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(Re)Visiting Her-stories: A Study of Kavitha Rao's *Lady Doctors*♣

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Abstract

The quest for powerful women to receive recognition has suffered at the hands of patriarchy since time immemorial. Ambitious women who failed to comply with men could never grow out of the "whore" accusation imbued by society. These powerful women were transgressors who were deliberately shunned by society to set an example, yet they became aspirations for others and demonstrated that women's geniuses could combat the influence of patriarchy. Kavitha Rao's Lady Doctors: The Untold Stories of India's First Women in Medicine (2021) is a compilation of the stories of six powerful yet forgotten women of the past, and this paper intends to explore the social milieu characterizing these women's lives and their formation of identities. Further, it also scrutinizes the role of men in the lives of the six women and attempts to deconstruct gender biases within the field of medicine.
Keywords: Colonial, identity, lady doctors, medicine, patriarchy

Introduction

The societal response to medicine as a desirable profession for Indian women has gained popularity only in recent decades. It has also been noted that women specialize in psychiatry, dermatology, anesthesiology, gynecology, pediatrics and other associated fields, whereas their presence is relatively low in surgical branches. According to Sharad Khattar, "In the fields of cardiology and specialized surgery, there is a substantial gap between the total number of men and women doctors" (93). The preeminent rationale for this disparity is congruous with the required number of years for specializing in these fields, followed by the extensive hours of work and availability during emergencies. Khattar emphasizes that women choose their field of specialization based on their personal rather than professional preferences; they have a family to fend for, kids and elders to attend to, etc. But why? The societal power structures favored patriarchal dominance, conditioned progress, and female subjugation. It is for the same reasons that women doctors who have practiced Western medicine since colonial times are conspicuously absent from the records of mid-nineteenth century India. These polemics of societal standings and their representations found their literary breakthrough in the text *Lady Doctors: The Untold Stories of India's First Women in Medicine* (2021) by Kavitha Rao. A journalist and author/co-author of three books, Kavitha Rao has been actively contributing to filling in the gap between public memory and literary scholarship. In one of her online interviews (Khandelwal et al.), she mentioned that it was the Google Doodle dedicated to Anandibai Joshi that inspired her to research

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and correct historical silences and bring visibility to women whose achievements had been overshadowed or ignored in mainstream narratives. This non-fictional account is a significant contribution to Indian historiography and feminist literature by highlighting the intersectional struggles of caste, class, race, gender, social norms and orthodox belief systems. This compilation of life stories serves as an inspiration for current and future generations, emphasizing the importance of perseverance and courage in the face of adversity.

The text begins by describing how women trained in medicine from the United Kingdom, the USA, and Canada flocked to India as they were threatening the monopoly of male doctors in their respective native countries after the dismissal of the reputation of dhais[1] on the grounds of unhygienic and superstitious practices, foreign women seized the opportunity. The book further explores how within two decades, India began to acquire its very own women doctors who remained forgotten and lost to history for decades. This paper examines the social context shaping these women's lives and their identity formation. Additionally, it scrutinizes the influence of men in the lives of these six women and seeks to deconstruct gender biases within the medical field.

Conflict of Being First

Kavitha Rao's *Lady Doctors: The Untold Stories of India's First Women in Medicine* is a time capsule uncovering the stories, achievements, remembrance, and struggles of India's first women doctors. There is no dedicated paradigm that can resolve the conflict of being called 'first' when we talk of naming India's women doctors. Tenets which are to be considered while identifying the name of the first woman doctor in India are subjective and have multiple answers:

- Do we consider only the practitioners of Western medicine to be women doctors?
- Which degree could qualify a woman to be addressed as a doctor?
- Can doctors with medical diplomas practicing medicine call themselves doctors, or must they have an MBBS (Bachelor's of Medicine and Surgery)?
- What about women who obtained degrees but never got a chance to practice?

In the Indian context, several women digressed from the societal givens and took the uncemented road to success, full of obstacles and despair. For instance, Anandibai Joshi obtained a two-year MD from Women's Medical College, Pennsylvania, but died on her way back to India. Kadambini Ganguly obtained three diplomas in medicine and practiced throughout her life. Rukhmabai was admitted to the London School of Medicine for Women and obtained her Licentiate from the Royal College of Physicians. Muthulakshmi Reddy, however, obtained an MBBS degree at Madras Medical College. Mary Pooneen Lukose was the first female surgeon who arrived at a later period. But the question under consideration should not be who is the first because all the women individually had challenges to face, including the influence of the caste system, class, and social norms. The negligible references of these women in academia have curtailed their geniuses in the lost and forgotten pages of history. Kavitha Rao, while presenting the case of Kadambini Ganguly, writes, "the first Indian woman to become a practicing doctor" who died while treating a patient "would fade into relative obscurity, and her name would be mostly forgotten for years" (95). She also highlights that the earliest presumed women practitioners of Western medicine in the world disguised themselves as men in order to work, attesting to the fact that for women, it was not enough to be good at medicine; rather, they had to be men to be accepted and respected as a doctor. Haimabati Sen's brutal memoir from her time as a physician in the late nineteenth century was forgotten until being republished decades later in 2000. For years, Muthulakshmi Reddy was

considered to be the first woman doctor in southern India who mainly practiced during the early 20th century. This deliberate, incessant misperception was the outcome of arrays of clampdowns by the agents of society who neither promoted nor benefitted from these narratives. In the introduction to Lady Doctors, Rao highlights that "a crater on Venus is named after India's apparent first woman doctor, Anandibai Joshi, but not a single road or school in India" (2).

Question of Identity

Colonization inaugurated major sociocultural struggles, which further infiltrated traditional Indian sensibility and made room for advancements. In the words of Ashis Nandy, "...colonialism is also a psychological state rooted in the social consciousness in both the colonizers and the colonized. It represents a certain cultural continuity, and it carries a certain cultural baggage" (2). K.N. Panikkar, a noted Indian historian, while commenting on the intellectual situation in colonial India, writes, "The intellectual quest to shape the future of Indian society… remained ambivalent, often contradictory, in its attitude towards tradition and modernity. For the endeavor of a subjected people to reclaim the uninterrupted development of their history cannot but be based on the strength of their tradition" (2115). During the colonial period, Indian identity was stationed at the crossroads of cultural-ideological struggles. The traditional Indian sensibility, with the motif of securing the cultural identity, despised the infiltration of Western ideologies promoting women's education. However, it overlooked the fact that in the practice of medicine, women "dressed as men, moved to countries other than their own, studied in foreign languages, and spent years navigating and battling the system" (Rao 8). Utilizing these fractures, the lady doctors strived to make Western medicine a woman's job as much as it was a man's and embarked on a journey full of contempt and hate.

Kavitha Rao, while describing the stance of Kadambini Ganguly, writes, "Like her Victorian counterpart, the bhadramahila- the Bengali gentlewoman- was supposed to be educated, but not so educated that she forgot her place" (77). In the chapter titled "The Working Mom", Rao describes how Kadambini Ganguly, despite the predicaments of caste, gender, and poor educational facilities, took care of her eight children and fulfilled her duties as a woman doctor. For Kadambini, it was society's naturalized appropriation and not her capabilities and merit that would define her career. Despite being a doctor, she was "often treated as no more than a midwife" (93). Anandibai Joshi, from the chapter titled "The Good Wife", in her speech "Why Do I Go to America," rationalizes her determination to sail to a foreign land to fulfill the unwavering purpose of studying medicine alone. Her emphasis on ensuring that her faith, religion, clothing, and traditional Indian Identity would remain unblemished of Western influences depicts that she was unwilling to set a toe out of the traditional contours of Indianness. These women of the colonial period were seeking empowerment but were fearing ostracism from society as well. In their endeavors to elevate themselves from their stagnant identities, their marginalization was manifold. Rukhmabai Raut, in the chapter titled "The Rule Breaker", battled for divorce with such vigor but continued to wear white after the death of her former husband until her last breath. Haimabati Sen, in the chapter titled "The Fighter", suffered impecuniously after the demise of her first husband. She had to struggle for a single meal every day until she found support from the Brahmo Samaj[2]. She was an educated woman capable of sustaining herself. Yet she yielded to societal norms and remarried, only to become the sole breadwinner and caretaker of her family. She solicited her duties as an obedient wife by handing over her entire salary to her husband to furnish the hierarchical set-up of society. In "The Surgeon General", Mary Poonen Lukose remembers the words of her father, who said, "My child, you have come to have certain advantages and privileges which other girls have

not. Remember that you have responsibilities also" (214). These women, in lieu of constructing a new identity, walked on thin ice that comprised adhering, effusing, and challenging their pre-existing socio-cultural predicaments, leading to the initiation of the conflicted identity.

Question of Emancipation

The July 1882 edition of *The Indian Medical Gazette* asks the audience to consider:

> Is it feasible? Have native ladies, as society is now constituted sufficient physical and moral stamina for the work and position? Would they in the present state of native society be admitted into zenanas? Are the middle classes as a rule able to afford a double set of medical attendants, male for the men, female for the women? How and where are they to be educated? … if women are to help men in ministering to the sick, it would best accord with the established ordination of nature and society if they were to take the position of helpmates rather than the attitude of equals and rivals. (Women Doctors for India, 1882)

The customary questions that hovered over late nineteenth-century India comprised doubts and insecurities about training females as Western medicine practitioners. British India was witnessing a flux of foreign women doctors challenging the conventional codified distinction between men and women. Consequently, the emancipation of women primarily began to be orchestrated by men who themselves were ambiguous about the apparent emerging requirement for medical assistance for ladies. For them, women were better suited as subordinates to male doctors. They also opined that a lot of the apparent medical requirements of women could be met through sanitation instead of medication. Gopalrao Joshi became a tremendously supportive husband who allowed his wife, Anandibai Joshi, to become the first Indian woman to travel across the sea and obtain a medical degree. She became the touchstone for every other woman who was willing to pursue a medical degree from abroad. On the other hand, Rukhmabai's unwavering decision to divorce Dadaji was met with hateful criticism from conservatives. She was incessantly compared to Anandibai, whose refusal to follow the culture of the West became the yardstick for those who followed her footsteps. But the overtly unheeded aspect of Anandibai's journey was something that nobody talked about: the constant physical assaults from her husband for being distracted from her studies, the ostracization from the community, the difficult life she led overseas, the time she spent writing letters and ensuring everyone at home that she would not be converting to Christianity. Rao mentions rightly in her text, "Anandibai walked a perilous tightrope between patriarchy and emancipation, and often it was difficult to tell which was which" (39). Later, she also sheds light on the partial intentions of great reformer Vidyasagar, who played a significant role in widow remarriage law, "It is true that Vidyasagar was partly motivated by a prudish Victorian mentality. He was shocked by the idea that widows might be sexually independent and by the profusion of child widows turning to prostitution. He also did not consider that widows had limited property rights, and thus did not make this aspect a part of his fight" (145). The hypocrisy of the patriarchal propositions thrived in the nineteenth century as they continued to support the female cause at their convenience. Nonetheless, the question of emancipation opened the floodgates of change, where women eventually began to amend their trodden status in society.

Patriarchal Subjugation

Patriarchy enables a stratified social structure by sanctioning a hierarchical power relationship between men and women, which promotes and reproduces inequalities based on class, caste, sex, or any other difference that sets them apart. Patriarchy existed in the Western as well as Indian set-up and exploited women by bracketing them as the weaker sex. Simone de Beauvoir, in her seminal text *The Second Sex* (1949), writes, "He is the Subject, he is the Absolute…she is the Other" (16).

Kamala Bhasin, while deciphering the difference between sex and gender, talks about naturalizing the gender inequalities and says, "In a way women, and women's bodies, were and are held responsible for their subordinate status in society" (1). This discrimination, to stay afloat, required active female subjugation. The steady rise of female voices in the nineteenth century hounding emancipation wounded the hold of patriarchy over society. Reactions and retaliations began to pour in as a response to the outbreak of female education.

Bal Gangadhar Tilak, a conservative during the late nineteenth century, did not shy away from shaming Rukhmabai in his Kesari[3] newspaper when she transgressed against social norms and filed for a legal divorce from her husband. Bangabasi[4] called Kadambini a 'whore', followed by the argument brought by the Indian Messenger wanting women to refrain from education because that would turn them "unchaste and wayward" (Rao 91). All the women doctors, in one way or another, were subjected to gender inequality and discrimination. Kavitha Rao, further implicating the patriarchal conundrums, describes the marital rape that Haimabati could not comprehend when she was young: "During the day, she and her husband's daughters played with dolls. At night, she would make excuses to avoid her husband's advances. Haimabati would lie on the bed, silent and stiff as a piece of wood. When she fell asleep, someone would remove her clothes. She would wake up and wrap herself in a blanket" (140).

The Indian patriarchal force of the nineteenth century, however, encountered a tumultuous streak of resistance from the lady doctors. Rukhmabai Raut "had lit a grenade under a cloistered, ossified Hindu society" (104). Despite belonging to Suthar[5] caste, she was the first to legally seek divorce while being antagonized by conservatives like Bal Gangadhar Tilak. Muthulakshmi Reddy belonged to the Isai Vellalar[6] caste, but that did not deter her from establishing one of India's premier cancer treatment institutes in Madras. She faced opposition from women of her own community while grappling with a bill to bulldoze the devadasi system[7]. Subsequently, these lady doctors redefined the course of events by enduring, negotiating, resisting, and subverting the patriarchy that initiated the emancipation of women in the first place.

Conclusion

Thus, Kavitha Rao's *Lady Doctors* serves as a time capsule, offering a glimpse of the hardships Indian women had to endure just because they strived to be unconventional. With their distinct predicaments, these women, namely, Kadambini Ganguly, Rukhmabai Raut, Anandibai Joshi, Haimabati Sen, Muthulakshmi Reddy, and Mary Pooneen Lukose, delineated the emancipation of women. It was their relentless endeavor that sabotaged the obligatory patriarchal support. While the fathers died, the husbands stayed in India, yet these women continued to study overseas and worked on their own. Caste privilege certainly helped four of the six women doctors, though all of them suffered because of patriarchal oppression. This article has attempted to accentuate the experiences of Indian women doctors, who, in the colonial era, helped destroy colonial prejudices and played a key role in dismantling the structure of zenana medicine, which endorsed British women doctors as the best resort for the Indian women population. Haimabati and others emphasized the importance of the Indian woman doctor in rural areas. Kadambini, with her eight children, made working motherhood acceptable. The absence of these undertakings by the lady doctors in the mainstream histories divulges the hegemonic nature of the archives for advocating conventional and prevalent narratives of the nineteenth century. The advancements made by these women resulted in the establishment of several medical associations. The Association of Medical Women of India (1907) and the Women's Medical Service (1909) were founded to train more Indian women doctors. The lady doctors revolutionized maternal health by introducing civic

sanitization programs. They procured the beauty of science—its rigor, its certainty, and its reassurance—for women who were supposed to know only superstition and chaos.

Notes

[1]Dhais are midwives who assist Indian women during childbirth.
[2]Brahmo Samaj is a theistic movement founded by Ram Mohun Roy in Kolkata in 1828 that relinquishes Hindu rituals, image worship, and caste system.
[3]Kesari was a newspaper started by Bal Gangadhar Tilak.
[4]Bangabasi was an orthodox magazine in Bengal.
[5]Suthar is a Hindu caste traditionally consisting of people who are carpenters and belong to the reserved category.
[6]Isai Vellalar caste consists of backward-class people who are traditionally performers, artists, etc., in the Indian state of Tamil Nadu.
[7]Devadasi system refers to the practice of devoting and marrying young girls to a deity before the onset of puberty.

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