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ARTICLE

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DR. (MISS) JAMINI SEN (1871-1932):

A PIONEER WOMAN DOCTOR OF COLONIAL INDIA AND THE FIRST FEMALE FELLOW OF THE ROYAL FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW

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Dr. (Miss) Jamini Sen was one of the pioneer women doctors of late 19th and early 20th century India. Born in 1871 in an educated and progressive family from Barishal district of Bengal, Dr. Sen passed out from Calcutta Medical College with a medical license in 1897. During 1899-1909, she worked with the Royal family of Nepal as their family physician. In 1911, she travelled to UK and in 1912, Dr. Sen made history by becoming the first female fellow of the Royal Faculty of Physicians and Surgeons, Glasgow. Back home, she joined Women's Medical Service for India and worked in Agra, Shimla, Shikarpur, Betiah and Akola. Her presence made a positive impact on female patients as their numbers significantly increased during her tenure. Despite notable contributions, she faced racism and discrimination from authorities and in 1920, she resigned from WMS. In 1921, she again travelled to UK for higher studies. From 1924, she headed the Baldeodas Maternity Home in Kolkata. Dr. Sen died in 1932. In the history of women in medicine, judging by the achievement and contributions, Jamini Sen should be credited for creating an emancipating space for India's womenfolk. This article is a tribute to Dr. Sen.

Beginning of Women's Medical Education in India[1]

The entry of Indian women into medical profession is an important chapter in the social history of India. Indian women entered the medical profession way before any other profession at a time when literacy rate among them was abysmally low. Interestingly, Indian women took up medical profession in large numbers when western women were very few in numbers in this profession. Today medicine is a popular profession aspired by girls, often motivated by big money and high social status rather than by the spirit of dedication and service.

When the British opened their government and municipal hospitals, the attendance of women was usually negligible because of the strict social restriction in many parts of India and the fact that there were no women doctors on the hospital staff. Women in India were generally not ready to be treated by male doctors, particularly, if the doctor happened to an Englishman. In maternity cases the '*dâi*' (midwife) was the only help. She was the gynaecological consultant and health worker for the women of the community. It was a hereditary profession from several castes low in the social status. In the absence of any treatment by qualified doctors, mortality rate among women was very high, particularly during pregnancy and child birth. The British did not have a readymade solution in hand, but tried to fulfil the need by importing female doctors from Europe and the USA. Although, a colonial civil surgeon, Dr. Aitchison, set up Amritsar Dais' School in 1866, to train local *dâis* (midwives), the demand for lady doctors were initially fulfilled by missionary women, many of them with medical degrees from Europe and the USA.[2]

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Fig 1: Dr. (Miss) Jamini Sen
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The social acceptance of medicine as a desirable profession for Indian women is very significant. In the mid-nineteenth century, women's treatment in Govt. and Municipal Hospitals were very rare, the female students were not allowed in the Medical Colleges and therefore, Women doctors were absent in mid- nineteenth century India. Women were suffering due to lack of treatment and the historians have blamed the age-old cultural values of female seclusion. The lives of the Indian women began to change significantly in the late nineteenth century when the colonial government, critical of the treatment of both Hindu and Muslim women, found allies in reformers, keen to reform their own society.

The Calcutta Medical College (CMC), the first modern Medical College in Asia, did not admit female students for nearly half a century since its inception in 1835. Under these circumstances, Chennai (Madras) played a pioneering role in introducing medical education for women. The first organized work of teaching women in Western medicine began in Madras Medical College (MMC)[3] in 1875 primarily due to the initiative of Dr E G Balfour, Surgeon of Chennai and Mary Scharlieb, the wife of an English barrister in Chennai, who later became a London Gynecologist.

Women obtained instruction in the college in pharmacy, anatomy, physiology, medicine, surgery, midwifery, and diseases of women. They were to study all these subjects together with male students except for midwifery and surgery and a few lectures in anatomy and physiology. In these exceptional subjects, arrangement for separate instructions were made. Moreover, women students had a separate room for study.Women could even earn MD degree. In the first year i.e., in 1875, only six applications were received, but given the situation, this was very encouraging. Finally, four students were admitted, all of whom were from European or Anglo-Indian community. However, they were not required to pass matriculation. These four students who thus made history in women's medical education in India (Mary Scharlieb, S Mitchell, D White and M Beale) applied themselves with remarkable dedication, and all of them succeeded in the final examination. However, not everyone was happy with female students in the medical college. There is a famous anecdote that Lt A. M. Branfoot of the Women's and Children's hospital in Chennai refused to teach Mary Scharlieb, one of the first four female students of the college mentioned above. Mary Scharlieb graduated from the MMC in 1878 and continued her higher studies at the Royal London School of Medicine, before returning to Chennai to set up the Kasturba Gandhi Hospital for Women and Children (earlier known as the Royal Victoria Hospital for Caste and Gosha Women). She also established the Women's Medical Service in 1914.

But the initial success was short lived. The College did not receive applications from female candidates for admission for next few years. In 1878, Krupabai Khisty of Ahmednagar became the first Indian woman to join the course at MMC. Though she topped the first year, her health failed and she left for Pune. In 1881-82 six female students were admitted to the College which included Abala Das (1864-1951, daughter of the renowned Brahmo reformer Durga Mohan Das and who later married the scientist, Jagadis Chandra Bose) and Ellen D' Abreu (born in Dacca to an Anglo-Indian family) from Bengal, who had passed the Entrance and the F.A. Examination respectively from the Calcutta University.

In Bengal, the admission of female candidates to the Calcutta Medical College faced a stubborn resistance from different quarters and was permitted only in 1883 by a resolution. This permission was also not easily granted. The question had been debated by the authorities of the Medical College and the University since 1876 shortly after Madras Medical College had pioneered in this field. The Council of the Medical College was the important body opposed to the very idea of admitting female students to the Medical College.

The Bengal Government was not against women students going in for medical education and career and actually helped with scholarships to a number of deserving candidates to pursue their studies in Chennai when Kolkata had no scope. R. Thompson, then Lieutenant-Governor overruled the decision of the Medical College Council, observing that it was a matter of great regret that, despite the existence of a premier medical college in Kolkata, Bengali ladies fully qualified by education had to go to Chennai for medical education. We have mentioned earlier that D'Abreu and Abala Das moved to the Madras Medical College which had opened admission to women in 1875. D'Abreu entered the Bachelor of Medicine (BM) class (five years) and Abala Das to the Licentiate in Medicine and Surgery (LMS) class (four years). But still there was opposition from the Medical Faculty of the University.[4]

Even, a reputed journal like *Indian Medical Gazette* raised several questions on the proposed medical education for Indian Women: '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? Destined for exclusive practice among their own sex, are they to be taught medicine as men are taught with a view to practice among both sexes, or in a modified manner in special schools and hospitals?' A year later, the journal expressed the view that the country needed trained midwives, rather than female doctors: 'This was the view which a majority of the Council of the Calcutta Medical College took when the question of the medical education of Indian females was recently referred to them. They considered that the requirements of the country pointed rather to the provision of educated midwives and nurses than of full blown lady doctors, that these requirements were being very imperfectly fulfilled, and that the social experiment, (for even in Europe and America the matter is still in an experimental stage) of educating women for the medical profession would be more safely conducted by gradually developing existing arrangements, of whose necessity and propriety there cannot exist a doubt, than by proceeding *per saltum* to the extremest phase of the undertaking'. However, presumably referring to Kadambini Ganguly, the journal then reported that: 'The Government of Bengal has, however, assumed the responsibility of throwing open the Medical College and hospital to females, and one young lady, a B. A. of the Calcutta University, has availed herself of the privilege, and is now enrolled as a regular student of the College, and diligently attending lectures and pursuing her studies.'[5]

Social reformers in Bengal extended their full support to the Govt. Dwarkanath Ganguly, the noted leader of the Brahmo Samaj, a leading reformer group of the 19th century Bengal, initiated a movement for females' medical education in Bengal. Giving emphasis on medical education for women, Bâmâbodhinî Patrikâ (a frontline women's magazine of the 19th century Bengal) wrote, 'Everyone with prudence will admit that as for men, medical education is equally necessary for women.' All opposition were finally overcome and by the resolution of June 1883, female candidates were declared eligible for admission to the Calcutta Medical College, provided they had duly passed the F.A. examination, as required in the case of men. In 1883, Kadambini Ganguly, wife of Dwarkanath Ganguly, became the first woman to get admission to Calcutta Medical College. However, she was not awarded a full graduate degree in medicine (MB), as Prof. R. C. Chandra failed her in the Medicine paper by one mark and she was, therefore, awarded GMB (Graduate of the Medical College of Bengal) degree. Therefore, technically, Bidhumukhi Bose and Virginia Mary Mitter (Nandi) became the first women medical graduates of Calcutta Medical College in 1889. In 1884, govt. offered Rs. 20/- monthly scholarships for female students; Bidhumukhi Bose and Virginia Mitter were the first recipients of it. Bidhumukhi's sister, Bindubasini Bose, also graduated from Calcutta Medical College in 1891.[6]

In 1888, Campbell Medical School (now Nilratan Sarkar Medical College) in Kolkata opened its doors to women to be trained as Hospital Assistants. Forbes writes: 'When the Superintendent of Campbell argued in favour of this measure, he claimed there was a demand for women doctors in the districts among people who could not afford the services of women graduates of Calcutta Medical College. They could, however, afford the fees of Hospital Assistants and there were well-qualified middle-class female candidates keen to enrol in such a program.' Forbes further writes: 'Support for the idea came from the Brahmo Samaj

and others who backed schemes to train widows for useful work. They believed with Sivanath Sastri (1847-1916) that "the social and national regeneration of the country depends largely upon the education, elevation, and social emancipation of women." Preparing young widows to be teachers or health workers would free them, reformers assumed, from their "unsettled, precarious and perilous position." Commenting on the number of women who had applied to Campbell Medical School, the Indian Messenger [1891] wrote these numbers indicated a "craving for lucrative and useful occupations ... among poor middle-class Hindu women." The article then commented on the need to develop schemes to train teachers.' Founded in 1789 as a pauper's hospital where the police could leave the ill and destitute, they found on the streets, Campbell's professors gave their lectures in Bengali, so that women could understand it easily. After the 3-year programme, the students were awarded VLMS (Vernacular Licentiate of Medicine and Surgery) certificate. This course was less rigorous and did not require a lot of prior qualification (or the knowledge of English), and thus more Indian women joined the Campbell Medical School (CMS) rather than the CMC over the late colonial period. However, VLMS was a less prestigious certification in comparison to the MB (Bachelor of Medicine) degree offered by the CMC. The first class, which began in 1888, enrolled Hindu, Brahmo, Christian Bengalis and Eurasian women. The 1891 class had 13 women which included Hindus, Brahmos and one Muslim girl. Many of these passed out students found employment (albeit with a paltry salary) in district hospitals as Hospital Assistants. For a detail of female students of Campbell, interested readers may refer to Forbes. By 1895, twenty-four women students were enrolled in the classes of the Calcutta Medical College and a further thirty-four of them were attending the hospital assistant class of the Campbell Medical School.[7]

In Eastern Bengal, Dacca (Dhaka) Medical School also allowed female students, though initially their number was negligible. In 1916- 17 there were only two students. Next year it increased to seven and by 1919-20 it reached ten.[8]

The story was different in cosmopolitan Mumbai. George T Kittredge, an American philanthropist, along with Sorabjee Shapurji Bengalee, organized a fund called the Medical Women for India Fund. In 1883, Dr Edith Pechey arrived in Mumbai to become the Chief Medical Officer of the Cama Hospital for Women and Children and played a significant role in creating Countess of Dufferin Fund in 1885. The fund, also known as Lady Dufferin fund, gave tremendous impetus to entry of women into the profession by providing scholarship to them.

The Grant Medical College where European, Anglo-Indian, Parsee, Portuguese, and Hindu women were mainly interested in medical education, did not have to face the struggle Kolkata had to experience. In 1886 the College had 18 female students of whom four had passed the Entrance examination. The following year 17 women students were studying medicine; two of them were matriculates and working for the L.M. and S. degree while the rest aimed at obtaining the 'certificate' diploma.[9]

In 1883, the Punjab University also considered the question of admitting women students to the medical college. In 1885, the Lahore Medical College (later renamed as King Edward Medical College) had ten students. In that year there were two Anglo-Indian students who had passed the Entrance examination and joined the Assistant-Surgeon's class for the university degree. A few scholarships were also provided to encourage lady students.[10]

In North India, social seclusion of women was all pervasive. Therefore, this idea of opening a separate class for women in existing medical schools so that they could have the advantage of the same teaching without mixing with the male students became practical. In 1883 a similar class was opened at the Agra Medical School for the training of female hospital assistants.

For a long time, there was no medical college exclusively for women. The Lady Hardinge Medical College for women was the pioneer in this respect and opened in Delhi in 1916. The capital of British India was shifted from Kolkata to Delhi in 1912. At that time, Lord Hardinge II of Penshurst was the Viceroy of India (1910-1916). In those days, Delhi did not have many educational institutions and, of course, there was no medical college in the city. The attention of Lady Hardinge, wife of Lord Hardinge, was drawn to the lack of facilities for imparting medical education to women in India. Only 89 women were receiving medical education in the medical colleges of Chennai, Mumbai, Kolkata, and Lahore at that time. Of these, 73 were Christians and 9 were Parsis or Jews. In the medical schools 96 women, of whom 83 were Christians, were receiving training to become Sub-assistant Surgeons in the schools at Vishakhapatnam, Tanjore, Cuttack, Pune, Ahmedabad, Kolkata, Dhaka, Agra and Patna. It was realized that because women students had to be given education in the mixed classes at men's colleges, 'conservative' Indian women of the 'right type and class' were not coming forward in sufficient numbers to become medical practitioners. The idea of having a separate medical college for women where 'women would be taught by women to attend on women' was conceived in 1912 and

given a concrete shape in 1914. The work started with generous contributions from the Maharaja of Jaipur, Maharaja of Patiala, Nizam of Hyderabad, Maharaja of Baroda, and many others. It was proposed that the medical college be named 'Queen Mary's College and Hospital' in commemoration of Her Majesty's visit to India in 1911-12 along with King George V. However, after sudden demise of Lady Hardinge in 1914, it was named after her memory. Dr. K. A. Platt was the first Principal of the college from 1916 to 1921.[11]

After World War I, in direct response to the demand for women doctors, scientific subjects were added to the curricula in women's colleges and more medical colleges accepted women candidates. By 1929 nineteen men's medical colleges and schools admitted women, and there was one medical college and four medical schools exclusively for women.

A Brief Biography of Dr. (Miss) Jamini Sen: Early Life and Education[12]

The life of Dr. (Miss) Jamini Sen needs to be discussed and understood in this background.

Jamini Sen was born on 20 June 1871 in the Bāsanḍā village of Bākharganj (also called Barisāl) district of undivided Bengal (now Jhālokaṭi district in Bangladesh) in an educated Brahmo family of father Chandi Charan Sen and mother Bāmasundarī. Her father, Munsif (a sub-judge) Chandi Charan Sen, Bengali writer who wrote patriotic plays and satires, was a progressive man and supported women's education, but was not comfortable with his daughters studying medicine. Though Chandi Charan embraced Brahmo belief, his views on women's education were close to his mentor and Brahmo reformer, Keshub Chunder Sen, that cannot qualify as very liberal. Among the seven siblings, elder sister and noted Bengali feminist poet and the first woman Hons. Graduate of British India, Mrs. Kamini Roy studied Sanskrit literature (Mrs Kamini Roy has written in an article that she desired to study medicine, but could not due to opposition from his father) and became a professor at Bethune College, Kolkata. The younger sister, Prem Kusum passed BA and became Headmistress of Crossthwaite Girls' School in Allahabad in the United Province. Jamini's younger brother Jatindra Mohan was a school teacher in Nepal. Another brother Nisith studied law and became a well-known criminal lawyer at Kolkata High Court and later became the Mayor of Kolkata. The youngest brother, Sudhir Kumar Sen studied English literature at Kolkata's iconic Presidency College and driven by patriotism, became a noted industrialist who set up 'Sen & Pandit Co.' (1909) and 'Sen Raleigh Bicycle Co.' (1952). Sudhir married a daughter of renowned physician Dr. Nilratan Sarkar. The family was also related to Keshub Chunder Sen as Jamini's brother Nisith married Keshub Chunder's grandniece Sovona.[13]

Jamini studied in Bethune School and Bethune College, two pioneer educational institutions for girls in Kolkata, passing out FA examination (First Arts, equivalent to Intermediate) in 1890. Unlike her elder sister, Jamini was determined to study medicine and was encouraged by her little-educated mother; she took admission to Calcutta Medical College in 1890. She won a distinction in her 4th year with a first in Materia Medica. In her class, she was the only Bengali girl, but such was her dignity and personality that, as Kamini Roy writes, 'her male colleagues were hesitant of coming to her …….. even to discuss necessary matters.' In 1897, she passed out from the Calcutta Medical College with an LMS (Licentiate of Medicine and Surgery) but failed to immediately establish a successful private practice in Kolkata. In 1898, she travelled to Sholapur in Bombay Presidency with a job in a hospital.

In 1899, on the advice of the Principal of the Calcutta Medical College and with a recommendation from Kadambini Ganguly (who had earlier served the Royal family of Nepal), she moved to Kathmandu as the personal physician of the ladies of the Royal family and families of the high officials. She worked in Nepal for ten years (1899-1909) and developed a personal friendship with the Queen Mother and the Queen who insisted that she must stay on in Nepal. In Nepal, Dr. Jamini not only treated the royal family but also took charge of the Kathmandu Zenana Hospital. 'She had a very busy schedule in Nepal attending to the women in the royal family, private cases as well as the hospital.' The ruler of Nepal, Rana Chandra Samser Jung, appreciated Jamini's work. In 1906, her brother Jatindra Mohan, who was teaching in a school in Nepal and was staying with Jamini, died. This shock affected Jamini's own health. In 1909, Dr. Jamini returned to Kolkata after the demise of the Queen Mother.

In Kolkata, Jamini wanted to work in Dufferin Hospital; however, it was not possible without a European degree. At this stage Jamini felt that (from her diary), '…. I have become antiquated. Science is rapidly progressing but I have not been able to keep pace with time. The time so wasted must be restored. The scarcity of female doctors is a major problem in our country. Good female physicians are needed for gynaecological matters. Since my student life, Operative Surgery and Gynaecology have progressed a lot, so if I really wish to help my native sisters, I should learn the modern methods and for this purpose I should

study and work in the specialized hospitals in Europe…….' With this in mind, she applied for a Dufferin Foundation Scholarship (with a doubt whether it would be granted to an Indian). However, it was granted and she left for Europe in March 1911.[14]

She first travelled to Dublin and working in Restora Hospital, obtained a further Medical Licence (LM) from Dublin. Her desire to learn and advance her medical education is reflected in her words: 'I have a lot of responsibilities towards my sisters in my country.' Next year, she passed the fellowship examination (diploma) for Surgeons of the Royal Faculty of Physicians and Surgeons of the University of Glasgow and admitted as the first female Fellow of the Royal College in 1912. However, 'She was unable to hold office in the Royal College of Physicians and Surgeons, Glasgow (RCPSG), meaning that her privileges as a female Fellow were restricted compared to those of her male counterparts. It would be 11 years before another woman was admitted as a Fellow (Margaret Hogg Grant in 1923).' Jamini later travelled to Germany for further studies.

Dr. Jamini Sen's admission as a Fellow of the Royal Faculty of Physicians and Surgeons was an historic event as the institute had been continuously resisting the admission of women as fellows, despite repeated requests by doctors Elizabeth Adelaide Baker, Dr. Jessie McLaren MacGregor, Dr Anne Louise McIlroy, and others. The College finally relented in 1910 and in 1912 Dr. Jamini Sen became the first woman to be admitted to the faculty without the right to hold office or stand for the election.[15]

Her admission as the female fellow of the Royal Faculty of Physicians and Surgeons was reported in *The Modern Review* of July 1912: 'We are glad to learn from a Reuter's telegram that Dr. Miss Jamini Sen, after passing an examination of the Glasgow University, has become a Fellow of the Royal Faculty of Physicians and Surgeons of that University. She is the first lady to obtain this distinction. Miss Sen is a licentiate of the Calcutta Medical College……. After graduating from the Calcutta Medical College, she served with great distinction in Nepal, winning the respect of all by her character and her medical skill.'[16]

In 1912, with recommendations from Lady Dufferin and Sir K.G. Gupta of India House, Berlin, she travelled to Berlin. She did not appear for any degree but learnt practical skill while working with Prof. Bremen and Dr. Mainzer. While in Germany, Dr. Sen received the news of the sudden death of her adopted daughter 'Bhutu,' which was a severe blow to her. A mentally shattered Dr. Sen returned to Kolkata from Berlin.

A Practising Professional under WMS: Trials and Tribulations

The career for 'lady doctors' in the late 19th century India was not smooth. Neither was there any employment opportunity for them in Govt. hospitals, nor was the society ready to accept them as private practitioners. In 1885, there came a grand opportunity for female doctors to further their careers, as National Association for Supplying Female Medical Aid to the Women of India (commonly referred to as the Countess of Dufferin Fund) was created by Lady Harriet Dufferin (wife of the Viceroy Lord Dufferin) for creating more opportunities for Indian women to receive training in Western medicine and also by establishing hospitals and dispensaries to exclusively treat women.[17]

There was another movement to allow women into Indian Medical Service (IMS). The proposal was first put forward in 1888 by Dr. Edith Pechey, but was summarily rejected by the Government on the ground that IMS is a military service whose members are employed in civil posts only during times of peace. It was further pointed out that women could only fill in the position of nurses in the army, but Dr. Pechey did not agree.The issue was once again raised strongly before the Government after the constitution of the Association of Medical Women in India in 1907. Two deputations met the Secretary of State for India in 1910 and 1912 respectively and finally the Women's Medical Service (WMS) for India was created as a part of the Dufferin Fund and it came into being on 1 January 1914.[18]

The *Indian Medical Gazette*[19] announced the creation of the service and reproduced the comments of Sir Pardey Lukis, k.c.s.t., in an opening address at the London School of Medicine for Women, on 1st October 1913. The following points were highlighted by Sir Pardey:

1. Government of India have decided definitely against the creation of a State service of medical women; they have, however, approved of a grant of £ 1000 per annum for a service of medical women under the Central Committee of the Dufferin Association. This service will be called 'The Women's Medical Service for India.'
2. The Central Committee will decide what proportion of the members of this service shall be recruited in England and in India respectively. In the original constitution of the service duly qualified medical

women who are already in the service of, or who have rendered approved service to, the Dufferin Association will have first claim to appointment, and thereafter special consideration will be paid to the claims of candidates who have qualified in local institutions and of those who are natives of India. All newly appointed members of the service must be British subjects. They must be not less than 24 or more than 30 years of age at the time of recruitment, and they will, except under special circumstances, be retired on attaining the age of 48. They must possess a medical qualification registrable in the United Kingdom under the Medical Act or an Indian or colonial qualification higher than the L.M.S. and they must produce certificates of health and character. They will engage for general service anywhere in India or Burma, and they will then be appointed by the Central Committee to serve in different provinces. On first appointment they will serve a period of probation in one of the larger hospitals, extending in the case of those recruited in England to six months, and in the case of those recruited in India to three months. At the end of such period of probation their appointment will be confirmed or terminated,as the case may be, by order of the Central Committee, and after confirmation, service will be terminable at any time by three months' notice on either side.

3. Members of the service will receive a salary of Rs. 350 per mensem during their period of probation, and thereafter a salary of Rs. 400 from the first to the fourth year inclusive, Rs. 450 from the fifth to the seventh year, Rs. 500 from the eighth to the tenth year, and Rs. 550 after the tenth year, but no member will be confirmed in the Rs. 400 unless she passes her examination in the vernacular within one year of her appointment. In addition, suitable quarters will be provided free of rent, or house rent will be given in lieu thereof. There will also be a provident fund as a provision for retirement. Members of the service will draw travelling allowance at the usual rates, and they will be entitled, in addition to the usual privilege leave, to eight months' furlough after four years' service and to study-leave up to nine months. Whilst on furlough they will draw half-pay and two-thirds whilst on study leave. They will be permitted to engage in private practice, provided that such private practice does not interfere with the performance of their official duties.

Returning from Berlin, Dr. Jamini Sen worked temporarily in Dufferin Hospital, Kolkata. In 1914 she joined the newly formed Women's Medical Service for India and the Directory for that year ends with 'Yamini Sen' (an alternative spelling for Jamini Sen). During her brief career in WMS, she worked in various places in the northern, western, and eastern parts of India including Agra (United Province), Shimla (Punjab), Shikarpur (Sindh), Betiah (Bihar & Orissa) and Akola (Berar) etc. Dr. Sen maintained her diary meticulously. Based on these diaries, her elder sister Kamini Roy wrote 'Dāktār Kumarī Jāminī Sènèr Jīvan Carit' [Biography of Dr. (Miss) Jamini Sen] after her death in 1932.[20]

One can easily understand that the women doctors in the late 19th or early 20th century India had to work in an adverse condition. The women doctors had to work harder than male doctors to earn the same respect and recognition in the profession. The society was not ready to accept them as reliable professionals and their family life and professional lives often clashed. The gender discrimination was very strong, as Sharmita Roy has put: 'As a consequence of their perceived gendered embodiment, the women doctors were subjected to a recurrent case of mistaken/suspicious identity which constituted another facet of their gendered experience of being doctors in late colonial Bengal.'In the workplace, they were subjected to double racism: first, for being a native Indian and secondly, even among the lady doctors, Indians were subjected to discrimination and abuse by Europeans. Against such racism, there was practically no justice and redressal.[21]

Nevertheless, Dr. Jamini was successful as a lady doctor under the WMS. At the beginning of the career in late 1890s, Jamini was struggling to set up her own practice and was dependent on the referral by the male doctors. Under these circumstances, driven by self-esteem, she decided to join Sholapur Zenana Hospital. Her presence in the hospitals in Agra, Shimla, Shikarpur, Betiah or Akola saw an increasing number of female patients attending the hospitals for treatment. In Agra, where she was posted at the Zenana Hospital attached to the Agra Medical School in the second decade of the 1900s, Dr. Jamini became very popular with female patients and became known as 'Shareewali Daktarin' (the Lady Doctor in Sharee). According to Jamini's own diary entry (February 6, 1917), during her stay in Shikarpur Zenana Hospital, 'The hospital has grown unexpectedly popular. Ladies from respectable families are coming to stay in paid cabins. In 1915, there were 213 indoor patients, in 1916 the number increased to 478. The most remarkable improvement is about the

maternity ward … here death of mothers at childbirth due to septic has been a major problem about women's health. In a short time, I have been able to bring consciousness among them. I have served them and gained their trust.' This also shows Indian women's preference to Indian lady doctors over European male or female doctors.

But despite being a highly qualified medical practitioner, her success was interspersed with incidents of discriminations based on race and gender. Dr. Sen's diary mentions many such incidents. In June 1914, when three European lady doctors had to be transferred from Agra to Shimla as a punishment posting owing to some unpleasant incidents, Jamini was not only sent to Agra which normally experiences a very hot summer, but also had to shoulder the work of three doctors. Again, six months later, at the height of winter, she had to replace the European lady doctors who were to return to Agra. In Shimla, she was not allotted a doctor's quarters and was managing in a ground floor room of the hospital. However, this was disapproved by the Inspector General of Hospitals and the Civil Surgeon and Jamini had to shift to a rented house. However, she was denied a house rent of Rs. 100 per month. Dr. Jamini established a special female ward in the Ripon Hospital in Shimla and became very popular among the local communities. Despite her good work in Shimla, she was transferred to Shikarpur in a hot summer monthof 1916, just before the inauguration of the female ward, as it was commented by Lady Chelmsford, who came to inaugurate the ward, that an Indian lady doctor was not competent to head the hospital. She was originally scheduled to be transferred to Karachi, but as the private practice in Karachi was lucrative, the position was allotted to an English lady.

Across the River Indus, Shikarpur is a remote place in the Sindh Province with extreme climate. No one was ready to go there and the authority found a scapegoat in Jamini. The Secretary of the Central Committee of WMS wrote to the Collector and the Secretary of the local committee of WMS, 'Shimla, Dated 11 July, 1916. The Central Committee is very glad to know that under Dr. Sen the number of patients has increased significantly and therefore we have planned either to modify and expand the existing hospital or to build a new hospital. The Central Committee has no objection if you can convince her to stay back in Shikarpur.'

In February 1918, she was transferred to a small hospital in Betiah in north Bihar. It was a small town and the doctor had little work pressure. A workaholic Jamini was not happy. Next year she was transferred to Akola in the Berar Province in Central India. In Akola, she was given the charge of a hospital and she adjusted well with the local committee members. However, she had to take a six-month's leave when her niece Bulbul (daughter of Mrs Kamini Roy) fell critically ill. This created a dispute and her leave was declared unauthorized. An insulted and furious Jamini Sen resigned from her lucrative job as a doctor under WMS.[22]

Last Years and Death[23]

After resigning from WMS, Jamini left for England for the second time in 1921 with a desire to gain more advanced knowledge of the profession. She obtained a diploma in Public Health from Cambridge and a Certificate from the School of Tropical Medicine, London. Jamini returned to Kolkata in 1924 and on the request of Raibahadur Dr. Haridhan Dutta, the Chairman of the Kolkata Municipal Corporation and who also happened to be the classmate of Dr. Sen in the Medical College, took charge of the upcoming Baldeodas Maternity Home (in Shovabazar area of North Kolkata) set up by Kolkata Municipal Corporation but maintained by private donations. Jamini made this maternity home very popular. Though it was a free home meant for economically weaker section of the society, ladies from affluent families too with major maternity complications started visiting Dr. Sen for treatment. Soon, the maternity home ran into financial crisis, though Jamini was charging only a small sum as her salary. Two years later, when Deshabandhu Chittaranjan Das became the Mayor of Kolkata, the Municipal Corporation started supporting the Home financially and the situation stabilized. Dr. Sen's salary was also enhanced. [The Maternity Home still exists in the same place and is known as North Maternity Home (Baldeodas) or popularly as Darjipara Maternity Home. It is supported by Kolkata Municipal Corporation]. Kamini Roy has written that this Maternity Home, in one way or other, was a creation of Dr. Jamini Sen, as Dr. Sen not only took care of everything in the Home, but also trained the nurses and midwives herself. She also wrote a Handbook titled 'Prasûti Tattwa' (Theory of Maternity).

In 1929, her health started breaking down and Jamini took long leave and settled in Puri to recuperate. However, in Puri she had to take charge of a female hospital on the request of Magistrate Mr. Senapati. As in the case of other hospitals, similar increase of number of patients was recorded during her stay in Puri during 1929. After a few months Jamini came back to re-join Baldeodas Maternity Home, but again returned to Puri to take rest. In Puri her health did not improve and in December 1931, she fell

critically ill and was brought back to Kolkata. Jamini died at Kolkata on 22 January 1932.

Why Should We Study the Life of Dr. Jamini Sen

Meredith Borthwick, in the preface of her book, 'The Changing Role of Women in Bengal: 1849-1905', has described the nineteenth century in Bengal as 'a time of great intellectual excitement. Accepted values were closely questioned as part of the reaction to changes brought about by the imposition of colonial rule. There was heated debate among men on matters such as widow burning, child marriage, the status of women, and the merits and demerits of female education.' This modernist movement, in which emancipation of women through education was one the mainstays, is commonly known as Bengal Renaissance. The rapid spread of women's education among Bengal's *Bhadralok* class is one of the success stories of Bengal Renaissance.[24]

The first full-fledged girls' school in Bengal, the Calcutta Female School (later renamed Bethune School) was set up in Kolkata with 21 students by British educator John Elliot Drinkwater Bethune (1801-51) with the help of leading figures of Bengal Renaissance such as Ishwarchandra Vidyasagar, Ramgopal Ghosh, Dakshinaranjan Mukherjee, Madan Mohan Tarkalankar and others. In next 2-3 decades, dozens of girls' schools appeared in Kolkata and districts of Bengal. When several girls passed out from these schools, a demand for college education for girls gained momentum and in 1879, Bethune College was set up. 'In 1883, both Chandramukhi Bose and Kadambini Ganguly passed in the BA examination from Bethune College and thus they became first female graduates of the Calcutta University as well as the entire British Colonial Empire.'[25]

We have already discussed that Calcutta Medical College (CMC) allowed girl students for the first time in 1883. In subsequentdecades, dozens of girls qualified from CMC as well as from two medical schools in Kolkata and Dhaka. These lady doctors, despite multitudes of roadblocks in profession and the society, rendered yeomen service to the nation. Dr. Jamini Sen was one of the leading figures among these pioneer lady doctors whose life stories inspired millions of girls in our country to overcome family restrictions, social stigma, and gender discrimination to get themselves not only educated but also to establish themselves as successful professionals in life.

In traditional Indian society, women were given the role of a mother and caregiver; though in the ancient India we hear the names of many educated female seers and those women earned respect, the rise of conservative Brahminism after 7th-8th century CE and a long Islamic rule (13th-18th century CE) erased these traditional values. In the 19th century CE, women in the role of a professional doctor were unthinkable until a few brave women 'discarded traditional values, misconceptions and beliefs of Indian society about women's social status.' The early lady doctors of India braved all oppositions to women's medical education by raising their voices against the oppression of women which was considered justified in the patriarchal narrative of the society and demanded equal rights for women in the society and in the profession. No doubt, they were supported by social reformers, nevertheless their struggle was difficult and the success was very hard earned. Their achievements created an emancipatory space for generations of women of India.[26]

In colonial India, the women medical professionals had to fight in many fronts. Lacking in institutional and societal support, they had to often sacrifice family life in favour of profession. Like the doctor sisters Chandramukhi and Bindubasini Bose, Dr. Jamini Sen also could not marry and raise a family of her own. Dr. Virginia Mary Mitter (Nandi), one of the first two female medical graduates of Calcutta Medical College, had to give up practice after her marriage with Dr. Purnachandra Nandi and worked as an assistant to her husband thereafter. There were instances of sexual harassment of lady doctors living alone in hospital quarters away from Kolkata. There were many other obstacles in their life, a glimpse of which can be seen in Geraldine Forbes' discussion of the life of Dr. Haimavati Sen, a young Bengali widow who studied medicine in Campbell Medical School.

Side by side with professional responsibility, most of these women had to shoulder the responsibility of the family. Kadambini Ganguly had a large family to look after and Jamini Sen, though did not marry, took care of her mother, siblings, their children and even a few adopted children of her own.

In respect of professional skill, women doctors were not behind their male counterparts. The diagnostic ability of legendary Dr. Bidhan Chandra Roy has become a part of the folklore in India. A similar incident about Dr. Jamini Sen has been described by Kamini Roy, when Dr. Sen diagnosed an abdominal pain being suffered by her nephew Asok (son of Kamini Roy) to be a case of Appendicitis. However, the European surgeon to whom Ashok was taken for operation discarded the diagnosis that cost the life of Ashok.[27]

Among the pioneer women doctors of India, literature is replete with stories on Kadambini Ganguly and Anandibai Joshee. But a close examination of the life story of Dr. Jamini Sen will prove that her contributions are equally important, if not more, as a pioneer woman doctor of India who can be a role model for millions of girls in India. Her 150th birth anniversary fell during the lockdown period of Covid 19 pandemic and hence passed on unnoticed. This article is a tribute to Dr. Jamini Sen, who was considered by many poor female patients as an incarnation of a goddess who could save their life. ❐

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