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RETHINKING THE THORNY JOURNEY: MEDICAL WOMEN IN COLONIAL INDIA

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Abstract:

While analyzing the status of the women in science and technology we often forget to address the remarkable work and contribution of Indian women in medical science. This paper aims to assess and historicise 1) the struggle for medical education by the women of India in colonial period through gender lens; 2) Impact of the medical education on social reform movement and women's empowerment irrespective of caste, class race and region; 3) Intervening role of colonialism in growth and development , achievement and accomplishment of medical profession for Indian women; 4) Certain aspects that universalized the experience of some of the earliest Indian female doctors being a medical women and last but not least concurrency among the feminist consciousness, social reforms and emancipation of women socially and economically in 19th century India.

Keywords: Female, Empowerment, Gender-gap, Health, education, Social reform

1.0 Introduction:

Let start our journey focusing on interesting stories of success and fame about two legendary Ayurvedic female practitioners of early 19th century Bengal when modern medical education was not institutionalised for women in Indian. They were commonly known as **Jodur Maa** (wife of Kasinath Dutta) and **Rajur Maa.** Society largely appreciated and accepted their proficiency on indigenous medical system. Jodur maa took up the profession of her husband for subsistence of her family after his untimely death who was an Ayurveda professional. On the other hand a barber's wife Rajur Maa was renowned for her expertise and knowledge in minor surgical procedures with her barber's knife (Deb,2010).

Not only in Bengal We have found Yashoda Devi as well known Ayurvedic practitioner in 1908 with her own dispensary named *Stri Aushadhalaya* in Allahabad. She took her training from her father (Gupta, 2005).

It is evident that access of medical knowledge was quite convenient and democratic for those who perceived it informally through heredity or within the family with a medical background but access was not so easier for those who wanted it through formal institution. The battle started then.

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2.0 Historical Background of Foundation of Modern Medical Women in India:

In 1880, George T. Kiltredge an American businessman from Bombay (Mumbai) wielded to the establishment of medical education for Indian women. With his great endeavour Grant Medical College opened its door for female candidates (Ramanna,2012). It was a revolutionary step in the history of medical education in India. The idea of female medical education first mooted by Dr. Edward Green Balfour (The Principal and Surgeon of Madras Medical College) in 1872 who gave his consent to the proposal. Consequently, four European or Anglo- Indian female students were admitted there in 1875. However, the real landmark in the history of the institutionalisation of female medical education in India was the foundation of Lady Duffrin Fund in August, 1885 to provide formal medical training and medical aid to women, to create female nurses to train traditional birth attendants (Midwifes or Dhais), to arrange for medical relief and to promote a systematic and regular medical assistance for Indian women. So it was a combination of public-private endeavours to produce trained medical women. In 1885, Maharani Swarnamayi Devi (1827-1897) donated 1.5 lakhs for constructing a hostel accommodation for female medical students of Bengal.

Female physicians in England morally supported the need for establishing the medical department in India exclusively by and for the women. An avenue for opening the platform for medical training and education for many aspirants Indian women was strongly favoured by the progressive Indian society, middle class, social reformist and British officials too. But surprisingly, a certain number of groups were voicing their opposition to this proposal within the existing members of the medical field as they did not agree to share their authoritative control over medical establishment and expertise there in. But women of elite society restricted them from seeking medical treatment from male doctors owing to cultural practice of seclusion (purdah). This notion of modesty created hindrance in training of *midwifery* by the male aspirants. Though male doctors of Bengal demanded for pursuing the course of midwifery and disease of women and children in 1867. This proposal was rejected by the Medical College Council because there was difficulty in practical instruction owing to unavailability of females for demonstrative purpose. On the other hand, social reform movement tried to remodel, reconfigure and reconcile the indigenous socio-cultural practice and ideas with the West. In this reforming discourse, proper medicalization of childbirth was a pivotal issue. Moreover, for safe, sanitized and reformed domesticity in respect with ideological and social context the demand for elementary medical literacy of women for household was evolved within the patriarchy itself. Ultimately the code of medical profession was restructured through facilitating women in this field. With this new journey the dominance, masculinity and monopolistic approach was partially modified within the structure of medical establishment.

Notably, in this context male social reformists articulated and addressed differently than the female reformists because they performed within the territory of strong patriarchal framework with some liberal motives for women's agenda so their approach was not holistic and affirmative in all respect. The voice for reforming the society was not gender neutral and ideologically equal as male did not emphasis on same theme and on same remedial measures. Female reformist's view point was completely different than their male counterparts. Qualitatively, most of the male reformists believed that women's employment and their participation in economic activities had no direct connection with their education and social condition. They permitted women's upliftment through education so as to get proper accompany for exchanging of ideas within their private domain not for women's self - enrichment. Education can only reframe women's social image for wellbeing of their family. So, women's education either general or medical was merely a moral project for household not granted as career project. It was expected that these refined newly educated women will be the perfect match for their partners in their domestic life for

sharing knowledge and playing role as good care giver. This fascinating status was given to the women of particular class to enhance the quality and utility of their family members which was not at all self–emancipatory. Since welfare, development and prosperity of women were not the core agenda of this educational project so their own needs were being suppressed with their augmented artificial status. The main objective of female education then was only to recustomise and rebuilt the civil society with new form. Medical education for women also was an elitist affair. Women of the common, lower class, under privileged group were far behind from this reform project (Banerjee,1989).

In our country there is a history of gender-gap and gender- hidden curriculum for exclusion of women from the medical profession. During mid-seventies of 19th century Bengal a section of educated social reformers raised their voice in favour of inclusion of Bengali women in medical education. In this context before Bengal Madras played a leading role by initiating medical education for women. In 1874 a new chapter in the history of Indian medical education was written for Indian women when Madras gave permission female students to join at Madras Medial College (Scharlieb,1924). It was a historic journey for them when four female students took admission in Three – year certificate course at Madras Medical College. Later on in 1883, Bombay University opened door to women for a five – year medical degrees. Social reformers of Bengal argued strongly that besides basic education, western medical training is needed for women so as to provide proper health care of their own sex. Giving emphasis on medical education for women *Bamabodhini patrika* wrote, "Everyone with prudence will admit that as for men, medical education is equally necessary for women." In 1882 Abala Das (later married to Dr. Jagadish Chandar Bose) and Ellen Barbara d'Abrew applied to Calcutta Medical College. A.W. Croft the Principal of the college and Lieutenant Governor Sir Richard Temple supported the demand for medical education to women but the whole medical council reacted adversely. As a consequence, they took admission in Madras Medical College. In spite of enormous difficulties ultimately a resolution was passed in June 1883 at Bengal province to admit female students at CMC (Calcutta Medical College) with great endeavour of Lieutenant Governor Sir River Thompson.

Kadambini Basu (Ganguly; 1861-1923) the first female graduate (1882) with chandramukhi Basu from Bethune College in the entire British Empire was also the first Bengali woman who got the premier opportunity for medical training at CMC in 1883 (Rao , Karim & Motiwala,2016). She was awarded with GBMS (Graduate Medical College of Bengal) degree instead of MB degree as Prof. R.C. Chandra failed her in medicine owing to his illiberal and vindictive step as he strongly opposed the resolution. In 1884, India Medical Gazette along with contemporary journals criticized by stating that "Women were better fitted for nursing than being doctor". In 1893 Kadambini went to abroad (Edinburgh) for higher studies. Outside Calcutta The Dacca Medical School also allowed female students though the number was very poor during this time. In 1916-17 there were only two students. Next year it was increased by seven and by 1920 it was reached to twenty.

Medical education had an emancipatory effect in colonial India for the women of urban and semi urban locality. It ensured empowerment through employment, professional identity; financial security, social mobility and freedom to those who had received this opportunity. However it was not so easy journey for Bengali women because patriarchal social norm and fear of seclusion from family made them unable to become a medical student. Initially they appeared ones and two. On the other hand, women belonging to Native Christian, European, and Eurasian community of Bengal were in a favourable situation. Around 1893-94 out of a total of thirty one female students at Campbell (Now known as NRS Medical College & Hospital) there were only seven Hindus, seven Brahmas , two Muslims and ten native Christians. This trend persisted till 1930.The progress

rate of medical education for women and emergence of women medics was very slow during this struggling period and majority did not take part into it. During 1935-1940 this scenario was changed slightly while participation rate of women belonging to Hindu and Muslim community was increased and number of Anglo-Indian students decreased. Though facilitating Bengali women into medical profession was not appreciated by each corner of society owing to prevalent middle class notion. But there was a compelling logic of health needs which extended the demand for trained medical women. So, despite all social, political and colonial hindrances to discourage female medical education it was continued to spread and flourished as a specific branch of science stream slowly but consistently during midways of 20th century in Bengal.

Table 1: Showing inclusion of female in Medical Education (Mukherjee, 2012)

(belonging to different religious group)

(between 1935-1940)

CATEGORY OF FEMALE STUDENTS	1936-1937	1937-1938	1938-1939	1939-40
Hindu Brahmin	2	6	3	5
Hindu Non Brahmin	24	27	37	38
Muslims	3	4	6	6
Indian Christians	--	--	1	3
Anglo- Indian Christians	2	1	--	--
Others	8	7	7	5
Total	**39**	**45**	**54**	**57**

But one should remember that the structure of training was not similar to all. Policy of British racism and discriminating view played a crucial role which segregated British and Indian medical professionals into the hierarchy of upper and lower rank. On a clustered basis Indian men were consigned to the lower ranks as "Hospital Assistant" while Europeans and Eurasians received licentiate of medicine and surgery or Assistant "Surgeons" degrees. Needless to say, that this rule was being equally applied for medical training of women too and Bengal was not an exception. Calcutta Medical College and Campbell Medical School also framed different categories for qualified female professionals.

3.0 Indian Female Stars of Medical Science:

There is a debate between Anandi Gopal Joshi and Kadmbini Ganguly that who was the first female doctor of India. Both got their Medicine degree almost in same period but many consider Anandi Bai Joshi (or Anandi Gopal) as first female doctor (1865-1887) of India trained in western medicine. She went to Women's Medical College, Pennsylvania (known as Drexel University, U.S.A.) in the year 1883 and graduated from the same in the year 1885 (Caroline,1888). She was awarded an MD degree for her thesis *Obstetrics among Aryan Hindoos* there and came back to India. She was appointed as a Doctor- In- Charge at Kolhapur Princely State's Albert Edward Hospital. However, she could not really practice because Dr. Joshi passed away too early suffering from tuberculosis in 1887 at the age of only 22 and most surprising fact was that both Indian and British doctors refused to treat a woman who had crossed the border of her own country and lived in an alien culture. But her life made the path easier for future female doctors of India who were trailblazers in their own right. Dr. Kadambini Ganguly is regarded as a first Indian as well as South Asian practicing female physician in western medicine who went to UK and qualified as an LRCS(Glasgow), LRCP(Edinburgh) and GFPS(Dublin) returning to India in 1892 (Karlekar,2016). By 1895 CMC produced 34 female graduates. The majority belonged to Christian families.

According to 1904 report of the Bengal branch of Dufferin Fund, 38 of the fund's 43 hospitals and dispensaries were under female hospital assistants who were VLMS degree holders. Majority of them were graduates of Campbell Medical School. After 1885 employment opportunity was opened in medical field for Bengali women through fund but racial discrimination was prevailed prominently. Kadambini herself did not get permanent post at Zenana Hospital, Calcutta in 1891(Bandyopadhya, 2011). Though she was well qualified with her western training. Appointments for permanent post were made to the white doctors only. Kadambini Ganguly strongly protested against it and she complained that Indian women were arbitrarily excluded from the best medical service. She was treated as a midwife rather than a doctor at Eden Hospital. It was true that female medical practitioner was needed for improving health status of women and for custom of purdah but they found it difficult to attract reasonable number of female patients in their own private dispensaries as female patients had not their own choice even Kadambini was unsuccessful in her initial years of private practice. On the contrary, female native doctors those who were attached with District Government Hospitals being treated as inferior class regarding their knowledge, training, duties and responsibilities. Often, they were assigned subservient position to their male counterparts with extensive workload and larger working hours. These discriminatory policies of colonial government gave a disgraceful status to qualified Bengali lady doctors. Moreover, English women doctors took undue privilege of this racial discrimination of the colonial power and easily monopolized all essential and lucrative positions of health issues thereby hindering advancement of Indian women doctors. So, Indian women faced double oppression on the ground of both sex and race.

It is the story of a pioneering female physician of late 19th century Bombay while educating women was a great social challenge for India. She herself was a child bride and fought for right to consent. She was one of the most important figures fighting for the cause of women's rights in colonial India. She was being involved in a landmark legal case with her marriage as a child bride between 1884-1888 which authenticated her strong dissent of social conventions and customs that discriminated against women's rights in colonial India that perturbed a lot of people of conservative Indian society in the eighties of 19th century (Chandra, 2008). Her case raised a significant public debate touching several burning issues related to law, tradition, patriarchal norms, politics of gender for both of colonized India and colonizer England. She wrote using a pen name "**A Hindu lady**" two brilliant letters to *Times of India* with a feminist perspective on the issue of child marriage which enforced early widowhood and status of women in Indian society. In 1889, she went England to study medicine. In 1894 she received her degree in Doctor of Medicine from the *London School of Medicine For Women* and having also studied at the Royal Free Hospital. Though Anandibai Joshi and Kadambini Ganguly already achieved their medical degrees prior to her in 1886 but Only Dr. Kadambini Ganguly went on to practice medicine but Anandibai could not convert her degree into a successful profession due to her untimely death.

In 1895 she returned to her country and commenced her distinguished career in medicine as the second practicing female physician of India as Chief Medical Officer at Women's Hospital in Surat after Dr. Ganguly. She was the real social reformer who continued to fight against child marriage, woman's seclusion and all kinds of social discrimination against women through her writings and social movement. In 1918 she turned down the offer of a role in the women's medical service opting instead to work at the Zenana State Hospital in Rajkot until her retirement in 1929. She established Red Cross Society at Rajkot and remained active in social reform till her death in 1955. She always signed herself only using the name "Rukhmabai" not using the surname of her father , step father, or her husband(Varde,2016) . She carried and created her own identity with her name, designation and social reformation. Her 35 years careers defying all taboos, paved a path for emancipating the India women. She is Dr. Rukhmabai Bhimrau Raut (1864-1955).

The unheralded star of Indian Medical Science with immense contributions to this field unfortunately remained unacknowledged throughout her lifetime. She is Bengali female medical practitioner Dr. Haimabati Sen (1866-1933). She was born in Khulna. A Campbell graduate (student of Campbell Medical School earlier known as Sealdah Medical School) who received VLMS (vernacular Licentiate in Medical and Surgery). Although she had an outstanding academic career but she did not receive proper acknowledgement in her academic domain.

Haimabati stood third in her first year medical examination and received highest marks in two papers: Anatomy and Physiology and Meteria Medica but she was compelled to give up her gold medal, and accept the silver one under strong opposition and criticism of her male classmates. She faced race and gender exploitation not only in her professional and academic life but also in her domestic life too. Despite a Brahamo social worker, her husband was highly regressive. While Kadambini got ethical, moral and social support from her husband Dwarakanath Ganguly as he was ardent supporter of women's reform. Haimabati was exploited financially, socially and subjected to verbal and physical abuse by her husband regularly.

Initially, she served as hospital assistant which was treated as inferior to the status of MB (Bachelor of Medicine) degree. Actually, many posts of female hospital assistant were vacant in district hospitals during this time with a very low pay structure of rupees 30 - 40 but female medical college graduates claimed minimum salary of rupees 300. From 1894-1933 Haimabati was attached as a lady doctor at Hooghly Dufferin Women's Hospital with a very poor salary of rupees 40 per month. After few days it was increased by rupees 10 (Forbes, 1994). She was the only qualified female doctor in Chinsura region at that time. Haimabati encountered constant hindrance in professional as well as in her personal life. We find in her memoir that she was being harassed and physically assaulted by her senior officials holding the post of Assistant surgeon but no disciplinary proceedings had been taken against them by the medical board. In those days female doctors served under the edicts of male civil surgeons so they were being harassed in work place in many ways (Sen, 2000). In 1902 a lady doctor Pramilabala (In-Charge of Malda English Bajar Hospital) had lodged a complaint against Zamindar Madan Gopal Chowdhury on same issue. Haimabaiti vividly depicted in her writings about violence against educated working women in British India. She looked after large number of orphaned, children, widow and shelterless young women along with her five children despite tremendous obstacles. Though she played calm and submissive role to adjust with her domestic life accepting all forms of domination and oppression but in her professional life she tried utmost to combat the gender discrimination and oppression. This unconventional and radical step of Dr. Haimabati sen undoubtedly raised a theoretical debate for feminist critiques because she made an equilibrium between her traditional domestic role obeying the social values and her action towards the ideal for gender equality. Though she did not belong to any women's organization or pursuant to feminist agenda theoretically but she realised the sufferings and oppression of women with her own experience. She always advocated for gender equality in a society because she strongly believed in equal status of man and women as a human being.

The first woman Medical Graduate, Legislator and Social Reformer of South in British India and also the first woman to become Deputy President of Madras Presidency Council, (Madras Legislative Council, 1927) Dr. Muthulakshmi Reddi was born in 1886 in the princely state of Pudukkottai.

In her Matriculation examination (1902) out of hundred students only ten students were passed and Muthulakshmi one among them. Her success in the examination was a great surprise to the people of Pudukkottai. No other girl studied English during that time. She took admission in elementary school but her aspiration was for higher studies at reputed college like St. Joseph

College, Trichy or palomoothah Women's college, Tinneveli. Owing to unavailability of hostel facility she was compelled to take admission at local men's college of Pudukkottai. On 4th of February, 1904, she applied for collegiate course in her application of fine arts. It was a ground breaking step for a girl of an IYER family because at that time no girl had been admitted to the collegiate education. It produced huge ripple among guardians of male students. They objected terribly because of her gender and caste. The Maharaja of Pudukkottai was a man of power and progress. His sensitive intervention had resolved this problem immediately and pushed aside all the objections. Finally, she got the golden opportunity for admission to the Maharaja's College for Men. She became the first female student of this college. Though college authority was afraid that this revolutionary step of Maharaja would demoralize the environment of the college. With this wrong prejudice separate small staircase room and separate lecture were arranged for a single girl Muthulakshmi by the college authority, only to isolate her from the male classmates. Even she was not allowed to participate in any programme either sports or college function with the male students. It was a thorny journey of a solitary girl. One of the great Indian Educationist and Physician Sir Arcot Lakshmanswami Mudaliar was her classmate at that time. She completed her intermediate exam in the year 1907 achieving the state scholarship of Rs.12. Her father Narayan Swami Iyer was the Principal of Maharaja's College who always motivated his daughter pursuing for higher studies despite his unstable financial condition. Because he discontinued his service and took voluntary retirement as a consequence of conflict with the state's Dewan. He always wanted his daughter to become a school teacher following his own path but Muthlakshmi's higher ambition made her destiny in different way. She took admission at Madras Medical College in 1907. She faced a very common problem of gender discrimination there in her initial year. Not only the Indians, renowned British Professors also nurtured the image of female medical students that they were not intellectually equal as male students (Dosi,2007).

There is no concrete evidence that women are in any way inherently inferior to men when it comes to work any of the sciences or any of their subfields. But there is overwhelming evidence for misogyny, sexism, and institutional bias that hinders their careers and fails to recognize them for their outstanding achievement. Studies have shown those who persist in these careers faces explicit and implicit barriers to advancement. Bias is most intense in fields that are predominantly male, where women lack a critical mass of representation and are often viewed as token or outsiders. Still now there is higher expectations from boys and teachers would also be likely to encourage boys for higher education than girls even though they are in same academic level and with same potentials. Muthulakhsmi's case was not an exception. Prof. Col. Gifftt(Senior Professor and Surgeon) did not give permission female medical student in his class. It was a clear notation of gender discrimination. His lecture was being substituted by Junior lecturers but no one had protested against this disrespectful attitude of Prof. Gifford towards girls. But one of those female students did surprisingly well in her final year exam at second attempt as it was difficult to overcome the hurdle of M.B.C.M. course even for European lady in the first attempt at Madras Medical College in those days (Roy, 2003). With her strong determination, diligence and courage, an Indian woman won this battle with outstanding result stood first scoring 100% marks in surgery in the year 1912. (Bhatt & Sharma, 1992). Everybody was astonished observing her remarkable performance. Renowned Professor Major Niblok, himself congratulated her. She proved that women are not intellectually inferior than man in any aspect. Lack of educational opportunity and social customs are responsible for their backwardness. It is not biological inheritance. Actually, the problem is wired into gender which is a social construct (Moitra, 2015). The grand success of Muthulakshmi inspired many women aspirant for medical education in South. Once Prof. Col. Gifford refused to share his knowledge with female students in his college as he believed that this profession of medicine as completely masculine. But ultimately, he had to acknowledge a real

scholar brushed aside his gender preference from mind issuing appointment letter to Dr. Muthulakshmi Reddi as a House Surgeon in the government hospital for women and children in Egmore while she applied for. He honoured her proficiency in theory and surgery and did not reject this time. She was the first female officer of this hospital (Reddi, 1968). Muthulakshmi wanted to return back at her native state for serving to the people of Pudukkotai. But local Anglo-Indian lady officials created professional trouble for her out of jealousy and she was forced to return to Madras where she completed her House Surgeonship. In 1914 she commenced her practice by setting up her own clinic at Madras**.** (Nowadays Chennai). In spite of many obstacles raised by local official, in 1925 state authority offered her a scholarship for Post Graduate study (on the topic of disease of women and children in England).

Dr. M. Reddi tried to improve the health facilities for common people and wanted to extent the need and assistance of medical facilities to school education sector. She recommended for compulsory medical inspection in elementary and secondary level of school education in her budget speech (1929-30) (Premlata, 2003).

Local corporation schools had well accepted her innovative and new proposal but in Government schools it was not implemented properly owing to negligence and lack of interest of the government officials of Madras Presidency. But she did not give up. Dr. Reddi complained directly to the state government about this negligence. Then Director of Public Instruction (DPI) had been ordered by the state government to supervise over this matter seriously. A new instruction had been issued by the government so as to ensure a standard and regular mode of medical inspection system in elementary and secondary school level. She strongly advocated the budget allocation 1) To establish hospitals and dispensaries. 2) To increase the opportunity of employing female Medical Practitioners as whole time Medical officer in district hospitals. 3) To establish Health Schools for minimum Health Literacy for common people. 4) To enact *Public Health Act* by the state immediately. 5) To enhance government expenditure on Health Scheme. 6) To promote indigenous medical facility. 7) To initiate scientific maternity care and birth control policy.

As an Educator, Doctor, Lawmaker, Surgeon and Social Reformist she devoted her whole life for child & public health care and for improving the social status of women through abolition of Devadasi and raising age of consent for marriage of women from 16 to 21. Even after getting married with Dr. Sundra Reddi (Chief Medical Officer of Government Hospital, Pudukkotai), she spent her time equally for family and society along with writing and publishing many books on women and child health issues. Dr. Sundra Reddi gave his full support to his wife in each social project. In 1936 they established an orphanage for homeless, destitute women and orphan children at Adayar and opened a free medical centre there (Known as Avvai Rural Medical Service). Through this organization she arranged many villages improvement programmes. She realised from her experience of early days of college that gender equality could only be achieved through transmitting proper education to women irrespective of caste class and race. To fulfill her dream for women's emancipation Dr. Muthulakshmi associated with many women's organisations of the country. Though these organisations were different in nature but there was a commonality of agenda for women's issues. In 1917 few Irish suffragists and elite Indian women founded Women's Indian Association. Notably, Dr. Muthulakhsmi Reddy, Annie Besant, Unisha Begum were the early members of this association (Sudarkdi,1997).

Her sister T.Nallamuthu Rammuthi was also impressed and encouraged by Muthulakshmi's achievement and became her pursuant, she completed her PG course and became the first Indian woman Principal of that same Queen Mary's college in 1946 . Noteworthy, she was the first Indian woman to reach such an honourable post in pre independent India.

Dr. Muthulakhsmi Reddi immensely contributed throughout her whole life who raised her voice against outmoded social order and was the real activist and rebel of her generation in colonial era.

Dr. Zohra Begum Kazi (1912-2007) was the first Bengali Muslim female physician not only in undivided Bengal but also in this sub - continent. A brilliant student from her childhood Zohra used to secure the first position in all public examination and finally obtained her MBBS degree scoring highest score from Delhi Harding Medical College for Women in 1935(Akhtar, 2012). Before it the first Muslim woman was admitted in premier medical teaching institution and public hospital Campbell, Calcutta (popularly known as NRS Medical College) in the year 1891. Zohra was awarded with Viceroy of India medal for topping the list. She started her service career at the "Sebashram" of Gandhiji later on she worked in different hospitals of British India as Assistant Surgeon until her migration to east Pakisthan in 1947. In 1948 she commenced next phase of her distinguish career at Dhaka Medical College & Hospital. Dr. Kazi took initiative in establishing the Obstetrics and Gynecology unit at Mitford Medical College & Hospital, Dhaka. She was a person of versatility. A cyclist, Table Tennis and Badminton player more over a Social Reformer and Educationist played a pivotal role throughout her lifetime in increasing enrolment of female students in MBBS course. Apart from her profession she was actively involved in language movement in 1952 (Al, 2003). Her unforgettable contributions to medical science and selfless service to the humanity should be re-acknowledged by nation. She was also being called as the *Florence Nightingale of Bangladesh.*

Indian female doctors played a composite roles of doctor, nurse, care giver and housewife. They devoted their caliber, knowledge and time not only for their career and family but also engaged themselves in other constructive and philanthropic activities for society. They all had taken bold steps to fight society and go against the flow to become a *Medical Women* with their extraordinary courage and determination. Which inspired many women to take up this special branch of science as their career in the future years.

The road to top was never smooth. Female doctors encountered lack of institutional support, social bias due to caste and race, double standard in measuring their achievements, self- imposed restriction, confinement with multiple roles of married female doctors, negative stereotypes surrounding single women and many more. Sometime not only these external factors played these negative roles but also their own self doubt, fritter away confidence, dilemmas between career and family came from within which they had to combat constantly. Dr. Bidhumukhi and Bindubashini Bose (Two Sisters of Chandramukhi Bose) Dr. Jamini Sen (Sister of renowned feminist Poet Kamini Roy) remain unmarried for serving the society. Dr. Muthulakshmi Reddi also did not want to get marry. Dr.Verginia Mary Mitra (Nandy 1856-1945) a very proficient practitioner discontinued her profession after marriage with Dr. Purnachandra Nandy.

However, their achievements created an emancipatory space for those aspiring for medical education. Though society gave them the position of care giver not as leader of medical profession. Despite this conformity of conventional trend, it was an open challenge by them to the societal norm through their ground breaking contributions and success. They discarded traditional values, misconceptions and beliefs of Indian society about women's social status. The question for gender equality in education is still a debating issue and required necessary attention. But they were capable to generate a base line in favour of argument for feminist consciousness rendering a voice against oppression of women and tried to explain the cause and consequence of depicting women in a distorted manner and prescribed the measures for redressal to liberate women from theory, institution and practice which were mingled with patriarchal values.

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