Pioneer Woman Physician as Medical Missionary to the Women of the Orient

Clara A. Swain, M. D (1834-1910)

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Abstract—The nineteenth Century inaugurated a new era in the history of medical missions in India. From the beginning medical work was recognized as an important means of evangelism. It was the door of approach, and often the “most effectual”, door of approach to the heart of the patient and the necessary embodiment of spirit of Christianity whose founder Himself was a great healer. Medical work for women in non-Western societies was initially tentative and experimental in nature. It grew as an offshoot of missionaries organizing children’s schools, holding sewing and literacy classes for women, and zenana-visiting, and the missionary women relied for their prescriptions on medical handbooks and common sense. Even after professionally qualified female physicians began working in India in the 1870’s, medical work in cross-cultural contexts offered many challenges.

This article is a cross-cultural study of the work of North American missionary woman physician Clara A. Swain who was sent overseas by the Woman’s Foreign Missionary Society of the Methodist Episcopal Church. The objective of this article is to examine the life and work of Clara, and the processes by which her initiatives expanded from little dispensary to become hospital with training classes for assistants, midwives, and medical support staff. Clara Swain Hospital for Women, the first of its kind for the whole of Asia, grew out of Clara’s medical class that began with 14 girls in 1870, and this institution still exists in India. Thus, the history of this institution provides a crucial context to understand the lifework of Clara as well as the ways in which it evolved in response to the changing social and cultural attitudes in the receiving culture. It also highlights some of the early challenges that Clara faced in dealing with the paucity of resources, issues of local culture, and indigenous resistance as she sought to combine her goal of evangelism with professional aspirations in a culture that resisted both Christianity and Western therapeutics. The early growth of the Institution founded by Clara enables one to remap the problematic issue of gender and culture. Clara Swain Hospital for Women, the first of its kind for the whole of Asia, grew out of Clara’s medical class that began with 14 girls in 1870, and this institution still exists in India. She started medical missionary work for women in a region where there were no precedents for such work, yet she chose very different paths to do so.

Index Terms—India, medical, mission, women.

INTRODUCTION

The nineteenth Century inaugurated a new era in the history of medical missions in India. From the beginning medical work was recognized as an important means of evangelism. It was the door of approach, and often the “most effectual”, door of approach to the heart of the patient and the necessary embodiment of spirit of Christianity whose founder Himself was a great healer. Medical work for women in non-Western societies was initially tentative and experimental in nature. It grew as an offshoot of missionaries organizing children’s schools, holding sewing and literacy classes for women, and zenana-visiting, and the missionary women relied for their prescriptions on medical handbooks and common sense. Even after professionally qualified female physicians began working in India in the 1870’s, medical work in cross-cultural contexts offered many challenges.

This article is a cross-cultural study of the work of North American missionary woman physician Clara A. Swain who was sent overseas by the Woman’s Foreign Missionary Society of the Methodist Episcopal Church. The objective of this article is to examine the life and work of Clara, and the processes by which her initiatives expanded from little dispensary to become hospital with training classes for assistants, midwives, and medical support staff. Clara Swain Hospital for Women, the first of its kind for the whole of Asia, grew out of Clara’s medical class that began with 14 girls in 1870, and this institution still exists in India. Thus, the history of this institution provides a crucial context to understand the lifework of Clara as well as the ways in which it evolved in response to the changing social and cultural attitudes in the receiving culture. It also highlights some of the early challenges that Clara faced in dealing with the paucity of resources, issues of local culture, and indigenous resistance as she sought to combine her goal of evangelism with professional aspirations in a culture that resisted both Christianity and Western therapeutics. Clara started medical missionary work for women in a region where there were no precedents for such work, yet she chose very different paths to do so.

EARLY LIFE

Clara A. Swain enjoyed the honourable distinction of being not only the pioneer woman physician in India, but also the “first fully accredited woman physician ever sent out by any missionary society into any part of the Non-Christian world”. The youngest of ten children Clara was born on July 18, 1834 in Elmira, New York. 3. Swain inherited an Irish origin from her father and from her mother a New England ancestry. Clara grew up in Castile, New York; and there she spent her early life. When Clara was 2 Ann Preston, “Medical Missionary Women”, Heathen Woman’s Friend, Woman’s Foreign Missionary Society of the Methodist Episcopal Church, Publication Office, Boston, 1870, p. 39.
3Robert Hoskins, Clara A. Swain, M. D; First Medical Missionary to the Women of the Orient, Woman’s Foreign Missionary Society of the Methodist Episcopal Church, Publication Office, Boston, Oct. 1912, p.3.
eight years old, her sister Ann joined the Methodist Church, and this made a great impression on her youthful mind. The exemplary life of this sister and the sweet and simple religious life of her mother influenced her thoughts in many ways. Just before she turned ten years old, the impression of a powerful Methodist sermon led her to give herself to the service of God.

After her schooling, Clara taught at various locations. In 1855, when she was twenty-one, she taught a few private pupils from a village in Castile, New York. Subsequently, she went to live with her aunt in Canandaigua, New York, where she began teaching at a school. In spite of her fondness for children, Clara “did not find teaching altogether a delight”. When there were illnesses in the locality, Clara’s care for the unwell was tremendous and it was her desire to become a doctor. So, she began her training at the Castile Sanatorium under Dr. Caedelia A. Greene—a mentor whom she was to acknowledge several times in later life. At the end of three years at the Sanatorium, Clara joined the Woman’s Medical College of Pennsylvania, and graduated in the spring of 1869.

III. WORK BEGINS

Choosing to be a missionary physician, Clara was sponsored by the woman’s Foreign Missionary Society of the Methodist Episcopal Church to serve in India. Sailing from New York on November 3, 1869, Clara along with Isabella Thoburn, arrived in India on January 20, 1870. Clara settled in Bareilly (North India), taking over the work begun by Mrs. Thomas, a missionary who had initiated a small class of fourteen native Christian women “for a limited course of instruction in medicine”. Like most early women physicians, Clara realized that training local women to join medical work first as assistants and later as qualified professionals, was a key to the success of the medical projects. Using one of the students from this class as an assistant, Clara began her work to train local women in rudimentary medicine, believing that Indian women should be treated by messenger of their own sex. The women of Clara’s medical class obtained their practical experience in compounding medicines by caring for the sick in the mission orphanage. Clara soon began to instruct this class of young women in anatomy, physiology and materia medica, but their level of professional training reached only a basic certificate level of practice. It took another two decades before formalized medical classes were begun by Edith Brown, the British missionary physician, in Ludhiana (Punjab) in the 1890’s. Brown’s initiative finally led to the founding of the Ludhiana Medical College for Women in North India.

As Clara’s medical work in Bareilly expanded, the Methodist mission decided to expand and procure property to establish a women’s hospital10 and the Nawab of Rampur (a local princely ruler), gave a portion of his estate adjoining mission property in Bareilly, for the purpose. This generosity was not unusual, for many of the local princely families in this region were early supporters of mission-sponsored initiatives for female education or medical work for women. The recognition given by the Nawab to Clara was the most important in view of the general hostility on the part of medical profession in India at that time. Clara moved in to the new premises on January 1, 1872. A dispensary building was completed in May 1873, a native architect helping her with the plans, in less than eight months, 1,600 patients were treated. On January 1, 1874, the first in-house patients were taken in. It was the first hospital for women in India. Designated so that all women could come without breaking caste or class rules, it provided seclusion for patients observing purdah and could accommodate families and even servants of those who would not stay otherwise. Patients soon came from as far away as Burma, they often outnumbered by their attendants and companions. All through March (1874) she spent two to three hours each day with her medical students, in preparation for presenting them for examination as fourth-grade doctors and thirteen of her medical class passed their final examination in the presence of two civil surgeons of the station and Rev. Johnson of her own mission. They were granted certificates for practice in all ordinary diseases. In addition to her practice in Bareilly, Clara worked at Lucknow several days each month. Her letters of 1875 indicate a practice among nearly 2,000 patients, with almost 5,000 prescriptions given at the dispensary. Despite help from former students working as Bible women and medical assistants, so much responsibility left her at times physically unfit for work. In March 1876 Clara returned to United States on furlough, arriving back in India on November 6, 1879, to resume her work in Bareilly.


Helen Barret Montgomery, Western Women in Eastern Lands: An Outline Study of Fifty Years of Woman’s Work in Foreign Missions, Macmillan Company, 1910, p. 188.

Louise Pearce, “A Century of Medical Education for Women”. Methodist Woman, Woman’s Foreign Missionary Society of the Methodist Episcopal Church, Publication Office, Boston, April, 1930.

Gracey J. T., Woman’s Medical Work in Foreign Lands, Woman’s Foreign Missionary Society of the Methodist Episcopal Church, Publication Office, Boston, 1888, p. 33.

J. M. Thoburn, Life of Isabella Thoburn, Cincinnati, Jennings & Pye, 1903, p. 73.


Letter to Heathen Woman’s Friend by Miss Swain”. Woman’s Friend, Woman’s Foreign Missionary Society of the Methodist Episcopal Church, Publication Office, Boston, Oct. 1870, p. 43.


Mrs. M. A. Thomas, “The Woman’s Medical School in Bareilly”. Heathen Woman’s Friend, Woman’s Foreign Missionary Society of the Methodist Episcopal Church, Publication Office, Boston, Sept. 1872, p. 325.


Clara A. Swain, “Medical Work”. Heathen Woman’s Friend, Woman’s Foreign Missionary Society of the Methodist Episcopal Church, Publication Office, Boston, July, 1873, p. 494.

IV.  PALACE PHYSICIAN

Clara’s work continued to grow in progress. In March, 1885 Clara treated the wife of a local princely ruler in that region. After two weeks of successful treatment, Clara was offered the job of being a personal physician to the Rani of Khetri. After much thought and prayer, Clara decided to accept the job of being a personal physician to the Rani of Khetri in that region. After two weeks of successful treatment, Clara was offered the job of being a personal physician to the Rani of Khetri in that region. After two weeks of successful treatment, Clara decided to accept the job of being a personal physician to the Rani of Khetri in that region.

In October 1895, Clara’s assignment with the royal family came to an end and she sailed from India to retire in the United States at the age of 61. She paid a final visit to India during 1906-1908 for the Jubilee of the founding of the first Methodist Mission. The last year of Clara’s life was spent in much weakness at times. She died on December 25, 1910 at the age of seventy-six due to malnutrition complicated by age in the same town Elmira where she was born.

V.  CLARA AS A MULTIFACETED PERSONALITY

Clara whose life story that fill the following pages have left her imprint on history and an inspiring legacy for subsequent generations to take their programmes further ahead. For twenty seven years Clara faced the challenge of India’s need for educated women in the field of medicine. Her achievements were very significant as a missionary educator, as a physician, as a writer, as a zenana worker, as a social reformer, as an evangelist, as a forerunner of the great advance medical movement and as a trend setter.

A.  As a Missionary Educator

Clara, who was the first North American missionary woman physician sponsored by the Women's Foreign Missionary Society of the Methodist Episcopal Church for overseas work was a single woman. She sailed for distant lands as a young woman, worked long years, lived and died as a single woman and spent the most productive years of her life in the land of her adoption. Clara who was well educated and whose degrees equipped her for career in teaching medicine and who chose the overseas mission field as the arena in which to practice her profession occupy a space distinct from that of missionary wives.

Unlike missionary families, who tended to live as a community in mission compounds, Clara as a single woman lived on the campus of the institution where she worked. More importantly, speaking local language, she lived in close proximity to her students and patients. She was regarded as a mother figure and a figure of authority wielding administrative power-both mentor and maternal. The status of Clara as a single woman in the mission field, her position within missionary hierarchies, and her negotiations with the patriarchies shed light on the processes by which Clara asserted herself and got accepted as a professional, first in her parent society and then in a cross-cultural contexts for which there was no precedents.

B.  As a Physician

Clara as a physician brought professional expertise, the full-time commitment of a single-woman missionary, and the enthusiasm of a professional, who had found a niche for self-fulfillment. In a cross-cultural society she could pursue her plans for expansion with far greater autonomy from church and social patriarchies than was possible for most of her sisters at home. Already a few men had done medical missionary work in India, but she would be the first woman to do so. The obstacles might have seemed daunting, but her portrait shows a woman with a determined jaw. Clara discovered that there were many in India who looked upon her mission with distrust and with much disfavor. Many others in official circles also had doubts about the success of new methods of education and they did not hesitate to express their opinion as distinctly adverse to any medical work. After some time, the people who opposed her medical work earlier sought her help without hesitation. Clara was always conscious that for her work to gain credibility, it was important to attract women patients from upper caste and upper class families who were wealthy and enjoyed status and social prestige among the local community.

Clara met the constantly accelerating demands of the medical work with courage and faith in God and had given out 11,840 prescriptions and treated not less than 6000 patients in the hospital and dispensary. In addition, Clara made her usual visits to homes, travelling on an average at least six miles a day. Clara also found that the lady physicians of that day had needed to be an oculist, dentist, pharmacist, chiropodist and practitioner in many other branches of the healing art, as well as a physician and surgeon. Now, the medical woman comes to take charge of organised hospitals with full beds, trained staffs, competent assistants and excellent operating rooms, instruments and medicine. Then Clara was alone without assistants, or if she had one, she must be handled delicately, as she could not be replaced. If the doctor failed to find one, she had to do the work herself. On several occasions, Clara was her own anaesthetist, surgeon and her own compounder. It was under such circumstances Clara sailed to undertake her pioneer medical work in India.

In her twenty seven years of missionary service in India, Clara served as a link between the people in America and the people in India. She enlightened the Americans about the various factors which affected Indian women like their backwardness, illiteracy, ill-health, social, economic, legal and political discrimination, festivals, diseases and medical relief. This was made possible through Heathen Woman’s Friend, a periodical published monthly by the Woman’s Friend.
Foreign Missionary Society of the Methodist Episcopal Church. On her return to Castile, Clara prepared a collection of extracts from letters her family and friends had saved over a period of twenty-five years and published under the title, A Glimpse of India in 1909.

C. As a Zenana Worker

Apart from her medical work, Clara involved herself in zenana work, both educational and religious. The word zenana refers apartments in which women were secluded (as found in India and Iran). Access to the secluded women was a crucial step and this was an unalterable system rooted deeply in Indian society for generations. With very little contact with outside world, these women were denied any education or training in crafts, and were left to care for the family. The universal need and the absolute lack of women trained in medicine opened the way for Clara in the zenanas of the wealthy. Clara made tireless efforts to persuade some high-Caste men to permit their women to leave the zenana and visit her.

D. As a Social Reformer

Clara tackled social issues like zenana education and purdah. Her royal affiliation gave her scope to speak with authority on river drainage and female infanticide. Clara’s influence was also very helpful in the effort subsequently made to persuade the government to bring up the marriageable age of girls up to twelve years. She was able to train women in the elements of hygiene, a practice that had been introduced in Philadelphia.

E. As an Evangelist

Though Clara’s career as a medical missionary was primarily physical, yet it had evangelistic aims also. She practiced a holistic approach to medical ministry and used the openings provided by her medical knowledge as opportunities to evangelize and to challenge the role of women in Indian Society. Clara wrote Scripture texts on the backs of prescription cards in Arabic, Hindu, Persian and Roman characters so that women received spiritual sustenance along with their medicine. From the beginning of her work Clara united with her ministry of bodily healing the higher ministry of spiritual well-being. When planning for her sojourn in Khetri, Clara took with her a quantity of Bibles, hymnbooks and other religious reading, all in the Hindustani language. The hymns were the favourite recourse of the court attendants who found in words and music a keener enjoyment than they had ever known in their own. Thus Clara gave a new dimension to womanhood coupled with the Christian message of divine forgiveness and compassionate healing. This was one of the hallmarks of Clara’s activity throughout her career in India.

F. As Forerunner of the great advance Medical Movement

During her stay in India, Clara not only won an unchallenged position in her own work, but also laid the way for what later came to be called the great medical advance movement in India, under the auspices of Lady Dufferin, in 1885. On the basis of the suggestions made by Clara, Lady Dufferin chalked out a long lasting programme for the benefit of the Indian women. So in 1885, the viceroy’s wife initiated the Countess of Dufferin Fund, together with the National Association with a Central Committee and a Central Fund, with branches all over India to promote female medical tuition and medical relief and establishment of hospitals for women all over the country which inaugurated a new era in the history of medical service. Thirty years after the foundation of Countess of Dufferin Fund, Lady Dufferin’s ambition to start a medical training school for Indian women materialized, as the Lady Hardinge Medical College for Women in Delhi. Mean while, the Ludhiana Christian Medical School for women was established by Dr. Edith Brown in 1894, which contributed many excellent licensed medical practitioners.

Successful demonstration of the need for women trained in medicine further led women from India to seek medical training in the United States. The first was Anandibai Joshee of Bombay (Mumbai), who graduated from Woman’s Medical College of Pennsylvania in 1886; just seventeen years after Clara had sailed for India. Dr. Joshee was the first Hindu woman to receive a medical degree in foreign country. It was the acceptance of this high caste Brahmin woman by the Woman’s Medical College of Pennsylvania, however, served as the first step in gaining world attention for the institution and its effort to provide medical education for women. Most of them have returned to their own countries to practice and to extend the advantages of medical service and education to their countrywomen.

G. As a Trend Setter

Clara’s achievements were very significant and her unique leadership style has left an indelible mark on the society as a whole. Her success paved the way for other women to join medical profession. In fact her appointment as a medical missionary made history for women in medicine on two separate counts. It was the first step towards breaking down the convictions held by conservative church missionary groups that women should not be sent abroad to do missionary work and it also was the first step in gaining world recognition of a struggle that a small but a determined group of men and women in Pennsylvania was waging to establish the right of women to study and practice medicine.

The early history of the institution founded by Clara enhances our understanding of the ways in which she negotiated mission patriarchies and the colonial bureaucracy to carve out spaces for professional work. She also created a model and precedents for other such ventures in the decades to follow that of professional women achieving economic independence outside marriage and the family. Thus the possibility that women could choose between marriage and a career, or choose both, has gradually become a reality, as a consequence of the advent of Clara. It was the mission of Clara that precipitated Indian interest in women’s medical education.

20 Clara A. Swain- The Orient’s First Woman Physician, Pamphlet, Woman’s Foreign Missionary Society of the Methodist Episcopal Church, Publication Office, Boston, p. 6.
ACKNOWLEDGEMENT

First A. Author Dr. Mrs. Marthal Nalini thank the following institutions for collection of source materials in completing this article: The General Commission on Archives and History, New Jersey, Thoburn United Methodist Church Archives, St. Clairsville, Ohio, the Inter-Church Centre of New York, the Syracuse Library of New York, the Muggar Memorial Library of Boston, Lamar Memorial Library of Maryville College, Tennessee, United Theological College Archives, Bangalore, American Studies Research Centre, Hyderabad, United States Information Service, Chennai, Clara Swain Hospital Archives of Bareilly, India and the Isabella Thoburn College Archives of Lucknow, India.

REFERENCES