CHAPTER 5

MAKING OF A MEDICAL EVANGELIST:
EDITH BROWN

The activities of the missionaries can be illustrated by looking at a specific example. I, here analyse the life of Dr. Edith Brown the founder of the Christian Medical College and Hospital, Ludhiana. In the missionary context, one may find Dr. Brown’s whole life (1864-1956) encapsulated in the building of the hospital. The aim of a biographical approach would allow to reconstruct and identify the professional and the religious life led by Dr. Brown. As pointed out by Peter Van Der Veer, the religion of Christianity itself is portrayed as the rational religion of western modernity, hence the work of the women missionaries was symbolic with the trends of modernity and tradition, packed with a strong notion of imperialism. The story of Edith Brown defines her position in the above context- as a doctor and an evangelist, both within her domain of medical work and within the larger project of colonialism. Her juxtaposition throws light on her contribution in the changing social milieu while assessing her work in the establishment of the first women’s hospital at Ludhiana.

A Life Sketch of Edith Brown

Dr. Brown’s family roots go back to the Huguenots and the period of Protestant persecution in France. Her great- great-grandfather was the reverend Peter Petit who served as the

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1 Peter Van Der Veer, *Imperial Encounters, Religion and Modernity in India and Britain*, (New Delhi: Permanent Black, 2006, p. 26)
Vicar around 1750. On the other side her mother’s father was brought up in a strict Christian family. Her own family was much respected in the local society, for her father, George Wightman Brown, was manager of the bank of Whitehaven. It was in this background that Edith Brown was born on March 24, 1864, Whitehaven, England. Two things marked a turning point in Edith Brown when she was 8 years old. The first was the unexpected death of her father. The second, as she writes in her dairy, was the call from the Lord—“on October 12, 1872, the Lord brought home to my heart the necessity for definite acceptance of His salvation—How shall we escape if we neglect so great a salvation .......................” What gave shape to this call was the correspondence that followed between she and her sister who was married to a missionary in the Godavri district, India. She read of the many Indian women who were bound by the customs and were not allowed to be looked upon by a male doctor. It was then that she determined to move to India for the women’s cause. The task ahead required specific education qualifications.

She majored in mathematics in her high school and was offered a scholarship to Girton College, Cambridge, in 1882. It was only a year before in 1881 that the Senate of Cambridge recommended to admit women students to the honours examination of University. The fact that Girton College was exclusively for women did make a difference. However, the girl students still had to attend university lectures alongside men.

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3 Ibid., Quoted p.17.
4 Ibid., pp.18-19.
students. Many of the folk who belonged to the Plymouth Brethen entized the new freedom being offered to women in the rapidly expanding field of education. Although suggestions poured in to move to an institution conservative in character rather an aggressive one like Girton, yet Edith Brown was adamant on to stay on in Girton and in May 1885, she found her name posted with second class honors in science. She worked towards her goal to move to India as a doctor that further needed medical degree. To meet the expenses, she taught at Exeter High School at Bristol. Her versatility shone as she taught geography and book keeping – both of which she had not done earlier. It was during her stay here that she met the leader of a local committee for the Baptist Zenana Missionary Society which had recently been studying the mission plans for expanding their work in India. Seeing her interest in going to India, Mrs. Robinson, the local leader, offered Edith Brown financial help. All that she needed was a medical degree. She decided about studying for it from the Scottish colleges. As she hadn't being a London matriculate she couldn't take the English qualification. All her further qualifications came from outside London, she qualified L.R.C.P.& S.(Edinburgh) and M.D. (Brussels). During her stay at Croydon, contacts were being developed. She met E.A. Greenfield, whose sister Rose Greenfield, had been in the Zenana Mission at Ludhiana for 20 years. From this sister had come an appeal for help in recruiting a woman doctor to take charge of the small hospital which she had started ten years

5 Ibid., p.24.
before. Negotiations were made with Edith Brown and the Baptist Zenana Mission to see if the young English doctor could spend her initial year learning the country and the language at the hospital in Ludhiana.

It was in October 1891, when she along with Ellen Farrer, sailed to India. They touched Bombay on November 9. On her route to Ludhiana, she had a brief halt at the Mission house in Delhi. It was here that her medical career in India began, for it was here at St. Stephen’s hospital that she even performed her first operation. ‘On Wednesday, November 19, she was asked to look at the eyes of an old patient who had been there several weeks waiting for help. Dr. Brown saw that surgery, performed at once, could save the sight of the patient; ..........’ recalled Edith Brown.\(^7\) She moved to Ludhiana, after her few days stay at Delhi, she was welcomed by Ms. Rose Greenfield at the station. Ludhiana had already experienced missionary activity albeit in a limited manner. However, it was Edith Brown’s determination that Ludhiana was brought under the mission map in a big way with the Christian Medical College and Hospital. I take up both the initiatives in the next part of the chapter.

With the passing of the years, Dr. Brown played an even more important part in the medical world of north India. She served on various outside bodies - she was a fellow of the Punjab University, a member of the Medical Faculty and Senate, a member of the Punjab State Medical Faculty and the Punjab Medical Council, a Vice-President and Founder Member of the

\(^7\) Charles Reynolds, *Punjab Pioneer*, p.42.
Punjab Nurses’ Registration Council and the Punjab Central Midwives Board. 8

With her colleagues, she was more reserved but had a great understanding, for leadership often involves loneliness; she was friendly to all, but her closest friends were found outside the college. To the staff she was “doctor” or the B.M. (Bari Miss, the great or “leading” lady). Her closest friend was another great servant of God, Mary Warburton Booth of Gorakhpur, who often visited Ludhiana, and with Dr. Brown, usually went away on holiday.9 Dr. Brown was often described as a small woman who seldom smiled, but won the hearts of many with her dedication towards her Christian work.10 About her stubbornness, Sir Michael O’Dwyer, the governor of Punjab, said that Dr. Brown always knew what she wanted, put it in the shortest form possible and usually received her request, for she was difficulty to refuse. 11 It is difficult to know exactly how deeply early students of the hospital were influenced by the style and teaching of Dr. Brown since most hospital records reflect only the impressions of the missionary staff. But the number of enrolled students suggests that the school was inspiring girls to take up medical profession.

Through the coming years, Dr. Brown’s work remained undeterred. In November 1941, 50 years after her arrival in

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9 Ibid., p.8.
10 During his visit to the hospital, my grandfather, Lt.Col. Dalip Singh (Retd.), met Dr. Brown in post partition days when Dr. Pollock was in charge of the hospital.
11 Ibid.
India, Edith Brown relinquished the post of principal of the college and was succeeded by Dr. Aileen Pollock in the following year.\textsuperscript{12} On her retirement from Ludhiana, she had been given the title of Emeritus Principal of the college and hospital and she remained in constant touch with the staff and the old pupils to the end of her life.

In her eighties, she moved to Kashmir, there in a houseboat on the river Jhelum she lived, keenly interested in all that went on in her old college and also helping in the evangelistic week and reading work in Srinagar. She opened a reading room for men, getting her books from the Evangelical Library in London; she also prepared material for recorded talks in Kashmiri in partnership with the Gospel Recording team from the U.S.A. She planted a flower and vegetable garden in the plot of land where her houseboat was moored and asked for books on gardening, as “it was never too late to learn”! On the sixth of December 1956, Dr. Edith brown died in the Rainwari hospital at Srinagar. Shortly before she died, the Ludhiana Christian Medical College admitted men along with women and the task of upgrading was undertaken in order to train the students for the M.B.B.S. degree.\textsuperscript{13}

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\textsuperscript{12} \textit{British Medical Journal}, The Journal of the British Medical Association, Vol.11, 1956, July to December, London.p.1490. \\
\textsuperscript{13} \textit{Conquest by Healing}, p.2
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Dr. Edith Brown (seated extreme left) with other missionaries, 1900

Source: Archives, Christian Medical College, Ludhiana.
Small Beginnings

A daughter of a native Christian who had been through the medical course at one of the universities and left with the impression that ‘no one who is clever believes the Bible or Christianity to be true- certainly none of the doctors do!’ a morning spent at the Charlotte hospital Ludhiana, showed her that some doctors not only believed in Christianity but also Christ and that many of the patients do understand and love to hear the old Gospel story. As she stood by one of the beds the patient took the doctors hand and repeated in Punjabi, “God so loved the world. I am going to tell the others when I get home Miss Sahib.” The native doctor left saying “Well, I would like to be a Christian doctor – you seem to love your patients and they look so happy.”

The above episode refers to a distinctly Christian institution that appropriately defines the working at the Ludhiana hospital.

Although Ludhiana witnessed initial medical work in 1881 under the Ludhiana Zenana and Medical Mission, the shape of a medical institution took under the charge of Ms. Rose Greenfield. On 18 November 1875, she came to Ludhiana as a missionary under the Society for Promoting Female Education in the East. Having had a nurses training, she gave herself to the task of aiding “her suffering sisters” in her early visits to the zenana. ‘But with the zenana work growing on my hands, I

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14 India’s Women and China’s Daughters, September, 1897, pp.199-200.
found it almost impossible to attend to the many that came for medical advice’, writes Rose Greenfield. Her desperation to help the women in time of need made her work towards opening of a medical branch of missionary service. Things began to shape up for her with the arrival of Miss Andrews who gave her little leisure from Zenana work and money for medicines from her brother back home added to the financial assistance more than needed in the early years. A double storeyed house was offered in a “most convenient situation, near the main street of the city”. And on 7 May 1881, Rose Greenfield opened a Women’s Dispensary where successful work was carried on for eight years.

Initial medical cases were based more on trial basis. ‘Some poor old bodies who had chronic ailments offered to be experimented upon saying if we cured them their whole village was ready to follow suit, others came to try to get medicine for their husbands under some false pretence or other.....’ Overcoming such ‘troublesome patients’ with missionary ‘compassion’ influenced the dispensary work that gave people more confidence in the missionary staff. In recognition of their work, the Municipal Committee gave grant-in-aid of Rs. 200 for local expenses. The Deputy Commissioner repeatedly gave quinine for distribution and some of the lady friends sent old white rags and bottles that further when sold fetched a good

18 Ibid., p. 50.
19 Ibid., p. 52.
20 Ibid., pp. 52-53.
Very soon in 1886, a branch of the city dispensary was opened in Gill and in 1897 followed by another Branch dispensary in Phillaur.

After a laborious beginning in February 1889, a disused church off the Ludhiana bazaar, lent by the American Presbyterian Mission, opened its doors to the sick and needy that came to be known as the “Charlotte Hospital for Women and Children”. Thereafter, Miss Greenfield was assisted in her work by her sister, Kay Greenfield, the Pogson sisters, daughters of a senior British Military officer and later by Dr. Edith Brown. Dr. Brown called it “an unassuming piece of Christian medical service”.

In consequence of its pioneer medical work, the Charlotte Hospital supplied clinical services to the newly established Medical School for Christian Women from 1893 onwards (This part of the study has been taken in Chapter 8).

Extended medical work in camp amongst villages was carried by the Charlotte Hospital. Ms. Greenfield opened plague-camps in the villages of Gill and Bulara and in Ludhiana with the result that rather more than half the number of cases treated was saved and in succeeding year the epidemic was fought by her staff by house to house visitation.

In later years reports, could boast of substantial figures. In 1903, there were 655 in-patients treated in this hospital at the

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21 Ibid., p. 63.
22 Punjab District Gazetteer, Ludhiana District, 1904, p. 95
23 The Journal of the A.M.W.I, Feb. 1926, p. 9
24 Charles Reynolds, Punjab, Pioneer, p.63
plague camp and an aggregate of 17,859 visits to the dispensaries.\textsuperscript{26} The hospital consisted of 80 beds and could boast of an operating room. The staff increased to eleven ladies, assisted by Bible Women, zenana and school teachers, nurses and compounders. The hospital was supported chiefly by voluntary subscriptions and partly by a grant from the Municipal fund of Rs. 40 a month and Rs. 200 a year from the District fund.\textsuperscript{27} In 1913 after 38 years of service, when work in the heat of the plains was becoming no longer possible, Miss Greenfield closed the Charlotte Hospital and its dispensaries.\textsuperscript{28} She settled in Sangla Hill where she opened a small dispensary. The Charlotte Hospital was a particular object of Ms. Rose Greerfield based on her own experience, professionalism and religious commitment for her 'Punjabi sisters'.

\textbf{Palwal : The Beginning with Dr. Brown and Thereafter}

It was only after a year's stay at Ludhiana when Dr. Brown was moved to Palwal, not far from Delhi. Her years' experience taught Dr. Brown something of the sorrows of Indian women and their need of skilled medical attention, friendship and most of all, love.\textsuperscript{29} Here she began her work as medical missionary, alone and unaided; here she began her language study (Hindi); here she saw the desperate need of the people around her and sought to penetrate the barriers of language, custom and creed, to bring help and here she was taken hold of by God for his further purposes.\textsuperscript{30} The initial struggle was seen as the biggest

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\textsuperscript{26} Punjab District Gazetteer, \textit{Ludhiana District}, 1904, p. 95
\textsuperscript{27} Ibid., p. 226.
\textsuperscript{28} The Journal of the A.M.W.I, Feb. 1926, pp. 9-10.
\textsuperscript{29} Ludhiana Women's Christian Medical College, Pamphlet (np., nd.)
\textsuperscript{30} Charles Reynolds., \textit{Punjab Pioneer}, p.64.
\end{flushright}
challenge. 'The first year of a missionary's life overseas', as concluded by a missionary society 'meant much in respect of the whole future in regard to adjustments with the native church, with fellow workers and within the missionary's own personal life....'31 Her first impressions of Palwal were not favourable. A small dispensary was opened in 1892, with three native Christian Women and two helpers.

About her experience of the latter she writes ".....I found a cold, large windowless house in a town where there were no European residents outside the mission compound...... There was no operating room, and the primary medical practice was handing out the quinine." 32 The description of the lack of facilities was not casual but occasioned. By doing so, the missionary activities were more pronounced and the latter comparison much stronger. Amidst such surroundings, on the first day at Palwal, the two lady agents, Ms. Rocke and Ms. Fletcher went into town to 'gather and bring in all the sick women and children whom they could persuade to come, 16 in all'.33 Unfortunately, at Palwal too there was a share of struggle for Dr. Brown. The unwillingness of the patients could be seen in the reports. "The women are frightened ...... It is often impossible to have an abscess lanced or a tooth drawn."34 In another instance, Dr Brown reported, "I hear that many have thrown the medicines I gave them because they have either

32 Francesca French, Ms. Brown's Hospital, pp. 21-22.
33 Report of the Ladies Association for the Support of Zenana work and Bible Women in India and China, in connection with the BMS, for 1892-93, (London: Baptist Missionary Society, pp. 16-17).
34 Ibid.

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known or suspected that they contain water and the Hindus spread the report that we put dirty water into our mixtures............The yearly Ramadan is on ........During that time no Moslem patient will swallow a dose of medicine during the hours of daylight.......I am working under still greater difficulties."35 However, the attitude towards the hospitals changed from that of condescension or fear to that of acceptance. In 1897, the reports showed the total attendance of patients as 6,650 with 72 minor operations conducted.

The hospital at Palwal for long remained the only hospital for women and children in the district. Dr. Brown worked for a couple of years till she moved to Ludhiana to fulfill her vision to open a Christian Medical College for training Indian girls as doctors for which the Government promised a sum of half the cost of erecting the hospital.

Till 1913, the Palwal Hospital functioned from a small compound. Thereafter, under the charge of Dr. Edith Young and Nurse Muriel Hawkins along with the new arrival of Dr. Florence Payne, a new building was constructed.36 Professionally sound, these women possessed skills that were utilised for consolidating their predecessor’s work. The hospital was made outside of the town called ‘Rahmatpur’ – the Abode of Mercy’.37 The content in

35 Frannescia 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.22)
the reports from the days of Dr. Brown did not vary except for the number of patients attending the hospital.

For the new staff, the surprise was the trust the villagers showed in them. Apparently, the ‘trust’ the missionaries refer to was more of ‘curiosity of Ms. Sahiba’s work’ that pulled the local women. As mentioned in one of the reports ‘Particularly welcome was the willingness to come for normal labour cases although the older generation liked to be present to see what the foreigners did!’ 38

The expectation from the missionary grew with time. Having acquired a reputation for herself, the periphery of Dr. Young’s work ‘became diversified.’ In addition to the medical treatment they imparted, the woman missionary doctor showed benevolent concern in times of adversity towards the patients, be it epidemics, family disputes or even marital problems. “Not long ago, a frenzied woman was brought by her relations, dancing and shouting into the hospital ....... A family quarrel had unbalanced her....... Pray for my husband, too, she said as she willingly submitted to be restrained on her bed. A visit from the missionary to the husband drew the couple together, and they are now being taught in their home more about the saving power of Christ which had been proved to them in hospital.”39 It was this multi-dimensional portrayal of the missionary that gave impetus to her work. The hospital premises served as a refugee camp during the riots of 1937, when the patients of all rival communities lived under the same roof without friction.

39 Ibid., p. 15.
Entrance of the Old Hospital Building

Courtyard of the Building of the Old Hospital

Source: Archives, Christian Medical College, Ludhiana.
Ludhiana: The Founding Years

As seen earlier the Charlotte Hospital served Ludhiana with its team of Christian workers, mainly under Ms. Rose Greenfield and the Pogson sisters that gradually made progression in medical evangelism.

The early days of the hospital carried stories of the struggle amidst indigenous environment. Dr. Edith Brown accounts for the 'difficult' circumstances she had to work under. Of her first experience of the hospital, she writes:

A poor girl was brought to hospital on a bed, having been carried from a village about twenty miles away. She was very, very ill and I saw that an operation was the only hope of saving her life; but I had no assistants and there was no one there who had seen a big operation.................................One of the missionaries offered to give the chloroform if she could do so without having to see the operation!.........................In order that my friend should only see the face of the patient while administering the chloroform we arranged that a girl should a towel between me and the patient's face, but I had to keep peeping over the towel to watch the chloroform, too. By God’s
grace the girl recovered, and you can fancy the joy of the poor parents when they returned and found her well. But it was a hard experience, and no doctor ought to work under such difficulties.40

Her efforts to help the sick and suffering women of the Punjab were terribly handicapped for lack of skilled assistants. The lack of any skilled help at the time of her first operation made Dr. Brown to think about the need for trained assistants. That is when she soon realised that 'Indian girls must be trained.' 41 Furthermore, her visit to Lahore and Agra School in 1892 made her comment about the lack of morals there and a dire need to open a school in safe and moral surroundings. These reasons pushed her to go for the opening of a women’s hospital at Ludhiana.

It was in December 1893 that Dr. Brown called for a conference of women medical missionaries from the North-Western provinces, Rajputana and Punjab representing the various missionary societies. Among the representatives were Ms. Bertha Thorn (Delhi), Ms. Sarah S. Hewlett (Amritsar), Dr. Ida Balfour (Ludhiana), Dr. Jessie Carelton (Ambala), Dr. E.M. Farrer (Bhiwani), Dr. Helen Newton (Ferozepur), and Ms. Rose Greenfield (Ludhiana). 42 All were unanimous in their opinion as to a great need of an institution that could train assistants to

40 Just What They Need. Being an account of The North India School for Women at Ludhiana. Punjab, np, nd.p.4
41 An introduction to Ludhiana, Women’s Christian Medical College, Ludhiana, Punjab, India, Pamhlet,( London,1930,p.2.)
help the doctor in skilled nursing and dispensing. Before the proposal was put up in the conference the assistants were trained at Lady Dufferin Association, which declared its admission of students without any distinction of race or creed. 'My fund', wrote Lady Dufferin, 'is a philanthropic work which does immense good where missions cannot enter. But the problem of imparting lectures by native men was evident at Lady Dufferin institutions. On the other hand, Dr. Brown concentrated on the fact that the girl students would be trained under the 'protection of the lady doctors.' However emphasis was on the need for Christian Assistants. 'Our trained assistants', says Ms. Greenfield, 'must be Christian assistants for the very aim and object of the Medical Missions is to set forth Christ, our Lord in His power as a great Healer and if the staff be not Christians, what influence can one hope to bring to bear on the patients?' Hence, it was believed that they would serve as a powerful adjunct in the medical mission field.

The conference ended with the signing of a statement by the fourteen missionaries for the establishment of a Christian Medical School in North India. In the following year, in May, the Provisional Committee that met at Amritsar was formed into a Permanent Committee and an Auxiliary Committee was made at England and America. This was done 'to aid the work by prayer, to interest others in the work, and to gain financial and other support, to select medical workers to go out to India and to communicate with the various missionary societies at homes

43 India's Women, April 1895, p.150
with reference to the work'.45 These powers were defined in the meeting of the Indian committee at Ludhiana in November 1894.

It was suggested that the appointment of the permanent staff should be in the hands of the India General Committee.46 The Zenana and Bible society, the U.P. Scotland, and the Ladies Association of the Church of Scotland responded to the appeal from the Provisional Committee whilst the American Presbyterian Board expressed their willingness to support the school, by the members of their Ludhiana and Farakabad mission. There was active participation of the various missionary denominations. The Church of England Zenana Mission Society passed a resolution stating that the non-denominational college for the medical training of Christian women and girls would benefit to the mission cause and they would welcome its formation. But they were not prepared to give any grants to the college and send any medical lady for the first year of the service to the college. But should the institution be established under rules and regulations which meet the approval of the committee, they would be prepared to arrange for the payment of the fees of any student whom they might from time to time send to the college for training?47

The unanimous opinion of the various missionary societies resulted in the scheme of the North India School of Medicine for Christian Women in Ludhiana. It had been filed as duly registered as a society under the provisions of Act XXI of 1800,

45 India's Women, April 1895, p.152.
46 Ibid.
the memorandum of Association in March, 1896. An agreement for five years was made for the medical missionary who wished to be appointed on the staff of the school. Towards the end year of the nineteenth century, the Hospital witnessed expansion to promote medical missionary enterprise.

As for the syllabus, a two-year course for training of compounders and a four-year course for training hospital assistants was opened. In both the cases, the examinations were held by examiners appointed by the committee and successful students received certificates as qualified compounders and medical assistants of the North India School of Christian Women respectively. An examination in Urdu was undertaken at the end of the first year and then another at the end of the second year. Midwives received a two year course of training and later took the Government examination for midwives and dais in Lahore. 49

After the school was opened for two years, it was recognised by the Government as a Medical School, and the examination for the title of Hospital Assistant was opened to the students. In 1897, there were 70 beds in Ludhiana from which clinical teaching could be given - 30 belonging to Ms. Greenfield’s Hospital and 40 to the Civil Hospital, a hospital wing was added to the school which could provide 32 more beds.50 The teaching faculty consisted of four doctors- Dr. Edith Brown, principal, Miss Allen (M.D), Part- time lecturer, Miss Balfour (M.D.), Lecturer, Miss Caldwell (M.D.) Part- time

48 North India School of Medicine for Christian Women, Byelaws, 1895. Pamhlet, np, nd.
50 India’s Women and China’s Daughters, September 1897,p.200
Lecturer. 51 Miss Allen and Miss Caldwell were loaned by the American Presbyterian Board to spend their first year of missionary service in India as part-time helpers at the Medical School where they taught Chemistry, Osteology and Maceria Medica, gaining meanwhile valuable experience to their own benefit. Miss Balfour remained in charge of the busy Charlotte Hospital in the centre of the town where in-patients, out-patients and midwifery calls were on a growing scale. Later in 1899, the first group of medical students passed their finals while others took the Government Certificate in midwifery.52 Four Students qualified as hospital assistants and all the four returned to fill posts in the various missions which had selected them for training.53 In the same year, a new building was constructed along with the North India School for Christian women. This was the Memorial hospital that became a part of the Medical School.54

By 1898, the first wards of the Ludhiana Memorial Hospital were built, staffed entirely by women and serving only women and children.55 In 1900, first four student graduates pass out.56 The medical students studied at first for a college certificate, and soon after allowed to take the recognised examinations of Punjab. One of the four medical students, Dr. Ruth Siwasubramaniam, often visited the college and spoke of the early days when they lived as a family with Dr. Brown as

51 Francesca French, Miss Brown’s Hospital, p.37.
52 Ibid.
53 Ibid., p.39.
54 India District and Provincial Gazetteers, Punjab, No.2645, year 1907, p.225.
55 Christian Medical College, Ludhiana, Pamphlet (np.nd)
56 Community Health Care by Stanley Browne, Pamphlet.
Principal, but more than a principal, as a friend too. She later addressed a gathering in the Assembly Hall on Founder's day. Remembering her days with Dr. Brown she said, ".........................Dr. Brown set a standard and nothing but the best was good enough in our examination and care of patients. She taught us the art and patience of careful diagnosis, and expected the best from us." 57

It was a pioneer venture, for no such institution existed, but, urged by necessity, all the preliminary difficulties were overcome, and in 1894 the first Medical Training School for women in India came into being. It was a glorious venture! The challenge was: "India’s millions of suffering and uncared-for women” and our response to it was: “By the good hand of our God upon us it shall be done.”58

To start a venture as big as this on meager funds of just fifty pounds, with a promise of a further fifty pounds per annum for the following three years, “had been madness to launch out on such resources.” Dr. Brown was a keen business woman with a good head for finance. She interrogated on matters of finance keeping the accounts of the hospital on her finger tips. Dr. Brown had learnt the value of money in a hard way and her sense of stewardship was strong to the end. She helped many students through their course from her funds, but kept an accurate account for each and asked that they should look on

57 Conquest by Healing p.5.
58 India's Women Doctors, Broadcast Missionary Talk by Dame Edith Brown, nd.p.4.
this help as a loan to be refunded, “so that the help you have received may be given to someone else.”

In highlighting the implications of the British rule in India for the medical needs of Indian women patients, the career of Dr. Edith Brown is suggestive. The needs of patients were certainly being expressed by those who sought her services in their homes and in the hospital. They called her into their homes to treat a wide range of conditions. Although we do not have any list of the home visits, the records of the patients at the hospital are instructive. The largest number of problems was malarial fevers followed by disease of the respiratory system and digestive problems. Some were related to rheumatic infections. The list was long and detailed; women came with ulcers, diseases of the generative systems. Dr. Brown attempted to treat these complaints but her special training had been in surgery. Even though women were apprehensive about the operations, there were cases that ranged from hysterectomy to operations on bones. 59 Like most of the missionary doctors the medical model on which she relied defined women as mothers. Even though women voiced medical complaints, they received treatment only for problems associated with childbirth, a case I take up in the next chapter. The first year of the staff consisted of one fully trained doctor, two doctors of the A.P. mission, giving one hour a day, and one working with Miss Greenfield, who acted as a treasurer and taught midwifery. 60

59 North India School of Medicine for Christian Women, Report for the year ending October 31", 1909,p.33
60 North India School of Medicine for Christian Women, Report for the year ending October 31",1934-35 .p.8.
Train India's Own Women: 'Responsibility of Britain's Women'

It became a challenge for the missionaries for they strongly pleaded to their fellow missionaries that India's welfare and uplift is, in a peculiar way, the responsibility of Britain's men and women, "that is yours and mine." The message was clear - "if it was not for our training the indigenous women could never acquire the medical achievements otherwise."

The missionaries were always aware of the needs of training indigenous women as doctors. Even as Edith Brown encouraged medical professionalism to grow, there emerged some interesting ambivalences in the message she held out for it to happen. Dr. Brown drew upon her own observations, very typical of missionary thinking, ‘Strange enough, one is sometimes asked: “Are the Indian girls really worth training as doctors, and do you find them capable of bearing responsibility?” By putting forth such ‘natural’ reluctance it only further made the medical training process as an uphill task that could demonstrate the missionary potential. For if there was a note of apprehension in imparting medical education to the local women, there was a counter statement that fully credited the Christian Medical College Ludhiana to take up the commitment successfully. Dr. Brown always echoed a sense of trust and pride in her institution that somehow she felt would take care of even the most impossible task of making the indigenous women as “capable” doctors. Dr. Brown’s portrayal towards the

61 India’s Women Doctors, Broadcast Missionary Talk by Dame Edith Brown, nd, p.19.
institution remained larger than her own life. She, as a matter of fact, replied about the medical students that “they respond to training and are well able for responsibility. We have proved it in our own staff and the opinion is confirmed on all sides by those who employ our graduates.” Such a record was evidence enough that the women of India themselves highly value the help given by their medical sisters and the gratitude they express is often very touching. Responses like these encouraged broader interpretation of the meaning of evangelism and the missionary task of a doctor. “I am daily impressed with the paramount importance and value of training India’s own daughters.”

Training Indian women had threefold advantage to the medical missionary movement that clearly revealed the management of finance and recruitment. It proved highly economical process to nurture local women in comparison to having western doctors. At the Ludhiana Medical College, on a scholarship of thirty pounds per annum for seven years, an Indian girl can take her medical degree. A medical missionary to her own people at the total expenditure of two hundred and ten pounds! Contrast this with the expense of training a foreign medical missionary . . . . . . surely on the basis of economy alone, the plea : “Train India's own women as doctors ,” is a sound one.

62 Ibid., p.11
63 Ibid, p.15
64 Ibid,p.17
To carry out the medical work in a yet-mission reluctant-society remained a challenge. Even long after working for their own “sisters”, the missionary but naturally was concerned of her acceptance, for “she still is a foreigner and one whose speech and ways are strange.” For the trained Indian woman who “speaks the language perfectly, understands local prejudices and is familiar with the Indian customs and habits of life, wins her way unhampered by the handicaps which face the missionary from another land.”

Further evidence showed that ‘Christians of the upper families were not willing for their daughters to be exposed to the publicity and temptations which were unavoidable in such circumstances. Moreover, the lady missionaries in charge of the large girls’ schools had seen such sad results from the training of girls under such conditions, that several of them said very decidedly they will not let any more of their girls enter the government colleges. Such constructions of accounts of indigenous women were central to the fascination of missionaries associated with medical institutions. Presenting compelling evidence was a direct manifestation of their exemplary influence upon Indian society to help their “Indian sisters”.

While talking of training the local woman, Edith Brown linked it directly with religion. Even having faced pressure of a secular approach from the government she never disguised her aggressiveness in imparting Christianity.

65 Ibid, p.18
As stated by Dr. Brown, while dealing with the women students, “We all felt it was most desirable that they should be kept under Christian influence during their years of training and should learn to do mission work among their patients.” 67 For even others, the work of Dr. Brown and the other medical missionaries was strongly associated with the Christian influence. As pointed out by Pundita Ramabai, “Our women who are just coming to light and knowledge ought to be helped by Christian people providing medical training and education conducted on strictly Christian principles. I hope that the Christian friends of India’s women will take up this work, and help Dr. Edith Brown and others who are labouring to give medical help and Christian training to India’s women in accordance with God’s will and word.” 68

In the later years keeping in view the political changes in India, Dr. Brown was extremely hopeful of the future, “we must go forward now with the training of Indian Christians as teachers, doctors, nurses, midwives, welfare workers, and so on; for as religious liberty is granted, they (Christian community) will be allowed, as nationals, to preach their own religion.”69 The Christian Medical Hospital served as the base for all the training programmes that finally shaped it as an indispensable institution. Dr. Edith Brown, like many other missionaries worked on rhetoric lines, it was her notions on community

67 *Just What They Need.* Being an account of The North India School of Medicine at Ludhiana, Punjab, p.5
68 *North India School of Medicine.* Pamhlet (London: Hazell, Watson & Viney, n.d)
service and commitment that encouraged women to take up medical training.

CONCLUSION

What gave sustainability to Edith Brown’s work was her perseverance. An ambitious woman, she adapted well to the Indian environment. While Edith Brown had the satisfaction of seeing the gradual realization of her early dream and the transformation of a small mission hospital into a modern hospital and medical school, the older people in Ludhiana still spoke of the buildings as “Miss Brown’s Hospital” – a befitting monument to one who never wavered in giving practical expression to her Christian faith.

The success of the women medical missionaries in India encouraged female professionalism in the mission field. Using the experiences of Dr. Edith Brown, one can study the approach of the missionaries to medical care. Dr. Brown mentions the difficulties she faced while delivering her expertise and like most of her female counterparts, she was convinced that if not for them, things would perhaps never change for women in India.