



Women's Healthcare and Midwifery in Hyderabad State under the Nizams: Gender, Medical Education and the Changing Culture of Maternal Care

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Abstract

The history of medicine in Hyderabad State is closely connected with the institutional changes that took place under the Asaf Jahi rulers. Yet the place of women within this history has received less attention than the development of hospitals, medical education and public health administration in general. This article examines women's healthcare and midwifery in Hyderabad State, with particular emphasis on the late nineteenth and early twentieth centuries. It considers the importance of household-based maternity care and traditional birth attendants, the social circumstances that encouraged the demand for female medical practitioners, the entry of women into medical education, and the emergence of medical facilities intended specifically for female patients. The experiences of Hyderabad Medical School, Afzalgunj Hospital and Victoria Zenana Hospital illustrate a gradual widening of institutional healthcare for women. The career of Rupa Bai Furdoonji is particularly significant in demonstrating that women in Hyderabad entered professional medicine at a comparatively early stage. The article argues that the growth of institutional medicine did not simply displace older practices of childbirth. Instead, household care, traditional midwifery and hospital medicine existed alongside one another for a considerable period. Hyderabad therefore provides a useful setting in which to examine the relationship between gender, princely patronage, medical education and changing ideas of maternity care in modern India.

Keywords: Hyderabad State, Nizams, women's healthcare, midwifery, maternal health, zenana hospitals, female medical education, Rupa Bai Furdoonji

Introduction

The princely State of Hyderabad occupied a distinctive place in the medical history of nineteenth- and early twentieth-century India. Under the Asaf Jahi rulers, older systems of healing continued to function while institutions associated with Western medical education and hospital practice gradually developed. This coexistence is important because medical change in India was rarely a straightforward replacement of one system by another. As Arnold has shown in the wider Indian context, Western medicine was shaped by local circumstances as well as by the political and institutional structures through which it was introduced.

Women encountered this changing medical world differently from men. Pregnancy and childbirth remained closely connected to the household, while social conventions governing interaction between women and unrelated men could affect access to male medical practitioners.



The extent and meaning of such restrictions varied according to class, community and family practice, and they should not be treated as universal. Nevertheless, the question of how professional medicine could reach female patients became increasingly prominent in nineteenth-century India.

Hyderabad offers a particularly interesting case. Women were not only patients within the emerging institutional system; they also began to enter medicine as students and practitioners. At the same time, maternity care continued to depend heavily on older domestic practices and traditional birth attendants. The resulting medical landscape was therefore plural rather than uniform.

This article examines that transition. It focuses on female medical education, zenana and maternity institutions, midwifery, and the relationship between household and hospital care. Rather than treating medical modernization as an inevitable progression from “traditional” to “modern” medicine, the study considers how different forms of care overlapped and interacted.

Objectives of the Study

The study has four principal objectives: to examine the development of institutional healthcare for women in Hyderabad State; to place traditional midwifery within the changing medical environment of the period; to explore the entry of women into formal medical education and professional practice; and to assess the importance of female-specific institutions in making hospital medicine more accessible to women.

It also seeks to place Hyderabad within the wider history of women and medicine in colonial India without assuming that developments elsewhere in British India necessarily occurred in exactly the same manner in the Nizam’s dominions.

Research Questions

1. How did household maternity practices and institutional medicine coexist in Hyderabad State?
2. What circumstances encouraged the development of medical facilities specifically intended for women?
3. How did medical education create new professional opportunities for women in Hyderabad?
4. What was the significance of zenana and maternity institutions in the changing history of women’s healthcare?
5. To what extent can the Hyderabad experience be understood within the wider movement for female medical aid in India?

Research Methodology

This study follows a historical and analytical method. It draws on published scholarship on medicine, gender and women’s education in India together with research specifically relating to Hyderabad’s medical institutions and practitioners.

The study uses contextual works such as David Arnold’s history of colonial medicine and Geraldine Forbes’s study of women in modern India to understand the wider setting in which medical education and women’s professional opportunities developed. Maneesha Lal’s study of



the Countess of Dufferin's Fund is used to examine the broader nineteenth-century movement for female medical aid.

For Hyderabad-specific developments, particular importance is given to published research concerning Rupa Bai Furdoonji and Victoria Zenana Hospital, together with the institutional history published by Osmania Medical College. These sources allow the study to connect broader developments in Indian medicine with identifiable institutions and individuals in Hyderabad.

A limitation of the available published literature is that institutional records preserve the activities of hospitals and formally trained practitioners more clearly than the experiences of ordinary women and traditional birth attendants. For this reason, the article avoids making precise claims about the prevalence of particular domestic practices in Hyderabad unless direct evidence is available.

Women's Healthcare Before the Expansion of Institutional Medicine

Women's healthcare in Hyderabad developed within a medically diverse society. Unani and Ayurvedic traditions, household remedies and other forms of local therapeutic knowledge existed alongside the institutional medicine that expanded during the nineteenth century.

Childbirth, in particular, had long been associated with the domestic sphere. Across South Asia, women commonly relied on experienced female birth attendants, generally described in historical literature as dais. Their knowledge was usually acquired through practice and transmitted outside formal medical institutions.

A dai's importance cannot be measured only by comparing her techniques with later hospital obstetrics. She belonged to the social world in which childbirth took place. Her familiarity with the household, the women of the family and customary practices gave her a role that was simultaneously practical and social.

The surviving evidence, however, does not justify treating all dais as a single professional group with identical knowledge or practices. Their experience and status varied considerably. For the same reason, traditional midwifery should not be described simply as an inferior stage that disappeared once hospitals developed. In much of India, traditional and institutionally trained practitioners continued to work within the same society for decades.

Gender, Purdah and Medical Access

One of the recurring issues in nineteenth-century discussions of women's healthcare in India was the difficulty of providing medical treatment to women living within systems of gender segregation. British administrators and advocates of female medical aid frequently invoked purdah to explain the need for women doctors.

Modern scholarship has shown that this argument requires caution. Lal, for example, demonstrates that colonial advocates sometimes simplified the diversity of Indian women's lives by presenting purdah as a universal explanation for their limited access to medical treatment. The campaign for female medicine was therefore shaped both by genuine healthcare needs and by colonial assumptions about Indian society.



Even with this qualification, the availability of women practitioners had obvious practical importance. Female physicians and midwives could provide forms of examination and treatment that some patients or families might have been reluctant to seek from male practitioners. The expansion of female medical education was consequently connected to both healthcare and wider debates over women's education and professional employment.

Female Medical Education in Hyderabad

One of the most significant features of Hyderabad's medical history was the relatively early presence of women in formal medical education.

Hyderabad Medical School, founded in 1846, became an important centre of medical training in the Nizam's dominions. Its history is particularly relevant to the study of women because, during the last decade of the nineteenth century, a Women's Section at Afzalgunj Hospital was placed under the supervision of a lady doctor and women were admitted to study medicine, with particular attention to midwifery.

This development had implications beyond the classroom. Training women in medicine created practitioners who could treat female patients and also challenged prevailing assumptions about the kinds of occupations women could enter.

The story of Rupa Bai Furdoonji provides unusually clear evidence of this development.

Rupa Bai Furdoonji and the Emergence of Women Medical Practitioners

Rupa Bai Furdoonji occupies an important place in both Hyderabad's medical history and the history of anaesthesia.

Ala et al. document her education at Hyderabad Medical School and her subsequent work with anaesthesia. Furdoonji belonged to a group of women students trained at Hyderabad Medical School during the late nineteenth century. Her medical education included subjects such as anatomy, physiology, medicine, surgery and midwifery.

Her professional development took place during the period associated with Surgeon-Major Edward Lawrie and the Hyderabad Chloroform Commissions. Furdoonji gained practical experience administering anaesthetics and later travelled to Edinburgh in 1909 for further study. Because anaesthesiology did not yet exist as a separate qualification, she pursued study in subjects relevant to the scientific understanding of anaesthetic practice.

Ala et al. describe Furdoonji as the world's first qualified woman anaesthetist. The claim is presented here with attribution because historical definitions of professional specialization can change over time. What is firmly documented is that Furdoonji was an exceptionally early woman practitioner of anaesthesia and that her career developed from the medical environment of Hyderabad.

Her story is particularly relevant to women's healthcare because it demonstrates that women in the Nizam's dominions were not merely recipients of institutional medicine. They were becoming participants in its professional practice.



The Zenana Hospital as a Medical Space

The emergence of hospitals and wards specifically intended for women represented an important change in the geography of healthcare.

The term “zenana” was widely associated with female domestic spaces and, in the medical context, came to be applied to institutions or sections intended particularly for women. Such facilities attempted to make institutional treatment compatible with contemporary expectations concerning privacy and gender.

Their development also reflected a practical difficulty facing expanding hospital medicine: a medical system staffed predominantly by men could not reach every female patient equally.

Female hospitals and wards therefore provided both a physical and a social space in which women could receive professional treatment. They also increased the demand for female doctors, nurses and midwives.

Victoria Zenana Hospital

One of the clearest surviving examples of specialized women’s healthcare in Hyderabad is Victoria Zenana Hospital, later associated with maternity care.

Tadakamalla identifies it as the first hospital in Hyderabad city exclusively for women. The foundation stone of its purpose-built structure was laid by the Princess of Wales in 1905, and construction was completed in 1907. The hospital building subsequently survived the destructive Musi flood of 1908.

These details are significant beyond the architectural history of the institution. A hospital dedicated to women demonstrates that female healthcare had acquired a recognizable institutional presence in Hyderabad by the beginning of the twentieth century.

The development of such a facility also indicates a gradual movement toward specialization. Women’s healthcare was no longer addressed solely through general medical institutions; maternity and female medicine were increasingly associated with dedicated spaces.

Midwifery and the Changing Meaning of Childbirth

The emergence of hospital medicine gradually altered the setting in which childbirth could take place. It did not, however, transform childbirth overnight from a domestic event into a hospital procedure.

Traditional birth attendants continued to be relevant because institutional facilities and professionally trained personnel were not universally available. Hyderabad State encompassed a large territory, and the medical resources of the capital cannot automatically be treated as representative of every district.

The development of professional midwifery nevertheless introduced a different model of maternity care. Formal medical instruction placed greater emphasis on anatomy, hygiene, clinical observation and the identification of complications. Midwives trained within medical institutions consequently occupied a position between the household and the hospital.



The coexistence of these forms of practice is historically more significant than a simple narrative in which the trained midwife replaced the dai. Institutional medicine expanded unevenly, while domestic knowledge continued to influence everyday maternity care.

The Dufferin Fund and the Wider Indian Context

Developments in Hyderabad occurred during a wider movement to expand professional healthcare for women in India.

The National Association for Supplying Female Medical Aid to the Women of India, generally known as the Countess of Dufferin's Fund, was established in 1885. Its activities included supporting medical facilities for women and encouraging the training of female doctors, nurses and midwives.

The movement helped make women's access to medical care an important public issue. It also created professional opportunities for women. At the same time, Lal cautions against interpreting the movement simply as humanitarian progress. Colonial assumptions about Indian women, gender segregation and the supposed superiority of Western medicine shaped the way female medical aid was discussed.

This wider context is useful for understanding Hyderabad, but Hyderabad was not simply another province of British India. As a princely state, it possessed its own ruler, administration and institutions. Developments within Hyderabad therefore emerged through a combination of local state patronage, Indian social conditions and the wider circulation of medical ideas.

Women as Practitioners, Not Merely Patients

A history centred exclusively on hospitals and government policy can obscure women's own contribution to healthcare.

Women participated at several levels. Traditional birth attendants possessed practical knowledge of childbirth. Women entering medical education acquired professional expertise. Nurses and midwives became essential to the operation of institutions serving female patients. Women such as Rupa Bai Furdoonji entered fields of medical practice that had previously been dominated by men.

This perspective changes the meaning of medical reform. Women were not simply people upon whom new forms of medicine were imposed. Some actively entered medical institutions and helped shape the professions developing within them.

The history of women's healthcare is therefore also a history of women's work, education and changing access to public and professional life.

Medical Pluralism and the Limits of a "Modernization" Narrative

It is tempting to describe the growth of hospitals as a linear transition from indigenous healing to modern scientific medicine. Such an interpretation is too simple.

Arnold demonstrates that Western medicine in India developed through complex encounters with local society. Hyderabad's experience likewise suggests coexistence rather than immediate replacement.



Institutional medicine offered new forms of diagnosis, surgery, obstetric treatment and professional training. At the same time, Unani and Ayurvedic traditions and household forms of healthcare continued to exist. Patients and families did not necessarily regard these choices as mutually exclusive.

The same observation applies to maternity care. The establishment of hospitals did not automatically end home births, just as formal midwifery training did not immediately eliminate traditional birth attendants.

Recognizing this medical pluralism allows Hyderabad's history to be understood on its own terms rather than as an incomplete version of a European model of medical modernization.

Urban and Rural Differences

The institutional history of Hyderabad presents another methodological difficulty. Surviving documentation naturally gives considerable visibility to major institutions in Hyderabad city. This can create the impression that changes in the capital were experienced uniformly throughout the state.

Such an assumption should be avoided.

Access to medical institutions was influenced by geography, transportation, household resources and the availability of trained personnel. The presence of a specialist hospital in Hyderabad city does not establish that women in distant rural districts enjoyed comparable access.

Class mattered as well. Families with greater resources could seek professional or private treatment more easily than those for whom distance and cost created barriers.

A balanced history must therefore recognize the importance of institutional developments without assuming that they transformed the experiences of all women at the same pace.

Discussion

The history of women's healthcare in Hyderabad reveals several overlapping changes.

The first was institutional. Hospitals and female-specific medical spaces expanded the possibilities for women to receive treatment outside the household.

The second was educational. The participation of women in formal medical training created a small but historically significant group of professional female practitioners.

The third concerned maternity care itself. Childbirth, while continuing to occur within domestic and community settings, increasingly became an area of professional medical interest and institutional practice.

Finally, these developments altered women's relationship with the public sphere. Medical education, nursing and midwifery provided opportunities for women to acquire professional knowledge and participate in occupations connected with the expanding healthcare system.

None of these changes was complete or uniform. Traditional practitioners remained relevant, medical systems continued to coexist, and the availability of institutional healthcare varied considerably.

This unevenness is precisely what makes the Hyderabad experience historically important. It reveals medical change as a process of negotiation rather than simple replacement.



Conclusion

Women's healthcare and midwifery provide an important perspective on the social history of Hyderabad under the Nizams. They bring into view subjects that are easily overlooked when medical history is written mainly through administrative reforms, prominent physicians and major hospitals.

During the late nineteenth and early twentieth centuries, women became increasingly visible within Hyderabad's institutional medical world. The emergence of female-specific hospital facilities, the participation of women in medical education and the establishment of Victoria Zenana Hospital demonstrate a widening concern with women's access to professional treatment. The career of Rupa Bai Furdoonji offers particularly valuable evidence. Her training and medical work show that women could participate in professional medicine in Hyderabad at a remarkably early stage. Her experience also connects the history of women's education with the development of modern medical practice.

Yet this institutional history should not obscure the continuing importance of household maternity care and traditional birth attendants. The growth of professional medicine was gradual, geographically uneven and shaped by social and economic circumstances. The dai and the professionally trained practitioner belonged for a considerable period to the same changing medical landscape.

Hyderabad's history therefore resists a simple opposition between "traditional" and "modern" medicine. Women encountered and participated in several forms of healthcare at the same time. Princely institutions, wider developments in Indian medicine, local social customs and women's own participation together shaped this transformation.

Further research in Hyderabad State administrative reports, hospital records, census material and archival files relating to women's medical education and maternity services would make it possible to recover this history in greater detail. Particularly valuable would be records that illuminate the experiences of ordinary women and traditional birth attendants, whose voices are less visible in published institutional histories.

The study of women's healthcare under the Nizams consequently contributes not only to the history of medicine but also to the history of gender, education and social change in Hyderabad. It reminds us that the transformation of healthcare was experienced not simply through new buildings and government policies, but through the lives of women who sought treatment, assisted childbirth, entered medical schools and became practitioners themselves.

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