

MEDICAL MISSIONS AND THE PURDAH SYSTEM

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THE purdah system in India—the custom which prevails so widely in many parts of the country of keeping the women in more or less strict seclusion in zenanas—is one which has a very special and practical interest for medical missionaries, as indeed for all who practise the art of healing. The nature of its importance, as far as they are concerned, differs according to their sex. For men doctors working in India it is the cause of limitations in their scope which are quite unknown in the West, while for women doctors it has provided the strongest of arguments for their existence. It is probably not at all generally realized how much the movement in favour of the opening of the medical profession to women owed in its early days to the purdah system. Those who were most strongly opposed to the idea of women doctors working in England or America, where the need for them was not urgently felt or expressed, could not but admit the arguments furnished by the existence in India of millions of suffering women whom men were powerless to help.

A very large proportion of the total number of women students of medicine have, until quite recent years when openings at home have been rapidly increasing, been prospective medical missionaries; further, in the days when the difficulties in the way of women obtaining a qualification were far greater than at present, a large number of ladies gained a partial though most useful medical education, and by establishing numerous zenana hospitals in

India prepared the way for the army of qualified women who have followed them.

Leaving medical work on one side for a moment, there is no doubt that women's missionary work as a whole, in the early days of the various zenana missionary organizations, derived its strongest special appeal from the needs of the women secluded in Indian homes. It was the mental and spiritual darkness of those in India and their inaccessibility to efforts by men which were made the outstanding pleas for the support of missionary work by women, far more than the evangelistic needs of the millions of women, whether in India or in other countries, who are altogether free from such restrictions. The extension of the missionary labours of women to China, Africa and other parts of the world followed for the most part after their value had been proved in India.

Such is the debt which women's missionary work, especially on its medical side, owes to the purdah system. It is a point well worth considering whether this fact has not in some degree exerted an unconscious influence upon the attitude of missionary workers towards the social custom which after all has afforded them part of their *raison d'être*.

May an outside observer be forgiven for recording what have for many years been his impressions as to the prevalent, albeit by no means universal, attitude of women missionaries in India towards the purdah? Their lives have been spent in earnest efforts to combat its effects, to bring healing to those who before were shut out from medical aid, to dispel ignorance where before their advent no teacher could come, and to use their opportunities of witnessing for Christ in homes where no word of His Gospel could otherwise penetrate. It has, however, seemed as if they regarded the system, of whose ill effects they were so sadly conscious, as in itself a great social obstacle against which it was impossible or at least impolitic to contend, as a fact almost as unalterable as the colour of the people whom it concerned.

Furthermore, I am quite sure that as a result of long-continued anxious efforts to adapt western methods of work to the requirements of the purdah system and to avoid anything which might give possible cause of offence, there has arisen a tendency in many cases to be even over-careful and to emphasize the need for seclusion more than the people themselves require. As instances of the sort of thing that is in my mind, I may mention that not unfrequently when I have been called in consultation by lady doctors to see purdah patients in zenanas, every possible precaution has been taken to observe rigid purdah, though on previous occasions when I have visited the same houses by myself a far greater degree of freedom has been permitted. It is a constant experience of men doctors who have practised for long periods in any one district in India and have thus come into somewhat close and friendly contact with the people, that in very many houses where at ordinary times purdah is maintained with considerable strictness, when need arises they are summoned and allowed to do what may be required with comparative freedom. The patient will usually be veiled at the first entrance of the doctor, but as the relatives realize for themselves the advantage of a proper examination and recognize the physician as a friend of the family, the covering will be partially or entirely removed, the action being excused by the words : ' *Áp to hamáre mán báp haiñ* '—' You are as father and mother to us.'

The simple fact is that, as with many customs in every country, this system of purdah does to a large extent give way before necessity. While there are doubtless very many families and whole communities the members of which would allow almost no circumstances whatever to override the strict observance of purdah, yet there are very many others in which, during such emergencies as those of travel, and especially of sickness, a greater or less degree of relaxation is condoned. Such relaxation is more readily acquiesced in if it be either a matter of private

consent and not publicly known, or if it be a conjoint action on the part of many individuals, all of whom are under similar circumstances of need. Thus I am quite sure that in some hospital wards where purdah restrictions are carefully enforced a majority of the patients would agree in welcoming such a relaxation of rules as would enable their own near relatives to visit them, even if this might involve the risk of their being seen by others from whom normally they would be concealed.

Just as I believe that in many cases purdah restrictions are upheld and enforced with unnecessary strictness by foreign workers so also there is a tendency to regard the system as of far more universal application than it really is. This tendency has been more apparent in government zenana hospitals than in missionary ones. In the former it has been common for almost all the in-patient accommodation as well as the out-patient department in a hospital to be arranged as if on the assumption that the whole population were in purdah, thus bringing numbers of people under restrictions and limitations to which they have not been in the least accustomed, and by so doing inevitably narrowing the usefulness and increasing the expense of the institution. It would be very interesting, if it were possible, to ascertain the relative proportions in various parts of the country between those who do and those who do not keep their women strictly in purdah. Of course the number of those who are free is immeasurably greater than of those in purdah, the former including the great mass of the village population over almost the whole of India, the poorer classes in the cities, and a very large number of the middle and even the upper middle classes amongst Hindus and Jains, and the whole Parsi community. Those who observe the purdah are, broadly speaking, Mohammedans of Central and Northern India generally (with many exceptions in Bombay), the Hindus of the higher and ruling classes, especially in Rajputana, and the higher class of Sikhs.

I contend that by concentrating a vastly disproportionate amount of the hospital relief upon this selected part of the population and adapting hospital régime exclusively to suit their needs, there has been a tendency to perpetuate rather than to discourage a custom which we should deplore. This criticism applies more to government than to missionary hospitals, but many of the latter are also open to it.

What then should be our attitude as medical missionaries towards the purdah system ?

Let us for a moment consider some of its effects—already familiar to us by sad experience—upon the bodies and minds of those who live under its restrictions. We think, first, of the appalling amount of avoidable suffering which results from women and children being shut off from timely medical aid. I emphasize the word ‘timely,’ since even when—as at a zenana hospital—assistance is ultimately obtained, yet the fact that it necessitates unusual action and special preparation involves discussion and unavoidable delay. Far more serious than this are the physical consequences of the lack of exercise and of fresh air conditions due to the purdah. For those accustomed to western conditions of life it is unnecessary to labour this point ; I would only mention that these consequences are intensified by the fact that the restrictions which cause them supervene with suddenness after an early childhood of comparative freedom, just at the period of adolescence when the need of fresh air and exercise is most imperative, and secondly, that my recent inquiries into the causation of tuberculosis have furnished me with incontestable evidence, both statistical and other, as to the outstanding influence of this one cause upon the prevalence of the disease. Throughout Northern India the tuberculosis death-rate, where this is obtainable with accuracy, is found to select and indicate with almost an unerring exactness the communities amongst which the purdah system is strictly observed.

To give a single instance, I may mention the case of a

small town in Western India inhabited mainly by the families of wealthy Mohammedan merchants and of which the vital statistics have only recently reached me. Amongst the Mohammedan inhabitants the women are kept in strict seclusion, while the Hindus are quite free from purdah, and moreover are poorer and thus are living under less satisfactory conditions as regards diet and general sanitation. The figures for this town show as the tuberculosis death rate for last year—Mohammedans : males 2·15 per mille, females 6·7 (more than three times as much), while the Hindus show : males 1·05, females 1·36.

So much for the influence of the purdah upon the bodies of Indian women ; what about their minds ? Surely it is this and this only which accounts for the lamentable contrast existing between the intellectual development of the men and that of the women. What other effect could be expected from a custom which almost completely closes the mental vision of women to the world outside and shuts them off from nine-tenths of the educative influences available on all sides ? The climax of this sterilizing influence is seen in the fact so often put forward as an argument in favour of the very system of which it is an effect, that women themselves do not desire the removal of restrictions. It is perfectly true that some women do not desire it ; they look upon the purdah as a stamp of respectability and they have lost all desire for freedom. Surely as with the body so with the mind, lack of appetite denotes loss of health ; there can be no high mental activity, no strong mental growth in an isolated and secluded existence, especially where the foundations of independent thought have not been laid.

As regards our attitude, then, I would say : let us as medical missionaries make all needful provision in our work for the relief of those who, owing to the purdah system, are shut out from obtaining medical treatment under ordinary conditions. Let us make it quite clear, however, both to them and to others that such a provision is of the nature of

a concession to special conditions and does not represent the normal régime of the hospital. In the face of a system whose effects are so vitally connected with our own work and interests let not there be any misunderstanding as to what our own opinions are.

It will not, as a rule, be found difficult to give practical effect to the above suggestion. The larger hospitals will have special wards for purdah *nishin* cases and others where greater freedom is permitted. In smaller hospitals, where accommodation does not permit of special wards, I would suggest that the non-purdah patients should be regarded as the ones for whom the ordinary hospital rules are framed, they being by far the more numerous. Thus on visiting days let not them be debarred from the comfort and pleasure of receiving approved men visitors—their own husbands, fathers, brothers—just because two or three patients, who could easily be screened off for the time, happen to be purdah *nishin*. I believe that if this experiment were tried in practice it would be found that the number of patients who insist on being screened off will tend to diminish.

The practice which obtains at some few zenana hospitals of having an enclosure separate from the ordinary wards with several rooms into which women may be admitted together with their families has been found to be very greatly appreciated by the people. In the hospital with which I have been connected at Peshawar we had one courtyard surrounded by twenty-five rooms (a 'serai' of an improved type) which were constantly occupied by patients who came with their families. We accepted no responsibility for the honour of the patients, that was the care of the relations; there was never any difficulty, however, on this score, and the rooms were almost never empty.

As regards the out-patient department, here too I would have the ordinary routine arranged for non-purdah patients and would permit husbands or fathers to attend together

with their sick relations, a privilege which would be immensely appreciated. For purdah patients there would be either a separate room, or they might attend on special days, or—far easiest of all—they might attend at a special time. The out-patient department might be kept strictly purdah from the commencement of work until a given hour, after which ordinary patients could come freely. Of course it would rest with the medical missionary to make such arrangements as might be necessary in order to safeguard the honour of the patients and the workers and the reputation of the institution. But I feel certain that there would be little cause for anxiety on this account. The concession to family affection above suggested would be so intensely valued that no misbehaviour would be tolerated which might endanger its continuance. The presence within the hospital of an elderly married man of irreproachable character would be an additional safeguard. The limited freedom which I am advocating is in contrast with the régime at so many zenana hospitals where no male visitor is admitted except on rare occasions and with elaborate precautions, and no husband or father is allowed to see wife or daughter except in a private room specially arranged for such interviews. Hospitals of this type are not unfrequently termed ‘jail khanas’ (prisons) by the people, and the injury done by lack of confidence—the inevitable sequel to mystery—is in my opinion far more than sufficient to counterbalance any attraction which the strictness of the precautions may give in the minds of those who value the observance of purdah above everything.

One advantage of the carefully secluded zenana hospital is that it enables the medical training of young Christian girls to be carried out under conditions which largely eliminate anxiety as to temptations on the moral side. Such a carefully modified régime as is suggested above could, however, easily be introduced without any serious moral risk, although it might involve arrangements to provide that the young assistants should not be on duty in the

wards during visiting hours. The difficulty, moreover, raises a further question of policy which is not an unimportant one as regards zenana hospitals. Is it wise to commence the training of assistants at such an early age as is at present frequently the custom? Girls often come to hospital for training immediately after leaving school, when their characters are as yet unformed and self-control not established. The time at hospital is, in fact, with very many a mere interval between school and marriage, the latter supervening two or three years later. It may well be asked whether, in the interests both of patients and workers, it might not be better to raise the age of probationers for training and to aim at attracting those who may expect to take up nursing as a life-work, as well as perhaps to make use of a larger number of married women or widows.

In conclusion, while I would not have women missionaries abate one iota of their sympathy for the women secluded in Indian zenanas or their efforts to bring aid to them under their special circumstances of need, yet I would wish to awaken a hatred of the system and an enthusiastic desire to co-operate with the ever-growing body of public opinion in this country which seeks to discourage it as a social custom and ultimately to compass its overthrow.

The arguments commonly adduced in favour of the continuance of the purdah in those communities where it has been most rigidly enforced demand very careful and sympathetic consideration. They are, on the one hand, that the girls are not ready for the change, that they have been used to the secluded life, and that for them to be suddenly given their freedom would mean disaster; and, on the other hand, that the state of public opinion amongst the men as to morals is such that relaxation of purdah would be unwise if not actually dangerous. The reply to both these objections is that the conditions upon which they are based—the present mental, moral and social state of the people concerned—are themselves the direct result of the purdah system. When a physician advises exercise to a

delicate child he is frequently met by the objection, 'But, doctor, he has not been used to exercise and is not strong enough for it.' The obvious course to pursue is to make the change a gradual one, strengthen the muscles by graduated exercises, call out the powers of resistance by cautious exposure to sterner climatic conditions, and then the constitution will surely respond and become in time more robust. So with a great social system such as that of the purdah ; in the communities in which it is most strictly observed change must only be made gradually and with caution, the needed self-control and moral strength will come in response to the carefully regulated reforms which call it forth.

What is needed is a gradual modification of public opinion on the subject, a change of thought working itself out in practice which will secure to children yet unborn blessings which many of the girls of to-day must long for in vain, and which will eventuate in a reform of Indian home life of inestimable value to the country at large.

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