

# The Absence of the Female in Medical Discourses of 19<sup>th</sup> century Bengal

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## Abstract

The 19th century also witnessed a plethora of innovations in medicine that led to the rejection of the theory of miasma giving rise to a new perspective on human body and the diseases thereof which facilitated substantial study on tropical medicine and diseases by the imperial administration. Few contemporary novels bear testimony to this advancement of medicine and the advent of natives in the military and civil medical services. The paper, in question, will utilise one such novel that is, Banaphool's *Agniswar* as an entrepot to question the absence of women in the evolving 19th century colonial medical discourse as active beneficiaries. It would seek to establish that women suffered worse than their male counterparts as their diseases were considered to be private affairs to be dealt exclusively within the confines of the household. The paper will commence by classifying contemporary females under three heads that is Memsahibs, Bhadramahilas, and the rest followed by studying them on the basis of Edward John Tilt's *Health in India for British Women*, the case of *Queen Empress vs Hurree Mohun Mythee, 26th July, 1890*, and finally Ranajit Guha's *Chandra's Death*. To sum up, the female bodies will be studied as homogenous, dehumanized, and malleable, spaces appropriated by the males both native and colonial, to serve as sites of performative resistance against polluting mutual influences. Additionally, as female bodies they were intended to be ideologically consumable objects embodying the discourses of purity of the respective civilizations. Protecting the female body, claiming ownership, and control followed by the apathy of the colonial administration will be demonstrated as a reflection of medicine and public health in colonial India as a selective enterprise seeking to maximize economic and political gains.

**Keywords:** Colonial medicine, 19th century Bengal, Female bodies, Public health, Colonial woman, Chandra Chashani, Phulmoni Dasi

The discourse of colonial medicine in India germinated from the imperial concerns regarding the containment of contagion in colonial enclaves. The initial motives political and economic in nature later evolved to embrace concerns of public health of natives in India, thereby ushering in an era of politics of pseudo-humanitarianism expressed through the practice of state medicine aimed at introducing the natives not only to the advanced systems of Western medicine but alongwith it the allied philosophy of Enlightenment, a scientific temper, and a spirit of enquiry deemed to be absent in the otherwise indolent and intellectually languished natives.

In the existing body of colonial literature, it can be observed, that females, and curative measures for gynaecological indications have found little empathetic attention from the seasoned imperial medical practitioners or their native protégés. The broad objective of the paper hence, is to highlight and question the absence of female agency as active beneficiaries in the aforesaid domain and recount probable causes for the same in the context of colonial Bengal. The paper will begin by tracing the absence of the female's agency in contemporary vernacular literature, taking Banaphool's *Agniswar* as a microcosm of contemporary social framework. The females will then be divided into three groups on the basis of their respective social positions, following which the implications and attitudes of colonial medicine towards each group will be explored to establish that no class of females in colonial Bengal under imperial administration received impartial and favourable medical attention.

Dr. Agniswar Mukhopadhyay is the superlatively intelligent, infallibly moral civil surgeon protagonist of the eponymous novel of Banaphool. Adhering to the first person narration, an unnamed narrator extolls the virtues of the strict disciplinarian Dr. Agniswar Mukhopadhyay's impeccable sense of egalitarianism, modern overview of religion, and emphatic devotion to the nationalist cause. The crucial part of the novel is Agniswar's subjective interpretation of the Panchasati (Sita, Tara, Ahilya, Mandodari, and Draupadi) in the Indian mythology the salience which lies in the elaboration of the deeds of the Panchasati and an analogy drawn with five female patients of varied social strata that he had the chance to treat in due course of his professional career. On a deeper examination, it can be observed that Agniswar's ideal female were defined by politics of purpose that facilitated the fortification and propagation of an ancient Vedic pseudo-patriarchal order based on the norms of purity of ends and conscientious intentions rather than the nature of actions leading to the achievement of the concerned ends. The females chosen to be venerated by Agniswar are undoubtedly representative of unconventional choices but cannot be said to be endowed with agency as they are consumed with a relentless desire to direct their actions towards the preservation and dissemination of an order envisioned and fondly fostered by native males. In this context, the case of Agniswar's wife can be invoked who remains unnamed in the text thereby marking her inconsequentiality in the progression of the narrative. Being painted as thoroughly insignificant, devoid of any intellectual capacity, interested only in frivolous material pursuits, she is deemed a companion wholly inappropriate to an intellectual giant who could have been another Voltaire or Rousseau (Banaphool, 1960, p. 37).

Agniswar's Panchasati are females unconsciously feeding the cause resounding interpretations of a Vedic tradition and being consumed in the process. They are characterized by their conditioned choices to uphold the sanctity of domestic space and familial ties than seeking restoration of their health through medical intervention. This idea can be read as the construing of the nation in chains of a foreign rule as sacred home and the youth striving for independence as a part of a large family calling for the sacrifice of the female for the protection of its sanctity. To explicate this lack of agency in consciously seeking medical attention as depicted above, the contemporary females will be categorized under three broad heads, namely the Memsahibs, the Bhadramahilas (here the upper class Bengali Hindu women of Calcutta), and the unchaste widows to effectively evaluate the tendentious responses of the colonial medicine towards them.

The category of Memsahibs is comprised of numerous British women emigrated from their homeland to India in search of marriage prospects or accompanying their spouses during their commission. To observe their construction in the discourses of 19<sup>th</sup> century colonial medicine, the work of Edward John Tilt (1875) titled *Health in India for British Women* will be taken into account which was written with a purpose of:

... pointing out to medical men what [he has] found to be the evil effects of tropical climate on European women and the best way of meeting the mischief [and had compiled] *a guide to life in India*, so as to enable [British women] to do the best under unfavourable circumstances for the maintenance or the recovery of health” (p. 14).

The work pertains solely with the ovaro-uterine complications and summarily neglects any other plausible causes for discomfort to females in a foreign land with unfamiliar climate. Additionally, the work written in response to the classic work of Dr. James Johnson and Dr. Ranald Martin where only three lines had been devoted to the ailments of the females, does little to improve the case as in the entire volume only two chapters concern with the aforesaid malady of females. It has to be noted here that the work was not directly addressed to the females but to the males who owing to the intellectual incapacity of the weaker sex were expected to act as their guardians. Along with fashioning India as a land characterized by supreme lack of hygiene, the text constitutes Memsahibs as frivolous creatures eager to be courted and perpetually in pursuit of carnal and material pleasures. Tilt (1875) writes:

Thus placed in circumstances adverse to health, women find themselves the more sought after because they are few in number, and they naturally enough give themselves up, to the pursuit of pleasure and set at defiance the laws of hygiene. They take little care of themselves at monthly periods, so the menstrual flow becomes too frequent or too abundant, or is too painful. (p. 56)

The unfortunate rendition of the Memsahibs as can be observed in the aforesaid work becomes more pronounced when the narrative is compared to that of Sir Joseph Fayrer. The work addressed exclusively to men benefits from the personal experience of the author and is directed towards advising young officers on the best practices of preserving physical and emotional well-being in a land excessively distant from the accustomed climate and topography of their home. The tone considerate and empathetic in nature stands in direct contrast with the detachedness and palpable lack of empathy observed in the work of Tilt. Whereas the cause of ailments in males can be of varied nature including climate, physical labour, emotional fatigue, or unavailability of clean drinking water, that in females is assumed to be caused by lack of hygiene and restraint alone. Additionally, it is imperative to mention here that there is a strong recommendation of the cultivation of a hobby and intellectual exercise for males as, “Physical health is so much influenced by ... [and] dependent on, mental health, that the integrity of one often implies that of the other” but for females, emotional health is regarded as a direct outcome of a healthy reproductive system (Fayrer, 1880, p. 22).

Memsahibs hence, were valued only for their domestic and reproductive function as can be seen in the emphasis laid by Tilt singly on ovaro-uterine conditions above all else. The work abounds in repetitive mention of females as indolent beings, averse to exercise – both physical and intellectual, and prone to habitual intemperance. It may be added here that instructional works directing the behavior of women in a foreign land are mostly compiled by men like H.H. Goodeve of Rf Frederick Corbyn. There are few instances of treatises by women and wherever present, they like their male counterparts provide instructions on all aspects of housekeeping and childcare except offering viable advice on preserving personal health under various adverse circumstances such as that of Kate Platt or Grace Gardiner and Flora Annie Steel’s works. Works of such nature vehemently condemn any deviance from the norm and reinforce ideological institutions by effacing anatomical connotations of female bodies and their subsequent re-imagination as receptacles of lofty ideals of enlightenment and civilization. Hence, the function of females are restricted to the near perfect enactment of the roles of honorary caregivers and

domestic goddesses, and of the myth of impeccable imperial domestic space in a society stricken with epidemics, putrefaction, decay, and diseases.

Prior to proceeding to the second category of females, that is the Bhadramahilas, it would be worthwhile to take a glimpse into the upper class Bhadrlok household of which these females constituted the obscurest part. An elaborate account of the quotidian life of such women comprises the content of Meredith Borthwick's research on the role of women in late 19<sup>th</sup> century Bengal where she analyses the manner in which the karta or the lord of the household conducted rigid scrutiny of the female's behaviour. This can be understood from a tract composed by Shib Chunder Bose fashioned as an explanatory narrative for the benefit of the English masters, establishing the customs of household practices including the zenana as a continuation of the Indian tradition where zenana, was initiated to protect the females from the alien invaders in pre-colonial times. Considering their immature intellectual status as unsuited to holding communion with the outside world, in the colonial era zenana served to restrain the females as expressed by Bose who observes:

Few things please [the women] better than a conversation on [ornaments and workmanship], which from the absence of mental culture, almost wholly monopolizes their mind ... On matters of the most vital importance their notions are as crude and irrational as they are absurd and childish. (p. 22)

This directly advocates the politics of subordination of the females under the moral guidance of men ideologically professing as providers and preservers of the weaker sex delineated as miniatures of the conceptual Mother India, in need of constant protection from defilement at the hands of treacherous foreigners. Alike their imperial counterparts, native males looked upon their females as a repository of traditional values which had to be reclaimed and re-established to diminish cultural subjugation. Hence, zenana became a ferociously guarded performative space where through quotidian ritualistic practices Indian-ness was reinstated both in its physical coordinates and on the bodies of its denizens. Thus, Western medicine affiliated with its allied ideologies and philosophies was deemed to be a polluting presence capable of corrupting the otherwise desexualized puritanically imagined sugrihini (the concept of ideal wife) adorning the Bhadrlok household relegating her ailments to the domains of Indian alternate medicine, often with fatal consequences.

The imperial discourses however, as has been explicated by Indrani Sen, imagined the zenana as a venue of unrestrained sexuality of lascivious and morally degraded Indian females in grave need of moral correction. Phulmoni Dasi's case can be invoked in this context where a child-wife of 11 years and 3 ½ months, entrusted to the confines of the zenana, in the absence of appropriate medical intervention, succumbed to the mortal coital injuries caused by her husband, the 35 year old Hari Mohun Mythee. The case was tried in the Calcutta Sessions Court with proceedings recorded as *Queen Empress vs Hurree Mohun Mythee, 26th July, 1890*. The physical details of autopsy of the body of the deceased Phulmoni state that:

The injury inflicted was a rent of the vaginal wall on the right side of the os uteri, measuring 1¾ inch in length and 1 inch in breadth. Copious haemorrhage took place immediately after intercourse. The girl died of exhaustion 13½ hours after the act. The vagina was found to be distended with a clot measuring 3 inches in length by ½ inch in breadth, and there was a globular haematoma in the right broad ligament, measuring 3 inches in diameter ... Found that the prisoner caused the death of the girl by a rash and negligent act." (Waddell, 1921, p. 303)

L.A. Waddell's and Norman Chevers' records of medical jurisprudence reflect that the death of child-wives through reckless intercourse and their subsequent concealment were not uncommon in colonial Bengal which refreshes the concerns regarding the accessibility to medical care. In case of Phulmoni, the trial mentions a certain Dr. Annoda Prosad Das whose testimony was included in the proceedings but the purpose and time of summons extended to him from the Mythee household cannot be commented upon with any certainty. It is daunting to observe that in the entire duration of 13½ hours the family did little to ensure that Phulmoni received proper medical attention and survived.

In this context, Phulmoni's body when opened for autopsy and gruesome details exposed, it transforms as a combative space for the clash of dual value systems determining the dynamic social scenario of the urban metropolis. Whereas on one hand politics of concealment and aversion to foreign-ness was played out under the larger fabric of patriarchal nationalism, on the other the body was constructed as a site of enlightened detachment that was expected to facilitate emancipation, in terms of healthcare and consent, of native women from their own men often associated with sexual excesses and aggressive exhibitionism. In this discordance of the two extreme outlooks centered on simultaneous politics of adopting and renouncing the native females, their voice and agency was ultimately stripped constituting them as spaces of social experimentation and sites of demonstrational humanitarianism.

The last category is comprised of the biomass of the native and the imperial socio-cultural space comprised of the low-caste fallen women or unchaste widows who can be spotted more frequently in the tomes of medical jurisprudence or forensic medical discourses renouncing them for the inevitable loss of their lives as a result of the pursuit of forbidden pleasures. Belonging to the lower class or the margins of upper class Hindu households as widows, these females are devoid of the social sanction available to the two classes discussed above thus populating the public sphere as objects free to be owned and rejected in purpose-based relationships which when resulted in pregnancy. In such cases, of which a plenty of instances can be found, the only way available to them in the absence of recourse to Western medicine was the use of indigenous methods, which often bore disastrous results. Durba Mitra (2020) attesting the phenomenon comments:

There are brief, constrained appearances of the precarious lives of women in official medico-legal narratives. Yet medical and legal archives offer exhaustive, exacting, and repetitive descriptions of these women's bodies: narratives saturated with details of bodily trauma and death. Experts claimed these women's lives, and deaths, for their own purposes. (p. 101)

These women in colonial Bengal served as sites for the demonstration of the terrifying consequences of defying social norms thereby enabling the ratification of a common order based on preserving the existing pseudo-paternalistic order thriving upon the body of females simultaneously acceptable to the natives and their imperial masters.

The above position can be verified from the case of Chandra Chashani belonging to the Bagdi caste of the village of Bhabanipur who having been involved in an illicit affair with Magaram Chasha, her brother-in-law, had conceived. In order to initiate abortion Chandra was administered a concoction made from local drugs which resulted in a failure leading to the death of the subject. Ranajit Guha's (2010) account pertaining to the death of Chandra presents the attempt to induce an abortion as an intermittent instance of solidarity displayed by the women to counter the domineering norms of the male order. However, on deep examination, the aforesaid attempt can be read as a measure to preserve the social order rather than exhibit defiance. Being a

poor widow and having conceived illegitimately, Chandra could not have availed any recourse to medical aid that instead of catering to ailments consciously practiced reinforcing social discourses of eligibility of access to medical intervention or the absence of it thereof. Hence, Chandra was forced to resort to the means available to her in order to protect the garb of chastity that would probably have ensured her association with her deceased husband's family for a semblance of social support. This was compounded by the prevalent medical practice of:

... utiliz[ing] a circular form of reasoning where anatomical description was united with a speculative sociology of Indian women's sexuality, and then read back onto the body to discern the meaning of the anatomical violence on the body" (Mitra, 2020, p. 101).

From the discussions above, it can safely be concluded that female bodies were not merely anatomical realities but instruments appropriated for the functioning of dual patriarchy, that of the white and the native male, operative in 19<sup>th</sup> century colonial Bengal. These bodies irrespective of their social standing were expected to serve as performative sites for the enactment of imperial humanitarianism on one hand and latent nationalism on the other. They were tangible texts and ideological spaces for the concretization and exhibition of the values of their respective patriarchal civilisations that was achieved by the existing order by strenuously adulating the unerring and chaste and vehemently renouncing the corrupt and deviant female bodies.

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