MISSION TO HEAL: WOMEN IN THE CHURCH

‘Go preach, teach and heal so will come victory in the fight for health.’

While studying the work of missionary women one needs to extend the dimensions of the missionary project in contexts with their rise in the mission boards and their activities in reference with British colonialism. This chapter traces the entry of missionaries in general and the need for women in the mission societies. Their mere presence gave a new dimension to the missionary project. The women within the mission boards promoted conversion, education and medical facilities in western forms.

It did not take much time for the missionaries to realize the importance of medicine and education, which soon formed an inevitable part of the new process of evangelization. As physicians they came to acquire power and status within and outside the periphery of mission work. Ironically, the recognition of their work was made not in their own home lands but in the foreign lands where they worked. My focus shall remain largely on the women missionary doctors who while working within the pre-existing mission framework searched their own identity in the ‘heathen’ lands. While doing so, she influenced the lives of the indigenous women with whom they came in contact with.

\[1\] Reverend Herbert Anderson, *The Fight for Health in India* (London: BMS Auxiliary, n.d.)
The setting for western missionary operations in India was perceived as an intrinsic part of western colonialism. The motive of the latter varied from time to time giving credit to the unity in its fundamental aspect such as political dominance of West over India. And the one main feature which gave unity to this period was the attempt made during the time by western countries to Christianize India.²

The period of colonialism and Western missionary movement coincided. And somehow it's difficult to ignore the close alliance between the nature of relationship between the both. The Christian missionaries time and again stated their aim of work as purely evangelistic. For them, Christianity was the surest foundation to strengthen the stability of the empire.

**Establishment, Enlargement and Encouragement**

After the Charter Act of 1813 lifted the ban on the missionary entry in India, an ecclesiastical establishment in India was founded. 'First the missionary, then comes the Resident, lastly comes the Regiment'³ The aphorism conveyed in many instances and in many areas while assuming the relationship between evangelization and colonialism. Punjab proved no different. No sooner had the British officials in Púnjab showed vocal consent for the coming of Christian missionaries, various missionary societies began to proliferate. The most striking feature was its diversity. Not only were there denominations from different countries from the West, a variety

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of approaches to missions coexisted at the same point. Missions that arrived at the beginning during the mid-years of the nineteenth century differed from the missions at the turn of the twentieth century. Well until the later years of the nineteenth century the missions remained male dominated whereas the later period saw women as an indispensable part of the missionary movement, posing new dimensions to the question of gender in the Church.  

Britain already had witnessed the founding of a number of Mission Societies by now, the Baptist Missionary Society in 1792, the London Missionary Society in 1795 and the Church Missionary Society in 1799. The earliest missions were the Baptist and Propagation Societies, who had been laboring for many years, the former from 1818 and the latter from 1854 in the city of Delhi, that had become a part of Punjab. The Propagation Society at the time of the mutiny was still in its infancy but had shown such satisfactory progress, that the Bishop of Madras who went to Punjab at the beginning of 1857, said that it is “among the most hopeful and promising of our Indian mission-fields.” However, the credit for the missionary work in Punjab goes to the Presbyterians. Ludhiana was chosen as the centre of their work in 1834, initiated by Rev. John Lowrie. The American Presbyterian Society occupied with a great variety of Christian labour. In addition to the extensive

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4 Rev. M.A Sherring .. The History of Protestant Missions in India, From their commencement in 1706-1871 (London: Trubner & Co., 1875.)  
6 Ibid, p. 215  
7 Ibid, pp. 216-217  
work which they carried on in the direct preaching of the gospel, they had opened numerous schools for the instruction of boys and girls. Moreover, the orphanage, the poor house, the leper asylum and the dispensary soon became a part of the missionary operations doing good to the temporal and spiritual character of the Society.

This marked not only the beginning of the Presbyterian Mission Society’s participation in mission overseas and her connection with India but also of the continuous history of Christianity in Punjab. Meanwhile the call to a larger conquest of the Punjab had come to the Church Missionary Society from the Christian men who had been victors alike in her torturous diplomacy and her bloody fields. In 1836, in a highly dramatic outburst, Bishop Daniel Wilson, floating down the river Sutlej, then boundary of the British territories, had stretched out his hand towards the foreign right bank and exclaimed, “I take possession of this land in the name of the Lord and master Jesus Christ”. Their settlement was strongly supported by the government officials. It was in the year 1846 that an appeal was first made to the Church Missionary Society, by officers of the army and by civilians in India, to urge them to send missionaries in Punjab, before the country was annexed to British India.

Major Martin, an officer in the East India Company’s army, took keen interest in the matter. He sent Rs 10,000 to the Church Missionary Society with the request to commence missionary work in the new dependency. He did so through an

10 *One Hundred Year: Being the Short History of the C.M.S.* (London: C.M.S. Salisbury, 1898, p. 79).
American Presbyterian missionary, the Rev. John Newton, who had arrived in India in 1835 and proceeded to Ludhiana and after the annexation of the Punjab in 1849 had been appointed together with Rev. C.W. Forman to Lahore. 11 Thereafter, the Punjab Mission began in 1851, soon after the annexation of the province to British India.

After the occupancy, the Lawrences formed a Christian Missionary Association (inaugurated on 9 February 1852) and had Amritsar fixed upon with the C.M.S. headquarters. Rev. R. Clark and Rev. T.H. Fitzpatrick, the first missionary to the Church of England in the Punjab were settled at Amritsar.12

Missionaries were allowed from the first to enter the Punjab, as observed by Robert Clark, without let or hindrance, and the Missions commanded the interest and support of Christian men in every way that was consistent with their official position and duty.13 Robert Clark intended to demonstrate the reality of his hope in Punjab when he further added The character of the people, their geographical position and their readiness at this present time to hear the word of God, together with the zeal and liberality of those Christian friends who by the providence of God have been sent here since the occupation of the country have all united to give an importance to missionary

work in this country which it is difficult to express in any adequate terms.  

Going by the years, the first station occupied was Amritsar, the sacred city of the Sikhs; Kangra was occupied in 1854; Peshawar, 1885; Multan, 1856; Narowal 1859; Dera Ismail Khan, 1861; Kashmir 1863; Batala, 1878; Simla, 1899; Islamabad, 1902. Interestingly, work commenced at Kotgur in 1847. There were three missions in connection with the Church of England in the Simla district, namely; the general mission of the Church missionary Society at Kotgarh. A general mission with the CMS with the Church mentioned above in the sadar bazar at Simla and thirdly a mission to Zenanas in Simla, in connection with the Delhi Mission, under the auspices of the Society for the propagation of the Gospel. The Kotgarh Mission is one of the oldest Christians missions in the Punjab. The Sindh Mission was older in date, having been begun in 1850, but was far behind in progress, owing mainly to its having always been quite undermanned. Yet important fruit had been granted to the patient labours of the Rev. J. Sheldon and others at Karachi (commenced 1850) and Hyderabad (1856), and later at Sukkur (1887) on the Indus.

The participation of the imperial rule in evangelistic activities varied. Although the relationship between both the missionaries and the British officials remained complex, yet it

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14 Ibid p. 65.
was clear that both felt British rule would bring a variety of beneficial western influences in India and heading that list would be Christianity. For many administrators it was impossible to deviate religion from the Empire. Commissioner Edwardes’ participation in the promotion of Christianity comes across strongly with his involvement in missionary activities. His presence in a missionary meeting at Peshawar in December, 1853, reflected the enthusiasm he shared with the missionaries for the latter’s accommodation in Punjab. It came as no surprise when a large number of military and civil officers along with their families attended it the conference. “It is not the duty of the government, as a government to proselytize India. The duty of evangelizing India lies at the door of private Christians.... We may be quite sure that we are much safer if we do our duty than if we neglect it.”18 A memorial was signed after the meeting and sent to the CMS asking for missionaries. The initial zeal among the officials was further witnessed in 1862 in the Punjab Missionary Conference where the Christian officials attending outnumbered the missionaries.

By participating directly in the missionary conference what Punjab administrators were willing to do was declare that they were not only rulers but also Christians.19

Sir Edwardes continued with his support for the missionary cause in Peshawar. The popularity of the missionaries, namely Rev. R. Clark from Amritsar and Major

18 History of Christianity in India, With its Prospects, p. 65.
Martin and Rev. Pfander was much appreciated. The gesture of admiration and cooperation towards the missions is expressed even more clearly in the following text.20

When CMS decided to launch a mission in Peshawar, they sent Dr. Pfander and Pastor Robert Clark in 1854. Clark worked in a school. Col. Martyn left the army and became a missionary of the CMS. He looked after the accounts of the Mission. He donated a larger part of his belongings to the Mission and led a very simple life. Once he even said "All my worldly things can be accommodated in small vehicles." During that period, the Archbishop of Canterbury honoured Dr. Pfander with a degree.

Dr. Pfander used to preach Christian philosophy and told the 'people of messiah'. He was threatened many times of his life but the brave man never cared. Noble men of the city told the Commissioner that open preaching was not without danger but Sir Edwardes did not interfere. Dr. Pfander along with Indian preachers went to the markets and spoke the message of the savior openly..............................................

20 Saleeb Ke Alambar Dar (Banner Holders of Cross), A brief sketch of Pfander, French, Forman, Robert Clark, Gordon, Hunter, Geoffrey, Yauag, Compiled by Father Barkatullah (Lahore: Punjab Religious Book Society, 1932, p.18) (The text was picked up from The Special Collections Section of the library, Panjabi University, Patiala. I was helped in translation and typing by Jai Gopal Ji and Rubina, respectively)
Sir Herbert Edwards commented about Dr. Pfander “Where will you find a person who has seen him. the loving face of Pfander once and was not influenced by him. The Lord has bestowed on him a special aptitude and intelligence for mission work. He has a sharp brain, is lively, brave, hardworking and a man devoted to his work. He has first hand experience of work with Asian people and in whole of India his work goes unparalleled in discussions with Muslim Clergy. Christian faith and beliefs were presented by him from an Asian point of view. His books do not carry any western reflection, good humour shows on his face and no one could ever be angry with Dr. Pfander.”

Missionary centers in Punjab spread all over the North West. Referring to the momentum with which Christianity spread, Kenneth Jones stated it as “an aggressive and uncompromising Christianity.”21 He further concedes that “in Punjab the missionaries were seen a part of the government, who were all set to govern the Punjabi and eventually convert him.”22

It was an enthusiasm that was supported by the indigenous conversion. The general progress of the Indian Missions revealed by the Government Census of 1881 stated about 493,000 native protestant Christian in number, the rate of increase in the preceding decade being 86 percent.23 Not only this but within another decade there were 2,797 missionaries and 648,843 Protestant Indian Christians and probably with this ratio it was expected to rise over 1,000,0000 shortly.24 The missionary role in promoting conversions was a predictable move and the process was complex. Webster, in this context simply states that opportunities like demand of western education by

22 Ibid
23 One Hundred Years Being the Short History of the C.M.S. (London: C.M.S. Salisbury, 1893, p. 134)
high castes and the right for respectable status by the lower castes gave impetus to the mission work. In the much recent work, Jeffrey Cox has extensively taken into account the indigenous initiative for Christianity. Cox calls Punjabi Christianity “a collaborative enterprise created by people who had very good reasons to make their choices, and who produced a religion that bore little resemblance to anything envisaged in any imperial project.”

Yet, in the early years an index of native Christian population was put forth. Summing up the results of missions in the Punjab for 1871.

**Table 2.1**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Native Christian Congregations</td>
<td>47</td>
</tr>
<tr>
<td>Increase in Ten Years</td>
<td>25</td>
</tr>
<tr>
<td>Number of Protestant Native Christians</td>
<td>1,870</td>
</tr>
<tr>
<td>Number of towns and villages containing Christians</td>
<td>73</td>
</tr>
<tr>
<td>Number of Ordained native ministers</td>
<td>14</td>
</tr>
<tr>
<td>Number of Unordained native Preachers</td>
<td>66</td>
</tr>
<tr>
<td>Number of Mission colleges and schools</td>
<td>181</td>
</tr>
<tr>
<td>Number of Pupils, Male and Female</td>
<td>10,547</td>
</tr>
<tr>
<td>Increase in ten years</td>
<td>6,939</td>
</tr>
<tr>
<td>Number of Christian Teachers, Male and Female</td>
<td>105</td>
</tr>
</tbody>
</table>

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From the missionaries’ point of view, indigenous receptivity towards their activity gave further stability to their presence in the 'heathen' land. New areas were to be recognized. For this purpose, the missionary movement had to be further defined, developed and shaped. The missionary project could never be developed without having the women in missionary activities. This is when the cooperation of the women in all-male missionary-society was needed.

The forth-coming chapters of my thesis shall reflect on the Christian interventions and the indigenous mixed response towards the various processes of Christian enterprise.

**Women in the Missions: A Brief Sketch of the Early Years**

While the missionary men had been in contact with the indigenous society, largely Indian men, the indigenous women folk remained cut off from western influence. Clearly Christian faith could not be established until they, too had been touched. And the two modes of doing so, it seemed was through the induction of western education and medicine.

Zenana education was one of the early demands to be fulfilled by the missionary women. Education for Indian females had begun early in the century but prejudice against female education prevented the schools from attracting large numbers. The answer to this was house to house visiting by a missionary teacher. This led to popularization of zenana visits by women missionaries. Further, as put up earlier in the chapter the “dire need” for medical facilities for the zenana women placed the women missionaries in an advantageous position.
Women entered the mission field in great numbers, only in the nineteenth century, first as mission wives, and then in their own right, gradually accepted by the mission societies. The early contribution came strongly from a noble band of lady workers and the wife of the missionary. She was not enrolled as a missionary and was on no wages. For many years the pattern carried on. She followed the conventional duty of assisting her male partner in the “heathen” lands and at times doing additional work of teaching local women and children. In the coming times the missionary wife modeled an ideal Christian household, of rearing her children and fighting across financial odds with her husband.

Although not trained, she learnt by experience and worked for women and children. Christian Schools were the earliest institutions established by them. In fact, it was felt that zenana work amongst the women could be more easily carried by the missionary’s wife and girls’ schools more readily superintended.28 Although I would be covering the zenana intervention in my next chapter, it is instructive to draw a brief sketch of the work done by the missionaries to understand the early encounter of the women of both the races. Mixing in close proximity with the local women, the missionaries played an active role in reform movements along with the evangelical activities. Given the colonial context, the missionary woman automatically occupied a position of superiority over the native woman. Most of the missions treated education as an end in


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itself, schools were ancillary to the primary object of Christian evangelism.

The impact of Christian missionary education varied enormously with the local environment. In most parts of Punjab the concept of schooling was a novelty of unproved value, so the missionaries believed. Therefore, the poor response left the western women confused. Hence, simultaneously the zenana education was carried on, in order to catch them at home. Mission education they felt would provide unprecedented opportunities for the indigenous women to handle social pressure. It was during the latter years of the nineteenth century that missionary education emerged as an enterprise.

A large number of towns reported of the various educational activities initiated by the mission work. Mrs. Fitzpatrick, wife of Rev. Fitzpatrick and the sister of the well-known Mr. Thomas Gooch laid the foundation of women’s work in the Amritsar Mission.29 The first girls’ school which was established by her, in the city was commenced with three scholars, who sometimes came to school, but were most often absent. In a very small way commenced a work which has now become a great one, for these schools contain contained 400 girls in 1902.30 Another missionary to have worked along her husband and thereafter his death was Mrs. Elmslie. When Mrs. Emslie came to Amritsar after the death of her husband in 1872, she at once took the charge of the orphans.31 Then we have Mrs.

29 Ibid, p.53
30 Ibid.
31 Ibid, p.119
Mullens, daughter of the Rev. Mr. Lacroix, a zealous worker in the cause of female education. At Batala, there was a bungalow for lady missionaries in which Miss Tucker spent many years of her life, teaching in the zenanas of the town.32

Commencement of the village zenana missions in Punjab came from Miss Clay in 1876. Pioneering work was done in Jandiala, followed by Ajnala in 1885, Tarn Taran and lastly Narowal. The number of lady missionaries in Ajnala has been from four to seven. While at Tarn Taran a few resident ladies were kept. The credit for opening a Zenana Mission house goes to Miss Hewlett, who along with another missionary came here to extend the mission work.33

Reports from all places in Punjab carried the extensive work of the women missionaries. The Ludhiana Zenana and medical Mission begun in 1867 by the Society for Promoting Female Education in India and the East, which at the invitation of the missionaries of the American Presbyterian Mission sent Miss Jerrom to carry on zenana and school work in this city. A Christian Girls Boarding School was built, and carried on for many years, till financial difficulties compelled the Society for Promoting Female Education to close it. Amritsar stood as one of the major cities for imparting “Christian” education. The work at the CMS Alexandra School, Amritsar was carried by the ladies of CEZMS.34 The object of the school was to give to the girls of the higher classes of Native Christians in the Punjab the best

32 Ibid, p.81
33 Ibid, p.115
34 Ibid, p.62.
possible vernacular education in the language of the country. The Lady Henry Lawrence Schools were established in 1865 by many friends as a memorial to Lady Henry Lawrence. The girls here were taught by the ladies of the zenana mission.

It came as no surprise when the President of the Government Education Commission publicly expressed his opinion that “the Zenana missions are at present the only effective agency for the education of women in India.”

The task of women missionaries as teachers was strongly supported by the mission boards. The women were recognized as missionaries in their own right, they were now paid and listed on missionary rolls. It did not take much time for both, the mission boards and the women to realize of the ‘special needs’ that heathen lands offered to broaden the scope of missionary projects.

**Women Missionaries: (Re) Defining their Roles**

During their various encounters it was imperative for the foreign women to send a feedback to the parent society. The more she saw, the more responsible the missionary’s wife felt “whose privilege was to continue in the work, until she has specimen’s of the second generation to train, the daughters of those who were born in heathenism.” In these early discourses, the mainline missionary societies were exposed to India from the feminine side of story. The men missionaries worked amongst the men and their escorts got “acquainted” with the traditions

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and cultures surrounding the Indian women. The feedback from these women was vital in the beginning of zenana missions.

The importance of evangelistic labour among the women of India became an important matter of discussion in the Punjab Missionary Conference held at Lahore in 1862-63. The report of the conference carried the complexities of the interaction between the foreign visitor and the native women. The perception of the latter was done to suit the preference and needs of the mission societies. Keeping in view the women's influence in the family, it was concluded in the conference the usefulness of women in the missionary movement. “Had the mothers and wives, the daughters and sisters of this heathen population been fully accessible to the voice of love and mercy that sounds from Cavalry, who can tell what an influence they would have exerted on those around them?” 36 Women could now be recruited in “their own right” and not as dependent missionaries. The women as independent missionaries began to disrupt the gendered paradigm of the missionary project.

While many of the major missionary societies continued to debate the subject of women as professional evangelists, a range of smaller organizations did offer opportunities to single women. Their demand as missionaries in India coincided with a surplus of single females in Great Britain. The census indicated that as many as 30 percent of the women aged 20 and above were single, creating a major social problem.37 Solutions poured in.

36 One Hundred Years Being the Short History of the C.M.S, p.103
When opportunities became available in India, as suggested by Geraldine Forbes, it was not difficult to find educated, young women of "a religious bent" ready to accept the challenge of converting the "pure heathen."38

Not only this, there emerged societies synonym with women’s work, once the women caught with the mainstream, mission work, “Women’s work for women” commenced. An expression used initially by the Presbyterian missionaries whom they admit, “began more by accident than by conscious design.”39 The slogan has been used by historian studying women missionary work and I too shall use the expression in my chapters.

The Society for Promoting Female Education in the East was one of the earliest organizations that set precedent by employing women as school teachers, in 1834. Followed by the Church of Scotland ladies Association for foreign Missions (1837), and the Indian Female Normal school, later known as the Zenana Bible and Medical Mission, of which the Church of England Zenana Missionary Society was an offshoot came up in 1880.40 The CMS Medical Department was organized in 1894 and the next year the Women’s Department.41

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38 Ibid., p. 72
39 Journal of Presbyterian History, Vol. 62 No. 3 (Fall 1984, p. 232.)
41 One Hundred Years Being the Short History of the C.M.S.(London: C.M.S. Salisbury,1893 Chronological Table – Foreign).
### Table 2.2

<table>
<thead>
<tr>
<th>Decade</th>
<th>From __ to __</th>
<th>Beginning of the Decade</th>
<th>Accession(s) during the Decade</th>
<th>Losses by</th>
<th>Transfer to other Missions</th>
<th>Remaining at end of the Decade</th>
<th>Total Gain</th>
<th>Total Loss</th>
<th>Balance of Gain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>I</td>
<td>4 to 44</td>
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<td>0</td>
<td>13</td>
<td>14</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
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<td>II</td>
<td>4 to 54</td>
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<td>III</td>
<td>4 to 64</td>
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<td>9</td>
<td>11</td>
<td>17</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>5</td>
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<td>IV</td>
<td>4 to 74</td>
<td>14</td>
<td>14</td>
<td>9</td>
<td>19</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>V</td>
<td>4 to 84</td>
<td>18</td>
<td>25</td>
<td>7</td>
<td>13</td>
<td>5</td>
<td>3</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>TOTALS</td>
<td>45</td>
<td>70</td>
<td>13</td>
<td>20</td>
<td>8</td>
<td>21</td>
<td>3</td>
<td>5</td>
<td>115</td>
</tr>
</tbody>
</table>

Within the early five decades of the commencement of missionary work, involvement of women missionaries was increasing. The closing years of the nineteenth century saw unprecedented growth in the missionary enterprise. Rapid expansion was seen in the C.E.Z.M.S. that began with seventeen stations in 1880 and climbed to twenty more stations in the next five years. In the years that followed, the woman missionary became a dominant figure in the mission boards and societies. The call for the women on the both sides of the Atlantic to spread the Christian Gospel, where their male counterparts could not reach, facilitated women societies. 43

"Women’s work for women” demanded the deployment of single women as “fully accredited missionaries”. The sign of success of female missionaries was inevitable. For the women as

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42 Rev. M.A. Sherring, *The History of Protestant Missionary in India*, p.78
pointed out by Fitzgerald, had a caring and ‘natural’ aptitude for philanthropic work which equaled the greatness of humanitarism in the new theology of missions. The missionaries were establishing their position as essential contributors to the Indian society. The argument for a special mission for women would have met with little success if it had no been rooted in the practical realities of mission work. There were types of work that could only be done by women. To begin with, access to the house of a local woman was one of them. Consistent with this attitude, the number of women missionaries rose with the opening of each zenana door.

Once women had been admitted to the major missionary institutions, their numbers rapidly multiplied. The graph of the three major societies, by 1925, showed clear dominance of women.

<table>
<thead>
<tr>
<th>Name of Various Mission Societies</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Society for propagating Gospel</td>
<td>82</td>
<td>72</td>
</tr>
<tr>
<td>2. Church Missionary Society</td>
<td>130</td>
<td>146</td>
</tr>
<tr>
<td>3. Church of England Zenana Missionary Society</td>
<td>-</td>
<td>152</td>
</tr>
<tr>
<td>4. Society with smaller numbers of missionaries</td>
<td>43</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>255 men</td>
<td>470 women</td>
</tr>
</tbody>
</table>

45 The Call from India, Being a comprehensive statement of the facts which constitute the call from India to the Church of England. Prepared by a Commission by Mission Church Assembly. (West minister, 1926, p. 83).
For these women, missionary work offered a viable alternate to marriage, based on the principle of self sacrifice to a higher cause. The female missionary organizations pursued the ideology of separate spheres of activity, focusing on the tasks of teaching girls, training, modeling Victorian and Edwardian womanhood, providing medical care in the form of nursing and entering exclusive female spaces. Women were potential missionaries of health throughout the communities, back at England and overseas. And it came as no surprise that there was a growing professionalization of medicine among women. But their influence at home land was somewhat diluted. Of the seventy women with British medical qualifications in 1880 whose locations could be traced, sixteen had gone to India (nine as medical missionaries), sixteen more were overseas, and three were in Edinburgh, twenty three in London leaving twelve for the rest of the United Kingdom. The women sent for medical work outside Great Britain were seen as crusaders of social and moral reform especially the ones who got involved with the mission societies. Such western advances in medical practice claimed superiority in the scheme of modern missions.

Hence, it was important for the missions to keep up with the reputation of medical standards. The attitude that ‘anything is good enough for the natives’ had to be replaced. In 1892-93, at the Missionary conference in Bombay stress was laid on the

47 Brian Harrison ‘Women’s Health and the Women’s Movement in Britain’ in Charles Webster, ed. Biology, Medicine and Society, 1840-1940, p.52.
acquisition of medical degrees by the missionaries.48 Serious efforts were put across. Solutions to this problem aimed to reinforce a capable class of female medical missionaries.

**New Advent: Medical Enterprise and Christianity**

As a matter of fact even before the large influx of women missionaries, mission societies had started to realize the benefit of medicine backed with religion. The facilitation of mission medicine somewhat coincided with the entry of women in mission work overseas. The argument of their entry was more or less settled with the possible connection of regenerating India with Zenana missions along with the “warmest sympathy of the women missionaries towards the health of the heathen sisters.” The concern was a common feature of all mission texts. “Medical missions for women, rich and poor, is one of the most crying wants of India. When they fall ill, women are completely neglected.... In the centre of every one of the populous districts a female medical mission should be started.”49

In 1864, in a meeting of the Punjab Committee for medical missions held at Lahore it was resolved that considering the advantages of missionaries in a station and how procurable are the European medical aid in these places, it was of the opinion that a medical man should be connected with the societies. An earnest wish in the commencement of medical work in the missionary field came the same year when an appeal for subscription was opened and correspondence was entered with

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the Church missionaries and Edinburgh missionary societies.\textsuperscript{50}

Without delay the Edinburgh society sent a ‘promising and talented’ medical student, Dr. Elmslie, for the ‘so important and promising field’. Hence, in 1865, the first regular medical mission of the C.M.S was started by Dr. Elmslie – in the hitherto unreached native state of Kashmir.\textsuperscript{51} A report from him showed his enthusiasm in favor of the formation of a training school for zenana medical missionaries. “I hope”, wrote Dr. Elmslie “that some among the students at the proposed training school may be encouraged to undertake the full study of medicine, so as to be able to instruct others, or if need be themselves to fill some of the posts of honour as pioneers in new untried ground.”\textsuperscript{52} In short, medical work would be the most convenient entrance for women at home who wish to qualify themselves as medical missionaries and are waiting only till such an Institution as this is at work.\textsuperscript{53} The first of the Decennial Missionary Conferences of India held at Allahabad in 1873 laid down that “Medical Missions are amongst the most important means of evangelizing India; and the attention of all our societies should be more distinctly drawn than has hitherto been the case to the opportunities which they afford”. \textsuperscript{54} The Allahabad Conference marked the beginning of a long drawn campaign on behalf of Medical Missions against a legion of difficulties. Some were amused at the “preposterous idea” of “converting the heathen

\textsuperscript{50} Extract from minutes of a meeting of the Punjab Committee for medical missions held at Lahore, 21st Jan. 1864.
\textsuperscript{51} One Hundred Years Being the Short History of the C.M.S.(London: C.M.S. Salisbury,1893, p. 107)
\textsuperscript{52} Correspondence – To the Editor of the Indian Evangelist dt. 25 Nov. 1879, by Margaret Elmslie .
\textsuperscript{53} The Indian Female Evangelist, Zenana Bible and Medical Mission, Vol. V, Jan 1880, p. 60
\textsuperscript{54} Henry Martyn Clark, Robert Clark of the Punjab (London: Andrew Melrose, 1907, p.294).
with a dose of castor-oil or Epsom salts while others were doubtful of the propriety of diverting sacred funds given for the preaching of the Gospel to such mundane things as the panoply of the surgeon or a full equipment of drugs. There were many others who frankly confessed they could not “see medical missions in the Bible”. Robert Clark’s advocacy of medical missions in general differed from many of the above. By voice and pen, he unwearyedly continued to teach that medical missions were in accord with the example and command of our Lord; that they were the cause of humanity as well as the cause of God, and that in neglecting them the Church was passing by a most potent weapon.55

As to the advantage of medical work, as a missionary agency, perhaps the most that can be said, thus far is that it makes a favorable impression on the native mind, in respect to the character of Christianity, and it conciliates many who would otherwise be hostile to missionaries.

The rhetoric in praise of the ministrations of the lady medical missionary was more than evident. “Ah! Visit those zenanas”, wrote Dr. G. De. Griffith on the zenana medical school for ladies, “and you will be as zealous as I am to send out ladies, who, after even two years training will be preferable to having no one in their places”. 56

Although Griffith and many others raised aspired women entry into the mission field, there were many who thought otherwise. In the early years of missionary settlement in 1840,

55 Ibid pp. 295-96
56 Ibid p. 60.
there was stiff resistance to the idea of appointing women missionaries. Bishop Wilson openly objected in principle to single ladies coming out unprotected to so distant a place with a climate so unfriendly and with the almost certainty of their marrying within a month of their arrival.... The whole thing is against apostolic maxim, “I suffer not a woman to speak in the Church”. Nevertheless, the change in the mission policy did take place. The usefulness of the women in the missionary movement was not to be objected.

**Professional Missionary Heroism**

In order to study the struggle of the women medical missionaries in the colonised lands it’s important to look at the history of the western women’s entry into medicine in the West.

While doing so, one sees a simultaneous struggle for gender equality initiated by the western woman back home and in the colonised lands, while at the former she fought for her own privileges, and where as in the latter case she raised her voice for the colonised women. Women of both the races were placed in opposition to each other as well as located as similar in their shared gender oppression.

Women seeking opportunities for career in medicine often met with frustrating obstacles. At the beginning of the nineteenth century medical practice in the United Kingdom was regulated by twenty one licensing bodies. Among others these included the medical colleges at London and Edinburgh. None of

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them catered entry of women students. All changed in 1858, when one of the clauses in the Medical Reform Act passed the same year permitted medical graduates already in practice to have their names inscribed in the Medical Register. It was that wedge upon which women based their claim— their right to study and practice medicine legally in Britain. It was at this juncture that Elizabeth Blackwell, who had scored such a triumph in America, was to aid the cause of the women in England. She had herself battled it out, back at her home, for the entry of women in the medical profession. Very keen to take up medicine, Elizabeth Blackwell went to Philadelphia to seek an entrance into a medical school. For some months she sought in vain, and many and varied were the reasons given against her entering the classes. Finding the larger schools impossible, she wrote the round of twelve smaller Schools of Medicine and her application was finally accepted and she was admitted to the University of Geneva, a small town in the State of New York. Her application was laid before the hundred and fifty boisterous young men students, and they solemnly by a unanimous vote extended an invitation to Miss Blackwell to join their college, pledging themselves that no conduct of theirs should ever cause her to regret her attendance. Having entered the College, the little town was shocked into rudeness and she was socially ostracized. In 1849 she became the first woman to obtain the degree of Doctor of Medicine.60

60 Ibid.

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A trail of struggles followed in Britain. A more explicit move came up in the 1860's. Elizabeth Garrett was the second woman to outwit the various devices that had been employed to keep women out of the medical profession. She completed her study with private tuitions of those classes in which she was not admitted. She was given her license which entitled her to be registered in 1865 in the Medical Register as a licentiate of Apothecaries Hall. From that time onwards the rules were changed and medical students were prohibited from substituting private instruction for class instruction. A breakthrough was initiated at this point of time by Sophia Jex-Blake. Crossing the Atlantic, she sought admission in the Harvard Medical School. A feeble response bought her back home, and she fought for the cause here in England. Against a hostile environment of no-decent woman would study medicine, Sophia joined by four other women promoted the cause in Edinburgh, Edith Pechey being one of them. A tough battle followed but in vain. The women disappointed, came to London, finally giving in to the idea of founding a medical school for women. With a much needed contribution from friends the project shaped up finally in 1874. Amidst many controversies, the British Parliament passed an Act in 1876 that allowed women to go to university and become doctors. And three years later the London School of Medicine (L.S.M.W) was placed on the King's and Queen's College.

61 *ibid*, p.39.
Immediately after this in 1877, the opening of the London School of Medicine (later known as the Royal Free Hospital) provided an impetus for the English women to take up medicine and make a strong position for themselves as doctors in the society. This was the first and for a few years the only school to admit women medical students that not only catered for the home country but abroad, too. Although the Woman’s Medical College of Pennsylvania was founded in 1850 in Philadelphia yet the L.S.M.W. remained popular with students from home country and abroad, too. Gradually, there was growing anxiety that unqualified or semi-qualified women agents would be a threat not only to the mission cause but also to wider imperial ambitions seeking to establish the hegemony of western medicine through secular channels. On this account Dr. Anderson from the London School of Medical Women wrote, ‘You want efficient women doctors for India most of all whose native women are now our sisters...... There are at least 40 million who will only have women doctors and who have none.’

Between 1877 and 1900, 72 out of 295 graduates went abroad. Out of which 61 of them went to Asia, mostly to India and Burma either as well trained missionaries or to work in

63 Edythe Lutzker, Women Gain a Place in Medicine, p.125.
65 Edythe Lutzker, Women Gain a Place in Medicine, p.21.
secular hospital and clinic. The School of medicine for women from the capital of British Empire began a quite, unfinished revolution in medical services. Dr. Fanny Jane Butler, one of the 14 students who entered the London School of Medicine when it opened in October 1877, was the first missionary from Britain. She came to India in 1880 from the CEZMS.68 Fanny’s experiences were greatly valued and although she had no great enterprise completed during her lifetime, she was instrumental in setting up reforms and above all, she gave an example for the other women. The Fanny Butler scholarship for R.F.H.S.M. medical students intending to be for the missionaries was founded.69

Sent out by the B.Z.M.S. Dr. Edith Pechey and many other followed Fanny Butler. Dr. Edith Pechey began her medical studies with Sophia Tex Blake in Edinburgh and when driven away from that ‘inhospitable home’ of learning, completed her course and took her degree at Berne. Afterwards she obtained the license of the Kings and Queens College of Physicians, Ireland and the first licensing board in the British Islands to open its doors to women.70 Dr. Pechey worked in Bombay from 1883 onwards till her death in 1907.

The triumphs of the quality of western medicine could be seen in the missionary zeal. They worked with dedication and often confronted difficulties with missionary heroism. There were instances when some of them returned home because of ill-
health, but Dr. Fanny Butler and many others died at their posts. Dr. Seelye, who established a hospital at Calcutta, was stricken with a tropical disease in 1875 and died of it at the age of 28. Dr. Seward worked for 20 years at Allahabad died of Cholera in 1891. The Sara Seward Hospital was built as a memorial to her sacrificial service.\textsuperscript{71}

The London School for Medical Women for a long time remained closely associated with the missionary movement. It was in 1883 when Dr. Elizabeth Garret Anderson served the institution as Dean that the School distanced itself from the missionary enterprise. Being the only women’s medical school, the institution had obvious reasons to detach itself from religion and concentrate on professionalization. This opened other opportunities for regular professional training such as the Edinburgh School of Medicine for Women opened in 1886 and some not-so-professional colleges like Dr. Griffiths Training School and Hospital for female missionaries later renamed (1887) the Zenana Medical College.\textsuperscript{72}

India was a ‘great’ field for female practitioners and it came as no surprise when scores of women doctors from America were ‘invited by the government of India’.\textsuperscript{73} Most of the American women physicians sent to India as medical missionaries were graduates of the Women’s Medical College of Pennsylvania.

Graduated from the College, Dr. Clara Swain from the Methodist Episcopal Church was the first of the 65 women

\textsuperscript{71} See Bertha L. Selmon: “Early Service in Missions”, \textit{Medical Women’s Journal}, 54: 53, April 1947.
\textsuperscript{72} Jeffery Cox, \textit{Imperial Fault Lines, Christianity and Colonial Power in India 1818-1940}, p. 179
\textsuperscript{73} \textit{The Indian Female Evangelist}, vol.II, July 1874, pp.139-140
medical missionaries sent to different parts of the world, as early as 1869. Her letters were full of accounts of the different patients and friends she soon found. “But each day as I become more acquainted with the people and to the grand opening for missionary work, a field comprising so many thousands of people with no missionary or religious teachers in this part of the country, I began, to see the hand of the Lord.....”74 Christianity brought enthusiasm among the women doctors as not witnessed before. As their numbers grew, professional qualification grew in importance.

There came examples like those of Elizabeth Biebly who after her visit to India was motivated to get a medical degree to return to work as a qualified practitioner. Dr. Elizabeth Bielby came out as a missionary under the Zenana Bible and Medical Mission in India in 1876.75 She had certain amount of knowledge but she very soon found that it was insufficient to be really effective. She worked, under crushing difficulties, for a few years in Lucknow and then determined that a proper medical training was an absolute necessity if she was to be really effective in helping the women in India in their need. She returned to England and studied in the London School of Medicine for Women for her medical qualifications .Dr Bielby joined Lahore to take charge of the Hospital for Women which was initiated opened by the Lahore Municipal Committee. The Aitchison hospital opened in 1888 with contributions and subscriptions from private individuals, the Dufferin Fund and the government.

75 The Journal of the A.M.W.I. August 1929, p.46.
The lack of colleagues was very trying in those days and a few medical women at present working in India could have any conception of the loneliness, both personal and professional, which a position like Dr. Bielby's implied. She was at first the only qualified medical woman in the Punjab. After about fifteen years work at the Aitchison Hospital, Dr. Bielby retired and spent the remainder of her life in private practice in Simla. The Punjab Government through the Provincial Dufferin Fund granted her a small pension in 1925. Her success as a private practitioner was great, and her reputation widespread over the Punjab. She passed away in 1929 due to secondary carcinoma of the breast.

Similar aspirations were shared by Dame Mary Scharbieb. Accompanying her husband, a barrister to Madras in 1866, Mrs. Scharlieb heard the unnecessary suffering of Indian women due to lack of medical attendance. After an early initiative she returned to England in 1878 and she too entered the London School of Medical Women. She came back to work in India in 1883 with a degree of MBBS with Honours.

Indian women, too opened to the path of medical training. As Geraldine Forbes points out, they were either from reformist religious families, mostly members of families who were converts to Christianity or rebels against tradition. Dr. Joshi, the first Indian woman physician was born in Poona in 1865, married in childhood, and had a baby who died in infancy in 1878. Her

76 Ibid.
77 Balfour, p. 29.
husband was willing that she take up education in a major way. Anandibai was more than willing to do her part. She left for America to study medicine at the Woman's Medical College in Philadelphia. Having graduated in 1886 from the Women's Medical College, Pennsylvania, she returned to India in 1886 to take charge of the women's ward of the Albert Edward Hospital in Kolhapur. But it was a sad homecoming—she contracted tuberculosis and died in Poona, her hometown before her twenty-first birthday. A career that never came along, Anandibai's life helps us to understand how she transgressed the boundaries of culture and space and opened doors for women back home to a world of medical profession. Rukhmabai, another Indian pioneer went to England in 1889 and began to study at the L.S.M.W. She returned with her qualifications in 1895 to work in the Women's Hospital at Surat. She was among the first Indian women to join in the Women's Medical Service from which she returned in 1930.

Haimabati Sen an outstanding example one of the earliest 'native' women doctors. The life of Haimabati Sen was juxtaposition of "tradition" and "modernity", two terms that were colonial constructs. Hem seldom comes across as a woman strongly influenced by western ideas of emancipation, yet in her own way she fought against those forces that bound women in a patriarchal system. A child widow, married for the second time to a Brahmo missionary is when Hem sought out a medical career for herself. Initiatives for women's entry for studying

79 Margaret Balfour and Ruth Young, The Work of Medical Women in India, p. 23
80 Ibid
81 Dr. Rukhmabai: A Pioneer Medical Women of India (World Medical Journal 2, 1964, p. 36).
medicine had come from the Calcutta Medical College, a similar cause further taken up by the Campbell Medical School, Calcutta in 1888.\textsuperscript{82} Two years later in 1891 Hem took admission in the latter. Even though Hem had a brilliant academic record, it was difficult for Hem to find employment. Hem’s opportunity as a full time doctor came when she took work in a hospital at Chinsurah barracks. Since the hospital was partially funded by the Dufferin fund it had to maintain ‘Women only’ hospital outlook. But what came to be seen is that Hem never followed a rigid definition of a purdah. She had male staff members and if for that reason it was difficult for elite women to visit the hospital, Hem made the effort to go to their houses. Her work was to provide women with medical care and not to work as a social reformer. Hence, she negotiated with the social norms of seclusion of women rather than resisting it. A comparison at this point with the Christian missionary doctor and the non-Christian indigenous doctor becomes inevitable. The former worked with the Christian discourse of social reform defending the existing patriarchal structure while for the latter to render their services for their womenfolk was not edged out of any emancipatory movement but to reach out to them without any resistance of the prevalent social norms. Christianity had to be applied with a zeal of reform in the “heathen” society. Probably the same observation could be applied for even the Christian indigenous worker. Pandita Ramabai, a social reformer who campaigned for women’s right much more aggressively after her conversion to Christianity. Her understanding towards the

\textsuperscript{82} Read Chapter “Medical School” Geraldine Forbes and Tapan Raychaudhuri,(eds) The Memoirs of Dr.Haimabati Sen, from child birth to lady doctors (New Delhi:Lotus Collection,2000.)
women’s cause was a blend of religion and feminism, a strong similarity with that of the contemporary Western Christian missionaries. What made Dr. Hem’s life different from the missionaries’ movement was the need to be accepted within the cultural nuances. She definitely did not support the western feminist ideology and never essentialised the indigenous women yet her work did fight for gender inequality and difference. She died in 1933, leaving an ideology, as Geraldine Forbes calls of, “radical feminism.”

Although the lives of these women in the late nineteenth century reflect an understanding of their own on the existing social structure and gender yet they did “break the silence” and spoke of those things about which women loyal to the patriarchy did not speak. Both, the indigenous women and the western women who sought medical careers made their own identity. While the former were sorting out which concepts of tradition they want to keep and which they wished to leave, the former condemned traditional system altogether to introduce the supremacy of ‘rational’ western medicine.

Making Best Recruits:

Women missionaries were expected to be women of vision. And it is interesting to note how but naturally they acquired to be not only the best evangelist, educationists but also physicians. It came as no surprise that most of the missionaries adopted the role as healers to win the hearts of the indigenous

84 Geraldine Forbes, Tapan Ray Chaudhuri, (eds.) The Memoirs of Dr. Haimabati Sen, p.44.
85 Ibid.p.45
women. With such new responsibilities the woman missionaries had to be an epitome carrying the noble views of womanhood and not just to be a “Woman of the West”.

And as missionary women gained recognition in the Church and by their male colleagues many women articulated their place in mission field. An increasing sense of professional identity empowered many which expanded beyond the private areas after the Edinburgh Missionary Conference of 1910. Women who joined the missionary societies determined for whom they would work what they would do and there they would do it.

The expensiveness of the medical training, the paucity of the time factor for the medical missionary for evangelistic purpose was the major concerns of the conference. Many doubted the word “evangelistic” with the medical work. The use of the term was discussed extensively till it was drawn that “a lady who wields medicine to advance Christ’s Kingdom is as much entitled to the appellation of evangelistic agent as the lady who wields “crochet needle”. 86 The assertiveness of the benefits of medical care was too distinct, than to show over anxiety on the perils of missionary evangelism. After all, it was clear that a medical missionary’s tool had to be her religion. Ambivalence dominated rhetoric. On one hand, the female medical mission was defined to be the practice of medicine by a lady for not only curing but Christianizing her patients.87 On the other hand, evangelists they were, but the work of a missionary doctor was

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86 The Indian Female Evangelist No. V, Vol. I Jan., 1873 (p. 206)
claimed to be “training and education rather than evangelization”. Preparation for medical missionaries placed extra responsibility on the respective missionary societies. There were clashes on views of their training. While one society was satisfied if a doctor had a “missionary spirit”, while otherwise considered technical theological knowledge necessary for a medical missionary. Nevertheless, from the confused patchwork of the varied lessons on theology and missionary strategies, experience demonstrated that medical missionaries would have to balance religious freedom and ecclesiastical order.

Although with the passage of time the argument became passive and female missionaries were finally able to develop an established professional identity irrelevant of evangelizing the heathen. So apt was her work that the medical mission was to be the key which may be said to fit in every lock. Hence, in the early years narratives reflected and stimulated a new grade of medical workers in the Missionary Board.

The various societies described the standards which ought to be applied in the appointment of their missionaries in pamphlets and in their application forms. “In our experience”, writes one large missionary society, “while there is room for all sorts it is the men and women of best culture who last longest stand the roughest wear and adapt themselves most readily both to the people whom they labour to win and their fellow members”. Different methods were adopted to get in touch

with the medical students. In the CMS there was a Home Preparation Union, a Young People's Union and study circles to inspire them of missionary work. The S.P.C.K. offered scholarships to medical students who had been previously accepted for future service by recognized missionary societies, for eg. Kings College offered scholarships to those who were intending to work in special parts of the mission field. Some societies had arranged a system of short service in the mission field whereby those who are unwilling to commit themselves to a lifetime service may be able to put in 3-4 years of work at a Mission Hospital partly it may be to gain experience and partly to sample the conditions of missionary service.

With such pronouncements, a series of elaborate issues were put forth in the missionary expansion.

By the early years of 1900s the matter of training indigenous girls as missionaries was considered by the Executive Committee of the C.E.Z.M.S. Their eligibility was that the candidate should not be less than 18 years – baptized, confirmed and communicant members of the Church of England. The Baptist Missionary Society did not provide any missionary training but advised their medical men and woman candidates to follow a prescribed syllabus through out the medical curriculum including systematic Bible study, doctrinal and missionary reading and an outline study of non-Christian religions. Because of the heavy pressure of full medical course the zenana

92 Ibid., p. 160.
93 India's Women and China's Daughters, April 1904. (p. 75).
94 Ibid.
branch of this society introduced a suggested course of reading in missionary preparation that was feasible even with modern demands upon time and strength. Further more, the allowance in India of a missionary sent out from England shall be Rs.100 per month, such allowance to commence from the date of her arrival in the country. A All this was done, provided the candidate was really impressed with the importance of becoming an earnest evangelist as well as a proficient physician.

Training for women missionaries required training colleges. In Great Britain in 1910 there were 13 training institutions where women were trained as missionaries. Vigorous training to devotion as well as study was given. Methods on how to approach the Moslems, Chinese and Hindu audience were well illustrated and a study of comparative sociology was imparted which mainly dealt with the social growth of the different countries and the history of their social system. Various qualities of the missionaries were considered among which leadership, gentleness and docility were the utmost. In short the demand lay on 'a capable class of evangelists with better training and psychological background who could enter into the treatment of the personality of the patients.'

When it came to India, one of the major concerns that posed a problem in the minds of the women missionary were the

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97 Ibid
98 The Christian Medical Association of India, Burma & Ceylon. Minutes of the 8th General Conference Held at Miraj Medical Centre. Miraj, Dec 28, 1940, Jan 1, 1941, p. 38).
"ferocity and the intensity" of the tropical climate. "Their health", it was stated in the Edinburgh Conference of 1910, "is more affected by climate......... Women are more sensitive to the spiritual and moral atmosphere surrounding them,........and are also consciously or unconsciously more depressed by the influences of heathenism." The problem of this nature and extent was to be taken care by the "spiritual" preparation of the woman missionary that would make her face bravely the 'depressing conditions'. It was stated "for India one type of missionary was needed: the simple Christian man or woman, who in a life of gentleness and practice of lowly love and humble service will unveil to her the beauty of Jesus Christ." The scale of the benefits was laid down. "No medical woman needs to think she will lose medical advantages by going to India, for her opportunities will be far greater and the number of her patients far larger than if she stayed at home." Hence, the societies welcomed missionaries from the classes who they felt had fewer tendencies to panic and prejudice. Standards were increased for professional missionaries. Where education was concerned, missionary societies desired to send men and women with full qualifications. About medical work the level of standards had increased with time and tropical diseases and advanced surgery received considerable attention. Every missionary society had to have its auxiliary medical board. The BMS commenced the Medical Mission Auxiliary in 1902, which had led to the great

101 India's Woman and China's Daughters, Jan. 1902, p. 18).
102 Preparation of the Missionaries, p. 21.
increase in the number of women medical workers (especially in India) and in the efficiency of their work. Interestingly for the C.M.S. in 1894 a medical department was organized a year before the Women’s Department was set up in 1893. The response of the C.E.Z.M.S. too came in the beginning of the 20th century. On 4 February 1903, keeping in view the medical mission work the C.E.Z.M.S. proposed to appoint a Medical Committee to consider the curtailment of the medical work in the foreign field and to receive reports from the medical missionaries abroad. Along with the medical requirement a period of theological study or a Missionary Preparation Home too was needed before any medical lady could be sent abroad as a medical missionary of the society. A medical report from the Society’s professional advisers was considered important.

The scale of expectation from these women was extremely high. Her proficiency, among other factors depended on her communication skills. A medical missionary had to be thorough with the language of the place she was going. Knowledge of language was more important to medical workers than to any others. Suggestions came on existence of an Oriental Institute to teach Eastern and African languages that would go far to meet the difficulty. Special care was taken on matters concerning leave. It was strictly ‘advised’ for the women staff of the societies

105 Medical Committee to be appointed under para XVI of Regulation to advise on C.E.Z.M.S. Medical Work, Feb. 4, 1903).
106 Ibid.
107 Preparation of the missionaries, 1910, p. 145.
to leave from work. As pointed by Dame Mary Scharlieb, ‘Furlough is more needed by women than by men. Women missionaries on furlough must consider it a matter of duty and of honour to take rest and aim at the recreation of their working capacities’. 108. The main object, hence of a furlough was not only rest and refreshment, but ‘opportunity to gain further. Knowledge would be real refreshment’.109 With guidelines like these lay by the upcoming missionary conferences, pleas for more women were the staple of early 20th century correspondence. It came as no surprise when many correspondents reporting about Punjab and other parts of India were of the opinion that the living and status of a missionary was found much better abroad than at home. “There are exceptions, but these are ‘few and far’ between in the whole province”,110

Women’s missionaries were instrumental in shaping the medical aspect in the mission circle. It was a two way discourse – “acceptance” by the indigenous women and “dissemination” of medical knowledge by the women missionaries. (Again, there was always space for rejection that made the equation complex). Nevertheless, the movement became women dominated. This is not to imply that medical men did not figure in the missionary work, but the number of men and women missionaries widened. The total number of medical missionaries recorded in 1912 was 335, of whom 118 were men and 217 women. On comparing the

109 Preparation of the Missionaries 1910 p. 197.
110 Christianizing the Heathen: Firsthand evidence concerning Overseas Missions (London 1922, pp. 75-77).
list with that of the previous year, it appeared that while the total had increased from 322 to 335, there had been an actual diminution in the number of medical missionaries. They had decreased from 125 to 118, while the women doctors had increased from 197 to 217.\footnote{111} For definitely there was no lack of opportunity for medical missionary work in India.

**CONCLUSION**

The British government tried to keep their policies as secular as possible, yet not all could hide the mask of religious neutrality. As seen in Punjab, many government officials fought for the establishment of the missionary societies. The factors of race and gender rooted in the specific social realities of British India constituted the axis along which the mission movement was built. Gender was one way of signifying relationships of power. And religious discourses provided power relations externally in the public sphere. The women missionaries relied on both. The gender consideration in the mission field supported the imperial claim that European colonization had brought civilizing transformations close to the doors of the ‘unfortunate’ nations. The rhetoric in praise of the women as emancipators was used both by the British Government and the missionaries themselves. Although the coming up of the Indian women doctors have been perceived as an ideal example of the emancipation movement of the colonial times, yet whether or not the western training imparted by the women missionaries was emancipatory, is more difficult to answer.

\footnote{111} Pome Department, July 1912. 180- K&W.