

Women and Medicine in Early  
Twentieth Century India: A Study on  
the Intervention of the Rockefeller  
Foundation (with Special Reference  
to Public Health Nursing)

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The early twentieth century saw a shift in the perspectives and policies related to medical care in India. In place of hospital care, preventive public health initiatives became more and more important. In this context, health education for individuals including enhancing consciousness for sanitation and hygiene, and protecting maternal and child health received greater attention than before. In the changing international scenario of the early twentieth century, improvements in maternal and infant health became matters of world-wide interest. Increasing imperial rivalries and anxieties about the future health condition of the children of army men, to some extent, prompted certain measures aimed at improving the health of mothers and children through adoption of public health measures. Child welfare movements developed in different parts of the world. In India, health policies of both colonial administrative personnel and administrators in native princely states, efforts of voluntary non-governmental agencies, as well as activities of international philanthropic organisations all played crucial roles in developing these new kinds of public health sensibilities and initiatives. The views expressed by the Rockefeller Foundation (RF) and the role it played in this respect remain significant.

During collection of materials for my latest book (*Gender, Medicine, and Society in Colonial India Women's Health Care in Nineteenth- and Early Twentieth-Century Bengal*, Oxford University Press, 2017), I came across references to the involvement of the Rockefeller Foundation in different spheres of public health in India (including female health) since early in the twentieth century. I located some archival materials at West Bengal State Archives, India, that documented the Rockefeller Foundation's involvement in assisting certain institutions such as the All India Institute of Hygiene and Public Health in Bengal. In the accounts of different researchers, I also came across references to the role and involvement of different officials of the Rockefeller Foundation in controlling diseases, establishing public health works, promoting rural health and hygiene, as well as promoting and supporting nursing education.

The information which I gathered from different writings, however, do remain incomplete, piecemeal and fragmented. I found out about the archival materials available at the Rockefeller Archival Center (RAC), and my subsequent correspondence with staff revealed that many materials relevant for my research were housed there.

During my visit to the Rockefeller Archive Centre in Sleepy Hollow in 2018, I consulted the records of the International Health Board/Division (IHB/D) pertaining to administration, program and policy description, project reports, and correspondence. The diaries of different officials, including W. P. Jacocks, Victor G. Heiser, W.S. Carter, John F. Hendrick, Mary Beard and others proved to be very important. These records contain valuable information regarding the foundation's perceptions about public health in India (and beyond) including public health nursing, as well as about its activities and programs.

Since the early 1920s, the Rockefeller Foundation's International Health Board had sponsored a series of public health demonstration projects in India. These projects sought to demonstrate model systems for the provision of public health services. The pilot projects or health units conducted, among other things, maternal and child welfare programs, that included antenatal care and preventive health clinics.

In the 1930s, the RF's public health projects in India led them to directly consider the scope and future of nursing education there.<sup>1</sup> Rockefeller Foundation aid in the field of nursing began in 1915 with an appropriation for the translation of nursing textbooks in China.

It was stated that the International Health Board was interested in nursing because of its essential importance to the proper development and organization of a public health program. The largest number of health workers in the public health field were public health nurses. The Goldmark Report, financed by the Rockefeller Foundation and published in 1923, stimulated serious thinking on how to educate nurses for public health. Development of nursing as a profession also meant that women earned a status and were considered as co-workers.

In 1927, the Rockefeller Foundation was reorganized. At that time, the nursing program was divided: public health nursing in the field was made the responsibility of the International Health Division and educational projects in nursing were made the responsibility of the Division of Medical Sciences.<sup>2</sup> The International Health Division's program regarding public health nursing involved development of demonstrations in local public health work according to certain definite set of principles:

- a) In countries where nurses were not available, the IHD programs were to be limited to such activities as could be carried out successfully with physicians and sanitary inspectors alone.
  - b) In countries where nurses were already available, the IHD program for local health work would be extended to include such services as maternal and infant hygiene which required the cooperation of public health nurses.
  - c) To prepare the nurses for their public health duties fellowships would be awarded.
  - d) Where a supervising nurse was required, special opportunities could be afforded her for training.
- Rockefeller officials believed that Indian gender relations required the use of female public health workers in domestic outreach programs in India. In the words of one senior officer with the Rockefeller Foundation, female public health nurses offered “the way into the home” in India.<sup>3</sup>

Mary Beard was one of the key RF officers involved with its nursing program during this period. She graduated from the New York Hospital School of Nursing (1903). As a registered nurse, she immediately developed an interest in the work of the visiting nurse. For five years, she was the chief nurse of the Waterbury, Connecticut Visiting Nurse Association. Then she spent two years as assistant in the laboratory of Surgical Pathology of the College of Physicians and Surgeons, Columbia University. Leaving that position, Mary Beard went to Boston for ten years as Director of the District Nursing Association (1912-1922). She also worked as General Director of the reorganized Community Health Association for two years. In 1924, Mary Beard joined the Rockefeller Foundation and went abroad to conduct a study of maternal care in England. In England, the maternal mortality rate was only one half as high as in the United States. She also travelled for purposes of observation throughout a large portion of Europe, visiting Austria, Italy, Poland, Yugoslavia, Czechoslovakia, Denmark, France, Belgium, and Hungary.

Mary Beard made various other trips to study European conditions and had also taken two extensive trips to study the nursing situation in China, Japan, the Philippines, Thailand, Burma, India, Egypt, Palestine, Syria, Turkey, and Greece. In 1934, she received the degree of Doctor of Humanities from the University of New Hampshire. During World War II, the United States Surgeon General appointed her Chairman of the Committee on Public Health Nursing. She was a woman of world-

wide experience in the field of public health nursing and a recognized authority on that subject.

Mary Beard made significant contributions to nursing education. She was recognized as an international authority on public health nursing. She wrote numerous articles on the subject of public health nursing and in 1929 wrote a book called, *The Nurse in Public Health*. On January 1, 1931, she was appointed associate director of the International Health Division of the Rockefeller Foundation. In 1932, nursing interests were placed under the jurisdiction of the International Health Division, with Mary Beard in charge as associate director till her retirement in 1938. After retirement from the Rockefeller Foundation staff, she became Director of Nursing with the American Red Cross. She died on December 4, 1946.<sup>4</sup>

In addition to Mary Beard, several individuals (whose correspondence are preserved at the RAC) made significant observations regarding medical training, public health nursing, etc. in India. It was emphasized time and again that if there was to be real progress in public health in India, fundamentals like public health nursing must be brought into effective working existence. If health work eventually had to have the support of the people, it was essential that they received adequate instruction. Many officials held the opinion that experience demonstrated that this could best be done by the house-to-house visits made by public health nurses.<sup>5</sup> RF officer John B. Grant observed that the existing 'health schools' to be found in India were not schools of public health nursing.<sup>6</sup> The immediate concern of these schools and their products was midwifery rather than education. It was pointed out that it would be more logical and efficient to raise the standards of some of the existing midwifery schools by incorporating the public health aspects of the 'health schools' and discontinuing the latter as separate units. It seemed that circumstances prevailing in India did warrant qualified health nurses only in supervisory positions, and, if in rural work, a midwifery qualification would be essential. According to some foundation officials, midwifery training was also essential for the public health nurse in India.<sup>7</sup>

In the winter of 1932-33, Mary Beard proceeded to India to review the state of nursing education there.<sup>8</sup> After the completion of her tour, Beard presented her findings at a conference on public health nurse training in India, held in Ceylon (present day Sri Lanka). She discussed the benefits of hospital training for public health nurses; the

possibility and benefits of creating a post-graduate program in India, versus sending existing personnel on fellowships to the RF's flagship school in Toronto; and the role of doctors, particularly women doctors, in the provision of maternal and child services.<sup>9</sup>

The native state of Mysore was chosen by the foundation to provide help in public health. One of the reasons for this selection was that Mysore appeared to be one of the most financially stable of the native states of India. Its ruler seemed to be enlightened and sincerely interested in improving the health of his people. In 1926, the Rockefeller Foundation received a formal request from the Government of Mysore asking for its cooperation in public health matters. It was stated that what was required was not so much funds as advice and guidance. The government was informed that the foundation would first wish to make a survey of health conditions in the province. Subsequently, the RF agreed to cooperate with the government of Mysore in 1928. The foundation officials expressed their satisfaction in their experience with this particular province. They praised the fact that the government had responded well to suggestions offered and met its engagements.<sup>10</sup>

Correspondence between W.C. Sweet, Consultant in Health (of the RF in the Govt. of Mysore Dept. of Health) and Mary Beard in 1933 reveal different dimensions of public health conditions in Mysore. The government plans called for the establishment of health units and municipalities and for the employment of health officers for these. It was felt that a minimum of about six local health units per year should be established. As it became possible to initiate a maternity and infancy program in the units, planning included provisions for a "lady health visitor" for each staff.<sup>11</sup>

The report on public health nursing in Mysore submitted around 1933 mentioned an unusually large number of individuals involved, including government officials, health officers (both urban and rural), matrons and medical superintendents of certain hospitals, social workers in two Indian Seva Sadan Societies, and the principal of the medical college, together with the matron of the Medical College Hospital.

For the report, public health nursing was defined as "an organized community service rendered by graduate nurses to the individuals, the family and community - this service included the interpretation of medical, sanitary and social procedures for the

correction of defects, the prevention of disease and the promotion of health and may include the skilled care of the sick in their houses.” Health supervision, maternity service, and the teaching of home nursing were mentioned to be the functions of a public health nurse classified according to the nature of the problems presented. Each program would be carried out in coordination with official health authorities and with the medical profession. Each program would vary according to the most pressing local health needs. A representative local committee was thought to be essential. Supervision of the nursing group by a public health nurse was also essential. Such supervision should be directive, educational and sympathetic rather than that of an inspector. It was therefore thought to be necessary to study possibilities of developing a group of public health nurses for the further needs of Mysore.

It was recommended that a public health nurse needed to be appointed who would act as an adviser to the state on public health nursing matters. It was pointed out that the baby clinics in Mysore City justified the employment of a supervisor. It was also opined that in Bangalore the maternal and infancy program of the municipality would profit greatly, if a public health nurse were made a member of the health department staff.

About nursing education, it was pointed out that nursing education in a modern sense was almost nil in Mysore. There was a lack of qualified teachers. There was also almost universal under-staffing of the wards in all the hospitals, which meant that student nurses did not see efficient nursing. Also noted was the fact that the government controlled all nursing activities. Under-educated country girls were selected locally for training. They were given a stipend during training and taken back into the local hospital or dispensary on government pay to work alone, without the stimulus of fellow-nurses to keep up their morals, and without any directive, sympathetic supervision. It was however pointed out that in spite of these conditions, one might observe some excellent examples of good hospital nursing in Mysore, notably that of the Medical College Hospital. The opinion was expressed that the beginning of modern education for nurses needed to be undertaken in Mysore State without unnecessary loss of time.

Correspondence between Dr. W.P. Jacocks and Dr. Victor G. Heiser revealed their views regarding the status of public health nursing in another Indian native state,

Travancore. <sup>12</sup> The dewan of the state was anxious for Mary Beard to make a nursing survey of Travancore. According to Jacocks, nursing in Travancore was in a very primitive state. The number of nurses being trained, the quality of their training and the sources of supply all needed careful study.<sup>13</sup>

A document titled, “Memorandum on Public Health Nursing.” submitted by Mary Beard on her visit to the state (February 14-18, 1933) pointed out:

By considering Public Health Nursing in Travancore, four features of my recent visit stand out. They are:

- I. The health Unit at Hayyattinkara.
- II. Welfare centres in Trivandrum.
- III. The Women and Children’s hospital in Trivandrum.
- IV. His Highness the Maharaja’s College for Women.

At the Health Unit I saw four public health nurses carrying on satisfactorily the functions required of them in a modern public health program.

These functions are as follows;

- I. Detailed routine supervision of midwives and their work.
- II. Holding ante-natal clinics and reporting abnormalities to the medical Officer of Health.
- III. Health visiting.
- IV. Infant Welfare activities.
- V. Supervision in homes and at preventive clinics of the health of the pre-school child.
- VI. With the medical Officer of Health conducting all preventive clinics.
- VII. Vaccinating or carrying on other necessary technical procedures in home when purdah is observed.
- VII. Giving health talks and personal advice to mothers.
- IX. Public health nursing has been defined as follows: “An organised community service rendered by graduate nurses to the individual, family and community. This service includes the interpretation of medical, sanitary, and social procedures for the correction of defects, prevention of disease and the promotion of health and may include skilled care of the sick in the homes.”

These functions would be carried on in relation to the official health authority and to the medical profession. Each program will vary according to the most pressing local health needs. A local committee which should be a representative community group, even though it may be a very small one is considered an essential. Such supervision should not be that of an

inspector but rather it should be sympathetic and of a directive and educational character.

To be a successful public health nurse, requires a good general education as a background and special professional preparation to fit her to undertake such duties as those observed in the health Unit at Neyyattinkara.

Mary Beard further observed:

Travancore has the great advantage of being the most advanced State in India in regard to the education of women. Miss F. E. Grose, B.A. Cantab, Principal of His Highness the Maharaja's College for Women, discussed with me her concern that college education today is somehow failing to meet the present needs of Travancore girls. It is the same anxiety which is felt wherever higher education for both boys and girls has become popular, and it must be due to some failure in our twentieth century educational philosophy. The practical demands made by an enlightened community upon the young people to take part in social program essential to local progress do not meet with a spontaneous response.

Public Health Nursing at the Neyyattinkara Health Unit is now being carried on by a group of sub-assistant surgeons. They have left the profession for which they were trained. As a temporary measure it is successful, but it cannot be regarded as a real solution of the problem of how to provide good public health nurses for an expanding program in Travancore. Could not the educational institutions and the new profession of public health nursing be brought to a meeting place in the establishment of a public health nursing professorship in the College for Women? Practice field-work could be supplied by the Women's Hospital and the Neyyattinkara Health Unit. As time goes on and the Welfare Centres in Trivandrum are standardised and supervised by a public health nurse, these could also be made useful practice fields for such students.

Travancore girls are usually well educated and they also... have an independent turn of mind and strength of character. They are to be found in many states of India filling responsible positions. I met them in Rangoon.., in Nagpur and Poona and in Vellore as medical students. Since this is true, it is evident that very suitable public health material can be found in Travancore for this important work.<sup>14</sup>

The correspondence of W.P. Jacocks and Mary Beard during 1934-35 reveal their thoughts regarding suitable method of approach regarding public health nursing in

India. Both thought that Indians themselves needed to take initiative in reducing infant and maternal mortality rates, as well as developing a new kind of schools for training. The Rockefeller Foundation could help in establishing field training in a limited area for demonstration.<sup>15</sup>

In the words of Mary Beard:

Dear Dr. Jacocks:

...I continue to think that little that is permanent can be established in India unless the development of a new kind of school, to be sponsored by Indian people and developed according to policies mutually agreed to by members of a joint committee, could become an established institution.<sup>16</sup>

Dr. Jacocks wrote:

Dear Miss Beard,

My own opinion is that training in the field in a limited area is one of the most important things to be done in India at this time. Small areas of intensive work is going to be one of the prominent items in my program. It is not practicable for us to think of attempting anything which would tend to reduce the general, infant, or the maternal death rates in India. That work must be done by Indians. We can be of use, however, in giving demonstrations of methods in small areas. The demonstrations will be carried out by Indians who will afterwards establish the work in their own respective provinces.<sup>17</sup>

Mary Beard also sketched out a five-year nursing plan and pointed out the following: Nursing in the International Health Division were to be considered under three main headings:

1. Studies relating to problems underlying the education of nurses.
2. Constructive help in building educational facilities for public health nursing in any country where I.H.D. cooperation in a community health programme made the establishment of such facilities necessary.
3. Projects then started or under consideration.

No new or reorganized school was to be given support unless the following principles were accepted:

1. School to be an integral part of a university or other educational institution of good standing.

2. Separation of cost of nurse education from nursing service.
3. School limited in numbers of students.
4. Public health nursing principles and practice taught throughout the course.

Beard pointed out that the training of Indian nurses was carried out mostly in women's hospital under various authorities. The large hospitals in the provincial capitals, which were for the most part government institutions, included trained European and Anglo-Indian nurses. The preliminary education of such pupils was sometimes, but not always, better than in the case of Indian nurses and such hospitals had on the whole larger staffs and better equipment. Such hospitals, however, provided few recruits for public health nursing and it was not likely that the number would increase.

Very few Indian nurses have become "sisters" in hospitals which is I consider clear proof that they have not the education or experience to enable them to undertake the responsibility of such posts." It was observed that the need for such an institution was already felt by those who were most conversant with the training of health visitors and with their subsequent work.<sup>18</sup>

Mary Beard resigned from the Rockefeller Foundation in 1938 and joined the American Red Cross. Mary Elizabeth Tenant succeeded her as assistant director of the International Health Division in charge of nursing training. However fundamental changes in nursing education in India remained elusive on which the RF commented as late as 1944:

Nursing interests were viewed as an integral part of the International Health Division's public health program. It was stated: "In order to implement the nursing program nursing consultants are required, and to that end we shall have for the present not only one in the New York office but also consultants in the regional offices for Europe, India and South America. Our chief interest is the development of good public health and to bring this about well qualified public health nurses are needed. This requires helping to establish modern schools of nursing, in lands where none exists, ... India does not have a real school of nursing. There has been established in Delhi a School of Nursing Administration to prepare teachers and administrators, but at best this is a patchwork job. Nothing has yet been done to create the kind of a school that would give fundamental preparation for public health nursing. There is talk of a

college of nursing and we would be interested in this if a modern basic professional curriculum were established to prepare public health nurses.<sup>19</sup>

Consulting the documents available at the Rockefeller Archive Center provided me with some valuable insight for analysing public health issues including nursing education and others. They touch on subjects related to the sphere of women and medicine in late colonial India and for contextualising them in a broader international perspective. The documents consulted there are rich historical sources and are directly relevant to my research. As someone accustomed to pursuing research on India through analyses of colonial archives, the wealth of archival sources at the RAC has undoubtedly helped me to develop refreshing and very significant new insights.

#### Notes

1. Rockefeller Archive Center (hereafter RAC), Rockefeller Foundation Archives (hereafter RF), Record Group (hereafter RG) 3, Administration, Program and Policy Description, Folders 150-176, Box 15, Series 908 International Health Division.
2. Ibid., Folder 165.
3. RAC, RG 12.1, Diary of V. Heiser, April 13, 1931, Box 27, Folder 7.
4. RAC, RF, RG 15 (FA1280) Secretary's Office, Biographical Files, Series 1, Staff, A-Z, Box 2.
5. RAC, RF, RG 2-1932 General Correspondence; Box 74, Folders 596-599, Burma - Kendrick, J. F. The Rockefeller Foundation Inter-Office Correspondence February 9, 1932.
6. RAC, RF, RG 2, General Correspondence - 1932, Box 558, Folder 3772-3785. 600 Asia Medical India-1933, Impressions and Comments by John B. Grant, M.D. May 1933.
7. RAC, RF, RG 12.1, Diary of V. Heiser., Box 27, Folder 7, New Delhi, March 20, 1933.
8. RAC, RF, RG 2, General Correspondence - 1932, Series 464 Box 74 Folder 596.
9. RAC, RF, RG 12.1, Diary of V. Heiser, Box 27, Folder 7.
10. RAC, RF, RG 3, Series 908, Box 15, Folder 165, April 20, 1934.
11. RAC, RF, RG 2, General Correspondence - 1933, Box 89, Folder 704-712, 464.1 C-E India (Mysore), Letter of W.C. Sweet, Consultant in Health (of R. Foundation in Govt. of Mysore Dept. of Health) to Miss Mary Beard.
12. RAC, RF, RG 2, General Correspondence -1932, Box 74, Folder 596-599, Letter of W. P. Jacocks to Dr. Victor G. Heiser.
13. RAC, RF, RG 2, General Correspondence - 1932, Box 558, Folder 3772-3785, 600 Asia
14. Ibid.

15. RAC, RF, RG 2, General Correspondence - 1934, Box 105, Folder 822
16. Note Letter of M. Beard to Dr. W.P. Jacocks (Care of Major General C. A. Sprawson, Director General, Indian Medical Service, Imperial Secretariat, New Delhi, India) November 9, 1934.
17. RAC, RF, RG 2, General Correspondence - 1934, Box 105, Folder 822.
18. RAC, RF, RG 1.1, Project – International, Series 100, Box 37, Folders 302-326.
19. RAC, RF, RG 3 Administration, Program and Policy, Series 908 International Health Division, Box 15, Folder 164, Inter-office Correspondence, October 11, 1944.