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Educating Women Physicians of the World: International Students of the Woman's Medical

College of Pennsylvania, 1883-1911

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor of

Philosophy

in History

by

Sarah Ross Pripas-Kapit

2015

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2015

ABSTRACT OF THE DISSERTATION

Educating Women Physicians of the World: International Students of the Woman's Medical

College of Pennsylvania, 1883-1911

by

Sarah Ross Pripas-Kapit

Doctor of Philosophy in History

Professor Ellen Carol Dubois, Chair

This dissertation presents a comparative examination of a cohort of international students who attended the Woman's Medical College of Pennsylvania (WMCP) from the years 1883 to 1911. The dissertation consider how these women came to study medicine in the United States, their experiences in the U.S., and how they later practiced medicine in their home countries. The dissertation argues that the global dissemination of modern medicine, and the maintenance of U.S. imperial power, has been in part enabled by the willing cooperation of transnational intermediaries such as these women.

However, the students' lives were in large part shaped by changes within American medicine during this period, in which medical education was changing rapidly. Although students who attended the college in the 1880s and early 1890s were able to forge a space within the college that permitted forms of medicine other than Western allopathic medicine, later generations of students tended to be more beholden to the idea, then in its early development, that "scientific medicine" represented the only valid form of medicine. These later students tended to be more interested in transferring a distinctly American form of healthcare to their home societies.

The dissertation of Sarah Ross Pripas-Kapit is approved.

Mishuana Goeman

Joan Waugh

Ellen Carol Dubois, Committee Chair

University of California, Los Angeles

2015

I dedicate this work to my husband, Neil Kapit,
and my parents, Donna Ross and Howard Pripas.

Table of Contents:

Acknowledgements	vi
Curriculum Vita	ix
Introduction	1
Chapter One: The Hindu Lady Physician: The Transnational Lives of Dr. Anandibai Joshee, 1865-1887	18
Chapter Two: Physician of the Omaha: Susan La Flesche Picotte and the Challenges of American Indian Progressivism, 1865-1914	74
Chapter Three: Healing Bodies and Saving Souls for the Empire: South Asian Missionary Physicians, 1888-1922	107
Chapter Four: Healing Bodies and Saving Souls for China: Chinese Missionary Physicians, Imperial Affiliations, and the Nation, 1894-1949	154
Chapter Five: Birthing Colonial Modernity in the Philippines: Filipina Physicians and American Empire, 1905-1970	223
Conclusion: The Personal, the National, and the Imperial	276
Bibliography	298
<i>Images, Figures, and Tables:</i>	
Figure 1: “A memento of the Dean’s reception”	2
Figure 2: “Outline map of the locations of graduates”	6
Table 1: Patients and receipts at Woolsoton Memorial Hospital, 1900-1918	206
Figure 3: Graph from article on pelvimetry by Acosta-Sison and Calderon	242
Table 2: Maternal mortality rates in Manila, 1914-1951	275

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<http://www.nebraskapress.unl.edu/catalog/CategoryInfo.aspx?cid=163>

https://muse.jhu.edu/journals/great_plains_quarterly/v035/35.1.pripas-kapit.html

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Introduction

“The influence, indeed, of the Woman’s Medical College of Pennsylvania knows no limit: mountains, deserts, and oceans are no hindrance to her, and in the annals of the world her name will reign supreme.”

--Olivia Salamanca, 1910¹

Olivia Salamanca, a 1910 graduate of the Woman’s Medical College of Pennsylvania (WMCP), and the second Filipina woman trained as a physician, was apt in her assessment that the college’s influence extended well beyond the United States. During the period from 1883-1915 alone, WMCP trained women physicians from India, China, Japan, the Philippines, Puerto Rico, Cuba, Brazil, Syria, Turkey, Russia, and the Omaha Indian nation, among others. Yet the story of the college’s international dimensions has received little scholarly attention. To the extent that figures such as Salamanca have been considered at all, they have been relegated to the role of “contributors” and “pioneers” in their own national histories.

The physicians have, however, enjoyed recent attention in popular histories. During the time that I have been writing this dissertation (2010-2015), this photograph from 1885 has been widely circulated on social media websites (see next page):

¹ Olivia Salamanca, “Medical Women in the Philippines,” *The Esculapian* 1:4 (June 1910): 3-4, 4.



Figure 1: "A memento of the Dean's reception," October 10, 1885, item number p0103, Drexel College of Medicine Special Collections, Women in Medicine (Digital collections). This picture was taken at a reception hosted by WMCP Dean Rachel Bodley. Sabat Islambooly's name is spelled incorrectly in the caption, as is Serampore. Photograph used with archival permission.

In popular interpretations of this striking image, the photograph's subjects, Anandibai Joshee, Keiko Okami, and Sabat Islambooly, stand as feminist icons who pioneered careers in medicine during a period when women of their nationalities were not supposed to have done so.

The women's presence in the U.S. in 1885 has also been used to construct a broader narrative about the nation's allegedly exceptional qualities regarding the historical treatment of women. Inspired by the photograph's popular circulation, Public Radio International aired a story about WMCP's international graduates in July of 2013. According to journalist Christopher Woolf, who wrote an article about this history for PRI's website, the image of Joshee, Okami, and Islambooly revealed a lesser-known side to American history. Woolf wrote of the women: "It's a reminder just how exceptional America was in the 19th century. We often spend so much time remembering all the legitimately bad things in US history. But compared to the rest of the world, America was this inspirational beacon of freedom and equality."² For Woolf and many others who learned about the international students' stories, this history represented a comforting counter-narrative to discussions of the "bad things in US history"—presumably referring to slavery, appropriation of land from indigenous peoples, and wars in foreign countries that later proved unpopular among the American public.

Yet Woolf's contention that the international students' successes are indicative of the nation's status as an "inspirational beacon of freedom and equality" is dubious. While the U.S. was the first nation to train women as physicians—largely due to the highly unregulated state of American medicine in the mid-nineteenth century—the history of WMCP's international students cannot be easily divorced from U.S. colonialism and imperialism. While the forces and choices that brought international students to Philadelphia around the turn of the twentieth century are many and varied, they commonly included both direct and indirect aspects of American empire. Salamanca, for example, came to the U.S. through the aid of the federal

² Christopher Woolf, "Historical Photos Depict Women Medical Pioneers," PRI's TheWorld, July 12, 2013, <http://www.pri.org/stories/2013-07-12/historical-photos-depict-women-medical-pioneers>. Accessed March 1, 2015.

pensionados program that provided scholarships to a select few Filipino students. The program was instituted by the U.S. colonial government for the purpose of gaining Filipino allies for the newly established U.S. colonial state in the Philippine Islands. Far from being unambiguously positive exemplars of American benevolence, the women's histories reveal the complexities of U.S. imperialism as it operated historically. The international students' presence in Philadelphia was facilitated by American soldiers in Manila and Protestant missionaries in Shanghai—hardly traditional emblems of American liberty and egalitarianism.

In many ways, the women's travels to the U.S. were the unintended consequences of U.S. imperial expansion. From the inception of the college in 1850, supporters envisioned that it would exert influences internationally through Protestant missions. Sarah Josepha Hale, noted Philadelphian and editor of the widely read *Godey's Lady's Magazine*, served as secretary to the Ladies' Medical Missionary Society of Philadelphia and solicited donations for the Society in *Godey's*. Given the prototypical images of Victorian womanhood promoted in *Godey's*, Hale's devotion to the cause of women's medical education is striking. Hale was not a supporter of women's rights causes, nor did she support women entering other professions. In her appeal to *Godey's* readers, Hale advanced what became a fairly typical argument in favor of women medical missionaries: "All heathen people have a high reverence for medical knowledge. Should they find Christian ladies accomplished in the science, would it not greatly raise the sex in the estimation of those nations, where one of the most serious impediments to moral improvement is the degradation and ignorance to which their females have been for centuries consigned?"³ In this formulation, American women physicians were to act as inspirational figures and use

³ Sarah J. Hale, "An Appeal to American Christians on Behalf of the Ladies' Medical Missionary Society," *Godey's Magazine and Lady's Book* 54 (March 1852): 185-188, 187.

medicine in the service of promoting Protestantism abroad among women who allegedly needed rescue from the barbarous customs of their native cultures.

WMCP was unique among women's medical colleges because it implemented policies to facilitate training women as medical missionaries. Until well into the twentieth century, WMCP students planning to enter the mission field were charged only half of the standard tuition. Typically, the denominational missionary board for which the student intended to work would pay the remainder of the tuition. Despite WMCP's longstanding dedication to medical missionary work, however, it was not until after the Civil War that the college began to produce missionary physicians who worked outside of the U.S.

Earlier in the nineteenth century, missionary boards believed that women would best serve missions as missionary wives who modeled Christian domesticity and supported their husbands' missionary work.⁴ The Woman's Foreign Missionary Society (WFMS), associated with the Methodist Church, became the first mission board to employ single women as missionaries. Dr. Clara Swain, an 1869 graduate of WMCP, set sail for India in November of 1869 along with Isabella Thoburn, another single woman, as the first single women missionaries.⁵ Thus began the college's long-lasting tradition of training physicians for missionary work. By 1915, WMCP claimed to have trained approximately 125 medical missionaries.⁶ In that year, the college published the following image in its *Bulletin of the Woman's Medical College of Pennsylvania*:

⁴ Maina Chawla Singh, *Gender, Religion, and "Heathen Lands": American Missionary Women in South Asia (1860s-1940s)*. New York and London: Garland Publishing, Inc., 2000, 77-131.

⁵ *Ibid.*, 63.

⁶ Anon., "Our Unique Position," in *Bulletin of the Woman's Medical College of Pennsylvania* 65 no. 5 (March 1915), 18.

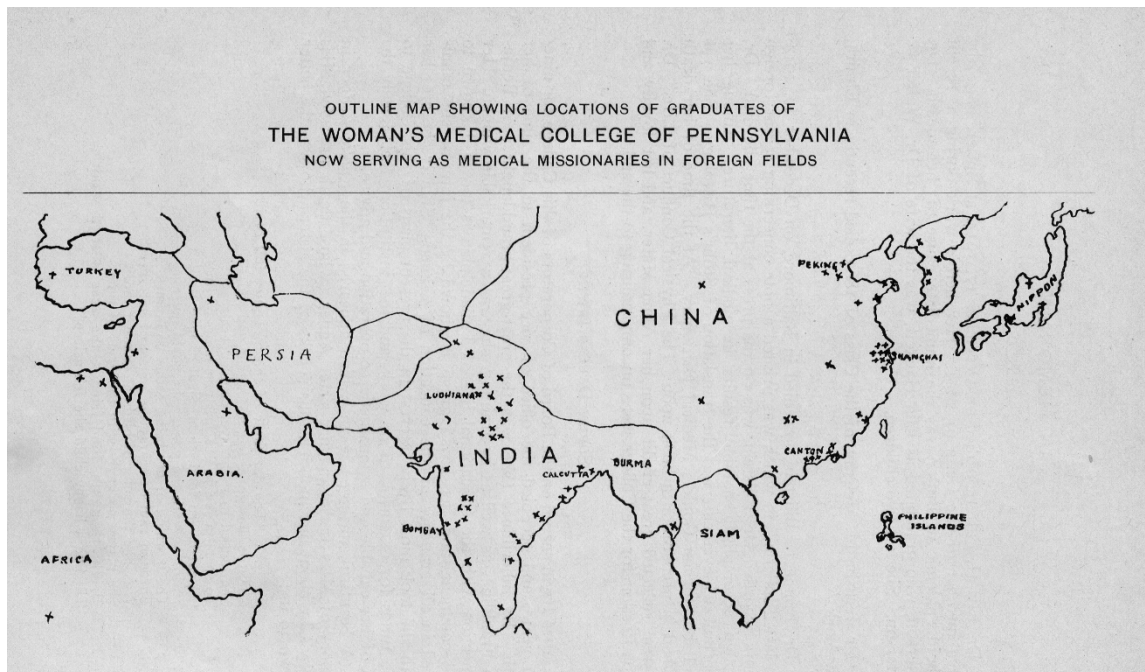


Figure 2: "Outline Map Showing Locations of Graduates of The Woman's Medical College of Pennsylvania Now Serving as Medical Missionaries in Foreign Fields," *Bulletin of the Woman's Medical College of Pennsylvania* Vol. 65 no. 5 (March 1915), p. 30. Accessed through Drexel College of Medicine Digital Collections, Women in Medicine Collection. Used with archival permission.

This celebratory image implies a one-way transmission of medical knowledge as WMCP graduates spread out from Philadelphia to Asia and the Middle East. The U.S. itself does not appear on the map, designating Asia as spatially and culturally separate. Within the discursive space constructed by Hale's appeals and this map, there is no separate acknowledgment women *from* Asia who traveled to the U.S. for education through their own volition, although women missionaries from the U.S. played a major role in facilitating the medical careers of women from China, India, and Japan. These international students, like U.S.-born missionaries, are a part of U.S. imperial history.

Yet this does not necessarily mean that the students were themselves agents of imperialism. Several students who graduated in the 1880s and early 1890s formulated culturally syncretic forms of medical care that melded U.S.-based allopathic medicine with alternative

systems of medical knowledge.⁷ Joshee, who wrote her senior thesis on obstetrical practices of high-caste Hindu women as outlined in Ayurvedic medical texts, is a primary exemplar of a culturally syncretic physician. Students who graduated in the late 1890s and 1900s, including Salamanca and her Filipina colleague, Honoria Acosta-Sison, fully supported allopathic medicine and U.S. imperial power. When they returned to their home countries, they brought with them American forms of healthcare and medicalization practices.

I argue that although educating women from outside of the U.S. as physicians did not originate as a project that sought to impose American medicine onto non-Americans, it became so as American medicine became increasingly standardized and oriented towards science. As Regina Morantz-Sanchez and others have pointed out, for much of the nineteenth century, American medicine was not defined by association with “science.” Later in the nineteenth century, however, allopathic medicine and “scientific medicine” became increasingly synonymous. These histories are in many ways stories of how this transformation played itself out in the lives of individual physicians and a college of medicine.

Yet if the imperial setting was the common ground on which the histories of the international students’ lives played out, U.S. imperialism assumed multiple forms. One of the primary findings of this project is that U.S. imperialism operated differently in particular times and places in relation to different people. Although this may seem to be obvious, historical

⁷ Throughout this dissertation, I will be using the term “allopathic medicine” to signify mainstream medicine, as in the common usage. I am aware that some perceive this term to be derogatory towards non-allopathic forms of medicine. However, the term was actually coined by homeopathic practitioners in the nineteenth century. Hence the term is actually weighted with criticism towards mainstream medicine. I do not intend to evoke any particular stance on the issue of contemporary medicine through my word choice, but am merely using this word for clarity’s sake. As I will explain, I do not think that “scientific medicine” is a classification that can be universally applied to American medicine throughout this time period.

research on U.S. imperialism has oftentimes failed to recognize this diversity. Notable works on American empire, including Amy Kaplan's *The Anarchy of Empire in the Making of U.S. Culture* and the anthology *Haunted by Empire*, edited by Ann Laura Stoler, often employ a cultural history approach that casts a wide net in defining American empire.⁸ *Haunted by Empire*, for instance, features articles on topics as disparate as the history of the U.S. census, a comparison of treatments for leprosy in the Philippines and Australia, and Protestant missions to American Indians. While this is rich and important scholarship, I—like historian Emily Rosenberg in this same volume—question the utility of classifying such distinct historical subjects together under the broad umbrella of “empire.”⁹

These works, and other significant works by Jane Hunter, Paul Kramer, Ian Tyrrell, and others have ably demonstrated that empire is a significant theme in U.S. history.¹⁰ However, these broad cultural approaches run this risk of obscuring rather than elucidating the many different experiences of U.S. imperial power. In our rush to identify examples of U.S. empire and imperial power, historians have oftentimes paid less attention to the many unique and specific historical experiences of U.S. empire. I am as guilty of this as anyone else, having embarked on this project with the intention of examining U.S. empire in disparate contexts. However, as I conducted this research, it became more and more apparent to me that U.S. empire was not an ahistorical entity that operated similarly at all times and places. While an indigenous

⁸ See Amy Kaplan, *The Anarchy of Empire in the Making of U.S. Culture* (Cambridge: Harvard University Press, 2002); *Haunted by Empire: Geographies of Intimacy in North American History*, ed. Ann Laura Stoler (Durham: Duke University Press, 2006).

⁹ Emily S. Rosenberg, “Ordering Others: U.S. Financial Advisers in the Early Twentieth Century,” in *Haunted by Empire*, 411-413.

¹⁰ Jane Hunter, *The Gospel of Gentility: American Women Missionaries in Turn-of-the-Century China* (New Haven: Yale University Press, 1984); Paul A. Kramer, *The Blood of Government: Race, Empire, the United States, and the Philippines* (Chapel Hill: University of North Carolina Press, 2006); Ian Tyrrell, *Reforming the World: The Creation of America's Moral Empire* (Princeton: Princeton University Press, 2010).

American woman from the Great Plains in 1886 and a Filipina woman in 1901 were both subjects of U.S. empire, the immense contextual differences between them are at least as significant as the broad parallels they shared—as we will see in these histories. A major imperative of this dissertation, then, is to document the immense diversity of U.S. imperial power in its structures and its actors.

Historian Paul Kramer has astutely observed that within current literature on the U.S. in the world, there is a conceptual divide between transnational histories, which tends to emphasize historical actors' agency, obscure differentials in power, and suggests a positivistic view of cross-national activities, and imperial histories, which conversely “[produce] grim accounts of domination” that leave little room for subjects' agency.”¹¹ Kramer proposes that historians draw from the strengths of both the transnational and imperial approaches and craft histories that acknowledge historical actors' agency while also retaining attention towards power. This is the imperative I assume by situating the actions of individual actors within the broader context of U.S. imperialisms. Significantly, Kramer also reminds us that when we consider the agency of individuals subjected to U.S. imperial power, we should not equate agency with resistance. Some figures, including many of the subjects of this dissertation, chose to support U.S. imperial power for their own reasons. They, no less than General Emilio Aguinaldo's soldiers, were agents in the drama of U.S. imperialism.

Yet the international students' stories are not simply about macro-level imperial relationships. This dissertation is also about personal relationships. Women who came to the U.S. from Asia and other parts of the world to study medicine often formed close relationships with white American women that facilitated their medical education and careers. Transnational

¹¹ Paul A. Kramer, “Power and Connection: Imperial Histories of the United States in the World,” *The American Historical Review* 116 no. 5 (December 2011): 1348-1391, 1381.

missionary networks played a particularly significant role in these histories. Through analyzing the numerous permutations of transnational women's missionary networks, I demonstrate that Carroll Smith-Rosenberg's classic argument positing the historical centrality of personal relationships as a means by which women formulated their own subcultures can have broadened applicability to include transnational contexts, when due consideration to race, religion, nationality, and imperial power relations is provided.¹² Protestant missionary work constructed a transnational space upheld through affect as well as institutional connections between the U.S. and other countries. Within the bounds of this space, possibilities for both subverting and upholding traditional hierarchies of race, gender, and class abounded.

Through a close look at the physicians' lives and relationships, the complexities of relationships between women across race and nation are laid bare. Within U.S. women's history, there is a long tradition of presenting voluntary associations between women (generally of the same class and race) as a means by which women bonded together to resist sexist and heterosexist social conventions and create a space for themselves outside of their assigned private "sphere."¹³ Positive historical assessments of affiliations between women have also persisted within the field of transnational history. For example, noted transnational historian Akira Iriye has suggested:

It seems plausible to argue [...] that not all behavior and activities in the world are produced by nationally defined actors. [...] Sometimes, however, individuals' or groups' nationality becomes less important than other categories that define them or their activities. If these Americans and Germans happen to be all female, their

12 See Carroll Smith-Rosenberg, "The Female World of Love and Ritual: Relations between Women in Nineteenth-Century America," *Signs* 1:1 (Autumn 1975): 1-29.

13 See Estelle Freedman, "Separatism as Strategy: Female Institution Building and American Feminism, 1970-1930," *Feminist Studies* 5:3 (Autumn 1979): 512-529; Smith-Rosenberg, "The Female World of Love and Ritual."

nationality may be of less relevance than their gender in accounting for the ways they interact with one another.¹⁴

While Iriye makes a strong case that historians should consider historical actors' non-national affiliations, his example nonetheless implies that commonalities between women—presumably the result of shared gender position—renders women as a universal class that is more likely than men to cast aside national affiliations aside in favor of transnational identities.¹⁵

Within women's history, in contrast, works considering women's relationships across racial and national lines have tended to suggest that true transnational sisterhood was scarce in imperial and colonial contexts. Numerous scholars, including Antoinette Burton, Margaret Jacobs, and Peggy Pascoe, have demonstrated that affiliations between women across lines of race and nation were often fraught, symbolically positioning white European and American women as mothers to childlike non-Western women.¹⁶ Women's missionary activities in particular have frequently been touted as an exemplar of white American and British Protestant women's assertion of cultural superiority. There are, however, some notable exceptions,

14 Akira Iriye, "Internationalizing International History," in *Rethinking American History in a Global Age*. Ed. Thomas Bender (Berkeley, Los Angeles, and London: University of California Press, 2002), 50.

15 This stands in contrast to major works on international women's organizations, which present a more nuanced perspective on women's transnational identities. See Leila Rupp, *Worlds of Women: The Making of an International Women's Movement* (Princeton: Princeton University Press, 1997); Ian Tyrrell, *Woman's World/Woman's Empire: The Woman's World/Woman's Empire: The Woman's Christian Temperance Union in International Perspective, 1880-1930* (Chapel Hill and London: University of North Carolina Press, 1991).

16 Antoinette Burton, *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865-1915* (Chapel Hill: University of North Carolina Press, 1994); Jane Haggis and Margaret Allen, "Imperial Emotions: Affective Communities in British Protestant Women's Missionary Publications c1880-1920," *Journal of Social History* 41:3 (Spring 2008): 691-716; Margaret D. Jacobs, *White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880-1940* (Lincoln: University of Nebraska Press, 2011); Peggy Pascoe, *Relations of Rescue: The Search for Female Moral Authority in the American West, 1874-1939* (New York and Oxford: Oxford University Press, 1993).

including Kumari Jayawardena's comprehensive study of white women in South Asia during colonial British rule. Jayawardena argues that while white women missions frequently held pro-colonialist views, they also could act as an impetus for challenging gender hierarchies within local communities.¹⁷

In a recent historiographical essay discussing British women's missionary work, Elizabeth Prevost has argued that historians of women and missions have effectively privileged race over religion as an analytic category, producing histories of hegemony that position women missionaries simply "as products of a dominant discourse of nation and empire[.]"¹⁸ Prevost asserts that this model does not adequately account for the agency of either white women missionaries or women who converted to Christianity. She proposes that historians of missions should retain attention to colonial and imperial power, but more fully historicize religion and religious experience in relation to gender, race, and nationality. For Prevost, "[t]he challenge lies in accounting for cultural and colonial terrains of power in conjunction with the spiritual conviction of missionaries and converts."¹⁹

That, then, is the challenge I assume in this dissertation. While imperial power relations were critical to these histories, international students who attended WMCP often shared numerous commonalities with the white women they interacted with. They commonly shared not only identification as women, but also religious, political, and intellectual affiliations. On some if not all occasions, these affiliations weighed at least as heavily as differences in national, racial, and cultural affiliations. While the histories told in this dissertation are in many ways

¹⁷ Kumari Jayawardena, *The White Woman's Other Burden: Western Women and South Asia During British Colonial Rule* (New York: Routledge, 1995).

¹⁸ Elizabeth Prevost, "Assessing Women, Gender, and Empire in Britain's Nineteenth-Century Protestant Missionary Movement," *History Compass* 7:3 (2009): 765-799, 771.

¹⁹ Prevost, "Assessing Women, Gender, and Empire," 783.

disparate, a common theme that binds them is the subjects' complex negotiation of multiple, sometimes competing affiliations. I discuss a number of different affiliations, including the personal affiliations of friendship and marriage, the professional affiliation of being a physician, and the more amorphous affiliation of national identification. Close examination of the physicians' affiliations reveals much about the workings of U.S. imperial power during this period, particularly as it operated in the arena of medicine.

The dissertation's first chapter discusses Joshee, one of the first and best-known of WMCP's international students. Joshee entered WMCP in 1883, and her very public Hinduism differentiates her from WMCP's other international students. For her, travel to the U.S. provided the opportunity to display Hindu women's capacity for modernity as much as it was an educational opportunity. Significantly, Joshee's sojourn in the U.S. was enabled by relationships she developed with American women. Her relationship with her husband, Gopalrao Joshee, was also central to her life. However, after Anandibai died prematurely in 1887, her American friends contributed to a mis-remembering of her life in public memory. Oftentimes Joshee's relationships with American women were positioned as oppositional to her relationship with Gopalrao, contributing to the construction of a more influential discourse that claimed that Hinduism was inherently oppressive to women.

In the second chapter, I discuss Omaha physician Susan La Flesche Picotte, who entered WMCP in 1887. While La Flesche's status as an indigenous American, rather than a migrant from Asia, differentiates her from the dissertation's other subjects, I am treating the Omaha nation as being akin to a sovereign nation-state in theory if not in practice. This is consistent with the principals of indigenous sovereignty. There are also numerous parallels between La Flesche and Asian women who studied at the college. White women of the Connecticut National

Indian Association sponsored La Flesche's education. La Flesche initially embraced her assigned mission of helping to "civilize" the Omaha through assimilation to white standards in health practices and gender roles. But during her 25-year career as a physician and political reformer she came to criticize the federal state and white Americans' treatment of the Omaha. By choosing to continue her work as a physician after becoming a mother, La Flesche also challenged her white supporters' more conventional notions of womanhood. Notably, the relationships most central to La Flesche's life were those with other Omahas, particularly her father Joseph (Iron Eye) and her sisters Rosalie and Marguerite.

Despite the numerous ways in which La Flesche's experiences were particular to the circumstances of Omaha people during the late nineteenth century, in many ways she and not Joshee became a model for international students trained at WMCP. This is demonstrated in chapters three and four, which discuss Protestant missionary physicians from India and China. Like La Flesche early in her career, these physicians were interested in promoting Protestantism to their patients. Evangelism was typically a critical component of their medical practices. Chapter three focuses on missionary physicians from India, focusing particularly on Gurubai Karmarkar, who graduated WMCP in 1893. Karmarkar worked for the Congregationalist American Board of Commissioners for Foreign Missions for the duration of her career. For much of this time, her husband Sumantrao, an ordained minister, served as her partner in work as well as in marriage. Karmarkar also received crucial support from Congregationalist women in Hartford, Connecticut. However, she was continually limited by an array of challenges. These included the subordinated status of women within the Congregationalist mission, Americans' reluctance to support missionary work during times of national crisis, and widespread suspicion from non-Protestant Indians.

The careers of Chinese missionary physicians provide a point of contrast and comparison to Indian missionary physicians. Despite many commonalities between Karmarkar and the Chinese physicians, Chinese physicians such as Hu King Eng were often affiliated with Methodist missions that accorded women greater autonomy within their own organizations. Additionally, while Hu and other Chinese physicians faced suspicions from non-Protestant locals, China's longstanding tradition of religious syncretism provided a different character to missionary physicians' evangelistic efforts. While Chinese physicians received less compensation than their white American counterparts, they nevertheless enjoyed relative autonomy and professional satisfaction in their positions. They, more than Karmarkar and their white colleagues, identified medical missionary work as a liberating alternative to marriage. They encouraged other young Chinese women to follow them into medical missionary work in lieu of traditional (Confucian) family life. Yet in doing so, the women supported a complex labor system that differentiated between women on the basis of race, age, occupation, and education. For patients, the physicians' activities had similarly mixed effects, as I demonstrate through analyzing responses to the women's medical practices.

The dissertation's final chapter considers Filipina women who studied at WMCP through the *pensionados* program, focusing particularly on obstetrician Honoria Acosta-Sison. Acosta-Sison is distinct among the dissertation's subjects because her primary affiliation was with science itself. She exemplifies American medicine's transition from being open to alternative forms of healing to being a firmly established *science*. Through examining Acosta-Sison's long career as a practitioner and researcher, I outline the features of modern medicine in the early twentieth century as it became increasingly associated with science. In the explicitly colonial context of the Philippines, this assumed particular salience as science and medicine were

seen as central modernity and “civilization.” Acosta-Sison’s career hence provides numerous insights into the history of modern medicine in colonial contexts. Professionals from the ranks of colonized people, such as Acosta-Sison, have played a significant role in transplanting modern medicine globally. This has had far-reaching effects, as seen in Acosta-Sison’s research, which spanned from studies of the female pelvis in relation to race to the effects of nutrition on pregnancy and childbirth.

By necessity, the chapters in this dissertation focus on different points in the physicians’ lives. The earlier chapters, particularly the first chapter about Joshee, focus largely on students’ experiences in the U.S. Later chapters delve more closely into how the physicians practiced medicine later in their careers in their homelands. This difference is mostly attributable to the availability of primary source material. While I was able to find a rich depository of primary sources on these subjects, the materials differed widely in terms of form, subject, and timeframe. In recounting my research, I necessarily focused on the primary sources that I was able to access—making use of sources as diverse as articles from medical journals, personal correspondence, missionary reports, and others. I acknowledge that this may result in a comparative approach that seems at times to compare apples to pomegranates. However, this approach has permitted a more thorough examination of the international students’ lives and work than would otherwise be possible. Additionally, the book’s organization mimics the progression of the physicians’ life cycle, from their early lives to medical school to medical practice. This augments the dissertation’s primary mode of organization, which is roughly chronological.

The histories that comprise this dissertation are best understood as “braided” histories, in Natalie Zemon-Davis’ terminology. They do not form a single narrative, but rather multiple

narratives that intersect at some points while diverging at others. Through such winding roads, I demonstrate the myriad of ways that U.S. imperial power entered the lives of particular subjects, bringing the detailed perspective of micro-history to the gargantuan imperatives of transnational history. I do not claim these subjects as “representative” of larger classes, as is most typical of works utilizing the methods of micro-history.²⁰ Rather it is these subjects’ very exceptionality that renders them significant in elucidating multiple aspects of U.S. imperial influence as it operated around the turn of the twentieth century.

²⁰ See Jill Lepore, “Historians Who Love Too Much: Reflections on Microhistory and Biography,” *The Journal of American History* 88:1 (June 2001): 129-144. Carlo Ginzburg is a notable example of a micro-historian whose work tends to focus on exceptional subjects. See Carlo Ginzburg, *The Cheese and the Worms: The Cosmos of a Sixteenth-Century Miller*, Trans. John and Anne Tedeschi (New York: Penguin Books, 1982).

Chapter 1: The Hindu Lady Physician: The Transnational Lives of Dr. Anandibai Joshee (1865-1887)

When Anandibai Joshee entered the Woman's Medical College of Pennsylvania (WMCP) in 1883, she immediately became one of the most heralded pupils in the college's history. Although not the first international student to attend WMCP, Joshee became a minor celebrity—and continues to enjoy some measure of fame even today—for one major reason. Unlike any of the other international students discussed in this dissertation, Joshee was Hindu. This provoked no small amount of sensation among Americans who could hardly believe that such a woman was in the U.S. to study medicine.

Although Joshee's historical reputation has been largely eclipsed by that of her distant cousin Pandita Ramabai, who came to the U.S. three years after Joshee, in 1886, to attend Joshee's graduation from WMCP, Joshee was one of the earliest South Asian Indian women to enter the consciousness of the American public. Moreover, her religious identity meant that she was given the particular task of introducing Hinduism to Americans. In doing so, Joshee cultivated a self-presentation as a liberated, liberal Hindu woman who nevertheless was devout in her religious practices. Amidst a culture that associated India and Hinduism with Orientalist stereotypes and extreme subordination of women, Joshi's self-presentation challenged dominant conceptions of race and gender.

Joshee's presence and actions forced many of the white Americans she encountered to reconsider their racial paradigms, which were heavily shaped by what contemporary literary critic Edward Said refers to as "Orientalism," or the tendency to exoticize "the East" and its inhabitants as completely different from allegedly civilized and rational Europeans. According to Said, Orientalism in the "West" indicates more about the West than the East. Recent scholarship has augmented Said's theories by demonstrating how imperial subjects themselves

responded to and challenged Orientalist representations, and Anandibai Joshi's life is best understood as part of those ongoing attempts to "speak back" to Orientalism.²¹ Yet Joshee's carefully cultivated image was not always entirely consistent with her privately held views, as Meera Kosambi has pointed out. If Joshee's life was remarkable, then it was also contingent upon an uneasy division between her public and private selves.²²

Joshee developed close friendships with a number of white American women, which were central to both her life in the U.S. and public memorialization of her death in 1887, at the age of twenty-one. Her closest American friend was Theodocia Carpenter, an otherwise obscure woman from Roselle, New Jersey who served as Joshee's surrogate "aunt." Carpenter played a critical role in facilitating Joshee's travel to the U.S. Joshee's better-known American friends included WMCP Dean Rachel Bodley and Bostonian Caroline Dall, a journalist, Unitarian transcendentalist, and advocate for women's rights causes. Dall ultimately penned a biography of Joshee. More than a century after Joshee's death, this biography remains the only full-length English-language biography of Joshee's life, and is a major source for this chapter. Yet Joshee's personal relationships also featured ambiguity. While Joshee's friends were an important source of support for her in life, and major participants in public memorialization of her after her death

²¹ See Edward W. Said, *Orientalism* (New York: Vintage Books, 1979) and *Culture and Imperialism* (New York: Vintage Books, 1994). Said's pioneering use of the "Orientalist" term as a descriptor of European discourse about Asia and the Middle East inspired a wave of scholarship in many disciplines, including history. The more recent wave of scholarship which addresses "talking back" to Orientalism has been highly influenced by the theoretical work of Homi Bhabha, amongst others. See Bhabha, "Of Mimicry and Man: The Ambivalence of Colonial Discourse," *October* 28 (spring 1984): 125-133 and "Sly Civility," *October* 34 (autumn 1985): 71-80.

²² Meera Kosambi, "Anandibai Joshee: Retrieving a Fragmented Feminist Image," *Economic and Political Weekly* 31:49 (December 1996): 3189-3197 and "A Prismic Presence: The Multiple Iconisation of Dr. Anandibai Joshee and the Politics of Life-Writing," *Australian Feminist Studies* 16:35 (2001): 157-173.

in 1887, their remembrances of her were not always consistent with the self-presentation she had advanced in life.

Due to the intricacies of Joshee's self-presentation, as well as her relatively brief life and much-memorialized death, reconstructing her life from a historical perspective presents numerous challenges. Not least among them is how best to approach Dall's biography. While an obviously rich repository of sources, the text is clearly inflected with Dall's personal opinions and biases. There are some factual errors and, as we shall see, the work provoked controversy among Joshee's friends. In my reading of this source, I tried to remain cognizant of these limitations and aware of the numerous ways in which Dall's agenda shaped the biography. By reading Dall critically, it is possible to partially excavate Joshee's own actions, opinions, and even intentions to an extent. This is aided by the format of the biography, which includes many letters and speeches from Joshee quoted in whole or in part. The work features her voice, albeit in a mediated form. Moreover, at points in the book there are indications that Joshee's own opinions influenced Dall's. This is seen, for instance, when Dall repeated Joshee's assertion that Hindus of the Maharashtra region—her own native province—were more progressive than other Hindus, allegedly because Maharashtra had never been ruled by the Muslim Mughal empire.²³

Yet in examining this source we must be mindful of Dall's editorial hand in selecting which selections of Joshee's writings to present. When I have used Dall's biography for illustrative purposes, I have deemed the particular section referenced to be reasonably accurate. Where Dall's impressions are inaccurate or misleading, I have noted this. Additionally, I have relied on numerous other sources. I have compiled a modestly sized body of correspondence

²³ See Caroline Healey Dall, *The Life of Dr. Anandabai Joshee, A Kinswoman of the Pundita Ramabai* (Boston: Roberts Brothers, 1888). Although Dall seems to have harbored thoughts along these lines before meeting Joshee, Dall's narrative indicates that she is repeating a particular version of Indian history that Joshee told her.

about Joshee, including many of her own letters in their original form. Many of these letters are to Dall herself. Other significant figures from whom I have records of correspondence to or about Joshi include Rachel Bodley, Theodicia Carpenter, and Pandita Ramabai. My sources also include a number of newspaper and magazine articles about Joshee, many of which are from missionary journals. Additionally, I will be utilizing Joshee's 1886 thesis, "Obstetrics among the Aryan Hindoos" to analyze her views about medicine. These sources have permitted me access to both Joshee's own words unmediated by Dall and perspectives from a variety of other historical actors who figured prominently in Joshee's story.

Another methodological challenge is presented by Joshee's young age during key events in her life. She was only eight upon marriage, eighteen when she began studying medicine, and not quite twenty-two upon her death. Given her youth, it is fair to question the extent to which Joshi herself was an active agent in these events. Anandibai's husband, Gopalrao Joshee, exerted considerable control over her life, particularly while she was in India. However, it is reasonable to assume that she was able to exercise greater agency as she aged and embarked upon her remarkable journey. This assumption is supported by the historical record, which time and time again shows Joshi making particular choices, not all of which accorded to the wishes of her family or American friends. Guided by the belief that even young people can exercise agency, I have made the conscious choice to treat Joshee as an historical agent who made specific choices, albeit ones made amidst limitations imposed by social context. As Joshee cultivated an image of herself as largely independent, I am in many ways simply following her lead.

EARLY LIFE

Anandibai Joshee was born in Pune on March 31, 1865 as Yamuna Joshi, into a Brahmin (upper-caste) family. As a young girl, Yamuna had a close relationship with her father, who ensured that she received education early in life. In 1870, when Yamuna was five years old, her future husband, Gopalrao Vinyak Joshee was appointed to a clerk position in Mumbai's (Bombay's) Postal Department.²⁴ As a distant relation with a shared family name, Gopalrao Joshee sought out Yamuna's father, Ganpatrao Amritaswar Joshi. Gopal was well-educated, learned in Sanskrit, and had experience as a teacher. Ganpatrao enlisted him as a tutor for Yamuna. After three years of this arrangement, Gopalrao received a promotion that would take him to Alibag, away from the neighborhood where Yamuna and her family lived. Yamuna and Gopal became betrothed around this time and married on March 31, 1874. Yamuna and Ganpatrao's desire that she continue her education with Gopalrao appear to have been a prime motivation for the marriage. While the early age at which Yamuna married was not atypical for a high-caste Hindu girl, the educational considerations factoring into the marriage were highly unusual. To what extent Yamuna herself influenced the choice of husband cannot be ascertained precisely, although her American biographer suggests that she wanted to marry Gopalrao so that she could continue to study under him. Upon marriage, Yamuna took the name "Anandibai," meaning "joy of my heart" in Marathi.²⁵

Anandibai and Gopalrao Joshee made several moves in accordance with the demands of Gopal's career in the postal service. Throughout this period, Anandibai continued a rigorous education. Yet while marriage to Gopalrao allowed Anandibai to continue her studies, the young

²⁴ Ganpatrao Joshi and his family spelled their family name "Joshi" in English, while Gopalrao spelled it as "Joshee." This chapter will follow these conventions.

²⁵ For descriptions of Joshi's early life, see Kosambi, "Anandibai Joshee," 3189-3190 and Dall, *The Life of Dr. Anandabai Joshee*, 21-30.

wife sometimes endured violence from her temperamental husband.²⁶ In 1878, Anandibai gave birth to a child who died about ten days after birth. Caroline Dall would later claim that this loss was a motivating factor in Joshee's decision to study medicine, although Joshee herself seems to have discussed this rarely.²⁷ Also in 1878, Gopalrao Joshi actively began making plans for Anandibai's medical education. Gopalrao wrote a letter, dated September 4, 1878, in which he stated Anandibai's interest in studying medicine, expressed his own willingness to go to the U.S. in order for his wife to obtain a medical education, and frankly admitted their need for financial assistance. He showed this letter an American Presbyterian missionary in Kolhapur, who forwarded it to the *Missionary Review* along with a letter of support. In his letter, missionary J.M. Goheen opined that Gopalrao was well on his way towards conversion to Christianity and would only be further motivated to accept Christianity upon traveling to the U.S., although Gopalrao's letter said nothing about converting to Christianity.²⁸

Gopalrao and Goheen's letters were published in the January 1879 edition of the *Missionary Review*. In an editorial response to the letter, the journal, and hence the Presbyterian missionary establishment, discouraged Gopalrao's plan. Reverend Royal Gould, like Goheen, was primarily concerned with Gopalrao and Anandibai's potential to serve as "native missionaries." In missionary parlance, "native missionaries" referred to Christians who were native to the region where missionary work took place. Since Anandibai and Gopalrao were not Christian, nor did they did express any interest in converting, Wilder's assumption that they should become native missionaries is rather astonishing.

²⁶ Kosambi, "Anandibai Joshee," 3192.

²⁷ See Dall, *The Life of Dr. Anandibai Joshee*, 32.

²⁸ For a description of events surrounding these letters, see Dall, 33-35. The letters themselves can be found in "Letters From Missionaries and Native Friends," *The Missionary Review* 2:1 (January/February 1879): 47-50.

Wilder wrote, “I do not wonder that you think it would be easier to confess Christ in a foreign land—here in America, or in Europe. But do you consider how this course would deprive you of the grandest opportunity you can ever have of bearing testimony to Christ and the truth in the most effective manner?” Anandibai’s education, the focus of Gopalrao’s original letter, was a mere afterthought in Wilder’s response as he assured Gopalrao that his wife’s education could be adequately attended to by missionaries:

You are right about the value of female education. Let nothing relax your courage and firmness in advocating it among your people on all proper occasions; and omit no effort for the education of your own dear wife. She has made a good beginning. Tell her we shall all wish to hear how she succeeds in prosecuting her other missionaries are coming. Rev. Mr. and Mrs. Ferris will soon be there, and others will come: so your dear wife will have a good opportunity to prosecute her studies there [in India]; and you, too, will find some leisure for reading and study, and ready help from missionaries.²⁹

This exchange was one of many instances in which missionaries’ agenda came into conflict with that of Anandibai and Gopalrao. While Gopalrao perceived the missionaries a possible means of obtaining practical support for Anandibai’s education, missionaries saw the couple, particularly Gopalrao, primarily as potential converts and evangelists. As this letter reveals, Wilder did not see Joshee as the professional woman physician she and her husband wanted her to become, but rather assumed that a missionary education would be sufficient for a future in which assisting her husband saving souls and modeling Protestant domesticity to Indians would be her primary duties.

Anandibai’s relationships with missionary teachers were actually fraught with tension. While Gopalrao encouraged her to attend missionary schools for educational purposes, Anandibai disliked the missionaries’ religious dogmatism. When the Joshees were stationed in Bombay, a missionary woman at a school Anandibai was attending demanded that Anandibai

²⁹ R.G. Wilder, “Reply” in “Letters From Missionaries and Native Friends,” 50.

read the Bible on threat of expulsion. Anandibai initially refused this demand, although Gopalrao eventually convinced her to read the Bible and return to the school. Anandibai later wrote her American friend Theodocia Carpenter that, “as a whole, I have nothing to say against the Bible, which is a code of moral rules, except the assertion ‘He that believeth shall be saved,’ and ‘he that believeth not shall be damned.’ [...] I therefore read the Bible with as much interest as I read from my own religious books.”³⁰ Of missionaries, however, Joshee was quite critical: “I have all along found the Missionaries very headstrong, and contemptuous of the faiths of others. How arbitrary would it be if I were to say that all you believed was nonsense, and all I believed was just and proper!”³¹ Wilder’s proscriptions for Joshee’s education were clearly inadequate for her desire to become educated in both medicine and in Sankritic texts. While some women missionary physicians in India did teach basic healthcare techniques to Indian women, the Joshees clearly desired a more comprehensive medical education for Anandibai than was available through existing missionary institutions.³²

In the 1870s, when the Joshees began to formulate their plans, medical education for women was more readily available in the U.S. than anywhere else in the world. While women were barred from most medical colleges in the U.S., there were a number of women’s medical colleges. This included both allopathic medical colleges such as WMCP and sectarian or alternative medical colleges (i.e. Homeopathy, hydropathy). Such opportunities were

³⁰ Anandibai Joshee, as quoted in Dall, *The Life of Dr. Anandibai Joshee*, 51-52.

³¹ *Ibid.*, 52.

³² For instance, Clara Swain, who in 1869 became the first single woman missionary commissioned to go to India, taught makeshift medical classes to local Indian women. The general expectation was that these women would utilize their medical education only as mothers, midwives, and perhaps as assistants to Western physicians. Descriptions of Swain’s experiences as an instructor to Indian women can be found in *A Glimpse of India: Being a Collection of Extracts from the Letters of Dr. Clara A. Swain* (New York: James Pott & Company, 1909). For historical overview of the work of American missionary physicians in India, see Singh, *Gender, Religion, and ‘Heathen Lands*, especially 219-230 and 281-304.

unparalleled elsewhere in the English-speaking world. England did not establish its first medical college for women, the London School of Medicine for Women, until 1874, well after the establishment of many American women's medical schools. While some American and European women were able to attend the highly-regarded medical schools of Paris and Zurich beginning in the mid-1860s, this was a difficult path to take, rife with cost, faculty prejudice and other barriers. Gopalrao and Anandibai seemingly did not consider this option, likely because Anandibai was learning neither German nor French, and perhaps also because they preferred an all-women's educational environment. The United States, with its large number of women's medical colleges, was the most obvious choice.³³

Wilder may have intended for his published response to Gopalrao to deter the Joshees from their plans to come to the U.S., but the letters' publication ultimately resulted in support from another source that enabled Anandibai's sojourn in America as a medical student. While waiting at the dentist's office in 1880, Theodocia Eighmie Carpenter, a white woman who lived in New Jersey, read the letters in the *Missionary Review* and took an interest in Anandibai. As both Carpenter and Joshee would later re-tell the tale, Carpenter was at first unsure if she could respond to the letter, beleaguered by her responsibilities as a mother of two. When Carpenter's eight-year old daughter announced that she dreamed of "Hindustan" one morning, however, Carpenter interpreted her daughter's dream as a divine message—indicating Carpenter's own eclectic spiritual beliefs. Carpenter decided to contact Joshee immediately. According to Carpenter, her daughter had never before seen a map of Asia and she herself did not know that "Hindustan" referred to British India until further research. After the dream, Carpenter first

³³ For an overview of women's medical education in the nineteenth century globally, see Thomas Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine* (Boston: Harvard University Press, 1992).

wrote to the Joshees at the Kolhapur address published along with Gopal's letter in the *Missionary Review*. Regardless of this tale's accuracy, it indicates the ways in which Carpenter and Joshee came to value their friendship. They believed divine intervention of some kind had brought them together. Thus marked the fateful beginning of a transnational friendship that would play a major role in Anandibai Joshee's life and eventually bring her to the U.S. The two continued a regular correspondence until Joshee left India in April of 1883.³⁴

Uncovering information about the white American woman whom Joshee eventually referred to as "dear aunt" is quite difficult and requires a great deal of inference and speculation; even the spelling of her first name is not fully certain from census records alone.³⁵ Carpenter lived in Roselle, New Jersey and neighboring areas in Union County for the entirety of her life. Born as Theodocia Eighmie in 1842 or 1843, she was married Benjamin F. Carpenter, and the couple had two daughters by the time she first contacted the Joshees in 1880. The Carpenter family was almost certainly of the upper class. Of Theodocia Carpenter's religious and political affiliations, little is known. Although missionary physician Anna Jones Thoburn referred to Carpenter as a "Presbyterian missionary lady" in an 1882 letter, the veracity of this description is unclear.³⁶ Carpenter almost certainly did not engage in active missionary work, though the fact that she read the *Missionary Review* suggests that she may have followed Protestant missionary

³⁴ See Dall, *The Life of Dr. Anandibai Joshee*, 35-36. For Anandibai Joshee's own description of the friendship's beginning, see Anandibai Joshi to Caroline Dall, 3 November 1883, Caroline Wells Healey Dall Papers (hereafter cited as CWHDP) Microfilm edition, reel 12.

³⁵ Some documents refer to Carpenter as "Theodocia" and others as "Theodosia." Even U.S. census reports conflict on this point. I have utilized the spelling "Theodocia" because the letters which I have in which Carpenter's signature is easily visible use this spelling.

³⁶ Letter Anna Jones Thoburn to Rachel Bodley, 27 November 1882, Drexel College of Medicine Legacy Center Archives and Special Collections, Women in Medicine digital collections (hereafter cited as WMDC).

work overseas with interest, like many other white women in the late nineteenth century.³⁷

Carpenter was likely Presbyterian, but this is not confirmed.

Carpenter was, by all appearances, a conventional middle-class white Protestant woman from the northeast. Yet her involvement in Joshee's life suggests that her personal beliefs were far from conventional. Precisely why Carpenter woman was interested in initiating a relationship with a teenaged girl in a foreign land about which she knew virtually nothing is uncertain. However, Carpenter's letters to Joshee reveal an interest in learning about India and other cultures more generally. In her letters, Carpenter asked questions about Indian culture and society, reciprocating by providing information about the U.S. One early letter, for instance, explains the Anglo-American custom of women assuming their husbands' surnames upon marriage. Carpenter asked, "How does custom regulate these matters in India? Do you have any title to designate a married woman from a single one? This is a simple matter with which to fill up a letter but you see I am as much interested in you, and all that pertains to you, as you are in America and her people. I feel satisfied that we can serve each other in many ways."³⁸

From the beginning of the correspondence, Carpenter encouraged Joshee's ambition to become a physician, which she had learned of from Gopalrao's original letter to Presbyterian missionaries. She provided Joshee with informational tidbits about the study of Western medicine, such as the fact that *Gray's Anatomy* was a standard educational text. Carpenter

³⁷ For historical description of white Protestant women's culture of foreign missionary work (which many participated in second-hand through philanthropy and reading missionary texts even if they did not themselves travel abroad), see Patricia R. Hill, *The World Their Household: The American Woman's Foreign Mission Movement and Cultural Transformation, 1870-1920* (Ann Arbor, Michigan: The University of Michigan Press, 1985).

³⁸ Letter Theodocia Carpenter to Anandibai Joshee, 3 June 1880, in *Anandi Gopal: New Profiles from Unpublished Sources* ed. Supriya Atre, Shri M. M. Omkar, C.N. Parchure.

connected Joshee's objectives with the global struggle for women's education and health, which she saw as interconnected issues:

Women as a rule, all over the world, need to elevate themselves intellectually. [...]

In America, [...] a perfectly healthy woman is as rare as a gifted one. We need physicians who will strike at the root of the causes. It is useless to doctor effects from generation to generation while the cause increases. [...] [P]roper exercise [...] in the muscles, with a healthy exercise of the mind, will give physical vigor so much strong. [*sic*]³⁹

Carpenter's belief that American women were sickly was, in the late nineteenth century was a common one, and debate about the cause of this alleged poor health raged. Though Catharine Beecher first articulated this idea in the 1840s, it became particularly popular in the post-Civil War U.S. In 1873, eminent Harvard physician E.H. Clarke argued in his *Sex in Education* that education and intellectual labor was causing upper-class women's ills, a proposition which would later form the basis of S. Weir Mitchell's "rest cure."⁴⁰ Carpenter clearly rejected this perspective on women's health, anticipating Charlotte Perkins Gilman's argument that education and intellectual activity were in fact necessary to women's physical and psychological well-being. Given Carpenter's sympathy towards women's rights causes, we might read her relationship with Joshee as activism on behalf of women's education, albeit a form of activism that focused on a single individual and took place outside of the organized structures of the women's movement. Scholars such as Mineke Bosch have looked at "political friendship"

³⁹ Letter Carpenter to Joshee, 12 July 1880, Doc. No. 3 in *Anandi Gopal*.

⁴⁰ For discussion of E.H. Clarke, S. Weir Mitchell, and nineteenth century ideas about the harms of education for women, see Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* second ed. (Chapel Hill, North Carolina and London: The University of North Carolina Press, 2000 [1985]). See especially 54-55.

among feminist leaders; Joshee and Carpenter's story illustrates the more quotidian ways in which transnational friendship could serve political functions.⁴¹

Cross-cultural exchange was a major feature of the correspondence. Joshee and Carpenter mutually exchanged material objects in addition to ideas and information. In January of 1882, Joshee sent Carpenter *Tila* seeds, an important herb in the Ayurvedic medical tradition, and asked that Carpenter distribute the seeds among friends according to the Hindu custom for the New Year. Throughout their correspondence, Joshee sent many such items. According to Dall, "samples of all sorts, millet, buckwheat, peas and beans, were brought in small phials. All herbs, roots, seeds, and gums used in medicine were put up in the same fashion. Then followed the cooking utensils made of brass or pottery, the furnaces or chafing-dishes of coarse earthenware, the family idols and their shrines, and last of all, the letters which carefully described each."⁴² The two also exchanged locks of hair in accordance with the American custom of female friendship, and when Joshee fell ill in September of 1881, Carpenter sent her a recipe for an herbal remedy, which was apparently effective. This success may have further stimulated Joshee's interest in learning medicine in the U.S. The fact that the recipe utilized herbs that could be found in India, however, shows that Joshee experienced Western medicine as compatible with life in India. As we shall see, Joshee's beliefs about medicine and religion disavowed a strict East/West dichotomy.

Although Carpenter had some skepticism about Hinduism, she too was inclined to be culturally syncretic. In October of 1881, Carpenter wrote of religion, a frequently discussed subject in the correspondence:

⁴¹ See Mineke Bosch, *Politics and Friendship: Letters From the International Woman's Suffrage Alliance* (Columbus, Ohio: Ohio State University Press, 1990).

⁴² Dall, *The Life of Dr. Anandibai Joshee*, 60.

Your description of a Hindoo's religious life is anything but attractive to me, never the less I [should] very much like to commune with one of your Priests dont [*sic*] suppose you could induce one to try to convert me by letter, could you? I am ready and anxious for truth and if your learned Priest thinks I am in outerdarkness, while he has the light, I would well-come any attempt to enlighten me.⁴³

Although Carpenter clearly had negative impressions of Hinduism, her willingness to seek “enlightenment” from a Hindu priest nevertheless indicates an open-mindedness that seems remarkable for a Protestant woman of her time. Carpenter’s willingness to learn about other religions very much mirrored Joshee’s own. Her request nevertheless indicates that Carpenter conceptualized religion in accordance with American Protestant conventions. She assumed that Hindus sought converts from other faiths, and that male priests were most qualified to explain theology. Joshee, however, did not share Carpenter’s regard for officially sanctioned male religious authorities. In her response to Carpenter’s letter, Joshee defended Hinduism while harshly criticizing Hindu priests:

As you are not born and brought up in Hindu religion you will not, I am afraid, appreciate its true merits. No religion is bad, but its followers and selfish interpreters. Our priests are prejudiced and corrupt as are those of other religions. I dislike them as a class. [...] If there had been no priesthood this world would have advanced ten thousand times better than it has now. So you need not expect to learn anything from our priests, who are no doubt groping in darkness. Spiritual truths which lighten all burdens, and call for no sacrifices, are our teachers.⁴⁴

Hence Joshee positioned herself as an authority on Hinduism in presenting it to Carpenter, in spite of her lack of formal qualifications. In her next letter, written in April of 1882, Joshee clearly extended her critique to all religions: “Take any religion you like and you will find that its founder was a holy man. Go to his followers and you will find holy men the exception.”⁴⁵

⁴³ Letter Carpenter to Joshee, 10 October 1881, Doc. No. 5 in *Anandi Gopal*.

⁴⁴ Joshee, as quoted in Dall, *The Life of Dr. Anandibai Joshee*, 50.

⁴⁵ *Ibid.*, 54.

She hence supplanted the common Western criticism of Hinduism as particularly backwards by positing a more general critique of *all* religions in their institutionalized forms, including Christianity. This criticism is indicative of Joshee's approach to religious issues.

Carpenter and Joshee also took a pluralistic approach to medicine. In her second letter to Joshee, written in June of 1880, Carpenter boldly asserted that Western allopathic medicine was not the only healing method of value:

The different schools of Medicines are thoroughly antagonistic to each other. Seekers of knowledge, in any line, need to lay aside prejudice and bias of every kind, and seek for truth everywhere—seeking they shall find—not all in one institution, ology, or ism, but everywhere. Just as the Infinite God is everywhere so are his laws everywhere at work. Doubt those who would make you believe that truth is narrow and one-sided.⁴⁶

When we consider that beginning at the turn of the nineteenth century, Indian medical traditions were commonly regarded as dangerous superstitions, Carpenter's perspective is notable.⁴⁷

Because this view was expressed so early in the correspondence, it is likely that the pluralistic views which both Carpenter and Joshee held prior to writing to one another was a major factor in facilitating the correspondence and friendship. Despite the gulf in the two women's lived experiences, the fact that both were somewhat unorthodox allowed them to engage in intellectual discourse transcended common stereotypes and the purported East-West dichotomy on contentious subjects such as religion. It is likely also that the correspondence, and mutual exchange of medicines, also caused both Joshee and Carpenter to further develop intellectually towards pluralism. They acknowledged value in both Western and Indian systems of knowledge, but eschewed the idea that one system was superior.

⁴⁶ Letter Carpenter to Joshee, 3 June 1880.

⁴⁷ Mark Harrison, "Medicine and Orientalism: Perspectives on Europe's Encounter with Indian Medical Systems," in *Health, Medicine, and Empire: Perspectives on Colonial India* ed. Biswamoy Paati and Mark Harrison (Herabad, India: Orient Longman Limited, 2001): 37-87.

To point out the intellectual and political aspects of the friendship should not, however, obscure the centrality of the strong emotional ties that developed between Carpenter and Joshee. The two soon came to refer to one another in the terms of kinship, as “aunt” and “niece.” For Joshee, at least, this feeling of kinship extended to Carpenter’s family. She exchanged letters with Carpenter’s daughter, whose dream allegedly ignited the relationship, and Theodocia’s husband Benjamin also came to refer to Joshi as “niece.”⁴⁸ Support from the Carpenters was instrumental in helping Joshee in maintaining her goal of becoming a physician. As we have seen, the American Presbyterian missionary establishment was unsupportive of the Joshees’ plan to leave India. While Joshee’s family supported her early education, they opposed her plan to travel abroad for further education. Gopalrao Joshee and Carpenter were the only people in Anandibai’s life who fully supported this plan, and even Gopalrao began to formulate alternatives for Anandibai’s future. When Gopalrao Joshee received a promotion in the postal service that took the couple to Bengal in 1881, he began entertaining the notion of Anandibai joining the postal service as well. Although women were not then appointed to such positions, Gopal had heard that such work might be open to them in the future and thought that Anandibai might be one of the first women so employed.⁴⁹

Meanwhile, life in Bengal brought new challenges and frustrations for Anandibai as she was confronted with a culture quite foreign to her. Because the practice of *purdah*, or women’s seclusion, was prevalent among Hindus in Bengal but little practiced in Joshees’ native region of Maharashtra, Joshi found herself an object of public spectacle, and oftentimes derision, as she moved about the city of Kolkata. Both the native Bengali and British settler populations contributed to the harassment, unaccustomed to seeing a married, high-caste Hindu woman in

⁴⁸ Letter Benjamin Carpenter to Anandibai Joshee, 21 November 1884, in *Anandi Gopal*.

⁴⁹ Meera Kosambi, “A Prismatic Presence,” 153.

public spaces. From her move to Bengal onwards, Joshee's life was lived very much on display.⁵⁰ It is likely that Joshee's unhappiness in Bengal further motivated her plans for a voyage to the U.S.

In 1882, Anandibai and Gopalrao began to make preparations for Anandibai's departure. Although originally Gopalrao was to accompany Anandibai to America, this plan changed due to circumstances. Financially, the costs of transatlantic travel and tuition were already beyond the Joshees' means, and Gopalrao forgoing the trip was a cost-saving measure. Moreover, Gopalrao was responsible for his elderly mother and younger brothers in India. With the Carpenters as a surrogate family able and willing to care for Anandibai in the U.S., Anandibai was able to go to the U.S. on her own. Anandibai, for her part, maintained confidence and optimism, taking the news that she would travel without her husband in stride. To Carpenter she wrote:

Considering the future prospects of my life as a physician I must make up my mind to be separated from my husband.

You have reason to think that very distant voyage will be hazardous for a girl of eighteen because the world is full of frauds and dangers, but dear Aunt, wherever I cast my glance, I see nothing but a straight and smooth way. I fear no miseries. I shrink not at the recollection of dangers, nor do I fear them. Wherever I will be, there will be Heaven for me. I am sure God has created many high souls, like you, who will not neglect me.⁵¹

Without Gopal to accompany her, Anandibai, still not yet eighteen years old, would require other traveling companions. Because missionaries were among those most likely to be traveling between India, Great Britain, and the U.S., the Joshis once again looked towards local missionaries.

Through Gopalrao's inquires seeking travel companions for Anandibai, she became acquainted with Dr. Anna Jones Thoburn, a missionary physician who was herself an 1882

⁵⁰ For description of Joshee's life in Bengal, see Dall, *The Life of Dr. Anandibai Joshee*, 61-80.

⁵¹ Joshee, as quoted in Dall, 70-71.

graduate of the Woman's Medical College of Pennsylvania (WMCP). Thoburn, astonished by Anandibai's desire to study medicine, wrote to WMCP Dean Rachel Bodley on November 27, 1882 that, "I little thought the first time I would write to you, it would be to make application for a *Hindu* woman to enter the college" (emphasis in original).⁵² Thoburn reported that "the lady herself came to me for information, and of course I directed her thoughts Philadelphia-ward."⁵³ Hence we see how missionary networks and the strong presence of WMCP alumnae amongst missionaries in India influenced the selection of Joshee's medical school despite her own distaste for missionaries' theological arrogance, as well as American missionaries' own shock that Joshee was undertaking such an endeavor.

Thoburn's letter to Bodley, while the basis of many Americans' first impressions of Joshee, contained a few misrepresentations. Thoburn claimed that Joshee was a Brahmo, a Hindu reformist sect influenced by Unitarian Christianity. However, by the 1880s, Hinduism and Brahmoism were generally considered to be distinct religions. It is true that Joshee expressed sympathy towards the Brahmo movement throughout her life, and it is quite possible that she came into direct contact with Brahmos while in Kolkata, the center of the Brahmo movement. However, there is no evidence that either she or Gopalrao was ever formally inducted into the Brahmo Samaj. Anandibai was very clear in publicly identifying herself as a *Hindu* woman. Joshee's personal religious beliefs, however, were undeniably eclectic. In her letters to Carpenter, Joshee frequently referred to God as a singular entity, suggesting that she was herself monotheistic in a manner not unlike American Unitarians. For example, in one letter to Carpenter written in 1882, Joshee wrote, "God has given me two precious things, my husband

⁵² Thoburn to Bodley, WMDC.

⁵³ *Ibid.*

and my aunt. [...] I have given all my cares and anxieties to Him who is the only Soul.”⁵⁴

Joshee’s belief in a singular deity was probably not well-known among Hindus during her lifetime. Joshee preferred to present herself as an orthodox Hindu woman. However, given her Joshee’s spiritual eclecticism and obvious sympathy towards the Brahmo movement, Thoburn’s assumption that Joshee was herself Brahmo was founded, if technically incorrect.

According to Thoburn’s account, Joshee was initially willing to forgo her *sari* while in America and wear Western-style dress. Thoburn herself fitted Joshi for a dress. Despite Thoburn’s confusion about Indian religious movements, she was not entirely wrong in characterizing Joshi as religiously eccentric. Thoburn noted that “the religion of the Brahmo’s [*sic*] is not very unlike that of the Unitarians,” presaging the interest which American Unitarians and theosophists would have for Joshee. Thoburn also correctly foresaw the interest that Joshee would command in America, commenting, “she will be a curiosity.”⁵⁵

Joshee was also cognizant of the extent to which she would indeed be a curiosity in the U.S. In August of 1882, she wrote to Carpenter, “I must not fear but try my best and show all, what we Indian ladies are like.”⁵⁶ Having had prior experiences with British and American missionaries, Joshee was familiar with popular Western perceptions of India, Hinduism, and Indian women. She realized also that she, as the first Hindu woman to travel to the U.S., would be seen as representative of *all* Indian women despite the diversity of Indian women in terms of region, religion, and caste. Joshee knew that she was being keenly watched by not only fellow Indians, but also by Western eyes. Having presented herself to Carpenter, through her letters, and to Bengalis and British settlers in Kolkata, Joshee was no stranger to public performance.

⁵⁴ Letter Joshee to Carpenter, August 17 1882. Reprinted in Dall, *The Life of Dr. Anandibai Joshee*, 74-75.

⁵⁵ *Ibid.*

⁵⁶ Joshee, as quoted in Dall, 72.

At this point, I should clarify my usage of the term “performance.” Joshee, even more than most people, knew that she was being watched by the public—in her case, multiple publics (in Maharashtra, Bengal, and the U.S.). This awareness shaped her public acts: her dress, speech, and mannerisms. The *sari* is a case in point. If Thoburn’s report is to be believed, Joshee was willing to wear Western dress. However, she ultimately chose to wear the *sari* instead, sending a message to both the Indians and Americans who observed her. Through the *sari*, Joshee was able to present herself as a dutiful Hindu daughter even as she challenged social conventions, traveling to the U.S. against the wishes of her own parents. However, when I suggest that many of Joshee’s choices were part of her performance, I do not intend to suggest that they did not also reflect genuinely held beliefs. This is especially true of Joshee’s religious convictions. Although she held many unorthodox beliefs, there can be little doubt that she was deeply concerned with religion and spirituality. I therefore do not use the term “performance” to imply misrepresentation per se. Joshee, like all of us, chose to highlight some aspects of her identity while omitting others.

And before departing for America, Joshee would deliver her most prominent performance yet. On February 24, 1883, Joshee addressed a large crowd at Serampore College consisting mostly of Bengalis, but which also included some Europeans, including British colonial officials and missionaries. In the address, Joshee explained why she was traveling to the U.S. to study medicine. Joshee laid out the basic questions at the beginning of her address:

I am asked hundreds of questions about my going to America. I take this opportunity to answer some of them.

1. Why do I go to America?
2. Are there no means to study in India?
3. Why do I go alone?
4. Shall I not be excommunicated on my return?

5. What shall I do if misfortune befall me?
6. Why should I do what is not done by any of my sex?⁵⁷

Joshee proceeded to answer these questions in order, and as she did so she put forth a clear presentation of herself as strongly committed to Hinduism despite the criticism leveled against her and talk that she might lose caste by traveling abroad. In answering the fourth question, Joshee asked rhetorically, “Why should I be cast out, when I have determined to live there exactly as I do here? I propose to myself to make no change in my customs and manners, food or dress. I will go as a Hindu and come back here to live as a Hindu.”⁵⁸ It is likely that Joshee's decision to wear the *sari* in America was in part an attempt to deflect criticism from Hindus and charges of apostasy. Her decision to travel to the U.S. and study medicine was itself subjected to strong condemnation from many Hindus, including Joshee's own family members. However, given Joshee's awareness that she was a representative of Indian women to the West, we might also read her decision to wear traditional Indian garb while in the U.S. as a statement intended for Americans and Europeans as well.

As Meera Kosambi has pointed out, different individuals and groups have developed multiple interpretations of Joshee's life.⁵⁹ I suggest that these interpreters were and are taking their cues from Joshee herself to some extent. She was adept at talking to multiple audiences at once, cultivating a public persona that sometimes differed significantly from her private one. The overarching thrust of Joshee's message—that it is both possible and desirable for a Hindu woman to obtain higher education and embark on a professional career as a physician—was directed at Indians and Europeans alike.

⁵⁷ Dall, *The Life of Dr. Anandibai Joshee*, 85.

⁵⁸ *Ibid.*, 87.

⁵⁹ See Kosambi, “Anandibai Joshee” and “A Prismic Presence.”

In explaining the need for Hindu women physicians, Joshee took aim at her old foes,

Protestant missionary women:

There are some female doctors in India from Europe and America, who being foreigners and different in manners, customs and language, have not been of such use to our women as they might. As it is very natural that Hindu ladies who love their own country and people should not feel at home with the natives of other countries, we Indian women absolutely derive no benefit from these ladies.

They indeed have the appearance of supplying our need, but the appearance is delusive. In my humble opinion there is a growing need for Hindu lady doctors in India, and I volunteer to qualify myself for one.⁶⁰

Joshee openly constructed her project as an alternative to the Protestant missionary enterprise in South Asia, and indeed she called the entire enterprise into question through her insistence that Indian women would be best served by physicians who shared not merely their gender, but also religion, nation, and customs. Through this assertion, Joshee also implicitly suggested that Western medical practices could be made compatible with Hindu culture, but only through the work of Hindu women physicians who shared cultural and religious ground with their patients.

Despite her harsh critique of missionaries, Joshee demonstrated her cultural syncretism in the speech, utilizing Sanskritic quotations, biblical references, and references to ancient Indian history in arguing her case. In the last passage of the speech, Joshee extolled:

According to Manu, the desertion of duty is an unpardonable sin. So I am surprised to hear that I should not do this, because it has not been done by others. Our ancestors whose names have become immortal had no such notions in their heads. I ask my Christian friends, 'Do you think you would have been saved from your sins, if Jesus Christ, according to your notions, had not sacrificed his life for you all?' Did *he* shrink at the extreme penalty that he bore while doing good! No, I am sure you will never admit that *he* shrank! Neither did our ancient kings "*Shibi*" and "*Mayuradhwaj*." To desist from duty because we fear failure or suffering is not just. *We must try*.⁶¹

⁶⁰ Joshee, as quoted in Dall, *The Life of Dr. Anandibai Joshee*, 84.

⁶¹ Joshee, as quoted in Dall, 90.

Through this cultural syncretism, Joshi presented herself as religiously open-minded and well-educated in both Hinduism and Christianity. This contrasted to Protestant missionaries themselves, who often lacked in-depth knowledge of Hinduism, Islam, and other religions outside of Protestantism. Joshee's analogies also reveal boldness, despite the humility which she also presented, as she daringly compared herself to both Jesus Christ and ancient Hindu kings.

There is little historical evidence indicating Indian contemporary reception of this remarkable, and radical, speech, although Caroline Dall would later laud it as eloquent, courageous, and "pure womanly."⁶² A British colonial official who heard about the lecture felt similarly, and soon wrote to Gopal Joshi to offer Anandibai his congratulations and one hundred Rupees "in recognition of her courage and public spirit."⁶³ As the Joshees were struggling to afford Anandibai's passage, this money was a boon. As multiple publics looked on, Joshi finally set sail for her destination on April 7, 1883.

Joshee traveled with women missionaries, likely both British and American, as planned. This travel arrangement renewed her uneasy relationships with missionaries. Caroline Dall reported that "in speaking of her journey she said [...] that she was always under restraint, as those she travelled with could never be convinced that she would remain a Hindu in her faith, and felt it their duty to press the claims of the Christian religion."⁶⁴ During two weeks in England in the middle of her journey, Joshi found herself displayed by the missionaries who were accompanying her. Dall wrote that "in London [...] she was asked to add the attractions of her finest saree and best jewels to those of any social gathering in which the missionaries

⁶² Dall, *The Life of Dr. Anandibai Joshee*, 91.

⁶³ *Ibid.*, 91-92.

⁶⁴ *Ibid.*, 94-95.

naturally desired to rouse deeper interest.”⁶⁵ Missionaries clearly had their own agenda regarding Joshee, including attempts to convert her and use her to promote the missionary cause—a cause which Joshi herself condemned. Given her young age and dependent status, this situation was fraught with difficulties as Joshee seems to have sought to avoid offending people who were helping her, while at the same time maintaining her public Hinduism and retaining some control over her own representation. Under these circumstances, landing in New York on June 4, 1883 was likely a relief in more ways than one.

AMERICAN LIFE

Theodocia and Benjamin Carpenter met their fictive “niece” upon arrival and promptly took Joshee into their home in Roselle. Joshee and the Carpenters jointly began the processes of further preparing for Joshee’s medical education and transforming the Carpenter house in accordance to Joshee’s needs as a practicing Hindu. During the summer, Joshee and the Carpenters hosted a Hindu-style dinner for friends in Roselle. Joshee served Indian food that she cooked herself, clothed the women in her own *saris* for the dinner, and applied *bindi* marks to their foreheads. Dall described the scene: “A Sanscrit prayer was reverently offered, and then eighteen dishes of the peculiar Hindu cookery were followed by coffee. [...] Anandabai entered the square reserved for her, and prepared to teach her guests how to eat like a Hindu.”⁶⁶ At this event Joshee certainly was performing Indian-ness and Hinduism, but she also exerted a great deal of control over the proceedings and was able to use the dinner as an opportunity to educate Americans who otherwise knew India only from the outside perspectives of travel and missionary literature. The guests’ pre-existing expectations did play a role in the event, as “they

⁶⁵ Dall, *The Life of Dr. Anandibai Joshee*, 95.

⁶⁶ *Ibid.*, 98-99.

had heard that Oriental dinners were wont to conclude with song” and thus requested Joshee to sing after the meal although she originally did not plan to do so.⁶⁷

But while pre-existing notions of Hindu customs undoubtedly shaped the guests’ expectations and experience of the dinner, meeting Joshee nevertheless afforded them an opportunity to directly and respectfully engage in Hindu customs under Joshee’s guidance. During an era in which Indian customs were typically dismissed as backwards, harmful, and above all, heathen (and hence valueless to good Christians), Joshee’s dinner was a remarkable moment of cross-cultural reciprocity that transcended the stereotypes of Orientalist discourse. From this point on, Joshee’s time in the U.S. was very much a two-way cross-cultural dialogue. While she certainly faced racial prejudice, Joshee also found some white Americans who were willing to learn about Hindu customs.

During the summer of 1883, the question of which medical college Joshee would attend was paramount not only for Joshee and the Carpenters, but also attracted outsiders’ interest. By mid-June, only two weeks after Joshee’s arrival, WMCP Dean Rachel Bodley was inundated with inquiries from the Philadelphia press regarding Joshee, who was rumored to be attending WMCP. Actually, Joshee and the Carpenters were still deciding which medical school she ought to attend. Although she was offered a scholarship at the homeopathic women’s medical college in New York, Joshee and the Carpenters made inquiries about potentially attending WMCP or another women’s medical college, emphasizing their financial concerns. Theodocia Carpenter preferred for Joshee to attend school in New York, which was closer to Roselle than Philadelphia, but was willing to be swayed in the direction of WMCP and was particularly heartened by the interest which Philadelphians displayed in her young “niece.”

⁶⁷ Dall, *The Life of Dr. Anandibai Joshee*, 100.

Carpenter was also friends with Dr. Lizzie Mravlag, a physician in New Jersey and a friend of Bodley's. Mravlag, like Thoburn before her, attempted to sway Joshee's decision in favor of WMCP. Mravlag wrote to Bodley that she "beg[ged] her [Joshee] to be, rather than appear to be, a true and well-educated intelligent physician." Mravlag was likely referring to American medicine's internal strife. During this period, allopathic practitioners cast doubts upon the legitimacy of alternative forms of medicine such as homeopathy. This argument appears to have had some impact on Joshee. Additionally, Bodley and WMCP Board of Trustees member Alfred Jones were sufficiently impressed by Joshee's educational achievements that they offered her a scholarship in lieu of a Vassar graduate who unexpectedly cancelled her plans to enter that fall. While the College rules apparently required international students to bring a testimonial from a missionary society, in Joshee's case this rule was relaxed.⁶⁸ Despite Joshee's notable lack of formal association with a missionary society, it is likely that the college's commitment to training medical missionaries contributed to its willingness to support Joshee.

The extent to which the question of allopathic as opposed to homeopathic medicine influenced Joshee's ultimate decision to enroll in WMCP is difficult to ascertain, much less whether the decision to enroll in an allopathic medical college was because Joshee truly felt that allopathic medicine was superior. Joshee probably chose WMCP because of its superior reputation. Joshee and the Carpenters were certainly conscious of the degree to which she, as the first Hindu woman medical student in the U.S., was being carefully observed, and very likely weighed the relative advantageous of the different schools in terms of prestige. In any case, it would be a mistake to assume that Joshee entered WMCP fully convinced of the absolute

⁶⁸ See Editor of *The Evening Telegram* to Rachel Bodley, 18 June 1883; Theodocia Carpenter to Bodley, 18 June 1883; Lizzie A. Mravlag to Bodley, 18 June 1883; Bodley to Alfred Jones, 19 June 1883; Anandibai Joshee to Jones, 28 June 1883, WMDC.

superiority of Western allopathic medicine. Before leaving India, Carpenter advised Joshee to stay true to her convictions while studying Western medicine:

If friends will give you prestige by which you can enter this or that college, thankfully receive it, but hold your right of choice and conviction.

From what I have heard, I must judge that the new school in Philadelphia is far more progressive than the old. But this may be true in some lines and false in others. I hope, wherever you study, you will not give up your common sense, of which you seem unusually endowed.⁶⁹

This was the advice Joshee's American aunt provided as she prepared to enter medical school.

Joshee first arrived in Philadelphia on a Friday, September 28. That very Saturday, Bodley hosted a reception in her honor. One of the guests was Boston suffragist and journalist Caroline Dall, with whom Bodley was previously acquainted. Upon meeting, Dall and Joshee became fast friends. Joshee later wrote Dall that "I felt as if I were talking of an old friend of mine who knew India."⁷⁰ While Dall herself never visited India, her husband Charles Dall was the first Unitarian missionary to India. Charles Dall lived in India from 1855 until his death in 1885, visiting the U.S. only six times during that duration. Although the Dall marriage was a stormy one, and marital conflict was the original impetus behind Charles' sojourn to India, Caroline knew much about India from her husband's letters.

Dall herself is a historical figure of note. She was one of the first women to be a professional writer of non-fiction. Because Charles' stipend as a missionary was hardly sufficient to cover the costs of the family's costs of living, Caroline took up professional writing and speaking around 1860. Dall had longstanding involvement with both the transcendentalist movement in New England and the woman's suffrage movement. One of her early works, *The College, the Market, and the Court, or, Woman's Relation to Education, Labor, and Law* (1867)

⁶⁹ Carpenter to Joshee, 31 December 1882, doc. no. 7 in *Anandi Gopal*.

⁷⁰ Joshee to Dall, 3 November 1883, CWHDP, reel 12.

was significant for the early American women's rights movement. The work, a tome that clocks in at more than 500 pages, presents an extensive analysis of women's subordination. Dall concluded that deeply entrenched inequalities in educational and professional opportunities and legal status consigned women to a subordinated status—a point that seems obvious to contemporary feminists but was rarely voiced at the time of the book's publication.⁷¹

While most of Dall's subsequent books assumed a more modest scope, she continued to be interested in women's education and professional activities. Dall was acquainted with Marie Zakrzewska, one of the first women to earn a medical degree in the U.S. and a widely respected figure in women's rights circles. Dall actually edited Zakrzewska's autobiography, published in 1860, and so was intimately familiar with Zakrzewska's life narrative. Born in Prussia in 1829 into a Polish family that had lost its wealth, Zakrzewska was an unlikely candidate to become a notable American physician. But Zakrzewska, inspired by Elizabeth Blackwell's achievement of an M.D., migrated to the U.S. in 1853, leaving behind her studies of midwifery in Berlin. Zakrzewska earned an M.D. in 1856 from Western Reserve College in Cleveland. She became involved in abolitionist and women's rights circles, which is probably how she and Dall became acquainted. It is not hard to imagine that Dall saw parallels between Joshee's narrative and Zakrzewska's—two women who ventured across the Atlantic for the purpose of obtaining a medical education.⁷²

When Dall first met Joshee, she was particularly knowledgeable about the Brahmos, a reformist Hindu movement. This stemmed at least partially from her husband's activities. As a

⁷¹ Dall, *The College, the Market, and the Court: Woman's Relation to Education, Labor, and the Law* (Boston: Lee and Shepherd, 1867).

⁷² For an overview of Marie Zakrzewska's life, see Arleen M. Tuchman, "Marie E. Zakrzewska and the Place of Science in Women's Medical Education," *Isis* 95:1 (March 2004): 34-57.

Unitarian missionary in India, Charles Dall's activities differed substantially from missionaries of Trinitarian sects. Dall established contact with Brahmos upon arriving in Kolkata and was an influential figure in the formation of the Brahmo movement. He was the first non-Indian member inducted into the Brahmo Samaj, despite ongoing controversies about whether it was possible to be both Christian and Brahmo.⁷³ Upon first meeting Joshee, Caroline Dall questioned Joshee about Protap Chunder Mozoomdar, a Brahmo and non-Trinitarian Christian who lectured in the U.S. in the 1880s and authored *The Oriental Christ* (1883), a text popular among American Unitarians. In her first letter to Dall, written about a month after their initial meeting, Joshee discussed her hopes that Mozoomdar would come to Philadelphia. In other letters to Dall, Joshee spoke positively of Brahmo leaders, who were oftentimes advocates for women's rights and education. Brahmo social reformer Keshub Chandra Sen was one such example.⁷⁴ The pre-existent dialogue between Brahmos and Unitarians played a role in facilitating the cross-cultural friendship between Dall and Joshee, two women who were in many ways at the religious fringe in their respective home countries.

Like Joshee and Carpenter, Joshee and Dall shared a religious eclecticism and a desire to unearth spiritual truths independently of formal religious authorities. Dall's prior involvement with the transcendentalist movement also provided her with some knowledge of Hinduism, as the movement drew strong inspirations from Hinduism and Buddhism.

⁷³ For information on Charles Dall's role in the development of the Brahmo movement, see Spencer Lavan, *Unitarians and India: A Study in Encounter and Response* (Boston: Beacon Press, 1977), 81-103 and David Kopf, *The Brahmo Samaj and the Shaping of the Modern Indian Mind* (Princeton: Princeton University Press, 1979), especially 15-26. For biographical information on Caroline Dall, see Helen Deese, "Caroline Healey Dall: Transcendentalist Activist," in *Ordinary Women, Extraordinary Lives: Women in American History*, ed. Kriste Lindenmeyer (Wilmington, Delaware: SR Books, 2000).

⁷⁴ Lavan, *Unitarians and India*; Letter Anandibai Joshee to Caroline Dall, 1 November 1883, CWHDP, reel 12.

Additionally, she had some awareness of regional differences within India. Even before meeting Joshee, Dall apparently believed that Marathi Indians were more intelligent than Indians from other regions before ever meeting Joshi.⁷⁵ Dall's belief about Marathi superiority likely endeared her to Joshee, who took pride in her home region and certainly believed it to be superior to others. All of these factors facilitated another cross-cultural friendship. The two began to correspond soon after their first meeting. One must, however, be wary of over-emphasizing the significance of the relationship. While bonds of affection certainly developed between the two women, they were not as deep as those between Joshee and Carpenter. Dall was one of several American women with whom Joshee would develop friendships and correspondences. The distinguishing factor of her relationship with Dall, that Dall would become Joshee's biographer, is apparent only in retrospect.

Rachel Bodley became an important figure in Joshee's life. While Joshee originally stayed in a boarding house, as was typical of WMCP students, she became physically ill early on during her first term. Within days, Bodley offered Joshee a place in her own home. Bodley, who served as Dean of WMCP from 1874 until her death in 1888, was religiously quite different from Carpenter and Dall. As a young child growing up in Cincinnati, Bodley harbored the ambition of becoming a medical missionary herself, but was rejected due to poor health. She instead studied the natural sciences at Wesleyan Female College and the Polytechnic College in Philadelphia, taking a particular interest in botany. Bodley taught WMCP students chemistry starting in 1865, and held the College's first chair of chemistry. She never attended medical school herself; her WMCP degree, awarded in 1879, was honorary.

⁷⁵ Dall, *The Life of Dr. Anandibai Joshee*, 114.

Although Bodley, a devout Presbyterian, never was able to engage in direct missionary work, she did teach many future medical missionaries. WMCP enjoyed ties to several missionary boards and was well-known as an institution which produced a high number of missionaries.⁷⁶ Bodley also oversaw the entrance of several Asian students into WMCP, the most famous of whom was Joshee. For Bodley, Joshi's entrance into the College may well have represented an opportunity to engage in missionary work of a kind. Bodley apparently struggled as to what her role ought to be, as a Christian who was hosting Joshi. Whatever her proselytizing impulses, however, evidence suggests that Bodley was able to rein them in with Joshi. Certainly it is difficult to imagine that Joshee, as resolutely anti-missionary as she was, would become greatly fond of a woman who continually extolled the superiority of Christianity. As in Roselle, Joshee continued to maintain Hindu customs, including a vegetarian diet, in Philadelphia, with Bodley acting as another surrogate maternal figure. Bodley also acted as Joshee's caretaker, fulfilling her lifelong ambition to be a physician to women from "heathen" lands in a very different way than she may have anticipated.

As Anna Thoburn had foreseen, Joshee was indeed a figure of considerable interest for Philadelphians. Joshi's race and national origins were not, in and of themselves, determinative of the interest she attracted. Other women from Asia and the Middle East had matriculated at

⁷⁶ For biographical information on Rachel Bodley and WMCP's historical connection to missionaries, see *Notable American Women, 1607-1950, Volume I: A-F* ed. Edward T. James, Janet Wilson James, and Paul Boyer (Cambridge: Harvard University Press, 1979), 186-187; *American Women – Fifteen Hundred Biographies with Over 1,400 Portraits: A Comprehensive Encyclopedia of the Lives and Achievements of American Women During the Nineteenth Century, Volume I*, ed. Frances Willard and Mary Livermore (New York: Mast, Crowell & Kirkpatrick, 1897), 100-101; and *The Biographical Dictionary of Women in Science: Pioneering Lives from Ancient Times to the Mid-20th Century* ed. Marilyn Ogilvie and Joy Harvey (New York: Routledge, 2000), 152; Steven J. Peitzman, *A New and Untried Course: Woman's Medical College and Medical College of Pennsylvania, 1850-1998* (New Brunswick: Rutgers University Press, 2000), 63-68.

WMCP. Joshee's own classmates included Keiko Okami from Japan, Sabat Islambooly from Syria, and Sophia Johnson from India (who was of mixed Scotch and Indian ancestry). None of these students, or any subsequent international students, attracted nearly as much press as Joshi. The reasons for Joshee's particular prominence can be traced to her very public Hinduism; other international students were Protestant Christians. Though used to being a public spectacle from her experiences in Bengal, Joshee may well have been privately irritated by American stares, despite Dall's claims to the contrary. At the same time, Joshee's public prominence allowed her to carry out key provisions of her mission of public self-presentation. Joshee's public professions of Hinduism allowed her to unequivocally establish herself as undeniably Hindu and simultaneously as an emancipated woman, who was engaging in a course of study still highly uncommon for American women also.

Given Joshee's public Hinduism, and her pronouncements that she would remain entirely faithful to Hinduism, one aspect of her sojourn in America stand out as curious. While in Philadelphia, Joshee attended a Unitarian church most Sundays. Joshee herself likely saw these actions as compatible. As we have seen, she was a spiritually inclined person who largely developed her own idiosyncratic belief system, inspired though it was by Hinduism and Sanskritic texts, and held monotheistic beliefs. Given these circumstances it is not so surprising that Joshee should seek out spiritual experiences through formal religious services while in America. Unitarianism was most compatible with her beliefs, and likely most tolerant of her Hinduism and unconverted status. While for the most part Joshee remained a silent observer at the church, on occasion she discussed religious matters with the church's reverend, Charles Ames.⁷⁷ Religion was a favorite topic of conversation for Joshee, yet she was oftentimes reticent

⁷⁷ Dall, *The Life of Dr. Anandibai Joshee*, 157.

in speaking of it to Americans. Free thinker and editor Sara Underwood, who briefly met Joshee in 1886 and a free thinker, summed up the likely reasons for Joshee's reticence well in an 1888 letter to Dall: "The evening she spent with us she talked very freely, sweetly, and sensibly—For one thing she would be less on guard with us whom she knew as liberal thinkers who would regard *her* with as much consideration as Christians and who were in no way prejudiced."⁷⁸ Among American Unitarians, Joshee found such "liberal thinkers" with whom she felt comfortable to converse, in contrast to the close-minded missionaries from Trinitarian denominations whom she had previously encountered and so disliked.

Joshee continued to present her opinions on religion and missionaries both publically and privately. In recounting the tale of how she came to the U.S. to study medicine to Dall, Joshee emphasized her independence from missionaries and missionaries' general unhelpfulness to her, writing that "great many think I owe my education and understanding to the Missionaries, but to tell you the truth I was neither educated nor encouraged by the missionaries. They were quite unfavorable to my intention (like others). I am no way connected with the Missionaries."⁷⁹ Joshee instead credited her medical education to her husband, to the Carpenter family, and to her own initiative. To missionary audiences she remained a staunch defender of Hinduism and Hindu customs. In the spring of 1884, Joshee delivered an address defending the custom of child marriages before a women's missionary society. Dall later attributed this view to Joshee being irrevocably conditioned to favor child marriage because many positive events in her life undeniably stemmed from her marriage to Gopal.⁸⁰ But in fact, Joshee was privately critical of the potential and actual abuses of child marriage, as is apparent in her letters to both her husband

⁷⁸ Sara A. Underwood to Dall, 29 January 1888, CWHDP, reel 15.

⁷⁹ Joshee to Dall, 3 November 1883, CWHDP, reel 12.

⁸⁰ Dall, *The Life of Dr. Anandibai Joshee*, 109.

and Carpenter.⁸¹ Her public defense of child marriage, while possibly not representative of her actual opinions, was likely motivated largely by her desire to defend Hinduism as a religion worthy of respect from Westerners. Joshee enjoyed turning the table on her American audiences. For instance, Dall later reported “that during her medical experience in Philadelphia a large number of new-born infants, either murdered or deserted, found their way into the dissecting-room, and [Joshee said she] might as well on her return to India relate this fact, making it a *custom* of American mothers to kill or desert their children, and adducing it as a result of Christian belief.”⁸² Her radical message of religious pluralism and acceptance, however, was often lost upon American ears.

As a medical student, Joshee was fairly busy with coursework from October to May. The difficulties of keeping up with her studies were exacerbated by recurrent ill health. Her letters to Carpenter and Dall reported continual exhaustion, but also indicate that she enjoyed the work. Joshee continued to spend summers with the Carpenters, engaging in a variety of activities that included regular card games, various social visits and lectures, reading, and even meeting American Indians at the Carlisle Institute.⁸³ Throughout all of her time in the U.S., Joshee continued to engage in a two-way cultural dialogue. She did not merely observe American culture, but spoke about and demonstrated Indian culture to Americans. She educated her American friends and acquaintances about India and Hinduism, gifting dolls dressed as Hindu women to her closest friends. She also published letters about her experiences in Marathi-language newspapers in India, typically letters that described American customs and technology. Joshee was one of the first Indian writers to describe the U.S. to an Indian audience, making her

⁸¹ See Kosambi, “Anandibai Joshee,” 3192-3194.

⁸² Underwood, as quoted in Dall, *The Life of Dr. Anandibai Joshee*, 154.

⁸³ Dall, *The Life of Dr. Anandibai Joshee*, 167.

something of a cultural broker.⁸⁴ She played a dual role as an interpreter of India to Americans and an interpreter of America to Indians.

Joshee's life in the U.S. had its hardships, notably her chronic ill health, which worsened during her final year at WMCP. Joshee had tuberculosis; whether she contacted the disease in the U.S. or in Bengal is unknown, as the disease was prevalent in both locations. Joshee initially planned to attend medical school for four years, but ended up only staying for three years. Her health problems were undoubtedly a factor in this decision. In 1886, a fourth year of study was still optional at WMCP and most other American medical schools.⁸⁵ With Joshee's failing health, even completing her third year of study was quite difficult.

Before Joshee began her final year at WMCP, Gopalrao Joshee finally came to the U.S. after a separation of two years. Yet Gopalrao's arrival, far from being an unambiguously blissful reunion, brought new trials to Anandibai. He arrived in America via a Pacific route, traveling from Bombay to San Francisco. Before meeting Anandibai in New Jersey, Gopalrao embarked on a brief tour of the U.S., delivering numerous speeches to a variety of American organizations. Much to the disgust of Anandibai's friends—and to her own probable discomfort—Gopalrao's speeches decried both Christianity and women's education. *The Christian Union* described his lecture to the San Francisco Teachers' Institute, an audience comprised mostly of young women who were teachers:

He said that his own idea was that ignorant wives were much preferable to educated ones, as they made much better slaves; that is, they performed their duties with greater contentment and reliability, and were not continually opposing their own views to those of their husbands, thus causing the dissension so frequently seen in more enlightened households. He thought there would be less gadding about, which he noticed on the streets here, if there was less of this

⁸⁴ Kosambi, "Anandibai Joshee" and "A Prismic Presence."

⁸⁵ Peitzman, *A New and Untried Course*, 74-75.

placing women above their sphere. [...] This would be a condition of things that would not be for a moment tolerated in Bombay.

At this point Miss Hunt, one of the teachers present, asked him if it were not true that he had an educated wife now in Philadelphia studying medicine. To this he naively answered, "Yes," and joined heartily in the storm of laughter that followed. He said he was fully qualified to speak, and that in his opinion the uneducated wives made the best wives.⁸⁶

According to this report, Gopalrao's audience was entertained rather than outraged by his words, which are described as "a good-natured onslaught on the fair sex."⁸⁷ If accurate, this may suggest that Gopalrao's tone of delivery somehow softened the blatantly sexist thrust of his words. Nevertheless, the reasons why Gopalrao would deliver such an address, including the insulting inference about Anandibai herself, are rather puzzling and inexplicable. Gopalrao had, after all, gone to uniquely arduous lengths to secure his young wife an education. If his speeches did in fact represent his true views on women's education, his behavior towards Anandibai becomes rather difficult to explain. When confronted on the issue by a woman he encountered in Washington D.C., Gopalrao reportedly answered that he gave the speech "for a little fun" and to "stir them up a little," indicating that he was probably being facetious.⁸⁸ However, Anandibai's American friends were not amused, nor was Anandibai in all likelihood. Dall later reported that, "all our friends were troubled. No one seemed to know whether Anandabai had received the news, but the moment we met in the autumn I knew that she had seen the paper."⁸⁹ But regardless of her private feelings on the matter, Anandibai did not discuss the issue with Dall.

⁸⁶ The same article is reprinted in two sources: "School," *Friends' Review: A Religious, Literary, and Miscellaneous Journal*, vol. 38, no. 42 (Philadelphia: 1885): 662; and "Out in the World," *Brotherhood of Locomotive Firemen and Enginemen's Magazine*, vol. 9 (Terre Haute, Indiana: June 1885), 355. The two articles are identical except for the incorrect description of Gopal Joshi as a Muslim in the *Brotherhood of Locomotive Firemen and Enginemen's Magazine*.

⁸⁷ Ibid.

⁸⁸ Dall, *The Life of Dr. Anandibai Joshee*, 124.

⁸⁹ Ibid., 123-124.

After having carefully cultivated an image of herself as a liberated, freethinking Hindu woman, her husband's behavior surely came as an embarrassment which, among other problems, undermined the messages about Hinduism which she had tried to impart to Americans over the years. But in this instance, Joshi chose to remain silent and outwardly compliant to her husband. Adept though she was at projecting a particular image of herself, Joshee's self-representation was not without its inconsistencies.

With Joshee increasingly ill and silent, converted Christian reformer Pandita Ramabai—who originally arrived in the U.S. in order to attend Joshee's graduation from WMCP—became the new face of Indian womanhood to Americans. In some ways Ramabai simply continued the work that Joshi had done and expanded upon it. Like Joshee, Ramabai impressed Americans with her intelligence and education, challenging the popular conception that Indian women were ignorant and dependent. Her cause, raising money to educate young Indian widows, was in some ways a radical one for the simple fact that an Indian woman led the proceedings. The mode of charity for Indian girls promoted by Ramabai was, on that ground alone, distinct from the missionary discourse that pleaded for the cause of Indian womanhood without permitting Indian women to speak as subjects. Nevertheless, there were key differences between Joshee and Ramabai, notably Ramabai's Christianity and her ongoing criticisms of Hinduism, even in its reformist varieties, as an irreparable religion inherently harmful to women. While both women did much to change Americans' perceptions of Indian women, Joshee was the more radical figure.⁹⁰

⁹⁰ For description of Pandita Ramabai's activities in the United States, see Kumari Jayawardena, "Going for the Jugular of Hindu Patriarchy: American Women Fund-Raisers for Ramabai," in *Unequal Sisters: A Multicultural History in U.S. Women's History*, third edition, ed. Vicki L. Ruiz and Ellen Carol DuBois (New York and London: Routledge, 2000): 197-203.

Joshee continued her defense of Hinduism. When the time came for her to write a senior thesis, Joshee chose to write on the obstetrical practices of Brahmin Hindus. Joshee's approach was not altogether unusual ; many WMCP students chose to write on a social or ethical issue related to medicine rather than a strictly scientific one. This was an era in which "scientific medicine" was only beginning to gain a foothold in the U.S. But her choice to write respectfully about a non-Western healing tradition differentiated Joshi from her classmates. Certainly there are few, if any, other WMCP theses that quote the *Sushruta Samhita* (a medical text written in Northern India around 800 BCE) as an authoritative source. Recognizing her professors' potential objections to her subject, Joshee began her thesis with a spirited defense of her choice of subject, and of Indian medical traditions more generally:

As the importance of obstetrics can be measured only by the value of life and health, and both being of paramount consequence it is deserving of most careful study. When we realize how difficult and vast the subject is, it is not surprising to find so many great minds thoroughly absorbed in its magnitude from time immemorial. Since our study naturally embraces the cause and effect, race, habits, climate[,] influences, and means of assisting Nature in her operations, we must not entirely over look the history of past ages, and consider the superior minds, which labored, with marked success, in the same field of investigation, under the promptings of the same motives, as far back as 15 century B.C. They may enable us to the better appreciation of the science and pay due respect to the discoveries, theories & mode of application of remedies of minds of different nations at different times. I therefore need not apologize for choosing this subject.⁹¹

This passage indicates a few notable points about Joshee's obstetrical philosophy. First, Joshi treated "race" as an established category of difference, but, in keeping with more progressive thought on race in the late nineteenth century, also emphasized cultural and environmental differences. Moreover, Joshee affirmed the validity of Ayurvedic medicine in the prenatal care of Hindu women. Joshee implicitly suggested that cultural and religious context should

⁹¹Joshee, "Obstetrics Among the Aryan Hindoos," as transcribed in *Anandi Gopal*.

determine practices surrounding childbirth, not merely the medical profession's determination of best practices.

William Lusk's *The Science and Art of Midwifery*, the obstetrical textbook utilized by WMCP while Joshee was a student, emphasizes the latest modern research emanating from Europe, particularly France and Germany.⁹² Joshee, in contrast, emphasized the value of medical practices that had been in place for centuries, in what amounts to a subtle rejection of the notion that the newest findings should automatically take precedence. In suggesting that old and much-used methods had validity, Joshee proposed an alternative paradigm of medical practice and conceptualization of knowledge.

The bulk of the thesis consists of Joshee's own translations of Sanskritic medical texts. Joshee characterized Ayurvedic medicine as thorough in its knowledge of pregnancy and capable of dealing with a variety of birth complications such as miscarriage and a breech position during birth. Joshi countered the then-rampant idea that Hindu practices were detrimental to the health of women and children in her descriptions of Ayurvedic prescriptions for women's dress and hygiene habits during pregnancy. Much of what Joshee described, such as the prescription for women to wear loose-fitting clothes, is similar to Lusk's recommendations.⁹³ While many of the practices described by Joshee would have been unfamiliar to her WMCP professors, there were also similarities between upper-caste Hindu childbirth customs as described by Joshee and practices common in the U.S. In the 1880s, all but the poorest American women gave birth at home. Childbirth was not yet the medical event that it would become. Joshee did not explicitly address the major controversies of obstetrics in America at the time, notably the use of forceps

⁹² See William Thompson Lusk, *The Science and Art of Midwifery* (New York: D. Appleton and Company, 1884).

⁹³ *Ibid.*, 115.

and cesarean section, but she did implicitly take a position which favored tradition and long-held wisdom. She was most likely skeptical, if not entirely adverse to, modern method of intervention during childbirth.⁹⁴ The thesis stands as a remarkable testament to Joshee's willingness to challenge conventional methods within WMCP. She was soon to be a graduate of an allopathic medical college, but she had not written off all other systems of medicine as quackery.

A HINDU LADY PHYSICIAN

Having passed her coursework and completed the thesis, Joshee graduated in March of 1886. The event attracted a great deal of national and international attention; even Queen Victoria telegraphed her congratulations.⁹⁵ Days before the graduation, Meherje Cooverje, the *dewan* (government minister) of Kolhapur, contacted Bodley offering Joshi a position as "Lady Doctor of Kolhapur." Cooverje offered a starting salary of 300 rupees per month with a plan for eventual increases, a house in Kolhapur, and reimbursement for her return passage from the U.S. to India. The engagement would be for seven years unless terminated early, and Joshee was to be in charge of the women's ward at Albert Edward Hospital, a new hospital named after the then Prince of Wales. At the hospital, Joshee would be charged with instructing Indian girls in medicine in addition to carrying out her duties as a physician. Joshee accepted the position and made plans to leave for India in January of 1887. But before leaving, Joshee planned to obtain further clinical experience through an internship at the New England Hospital for Women and Children, the hospital founded by Marie Zakrzewska.⁹⁶

⁹⁴ For descriptions of childbirth in U.S. during this time, see Judith Walzer Leavitt, *Brought to Bed: Childbearing in America 1750 to 1950* (Oxford: Oxford University Press, 1986), 36-170.

⁹⁵ "By the Queen's Command," in *Public Ledger and Daily Transcript* 3 August 1886, WMDC.

⁹⁶ Dall, *The Life of Dr. Anandibai Joshee*, 143-146.

Joshee moved to Boston and began her internship in early May of 1886, but continued to be hindered by illness. Due to her ill health, she and Gopalrao moved up the date of their departure. They left from New York on October 9, arriving in London on the eighteenth. In London, the Joshees faced racial and religious discrimination in attempting to find a steamer to take them back to India. The exact course of events remains somewhat shrouded by controversy; Caroline Dall, for one, had trouble believing Gopal Joshee's claims at having been refused passage on a steamer by the British India Steamship Company on the grounds that the passenger was a Hindu woman.⁹⁷ Dall's skepticism, however, may have been based largely on her own dislike and distrust of Gopalrao. She perhaps also found it difficult to believe that the "civilized" British would refuse passage to a critically ill woman. Actually, various inquiries conducted by editor Sara Underwood suggested that "there is evidently real ground for part of his [Gopal's] grumbling."⁹⁸

The Joshees departed London on October 21, on a steam ship from another company. Anandibai arrived in Kolhapur still quite ill, and soon after arriving in India requested to go to her home city of Pune, where she lived out her final months. During her extended period of convalescence, Joshi was treated primarily through Ayurvedic healing methods, though it is not clear whether this was her own choice or Gopalrao's. Given what we know of Anandibai's beliefs, however, it is reasonable to speculate that she saw value in both Western medicine and Ayurvedic healing, and was hence quite willing to accept both forms of care. Had she lived, it is likely that she herself would have attempted to synthesize West and East in her medical practice. By the time she reached India, alas, there was little that either form of medicine could do to aid her. Anandibai Joshee passed away in Pune on February 26, 1887, about a month shy of her

⁹⁷ Dall, *The Life of Dr. Anandibai Joshee*, 172-179.

⁹⁸ Underwood to Dall, 24 June 1887, CWHDP, reel 15.

twenty-second birthday. Tuberculosis was probably the cause of her death. Her last words reportedly were, “I have done all that I could.”⁹⁹ Of what she referred to, there are many possibilities. While the most likely answer is that Joshi was referring to having done all that she could to improve healthcare for Indian women, she had *also* done all that she could to alter Western, and specifically American, perceptions of India, Indian women, Hinduism, and Ayurvedic medicine.

Speaking to the significance of Joshee's American sojourn, six years after her death, in 1893, a Marathi Hindu delegate to the Parliament of the World's Religions held in conjunction with the Chicago World's Fair, brought Joshee's remains to the U.S., entrusting them in Theodocia Carpenter's care. The final resting place of Joshee's ashes hence was not in Pune, the place of her birth, but in the family plot of her adopted American family in Poughkeepsie, New York. This arrangement was probably as she wished.

AFTERLIVES

Joshee's story does not end with her death, however. In the 130 years since, public memory of her remarkable life has, in a sense, kept Joshi alive. But historical memory rarely operates in a straightforward fashion. Many of the Anandibai Joshees that have persisted in popular representations and rhetoric, particularly in the U.S. and Great Britain, bear but limited resemblance to the woman herself.

More than any other source, Dall's English-language biography, published in the U.S. in 1888, has shaped the American and British publics' perceptions of Joshee. Dall's portrayal of Joshee is in many ways hagiographic. Joshee is positioned as a Christ-like figure martyred for

⁹⁹ Dall, *The Life of Dr. Anandibai Joshee*, 185.

the betterment of her people (Indian women), and humanity more generally. The biography's final passage is indicative of the laudatory tone Dall assumed:

There are those of us who loving her tenderly cannot think without pain of the weary journey, undertaken without the needed the nurse and companion; but turning our eyes to the country which she loved, and which, because she loved it, she left, turning to the countrywomen whom she died to save, we feel that her death, in sorrow disappointment, and bodily anguish, will in God's own way accomplish still more than the life for which we had prayed.¹⁰⁰

By publicly memorializing Joshee, Dall sought to give her friend purpose and accomplishment in death. Although Joshi had failed to “save” her countrywomen through medicine, Dall implied that Americans could aid Joshi's life purpose by turning their attention—and presumably, their pocketbooks—to Indian women. Dall planned to donate the book's proceeds to Pandita Ramabai's fund for establishing a school for young widowed girls. She also promoted the fund in the book's text.

Yet investigation into the biography's publication reveals that much of its content was deeply contested among Joshee's friends. In preparing the book, Dall conducted research and collected correspondence from a number of people who had known Joshee in the U.S. But she assumed for herself the task of writing the narrative, although she originally planned for Rachel Bodley to write a section of the book. Bodley had previously written the introduction for Ramabai's 1887 book, *The High Caste Hindu Woman*, in which she memorialized Joshee. But Bodley, troubled by health problems and her extensive responsibilities as dean of WMCP, was unable to write her part before Dall sent the manuscript out for publication. While Dall sought input from Carpenter and others after completing the manuscript, by that point publication was so near that major revisions were impractical. Aside from the issue of time constraints,

¹⁰⁰ Dall, *The Life of Dr. Anandibai Joshee*, 186-187.

moreover, Dall reacted to Carpenter's criticisms with her characteristically forceful will. She would listen to Carpenter, with whom she had become friends through Joshee, but was disinclined to change the text of her work based on someone else's recollections.

At the center of the controversy was, yet again, Gopalrao Joshee. There were two general disagreements surrounding Gopalrao's portrayal in the text. One was factual, while the other pertained to the general timbre of Dall's representation. The factual matter concerned the date of Anandibai and Gopalrao's betrothal. The published text is somewhat vague on the matter, but suggests that the pair became engaged when Gopalrao, then working for the postal service, was transferred from Alibag to Bhuj, located in a different province. At that point, Anandibai had already been traveling with Gopalrao for some time, though in the company of her maternal grandmother. Carpenter and Ramabai insisted that the couple must have become engaged at an earlier date, citing their recollections of conversations with Anandibai as well as Ramabai's knowledge of Hindu cultural mores. Ramabai insisted that social norms would have never allowed Anandibai to travel with Gopalrao under any circumstances were they not already engaged.

In a concession to Ramabai and Carpenter, Dall acknowledged the controversy in the book's preface: "Since the Memoir went to press, I have heard from Mrs. Carpenter and the Pundita Ramabai, that there is every reason to suppose that Anandabai was betrothed to Gopal, by a ceremony considered as irrevocable as marriage, when she went away with him from Kalyan in the company of her grandmother."¹⁰¹ However, Dall could not help casting doubt on this assertion, writing that

¹⁰¹ Dall, *The Life of Dr. Anandibai Joshee*, viii.

Mrs. Carpenter thinks that Anandabai told her this, and the Pundita, who knew nothing of her cousin at that time, is sure that her departure would not have been permitted if she had not been betrothed.

All this may have been so, but if it were it was never even hinted in my conversations with Dr. Joshee.¹⁰²

While this matter may appear to be a trivial one at first glance, at its heart is the question of who possessed the right to represent Joshee's life, as well as issues regarding social life among high-caste Hindus in Maharashtra province more generally. Although Dall, by writing the book, had assumed this authority for herself, Ramabai and Carpenter both contested it in both subtle and explicit ways. Carpenter, although complimentary of the biography in general, took pains to point out to Dall that the published text had several minor errors regarding Joshee's practices in both India and the U.S. Carpenter wrote pointedly, "it is of no use *now* to question or criticize such trifles, unless I am asked pointedly about them, in which case I will give the truth, together with such explanation of how a mistake may have slipped into print" (emphasis in original).¹⁰³ While discerning the full context of these disagreements from the surviving correspondence alone is difficult, it is possible that Carpenter used the issue of minor errors as an opportunity to chide Dall for being less collaborative in writing the biography than she, Bodley, and Ramabai may have preferred.

Of far greater import than the disputed details regarding the Anandibai and Gopalrao's precise date of engagement and other such matters was the tone of Dall's overall portrayal of Gopalrao. Dall was highly critical of Gopalrao in the text, suggesting that he was a major cause of Anandibai's troubles. She even, through strong implication, held him partly responsible for his wife's death. In describing Anandibai's appearance in October of 1886, after Gopalrao

¹⁰² Dall, *The Life of Dr. Anandibai Joshee*, viii.

¹⁰³ Letter Carpenter to Dall, April 21 1888, CWHDP reel 15.

arrived in the U.S., Dall wrote, “I thought I saw a great change in her, when we met this year in October. Not only was she more delicate in health, but she seemed to have lost courage.”¹⁰⁴ Dall implied that Gopalrao—and his unseemly public addresses against Christianity and women's education, which she discussed at length—was responsible for the shift in Anandibai.

Dall claimed that she encountered difficulties in criticizing Gopalrao in print, writing that “[i]t is with great pain that I speak of him for Anandabai loved him, but it is impossible to write her life truly, without suggesting the 'tangle' which his presence brought into her daily life.”¹⁰⁵ She wrote that she had thought to herself, while in Gopalrao's company in Philadelphia that, “He will make life impossible to her.”¹⁰⁶ She criticized Gopalrao particularly harshly for not recognizing the quality of Bodley's care of Anandibai, being overly critical of Anandibai's American friends, and for purportedly encouraging his wife to retain her vegetarian diet (as part of her Hindu practice) even when “there was not a physician anywhere who would not have said she needed [chicken] broth and delicate meats.”¹⁰⁷

Dall's charge that Goparaol was responsible for Anandibai's dietary decisions was rooted in her conception of both Gopalrao's individual character and Hindu marriage as an institution. From her perspective, Hindu wives were so downtrodden by patriarchal marriage customs that they were obliged to defer to their husbands' judgment in all matters—an idea asserted in Ramabai's *The High Caste Hindu Woman*. Dall doubted whether even an allegedly liberal-minded Hindu man such as Gopalrao could forgo his controlling and patriarchal ways. In Dall's view, only in Gopalrao's absence had Joshi been accorded a modicum of true freedom in the U.S. In her narrative, Joshi's women friends in the U.S. stand as stalwart and nurturing supporters,

¹⁰⁴ Dall, *The Life of Dr. Anandibai Joshee*, 127.

¹⁰⁵ Dall, *The Life of Dr. Anandibai Joshee*, 137.

¹⁰⁶ *Ibid.*, 138.

¹⁰⁷ *Ibid.*, 139.

while Gopalrao is positioned as representative of Hindu tradition and male oppression. Even Gopalrao himself, Dall implied, had become aware of how he had harmed his wife. Dall referenced a letter Gopalrao allegedly wrote to an American friend in which he wondered if Anandibai would have lived longer if he had not come to the U.S.¹⁰⁸

This treatment of Gopalrao evoked criticism. Bodley, although not particularly fond of Gopalrao herself, wrote to Dall that she never would have proposed or condoned such a portrayal had she been more involved in the book's production. Still, Bodley conceded, "I know the book is better for my not having had any thing to do with it. [...] He played a remarkable part in the wonderful little drama."¹⁰⁹ Even so, Bodley did not find Dall's presentation of Gopalrao to be entirely fair, particularly Dall's citation of his private correspondence. She likely referred to the alleged letter in which Gopalrao blamed himself for Anandibai's death.

Carpenter also had misgivings about Gopalrao's representation, but attempted to be judicious in her comments to Dall, pointing out that bias in memoir writing was inevitable: "Had I been gifted enough to have written the 'Life' I should have done as every author does—present, unconsciously, something of my own individual bias on every page. Every person acquainted with Dr. Anandabai or her husband must find some points of difference with both you and me. Therefore to write so as to defy criticism is simply impossible."¹¹⁰ In another letter on the subject, Carpenter repeated this sentiment, writing, "Nothing can be said of Mr. Joshee that will not hit him in the estimation of some and miss him in the estimation of others."¹¹¹ Gopalrao was, Carpenter conceded, simply "a peculiar character to handle" and quite naturally, differences in opinion would occur. (Having also attempted the task of researching and recounting Anandibai

¹⁰⁸ Dall, *The Life of Dr. Anandibai Joshee*, 138.

¹⁰⁹ Letter Bodley to Dall, February 15 1888, CWHDP reel 15.

¹¹⁰ Letter Carpenter to Dall, April 21 1888, CWHDP reel 15.

¹¹¹ Letter Carpenter to Dall, May 30 1888, CWHDP reel 15.

Joshee's life, I can only confirm that Gopalrao is indeed a peculiar character to handle, with his actions so contradictory as to defy straightforward analysis.) But while acknowledging the difficulties of addressing Gopalrao's character in Anandibai's biography, Carpenter plainly stated, "I do not favor your criticism of him on general principles."¹¹² Her meaning, as far as I can ascertain, is that she believed it unseemly to criticize an individual so harshly in public.

Ramabai was the bluntest critic of Dall's treatment of Gopalrao. She praised Dall for her portrayal of Anandibai herself, writing that "I think you have done justice to Dr. Joshee and your graphic pen has painted her in all the fine colors as one would wish to see in this highly gifted woman."¹¹³ However, the biography's portrayal of Gopalrao clearly bothered Ramabai. She told Dall plainly, "I must say you have been very severe on poor Mr. Joshee. [...] Faults he certainly has and I cannot justify his inconsistent speeches and letters published at different times in the American newspapers. But this we must remember. That our heroic Anandibai could never have done what she has as a Hindu wife while under the control of her husband if he had been opposed to it."¹¹⁴ While Dall had excoriated Gopalrao for his faults, Ramabai preferred to focus on his virtuous deeds. She described Gopalrao as "very kind and unselfish" for having permitted Anandibai to travel to the U.S. without him, pointing out that "[i]t was *he* who encouraged her in the desire to study and then sent her on to the United States [...]. This is more than a Hindu husband generally does for his wife" (emphasis in original).¹¹⁵ To Ramabai, who was herself a harsh critic of patriarchal customs among Hindus, Gopalrao actually embodied the possibilities of Hindu male liberalism in marriage.

¹¹² Letter Carpenter to Dall, May 30 1888.

¹¹³ Letter Pundita Ramabai to Dall, May 8 1888, CWDP reel 15.

¹¹⁴ *Ibid.*

¹¹⁵ *Ibid.*

Ramabai also pointed out that Anandibai herself would have strongly protested Dall's portrayal of her husband: "Had you or any body else written a book of this kind in the lifetime of Dr. Anandibai and pictured Mr. Joshee in the dark colors as you have, it would have drawn a strong and indignant protest against itself from her[.] [...] I do not doubt but that her spirit grieves even now."¹¹⁶ So strongly did Ramabai feel on this matter that she refused to accept Dall's offer to donate the book's profits to Ramabai's fund for educating young widowed girls in India. She told Dall, "I feel duty-bound to decline your generous offer to give all the profits of this book towards my school-fund. I do not wish my school to profit at the expense of any individual, especially as I am certain that Dr. Joshee would not have liked it in her lifetime. I do not want to insult her memory, so please do not associate my school and with the profit of your book in the future."¹¹⁷

The conflict between Ramabai, Carpenter, and Dall encompassed several issues. On a general level, the women disagreed about the boundaries of what was acceptable to print. Dall, who made her living as a writer of non-fiction, believed that the truth of the story should be prioritized above all else. As a writer, she would not censor her own opinions. Her position is more recognizable from a modern perspective. Ramabai and Carpenter, however, thought that writers should consider the effects of their words on their subjects. They considered it unseemly—even un-Christian—to excoriate a particular individual in print, as Dall had done. Accepting Dall's offered donation of the book's profits to Ramabai's funds hence appeared to her to be participation in a moral wrong.

Due to their fundamental disagreement about the bounds of public discourse, the women disagreed about how their friend should be memorialized. Dall was of the opinion that Joshee's

¹¹⁶ Letter Ramabai to Dall, May 8 1888.

¹¹⁷ Ibid.

memory would be best served by an honest and accurate account of her life (as Dall envisioned it), including less pleasant aspects. She firmly believed that Gopalrao had been a baneful force in Anandibai's life, particularly during her final year in the U.S. That needed to be addressed in any recounting of her life. Ramabai and Carpenter, however, believed that the best memorialization of Joshi would be one of which Joshee herself would have whole-heartedly approved. Joshee never spoke of her husband in anything less than glowing terms while in public. For Dall's biography to be so critical of Gopalrao, therefore, was an affront to Joshee herself.

Also embedded within the disagreement was the question of how Hindu men as a class should be represented. Ramabai, while quite critical of Hindu men as a class in her own writings, abjured denigrating particular men—especially one such as Gopalrao, who was unusually progressive in several respects. Dall, on the other hand, made no secret of the fact that she was unimpressed by Indian men generally and Gopalrao in particular. In an 1889 article memorializing Anandibai's friend S. Govinda Rau Sattay, published in *The Unitarian Review*, Dall admitted frankly, "When I published the Memoir of Anandabai Joshee, I was obliged to say that it was a strange fact that India gave us no men to match such women [as Joshee and Ramabai]."¹¹⁸ Meeting Sattay, however, had led her to recognize that Indian men too had potential for greatness—however few of them had risen to it. Dall recollected, "I was soon brought in contact with one who interested me as deeply as the women I have named, and who certainly devoted his life to the very highest aims."¹¹⁹

¹¹⁸ Caroline Wells Healey Dall, "A Hindoo Theosophist," *The Unitarian Review* 31:5 (May 1889): 397-410, 399.

¹¹⁹ *Ibid.*

Sattay was a Marathi friend of Anandibai and Gopalrao's who most likely met Gopalrao when working at the colonial postal service in Bengal. He went to the U.S. in 1884, a year after Anandibai. According to Dall's brief biography of him, Sattay went to the U.S. to "see for himself what the country offered."¹²⁰ He wanted to investigate the possibility of establishing a colony of Indian migrants in the U.S., because he believed that through migration Indians could escape the yoke of British colonial power. Sattay publicly criticized British rule of India to a greater extent than Anandibai ever did, though it is likely that they were of similar mind on the subject. While in the U.S., Sattay travelled throughout the country, worked various odd jobs, and spoke publicly on the subject of Hinduism. He also attempted to establish a trade in Indian pottery in New York, though this was unsuccessful.

Sattay and Dall briefly met in September of 1888 at a meeting of the American Social Science Society in Saratoga, New York. Dall was at first unsure if Sattay was Marathi, but latter heard that he was a friend of Anandibai's and "a Theosophist of the Mahrattas."¹²¹ Theosophy was an international religious movement that began in the late nineteenth century. The movement sought to break from European intellectual traditions. Hinduism was a primary influence, and theosophists had long-standing connections to Hindus, Buddhists-, and free thinkers in India and Sri Lanka. This eclectic collection of spiritual thinkers, both European and South Asian, tended to reject Christian missionary influences.¹²² While Joshee was at times described as a "theosophist" by American publications, Sattay was actually formally affiliated with the Theosophist movement, unlike Joshee.

¹²⁰ Dall, "A Hindoo Theosophist," 402.

¹²¹ Ibid., 399.

¹²² For the origins of the theosophy movement, see Jayawardena, *The White Woman's Other Burden*, 114-118.

However, Sattay and Dall were not able to talk at length upon their first meeting, much to Dall's relief. She recalled, "I did not regret it very much, for my plain speaking in the Memoir of Dr. Joshee might well have given pain to any of her race; and I thought it very probable that he might wish to express this."¹²³ Although Dall does not specify Indian *men*, she most likely intended to refer to them. Her representations of individual Indian *women*, after all, were quite laudatory.

In October of that year, Sattay sent Dall a letter, and it was this that convinced her that he was a different sort of Indian man. To Dall's undoubted delight, Sattay praised her biography of Joshi: "In your life of Dr. Joshee, you have very gracefully stringed her letters. The words with which you have connected them might sound a little harsh to Mr. Joshee and to almost the whole male population of India; but, on behalf of all my brothers in India, I cannot but thank you for it. We can find many flatterers, but hardly one rebuker. Rebuke is healthy and instructive, while flattery is always ruinous."¹²⁴ Like many of the biography's readers, Sattay understood that Gopalrao's portrayal in the text was not merely about him as an individual, but rather had implications for Indian men as a whole. But instead of berating Dall, Sattay welcomed the criticism.

However, though Sattay acknowledged that Indian men treated women badly, he presented an alternative historical explanation for this phenomenon: "No doubt our men have been cruel to our women, but let it be understood that foreign rule for the last eighteen hundred years has been the main cause of it. It is neither the effect of native religious rules nor the effect of native social regulations. During the Hindu period, men and women enjoyed equal rights in

¹²³ Dall, "A Hindoo Theosophist,"

¹²⁴ Govinda Rau Sattay, Letter to Caroline Dall reprinted in "The Hindoo Theosophist," 400.

every respect.”¹²⁵ According to Sattay's historical narrative, sexism in India was not an inherent part of Hindu practice and culture, but was rather a product of centuries of the religion becoming distorted under “foreign rule.” In referencing foreign rules, Sattay referred to not only to India's British colonial rulers, but also the preceding Mughal Muslim rulers. Anandibai had held comparable beliefs, as evidenced in her insistence in Marathi superiority and liberalism.

This understanding of India's past was not idiosyncratic to Sattay and Joshee. As Uma Chakravarti has written, in late nineteenth-century India a narrative that located “the myth of the golden age of Indian womanhood [...] in the Vedic period” enjoyed widespread popularity among the middle and upper classes.¹²⁶ Sattay, by recounting this narrative to Dall, continued the work Joshee had begun in the U.S. of defending Hinduism as a religion to white Americans. In this he appears to have been at least partially successful, at least in the case of Dall herself. Dall described Sattay's religious beliefs by explaining that he “accepted the teachings of Jesus as an evolution of the teachings of the Shastas, but, like Anandabai Joshee, refused to make a separate profession of truths which he believed to be included in his native faith. That two persons so highly educated should take this position ought to incite us to a more profound study of the Hindu scriptures.”¹²⁷ Provoking Christian respect, or at least interest, towards Hinduism had been precisely Joshee's goal. However, both she and Sattay continued to find far more success among American Unitarians like Dall than among trinitarian Protestant Christians.

But if Sattay had made steps towards the redemption of Indian men in Dall's eyes, there was still a great deal more to be done. Gopalrao's continuing press coverage in the U.S. is

¹²⁵Sattay, “The Hindoo Theosophist,” 400.

¹²⁶ Uma Chakravarti, “Whatever Happened to the Vedic *Dasi*?: Orientalism, Nationalism, and a Script for the Past,” in *Recasting Women: Essays in Indian Colonial History*, ed. Kumkum Sangria and Sudesh Vaid (New Brunswick: Rutgers University Press), 1990.

¹²⁷Dall, “The Hindoo Theosophist,” 401.

instructive in this regard. In 1889, Gopalrao allegedly converted to Christianity, an event that was reported with glee in American missionary publications. According to these reports, Gopalrao's conversion was performed by English missionary Reverend James Taylor. When Gopalrao criticized Christian missionaries in his speeches to American audiences, Taylor had apparently been the particular missionary he had in mind. By now accepting Christ, under Taylor's tutelage, Gopalrao had seemingly redeemed himself. Actually, it is possible that Gopalrao later returned to Hinduism, although English-language sources reporting this development are, unsurprisingly, scarce.¹²⁸ The American missionary press, having obtained the narrative of redemption through conversion that Christians relished, was unlikely to report news that countered this happy tale. Gopalrao, meanwhile, continued to be a chameleon of sorts. Unlike his late wife, who was quite unwavering in the image she presented to in public, Gopalrao seemed to be impossible to pin down.

Despite the numerous controversies surrounding public retellings of Joshee's life in the wake of her death, however, one consistent theme emerged. Joshee was typically positioned as a tragic emblem of Hindu women's oppression—whether it was at the hands of Gopalrao Joshee or Hinduism in general. This contrasted notably to Joshee's self-presentation as a liberated yet devoted Hindu woman. Dall's biography was but one instance of this. While Ramabai had harshly criticized Dall for her biography's portrayal of Gopalrao, her own book *The High-Caste Hindu Woman*, published in 1887, a year before Dall's, also contributed to the dilution and displacement of Joshee's message. The book, a rousing critique of Hinduism's deleterious effects on high-caste women and girls, features Joshee prominently. A photograph of Joshee appears directly after the book's dedication page. Only a photograph of Ramabai herself

¹²⁸ Kosambi, "Anandibai Joshee," 3191.

receives more prominent placement. Directly following the image of Joshee is a commemorative page providing a brief synopsis of the major events of her life.

Nor does the book's discussion of Joshee end there. The book's introduction, penned by Bodley, discusses Joshee's life extensively. In the introduction, Bodley wavered between presenting her deceased friend and pupil as an embodiment of the *potential* of Hindu women and lamenting her alleged victimization by Hinduism (if not by Gopalrao specifically). For example, in defending Joshee's deliverance of an address that spoke positively of child marriage, Bodley wrote:

If there are any who still cherish the feelings of disappointment and regret engendered that April afternoon [of Joshee's speech], let them turn to Ramabai's chapter on Married Life in this book, and learn how absolutely impossible it was for a high-caste Hindu wife to speak otherwise. Let them also discover, in the herculean attempt of that occasion, a clue to the influences which at length overpowered and slew this gentle, grave woman.¹²⁹

Bodley's esteem for Joshee shines through her defense, and she was perhaps not incorrect in suggesting that social pressures compelled Joshee to take a traditionalist perspective on the particular issue of child marriage, at least in public. Yet in this suggestion, Bodley also positioned Joshee predominantly as a victim of an oppressive religion and its social norms—not as an independent actor.

That Bodley would construct such a representation, which Ramabai endorsed, is not altogether surprising. Both women were devoted Protestant Christians who believed that Christianity was most liberating to women among all major religions. Unlike Dall, the two women were Trinitarian Christians whose theological beliefs rested fairly comfortably within mainstream Anglo-American Protestantism. Ramabai herself was a Christian convert, having

¹²⁹ Rachel Bodley, in "Introduction," Pundita Ramabai Sarasvati, *The High-Caste Hindu Woman* (The Jas. B. Rodgers Printing Co: Philadelphia, 1887), iii-iv.

concluded earlier in life that no form of Hinduism, including the reformist sect of the Brahmo Samaj, could offer fairness to Indian girls and women. Hence, as much as Ramabai and Bodley desired to memorialize their friend in a manner they deemed proper, in many ways their insistence on attaching a didactic message about Christian superiority to their memorial actually outstripped Dall's in its religious dogmatism. In yet another irony of Joshee's life, her friends, while determined to keep her alive in public memory, contributed to the negation and distortion of Joshee's outlandish suggestion that a *Hindu* woman could indeed be a physician.

Chapter 2: Physician of the Omaha: Susan La Flesche Picotte and the Challenges of American Indian Progressivism (1865-1914)

Three years after Joshi's much-heralded graduation, the Woman's Medical College graduated another physician whose success was met with great acclaim. She was also Indian—but from the Great Plains rather than the Asian subcontinent. Susan La Flesche, an Omaha woman who became the first American Indian woman to graduate from any medical college, was subjected to American colonialism in ways that Joshi was not. La Flesche was part of a new class of highly educated, professional American Indians that emerged in the last few decades of the nineteenth century. Having come of age after the Civil War--when federal Indian policy shifted towards the coerced assimilation of indigenous people—La Flesche and others of her generation were among the first Indians to receive comprehensive educations in the white American model. For a select few, the burgeoning movement to “help” Indians among middle-class white Americans provided educational and occupational opportunities that would have been unattainable for their parents and grandparents.

La Flesche was among the first three Indians to obtain a medical degree. She and her fellow physicians Carlos Montezuma (Yavapai-Apache) and Charles Alexander Eastman (Santee/Eastern Dakota) all graduated medical school within a year of each other in 1889 and 1890. La Flesche was part of an emergent politics of “Indian progressivism,” in Hazel Hertzberg's terminology.¹³⁰ Elsewhere I have discussed parallels between La Flesche and Eastman as physicians of and to Great Plains Indian peoples during a period of traumas and

¹³⁰ Hazel Hertzberg, *The Search for an American Indian Identity: Modern Pan-Indian Movements* (Syracuse: Syracuse University Press, 1971).

forced transitions.¹³¹ Both began their medical careers employed by the Office of Indian Affairs (OIA), supported policies that promoted American Indian assimilation, and served as cultural mediators between Indians and whites.¹³² Yet both became disillusioned with the OIA and the assimilationist mission more generally. Their disillusionment was rooted in a shared belief that “civilization” had caused widespread health catastrophes among their peoples, particularly tuberculosis and alcohol-related health problems. While white reformers celebrated Eastman and La Flesche’s rise to educated, middle-class status, their work as physicians and knowledge of medicine ultimately led them to question the tactics—and indeed, the desirability—of assimilationist policies.

As historians such as Valerie Mathes, Peggy Pascoe, and Benson Tong have demonstrated, La Flesche was immersed in women’s political culture of the progressive era, which tended to be dominated by whites. This is evidenced through her affiliations with the Women’s National Indian Association (WNIA), General Federation of Women’s Club (GFWC), and the temperance movement.¹³³ La Flesche shared with other progressive women (most of whom were white) the somewhat quixotic belief that women could, by exerting their influence in

¹³¹ Sarah Pripas-Kapit, “‘We Have Lived on Broken Promises’: Charles A. Eastman, Susan LaFlesche Picotte, and the Politics of American Indian Assimilation During the Progressive Era,” *Great Plains Quarterly* 35:1 (Winter 2015): 51-78.

¹³² Although Susan La Flesche Picotte used her husband’s surname, Picotte, following their marriage in 1894, I have chosen to refer to her using her maiden name for the entirety of this piece in order to avoid unnecessary confusion.

¹³³ Valerie Sherer Mathes, “Susan Laflesche Picotte, M.D.: Nineteenth Century Physician and Reformer,” *Great Plains Quarterly* 13:1 (Winter 1993): 172-183; Peggy Pascoe, *Relations of Rescue*; Benson Tong, *Susan La Flesche Picotte, M.D.: Omaha Indian Leader and Reformer* (Norman, Oklahoma: University of Oklahoma Press, 1999).

the public sphere, clean up political corruption and shape the state into a more benevolent and maternalist entity.¹³⁴

However, La Flesche's relationship with progressivism was complicated by the Omaha nation's distinct history. While the Omaha had been militarily powerful in the Great Plains region during the late eighteenth century, a smallpox epidemic in the winter of 1800-01 killed about half of the nation, including notable leader Chief Black Bird. The nation was so decimated that some European observers predicted that they would cease to exist as a distinct people. While such predictions proved inaccurate, in the early nineteenth century the Omaha faced widespread starvation due to dwindling buffalo herds and were surrounded by more powerful Indian peoples. In these dire circumstances, Omaha leaders chose to appease U.S. demands for land in exchange for promises of protection and sustenance. In the 1830 Treaty of Prairie du Chien, the Omaha made their first land concession in exchange for annuities for the next decade. Throughout the 1830s, however, the U.S. pursued expansionist policies that largely ignored the Omaha's needs and treaty rights, a dynamic that would become typical of U.S.-Omaha relations. By the 1840s, the Omaha were further reduced in number and without a secure and permanent home, or even a dependable means of subsistence as the period of annuities ended.¹³⁵

The passage of the 1854 Kansas-Nebraska Act further imperiled Omaha lands and survival. In that year, Joseph La Flesche (Iron Eye), then one of two principle chiefs, was part of an Omaha delegation that signed the Gatewood Treaty, ceding most Omaha lands in Nebraska for a relatively small reservation and the promise of protection from Dakotas to their north and

¹³⁴ For an overview of women's political culture during the Progressive Era, see Paula Baker, "The Domestication of Politics: Women and American Political Society, 1780-1920." *The American Historical Review* 89:3 (June 1984): 620-247.

¹³⁵ Judith A. Boughter, *Betraying the Omaha Nation, 1790-1916* (Norman: University of Oklahoma Press, 1998), 9-60.

other nearby Indians. Significantly, the treaty featured a provision for providing land in severalty should future U.S. presidents deem this course of action appropriate. There is considerable evidence, however, that the treaty was signed under dubious circumstances and did not indicate the will of many Omaha.¹³⁶ Joseph La Flesche represented one side of a long-standing political schism between so-called “progressive” Omahas, who favored the selective adaptation of white ways, and traditionalists who wanted to maintain their way of life, in which economic production and community migration centered around the annual bison hunt. La Flesche led the progressive faction in developing a small village of frame and log houses, which traditionalists derisively called “Village of Make-Believe White Men.”¹³⁷ In 1857, the La Flesche family cleared and broke forty-five acres for cultivation in rich soil beside the Missouri Valley, planting corn, wheat, potatoes, and other vegetables. However, the family continued to participate in bison hunts and maintained many Omaha cultural practices. Although Joseph eventually converted to Christianity, he never entirely gave up the Omaha practice of polygyny.¹³⁸ Such was the liminal world into which Susan La Flesche was born in 1865.

As a child, Susan and her four older siblings worked hard on the family farm.¹³⁹ The La Flesche children played at traditional Omaha life. Susan later described, “Sometimes early in the morning we used to go off and play camp-life, the little girls playing to perfection the part of the mothers, while the boys, on imaginary horses shot imaginary buffaloes with their bows and arrows.”¹⁴⁰ Unlike prior generations of Omaha children, or Eastman and his companions, the La Flesches did not anticipate that hunting bison would be their future. Joseph La Flesche, like

¹³⁶ Boughter, *Betraying the Omaha Nation*, 69-69.

¹³⁷ Boughter, *Betraying the Omaha Nation*, 77-78.

¹³⁸ Tong, *Susan La Flesche*, 16-17.

¹³⁹ Susan La Flesche, “My Childhood and Womanhood,” *The Southern Workman* (July 15 1886): 78 & 83, 78.

¹⁴⁰ *Ibid.*

Jacob Eastman, wanted his children to be educated in the ways of the white world. Although he and Susan's mother, Mary Gale (Waoowinchatcha) both had white fathers, neither spoke English or had much contact with whites during their early lives. He envisioned a very different life for his children.¹⁴¹

Unlike Anandibai Joshee, Joseph La Flesche was favorable towards Protestant missionaries. Joseph asked Presbyterian missionaries to establish a school on the new reservation, and it was there that Susan and her siblings began their non-Indian educations. This was not a particularly stimulating experience, as the missionary teacher at the school frequently fell asleep during class.¹⁴² The La Flesche children later attended a Quaker mission school that provided superior instruction. For Joseph La Flesche, however, this was still unsatisfactory. With the help of Presbyterian missionary connections, he sent his oldest daughter, Susette (Bright Eyes) to the Elizabeth Institute for Young Ladies in Elizabeth, New Jersey from 1869 to 1871. Susette then obtained a teaching position on the Omaha reservation. For a time, Susette La Flesche lived with her younger sisters at the agency so that they could be closer to the school where Susette taught. Following in their older sister's footsteps, Susan and Marguerite La Flesche then spent two and a half years at the Elizabeth Institute, returning to the reservation in 1882.¹⁴³

Susan taught at the Quaker mission school for six months. During this time, her brother Francis worked as an interpreter for the allotment work that was then beginning on the Omaha reservation under the direction of anthropologist Alice Fletcher. On one rainy day in July of 1883, Francis brought Fletcher, who was then seriously ill, to the mission school. During

¹⁴¹La Flesche, "My Childhood and Womanhood," 78.

¹⁴² Ibid.

¹⁴³ Ibid., 83; Tong, *Susan La Flesche Picotte*, 21-46.

Fletcher's five weeks of convalescence, Susan assumed primary responsibility for her care.

Fletcher became impressed with La Flesche's abilities and determined to help La Flesche obtain further education. She helped Susan and Marguerite La Flesche enroll in Virginia's Hampton Institute, where they began instruction in 1884.¹⁴⁴ While the Hampton Institute has been better known for educating African-Americans, in 1878 the Institute began an "experiment" of educating American Indians as well. The program received financial support from the federal government—indicating its commitment to Indian assimilation policies in the post-Civil War era.¹⁴⁵

BECOMING AN INDIAN PHYSICIAN

Susan attended the Hampton Institute; her sister Marguerite later joined her. In the spring of 1886, Susan graduated from Hampton as salutatorian of her class. At this point in her life she was a pious Presbyterian deeply committed to the mission of "uplifting" American Indians through a reformist vision which promoted the adaptation of white Protestant values and ways. La Flesche's ideological commitments bore more than a few similarities to that of another famous Hampton graduate, Booker T. Washington. According to this view of Indian uplift, educated, acculturated Indians like Susan were to lead the way forward for all Indians. As La Flesche said in her salutatorian speech at Hampton's commencement, "some people have to wait for their work to be revealed to them, but from the outset the work of an Indian girl is plain before her. [...] We have to prepare our people to live in the white man's way, to use the white man's books, and to use his laws if you will only give them to us."¹⁴⁶ In order to facilitate such

¹⁴⁴ Tong, *Susan La Flesche Picotte*, 44-67.

¹⁴⁵ W. Roger Buffalohead and Paulette Fairbanks Molin, "A Nucleus of Civilization': American Indian Families at Hampton Institute in the Late Nineteenth Century," *Journal of American Indian Education* 35:3 (May 1996): 59-94.

¹⁴⁶ La Flesche, "My Childhood and Womanhood," 83.

assimilation, La Flesche chose to enter the medical profession. As she described, she planned to “help them [the Omaha] physically, teach them the importance of cleanliness, order and ventilation, how to take care of their bodies as well as care for their souls.”¹⁴⁷ Implicit in this statement is the assertion that in order to improve, the Omaha, like children, needed instruction from one of their own steeped in Protestant Christianity and white, middle-class customs.

There were a number of eastern white reformers interested in sponsoring the medical education of an acculturated Indian. Alice Fletcher knew a number of prominent reformers, among them Sara Thomas Kinney. Kinney, wealthy and well-connected, was president of the Connecticut Indian Association (CIA), an auxiliary of the Woman’s National Indian Association (WNIA). The women of CIA voted to sponsor La Flesche’s medical education through special fundraising efforts. Throughout La Flesche’s time in medical school, she wrote numerous letters of gratitude to her “Connecticut foster mothers.” Kinney was also able to secure support from OIA, which now had a policy of providing \$167 per annum for Indian pupils at institutions of higher education. However, Kinney and La Flesche encountered numerous delays in securing this payment, foreshadowing La Flesche’s future struggles with the OIA.¹⁴⁸ With these sources of financial support, La Flesche entered the Woman’s Medical College of Pennsylvania (WMCP) in fall of 1886.

During her time at WMCP, La Flesche corresponded regularly with her sister Rosalie Farley, and the surviving letters provide rich insights into her experiences as a student. She was very close to Rosalie, often referring to her as “my sister-mother” in the correspondence. Before

¹⁴⁷ La Flesche, “My Childhood and Womanhood,” 83.

¹⁴⁸ Tong, *Susan La Flesche Picotte*, 60-86; Letter Susan La Flesche to women of Connecticut Indian Association, 19 November 1888; Letters Sara T. Kinney to Commissioner of Indian Affairs, 6 September 1886, 16 September 1886, 30 September 1886, 5 October 1886 at Drexel College of Medicine Legacy Center, Deceased Alumni Files, Susan La Flesche Picotte 1889 (hereafter DAF-SLFP).

the beginning of the fall term in 1886, La Flesche attended a welcoming reception hosted by Dean Rachel Bodley. Bodley welcomed La Flesche openly, kissing her on the cheek and telling her “we welcome you and are proud of your lineage.”¹⁴⁹ At the reception, La Flesche met fellow students from all around the world. She described Keiko Okami from Japan as “very small and pretty,” and Sophia Johnson, a mixed-race woman from northern India (discussed in chapter 3) as “just as pretty as can be” and “jolly.” Johnson told La Flesche, “you mustn't be homesick now. We won't let you[,]” suggesting that there was a sense of kinship among students who had travelled far from their homes to obtain a medical education; this kinship included La Flesche. La Flesche noted of Johnson, “[h]er complexion is just like an Indian's,” most likely referring to American Indians¹⁵⁰ She seemingly did not recognize the dual meaning of the descriptor. Far from her home on the Omaha Reservation, La Flesche found companions from a number of places.

There are some indications that her conspicuously lower class position made her feel self-conscious, however. She observed that most of her classmates wore kid gloves (then at the height of urban fashion) at the reception. She told Rosalie matter-of-factly, “A few did not and I was among them.”¹⁵¹ Most wore evening gowns made with expensive fabrics, while La Flesche wore a blue flannel dress. Her roommate, clad in a black silk dress and white lace kid gloves, offered to loan La Flesche gloves and other accessories in the future. La Flesche was grateful for the offer, but likely felt some discomfort as well.

Yet La Flesche's letters indicate that she enjoyed a wide and broad-ranging social circle during her time at medical school. On weekends, she made frequent social calls to a number of

¹⁴⁹ Rachel Bodley, as quoted in undated letter from La Flesche to Rosalie Farley, La Flesche Family Papers, Nebraska State Historical Society (microfilm edition, hereafter LFP-NSHS).

¹⁵⁰ La Flesche, undated later to Farley, LFP-NSHS.

¹⁵¹ Ibid.

reform-minded Philadelphians, whom she met through her reform contacts. These interactions were both social and political as La Flesche played the part of a grateful Indian “daughter” who had been blessed with educational opportunity through the generosity of eastern reformers. La Flesche paid visits to local Indian boarding schools, such as the Lincoln Institute in Wayne, Pennsylvania, where she spoke with the students. During the summer of 1887, La Flesche returned to Hampton to teach.¹⁵² La Flesche also became friends with many of her white classmates, including Martha Emily Garner, a woman from North Carolina who, like La Flesche, had worked at a school for Indian children prior to attending the College. Another friend, Jane Reid from Illinois, was described as “very very smart and just as jolly as she can be, and she is so good to me and so much interested in the Indian.”¹⁵³ The friendships formed between La Flesche and those who were “much interested in the Indian” indicate that the patronizing attitudes frequently held by white Indian reformers were not, at this time, necessarily a barrier to the development of generally positive relationships. All of these activities indicate La Flesche's continued commitment to the Indian reform movement and the vision of assimilation held by organizations like WNIA.

La Flesche's letters to Rosalie indicate that she foresaw herself remaining unmarried for life, devoting herself to her work. The women of CIA extracted a promise from her that she would not marry. But even previously, at Hampton, she had rejected the overtures of her close friend Henry Ikinicapi, believing marriage and professional work to be incompatible. However, being at WMCP exposed La Flesche to the possibility of working as a married woman. Rosalie herself was married and had children, but La Flesche wrote that she hoped her sister could also become a physician: “I wish *you* would become a doctor. [...] You would make such a lovely

¹⁵² Letters La Flesche to Farley, January 26, March 2, and April 5 1887, LFP-NSHS.

¹⁵³ Letter La Flesche to Farley, March 9 1887, LFP-NSHS.

one” (emphasis in original).¹⁵⁴ La Flesche told Rosalie that one of her professors was a married woman and a mother, indicating the possibilities open to some modern women. Yet she did not think such an arrangement was possible for herself. On multiple occasions, she discussed her plans for spinsterhood in her letters. She told Rosalie, “I will be the dear little old maid we read of in books.”¹⁵⁵ At this point in her life, La Flesche’s views on marriage were mostly consistent with the white women of CIA. A woman could have a career or a family, but not both.

However, La Flesche's views on womanhood were not entirely congruent with those of her upper-class white friends. In a letter she wrote to the women of CIA in November of 1888, in which she discussed her activities visiting the Omaha reservation over the summer, La Flesche explained that the gendered division of labor utilized by middle and upper-class white households in the east was not practical for life in the West: "a Western woman has to know everything that a man does besides her own work for she has to be ready for any emergency[.]"¹⁵⁶ She was clearly proud in her ability to assume a wide range of responsibilities, but she also found her position to be overwhelming at times. She told the CIA women, "I want to do *so much because there is so much to be done.*"¹⁵⁷

After Joseph La Flesche died during the summer of 1888, the mantle of leading the Omahas towards "civilization" had passed to Susan and her siblings. La Flesche described her feelings about her responsibilities: "I may be too ambitious but I have to help me, my heavenly Father, as well as the remembrance that my own father who had worked for all his life for my people, has left his children expecting them to carry out his work, and also the remembrance that

¹⁵⁴ Letter La Flesche to Farley, December 5 1886, LFP-NSHS.

¹⁵⁵ Letter La Flesche to Farley, March 2 1887, LFP-NSHS.

¹⁵⁶ Letter La Flesche to “Connecticut foster mothers,” November 19 1888, DAF-SLFP.

¹⁵⁷ Ibid.

my many 'foster mothers' are interested in my work and all want me to do the best I can."¹⁵⁸

With these weights on her shoulders, La Flesche returned to Philadelphia in fall of 1888 for her third and final year of medical school. She graduated from WMCP in March of 1889, as CIA representatives looked on. La Flesche then obtained through competitive examination one of six internships available at the Woman's Hospital in Philadelphia, affiliated with WMCP. Upon completing the internship, La Flesche returned to the Omaha reservation in 1889, where she was to be the physician at the Omaha Agency Indian School.¹⁵⁹ At long last, she was to begin her mission of "improving" her people.

PHYSICIAN TO THE OMAHA

While La Flesche's official position was to serve as the physician for the reservation's boarding school, she and her CIA supporters, who continued to provide financial support for her work, envisioned that her role on the reservation would extend well beyond providing medical care to the school's students. WNIA, which continued to provide support for La Flesche's work, considered her a "medical missionary," meaning that she was tasked with proselytizing while providing medical care. As was the case for other Protestant women missionaries, La Flesche's proselytism extended well beyond Christian doctrine.¹⁶⁰ She was also a missionary for domesticity who instructed Omaha women in sewing and other appropriately female activities.

Gender ideology was a central component to white Indian reformers' agendas. Jane Simonsen, Catherine Cahill, and numerous other scholars have discussed how the drive to assimilate American Indians relied upon a notion of progress that promoted replication of white,

¹⁵⁸ Letter La Flesche to "Connecticut foster mothers."

¹⁵⁹ Morantz-Sanchez, *Sympathy and Science*, 71-89; Tong, *Susan La Flesche Picotte*, 84-86.

¹⁶⁰ For discussion of Protestant women missionaries in other contexts, see Hunter, *The Gospel of Gentility*; Jayawardena, *The White Woman's Other Burden*; Pascoe, *Relations of Rescue*; Ian Tyrrell, *Woman's World/Woman's Empire*.

middle-class gender roles.¹⁶¹ In a piece entitled “The Home Life of the Indian,” published in 1892 in *The Indian’s Friend*, a publication sponsored by WNIA, La Flesche glowingly described the “progress” made by the Omaha over the last three decades. For La Flesche, the frame houses which had replaced tipis were the central symbol of this transformation: “Now, on the reservation we have almost every family living in a real frame house, [...] waistcoated, plastered or peppered inside; very clean and neatly painted outside. The premises are clear of rubbish.”¹⁶² In this formulation, frame houses, neatly kept (by women, presumably) were symbols of “progress.”

La Flesche approvingly described the Omaha’s adoption of an sedentary agrarian lifestyle and the gendered division of labor which accompanied the shift: “If it is summer the husband and men in the family go [...] to their work and the wife cleans up the home and begins to get the noon-meal.”¹⁶³ The Omaha now exhibited proper division of labor, further evidence of their “advancement.” She argued that this advancement represented an improvement in the status of Omaha women, writing, “Indian women no longer stand in the background. Few work in the fields or do heavy work. Where it used to be the task of the women to provide the wood, now the men get it in almost all cases. Even in so small a thing as walking or riding where the woman had to walk behind or ride in the back of the wagon, now she walks besides her husband[.]”¹⁶⁴ She further rhapsodized, “we have an independent man who is earning his bread

¹⁶¹ Cathleen Cahill, *Federal Fathers and Mothers: A Social History of the U.S. Indian Service, 1869-1933* (Chapel Hill: University of North Carolina Press, 2011); Carol Devens, “If We Can Get the Girls, We Get the Race’: Missionary Education of Native American Girls,” *Journal of World History* 3:2 (Fall 1992): 219-238; Jane E. Simonsen, “Object Lessons’: Domesticity and Display in Native American Assimilation,” *American Studies* 43:1 (spring 2002): 75-99.

¹⁶² La Flesche, “The Home Life of the Indian,” *The Indian’s Friend* 4:10 (June 1892): 39-40, 39.

¹⁶³ La Flesche, “The Home Life of the Indian,” 39.

¹⁶⁴ *Ibid.*, 40.

by his own toil, living in a frame house and learning very fast how to transact [...] like white people. The wife standing beside her husband shows only his true advancement, and the home is happier for this progress.”¹⁶⁵ La Flesche perceived Indian men’s economic self-sufficiency as a primary measure of progress. But she also emphasized the allegedly positive effects of this transformation on Indian women’s social position. In prior eras, when the bison trade was central to the Omaha’s economic sustenance, women had devoted long hours of labor to processing bison hides.¹⁶⁶ Now, Omaha women had apparently been liberated through and for domesticity.

Yet La Flesche, in her assumption of a profession that was then overwhelmingly male, and her work outside of the home, demonstrated a form of modern womanhood that differed significantly from the Victorian ideal she seemingly espoused. This may have left a more powerful impression on the Omaha girls and women whom she met with than her proselytization for domesticity. Despite her earlier reservations about marriage, in 1894 La Flesche married Henry Picotte, a Yankton Dakota man whose brother Charles was married to Susan’s sister Marguerite. The couple had two sons, Caryl and Pierre. Although La Flesche’s health problems compelled her to resign her post at the boarding school at this time, she continued an active medical practice as a mother. By then, her practice had expanded to include not only Omaha on the reservation, but also some whites in the surrounding area. When necessary, La Flesche brought her children with her on house calls.¹⁶⁷ Despite her purported commitment to turning Omaha women into domesticated Victorian wives at the outset of her career, La Flesche came to

¹⁶⁵ La Flesche, “The Home Life of the Indian,” 40.

¹⁶⁶ Margot P. Liberty, W. Raymond Wood, Lee Irwin, “Omaha,” in *Handbook of North American Indians* Vol. 13 Part 1: Plains, ed. Raymond J. DeMallie (Washington D.C.: Smithsonian Institute, 2001).

¹⁶⁷ Tong, *Susan La Flesche Picotte*, 100-102.

more closely resemble the “New Woman”: educated, independent, and active in public affairs.¹⁶⁸ Professional work and family life were not, as she had once feared, mutually exclusive.

La Flesche's duties also included maintenance of her relationships with white reformer friends in the east. In return for financial support, La Flesche reported regularly on her activities. Her reports and articles were published regularly in Indian reform publications such as *The Indian's Friend*. These publications were one way in which La Flesche continued to represent herself, and the Omaha nation more generally, to reform-minded whites. On occasion she assumed a more direct role in presenting Omahas to reformers. In September of 1891, Kinney visited the Omaha reservation, followed by a visit to the Fort Hall reservation in Idaho. Kinney wrote a series of articles recounting her experiences for *The Hartford Courant*, which proved so popular that CIA later reprinted them as a pamphlet series entitled "Indians As I Have Seen Them." Kinney's presentation of Omahas is generally positive, especially in comparison to that of Shoshone and Paiute Indians whom she encountered at the Fort Hall reservation. However, Kinney's descriptions also feature paternalism and condescension. She wrote, "The Omahas are a quiet, gentle, well disposed people. They are in many respects very like children."¹⁶⁹

Kinney represented the Omaha as good children who were progressing into civilization by following the advice and prescriptions of their wiser elders. Kinney proclaimed, "There can be no question that within the past ten years great changes have come to the Omahas. A decade ago, with but very few exceptions, they were savages, pure and simple, with no rights that a white man was bound to respect. To-day they are citizens, in the main, self-supporting, self-

¹⁶⁸ For discussion of how a diverse range of women in the U.S. adapted the attributes of the “New Woman,” see Martha H. Patterson, *Beyond the Gibson Girl: Reimagining the American New Woman, 1895-1915* (Urbana and Chicago: University of Illinois Press, 2005).

¹⁶⁹ Sara Kinney, “Indians As I Have Seen Them,” Kinney Collection, box 6.

respecting citizens of the State of Nebraska."¹⁷⁰ Kinney's narrative suggests that these improvements were a direct result of aid from white reformers such as the women of WNIA. But as condescending as these claims are, they bear strong resemblances to La Flesche's own reports to the organization. In her 1891 report to WNIA, La Flesche gushed that "there is a class of white people here now on the reservation, whose thought is to help the Indians in all ways they possibly can. Such people are a help and comfort, as they 'lend a hand' to all Indians."¹⁷¹ While it is certainly possible that La Flesche was deliberately appealing to white, middle-class sensibilities in order to attain further support, at this point in her career she seemingly welcomed aid from white reformers in the form of both financial support and direct guidance.

In her medical work, La Flesche found herself having to make do with subpar working conditions and limited resources. La Flesche relied upon donations to purchase a horse and buggy to facilitate travel to far-away patients.¹⁷² La Flesche found that her white predecessor had been lackluster. Sanitary conditions at the boarding school itself, and within homes on the reservation, were generally poor and contributed to high rates of infectious diseases. La Flesche believed that Omahas' ignorance of proper living and sanitation procedures largely accounted for the problem and advocated for direct intervention into Omaha homes. She reported to WNIA in 1891:

One of the greatest present needs among the Indians is hospital work. By this we do not mean simply a building where the sick may be cared for, but a far-reaching work which shall enter the homes, teach the parents how to care for the children, and the children how to care for

¹⁷⁰ I Kinney, "Indians As I Have Seen Them."

¹⁷¹ La Flesche, letter reprinted in Laura E. Tileston, *Report of the Hospital Department, November 1891*, Native Americans Reference Collection Part 1, reel 15.

¹⁷² Tong, *Susan La Flesche*, 87-105; La Flesche, letter to Amelia Quinton reprinted in *The Indian's Friend* 2 (December 1889): 2.

themselves. Ventilation and hygiene are almost unknown in the Indian country.¹⁷³

As Cahill has demonstrated, the Indian Services of the late nineteenth century practiced “intimate colonialism,” in Ann Laura Stoler’s terminology.¹⁷⁴ The term refers to colonial actors’ entrance into colonized subjects’ domestic lives: childrearing, sexual relationships, and hygiene.

According to Cahill, OIA workers were symbolically positioned as maternal and paternal figures who provided much-needed guidance to Indians, who were positioned as childlike and therefore unfit to care for their own children. Yet La Flesche too enthusiastically embraced practices of intimate colonialism and, indeed, advocated for their extension. At this point in time, she welcomed white interference into the Omaha’s domestic affairs.

According to La Flesche’s rather sunny reports, Omahas were in the early 1890s eager and willing to accept aid from herself and other “helpers.” La Flesche boasted that her patients included Omaha of all political persuasions: “Members of both political parties come to me, which surprises me, for some thought the 'Non-progressives' would not come for political reasons. [...] I have been called in to attend some cases where a white physician was never called before.”¹⁷⁵ According to La Flesche, her office at the boarding school was “used just as much by the tribe as by my children here” as Omahas came to her for both medical care and assistance in business matters and dealings with the OIA.¹⁷⁶ (La Flesche apparently came to see the children at the boarding school as her fictive children, indicating her adoption of white women worker’s ideological conventions.)

¹⁷³ La Flesche, letter reprinted in Tileston.

¹⁷⁴ Cahill, *Federal Fathers and Mothers*; Ann Laura Stoler, “Tense and Tender Ties: The Politics of Comparison in North American History and (Post) Colonial Studies,” *Journal of American History* 88:3 (Dec. 2001): 829-865.

¹⁷⁵ La Flesche, letter reprinted in Tileston.

¹⁷⁶ *Ibid.*

Throughout much of the 1890s, La Flesche believed that Omahas were gradually becoming more accepting of allopathic medicine. La Flesche interpreted this growing trust in allopathic medicine as evidence of the Omaha's broader "progress," writing to the Commissioner of Indian Affairs in 1893 that "some still have faith in their Indian doctors, but they will go for help to a regular physician quicker and in more cases than to their Indian doctors."¹⁷⁷ She was particularly pleased with the number of Omaha women seeking her aid during pregnancy and childbirth, including those who had never previously called for a white physician. She also reported, with pleasure, that many women were engaged in sewing and other needlework.¹⁷⁸ At this point in her career, La Flesche was satisfied with her work. She was seemingly well-positioned to aid the "advancement" of the Omaha through promotion of white middle-class gender roles and allopathic medicine.

COLONIAL COMPLICATIONS

Yet La Flesche's optimism was not to last. Due to recurrent health problems, La Flesche resigned her position in 1893. She attempted to regain the position in 1896, but her application was turned down because she had not taken the civil service examination—although Indians who applied to work in Indian Affairs were legally exempt from the civil service examination. Since the post was not filled, it is likely that budgetary constraints also played a role in La Flesche's rejection.¹⁷⁹ This rejection was just one in a long line of her frustrations with OIA. In her work advocating for temperance measures and in assisting other Omaha as the nation underwent the difficult process of allotment, La Flesche constantly ran up against OIA incompetence, indifference, and corruption.

¹⁷⁷ La Flesche as quoted in *Annual Report of the Commissioner of Indian Affairs*, 1893, 197.

¹⁷⁸ La Flesche, in "Report of the Hospital Department."

¹⁷⁹ Tong, *Susan La Flesche Picotte*, 103-105.

La Flesche embraced the temperance cause, which was by the late nineteenth century moving from moral suasion to prohibition. The temperance cause had a long history as a women-dominated movement, dating from its origins during the antebellum years.¹⁸⁰ La Flesche herself supported measures that used coercion and punishment to prevent alcohol consumption. Under her father's leadership, the Omaha developed an internal police system that punished drunkenness through corporal punishment.¹⁸¹ While the internal policing system fell apart after Joseph La Flesche's death, Susan La Flesche advocated for laws designed to limit Indians' access to liquor, as well as general temperance measures in the state of Nebraska and Thurston County.

The 1891 election in which Omaha men were permitted to vote on a statewide prohibition measure hence presented an exciting opportunity for La Flesche. On election day, La Flesche joined other local temperance activists in disseminating pro-temperance materials at polling locations. Unsurprisingly, support for prohibition at these precincts was overwhelming. But, according to La Flesche, at some precincts without prohibitionists present, white men bribed Omaha men by giving them liquor to vote against prohibition. The prohibition measure failed. In accordance with her progressive sensibilities, La Flesche placed the failure squarely on the shoulders of political corruption and whites who profited from the sale of liquor to Omaha. She commented, "it seems hard that when these people are trying to save themselves from the danger of intoxicating drink, that a white man comes to put a stumbling block in the way."¹⁸² La Flesche's continued insistence that anti-prohibition Omaha only voted against prohibition

¹⁸⁰ For description of Joseph La Flesche's temperance activities, see Tong, "Allotment, Alcohol, and the Omahas," *Great Plains Quarterly* 17:1 (Winter 1997): 19-33.

¹⁸¹ Tong, "Allotment, Alcohol, and the Omaha."

¹⁸² La Flesche, "The Omahas and Citizenship," *The Southern Workman* April 1891, 177. Reprinted from *The Indian's Friend*.

because they were bribed by whites can be interpreted as a condescending and myopic refusal to admit that other Omaha might genuinely hold political positions other than her own. However, La Flesche's prohibition advocacy also featured the beginnings of a clear critique of the pernicious effects the nation's contact with whites. She had begun to realize that participation in a white-dominated political system rife with corruption was not a panacea for crises facing Omahas.

La Flesche and her temperance allies, who included both white and Omaha people, did win numerous legislative victories throughout the 1890s, including a revision of a federal statute in 1892 which prohibited the sale of liquor on reservations. They also helped push through the 1897 Meiklejohn Bill, which prevented the sale of alcohol to Indians under government supervision or whose land was held in trust. However, these paper victories oftentimes meant little on the reservation. Due to limited enforcement, bootlegging flourished. La Flesche and other temperance supporters urged OIA to do more to enforce the law, but for the most part these requests went unheeded. As a final blow to the temperance cause, in 1905 the U.S. Supreme Court ruled the Meiklejohn law to be unconstitutional as it pertained to Indians who held allotted lands.¹⁸³ If Indians were to be equal citizens under the law, the Court reasoned, then they had the right to purchase liquor, just like whites.¹⁸⁴ For La Flesche, Indian citizenship becoming a justification for overturning a prohibition law was a cruel irony.

La Flesche's support for Omaha citizenship included support for allotment policy, which divided Indian lands into individual or family plots (allotments) to be held in trust by the federal government for a probationary period. At the end of the probation period, individual owners would be free to sell the lands as they wished. As with prohibition, La Flesche's support of

¹⁸³ Tong, *Susan La Flesche Picotte*, 106-133.

¹⁸⁴ *In The Matter of Heff*. 25 Sup. Ct. 605 (1905).

allotment continued her father's political agenda. Due to provisions in the 1854 Gatewood treaty, the Omaha nation was one of the first American Indian nations to undergo allotment. Joseph La Flesche had continually supported allotment policies in the hopes that Omahas might avoid forced relocation to the south in Indian Territory, a harsh fate that befell their Ponca neighbors in 1877. Due to the advocacy of anthropologist and reformer Alice Fletcher, a longtime friend of the La Flesche family, Congress passed the Omaha Allotment Act in 1882, which made official provisions for the allotment of tribal lands.¹⁸⁵ While the Omaha Allotment Act became the blueprint for the 1887 Dawes General Allotment Act, the success of the path forged by La Flesche and Fletcher must be considered mixed at best. The Omaha managed to avoid relocation, but ultimately lost more than 90% of their lands as established in the 1854 treaty.¹⁸⁶ Like other Indian nations, much of this loss was directly attributable to allotment. By breaking up national lands into privately owned plots (oftentimes allotted by white officials who did not have indigenous people's best interest in mind), allotment opened the door for tribal lands to fall into white hands. Joseph La Flesche died in 1888 and saw only the beginnings of the allotment tragedy.¹⁸⁷ His children, however, were forced to confront the problems created by allotment head-on.

Susan La Flesche personally experienced the tribulations posed by allotment policies when her husband Henry Picotte died in 1905. Her sons, as Henry's heirs, were legally entitled to his allotment in South Dakota, or the profits of the land's sale. Yet La Flesche struggled to obtain control of the money to which her sons were entitled. Because her sons were children, policies intended to "protect" them prevented La Flesche, as an Indian woman from another

¹⁸⁵ Boughter, *Betraying the Omaha Nation*, 90-95.

¹⁸⁶ Liberty, Wood, and Irwin, "Omaha," 411.

¹⁸⁷ Tong, *Susan La Flesche Picotte*, 81-82.

state, from assuming control of their inheritances. Although La Flesche repeatedly insisted that she was capable of handling the funds, which she planned to use to finance their educations, her sons were legal wards of the state because the law assumed that Indian women were not sufficiently competent to manage their children's property. After a protracted battle, La Flesche obtained control of her sons' inheritances in 1907. When other Dakota relatives willed property to Caryl and Pierre, La Flesche experienced similar frustrations.¹⁸⁸

In the first decade of the twentieth century, La Flesche was embroiled in a number of other allotment-related struggles. Because so many Omahas relied upon her skills in navigating the white world, La Flesche became intimately familiar with the problems posed by allotment. Many Omaha came to La Flesche because they were experiencing problems in obtaining access to the funds generated by their land leases and sales. She worked tirelessly to help individuals obtain the money to which they were entitled, and also advocated for liberalization policies that would give Omahas greater control over their funds and allotments. This policy would have its own negative effects, but La Flesche came to support liberalization after watching many Omahas, particularly widowed women, struggle with perpetual debt to local white businessmen because the OIA failed to give them the profits they were legally entitled to.¹⁸⁹

Much to La Flesche's dismay, she also found that some of her attempts to improve healthcare for Omahas actually led her patients to incur greater debt due to the OIA's failures. This was dramatically illustrated in the case of Josephine Morris, a young woman suffering severely from "rheumatism." La Flesche believed that "electric baths and massage" would ameliorate some of Morris' pain and provide her with greater mobility. She convinced Morris to sell her deceased mother's allotment to pay for the medical treatment and arranged for an off-

¹⁸⁸ Tong, *Susan La Flesche Picotte*, 152.

¹⁸⁹ *Ibid.*, 147-176

reservation hospital to admit Morris. While the treatment was effective in its intended purpose, the OIA delayed giving Morris the profits to her land sale and eventually declared that Morris' request was an "old claim" that could not be fulfilled. By this point, Morris had a \$1,396 hospital bill, but no land and no way to pay the debt.¹⁹⁰ This situation, and others like it, showed La Flesche the limits of her medical abilities when Omahas were so dependent on the whims of the corrupt OIA. As a physician, her capacities to heal were necessarily limited by the social and political context of the Omaha nation.

La Flesche continued to implore the OIA to live up to its promises. In one telling instance in 1907, La Flesche wrote to Indian Affairs Commission Francis Leupp and made a strong case for improved services: "I know what a small figure our affairs cut with all the affairs the Department has on its hands, but I also know that if you knew the conditions and circumstances, to be remedied you would do all you could to remedy them."¹⁹¹ La Flesche specifically requested a stenographer for the agent to the Omaha and Winnebagos, a second field matron to assist in matters of preventing disease, and a tuberculosis prevention program. She told Leupp that while she would have liked to do much work herself, her own physician told her that she ought not work for several months. La Flesche was particularly adamant about the need for a second field matron, writing that the agents she had been in contact with "spoke of [hiring] a man, but it's essentially women's work."¹⁹² La Flesche believed that the OIA might improve its efficacy in employing women as its workers, suggesting that even after her disillusionment she

¹⁹⁰ Transcript of Omaha Indian Conference at Indian Office, January 28 1910, Records of the Bureau of Indian Affairs: Central Classified Files, 1907-1939 [microform edition], roll MF2545, 9-11.

¹⁹¹ Letter La Flesche Picotte to Francis E. Leupp, November 15 1907, University of Nebraska, Lincoln Image and Multimedia Collections, Nebraska Studies Collection (hereafter UNL).

¹⁹² La Flesche, Letter La Flesche to Leupp Nov. 15 1907.

had not entirely given up the utopic claims of women's political culture, particularly progressive women's belief that women's work on behalf of the state would clean up political corruption and transform the state into a benevolent, maternalist force.¹⁹³ Leupp's reply to La Flesche's heartfelt appeal was, however, wanting. He blithely claimed that the Connecticut branch of the National Indian Association would be able to meet the Omaha's needs, as would La Flesche, once she recovered.¹⁹⁴ La Flesche had turned to the state for aid in solving social problems, but the OIA had proven to be a disappointment.

In 1910, La Flesche was part of a Omaha delegation to Washington D.C. which advocated for a more liberal land policy so that Omahas could more easily sell their allotted lands and receive the funds from their land sales. This marked a turning point in her transformation. La Flesche dropped her prior conciliatory attitude and presented a strong case that the government's policy had caused widespread poverty and debt among Omahas, while preventing them from obtaining economic self-sufficiency. She told officials at the federal Indian office, "Today you tell us about the pernicious effect of the credit system among the Indians. It is the fault of your system, not the fault of the Indian."¹⁹⁵ She described numerous instances in which the Omaha could not access the funds generated by their land sales, including Josephine Morris' case. When Senator Elmer Burkett of Nebraska reassured La Flesche that the current laws were adequate to the task of enabling Omahas' economic self-sufficiency, La Flesche was not placated. She replied, "Mr. Burkett, we have lived on broken promises."¹⁹⁶ Her days as an obedient agent of the assimilation mission were over.

¹⁹³ For a comprehensive description of U.S. women's political activities and ideologies leading up to 1920, see Baker, "The Domestication of Politics."

¹⁹⁴ Letter Francis Leupp to La Flesche Picotte, November 20, 1907, UNL.

¹⁹⁵ La Flesche, as transcribed in transcript of Omaha Indian Conference, 7.

¹⁹⁶ *Ibid.*, 36.

La Flesche harshly criticized the OIA's policy of declaring many Omaha to be "incompetent," which prevented them from selling their lands. She declared that any incompetence among the Omaha was actually the *result* of federal policies:

His lands are leased out for him, his rents are collected for him, his bills are paid for him if they are approved of, his money is doled out to him as if it were a pension. How can anyone grow, how can they develop, without any business experience? We are not stones, we are not drift wood, we have feelings, thoughts, hopes, ambitions, aspirations. If we lack achievement as yet, it is because we have been deprived of the rightful experiences that should come to anyone from the assumption of responsibilities. If we lack initiative, it is because we were deprived of assuming responsibility. If we are incompetent today, it is because we have been kept from developing as we ought to have by experiences gained through being brought into contact with the white man in a commercial way.¹⁹⁷

La Flesche thereby defined Omaha independence and achievement by successful participation in the world of business and commerce--an arena in which she herself had enjoyed success. However, she rejected the notion that all Omaha should become farmers (as OIA policies assumed), pointing out that just as not all whites were suited for agricultural work, neither were all Omahas. She encouraged the state to look upon the Omaha as independent individuals, not an undifferentiated mass to be provided for like children.

By the first decade of the twentieth century, La Flesche had come to the inescapable conclusion that contact with "civilization" had worsened the Omaha's collective health and social position. The frame houses she had hailed as harbingers of progress promoted the spread of disease because families were cramped together into small, poorly ventilated one-room cabins. Contact with whites had led many to alcohol addiction, but relatively few to Christianity. At the boarding school, tasked with the improvement of Omaha children, the OIA physician's failure to

¹⁹⁷ La Flesche, as transcribed in transcript of Omaha Indian Conference, 7.

diagnose all cases of tuberculosis led to infections of previously healthy children, with fatal results.¹⁹⁸ Whereas she had once been optimistic about the prospect of Omaha “improvement,” La Flesche was now disillusioned. In 1907 she stated plainly, “The physical degeneration in 20 years among my people is terrible.”¹⁹⁹ As a progressive, La Flesche had placed her faith in the ability and, indeed, the moral obligation of government to ameliorate suffering and protect people from the rank greed of business interests. Moreover, she believed that the U.S. had a particular obligation to Indians, who had suffered significantly due to colonization and westward expansion. But the U.S. government had repeatedly demonstrated indifference.

PRESCRIPTIONS FOR THE FUTURE

By the early twentieth century, La Flesche was articulating a critique of colonialism centering on the idea that contact with white “civilization”—a concept she now regarded with skepticism if not scorn—had caused a rapid decline in the collective health of Indians within the previous three decades. While this narrative bore some similarities to popular white notions about Indians as a “dying race,” there was one key distinction. La Flesche blamed the actions of whites, particularly the federal government, for the crises. In contrast, white commentators on Indians’ collective health generally attributed high rates of disease among Indians to their habits and inherent racial differences. Ethnologist Aleš Hrdička, for instance, when investigating the high prevalence of tuberculosis among many Indian nations in the early twentieth century, opined that

The average Indian has no idea of the real nature of tuberculosis, or of the means by which it is propagated. He often lives in a good house, or in one that could easily be ventilated and kept clean. But his knowledge and habits have not kept equal pace with the changes in his dwelling. In consequence he sees no harm in overheating his house in

¹⁹⁸ Letter La Flesche to Leupp, Nov. 15 1907.

¹⁹⁹ *Ibid.*

cold weather, and closing all cracks in it to prevent the entrance of cold air, destroying in that way nearly all ventilation. He visits freely dwellings where there are consumptives, and is in turn visited by such patients, in his house.²⁰⁰

According to Hrdička, there was a “frequent hereditary taint among the young” which made Indians particularly susceptible to tuberculosis, as well as “apparent lesser racial immunity.”²⁰¹ Although Hrdička acknowledged that “want and consequent debilitation are certainly responsible for a percentage of the cases of pulmonary tuberculosis among the Indians,” his report to the Smithsonian Institution Bureau of American Ethnology in 1909 carefully avoided implicating any specific federal policies and thus contrasted with La Flesche’s assessments.²⁰²

As a physician-reformer newly independent of OIA, La Flesche now criticized the state and forged her own path in considering how Omahas’ collective health--and social position--might be improve. While comparable figures such as Charles Eastman and Carlos Montezuma became pan-Indian in their political activities, La Flesche devoted herself entirely to local issues concerning the Omaha nation, the town of Walthill, and the state of Nebraska. La Flesche’s localism was the result of her recurrent health problems, but also her own choices and involvement with women’s organizations, which tended to be locally oriented. She did not write lengthy treatises on the issue of Indian policy, but her ideas can be pieced together from her writings and advocacy work. La Flesche never called for abolition of the OIA, but she implicitly rejected it in her later advocacy work. In the final years of her life, La Flesche established a privately funded hospital on the Omaha reservation—the first privately funded hospital on any reservation. None of the Indian Affairs Commissioners who served during La Flesche’s lifetime

²⁰⁰ Aleš Hrdička, “Tuberculosis Among Certain Indian Tribes of the United States,” *Smithsonian Institution Bureau of American Ethnology Bulletin* 42 (1909), 29-30.

²⁰¹ *Ibid.*, 31.

²⁰² *Ibid.*, 31.

were supportive of establishing government-funded general hospitals for Indians.²⁰³ Instead, La Flesche turned to the Presbyterian Home Mission Board to fund the bulk of the expenses. Other white friends, churches, and reform organizations, as well as many Omahas, provided additional funds. Walthill Hospital opened in January of 1913 and served both Indians and whites as a testament to La Flesche's ability to provide needed community services without federal aid.²⁰⁴

La Flesche had long-time involvement with the Nebraska state chapter of the General Federation of Women's Clubs (GFWC). During the early 1910s, La Flesche served as chairman of the chapter's health committee. At this time, the women's club movement was politically progressive and advocated for the state to institute measures designed to improve public health and alleviate the pernicious effects of poverty and environmental degradation.²⁰⁵ In a report written for GFWC in 1913 or 1914, La Flesche outlined a public health program in which the state assumed a strong role in preventing infectious diseases. The report called for thorough medical inspections in public schools, the abolishment of public drinking cups, and the establishment of sanitary drinking fountains in public places. La Flesche particularly stressed the importance of educating children on hygienic measures, writing, "I feel that what is done for the children is more important than anything else."²⁰⁶ La Flesche's biographer Benson Tong has suggested, for good reason, that La Flesche was never fully able to reconcile her commitment to Omaha autonomy with her desire to protect Indians from the harms of the outside world.²⁰⁷ Yet for the progressivism of women's organizations was a way for La Flesche to resolve this

²⁰³ Tong, *Susan La Flesche Picotte*, 185-187.

²⁰⁴ *Ibid.*, 185-190.

²⁰⁵ Karen J. Blair, *The Clubwoman as Feminist: True Womanhood Redefined, 1868-1914* (New York: Holmes & Meier Publishers, 1980); Maureen A. Flanagan, *Seeing with Their Hearts: Chicago Women and the Vision of the Good City, 1871-1933* (Princeton: Princeton University Press, 2002).

²⁰⁶ La Flesche, "Report of Chairman of State Health Committee," 1913 or 1914, UNL.

²⁰⁷ Tong, *Susan La Flesche Picotte*.

dilemma while maintaining her political commitments. While she had become wary of measures enacted specifically to “protect” Indians and antagonistic towards the OIA, she hoped that general public health and temperance measures supported by progressive women’s organizations would help and affect Indians and whites alike.

La Flesche’s advocacy of public health initiatives as chairperson also included the suggestion that the state should assume new responsibilities. The report included an extensive discussion of the eugenics movement and initiatives, then very popular in the U.S. La Flesche described the tenets of eugenics at length, although it is somewhat difficult to ascertain her opinions from these descriptions:

we have the establishment of a new science; that of Eugenics which has for its object the scientific improvement of the human race through the proper application of the laws of heredity and environment. It seeks to decrease the defective classes of humanity, the feeble minded, paupers, inebriates, the epileptic, criminal, insane, the constitutionally weak, pre-disposed to specific diseases, the deformed, and those with defective sense organs.²⁰⁸

Implicit in this statement is La Flesche’s agreement that such goals were both desirable and possible. She went on to outline how the state could assume a role in implementing eugenic measures. Legally mandated segregation of those deemed unfit for reproduction was one possible step; La Flesche noticed that this had been proposed in Nebraska. Segregating the unfit for life was another measure she mentioned, along with restrictive marriage laws. The latter were also under consideration by the state legislature. La Flesche also discussed educating the public about the science of eugenics, paralleling her advocacy for public education in the prevention of infectious diseases. Although La Flesche’s report does not explicitly endorse any of the eugenics measures discussed in the report, it does present eugenics in a positive light. She

²⁰⁸ La Flesche, “Report of Chairman of State Health Committee.”

commented, “[t]he science is in its infancy, not clearly defined yet, but it is bound to command public attention for it seeks to eliminate the cause of race weakness.”²⁰⁹

Given the immense popularity of eugenics during this era, especially among politically progressive members of the middle class, La Flesche’s support of eugenics is not entirely surprising. However, when La Flesche discussed eliminating the cause of race weakness, she was likely speaking of the purported problem in two distinct contexts. For other women of the Nebraska Federation, who were predominantly white, the most obvious referent for this statement was the *white* race. Yet La Flesche was likely considering American Indians as well. Over the course of her lifetime, she had witnessed what she perceived to be a dramatic decline in Omahas’ collective health. Although she had identified white settlement and U.S. Indian policy as major causes of this disintegration, experience had taught her that the state’s aid was unreliable. If the political and social context could not be changed as significantly as La Flesche wished, she would settle for changing the composition of Omahas’ population. La Flesche’s advocacy of eugenics has historical parallels. Charles Postel has demonstrated that several middle-class African-Americans active in populist politics turned to eugenics after political attempts to improve the social position of African-Americans proved to be fruitless in the decades following Reconstruction.²¹⁰ Some of these figures also supported state regulation of reproduction. From La Flesche’s perspective, the potential of eugenics to reduce alcoholism among Indians likely appeared particularly enticing, after prohibition laws specific to reservations had been struck down.

²⁰⁹ La Flesche, “Report of Chairman of State Health Committee.”

²¹⁰ Charles Postel, *The Populist Vision* (Oxford: Oxford University Press, 2007), 173-175, 284.

While the mainstream American eugenics movement was moored in the idea that whites were committing "race suicide," possibly due to the alleged problem of "over-civilization," La Flesche's assessment of physical decline among Indians differed. According to her, before French traders came to the Great Plains, Omaha society *was* civilized, but had been degraded with the introduction of alcohol (for which whites were responsible). As an expert witness in a 1914 trial concerning the murder of Henry Warner, an Omaha man killed by a Winnebago man while both were inebriated, La Flesche laid out her interpretation of these historical events. La Flesche asserted,

The Omaha Indians had always been a very moral people. Every individual member of the Tribe was required to conform very closely to the code of ethics drawn up by the tribal organization; the prime object of the organization being to preserve the integrity and unity of the people as a whole. Therefore we find the Omaha Indian before the advent of the whiteman a fine specimen of manhood, physically and morally, of good health; his work and rest were properly balanced. He lived at peace with his neighbors with plenty for his household; content with his share of the gifts of God and more nearly attaining the goal which is the universal pursuit of mankind's happiness.²¹¹

Therefore, the underlying problem was not inherent racial inferiority, but rather physical and moral degradation caused directly by white settlement. La Flesche charged that, "We find physical degeneration of the Indian: the use of liquor producing lower resistance to any kind of a disease together with exposure; we find him an easy prey to tuberculosis, and the Indian child of today is a weak puny specimen of humanity, many of the children being marked for tuberculosis."²¹² Damage had been already been done, and prescribing a remedy proved more challenging than diagnosing the problem.

²¹¹ La Flesche as transcribed in May 22, 1914 court transcript, LFFP.

²¹² *Ibid.*

Significantly, however, La Flesche's proposals centered around the notion that the state should assume a larger role in regulating the lives of its citizens, whether in reproductive matters or the sale of alcohol. Citizens (both white and Indian) needed to be provided with guidance—or coercion—in order to make the most correct choices. For La Flesche, as for other public health reformers of the Progressive Era, providing help and exercising control were two sides of the same coin. Despite her disillusionment with OIA, she did not relinquish her faith in the state's ability and obligation to improve the lives of its citizens. It was not state intervention that she opposed, but rather differential treatment that conferred dignity and independence to whites, but not Indians.

CONCLUSION

La Flesche began her career as a physician with the intended purpose of uplifting her fellow Omahas by educating them in the ways of the white world, particularly in the areas of allopathic medicine and gender roles. Upon conducting this work, however, she came to the realization that the social and health problems that faced the Omaha peoples were the direct results of contact with whites and the policies of the U.S. federal government. In attempting to ameliorate conditions, she increasingly turned to progressive initiatives and organizations outside of the state, suggesting that for Indians, the radicalism of progressivism was not necessarily tied to an embrace of state-sponsored regulations and initiatives. For her progressivism was not an impulse to impose order on a rapidly changing world in the name of science, progress, and civilization.

In the wake of her disillusionment, La Flesche became a critic of white “civilization” and the tragedies it had inflicted upon Indians. Progressive initiatives such as temperance, eugenics, and public health measures were not assimilatory so much as admittedly inadequate means of

regaining the losses inflicted by colonialism. But despite her willingness to work outside of the state in order to attain community goals, she (unlike many other Indian progressives of her era) never entirely relinquished the utopic claim of women's political culture--that the state, under feminine influence, could become a maternalistic force and exercise its power for public good. She even appeared to be comfortable with state regulation of marriage and reproduction--an exercise of state power that later proved catastrophic for indigenous women. Despite her harsh criticisms of federal Indian policy, La Flesche could not formulate a way forward for Omahas outside of the colonial system they had inherited.

However, La Flesche herself largely transcended the white benevolence that had facilitated her advancement. Although sponsorship from Alice Fletcher, Sara Kinney, and other white women helped La Flesche to obtain medical education, the most important relationships of her life were with other Omahas: her father, sisters, and children. In choosing to continue her professional work as a mother, La Flesche defied the conservative assumptions of her WNIA sponsors and presented Omaha girls and women with a more radical model of female roles.

Although La Flesche shared an alma mater with Anandibai Joshee, another highly regarded "Indian" physician, there were stark differences between them. While Joshee articulated the value of a non-European form of medicine, La Flesche appeared largely uninterested in doing so. La Flesche's presentation to the public emphasized her Christian piety, while Joshi rejected Christianity and promoted a pluralistic view of religious tolerance. Yet despite these differences, there are clear parallels in their experiences. Both women were put in the position of representing their respective cultures to an eastern audience in the U.S. in ways that were particular to womanhood. Both had extensive contacts among white reformers and negotiated between competing gender ideals and cultural perspectives. Other international

students at the College would share these dilemmas. But it was La Flesche's path of selective assimilation and adaptation that would prove to be the road more travelled by.

Chapter 3: Healing Bodies and Saving Souls for the Empire: South Asian Missionary Physicians, 1888-1922

Within the twenty-five years following Anandibai Joshee's death, five other South Asian Indian women graduated from the Woman's Medical College of Pennsylvania. At least one other attended the college for a time before completing a medical degree in Bombay. However, this cohort of physicians differed markedly from that of Joshee. Unlike Joshee, all were Protestant Christians who were active in Protestant missionary work in India. Missionary connections had been instrumental in facilitating their sojourn to the United States. For these women, as for other missionary physicians, medical work was part of a "double mission" (as they termed it)—not just healing bodies, but saving souls. This cohort of Indian missionary physicians includes Sophia Johnson (WMCP class of 1888), Gurubai Karmarkar (1893), Dora Chatterjee (1901), Ethel Mayas Das (1908), Chumpa Sunthankar (1910), and Chumpa Devrukher, who attended WMCP in 1905 and 1906, but did not graduate from the college.

Due to the availability of historical records, this chapter will focus on Karmarkar, the best known among them. To a lesser extent, I will also discuss Johnson, a mixed-race woman of Scottish and Indian descent. Both women were formally affiliated with U.S.-based missionary societies, which is one major reason why there are more sources available on them as compared to other Indian Christian physicians.

Like Joshee, both Johnson and Karmarkar had relationships with Indian men that were critical in their professional lives. Johnson, widowed early in life, served as an apprentice for several years to a Christian Indian physician; the apprenticeship eventually led her to study medicine at WMCP. Karmarkar was a second-generation Christian woman who devoted her life to Christianizing India. For much of her life she had a partner in her efforts—her husband Sumantrao, an ordained reverend and a missionary himself. In the model of both Joshee and

Susan La Flesche Picotte, Johnson and Karmarkar's personal relationships (with both men and women) enabled professional advancement. Additionally, the women's ties with American missionaries, including missionary women, were critical in enabling them to travel to the U.S. and later practice medicine in India.

Yet the same forces that enabled Johnson and Karmarkar's career in medicine also posed challenges. Because of their association with Protestant missions, both women faced suspicion and even hostility from non-Christian Indians. Although both were able to find some support among non-Christian Indians, their medical practices were largely dependent on American supporters. This in turn posed a second set of problems. Karmarkar, who was affiliated with the Congregationalist American Board of Commissioners for Foreign Missions (ABCFM), faced limitations due to the organization's strict gender hierarchy, as well as its initial reluctance to support Indian Christian missionaries who had their own ideas about how they could best serve Christ. Events within the U.S., including wars and economic depression, also affected Karmarkar's available resources. Working as an Indian missionary woman physician often meant operating between different spheres of influence without being a fully autonomous figure in any.

BETWEEN WORLDS: SOPHIA JOHNSON

Sophia Eliza Johnson was born in Bareilly on March 16, 1852, to a Scottish father and Christian Indian mother. She likely received early education from the Protestant missionary educational system. She married early in life, most likely to a man who was also Eurasian, in the parlance of colonial India. Johnson's husband died while she was still young and without children.²¹³ After becoming widowed, Johnson became involved in missionary work in India conducted by American Presbyterians. As a "zenana woman," Johnson's primary responsibility

²¹³ Bertha Solomon, Ed., "Pioneer Women in Medicine: Early Service in Missions," *Medical Woman's Journal* 54:7 (July 1947): 46-52, 51.

in missionary work was to visit Hindu and Muslim women who practiced *purdah* and evangelize to them.²¹⁴

Johnson apprenticed to Dr. Beharilall, a Christian Indian missionary physician whom she later described as “my preceptor.”²¹⁵ As part of this informal apprenticeship, Johnson was able to observe several surgical procedures and probably acted as an assistant to Beharilall. Through her work with Beharilall, Johnson discovered that she enjoyed medical work. In 1880, Johnson and an American woman missionary prepared rooms for medical missionary work. As a representative of the Women’s General Missionary Society of the United Presbyterian Church of North America later explained, “So skillfully was this work managed, and so much natural aptitude was shown by Mrs. Johnson in applying remedies, that it was decided that she should come to America and enter the Woman’s Medical College of Pennsylvania.”²¹⁶ She entered WMCP in 1885, with the support of the Presbyterian missionary board. Additionally, WMCP, which had friendly relationships with missionary organizations, subsidized half of the costs of tuition for all students sponsored by missionary societies.

While sources on Johnson’s early life are scarce, the senior thesis Johnson penned in 1888 provides much insight into her life in the U.S., political views, and personal philosophy of medicine. Johnson elected to write on the subject of “The Mutual Influence of Mind and Body in Health and Disease.” In the thesis’ opening, Johnson, like Anandibai Joshee before her, acknowledged that her topic was somewhat unorthodox. She wrote, “A glance at my subject will

²¹⁴ “Sophia Eliza Johnson,” in *Minutes of the Twenty-Seventh Annual Meeting of the Alumnae Association of the Woman’s Medical College of Pennsylvania*, 29. Accessed through Drexel College of Medicine Legacy Center Digital Collections, Women in Medicine Collections (hereafter WMC).

²¹⁵ Sophia E. Johnson, Thesis, Accession 72, WMC/MCP Medical Students, Records (1850-1981), College Records Collections, Drexel College of Medicine Legacy Center Archives and Special Collections (DCM).

²¹⁶ “Sophia Eliza Johnson,” 30.

perhaps elicit a smile from the Professor to whom will face the reading of my thoughts on this matter, but as I am only a student and have not yet had the opportunity of putting my book knowledge into practice may I not hope the reader of this paper will hear with me as I relate a few instances from personal observation as well as from the observation of others, to illustrate my points?”²¹⁷ Although deferring to the authority of her professors and positioning herself as “only a student,” Johnson nevertheless defended her subject’s worth.

Johnson’s thoughts on the relationship between mind and body was heavily influenced by British physician Daniel Hack Tuke, whose 1884 edition of *Illustrations of the Influence of the Mind Upon the Body in Health and Disease Designed to Elucidate the Action of the Imagination* received multiple citations in the thesis.²¹⁸ In aligning herself with Tuke, a member of the Royal College of Physicians, Johnson drew on the authority of English medical authority even as she advanced ideas that many medical practitioners greeted with skepticism. Tuke’s own ideas were rooted firmly in Protestant reform movements. His grandfather, Samuel Tuke, pioneered a new method of treating mentally ill people that he referred to as “moral treatment.” Other belief systems about mental health asserted that “insanity” was oftentimes incurable in certain forms. Samuel Tuke, however, who himself was influenced by his own grandfather, William, believed that recovery was always possible through more humanitarian treatment of the mentally ill, which would in turn lead to patients’ moral development. This philosophy was rooted in the Quaker belief that every soul has the Inner Light within them. While Daniel Tuke was involved with allopathic medicine to a far greater degree than his grandfather or great-grandfather (who

²¹⁷ Johnson, thesis.

²¹⁸ Daniel Hack Tuke, *Illustrations of the Influence of the Mind Upon the Body in Health and Disease Designed to Elucidate the Act of Imagination*, second American edition from the second English edition (Philadelphia: Henry C. Lea's Son & Company, 1884). This appears to be the edition cited by Johnson.

lacked Medical Degrees), his medical philosophy retained this reformist spirit. It is not surprising, then, that a devout Protestant such as Johnson would find Tuke's form of medicine to be appealing.²¹⁹

But while Tuke's work provided the theoretical scaffolding for Johnson's inquiry, she marshaled evidence from her own life, observations, and the history of India in providing an empirical basis for her claims. According to Johnson, her interest in the subject was first piqued by her observations of "quacks" in India—and "quacks" was the derogatory term she chose for them. She wrote, "Among all my clinical observations in India one thing which made the greatest impression on my mind, was, the wonderful success with which the native Quacks cured *nervous* diseases, which had baffled the skill of physicians and it was plainly to be seen, the secret of the success, lay in the wonderful influence which those pretenders exercised over the mind of their patients" (emphasis in original).²²⁰ Here she followed Tuke, who acknowledged that "quacks" (in the context of British medicine) exercised significant power over patients' minds. Both Tuke and Johnson approvingly quoted eighteenth century American physician Benjamin Rush, who reportedly extorted his students to "Remember, how many of our most useful remedies have been discovered by quacks. Do not be afraid therefor, of conversing with them and profiting by their ignorance and temerity."²²¹ Johnson hence aligned herself with reputable medicine even as she acknowledged that the alleged quacks were not without their virtues. For Johnson, as for Tuke, the allopathic physician could scientifically explain, and hence demystify, quackery. The ultimate goal was for physicians to understand the power of

²¹⁹ For Samuel Tuke's philosophy of psychiatry, see Louis C. Charland, "Benevolent Theory: Moral Treatment at the York Retreat," *History of Psychiatry* 18:1 (Winter 2007): 61-80. For biography of Daniel Hack Tuke, see Anne Digby, "Tuke, Daniel Hack (1827-1895)," *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004).

²²⁰ Johnson, Thesis.

²²¹ Johnson, Thesis; Tuke, *Illustrations of the Influence of the Mind Upon the Body*, xi.

belief so thoroughly that they could purposefully deploy the powers of the mind in their own medical practices.

Johnson presented numerous anecdotes demonstrating how the mind and body could influence one another. In one compelling example, Johnson related a case she had observed while working with Dr. Beharilall. The patient, described a *faqir* or beggar, was quite ill. (Although there are several possible meanings of *faqir*, it is most likely that Johnson was using this common usage of the term.)²²² The man was distraught because he believed that centipedes were growing inside of his brain. After Beharilall's first attempts to treat the man were met with little success, he attempted an unconventional method. Beharilall staged a mock operation, leading the patient to believe that he was undergoing an operation to remove the centipedes from his skull. Beharilall then knocked the patient out with a blow. While the patient was unconscious, the doctor placed a small amount of blood and water, as well as several centipedes, into the bowl he had allegedly used for the surgery. Johnson described, "Immediately on receiving the blow he jumped to his feet, wiped the blood from his Ear and on seeing the contents of the Vessel believed himself to be cured and went home[.]" The treatment was effective, as Johnson reported that "Six or seven months after this peculiar operation I saw the Fakir again and he has so changed in his appearance for the better, I scarcely knew him. In this man's case the cure was due to the influence of the Doctor's mind, over the Fakir's mind, and the great faith the latter had in the Doctor."²²³ Johnson identified one of the central tenets of missionary medicine. Physicians needed to cultivate patients' belief in their healing powers.

²²² For the etymology of *fakir*, see K.A. Nizami, "Fakir," in *Encyclopaedia of Islam, Second Edition*, ed. P. Bearman, Th. Bianquis, C.E. Bosworth, W.P. Heinrichs. Brill Online, 2015. [Reference](#). University of California Los Angeles (UCLA) CDL. 05 May 2015 .

²²³Johnson thesis.

In another anecdote used to illustrate the powerful influences of the mind, Johnson utilized a different tactic, using herself as an example. During winter of the prior year, another WMCP student in the Philadelphia boardinghouse where Johnson stayed, a friend of hers, became seriously ill. The attending physician said that the ailing woman should not be left alone, so Johnson and another WMCP student at the boardinghouse took turns staying with their friend, nights included. Between her caretaking duties and academic studies, Johnson quickly became exhausted. One night, Johnson believed she had witnessed her friend die. She later described the event in detail. However, when Johnson woke up the following morning, she found that her friend was quite alive, with improved health.

How to explain such a peculiar occurrence? For Johnson, the answer lay in the relationship between mind and body. She explained,

I have no other explanation for my peculiar delusion but this. I had been working hard and losing sleep, had been irregular in taking meals, was worried about my studies and my sick friend and my physical condition was completely run down and my mind suffered accordingly. Such a delusion would have been impossible in proper physical health for reason then would have controlled my thoughts but when I was physically exhausted peculiar fancies had complete mastery.²²⁴

For Johnson, the line between rationality and insanity was a permeable one, and the barrier could easily disintegrate due to physiological factors such as stress and a lack of sleep. This anecdote suggested, as did the case of Beharilall's patient, that mental disturbance need not be a permanent, intractable state. Just as the mind could succumb to delusions due to circumstance, so too could delusions be cured, when the powers of the mind itself were harnessed.

In the eclectic range of examples provided, Johnson's thesis also reveals her perspectives on political and religious matters. She references the Indian Rebellion of 1857 in which many Indian *sepoys* (soldiers) revolted against the army of the East India Company in many provinces

²²⁴Johnson thesis.

in northern and central India. This uprising was crucial in the history of colonial India, prompting the British crown to assume direct colonial power over the region. Johnson described the rebellion as a “terrible mutiny,” indicating her own support of British colonial rule in India.²²⁵ In the thesis, she also references several friends of hers who were British military officials. Johnson’s Scottish ancestry and Protestantism possibly granted her entry into the social world of British officials stationed in India.

Johnson’s Christian devotion was an even more significant part of her conception of self than her sympathies towards British colonial rule. This is evident in her analysis of delusion when she provided her own account of the founding of Islam. Johnson asked, “What was Muhamad's vision and how did it come?” Answering this question, she stated,

History tells us Muhamad was originally a poor donkey driver, but suddenly acquired great wealth by his marriage with Cadiqah -- thus raised above the necessity of toiling for his bread he had leisure to follow the bent and tendencies of his own mind, a tendency to reverie and religious speculation. [...] What was the Angel of Mt. Hara? Nothing but an image, formed by Mohamed's mind and supposed to be real. In his case it was the change from a hard working, donkey driver to an indolent, ambitious life - and twenty years of such a life was certainly enough to make him, as it did, a morbid, sullen and fierce man.²²⁶

Johnson’s claim that the Islam was founded as a result of Mohammed’s delusions, which she described unsympathetically, indicates a strong disregard for Islam, not unexpected from an Indian Christian woman. She was willing to apply the principals of allopathic medicine, as she understood them, to Islamic beliefs, but maintained her conviction that Christianity was a true and correct religion. Most likely, she did not perceive any contradiction. Like other missionary physicians before and afterwards, Johnson approached medical work as a Christian, first and foremost.

²²⁵Johnson thesis.

²²⁶ Ibid.

PRACTICING MEDICINE AS A MISSIONARY:

During the year following her graduation in 1888, Johnson remained in the U.S. to take a post-graduate course in medicine. She supported herself through menial labor.²²⁷ In 1890, Johnson officially began medical missionary work for the General Women's Missionary Society of the United Presbyterian Church of North America in Jhelum, a town in the northern Punjab province. She opened a dispensary in May, utilizing a building granted by the mission. Jhelum had approximately 15,000 inhabitants according to Johnson's description, which casts some doubt on her claim to have treated 5,016 new patients within the first eight months. But even if Johnson's figure is inflated, a large swath of the town's population seems to have been interested in at least sampling Johnson's services. Johnson claimed to have dispensed medicine over 15,000 times. In December, when a new church in neighboring Bhera was completed, Johnson opened a second dispensary in the church's side buildings.²²⁸

As the dispensaries' locations indicate, proselytization was a critical component of Johnson's work. Johnson and others involved in the Presbyterian mission hoped that non-Christian patients' willingness to seek medical services would provide opportunities for evangelism. She made no secret of her hope that patients' vulnerable physical states might render them more amenable to conversion. Johnson described, "At our daily Bible readings in the dispensary, most of our patients have heard the loving gospel message; some for the first time, others repeatedly, and all under the most favorable circumstances, while their hearts were to some extent softened by the healing application to their sick bodies." Missionaries' forceful evangelization tactics were often met with hostility from some sectors of the town. According to

²²⁷ "Sophia Eliza Johnson," 30.

²²⁸ Johnson, "They Came in Crowds," *Medical Missionary Record* 6:10 (October 1891): 228-230, 228.

Johnson, she and other missionaries “were soon attacked by our enemies, who tried to keep our patients away from coming, but the storm was soon over, and most of those who had been kept away returned bringing others with them.”²²⁹ Although Johnson’s obvious biases in reporting these events creates difficulties in discerning what actually occurred, her claim nonetheless suggests that despite early antagonism between missionaries and the non-Christian population, the dispensaries were eventually able to gain a regular clientele.

The dispensaries were open to women and children only, although Johnson occasionally granted exceptions to men who brought in children because their wives practiced *pardah*.²³⁰ In an article in *Medical Missionary Record*, Johnson quoted one such man: “I read the words on the prescription paper, and I want to tell you that though I do not believe in your religion, I know your Jesus well, and I know He did many good works. I well know your dispensary is a mission dispensary,--a religious institution, but I have more faith in you, for I know your work, not for worldly gain, but for the good of those who have no help.”²³¹ This quotation must be viewed with a skeptical eye, given Johnson’s motivation to present her evangelistic work in a positive light. However, this statement is revealing in that the speaker does not express a desire to convert to Christianity, but nevertheless indicates an appreciation for both the dispensary and Christianity as a religion.

At the dispensary, Johnson dispensed medications, including during epidemics. She also performed minor surgeries, but was not able to conduct major surgical operations due to the limitations of her facilities. Johnson conducted her medical work with relatively few resources. At the outset of her work, the mission granted her five hundred rupees (approximately \$200 at

²²⁹ Johnson, “They Came in Crowds,” 228.

²³⁰ *Ibid.*, 228-229.

²³¹ *Ibid.*, 229.

the time). Within the first year, however, Johnson had raised 1,566 rupees, two-thirds of which came from Indian sources. Although it is not clear which proportion of these funds came from patient fees and how much came from donations. The remainder of the funds Johnson raised came from friends in the U.S. and England, indicating her ongoing transnational connections. Johnson's ability to find Indian donors within a relatively short period of time is another indicator that while missionary activities were not universally loved, many locals came to regard her work highly.²³² In her account of the year's work in 1891, Johnson boasted, "I am thankful to say, that medical work at Jhelum last year has been *self-supporting*," meaning that the work was financially solvent even without American and British support.²³³ For a "native missionary" such as Johnson, claiming the status of self-supporting was a matter of pride as well as practicality.

Johnson's work had its hazards and setbacks. During the rainy season of 1894, severe flooding destroyed the building of the Jhelum dispensary. Johnson reported, "For a time it seemed as if all our labor of four years was swept away in a few hours, and the outlook was very discouraging; but the horror of the flood is over, and once more we are beginning to hope for better things."²³⁴ After the flooding passed, Johnson opened a makeshift dispensary in the side rooms of the Jhelum church and devised plans for a new building to be built within a year. She had hoped to build hospital wards in addition to a new dispensary, but high construction costs in Bhelum after the flood prohibited this.²³⁵

²³² Johnson, "They Came in Crowds," 229.

²³³ Ibid.,

²³⁴ Johnson, "Medical Work in Jhelum and Bhera, India," *Medical Missionary Record* 9:10 (October 1894): 220, 220.

²³⁵ Ibid.

Eventually, however, Johnson was able to expand the Jhelum dispensary into a hospital, the Good Samaritan Hospital, of which she was physician-in-charge. She also conducted “itinerant dispensary work,” which involved travel to more distant villages to treat patients and evangelize.²³⁶ In 1900, after a decade of such hard work, while experiencing recurrent poor health herself, Johnson returned to the U.S. for a furlough, as missionaries termed their sabbaticals.²³⁷ During her stay in the U.S., Johnson participated in missionary activities such as attending a Presbyterian Ecumenical Conference in New York City. She returned to India after a year, but continued to experience poor health and died soon afterwards in 1902.²³⁸ Yet the mission to which Johnson had devoted her life to continued. She, much more than Joshee, became the prototype for South Asian physicians educated at the Woman’s Medical College. This is apparent in the life of the next Indian physician to attend the college, Gurubai Karmarkar.

GURUBAI KARMARKAR: BEGINNINGS

Born in Belgaum in February of 1862, Gurubai Karmarkar was raised as a devout Protestant. Her father, Reverend J. Nabaulappa Rotte, was a minister in a church of the London Missionary Society.²³⁹ She first learned to read English at the age of eight, so that she could read the gospel of John. When Gurubai was fourteen, in 1875, her father sent her to a newly opened missionary boarding school in Bombay. She later recalled, “People here had hardly heard of a boarding school and I was the first girl to go to Bombay for an English education.”²⁴⁰

²³⁶ “Sophia Eliza Johnson,” 30.

²³⁷ *Ibid.*

²³⁸ *Ibid.*

²³⁹ Hannah Hume Calder, “One of India’s Distinguished Physicians, Dr. Gurubai Karmarkar,” ABCFM 77.1 Biographical Collection, Box 39, “Karmarkar, Gurubai” folder. Accessed at Harvard University, Houghton Library.

²⁴⁰ Gurubai Karmar, Letter to Hannah Hume Lee, April 2, 1924, v. 7.

At boarding school, Gurubai met her future husband, Sumantrao Vishnu Karmarkar. He too was a second-generation Christian and the child of a minister. Sumantrao was born in 1861, one year after his father's ordination as a minister in the Congregationalist Church.²⁴¹ Although Sumantrao and Gurubai developed a fondness for each other quickly, Gurubai's parents initially disapproved of the match, probably for reasons of caste. Her close friend Hannah Hume Lee Calder later claimed this was because "they had many wealthy relatives and other plans for Gurubai."²⁴² After completing boarding school, Gurubai went on to teach at a small girls' school in Belgaum operated by the London Missionary Society. Her parents eventually consented to a marriage between her and Sumantrao. She then married and returned to Bombay.²⁴³ The Karmarkars' marriage was also a professional partnership and became a defining force in Gurubai's life.

In Bombay, the Karmarkars joined Congregationalist missionary work, the American Marathi Mission (AMM). The American Board of Commissioners for Foreign Missionaries (ABCFM) sponsored the mission. When she first arrived in Bombay, Gurubai assisted missionary Charlotte Hume at a Christian school for women.²⁴⁴ Through their work with AMM, the Karmarkars developed relationships with American missionaries and particularly the Hume family, was prominent in ABCFM affairs for most of the nineteenth century and beyond. Charlotte's husband Edward was a prominent and respected leader among missionaries in Bombay.

²⁴¹ For biographical information about Sumantrao Vishnu Karmarkar, see Robert E. Hume, "Rev. S.V. Karmarkar, B.D." Accessed at Union Theological Seminary, Missionary Research Library pamphlets collection (hereafter MRL).

²⁴² Calder, "One of India's Distinguished Physicians."

²⁴³ Ibid.

²⁴⁴ Ibid.

The Karmarkars were not, however, content to simply assist in the existing missionary work. They were interested in actively creating new arenas of missionary work and advancing their own careers. Both sought further education. Sumantrao wanted to follow his father's footsteps into the ministry, the most revered occupation open to a Christian man. This option was not available to Gurubai, who instead became interested in a medical career, like Johnson and many other women involved with missionary work. According to Calder, Gurubai attempted to apply for medical education in Bombay, but was rebuffed.²⁴⁵ No medical colleges in Bombay accepted women in the mid-1880s, although a few women graduated in Kolkata in the late 1880s. Sumantrao, who desired a theological education comparable to that which American Congregationalist clerics received, also could not find a suitable institution in Bombay. Hence the couple began to arrange for travel to the U.S. to further their educations.

The Karmarkars' missionary friends were skeptical about these plans. To counter them, in February of 1889, Edward Hume wrote to Nathaniel G. Clark in Boston. Clark was foreign correspondent of the ABCFM in Boston and a Congregationalist leader. Hume described a young, well-educated Indian couple interested in furthering their education:

I write today mainly for the purpose of speaking about Mr. Sumant Vishnu Karmarkar, who is writing to you in regard to going to the United States for a few years of study. As you doubtless know, it is not the wish of our missionaries to have our young people go to America or Europe for study. The feeling is that when they return to India, they will be less in sympathy with the people here, and that their life in other countries will in many ways unfit them for the greatest usefulness, after they return. There is doubtless much truth in this. On the other hand there is an increasing desire to go, which it will soon be impossible to overcome, Not only so, the feeling is increasing in many places that we missionaries stand in the way of the advancement of the most enterprising. It is a

²⁴⁵ Calder, "One of India's Distinguished Physicians."

delicate matter for us to know just what is the wisest course for us to take in view of all these things.²⁴⁶

Hume laid out the dilemma facing American missionaries regarding much-valued “native Christians,” and suggested that tension between the two groups were boiling. Some American missionaries apparently felt that time in the U.S. would alter Protestant Indians to the point where they could no longer relate well to other Indians. Yet missionaries who refused to support Indian Christian workers such as the Karmarkars risked losing them altogether.

Hume praised the Karmarkars, writing that “they are both most interesting, attractive, dignified and intelligent people. There are none superior to them in our mission, and few in any mission.” Hume also warned that the couple might abandon the Congregationalist mission if they continued to be met with opposition. He told Clark, “They have fully made up their minds to go to America, if they can possibly get the means to go. I fear that, in the present state of things, if we oppose them, they will get encouragement and help from the Methodists or some other mission, who would gladly incur the expense of sending such people to the United States in order to get them into their missions. In fact they have had some such proposals made to them.”²⁴⁷ If the Congregationalist mission was to retain the Karmarkars as workers, therefore, it needed to help fund their travel to the U.S. Yet the board remained reluctant to support the Karmarkars in their plans.

But the couple pursued their plans regardless. Hume reported to Clark in July of 1889 that while he and other AMM missionaries were grateful to Clark for his “very considerate action in regard to Sumantrao,” which was probably a letter discouraging Sumantrao from travel.

²⁴⁶ Letter E.H. Hume to Nathaniel G. Clark, February 8 1889, American Board of Commissioners for Foreign Missions archives, microfilm edition, Vol. 19 Marathi Mission, Reel 412. Accessed at Congregational Library and Archives.

²⁴⁷ Letter Hume to Clark. Feb. 8 1889.

However, Clark's appeal did not have its intended effects. Hume continued, "That, however, has not proved as helpful to us as you and we had hoped. He with his wife sailed two weeks ago, and so are already half way to England. [...] We all did our best to dissuade them from going to America, but they were fully persuaded that it would be a great advantage of them to have a few years of study in the United States[.]"²⁴⁸ Without approval from the mission, the Karmarkars probably used their own savings to pay for passage to London and then New York. Having been urged by ABCFM officials in Boston to stay in India, the Karmarkars decided instead to take the bold step of leaving their home country without guaranteed support from their denomination.

Their gamble worked—proving, perhaps, the classic adage that it is easier to beg forgiveness than to ask permission. Because the couple had already embarked upon their journey, Hume concluded that it would be best for Congregationalist missionaries to support their endeavor. He wanted to ensure that the Karmarkars were exposed to proper influences during their stay in the U.S. and was especially wary of the potentially disastrous influence of American Methodists. He wrote, "I especially hope that you will do all you can to keep [Sumantrao] away from the managers of 'Faith Missions,' 'Holiness Conventions,' and the Methodists. My reason for specifying these is that these people know of his going to America, and would gladly receive him." Hume warned that Gurubai might also fall victim to these nefarious influences because she had received an invitation to study at an institution in Brooklyn that trained future missionaries. He did not mince words in expressing his low opinion of the school's chief instructor, a Mrs. W. Osborne: "We know Mrs. Osborne and sincerely hope that Sumantrao and his wife may have nothing to do with her institution. In fact, we pity any who are

²⁴⁸ Letter Hume to Clark, July 8 1889, Reel 412.

trained for India under her guidance.”²⁴⁹ Interdenominational rivalry and missionaries’ distrust of competing organizations and institutions therefore propelled Congregationalist missionaries to support the Karmarkars, despite their earlier disapprobation.

When the Karmarkars themselves wrote to ABCFM officials to explain their decision to travel to the U.S., they emphasized that they were motivated by their desire to improve their potential as evangelists and re-invigorate the Indian Protestant community. Sumantrao explained to Clark in a letter written prior to their departure, “We need revivalists here in India such as you have in America.”²⁵⁰ It is quite possible that Sumantrao’s reference to “revivalists” included just the sorts of people Hume was eager for him to avoid. But despite possibly conflicting aims, Sumantrao vowed that he and Gurubai would seek advice from Clark and the Congregationalist establishment in selecting institutions for study. They planned to go to Boston soon after arriving in New York so that they might speak with Clark, indicating their continued loyalty to the Congregationalist Church. Writing from London in the middle of their journey, Sumantrao reassured Clark that “We should not like to do anything without your advice.”²⁵¹ While the couple had taken the bold step of traveling abroad without prior approval from the board, they nevertheless wanted to remain within the Congregationalist fold.

The Karmarkars arrived in New York in mid-August of 1889. They delayed their plans to travel to Boston because Clark became seriously ill and couple resided in a New York hotel for a time. To the probable dismay of Clark and Hume, they had some contact with a Methodist missionary and minister. But they also remained in contact with Charlotte Hume, who was then in New Haven, Connecticut. Through one of the Hume daughters, Gurubai inquired about

²⁴⁹ Letter Hume to Clark, July 8 1889.

²⁵⁰ Letter Sumantrao Vishnu Karmarkar to Clark, February 8 1889, Reel 412.

²⁵¹ Letter S.V. Karmarkar to Clark, July 29 1889, Reel 412.

enrolling in WMCP.²⁵² After eventually consulting with Clark in September, the Karmarkars began their courses of study. Sumantrao enrolled in Hartford Seminary, as he had planned, while Gurubai embarked to Philadelphia.²⁵³ Karmarkar said of her studies, “Some of them are very hard and trying.”²⁵⁴ Although Karmarkar knew English prior to her journey, learning medical terminology in her non-native language posed challenges.²⁵⁵

Throughout their stay, the Karmarkars enjoyed the hospitality of several Congregationalist families throughout the northeast. They attended numerous church services and missionary conferences, oftentimes speaking at these events. These opportunities came with high pressure and stakes, as the Karmarkars were essentially charged with representing all Protestant Indians to Americans. But the couple strategically utilized their visibility to raise funds to cover both their expenses in the U.S. and future missionary work.²⁵⁶

Through the women of the Hume family, Gurubai became close to the women of the New Haven branch of ABCFM’s women’s board. Within ABCFM’s organizational structure, Congregationalist women had their own separate organization but were ultimately subservient to the men who assumed charge of the main missionary board. Social networks among missionary women nonetheless provided Karmarkar with both material and emotional support. In writing to one of the Hartford women about a missionary event she attended, Karmarkar confessed that

I often feel that I lack a good deal of enthusiasm and effectiveness in my talk at the meetings and this thought comes to my mind. I have not done as I

²⁵² Letter S.V. Karmarkar to Clark, August 14, 1889; Letter Karmarkar to Clark, September 3, 1889, reel 412.

²⁵³ Letter Hume to Clark, August 13, 1889; Letter S.V. Karmarkar to Clark, September 21, 1889, reel 412.

²⁵⁴ Letter Gurubai Karmarkar to unknown, January 4 1890, ABCFM archives, Series 16.1.3, vol. 10, Houghton Library at Harvard University.

²⁵⁵ Anstice Abbott, “Gurubai Karmarkar M.D.: One of India’s Leading Physicians,” ABCFM, Series 77.1 Biographical Collection, box 39, folder “Karmarkar, Gurubai.”

²⁵⁶ Letter S.V. Karmarkar to Clark, September 21 1889.

ought to have. Feeling this way about myself I appreciate your kind words very much. You have always been kind to me and not only that but also a very good loving friend. I am sure that memory of such friends in my difficult and sometimes discouraging work in India will inspire me with great zeal and patience.²⁵⁷

This letter reveals that Karmarkar felt pressure to perform well in her public speaking engagements, indicating the labor she performed in representing Indian Protestant women. Yet friendships with American women were also able to alleviate her anxieties. Karmarkar was aware that that in conducting missionary work in India, she was likely to feel isolated, but hoped that the community and friendships she had found in the U.S. would sustain her through the difficult times to come.

Throughout their sojourn, the Karmarkars saw much of the U.S. and its culture. Like many other tourists, they were particularly awed by the 1893 World's Fair in Chicago. Sumantrao marveled, "We were instructed as well as benefitted by seeing the wonderful power and activity in the human mind. If the finite mind can do such marvels how much more the Infinite! Again it deeply impressed us of the goodness and mercy of God in giving to man a mind which can produce such wonderful results."²⁵⁸ Sumantrao's evaluation indicates the Karmarkars' positively assessed not just the Fair itself, but modern society in the U.S. and its vision of "progress."

The Karmarkars left the U.S. in the summer of 1893. Gurubai returned with a medical degree, while Sumantrao had completed degrees at both Hartford Seminary and Yale's seminary. They had gained financial support for future mission work while in the U.S., including an agreement with the New Haven women's branch of ABCFM that it would provide regular

²⁵⁷ Letter G. Karmarkar to unknown, May 16, 1893, ABCFM 16.1.3, vol. 10.

²⁵⁸ Letter S.V. Karmarkar to Clark, July 24 1893, ABCFM archives, microfilm edition, Reel 417.

support for Gurubai's medical work. Although the Karmarkars did not have an official assignment from the missionary board upon their departure, they did not lack for enthusiasm or ambitious plans.²⁵⁹ Having gained education, friends, and financial support in the U.S., they returned to their home country with the mission of winning India for Christianity.

AMBITIONS

Upon first arriving in India, the Karmarkars received a warm reception. They went to Belgaum, Gurubai's native region, where Christians and Hindus joined together to provide a grand reception for the couple. Sumantrao reported with satisfaction, "Over 500 educated Hindus attended the meeting and expressed their joy in seeing us. We wept with joy at such spontaneous expression of the Hindus."²⁶⁰ Gurubai addressed the audience in English, apparently creating, according to Sumantrao, "a deep impression upon the people. It was a novelty to see a Hindu lady addressing in English."²⁶¹ After their sojourn in Belgaum, the Karmarkars attended the annual meeting of the American Marathi Mission in Ahmednagar. There too they met a positive reception. Sumantrao noted that "The absence of four years has not changed us very much. It was an agreeable surprise to many of our friends," thereby answering American missionaries' prior concerns that time spent in the U.S. would too greatly alter them.²⁶²

The mission consented to the Karmarkars' plans to initiate work in Bassein, a town north of Bombay that lacked a Protestant missionary presence. As described by Sumantrao, the population of Bassein and the surrounding area was predominantly Hindu, although there were some Muslims and a handful of Catholics. From the outset, the Karmarkars were social misfits

²⁵⁹ Letter S.V. Karmarkar to Clark, June 24 1893, Reel 417.

²⁶⁰ Letter S.V. Karmarkar to Clark, November 27 1893, Reel 417.

²⁶¹ Letter Karmarkar to Clark, November 27 1893.

²⁶² Letter Karmarkar to Clark, November 27 1893.

and objects of curiosity due to their American educations and Protestant zeal. The couple embraced their visibility as a means with which to draw people to Christianity. The Karmarkars harbored grand plans for the region. Just as a beginning, they endeavored to build and establish a dispensary for Gurubai to set up medical practice and a library for evangelistic activities. From the outset of the Karmarkars' arrival, Gurubai's medical knowledge permitted them greater entree into Bassein. Sumantrao claimed, "Orthodox Hindus [...] were delighted to know that a lady doctor is going to reside in their town. Eight years ago no one was willing to give the Christians their houses but for the sake of the dispensary they are ready to invite us to their homes."²⁶³ Early on in their venture, Sumantrao was convinced that the people of Bassein supported the couple's presence—in large part because of Gurubai's medical skills.

The Karmarkars' experiences in the U.S. and familiarity with Western entertainments actually provided them with greater social entree in Bassein in several ways. The couple received a stereopticon as a gift from friends in Massachusetts, and the Karmarkars reported that this entertainment was a draw for visitors: "The stereopticon [...] has drawn many people to our house and has been of great service in our district work. We hope to mention many other home influences from time to time, which we are trying to erect upon our people to bring others to Christ."²⁶⁴ Although the Karmarkars hoped to parlay interest in the stereopticon into religious conversion, the object seemingly interested people in Bassein in ways that Protestantism did not. The Karmarkars were hence put in position of acting as missionaries for secular U.S. culture in the process of their mission work—and were likely more successful in this than they were in promoting Protestant Christianity.

²⁶³ Letter Karmarkar to Clark, January 20 [1894], Reel 417. This letter is dated 1893, but events referenced in its contents indicate that it was written in 1894.

²⁶⁴ Letter Karmarkars to Friends, April 1894, Reel 417.

For the Karmarkars, showcasing their home was itself a major component of their evangelistic work. In opening their home to visitors, the Karmarkars enacted Protestant standards in domestic life to a broader public. The stereopticon's significance lied in its ability to bring people to the Karmarkars' home and view the couple's domestic life, including their marriage. The Karmarkars perceived themselves, perhaps, as demonstrating to the people of Bassein what a proper Protestant marriage looked like. If their marriage was not quite egalitarian, it was at the very least was a partnership that permitted wives to work outside of the home. In this respect, the form of modern womanhood that Gurubai modeled to the women of Bassein hardly resembled typical Victorian norms, in which home making and motherhood were idealized as female contributions to the family. The couple did not have children while in Bassein, as Gurubai remained singularly devoted to her work.

The Karmarkars' reports indicate that Gurubai gradually gained patients for the dispensary, which was located in a large house close to the town's bazar square.²⁶⁵ While the clinic was intended to provide medical care to women and children, Karmarkar took on some adult men as patients.²⁶⁶ Because many of Karmarkar's patients were poor and received care and medication at little or no cost, the dispensary required significant resources to operate. This concerned the Karmarkars,²⁶⁷

Karmarkar treated a wide variety of illnesses and medical problems. She frequently came into contact not only with disease, but also social problems such as domestic violence. On occasion, Karmarkar's treatments included significant intervention into her patients' lives. One patient, a young girl suffering from a fever who was taken to the dispensary by her father, had

²⁶⁵ Letter Karmarkars to Friends, April 1894, Reel 417.

²⁶⁶ *Annual Report of the American Marathi Mission, 1895*, 73. Accessed through HathiTrust Digital Library.

²⁶⁷ Letter S. Karmarkar to Clark, March 16 1894, Reel 417.

been experiencing abuse at the hands of her mother-in-law. Karmarkar reported, “I found her quite emaciated and marks of violence were seen on her back.”²⁶⁸ The girl’s parents, determined that she should escape her marital family and receive an education, sent her to Pandita Ramabai’s school for widowed girls. After completing Ramabai’s educational program, the girl expressed a desire to receive medical training. Karmarkar then took her on as an assistant.²⁶⁹ This indicates that Karmarkar’s involvement with some of her patients could span numerous years and extend beyond the strict bounds of medical practice. But in order to affect such an intervention, Karmarkar needed support from not only her patient, but also the patient’s family. Sometimes patients or their families discontinued Karmarkar’s treatments, or sought alternative practitioners, much to her chagrin.²⁷⁰

From early on in their work in Bassein the Karmarkars contended with two major problems. One originated in Bassein and the other from the U.S. In Bassein, many locals remained suspicious of the Karmarkars and impervious to their evangelistic appeals. The situation was surely not helped by the Karmarkar’s own strict views about how Christianity should be practiced. To the sectarian Karmarkars, even the district’s community of Catholics posed an obstacle in evangelistic work. Although Catholics provided a market for the Bibles and religious tracts sold by the mission, Sumantrao complained about their practices during Good Friday, particularly their usage of a wooden image of Christ.²⁷¹ The Karmarkars did not openly proselytize to Catholics for fear of angering the local Jesuit priesthood, but hoped that “reading the Scriptures will remove the film of idolatry from their eyes.”²⁷² When Sumantrao so criticized

²⁶⁸ *Annual Report of AMM, 1895, 73.*

²⁶⁹ *Annual Report of AMM, 1895, 73-4.*

²⁷⁰ Letter S. Karmarkar to Clark, April 13 1894, Reel 417.

²⁷¹ Letter Karmarkars to Friends, April 1894.

²⁷² Letter S. Karmarkar to Clark, May 5 1894.

Bassein's Catholics, we can only assume that local Hindus found his theological rigidity to be unappealing if not inexplicable.

Sumantrao did, however, facilitate cross-religious dialogue with Hindus in his capacity as the chief evangelistic worker in Bassein. He organized public debates at the mission library, including discussions of both religious and non-religious subjects. Hindu men, some of whom were priests, participated in the debates. But while Sumantrao professed an interest in open intellectual debate, there can be little doubt that his primary purpose in this endeavor was to conclusively prove the truth of Christianity and falsity of Hinduism before an audience. Sumantrao's use of intellectual debate as an evangelistic tactic reflected his Congregationalist roots and seminary education. American Congregationalists placed greater emphasis on study of theology as compared to the more emotion-based approach of Methodists and others.²⁷³ Through this method, Sumantrao perpetuated Congregationalists' gender hierarchy. He, as a man and reverend, was tasked with representing Protestantism in public debate. Sumantrao also practiced "open air preaching" in Bassein, which meant that he would preach to passersby at public locations such as markets. In contrast, Gurubai's evangelism was confined to the more enclosed spaces of her dispensary and the Karmarkars' home.

None of these evangelical tactics were particularly successful in winning converts in Bassein, however. The Karmarkar faced some measure of public hostility. While Gurubai's skills as a physician might have been valued more widely, her association with Sumantrao and

²⁷³ Both Ann Douglas and Richard Hofstadter have commented, in different ways, on the Great Awakening's effects on theological debate within American Protestantism. See Douglas, *The Feminization of American Culture* (New York: Knopf, 1977) and Hofstadter, *Anti-Intellectualism in American Life* (New York: Vintage Books, 1963). I posit the gender interpretation that Douglas alludes to but does not state outright: Congregationalism has been historically exclusive towards women, in comparison to other Protestant denominations, because of its emphasis on theological learning.

the mission caused many women to be reluctant in patronizing the dispensary. This was particularly true of those in higher caste positions. A year and a half after the couple began work in Bassein, Sumantrao lamented, “Dr. Karmarkar's dispensary is not patronized as she would like to have. People and especially women are still prejudiced against her. None of the better class have taken her advice as yet. We do not quite understand for this indifference.”²⁷⁴ Upper-class women’s refusal to patronize the dispensary was especially disappointing to the Karmarkars because they would have been more capable of paying for medical treatment than the dispensary’s poorer patients. Additionally, the Karmarkars believed that upper-class people wielded greater social influence and coveted them as converts.

Yet there is little doubt that the Karmarkars’ various evangelistic activities alienated many. The Karmarkars frequently took in guests, generally people from elsewhere in Maharashtra, who were considering converting to Christianity. They and the mission hoped that time spent living with an Indian Christian couple would provide the final push towards conversion and baptism. But while the Karmarkars relished such opportunities, this did not make them popular neighbors. According to Sumantrao’s report, even a visitor who was not yet ready to be baptized caused a flurry of rumors in the town in spring of 1894.²⁷⁵ He wrote, “Some people have an idea that by such disturbances we shall soon [take] up stakes and begin our work in some other town. But they will soon learn their mistake.”²⁷⁶ Another incident involving an inquirer, in this case an 18-year old young Brahmin man from Pune whose older brother was Christian, resulted in newspaper coverage throughout the province. According to such

²⁷⁴ Letter S. Karmarkar to Barton, August 7 1895, Reel 417.

²⁷⁵ Letter Karmarkar to Clark, May 5 1894, Reel 417.

²⁷⁶ Ibid.

(inaccurate) reports, the Karmarkars had kidnapped a child and forced him into conversion. As a result of this incident, Sumantrao gained some degree of notoriety.²⁷⁷

Among many Hindus in the region, conversion to Christianity represented an irrevocable step that had the capacity to tear families apart. The conversion anecdotes that Sumantrao related to American supporters frequently state that one family member's conversion estranged the convert from the rest of the family, an estrangement that could be solved only through other family members' conversions. Conversion hence could separate husbands from wives and parents (usually fathers) from children. The Karmarkars acknowledged the problems caused by conversion, but nevertheless preferred that people convert. Yet given this context, converts were relatively few and far between. Not many were enthusiastic enough about Christianity to assume such personal costs and social ostracism. The Karmarkars did not win many converts in Bassein.

The Karmarkars faced another, equally intractable, problem. Despite their fundraising efforts in the U.S., they perpetually experienced delays in receiving funds from the missionary board. From the earliest months of work in Bassein, Sumantrao wrote the board to complain that he and Gurubai had insufficient funds to carry out their work. A particular point of contention was the board's alleged failure to forward to Gurubai funds raised by the Hartford Ladies' Branch in support of her medical work. Sumantrao first raised the issue in August of 1894, about a year after the Karmarkars' return to India. He claimed that they had not received any of the money raised by the Hartford branch.²⁷⁸ This indicates that within American Congregationalist missions, women were very much junior partners. The Hartford women raised an impressive sum of \$1,500 for Gurubai's medical work, an amount that could have helped her considerably in providing medical equipment for the dispensary. However, the funds raised by

²⁷⁷ Letter Karmarkar to Dr. Judson, November 28 1895, Reel 417.

²⁷⁸ Letter Karmarkar to Dr. Barton, August 23 1894, Reel 417.

the Hartford women were then sent through several additional layers of organizational bureaucracy, including ABCFM's male-dominated leadership.²⁷⁹ This process frequently took months if not longer, demonstrating that Congregationalist women were quite dependent on the actions and inactions of the main, male board. Even within the Karmarkars' marriage, this hierarchy was in place as Sumantrao assumed primary responsibility for communicating with the Board and the New Haven branch regarding financial matters.²⁸⁰ Within Congregationalist missions, women assumed critical positions in fundraising but had limited control over the funds they collected.

Problems of insufficient funds recurred for the Karmarkars, prompting increasingly forceful requests from Sumantrao. In one telling appeal, he wrote, "The Board as well as the Mission has been desirous to launch out the Native workers to carry on [...] duties in looking after independent districts and to do the evangelicalization of India by its own children. But if at the beginning the Board cripples us from receiving sufficient support what are we to do?"²⁸¹ According to Sumantrao, Indian Christians sought independence and were eager to carry out the work of converting India, but were handicapped by an ineffectual and smothering board. Given their financial dependence, autonomy was difficult to achieve.

The Karmarkars were also quite cognizant that events in the U.S. could have significant consequences for their work. The Karmarkars' commencement of their work in Bassein coincided with the economic depression of 1893, which affected them for several years. Sumantrao, attempting to be diplomatic, acknowledged this in his appeals to the Board, writing early in 1895 that "Your country is going through a great crisis and we hope and pray that the

²⁷⁹ Sumantrao Karmarkar reports that the Hartford women raised \$1,500 in a letter to Clark, May 24 1894, Reel 417.

²⁸⁰ Letter Karmarkar to Miss Child, Oct. 9 1896, v. 10.

²⁸¹ Letter Karmarkar to Dr. Barton, January 18 1895, Reel 417.

hard times may soon pass away and God may soon send the needed help in continuing the important and stupendous work of evangelizing the dark countries.”²⁸² However, Sumantrao could not help but express his bewilderment that Congregationalists in the U.S. claimed to lack funds for missionary work in India, when he had directly observed their comfortable homes and lifestyles. In another discussion of their financial woes, Sumantrao remarked, “from what I have seen of America I think there is wealth enough in America to pay the debt as well as to provide for the regular work. The Lord knows why the money is not forthcoming. It gives us an opportunity to trust in Him.”²⁸³ Sumantrao’s reference to the Karmarkars’ continued faith in God softened the force of his accusation, but he clearly took aim at what he perceived to be Americans’ miserliness. From his perspective, the white middle- and upper-class Protestants with whom he communicated did not lack for resources. They simply were not very willing to make sacrifices for the mission.

Throughout these troubles, the Karmarkars remained committed to their dream of establishing mission work in Bassein that would be carried out by Indian Christians. In Sumantrao’s appeals, he repeatedly stressed that they required funds to pay the handful of assistants, who were Indian Christians, whom they employed. He warned the Board in the U.S. that these workers would leave for other missions and denominations if a reasonable salary could not be provided. In 1896, after nearly two years of dealing with these financial problems, Sumantrao himself made a similar threat. He wrote to the board, “We do not wish to murmur at all but trust in God for all our wants. Dr. Karmarkar had many good offers but as we have given our whole life in the Master's service we do not care to think of outside work but devote our time

²⁸² Letter Karmarkar to Barton, January 18 1895.

²⁸³ Letter Karmarkar to Barton, January 31 1896, Reel 417.

and strength in establishing Churches in places where there are none.”²⁸⁴ While Sumantrao worded his warning cautiously, he nevertheless established that he and Gurubai were unwilling to tolerate the situation indefinitely. Sumantrao’s warning also pointed out that Gurubai’s skills and qualifications made her a particularly valuable worker who might have any number of other opportunities open to her. Sumantrao’s threat did not, however, remedy the Karmarkars’ financial woes.

Due to these problems, and serious illnesses suffered by both Gurubai and Sumantrao, left Bassein. The Karmarkars spent the year in Baroda (Vadodara), a city in the princely state of Gujarat, where Gurubai was physician-in-charge of a large, state-run dispensary for women and children. In Gujarat, colonial British control was exerted more strongly, which was probably to the Karmarkars’ benefit. Gurubai won her position over two Hindu women physicians who applied for it, likely on account of Karmarkar’s U.S. medical degree. Her salary partially compensated for the reduction of the Karmarkars’ income from the mission. Karmarkar, characteristically, insisted on bringing her missionary convictions to the position, writing an American friend, “wherever I am placed I must work for the furtherance of Christ’s kingdom.”²⁸⁵ At the end of the year Karmarkar reported, “I have medically treated about 11,000 women and children, a large number of whom have shown signs of deep gratitude, which must inevitably tend to remove from their minds any pre-existing prejudice against Christian workers.”²⁸⁶

However, this work was extremely taxing and time-consuming. While in Baroda, the Karmarkars developed plans for future work elsewhere. Alexander Barton, an ABCFM official in Boston, proposed that the couple move to a location where Congregational missionary work

²⁸⁴ Letter Karmarkar to Barton, January 24 1896, Reel 417.

²⁸⁵ Letter G. Karmarkar to Miss Child, Feb. 26 1897, v. 10.

²⁸⁶ G. Karmarkar, as quoted in “Dr. Karmarkar’s Report, Excerpt from Report of Marathi Mission for 1897,” v. 10.

was already occurring. Bombay was the most likely candidate. Sumantrao conceded to this proposal, though he stressed the couple's desire to retain their assistant workers.²⁸⁷ Gurubai was optimistic about the prospect. Sumantrao wrote, "My wife is anxious to work in Bombay and help the missionaries in their work. In small places people are quite prejudiced and when they see my work of preaching, they are afraid to send their women to the dispensary. But in a large city it is quite different."²⁸⁸ Gurubai acknowledged that her close association with Sumantrao had limited her clientele in Bassein and looked forward to the opportunity to work in a city where this would pose less of a problem.

The Karmarkars remained committed to evangelistic work, but shifted towards evangelism on a smaller scale. During the winter of 1896 and 1897, epidemics of plague and famine devastated many regions of India. The couple interpreted these events as sign of Christianity's ascent in India. After sympathetically describing the dismal conditions in Bombay, Sumantrao declared, "the dark threatening clouds have a silver lining and we fully believe that through these two direful scourges India will soon accept Christ."²⁸⁹ The Karmarkars were not content to wait passively for India's conversion to occur, however. Sumantrao went to Jabalpur, a city in Madhya Pradesh, a state in central India that had been especially hard hit by plague and famine. He returned with "a dozen orphans and a Brahmin widow" whom he had found.²⁹⁰ The youngest of these was a three-year old girl, described by Sumantrao as "nothing but skin and bones" upon her arrival.²⁹¹ The couple determined to care for these children as adoptive children, although at least some of these "orphans" had living

²⁸⁷ Letter S. Karmarkar to Barton, January 22 1897, Reel 417.

²⁸⁸ Letter S. Karmarkar to Barton, January 22 1897, Reel 417.

²⁸⁹ Letter S. Karmarkar to Barton, March 21 1897, Reel 417.

²⁹⁰ Letter S. Karmarkar to Barton, March 21 1897, Reel 417.

²⁹¹ Letter S. Karmarkar to Barton, March 21 1897, Reel 417.

relatives with whom they were separated.²⁹² With their newly enlarged family, the Karmarkars embarked on a new chapter of their lives after the disappointments of Bassein. In 1897, American Marathi Mission officially approved their transfer to Bombay, where they would join existing mission efforts. The Karmarkars preferred the Bombay assignment to other potential assignments, as they knew many missionaries stationed there.²⁹³ In Bombay they would, if not forge a new arena of mission work, then at the very least contribute to the mission already in place.

THE MISSIONARY COUPLE IN BOMBAY

The Karmarkars joined Congregationalist missionary work already occurring in Byculla, a neighborhood in Bombay, and began to expand it. Gurubai assumed charge of examining and treating all children at the mission's boarding school, Bowker Hall, which was close to where the couple lived. In July of 1898, Karmarkar officially opened a dispensary.²⁹⁴ She described her clientele as consisting of "Parsees, Khojas, Moguls, Armenians, Mohomedans, Bene-Israelites, Hindus and Christians."²⁹⁵ However Karmarkar believed that "[t]he attendance was not very large owing to the fear of doctors, caused by enforced Plague regulations."²⁹⁶ During periods of plague epidemic, which occurred frequently in the Karmarkars' first years in the city, British colonial officials imposed regulations imposing limitations on Indians' movement.²⁹⁷ While Karmarkar approved of the regulations, she worried that it bred distrust of physicians among the

²⁹² Letter G. Karmarkar to Friends, December 3 1905, v. 10.

²⁹³ Letter S. Karmarkar to Barton, July 28 1897.

²⁹⁴ Marathi mission report 1898, 83.

²⁹⁵ Ibid.

²⁹⁶ Ibid.

²⁹⁷ For complete description of colonial public health measures imposed in British India, see David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993).

populace. She likely tried to differentiate herself from state medical officials in her self-presentation.²⁹⁸

In contrast to the secular vision of modern medicine offered by the colonial state, which centered around the control of infectious diseases, Karmarkar's medical practice emphasized evangelism and personal contact with patients. At the dispensary, Karmarkar had an assistant, referred to as a "Bible woman," to aid with evangelistic outreach to patients. Karmarkar herself assumed charge of instructing Bible women in Bombay, who were tested annually on their knowledge of the Bible.²⁹⁹ Karmarkar noted, however, that the multiplicity of languages spoken in Bombay meant that she and the Bible woman could not always easily communicate with patients.³⁰⁰ Sumantrao, in addition to joining ongoing evangelistic efforts in Bombay, continued translation work that he had begun in Bassein. He translated the Bible, hymns, and various other religious texts into Marathi. Gurubai gave the hymnal book compiled by Sumantrao to many of her patients, indicating Sumantrao's ongoing influence on Gurubai's work.³⁰¹

Although the Karmarkars' move to Bombay greatly reduced their dealings with the Board on monetary matters, they were not entirely free of these concerns. Gurubai continued to receive support from the New Haven women, although the funds appropriated were not always sufficient for the full costs of her work.³⁰² Necessarily, the Karmarkars continued communications with potential donors and kept abreast of events that could potentially impact donation totals. They were concerned with obtaining donations for both their work and for support of their adoptive children. (The salaries they received from the mission were no doubt insufficient to care for ten

²⁹⁸ Letter G. Karmarkar to Friends, February 11 1899, v. 10.

²⁹⁹ Letter S.V. Karmarkar to Miss Child, October 21 1897, ABCFM 16.1.3 v. 10.

³⁰⁰ "Dr. Gurubai Karmarkar writes, August 5 1899," v. 10.

³⁰¹ Marathi mission report 1902, 47.

³⁰² Letter S.V. Karmarkar to Barton, June 3 1898, Reel 417.

children.) At the outset of the Spanish-American war in 1898, Sumantrao commented, “I am sorry to learn from the American papers that the Hispano American war will toll upon the Missionary Board treasurer. May God help you all to overcome this great trouble.”³⁰³ In 1899, Sumantrao stated, “Since the American war we have not been receiving any money from our friends for our orphans as well as for other work.”³⁰⁴ While Sumantrao did not explicitly express an opinion on the war, his remarks implied a faint note of criticism towards Americans who valued the nationalistic imperatives of war over the international Christian brotherhood created through missionary work.

In direct communications with donors, however, the Karmarkars thanked them profusely. They jointly wrote annual letters to “friends,” generally adapting a more positive tone than in Sumantrao’s individual communications with Board leaders. In these letters, the Karmarkars recounted their activities and praised donors as participants in them. For instance, in 1905 the Karmarkars discussed two of their adoptive sons’ reunion with their biological father. The Karmarkars’ proudly recounted the reunion. According to their account, the father disliked Christians and encouraged his sons to renounce Christianity and marry, hence rejoining the caste system. The elder son, aged 17, refused. He encouraged his younger brother, age 12, to tell their father that he wanted to study in Bombay, presumably in a missionary school. Faced with his sons’ devotion to Christianity, the father acquiesced to their desire to return to Bombay. In celebrating this victory for the Christian cause, the Karmarkars credited their American supporters, writing, “*You* helped us save them from their misery, *you* supported them many years, and now this is the reward of your kindness” (Emphasis in original).³⁰⁵ The Karmarkars

³⁰³ Letter S.V. Karmarkar to Barton, June 3 1898.

³⁰⁴ Letter S.V. Karmarkar to Barton, January 7 1899, Reel 417.

³⁰⁵ Letter Karmarkars to Friends, December 3, 1905, ABCFM 16.1.3 v. 10.

demonstrated to their American supporters that their donations had tangible results in saving souls. Although their donors were thousands of miles away, they had nevertheless played a role in the alleged salvation of two Indian boys. Implicitly, the Karmarkars encouraged further support of their work.

Because there were always improvements to be made, and there was an ongoing need for donations. Karmarkar's dispensary was modestly equipped. Although she was able to perform minor operations there, the dispensary lacked wards. One patient received care in the Karmarkars' own home for the three days following a minor operation.³⁰⁶ Others were referred to hospitals for more complex surgical procedures.³⁰⁷ Karmarkar reported in 1904, "The need of having a Dispensary built and provided with all modern appliances, with a few additional rooms for surgical and obstetrical cases, is more felt than ever."³⁰⁸ As in the past, Karmarkar turned to American friends and donors for assistance in the project, raising the equivalent of a thousand rupees by the end of 1905.³⁰⁹ However, she also sought new sources of support, looking to Bombay rather than the U.S. Karmarkar told her American friends that "My aim is to collect if possible all funds in India. People do take exception and ask why the money is not raised in America, and so on. I am relying on God to give me help in this matter, as I feel strongly that we must try to stand on our own feet as much as we can."³¹⁰ For Karmarkar, raising funds for the dispensary from Indian sources rather than American ones would be an indicator of Indians' increased self-sufficiency.

³⁰⁶ *Annual Report of the American Marathi Mission*, 1904, 20.

³⁰⁷ *Annual Report of the American Marathi Mission*, 1905, 13.

³⁰⁸ *Annual Report of the American Marathi Mission*, 1904, 21.

³⁰⁹ *Annual Report of the American Marathi Mission*, 1905, 14.

³¹⁰ G. Karmarkar, "From Bombay, October 17, 1905," ABCFM 16.1.3 v. 1.

Donations from Indian sources were only one way in which Karmarkar sought to increase the dispensary's economic self-sufficiency. Although Karmarkar presented her dispensary as an example of Christian charity for non-Christians, she was attuned to patients' social status and ability to pay for treatment. Karmarkar reported in 1901, "Probably at the end of the year I may find a diminution in the total number, but the patients that are coming are from a better class of people. Several Brahmin women have been included. Some of the women can pay for each treatment, for which I am very glad."³¹¹ With resources relatively scant, wealthier and higher caste patients represented a boon for the dispensary. The dispensary was moving towards a more businesslike mode of operation.

In Bombay, Karmarkar kept busy with not only her medical work and caring for her children, but also her extensive involvement in local and international Christian women's organizations. In keeping with the gender division that permeated the Protestant missionary world, Sumantrao became involved in the Young Men's Christian Association (YMCA), while Gurubai volunteered for the Young Woman's Christian Association (YWCA). Both served as international delegates for their respective organizations at various points.³¹² Within the mission itself, Gurubai's social/professional circle consisted primarily of other women, both in the U.S. and Bombay, while Sumantrao worked with ABCFM leaders such as Robert Hume in planning general events such as the mission's centennial celebration of work in India in 1913.³¹³

However, in April of 1912, just a year before the planned centennial celebration, Sumantrao died of illness. According to missionary reverend William Hazen, Sumantrao had

³¹¹ "Dr. Karmarkar writes, September 1901," v. 10.

³¹² William Hazen, *A Century in India: A Historical Sketch of the Marathi Mission of the American Board of Commissioners for Foreign Missions* (Bombay: American Marathi Mission, 1913); R. Hume, "Rev. S.V. Karmarkar."

³¹³ Ibid.

contacted an unspecified disease while visiting Japan in 1907 for a YMCA international conference.³¹⁴ Gurubai wrote to the mission's workers and supporters, "Early in the year my Heavenly Father allowed a great sorrow to befall me in the death of my dear husband, who always took a very deep interest in my work, stimulating me and encouraging me in every possible way all through these many years. My work must suffer a measure for the lack of this great support. However, the God of all comfort has been my stay and portion."³¹⁵ After Sumantrao's death, Gurubai relocated the Byculla dispensary to the church's main missionary compound. The death of her longtime partner in work as well as in matrimony marked the beginning of a new phase in her life.

A SINGLE MISSIONARY:

Karmarkar continued medical work in Bombay for a decade following Sumantrao's death. Without Sumantrao, however, she lacked an advocate within the mission's main (male) leadership. Her closest allies in the mission were now other women, many of them in the U.S. These contacts did not grant her direct access to the mission's highest ranked decision-makers. This had tangible effects on her personal life and professional work, which had been so deeply intertwined with the mission for so long. In early spring of 1916, the mission gave Karmarkar notice that she had to leave her residence, owned by the mission, by either May or June of that year. She expressed her worries frankly in a letter to her friend Hannah Hume Lee, writing, "I am hunting high and low for a house and I do not know just where I will go because there is nothing available in this vicinity. God knows the house He wants me to go into and He has it ready for me somewhere but these are anxious days for me."³¹⁶ While the reason for

³¹⁴ Hazen, "A Century in India."

³¹⁵ G. Karmarkar, as quoted in *Annual Report of the American Marathi Mission*, 1912, 19.

³¹⁶ Letter G. Karmarkar to Lee, April 30 1916, ABCFM 16.1.3 v. 5.

Karmarkar's eviction is not specified, quite possibly her status as a widow, and the absence of Sumantrao's determined advocacy, hindered her relations with missionary leadership. Without her husband, Karmarkar was left with less protection and support. Although Protestant missionaries routinely condemned the treatment of widowed Hindu girls and women within Indian society, it seemed that their own treatment of widowed Indian women was wanting.

The women of the New Haven branch continued to play a significant part in Karmarkar's life. Karmarkar was particularly close with Hannah Hume Lee. Lee was a third-generation missionary whose father and uncle were prominent leaders in the mission. (Her uncle was the same Edward Hume who had been ambivalent about the Karmarkars' decision to go to the U.S.) She was raised in India but went to the U.S. as a young woman to attend Wellesley College, where she graduated in 1900. In 1906, she married Theodore Storr Lee, an ordained Congregationalist minister, and the couple went to India as workers for ABCFM. However, the couple returned to the U.S., likely due to Theodore's health problems, and Theodore died in 1911. In 1912, Hannah returned to Maharashtra as a single woman missionary with two children. Although Lee returned to the U.S. within a few years for purposes of her children's education, she and Karmarkar continued a close correspondence. Back in the U.S., Lee remained active in missionary work in an administrative capacity.³¹⁷ Quite possibly, Lee and Karmarkar's common circumstances as widowed, working mothers caused them to become closer, along with the women's shared cross-national Christian upbringings and Karmarkar's long-standing connection to the Hume family.

Karmarkar also maintained hybrid personal/professional relationships with other women associated with the New Haven branch. When there was a jubilee celebration for the Woman's

³¹⁷ For biographical information on Hannah Hume Lee, later Hannah Calder, see "Mrs. Calder Memorial is Next Sunday," *Boston Herald* March 4 1962, 180.

Board of ABCFM in the U.S. in 1918, the New Haven branch invited Karmarkar to attend. After careful consideration, she chose to do so. She wrote to a representative of the New Haven branch, “It just thrilled my heart to receive that gracious invitation. [...] I feel it a great honor that you dear friends are conferring on me by inviting me over for the Celebration.”³¹⁸

Additionally, Karmarkar looked forward to seeing her son Vishnu, who had been in the U.S. for several years. Vishnu had elected to follow in his adoptive mother’s footsteps and was then studying medicine at the University of Pennsylvania, indicating how the younger generation assumed the imperative of transnational education. He was due to graduate in spring of 1918.

While the U.S. entered World War I, Karmarkar prepared for her journey. She arrived in the U.S. in September of 1917, and stayed there for nearly a year. During this time she travelled widely throughout the U.S., a testament to the number of American friends she retained even more than twenty years after graduating from medical school. Karmarkar arrived in San Francisco, and throughout the course of her trip visited Chicago, Boston, Philadelphia, New Haven, and other localities. In most places she visited, Karmarkar gave public speeches on behalf of missionary work in India generally, as well as for her own work. The high number of speaking engagements that Karmarkar accepted caused some friction between her and the New Haven chapter. Miss Lamson, a leader in the New Haven branch who had a long-standing professional relationship with Karmarkar, expressed frankly, “I am growing uneasy lest many people [are] having you speak at meetings and communicating with you. We are very anxious that [you] do none of this work, in this territory at least, until after our Jubilee, and only [when] arranged by us. The Board needs your help. Undoubtedly many other organizations will need it

³¹⁸ Letter G. Karmarkar to Miss Lamson, ABCFM 16.1.3 August 5 1916, v. 5.

too, but they hardly have the claim upon you that the Board has.”³¹⁹ The admonition is indicative of how the New Haven branch perceived Karmarkar. They were fond of her, and appreciated her decades of service, but she was nonetheless viewed largely as an asset to the branch and their ongoing fundraising efforts. As such, the branch had a “claim” on her. Such a claim included, to some extent, the right to dictate how Karmarkar spent her time in the U.S. When corresponding with the New Haven women, Karmarkar agreed that they had a particular claim on her. In one letter to Lamson, she addressed the issue: “I am your guest and I would not do anything that would in any way spoil your plans — New Haven Branch has special claims on me as my support comes through them.”³²⁰

Throughout the trip, Karmarkar remained committed to her own work and raised money for her dispensary. In doing so, Karmarkar made connections with a broad range of Americans. While Karmarkar’s prior American contacts consisted mostly of white middle- and upper-class Protestants, on her second sojourn to the U.S. Karmarkar spoke to a predominantly Black church in West Newton, Massachusetts. This was, perhaps, a sign of the changing times as movements to eradicate racial prejudice gained strength in both India and the U.S. Karmarkar wrote to Lamson of her visit, “I enjoyed speaking to them immensely.”³²¹ As in her other church engagements, Karmarkar collected money for the dispensary at the church, though the sum of \$1.25 raised was less than the \$20.56 collected at a white church in the same area.³²²

But although Karmarkar approached many donors, she was less successful than she may have wished in obtaining donations due to the war. She wrote to Lamson after departing, “It is a

³¹⁹ Letter Lamson to G. Karmarkar, September 11 1917, v. 5. Due to preservation techniques, a few parts of this letter are indiscernible. I have bracketed the words which I have extrapolated from the visible contents of this letter.

³²⁰ Letter G. Karmarkar to Lamson, October 27 1917, v. 5.

³²¹ Letter G. Karmarkar to Lamson, November 28 1917, v. 5.

³²² Letter G. Karmarkar to Lamson, January 15 1918, v. 5.

great regret to me that I was not able to do much towards raising the money for my dispensary building fund but the war has been the [...] thought for the whole nation and war chest has to be kept filled. However, many have wished to contribute and I have great faith in my friends that as soon as they can they will give a helping hand.”³²³ As she and Sumantrao had experienced during the Spanish-American-Cuban-Filipino War, wartime seemed to render American Protestants more reluctant to support international Christian causes in lieu of nationalist ones. This indicates the limitations of international Christian partnership forged through missionary work. Although white Protestants paid lip service to the grand cause of international Christian brotherhood and sisterhood, in times of crisis they were more likely to cast their resources towards national causes.

During her time in Philadelphia, Karmarkar spent time with Vishnu, who was then busy completing medical school. She also engaged in post-graduate medical education herself, returning to her alma mater. Karmarkar described, “what a thrill of joy I looked at the old College after twenty five years. I met some old friends who welcomed me heartily and asked me to attend any of the lectures or clinics that I wanted. I was so happy to be there.”³²⁴ Karmarkar’s joy at returning to the college indicates the strength of the connections she had formed there. While in Philadelphia, Karmarkar also experienced an extended period of illness that required a stay at WMCP’s hospital. During her time at the hospital, Karmarkar remained committed to promoting the missionary cause. She talked with WMCP student interns about the need for women missionary physicians in India.³²⁵

³²³ Letter G. Karmarkar to Lamson, August 5 1918, v. 5.

³²⁴ Letter G. Karmarkar to Lamson, January 15 1918.

³²⁵ Letter G. Karmarkar to Lamson, April 5, 1918.

After a three-week hospital stay in April of 1918, Karmarkar went to New Haven. She assisted the women's branch with administrative activities while she continued her recovery.³²⁶ She returned to Philadelphia in June for a follow-up examination and to attend the commencement ceremonies at WMCP and the University of Pennsylvania's Medical College, where Vishnu graduated after passing his final examinations.³²⁷ Vishnu then went to Pittsburgh to continue his medical education as a hospital intern. Gurubai herself hadn't engaged in a long internship, but American medical education had changed rapidly in the intervening years. Karmarkar began her journey back to India in August of 1918, traveling with missionary acquaintances.³²⁸ Karmarkar reflected, "As I look back on my exactly eleven month stay here in the States, my heart lifts itself up in thankfulness to God for all His mercies to me. For the beautiful way in which He led me for the great opportunities He gave me to speak of His great love and to the great missionary work done in India."³²⁹ Karmarkar returned to Bombay in September of 1918. Not long after her return, Karmarkar received grave news. While in Pittsburgh, Vishnu had contracted influenza and died, one of many victims of the global influenza pandemic of 1918-1920.³³⁰ His goal to follow his adoptive mother into medical missionary work was not to come to fruition. While transnational movements in education provided opportunity for some, the international circulation of pathogens was deadly to many.

Karmarkar continued her own medical work for several years afterwards, but continued to experience poor health. She formally retired from the mission in 1922. Before her retirement, Karmarkar found another physician to assume her work, a young woman who had recently

³²⁶ Letter G. Karmarkar to "Dear friend" (probably Lamson), June 3, 1918, v. 5

³²⁷ Letter G. Karmarkar to Lamson, June 26 1918, v. 5.

³²⁸ Letter Karmarkar to Lamson, August 5 1918.

³²⁹ Ibid.

³³⁰ *Annual Report of American Marathi Mission*, 1918, 3.

graduated from a women's medical college in Ludhiana established by British missionary women.³³¹ In finding her replacement, Karmarkar continued the tradition of Christian Indian women's work for women in Bombay. In evaluating nearly three decades of work, Karmarkar commented, with more than a hint of self-criticism, "I feel that it has been done with many hinderances [*sic*] and with an interest that was divided for I had my home and my dear husband's work to which I gave part of my time. Social interests of one community also had a claim on my time as women of our Church Society, the Y.W.C.A. and other Christian activities had much claim on my time[.]" She continued, "While it is a regret to me in a way that I could not concentrate yet I do feel my life was [ordered] just for such a work as that and therefore my only regret is that I might have done it *better* and more whole-heartedly."³³²

During her retirement, Karmarkar received comfort and support from her family, particularly her youngest daughter, Esther Maina Karmarkar. Maina had elected not to marry, but rather spent her adult life involved in a range of professional activities. She was for a time a teacher at an AMM mission school.³³³ Although the post-World War I witnessed the rise of nationalism in India and other major political developments, Karmarkar remained uninterested in nationalism and anti-colonialism. She continued her involvement with Christian women's organizations and engaged in translation work as in tribute to Sumantrao. Karmarkar wanted Indian Christian women to assume autonomous activities within the church, instead of relying on the guidance of male religious leaders. She wrote to Lee, "the women of our church here should take a real interest in Christ's Kingdom. It is not enough for us to sit and listen to sermons and

³³¹ G. Karmarkar to Friend (probably Lee), April 23, 1923, ABCFM 16.1.3 v. 7.

³³² G. Karmarkar to Lee, date unknown, v. 7. This letter was probably written in either 1922 or 1923.

³³³ G. Karmarkar to Lamson, March 19, 1921, v. 7.

enjoy a service every Sabbath and there should end our religion.”³³⁴ Towards the end of her life, Karmarkar emphasized that Indian Christian women needed to assume leading roles in their communities. Significantly, this new emphasis came after she herself had experienced the limitations of the Congregationalist Church’s gender hierarchy.

Karmarkar died in Belgaum on March 22, 1933, having done her best to live the hybrid life of an Indian and Christian woman physician.³³⁵ But in spite of her considerable achievements, Karmarkar had faced numerous obstacles in her career. These included lackluster support from American supporters, exacerbated by Congregationalist women’s subordinate position within missionary work, as well as suspicion and hostility from some non-Christians in India. Yet Karmarkar had met these challenges. While her own skills and resourcefulness were undoubtedly significant in allowing her to thrive despite the challenges she faced, Karmarkar’s relationships also played a crucial role in her professional life. Her marriage to Sumantrao and ties to the New Haven women all enabled her career as a physician even as the missionary board’s relative conservatism posed obstacles.

INDIAN MISSIONARY WOMEN: THE LONG VIEW

Despite the seeming exceptional qualities of Johnson and Karmarkar’s lives, they are representative of larger trends apparent in the relationship between Indian Christians and Protestant Americans. While the scarcity of source materials prevents me from reconstructing the lives of other Indian Christian physicians educated at WMCP in the same level of depth, the fragmented pieces that I have gathered suggest many similarities among them. These women were second- or third- generation Christians who attended missionary schools for their early

³³⁴ G. Karmarkar to Lee, February of unknown year [probably 1926 or 1927], v. 7.

³³⁵ Letter Esther Maina Karmarkar to President of the Alumnae Association, March 9, 1962, Gurubai Karmarkar Deceased Alumnae File (DAF), Drexel College of Medicine Legacy Center Archives and Special Collections.

education. Most were from families who were in high caste positions, although they had forsaken their caste in order to convert.

Dora Chatterjee, the fourth South Asian graduate of WMCP, was born in Hoshiarpur (in Punjab province). Chatterjee was a third-generation Christian, and her family had historically been of a high caste. Of her three siblings, two were also engaged in missionary work. In 1887, Dora and her parents visited the U.S. at the invitation of the Presbyterian Board of Missions. After the trip, it was arranged that the Westminster Presbyterian Church in Yonkers, New York would sponsor six years of Chatterjee's education at the Woodstock Seminary in India. Much of this cost was, at least formally, assumed by the children of the church's Sunday School. She entered WMCP in 1897, likely with Presbyterian support, and graduated in 1901. By this time, WMCP required a four-year curriculum. After graduation, Chatterjee returned to Hoshiarpur, where she was physician-in-charge at Denny Hospital for Women, a missionary hospital, for a number of years. She later married Rai Sahib Manghat Rai, a member of the provincial civil service. After marriage, Chatterjee seemingly did not continue her medical work.³³⁶

The next Indian graduate of WMCP was Ethel Maya Das. She also was of a high-caste family that had converted to Christianity. Her sisters were also involved in missionary work. Further information on the Maya Das family has been difficult to obtain. Maya Das entered WMCP in 1904 and graduated in 1908. Her classmate and later historian of the medical college, Gulielma Alsop, described her as "never missing an answer, never absent, never slighting a

³³⁶ J.C.R. Ewing, *A Prince of the Church in India: Being a Record of the Life of the Reverend Kali Charan Chatterjee, D.D., for Forty-eight Years a Missionary at Hoshiarpur, Punjab, India* (London and Edinburgh: Fleming H. Revell Company, 1918), 40-42, 90; "To the Auxiliaries, From New York," *Woman's Work for Women* 35:9 (September 1901), 265.

work, always perfect.”³³⁷ After becoming a physician, Maya Das returned to India and within a few years, was appointed as a professor of bacteriology at the North India School of Medicine for Christian Women in Ludhiana. The college was founded by British missionary Edith Brown and was explicit in its mission to train women as medical missionary workers. During the five years Maya Das spent at the college, she established bacteriological research, including the development of cultures to be used in vaccinations. She also taught obstetrics at the college on occasion. However, ill health compelled her to resign in 1915. While Maya Das married at some point after this, little else about her later life is known.³³⁸

The fifth and final Indian Christian woman to graduate from WMCP from the years 1880-1915 was Chumpa Sunthankar. Records claim that Sunthankar officially graduated and received her diploma in 1911, but there is evidence to suggest that she actually completed her coursework in 1910. While information on Sunthankar’s life is even scarcer than in the cases of Chatterjee and Maya Das, a few surviving letters from Sunthankar indicates that she, like the other women in this chapter, saw herself as helping Indian women in service to God. Writing to an American friend from Sholhapur in December of 1910, Sunthankar emphasized, “My greatest desire is to help my own women in their suffering, they need their own sex to help them and comfort them [...] Of course I am satisfy [*sic*] and happy to be here where God wants me to be and do His will.”³³⁹ But while Sunthankar was devoted to Christian service, she was probably not officially affiliated with any missionary society. Another of Sunthankar’s letters indicates

³³⁷ Gulielma Fell Alsop, “From Dr. Alsop’s Article, “The Art of Healing,”” Ethel Maya Das Lal DAF.

³³⁸ Margaret E. Burton, *Women Workers of the Orient* (West Medford, Massachusetts: The Central Committee on the United Study of Foreign Missions, 1918), 155; *Reports of North India School of Medicine for Christian Women, 1911-1916*, Yale Divinity Library, Mission Pamphlet Series 2 Box 352, Folder 2425.

³³⁹ Letter Chumpa Sunthankar to Miss Bosworth, December 23 1910, Chumpa Sunthankar DAF.

that while she received an offer to work at a hospital, she refused and instead chose to assume the work of a recently retired male physician. Sunthankar assumed his medical practice, which was possibly a private practice, as well as the “leper work” he had conducted, which was likely conducted in conjunction with a charitable organization.³⁴⁰

Within the context of all of these women’s lives, Karmarkar’s marriage stands out as exceptional. Most other Indian Christian women ended their careers in medicine upon marriage—or, in the case of Johnson, had not been able to engage in medical work until widowhood. Yet Karmarkar’s marriage to Sumantrao had, much like Andandibai Joshee’s marriage to Gopalrao, enabled her education and career. The Karmarkars’ marriage was more placid, however—or so it would seem from extant historical records. But while the Karmarkars’ marriage doubled as a professional partnership, it is important to note that it was embedded within the gender hierarchy of American Congregationalism. Karmarkar’s relationship with Sumantrao assisted her in her work largely because of the clearly secondary position that women within ABCFM were accorded. This was made obvious after Sumantrao’s death, when Karmarkar was forced to navigate the mission’s power structures as a widow. If Protestantism accorded Indian women opportunities in medical education, it also restricted them with its largely unspoken, but nevertheless present, gender hierarchy.

In the next chapter, I will discuss another group of Asian Christian women who worked as missionary physicians. They, however, came from China. While they shared Karmarkar and Johnson’s commitment to the “double mission,” the Chinese physicians enacted it in ways that differed substantially in several respects. Most notably, the Chinese physicians did what their

³⁴⁰ Letter Sunthankar to Bosworth, February 19 1911, Sunthankar DAF.

Indian counterparts by and large did not by rejecting traditional marital affiliations altogether. Their lives would be shaped by a different set of relationships.

Chapter Four: Healing Bodies and Saving Souls for China: Chinese Missionary Physicians, Imperial Affiliations, and the Nation, 1894-1945

Like many other white Protestant women physicians around the turn of the twentieth century, Mary McLean hoped to practice her chosen profession in Asia. She and her sister presented themselves as candidates for missionary work before the interdenominational China Inland Mission Board in 1904. However, the mission's physician believed that McLean's heart condition would be aggravated by China's climate. The sisters spent several months in Shanghai testing the physician's pronouncement. After this trial period they were forced to concede that McLean's health did indeed suffer in China. They concluded that God had not intended for them to work as missionaries. Yet they still wanted to help the cause of Protestant missions. In lieu of becoming missionaries themselves, they determined to help a Chinese Christian girl receive a medical education. Through missionary contacts in Shanghai, they found Tsao Liyuin, a young teacher interested in the McLeans' proposal. Tsao came to the United States with the sisters' support in 1905, entered the Woman's Medical College of Pennsylvania (WMCP) in 1907 and graduated in 1911. She was the third Chinese woman to graduate from the College and later became one of many Chinese women in the employ of US-based missionary organizations.³⁴¹ McLean's health prevented her from engaging in missionary work directly, but in Tsao she found a suitable, if unexpected, proxy.

Even in comparison to other Chinese missionary physicians such as Shi Meiyu (Mary Stone) and Kang Aide (Ida Kahn), Hu's, Li's and Tsao's successes represented class advancement. All three WMCP graduates were from humbler class backgrounds than Shi and Kang, who received their medical degrees from the University of Michigan. Tsao's career was particularly remarkable because she, unlike other Chinese missionary physicians, was not

³⁴¹ Mary McLean, *Dr. Li Yuin Tsao: Called, Chosen, and Faithful* (St. Louis: 1925), 9-13.

formally affiliated with the Woman's Foreign Missionary Society (WFMS) of the Methodist Episcopal Church or any other missionary organizations. Tsao did spend five years working for a missionary hospital established by American Quakers. Her experience in working for a mission associated with a religion on the margins of American Protestantism provides a point of comparison to the WFMS physicians, facilitating a broadened view of women's participation in Protestant missions.

Missionaries constructed a transnational space, and within the bounds of this space, possibilities for both subverting and upholding traditional hierarchies of race, gender and class abounded. Hu, Li, Tsao and other women involved with missionary work participated in an ongoing reconstruction of a community in which their shared identity as Christian women was central.³⁴² Theirs was a Christian sisterhood that transcended racial and national boundaries—although, as we will see, the community did not always operate as such.

This chapter relies heavily upon missionary sources such as annual reports and minutes from conferences. I make little claim regarding these records' accuracy, and certainly their origins produce an emphasis on the women's religious identities, as well as a generally positive account of missionary activities. For purposes of this analysis, the sources' degree of accuracy is less relevant than what they can tell us about the perspectives of missionary physicians and the choices they made in representing themselves and their work. I utilized the reports' quantitative data to provide a supplementary perspective, although I do not consider this data to be indicative of a wholly accessible truth, either. Rather, these records provide glimpses into missionary work as it was imagined and represented by a particular set of participants. Because these reports were compiled by many individuals and widely circulated among missionaries, it can be reasonably

³⁴² For concept of imagined communities, see Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London: Verso Press, 1983).

inferred that these participants consider the records to be relatively accurate representations of their work as they perceived it.

As Jane Hunter has demonstrated, American missionary women in China often advocated for traditional Victorian domesticity in their words, if not their deeds.³⁴³ By remaining single throughout their lives and openly encouraging other Chinese women to do the same, Hu, Li and Tsao actually advanced a more radical critique of conventional, heteronormative gender roles than their white colleagues. They claimed marriage and family structures as a major cause of Chinese women's oppression. While this critique of marriage was consistent with many nationalist criticisms of allegedly traditional Chinese culture, their vision of modern womanhood differed from male nationalists who wrote on issues regarding women's rights in late-Qing and early-republican China. Male nationalists emphasized the necessity of improving women's education so that they could better serve the nation as modern mothers. In contrast, missionary physicians promoted an ideal of female service in which women's personal and professional relationships with each other were paramount.³⁴⁴

But the physicians, in encouraging other Chinese women to embark on missionary work as an alternative lifestyle, obscured inequalities within Christian communities. After all, within mainline Protestant churches, women were subordinated to men. Even within women's separate

³⁴³ Hunter, *The Gospel of Gentility*.

³⁴⁴ There are many excellent works discussing the issue of women as pertaining to Chinese nationalism during the early twentieth century. These include Carol C. Chin, "Translating the New Woman: Chinese Feminists View the West, 1905-15," in Dorothy Ko and Zheng Wang (eds), *Translating Feminisms in China* (Oxford: Blackwell Publishing, 2007), 35-69; Joan Judge, "Talent, Virtue, and the Nation: Chinese Nationalisms and Female Subjectivities in the Early Twentieth Century," *The American Historical Review* 106 (June 2001), 765-803, and "Reforming the Feminine: Female Literacy and the Legacy of 1898," in Rebecca E. Karl and Peter Zarrow (eds), *Rethinking the 1898 Reform Period: Political and Cultural Change in Late Qing China* (Cambridge: Harvard University Press, 2002), 158-179. Hu Ying, "Naming the First "New Woman," in *Rethinking the 1898 Reform Period: Political and Cultural Change in Late Qing China*, 180-211.

missionary organizations that enjoyed relative autonomy, such as WFMS, women, despite their purported Christian sisterhood, were differentially positioned based on race, occupation and age. The choice to become a missionary worker rather than a wife meant accepting a different set of dependencies. Chinese missionary workers were dependent not upon husbands but upon relationships with American women. While missionaries touted these relationships as providing freedom from the shackles of traditional Confucian culture, during an era of strong nationalism, political conflict and anti-imperial unrest in China, such dependencies could take on decidedly different social meanings. As Rebecca Karl has shown, the position of Chinese women in marriage was frequently likened to slavery among nationalists in the early twentieth century. However, women's slavery within marriage was also analogized to China's purported slavery to foreign imperial powers.³⁴⁵ While many of Hu, Li and Tsao's aims were avowedly nationalist, their insistence that only conversion to Christianity and work at Christian institutions could liberate Chinese women put them well outside of mainstream nationalist thought. At times they could appear to be aligned with imperialism, especially in the wake of the May 4th period and New Culture movement.

In order to adequately address both the imperial and personal dimensions of relationships between missionary women, I refer to these relationships as imperial affiliations. Despite these associations' voluntary nature, affective components, mutual benefits for white and Chinese women, and centrality of shared religious convictions, the ties that bound Christian women together in missionary work were nonetheless affected by racial ideologies, inequalities, and imperial relationships between nation-states.

³⁴⁵ Rebecca E. Karl, "Slavery," Citizenship, and Gender in Late Qing China's Global Context," in Rebecca E. Karl and Peter Zarrow (eds), *Rethinking the 1898 Reform Period*.

A vein of scholarship that has inspired this chapter, including studies by Hyaeweol Choi, Ryan Dunch, Connie Shemo and Rumi Yasutake, has demonstrated that east Asians, far from being passive recipients of Christianity, responded to missionary organizations and utilized missionaries' ideas and resources for their own purposes.³⁴⁶ Shemo's biographical examination of Chinese missionary physicians Shi and Kang is particularly relevant to this study. In interpreting Shi's and Kang's transnational lives, which bore numerous similarities to Hu's, Li's and Tsao's, Shemo demonstrates that missionary physicians were nationalist and proto-feminist in their ideology and activities.

Many of my conclusions regarding Hu, Li and Tsao echo Shemo's work. Yet differences in the women's circumstances leads me to propose a narrative that differs somewhat. While Shemo casts Kang and especially Shi as resisters to white women missionaries' racism and imperialism, Hu, Li and Tsao do not fit so easily into the resistance paradigm. However, Paul Kramer astutely notes that resistance is not synonymous with agency in imperial encounters.³⁴⁷ While Hu, Li and Tsao certainly challenged sexism and anti-Chinese racism, at times they also participated in imperial ideologies and formations of labour. Missionary institutions featured exploitation alongside opportunity and hierarchies within purported equality. Hu, Li, Tsao and other women who chose to work for missions under these unequal conditions cannot be reduced to either resisters or enablers of imperialism exclusively, but their choices should nevertheless be recognized as expressions of agency amidst social limitations.

³⁴⁶ Hyaeweol Choi, *Gender and Mission Encounters in Korea: New Women, Old Ways* (Berkeley: University of California Press, 2009); Ryan Dunch, *Fuzhou Protestants and the Making of Modern China* (New Haven: Yale University Press, 2001); Connie A. Shemo, *The Chinese Medical Ministries of Kang Cheng and Shi Meiyu, 1872-1937* (Bethlehem: Lehigh University Press, 2011); Rumi Yasutake, *Transnational Women's Activism: The United States, Japan, and Japanese Immigrant Communities in California, 1859-1920* (New York: New York University Press, 2004).

³⁴⁷ Kramer, "Power and Connection," 1380.

THE NOVEL PROPOSITION

Even an abbreviated examination of Hu's, Li's, and Tsao's biographies indicates the centrality of already established transnational missionary networks to their early lives. Hu King Eng was born in 1865 into a prominent Christian family in Fuzhou. Her grandfather was one of the first Chinese converts to Protestant Christianity, and both her father and uncle were clergymen with the Methodist Episcopal Church in China. Hu's mother was active in missionary work and the Methodist Episcopal WFMS. As children, Hu and her sisters accompanied their mother on evangelistic visits to neighbouring families. Hu was the first student at Foochow Boarding School for Girls, a school run by WFMS.³⁴⁸ After graduating, she worked as a medical assistant to US physician Sigourney Trask, the attending physician at a WFMS hospital in Fuzhou. Trask, impressed by Hu's abilities and character, entreated WFMS leaders in the US in 1883 to pay for Hu to travel to the US so that she might be educated as a physician.³⁴⁹

WFMS leadership, however, was sceptical of such a proposition. Hu knew little English and her missionary education in Fuzhou was, by the standards of white middle-class Americans, subpar. One WFMS leader commented that "the proposition was so novel, and the undertaking

³⁴⁸ In referencing locations in China, I utilize the Pinyin Romanization style. In referencing specific organizations and institutions of the past, I use the Romanizations that were in use at that time in order to preserve historical accuracy. Regarding Hu's own name, I refer to her as Hu King Eng, although she also used the name Xu Jihong. This is not intended to suggest that Hu King Eng was her 'true' name. Because Hu was known internationally by this name, and this paper is utilizing a transnational framework, I refer to her as Hu.

³⁴⁹ Biographical information on Hu was compiled through sources which include Isaac Taylor Headland, *China's New Day: A Study of Events Which Have Led to its Coming* (West Medford: The Central Committee on the United Study of Missions, 1912); Margaret E. Burton, *Notable Women of Modern China* (New York: Fleming H. Revell Company, 1912); Frances J. Baker, *The Story of the Woman's Foreign Missionary Society of the Methodist Episcopal Church, 1869-1895* (1895, repr. New York: Eaton & Maines, 1898); Helen Barrett Montgomery, *Western Women in Eastern Lands: An Outline of Study of Fifty Years of Woman's Work in Foreign Missions* (New York: The Macmillan Company, 1910). The Hu family is also discussed by Dunch in *Fuzhou Protestants and the Making of a Modern China*, pp. 46-7.

so hazardous, that while our hearts glowed in gratitude and wonder at such a project opening such possibilities to a Chinese woman, we shrank from the cost and risk involved.”³⁵⁰ The organization's response indicates that the idea of a Chinese woman as a physician initially appeared to be a quixotic dream. However, a group of women associated with the society's Philadelphia branch assumed the costs and responsibilities of Hu's education, creating a fund not officially part of WFMS provisions.

With this aid, Hu came to the US in 1884 and began study at Ohio Wesleyan University. In 1888, she entered the Woman's Medical College of Pennsylvania (WMCP). Although Hu returned to China for two years in 1891 and 1892 to care for her ailing father, she returned to the US and graduated from WMCP in 1894, making her one of the first Chinese women physicians to graduate from any medical college. During her time in the US Hu found particular support from Sarah Keen, a woman active in the Philadelphia branch, and the Sites family, a Methodist missionary family whom Hu and her family knew in Fuzhou.

Li Bi Cu was also the daughter of a reverend, and her family lived in a small village in Fujian province. Her mother too was a devout Christian, having been left on the doorstep of a missionary-run orphanage in Fuzhou as an infant. (In more dramatic renditions of this tale, Li's mother was abandoned to the streets of Fuzhou.) Like Hu, Li received her early education in a missionary boarding school. During the course of her education, Li met Elizabeth Fisher Brewster, a long-time missionary teacher in China. Brewster and a missionary physician were impressed with Li. In accordance with the wishes of Li and her father, Brewster brought Li to the US in 1897. Li first went to a public secondary school in Herkimer, New York. She then

³⁵⁰ *Fifteenth Annual Report of the Woman's Foreign Missionary Society of the Methodist Episcopal Church for the Year 1884*, p. 26. Subsequent citations of the annual reports will use the abbreviation *Annual Report of WFMS*.

attended the Folts Institute in New York, a WFMS-sponsored institution that educated future missionaries, and after two years there went on to WMCP. A woman referred to as 'Miss Allen' from the New York branch of WFMS assumed the costs of Li's education, and she graduated WMCP in 1905, after a total of eight years in the U.S.³⁵¹

Like Hu and Li, Tsao was the daughter of a minister. Her father, Tse Zeh Tsao, had taken an idiosyncratic path to Christianity. During the Taiping Rebellion (1850-64), his parents sent him to relative safety in Shanghai, where he studied at a school run by Methodists from the southern US. There he met Reverend Walter Lambuth, who took Tsao to the U.S. in 1859. While in the US, Tsao led a varied life as a servant in the Confederate army, apprentice in a Georgia print shop and student of medicine and theology. He pledged himself to missionary work and returned to Shanghai in 1869, where he married the sister of a Chinese Episcopal priest. The couple settled in Suzhou and established a new Methodist church, of which Tsao was pastor. Tsao Liyuin was one of six children, all of whom received Western educations. She was first educated in a missionary school in Suzhou and later attended the McTyiere School in Shanghai. After attending another missionary school in Nagasaki, Japan, for two years, Tsao returned to teach at the McTyiere School. Around this time, the McLeans began their search for a young Chinese woman whose education they could sponsor. Helen Richardson, principal of the

³⁵¹ Biographical information on Li Bi Cu is compiled through multiple sources, including 'China: One of China's New Women', *The Missionary Review of the World* (March 1913), pp. 228-9; Elizabeth Fisher Brewster, "Li Bi Cu," *Western Christian Advocate*, 30 June 1897, p. 809; Mary Schaffler Platt, *The Child in the Midst: A Comparative Study of Child Welfare in Christian and Non-Christian Lands* (West Medford.: The Central Committee on the United Study of Foreign Missions, 1914); Margaret E. Burton, *Comrades in Service* (New York: Missionary Education Movement of the United States and Canada, 1916).

McTyiere School, recommended Tsao, who travelled to the U.S. in 1905. After two years of preparatory work, Tsao entered WMCP in 1907 and graduated in 1911.³⁵²

For all three women, travel to the US marked a continuation of engagement in transnational missionary networks already in place. Missionary discourses represented Hu's, Li's and Tsao's educational achievements as a triumph of Protestant evangelism in China and especially of Protestant missionary women's establishment of schools for girls. While early advocates of women missionaries envisioned missionary relationships as vertical ones in which white women would uplift Asian and Middle Eastern women through their mere presence, the women's lives suggest that missionary encounters between women could develop into more mutual and dynamic relationships of mentorship and support. Ultimately, the success of Hu, Li, Tsao and other Chinese women educated in the US encouraged missionary organizations dominated by white women to support higher education for Chinese women and establish a transnational, interracial Christian labour force that included some Chinese women in leadership roles.

Because the women and many of their parents began their Christian service in clearly subservient roles within missions and the church hierarchy, becoming missionary physicians represented upward mobility. Even in contrast with fellow Methodist missionary physicians Shi and Kang, Hu, Li and Tsao signified how missionary tutelage could enable economic class mobility. While Shi and Kang entered the University of Michigan's medical school soon after arriving in the US, Hu, Li and Tsao all received some preparatory education in the U.S. prior to entering WMCP. This indicates that comparatively fewer resources were available to their

³⁵² Biographical information on Li Yuin Tsao was compiled primarily through McLean, *Dr. Li Yuin Tsao*. Corroborating information on Tse Zeh Tsao obtained through *Golden Jubilee: Commemoration Volume of the Fiftieth Anniversary, China Annual Conference, Methodist Episcopal Church South 1886-1935* (Shanghai: Methodist Episcopal Church South, 1935).

families in China. They had not been able to obtain prior education that was comparable to Kang's and Shi's early education. Their sojourns, and dependence on missionary women in the U.S., spanned a longer period of time.

MODERN WOMEN IN AMERICA

While the women were in the U.S., missionary networks continued to shape their lives, providing them with opportunities to present alternative representations of Chinese womanhood that challenged racist and Orientalist depictions common among white Americans.³⁵³ Since Chinese immigration was almost entirely barred by U.S. law during this period, the women required exemptions just to enter the country, which they obtained through their missionary contacts. The women's missionary connections allowed them to assume some measure of public visibility and respectability usually denied to female immigrants from Asia.

As Derek Chang has demonstrated, many white Protestants involved in missionary movements were relatively progressive on racial issues because they believed that Christian piety could supersede race as a measure of character.³⁵⁴ Accordingly, white missionaries perceived Hu, Li and Tsao as living embodiments of the potential of Chinese people, once Christianized. Their presence served to promote missionary work and white missionaries' interests. A report of the 1886 meeting of the WFMS Philadelphia Branch proclaimed that 'the touching recital of King Eng's story, told by herself, brought the listeners into very close contact with the results of foreign mission effort, which often seems so intangible to the indifferent. Here was the direct evidence that labor for God cannot be in vain'.³⁵⁵ While positioning Hu's piety as a product of

³⁵³ Carmen Birkle, "'Orientalisms in 'Fin-de-Siècle' America," *American Studies* 51 (2006), 323-42.

³⁵⁴ Derek Chang, *Citizens of a Christian Nation: Evangelical Missions and the Problem of Race in the Nineteenth Century* (Philadelphia: University of Pennsylvania Press, 2010).

³⁵⁵ *Annual Report of WFMS, 1886*, 75.

missionary work was somewhat misleading, as she was a third-generation Christian who had not been personally converted by a missionary, Hu's success and visibility nevertheless came to exemplify the righteousness and potential of missionary work. Through this discursive construction, Hu herself came to stand as a product of missionary labour. Yet Hu was also *providing* her own labour and image to the mission, as she did continually throughout her life. Her presence at missionary meetings and personal narrative likely aided WFMS in its fundraising efforts.

In an ironic turn, the students were frequently described as exemplars of Christian piety to be emulated by wayward American Christians. While the women were engaged in evangelism in the US, Tsao developed a close relationship with Dolores Marchand, a Puerto Rican classmate, who was apparently converted to Protestantism over the course of the relationship.³⁵⁶ The women also 'converted' white Protestant Americans. One account of Hu's biography claims: "While in this country her influence is very helpful to others. One mother exclaimed, "Little did I dream when giving money for the work in China that a Chinese girl would lead my daughter to Christ!"³⁵⁷ This narrative reveals how Hu utilized her time in the US to reverse the usual script of missionary encounters. Although the woman quoted in this account supported missionary work with the intention of helping white women to convert Chinese girls, it was a young Chinese woman who 'saved' her own daughter, who had apparently strayed from the path of Protestant devotion prior to Hu's intervention. This was socially transgressive. As Tracy Fessenden has argued, the association between femininity and piety so prominent in nineteenth-century American culture was effectively limited to middle-class white women, although other

³⁵⁶ McLean, *Dr. Li Yui Tsao*, pp. 19-20.

³⁵⁷ Sarah Moore Sites, "Hu King Eng, M.D," General Commission on Archives and History of the United Methodist Church (GCAH), Mission Biographical Reference Files (MBRF), 1468-4-2:11 Hu King Eng and Hu May.

women were also affected by this ideology.³⁵⁸ Hu upheld the association between women and piety so central to Victorian gender ideology, but subverted its underlying racial ideology.

The women also professed their faith to their American classmates, most of whom were young white women of Protestant background if not practicing Protestants. According to the author and American missionary Margaret Burton (1885-1969), who wrote extensively about women's missionary work, the trend towards secularism in American society at the turn of the twentieth century proved troubling for Li. Burton claimed, "While in the medical college Li Bi Cu came in contact with the type of student who refuses to believe anything which cannot be proved by a scientific formula. Some of them told her that the religion which her parents and the missionaries had taught her was no longer believed by any intelligent person in America, but was simply an old tradition which educated people did not accept."³⁵⁹ Burton positioned this experience as a trial of faith for Li, which she overcame. In the process of resisting other medical students' agnosticism, Li disproved their claim that professional education and piety were at odds with one another. This story, and the anecdote about Hu's conversion of a young white girl, suggests that white women who supported missionary Chinese physicians—who tended to be of an older generation and were themselves less likely to have received extensive higher education—were troubled by a perceived trend. They feared that the younger generation, particularly girls, were turning away from faith, even as educational opportunities for women in the US became increasingly available.³⁶⁰ Hu, Li and Tsao were hence exemplars of modern but still pious Protestant womanhood, less visible in mainstream U.S. culture, in that they were

³⁵⁸ Tracy Fessenden, "Gendering Religion," *Journal of Women's History* 14 (Spring 2002), 163-9.

³⁵⁹ Burton, *Comrades in Service*, pp. 102-03.

³⁶⁰ Barbara M. Solomon, *In the Company of Educated Women: A History of Women and Higher Education in America* (New Haven: Yale University Press, 1985).

educated *and* faithful, engaging in professional pursuits out of a selfless devotion to global Christianity rather than individual ambition.

But while the women were perceived as exceptional Chinese people—unlike the non-Christian majority—they nevertheless were often described in terms that are clearly racist and Orientalist in secular media outlets. Frequently referred to as ‘celestial maidens’, U.S. newspapers and periodicals reporting on the women’s activities typically described their physical appearances and attire in detail. Throughout these descriptions, there is an underlying tone of wonder—as though the writers could not quite believe that there were Chinese women, dressed in Chinese garb, who were well-educated, Christian and pursuing careers in the male-dominated field of medicine.³⁶¹ The women were invariably subjected to the curious gawking of white Americans in the U.S. This attention may not have been entirely welcome, but they strategically utilized it to demonstrate to white Americans the capabilities and possibilities of educated, modern Chinese women. For instance, one 1895 newspaper article reporting Hu’s departure to China recounts: “The Chinese women, [Hu] says, are waking up and getting to be progressive in their ideas. They want to become educated and to take part in the work of the world like the women of Western [*sic*].”³⁶² This account indicates that when given opportunities to act as spokeswomen for Chinese women, the physicians used them to present Chinese women as progressing into modernity through education and Christianity.

While in the U.S., the women maintained a distinctly Chinese style of dress. Through their sartorial choices, the women challenged Americans to rethink their notions of Chinese

³⁶¹ For examples, see “The New Woman in China,” *Meriden Daily Republican*, 25 June 1897, p. 15; “The First Chinese Woman Doctor,” *New York Sun*, 14 September 1895, p. 3; “A Chinese Lady to Study Medicine,” *The New York Times*, 9 May 1884, 5; ‘Miss Li Bi Cu’s Predicament’, *The New York Times*, 28 April 1900, 5.

³⁶² “The First Chinese Woman Doctor”, p. 3.

womanhood through their occupational activities rather than physical appearance. In this way, they echoed Joshee. By emphasising both their modernity and their Chinese-ness, they demonstrated Chinese women's compatibility with Western ideas and culture. In this, their self-presentation corroborated the progressive Protestant view that religion trumped race. They were also similar to male reformist and nationalist figures of the late Qing period, including Kang Youwei and Liang Qichao.³⁶³ Like these reformers, the women insisted that China's hoped-for transformation into a modern nation on par with Japan and the West needed to include enlightenment of Chinese women: improvements in educational and professional opportunities for girls and women and the cessation of foot-binding customs.³⁶⁴

The women physicians embodied all of these aspects of Chinese women's modernisation. As educated women, they were pursuing a course of study that was uncommon, and sometimes frowned upon, even for young white women in the U.S.³⁶⁵ Their unbound feet also symbolized their liberated status. Unlike Shi Meiyu, who was often hailed in U.S. publications as the first high-status Chinese woman never to have bound feet, Hu's feet actually were bound during part of her childhood, which was widely publicized. The issue was a contentious one between her parents. Her father insisted that Hu, their first-born daughter, have natural (*tianzu*) feet, while her mother wanted to bind Hu's feet. On several occasions, Hu's feet were unbound and re-bound as her parents and other relatives debated the matter. Hu herself begged her parents to bind her feet, conscious of the social ostracism faced by large-footed women in China. Her father ultimately prevailed, however, and Hu's feet grew naturally.

³⁶³ Zheng Wang, *Women and the Chinese Enlightenment: Oral and Textual Histories* (Berkeley: University of California Press, 1999).

³⁶⁴ For history of foot-binding and anti-foot-binding, see Dorothy Ko, *Cinderella's Sisters: A Revisionist History of Footbinding* (Berkeley: University of California Press, 2005).

³⁶⁵ Morantz-Sanchez, *Sympathy and Science*.

According to Hu's later accounts, she experienced an epiphany regarding her unbound feet while in the U.S. and running late for her train while in Chicago. She sprinted towards the train platform to make the train on time and, at that moment, experienced a rush of gratitude that her feet were unbound so that she might make her train. She repeated this story frequently throughout her life, and in many ways this story is a microcosm of her time in the U.S. as a whole, in accordance with the narrative Hu crafted. By being in the U.S., and engaging in quintessentially modern activities such as riding trains, running through streets and studying medicine, the girl who had once begged her parents to bind her feet had become a modern woman, entering modernity at a run.³⁶⁶

Although there was no formalized residency system in the U.S. at this time, the women engaged in training outside of WMCP while in the U.S. Hu was a resident at the Philadelphia Polyclinic, a post-graduate program for medical students, and specialized in ophthalmology. She likely selected this specialty due to the high incidence of eye disease in China, as reported by missionaries. Hu later interned at a Boston hospital.³⁶⁷ Li studied hospital administration and nursing at the Homeopathic Hospital in Rochester for two summers, and was an intern at the

³⁶⁶ Lydia A. Wilkinson, "In Memoriam, Hu King Eng, M.D.," GCAH-MBRF, 1468-4-2:11; Burton, *Notable Women of Modern China*, pp. 15-70; *Official Minutes of the Foochow Woman's Conference of the Methodist Episcopal Church, 1903*, p. 78. All editions of the *Official Minutes of the Foochow Woman's Conference of the Methodist Episcopal Church* cited hereafter will be referred to as *Official Minutes of FWC*, and were accessed through the Yale University Divinity School AdHoc Image and Text Database on the History of Christianity.

³⁶⁷ "Extracts from the Annual Announcement of the Philadelphia Polyclinic and College for Graduates in Medicine, 1895," in *The Philadelphia Polyclinic* 4:12 (March 23, 1895), 181-183; Sites, "Hu King Eng, M.D.," Annie Ryder Gracey, *Supplement to Medical Work of the Woman's Foreign Missionary Society of the Methodist Episcopal Church* (Boston: Woman's Foreign Missionary Society of the Methodist Episcopal Church, 1888), 28. Scholars such as Larissa N. Heinrich and Guangqiu Xu have also commented on the significance of eye disease for medical missionaries in China. See Heinrich, *The Afterlife of Images: Translating the Pathological Body Between China and the West* (Durham and London: Duke University Press, 2008), especially 4-14; Xu, *American Doctors in Canton: Modernization in China, 1835-1935* (New Brunswick and London: Transaction Publishers, 2011).

New England Hospital for Women and Children after graduating.³⁶⁸ Tsao was an intern at the Mary Thompson Hospital for Women and Children in Chicago for a year, and then spent several months at Bethesda Hospital in St. Louis, where she focused on study of obstetrical surgery.³⁶⁹ During this time period, specialization was first emerging within American medicine. Although the women would not, in their future work in China, have the luxury of a specialized practice, they nevertheless participated in the specialized training system that was then emerging in American medicine.

The women were subjected to racialization in professional settings by patients and colleagues alike. Bertha Van Hoosen, the supervising physician at Mary Thompson Hospital in Chicago, where Tsao interned for a year, admitted later in life that she was initially concerned about Tsao's appointment. In a letter written after Tsao's death, Van Hoosen confessed, "I got so that I actually dreaded her coming, because of her nationality, and of the probable prejudice against her. But, like a fog before a blaze of sunshine, all my fears were scattered by her very presence. Literally she came, was seen, and conquered."³⁷⁰ Van Hoosen continued to recount the story of an irritable patient, an eight-year-old boy in need of a tonsillectomy who expressed contempt for everyone in the hospital except for 'the Chinaman,' meaning Tsao. Van Hoosen's contention that Tsao was able to 'conquer' all prejudice likely presents an overly rosy portrait of the situation, but the account nevertheless captures the complexities how many white Americans came to perceive the women. According to this narrative, the women were able to overcome prejudice and change people's minds about Chinese people through sheer power of character and

³⁶⁸ "Personals," in *The American Journal of Nursing* 7:2 (Nov. 1906), 145

³⁶⁹ McLean, *Dr. Li Yuin Tsao*, 22-28.

³⁷⁰ Bertha Van Hoosen, as quoted in McLean, *Dr. Li Yuin Tsao*, p. 92.

ability. However, Van Hoosen's fears that Tsao would encounter prejudice indicates the presence of anti-Chinese racism in the US—including, perhaps, her own.

Because missionaries and supporters of missions were among the few white Americans to oppose immigration laws excluding Chinese migrants, on occasion missionary publications' accounts of the women's activities in the U.S. explicitly challenged anti-Chinese attitudes.³⁷¹ In one anecdote about Li that was frequently repeated in missionary publications, Li's train was en route to San Francisco prior to her departure to China and ran over a man described as an eastern European immigrant. Although he was haemorrhaging severely, Li tended to him and kept him alive until he was taken to a hospital. Missionary publications proudly recounted this incident. Mrs. Stephen L. Baldwin, in a pamphlet describing the history of WFMS work in China commented that "one can but wonder if he [the injured man] was anti-Chinese."³⁷² Repetition of this incident in the missionary press challenged anti-Chinese attitudes among whites in the U.S. and positioned Li as a saviour of American and Chinese people alike. Collectively, Hu's, Li's and Tsao's activities in the U.S. demonstrate that cross-cultural flows instigated by Protestant missionaries did indeed flow in multiple directions, many of them unanticipated. They were not passive recipients of charity, but active participants in American life in a number of spheres. Yet the racism and Orientalism in American culture still exerted influence on their interactions with Americans and, indeed, shaped the choices available to them.

³⁷¹ See Chang, *Citizens of a Christian Nation*.

³⁷² Mrs. Stephen L. Baldwin, "Historical Summary of the Work of the Woman's Foreign Missionary Society of the Methodist Episcopal Church of the United States from 1871 to 1906," 13, Burke Library (BL) at Union Theological Seminary (UTS), Missionary Research Library (MRL).

AFFECTIONS, AFILIATIONS, AND DEPENDENCIES

All three women returned to China within a year or two of graduation, but their professional lives continued to be enmeshed in transnational missionary networks. Because Hu and Li were both financially supported by WFMS, they spent their careers at hospitals developed by WFMS. Hu was assigned to Woolston Memorial Hospital in Fuzhou, the city where she was born and a center of Protestantism in China. Though the hospital itself went through several buildings during the thirty-plus years in which Hu served as physician-in-charge, it remained open despite the political turbulence that struck the city following the 1911 Revolution. Hu spent her entire career at Woolston Memorial until a mob destroyed the edifice in 1927.³⁷³

Li, after her 1905 graduation, was assigned to work at a WFMS hospital in Luntien, a rural village in Fujian province. In 1921, she moved to Futsing, a small city nine miles away from Luntien. For her first five years in Futsing Li conducted hospital work in rented buildings, but in 1926 she was able to secure a permanent location for her hospital, Lucie F. Harrison Hospital, with the help of the provincial governor. She worked in Luntien for at least the next twenty-eight years. Although she retired briefly for a year and a half around 1946, Li returned to medical work a year and a half later. While less is known about Li's life following the 1949 Communist Revolution, she did receive some financial support from WFMS after her retirement.³⁷⁴ In practicing medicine for more than four decades, Li underwent China's political

³⁷³ *Fifty-Eighth Annual Report of the WFMS of the MEC for the Year 1927*, 53, GCAH Records of Women's Division, 2600-2-4:10; *Twenty-Seventh Annual Report of the WFMS of the FEC for the Year 1895-1896*, 41. Accessed at BL MRL. The veracity of missionaries' claim that Woolston Memorial Hospital was destroyed by Communist soldiers cannot be verified.

³⁷⁴ See Letter Li Bi Cu to Guilelma F. Alsop August 5 1949, in Li Bi Cu Deceased Alumnae File (DAF) at Drexel University Legacy Center Archives (DULCA), Women in Medicine collection (hereafter referred to as WMC); Li, "Lucie F. Harrison Hospital," GCAH Mission Geographical Reference, 1920-1970, 1459-4-2:27; Foochow Conference Lucie F. Harrison

turmoil in the first half of the twentieth century. While all of the physicians experienced the 1911 Revolution and its aftermath, Li also practiced medicine throughout the political unrest of the 1920s and 30s, World War II and Japan's occupation, and China's civil war between Nationalists and Communists.

Tsao, unlike Li and Hu, was not formally affiliated with any missionary society. The McLean sisters who funded her education wanted her to choose her own career path. She chose to begin her medical practice at a Quaker missionary hospital in Nanjing, where she worked for five years. Like Woolston Memorial, the hospital at which Tsao worked remained open amidst warfare in the early 1910s. In 1918, Tsao was offered a position at a government-run hospital for women and children in Tianjin. She accepted the position, after obtaining permission to operate the hospital much like a missionary hospital. Although this position was much higher-paying than that which Tsao held at the Quaker hospital, the financial advantage was almost entirely obviated because she paid evangelical workers out of her own salary. Her career was relatively brief; in 1922, she died of Bright's disease, which ran in her family.³⁷⁵

None of the women married, although both Hu and Li raised adoptive children, indicating their willingness to forge family structures outside of heteronormative standards. The women devoted their lives to medical missionary work, termed 'the double mission' in missionary parlance. In their work as physicians, they assumed a number of other roles, including teacher, administrator, evangelist and fundraiser. In fulfilling these duties, relationships with American women continued to be critical. Missionary records indicate that these relationships included affection and mutual dependency, but also featured material inequality.

Hospital Futsing, Chin; Letter Zela W. Worley to Connie Myer April 10 1972, GCAH MBRF, 1469-4-7:44, Li Bi Cu.

³⁷⁵ McLean, *Dr. Li Yuin Tsao*.

By the late nineteenth century, WFMS had developed a complex, multi-tiered organizational apparatus that facilitated connections between missionaries in the field and their supporters in the U.S. There were many geographically-defined “conferences” within WFMS, and China was divided into six to eight conferences. Both Hu and Li spent their careers working in the ‘Foochow Conference’, a region including not only Fuzhou itself but the entirety of Fujian province. Each conference had its own rotating leadership and organizational structure. The Foochow Conference, which was bilingual in its proceedings within China, typically had two sets of officers—one designated as English (speaking) and the other as Chinese.³⁷⁶ Dunch claims that the records of the Foochow Conference’s annual conference (which provide a significant portion of this chapter’s sources), “show us Chinese Protestant women in the process of building their own separate institutional spheres, in which they ran meetings, spoke in public, debated and voted, prepared reports, and exercised oversight of the schools, hospitals and so on for women.”³⁷⁷ Dunch is correct in asserting that Chinese women assumed leadership positions, public visibility and autonomous activity within missionary conferences. At the same time, however, the significance of the linkages which tied Chinese Christian women with white American women should not be overlooked. Despite the authority that some Chinese women assumed, these linkages were critical to the distribution of resources that kept missionary institutions in operation.

Conferences in the mission field paralleled organizational structures in the U.S. Like the Foochow conference, the U.S. organization had geographically-defined branches. Within each

³⁷⁶ Ryan Dunch, “‘Mothers to Our Country’: Conversion, Education, and Ideology among Chinese Protestant Women, 1870-1930,” in Jessie G. Lutz (ed.), *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility* (Bethlehem: Lehigh University Press, 2010), 324-250.

³⁷⁷ Dunch, ‘Mothers to Our Country’, 332.

branch there were conferences and districts. Within each district, the smallest unit was the individual organization. Oftentimes, these organizations were associated with particular Methodist churches. Smaller units within WFMS typically had their own set of officers. Additionally, there were organizations for children and ‘young ladies’ associated with WFMS in which children and adolescent girls raised money for missionary activities under the supervision of older women.

The extensiveness of the organization’s apparatus in the U.S. allowed many American women to assume leadership positions within the organization, usually as volunteers, but sometimes as paid workers. The organization’s structure also facilitated on-going communication between WFMS women in the U.S. and those abroad. Conferences in the mission field, and branches in the U.S., had corresponding secretaries responsible for maintaining these contacts. Branches were most concerned with the missionaries and missionary work that they sponsored directly. Missionary workers in the field wrote annual reports of the year’s work, which were presented at annual missionary conferences in both China and the U.S. Corresponding secretaries for the conferences would synthesize or forward these reports to the corresponding secretaries of branches that supported their work, and to the national WFMS. Accordingly, the physicians’ reports travelled, albeit in abbreviated form, to various WFMS publications and meetings at both the regional and national levels. In this way, a Methodist woman in Philadelphia only marginally involved with WFMS could learn about Hu’s medical work in Fuzhou by reading *The Heathen Woman’s Friend* (later *The Woman’s Missionary Friend*) or by listening to an abbreviated version of the report at a local meeting. While these chains of communication were mediated, these global communications served to create an

“imagined community” of missionary women in widely disparate sites engaged in common pursuits.³⁷⁸ WFMS was locally oriented and globally connected.

Transnational networks between missionary women included interpersonal relationships as well as practical and financial support. Hu described Sarah Keen, who served as corresponding secretary for the Philadelphia Branch for many years and who knew Hu during her time in the U.S., as “my very dear friend, teacher, and secretary.”³⁷⁹ Keen never went to China, nor did Hu return to the U.S. following her departure in 1895, yet Keen and Hu had a personal and professional relationship that spanned many years. Hu sent Keen reports about her work at Woolston Memorial Hospital and the hospital’s needs. Keen, in turn, raised funds for the hospital and communicated information to possible supporters in the US. These networks were essential for financing medical missionary work. Although missionary hospitals were partially supported by Chinese donors and patient fees, they relied heavily on donations from the U.S., especially in their first years of operation. Typically, missionary hospitals received at least \$1,000 of support per year—and sometimes quite a bit more.³⁸⁰ American donors also provided funds for new hospital buildings and other special expenses.

Because of the local orientation of WFMS-affiliated organizations, missionary hospitals and other institutions were not simply allotted a lump sum each year. Donations were allotted for specific purposes. Individuals and group donations went towards particular expenses such as a nurse’s salary or hospital maintenance. WFMS annual appropriations reports listed each branch’s appropriations in great detail. For instance, the 1915 report indicates that WFMS allotted \$75 for

³⁷⁸ On the concept of imagined communities, see Anderson, *Imagined Communities*.

³⁷⁹ Hu King Eng, as quoted in *Official Minutes of FWC, 1906*, pp. 48-50.

³⁸⁰ ‘Mission Blank 133’, 1914, folder 333, box 19, series 1.2, Record Group 4-China Medical Board (CMB), Rockefeller Foundation Archives (RFA), Rockefeller Archives Center (RAC), Sleepy Hollow, New York; ‘Mission Blank 143’, 1914, folder 344, box 20, series 1.2, RG 4-CMB, RFA, RAC.

repairs at Woolston Memorial Hospital in 1916, paid for by the Philadelphia branch, which also covered Hu's salary annually.³⁸¹ The branches' own annual reports are even more specific. Each expense funded by the branch was actually sponsored by an individual or group. Li's annual salary, for example, was provided by the "Dr. Li Bi Cu Standard Bearers Missionary Genesee Conference," a conglomerate of WFMS young ladies' branches centred in Genesee, New York.³⁸² Generally, the same group or individual would pay for the same expense every year. When donors could not continue their contribution, it was the responsibility of a branch officer to find a new party who could assume responsibility for the expense.³⁸³ Groups also provided non-monetary donations to affiliated projects. The Genesee Standard Bearers who covered Li's salary, for instance, donated bandages and other needed items to Li's hospital on several occasions. In recognition of this support, Li oftentimes specifically thanked the Genesee Standard Bearers and other local organizations associated with the New York Branch in her annual reports.³⁸⁴ Donation protocols hence included material as well as monetary exchange, fostering a dual personal and financial relationship between donor and recipient.

The system of specified donations required careful coordination and planning among WFMS officers. A system that put all contributions into a common pool would probably have been easier to administer. But the system was not utilized for its efficiency. Rather, it served to strengthen and personalize the ties between missionaries and their supporters in the US. Donors could feel as though they had contributed to a specific aspect of mission work. Some supporters

³⁸¹ *Annual Report of WFMS, 1916.*

³⁸² *Annual Report of the New York Branch of the WFMS of the Methodist Episcopal Church, 1905*, 64, BL, UTS, Union Theological Seminary Stacks (UTSS).

³⁸³ *Annual Report of the Philadelphia Branch of the WFMS of the Methodist Episcopal Church, 1912*, 115, BL-MRL.

³⁸⁴ *Annual Report of the NY Branch of the WFMS, Methodist Episcopal Church, 1909*, BL-UTSS; *Official Minutes of FWC, 1908, 1909, 1911, 1914, 1915.*

did donate as individuals, and those whose contributions were particularly large could expect to have buildings, rooms, scholarships and other entities named in their honour. However, even individual donors appear in WFMS records in terms of their association with local organizations. For example, the 1912 report of the Philadelphia branch indicates that Annette Locke of the South Avenue Church in Wilkesburg, Pennsylvania, contributed towards Woolston Memorial's 1913 operating expenses. The same report states that the Christ Church Auxiliary in Pittsburgh paid for a nurse in Fuzhou that year.³⁸⁵ This method of record-keeping illustrates an important aspect of WFMS operations. Regardless of whether a given expense was provided by one individual or a group, donors' associations with local organizations were paramount. When Locke donated to Woolston Memorial Hospital, she did so as a member of the South Avenue Church. For the many WFMS women who neither entered the mission field themselves nor held nationally recognized positions, the system of specified donations provided a sense of communal pride along with opportunities for global engagement.

Within WFMS, the specified donation system had its critics. In 1901, the Society resolved to try to move away from the system when funding scholarships, teachers, and evangelistic workers. Many believed that "this system is detrimental to the fundamental principles of our Christian service in that such gifts frequently prove to have been of a merely temporary and philanthropic character instead of being offerings made to the Lord Christ, and to the general advancement of His Kingdom."³⁸⁶ This indicates that many WFMS women distinguished true "Christian service" from secular philanthropy, and worried that the specified donation system led missionary work to lose its specifically Christian character. However, WFMS continued to rely

³⁸⁵ *Annual Report of the Philadelphia Branch of WFMS, 1912*, pp. 90-110.

³⁸⁶ *Thirty-Second Annual Report of the WMS of the MEC, 1900-1901*, 241. Accessed through HathiTrust (hereafter HTDL).

on the specified donation system well after 1901. In all likelihood, the system was too effective as a fundraising tool to relinquish.

Due to the physicians' on-going connections with American missionaries, they continued to receive press coverage in the US after their return to China, especially in missionary publications. These representations elaborated upon the women's image, already established in missionary circles, as pious, Christ-like figures. In U.S. publications, certain anecdotes about the women recur repeatedly, becoming apocryphal of their abilities. For Hu, who was often referred to as 'the miracle lady' in U.S. publications, the story of how she cured an elderly woman's blindness through double cataract surgery took on iconic status.³⁸⁷ When this story was retold, however, Hu's skill as a surgeon was not emphasized nearly as much as her capacity to enact a miracle. Like Christ himself, Hu led the blind to see. Scientific medicine was merely the instrument she used.

That Hu and the other women physicians were represented as divine, Christ-like figures suggests that they were, at least in some respects, successful in challenging racial assumptions that Chinese people were inherently sinful. These portrayals also challenged more typical images of China and Chinese women that appeared in the US because in stories about the physicians, Chinese women were the enactors of philanthropic work—while most missionary stories positioned Asian women simply as recipients and benefactors of white women's sacrificial labour. Nevertheless, the physicians' financial dependency on white American women demonstrates that despite Hu's, Li's and Tsao's willingness to reverse the script of missionary encounters, power relations between them and their supporters were asymmetric.

³⁸⁷ James S. Dennis, "The Value of Medical Missionary Work," *The Gospel in All Lands* 20 (August 1899), 344-50; M.C. Meyer, "In Woman's Line," *Table Talk* 12 (October 1897) 355-6; Untitled news item, *Mission Studies* 16 (April 1897), 100.

All three women remained single for life, and this was also a key component of their representations in the US missionary discourse—which the physicians upheld—that suggested marriage and Confucian family structures were at the root of Chinese women’s oppression. Despite remaining single, both Li and Hu raised adoptive children, Hu with her sister and assistant Hu Seuk Eng.³⁸⁸ As was the case for other women involved in missionary work in China, missionary status provided women with opportunities for unorthodox family arrangements while maintaining social respectability.³⁸⁹ But while there was some ambivalence about middle-class white women missionaries’ “spinsterhood,” the Chinese physicians’ choice to remain single was celebrated in missionary discourse as another sign of their devotion and liberated status relative to other Chinese women. Tsao received a marriage proposal from another Chinese student while she was in the US. Although she considered the proposal, Tsao decided to decline after hearing the man in question speak disparagingly of Christ over dinner.³⁹⁰ Like Catholic nuns, the missionary physicians were symbolically married to their work and to God.³⁹¹ However, this narrative obscured their dependency on the mission itself, and by extension their US supporters.

WOMEN’S WORK FOR WOMEN

Despite the high esteem with which Chinese missionary physicians were regarded, the physicians were nevertheless workers who provided considerable labour to missions for relatively little compensation. Unlike most white women who worked as missionary physicians

³⁸⁸ “From a Letter from Mrs. Wilkinson,” RWD, 2589-3-5:7 Foochow Conference – Correspondence and Records, GCAH.

³⁸⁹ Hunter, *The Gospel of Gentility*.

³⁹⁰ McLean, *Dr. Li Yuin Tsao*, 22.

³⁹¹ For elaboration of single missionary women's symbolic marriage to their work, see Elizabeth Prevost, ‘Married to the Mission Field: Gender, Christianity, and Professionalization in Britain and Colonial Africa, 1865-1914’, *Journal of British Studies* 47 (October 2008), pp. 796-826.

in China, Hu, Li and Tsao lived in or close to the hospitals where they worked, most likely increasing their relative workloads. The physicians worked long hours and took few breaks, working especially hard during periodic epidemics. Their reports to friends and fellow missionaries frequently begin by mentioning their exhaustion and busy schedules. On more than a few occasions, the women took extended leaves in order to improve their health. They believed that in performing this arduous labour they were serving God, for which they would eventually receive divine rewards. They positioned themselves within the tradition of Christian martyrdom. As Hu described in one of her reports to the Foochow Woman's Conference, "we Christians too have to walk on rugged roads, across mountains of sin in this world... Therefore even if many hardships come to us, we should bear them patiently, for our affliction in this world is but for a moment and the reward in the world to come is eternal."³⁹²

Hence the physicians publicly demonstrated their capacity for selfless service. In their descriptions of their work, the physicians' work does not appear as a scientific pursuit, gendered as male. Rather, medicine is constructed as a decidedly feminine pursuit rooted in self-sacrifice. This is consistent not only with Victorian notions of womanhood, but also dovetails with Chinese ideals pertaining to female virtue, which Joan Judge has shown to be central to the formation of a conservative nationalist ideology in China, as translated from Japan.³⁹³ However, while Hu's self-presentation was consistent with nationalism, her most pressing concern was not the nation itself, but her own salvation and that of others.

But while the physicians stressed divine rewards they believed they would receive in the world to come, compensation in the material world was also relevant to their lives. In comparison to white WFMS missionaries in China, Hu and Li were under-compensated. Their

³⁹² Hu, as quoted in *Official Minutes of FWC, 1902*, 38.

³⁹³ Judge, "Talent, Virtue, and the Nation."

salaries were consistently at least 25 to 34 percent lower than their white counterparts in the missionary field—and sometimes the gap was greater than that, as when Li first began her work.³⁹⁴ Hu and Li also received regular “gifts” from American sponsors, hence supplementing their lower salaries. But the clear differences between a regular salary and supplemental “gifts” from individual patrons further indicate the physicians’ esteemed yet dependent positions within the mission.³⁹⁵

It is difficult to say how the women felt about the pay discrepancy. Because salaries were regularly published in official WFMS reports, the salary gap was common knowledge among WFMS workers. Hu and Li were probably reluctant to complain. Expressing excessive concern about monetary remuneration would have seemed unseemly and materialistic, whereas missionaries preferred to present themselves as selfless servants. Still, there is fragmentary evidence suggesting that the women were not entirely indifferent to the issue. When Hu received a raise in 1921 and Li did not, the situation was rectified the following year. This suggests that at the very least, Hu and Li thought their pay should be comparable to each other. Beginning in 1922, WFMS began providing “administrative grants” to Chinese workers who, like Hu and Li, fulfilled significant administrative responsibilities in conjunction with their work.³⁹⁶ This narrowed but did not close the pay gap.

In contrast, the Friends’ China Mission for which Tsao worked provided her with compensation equal to other missionary physicians for the entirety of her contract with the

³⁹⁴ Until 1922, Hu and Li earned \$450 per year, in comparison to the \$600 earned by other missionaries. During Li’s first several years of work, she earned only \$250. Beginning in 1922, they earned \$675 while other missionaries earned \$750. Starting in 1928, Li earned \$710 as compared to \$900. See *WFMS Appropriations for 1918-1928*, RWD 2604-3-6: 2 Appropriations: Women’s Foreign Missionary Society 1918-1928, GCAH.

³⁹⁵ Letter Bishop Lewis to Miss Sinclair Regarding Miss Ida Kahn, June 8, 1917, in GCAH MBRF, 1468-4-5:11 Kahn, Ida.

³⁹⁶ *WFMS Appropriations for 1918-1928*.

mission, although salaries offered by the Quaker mission were lower overall as compared to WFMS. Tsao and other US-educated physicians at the Friends' Mission received \$500 annually at a time when WFMS missionaries were making \$600 a year.³⁹⁷ Still, Tsao's salary of \$500 in 1915, in only her fourth year of work, was more than the \$450 that Hu and Li earned in the same year, although both Hu and Li had a decade or more of service at that time. With resources that were paltry in comparison to those of Methodist missions, the Quaker mission provided Tsao with a salary equal to that of white American physicians it employed, possibly because of the Quaker tradition of egalitarianism. The Quaker mission appears to have assigned salary on the basis of position and level of education only, while WFMS treated white and Chinese missionary women as belonging to inherently different classes.

It is possible that WFMS felt that it could provide Hu and Li with lower compensation because the organization had sponsored their education. Such a justification is dubious, however, given that Hu and Li must have paid back the costs of their educations, and then some, over the course of their decades of service at lower wages than their white counterparts. Moreover, some white women who worked as missionaries also had the costs of their education subsidized by the mission. As Shemo writes, within WFMS, "salary distinctions based solely on national origin and race seemed so natural that they did not come up for debate."³⁹⁸ But whatever the justification for Hu's and Li's lower pay, the difference indicates that the Christian sisterhood forged through missionary work was an economically inequitable one, in spite of mutual affections and the praise lavished upon Hu and Li. However, they, unlike Shi Meiyu, never relinquished their missionary affiliation, and if they objected to WFMS practices, they did so

³⁹⁷ 'Extract from a Letter from Miss Rachel Pimm of the Friends' Foreign Missionary Society of Ohio Yearly Meeting, February 9 1915', folder 415, box 21, series 1.2, RG 4-CMB, RFA, RAC.

³⁹⁸ Shemo, *The Chinese Medical Ministries of Kang Cheng and Shi Meiyu*, 185.

quietly. Hu's and Li's comparative willingness to acquiesce to inequitable WFMS practices is possibly attributable to their comparatively longer reliance on the mission.

Despite the limitations of women's missionary organizations, Hu and Li encouraged other Christian Chinese girls and women to follow their examples and assume medical missionary work. Yet most women in this labour force would receive even less status and remuneration than Hu and Li. Hospitals' evangelistic operations relied upon a number of workers, including assistants, nurses, matrons and evangelistic workers tasked with providing patients and their families with education in written language (both English and Chinese) and Christian tenets. Referred to as "Bible women," these workers were older Chinese women who had converted to Christianity at some point in their adult lives.³⁹⁹ Some Bible women may have travelled far from their native regions to serve, as evidenced by Hu's request in 1907 for a Bible woman who spoke the Fuzhou dialect without an accent.⁴⁰⁰ Many Bible women were widowed, or living separately from an abusive husband or marital family, and several are described as having physical disabilities. They probably tended to be in a precarious economic position. Some Bible women were themselves former hospital patients. For example, one woman treated by Tsao at the Friends' Hospital in Nanjing, was according to Tsao's account initially resistant to both modern medicine and Christianity. Although Tsao insisted that the woman needed her lower leg amputated due to 'a bad tubercular ankle', the woman initially refused to consent to the surgery. After a month of persuasion, the woman accepted both the amputation and Christianity, and Tsao reported that she planned to enter a school for Bible women.⁴⁰¹

³⁹⁹ Ling Oi Ki, "Bible Women," in *Pioneer Chinese Christian Women*, 246-264.

⁴⁰⁰ *Official Minutes of the FWC, 1907*, 41.

⁴⁰¹ McLean, *Dr. Li Yuin Tsao*, 31.

Regardless of this tale's accuracy, the anecdote demonstrates missionaries' conceptualization of Bible women's work. They believed that assuming work as a Bible woman provided both spiritual salvation and work and sustenance for women who may have otherwise lacked occupational opportunities—so long as they were willing to accept Christianity and missionary values. Bible women utilized work at the mission as a substitute for dependence on a husband or other relation. However, the annual salary of a Bible woman was only \$24 to \$30 in the first few decades of the twentieth century, making them, along with hospital matrons, the lowest-paid workers in the hospital.⁴⁰² Bible women embodied the duality of opportunity and exploitation that was so critical to the day-to-day operations of missionary institutions.

Younger Chinese women were also incorporated into missionary hospitals' labor force. Like hospitals in the U.S. at the time, missionary hospitals required low-cost labour in order to manage growing caseloads. In both cases, a solution to this problem was to rely upon medical student labour.⁴⁰³ For missionary hospitals, this was not a new practice; Hu began her medical work as the student-assistant of Sigourney Trask. When Hu took charge of Woolston Memorial Hospital, she continued the cycle of missionary medical training. She, however, endeavoured to create Chinese women physicians—not assistants. During her early years as a medical instructor, Hu had about two to six students at a given time. At first she took only Christian women, although she began accepting non-Christian girls at the beginning of her second decade of work. Most students paid to attend, but a few were sponsored by WFMS.⁴⁰⁴ While Hu required an entrance exam for admittance to her training program, her application process emphasized the character of entering students. Hu's entrance examination asked applicants why they wished to

⁴⁰² See *Annual Reports of the WFMS of the MEC, 1896-1930*.

⁴⁰³ Charles S. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (Baltimore: Johns Hopkins University Press, 1987).

⁴⁰⁴ *Official Minutes of FWC, 1906*, 42.

study medicine, which was her way of ensuring that students sought to become physicians for only altruistic motives.⁴⁰⁵

The medical education the missionary physicians provided was quite different from that which they had received in the US. In the US, medical educations at the more highly regarded institutions, including WMCP, consisted of regular lectures and laboratory work in addition to clinical training. The physicians tried to provide a comparable education to their students. However, given their extensive responsibilities and the hospital's relative paucity of resources, the laboratory and lecture components of medical instruction were undoubtedly less robust. Students also did not perform dissection.⁴⁰⁶ Most learning took place on the job. As Li admitted of her two medical students in 1908, "we have not been able to give them very much book knowledge yet they have learned enough of practical work to be of great value to us."⁴⁰⁷ This indicates the ways in which missionary hospitals benefitted from students' labour at little or no cost to the mission.

Once these medical students graduated from missionary hospitals' education programs, their professional status was uncertain in the eyes of missionary officials. Hu considered completion of her course, alongside satisfactory performance on a written examination, to qualify students as physicians. The first student to graduate from the hospital was her own younger sister, Hu Seuk Eng, who acted as Hu's assistant at Woolston Memorial Hospital for the duration of the hospital's existence.⁴⁰⁸ But while Hu King Eng is always referred to as 'doctor' in

⁴⁰⁵ *Official Minutes of FWC, 1906, 44.*

⁴⁰⁶ For explanation of why dissections and autopsies were not performed in traditional Chinese medicine, see Heinrich, *The Afterlife of Images*, 113-47; and Shigehisa Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine* (New York: Zone Books, 2002), 155-60.

⁴⁰⁷ Li, as quoted in *Official Minutes of FWC, 72-3.*

⁴⁰⁸ *Official Minutes of the FWC, 1902, 42-3.*

WFMS records, her sister is referred to as such only sporadically. Additionally, the salary that Hu Seuk Eng received was considerably less than that of the elder Hu. At a time when Hu King Eng earned \$450 annually, her sister earned only \$50, a figure only slightly higher than the \$40 salary accorded to nurses at the hospital.⁴⁰⁹

Moreover, the younger Hu was never appointed physician-in-charge of a hospital on a permanent basis, although she sometimes acted as such when Hu King Eng was on leave. Other students at Woolston Memorial were typically given positions as assistants after graduation, at both missionary and government-run hospitals, although a few went to small villages as independent practitioners.⁴¹⁰ This indicates ambiguity about the status of women trained as physicians through the missionary hospitals. As Shemo suggests, numerous WFMS policies and practices made it increasingly difficult for Chinese women to attain higher-status positions within the mission system in the 1910s and afterwards, despite their increasing presence in the missionary workforce.⁴¹¹ The missionary practice of training women as “physicians” within hospitals, without further medical education, was one such cause.

Provision of medical education through the hospitals not only provided hospitals with a cheap labour force, but also was a symbolically significant part of the physicians’ work. Graduate ceremonies were elaborate affairs held in local temples. Hu reported that at her sister’s graduation, “my Chinese people were quite excited at seeing the diploma being presented in the temple...Seeing a Chinese young woman receiving her diploma in the Ancestral Temple made many Chinese parents regret that their daughters were engaged or married or drowned.”⁴¹² Hu's tongue-in-cheek comment indicates that she saw her sister’s graduation as a significant public

⁴⁰⁹ *Annual Report of WFMS, 1907.*

⁴¹⁰ *Official Minutes of FWC, 1909*, p. 55; *Official Minutes of FWC, 1915*, 27.

⁴¹¹ Shemo, *The Chinese Medical Ministries of Kang Cheng and Shi Meiyu*, 163-5.

⁴¹² *Official Minutes of FWC, 1902*, 43.

event that demonstrated to society at large the benefits of providing girls and women with formal, modern education.

The comment also indicates Hu's attitude towards marriage in Chinese society. For Hu, marriage and professional work appeared incompatible, and it is clear she preferred for more women to assume work in lieu of marriage. According to Hu's 1902 report, one betrothed young girl, the daughter of a state official, told her father that she wished to attend a missionary boarding school and then study medicine with Hu after witnessing Hu Seuk Eng's graduation ceremony.⁴¹³ Such a conversion from engagement to professional aspirations was entirely in line with Hu King Eng's goals in medical education. Providing medical education was also important for the physicians' continued demonstration of Chinese women's capabilities to American supporters. Hu reported of her students in 1904, "I wish you could be here and hear their fifteen minutes to half an hour talk in our morning services...Can any one dare to think, 'What is the use to teach these Chinese people?'"⁴¹⁴

However, most young women who received medical training through missionary hospitals (whether as "physicians," assistants, or nurses) did not receive the same opportunities for professional advancement that Hu, Li and Tsao had benefitted from. Following Li's completion of her education in 1905, WFMS did not assist any other Chinese women in completing an MD in the US, while none of the educational opportunities available within China were considered equivalent to an American medical education. Within the growing nursing profession, American education was also considered superior. This belief was reflected in missionary hospitals' salary scales, which included sizable differences based on job position, education, and level of experience. While the New York branch of WFMS allotted \$600 in 1915

⁴¹³ *Official Minutes of the FWC, 1902*, 43-4.

⁴¹⁴ Hu, as quoted in *Official Minutes of the FWC, 1904*, 37-8.

for the salary of Mary Carleton (a white woman who served as a missionary physician in Fuzhou) and \$450 for Li's salary, Bible women received only \$30 annually, native-born nurses \$40, a medical student \$50, while a worker described as a medical assistant received \$80.⁴¹⁵ While it is difficult to ascertain all of the differences between workers from this information alone, the distinctions in salary are presumably rooted in differences in education and experience among the workers—which themselves were rooted largely in national origins. On occasion, missionary physicians were frank in acknowledging the practical benefits of training their own labourers. As Carleton admitted in 1915, it was simply cost-efficient for hospitals to train their own nurses.⁴¹⁶ Providing nurses-in-training with more formal schooling not only would have been costly, but also would have compelled the mission to provide its nurses with higher salaries. Performing God's work, it would seem, was not without worldly limitations and inequalities. Despite Hu's and Li's own unequal status within WFMS, they too participated in the perpetuation of missionary hospitals' hierarchical labour system.

THE DOUBLE MISSION

Due to the work of the physicians, Bible women, and other missionaries, missionary hospitals were not just places that provided medical care. The hospitals were centers of local Christian communities, including people who may not have officially converted but were nevertheless interested in learning more about Christianity, or at least of availing themselves of the services offered by missionaries. All hospitals had chapels in which services were conducted regularly, and some hospitals also held Sunday schools. Christmases were particularly busy, marked by services and festive activities that were also open to non-Christians unfamiliar with

⁴¹⁵ *Official Report of WFMS, 1915*, 245-83.

⁴¹⁶ *Official Minutes of FWC, 1914*, 67.

the holiday.⁴¹⁷ But although the hospital's activities were clearly intended for the propagation of Christianity, the surrounding communities may have utilized the hospital and its space for different purposes. Judy Yung's work on second-generation Chinese Americans suggests that communities frequently made use of programs offered through the Young Woman's Christian Association and local churches while maintaining prior beliefs and practices.⁴¹⁸ Instead, Chinese Americans selectively adapted Christianity and made use of nominally Christian spaces as it suited their community needs. Chinese communities who lived near missionary hospitals in China may have been similar in their response to Christian missions.

In 1904, Hu reported that the local community in Fuzhou was pleased to see the construction of a new hospital building. People told her they were glad the hospital was not part of the church. She described regretfully, "I do feel very sorry that these people are still ignorant that a mission hospital is a part of the church, but they shall know some day."⁴¹⁹ However, the Fuzhou locals' perceptions of the hospital space may have been based in their selective adaptation to missionary-run institutions, not merely a lack of knowledge as to the hospital's formal relationship to the church. For missionary women medical services and evangelism were two halves of the same task—the "double mission," as missionary parlance put it—but their patients did not necessarily share this view.

Unsurprisingly, cultural misunderstandings between the women physicians and non-Christian Chinese abounded as a result of the culture gap. When the hospitals at which the physicians worked first opened their doors, they were not always welcomed by local communities. Distrust of missionary hospitals was widespread; rumors circulated that

⁴¹⁷ See *Official Minutes of FWC*, all available editions.

⁴¹⁸ See Yung, *Unbound Feet*.

⁴¹⁹ Hu, in *Official Minutes of FWC, 1904*, 34.

missionary physicians used the body parts of Chinese children to create medicines. Hu, Li, and Tsao were not insulated from such suspicions on account of their status as Chinese women. The women all reported that they were met with fear and even hostility when they first began their medical work at their respective missionary hospitals. Such experiences suggest that their association with Christianity and scientific medicine rendered them outsiders among Chinese communities. They themselves recognized a cultural gap between themselves and their patients. A few weeks after her return to China, a shocked Li wrote to an American friend, "I did not know half about China when I was in America. The condition is worse than I thought."⁴²⁰

To these physicians, Chinese medicine posed a menace to health. In an article written for a WMCP student publication, Tsao described the horrors:

Native physicians of the *old school* there are without number, and to these scientific medicine and surgery are unknown. The study of materia medica and therapeutics, for example, is sadly neglected, and undue virtues are attributed to inert substances, such as dragon's teeth, fossil bones, and pearls, while a variety of herbs and minerals are prescribed by them, not because their action is well understood, but because tradition and personal experience have taught them to apply the power of the drug. This empirical use of substances is often supported by superstitious belief in their action, and results most times in a harmful end.⁴²¹

The women's reports are replete of accounts of patients who swallowed live frogs in order to cure leprosy, received burns from treatment, and were prescribed opium, a drug which the women considered sinful and a blight on China, for medicinal purposes.⁴²² They criticized communities for failing to quarantine people with infectious diseases during epidemics, and for keeping corpses of the deceased in private homes for too long.⁴²³ In attempts to rectify these problems, the women gave numerous speeches on topics related to public health. Through these

⁴²⁰ Li, as quoted in Burton, *Comrades in Service*, 106.

⁴²¹ Liyuin Tsao, "Condition of Medicine," in *The Esculapian* 1:4 (June 1910), 5. Accessed through WMDC.

⁴²² *Ibid.*; *Official Minutes of the FWC, 1911*, 44; *Official Minutes of the FWC, 1931*, 27.

⁴²³ *Official Minutes of the FWC, 1909*, 51-55.

campaigns, they were agents of what Ruth Rogaski has called “hygienic modernity.”⁴²⁴ The women also criticized the dietary practices of many non-Christian Chinese people, suggesting that poor dietary practices, including vegetarianism, caused gastrointestinal problems, particularly among children. Hu lamented that, “the discouraging cases are those of intestinal and gastric problems, for most of my people believe that nourishment is in the indigestible part of food.”⁴²⁵ While the women did acknowledge on occasion that inadequate resources might play a role in some of their patients’ poor diets, in general they positioned the problem as one of ignorance, not poverty.

The physicians believed that many Chinese cultural practices were not only sinful and injurious to health, but inherently degrading towards women. Combining their evangelism with a critique of women’s oppression in Chinese society, the physicians sought to change the status of women in China through Christianity. Hu said in one of her reports that “we pray daily for the rapid spreading of the blessed Gospel in our country and that the abominable heathen custom of honoring the boys and despising the girls may be abolished.”⁴²⁶ While Hu was rather oblivious to the gender inequities within Protestant churches, this cultural and religious chauvinism was nevertheless grounded within the context of her own experiences. Hu had lived her life enmeshed in a transnational women’s missionary culture in which both American and Chinese women commonly preached publicly, received higher education, served as leaders within their own organizations, and engaged in professional work. For the less educated non-Christian women whom she encountered, Hu felt compassion—but also pity and disdain. Only through Protestantism, she believed, could Chinese women be truly elevated and valued.

⁴²⁴ Rogaski, *Hygienic Modernity*.

⁴²⁵ Hu, as quoted in *Official Minutes of the FWC, 1906*, 48.

⁴²⁶ Hu, as quoted in *Official Minutes of the FWC, 1902*, 39.

The question of how the women physicians were perceived as compared to white women physicians from the U.S. is an interesting one. Certainly, the U.S. women who funded the physicians' education hoped that they as Chinese women would enjoy greater entree to Chinese society—and therefore be in a better position to evangelize. While the women's Christianity did in some ways render them outsiders in larger Chinese communities, as I have suggested, there are also some indications that they were more accepted than their white counterparts, as was dramatically illustrated during the Boxer Rebellion of 1900. Most missionaries fled to the U.S., Singapore, or Japan—or at least to rural areas of China—as anti-missionary sentiments exploded in urban China. Hu, however, remained in Fuzhou, where she continued her work.⁴²⁷ While remaining was an act of courage on her part, as Chinese Christians were also targeted during the rebellion, it also may be an indicator that she received greater acceptance as a Chinese woman than Christian missionary workers from the U.S. and Europe.

Evidence suggests that many non-Christians patronized missionary hospitals and valued the physicians' skills as healthcare providers. All of the hospitals received a large number of patients relative to their capacity. Missionary-run hospitals featured both wards in which in-patients could stay and a dispensary where those with less serious complaints could receive treatment. Hu, Li, and Tsao also made home visits to those wealthy enough to afford the service, or who were too ill to travel. On occasion, they might also visit a village for a few days or a week in order to provide medical care to residents there. Between these different ways of providing healthcare, all three women regularly reported astonishingly large numbers of patients each year. Woolston Memorial Hospital, the largest of these hospitals, reported between 13,000 and 34,000

⁴²⁷ *Annual Report of the WFMS of the MEC, 1899-1900*. BL MRL.

patients annually from 1902-1918, most of whom were treated through the dispensary.⁴²⁸

Frequently, the hospitals had more in-patients than their facilities were intended to accommodate. When epidemics hit, physicians and their staff created makeshift wards out of other rooms, including the hospital chapel. Some patients slept on the floors.

The hospitals at which the women worked differed significantly from those in the U.S. at which they had worked as interns. Modern medical technology was scarce. Even stethoscopes, a technology present in European hospitals for almost a century, were in relatively short supply at the missionary hospitals.⁴²⁹ X-ray photography and microscopes were entirely out of the question during the first two decades of the twentieth century. Given these conditions, the physicians largely relied on their own unaided observations to diagnose patients.

While the physicians did perform surgeries at the hospitals, surgical equipment was relatively limited in comparison to that which was available at the best hospitals in the U.S. And because the hospitals lacked separate wards in which to house patients with highly infectious diseases, the physicians often closed the hospitals for weeks during the height of epidemics in the summer rather than risk further spreading disease.⁴³⁰ They oftentimes lacked the capacity to deal with outbreaks of cholera, plague, and other dread diseases that posed major threats.

When they did intervene in major epidemics, the hospitals found themselves burdened with the familiar—and deadly—problem of overcrowding. During the worldwide influenza epidemic of 1918, Li's Lungtien Women's and Children's Hospital took in sixteen of the worst cases in the hospital chapel. The patients brought their own bedding to the makeshift infectious disease ward. Li and the hospital staff also treated other ill patients in their homes and local

⁴²⁸ See *Official Minutes of the FWC*.

⁴²⁹ *Official Minutes of the FWC, 1907, 46; Official Minutes of the FWC, 1908, 52.*

⁴³⁰ *Official Minutes of the FWC, 1902, 42; Official Minutes of the FWC, 1904, 38;*

missionary schools. The disease soon broke out among hospital staff, and many were required to return to work before they themselves had fully recovered. Li attributed the severity of the epidemic, including its prevalence among staff members, to the hospital's over-crowding and inadequate facilities.⁴³¹ The medical half of medical missionary work was, in and of itself, a major challenge.

MISSIONARY MEDICINE

Yet the physicians were successful in attracting a number of local people to their medical services, in spite of significant conceptual gaps between the physicians and their non-Christian patients. As Shigehisa Kuriyama and others have demonstrated, Chinese medicine and culture entailed and produced an understanding of the body that differed significantly from Western notions, reflecting fundamental cosmological differences. The women physicians' reports indicate that the Chinese perspective on the body played little role in their own thinking about medicine. Their thought was shaped first and foremost by their commitment to Protestant Christianity and the modern scientific medicine that they learned in the U.S. However, one might reasonably assume that many of their patients held very different assumptions about the body and healing processes. To them, the body was a microcosm of the universe at large, not a collection of anatomical parts, in simplified terms.⁴³²

But while this difference was present, there is strong evidence to suggest that patients were generally receptive to the medicine offered by missionary hospitals and dispensaries. Patient response indicates that conceptions of the body differing from the scientific medical model did not preclude use of treatments prescribed by scientific medicine. According to the women, they had local reputations as miracle workers. Hu Seuk Eng described: "Many of the

⁴³¹ *Official Minutes of the FWC, 1918, 57-59.*

⁴³² Kuriyama, *The Expressiveness of the Body.*

patients' faith has been so strong that they thought their illness would at once be cured or at least lessened if they could only touch Dr. Hu's garment or hear her voice or merely look upon her face."⁴³³ This response demonstrates that the women's medical practices could assume mystical qualities in local lore. The physicians themselves probably encouraged such attitudes of awe and wonder, because the efficacy of their medicine was a powerful tool for evangelism. Such strong reputations were probably also an asset for the physicians in convincing patients to consent to treatments—and the evidence suggests that far more patients consented than refused.

The physicians' annual reports record the number of prescriptions written and filled. Pharmaceutical treatment for treating illness was nothing new for Chinese patients, as Chinese medicine features an extensive *materia medica*. While some of the substances used may have been unfamiliar to Chinese patients, the records suggest that they were, on whole, extremely receptive to this form of treatment. Reports indicate that almost all prescriptions were filled, and the physicians themselves were generally quite satisfied with patients' compliance.

By contrast, patients probably tended to be more wary of surgical procedures. Recall that the Bible woman whose leg was amputated by Tsao was ill for a month before agreeing to the procedure. Surgery was relatively limited in China during this time period, and patients were understandably cautious about subjecting themselves to the knife. The physicians practiced what we might term informed consent. They did not operate without permission from the patient or family members. The physicians' reports indicate that families were oftentimes receptive to surgery when the patient appeared to be in critical condition. Nevertheless, deciding on surgery was a major and frightening step for many patients and their families. As Hu described of one family who eventually consented to surgery, use of surgical instruments "frightened them very

⁴³³ Hu Seuk Eng, as quoted in *Official Minutes of the FWC, 1908*, 49.

much.” This particular family consulted with ancestral spirits before agreeing to the surgery, suggesting that use of scientific medicine could co-exist with popular religion.⁴³⁴

Surgery to remove cataracts was an exception. The physicians recorded cases of people traveling hundreds of miles to the missionary hospitals to receive this procedure, indicating that word of surgery’s potential to remedy blindness had travelled far and wide. Because the early medical missionaries who came to China following the Opium War focused on ocular surgery, this procedure probably was more familiar to Chinese communities than other surgical procedures such as appendectomy or caesarean section—many of which only began to be performed with regularity in Europe and the U.S. following the development of anti-septic procedures in the 1860s and 70s.

Perhaps the most telling indicator of the physicians’ acceptance was their growing caseloads, as indicated in table 1. Although Li worried at first that few would come to her hospital, within a few years of commencing work she found herself with more than enough work.⁴³⁵ Success bred success as patients who were satisfied with their treatment informed friends and family members of the physicians’ efficacy. People in rural villages visited by the physicians often wrote them asking for return visits.⁴³⁶ Patients also expressed their appreciation through donations, gifts of tablets, and repeat visits. Some expressed their admiration and gratitude in ways that dismayed the women, such as when patients prayed and burned incense in hopes that the Hu sisters would live long lives.⁴³⁷ Even local practitioners of Chinese medicine, who had reason to fear competition, oftentimes had working arrangements with the physicians in which they would send those they could not cure to the missionary hospital. To some extent, the

⁴³⁴ *Official Minutes of the FWC, 1900, 33.*

⁴³⁵ *Official Minutes of the FWC, 1915, 57-60.*

⁴³⁶ *Official Minutes of the FWC, 1911, 57.*

⁴³⁷ *Ibid., 43.*

hospitals' patients were a self-selecting population. Those who were completely opposed to scientific medicine from the West were unlikely to seek care from mission hospitals. Yet at the same time, all of these indicators suggest growing reception towards the missionaries' medicine across different segments of the population—from the poorer patients who frequented the dispensary and required free beds to the well-to-do who could afford home visits and provide generous donations.

Obstetrical work became an increasingly large part of the physicians' work. During an era in which childbirth was moving from the home to the hospital in the U.S., the physicians were agents of a similar shift in China.⁴³⁸ Believing that childbirth needed scientific management by a scientifically trained practitioner, the physicians looked upon traditional midwives' practices with horror. Tsao described: "we have many obstetrical cases; but how pitiful it is, that most of them are such sad and desperate ones. One need not be a doctor in China long before she wishes to multiply herself manifold, so that proper scientific care could be given to women, who have for centuries suffered untold agony from the hands of ignorant midwives."⁴³⁹ Tsao attempted to improve obstetrical care by offering training to midwife practitioners, but was disappointed in the results of this endeavor. She preferred to teach obstetrical techniques to graduates of her nursing program.⁴⁴⁰ Tsao's work and attitudes anticipated the development of a scientifically trained, regulated midwife profession that Tina Johnson has described.⁴⁴¹

⁴³⁸ For a comprehensive history of the history of childbirth in the U.S., see Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (New York: Oxford University Press, 1986).

⁴³⁹ Tsao, as quoted in McLean, *Dr. Li Yuin Tsao*, 30.

⁴⁴⁰ *Ibid.*, 47-48.

⁴⁴¹ Tina Johnson, *Childbirth in Republican China: Delivering Modernity* (Lanham and Plymouth: Lexington Books, 2011).

Tsao, who received specialized training in obstetrical surgery while in the U.S., operated on as much as 38% of her obstetrical cases, which to her was further evidence of traditional midwives' inadequacy.⁴⁴² In all probability, however, this figure is neither an indication that such a high proportion of Chinese women needed obstetrical surgery, nor does it suggest that Tsao herself was over-zealous in subjecting women to surgery. Because delivery in the hospital was not yet standard, Tsao received a disproportionate number of women who experienced complications in pregnancy and childbirth. The physicians reported relatively few cases of maternal mortality, which suggests that they generally were not quick to perform risky operations such as caesarean sections.

Hospital policies often worked to ensure that all infants left the hospital with a blanket, cap, and a name—which was likely an attempt to prevent female infanticide.⁴⁴³ Oftentimes, the physicians found themselves running up against local beliefs when attempting to implement medically managed childbirth into areas which were largely unfamiliar with it. Local folklore claimed that no boy had ever been born on the site where Lucie F. Harrison Hospital opened in 1926, under Li's direction. This was apparently the cause of fears among locals. Li claimed that when the first three babies born there were all boys, more women sought maternity care. Although she reported this development somewhat sarcastically, Li was willing to tolerate the circulation of such superstitions if it brought more women to deliver in the hospital.⁴⁴⁴

THE ACCOUNTING OF SOULS

The other half of the double mission—evangelical work—was perhaps even more difficult than providing medical services. While the missionaries' medicine was popular, the

⁴⁴² McLean, *Dr. Li Yuin Tsao*, 48-50.

⁴⁴³ *Official Minutes of the FWC, 1916*, 89-90.

⁴⁴⁴ *Official Minutes of the FWC, 1926*, 48-49.

religion they offered was not, as indicated by the missionaries' own statistical reports. Typically, half of the physicians' annual reports would be devoted to recording the number of patients, prescriptions, and funds received by the hospital, which I have referenced throughout this chapter. These records were their attempt to account for healed bodies. The second half of the report, compiled primarily by Bible women, attempted an accounting of the souls. Reports note service attendance, total number of hearers, total number of hearers "who heard the Word and received it with joy," number of baptisms performed, probationers received into the church, and full members accepted into the church. The existence of these records indicates the missionaries' confidence that their evangelistic work, like their medical work, could be accurately represented through numerical data. Evangelism was not just a calling, but a science.

By any reasonable interpretation, however, converts to Christianity were extremely low in relation to the number of people who had "heard the Word." In 1906, for instance, Hu's Woolston Memorial Hospital reported 53,537 hearers, including over 20,000 patients through the hospital and dispensary. Yet only 226 "heard the Word and received it with joy," representing less than one hundredth of one percent of the total number of hearers. This ratio may be an underestimate, as it is possible that the figure of the total number of hearers double- and triple-counted people who attended multiple services and prayer meetings. But even so, the number of converts relative to the number of hearers must have been extremely low indeed. Moreover, during that same year, only 36 people were baptized, 27 joined the church in full, and 102 were received as probationers.⁴⁴⁵ While the reasons behind this discrepancy are not entirely clear, the low number of converts who actually joined the church indicates that even many of the people who did "receive the Word with joy" (according to missionary accounts) chose not to formally

⁴⁴⁵ *Official Minutes of the FWC, 1906*, 51.

affiliate themselves with Christianity. For some, they may not have joined because they did not live near a Methodist church or because they died before being able to complete the conversion process. But the low number of new church members and baptisms also may be an indicator that the number of “true” converts was even lower than indicated. While I have chosen to provide the statistics for 1906 at Woolston Memorial, the low proportion of converts remained consistent across different hospitals and years. The general trend indicated by these statistics is clear. While many non-Christian Chinese people availed themselves of the medical care offered by missionary hospitals, and tolerated the missionaries’ evangelism to some extent, they had little interest in becoming Christian themselves.

In pursuing the hospitals’ annual reports, one is immediately struck by the discordance between the missionary physicians’ comments and the statistics provided. From their perspective, this statistical portrait must have been rather grim, and yet their reports maintained a tone of hope and optimism. There are several possible reasons for this. Firstly, they did not conceive of their work in terms of raw percentages alone. Rather, they believed that to bring even a single individual to salvation was of incalculable value, and hence celebrated individual conversions. Secondly, it is possible that the missionaries deliberately highlighted their successes in their reports in order to appeal to donors and reassure them that their contributions were, in fact, facilitating conversions. Summaries of the reports which were published in the U.S. frequently contain conversion anecdotes, but the statistics were presented selectively.⁴⁴⁶ It is quite possible that many WFMS women, even those with extensive involvement in the organization, did not know the poor rates at which missionaries earned converts. The conversion

⁴⁴⁶ See available *Annual Reports of the WFMS of the MEC*.

anecdotes recounted dramatically by missionaries were likely more powerful to donors than the admittedly bleak raw numbers.

Who were the converts? Patients who experienced an unlikely recovery were strongly represented in the missionaries' anecdotal accounts. According to these reports, there were many patients who, after having been narrowly delivered from death by medicine, accepted the truth of Christianity in the midst of recovery.⁴⁴⁷ The terminally ill were also well-represented among the converts, possibly because they had more extended contact with hospital staff than those with more minor concerns. Missionaries' appeals were probably particularly enticing to people experiencing deadly illness. Tsao described her conversation with one critically ill woman: "I turned around and said to this patient, that there is a place where there will be no sickness, no sorrow and no tears; the rich and the poor, the ignorant and the intellectual, shall be alike. She looked very much surprised, and then I went on to tell her the only way by which she can get to that place." Certainly it is possible to see Tsao's tactics as emotionally manipulative and opportunistic. I would emphasize, however, that the missionaries fully believed their dogma to be true and thought that they were leading their patients towards salvation that could not otherwise be obtained. They claimed that conversion gave terminally ill patients a sense of peace in their final days, content that they were headed towards a better place where the hardships of life would cease.

Along similar lines, another group of converts frequently mentioned in the reports are parents (especially mothers) who experienced the death of a child. As with terminally ill patients, this group found the Christian notion of an afterlife as familial reunification (as opposed to reincarnation) to be particularly attractive. Many bereaved family members found comfort in

⁴⁴⁷ *Official Minutes of the FWC, 1903, 43-46; Official Minutes of the FWC, 1907, 44; Official Minutes of the FWC, 1911, 43-44; McLean, Dr. Li Yuin Tsao, 31.*

the belief that they would someday be reunited with their loved ones. Oftentimes, the child allegedly converted before death and, in the act of dying, brought the rest of the family to Christ. (Or at least this is how missionaries often told the tale.)⁴⁴⁸ Again, it is certainly understandable to feel discomfort and even disgust at the missionaries' evangelizing tactics. From one perspective, a contemporary, secular viewpoint, it appears that they used the emotional anguish of bereaved parents to push their own beliefs. But this perspective was not one shared by the missionaries. They believed that in leading people to Christianity, they were in fact doing a critical service to patients and their families. They may have been particularly gratified in their ability to "save" the souls of patients whose bodies could not be helped through medicine. In one of her reports, Hu quoted the Chinese proverb "through calamity get happiness" in discussing conversion following serious illness in families. To her, the rewards of conversion provided more than sufficient compensation for the sufferings of disease and bereavement.⁴⁴⁹

The converts probably came disproportionately from poorer segments of society. The physicians frequently complained that "high class" women were hard to reach and reluctant to convert, despite the fact that the missionaries often targeted upper-class women specifically. They were particularly vexed because upper-class women appeared quite receptive to other cultural imports from the West, but were largely impervious to missionary appeals. Tsao described: "My heart goes out to them very much because they seem to be so satisfied in themselves. Most of them do nothing but go to theaters, card parties or domino parties, smoke cigarettes, ride around in carriages and automobiles and wear the best and latest fashions."⁴⁵⁰

⁴⁴⁸ *Official Minutes of the FWC, 1909, 69-70; Official Minutes of the FWC, 1911, 60; Official Minutes of the FWC, 1914, 59; Official Minutes of the FWC, 1915, 59; Official Minutes of the FWC, 1919, 58-59; Official Minutes of the FWC, 1920, 18; McLean, Dr. Li Yuin Tsao, 69.*

⁴⁴⁹ *Official Minutes of the FWC, 1916, 38.*

⁴⁵⁰ Tsao, as quoted in McLean, *Dr. Li Yuin Tsao*, 58.

These women were, in other words, adapting what Tsao perceived as the worst aspects of modern womanhood as it was emerging globally at this time. The women physicians wanted their countrywomen to become modern women through conversion to Christianity, not the adaptation of Western fashions and entertainments.

Even the records of conversions do not themselves tell the full story. Much to the women's chagrin, another relatively frequent phenomenon was that of people who converted to Christianity only to continue Confucian, Buddhist, and Taoist practices after leaving the hospital. When these patients returned to the hospital or dispensary, the missionaries used the occasion to attempt to bring these wayward converts back into the Christian fold. They often report success in this endeavor—although, of course, that doesn't necessarily mean that these re-conversions actually held.⁴⁵¹ The women explained their converts' lapses into non-Christian practices by lamenting their inability to personally visit all converts after they left the hospital. They also blamed men for obstructing women's expressions of Christian faith. Hu complained that "husbands and brothers-in-law are great nuisances sometimes," meaning that male relatives oftentimes discouraged Christian practices.⁴⁵² Again, we see how the physicians' evangelism operated in tandem with their concern for women's status and autonomy.

Although it is possible that some men interfered with their wives' and sister-in-laws' Christian practices, I propose another explanation for why so many people converted to Christianity only to continue previous religious practices. While the missionaries saw Christianity as absolutely incompatible with practices they considered to be "heathen," their patients may not have shared this Manichean viewpoint. To them, conversion meant that they

⁴⁵¹ *Official Minutes of the FWC, 1900, 30; Official Minutes of the FWC, 1902, 41; Official Minutes of the FWC, 1919, 23-24*

⁴⁵² Hu, as quoted in *Official Minutes of the FWC, 1903, 46.*

would add Christian practices and beliefs to their existing array of spiritual practices, rather than displace previous beliefs altogether. Missionaries frequently reported that converts went back to previous practices upon experiencing serious illness, or that of a family member.⁴⁵³ Such occurrences suggest that for them, Christian practices were perhaps one option out of many which they might draw upon in times of crisis. For the women physicians, however, there could be no middle ground between Christianity and “heathenism,” between salvation and damnation.

THE BUSINESS OF CARE

The missionary hospitals were undergoing transformations similar to those occurring in the U.S. at this time, as detailed by Charles S. Rosenberg. Before the U.S. Civil War, the primary purpose of the hospital was to provide care for the so-called deserving poor. After the war, hospitals began to assume additional functions as centers of medical education, research, and providers of increasingly complex care, including surgery, to a wide range of social classes. Once entirely charitable enterprises, hospitals began to resemble businesses in their policies and administration.⁴⁵⁴ All of these trends are also apparent in missionary hospitals in China. The one exception is medical research, which most practitioners in China were far too busy to engage in to a significant extent.

The missionary hospitals’ systems of payment need to be pieced together through fragmentary evidence, as I have been unable to find a comprehensive account of this matter. While it is unlikely that the missionary physicians turned people away for being unable to pay, they did charge for their services. In-home visits were more expensive than visits to the dispensary. Hospital stays also required payment, although a proportion of available beds were “free beds” paid for by donors from the U.S. The distinction of free beds—which were usually

⁴⁵³ *Official Minutes of the FWC, 1908*, 75.

⁴⁵⁴ See Rosenberg, *The Care of Strangers*.

less than a fifth of the total beds available—indicates that paid beds had become the default for hospitalized patients. Once missionary hospitals were established in communities, there was no shortage of patients willing and able to pay for their hospital stays. There were even requests for private rooms, which were incorporated into the hospitals in the 1910s and 1920s. As in the U.S., fees from private rooms provided a substantial source of financial support for the hospitals.

The hospitals' growing receipts is perhaps the strongest indicator of their increasing business orientation and policies that catered to the well-to-do. Table 1 shows a continued trend towards steadily increasing receipts at Woolston Memorial Hospital from 1900 to 1918 *even though* the number of patients fluctuated from year to year. There are some important contextual points to be noted about these statistics. First, the “fees received” category includes not only fees received from patients, but also donations received from Chinese sources. Therefore, not all of the increase in this category can be attributed to actual patient fees. As the hospitals became better established they received more financial support from the local gentry and, during the Republican period, from the Fujian provincial government. Even so, much of the increase clearly is the result of increased revenues from patient fees, as the missionaries noted with satisfaction in their reports.

Table 1: Patients and Receipts at Woolston Memorial Hospital, 1900-1918:

Year:	Hospital In-patients:	Dispensary Patients:	Fees Received in Mexican dollars:
1900	827	6,201	\$340.44
1902	870	13,637	\$669.13
1903	1,272	12,929	\$820.64
1904	925	15,590	\$827.34
1906	681	19,800	\$1,403.94
1907	408	21,305	\$1,775.56
1908	285	13,557	\$1,133.96
1909	448	34,381	\$1,407.33
1911	301	19,650	\$1,927.25
1912	150	26,026	\$1,551.71
1915	114	18,512	\$3,655.12
1916	431	15,360	\$4,015.45
1918	305	11,600	\$5,395.45

This data has been compiled through reports from *The Official Minutes of the Foochow Woman's Conference of the Methodist Episcopal Church*.

Although I have attempted to track the missionary hospitals' income from Chinese sources relative to appropriations received from the U.S., this task has proven impractical. The records I have utilized are incomplete, ambiguous in certain respects, and have discrepancies between them. Due to these problems, attempts to quantify the precise proportions of the hospitals' Chinese support as compared to their U.S. support would be misleading and prone to error.

However, I can use the data to extrapolate a few broad trends. Firstly, WFMS support for their missionary hospitals did not change much from year to year, excluding the construction of new buildings. Although the gross totals gradually increased, most of the increase is probably attributable to inflation. Meanwhile, Chinese contributions increased significantly over time. These trends indicate that while the missionary hospitals never achieved full self-sufficiency,

they did become less reliant on donations from the U.S. When the physicians began their work, the hospitals were almost entirely dependent on U.S. funds. By 1914, Hu was able to report to the Rockefeller Foundation that Woolston Memorial Hospital received \$1,080 from missionary funds and \$775 from local sources.⁴⁵⁵ Over time, revenues from Chinese sources accounted for increasingly larger proportions of the hospitals' expenses. It is also likely that funds from the U.S. became scarcer in the 1920s due to declining American interest in missionary work—a trend intensified by the advent of the Great Depression.⁴⁵⁶ WFMS itself almost certainly lost a sizable proportion of its assets in the 1929 stock market crash. For the hospitals to continue their operations, they needed support from local sources. Fortunately, the communities in which they worked were quite receptive to the healthcare that the missionary physicians they provided—and they were willing to pay for it. Hospitals in urban areas, like Woolston Memorial in Fuzhou, were particularly well-equipped to become more self-supporting. But these changes had their literal and figurative costs. Like their U.S. counterparts, the hospitals became more like businesses.

PROFESSIONALIZATION AND SECULARIZATION

At the same time, major transformations were occurring within Chinese medicine. Missionaries' system of educating physicians such as Hu Seuk Eng through hospital training came under increasing criticism both within missions and outside of them. In 1906, Mary Carleton, a WFMS physician who worked at another Fuzhou hospital, described the medical education provided by missionary hospitals as an “antiquated” system that “has become the part of a medical missionaries' work from necessity rather than fitness.”⁴⁵⁷ To rectify this problem,

⁴⁵⁵ “Mission Blank 133.”

⁴⁵⁶ For the decline of interest in missions in the U.S., see Hill, *The World Their Household*.

⁴⁵⁷ Mary Carleton, as quoted in *Official Minutes of the FWC, 1906*, 98.

Carleton proposed the establishment of a fully-fledged medical college associated with Woolston Memorial Hospital, with Hu and Li as chief supervisors and faculty members. To begin with instruction could be provided in Chinese, but Carleton envisioned that the medical school would eventually switch to all-English instruction. Her proposal never came to fruition, although WFMS did join other missionary societies in helping to establish medical colleges for women in China.

Nevertheless, the plan is indicative of how white women missionary physicians such as Carleton thought about matters regarding the medical education of Chinese women. She considered the development of Chinese women physicians to be important, perhaps inspired by the examples of Hu and Li, as well as Ida Kahn and Mary Stone. Carleton was, however, cautious in this endeavor, aware of potential problems that included inadequate science education at the primary and secondary levels. She envisioned Hu and Li, as Chinese women physicians trained in the U.S., leading other Chinese women to the medical profession, which they would do as full-time faculty members. This arrangement followed the model of Johns Hopkins and other highly regarded U.S. institutions. The makeshift system of student-assistants that had evolved out of necessity was to her mind inadequate and in need of reforms comparable to those called for in the Flexner report, published in the U.S. two years prior.⁴⁵⁸ The Flexner report emphasized the need for more stringent entrance standards to medical colleges and a greater emphasis on laboratory education. The overall thrust of the Flexner Report was clear:

⁴⁵⁸ See Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (Boston: D.B. Updike, The Merrymont Press, 1910). For the larger context of the Flexner report, see Gerald E. Markowitz and David Rosner, "Doctors in Crisis: Medical Education and Medical Reform During the Progressive Era, 1895-1915," *Health Care in America: Essays in Social History* eds. Susan Reverby and David Rosner (Philadelphia: Temple University Press, 1979), 185-205. For description of the Johns Hopkins model of medical education that took shape at the turn of the century, see Rosenberg, *The Care of Strangers*.

For physicians to become truly scientific practitioners, medical education needed to emphasize science in all facets of its policies and curriculum.

For a Chinese missionary physician in Fuzhou, however, concerns about scientific medical education did not loom so prominently. Hu's ongoing insistence that her sister was a physician suggests that she may have been more accepting than Carleton of women physicians trained under the missionary hospital model. Hu continued to take medical students into the 1910s—and she considered them to be physicians, not nurses, in training.⁴⁵⁹ However, there are also clear indications that she was concerned about upholding professional standards. On one occasion, Hu had a lengthy discussion about her education with a woman who visited her. When Hu found out that the same woman was practicing medicine in Fuzhou, calling herself a physician, and claiming to have studied abroad with Hu, Hu was indignant. She remarked sarcastically, “it took me ten years to learn what I have learned, but evidently it took her not more than eight hours and her education was completed.”⁴⁶⁰ This indicates Hu's pride in her U.S. education and her interest in upholding professional standards. As a physician trained in scientific medicine, she refused to tolerate her credentials being co-opted by someone she considered an uneducated quack. Although she believed herself entirely qualified to educate future physicians, only those who completed a medical education on her terms could legitimately claim the status.

By the middle of the 1910s, pressures to standardize medical education in China assumed new force with the entrance of the Rockefeller Foundation's China Medical Board (CMB). The CMB, led by physician Simon Flexner, Abraham Flexner's brother, conducted extensive reviews of medical education in China in 1914 and 1915. Investigators from the Foundation accepted

⁴⁵⁹ *Official Minutes of the FWC, 1914; Official Minutes of the FWC, 1915.*

⁴⁶⁰ Hu, as quoted in *Official Minutes of the FWC, 1906*, 46.

missionary influence on medical education in China as an established fact, but were highly critical of the makeshift medical education offered through missionary hospitals. The report, echoing Carleton's criticisms, opined, "this system of training hospital assistants has been a necessary step in a country where there is no other means of obtaining help. It is useful in so far as it fills the immediate needs of the hospital doctors. Its value in providing independent practitioners throughout the country is however very questionable."⁴⁶¹ In fact, CMB judged that *no* medical college in China was fully adequate, and sought to shape the future of medical education in China through funding scholarships, programs, and an affiliated medical college. Because the Foundation's resources far outstripped those of missionary institutions and the fledgling Republican government, it was in a prime position to influence the course of medical education in China.

CMB investigators believed that Chinese women were capable of becoming top-rate practitioners. In reference to the small cohort of Chinese women trained in the U.S., the report stated, "all are doing useful work, but two or three of them are unusually efficient, and demonstrate definitely that with a proper education Chinese women are capable of developing a high degree of professional and executive power."⁴⁶² Despite this, however, the board was pessimistic about the future prospects for Chinese women physicians. The board indicated that the general state of girls' education in China, especially science education, was too poor overall to warrant allocating significant resources towards women's medical education: "Until the whole standard of education for girls is raised and until a higher education for women has been widely

⁴⁶¹ China Medical Commission of the Rockefeller Foundation, *Medicine in China* (New York: University of Chicago Press, 1914). For a description of the Rockefeller Foundation's role in founding Peking Union Medical College, see Mary Brown Bullock, *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1980).

⁴⁶² China Medical Commission of the Rockefeller Foundation, *Medicine in China*, 34-35.

developed, the medical schools will be forced to keep their admission requirements low, and to struggle with a poorly prepared group of students. It would hardly seem wise to take active steps to foster medical education for women until the underlying educational structure has been considerable strengthened.”⁴⁶³

Here we see clear differences between Hu’s approach to women’s medical education and that advocated by the Foundation. While Hu would have hardly disagreed with the need to improve girls’ education at the lower levels, she nevertheless persisted in training women physicians. Her imperative, shared widely by other women missionaries, was to spread Christianity in China and improve the overall status of girls and women. The Foundation’s goal, in contrast, was to improve the standards for medical education in China. The differing emphases between secular, scientific medicine and proto-feminist evangelism led to very different plans of action. Although Hu did require that prospective students pass an exam prior to entrance, her standards were most likely less rigorous than those advocated by CMB. Moreover, she emphasized prospective students’ character just as much as their educational pedigree. Applicants to Hu’s program were required to present character references and write essays about why they wanted to become physicians. Hu preferred that applicants demonstrate a willingness to enter the profession for altruistic reasons. She was uninterested in instructing students who wanted to enter medicine for money or status. Her vision of Chinese women physicians certainly included scientific education and orientation, but did not emphasize it to the same extent. For her, the wholesale importation of U.S. standards, which held up Johns Hopkins University as the exemplar par excellence, likely seemed impractical in the context of China and an impediment to her goal of creating more Chinese women physicians. By the early 1910s, Hu had more girls

⁴⁶³ China Medical Commission of the Rockefeller Foundation, *Medicine in China*, 37.

asking to receive medical training than she was able to accommodate.⁴⁶⁴ She encourage students she turned away to seek training as nurses instead, but this was clearly not her first choice—or, indeed, that of the girls who sought training from her.

In contrast, the Rockefeller Foundation’s vision of modern medical care in China included a gendered division of labor that positioned men as physicians and women as nurses. The board believed that “at the present time in China high grade nurses are as much needed as are women physicians, and it is essential that the nursing profession be recruited from girls who are of good social standing, and who have received the best possible education.”⁴⁶⁵ According to this perspective, providing opportunities for women to train as physicians would detract from the development of a modern nursing profession, which the Foundation was very interested in facilitating. CMB proposed that a select cohort of Chinese women be sent to the U.S. to study nursing. Those U.S.-trained nurses, in turn, would train other women as nurses upon their return to China. While this plan bears clear similarities to WFMS’ provision of medical education to Chinese women, the men of CMB clearly had quite different ideas about Chinese women’s place in modern medicine. While a handful of Chinese women assumed leadership positions within missionary hospitals, CMB envisioned Chinese women as nurses who would be ultimately subordinate to male physicians. The board was unfavorably disposed to medical schools specifically for women, but supported developing a modernized nursing profession that would eventually be all-female—or so the board assumed.

The CMB was a harbinger and enactor of change for medical education and the division of labor within missionary institutions. Although missionary hospitals continued to provide medical education, now students were training as “nurses” or “assistants.” Even among this

⁴⁶⁴ *Official Minutes of the FWC, 1913, 29.*

⁴⁶⁵ China Medical Commission of the Rockefeller Foundation, *Medicine in China, 37.*

group of workers, there were numerous distinctions made based upon where a nurse or assistant had been trained. Nurses trained in the U.S. or at a well-regarded medical college in China received higher pay and greater authority within the hospital. Among assistants, a similar hierarchy came into being. Although imprecisions in WFMS appropriations records make it difficult to ascertain all of the distinctions between hospital workers, the differences in salary indicate that the society drew careful distinctions between workers based on education and experience.⁴⁶⁶ CMB's initial report wrote that "foreign" nurses (trained in the U.S.) were far superior to those trained in China; differences in pay among WFMS workers suggests that American missionaries concurred with this view.

Some of the Chinese women physicians also agreed. In her early years at the Friends' Hospital in Nanjing, Tsao assumed charge of an affiliated nurses' school. Although at first a U.S.-trained nurse worked alongside Tsao, the nurse left, possibly due to conflicts with Tsao. Tsao's new assistant was a Chinese woman who had not completed a nursing program in the U.S. Tsao agreed with CMB investigators who visited the hospital in 1914 that the situation was inadequate and that a "foreign nurse"—meaning a nurse trained in the U.S.—was needed. Tsao's agreement suggests that she too believed that training in the U.S. was an important marker of competence in nursing. Tsao did differ with CMB on one point, however. CMB was skeptical about the potential of finding an adequate nurse for the hospital, writing that, "in the first place, it would be very difficult for any well trained foreign nurse to work with a Chinese woman doctor. In the second place, one got the idea that this would be an extremely difficult doctor to work with anyhow. She appears to be a person who knows exactly what she wants and

⁴⁶⁶ *Annual Reports of the WFMS of the MEC; WFMS Appropriations for 1918-1928.*

intends to get it.” The underlying implication is that a white woman from the U.S. could not, or would not, work *for* a Chinese woman supervisor, particularly if she were assertive.⁴⁶⁷

One cannot help but sense that the investigator from CMB who wrote the report expected, or at least preferred, Chinese women to be more passive and compliant. Tsao confounded those expectations, and thus the investigator assumed that white women from the U.S. could not work for her. Interestingly enough, Tsao, who had worked alongside white women in various settings in the U.S. and China, did not perceive such a barrier. She saw no reason why a white woman should not work as her nurse. Despite this difference, however, Tsao and the CMB agreed on the superiority of U.S. nursing education. This viewpoint would persist in medical circles in China, even after the development of a professional nurses’ organization and standardized training programs. Li, in 1936, urged WFMS to provide her with “a foreign nurse,” which the organization provided.⁴⁶⁸ A nurse trained in China would not do.

Li and Tsao, perhaps more so than Hu, embraced the standardization of medical education and the importation of U.S. standards. Both women applied for, and were granted, fellowships from CMB for continued medical education. For them, CMB’s entrance into Chinese medical education presented opportunities. Li, who had previously studied at Johns Hopkins University while visiting the U.S. in 1912 and 1913, in 1928 received a fellowship to study at Peking Union Medical College, the crown jewel of CMB and the Rockefeller Foundation.⁴⁶⁹ In 1918, Tsao was awarded a fellowship to study obstetrical surgery in the U.S.,

⁴⁶⁷ “Quaker Hospital for Women, Dr. Tsao,” folder 415, box 21, series 1.2, RG 4-CMB, Rockefeller Foundation Archives, RAC.

⁴⁶⁸ *Annual Report of the WFMS of the MEC, 1936*, 32. GCAH, RWD 2600-2-6:13 Annual Report of WFMS, 1936.

⁴⁶⁹ “Interview with Dr. Li Bi Cu Mar 9 1928,” folder 1353, box 56, series 1.2, RG 4-CMB, Rockefeller Foundation Archives, RAC.

although she was forced to defer the fellowship due to beginning her work in Tianjin.⁴⁷⁰ Li and Tsao's interest in continued education suggests not only their willingness to work with CMB and benefit from its largesse, but also their modern conception of the physician's role. To them, a physician's duty was to remain current on the latest research and techniques, as exemplified in the "best" institutions. Their collaboration with CMB doesn't necessarily indicate wholesale acceptance of the board's goals and methods, however. Connie Shemo has demonstrated that Mary Stone worked with CMB in developing a nursing school despite some critical differences with the board.⁴⁷¹ Li and Tsao's relationship with CMB does, however, indicate at least a partial acceptance of the values that the board represented.

Li and Tsao's differences with Hu should not be overstated. Hu was also concerned with upholding standards in medical education. But her history suggests that she attempted to implement this goal in an idiosyncratic way, and that her methods did not always adhere to the standards of the new authorities. For example, even after a professional nursing organization was formed in China, Hu did not allow her nurses to join it. She felt that she could best uphold professional standards through independence, not affiliation with a regulatory professional organization.⁴⁷² She was, however, swimming against a tidal wave. Modern, stringent standards regulating medical education—still relatively new in the U.S.—were being imported to China.

⁴⁷⁰ Letter Roger S. Greene to Walter Buttrick, June 17 1917; Letter Liyuin Tsao to Greene, May 21 1917; Letter Margery K. Eggleston to Buttrick, October 22, 1918; Letter Henry S. Houghton to Greene, Sept 24, 1917, all in folder 68, box 6, series 1.1, RG 4-CMB, Rockefeller Foundation Archives, RAC.

⁴⁷¹ Shemo, "Visions of Nursing in Twentieth Century China," *Dyanmis: International Journal of the History of Science and Medicine* 19 (October 1999): 329-351.

⁴⁷² Excerpt from *The China Christian Advocate* January 1930, GCAH MBRF 1468-4-2:11 Hu King Eng and Hu May.

IMPERIAL AFFILIATIONS

Interpreting the nexus of relationships between U.S. and Chinese missionary women presents several challenges to the historian. Hu's, Li's and Tsao's lives reveal relationships between white American and Chinese women that included mutual exchanges and benefits. Yet the mutuality of these relationships did not render all women equal partners in missionary work. While the physicians touted missionary work as an alternative to the dependencies of marriage, women's missionary networks' functionality entailed a different set of dependencies. The structures that funded and facilitated missionary work rested upon differentials in power and compensation between those who funded missions and those who provided missions with their labour. Even within the missionary workforce, there were hierarchies based on race, occupation and level of education. For these reasons, it would not be altogether inaccurate to suggest that Chinese women who worked for missions sponsored by white American women were participants in a system that extracted labour and resources from a dependent, non-Western nation for the benefit of a foreign power based in the West—such as is typical of imperialism.

Yet this configuration does not fully account for the missionary physicians' perceptions of themselves and their labour. Tsao wrote in a 1917 grant application to the Rockefeller Foundation's China Medical Board that '[o]ne thing I know is that I hope to come back to China better prepared to serve my God and my people', demonstrating the compatibility between missionaries' religious and nationalist aims.⁴⁷³ For Tsao, as for Hu, Li and other Christian Chinese women who worked for missions, missionary affiliations provided economic and educational opportunities and presented a female-centred alternative social arrangement to heterosexual marriage. From their perspectives, missionary work and affiliations represented

⁴⁷³ Letter Tsao to Greene, 21 May 1917, box 6, series 1.1, RG 4-CMB, RFA, RAC.

Chinese women's emancipation from Confucian tradition and male power, not China's subordination to foreign imperial powers. They believed that in order for China to achieve its destiny as a Christian nation, reliance upon foreign (Christian) charity was, at least for the moment, necessary.

But the women's affiliations could assume very different meanings to different audiences depending on the historical context. There is evidence indicating that some non-Christian Chinese people considered the physicians' affiliations with Christianity and foreigners to signify complicity with imperialism, especially during and after the May 4th period of 1919, in which anti-imperialist sentiments flourished.⁴⁷⁴ Amidst anti-imperial unrest and political conflict in China, the physicians' affiliations could indeed be interpreted as a choice to affiliate with foreign imperial powers rather than the nation. While Hu had previously faced popular opposition, such as during the Boxer Rebellion (1899-1901), she encountered an even greater emergency in 1927 when Woolston Memorial Hospital was looted and the edifice destroyed by a mob in a wave of anti-imperial uprisings in Fuzhou.

The narrative that missionaries constructed around the hospital's destruction suggest that Hu's associations with foreign actors and ideologies was a contributing factor. During this time, the nuns at a Catholic orphanage located near the hospital were accused of using the body parts of infants to concoct medicine. Both nuns were from outside China; one was Spanish and the other was Filipina. Their foreign status, compounded by their affiliation with Christianity, likely rendered them particularly suspect. When Hu was asked to investigate these charges, she

⁴⁷⁴ For a comprehensive examination of how Chinese women responded to medical care provided by Protestant missionary physicians, see Hsui-yun Wang, *Stranger Bodies: Women, Gender and Missionary Medicine in China, 1870s-1930s* [unpublished doctoral thesis, University of Wisconsin, Madison, 2003].

examined infants at the orphanage and proclaimed the charges to be false.⁴⁷⁵ She and other WFMS missionaries believed this incident to be a precipitator to the hospital's destruction.⁴⁷⁶

While missionaries' summation of the precise course of these events cannot be verified, their narrative is consistent with recent historical research on anti-imperialism in China during 1926 and early 1927. Fuzhou was a particularly active site of anti-imperial unrest. According to Michael Murdock, most missionary institutions in the city were looted—although it is important to note that anti-imperial looting was not confined to one particular political faction.⁴⁷⁷ In this respect, Woolston Memorial Hospital—despite its status as an institution headed by a Chinese woman—was treated no differently than Fuzhou's other missionary institutions. By supporting the nuns against popular claims, Hu had, in the eyes of the looters, unwittingly allied herself with imperialism. She and her sister were forced into exile in Singapore after these events, where Hu died in 1929. Although Hu at one time stood as an exemplar of modern Chinese womanhood, by the 1920s shifts in national and global politics had rendered her, to some at least, an old-fashioned symbol of China's subjugation to foreign powers.

But even after the surely devastating blow of the hospital's destruction, Hu continued to use her missionary affiliations to intervene in American discourse about China. She reportedly asserted, “It was not done by the Chinese but it was the work of those who hate God and

⁴⁷⁵ Rumours about the mutilation of children occurring in missionary institutions were common in China. My own work indicates that Chinese missionary physicians were not exempt from such rumours. See Wang, *Stranger Bodies*.

⁴⁷⁶ Excerpt from *The China Christian Advocate*, January 1920, in GCAH, Mission Biographical Reference Files, 1468-4-2:11 Hu King Eng and Hu, May.

⁴⁷⁷ Michael G. Murdock, “Exploiting Anti-Imperialism: Popular Forces and Nation-State-Building During China's North Expedition, 1926-1927”, *Modern China* 35 (January 2009), 65-95, esp. 80-85. Many accounts of popular anti-imperialism associate the movement with the Chinese Communist Party (CCP)—and indeed, some missionary accounts of the destruction of Woolston Memorial Hospital suggest possible Communist involvement. However, Murdock has demonstrated that anti-imperialist sentiments cut across political factions and were not limited to CCP supporters.

Christian institutions.”⁴⁷⁸ By disassociating ‘true’ Chinese people from enemies of Christianity, who are presented as aberrant, Hu continued to argue for the fundamental compatibility of Christianity and Chinese identity. While these identities may have appeared mutually exclusive to those who looted the hospital, Hu continued her multiple affiliations even in the face of violence and bitter disappointment.

However, as missionary resources declined in the late 1920s—a result of Americans' waning interest in foreign missions and the economic depression—those who continued to work as missionary physicians sought new affiliations and sources of support. Li worked as a physician until the 1949 Communist Revolution. Her career posed an example of how missionary physicians could operate in the shifting medical and political context. As physician-in-charge of Lucie F. Harrison Hospital in Fujian, Li maintained the hospital's missionary affiliation. But as Li kept the hospital operational throughout the decades to come, she received proportionally less support from US missionary sources. To fill the gap, Li relied more upon patient fees, governmental support and grants from secular relief organizations, many of them based in the US or Great Britain.⁴⁷⁹ These affiliations, though lacking in the proto-feminist aims of missionary women's networks, were also produced by unequal (and therefore imperial) relationships between nation-states. Yet the hospital's imperial affiliations with the US and Great Britain were perhaps damaging in the late 1930s and early 1940s as China faced invasion from imperial Japan and became part of the Allied powers. As Li continued to devote herself to her work, nation and faith, the local meanings that her transnational affiliations assumed continued to shift along with the affiliations themselves.

⁴⁷⁸ Hu, as quoted in *Official Report of WFMS, 1927*, 53.

⁴⁷⁹ Uniola Adams, ‘Lucie F. Harrison Hospital, Futsing via Foochow, Fukien, China’, 2 November 1943, folder 463, box 66, series 1.2, RG 4-CMB, RFA, RAC.

CONCLUSION

Over the course of their transnational lives, Hu, Li and Tsao confronted a social context that included anti-Chinese racism in the US, the growth of nationalism in China and popular anti-imperial sentiments amid political turmoil after the 1911 Revolution, ultimately resulting in the Chinese Communist Party's triumph in 1949. In responding to this context, the physicians cultivated complex representations in which their gender, religious, racial, national and occupational identities interacted, sometimes in unexpected ways. Hu, Li and Tsao defy the binary of complicity versus resistance that has been prominent in historical literature about women's participation in imperialism. To them, a question about which identity was primary would have appeared illegible.

However, on occasion others interpreted their affiliations as effectively privileging religious and foreign affiliations over national identity. Although the physicians presented themselves as New Women of modernizing China, their vision of the nation, and women's role within it, differed substantially from the nationalism of the non-Christian majority, especially in the 1920s and afterwards. Their rejection of marriage and the Confucian family ideal also exceeded most white women missionaries' prescriptions for Chinese women in its radicalism. But the physicians' suggestion that women convert to Christianity and center their lives around affiliations with other women, across differences in race and nation, made their position within Chinese society a rather tenuous one at times. Even in comparison to Shi Meiyu, a missionary physician who eventually left WFMS, Hu, Li and Tsao supported the mission's status quo and its associated dependencies. This is attributable to differences in the women's lives. Hu, Li and Tsao were of humbler origins than Shi and dependent on American missionary women for a longer

period of time due to their comparatively weaker education in China. As a result, they tended to be more supportive of the mission that fostered opportunity as well as dependence.

Yet the women perceived their own work as nationalistic rather than imperial. U.S.-based publications frequently refer to the women as “the New Women of China,” a mantle they embraced.⁴⁸⁰ They, and their admirers in the U.S., believed that they were modeling a new form of Chinese womanhood as educated professional women, with unbound feet, who did not marry but rather devoted their lives to the betterment of their people—and by extension, the nation. Concerned that urban elites in China were adopting Western vices but not Christian virtues, the physicians hoped for a China which would emerge as a “modern” nation through their own prescribed cures: Christianity, modern medicine, and women’s entrance into public, professional roles. Hu, Li, and Tsao are best understood as part of the global phenomenon of “New Womanhood” which emerged during this time period.⁴⁸¹ Like Jane Addams and Frances Willard, exemplars of American New Womanhood, the physicians remind us that the New Woman should not be understood as an exclusively secular phenomenon.

In bringing their vision of modernity to China, the women were also transporters of some of the key features of U.S.-style healthcare provision as it was taking shape in the early twentieth century. These brought their ills as well as benefits. Developments in medical education and hospital administration meant that hospital patients became, in the parlance of medical educators, “clinical material.” These developments also gradually transformed hospitals and clinics from charitable enterprises to something like a for-profit model. Childbirth became medicalized and moved from the home to the hospital. Chinese medicine was denigrated as superstitious

⁴⁸⁰ Burton, *Notable Women of Modern China, Comrades in Service*; Montgomery, *Western Women in Eastern Lands*; McLean.

⁴⁸¹ For a description of how American women across racial groups fashioned “New Womanhood,” see Patterson, *Beyond the Gibson Girl*.

nonsense, obviously inferior to the “scientific” medicine of the West. Here as in so many other imperial contexts, “progress” had its costs.

In many ways, the labour system produced through missionary organizations was exploitative, reminiscent of other labour systems found under imperialism. But while women's missionary networks distributed opportunities and resources unevenly, they also provided a clear alternative to marital dependency and allowed women to engage in medical work which they found to be both professionally and spiritually fulfilling. For Hu, Li and Tsao, as well as for many other Chinese women who worked for missions, the trade-offs of missionary labour were worth the bargain.

Chapter 5: Birthing Colonial Modernity in the Philippines: Filipina Physicians and American Empire, 1905-1970

In the aftermath of the United States' war against Spain in April of 1898, many Americans believed that the nation was embarking on a new path of overseas empire in the model of European imperial powers. After a brief war in which the U.S. emerged victorious, Spain ceded control of the last remnants of its once vast empire to the U.S. On paper, the treaty of Paris in 1898 settled matters by ceding colonial control of Puerto Rico and Guam to the U.S. and permitted the U.S. to purchase the Philippine Islands from Spain, which the U.S. did. But as the U.S. attempted to assume colonial rule in the Philippines, the would-be colonial power faced resistance from much of the islands' population. This included armed resistance that continued for more than a decade after the Philippine-American War's alleged end on June 4, 1902. In a politically precarious situation, the new colonial state needed Filipino allies.⁴⁸²

Education was critical to American attempts to institute its allegedly benevolent form of colonialism.⁴⁸³ The *pensionados* program, which commenced in 1904, represented the colonial government's attempt to win over the hearts and minds of its Filipino subjects while fostering the development of a Filipino elite friendly to U.S. rule. In the first year of the program, hundreds of young Filipinos sat for the *pensionado* examination, and ten were selected to receive scholarships for study in the U.S. Of this group, there were two women, Honoria Acosta and Olivia Salamanca. Acosta and Salamanca both chose to study medicine and they went to Philadelphia for their study—not surprising, given WMCP's history of educating international students. Because the *pensionados* program did not cover the full costs of tuition, Salamanca

⁴⁸² Kramer, *The Blood of Government*

⁴⁸³ Kramer, "Is the World Our Campus?: International Students and U.S. Global Power in the Long Twentieth Century," in *Teaching America to the World and the World to America: Education and Foreign Relations Since 1870*. Eds. Richard Garlitz and Lisa Jarvinen (New York: Palgrave Macmillan, 2012).

sought and received a scholarship from the college during her first year of medical school in 1906, indicating the college's continuing commitment to training women physicians who would practice throughout the globe.⁴⁸⁴ In accordance with the *pensionados* program's guidelines, the college sent regular updates to the Bureau of Internal Affairs, then under the War Department, regarding Acosta and Salamanca's academic performance and quality of character. WMCP's faculty strongly endorsed both women, stating, "they are both regarded as among our most excellent students."⁴⁸⁵

Acosta and Salamanca joined the college's long line of women who came from Asia to become physicians, including, as we have seen, women from India, China, and Japan. Yet in some ways, Acosta and Salamanca's sojourns were more reminiscent of that of Omaha physician Susan La Flesche. Although Filipinos in the early twentieth century were situated quite differently from Omaha Indians twenty years prior, all three women came to Philadelphia as emissaries from peoples formally subjected to American empire. All women depended on aid from the federal government to attend medical school, although the *pensionados* program was considerably more organized than the haphazard and unreliable support La Flesche received during the 1880s.

Similarly to La Flesche, Acosta and Salamanca embraced U.S. colonial rule in their early lives. Salamanca, in a 1910 article published in WMCP students' journal, *The Esculapian*, explained in no uncertain terms:

The roar of Dewey's guns was the signal of the dawn of the great awakening of the Philippines. It not only delivered us from oppression, increased our political and religious rights, furnished us with the great opportunity, so long denied to us, to develop our latent intellectual powers, but

⁴⁸⁴ Letter Olivia Salamanca to Clara Marshall, May 21 1906; Letter Salamanca to Alfred Jones, June 22 1906, in Olivia Salamanca DAF.

⁴⁸⁵ Letter Secretary of the Dean to Frank R. White, June 10 1908, Acosta-Sison DAF.

also stimulated the Filipino woman to achieve more and more and to place herself gradually on the same intellectual footing with men.⁴⁸⁶

Even while acknowledging the violence that had incorporated the Philippines into U.S. empire, Salamanca celebrated the advent of U.S. colonialism as liberating, first and foremost because of the educational opportunities it endowed, particularly for women.

For Salamanca, U.S. colonialism represented a decided upgrade from the Spanish colonialism that preceded it in the Philippines. At the time of U.S. conquest, no medical college in the Philippines awarded a full Medical Degree (M.D.). For Filipina women under Spanish rule, educational opportunities had been particularly limited, confined largely to religious education provided in convents, where both Acosta and Salamanca received their earliest education. Before Philippine Medical School opened in 1907, under U.S. colonial auspices, even Filipino men were required to go abroad, usually to Spain, to complete medical degrees. Among those who did so was the popular nationalist hero Jose Rizal y Alonso. In traveling abroad to study medicine and serve their fellow Filipinos, Acosta and Salamanca quite possibly saw themselves as following in Rizal's footsteps.⁴⁸⁷

If the *pensionados* program had been established with the intention of creating an educated class of Filipinos friendly to America and willing to serve the state as public servants, then Acosta and Salamanca can only be considered exemplars of the program's success.

Salamanca's career as a physician was short-lived, as she died in 1913 from tuberculosis, the

⁴⁸⁶ Oliva Salamanca, "Medical Women in the Philippines," *The Esculapian* 1: 4 (June 1910): 3-4, 3. Accessed through WMDC.

⁴⁸⁷ For José Rizal y Alonso's European travels, see Kramer, *Blood of Government*, 7-8. For overview of modern medical education in the Philippines, see Antonio G. Sison, "Progress of Medical Education in the Philippines During the Last Fifty Years," *The Golden Book of the Philippines Medical Association Containing Articles by Various Authors on the Progress of Philippine Medicine During the Last Fifty Years*, Eds. Antonio S. Fernando, Manuel D. Peñas, and Mariano M. Alimurung (Philippine Medical Association: 1955).

disease she selected as her medical specialty. (By this time, it had become typical for physicians trained in the U.S. to select a specialty.) Yet even in her short career, Salamanca earned distinction when she became the first woman to pass the Philippine state's medical licensing exam in 1911, a year after she graduated from WMCP. In 1912, Salamanca became secretary of The Philippine Islands Anti-Tuberculosis Society. The society, commissioned by Secretary of War Jacob M. Dickinson in 1911 under the Bureau of Health of the Philippine Islands, was itself a product of the colonial state. During her time as secretary, Salamanca worked in tandem with colonial officials, including those from the military, to implement prevention measures.⁴⁸⁸ This included not only public education campaigns but also, in keeping with trends for tuberculosis treatment in the U.S., segregation of people who had already contacted the disease in newly constructed sanitariums.⁴⁸⁹ For a brief time, Salamanca assumed charge of the Tuberculosis Sanitarium of San Juan del Monte in Manila before her health compelled her to resign. In all likelihood, her work with patients who had tuberculosis caused her to contract the disease herself. She died in her home province of Cavite, surrounded by her family.⁴⁹⁰

By contrast, Acosta's career spanned five decades, from her graduation in 1909 into the 1960s. She selected obstetrics as her specialty and spent most of her career as a faculty member in the Department of Obstetrics at the College of Medicine at the University of the Philippines and its affiliated hospital in Manila, Philippines General Hospital. Throughout her long career, Acosta, who used the name Acosta-Sison following her marriage in 1910, developed an

⁴⁸⁸ For background of the founding of The Philippine Islands Anti-Tuberculosis Society, see Mrs. Martin Egan, "Tuberculosis in the Philippines," in *Report of the Twenty-Ninth Annual Lake Mohonk Conference of Friends of the Indian and Other Dependent Peoples, October 18-20, 1911* (Lake Mohonk Conference of Friends of the Indians and Other Dependent Peoples: 1911), 147-148.

⁴⁸⁹ See Sheila Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York: Basic Books, 1994).

⁴⁹⁰ Letter from Jose Salamanca, July 22 1913, Salamanca DAF.

international reputation as the “mother of Philippine obstetrics.”⁴⁹¹ Her professional activities spanned three continents, and she amassed an impressive array of publications on a number of subjects related to obstetrics. Most of her work was published in leading medical journals in the Philippines, but she also published several articles in the *American Journal of Obstetrics and Gynecology* during an era when academic physicians in the U.S. were overwhelmingly white and male. Acosta-Sison's own unique path reveals the changes that had occurred in American medical education over the prior two decades. As an academic physician, Acosta-Sison's professional activities including teaching and conducting research in conjunction with treating patients. She embraced modern medicine's emphasis on “science,” and being a scientific practitioner well-versed in contemporary research formed the core of her professional identity.

While Acosta-Sison's professed loyalty was to the scientific process itself, rather than any ideological standpoint, her politics inevitably seeped into her professional activities. Politically progressive in ways comparable to contemporaneous American progressives, Acosta-Sison was attentive to social inequalities and believed in the power of an activist state to better the lives of its citizenry. Her positions on women in the workplace and advocacy for women in medicine were consistent with liberal feminism. As a clinician and successful Filipina professional, Acosta-Sison saw herself as working to improve the social position of all Filipina women.

Yet in her exceptional and transnational career, the complexities of translating scientific medicine to colonized nations are laid bare. Prior historians of modern medicine in the Philippines such as Warwick Anderson have focused on the public health programs instituted by military officials, which were implemented to curb the spread of infectious diseases. Many other notable histories of colonial medicine employ a similar focus and tend to pay little or no attention

⁴⁹¹ "Obituary: H. Acosta-Sison, M.D.," *The Journal of the Asian Federation of Obstetrics and Gynecology* 1:2 (December 1970): 179-183.

to indigenous people who worked as medical professionals—despite the fact that such figures, who can be considered medical intermediaries, were central to the long-term implementation and popularization of modernized medical care in their home countries.⁴⁹² In assuming professional roles in medicine, Acosta-Sison and other intermediary figures became agents of colonial medicalization processes that permeated the whole of society—sometimes intruding upon the most intimate of domains in the name of providing "help."

Childbirth provides particularly rich ground for examining the operations of scientific medicine as it began to enter the everyday lives of colonized peoples. After all, if there is a single hallmark of the social transformations wrought by modern medicine and its quintessential institution, the hospital, it is perhaps in the fact that birth as well as death were relocated there, having become thoroughly medicalized, scientifically managed affairs. As Peter Conrad describes, "*Medicalization* describes a process by which nonmedical problems become defined and treated as medical problems."⁴⁹³ Childbirth, as a common experience that generally is not pathological or deadly, is a prime example of medicalization. In my usage of this term, I intend also to evoke the clinical gaze as described by Michel Foucault.⁴⁹⁴

The medicalization of childbirth is a relatively new historical phenomenon. In the early twentieth century, when Acosta first began her career, most women in the U.S. gave birth at home. A century prior, midwives were still called to attend births more frequently than

⁴⁹² See Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006). For other notable examples of the history of colonial medicine, see Arnold, *Colonizing the Body* and Philippa Levine, *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003).

⁴⁹³ Peter Conrad, "Medicalization and Social Control," *Annual Review of Sociology* 18 (1992): 209-232, 209.

⁴⁹⁴ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* Trans. A.M. Sheridan Smith (New York: Vintage Books, 1994 (1963)).

physicians. These developments have been documented by Judith Walzer Leavitt and Laurel Thatcher Ulrich, among others. Other historians have discussed the modernization of childbirth in contexts outside of the U.S.⁴⁹⁵ Tina Johnson has demonstrated, in her study of childbirth in republican China, that the implementation of allegedly scientific childbirth practices can be a critical component of modern state-building.⁴⁹⁶ Within colonial contexts, childbirth is particularly significant. Delivery in hospitals regulated by trained professionals is generally associated with modernity and civilization (often gendered male), while home births using midwives as attendants is disparagingly associated with women and timeless tradition. Acosta-Sison's career as an agent of modern obstetrics complicates this narrative. I argue that it is not necessarily the case that a researcher's own personal experiences of gender and race discrimination inevitably leads her to produce research that questions scientific racism and sexism.

Acosta-Sison's history also provides fertile ground for exploring questions posed by feminist historians of science such as Londa Schiebinger. How does the gendering and racialization of science and scientists as male and white affect the output of science?⁴⁹⁷ While Acosta-Sison's race, nationality, and gender certainly impacted her career, the structure of scientific inquiry, and the wider social and political contexts in which science operated, also

⁴⁹⁵ Walzer Leavitt, *Brought to Bed*; Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Vintage Books, 1991). See also Charlotte G. Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge: Harvard University Press, 1995); Jacqueline H. Wolf, *Deliver Me From Me: Anesthesia and Birth in America* (Baltimore: Johns Hopkins University Press, 2009). For examples of the history of modernized childbirth in contexts outside of the U.S. and Europe, see Nancy Rose Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham: Duke University Press, 1999); Johnson, *Childbirth in Republican China*.

⁴⁹⁶ Johnson, *Childbirth in Republican China*.

⁴⁹⁷ Londa L. Schiebinger, *Nature's Body: Gender in the Making of Modern Science* (Boston: Beacon Press, 1993).

shaped Acosta-Sison's work. Moreover, her work rested upon a radical reformulation of childbirth, women's bodies, and the healer/patient relationship. This had both costs and benefits. Acosta-Sison's journey demonstrates that for feminist historians of science, Schiebinger's question of how scientists' racial and gender identities impact scientific output is a useful starting point, but in and of itself is not sufficient to explain the persistence of racism and sexism within modern science.

BECOMING A MODERN OBSTETRICIAN

According to the autobiographical narrative Acosta-Sison constructed and repeated throughout her life, her desire to improve obstetrical care in the Philippines propelled her to become a physician. This desire sustained her through discouragement from her teachers, opposition from her family, and significant structural barriers related to the limited availability of medical education in the Philippines. Acosta claimed she first considered medicine after witnessing numerous funeral processions of women and infants from the window of her grandparents' house in Dagupan, where she lived as a young girl. The death of a distant cousin during labor left a particularly strong impression. Acosta-Sison recalled, "these frequent deaths of infants of mothers in the act of childbirth began to work in my mind. Why do not women call the doctors when they give birth? The answer was because doctors are men. They would rather die than to be examined or assisted by men. Then to me the thought was born. What, if when I become of age I would study medicine."⁴⁹⁸ Acosta-Sison believed that it was the physician's sex, rather than methods, which prevented Filipina women from seeking physicians' assistance earlier in pregnancy and labor. Therefore, women trained in modern medicine would solve the problems of maternal and infant mortality.

⁴⁹⁸ Acosta-Sison, "The Opportunities of a Woman Physician," in Acosta-Sison DAF.

Acosta-Sison's selection as a *pensionado* recipient put her dream of becoming a physician, once rather far-fetched, within reach. When she applied to be a scholarship recipient in 1904, Acosta had been a teacher at a Normal School (a school for teacher) in Dagupan for several years. During her first year in the U.S., Acosta-Sison prepared for medical school at the Drexel Institute and Brown Preparatory School in Philadelphia, entering WMCP in 1905. In the summer after her first year at WMCP in 1906, Acosta-Sison took additional general education courses at Cornell University in Ithaca, New York. Although disadvantaged by a less rigorous educational course than her classmates prior to entering WMCP, Acosta-Sison did well at the College and was proud of her ability to keep up with, and even surpass, her classmates, who were mostly white Americans. During her first year, Acosta-Sison won a prize for attaining the highest score in anatomy among her class—an accomplishment that she proudly listed on her curriculum vita even decades afterwards.⁴⁹⁹

Acosta-Sison's clinical work in Philadelphia influenced her approach to obstetrics for many years to come. In an article published in *The Esculapian* in 1911, Acosta-Sison recounted the case of one woman in Philadelphia whose eventual death during labor made a particular impression on her. The patient in question, a first time mother, experienced a difficult labor over the course of two days before attending physicians attempted a cesarean section, after which she died. While the woman's external measurements of the pelvis had appeared to be normal on examination, internal measurements revealed that she had a contracted pelvis--the cause of her difficult labor. Acosta-Sison believed that earlier diagnosis of the pelvic abnormality, followed by prompt cesarean section, could have saved the patient's life. Although Acosta did not provide any non-medical information about the woman whose labor and death she witnessed, it is likely

⁴⁹⁹ See "Obituary: H. Acosta-Sison;" Acosta-Sison, "The Story of My Life," *Philippine Medical Association Journal* 46:4 (1970): 211-224.

that the patient was either an immigrant or had immigrant parents. Philadelphia, like other cities in the northeast, was home to large numbers of “new” immigrants from eastern and southern Europe during the early twentieth century. Additionally, maternity hospitals tended to have a disproportionate amount of patients from the poorer segments in society, as women who were more well-off still commonly gave birth in their homes.⁵⁰⁰ If the patient was a poor woman of eastern or southern European descent, Acosta surely noticed. Her death compelled Acosta to become attentive towards possible pelvic abnormalities in her patients, a concern which became central to her earliest research.

However, at this point in her career, Acosta doubted whether contracted pelvises posed a particularly urgent threat to Filipina women in particular. She commented in the article, “It has been alleged that contracted pelvises are rare in the Philippines.”⁵⁰¹ Her own observations seemed to corroborate this assumption. Of about one hundred Filipina women whose labors she had witnessed, only one had a contracted pelvis, and this woman had osteomalacia (softening of the bones due primarily to vitamin D deficiency). However, even though contracted pelvises allegedly were not common among Filipinas, Acosta asserted that Filipina women were in desperate need of modern, purportedly scientific obstetrical care. Acosta proclaimed that, “it is high time that medical science should lend its aid to the pregnant women of the Philippine Islands who are now the victims of ignorant and oftentimes brutal midwives.”⁵⁰² She, a Filipina woman trained in scientific obstetrics, was seemingly well-positioned to save other Filipina women from the alleged ignorance of traditionalistic *hilots* (the Tagalog term for midwives).

⁵⁰⁰ Walzer Leavitt, *Lying In*.

⁵⁰¹ Acosta, “The Antepartum and Postpartum Care of the Parturient Woman,” *The Esculapian* 1911: 1- 5, 2.

⁵⁰² *Ibid.*, 1.

Acosta returned to the Philippines in 1910 and began her practice in obstetrics at St. Paul's Hospital. She married fellow *pensionado* recipient Antonio Sison, who had studied medicine at the University of Pennsylvania. In 1912, Acosta-Sison was appointed as a part-time instructor in obstetrics at the College of Medicine and Surgery of Philippine General Hospital in Manila, becoming an assistant professor in 1914.⁵⁰³ Because Antonio Sison was also a physician, and served as faculty at the hospital, it is likely that Acosta-Sison's personal connection helped her gain a foothold in the rapidly developing sphere of academic medicine in the Philippines. Like American academic medicine on which it was modeled, academic medicine in the Philippines was overwhelmingly male.

Philippine General Hospital was constructed under the auspices of the U.S. colonial government and, like other colonial institutions, closely followed American models.⁵⁰⁴ At Philippine General Hospital, as at Johns Hopkins University and other newly modernized American medical schools, clinical care became entwined with medical education.⁵⁰⁵ The role of the professor of medicine was also transformed. Now professors were expected to conduct independent research, furthering collective knowledge. While these changes had a number of effects, perhaps one of the most profound was, as Charles S. Rosenberg has shown, the transformation of patients into "clinical material." Acosta-Sison embraced the modernization of medical education and its reformation of the professor's role. From the beginning of her career and onwards, Acosta-Sison's clinical work became incorporated into her research agenda,

⁵⁰³ See numerous copies of Acosta-Sison's curriculum vitae, Acosta-Sison DAF.

⁵⁰⁴ Cristina Evangelista Torres, *The Americanization of Manila, 1898-1921* (Quezon City: University of the Philippines Press, 2010), especially 103-135; Sison, "Progress of Medical Education in the Philippines." For history of Philippine General Hospital, see John E. Snodgrass, *History and Description of the Philippine General Hospital: Manila, Philippine Islands, 1900 to 1911* (Manila: Bureau of Printing, 1912).

⁵⁰⁵ Rosenberg, *The Care of Strangers*.

purportedly undertaken for the good of Filipina women. She would “improve” the lives of Filipina women through medicine, working in a society that overwhelmingly lacked modern healthcare facilities.

For Acosta-Sison’s first study, suggested to her by a senior colleague, Fernando Calderon, Acosta-Sison elected to study the pelvic dimensions of Filipina women, and the head measurements of their newborn infants. Acosta-Sison’s choice of subject was charged with racial significance. By the time she entered the field in 1914, there were at least two centuries’ worth of scientific debate on the issue.⁵⁰⁶ The subject had attracted interest from anthropologists, who believed that pelvic dimensions contained information about humanity’s racial hierarchy, and obstetricians, who speculated that the research had clinical applications. Acosta-Sison herself was, as we have seen, interested in diagnosing pelvic abnormalities that could cause dystocia, and this interest was a major impetus behind her study—although perhaps not the only one.

Within U.S. obstetrics, racial distinctions were frequently utilized in study of the pelvis. As obstetricians who worked in urban hospitals designed to serve the poor treated increasing numbers of women born in southern and eastern Europe in the late nineteenth century, the profession began to differentiate immigrant women’s pelvises from those of native-born women. Generally, obstetricians believed that native-born women were more likely to have “normal” pelvises as compared to their immigrant counterparts; several obstetrical books of this period repeated this assertion.⁵⁰⁷

⁵⁰⁶ See Schiebinger, *Nature’s Body*, 115-120.

⁵⁰⁷ J. Whitridge Williams, *Obstetrics: A Text-Book for the Use of Students and Practitioners*, fourth ed. (New York and London: D. Appleton and Company, 1917), 16. Numerous editions of Williams’ *Obstetrics* feature this discussion, with slight variants.

However, original research investigations conducted in the U.S. were most concerned in differentiating white women from black women. In 1904, Theodore Riggs of Johns Hopkins University conducted the most comprehensive study of racial pelvimetry in the U.S. to date. Riggs claimed that there were differences in the pelvises of black and white women and attributed them to racial hierarchy. According to Riggs, “women of lower races” were more likely to have pelvic deformities.⁵⁰⁸ Riggs also investigated the clinical applications of this alleged difference. His data included information about the size of infants, duration of labor, which surgical procedures if any were performed, and other information about the birthing process. He found that while black women with normal pelvises tended to give birth more quickly than white women with normal pelvises, the reverse was true among women with contracted pelvises. Black women were also less likely to receive surgical intervention. While modern observers might speculate that this difference is likely attributable to practitioners’ biases, Riggs assumed that all of the decisions made by Johns Hopkins personnel were good ones, reflecting natural truths in how women of different races ought to be treated in labor.

Although Riggs’ study, grounded as it was in the major racial paradigm of the U.S., may seem far-removed from the Philippines, the study provided a model for Acosta-Sison’s work as well as quantitative data that was used for comparison. A growing body of anthropological research about Filipino people also informed Acosta-Sison’s work. Upon conquest of the Philippines, U.S.-based researchers began studying, classifying, and measuring Filipino bodies. A lot of this research was more concerned with creating a taxonomy of Filipinos rather than discerning Filipinos’ place on the all-important racial hierarchy. Due in large part to its

⁵⁰⁸ Theodore F. Riggs, “A Comparative Study of White and Negro Pelves, With a Consideration of the Size of the Child and its Relation to Presentation and Character of the Labor in the Two Races,” *The Johns Hopkins Hospital Report* 7: 421-454.

heterogeneous cultural/linguistic landscape and long history of transnational migration, Filipinos were not considered a unified race—in stark contrast to how race science treated people of African descent.

Many researchers conducting racial taxonomy studies in the Philippines explicitly linked their investigations to policy issues facing the U.S. government as it instituted colonial rule. Physician Robert Bennett Bean, for instance, investigated whether certain racial “types” among Filipinos were associated with greater academic success.⁵⁰⁹ Acosta-Sison referenced Bean’s study in her publications, indicating her awareness that the stakes of her research extended well beyond the birthing room. Her work differed from that of Bean and other researchers in that Filipina women were the exclusive focus of her research, while Bean’s subjects were almost exclusively male. In entering this field, Acosta-Sison established Filipina women as part of race science in multiple ways.

In a 1914 article presenting her preliminary works, published in a supplementary edition of *The Philippine Journal of Science*, Acosta-Sison acknowledged the racial narratives popular within the obstetrics: “It has been asserted by different investigators [...] that the pelvis of the less civilized races is narrower and deeper than that of the Caucasian race; and writers [...] have observed the comparatively easy labors of primitive people.”⁵¹⁰ Acosta-Sison’s repetition of common racial tropes (such as “primitive” and “less civilized”) indicates the extent to which she situated her work in the context of early twentieth century race science without questioning the assumptions behind such science. Filipino/as’ position on the racial hierarchy was in question, and her research was positioned to provide answers.

⁵⁰⁹ Robert Bennett Bean, *The Racial Anatomy of the Philippine Islanders* (Philadelphia and London: J.B. Lippincott Company, 1910), 37-42.

⁵¹⁰ Acosta-Sison, “Pelvimetry and Cephalometry Among Filipinas,” *The Philippine Journal of Science* B9 (1914): 493-497, 493.

Such research would not have been possible without the development of modern medical institutions in the Philippines--and the U.S. colonialism that had preceded them. Acosta-Sison acknowledged this, writing that:

Practically no previous systematic measurements of the pelvis in Filipinas have been performed [...] [A]lso, no studies have been made of the relationship in size between the pelvis of the Filipino mother and the head of the infant. This may be explained by the facts that until recently untutored midwives had almost the entire control of the maternity cases; that the prospective mothers traditionally do not consult a physician until the midwife has failed to bring forth the baby and the patient is near death; and that until two and a half years ago there did not exist large charity hospitals with modern equipment and facilities as are now found in the Philippine General Hospital.⁵¹¹

Acosta-Sison hence drew a connection between the modernization of healthcare, particularly childbirth, in the Philippines and Filipina women's transformation into subjects of race science. For Filipina women, seeking care from scientifically trained obstetricians meant becoming part of international scientific endeavors of which they were only minimally aware, if at all. At this time, modern science did not have clearly delineated protocols for seeking the consent of research subjects in clinical studies.⁵¹² Because Acosta-Sison's study involved only diagnostic measurements of patients, rather than provision of an experimental treatment, it is especially unlikely that her subjects consented to their inclusion in this study. For Acosta-Sison's patients, then, modern obstetrical care facilitated their unwitting inclusion into international race science.

Yet for all of the socially charged issues Acosta-Sison invoked in her preliminary discussion of the study, the actual results she presented are fairly prosaic. Acosta-Sison stated that her measurements of 181 Filipina women and 117 infants indicated that Filipina women's

⁵¹¹ Acosta-Sison, "Pelvimetry and Cephalometry Among Filipinas," 493.

⁵¹² For history of informed consent in medical research, see Ruth R. Faden and Tom L. Beauchamp in collaboration with Nancy P. King, *A History and Theory of Informed Consent* (New York and Oxford: Oxford University Press, 1986), especially chapter 5.

pelvises were narrower than white American women, but relatively deeper, while infants' heads were proportionally smaller. Acosta-Sison accounted for this difference by referencing habits allegedly common to women in the Philippines. She wrote that, "it must be remembered that the Filipino woman from her childhood has habitually accustomed herself to the squatting position or to sitting on the hard floor with the knees drawn up, and her occupation is such that she is obliged to be in this position for nearly the whole day[.]"⁵¹³ Significantly, Acosta-Sison attributed anatomical differences between races to social practices rather than innate biology.

The study's early results attracted interest among U.S. physicians. *The Journal of the American Medical Association* reported its findings in 1915, claiming that "there is a traditional belief, supported by statements of scientific observers, that in childbirth among primitive peoples the mothers experience comparatively easy labor."⁵¹⁴ While this belief may appear to be at odds with the axiom that non-white women were more likely to have pelvic deformities, it is important to note that this subfield was rife with such contradictions. Some researchers, including Riggs, attempted to reconcile the two "truths," and for the most part both postulations were accepted. The journal's commentary indicates that Acosta-Sison's results, at least in their early form, could be easily incorporated into the pre-existing narrative regarding childbirth and racial hierarchy. Similarly, when a leading American obstetrical textbook, John Whitridge Williams' *Obstetrics*, referenced the study in a lengthy discussion on race and pelvimetry in the textbook's 1917 edition, Williams claimed that Acosta-Sison's findings were similar to those of Riggs. He wrote, "T.F. Riggs [...] has shown that contracted pelves occur several times more frequently among black than white women in Baltimore, while operative delivery is more

⁵¹³ Acosta-Sison, "Pelvimetry and Cephalometry Among Filipinas," 495.

⁵¹⁴ "Current Comment: Pelvic Measurements of Philippine Women," *The Journal of the American Medical Association* 64:22 (May 29 1915): 1854.

frequently required among the latter. [...] Acosta-Sison makes a similar statement concerning the Philippine women[.]”⁵¹⁵ Although Paul Kramer has asserted that white Americans did not simply import the black/white racial paradigm of the U.S. to the Philippines in implementing colonial rule, American physicians’ response to Acosta-Sison’s preliminary results suggests that many physicians did interpret the Philippines through an American racial paradigm.⁵¹⁶

Acosta-Sison directly contested this interpretation of her results in a more comprehensive 1919 article co-authored with her senior colleague, Calderon. They claimed: “Williams has quoted one of us (H.A.S.) as stating that the Filipino pelvis corresponds most closely to that of the American Negress. Since the writer made no such statement, it seems probable that Williams arrived at such a conclusion by comparing the Filipino measurements given by the writer with the Negro measurements reported by Riggs.”⁵¹⁷ Acosta-Sison and Calderon argued that this was a misinterpretation, stating that the measurements of the typical Filipina pelvis corresponded to the average pelvis of Black women “in a superficial way” only. Clearly offended by Williams’ interpretation of the early data, the authors went on to point out that Riggs’ study did not distinguish among white American women. Acosta-Sison and Calderon then interpreted Riggs’ data themselves. They claimed that Riggs’ data indicated a distinction between women of northern European descent, “the great majority of native-born Americans,” and “the southern European element,” characterized as a “minor, or abnormal type.”⁵¹⁸ Acosta-Sison’s belief that European immigrant women were more likely to have deformed or contracted pelvises was inspired by both popular assumptions within obstetrics and her own clinical experiences in

⁵¹⁵ Whitridge Williams, *Obstetrics*, 16.

⁵¹⁶ Kramer, *The Blood of Government*.

⁵¹⁷ Honoria Acosta-Sison and Fernando Calderon, “Pelvimetry and Cephalometry Among Filipino Women and Newborn Babies Made on One Thousand Two Hundred Thirty-Seven Cases,” *The Philippine Journal of Science* 14:3 (March 1919): 253-271, 254.

⁵¹⁸ *Ibid.*

Philadelphia. According to Acosta-Sison and Calderon, the southern European pelvis was more likely to be of the “simple flat” type, and thus was most similar to Filipina women’s pelvises—*not* Black women’s pelvises, as Williams had so impudently implied. Hence, in contesting U.S. physicians’ interpretations of her data, Acosta-Sison did not suggest that comparisons between women in the U.S. and Filipina women were invalid, but rather sought to change the referent to which Filipina women were compared. Williams’ claim that Filipina women were most similar to African-American women was not acceptable to them because of the obvious social and political implications.

The issue of how to interpret Acosta-Sison and Calderon’s results in light of Riggs’ study was not simply an academic debate about anatomy. As Paul Kramer has argued, the first four decades after American conquest of the Philippines saw a contest over what Kramer calls “the politics of recognition.”⁵¹⁹ How should Filipinos, now colonial subjects of the U.S., be incorporated into the body politic? According to Kramer, elite Filipinos who migrated to the U.S. through the *pensionado* program played a particularly significant role in the debate over Filipinos’ racial status as they displayed their capacity to be civilized to white Americans. Arguably, Acosta-Sison’s emphatic declaration that Filipina women’s pelvises were more similar to southern European women’s pelvises than to black women’s was an expression of these politics. During her time in the U.S., Acosta-Sison witnessed the segregated regime of Jim Crow, of which she wrote critically but was not herself subjected. In establishing anatomical similarity between European, albeit immigrant, women and Filipinas, Acosta-Sison argued for recognition of Filipino inclusion as citizens of the nation state on terms that were most comparable to European immigrants, rather than African-Americans.

⁵¹⁹ Kramer, *The Blood of Government*, 19

Yet Acosta-Sison and Calderon, like other researchers of race in the Philippines, were challenged by the islands' ethnic and cultural heterogeneity. Having previously divided Riggs' category of white women into northern and southern European subgroups, Acosta-Sison and Calderon turned to further classifying Filipina women. They claimed, "we are able to isolate three major, and two minor, types of Philippine pelvis."⁵²⁰ Acosta-Sison and Calderon presented five graphs in support of this claim, each of which displayed the distribution of pelvic measurements among their subjects. This graph, displaying measurements of the intercrystal diameter, best illustrates their claim (see next page):

⁵²⁰ Kramer, *The Blood of Government*, 258.

Figure 3: Graph from Acosta-Sison and Calderon, “Pelvimetry and Cephalometry Among Filipino Women and Newborn Babies” (1919)

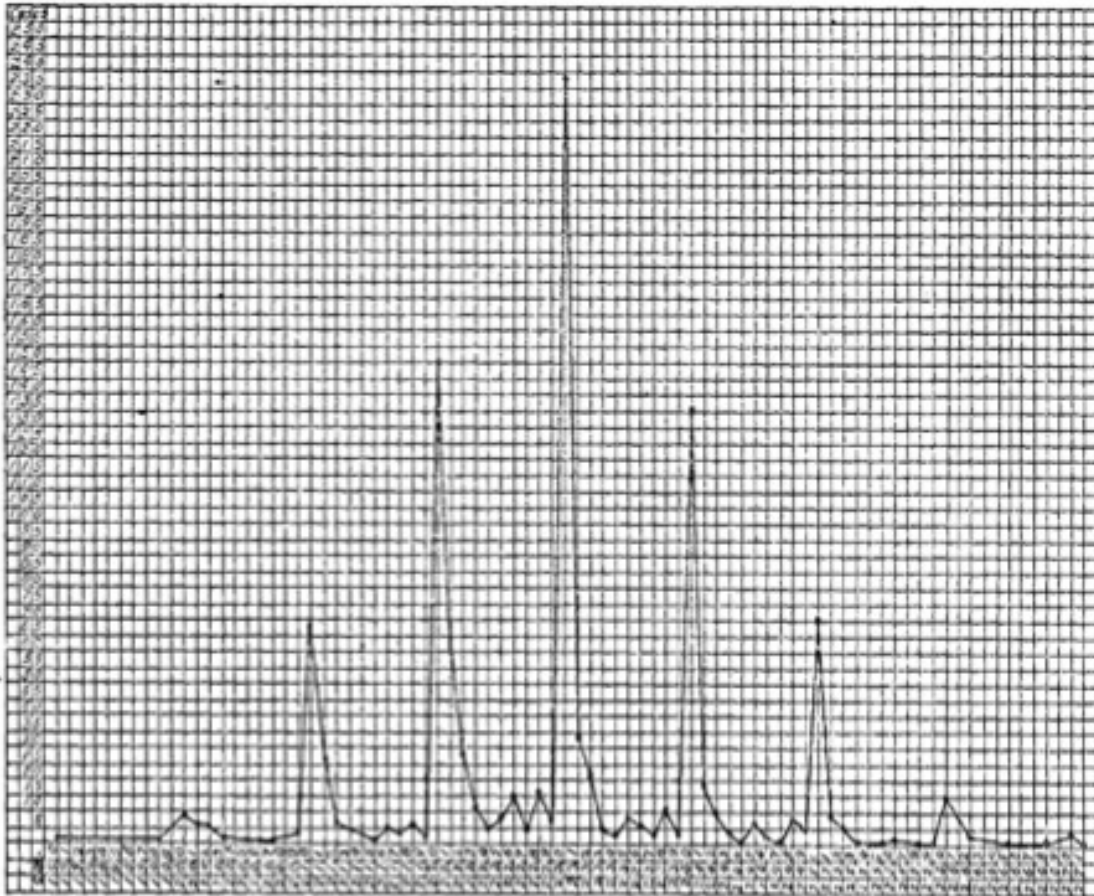


FIG. 2. Intercristal diameter (between upper borders of the iliac bones).

The x-axis shows intercrystal diameter measurements in centimeters. The y-axis shows frequency of cases. For Acosta-Sison and Calderon, the five main peaks and clusters of this graph were particularly significant, possibly indicating five distinct racial types in the Philippines.

Source: Honoria Acosta-Sison and Fernando Calderon, “Pelvimetry and Cephalometry Among Filipino Women and Newborn Babies Made on One Thousand Two Hundred Thirty-Seven Cases,” *The Philippine Journal of Science* 14 no. 3 (March 1919): 253-271.

Acosta-Sison and Calderon speculated that the five major peaks on the graph represented five types of Filipina pelvises, correlated to five major racial “types” of the Philippines’ population. Citing anthropological studies, they suggested that there were five major Asian “types” among Filipinos: Indian, Chinese, Japanese, Polynesian, and Melanesian, as well as “the late Spanish

mixture from Europe.”⁵²¹ They noted that “since practically no pelvic measurements from the regions mentioned have been published, the correlation of Philippine types with those of other oriental peoples must await the results of further investigations.”⁵²² Although tentative in their conclusions, Acosta-Sison and Calderon asserted that distinct racial types among Filipinos existed, and that distinctions could be better identified upon further research. Race science in the Philippines ascribed racial identifications to people who almost certainly did not identify with categories constructed by science, rather than communal and regional affiliations. Moreover, the very existence of graphical and numeric representations of Filipinas’ pelvic measurements reduced women in the study into not just their pelvises, but into component measurements and ratios of their pelvises. Acosta-Sison and Calderon also proposed that their own study, which brought Filipina women into the international project of race science, be replicated elsewhere in Asia and the Pacific. Modern medicine’s transformation of childbirth into a medical event, and women into research subjects whose bodies could be reduced to data points, was positioned as a positive good that ought to be further exported. Indeed, further “progress” in obstetrical research in the Philippines was allegedly contingent upon the extension of this research elsewhere.

But the incorporation of Filipina women into race science was not the only, or even the primary, force propelling Acosta-Sison and Calderon’s research. They believed this research could have significant impact on modifying obstetrical practices, which they discussed at length in the latter half of the article. They documented their research subjects’ pelvic dimensions in relation to time of labor, focusing particularly on cases where the second stage of labor was prolonged. Oftentimes in these cases, surgical intervention was utilized. Acosta-Sison and

⁵²¹ Acosta-Sison and Calderon, “Pelvimetry and Cephalometry Among Filipino Women,” 258-259.

⁵²² *Ibid.*, 259-260.

Calderon stated that of all cases of cesarean section performed on Filipina women at Philippine General Hospital during their period of study, only two were performed due to a mismatch between a laboring woman's pelvis and the newborn infant's head dimensions. Of these two cases, one involved a hydrocephalic fetus and the other woman had osteomalacia (softening of bone structure that is often a result of vitamin D deficiency). Due to these findings, Acosta-Sison and Calderon write in their conclusions that "contracted pelvis, except in cases of osteomalacia, is rarely an indication to Cesarean section among Filipino women."⁵²³

Because cesarean section was such a risky procedure during this time, its proper usage was contested among obstetricians. According to Judith Walzer Leavitt, physicians in the U.S. in the early twentieth century were performing cesarean sections more frequently than craniotomy, a procedure that disassembled and removed the fetus from a woman's body as a life-saving measure, but at the cost of the fetus' life. While craniotomy was possibly safer for women, physicians became increasingly reluctant to perform the procedure. The Catholic Church was one of the most vocal opponents of craniotomy.⁵²⁴ Acosta-Sison, a practicing Catholic, did not mention craniotomy in any of her articles discussing obstetrical complications and likely opposed the procedure. Hence, the question of when to perform cesarean section was particularly significant for her. She certainly did not oppose cesarean section, or any other commonly accepted surgical intervention during childbirth. Yet it is significant that Acosta-Sison and Calderon suggested that for Filipina women, a contracted pelvis in and of itself was *not* necessarily an indicator for cesarean section. While their suggestion, like the research itself,

⁵²³ Acosta-Sison and Calderon, "Pelvimetry and Cephalometry Among Filipino Women," 270.

⁵²⁴ Walzer Leavitt, "The Growth of Medical Authority: Technology and Morals in Turn-of the Century Obstetrics," in *Women and Health in America* second edition, ed. Judith Walzer Leavitt (Madison: University of Wisconsin Press, 1999).

re-inscribes the notion of racial difference as biological fact, it was also an attempt to caution practitioners about performing a particularly risky procedure. Acosta-Sison was an enthusiastic proponent of scientific obstetrical practices, but she was not entirely oblivious to potential risks. Characteristically, she grounded her caution in empirical data.

Yet in spite of the detail with which Acosta-Sison documented her patients' anatomical measurements and courses of labor, their voices and decision-making capacities are scarce in Acosta-Sison's scientific articles. It is hence difficult to ascertain whether the women whom Acosta-Sison treated actually wanted cesarean section or other interventions, and how their own choices—if they were able to make any—affected the outcomes that Acosta-Sison discussed at such length. This was itself a feature of medicalization. The ideal patient was compliant and did not question the physician's judgment. In a travelogue Acosta-Sison published for a general audience in 1929, Acosta-Sison recounted her experiences in 1927, in which she travelled throughout Europe and observed numerous hospitals and clinics. Acosta-Sison was particularly impressed by the patients and facilities in Vienna. She described: "With the general public the word of a physician is law. They willingly subject themselves to all kinds of physical examination and treatment without questioning or complaint." She continued, "It was a pleasure to hear them answer questions quickly and intelligently, without rambling, thus affording the physician a clear insight into their history without loss of time or patience."⁵²⁵

In her veneration of Viennese patients, Acosta-Sison revealed her ideal patient and, perhaps unwittingly, indicates the frustrations she probably had with many of her patients in Manila. One can infer that many of Acosta-Sison's patients were not as compliant as she wished. They did not always take her word, or that of other physicians, as law, asked questions

⁵²⁵ Acosta-Sison, *Glimpses of the East and West Through the Eyes of a Filipino Woman* (Manila: 1929), 27.

and voiced complaints, and in conversations with her may have rambled or included information that she deemed irrelevant. Despite her efforts, and those of other physicians in the Philippines, Acosta-Sison could not simply impose medicalization on her patients without challenge—as muted as those challenges appear in records left behind. Indeed, in the Philippines, patients’ willingness to challenge the physician’s authority likely exceeded that of the Viennese patients, living in a metropolis that had long been a center of scientific medicine in Europe.

Numerous accounts of Acosta-Sison’s early work give further indication that the modern obstetrical care she offered was not simply accepted by the entirety of the Philippines without challenge. In the 1910s, Acosta-Sison and other providers of modernized childbirth had to utilize creative recruitment tactics simply to obtain patients for their wards. She and other physicians solicited pregnant women on the streets of Manila, most of whom were probably of the lower classes. Calderon offered stump speeches in Tagalog about the benefits of giving birth in a hospital. The state-run hospital also offered attractions such as parties, conferences, and demonstrations to educate the public. According to Acosta-Sison, these efforts resulted in a massive increase in the number of women seeking obstetrical care from the hospitals in which she worked.⁵²⁶ The popularization of medicalized childbirth in the Philippines hence was not simply imposed, but enacted and negotiated, albeit under conditions of social inequality.

COLONIAL COMPLICATIONS

During her early career, Acosta-Sison not only accepted American colonial rule, but embraced it. When World War I broke out, Acosta-Sison displayed the ultimate display of patriotism. Having heard that one hundred women physicians petitioned President Woodrow Wilson to serve their country as medics, Acosta-Sison desired to join their number. She wrote

⁵²⁶ “Woman Conquers Filipino Prejudice,” article from *The Ledger* October 31, 1926, Acosta-Sison DAF.

Clara Marshall, the recently retired dean of WMCP, to inquire about her alma mater's efforts to organize alumnae and volunteered herself for service. In her missive, Acosta-Sison declared her willingness to serve both for the sake of America and to represent her beloved alma mater:

We, here, in the Philippines are in sympathy with the Americans in this war and should like to testify our gratitude in being allowed to take an active part in the struggle for liberty. As a daughter of the College who can never forget the bounties received from its bosom, I shall deem it a great honor and pleasure if my services in whatever capacity I may be consigned to be accepted in the organization of my dear Alma Mater for the great cause. I am willing to go as far as the front.⁵²⁷

Martha Tracy, the College's new dean, put Acosta-Sison in contact with Dr. Caroline M. Purnell, a WMCP graduate practicing in Philadelphia who was organizing what she called "The Woman's Medical College Unit."⁵²⁸ Tracy enclosed a volunteer registration form for Acosta-Sison to fill out. The unit's volunteers consisted of both physicians and assistants, who most likely had nursing degrees. Tracy anticipated that were this unit called into service by the U.S. military, the unit would need to be ready to embark within months. She speculated that doctors were particularly needed in France and Romania. But the Woman's Medical College Unit was not called into service. Not until World War II were women allowed to receive official military appointments in any capacity. Acosta-Sison, like her fellow WMCP alumnae, was not given the opportunity to serve, despite her willingness to do so. However, Acosta-Sison's attempt to serve the U.S. in war indicates the strong sympathy she held for the nation—a sympathy strongly related to her affection towards her alma mater.

Acosta-Sison's patriotism was shared by her husband, who served the Filipino branch of the U.S. Army as Surgeon-General. For Acosta-Sison and Antonio Sison, their educations,

⁵²⁷ Letter Acosta-Sison to Clara Marshall, November 30 1917, Acosta-Sison DAF.

⁵²⁸ Letter Martha Tracy to Acosta-Sison, January 14 1918; Letter Tracy to Caroline Purnell, January 18 1919, Acosta-Sison DAF.

professional advancement, and entrance into the Filipino elite had all been made possible by American beneficence. Acosta-Sison's identification with the U.S. and her alma mater was so strong that she was willing to participate in a military conflict thousands of miles away from her homeland. Benedict Anderson has suggested that the nation-state is an "imagined community."⁵²⁹ The willingness with which Acosta-Sison embraced the imagined community of the U.S. indicates that it was flexible enough to incorporate some people from among the ranks of the colonized—albeit those who were among a small elite whose status had been advanced by colonial projects such as the *pensionados* program.

Acosta-Sison's support of the U.S. colonial state was also apparent in the public health advocacy projects she participated in. Just as Salamanca worked with the U.S. colonial state to implement anti-tuberculosis measures, Acosta-Sison worked with the state and non-profit organizations founded by white Americans in initiatives designed to lower infant mortality in the Philippines. However, she augmented the state's focus on infant mortality by connecting the issue to women's mortality during childbirth. She also insisted that men, and not just women, needed to be targeted in campaigns promoting infant health. Acosta-Sison hence subtly contested gender inequality even as she also recapitulated common aphorisms about motherhood.

During December of 1921, Governor-General Leonard Wood convened a conference about infant mortality in the Philippines. Conference participants included Filipinos and white Americans, women as well as men, and laypersons as well as medical professionals. Teodoro M. Kalaw, Secretary of the Interior in the Philippines, explicitly linked lowering infant mortality to the general social advancement of Filipinos. Kalaw asserted, "the population of the Philippines has not increased as much as it out to, and the development of the Filipino race, which has a

⁵²⁹ Anderson, *Imagined Communities*.

potential faculty for expansion and advancement, is thus prevented by a serious initial obstacle.”⁵³⁰ For Kalaw, population growth was necessary for national and racial “expansion and advancement,” indicating that this generation of Filipino elites saw no contradiction in pursuing nationalist, self-strengthening aims through cooperation with colonial institutions.

Kalaw’s analysis of the root causes of high infant mortality put the blame squarely at women’s feet. Making no effort to mince words, Kalaw proclaimed, “The practices of our mothers who are ignorant as regards the care of infants before and after confinement, are deplorably backward and are tantamount to infanticide considering their consequences.”⁵³¹ Not only did Kalaw position childcare as the exclusive province of women, but he also casted Filipina women collectively as traditional, backwards, and a hindrance to national progress. In her own address to the conference, Acosta-Sison reiterated this theme, stating that “the main cause [of infant mortality], and the one that can be most combated provided there is enough zeal and cooperation among us, is ignorance. Ignorance and poverty are the twin sisters that breed filth and disease.”⁵³² In Acosta-Sison’s comments, as in Kalaw’s, Filipino elites’ condescension towards the allegedly ignorant and filthy lower classes is obvious.

However, Acosta-Sison was not only concerned with women’s ignorance. She stressed that “The health of the mother, her morality and her education have a powerful effect on the welfare of the offspring; but the health and the morality of the father has no less effect on the tender being. How thoughtless and irresponsible is that young man who being care-free just for

⁵³⁰ Teodoro M. Kalaw, in *Proceedings of the First Annual Conference of Infant Mortality and Public Welfare Organized and Conducted by the Office of the Public Welfare Commissioner and Held Under the Patronage of His Excellency Leonard Wood, Governor-General of the Philippine Islands* (Manila: Bureau of Printing, 1922),15.

⁵³¹ Ibid.

⁵³² Acosta-Sison, in *Proceedings of First Annual Conference on Infant Mortality*, 77.

the pleasure of the moment puts at stake the health and happiness of his future family!”⁵³³

Acosta-Sison hence shifted some of the responsibility for the reproduction of healthy children onto men, while chastising men for behavior she considered both insalubrious and immoral—namely consumption of alcohol and extramarital sexual relationships, especially relationships with sex workers. When she discussed “the pleasures of the moment,” it was these activities she alluded to.

In an article about prenatal care written for a lay audience of white Americans in the Philippines, Acosta-Sison was even more blunt about the ways in which men could harm their offspring through undesirable behaviors. Acosta-Sison included a section of the article specifically addressed towards men, presumably men of the U.S. military stationed in the Philippines. She exhorted, “Alcoholism and general diseases are two most potent factors in causing sterility, miscarriage and premature labor in the mother and weak mentality, insanity, and blindness in the child. Surely you wish your descendants to be healthy, active and vigorous possessors of all that is best, normal, and most noble in a race and they cannot be these if they are handicapped by disease, bad habits or immorality of the father.”⁵³⁴ While Acosta-Sison also stressed that women also needed to behave properly both during pregnancy and afterwards, her admonitions to men supplemented the mother-blaming attitudes so prevalent in discussions of pregnancy and infant mortality, as in Kalaw’s remarks.

Acosta-Sison was concerned that even upper-class Filipinos were adopting all of the wrong influences from their American colonizers. She lamented that Filipinos—presumably cosmopolitan Filipinos in Manila—had acquired “our tastes for costly limousines, gorgeous silk

⁵³³ Acosta-Sison, in *Proceedings of First Annual Conference on Infant Mortality*, 78.

⁵³⁴ Acosta-Sison, “Prenatal Care,” in *Good Health and Cooking in the Tropics* Ed. Mrs. Samuel Francis Gauches (Manila: Sugar News Press Inc., 1937), 303.

dresses, the fashionable intoxicating jazz and in the cultivation of our scene of acute pleasure and wild enjoyment in boxing,” but had retained high infant mortality rates.⁵³⁵ This complaint bears obvious resemblance towards Susan La Flesche Picotte’s concern about the popularity of alcohol among Omaha people, and Tsao Liyuin’s disgust that upper-class Chinese women seemed interested in Western fashion and entertainments, but not the gospel of Christianity. Like other women discussed in this dissertation, Acosta-Sison observed her home country become increasingly influenced by U.S. cultural and economic influences, but was unsure about what kind of “progress” this entailed. She hence strove to ensure that Filipinos adapted the *correct* practices of their colonizers.

Both Acosta-Sison’s approach to prenatal care and her ambivalent attitudes towards modern culture indicate the commonalities she shared with progressive women in the U.S. She would not have been philosophically out of place among the white, middle-class women of the Bureau of Children’s Welfare described as “maternalists” by Robyn Muncy.⁵³⁶ Harboring the progressive commitment to harnessing the power and resources of the state to improve society, Acosta-Sison advocated for state-funded prenatal care clinics, maternity hospitals, and postnatal care clinics in each province. She envisioned that these clinics would have a far-reaching impact on people’s lives, including nurses who visited pregnant women at home to “study each patient as an individual case.” This would have to be done kindly, however, because of “a few recalcitrant persons who look at every innovation with distrust.” Still, Acosta emphasized that

⁵³⁵ Acosta-Sison, in *Proceedings of First Annual Conference on Infant Mortality*, 77.

⁵³⁶ Robyn Muncy, *Creating a Female Dominion in American Reform, 1890-1935* (New York: Oxford University Press, 1991).

“the spirit which should pervade throuout [*sic*] this work should be that of the greatest possible kindness and consideration.”⁵³⁷

Acosta-Sison knew that it was not only ignorance that prevented poor Filipina women from caring for their infants in a way she deemed proper. Like her progressive counterparts in the U.S., Acosta-Sison was attentive to social disadvantages posed by poverty. Her proposal also included a provision compelling employers to paid provide maternity leave for workers (at half-salary) for at least two months before and after labor. She also stressed that the problem of infant mortality could not be examined without also attending to the issue of *maternal* mortality. In a 1926 article discussing the issue, Acosta-Sison criticized those who ignored the dangers presented to women by pregnancy and childbirth, writing that “Much stress is laid upon the need for reduction of infant mortality, but nothing is said about maternal morbidity and mortality. Yet there is such an intimate relationship between the two that the former cannot be reduced without due consideration being given to the latter.”⁵³⁸ Acosta-Sison’s move indicates her interest in broadening discussions of public health issues to include explicit attention towards women.

In interpreting Acosta-Sison’s proposals to improve infant and maternity care in the Philippines, one is forced to grapple with questions that have long plagued historians of public health, as well as historians of progressivism and middle-class reform movements in general. Are these movements best understood as beneficent efforts to alleviate suffering and move towards greater social equality, or do they represent middle-class “experts” attempting to control and remake the lower classes in their own image? Certainly Acosta-Sison and her fellow reformers and professionals saw themselves as providers of needed services to a wider range of

⁵³⁷ Acosta-Sison, in *Proceedings of First Annual Conference on Infant Mortality*, 79.

⁵³⁸ Acosta-Sison, “Maternal Mortality Among Filipinos,” *Journal of the Philippine Islands Medical Association* 6:10 (October 1926): 321-331, 321.

people, representing a democratization of healthcare in a location that lacked the resources and infrastructure of the U.S. and most western European nations.

At the same time, however, Acosta-Sison's vision of nurses visiting pregnant women in their homes to "study" and presumably direct them cannot help but suggest the widening of the clinical gaze, in Foucault's terminology. Acosta-Sison's ideal for prenatal care also can be considered a form of "intimate colonialism" as described by Ann Laura Stoler.⁵³⁹ Acosta-Sison's idea for nurses to visit women in their homes actually bears numerous similarities to the work carried out by white women who worked for the U.S. Indian Service during the late nineteenth century, described as examples of intimate colonialism by Cathleen Cahill.⁵⁴⁰ That highly educated middle-class women such as Acosta-Sison and Susan La Flesche Picotte (as discussed in chapter 2) also supported these measures suggests that elite representatives from colonized peoples also played a role in promoting intimate colonialism.

Complicating the matter still further, Acosta-Sison positioned her advocacy within the Philippines' nation-building project even as she cooperated with colonial institutions. She believed that educating Filipina mothers in the ways of proper health and infant care was vital not only to individual families, but to the nation as a whole. According to Acosta-Sison, mothers were "the greatest and the most indispensable element in the creation and preservation of a vigorous race[.] [...] It is the interest of the nation to make it safe for her to perform the noblest mission God has entrusted her."⁵⁴¹ Like other scientifically-minded people of the early twentieth century, Acosta-Sison was interested in not merely preserving but in *improving* the "race." In accordance to this mission of national and racial improvement, Acosta-Sison now acknowledged

⁵³⁹ Stoler, "Tense and Tender Ties."

⁵⁴⁰ Cahill, *Federal Mothers and Fathers*.

⁵⁴¹ Acosta-Sison, in *Proceedings of First Annual Conference on Infant Mortality*, 80.

the Filipino race, previously disaggregated, as a unified entity, collectively moving towards greater civilization, if unevenly across class and regional lines.

In Acosta-Sison's conception of nationalism, use of the scientific method was central. As she personally grappled with intellectual and political questions regarding Filipinos' status as colonial subjects of the U.S. in the 1920s, she utilized a purportedly scientific framework. This is evidenced in an address Acosta-Sison delivered to the Academy of Arts and Letters of the University of the Philippines on January 10, 1929. Acosta-Sison's address, delivered after she travelled throughout Europe for both sightseeing and professional purposes in 1927, is one of the few examples I have found in which she explicitly discussed the issue of colonialism as pertaining to race. During the course of her trip, Acosta-Sison saw much of western Europe. She also observed several locations in south Asia, including India and Indonesia. This experience troubled her. How is it, she wondered, that a country the size of the Netherlands, diminutive enough be transversed in a single afternoon's train ride, could exert political domain over the vast archipelago of Indonesia? How could Great Britain rule a subcontinent many times its own size? In addressing a Filipino audience, presumably highly educated, English-speaking Filipinos, Acosta-Sison outlined the question under investigation. She asked, "Are some races condemned perpetually to be under the yoke of some other races, as we ourselves have been for the last 400 years with no relief in sight?"⁵⁴² This question indicates that in spite of Acosta-Sison's generally positive attitude towards U.S. colonialism in the Philippines, she nevertheless felt her country's subordinated status keenly. But in contemplating the root cause of political and social inequalities, Acosta-Sison turned to biology.

⁵⁴² Acosta-Sison, "A Retrospect: A Conference Read Before the Academy of Arts and Letters, University of the Philippines, January 10 1929," in *Glimpses of the East and West*, 81.

Acosta-Sison seriously considered whether climactic differences between regions of the world might account for cultural differences, which she described as disparities in levels of “civilization,” or at least in “efficiency.” (For Acosta-Sison, as for American progressives, “civilization” was synonymous with efficiency.) Yet Acosta-Sison found the climactic explanation of difference to be inadequate. She stated,

even granting that the white man’s superiority is only an accident of environment [...], the question still remains, what biologic purpose is there for the existence of a more favorable climate, to the evident discomfiture of those who are not fortunate enough to be chosen to live in it? Can it be possible that God has designed some races to be slaves forever by hindering their progress in a depressing environment? One’s faith shudders at the suggestion of a God-made nepotistic gesture. It is monstrous.⁵⁴³

For Acosta-Sison, who maintained a faith in a generally benevolent God alongside her commitment to scientific methodology, the suggestion that Europeans’ purported political and cultural superiority was the simple result of a colder climate, had nefarious implications despite being seemingly progressive. To Acosta-Sison, such a theory was so outrageous as to be blasphemous. She had no doubt that God existed, and God did not play favorites among races by endowing naturally ordained advantages.

For Acosta-Sison, then, it was not the simple fact of Europeans’ climate that had precipitated colonial dominion over much of the world and alleged superiority in culture and civilization. Rather, Europeans had achieved their place atop the global hierarchy by adapting to their environment—specifically, by exerting dominion over the natural environment. Acosta-Sison explained: “against the heat he has invented the electric fan, the artificial ice, even the cork helmet. Against intestinal and other parasites and insects he protects himself by using spoon and

⁵⁴³ Acosta-Sison, “A Retrospect: A Conference Read Before the Academy of Arts and Letters, University of the Philippines, January 10 1929,” in *Glimpses of the East and West*, 82.

fork and by being generally clean, by boring artesian wells, establishing drainage, etc., thus overcoming nature to a certain extent—one of the accepted criteria of civilization.”⁵⁴⁴

While this idea had potentially troubling implications about the “natural” capacities of racially differentiated people, Acosta-Sison positioned Europeans’ achievement as a *result* of dominion over the environment, rather than inherent racial superiority. Hence, it was quite possible for people from tropical climates to progress to the level of Europeans, or surpass it—but only if they did away with their alleged habits of indolence and wastefulness, while selectively adapting European ways. Acosta-Sison exclaimed that in observing western Europe, “The sight of exhaustively cultivated fields as one was whirled by the train from one country to another, with hardly a single foot of soil uncultivated, even the mountain sides not being spared, was both an inspiration and a reproach to our own wastefulness and abandon.”⁵⁴⁵ What particularly impressed Acosta-Sison was the way in which European nations appeared to utilize all available resources for the production of goods. In her view, civilization necessarily included capitalist modes of production, whether in agriculture or elsewhere. This is consistent with a long genealogy of intellectual justifications for European colonialism.

Given her regard for organization, efficiency, and scientific methodology, it is perhaps not surprising that she found one region of Europe to be particularly impressive—Germany and Austria. Although Acosta-Sison noted the political and economic turmoil that struck Germany and Austria in the post-World War I period, the overall impression formed was a positive one. Acosta-Sison gushed that every aspect of German and Austrian society exemplified

⁵⁴⁴ Acosta-Sison, “A Retrospect: A Conference Read Before the Academy of Arts and Letters, University of the Philippines, January 10 1929,” in *Glimpses of the East and West*, 83.

⁵⁴⁵ *Ibid.*, 84.

resourcefulness and reverence for science. This extended to the healthcare clinics she observed, the layout of cities, and even the manner in which people hailed taxis.

Yet Acosta-Sison did not advocate the wholesale transfer of European values to the Philippines. Noting that Europe had its own imperfections, Acosta-Sison proposed that Filipinos observe European societies and adapt only the best practices of each one. In concluding her address, Acosta-Sison emphasized, “we must be discriminating in our choice of what the world has to offer us, and may we profit from the example of sound, even assertive, English conservatism, of German thrift, simplicity and efficiency, and of that indefinable French creation-savoir faire-intangible but ponderous withal. That to me is Europe’s unproffered message, an older world’s message. But far and above everything else—the greater message—is the utilization of our own resources.”⁵⁴⁶ Having now observed European practices in both medical and more general contexts, Acosta-Sison assumed her mission of improving the Philippines with renewed vigor.

INTERNATIONAL ENDEAVORS

During her 1927 journey, Acosta-Sison visited hospitals in Colombo, Genoa, Vienna, Dresden, Berlin, London, Dublin, Madrid and Paris. Besides Colombo, whose hospitals impressed Acosta-Sison negatively, all were major European cities. In recording her observations of the clinics she visited, Acosta-Sison demonstrated the spirit of change that she wished to implement in the Philippines. As she had explained more generally, her overall vision

⁵⁴⁶ Acosta-Sison, “A Retrospect: A Conference Read Before the Academy of Arts and Letters, University of the Philippines, January 10 1929,” in *Glimpses of the East and West*, 86.

was not to replicate any particular European society, but rather to utilize the general principals prominent in Europe and to selectively adopt the best innovations.⁵⁴⁷

Overall, Acosta-Sison was struck by the efficiency and simplicity of the European hospitals she observed, reflecting her impressions of Europe more generally. She also differentiated European hospitals from hospitals in the U.S., noting, for instance, that nurses' duties were simpler and more limited in Europe than in either the Philippines or U.S. This is significant because it indicates that Acosta-Sison thought that Filipino medical professionals needed to look beyond the U.S. in searching out models for further development of their institutions. Hospitals and medical colleges established in the Philippines in the 1910s had been heavily shaped by American examples, due in part to the directorship of Filipino U.S.-trained physicians such as Acosta-Sison, but by 1928, Acosta-Sison was eager to look beyond the U.S. in considering the future of medicine in the Philippines.

European modes of medical education impressed Acosta-Sison. She commented, "The general policy of teaching [...] is not to feed knowledge to the student with a silver spoon and to watch that he opens his mouth and swallows it, as in most American schools, but, rather, to present to him the best food possible and let him avail himself of it according to his judgment and his ability to digest it." Despite the regard with which she held her own alma mater, and the U.S. itself, Acosta-Sison recognized deficiencies in U.S. medical education and looked elsewhere for ways to improve medical education in the Philippines. One exception, significant in that it focused on women, was that she believed that the U.S. was generally more advanced in obstetrics than even highly advanced hospitals in Vienna and elsewhere. In comparison to their American counterparts, Vienna physicians knew quite little about pelvic measurements and their

⁵⁴⁷ Acosta-Sison, "Some Observations on European Clinics," *Journal of the Philippine Islands Medical Association* 8:3 (March 1928): 116-128.

role in causing dystocia. This indicates that Acosta-Sison's approach to obstetrical care still centered the pelvis as a major factor in childbirth, although Acosta-Sison did not publish any research regarding racial pelvimetry after her 1919 study.⁵⁴⁸

If Acosta-Sison's interest in the pelvis demonstrated the continuities in her obstetrical philosophy, her published work in the later 1920s also revealed that her research agenda and prescriptions for the future of obstetrical care in the Philippines was shifting. Nationalism began to play an even greater role in Acosta-Sison's ideas for medicine in the Philippines, inspired by both Asian and European examples. In concluding her observations on the European clinics, Acosta-Sison proposed that Filipino hospitals attempt to become more self-reliant in their operations. As one example of this, she suggested that hospitals could use locally-grown cotton in their medical supplies rather than rely on costly foreign importations.⁵⁴⁹ This example demonstrates Acosta-Sison's commitment to economic production as a means of "advancement." Even more important than self-sufficiency for Acosta-Sison was Filipino *innovation*, in accordance to local needs and conditions. She concluded, "We should not be a slave to any particular foreign technique, unless such has been found by experience to be the best, simplest, and most effective. Efforts should be made to improve methods that have become time-worn."⁵⁵⁰ With this aim in sight, Acosta-Sison embarked on a revised research agenda.

While Acosta-Sison gave birth to three children in the early 1920s, parenthood appeared to have little effect on her prolific research output, due to her own class position and reliance on domestic workers. She published her research in not only the *Journal of the Philippine Islands Medical Association*, but also the *Journal of the American Medical Association* and *American*

⁵⁴⁸ See numerous copies of Acosta-Sison's curriculum vitae, Acosta-Sison DAF.

⁵⁴⁹ Acosta-Sison, "Some Observations on European Clinics," 128.

⁵⁵⁰ *Ibid.*, 128.

Journal of Obstetrics and Gynecology. This indicates Acosta-Sison's strategic development of an international reputation in obstetrics. Additionally, these publications demonstrate that Acosta-Sison wanted to demonstrate expertise in and contribute knowledge to the general field of obstetrics, not simply matters pertaining specifically to Filipina women, as in her pelvis studies. Acosta-Sison maintained her interest in diagnosing pelvic abnormalities; she invented an instrument for pelvic measurement, which she called the "sagittal pelvimeter" and patented under U.S. law.⁵⁵¹ But, at least in her published works, Acosta-Sison did not further elaborate on alleged correlations between race and pelvic form.

Despite her growing international reputation for her work pertaining to general topics such as eclampsia, Acosta-Sison remained focused on serving the needs of Filipina women, discerning their needs as a population. Several of her later research topics, such as hydatiform mole and other forms of gestational trophoblastic disease, were selected because these conditions had a high prevalence in the Philippines.⁵⁵² But now Acosta-Sison's analyses placed less emphasis on the role of immutable and clearly delineated racial difference between Filipinas. She began to examine the influence of environmental factors.

Yet even as Acosta-Sison's research moved towards examining the relationship between nutrition during pregnancy and infant birth weight, she maintained her belief that Filipina women tended to have smaller pelvises, and therefore their infants' heads were smaller. In her first article considering nutrition, published in the *Journal of the Philippine Islands Medical Association* in 1929, she repeated this alleged truth. The study's crux, however, concerned correlating mothers' state of nutrition during pregnancy to infant birth weight. She had classified

⁵⁵¹ "Dr. Honoria Acosta-Sison: A Philippines Medical Pioneer," *World Medical Journal* 11:1 (January 1964): 11 and 36, 36.

⁵⁵² Acosta-Sison, "The Progress of Obstetrics in the Philippines," in *The Golden Book of the Philippine Medical Association*, 132-133.

all of her research subjects into one of three general categories: “well nourished,” “fairly nourished,” and “undernourished.” As might be expected, Acosta-Sison found that better nourished women tended to give birth to heavier infants. Yet she was hesitant to draw larger conclusions from these findings, pointing to the variability among infants in each group. She stated that,

The facts that poorly nourished mothers may give birth to babies not only with a normal birth weight but even with a weight higher than the standard, and that well-nourished mothers do not invariably give birth to infants of standard birth weight must suggest that, whereas the nutrition of the mother plays an important role in the development of the fetus, there must be other factors to be reckoned with—such, for instance, as racial characteristics, heredity, temperament, constitution, sex of the baby, heredity, temperament, constitution, sex of the baby, parity, social status, and rest or inactive occupation.⁵⁵³

Even as she began to shift her attention towards environmental differences, Acosta-Sison did not entirely abandon the idea that racial difference among Filipinas affected their pregnancies. The shift in Acosta-Sison’s thinking about race was gradual.

But Acosta-Sison’s speculation also shows that she was attentive to social factors. In a more comprehensive continuation of this research, published in 1931, Acosta-Sison and her co-author J. Calang presented detailed information about the social status of study participants. They noted the occupations and incomes of the women’s husbands, as well as the women’s own occupations and incomes if they engaged in paid labor. It was probably no surprise to Acosta-Sison and Calang that the women most likely to work tended to have lower household incomes and were more likely to be undernourished. Most working women in the study worked as seamstresses, launders, or in domestic work, demonstrating the considerable gap in class and status between Acosta-Sison and her research subjects. Nevertheless, Acosta-Sison and Calang

⁵⁵³ Acosta-Sison, “Relation Between the State of Nutrition of the Mother and the Birth Weight of the Fetus: A Preliminary Study,” *Journal of the Philippine Islands Medical Association* 9:5 (May 1929): 174-176, 176.

defended working-class women's work outside of the home. Although conceding that that labor during pregnancy possibly affected fetuses adversely, they asserted that the disadvantage was more than compensated for by working women's ability to obtain better nutrition for themselves with the extra income their work provided. As a working mother herself, Acosta-Sison possibly identified with her research subjects—despite the stark differences in their means.

In this study, as well as in Acosta-Sison's analysis of maternal mortality at Philippine General Hospital from 1913 to 1933, Acosta-Sison appears to suggest that women's undernourishment during pregnancy actually harmed women themselves more than their infants. Noting that poorer and less nourished women tended to have higher birth rates and rates of living children--and hence were responsible for feeding and caring for more children--Acosta-Sison and Calang praised under-nourished mothers for selflessly sacrificing themselves for the well-being of their children. They claimed that this unexpected finding could be explained as "a manifestation of the great maternal instinct which chooses to sacrifice self for the welfare of the offspring."⁵⁵⁴ However, Acosta-Sison worried that working mother's sacrifices caused greater risks for themselves, particularly after childbirth. She compared maternal mortality rates at Philippine General Hospital to clinics in Europe and the U.S., finding higher death rates of placenta previa and postpartum hemorrhage in Manila. She commented, "The glaring disparity strengthens the belief of the author that inadequate puerperal care along with undernourishment, the too early getting up and going about, together with the inveterate habit of squatting (the position our women naturally assume in their daily work at home or outside [...] have a

⁵⁵⁴ Acosta-Sison and J. Calang, "Relation Between the State of Nutrition of the Mother and the Birth Weight, and Rate of Living Children, and Weight at Birth," *Journal of the Philippine Islands Medical Association* 11:7 (July 1931): 272-275, 275.

deleterious influence.”⁵⁵⁵ This demonstrates that Acosta-Sison’s analysis of maternal mortality now included factors related to poverty in addition to habits that she considered insalubrious. As a remedy, Acosta-Sison proposed that women needed to remain hospitalized for longer periods of time following childbirth, although the relative paucity of beds made this difficult.

Acosta-Sison’s increased attention towards the environmental factors impacting pregnancy and childbirth propelled her to comment on larger social issues related to poverty and women’s work outside of the home. In her commentary Acosta-Sison demonstrated greater acknowledgment that structural factors pertaining to healthcare and employment in the Philippines, and not simply poor women’s “ignorance,” affected maternal mortality. But while acknowledging that healthcare in the Philippines could be further improved, Acosta-Sison was, at the end of the 1930s, satisfied with the progress that had been made. She foresaw a trajectory of further improvement. In recounting her observations of the First American Congress on Obstetrics and Gynecology in 1939, Acosta-Sison called attention to the nation’s progress, noting particularly the abilities and achievements of Filipino academic physicians. She asserted,

the Filipino physicians and the hospitals in the Philippines, taking into consideration the size of our country and the state of our financial resources, can hold their own and be proud of their achievements. The papers and discussions at the Congresses attended, as well as private interviews with professors and personal observations of their work in the hospitals, shows that Filipino physicians possess as good judgment and as much ability, skill, and power of growth, and as high a sense of responsibility as any physicians elsewhere. The difference lies only in the wealth of material resources[.]”⁵⁵⁶

Acosta-Sison celebrated three decades’ of developing modern medical institutions in the Philippines, handicapped though the nation was by a relative paucity of resources.

⁵⁵⁵ Acosta-Sison, “Maternal Morbidity and Mortality in the Philippine General Hospital from 1913 to 1933,” *Journal of the Philippine Islands Medical Association* 13:10 (October 1933): 451-457, 457.

⁵⁵⁶ Acosta-Sison, “Present Trends in Obstetrics and Gynecology in the United States,” *Journal of the Philippines Medical Association* 20:6 (June 1940): 339-342, 341.

If the Philippines' medical infrastructure was in need of improvement in the 1930s, however, events of the subsequent decade only worsened matters. Soon after the attack on Pearl Harbor in December of 1941, Japan invaded the Philippines in an attempt to wrest power from the U.S. and further establish its own Pacific empire. This proved disruptive to Acosta-Sison both personally and professionally. Again, Antonio Sison served as a medic and officer for the Filipino regiments of the U.S. military. In Manila, Acosta-Sison's work was disrupted by Japan's invasion of the Philippines. Although she continued working at Philippine General Hospital throughout the Japanese occupation, even learning a new surgical technique from a visiting Japanese physician, Acosta-Sison lost her medical instruments and even the paper copy of her much-valued medical degree in the conflict, which was particularly violent in Manila, affecting civilians as well as combatants. After the war's end, however, the U.S. officially recognized the Philippine Islands as quasi-independent. The nation assumed the daunting task of rebuilding itself.

Acosta-Sison was appointed head of the Department of Obstetrics at Philippine General Hospital soon after the war's end. The conditions under which she assumed her position were difficult. Acosta said of the war's effects on medicine in the Philippines in 1947,

We are continuing our teachings in our medical school and are taking care of our sick with scanty equipment and are taking care of our sick with scanty equipment amidst patched ruins which will take millions of pesos to completely repair. I am thankful that none of the American institutions have thus suffered and I pray God that America which is our bulwark will never suffer as we or others have. The war has so ordained that our activities now necessarily have to be dedicated to the trying to get up to begin all over again so that we may continue our existence."⁵⁵⁷

Acosta-Sison's personal American contacts provided significant benefits as she tried to rebuild the obstetrical department at Philippine General Hospital. Acosta-Sison solicited donations for

⁵⁵⁷ Letter Acosta-Sison to Margaret Groff, July 8 1947, Acosta-Sison DAF.

medical equipment via Marian Fay, then dean of WMCP. Fay entreated the college's alumnae network to support Acosta-Sison, and also arranged to print a replica of Acosta-Sison's medical degree, which she delivered in 1948 to Acosta-Sison's son Tony (Antonio II) when he went to the U.S. for post-graduate medical study at the University of Pennsylvania.⁵⁵⁸ (All of Acosta-Sison's children, including her daughters Honoria and Pastora, became physicians.)⁵⁵⁹ For Acosta-Sison, WMCP alumnae's aid demonstrated "the generosity and greatness of the American heart specially of its medical women."⁵⁶⁰ Even almost four decades after Acosta-Sison's own graduation, the networks of women physicians forged through the college exerted an impact of her life and work. As the colonial relationship between the U.S. and Philippines shifted, personal networks between women physicians continued.

FORMULATING A POST-WAR AGENDA

The war's end enabled Acosta-Sison to resume her research agenda. In her post-war research and medical writings, both changes and continuities from her earlier work are apparent. While racially motivated science certainly continued into the post-war era—and, indeed, has continued into the present day—Nazi war crimes had critical implications for scientific research. In the wake of the Nuremberg trials, the unabashed white or "Aryan" supremacist science of the nineteenth century and early twentieth century had acquired a distinctly disreputable taint. People in Asia and the Pacific had particular reason to be wary of race science. Japanese imperialism had been justified under the allegedly scientific belief that Japanese people were naturally superior to other Asian "races," including Filipinos. While Japan's race science was related to European variants, it was also historically specific to Japanese imperialism and intra-

⁵⁵⁸ Letter Acosta-Sison to Gulielma F. Alsop, February 20 1950, Acosta-Sison DAF.

⁵⁵⁹ Acosta-Sison curriculum vitae, Acosta-Sison-DAF.

⁵⁶⁰ *Ibid.*

Asia relations.⁵⁶¹ Yet Acosta-Sison, for all of her homeland's wartime suffering, did not abandon race entirely in her consideration of public health issues.

Acosta-Sison was concerned that the war had caused shifts in the Philippines' racial makeup. In an article discussing stillbirths and neonatal deaths in the immediate post-war period, co-authored with her colleague Jose Villanueva, Acosta-Sison asserted,

There are now noticeable changes in the color, weight, and appearance of the hair of a great proportion of our newborn babies who will constitute the Filipino citizens of tomorrow. Those of us who for some years have been in daily contact with the nursery, cannot but notice that there is a considerable proportion of babies that are born heavier and with fairer skin. But also there is still a greater proportion of darker babies with curly if not kinky hair. In other words new blood has been injected into our population.⁵⁶²

This is notable not only because of the claim that sexual relationships between Filipina women and American soldiers (both white and black) had occurred during wartime, but also because it indicates that Acosta-Sison still thought about race in terms of clearly delineated categories. The alleged racial intermixing caused by war hence needed scientific consideration in relation to healthcare.

Acosta-Sison continued to believe that racial difference had medical implications. She and Villanueva claimed that "half-breed babies" (in her terminology) were more likely to ophthalmia neonatorum, a form of conjunctivitis contracted during childbirth, that can lead to blindness if left untreated. Another problem was the increased incidence of stillbirth due to syphilis. Although this claim was a condemnation of American soldiers' behavior, rather than a claim about inherent racial qualities, Acosta-Sison and Villanueva nevertheless characterized

⁵⁶¹ For discussion of the many different influences of race science in imperial Japan, see Tessa Morris-Suzuki, "Debating Racial Science in Wartime Japan," *Osiris* 12 (1998): 354-375.

⁵⁶² Acosta-Sison and Jose Villanueva, "Still births and Neonatal Deaths in the Philippine General Hospital After Liberation," *Journal of the Philippines Medical Association* 22:9 (September 1946):365-370, 365.

cross-racial sexual relationships as insalubrious to individual health and the collective health of the nation. In the article's description of racial mixing, Acosta-Sison's continuing racism towards African-Americans is also apparent. This was not anomalous; several of her post-war articles have clearly racist implications. In a 1950 article describing her observations of hospitals and clinics in the U.S., Acosta-Sison asserted that Bellevue Hospital in New York and Cook County Hospital in Chicago were "the least clean of all because of the great number of Negro patients."⁵⁶³

But while racism continued to shape some of her observations in both the U.S. and the Philippines, Acosta-Sison's research activities conducted in the Philippines continued to move away from racial analyses. She continued to establish an international reputation. Acosta-Sison prided herself in being the first obstetrician to develop a method to clinically diagnose chorioepithelioma. An American obstetrician who was head of the Department of Obstetrics at the University of Tennessee was able to corroborate Acosta-Sison's method while stationed in Manila during the war. This validation from an American obstetrician was clearly something she valued highly.⁵⁶⁴

While Acosta-Sison's research continued to cover a wide variety of subjects, one topic she reassumed with vigor was the effects of diet on pregnancy. Provision of prenatal care continued to form a centerpiece of Acosta-Sison's philosophy on how to improve infant and maternal mortality rates. In a 1952 article entitled "On Fetal Salvage Through Prenatal Care," Acosta-Sison asserted that most common causes of stillbirth could be averted with comprehensive prenatal care. For Acosta-Sison, this meant carefully instructing women as to

⁵⁶³ Acosta-Sison, "Observations in Obstetrics and Gynecology Abroad," *Journal of the Philippines Medical Association* 26:11 (November 1950): 521-526, 521.

⁵⁶⁴ *Ibid.*, 525-526.

their conduct during pregnancy. She explained that preventing toxemia in pregnancy needed to include a program “guiding the prospective mother on her (1) diet, (2) bowel movement, (3) the promotion of her circulation and tons of her muscles, and (4) mental hygiene.”⁵⁶⁵

The instruction Acosta-Sison proposed, largely influenced by her knowledge of practices in the U.S., was quite extensive. She indicted Filipino eating habits as unhealthy because Filipino food tended to include high levels of salt and fat. Acosta-Sison’s program of prenatal care prohibited foods such as ham, pork, and cheese—all of which were very common in Filipino diets, as she noted. She also prescribed daily exercise, baths, and “mental hygiene” for pregnant women. Acosta-Sison explained, “She should not allow worry or unhappiness to mar her peace and equanimity. She must engage in activities that would give her satisfaction and a sense of accomplishment.”⁵⁶⁶ While such prescriptions appear unrealistic in general, Acosta-Sison’s program was probably particularly onerous for lower class women, who were more likely to be burdened with paid labor and had fewer resources to obtain a “proper” diet for themselves. Acosta-Sison’s framing of the issue also featured an unfortunate implication common to prenatal care regimens: if a woman were to deliver a stillborn or otherwise unhealthy baby, she was blameworthy.

In her research, Acosta-Sison attempted to make quality prenatal care available to a wider range of women. But as always, she walked a razor-thin line between helping women and controlling them. This is particularly apparent in a comprehensive study on pregnancy and nutrition that Acosta-Sison conducted in collaboration with Villanueva and the Philippines Institute of Nutrition. With financial support from the Institute, Acosta-Sison and Villanueva

⁵⁶⁵ Acosta-Sison, “On Fetal Salvage Through Prenatal Care,” *Journal of the Philippines Medical Association* 28:2 (February 1952): 67-73, 68.

⁵⁶⁶ *Ibid.*, 72.

were able to provide 47 poor pregnant women with healthful diets, purchased from Manila markets. Acosta-Sison and Villanueva worked within a budget in selecting their foods, and claimed that their prescribed diet was affordable for low-income women.

For women who were involved in the study, benefits received were contingent upon their adherence to the study's rules. Study participants were to eat all of the food given to them and nothing else. Perhaps more significantly, the women were required to stay in the experimental ward of Philippine General Hospital for the duration of their pregnancy. Although they were allowed to leave during the days for light exercise or work, all were required to return to the ward by night. Because women entering the study were from three and a half months to eight months pregnant, some women lived at the hospital for as much as half a year during healthy pregnancies—a clear example of pregnancy's medicalization.

In some ways, this study indicates that Acosta-Sison became more attentive to her subjects in conducting research. While she likely did not even seek her subjects' consent in her earlier studies, now participants received a tangible benefit as a result of their participation. The relationship between researcher and participant had moved towards greater reciprocity. At the same time, however, the benefits women received were contingent upon their adaptation of a highly regimented lifestyle for the duration of their pregnancies. For study participants, who may have lacked affordable housing options or access to food, the trade-off was worth subjecting themselves to hospitalization and researchers' control. Many of the women may have been single, and hence faced social stigmatization for their pregnancies. But although the nutrition study provided some women with necessities as they faced the ordeal of pregnancy while in poverty, material security came alongside medical surveillance. This also indicates that even as

Acosta-Sison moved away from studying racial difference, her research—and the medicalization of childbirth more generally—continued to have complex effects.

NARRATIVES OF PROGRESS

For Acosta-Sison, however, the advent of modern medicine in the Philippines, including the medicalization of childbirth, was a story of unmitigated triumph. She explained in her 1946 presidential address to the inaugural meeting of the Philippine Obstetrical and Gynecological Society that the history of obstetrics represented humanity's advancement more generally:

The history of obstetrics and gynecology seems to follow the course of man's development in knowledge and attitude towards life. In primitive days, childbearing was considered a natural process and therefore was regarded with indifference if not with brutality. But difficulties were encountered, and nature failed to remedy them. Nature, with all the wisdom attributed to it, does not always solve its problem wisely; and one cannot safely leave everything to her.⁵⁶⁷

Advancement was hence defined as improving upon nature.

In another speech celebrating the “progress” of medicine in the Philippines (on the occasion of the Philippine Medical Association's fifty-year anniversary in 1953), Acosta-Sison claimed that when she first began her career, Filipinas had a fatalistic attitude towards pregnancy and disease, attributing deaths to divine will. That, however, had allegedly shifted: “The attitude of the people, though still deeply religious [...] changed. [...] Gradually, our women went not only to the physician, but also to the obstetrician when they became pregnant.”⁵⁶⁸ For Acosta-Sison, Filipinas' increased willingness to seek out obstetricians' care was evidence that they were progressing towards modernity and rationality, exerting control over nature rather than resigning themselves to fate and possible death. She did not advocate the overthrow of religion, but its supplementation with scientific knowledge. Yet her fervor seemingly elevated physicians

⁵⁶⁷ Acosta-Sison, “Presidential Address,” *Journal of the Philippines Medical Association* 22:8 (August 1946): 313-322, 313.

⁵⁶⁸ Acosta-Sison, “The Progress of Obstetrics in the Philippines,” 113-114.

to the status once accorded to priests. If medicalization had its benefits, as signified by the declining maternal mortality rates she touted, so too did it promote relationships marked by differentials in power and authority.

Acosta-Sison also participated in another celebratory narrative that elided inequalities. Later in her career, Acosta-Sison discussed the advancement of women in medical professions, particularly Filipinas. In recounting her own biography, Acosta-Sison emphasized the immense skepticism she was met with as a young woman seeking to become a physician. While she noted that women in professional work still experienced barriers related to the problem of balancing professional and familial responsibilities, she expressed amazement that the young women medical students whom she talked to had not experienced the same kinds of discouragement and dissuasion she herself had experienced. In fact, several of the women she interviewed entered medical school *because* family members encouraged them to do so.

Acosta-Sison framed this shift as women's worldwide, collective triumph over prejudices imposed by nebulous tradition and male prejudices. She explained:

the domain of medicine as well as of pharmacy had always exclusively until the 18th century, man's field of endeavor. Man, not only because he possesses the natural impetus and urge to go forth in the solution of any problem but simply because he has arrogated to himself the freedom of the one thousand and one time-absorbing details of the home and family care, can pursue unshackled the study and practice of any career he chooses to undertake. Woman, because of tradition, gravitated to the home. But as time went on or evolution took place so that it became not unnatural for young women to enter or take up the professions[.]⁵⁶⁹

While acknowledging some natural differences between the sexes, Acosta-Sison blamed women's historical lack of representation in professional medicine on men's exclusionary practices. She claimed that such discrimination was waning, however.

⁵⁶⁹ Acosta-Sison, "The Opportunities of a Woman Physician."

Yet despite these gains, professional women in the Philippines and elsewhere continued to face social criticism for working outside the home as mothers. Acosta-Sison responded to this by pointing out that, “no criticism is made to those housewives who employ much time outside their homes playing cards or mahjong.”⁵⁷⁰ Even so, she acknowledged that conflicting demands of work and family posed difficulties for women physicians. She articulated what contemporary observers would characterize as a liberal feminist position.

This position included the class biases often associated with middle-class professional women’s movements. Indicating her own class position and biases, Acosta-Sison confessed that “This double role is quite difficult I admit specially [sic] now when trustworthy servants are hard to obtain[.]”⁵⁷¹ Middle-class women’s advancement in high-paying professional work required the labor of lower-class women, who were deemed by Acosta-Sison to be potentially untrustworthy—possibly because working conditions compelled some to engage in theft. While some women’s entrance into the professions was surely not the original cause of class inequality in the Philippines, Acosta-Sison’s offhand remark nevertheless indicates that women’s advancement in the profession relied upon class inequalities. The narrative of progress was clearly more applicable to some Filipina women than others.

CONCLUSION

Acosta-Sison died in Manila in January of 1970. In her long and varied career as the “mother of Philippine obstetrics,” Acosta-Sison had played a role in delivering a number of changes in childbirth practices. She presented the medicalization of childbirth in the Philippines as a humanity’s triumph over nature, and indeed many people benefitted from medical innovations of the twentieth century. Acosta-Sison’s data on maternal mortality indicates that

⁵⁷⁰ Acosta-Sison, “The Opportunities of a Woman Physician.”

⁵⁷¹ *Ibid.*

the availability of antibiotics after 1945 was particularly effective in reducing the number of deaths in childbirth. (See Table 2.) However, medicalization had its costs.

Notably, her foray into race science early in her career legitimated this body of research as a whole and perpetuated racist ideas, particularly regarding Filipinas' relative position to African-American women. Even as she began to move away from explicit study of race, Acosta-Sison continued to believe that race somehow played a determinative role in individual bodies. This belief persisted to some extent even after her own country experienced the devastation of Japan's imperialism during World War II. Acosta-Sison's research concerning nutrition during pregnancy expressed a growing consciousness that socio-economic factors impacted women's experiences of pregnancy and childbirth. She became attentive towards the role of social inequality in healthcare, and in both her research and public advocacy she attempted to ameliorate the effects of poverty. However, her methods and efforts exerted (or tried to exert) a great deal of influence over poor women's bodies in attempting to "help" them.

It is perhaps Acosta-Sison's positioning of the patient which most clearly differentiates her from other physicians examined in this study. Certainly she was not the only physician to hold ideas that were sometimes condescending to her patients. The missionary physicians previously discussed expressed more than their fair share of condescension. But even as the missionary physicians strongly condemned non-Christian patients for their allegedly insalubrious habits, they recognized their patients' agency in ways that Acosta-Sison simply did not. In writing this chapter, I have struggled to identify how Acosta-Sison's patients responded to her and her prescribed treatments. In speculating on this subject, I have had to rely on Acosta-Sison's occasional offhand references and her obviously biased historical narrative. To some extent, the problem of identifying patients' agency is exacerbated by utilizing articles published

in scientific journals as my primary body of source material. Yet the very absence of patients in medical publications encapsulates scientific medicine's attitudes towards patient autonomy. While recounting the states of patients' bodies and bodily experiences in great detail, Acosta-Sison's medical research failed to acknowledge her subjects' personhood and individual decision-making capacities. At best, patients were positioned as in need of enlightenment from Acosta-Sison and other medical authorities. Significantly, Acosta-Sison's preferred metaphor for the ideal doctor/patient relationship was that of a general issuing commands to his soldiers.⁵⁷²

Without universalizing Acosta-Sison as representative of all medical professionals from colonized peoples, I nevertheless propose that Acosta-Sison's career suggests a number of interesting implications about the historical role of physicians in colonized societies. First and most obviously, her career indicates that accounts of colonial medicine centralizing *only* the actions of physicians and public health officials from among the ranks of colonizers is inadequate to explain the global transfer of modern medicine. This is consistent with the work of Nancy Hunt and Ruth Rogaski, among others.⁵⁷³ Acosta-Sison also presents a cautionary tale against the assumption that women scientists and scientists marginalized by white supremacist ideologies necessarily engage in more enlightened and progressive lines of inquiry.

Certainly Acosta-Sison's identity as a Filipina woman was central to her career, propelling her interest in obstetrics and shaping much of her research agenda. She became increasingly attentive towards the effects of social inequalities, although that did not prevent her from exposing her own class biases in her public advocacy for women in medical professions. While Acosta-Sison can be described as politically liberal, she did not see herself as beholden to any particular ideology. She was devoted to scientific methodology rather than any particular

⁵⁷² Acosta-Sison, "Some Observations on European Clinics," 120.

⁵⁷³ Hunt, *A Colonial Lexicon*; Rogaski, *Hygienic Modernity*.

political stance—or so she would have claimed. Accordingly, the structure of scientific inquiry and ideas popular within science at the time of her career heavily influenced Acosta-Sison’s research. These factors were at least as important, if not more so, than Acosta-Sison’s gender and national identifications. Her history, and those of similar figures, remind us that the negative effects of medicalization are not contingent simply upon *who* conducts and enacts science, but also the overall structure of scientific methodologies, and the larger society in which science and medicalization are embedded.

Table 2: Maternal Mortality Rates in Manila, 1914-1951:

Year(s):	Maternal Mortality: (per 1000 live births)
1914-1934	6.65
1925-1934	3.97
1945	4.08
1946	1.99
1947	1.50
1948	1.69
1950	1.53
1951	1.40

Source: Honoria Acosta-Sison, "The Progress of Obstetrics and Gynecology in the Philippines," in *The Golden Book of the Philippines Medical Association Containing Articles by Various Authors on the Progress of Philippine Medicine During the Last Fifty Years*. Eds. Antonio S. Fernando, Manuel D. Peñas, and Mariano M. Alimurung (Philippine Medical Association: 1955).

Conclusion: The Personal, the National, and the Imperial:

The women discussed in this dissertation led lives that spanned from the Omaha reservation in Nebraska to Manila, at times prompting me to question this dissertation's unifying paradigm. What, aside from the women's common affiliation with the Woman's Medical College of Pennsylvania, did they share in common? Did a Hindu woman from Maharashtra who advocated for the wisdom of Ayurvedic medicine really belong in the same dissertation as a Filipina obstetrician who, decades later, approached virtually every issue, medical or otherwise, from the perspective of the scientific method?

Yet this dissertation's comparative examination of diverse subjects has demonstrated that around the turn of the twentieth century, U.S. imperial power operated in numerous ways, utilizing degrees of coercion that differed widely. I suggest also that intermediary subjects such as the international physicians played an instrumental, if oftentimes unacknowledged, role in constructing and upholding U.S. imperial power, as well as in disseminating modern medicine globally. A comprehensive historical understanding of how the U.S. and modern medicine have attained their current globalized status must necessarily include figures such as these.

Across the international students' differences in race, religion, and nationality, close examination of their lives reveals several common themes. In embarking on medical careers, all of the women were faced with the task of reconciling multiple affiliations. These affiliations ranged from the deeply personal bonds of marriage and friendship to more widely shared affiliations of nation, religion, and profession. Sometimes these affiliations complimented one another, but at other times they conflicted. To conclude this study, I will comment on general trends apparent in the physicians' relationships of marriage, friendship and gender, profession, and national identification in relation to imperial power.

Because I have examined such a small and particular group of subjects, I want to be cautious in drawing broad conclusions about change over time. Many of the distinctions I observe between the women are more closely attributable to their individual and contextual differences. Nevertheless, by looking at the women physicians' lives in tandem, some long-term historical changes are apparent, particularly in the arena of medicine. Although Anandibai Joshee and Honoria Acosta-Sison graduated from WMCP less than twenty-five years apart, it is apparent that American medicine and the college underwent a monumental shift during that time. What happened between Joshee's graduation in 1886 and Acosta-Sison's in 1909 is in many ways the core question raised by this dissertation.

MARRIAGE

Perhaps more than any other topic discussed in this dissertation, the degree to which marriage and family structure emerged as a prominent theme surprised me. I had initially embarked on this research with the intention of focusing on the women physicians' relationships with other women and professional identifications, not the bonds of matrimony. Yet in this research, I found that I could not avoid the issue. For many of the women discussed in this dissertation, marital relationships were central to their professional lives as well as their personal lives. Anandibai Joshee's marriage to Gopalrao, though fraught and the subject of public controversy, clearly exerted influence in both her life and public memorialization of her upon her death. The marriage aided Anandibai's professional and educational advancement. Yet after Joshee's death, the marriage was presented as emblematic of Hindu women's oppression rather than Hindu women's potential. In the contested terrain of Joshee's brief but famous life, questions about her marriage took center stage.

Susan La Flesche Picotte's career trajectory, in which she shifted from promoting the assimilation of American Indians towards rejecting it, was in many ways paralleled in her personal life. Early in her career, La Flesche promised her white women sponsors she would not marry, conceding to their idea that a woman might have a career or a family, but not both. That she ultimately married and continued her career in medicine and politics as the mother of two children is one example of La Flesche's quiet rebellion against the traditional mores of white Victorian society.

Gurubai Karmarkar also practiced medicine as a mother. Her marriage to Sumantrao, like Anandibai Joshee's to Gopalrao, facilitated her educational and professional opportunities. Unlike Anandibai and Gopalrao, however, the Karmarkars' marriage was publically presented and accepted as a triumphant partnership in which husband and wife worked together for the Christianization of India. Theirs was not quite an egalitarian partnership, however, due to women's clearly subordinated status within the Congregationalist church. And when Gurubai was left without the protections of being Sumantrao's wife in the wake of his death, she became decidedly more vulnerable in her interactions with the mission.

For physicians who rejected marriage, such as the Chinese missionary physicians, their choice to do so was critical towards their lives and self-representations. Hu King Eng, Li Bi Cu, and Tsao Liyui's rejection of marriage was paired with a proto-feminist critique of the Confucian family and the restrictions it imposed upon married women. Notably, Hu and Li both raised adoptive children outside of heteronormative family arrangements. This indicates that they valued the act of mothering, but rejected the social constraints of being a wife.

Honorina Acosta-Sison's marriage to Antonio Sison was in many ways the most recognizably modern marriage discussed in this dissertation. Both Acosta-Sison and Sison were

physicians trained through the *pensionados* program. Like the Karmarkars, the couple shared a common goal, though theirs was to transplant modern medicine to the Philippines was decidedly more secular and scientific. Unlike the Karmarkars, Acosta-Sison and her husband embarked upon medical careers that were largely, though not entirely, independent of each other. In the male-dominated world of academic medicine in the Philippines in the decades following American conquest, support from Antonio Sison undoubtedly aided Acosta-Sison's professional ascent. As the mother of three children, Acosta-Sison pioneered the lifestyle of a mother engaged in professional work. However, this triumph rested upon the labor of lower-class Filipina women.

All of these women confronted the issue of how to conduct familial affairs in relation to their professional work. But marriage did not necessarily constrict professional opportunity. For women such as Joshee, Karmarkar, and to some extent Acosta-Sison, marriage actually *enabled* professional advancement. For historians of women and gender, this suggests the need to scrutinize the assumption that heterosexual marriage has historically acted to restrict and objectify women.⁵⁷⁴ While this has undoubtedly been the case in many historical contexts, we should be wary of assuming that this was always so—even in the case of marriages like that of Anandibai and Gopalrao Joshee, which at first glance appears to be quite troublesome from a feminist standpoint. In this statement I do not mean to say that heterosexual marriage is necessarily “good,” but rather that its effects can be mixed. For Anandibai, marriage imposed restrictions, but also permitted her opportunities. This complex dynamic is worth exploring in other contexts—including the contemporary moment.

⁵⁷⁴ For a classic critique of marriage within feminist scholarship (albeit utilizing more of an anthropological approach), see Gayle Rubin, “The Traffic in Women: Notes on the ‘Political Economy’ of Sex,” in *Toward an Anthropology of Women* ed. Rayna R. Reiter (Monthly Review: 1975): 157-210.

GENDER AND FRIENDSHIP

Close relationships with other women were also critical to the physicians both personally and professionally. In many cases, ties with white American women enabled travel to the U.S. This was seen especially in the case of Anandibai Joshee, who found a surrogate American family in Theodocia Carpenter and her husband and children. Without this relationship, which originated in transnational correspondence between the two, it is highly unlikely that Joshee would have been able to travel to the U.S. when she did. While in the U.S., Joshee also formed critical relationships with American women, including Rachel Bodley and Caroline Dall. These relationships not only affected Joshee's life, but also proved critical in public memorialization of her death.

Susan La Flesche Picotte also developed relationships that enabled her to study medicine. Due to her family's longstanding relationship with Indian reformer and anthropologist Alice Fletcher, La Flesche was introduced to Sara Kinney and other white Connecticut women associated with the Women's National Indian Association (WNIA). During her time at medical school, La Flesche addressed these women as "my Connecticut foster mothers," suggesting the possibility that these relationships, like Joshee and Carpenter's relationship, assumed qualities of a surrogate familial relationship.

Joshee, however, did not have the same opportunity to evolve as La Flesche. Throughout the course of La Flesche's 25-year long career, she increasingly distanced herself from WNIA women as she became disillusioned with the assimilationist mission. Yet La Flesche continued to work with white women to achieve political goals, as seen through her involvement with the General Federation of Women's Clubs in Nebraska. In that context, however, La Flesche assumed the role of an equal and at times a leader, in noted contrast to her earlier positioning.

The progression of La Flesche's life suggests that while relationships with white women helped facilitate professional and educational opportunities, the particular conditions of white-Indian relations in the U.S. meant that possibilities for true "sisterhood" were scarcer than for women such as Joshee, who operated largely outside of dominant racial paradigms in the U.S. The friendships most influential to La Flesche's life were probably those she had with her actual sisters, Rosalie and Marguerite.

Like La Flesche, Gurubai Karmarkar received support from Connecticut women. Karmarkar's supporters were women in Hartford affiliated with the Congregationalist Church, Karmarkar's own denomination. Karmarkar was particularly close to a few women, such as Hannah Hume Lee. Karmarkar knew Lee from their shared work at the American Marathi Mission in Bombay. The Hartford women raised money for Karmarkar's medical work, although their efforts were somewhat hampered by the fact that they lacked direct control over the funds they raised. Additionally, because the Hartford women contributed financially to Karmarkar's work, they collectively believed that they held a "special claim" on her time and activities. This had the effect of symbolically positioning Karmarkar as a beneficiary of the Hartford women—hence placing them in an unequal relationship. Despite these limitations, however, Karmarkar's friendships provided her with emotional as well as financial support, especially after she became widowed.

The Chinese missionary physicians' relationships with white women were similar to those of Karmarkar, Joshee, and La Flesche. Hu, Li, and Tsao all were able to go to the U.S. for medical education due to their relationships with American women and women's missionary organizations. For Hu and Li especially, these ties were lifelong and shaped their subsequent careers as missionary physicians. They embraced relationships with American women as an

alternative to what they perceived to be the dependencies and drudgery of marriage. However, missionary relationships entailed a different set of dependencies. In terms of material compensation, Hu and Li were not treated as equals to their white women colleagues and friends.

Personal relationships with American women were less significant to Honoria Acosta-Sison's career. She received her primary means of support from the U.S. state. However, relationships with other WMCP alumnae still played a role in Acosta-Sison's professional life. After World War II, faced with the wartime destruction of most of her medical equipment, Acosta-Sison turned to Marian Fay, a former classmate who was then Dean of WMCP. This demonstrates that relationships forged at the College were significant even for her in times of crises—even many decades after she left WMCP.

Yet Acosta-Sison's comparatively lesser reliance on women's networks is significant. In large part this difference was due to the particular context of medicine in the Philippines during the early years of American rule. But the difference may also confirm what Morantz-Sanchez and several other notable historians have suggested: After World War I, women's networks were simply less important to the lives of American women, in medicine and elsewhere.⁵⁷⁵ But while this trend may have affected Acosta-Sison's career, the Philippines actually went a different sort of transformation during her lifetime. Acosta-Sison went from being one of only a few Filipina physicians to being one of many—suggesting that the narrative of declension that has been applied to American women physicians after World War I may not have been paralleled elsewhere in the world.

When examining the physicians' relationships collectively, some general patterns are apparent. The white women with whom the international students interacted were largely from

⁵⁷⁵ See Morantz-Sanchez, *Sympathy and Science*, and also Nancy F. Cott, *The Grounding of Modern Feminism* (New Haven: Yale University Press, 1987).

the northeastern U.S. They tended to be Protestant, middle or upper class, and active in civic and religious life. Many of these relationships were facilitated by shared religious convictions. Even Joshee, the lone non-Christian of this cohort, found friends among Unitarians and others on the margins of American religious life, suggesting that resonant religious beliefs could serve to facilitate friendships.

These findings have implications for histories of women and medicine, as well as of women's friendships more generally. Morantz-Sanchez has demonstrated that early women physicians in the U.S. developed all-female professional networks in order to facilitate their advancement in the profession, where they were largely excluded from male colleges and professional organizations.⁵⁷⁶ The research I have conducted demonstrates that these networks had transnational dimensions that helped a small cohort of women from Asia and elsewhere to have careers as physicians. Through the many differences between this dissertation's subjects and white American women, one common belief shared by all was that women could and should become physicians. This tenet, although seemingly simple, had a remarkable power to bind many different women together in pursuit of common goals.

Shared Protestant belief and identity was another key factor that facilitated cross-cultural relationships between women. In the women's reports and letters to their American friends, faith in God repeatedly emerged as a major theme—even in the correspondence of the purportedly Hindu Joshee! The women clearly wanted to share their personal experiences of religion with one another, and these highly personal and emotive communications helped to seal bonds. For women in India and China, who lived in predominantly non-Christian societies, ties to other Protestant women must have been particularly significant—especially because they sometimes

⁵⁷⁶ Morantz-Sanchez, *Sympathy and Science*.

faced social ostracism from their local communities. Elizabeth Prevost's admonition that historians of women, gender, and imperial power need to take religion more seriously is borne out in these results.⁵⁷⁷

As Prevost suggests, these stories indicate that historians of women and gender might revise our assessments of cross-racial and cross-cultural relationships between women. While race remained salient in these relationships, difference did not necessarily preclude relationships of affection and mutual benefit between women of different races and nationalities. This was especially true when the women involved shared other ideological commitments, particularly religious affiliation. Although these relationships are not representative of "typical" cross-racial relationships between women, I nevertheless propose that there is utility in revisiting early works in women's history such as Carroll Smith-Rosenberg's "The Female World of Love and Ritual" in the context of transnational and cross-racial relationships.⁵⁷⁸ That transnational and cross-racial sisterhood was oftentimes fraught should not lead historians to overlook its existence.⁵⁷⁹

THE MEDICAL PROFESSION

Despite the physicians' differing approaches to the practice of medicine, there are some broad commonalities between them. All took pride in their American medical degrees, perceiving the accomplishment as not merely individual, but rather as a collective victory for women of their homelands. Additionally, all of the women conceived of the female physician's

⁵⁷⁷ Prevost, "Assessing Women, Gender, and Empire."

⁵⁷⁸ Smith-Rosenberg, "The Female World of Love and Ritual."

⁵⁷⁹ For examples of historical works that present a negative view of white women's historical relationships with women of color, see Burton, *Burdens of History*; Vron Ware, *Beyond the Pale: White Women, Racism, and History* (London and New York: Verso Books, 1992). Examples of more positive assessments include Choi, *Gender and Mission Encounters in Korea*; Jayawardena, *The White Woman's Other Burden*; Shemo, *The Chinese Medical Ministries of Kang Cheng and Shi Meiyu*; and Yasutake, *Transnational Women's Activism*.

role within society quite broadly. The physicians engaged in public oratory and political advocacy on a broad range of subjects, not all of which were directly related to medicine and healthcare. In political and religious life, the physicians not only participated, but also assumed leading roles within their communities. Their diverse activities indicate that to them, the physician's role in society encompassed well more than simply treating patients, but also included the assumption of an active role within civic life. Most of the physicians engaged in work that today would be classified as belonging to a different profession altogether, such as social work.

However, there were also significant differences regarding the physicians' views on medicine itself. Particularly noticeable was how the different physicians conceived of allopathic medicine and its evolving relationship to science. Some perceived scientific medicine (as it was then developing) as the ultimate arbiter of truth, while others were more open to alternative systems of medicine. Relatedly, the women held differing opinions about the primary causes of disease and health problems in their home countries. Oftentimes, the physicians' ideas about the causes of ill health reflected political and religious as well as medical beliefs. While the physicians agreed broadly on the role of the physician within society, they differed significantly in their visions of what medical care should look like. Which treatments were best for patients, and how was this to be decided? To this question, the physicians devised a wide array of answers.

Joshee, uniquely among the international physicians, advocated for a form of medicine that was culturally syncretic. While the tenets of scientific medicine held that the newest methods of managing obstetrical care were best, Joshee argued that there was wisdom in Ayurvedic medical writings that had been utilized for thousands of years. Significantly, at this

point in time there were several points of convergence between the childbirth practices of the white American middle and upper class and those of Brahmin Hindus, enabling Joshee's medical syncretism. Joshee's correspondence with Carpenter also indicates that while she wanted to learn American medicine, she did not consider the allopathic school of medicine to be the ultimate authority on matters of healthcare. She believed that healthcare needed to be adapted to patients' own cultural contexts, and hence disdained white Protestant missionary physicians who attempted to provide care for Hindu women. In these respects, Joshee's medical philosophy clearly relates to her anti-colonial politics and public commitment to Hinduism.

Other physicians discussed in this dissertation tended to fall more in line with ideas that were dominant in American (and Western) allopathic medicine. La Flesche, for instance, was staunch in her belief that childbirth supervised by a trained physician was superior to care from traditional birth attendants. Her embrace of popular medical ideas even went so far as to include support for eugenics, which was becoming increasingly widespread during the last decade of her life. It is a tragic irony that the "science" of eugenics was later used to justify the forced sterilization of indigenous women.⁵⁸⁰

However, La Flesche's ideas about medicine and healthcare were very much rooted in her experiences as an Omaha physician who served a primarily Omaha clientele. In several key respects, her later ideas about health and public policy challenged the conventional wisdom of white commentators on Indian illness and mortality. While ethnologist Aleš Hrdička, reporting to the U.S. state about the prevalence of tuberculosis among Indian nations, blamed indigenous people's living habits and ignorance for high rates of the disease, La Flesche came to identify federal Indian policy and white settlement as primary causes for the decline in Omahas'

⁵⁸⁰ See Rebecca M. Kluchin, *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Brunswick: Rutgers University Press, 2009).

collective health. La Flesche's beliefs about the negative effects of federal policies paralleled those of other Indian physicians, indicating that training in allopathic medicine could actually be used to advance a critique of the colonial state.

Chapter Three includes discussion of two physicians with distinct views on medicine. Missionary physician Sophia Johnson, who graduated WMCP only two years after Joshee, also wrote a senior thesis revealing a somewhat idiosyncratic perspective on medicine. Johnson believed allopathic medicine to be superior to other forms of medicine, many of which she (like most allopathic physicians of her day) deemed to be "quackery." However, Johnson also believed that allopathic medicine should emulate some of quackery's practices. She held the conviction that body and mind were mutually influential, and hence "quacks" were not to be disregarded entirely. Johnson's embrace of this medical philosophy, influenced by British physician Daniel Hack Tuke, is likely related to her evangelical conviction that any person could be saved through Christ. Johnson's religious views, and support of British colonial rule in India, both feature prominently in the thesis.

Her fellow Indian missionary physician Gurubai Karmarkar was situated similarly if not identically. Unlike Johnson, Karmarkar appeared to have little use for healers who were not trained in allopathic medicine. She frequently lamented the harmful effects of other practitioners on patients, as well as Indian practices more generally. Like Johnson, Karmarkar approved of British colonial rule. This is reflected in her support of the colonial state's measures designed to control epidemic diseases, although these tactics often imposed considerable control onto Indians. In her case, being an allopathic practitioner and supporting colonial rule actually did go hand in hand.

Missionary physicians from China held views comparable to Karmarkar's. They too derided indigenous practices as insalubrious and superstitious—although such criticisms appear ironic in light of the missionaries' own insistence that acceptance of Christianity held healing powers. As I have demonstrated, the missionaries cultivated an image of themselves as healers with almost preternatural powers in order to advance their evangelistic mission. Yet the physicians also embraced professionalism and medicine's association with "science," as demonstrated by Hu's scorn for an alternative practitioner who fallaciously claimed to have studied medicine with her in the U.S. But in several key critical respects the physicians' ideas about professional credentialing differed from the more stringent views of secular, male-dominated philanthropic organizations such as the Rockefeller Association. While the Foundation assumed that Chinese women would best serve the nation as nurses, the physicians' commitment to training women as physicians led them to assume a certain flexibility in their views about students' qualifications for medical study.

But the missionary physicians were firmly committed to the power of modern medicine to improve lives. When caring for patients, the women typically advocated for greater medical intervention, particularly in the area of childbirth. In contrast to Joshee, who advocated for home birth, and Karmarkar and La Flesche, who attended home deliveries, the Chinese physicians (especially later graduates Li Bi Cu and Tsao Liyuin) strongly advised birth in hospitals.

Obstetrician Honoria Acosta-Sison, the final figure considered in this dissertation, most strongly exemplifies the increasingly hegemonic scientific orientation of modern medicine. While she herself was a practicing Catholic, Acosta-Sison's own medical practice was mostly secular, in contrast to earlier physicians. To Acosta-Sison, there was no issue that could not be approached from a scientific perspective. For her, even the contentious issue of why so much of

Asia, including Acosta-Sison's home country of the Philippines, was under colonial rule in the 1920s, needed to be approached from a scientific perspective. She, like other physicians, lamented purportedly harmful practices common among the lower classes. Within Acosta-Sison's approach to medicine, however, patients were often represented as data points rather than human actors.

This was seen most vividly in Acosta-Sison's early research on race, obstetrics, and the female pelvis. Acosta-Sison's research on the pelvis contributed to the dubious transnational project of race science and attempted to assert Filipinas' fitness for citizenship through denigration of African-American women. Yet despite these beginnings, and lingering racism in her work, Acosta-Sison became increasingly attuned to the ways in which social factors and poverty negatively affected Filipina women's health. Much of her research was socially conscious. Yet, like American upper-class women involved in progressive initiatives, Acosta-Sison wavered between helping lower-class women and exerting control over them. In her career, the mixed blessings of modern medicine are quite apparent.

While the ideological and methodological diversity of the international physicians is clear, there are a few patterns among the dissertation's subjects. Generally, the those who graduated from WMCP in the 1880s—such as Joshee, Johnson, and La Flesche—tended to be recognize the potential value of alternative medical systems more than physicians who graduated in the first decade of the twentieth century, such as Acosta-Sison, Olivia Salamanca, and Tsao. Physicians who graduated during the 1890s, like Karmarkar and Hu, can be understood as falling somewhere in the middle of this continuum.

This shift can be explained by changes within American medicine and WMCP itself. Over the years that this thesis covers (1883 to 1911), American medical education became

increasingly standardized—a trend apparent even before the publication of the Flexner Report in 1904. Standards for entering medical school became decidedly more stringent—so much so that students like Joshee and La Flesche would have been unlikely to qualify for admission to WMCP even fifteen years after their own graduations. WMCP’s own curriculum underwent significant changes that paralleled the larger historical shift. Beginning in 1889, students were not required to submit a thesis in their final year of study. As a result, I was only able to read Johnson and Joshee’s theses; the other subjects discussed in this dissertation most likely did not write them. Johnson, who graduated in 1888, was in the last of class of students whose thesis topics were displayed alongside their names in WMCP’s annual graduation announcement.⁵⁸¹

From Joshee and Johnson’s theses, it is apparent that this exercise provided an opportunity for advanced medical students to educate their own professors. Both women produced lively, argumentative works prominently featuring their own perspectives. Although the two women differed considerably in their political, religious, and medical outlooks, Johnson and Joshee both chose to write on somewhat unconventional subjects, drawing upon their own unique bodies of knowledge and experiences as Indian women. The mere fact that they were

⁵⁸¹ I have attempted to deduce the history of WMCP’s thesis requirement through both the available theses and the college’s annual reports. The report published in May of 1888 states that completion of a thesis was necessary, although a “clinical report” could be substituted. All graduating students have a thesis or report subject listed alongside their names in the report. See “Annual Report of the Woman’s Medical College of Pennsylvania, 1888-1889” (hereafter referred to “Annual Report of WMCP”), p. 6, 20. In contrast, the report for 1889 makes no such mention. From 1890-1894, the annual reports state that students *may* write a thesis in the final year of study, but it is not required and the lack of surviving student theses from the period from 1889-1925 indicate that few wrote them. See also “Annual Report of WMCP, 1889-1890,” “Annual Report of WMCP, 1890-1891,” “Annual Report of WMCP, 1891-1892,” “Annual Report of WMCP, 1892-1893,” “Annual Report of WMCP, 1893-1894,” “Annual Report of WMCP, 1893-1894.” All annual reports were accessed through WMDC.

permitted to produce such works in fulfillment of a college requirement is indicative of the college's still open attitude towards alternative systems of medicine, even as late as the 1880s.

In contrast, students who graduated in 1894 and afterwards did not write an original work on a medical subject as part of their medical educations. Although Martha Tracey re-implemented the thesis requirement in the 1920s, the later theses differed substantially in form from earlier works and did not allow for as much originality in topic selection.⁵⁸² Now, students' qualifications were earned on the basis of learning and repeating a body of medical knowledge that was already established. American medical education became so regimented towards students' regurgitation of knowledge that even Honoria Acosta-Sison, no advocate for alternative systems of medicine, commented in the 1920s that "spoon-feeding" medical students information seemed to be the primary method of education in American medical schools.

Opportunities for students to engage in independent research became limited as WMCP entered the twentieth century, although they did not disappear. Several later students published articles in the college's publication *The Iatrian*, including Acosta-Sison, Salamanca, and Tsao.⁵⁸³ Their articles, which were a hybrid of scientific articles and articles about medicine written for lay audiences, are certainly well-researched. Yet unlike Joshee and Johnson's more creative explorations of medical issues, all three of these articles advance arguments about medicine that had become standard by 1910, when *The Iatrian*'s first issue was published. Acosta-Sison, Salamanca, and Tsao *all* argued that in their home countries of the Philippines and China, people (especially women) were victimized by unscientific charlatans and insalubrious cultural

⁵⁸² See Peitzman, *A New and Untried Course*, 138-139. These theses were produced in 1926 and afterwards, generally focusing on topics in public health and preventative medicine. The college provided suggestions of topics to students, as evidenced by the proliferation of theses on the same subject (i.e. "The League of Nations' Health Programs," or "Preventing Malaria.")

⁵⁸³ The specific content of these articles are discussed in chapters four and five.

practices. This marked a distinct departure from Joshee's argument that Ayurvedic medicine held much of value, or even Johnson's that allopathic practitioners should co-opt the power that "quacks" assumed over their patients' mental states. Within less than three decades, the range of medical perspectives permitted within WMCP's intellectual space had narrowed considerably.

NATIONALISM, TRANSNATIONALISM, AND IMPERIALISM

Among the numerous forms of affiliation discussed in this dissertation, national identification has enjoyed a particularly privileged status within historical research. The issue of how imperial subjects have conceived of national identity in relation to experiences of colonialism has also been a central issue for historians and other scholars influenced by post-colonial theory.⁵⁸⁴ Accordingly, in this dissertation I have explored how a group of women who travelled between nations approached the issue of nationality in conjunction with other forms of affiliation. The colonial contexts examined here ranged from British colonialism to U.S. colonialism (including what scholars refer to as settler colonialism), and the hybrid state of "semi-colonialism" in early twentieth-century China. Despite the uniqueness of the physicians' differing experiences, their lives nevertheless suggest important points for how historians conceive of nationality in relation to empire and transnational affiliations.

I have demonstrated that non-national forms of affiliation can create their own imagined communities and bind people of different nationalities together. This research demonstrates that while the significance of nation does not disappear in transnational contexts, even in the modern world of nation-states, religious or professional commitments can exert an influence that equals

⁵⁸⁴ See Burton, *At the Heart of the Empire: Indians and the Colonial Encounter in Late-Victorian Britain* (Berkeley: University of California Press, 1998) and *The Post-Colonial Careers of Santha Rama Rau* (Durham: Duke University Press, 2007); Kramer, *The Blood of Government*; and Mrinalini Sinha, *Specters of Mother India: The Global Restructuring of an Empire* (Durham: Duke University Press, 2006).

or surpasses that of nationalism. This is seen, for instance, in the missionary physicians' all-important identification with global Protestant Christianity, or in Acosta-Sison's insistence that the issue of colonialism and home rule needed to be approached from a scientific, rather than explicitly nationalist, perspective.

For the most part, the physicians did not perceive their national identification to be in conflict with other forms of affiliation. Several physicians, including Acosta-Sison, Hu, Li, and Tsao, expressed ideas clearly consistent with national pride, and they perceived their work as part of the project of national improvement. But their internal beliefs did not always translate to public perception; others could and did perceive the women as enablers of U.S. imperialism. Hu learned this lesson particularly harshly when Woolston Memorial Hospital was destroyed amidst anti-imperial unrest in her home city of Fuzhou.

The international physicians all grappled with the issue of how to square their national identities with other affiliations, including their close association with individuals and organizations based in the U.S. Joshee faced the least conflict over this issue, although she was also the most avowedly nationalist of the cohort. Given the historical context Joshee operated in, however, British colonialism—not American imperial influence—posed the primary obstacles to an independent Indian nation. She was hence able to embrace the U.S. as a positive exemplar of a nation that had successfully thrown off British colonial rule a century before she arrived in New York. Joshee's affiliations with white American women and WMCP could peacefully co-exist with her proto-nationalism. Accordingly, Joshee was treated as a national hero upon her return to India and remains so even today, in marked contrast to most other subjects of this dissertation.

The issue of indigenous national sovereignty renders an analysis of La Flesche's national affiliations to be much more complicated. La Flesche's transformation from a proponent of American Indian assimilation to a critic of the U.S. state has numerous implications for the issue of competing affiliations. Early in her career, La Flesche's affiliations were largely harmonious. She was sponsored by white reformers who supported Indian assimilation and believed in the assimilationist mission herself. La Flesche also worked for the U.S. Office of Indian Affairs. While she acknowledged OIA's flaws, she nevertheless believed in working to improve it as an advocate and employee.

But as La Flesche became more critical of federal Indian policy, her affiliations with her former sponsors slackened, prompting her to seek out new local affiliations among both Omahas and whites. Despite her continued affiliation with some whites, however, La Flesche was now staunch in her criticisms of the negative effects of white settlement in the Great Plains.

La Flesche's story indicates the particular and oppressive conditions facing indigenous people around the turn of the twentieth century. I began this project with the intention of demonstrating the parallels and continuities between continental expansion and overseas U.S. imperial expansion in the 1890s. However, after examining both La Flesche and Filipina graduates of WMCP, I have concluded that while there were certainly broad similarities between different forms of colonial rule, lived *experiences* of colonial rule were quite distinct.

Like Joshee, Johnson and Karmarkar were in the position of being affiliated with Americans while living under British colonial rule in India. During Karmarkar's lifetime, the Indian nationalist movement actually gained much more momentum and structure than it had possessed at the time of Joshee's death. Yet Karmarkar was patently *not* nationalist and chose to disassociate herself from cries for a free India. In her case, her overriding religious and

denominational identification prompted her to seek education in the U.S. and employment with the American Marathi Mission. However, Karmarkar still dealt with the issue of other people's national loyalties competing with religious affiliation. She and her husband found that during times of national crisis in the U.S., their American sponsors were less willing to provide financial support. This experience indicates the precariousness of operating as a transnational actor during a period of high nationalism and international conflict.

The Chinese missionary physicians, in contrast, were explicitly nationalists. Their self-presentation as “new women of new China” was consistent with the political mores of the late Qing dynasty and years immediately following the 1911 Revolution. In several respects, the physicians' ideas about how they and other women could best serve the new nation differed from those of male nationalist thinkers. While male nationalists and more conventional women commentators tended to emphasize women's importance as wives, mothers, and educators to future generations, the physicians believed that women could and should serve China through professional work. Their professional and national affiliations aligned to produce a particular perspective on women's role in the nation.

More challenging to the physicians were their close associations with U.S. missionaries, which often caused them to appear suspicious. As I have suggested, situations such as the destruction of Woolston Memorial Hospital indicate how the women's form of nationalism, while earnestly held, did not necessarily coincide with others' nationalism in light of the women's affiliations with Americans, especially after 1919.

Acosta-Sison and Salamanca present interesting cases for considering national affiliations in colonial contexts. They, like La Flesche, were colonial subjects of the U.S. Yet both women embraced U.S. colonialism as an alternative to Spanish colonialism in the Philippines that

preceded it. Acosta-Sison even displayed the ultimate display of loyalty to the U.S. when she volunteered to serve the nation as a medic in World War I. Yet Acosta-Sison wavered in her support of U.S. colonialism. While she supported and participated in colonial initiatives to improve public health in the Philippines, she believed as early as the 1920s that self-rule in the Philippines was a goal worth pursuing. In this she wanted her nation to adapt the best practices of other countries—including but not limited to the U.S.—without being completely beholden to any of them. Acosta-Sison’s complex positioning on the issue of U.S. colonialism indicate that a binary between resistance to colonialism and complicity with it may not be warranted.

In some ways, Acosta-Sison’s evolution in thinking paralleled La Flesche’s trajectory. But examining the two figures in tandem also reveals major differences in the historical experiences of American Indians as compared to Filipinos. While Acosta-Sison could envision a future in which the Philippines would sustain itself as an independent nation, La Flesche could not do the same for the Omaha. U.S. colonialism has assumed different forms in relation to different peoples—a fact which is too often overlooked in discussions of U.S. empire.⁵⁸⁵ If U.S. imperial power was part of the context that drew the women to WMCP, it is clear that the ground of U.S. empire was a diverse landscape indeed. Such varied ground cannot be adequately described as *only* oppressive.

Indeed, as Paul Kramer and others have suggested, the strength and persistence of American imperial power is partially attributable to what Kramer refers to as a “buy-in” to empire. By this Kramer refers to actors like many of this dissertation’s subjects: people who support U.S. imperial power for rational reasons related to their own social position and

⁵⁸⁵ See, for example, *Haunted by Empire*, ed. Stoler.

experiences.⁵⁸⁶ Such subjects were, as I have demonstrated, motivated by many factors, of which self-interest was but one of many. If those who bought into empire were not quite saintly and selfless heroes of hagiography, neither were they mere dupes for imperialism.

To acknowledge these complexities of U.S. imperial power is not intended to construct an apology for U.S. empire. Rather this is a call for historians and other scholars to more fully examine the diversity of American encounters and experiences. The claim that the U.S. has been a unique beacon of liberty among nations may be part of an inaccurate and jingoistic historical narrative. But debunking the myths of American exceptionalism necessitates engaging with them. That is precisely what I attempted here. U.S. imperial power has assumed many faces, which non-Americans have interacted with in many ways. To envision a future without U.S. imperial power, these complex histories need to be fully acknowledged.

⁵⁸⁶ Kramer, "Power and Connection," 1381.

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