"Healing the body is nothing without healing the soul, and there is nothing like medical work for reaching hearts."\(^1\)

Given the increasing emphasis on the growth of women hospitals, it was not surprising that a need to train indigenous Christian women as doctors and medical assistants was strongly felt by the women missionaries. A team of workers was needed who from the indigenous society, could work amongst them and of course understand their language. By doing so the women missionaries from the West could establish a direct contact with the local women and could convert them. The zenana hospitals opened by the medical women missionaries became popular among the patients. The Christian Medical College and Hospital at Ludhiana was one of the earliest medical mission institutions that gained a positive response from the indigenous people of Punjab. Somehow, this positive attitude contributed in the rapid growth of the Hospital in the coming years. Ludhiana was chosen as the town where “one of the oldest of the zenana missions was already established on an non denominational footing.”\(^2\) Secondly, Ludhiana was on the G.T. Road and was a good centre for medical work to start and develop.\(^3\) The above reasons seemed to be good enough to start the first mission hospital and college for women in north India.

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2 Francesca French, Miss Brown’s Hospital: The Story of the Ludhiana Medical College and Dame Edith Brown, O.B.E., Its Founder. (London: Marshall Brothers.1901.p.31)
3 Conquest by Healing, Dame Edith Brown Memorial Number. Vol. XXXIII., NO.1, (London, March 1957, p.4)
The rise of this hospital occupies a central place in the development of missionary establishment for the benefit of women and children through which various inter-related issues of ‘reaching preaching and healing’ can be explored. This chapter seeks to examine the beginning of the Christian Medical College, it's approach towards women's diseases and the relationship it maintained with the British Government. A part of the chapter shall cover the role of the Hospital in the days of the partition.

The Growth of the Hospital

The change in the attitude of the people of Ludhiana was noticed in the beginning of the twentieth century. As regards to the visits of out-patients, in the Memorial Hospital was over 4303 and in-patients rose to 818. All previous records of the Hospital were broken. Furthermore, since the time of the first pioneer batch had passed (1900) till 1906, 55 students had passed the school examination. Out of which 22 passed out as medical assistants.4

During the same year, there was realisation in the missionary circles to continue with the financial help to maintain an efficient hospital. The Canadian Presbyterian Mission, Central India ‘agreed’ to pay to the Ludhiana school of Medicine for Christian Women the sum of Rs. 300/- as scholarship every year.5 The Hospital committee was grateful to Dr. Brown and Dr. Condict for arousing interest and support for the school in

5 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st, of 1909, p.21.
England and America. Both the Auxiliary committees gave 'generous' gifts for the development of the school.\(^6\) Such cooperation, it was believed, would make it possible for the Hospital and school to establish a well-equipped institution. The people of Ludhiana too displayed their eagerness to donate for the building of the Hospital. Mr. Kishen Singh, an Hindu gentleman of the city, put up a telephone connection between the doctor's house and the Hospital. Earlier he had built the Hindu family wards, couple of years ago.\(^7\) The donor's family was often patients of the Hospital. Clothing for the Hospital and the children were a part of the gifts.\(^8\)

By the early years of 1900, the Hospital was able to draw several women patients belonging to different communities. Out of 1349 in patients, 500 were Hindus, 521 Mohammedans, 39 low castes and 215 Christian.\(^9\) It was interesting to note how the women missionaries made observations on the patients. Many of the Mohammedan women came to the hospital for an 'outing'. The hospital was somewhere to go from their narrow courtyards.\(^10\)

These descriptions deserve a close scrutiny for they reveal the perspectives of the women missionaries and the native response towards western medical treatment. The missionaries tried to comfort the sensitivity of the caste system with “care and concern”. Under such circumstances the Hospital accommodated patients from all sections of the society. In any

\(^7\) North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1909, p.25.
\(^8\) Ibid.
\(^9\) Ibid., p.20.
\(^10\) Ibid., p.28.
case, there is no doubt that the missionaries did intervene with the religious aspect of the patients. In other words, the process of medical evangelism cannot be ignored, there was a constant struggle by the medical women missionaries to spread the gospel through “care and cure” policy.

**Evangelisation**

The medical missionaries were required not only to “care and cure” but also to Christianise.11 Faced with challenges, the work was not an instant success. The women doctors were under great pressure at first to attract the patients and then to build trust in them. Dr. Brown in her early days, concluded, “when women come to the hospital, not only do they hear the gospel, but the tenderness and care shown by the doctors and nurses give them practical proof of the love of Christ and make them realize that the message is really for them.”12

Bible women were assigned for regular evangelistic work in the women’s hospital. In some places, foreign evangelists were connected with the Mission Hospitals whereas in a few places, a resident evangelist of the station generally took out time for the Hospital.13 There were references of Ms. Mabel Fox a foreign evangelist, being appointed as the evangelistic missionary in connection with the Ludhiana hospital in 1909.14

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12 *Just What they Need*, Dr. Edith Brown (np.nd pp. 3-4).
13 *A Survey of Medical Missions in India*, Poona, 1920, pp. 52-53
14 *North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1909*, p.23
Gentle persuasion was applied with patients to be under the influence of Christianity. For the missionaries, Ludhiana city was Jerusalem and the villages with teeming population, the uttermost part. For the village preaching, a Punjabi speaker was required, who would sing Punjabi hymns to the villagers and tell them about Christ. “Some have never heard before, others have beard it once or twice”, was the common report of the gospel preachers. Village preaching remained one of the emphasis of the Hospital. Villagers seemed to be interested but “feared” the opposition of others. The audience were mostly the women folk as came from one of the reports, Dr. Brown observed, “...................... There were 45 having formed a semicircle in front, some sitting on the floor, others standing ..............I was also very interested to see how proficient the little girls were in the art of nursing their baby mother or sister..............The men of the village all made themselves scarce for which we were glad because the women could not have listened had they come to the scene.” The success of the evangelistic work showed from the eagerness of the listeners.

The missionaries were more than satisfied when the patients replied that they have listened many times to the “old, old story”, and “I have no other helper but Christ”. Hearing a positive response from a Mohammedan women who believed that ‘Christ is my saviour’ also meant lessening of social resistance.”

15 Correspondence - WCMC, Ludhiana Punjab, April 1939, from yours in service, the Ludhiana Staff p.12
16 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31stof 1935-36, p.34.
17 Ibid.
Reports revealed a mixed response of the local patients who reacted to the religious approach of the missionaries. One Muslim woman turned a picture of Christ to the wall as she would not say her Mohammedan prayers. On the other hand, a Sikh woman asked that her bed might be moved so that she could face Christ as she prayed.18 Such patterns highlight complexities of the indigenous resistance. The Hospital, nevertheless, did not give up on evangelism. Christmas was the time when a number of patients could be reached through the celebration. Many of those who came during this time, knew by experience the skill of “Dr. Ms. Sahib” and how her testimony prepared the way for other patients. The Hospital encompassed a whole range of related evangelistic activities.

Interestingly an “Evangelistic week” became a part of the Hospital. Yearly activity that included visits to the patients in the villages and distribution of gospel at the station was a part of the “week”. Efforts came from various groups who went to tell gospels to passengers on trains.

“Missionary women knocking on the carriage windows became somewhat a regular feature. The answer of the vast majority of the women was Main parhi hui nahin hu (I cannot read). .......... .......... The men’s carriage was more responsive, gospels in Urdu, Punjabi, Hindi & English were sold.”19 The accounts of women missionaries, on this stand-point, reflect a strong ambivalence perspective. Some instances, like those of village preaching had women audience, whereas in public places,

19 Correspondence – W.C.M.C, Ludhiana, Punjab, April 1939, from yours in service, The Ludhiana Staff, p. 2.
like the stations the widespread willingness “to listen” was sensed in the menfolk. Hence, the receptivity varied in spatial arrangements.

Once a week, lantern slides were shown to illustrate the lessons. These are much appreciated in Hospital and old patients gather to listen.20 The men’s reading room for relations of the patients is kept open and a Christian man was there most of the time to lend books and teach the illiterate men and servants to read. Meanwhile, at gatherings of the dais, lesson was taken as an excellent opportunity of presenting the Gospel message. Gradually, the hospital maintained a evangelistic staff that by 1946 was of 9 members with 6 Bible teachers on duty.21 Somehow, evangelist campaign seldom reported of notable success in conversion. An odd instance figured in the hospital report “One sweeper and his wife have been baptized during the year.”22

The significance of the numbers did not disturb the proselytisation process. However, the missionaries had to satisfy themselves with the thought that even if there were few listeners they might be some who would take to faith in course of time. The “follow up” of city evangelistic work displayed a sense of achievement when “interested patients were studying scriptures with the workers of the hospital in their own homes as a result of hearing the result in the hospital.” 23

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21 Ibid.
22 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1933-34, p.37.
Such discourses gave mental satisfaction to the women missionaries. Regardless of the end result, the medical missions emphasised that the “Ministry of Healing was a natural and vital expression of Christian faith and practice........... Direct evangelism should be privilege of the indigenous Church and of the staff of hospitals as members of that Church.” 24

**Spread of Medical Work**

Both the Hospitals, the Memorial Hospital and the Charlotte Hospital, had common staff under the assistance of Dr. Brown. But with the development in the Medical School, the pressure of work as expressed by Dr. Brown was “physically impossible” and she soon withdrew her services from the Charlotte Hospital. This became the cause of “serious rift” between Ms. Greenfield and Dr. Brown, which finally led to the resignation of Ms. Greenfield from the General Committee.25 This was further followed by the change of Principalship from 1905 to 1908. During this tenure, the Hospital was under the surveillance of Dr. Anna Fullerton and Dr. Mary R. Noble, both from the Women’s Medical College, Philadelphia. From 1908, Dr. Ruth Wilson became the acting Principal of the Hospital and from 1912 Dr. Brown resumed principalship permanently till 1942.26

It was in 1912 that the medical school was recognised by the Government of India, and the students were admitted to the medical examinations, held yearly in Lahore, on the same terms

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24 The Policy of Medical Missions. A synopsis of opinion expressed at the conference of the C.M.A.I at Conoor 17.05.1948.
as men. Certificated students received the title of sub-assistant surgeon or of qualified practitioner in medicine and surgery.27

The Hospital made steady progress, thereafter, in setting up various departments. The surgical ward became one of the busiest departments of the Christian Medical College.

Initially, surgery was a horrifying aspect of the western treatment as far as patients and the staff were concerned.

However, after seeing the overall acceptability and results of western medical system the apprehension of patients to undergo surgery was removed. The surgical ward became one of the business departments of the Hospital. Dr Brown called having an operation as often an “honour to be coveted!” She further added “I recall a case where a young woman had a large tumour removed.........................her sister was envious of all the interest excited as she told them of the preparation and of the operating theatre .....................I was asked to see the sister, and I found to her joy, that she too, required an operation”.28

Amusing though they seemed but these stories definitely added not only the trust of the patient with the doctor but worked vice versa, too. In 1909, 1224 operations were done, they included 47 abdominal sections.29 The patients were somehow satisfied with the treatment and came back after 3-6 months, especially after an abdominal operation. Their accounts were

28 India’s Women Doctors Broadcast Missionary Talk by Dame Edith Brown ,Bentley Brothers Ltd.,nd,p.7.
29 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1909, p.20.
mentioned in the Annual reports of the Hospital even during Dr. Pollock days, in 1942. "A few weeks ago two patients came into the ward all smiles, saying 'Salaam, don't you recognise us?' and thinking I was somewhat doubtful immediately showed their scars and expected me to recognise these anyway?"30

It was not surprising, when Dr. Brown's trajectory of professionalism was seen. A common experience when travelling was to be asked by women passengers. "Where do upon come from?" "Ludhiana". 'Ms. Brown's' Hospital?" "Yes". 31 These narratives showed the popularity of the work of the hospital and Dr. Brown.

Dr. Brown forwarded suggestions for rural medical units, but the project was considered too expensive. She herself, however, staffed and equipped centres which served local areas until 1948. To cater to the villages around Ludhiana, Dr. Brown arranged for a group of workers to live in a large town as it was unsafe for young Indian women doctors to live alone in a village. The group consisted of an elderly Bible woman, a doctor a midwife and perhaps a teacher.32 Magic lantern services were held for the hospital patients, which were conducted alternate weeks. Public lantern lecturers were mostly given during village melas (or fete) when a large audience was gathered.33

The work of Dr. Brown was recommended by the Government of Punjab. In 1911, Dr. Brown was awarded the

30 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1945-46, p. 16.
31 Conquest by Healing, p.15.
silver Kaiser-i-Hind medal, and in 1922, she was presented the Gold Kaiser-i-Hind by the Governor of Punjab, Sir Edward Douglas Maclagan.\textsuperscript{34} She served on various outside bodies, being a member of the Panjab University Senate and Medical Faculty, the Punjab Medical Council and the Punjab Ludhiana Municipal Council.\textsuperscript{35}

Later in 1932, Dr. Brown was granted the title of Dame of the British Empire. The devotion and faithfulness of Dr. Brown was admired in the missionary circle. A sense of unity among the mission in the medical cause was advocated by Dr. Brown after she attended the World Conference at Edinburgh in 1910. She believed in the "fullest co-operation possible between the missions working in any particular region is eminently desirable, not for spiritual gain but also for the purpose of preparation of native worker for the Medical Missionary Field".\textsuperscript{36} It was obvious that the Ludhiana Mission Hospital was indeed growing and asking for full support from the other mission bodies to be better equipped professionally.

On her retirement in 1941 as the Principal Dr. Brown resumed the title of Principal Emeritus, and the duties of honorary treasurer till her death in 1956.

Beside, the surgical ward, the Hospital developed rapidly, opening new departments in the early decades of the 20\textsuperscript{th} century. An X-ray branch was opened in 1905 under the charge of Dr. Condict.\textsuperscript{37} The advanced X-ray technology to diagnose

\textsuperscript{34} The Civil and Military Gazette, Oct. 1922, London p.22
\textsuperscript{36} Punjab Pioneer, pp. 152-153.
\textsuperscript{37} North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1906, p. 25.
tuberculosis was later put in use in 1927. A separate ward was opened for abandoned baby girls, known as the Babyfold. With this, the Ludhiana Hospital became relatively popular for “unwanted or motherless babies.” The missionaries were expected to work for the orphans through the Christian Institutions. The adoption work was part of the parochial system, intensified in their records. Written in the Babies Ward admission book of 1917, “What a problem to confront a man and what was he to do with an infant girl? And who was to look after the child? But he had heard that the ladies in the mission hospital took children and cared for ..........” The child was adopted by a Christian man and woman who later became a teacher in the mission school.38 The adoption of orphans in the indigenous Christian community facilitated conversions.

**Facing Hostility: The Arya Initiative**

The actions of the missionaries in adoption provoked indigenous reform organisation to attack them not only in the periphery of orphanages but also in the area of hospitals. The debate over the mission work in the field of medicine, especially for women, continued. Some supporters went to considerable lengths to reassure their brethren that the work of the missionaries for the physical welfare of the women was credible, “The people owe a heavy debt of gratitude to the English nation of the benefits they derive from the hospitals and schools managed by the missionaries.”39

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38 *Tales from the Inns of Healing of Christian Medical Service in India, Burma and Ceylon* (Nagpur: Nelson square CMAI Burma and Ceylon 1942, p. 54.)
A few indigenous voices carried suggestions. "Unless learned and pious men do not work for the Arya Samaj it would be impossible for the institution to progress."\(^{40}\) It was obvious these warnings came from non-Arya Samajis, who became more defensive in their reports. But further added that the missionary institutions should keep their education and medical work independent of propagating Christianity. Others challenged the natives to provide relief aid at the time of famine instead of "raising hue and cry when the missionaries provide aid to helpless widows and children and complain that they are propagating their religion."\(^{41}\)

Strong opposition came from the Arya Samajis. For them, a _zenana_ hospital was the most "powerful weapon" which the Christians use to lay hold of the hearts of the Hindu women.\(^{42}\) Their attack in many ways countered the missionary work. The Aryas formed their "own missionary medical enterprise at Ludhiana where the Hindu gentlemen laid a foundation of a first-class hospital, and hoped that other towns would copy them."\(^{43}\)

They passed resolutions that no one should allow his daughter, daughter-in-law or wife to attend the Zenana Mission Hospital and that the Municipality too should withdraw all aid given to the Hospital.\(^{44}\) In short, the anti-demonstrations targeted to de-emphasize the missionary work.\(^{45}\) Missionary

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\(^{40}\) *Rahbar-I Hind* N.N.P. Vol. XI, NO.5 upto 29th Jan 1898. p. 68.


\(^{42}\) *North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1909*, p. 24.


\(^{44}\) *Wazir-i-Hind*, N.N.P. Vol. VIII No. 45. upto 9th Nov. 1885. p. 656.

work stirred opposition not only from the Hindus but negative reactions came from the indigenous Muslims. Their opinions were based on the rhetoric of the missionary image as a "saviour" at times of famines and as doctors to the "helpless" women. Such appeals featuring in newspapers were flashed across to "beware" of the "ulterior" motives of the Christian missionaries.46

The Arya Samaj developed 'support' structures to deal with issues of social and gender problems. The cause of women became an important aspect of agenda of various Arya Samaj organisations such as Dayanand Dalitodhan Mandal whose programme was to protect Hindu girls and widows from anti-social elements.47 Active work during the famine of 1896-1901 was carried by the Arya Samaj. Orphanages were opened to "adept" Hindu orphans. So strong was the momentum that in 1896, the Ferozepur orphanage opened its doors to Hindu orphans from any part of India in order to "save" them from Christian orphanages.48

Attempts from Arya Samaj to let down the medical work were reported in the Annual Statements of the Ludhiana Hospital. "A case of suspected poisoning in the Hospital was sent to the police. The mother-in-law whom we suspect was a rich old Arya had donated money to the Arya School. The session court called us to give evidence and though the case was dropped (due

to lack of evidence) it naturally roused anger of her co-religionists, who professed to think we gave evidence against her because of her religion.\textsuperscript{49} As accusations grew, it was only the strong Arya movement that openly challenged the mission work. To interpret the reaction of the women medical missionaries, it became prominent here that as doctors in a foreign land they protect their image, free from racial and religious anxieties. However, strong the rivalry between the missionaries and the Arya Samaj, one of the significant outcomes was that it brought about more for the welfare of those orphaned deserted by famine than any other group.\textsuperscript{50}

**Profile of the Patients**

The response to western medicine was reflected in the growth of the Hospital and the Medical College from 20\textsuperscript{th} century onwards. In 1902, the figures treated in the hospital were:

- Inpatients : 658
- Outpatients : 16,800
- Operations : 362\textsuperscript{51}

The number of patients could be regarded as an indication of the acceptance of western medical facilities, albeit limitedly. With this gradual increase in the patients a new dispensary adjoining the Memorial Hospital was opened in 1909 named the Victoria Memorial Dispensary.\textsuperscript{52}

\textsuperscript{49} North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1909, p. 24.
\textsuperscript{50} John Webster. *Christian Community and Change in the Nineteenth North India* (Delhi: The Macmillan Company, 1976, p. 184.)
\textsuperscript{51} Punjab District Gazetters Ludhiana District, 1904, p. 225.
\textsuperscript{52} North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1909, p. 6.
An interesting fact about the patients in the early year was that out of the 1,225 admitted, no less than 246 came from towns and cities while 490 were from the villages of the Ludhiana District. The influence of the hospital hence, was not marginalised but was widely spread.\textsuperscript{53} In 1909, there were 500 Hindus and 321 Mohammedan patients to 826 Hindu patients in 1938. Through the treatment of female patients of all religions, the women medical missionaries could open upon limitless field of “medical evangelism”. However, there wasn’t religious or caste conformity in the medical treatment.

Background of the patient necessitated the growth of the hospital in more than one way. Separate Hindu and Mohammedan were opened in the Hospital. Each constraint in their own ways, many Hindu patients would not accept dose of medicine from Dr. Brown’s “outcaste” hand and had to receive it from the hand of a relative. With the Muslim patients, Dr. Brown found them very strict of not taking medicines during the period of Ramzan.\textsuperscript{54} Beside religion, the medical missionaries were sensitive towards the existing social order. In order to accommodate patients it was necessary for the Staff at the Hospital to maintain caste distinction. In 1902, there were 39 low-caste patients treated in the Hospital. Shortly afterwards, the Hospital reports did not reflect on the lower castes separately, instead they were clubbed under "others" along with the Sikh, Muslim, Hindu and European and Eurasian patients.\textsuperscript{55}

The women missionaries remained conscious of the social

\textsuperscript{53} North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1908, p. 19.
\textsuperscript{54} Ibid., p. 22.
\textsuperscript{55} Ibid.

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conservatism and treated higher caste patients in the private wards “where people of other castes cannot come and touch their food and drinking vessels.” 56

In this context, missionary accounts of the Hospital reflect a sense of awkwardness. There was a strong contrast in the character of their work while dealing with the social inequalities. On the one hand, they were voicing against it and on the other, their ‘concern’ was overshadowed by the consciences of indigenous acceptance of their work.

The Hospital was built with the fees Dr. Brown received from wealthy patients. There were Indian ruling states of Punjab where she was called for her services. The Nawab of Malerkotla had sent his new car to fetch the doctor, as one of the Nawab’s wife was ill................. Dr. Brown received a fee of Rs. 110, enabling her to pay the bills on time. Similarly, Rani of Jind State called for Dr. Brown, an incident portrayed against a traditional backdrop. “Some dozen servants were sitting around her, women doing nothing. Dr. Brown sang some hymns for them and they responded enthusiastically.”57 The fees received was Rs. 150/-. A number of donations came from wealthy Sikh gentlemen for the building of wards and new gates.58 As indicators of receptivity to western medicine the statistics of attendance at hospitals reflect a change in indigenous attitudes towards institutions and professionalisation of medicine.

56 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31s of 1906, p. 25.
57 Charles Reynold, Punjab Pioneer, p. 115.
Dr. Edith Brown, Staff Members with LSMF students, 1936

Source: Archives, Christian Medical College, Ludhiana.

Dr. Edith Brown, Staff Members with LSMF students, 1940

Source: Archives, Christian Medical College, Ludhiana.
Imparting Medical Education

The other area where this change was noticed was the entry of the students for medical training. In the context of the medical evangelism, the advent of women's health became issues of public concern and further opportunities for benefiting women were greatly enhanced. As such, the conflict and controversies surrounding the missionary work in the medical field added with the growth of institutionalisation. In other words, when it became clear for the indigenous people that the goal of the missionaries was to create a squad of trained doctors for Indians, the controversies gradually lost their bitter edge.

In 1900, what started with just four students, the number of the students gradually rose in the years to come. The Report of 1899 told of the first group of medical students passing their finals and others taking the government certificate in midwifery. Four students qualified as hospital assistants and all four returned to fill posts in various mission hospitals which had selected them for training. Later most of the Ludhiana graduates worked in Mission and Government Hospitals.59 In 1915, there was a sudden increase in the number of students, when women students were transferred from Government College, Lahore to Ludhiana. In 1902, 8 medical students, five compounders 8 nurses, 6 midwives had successfully completed their course of study at the school.60 From then on, the College was training upwards 300 women students in Medical, Nursing, Pharmacy

59 The Medical Woman's Journal 1929, p.329.
60 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31s of 1909, p.22.
and Maternity Schools. Both medical and spiritual instruction was received through the medium of either English or Urdu. The aim of the Hospital was laid clear, namely to maintain the special character of the institution as a place of training for medical missionaries along with the work done among the “Heathen” and the Moslem inhabitants of the town and the neighbourhood. The records of the year seemed encouraging. The girls having passed final examinations worked in various missions. In the coming years, changes came in the standard of qualification for entry and for practicals. Vernacular instructions were to be given to students who had just passed Middle School. The course which was earlier of four years was extended to five years. Life for them was not, therefore too easy and they had to work extremely hard to get through their examinations in the prescribed time. “Naturally some fall by the way and there was a good deal of shifting out to be done in the first two years, for matriculation results were apt to be deceiving and the examination itself in India was not the safeguard that it usually was in England.” However, many were doing splendid work after passing and yearly attending 1,00,000 patients. Sufficient facilities were provided for attracting girls for a medical career. Publicity was given to them by circulating the prospectus of the Punjab Medical School for Women, Ludhiana, among girl schools in the Province. It was ever proposed to circulate short suitable memorandum detailing the benefits of female medical education.

Gradually and steadily the Indian women stepped out of their periphery into the missionary circle and accepted the opportunities of the medical profession.

In comparison with data in 1925, out of 75 girls who passed the matric examination of the Panjab University, 11 joined the Sub-Assistant Surgeon class at Ludhiana Mission Hospital as in 1926, 19 out of 92 candidates took on for the same training.\textsuperscript{64} Although the number of students was relatively small yet it showed an upward mobility from the point of view of the missionary effort which gave them satisfaction for the work they were doing. By 1933, the following students had acquired the respective certificates.\textsuperscript{65}

<table>
<thead>
<tr>
<th>Medical</th>
<th>265</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compounder</td>
<td>136</td>
</tr>
<tr>
<td>Nurses</td>
<td>174</td>
</tr>
<tr>
<td>Nurse dais</td>
<td>418</td>
</tr>
<tr>
<td>Midwives</td>
<td>206</td>
</tr>
<tr>
<td>Indigenous dais</td>
<td>82</td>
</tr>
</tbody>
</table>

Besides the work of education among medical students, training of nurses was an important adjunct of medical work. Founded by Sister Kitty Greenfield in 1899 in the Charlotte Hospital it was the epitome of Medical Mission.\textsuperscript{66} The nurses as 'selfless servants' were motivated by the highest degree of humanitarian and spiritual concerns. It started as a three year course at the end of which the nurse received a certificate as a

\textsuperscript{64} Annual Statements of Dispensaries and Charitable Institutions of the Punjab for 1926, p.11.  
\textsuperscript{65} North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1934-35, p.22.  
\textsuperscript{66} Charles Reynold, The Holy Tree. (Secunderabad : Om Books,2004, p. 69)
trained nurse and a government certificate for Midwifery if that course had been taken. The course included teaching of Elementary Anatomy and Physiology to minor surgery and administration of Anesthetics. Along with this practical nursing and a three month practical training in the out-patient department of the dispensary was required. In 1894, in the first staff of four included sister Jessie Grant, the 'pioneer' in the College of Nursing, followed by her sister Lillian Carlton, who established a pattern of community health service before that concept had yet evolved. "Ideals" kept were high but they rather "suffer disappointments than lower the standards". In 1903, five nurses had left the hospital, out of them, three were fully trained and two were dismissed who were unfit for training. Visible numbers for nurse training were seen in the year that followed.

Nurses:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final year</td>
<td>18</td>
</tr>
<tr>
<td>Third year</td>
<td>9</td>
</tr>
<tr>
<td>Second year</td>
<td>9</td>
</tr>
<tr>
<td>First year</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
</tr>
</tbody>
</table>

All of them were Christians. It was an important development that had been seen in the Hospitals in recent years.

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67 Details were provided in the respective prospectus of each year.
68 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st 1909, p.50
69 Charles Reynolds, The Holy Tree, p.72
70 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1909, p.29
71 Ibid, p.41.
With the expansion of the School, the laborious efforts of Dr. Brown were well known in the community and even the government circle. Encouraging reports came from the 'distinguished' Nurses School of those who had passed out. A Government Hospital had four of the nurses from the Ludhiana Hospital and asked for two more, the superintendent saying, "We like the Ludhiana nurses better than others."  

From the point of view of the native Christian women, the missionaries offered satisfaction of a profession worth sacrificing. The story of Nurse Sundri became an illustration of how widespread the influence of the “Ludhiana Girls” was.

Forty years ago little six year old Sundri, child of a high-caste Hindu parents was to be married to the Gods............Sundri was terrified, then she remembered when she had been ill, she was sent to a dispensary where a medical missionary had cared for her and made her well. She ran to the dispensary from where she was sent to school and later came to Ludhiana to train as a nurse. At the end of her training she was sent as a missionary nurse to Arabia......... 

72 *North India School of Medicine for Christian Women, Report for the Year Ending Oct 31s of1933-34*, p.21.
73 *India’s Talk* by Dame Edith Brown, pp. 12-13.
INDIA

Map showing that graduates from the WOMEN'S CHRISTIAN MEDICAL COLLEGE, LUDHIANA, are at work throughout all INDIA, healing the sick, and preaching the gospel.

H.S. - Circumstances prevent bringing this map right up to date. At least another 10 places should be indicated.
Such a record was a "proof" of how the Indian women were being moulded by the missionaries into highly efficient professionals. By the eve of World War-II, mission hospitals provided the bulk of training for nurses throughout India and the small Christian Community supplied the overwhelming majority of 90 percent of all trained nurses.  

In addition to this, numbers of students came from out of Ludhiana. The map, on the previous page, shows that graduates from the Women's Christian Medical College, Ludhiana, are at work throughout India, "helping the sick, and preaching the gospel". This was the only one school in India where girls were taught by members of their own sex. Some of the girls came from as far as the Madras Presidency, and went back to work in mission hospitals in that part of India. As these numbers, seeking admission became larger, the missionary societies opened a similar Institution in Vellore on the pattern of the Ludhiana School in 1918. The history of Ludhiana and Vellore showed similar results.

**Intervention of the Government**

The Medical School at Ludhiana caught the attention of the Government in 1899, when the Inspector General of Civil Hospitals, Punjab, visited the school and gave a favourable report. Later, upon the report, the Lt. Governor sanctioned the admission of those students who wished for a Government

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74 Rosemary Fitzgerald, "Rescue and Redemption" - the Rise of Female Medical Missions in Colonial Indian during the late Nineteenth and Early Twentieth Centuries", in A.M. Raftery, J. Robinson, and R. Elkan (eds). Nursing History and the Politics of Welfare (London:Routledge, 1996. p.76)

qualification to the examinations given by the Lahore Medical College for Hospital assistants.76 The government recognized the training of the school as "being thoroughly efficient".

Thereafter, the Punjab Government was highly considerate about the financial aid the Hospital needed. Besides the yearly grant of Rs. 2,500 they gave grants for teaching apparatus and towards building expenses.77 Yearly reports were sent to the Inspector-General of civil hospitals for the grant to be re-sanctioned. There can be no doubt that religious neutrality was one of the main concerns of the policies of the British Government. Although as discussed in Chapter 2, the government remained far from neutral in the early stages of the mission settlement by taking active participation in the mission conferences. However, to give impetus to the acceptance of medical work, the government wanted the missionaries to have a flexible attitude towards the entry to students. They asked the hospital to open its doors to Hindu and Mohammedan girls to study medicine.78

"But it appears to me very desirable in the public interests that with a view of increasing the number of students under training, it should be thrown open to women irrespective of religious qualifications. If this could be arranged the institution would go a long way to meet provincial requirements", was said by Col. Bate, Inspector General of Civil Hospitals in his correspondence with Dr. Brown. 79 Whereas, Dr. Brown saw the

78 The Journal of the A.M.W.I, Feb. 1912, p. 27.
79 Proceedings, Home Department, Medical & Sanitary, April 1915.
proposal as a means of 'deviating and redefining influence of the Christian home and hospital on the non-Christian students.' In 1912, the necessary action was taken and the Ludhiana School was approved with a new title 'Punjab Medical School for Women which is incorporated with the Women's Christian Medical College.' What the Punjab government did was make it clear publicly that it concerned them as long as the institution remained the 'Punjab Medical School for Women', while its missionary and philanthropic supporters saw it mainly as the 'Women's Christian Medical College.'

The matter did not end here, for the missionaries the name did invoke a great deal of queries. They wanted to know that by accepting the Government grant-in-aid did they place themselves under any influence to refrain the Christian influence over the Christian students and patients? Furthermore, they added that by adding the word "Punjab" would they be taken as a Government institution. For the former inquiry, the government did not see any reason as to why the Christian students should not be bought under Christian influence and patients who came to their own free will and for their own benefit. But the government was somehow reluctant to the mission cause towards non-Christian students. They gave careful consideration to the fact that interference with religious beliefs in the hospital would bring out resistance rather than acceptance especially towards medical work. The Government asked the school not to enforce compulsory attendance of non Christian students at

80 Charles Reynolds, Punjab Pioneer, pp. 138-139.
81 Proceedings, Home Department, Medical & Sanitary, Nov. 1915.
82 Ibid.
religious services. It was further stated that the 'religious convictions' of all students would be scrupulously respected.

The Government, therefore, kept reiterating the need of admission of non-Christian girls in its inspection reports. A competent authority like the appointment of Dr. M.I. Balfour as the Personal Assistant to the Inspector- General of Civil Hospitals, Punjab, inspected the female institutions and pronounced the 'secular' standpoint of the Government.

In all instances, therefore, the Government tried to remove the religious disparity of the students. It was repeated to make it possible for the non-Christian to take their medical studies. The Government gave scholarships of Rs. 20 per month, each non-Christian students was awarded annually for the Sub-Assistant Surgeon class. The term of the scholarship was for five years. There were four scholarships for students of any religion. All those awarded were required to serve the Government for five years. Beside the Government, Countess of Dufferin Fund Committee, too offered scholarships. In comparison to the Government scholarships, the college Mission Scholarship valued at Rs. 20 per month was not given to the Christian students. These Christian students promised to work in some medical mission for five years, many even worked much longer and gave life service.

83 Proceedings, Home Department, Medical & Sanitary, April 1915.
84 Ibid.
85 Proceedings, Home Department, Medical & Sanitary, Nov. 1915.
86 Women's Christian Medical College with which is incorporated the Punjab Medical School for Women, Ludhiana, Punjab, India, dt. 29th August 1937 Correspondence.
In March 1916, the Annual Inspection of the Punjab Medical School for Women, Ludhiana, gave a grim picture of the hospital. The Inspection team found the institution hampered by the lack of an adequate staff, 'that was kept on purely sectarian base with colonial qualifications and without any experience of English traditions in medical matters.'

The organisational structure of the operating theatre, arrangements for dressing etc. and the dispensary were found to be excellent but regarding midwifery, Dr. Balfour observed little work done in connection with the Hospital.

Dr. Brown became defensive and countered the clause of the Inspection report. As for the staff, she remarked, 'Ladies with Colonial degrees on the staff when government asked us to undertake the training of the non-Christians and this request should not have been made if colonial degrees were objected to.' Where the midwifery rules were concerned they 'were drawn according to the doctor under whom the girls were getting trained and we cannot ask them to change these for us.' Dr. Brown was adamant about the contribution made by the college in terms of supplying workers for the non-mission hospitals. Out of 39 students who passed, 9 were giving services to such hospitals.

However, the Lt. Governor recognized the 'much excellent' work done by the school but the missionaries had failed to provide facilities for the training of the women on 'non-sectarian

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88 Ibid.
90 Ibid.
terms.' In other words, the Government asserted that the college remove its restrictions and broaden its scope of medicine for further grants, whatsoever. Dr. Brown responded to the demands and as a result the member of non-Christian students figured in the annual reports of the Hospital. The attendance in 1916-17 showed 39 non-Christian students out of the total strength of 143. The income of the college revealed that the grants from the missionaries was Rs. 19,632 and from the Punjab Government was Rs. 18,000.

The urgent requirement of the hospital was the expansion of its premises, the only remedy for the overcrowding of the hospital. The land considered for the purpose was an area of an inner jail garden that happened to be a government land. Dr. Brown suggested 'to lease the land for 30 years which would be further extended to another 30 years.' As far as the college moved on the 'sectarian lines', the government took heed to the hospital demands. In 1917, the lease of the jail garden was signed.

Another important development that came from the Government was the formation of the Punjab State Medical Faculty. Since the Lahore Medical School and the Ludhiana School did not fall in the schedule of the Indian Medical Degrees Act, 1916, they were precluded from granting any diploma, degree, or licensor. Hence, this faculty would conduct examinations and grant diplomas and licenses to the trained students. The faculty would grant a diploma of membership and

91 Proceedings, Home Department, Medical & Sanitary, March 1916.
92 Proceedings, Home Department, Medical & Sanitary, May 1918.
93 Proceedings, Home Department, Medical & Sanitary, November 1915.
license, the former corresponding to the L.M.S. diploma and the latter to the M.P.L. certificate. It was assumed that these qualifications when given, would be recognised for registration by the Punjab Medical Council and that the diploma and license should have the same weight of Government authority. The faculty would consist of a President, a Vice-President 10 members and a Secretary.94

The arrangement went well till the college would get its affiliation. Till 1947, the colonial government promoted the venture of the medical missions. There are instances when attention was drawn towards the medical missionaries by the Government to attend courses form the Government Institutes. Ms. Maya Das, of the North India School of Medicine, in 1910, was sent to Kasauli C.R.I. (Central Research Institute) to undergo a course in clinical bacteriology and technique.95 She later became the Bacteriologist in the Ludhiana hospital.96 The specialisation that could not be availed otherwise, was introduced by the state government to the missionary hospitals. By doing so it became clear that the government depended largely on the missionaries because it had to cope with the growing demands in the area of female medical help. And as a result the British Government kept the *zenana* hospital abreast of all the major developments taking place in field of western medicine.

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94 Proceedings. Home Department, Medical & Sanitary, March 1917.
95 Proceedings. Home Department, Medical & Sanitary, July 1910.
Tackling Tuberculosis: 'Disease of the Zenanas'

A large number of women were found suffering from cholera, malarial fevers, syphilis, tubercular diseases etc. and as a part of the hospital work, visits by doctors to homes were introduced. Major focus of the hospital was on tuberculosis. A number of factors were responsible for the spread of the disease. Punjab diet was considered one of the best in India hence its quality was not responsible for the prevalence of the disease, but its deficient quantity in too many homes was too evident. The women again probably suffered more of this deficiency than the men of the household. Secondly, the evil effects of the purdah system were very much accentuated by tuberculosis invasion of the home. The earlier seclusion of the Mohammedan girl showed its effect in the earlier rise of her tuberculosis death ratio, to 44.66 in 10-14 years age group as against her Hindu sister's to 18.81.97

It all came down to the fact that there could be no tuberculosis without a source of infection. Infection, by no means, was alien in Ludhiana, for less than 60% of the girls over 12 years of age in the government schools had positive tuberculin (Mantoux) test.

Protecting the expectant and nursing women against tuberculosis in the zenanas was the main concern. In addition to general propaganda and clinic work pre-natal clinics with good tuberculosis diagnostic facilities was to be made available for preventive work. Beside the clinic, the health visitors in the

home, were already doing good work in the nursing care of the patient. Emphasis was made on the general nursing schools and 'dais' courses to educate their clientèle about the disease. It was observed that the *zenana* looms as the gravest source of infection especially as the tuberculosis-ridden area. To fight the disease, the cooperation of the women in the home was absolutely necessary.

Steps towards this direction came with the appointment of Dr. Rose A. Riste as the Director, Tuberculosis and X-Ray Departments at Women's Christian Medical College. In 1927, she received a letter from Dr. Brown requesting that she come to Ludhiana and oversee a tuberculosis programme at the Hospital. “Will you come and start tuberculosis work in our college? It is so very prevalent here, especially among the women. Some of our own students have been infected. Our doctors and nurses must know more about”, wrote Edith Brown.\(^98\) Although an X-ray department had earlier been started by Dr. Alice Condict in 1905, the advanced X-ray technology to diagnose tuberculosis was not being used.\(^99\) Dr. Riste raised money in America to purchase the X-ray equipment and finally in 1931, she started off to Ludhiana. On meeting Dr. Brown, Dr. Riste found her professional relationship with her at ease, ‘Through all the tuberculosis work my boss was a wise adviser, never dictating. She made me feel the responsibility as a director by always with her my side.’\(^100\) Riste started teaching classes on tuberculosis and practising X-ray technology in the Hospital. The

\(^{99}\) *North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of* 1909, p. 25.
main goal of her work was to start with the 'first unit of preventive medicine.' Looking back from 1930-38, Riste reported 1,2214 deaths in Punjab, due to pulmonary tuberculosis, which came to an annual average of 212 deaths. 34% of all TB deaths occurred between the ages of 15-24, of these 73.5 were women and only 26.5 were men.101

Death ratios by age and sex in Mohammedan and Hindu communities (per 100,000 of the general sex and community)102

<table>
<thead>
<tr>
<th>Age</th>
<th>Mohammedan Male</th>
<th>Female</th>
<th>Hindu Male</th>
<th>Female</th>
<th>Total Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>0-4</td>
<td>11.0</td>
<td>12.48</td>
<td>9.23</td>
<td>11.97</td>
<td>10.11</td>
<td>12.23</td>
</tr>
<tr>
<td>10-14</td>
<td>6.88</td>
<td>44.46</td>
<td>12.70</td>
<td>18.81</td>
<td>9.76</td>
<td>31.64</td>
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<tr>
<td>15-19</td>
<td>14.45</td>
<td>72.54</td>
<td>17.31</td>
<td>64.98</td>
<td>15.88</td>
<td>68.76</td>
</tr>
<tr>
<td>20-24</td>
<td>26.59</td>
<td>82.68</td>
<td>23.08</td>
<td>85.50</td>
<td>24.84</td>
<td>84.09</td>
</tr>
<tr>
<td>25-29</td>
<td>17.92</td>
<td>57.72</td>
<td>6.92</td>
<td>67.17</td>
<td>12.27</td>
<td>68.25</td>
</tr>
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<td>30-39</td>
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<td>66.38</td>
<td>26.54</td>
<td>70.11</td>
<td>28.27</td>
<td>68.25</td>
</tr>
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<td>40-49</td>
<td>23.7</td>
<td>39.05</td>
<td>12.7</td>
<td>39.33</td>
<td>18.2</td>
<td>39.19</td>
</tr>
<tr>
<td>50-59</td>
<td>18.5</td>
<td>14.6</td>
<td>3.46</td>
<td>20.52</td>
<td>10.98</td>
<td>17.29</td>
</tr>
<tr>
<td>60 up</td>
<td>19.17</td>
<td>12.19</td>
<td>8.08</td>
<td>10.26</td>
<td>13.63</td>
<td>11.38</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>172-83</strong></td>
<td><strong>410.44</strong></td>
<td><strong>124.64</strong></td>
<td><strong>397.20</strong></td>
<td><strong>148.73</strong></td>
<td><strong>403.82</strong></td>
</tr>
</tbody>
</table>

102 Ibid., p.39.
The Municipal Committee sent reports of tuberculosis from each house of the city that was visited by the doctor and the health visitor. So large was the number that a house was rented which had a large garden adjoining the hospital. This was called the Garden sanitorium. In 1935, there were around 881 families listed in the dispensary and 252 tuberculosis patients in either the hospital or in the sanitarium. The idea was not so much to treat the patients but to keep them perhaps for three-four months and to teach them how to take care of themselves and to protect their households from infections. This sanitorium was an example of the treatment and to teach the patients how to take care of themselves and to protect their households from infections.

Besides visitations at various homes, the hospital adopted different methods to find patients. The health officer sent a monthly list of those who had died of tuberculosis during the month with their addresses. This proved beneficial as several early cases had been found among the contacts. Many patients were refused by friends, relatives, neighbours, and other doctors. Word was put by patients who came to the clinic and to the hospital for treatment.

105 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1933-34, p. 33.
T.B. became a concern as to the health of the students for the hospital authorities. In tuberculosis ward full precaution was taken by nurses treating upon the affected patients. Gowns and lotions to avoid infections were used. It was seen that the 'other' patients were not in the same ward as the patients suffering from tuberculosis. Many patients themselves preferred private rooms. In the stay of the patients in the hospital was 43 days as compared to a general stay of 18-35 days, hence the expenses of the hospital rose. Voluntary efforts had earlier come from back home in England and from local patients too. The Arthington Fund Trustees promised £ 200 for three years which was allocated to the X-ray and tuberculosis work. Further help came from Lady Irwin, wife of the Viceroy, a gift of Rupees 4,500 which she had marked as "for your tuberculosis scheme". Suggestions were made to give lectures to the neighborhood groups and to the girls of the Municipal Schools. In 1936, three T.B. clinics had been held, one daily at the Memorial Hospital and two others once a week in the city.

Introduction of various methods were adopted to bring awareness. Yet, it was felt that there was general lack of consciousness of the infectiousness of the disease.

106 Ibid., p.34.
108 North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1933-34, p. 34.
Yet another “constructive” programme was to improve the child birth methods, as mentioned in Chapter 6. The limitations of its progress was repeatedly reported. Despite these failures, the most notable fact was that the urban population was beginning to appreciate the improved methods of the dais.

**Towards 1947**

Just before the decision of the Congress to launch the ‘civil disobedience’ the Executive of the National Christian Council of India, met in 1942 and showed its concern over the existing deadlock and misunderstanding towards the Christian missions. They urged the congress to take no action which would endanger a solution of goodwill and trust and to the government to make a fresh approach to the problem of securing India’s complete freedom.110 The enthusiasm of the Christian mission was exerted with the prominence of nationalism.

The missionaries were eager to storm the boundaries of the colonial power to set themselves away from the imperial setting. Their thoughts were loud in the 15th Medical Missionary Conference, “The present British Government may conceivably weather the storm and India for the Empire.........once this nationalist issue is settled, one way or the other, Christianity will

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be free from the handicap of being identified with the ruling power which is at the moment hated in India."  

For the missionaries, the present circumstances was to free of the 'imperialist tag' that had been with them since the beginning. As early as 1879, Rev. G.A. Lefroy had moaned, 'I believe that our position as the ruling power puts a dead weight on the missionary enterprise which nothing but the direct grace of God can possibly enable us to fit.'  And now when the freedom movement was stronger than ever, the missionary commitment came a lot stronger.

Back in 1938, when the Christian Medical Council for overseas work was born, it redefined its principalities and powers of Christian professionalism. The purpose of the Council was declared to discover the distinctive contribution of the Christian medical enterprise and to ensure the effectiveness of that contribution by upholding the professional and spiritual standards of the ministry of health and healing overseas.

But while some saw progress of missionary health movement, others questioned the mere existence of the medical missions within the Church. The debate reflected many dissenting voices 'Why not let Christians as individuals permeate the public medical services in other lands and leave it at that? Is

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111 Ibid.
113 The CMC for overseas work, Report for the 5th fiscal year June 1, 1942.
it really necessary for the Church to support medical work under its own auspices? To this, it was concluded that without healing hence evangelism would be partial, misleading and ineffective.\textsuperscript{114}

It was believed that Christ made no hard and fast line of separation between sickness of the body and of the soul therefore the “freedom years were taken more of a challenge for reviving the three-fold ministry of teaching, preaching and healing.” \textsuperscript{115}

Besides the uncertainty of the missionary status, the post war years placed financial strain on the Church. Due to the war, a serious retreat was seen in the medical mission work. The ratio showed one hospital bed to every 3500 of the population, one trained nurse to 55,570 people and one doctor to 10,000 people. The cause seemed the soaring prices because of which the staff became depleted and no passages were available for reinforcements.\textsuperscript{116} In Punjab, the Zenana Medical Missionary Society had only four missionaries.\textsuperscript{117} Whereas at the Ludhiana Hospital, the staff problem too remained acute. The number of students did not vary much - 132 students out of whom 58 were Christians and 74 non-Christians \textsuperscript{118} but the expenses bore heavily on the hospital.

\textsuperscript{115} Ibid.
\textsuperscript{117} The Zenana Vol. 53, No. 531. Autumn 1946. pp. 4-6.
\textsuperscript{118} North India School of Medicine for Christian Women, Report for the Year Ending Oct. 31st of 1945-1946., p.7.
Dr. Edith Brown, Principal, WCM College, 1894-1941

Dr. Aileen Pollock, Principal, WCM College, 1942-1948

Source: Archives, Christian Medical College, Ludhiana.
The last decade before independence witnessed a number of administrative changes in the Hospital. Dr. Brown retired in 1941 and Dr. Aileen Pollock was named the Principal of the Women's Christian Medical College, Ludhiana. Dr. Edith Brown became the Principal Emeritus and was given the duties of Honorary treasurer together with a lifetime membership of the governing body. She settled in Kashmir thereafter. During the early years of 1940's, due to the War, a number of problems surfaced. The Governing Body of the hospital had to stop admission of students to the M.B.B.S. course to the Lahore University. Instead it introduced Licentiate in Medicine and Surgery for five years.\textsuperscript{119} To cease the financial strain, the Punjab Government in lieu of the obligation of the College as the Provincial School of Medicine for Women, gave immediate grants to the college. Rs. 10,000 towards the deficit and per capita grant for each Punjabi student of Rs. 1,000 along with further financial assurance was given.\textsuperscript{120} Like most of the missionary entrepreneurs, Dr. Pollock too had anxieties over the indecisiveness of the status of the missionary movement and showed concern to bring the medical mission work into the mainstream. She emphasised the need for sufficient staff for the Ludhiana and Vellore Hospitals that would give a "real contribution in Christian living - which should explicit both in Christian teaching and preaching 24 hours a day."\textsuperscript{121}

\textsuperscript{119} Charles Reynold. \textit{Punjab Pioneer}, p. 175.
\textsuperscript{120} Ibid.
In order to combat the new awakening the missionaries made close contacts with the Indians to do away any feelings of alienation. It was true, what started as a movement just for Christians, now spread over a wide area of the country.\textsuperscript{122} Furthermore, the missionaries were keen of involvement of the central and provincial governments in the future of medical and community health programme.\textsuperscript{123}

The vital force of the missionaries that responded to the immediate needs of the people was evident in the Partition days. The idea of mobilising resources for these interventions gave definite impetus to their work.

Church World Service (CWS) had been created in 1944 through the Union of several post-war Protestant relief agencies. The National Christian Committee took help from the CWS for Relief and Famine Work in India in 1947.\textsuperscript{124} The Central Relief Committee of the N.C.C. handled all Christian relief work on both sides of the border and set up an adhoc body for the Punjab Relief Work in America and it's equivalent in London.\textsuperscript{125} It was because of their "Christianity" in this communal and political sense that they were "neutrals" and hence able to go across the border and work for the minority community, where their own people dare not come out of fear. Yet arrangements were being

\textsuperscript{122} Conference of Missionary societies in Great Britain and Ireland, 11th Feb, 1944, Edinburgh House, London.
\textsuperscript{123} The 5th Conference on Medical Missions, June 14-19, 1945, Riverdale N.Y. - Symposium on Post War Medical Planning, pp. 16-17.
\textsuperscript{124} Report of the Central Relief Committee of the National Christian Committee, E.D. Lucas, Director 1947.
made to send them with adequate supplies for the relief work for the refugees. Some of the medical missions could not withstand the 'strenuous' days and had to close down their work. The Mohammedan Zenanas of Ferozepore where Ms. Maitland preached were no more.\textsuperscript{126} Many medical mission which were in Punjab had gone to Londour and Mussoorie.\textsuperscript{127}

The Ludhiana Hospital too was emptied except those patients who were "too ill to move". It was more than certain that the partition would have very definite repercussions on the status of the Punjab Medical School for Women. The paucity of women staff was noted in the report. "...............we still have obligations to the students already in training to see them through their course to do so most urgently, need more doctors on the staff."\textsuperscript{128} The closing of colleges and postponement of university examinations affected the admissions and the new class. With all the implications and uncertainties of the political situation, the Governing Body felt unable to make any definite decision regarding the future policy of the Institution and decided to extend admissions of the LMS course for one year.\textsuperscript{129}

The days that followed the late summer of 1947 persevered the mission work. There were five mission hospitals in the East Punjab area, strategically situated in the path of the great

\textsuperscript{126} The Zenana, Vol. 54, No. 536, Women's work in Christmas. 1946, p. 46
\textsuperscript{127} Correspondence to Rev. F.F. Robinson, acting Indian Secy., Z.B.M.M. London from Assistant to Mr. Dixon.
\textsuperscript{129} Ibid.
migration of exchange of “displaced persons”. These hospitals were the Philadelphia Hospital, Ambala, Dr. Gibbons in charge, the Women’s Medical College and Hospital, Ludhiana, Dr. Pollock in charge, the Frances Newton Hospital, Ferozepur, Dr. Ferris in-charge, the St. Catherine’s Hospital, Amritsar, Dr. Snow in charge and the Salvation Army Hospital at Dhariwal. Because of the difficulty of communication and transport, a meeting with Dr. Pollock and Mr. Leeder of Ludhiana was arranged at the N.C.C. Relief Headquarters at Delhi. It was felt that closer coordination of work in East Punjab with the Executive Committee in Delhi was necessary. Dr. Pollock was appointed Chairman of the Christian Medical Relief for the Punjab. Along with her, Mr. Leeder was made the Treasurer for relief funds. Similarly in West Punjab, the Christian Committee for Relief worked as an autonomous branch of the N.C.C. Relief work.

Descriptions of the relief work abounded the reports of the mission Hospital in East Punjab. In Ludhiana at the request of the Civil surgeon, staff from the Memorial Hospital went to the assistance of the civil hospital staff who were struggling to deal with the ever-increasing casualties. The situation became more dreary when the Hospital medical relief team was sent to the Civil hospital. Dr. Pollock along with Sister Livingstone rendered help here. While the number in casualty ward diminished, the


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numbers of the general hospital increased by leaps and bounds especially in the maternity block, where there had been as many as seven deliveries in one night. Health visitors from the hospital also visited and delivered cases in the Hindu and Sikh refugee camps at Ludhiana. Work back at the Women’s Christian Medical College became more general than ‘women only’. “The wards were converted ‘general’ or ‘men’s wards’ whereas in some men and women were put side by side, the patients unconcerned despite of their background of purdah. “We found we had admitted 84 and given first aid to about 150; of the 84, many required immediate operation and the 2nd team had been in the theatre all morning.”

Even as there was an array of narratives of the sufferings, there were references of acknowledgment from the government authorities. “Lady Mountbatten came to Ludhiana to see the work done there amongst refugees ... Two days later Lady Trivedi, the Provincial Governor’s wife, descended on us and also went around the hospital.” Further it stated, “Our work is greatly appreciated by the Muslims and the Government of India is full of gratitude for the help we have given them this far.”

Along with Ludhiana, missionaries cited other cities representing relief work. The worst flood in fifty years swept

133 Extract from letter from Leonore Cooke, Women’s Christian Medical College, Ludhiana, East Punjab, India, dt. 25. 11. 1947.
134 Ibid.
down the Satluj river end of September through the city of Ferczepur. In addition to the alleviation of suffering caused by floods, the Frances Newton Hospital like other mission hospitals had been swamped with refugees.\textsuperscript{136}

Refugee camps were already established in the Philadelphia Hospital, Ambala. Missionaries from various centres gave help. Mr. C. Forman from Saharanpur took charge of the sanitation in the camp along with Mr. Roxberough of the New Zealand Mission from Jagadhri. Mr. Asel headed the team of school teachers.\textsuperscript{137}

St. Catherine's Hospital, Amritsar, became a place of refuge for Muslims for a short time. This hospital like the others had much work, mobile and otherwise. While details of their work were not available it was known that conditions among the refugee camps and column here was worse than anywhere else. Other doctors and nurses had gone to Amritsar mostly by air to help out Dr. Snow and her staff.\textsuperscript{138}

N.C.C. workers working at or sent out through constitution House, New Delhi, September 17\textsuperscript{th} - Nov. 9\textsuperscript{th} 1947.

\textsuperscript{136} Report of N.C.C. Relief Committee, 18, Nov. 1947.
\textsuperscript{137} Ibid
\textsuperscript{138} Ibid


Table 8.2

<table>
<thead>
<tr>
<th>Administrators</th>
<th>Doctors</th>
<th>Nurses</th>
<th>Social Workers</th>
<th>Others</th>
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<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>7</td>
<td>14</td>
<td>9</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>Total: 7</td>
<td>23</td>
<td>55</td>
<td>13</td>
<td>6</td>
</tr>
</tbody>
</table>

Total workers= 104 out of which Indian workers = 66, and Non-Indian = 38. The service presented above covered the emergency medical relief work done for evacuees and refugees in the hospital centres and by mobile units in and from the East Punjab and Delhi.139

It came as no surprise when for the Church in India witnessed the period as the greatest challenge and opportunity in its history - a call to selfless service for others, regardless of caste creed or community.

In 1948, Dr. Aileen Pollock passed away on 24 March due to "increased strain". She became a true epitome of 'sacrifice' in terms of mission work. Dr. Pollock was a courageous leader and

139 Ibid
through all manner of difficulties never shirked responsibility and the Governing Body wanted an equally responsible successor to keep the Ludhiana vision alive.\textsuperscript{140} Dr. Eileen B. Snow, a member of the Church of England Zenana Missionary Society then in charge of St. Catherine's Hospital at Amritsar, was selected for the task.

At this time it seemed impossible that Ludhiana could continue as a Medical School but at the meeting of the CMA of India, Burma, Ceylon in September, 1949, the Board asked the Governing Body to reconsider the matter and offered help.\textsuperscript{141} In view of this, the Governing Body of this Institution met again and decided to carry on, admitting students for the L.S.M.F. course. In the Autumn of 1948, 46 students were admitted of whom 19 were Christians, of these 29 had passed the F .Sc. (Medical) and 17 were matriculates.\textsuperscript{142} The Central and Punjab Government promised a grant of Rs twelve and a half lakh of rupees, each over a period of years for the upgrading of Ludhiana for the M.B.B.S. course. By 1950, the Vellore Medical College had already opened its MBBS classes and the Christian Community in the North was convinced that a Christian College so far cannot serve the needs of the medical education of North Indian students. In the same year, the Government of India made a grant of $538,000 be paid over a period of ten years,

\begin{thebibliography}{9}
\bibitem{140} Francesca French, \textit{Miss Brown's Hospital}, p.101.
\bibitem{142} Ibid, p. 27.
\end{thebibliography}
provided the college would raise an equivalent sum.\textsuperscript{143} And finally in 1953, not only was the M.B.B.S course begun but with it began the admission of men students. For the upgradation of the hospital the staff was grateful to Raj Kumari Amrit Kaur who played a large part, for she persuaded 'the Central and the Punjab Governments to co-operate with us financially.' \textsuperscript{144} The hospital was quick to expand further. In 1954, on the 90\textsuperscript{th} birthday of Dr. Brown a new 500 bed hospital was proposed, the foundation stone of which was laid by Raj Kumari Amrit Kaur.\textsuperscript{145}

By now the function of the college became clear—it was not to demand a hospital for its own people, but so to exert its Christian influence that it will force government authorities to have better hospitals and a better standard of medical treatment.\textsuperscript{146}

CONCLUSION

In historicising the Christian Medical College a number of observations are drawn. Firstly, the field of service covered by the North India School of Medicine for Women was large, if not the largest, but proved effective in terms of success the hospital got in the years to come. Undoubtedly, the work of Dr. Brown and her staff represented a movement of western medical care

\begin{footnotesize}
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\item[\textsuperscript{143}] Christian Medical College, Pamphlet, Ludhiana N.Y., USA, nd.
\item[\textsuperscript{145}] Ibid
\item[\textsuperscript{146}] CMA of India correspondence, By Dr. E.W. Wilder, 1947-59, to be published in CMAI, Is there Medical Mission Policy? Dr. R.G. Cochrane, Rev. Lincoln Watta.
\end{itemize}
\end{footnotesize}
into the houses of India. Dr. Edith Brown had to toil hard to gain recognition for her work. Secondly, all depended finally on a 'mutual' understanding of the foreign doctor and the indigenous patient.

As indicators of receptivity to western medicine, the statistics of attendance at the hospital showed an upward trend. Although the same could not be said about the number of conversions, for the missionaries had to settle with the fact that the graph of the patients and converts could not rise side by side. The indigenous women availed the services of the hospital because of the professionalism of the institution and not the religious aspect. Dr. Brown was quick to notice that if the confidence of the local women had to be won, it had to be adapted according to the needs of the recipients. The medicine offered at the hospital had to be accommodated with indigenous concerns of caste and gender. This, in return, helped the image of the doctors and staff of the hospital as being sensitive towards indigenous matters.

What sustained the work at the hospital was its continuity in the medical treatment and education despite the fact that there were times when paucity of funds caused a serious problem for the hospital. At such situations, the government felt it was obliged to support medical facilities for the women. There were instances when there was governmental reluctance to provide financial support to the institution yet a “compromise” from the missionaries eased the situation for the State to take initiative.
Admissions 1953

Raj Kumari Amrit Kaur with Dr. Snow

Source: Archives, Christian Medical College, Ludhiana.
The success of the hospital in the early years of independence largely depended on the Government’s assistance and the popularity of the hospital solely depended upon the efficacy of the hospital workers. Recognition came when missionary attempts lessened the gap between the reality and the rhetoric of medical growth in India.