum, the then Lieutenant-Governor of Bengal, Sir Rivers Thompson, intervened [...] The decision was given immediate effect by allowing Kadambini Ganguly to enter the Medical College. The decision of the Lieutenant-Governor was couched in the Government Resolution of June 29, 1883. Since the resolution was rightly considered a landmark in the history of women’s education in this part of India” (Nag 42-43). Kadambini was admitted to the CMC in 1883. The Government Resolution finally observed — “And if the success of the pupils be established in the capital, there is no reason why our medical schools in the provinces should not afford opportunities for a more general extension of the policy, with incalculable advantage to the country” (Nag 44).

From the report of 1887-88, we understand that “In 1888, nine candidates passed the First M.B. examination — two in the first and seven in the second division. Miss Virginia Mary Mitter headed the list of the successful candidates” (GRPI 1887-88 73). From the Medical College, “Mrs. Kadambini Ganguly, B.A., has passed the special certificate examination” (GRPI 1888-89 56). The year was 1886. Below is a copy of her first L.M.S. examination.

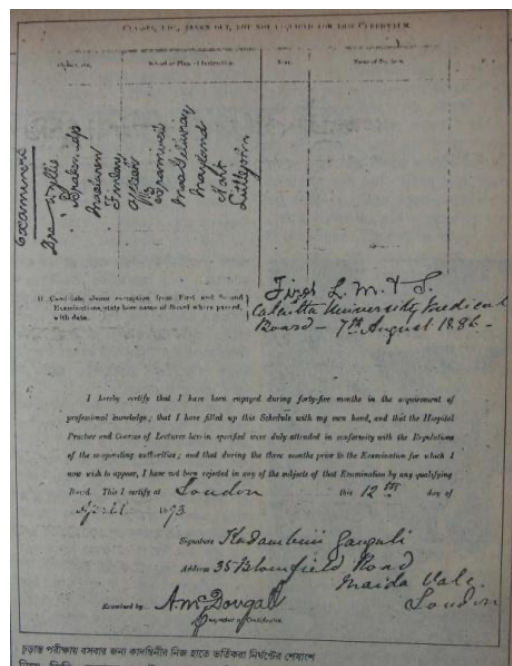


Fig. 1. “Mrs. Kadambini Ganguly, B.A., has passed the special certificate examination.” (GRPI 1888-89 56).

However, Kadambini's fateful days did not end there with this achievement. It was thorny and affected her emotionally. Only her passion and determination to become a medical doctor helped her valiantly overcome all these hurdles. The editor of the *Dainik Bharat* newspaper describes the vicissitudes that Kadambini had to go through:

She secured pass marks by giving correct answers to all the subjects taught in the Medical College. But at the Medical College there was a Bengali professor (Dr. Rudrachandra Chandra) who was vehemently opposed to female education. He deprived Kadambini of *one mark* for the required pass mark in the practical examination. Though the Principal of the Medical College (Dr. J. M. Coates) did know very well that Kadambini had enough aptitude in that subject, he did not have the power to overrule the decision of the professor in regard to the examination and marks. So he could not award the M.B. degree to Kadambini. (Gangopadhyay 89)

Dr. Coates had one option before him. Before the CMC came under the jurisdiction of Calcutta University, the Principal had the supreme power to confer the G.B.M.C (Graduate of Medical College, Bengal) degree. By the time Kadambini had passed her examinations, there was no new University regulation or order in vogue, which revoked the existing power of the Principal. Virtually, it was in vogue until then. However, for many years after the introduction of the L.M.S., M.B. and M.D. degrees, that particular degree was not awarded to anyone. It was put in abeyance. "Nevertheless, he awarded the G.B.M.C. degree to Kadambini and the right/power to treat patients. Furthermore, he posted her in the Eden Hospital of the CMC, which was meant for female doctors and patients" (Gangopadhyay 89). In 1888, Kadambini was appointed to the Lady Dufferin Women's Hospital, Calcutta, on a decent salary of Rs. 300 per month. But it was not a pleasant experience. She felt sneered at by her fellow doctors, as she did not have an M.B. degree.

The feeling that she was consistently being looked down upon by the British lady doctors, too, must have gnawed at her heart. She also had an unimaginable, insulting and humiliating experience during her time in Calcutta. Once, she was called upon by a rich family to attend to a teenage girl during her childbirth. After the delivery, when the mother and child were doing well, Kadambini and her assistant were served food on the veranda as if they were maidservants. Moreover, they were asked to clean and wipe the place (Sen 53-55). Kadambini felt a strong urge within herself to attain higher medical education to come at par with other doctors, especially male ones.

Dwarakanath, too, was not satisfied with this outcome and, consequently, sent her to England for her higher medical education (Gangopadhyay 89). The government announced a scholarship of Rs 20 to every female medical student. Kadambini received the scholarship retrospectively, effective July 1883. Then, she went to the United Kingdom in 1892 and qualified for the LRCP (Licentiate of the Royal College of Physicians, Edinburgh), LRCS (Licentiate of the Royal College of Surgeons, Glasgow), and GFPS (Dublin). There were 14 candidates for these diplomas. Remarkably, Kadambini was the only female candidate and had attained it. After her return to India, she worked for a short period at the Lady Dufferin Hospital, Calcutta, with a salary of Rs. 300 per month. Then she started her own practice in obstetrics and gynaecology (Chattopadhyay 141).

### Florence Nightingale's Interest in Kadambini

On 1 December 1887, Florence Nightingale wrote to her friend Mary Scharlieb — “I am so stupid I cannot find my memorandum of the name of that Hindu lady [Ganguly] who will graduate at Calcutta next spring as a qualified medical woman and whom her cousin, a friend of mine, Mrs. Manmohun Ghose, of Calcutta, asked me to mention to Lady Dufferin. But I *shall* find the memorandum and then by your kind leave ask you.” On 20 February 1888, Nightingale again wrote to Scharlieb,

Do you remember asking me the name of this lady, who is the cousin of two friends of mine, Mr and Mrs Manmohun Ghose, who have successfully resisted infant marriage, etc., of Calcutta? [...] Do you know or could you tell me anything about this lady, Mrs Ganguly, or give me any advice? Mrs Manmohun Ghose, who has all an Englishwoman's cultivation and absence of prejudice with a Hindu's affectionateness, asked me to *recommend* Mrs Ganguly, if she is successful, to Lady Dufferin, for any post about the female wards in Calcutta. Mrs Ganguly is, I believe, a young woman of high caste and cultivation, and it would be a *great encouragement* to Hindu ladies to embrace medicine if she were appointed. The Hindu young lady's name is Mrs Kadambini Ganguly, who is still studying in the Medical College at Calcutta; [she] has already passed what is called the first licentiate of medicine and surgery examinations and is to go up for the final examination in March next. (This young lady, Mrs Ganguly, *married* after she had made up her mind to become a doctor! and has had one, if not two children since. But she was only *absent* thirteen days for her *lying-in*!! and did not miss, I believe, a single lecture!!) (McDonald and Vallée 763-764).

It is almost unimaginable to think that a woman in her full term of pregnancy missed only thirteen days of her classes. Such was her grit that made her what she finally accomplished. Being a woman, Nightingale fully came to realise this sensational fact and paid her tribute to Kadambini in writing. Despite these happenings, in 1891, the orthodox Hindu journal *Bangabasi* lashed out at Mrs. Ganguli as a despised symbol of modern Brahmo womanhood and accused her, a mother of five children, of being a whore. Immediately, Sivanath Sastri, Nilratan Sircar, and her husband Dwarkanath instituted legal action against the journal and its editor. On May 3, 1891, the *India Messenger* said the following about the social issue underlying the continued persecution of Brahmos: “The logic is that the maintenance of female virtues is incompatible with their social liberty. Every woman may enjoy freedom. Therefore, a vast majority of them are unchaste. Farces are written against us and performed in theatres that continually ridicule and heckle [...] our work of female emancipation. Newspapers cast foul aspersions.” Dwarkanath fought robustly, as he always did, not only to defend his wife but also to support the principle of liberating women against what he considered the forces of narrow privilege. On 12 July, the *Brahmo Public Opinion* announced jubilantly that the libel case had been settled and that the accused was found guilty. Mohesh Chandra Pal, the *Bangabasi* editor, was sentenced to six months' imprisonment and was made to pay a fine of one hundred rupees (Kopf 126).

## Kadambini in the Political Realm

Kadambini's husband, Dwarakanath Ganguly, was a relentless activist who fought against the deprivation and despicable situation of the poor, working-class people of India. He went to do his survey in the Assam gardens and exposed the real situation existing there: "making an on-the-spot study of European oppression as well as of laborers' appalling conditions of life. His reports were all serially published in the *Sanjibani*" (Sinha 415). Kadambini was a faithful companion to all his activities. However, Dwarakanath's efforts were in vain as the Madras session of the Indian National Congress in 1887 refused to discuss the matter as "being a provincial one" (Sinha 416). In the Congress session of Calcutta of 1890, Swarnakumari Debi, Kadambini, and Pandita Ramabai held the most illustrious presence (Sinha 556). The *Sanjibani* of 10 January 1891 reported: "The last Congress saw *more than a hundred native ladies*. Furthermore, not only did native ladies attend the Congress, but one of them, Mrs. Kadambini Ganguly, B.A., *even addressed* the assembly. How delightful it was to see one of India's daughters addressing such an assembly" (Sinha 556-557). Even a personality like Annie Besant open-mindedly applauded Kadambini's feat: "Mrs. Kadambini Ganguli, was called on to move the vote of thanks to the Chairman, the first woman who spoke from the Congress platform, a symbol that India's freedom would uplift India's Womanhood" (Besant 116). Interestingly, she was also famous for knitting yards of fine and beautiful lace at the same time.

Perhaps, as a continuation of her urge to do well for her country and people, she organised the Women's Conference in Calcutta in 1906 in the aftermath of the partition of Bengal. In 1908, she organised and presided over a meeting at Calcutta to express sympathy with the Satyagraha workers of Transvaal, South Africa. At that time, she took the initiative to form an association to collect money for helping the workers. She presided over the meeting of the *Sadharan Brahma Samaj*, held in Calcutta in 1914, in honour of Gandhi, during his visit to Calcutta. Labourers in the tea gardens of Assam were heavily exploited by their employers. Dwarakanath Ganguly condemned the exploitation, as already described, and Kadambini fully supported her husband in his ventures. In 1922, she went with the poet Kamini Roy to look into the conditions of women labourers employed in the Bihar and Orissa coal mines on behalf of an Enquiry Commission set up by the Government (Sen 55). Moreover, "In the year 1915, Kadambini Ganguly *criticised the system* of Calcutta Medical College to restrict the admission of women, which made Calcutta Medical College change their system and include female students" (Sadhya 967). The "Sick New-Born Care Unit" of the CMC now bears a plaque named after her.



Fig. 2. Plaque outside the "Sick New-Born Care Unit" of the Calcutta Medical College. Courtesy: Dr. Mrinmay Bera.

Let us remember her illustrious life and the struggles in our everyday existence. Here is a tribute from an American Journal of Eminence: “Being the first woman physician in the whole of South Asia, in a community that opposed women's education, the life and achievements of Dr Kadambini Ganguly are remarkable and a lesson by itself for the future generations” (Rao 354). Any history that intends to record the intellectual contribution of Bengali women in the colonial period cannot be complete without including Kadambini. Her compassion, dedication, and various relationships she formed cutting across divides and borders, make her a unique figure in that period of great upheaval. Maybe it is fortunate and a relief for her not to determine the harrowing experiences of the series of rape, molestation and female foeticide in contemporary India.

### **Conclusion**

The historical journey initiated primarily by Kadambini and others was the milestone in the perpetuation of female medical education in India. Kadambini's journey occurred during the high tide of the nationalist movement. As a result, her journey was also marked by a nationalist tinge, resolve and grit. As we have seen throughout the paper, she was badly the natural victim of the gender bias of colonial society and the social psyche. Even in the postcolonial era, after about 100 years, gender bias and gender humiliation still go on insidiously — even flaring up quite often. Kadambini could have asked every Indian — “where is the verve of my legacy carried forward?”

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