The Changing Role of Women in Bengal 1849-1905

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Motherhood and Child Rearing

> As the churning of the ocean gives forth nectar, so the churning of the ocean of language produces the sound "*mā*." The imagination of a poet holds no sweeter image than this.[1]

Motherhood was the most important function in the life of a Hindu woman. The birth of children sanctified the marriage bond. Although daughters were not highly valued, the birth of a son was of pivotal importance to the family. Temporally, he was the provider and inheritor of property; spiritually, he was the only one who could perform the ritual offering of oblations to ancestors. The son was the perpetuator of the family lineage. Barrenness in a woman, or her failure to bear a son, were grounds for a husband to abandon her and take another wife.[2]

Hindu thought personified and exalted the idea of woman as mother in the image of the Mother Goddess, recognizing her importance as the progenitrix of sons and her association with fertility and creation. Brahmos emphasized the fatherhood of God in the manner of Christianity, but the pervasiveness of the Mother Goddess cult in Bengal prevented them from relinquishing the Hindu concept of God as Mother. The idea of divine maternity was integrated with the Brahmo view of women in the following manner:

[1] "Mā," *BP*, 3:3, 265 (February 1887).

[2] See S. C. Bose, *The Hindoos*, chapter two, "The Birth of a Hindoo," on the difference in birth rituals for sons and daughters. The birth of a daughter was greeted with sorrow, but that of a son was heralded with the conch and presentation of gifts to relatives.

> When he the Mother of all mothers becomes our supreme Mother, all women partake of that divine motherhood, and man looks upon woman as gifted with a deeper and tenderer divinity than what he himself possesses. These various considerations force upon us the necessity and the advantage of the distinctive recognition of God in the capacity of our blessed Mother. This relation, therefore, is at present most popular and most constantly impressed upon the Brahmo Samaj.[3]

For Bengali men, who enjoyed a particularly close relationship with their mothers, motherhood evoked a fund of nostalgic memories and emotional outpourings that was readily transferred to devotion to the deity taking the form of Mother.

Childbirth: traditional practices and suggested reforms

To benefit from this reverence for maternity, it was necessary for a woman to begin having children shortly after marriage. Often she would start bearing children not long after reaching puberty. Despite the discomforts, pregnancy may have been welcomed by a young bride, as it was a time when she was treated with greater care and affection than usual. Sometimes for the period of her confinement a woman would return to her natal home, where she could relax fully. In the fifth, seventh, and ninth months of pregnancy she underwent certain rites, all of which allowed an indulgent gratification of her appetite for special foods or sweetmeats.[4] The purpose of such indulgence was not simply the anticipation of the joy and status to be had from her possible production of a son; it was also spurred by the realization, based on experience, that the woman might not survive the throes of childbirth.[5]

[3] "Divine Maternity," *Theistic Quarterly Review*, 5 (May 1880).

[4] S. C. Bose, *The Hindoos*, Appendix A, "Observances and Rites during Pregnancy," pp. 293-300.

[5] *Ibid.*, pp. 293-294.

In all parts of the world in the nineteenth century, childbearing was hazardous and painful.[6] Babies were generally delivered at home, by midwives without scientific knowledge. Very little was known about prenatal or postnatal care.[7] In Bengal, there were traditional rituals to ensure a safe delivery, but prenatal customs such as not wearing clothes over which birds had flown, spitting on the breast once a day before washing, and wearing a reed in the hair to stave off evil spirits could not have been of any practical benefit.[8] Traditional medical treatments, based on herbal compounds, may have been more efficacious. These included the taking of a few grains of asafoetida with water to prevent miscarriage, and tying a string of the *lajjābatī* creeper around the waist to ensure an easy birth.[9]

Birth took place in the *sutikāgriha*, or *āturghar*. This was always the smallest, darkest room in the house, a physical embodiment of the impurity associated with childbirth. Following the delivery the midwife placed the mother on a strict diet, excluding cold water or cooling drinks even in the hottest months. *Jhāl*, a compound of drugs, was prescribed as an antidote against cold, puerperal fever, and other diseases.[10] A fire was lit in the *sutikāgriha* immediately after birth. The lack of air would have offset the supposed beneficial effects of the heat treatment, by creating smelly, suffocating conditions not conducive to the good health of either mother or child. Upper-caste women were required to spend one month in the *sutikāgriha* because of fear of contamination from their ritual im-

[6] In England in 1868, 26 percent of children still died before the age of five. P. H. Chavasse, *Counsel to a Mother* (London, 1869), p. 3. See also J. H. Miller, " 'Temple and Sewer': Childbirth, Prudery, and Victoria Regina," in A. S. Wohl, ed., *The Victorian Family, Structure and Stresses* (London, 1978), and P. Branca, *Women in Europe since 1750* (London, 1978), pp. 76-81.

[7] B. Ehrenreich and D. English, *Complaints and Disorders: The Sexual Politics of Sickness* (London, 1976; New York, 1973), p. 23.

[8] S. C. Bose, *The Hindoos*, p. 293.

[9] See *BP*, 6:2, 388 (May 1897), for a number of traditional remedies connected with pregnancy.

[10] S. C. Bose, *The Hindoos*, pp. 22-23. He said that *jhāl* was often effective.

purity.[11] A woman's period of confinement in the *sutikāgriha* could only have been made bearable by the thought of the future rewards of motherhood. A professor of the Calcutta Medical College in 1847 expressed horror at the "filthy, smoky, and crowded hovels, to the straw of which the unfortunate Bengallee females are condemned by native usage in the hour of suffering."[12] The health officer for Calcutta in 1876 gave a more detailed but equally disturbing account of traditional practices:

> A chamber, a few feet square, so situated that at the best of times its atmosphere must be close, has every aperture carefully shut. It is crowded with relatives and attendants, so that there is often barely room to sit, and a fire of wood embers, or even charcoal, is burning in an open vessel. The atmosphere is principally smoke, which is increased by herbs scattered on the fire for the purpose. The woman is lying, generally on the ground, in the midst of this. The feeling on entering the room is that of impending suffocation.[13]

Custom forbade the use of a bed, mattress, or additional garments. Conditions were observed regardless of the weather, and dry cowdung or wood fires were kept going day and night. It was also prohibited for the child to wear any sewn covering during this month. Although generally a woman remained sheltered,[14] immediately after birth she was supposed to take a cold bath in the tank or *ghāt*. At times the effect of this, in her weak state, sent her into a raving delirium, in which case an *ojhā*, or exorcist, was brought in to exorcise the spirit possessing her by beating her with a torn slipper.[15]

The mother was attended during and after birth by a mid-

[11] "Dhātrī bidyā," *BP*, 3, 52 (December 1867).

[12] Dr. Stewart, Report on the Statistical History of the Female Hospital, *GRPI for 1846-47*, Appendix E No. 10, p. clxxv.

[13] Bengal Census 1881, part II, p. 120.

[14] S. C. Bose, *The Hindoos*, pp. 23-24.

[15] Nanibala Dasi, "Sutikāgāre prasūtir susrusā," *Antahpur*, 7, 1 (May 1904).

wife, usually a woman of the Dom or Bagdi caste.[16] During delivery, midwives sometimes interfered with natural labor in a way that could jeopardize the health of both mother and child. Cases were reported of midwives who began pulling the infant's head as soon as it appeared,[17] and of others who removed the placenta by hand as soon as the infant had fully emerged.[18]

Giving birth under such unfavorable conditions meant that a woman was extremely susceptible to subsequent infections, even if the birth itself was uncomplicated, and death in childbirth was common among all classes.[19] Cases of *sutikā-rog*, or puerperal fever, were frequent, and were the most common cause of death in childbirth all over the world.[20] The rate of infant mortality was also extremely high.[21]

Men were not allowed into the *sutikāgriha* during the thirty-day period of ritual impurity. Husbands therefore had no contact with their wives during this time, or even children with their mothers. This rigidity may have placed some emo-

[16] S. C. Bose, *The Hindoos*, p. 23; "Sutikā-griha," *Antahpur*, 5, 7 (November 1902).

[17] "Dhātrī bidyā," *BP*, 4, 57 (May 1868).

[18] Annada Charan Khastagir, *A Treatise*, p. 167.

[19] A number of biographies of the *bhadramahilā* record deaths in childbirth: S. Sen, *Memoirs*, p. 28; Satakari Haldar, *Pūrbba smriti*, pp. 19-30; Rakhal Chandra Ray, *Jīban bindu*, pp. 123-129; Dwarkanath Ganguly, *Jībanālekhya*, p. 78. The latter biography describes the death in childbirth of Brahmamayi, wife of Durga Mohan Das. An official announcement, moving in its brevity, appeared in the newly instituted Birth and Death columns of the Sunday edition of the *Indian Mirror*:

> November 12, 1876. Domestic. Birth. Wife of D. M. Das. Still-born daughter, premature. Night of 3 November.
>
> Death. Morning 6 November, at residence 1 Lower Circular Road. Brahmamoyi Das, beloved wife of D. M. Das, deeply mourned by husband, children and friends.

[20] See Rakhal Chandra Ray, *Jīban bindu*, p. 42, and "Swargatā Kusumkumārī," *Mahilā*, 3, 1 (August 1897). P. Branca, *Silent Sisterhood*, pp. 86-89, records that this was the case in England, even though some Bengalis thought that European women had overcome most of the difficulties of childbirth by observing the rules of health. See Mohendracandra Gupta, *Strībodh*, p. 59.

[21] Gopal Chunder Dutt, *Sulochona or the Examplary Wife (A Story of Bengal Domestic Life)* (Calcutta, 1882), pp. 186-190, is a vivid fictional account of a mother's grief over the birth of a stillborn child.

tional strain on a woman, as she had no control over her situation. Sitanath Tattvabhushan recollected that his mother died in 1860 at the age of 25, shortly after giving birth to her fourth child, which also died. Realizing that she was dying, she called repeatedly for young Sitanath to come to her, but his father forbade him because of the fear of her impurity: he was suffering from fever at the time and would not have been able to undergo the ritual purificatory bath. Consequently his mother died in a state of mental anxiety as well as physical pain.[22]

In the earlier part of the nineteenth century, women in England were still attended by midwives, but at the same time the medical profession was developing and elevating midwifery into a medical science. Obstetrics and gynecology became legitimate areas of specialization for doctors. Books of advice to women on how to handle confinement and pregnancy were published from 1833. As far as women were concerned, the most important medical advance was the discovery of chloroform in 1847, which considerably reduced the pain of delivery.[23]

Doctors studying in the Calcutta Medical College took midwifery as part of their training. The Midwifery Hospital of the Medical College introduced the use of ether and chloroform in delivery, but it is not known whether it was used in home births as well. Only the poorest low-caste women entered hospitals for childbirth, and even then many were only sent there by midwives after complications had developed. The *bhadramahilā* gave birth in the *sutikāgriha* in her own home.

The *bhadralok* showed an eagerness to use new medical knowledge, although it was only accessible to the few who could afford the high cost. In 1848, the report of the Midwifery Hospital announced with pride that all of their six or more college graduates now settled and practicing in Calcutta were "habitually called to take charge of the women of the

[22] Sitanath Tattvabhushan, *Autobiography*, p. 18.

[23] See P. Branca, *Silent Sisterhood*, chapter five, "The Dynamics of Victorian Motherhood" and J. H. Miller, " 'Temple and Sewer.' "

families they attend during their confinements, and that though not required to render manual assistance, except in cases of difficulty, they are always requested to undertake the medical management of every case, both during and after delivery."[24] The report also said that the practice of confining women to "some filthy outhouse, enveloped in the fumes of charcoal, and drenched with heating tisannes" had been "entirely abandoned by all the respectable Natives in Calcutta." That was far too sweeping an expression of optimism, but it does show that some of the *bhadralok* were anxious to try to relieve the sufferings of women in childbirth by employing doctors, and that women acquiesced. From this report it seems that, at least around the middle of the century, doctors and midwives shared their skills; the doctor supervised while the midwife came into closer contact with the patient.

Recent studies of the medical profession in nineteenth-century England and America have criticized it for defining women's health in terms of their satisfactory fulfilment of the accepted stereotype of feminine weakness. The care of the midwife is thought to have been more in harmony with a woman's needs.[25] There is some validity in this, as midwives would have been more experienced than doctors, and as women who had had children themselves they may have had more empathy with their patients. Many Bengali women were skeptical about the capacities of a doctor: "What do doctors know? Ask a woman who's had many children what to do and she'll give you the right answer."[26] However, midwives did not spare the young mother's feelings, either, and comparing her labor with their own, they would often scold her sharply for the slightest deviation from their advice. Experience was their sole guide, and they firmly resisted innovation.

In an attempt to solve the problem of the very high infant

[24] *GRPI for 1847-48*, Appendix E No. VII, p. cl.

[25] B. Ehrenreich, *Complaints and Disorders*; L. Duffin, "The Conspicuous Consumptive: Woman as an Invalid" in S. Delamont and L. Duffin, eds., *The Nineteenth Century Woman*; J. S. and R. M. Haller, *Physician and Sexuality in Victorian America* (Urbana, Illinois, 1974).

[26] Nanibala Dasi, *Antahpur*, 7, 1.

and maternal mortality rate, women began to turn to doctors for solutions. Dr. Jadunath Mukherji, author of *Dhātri siksā*, the best seller on midwifery first published in 1867,[27] advertised his skills as accoucheur, physician, and surgeon. He saw lady patients at his house in Bowbazar Street between 2 and 4 p.m. daily.[28] There is no evidence that during this period doctors achieved any substantial lowering of the mortality rate among *bhadramahilā*, but the increasingly frequent use of their services showed a desire to alleviate the suffering of childbirth by taking advantage of new medical techniques. A textbook for medical college students first published in 1868 showed the uses of surgery in obstetrics, including detailed diagrams explaining how to carry out a forceps birth or a caesarian using surgical instruments.[29]

Despite their medical knowledge, doctors called in to manage cases in *bhadralok* families were often unable to diagnose or treat complications in pregnancy. In 1874 Saudamini Ray was treated by doctors for chest and back pains, but they could not find the cause of her illness. They were unable to tell that she was about to give birth to twins. After the birth, the placenta did not follow as it should have, and Saudamini was in such agony that she begged her husband not to prolong her life by any further treatment. The placenta was eventually expelled, but Saudamini did not survive. A European doctor was called in to attend her, but could do nothing.[30] In 1896, Pramodini Haldar had heart failure as she was about to give birth. A European doctor and a midwife were both called in, and helped deliver her of a son, but she died.[31]

The latter case showed the continued dependence on the

[27] It was in its third edition by 1875. *Bengal Library Catalogue of Books—Quarterly Appendix to the Calcutta Gazette*, 1875, I. He also wrote *Sisu sarīr pālan*, on child rearing, in 1874.

[28] *IMS*, 30 March 1879.

[29] Annada Charan Khastagir, *A Treatise*.

[30] Rakhal Chandra Ray, *Jīban bindu*, pp. 123-129. Kailaskamini, wife of Umesh Chunder Dutt, died of anaemia in 1898 because she was pregnant with twins. Rajanikanta De, *Caritamādhurī (Chayjan brāhmikā sādhbīr jībanābhās)* (Calcutta, 1919), p. 21.

[31] Satakari Haldar, *Pūrbba smriti*, pp. 20-30.

midwife while the modern knowledge of the doctor was also used. There was still great demand for the services of a midwife because her fee was much lower than that of a doctor. A midwife also had the advantage of being able to have close physical contact with women. An article on midwifery in the *Bāmābodhinī Patrikā* in 1868 raised the question of whether the midwife should stay with the patient after having ascertained readiness for delivery by a digital examination of the cervix. The answer was no if the midwife was a man (male-midwife presumably meaning a doctor), but yes if it was a woman, because the patient would not be ashamed to perform any bodily functions in front of her.[32] In fact, this answer demonstrated that the permissible contact between a woman and a male doctor was considerable, if this was the only point at which he was excluded.

The introduction of retraining programs for midwives was an attempt to combine practical experience and scientific knowledge. Despite her experience, a midwife was often ignorant of basic sanitary principles. The Calcutta Medical College Hospital and the Mitford Hospital in Dacca first opened courses for midwives in 1870.[33] A European midwife attended the delivery of R. C. Dutt's third daughter in 1873—an instance of compromise between a traditional midwife and a doctor, as well as a status symbol.[34]

One way of improving health conditions was for mothers themselves to know something of the new medical principles. In 1857, the first of a continuing stream of mother and child care manuals, based generally on English prototypes, appeared under the title of *Sisu pālan*, subtitled *Infant Treatment*. The author, Shib Chunder Deb, claimed that the "ignorance on the part of Hindoo females of the Proper management of infants, and the great mortality which arises from this cause" compelled him to write the book.[35] His own

[32] "Dhātrī bidyā," *BP*, 3, 55 (March 1868). See also J. H. Miller, " 'Temple and Sewer,' " pp. 29, 34, on "man-midwifery" in England.

[33] "Dhātrī bidyālayer bibaran," *BP*, 6, 89 (January 1871).

[34] S. Sen, *Memoirs*, p. 54.

[35] Shib Chunder Deb, *Sisu pālan*, I (Serampore, 1857), iii. The preface was

4. Saratkumari Deb (1862-1941), daughter-in-law of Brahmo reformer Shib Chunder Deb.

experience of having lost two sons because of the ignorance of midwives, inadequate conditions for birth, and the lack of after-care was a contributing motive.[36] He was not a doctor, but had adapted Andrew Combe's *Treatise on the Physiological and Moral Management of Infancy* to the circumstances of Hindu society in an "easy and familiar style."[37]

This work, and those that followed it, recommended re-

written in English, possibly to draw British attention to Bengali efforts at self-improvement.

[36] Saratkumari Deb, *Āmār sangsār* (Calcutta, 1942), p. 2. Saratkumari was Shib Chunder Deb's daughter-in-law.

[37] Shib Chunder Deb, *Sisu pālan*, p. iii.

forms and made knowledge of the need and means for improvement known to the *bhadramahilā*. A manual of general instruction for women, published in 1862, stressed the importance of prenatal care.[38] Shib Chunder Deb recommended extensive changes in arrangements for the *sutikāgriha*. He said that it should be removed to a higher floor, where there was some movement of clean air to ventilate it, and where conditions could be dry and sunny. Later manuals echoed him in this matter. The first of a series of articles on midwifery in the *Bāmābodhinī Patrikā* was on the *sutikāgriha*, advising that it should be situated on the second story of the house in a place that was neither too dark nor too windy. The room should have windows that allowed the passage of fresh air from north to south, should get plenty of sun, and be removed from any smelly, unsanitary places.[39] Care was to be taken in opening and shutting doors to prevent sudden draughts.[40] A fire should be kept going in cold weather, but it should be a wood or coal fire rather than cowdung. It was to be lit outside the room so as to control the amount of smoke.

Before literacy among the *bhadramahilā* had become widespread, however, initiative for improvement of conditions came from men, who had some knowledge of alternative possibilities. Durga Mohan Das had read many books on childbirth. When his wife gave birth to their first child in 1861 he decided that he could not subject her to the rigors of the *sutikāgriha*. Instead, he let her lie on his own bed, on a mattress, to the consternation of his family.[41] In 1872 the Tagore family's *sutikāgriha* was a sunny room on the third floor of their Jorasanko house.[42]

The new medical wisdom laid down that a mother should not remain in the *sutikāgriha* for longer than one week, but it is not known how many families would have dared to defy

[38] Mohendracandra Gupta, *Strībodh*, pp. 60-65.

[39] "Dhātrī bidyā," *BP*, 3, 52 (December 1867), and Mohendracandra Gupta, *Strībodh*, p. 63.

[40] *Soi* (Calcutta, 1890), p. 142, section on "Gārhasthya bidyā," hint 49.

[41] Sarala Ray Centenary Committee, *Sarala Ray*, p. 85.

[42] Sarala Debi, *Jībaner jharāpātā*, p. 1.

traditional taboos on this matter. Injunctions such as the following would have been easier to observe: a woman was to be allowed to wear warm clothes, and was to take care with her diet; traditionally approved foods such as pepper, lime, hot ghee, fish, meat, *roti, luchi,* and *parotā* were considered harmful; a medically recommended diet included milk, arrowroot, barley, sago, boiled rice, and *mug dāl* broth. In extreme cases, brandy could be taken for relieving pain.[43] By the turn of the century, although women's health during childbirth had not yet markedly improved, there was some recognition of the importance of postnatal care.

Progressive *bhadralok* husbands took a close interest in the health of their wives, and ignored the period of ritual impurity after birth. Rakhal Chandra Ray was by the side of his wife Saudamini when she died in childbirth. Pramodini Haldar's husband was with her for a tender farewell when she died after giving birth to a son.[44]

The *bhadramahilā* were encouraged to take up midwifery themselves. There was no dearth of literature to instruct them. Had they absorbed all that was available, they would have been extremely well qualified. Bengali women were less hampered by false notions of delicacy than their English contemporaries, and therefore had access to fuller information. In England in 1854 the publication of *Female Physiology* by Dr. Sturt elicited the following comment from a reviewer in the leading medical journal, *The Lancet*:

> What? Is it to be tolerated that a medical practitioner, a man above all others who should be imbued with true modesty . . . shall unblushingly give to the ladies of England drawings of the vagina, uterus, spermatozoa, various stages of labour etc. . . . I was nauseated by the task of perusing this offensive volume.[45]

[43] "Dhātrī bidyā," *BP*, 4, 59 (October 1868); Nanibala Dasi, *Antahpur*, 7, 1; "Sutikā-griha," *Antahpur*, 5, 7.

[44] Rakhal Chandra Ray, *Jīban bindu*, and Satakari Haldar, *Pūrbba smriti*.

[45] L. Duffin, "The Conspicuous Consumptive," p. 46.

This kind of prudery could have been detrimental to women's health. Fortunately, Bengalis were not plagued by an inability to reconcile the anatomical facts of pregnancy with the pure state of motherhood.[46] In 1867 the *Bāmābodhinī Patrikā* published a series of detailed and informative articles on midwifery, covering pregnancy, its symptoms and treatment, and delivery.[47] An article in the same journal in 1872 published essential information for a pregnant woman on the growth and development of the fetus. Illustrations in black, white, and red showed the fetus from the time of conception through each month of pregnancy.[48] Manuals on household hints, and collections of essays for the purpose of female education, generally contained sections on midwifery.[49] Doctors wrote more detailed books of advice for expectant mothers.[50]

Mothers took notice of the new information insofar as they could. The first practical test of the efficacy of the new theories was the birth of the son of Shib Chunder Deb, author of *Sisu pālan*. He was born prematurely, when his mother had only completed the seventh month of pregnancy. At that unexpected time all the other women in the family were away on a pilgrimage. The child was delivered "scientifically," and reared according to the rules laid down in his father's book. This shocked the women of the neighborhood, skeptical of a man's claim to expertise in these matters, but Shib Chunder's wife followed her husband's advice with good results, and proved their scorn to be groundless.[51] Kumudini Sinha tried to rear her children by following the rules of health laid down in Dr. Annada Charan Khastagir's manual for women. She even committed some sections of the book to memory.[52] A *bhadramahilā* helping with a delivery early this century fol-

[46] For an interesting discussion of this dichotomous view of women in Victorian England see J. H. Miller, " 'Temple and Sewer.' "

[47] *BP*, 3, 4 (1867-1868).

[48] "Mātrigarbha o garbhasisu," *BP*, 8, 109 (September 1872).

[49] *Soi*; Pyaridas Sarkar, *Strī siksā*.

[50] Pulin Sanyal, *Saral sisu pālan* (Calcutta, 1885).

[51] Saratkumari Deb, *Āmār sangsār*, pp. 1-3.

[52] *Kumudinī-caritra*, pp. 28-29.

lowed the "modern" practices of bandaging the mother's stomach soon after birth, disinfecting the vaginal area with antiseptic lotion, and bathing the newborn infant with soap immediately after the birth.[53]

Unfortunately, there is no direct evidence that would prove conclusively that the kind of knowledge demonstrated by women in these instances filtered down to the majority of the *bhadramahilā*.[54] However, there is enough inferential evidence to believe that this was the case. *Bāmābodhinī Patrikā*, which often carried articles on midwifery and child rearing, had a circulation of over 1,000 by the mid-1880s. The actual readership would have been much greater than the number of subscribers alone would indicate. Books on medical care, hygiene, and simple midwifery, written especially for women, were printed in runs ranging from 500 to 2,000 copies, and often went into many editions.[55] Available knowledge was certainly widely disseminated, although practice may have been slow to change in accordance with new theoretical principles. For the most part, recommendations were of the kind that could be adopted without too great a break with tradition. These reforms were essentially improvements of a utilitarian nature that did not conflict with women's traditional role, although they may have helped alleviate her suffering. The changes reflect a desire on the part of educated Bengalis to benefit from modern scientific knowledge, and a growing humanitarian concern for the welfare of mother and child.

[53] Renuka Ghose, *Sarojinī-carit* (Calcutta, 1936), pp. 71-72. However, in 1914 Sudha Mazumdar found when giving birth that most of the "traditional" practices referred to earlier were still carried out. S. Mazumdar, *A Pattern of Life*, p. 130.

[54] Jay A. Mechling, in "Advice to Historians on Advice to Mothers," *Journal of Social History*, 9, 1 (Fall 1975), cautions against using childcare manuals as either reflecting or causing child-rearing patterns. In his view, manuals reflect the values of the writers, and can only be used to generalize about social beliefs. This would certainly largely be true of nineteenth-century Bengal. However, biographical evidence shows that some women did try to follow the advice given in manuals.

[55] *Bengal Library Catalogue*, from 1867 onward.

Contraception and family size

Childbirth was such a risky venture throughout the nineteenth century, and so detrimental to the health of the mother, that it is not surprising that many women preferred to have longer intervals between pregnancies. Direct information on their methods of avoiding child-bearing is scarce, but can be pieced together from diverse sources.

Research has shown that both the rising economic and social aspirations of the middle class, and "domestic feminism," or the desire of women to control their own fertility, were factors in the adoption of contraception to limit family size in nineteenth-century England.[56] The *bhadralok* also aspired to a middle-class style of life, characterized by expenditure on long-term benefits with little immediate return. The education of sons to a tertiary level, and the education of daughters were considerable expenses. The pain and misery of childbirth would have made the *bhadramahilā* reluctant to repeat the experience very frequently. At the same time, other factors worked against these reasons for limiting family size. The high rate of infant and child mortality tragically diminished the number of children in a family. For instance, the wife of Brahmo Kalinarayan Gupta bore sixteen children, of whom six died in infancy and early childhood.[57] Annapurna Cattopadhyay had ten children, but two were stillborn and one died after a few weeks.[58] The traditional association of status with the ability to display wealth made a large family a symbol of prosperity. The *bhadralok* may have been caught between the urge to display status by having a large family and the desire to give each member maximum opportunities by limiting family size.

Universal medical ignorance over the process of conception made effective contraception impossible in the nineteenth century. There was total confusion regarding the "safe period."

[56] See J. A. and O. Banks, *Feminism and Family Planning in Victorian England* (Liverpool, 1964), and A. McLaren, *Birth Control in Nineteenth-Century England* (London, 1978).

[57] Bangkabihari Kar, *Bhakta Kalinārāyan Gupter*, p. 19.

[58] Srimanta Cattopadhyay, *Annapūrnācarit* (Calcutta, 1893), *passim*.

What was then designated as such has since been proved to be the time most likely to result in conception. Nineteenth-century doctors calculated that conception took place shortly after menstruation.[59] Bengali marriage manuals all gave the same misleading information on the connection between menstruation and pregnancy. One method of ascertaining pregnancy attributed to "European scholars" was that a woman must have had intercourse during her menstrual period.[60] An article on menstruation in the *Bāmābodhinī Patrikā* warned women not to sleep with their husbands during menstruation or for three or four days before or after, because of the likelihood of pregnancy.[61] Scientific prohibitions were reinforced by the *Laws of Manu*, which prohibited intercourse during the first four days of menstruation because of ritual impurity.[62] A manual written as late as 1908 fixed the "sterile week" at precisely the most fertile period—from 14 days after one menstrual period to five days before the next.[63]

Nonmedical methods such as condoms, pessaries, and douches were more effective, but may not have been readily accessible to the *bhadramahilā*. They could also cause various infections.[64] It is likely that there were traditional methods of birth control that would have been widely known. The 1901 Bengal census commented on the falling birth rate, and speculated that one reason for this was the "deliberate avoidance" of child-bearing.[65] Prolonged nursing, known to be connected

[59] J. S. and R. M. Haller, *The Physician*; A. McLaren, *Birth Control.*

[60] Jogendranath Mukhopadhyay, *Jībanraksā*, p. 38.

[61] "Ritur abastāy ki ki niyom pālan kariya calā ucith," *BP*, 2:1, 180 (January 1880); Surjanarayan Ghose, *Boijnānik dāmpatya-pranālī*, p. 35; Jogendranath Mukhopadhyay, *Jībanraksā*, p. 20.

[62] Kedarnath Sarkar, *Ritu-raksā*, p. 3.

[63] M. E. Staley, *Handbook*, p. 94.

[64] *Ibid.*, pp. 93-94 mentioned the harm caused by greasy, germy pessaries, injections of cold unsterilized water with solutions of strong drugs, or mechanical devices impossible to sterilize. She recommended a douche of warm sterilized water with a solution of boracic acid, Lysol, or Creolin.

[65] Bengal Census, 1901, part II, pp. 215-221. It was said that the family of the landless laborer could only be smaller than that of the cultivator because of preventive methods. Among cultivators, family size varied with the size of the holding. This also illustrated the fact that in traditional society, a large family was a sign of prosperity.

with the delayed resumption of the menstrual cycle after birth, was very common in Bengal. Postpartum abstinence also helped to space births.[66] Abortion was also used as a means of birth control. A letter in the *Statesman* in 1878 from a "medical man" referred to the prevalence of abortion and infanticide in Bengal, in cases where pregnancy was the result of an illicit liaison.[67] In 1901, the *Dāccā Prakās* reported a case of a fifteen- or sixteen-year-old girl who had been made "enceinte" [sic] by a wealthy man. He procured an abortion for her "by the application of some drug," but she died three days later.[68] Other evidence shows that methods of abortion were known and practiced. Books on abortion were available.[69]

Despite the use of contraception by various sections of the population, birth control was never a public issue in nineteenth-century Bengal. The Malthusian debate going on in England was known to some of the *bhadralok*, and had come into brief prominence in 1883, after Moncure Conway visited India. He had recommended the adoption of Malthusian population control, which he defined as the exercise, by a couple, of "common sense, prudence, and self-restraint, while studying carefully the physiological and moral laws of their own constitution"—presumably meaning abstinence and the so-called "safe period."[70] Apart from this the issue was ignored.

Motherhood redefined

Even if contraceptive methods were used to space births, the major part of a woman's life was still taken up with childbirth and child rearing. Her chief role and occupation had always

[66] Jogendranath Mukhopadhyay, *Jībanraksā*, p. 38; Surjanarayan Ghose, *Boijnānik dāmpatya pranālī*, pp. 65-66.

[67] "100 Years Ago," *Statesman*, 13 September 1978. The correspondent referred to Dr. Norman Chevers' *Medical Jurisprudence* for evidence.

[68] *Dāccā Prakās*, 25 August 1901 in *RNNB* 31 August 1901.

[69] See *Bengal Library Catalogue*, 1875, II—*Garbhinī bāndhab* and 1885, III—*Nārī jīban*.

[70] The debate went on in the *Liberal and New Dispensation*, 13 April 1884, attacking Conway. He replied in the issue for 8 June 1884. See also a letter from A. D. Tyssen, London: "A Pilgrimage to Malthus," in *IMS*, 19 December 1880.

been to bear and rear a family. In the west, the nineteenth century saw the culmination of a redefinition of both motherhood and childhood. As middle-class women had no productive function in the economic system, motherhood was elevated into a full-time occupation. Increasingly it was stressed as the noblest function of woman, not to be approached casually but with semi-religious awe.[71] The child was a miracle of creation, care of whom required "more gentle handling, and thought, and knowledge, than that of keeping in repair a beautiful chronometer,"[72] a precious gift entrusted to the mother by God. In a time of rapid social change, the role of mother was sacralized and made into an emblem of the security of the family in the face of external upheaval. Both child and mother were symbols of unblemished innocence, in contrast with the impurity of the world at large.

The traditional Hindu reverence for the concept of mother made the *bhadralok* particularly receptive to the Victorian elevation of motherhood. The role of the mother was pivotal in leading the way from "superstition" to "enlightenment" in a situation in which modernization and the advance of "civilization" were seen as future goals. Motherhood as a woman's duty was not a new idea, but the way that duty was defined differed. Duty was to go beyond simple loving care and guidance by chastisement. Child rearing, with the production of an enlightened citizen as its aim, was a solemn burden. The fulfilment of this aim necessitated the absorption of new theories of child care, adapted mainly from Victorian models and modified by the vastly differing traditional family system upon which they were imposed. The traditional mothering role seemed inappropriate to a society in which children were to be educated by English methods, and was thus redefined to suit the new circumstances. The elevation of motherhood in this way gave the *bhadramahilā* an enhanced sense of purpose and boosted their self-esteem. Moreover, it was a means of bring-

[71] P. Branca, *Silent Sisterhood*, chapter five.
[72] P. H. Chavasse, *Counsel to a Mother*, p. 3.

ing them into the same mental world as the *bhadralok*, and a recognition that they shared the responsibility of shaping the future under colonial rule.

A writer in the *Bāmābodhinī Patrikā* blamed the structure of the joint family for Bengali failings of cowardice, dependence, laziness, and apathy. The need for change within the family was pointed out:

> In these times, if a new family and social organization are not laid on the foundations of a pure ethical system, then the old stability of Hinduism will not be seen again. The need for family order is even greater than the need for social order, because the foundation of the lives of men and women are laid in the family, and those patterns continue throughout their lives.[73]

The influence of mothers upon the great men of history was a popular theme in didactic literature in nineteenth-century Bengal.[74] The idea of filial duty, already strong in the Hindu family, was matched by a newer idea of parental duty. Traditionally, parental duty was implicit, expressed in the socialization of the child through domestic duties and religious rituals. Different expectations of the goals of life required a conscious adoption of new methods of socialization. A paper on "The Educated Natives of Bengal; their position and responsibility," read to the Bethune Society in 1869 by Gopal Chandra Dutt, criticized the traditional father in terms that could also be applied to the mother: "It is not given to him to think of the responsibilities which devolve upon a parent of qualifying his children for the duties of life. . . . He calculates only upon the objections of filial duty. It never occurs

[73] "Sāmājik ebang paribārik sāsan," *BP*, 8, 108 (August 1872).

[74] Nagendrabala [Saraswati] Mustaphi, Cuttack, "Samājonnatite nārī-jāti," *BP*, 8:1, 498 (February 1905); "Strījātir bises kārjya," *BP*, 4, 59 (July 1868); Sukatara Datta, "Madālasā bā ādarsa jananī," *Antahpur*, 2, 14 (February 1899). This was also a popular theme in England. See C. A. Halsted, *The Obligations of Literature to the Mothers of England* (London, 1840).

to him that the duty is mutual. It is enough that he has given birth [sic] to children."[75]

Bengali mothers needed to be schooled to a realization of their new responsibility and importance. An English female well-wisher who had established a correspondence with some Brahmo women wrote in one letter: "You said that you are unable to accomplish any good work, but here in England when a woman marries and becomes a mother the training of a child to be tender, obedient, loving and full of zeal for learning is considered more important than anything else."[76] By the end of the century, the *bhadramahilā* had fully internalized the "grave responsibility" of motherhood.[77] It was endowed with importance on a national scale. The significance of motherhood had expanded beyond being merely a home function to being a public duty:

> Even though we are women and we are weak, when God has given us such great responsibility he will also give us the necessary strength. For better or for worse, the future of society and of the nation rests on these children of ours. If they are properly educated then the nation will follow the path of progress. . . . Therefore, sisters, come let us join together and give of our strength to fulfil this great vocation, and though we are weak, let mutual co-operation give us collective strength.[78]

New methods of childcare

Childcare manuals and numerous articles in periodicals, especially women's journals, conveyed the specific means of building a healthy and enlightened generation. In 1885 a monthly journal devoted to infant management and the treatment of disease by European and native methods began pub-

[75] Bethune Society, *Proceedings*, p. 192.
[76] "Bilāter patra," *BP*, 6, 86 (October 1870).
[77] "Jananī," *Antahpur*, 1, 3 (April 1898).
[78] Saralabala Debi, "Santān-siksā," *Antahpur*, 4, 9 (October 1901).

lication.[79] The literature covered all aspects of child rearing from infancy to around five years of age. The proliferation of advice would indicate that women were in need of guidance in an area that had never previously been perceived as problematic. For many women, especially those who had separated from the larger joint family to accompany their husbands, there was a real need for very basic guidance on childcare. For others to whom the advice of generations of older women was available, the manuals performed a "modernizing" function, often explicitly condemning traditional practices and urging the adoption of new methods.

Breast feeding may be singled out as an issue symptomatic of the conflict between old and new advice. The advantages of modern ideas on the duration and regulation of breast feeding, and the disadvantages of traditional ones, were widely discussed. Both traditional wisdom and modern advice shared the view that all mothers should breast feed. New writers advised women to systematize breast feeding in a quasi-scientific manner, but warned them against giving it up altogether.

The employment of a wet nurse for feeding infants had been routine practice in Europe until the late eighteenth century.[80] Although in some countries it continued until much later, it was dying out among middle-class women in England by the mid-nineteenth century.[81] Despite this, the Bengali stereotype of Englishwomen typified them as regarding breast feeding as degrading. The *bhadramahilā* was warned against falling under English influence in this matter.[82] The stereotype may have been based on the persistence of wet-nursing among the ar-

[79] *Bengal Library Catalogue*, 1885, II—*Prasūtisiksā nātak*, edited by Pramatha Nath Das. The summary of contents noted that it seemed especially designed for Bengali ladies, and was written in the form of a dramatic dialogue.

[80] L. DeMause, "The Evolution of Childhood," in L. DeMause, ed., *The History of Childhood* (New York, 1974), pp. 34-35.

[81] *Ibid.*, p. 35; P. Branca, *Silent Sisterhood*, pp. 100-101. Branca points out, however, that there is no clear statistical evidence on this.

[82] *Bhāratī*, February 1878; "Sisupālikā," *Gārhasthya*, 11 (1886).

istocracy, and also by the public exposure of the practice of "baby farming" in England in the early 1870s.[83] It may also have been common for English women in India to employ wet-nurses.

In Bengal wet-nursing was not simply a caricatured form of Anglicization, but was an established practice among the wealthy.[84] However, in the nineteenth century general opinion was solidly in favor of breast feeding by the mother alone. Women were only to resort to a wet-nurse if they were too ill to feed the child themselves.[85] Even then, bottle feeding, in special bottles obtainable from "any good dispensary," was regarded as a preferable alternative.[86] There is scant evidence on how women themselves felt about breast feeding. It was said that when a European doctor forbade the wife of Brahmo district official Ananda Mohan Barddhan to breast feed because she was pregnant with her next child, she was extremely upset.[87]

In practice, resorting to wet-nurses was not common among the *bhadramahilā* and was therefore not a matter worthy of the attention it received in England. According to doctors, Bengali mothers were guilty not of neglecting the feeding of the child, but of breast feeding it too frequently and weaning it too late. In the west, nursing beyond two years had always been exceptional.[88] By the nineteenth century, an authority such as Mrs. Beeton's *Book of Household Management* recommended nine to fifteen months of nursing.[89] In Bengal, children were commonly breast-fed for three, four, or even

[83] See a discussion of "baby farming" as a consequence of women entering the work force in "Strīganer sāmājik sambandha o adhikār," *BP*, 8, 112 (December 1872).

[84] Sarala Debi, *Jībaner jharāpātā*, p. 1.

[85] *BP*, 8, 108 (August 1872).

[86] *Bhāratī*, March 1878.

[87] Kusummala Datta, *Swargīya Ānandamohan Barddhan Mahāsayer jībaner katipoi smriti* (Tippera, 1927), p. 27.

[88] L. DeMause, "The Evolution," p. 35.

[89] P. Robertson, "Home as a Nest: Middle Class Childhood in Nineteenth Century Europe," in L. DeMause, ed., *The History of Childhood*, p. 410.

five years.[90] Medical opinion declared that prolonged breast feeding was responsible for deteriorating health in mothers and children, and tried to encourage a lower weaning age. Preferably this was to be around one year, or a few months later if the infant were weak, but not beyond the age of two.[91] One European woman doctor in India, attempting to explain prolonged nursing habits, observed that the conditions of life of Indian women made them better able to breast feed than European women. Whereas an Englishwoman was unable to nurse her child for more than nine months because of the mental and physical strain it imposed on her, the sedentary and secluded life of an Indian woman was such that she could safely continue to nurse for up to twelve or fourteen months.[92] Another European doctor disagreed, stating that *antahpur* women were less likely to be able to breast feed than women who did outside work.[93] In his autobiography, Sibnath Sastri recounted how tensions within the joint family caused his mother's supply of milk to dry up, with the result that he became seriously ill.[94] The strains of breast feeding were not readily acknowledged, although there were numerous side effects that could cause considerable discomfort.[95]

As noted earlier, the practice of prolonged nursing was used by Bengali women as a means of spacing births. They may not have welcomed the injunction to wean the child at nine months, since it opened up the prospect of more frequent pregnancies. Even in England doctors used the contraceptive

[90] P. Chapman, *Hindoo Female Education*, p. 13; Shib Chunder Deb, *Sisu pālan*, 1, 91; Hemangini Kulahbi, "Aniyamit stanya dān," *Antahpur*, 8, 1 (May 1905).

[91] *BP*, 8, 108 (August 1872); Surjanarayan Ghose, *Boijnānik dāmpatya pranāli*, p. 113; Dr. Cleghorn of Lucknow, "Bhāratbarse sisupālan," *Mahilā Bāndhab*, 2, 14 (July 1887).

[92] M. E. Staley, *Handbook*, p. 225.

[93] Dr. Cleghorn, *Mahilā Bāndhab*, 2, 14.

[94] Sibnath Sastri, *Ātmacarit*, pp. 8-9.

[95] P. Branca, *Silent Sisterhood*, pp. 103-104, mentioned that Mrs. Beeton recognized that "lactation is always an exhausting process," and cited the problems of milk fever, engorged breasts, cracked nipples, and general fatigue.

aspect of breast feeding as an incentive for adopting it.[96] Faith in nursing as a form of birth control would help to explain the unusually long nursing period among Bengali women. Therefore it was either shortsighted or naive of medical advisors, who were predominantly male, to condemn the practice without suggesting any alternative forms of contraception. Unfortunately there is no biographical evidence on the age of weaning to establish whether the *bhadramahilā* followed this advice, which was, in respect to fertility control, working against their own interests.

Other medical advice was more readily acceptable. Women had often delayed initial feeding because the first milk was said to be harmful,[97] but in fact doctors said it served a useful function, cleansing the infant's bowels of accumulated waste. Traditionally feeding was delayed until the mother's milk started to appear, but doctors pointed out that if the child was put to the breast within six to twelve hours after birth, the milk would begin to flow freely.[98] Medical advice of this nature would have made breast feeding easier for the mother and bypassed the need for a wet-nurse or other temporary feeding measures.

A value that permeated and dominated the whole child-rearing process in the nineteenth century was the importance of a regular routine. This notion was applied to breast feeding, in an attempt to supplant the established practice of feeding the infant on demand. An article by one Hemangini Kulabhi on "irregular breast feeding" was published in *Antahpur* in 1905, warning women of the terrible consequences that could result if they were not fully mindful of their responsibility to feed according to a schedule. She claimed that infants had been known to die because they were given too much milk at their first feed, or if fed at night when the mother herself was still half-asleep. Even educated women were castigated for believing that the more milk an infant was given the better

[96] *Ibid.*, pp. 100-101.
[97] Dr. Cleghorn, *Mahilā Bāndhab*, 2, 14; *Bhāratī*, November 1877.
[98] Dr. Cleghorn, *Mahilā Bāndhab*, 2, 14.

its health would be. They were also found guilty of too readily interpreting the infant's cries as hunger pains, rather than as the result of other common causes of discomfort such as stomach aches. The writer's chief concern was to show that irregular feeding was harmful to the health of both mother and child. She recommended feeding every two hours for a newborn infant, lengthening the time between feeds as it grew older.[99] Another writer advised feeding every four hours, starting from 5 a.m. and going through to 10 p.m. If the infant cried at night it was not to be fed, but to have its diaper changed, be turned over, or be given a drop of water.[100] After weaning, a child could begin a diet of nourishing foods, eating four or five times a day but not at night. The "correct" diet excluded anything oily or unripe, and sweetmeats.[101]

A childcare manual directed mainly at English mothers in India emphasized that the absolute regularity and punctuality of a fixed routine were essential to the child's progress.[102] It is doubtful whether the clockwork functioning of an English nursery could ever have been applied in a Bengali family, where the fixed routine of daily activities was not rigidly measured by the clock. It would have been very difficult for a woman to institute a routine of childcare if it did not fit in with the routine observed by the rest of the family. It was only possible in a situation where the senior members of the family saw some value in the establishment of a routine. Shib Chunder Deb, anxious to carry out the precepts he had laid down to guide others, made sure that his son was fed at regular intervals, literally timed by the clock.[103] By the end of the century many ordinary Hindu *bhadramahilā* were following similar routines.[104]

[99] Hemangini Kulabhi, *Antahpur*, 8, 1; *BP*, 8, 108 (August 1872). See also Nandakrisna Basu, *Bāmābodh* (Calcutta, 1879), "Sisur sarīr pālan," pp. 55-61.

[100] *Bhāratī*, February 1878. Much of this advice is still current.

[101] "Sisuder āhār," *BP*, 2:2, 33 (May 1866).

[102] M. E. Staley, *Handbook*, p. 282.

[103] Saratkumari Deb, *Āmār sangsār*, p. 2.

[104] Renuka Ghose, *Sarojinī-carit*, p. 25.

Apparently Victorian reticence prevented much discussion of toilet training in England, but an article in the *Bāmābodhinī Patrikā* in 1872 was explicit in recommending that toilet training start from the age of three or four months. At this age the infant was to be taken out of bed for the purpose eight or ten times a night.[105] Following the routine suggested would have been a great strain on the mother, and it was unlikely that she would have responded favorably to this part of the new system of childcare. In any case, the joint family situation still common to most *bhadramahilā* meant that responsibility for child rearing did not fall on the mother alone. Therefore unless all family members were equally committed to the importance of a fixed routine, the system would have broken down when the child was out of the mother's direct care.

Another drawback of the new methods was that they were an added cost to the family, both directly and indirectly. Infancy, which had not previously involved any expenditure at all, now required the buying of diapers and feeding bottles, as well as the payment of doctor's fees. An article in *Bhāratī* stated plainly that the family which observed new methods of childcare would have to be prepared to spend money. A mother needed at least two dozen cotton and one dozen flannel sheets, among other things.[106] Indirectly, the fixed routine placed so many new demands on a woman's time that she would no longer have had as much time to do her normal household duties. The resolution of this would probably have meant that she coped with an extra burden rather than spending any money on hiring servants to take over her work. In a large family it may have been possible for her normal household duties to be done by other family members, but this was unlikely. She was expected to carry out her normal domestic duties with the child either within reach or being cared for by others. The child would have fitted in with the routine observed by adults in the household, rather than the reverse.

The new definition of motherhood gave the mother full

[105] P. Robertson, "Home as a Nest," p. 419; *BP*, 8, 108 (August 1872).
[106] *Bhāratī*, November 1877.

responsibility for the moral as well as physical management of her children. Their strengths and weaknesses were all attributed to her. Many English women felt this to be a burden,[107] but for the *bhadramahilā* the wider distribution of responsibility within the joint family would have lessened the pressure on her alone. The new responsibility was more likely to have been a source of strength, since a mother's status was enhanced by the attention paid to her role.

Praise for a mother's capabilities was less forthcoming than advice and criticism. Articles told her that not only was she to blame if her child did not turn into a reliable citizen,[108] but she was also guilty if it fell ill because she had carelessly allowed it to eat what it liked or had neglected to dress it properly.[109] From the time of pregnancy and nursing, a mother's state of mental as well as physical health was said to influence the child.[110] The *Indian Mirror* quoted with approval the words of an English mother, "I'm a missionary in my nursery; there six pairs of little eyes are watching me, and six little hearts are acquiring ideas of truth from my works as well as words," following them with the pious injunction, "It would be a happy day if an Indian mother could say as much."[111]

Shib Chunder Deb was again a pioneer in the field of literature on the moral training of children. In 1862, he added to his volume on the physical aspects of infant treatment with a second part on the moral management of infancy. His sources included selections from *Letters on Early Education* by Pestalozzi, the Swiss pioneer of new child rearing methods.[112] It was followed by a stream of books such as *Mātrisiksā* in 1871, and *Saral sisu pālan* in 1885.[113] Even a "Mohammedan work" on the duty of parents to children was translated into Ben-

[107] P. Branca, *Silent Sisterhood*, chapter six, "A New Model of Child Care."

[108] "Sisubinayan," *BP*, 2:1, 183 (April 1880); "Pitā mātār dāyitwa," *BP*, 2:2, 191 (December 1880). The latter held the father responsible as well.

[109] "Kusumhār," *Mahilā*, 3, 8 (April 1898).

[110] Pulin Sanyal, *Saral sisu pālan*, "Prasūtir prati upades."

[111] *IMS*, 1 June 1879.

[112] Shib Chunder Deb, *Sisu pālan*, II (Calcutta, 1862).

[113] See review of *Mātrisiksā* by Gangaprasad Mukhopadhyay in *BP*, 7, 93 (May 1871), and Pulin Sanyal, *Saral sisu pālan*.

gali.[114] The writings of Herbert Spencer and Samuel Smiles were referred to for additional authority on the importance of instilling moral principles from early childhood.[115]

Childhood as an age of innocence

In the west, the nineteenth century saw the culmination of a new idea of childhood that had its origins in the fifteenth century.[116] The child was seen as an innocent being, to be protected against the corruption and moral laxity of the world by strict discipline and careful moral instruction. The Victorian writer of a manual of *Counsel to a Mother* described childhood thus: "the happiest time of life [is childhood,] before sin has blotted and smutched a child's pure and innocent mind, and before care has wrinkled and ploughed up his fair brow, and when all is blooming, bright, and beautiful."[117] In Bengali society, children were coddled and indulged for the first few years of life, but then assumed adult responsibilities in relation to the succeeding infant. They were disciplined by physical punishment rather than by moral admonition. They were not presumed to be pure, nor were they separated and excluded conceptually from the world of adults. Childhood was for them a brief but enjoyable phase of life, from which they gradually assumed responsibilities of their own in the family hierarchy. The division between child and adult was even less marked for girls than for boys. Whereas a boy would go to school for many years before taking up an occupation, a girl was trained from an early age in the domestic duties she would be expected to fulfil throughout her life. For her the transition in status was marked by marriage and taking up residence in her husband's home.

The new idea of childhood was taken up by the Bengali

[114] See review of *Sisusantānganer siksā bisaye pitā mātār kartabya*, translated by Girish Chandra Sen, *BP*, 12, 153 (May 1876).

[115] Candicaran Bandopadhyay, *Mā o chele* (Calcutta, 1887).

[116] P. Ariès, *Centuries of Childhood*, English tr. (London, 1962).

[117] P. H. Chavasse, *Counsel to a Mother*, p. 66.

5. Amala (1891- ?) and Santipriya (1885-1933), children of Saratkumari Deb. They had a "progressive" upbringing as part of a Brahmo family. Note their Anglicized clothes, including boots and stockings.

bhadralok, especially the Brahmos. They were attracted by the emphasis on morality in the education of the child. As education for both sexes became more widespread, and extended for a longer duration, the idea of the child as a separate entity was reinforced. Journals especially for children were

started. Keshub Chunder Sen edited the children's magazine *Bālak Bandhu* from 1878. *Sakhā*, a monthly for children, was started by a young Brahmo in 1882.[118] Jnanadanandini Debi edited *Bālak*, an illustrated monthly for children, from April 1885. A year later it was incorporated into the adult journal *Bhāratī*.[119] Ladies of the Sadharan Brahmo Samaj edited *Mukul* for children from 1895,[120] and an illustrated monthly magazine for girls, *Sakhī*, was started in 1900.[121] Punyalata Cakrabarti, daughter of the well-known author of children's books Sukumar Ray, remembered how she used to enjoy reading *Mukul*. It was attractively printed, and full of stories and poems, simple explanations of scientific findings, travel tales, biographies, and jokes.[122] The women's journal *Antahpur* tried to have a regular children's page, with illustrated nursery rhymes and stories.[123] A new genre of children's literature was created. Stories familiar through the oral tradition were published in abridged versions made "suitable" for children. The *Choto Rāmāyan* and *Choto Mahābhārat* were very popular among children of the *bhadralok* first learning to read.[124]

Brahmos had separate organizations for children, which combined entertainment with a strong dose of moral guidance. Both the Band of Hope and the Sunday School Movement

[118] Sibnath Sastri, *History of the Brahmo Samaj*, 2nd ed. (Calcutta, 1974), pp. 302-303. From 1885 it was edited by Sastri himself, then from 1887-1893 by Annada Charan Sen.

[119] She had hoped that the children of the Tagore family would run it entirely with their contributions, but as that was not enough, she made it up with her own compositions and those of Rabindranath. Brajendranath Bandopadhyay, *Sāmayikpatra-sampādane banganārī* (Calcutta, 1950), p. 8; Rabindranath Tagore, *Reminiscences* (Madras, 1971), pp. 242-243.

[120] Sibnath Sastri, *History of the Brahmo Samaj*, p. 334.

[121] National Library, Calcutta, *Catalogue of Bengali Books*.

[122] Punyalata Cakrabarti, *Chele belār din guli*, 2nd ed. (Calcutta, 1975), pp. 33-34.

[123] For instance "Gowālā bou" in *Antahpur*, 4, 4 (May 1901). A footnote explained that *Antahpur* aimed to provide for the entertainment and instruction of children, as well. That had been done in its first year, but had not been kept up in the second and third years, and was therefore starting again.

[124] Punyalata Cakrabarti, *Chele belār din guli*, p. 35. Her father wrote and illustrated these books.

were started in Calcutta for Brahmo children. The Sunday School children had their own miniature hymn book of selected Brahmo songs.[125] Many Brahmos were impressed by the kindergarten movement in Europe. When Sibnath Sastri visited England he bought all the literature he could find on the subject, including a biography of Froebel, founder of the movement.[126]

Writers became eloquent in echoing Victorian sentiments on the pristine state of childhood innocence: "When a child drops from heaven like a pure blossom it is untouched by the corrupt winds of the world. Then both its body and mind are as malleable as clay and can be shaped with ease."[127] To maintain this original state of grace, special care had to be taken to instil moral principles from an early age.[128] The child was to be treated as a rational being, but one with a simplified understanding. Reasons for beliefs and morality had to be explained to it, but in uncomplicated terms. Hindu parents may not have felt the same need to instil religious beliefs in their children that Brahmos did, being able to rely on their absorbing them through established rituals pervasive in daily life. However, for the stabilization of a new creed such as Brahmoism, the specific inculcation of the principles it represented was necessary. In Brahmo households, children said daily prayers for their own betterment. Bibhubala, daughter of Umesh Chunder Dutt, said the following prayer every morning: "Oh God, I thank you for keeping me safely throughout the night, and I pray that today you will keep me well and make me a good girl."[129] Lilabati Mitra taught her

[125] [Sadharan Brahmo Samaj], *Sangīt-mukul*, 2nd ed. (Calcutta, 1886).

[126] Sibnath Sastri, *Ātmacarit*, p. 175; *IMS*, 27 April 1879; 18 May 1879. By 1904, the kindergarten system had been introduced in Bengal, and *Bangīya kindergarten* was an approved vernacular textbook. See *Hitabādī*, 9 September 1904 in *RNNB* 17 September 1904; *Hitabādī*, 4 December 1904 in *RNNB* 10 December 1904.

[127] Saralyamayi Dasi, "Sisusanggathan," *Antahpur*, 1, 2 (January 1898).

[128] "Gārhasthya bisaye naranārīr kartabya," *BP*, 6:3, 401 (June 1898); "Mātār prati kayekti upades," *BP*, 11, 150-151 (March-April 1876); "Bālak dharmmārthīdiger prati," *BP*, 8:2, 502-503 (June-July 1905).

[129] "Sukanyā Bibhubālā," *BP*, 7:2, 441-442 (October-November 1901).

children to say prayers of thanksgiving and safekeeping on waking in the morning, before meals, and before bed at night. When they reached the age of six or seven they were sent to Sunday school.[130]

Numerous articles stressed that the mother should make a concerted effort to take the responsibility for child rearing into her own hands. Writers disapproved of the care of children by servants, which was common practice in wealthier households,[131] both because it was regarded as a dereliction of duty and because servants were thought to perpetuate the old system of child rearing based on threats and superstition.[132] Supposedly less scrupulous than mothers, servants were known to use opium to stop a child's cries and put it to sleep.[133] Servants, and "old-fashioned" mothers, were accused of using fear as a disciplinary force, a practice frowned upon in the later nineteenth century as scarring the child's future perception of life.[134] The bogey of ghosts or spirits was commonly used as a threat to ensure good behavior.[135] The harm this did to children was said to be the cause of characteristic Bengali timidity.[136] New disciplinary methods stressed honesty and openness, which were seen as the triumph of reason over superstition.

The central position accorded to the child in the new idea of the family affected the conduct of the parents. They had to regulate their behavior to make sure that they never set a bad example to the child. Moralists instructed parents not to quarrel in front of their children, to show their anger openly, or to scold their children in front of strangers.[137] Children

[130] *Līlābatī Mitra* (Calcutta, 1924), pp. 15-18.

[131] Rabindranath Tagore, *Reminiscences*, chapter four, "Servocracy."

[132] "Pitā mātār dāyitwa," *BP*, 191.

[133] Sibnath Sastri, *Grihadharma*, p. 57.

[134] See L. DeMause, "The Evolution," pp. 11-17. The practice of frightening children with ghosts was common from ancient times, but was coming into question by the eighteenth century.

[135] *BP*, 5:3, 352 (May 1894); Candicaran Bandopadhyay, *Mā o chele*, pp. 32-33.

[136] Saralyamayi Dasi, *Antahpur*, 1, 2.

[137] Candicaran Bandopadhyay, *Mā o chele*, p. 36; *Paricārikā*, 1, 6 (16

were to be controlled not through anger but through reason. Punishment was supposed to be more effective when it was mental rather than physical, and the removal of special pleasures or privileges as a disciplinary measure was recommended.[138] Parents who deceived children by promising them false rewards would instil deceitful habits in the children.

In certain areas, honesty was replaced by falsehood, supposedly for the child's own good. A childcare manual by an English woman doctor disapproved of the way in which children in an Indian household were permitted to see and hear everything their elders did or said, shortening their period of "real childhood" in which such matters as sex, money, sickness, and suffering did not intrude.[139] Modern parents were not to mention "obscene conjugal matters"—in effect anything connected with sex—in the child's hearing.[140] At times these instructions seemed contradictory, as a mother was also expected to answer all a child's questions fully and truthfully so that it did not learn habits of deceit and mistrust.[141] The confusion remained unresolved. It resulted from an uncertainty as to the real place of the child in the family. While Sibnath Sastri encouraged parents to be friends with their children, in order to gain their full confidence, he also warned against including children in adult discussions or social gath-

October 1878); Renuka Ghose, *Sarojinī-carit*, p. 65; "Mātār prati kayekti upades," *BP*, 11, 150-151.

[138] "Sisu binayan—sisudiger abādhyatādi," *BP*, 3:2, 242 (February 1885); Sibnath Sastri, *Grihadharma*, p. 59; Nandakrisna Basu, *Bāmābodh*; "Sisu-binayan," pp. 93-99; P. C. Mozoomdar, *Strīcaritra*, 3rd ed. (Calcutta, 1936), pp. 23-24.

[139] M. E. Staley, *Handbook*, pp. 300-301.

[140] Saralyamayi Dasi, *Antahpur*, 1, 2.

[141] "Sisu santāner prati mātār kartabya," *BP*, 5:1, 334 (November 1892). This is not to say that honesty was only an attribute of "modern" mothers. The mother of Sir Gooroodass Banerjee was said to be ignorant of all new childcare theories, but nevertheless always reproved her daughters-in-law for disciplining their children with threats of dire punishments that could not be carried out, on the grounds that it would lead them into habits of falsehood. Candicaran Bandopadhyay, "Jananī Sonāmani Debī" (1913), in U. C. Banerjee, comp., *Reminiscences, Speeches and Writings of Sir Gooroo Dass Banerjee Kt* (Calcutta, 1927), p. 15.

erings of adults where they could be corrupted.[142] Protap Chunder Mozoomdar took Victorian puritanism to extreme lengths when he advised Indian mothers to make sure that their children always wore clothes.[143]

The father had a share in parental control in the new family model. He was not expected to involve himself in specific details of childcare, but to assume an overall responsibility, especially in matters of moral guidance.[144] Prankrishna Acharya, a Brahmo doctor, was typical of the new kind of father. He personally went over his children's studies with them every day, letting them ask him as many questions as they wished.[145] His son regarded him as his closest friend.[146]

By the turn of the century, motherhood had been invested with new meaning for the *bhadramahilā*. It had been raised from a natural function to an exalted duty. Motherhood had attained the status of an occupation, a vocation so complex that only a well-educated woman could manage it. This had also happened in England. In Bengal, reformers propagated the new duties and methods of motherhood with enthusiasm, because they believed the educated mother to be a crucial link in the process of modernization. The new career expectations of the sons and daughters of the *bhadralok* could only be met with the help and cooperation of mothers in creating a suitably "modern" home environment.

The spread of female education also created higher aspirations in women that had to be fulfilled. Women needed to feel that the knowledge they had acquired was not simply ornamental, but fitted them for taking on the role of the enlightened woman. The proliferation of advice to women on

[142] Sibnath Sastri, *Grihadharma*, p. 59.

[143] P. C. Mozoomdar, *Strīcaritra*, p. 24, no. 7.

[144] "Gārhasthya bisaye naranārīr kartabya," *BP*, 401.

[145] See the reminiscences of his daughter, Usha Haldar, in *Dāktār Prānkrisna Ācārja-jībanprasanga o upadesābalī*, 2nd ed. (Calcutta, 1973 [1936]), p. 21.

[146] See the reminiscences of Bijaykrisna Acarja, *ibid.*, pp. 24, 26. The idea of parent-child friendship is also lauded in Nandakrisna Basu, *Bāmābodh*, p. 95.

their role as mother suggested that the way they would traditionally have handled this role was inadequate, and needed to be transformed. The educated woman was eager to respond to a recognition of her qualifications. Although the mother had always been a central figure in Hindu society, the *bhadralok* initiated a redefinition of her traditional role. New ideas of motherhood placed a greater burden on the *bhadramahilā*, but compensated for it by acknowledging her importance for the progress of "civilization" in Bengal.