

**An Evaluation of the Edinburgh Medical Missionary Society's Contribution to Promoting  
Women's Role in Missionary Healthcare.**

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## Table of Contents

Dedication and Acknowledgements	4
Summary	5
Abbreviations	6
1. Introduction	7
2. Methodology and Literature Review	8
3. Developments in medical practice and missionary healthcare	11
4. Developments in secular and missionary nursing and midwifery	27
5. EMMS Women and women's changing contribution in missionary healthcare	36
6. Missionary Healthcare after the 1950s	38
7. Conclusions	42
Appendix 1 - Bibliography	46
Appendix 2 – Sample Application Forms	53
Appendix 3 - EMMS Rules and Objectives	57
Appendix 4 - EMMS Women Graduates (1895-1959)	59
Appendix 5 - Nurses	61
Appendix 6 - Honours and Distinctions	63
Appendix 7 - Data on EMMS Students	64



## **Dedication**

To the courageous and selfless young women who gave their lives in Christian service to the sick and to those who continue the tradition.

## **Acknowledgements**

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All errors are my responsibility.

## **Summary**

The Edinburgh Medical Missionary Society is the world's oldest surviving medical missionary society. Its directors were prominent in the Edinburgh phase of women's secular campaign to enter the medical profession. Between 1851 and 1968 EMMS provided around 440 medical missionaries, of whom about 60 were women of limited means. EMMS bursaries opened the profession to them. Additionally, it financed the training of Indian and Anglo-Indian female medical students in India. Burns Thomson, EMMS' dispensary superintendent, trained Bible women in nursing and pastoral skills for home and overseas mission. At its hospitals in Damascus and Nazareth EMMS trained local women in nursing and midwifery. Its graduates in Manchuria, Hangchow and Ludhiana contributed to training local medical and nursing students thus laying the foundations of the Chinese and Indian nursing professions. From 1960-2002 EMMS concentrated on the Nazareth Hospital. Thereafter, EMMS International focussed on supporting faith-based healthcare providers in Malawi, Nepal and India, often through supporting the training of women as nurses and healthcare workers. This dissertation used the primary sources of the little explored EMMS archive to understand how the Society supported women aspiring to become medical missionaries.

## Abbreviations

AF – EMMS Application Form

AP – EMMS Application Papers

AR – EMMS Annual Report

BMJ – British Medical Journal

BMS – Baptist Missionary Society

Bt. - Baronet

Ch.B. – Bachelor of Surgery (*Chirurgiae*)

CMS – Church Missionary Society

Difäm – German Institute for Medical Mission, (*Deutsches Institut für Ärztliche Mission*)

ESMW - Edinburgh School of Medicine for Women

ECMW - Edinburgh College of Medicine for Women

EHA – Emmanuel Hospital Association

EMMS – Edinburgh Medical Missionary Society, (EMMS International)

FRCPE – Fellow of the Royal College of Physicians Edinburgh

FRCSE – Fellow of the Royal College of Surgeons Edinburgh

HH – ‘Healing Hand’ EMMS Journal

INF – International Nepal Fellowship

KQCPI - King and Queen’s College of Physicians in Ireland

LMMDTI – Livingstone Medical Missionary Dispensary and Training Institution

LMS – London Missionary Society

LRCP&SE – Licentiate of the Royal Colleges of Physicians and Surgeons Edinburgh

MB – Bachelor of Medicine

MBE – Member of the Order of the British Empire

MD – Doctor of Medicine

NHS – National Health Service

NRSV – New Revised Standard Version

OBE – Officer of the Order of the British Empire

QP – EMMS Quarterly Papers.

RAMC – Royal Army Medical Corps

RCPE– Royal College of Physicians Edinburgh

RCPSG – Royal College of Physicians and Surgeons Glasgow

RCSE – Royal College of Surgeons Edinburgh

RIE – Royal Infirmary Edinburgh

RRC – Royal Red Cross

ZBMMS – Zenana Bible & Medical Missionary Society

ZMC – Zenana Medical College

## 1. Introduction

The research question evaluates the Edinburgh Medical Missionary Society's (EMMS) contribution to promoting women's role in missionary healthcare. At its inception in 1841 there were no women on the British medical register. Licenced medical practitioners Jane Pemell of Southwark (1685),<sup>1</sup> and Dr. James Barry (c.1789-1865) revealed as a woman on death, were exceptions until Elizabeth Garrett Anderson was registered in 1866. She became a licentiate of *the Society of Apothecaries* (1865) which promptly revised its rules to exclude female successors. When EMMS gave its last bursaries for women medical students in the 1950s thousands of women were registered doctors, hundreds had served as missionaries, around 60 funded by EMMS, and thousands were qualified professional nurses. This paper assesses EMMS' promotion and support for women entering healthcare.

## 2 Terminology, Methodology and Literature Review

### 2(i) Terminology.

In this paper 'doctor' means a qualified, registered medical practitioner. 'EMMS graduate' (g.1888) means a doctor who qualified as a doctor in 1888 with EMMS' support. The terms 'midwife' and 'nurse' include midwifery and nursing practitioners ranging from unqualified nurses, highly skilled experienced nurses and latterly fully registered midwives and nurses.<sup>2</sup> 'Miss' and 'Mrs' are used according to contemporary convention and because EMMS 'rules made marital status important. As in application forms most applicants were unmarried the maiden name is used followed by the married name. A married woman doctor is distinguished from her doctor husband as Dr. (Mrs) Doe. 'EMMS' refers to the Society (1842-2002), and to *EMMS International* thereafter.

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<sup>1</sup> <https://images.lambethpalacelibrary.org.uk/luna/servlet/detail/LPLIBLPL~31~31~177598~125748> [Accessed 6 Oct 2021]

<sup>2</sup> The Midwives Registration Act 1902, The Nurses Registration Act 1919.

## 2(ii) Methodology

The methodology adopted was a traditional textual approach which critically examined primary sources within the EMMS archives at the *Royal College of Surgeons Edinburgh*. The primary sources were rich, particularly the Application Packs (AP) of the 87 prospective women medical missionary candidates. Each includes an Application Form (AF) (see Appendix 2), referees' letters, medical reports, correspondence between EMMS and the candidate and potential recruiting mission societies. The material awaits cataloguing, is fragile, and readability varies. The AF was pre-printed by EMMS, completed by the candidate in manuscript and who signed it over a stamp. Referees responded frankly and often generously to set questions. Together with interviews, the forms helped EMMS to evaluate candidates' Christian faith, Christian service, vocation, education, background, scholastic ability, parental attitudes and finances. While candidates had incentives to portray themselves positively, as EMMS could verify matters with referees and at interview, the factual information extracted is deemed reliable.

Two manuscript indexed books: a *Record of Former EMMS Students* (1938) and an *Index of Students* recorded graduation dates, medical qualifications, mission societies, destinations, usually length of service, sometimes marriages and fee repayments. These two sources substantially agree with and complement each other. They were cross-checked with the *Tables of Former Students in Active Service* in EMMS' Annual Reports (AR) and the pamphlet *A Worldwide Service* which recorded missionaries' names and mission societies up to 1939. The *Medical Missionary Association* also tabulated active medical missionaries. Thereafter most individuals disappear into the records of other missionary societies, and only reappear in the archive if they wrote to *EMMS Quarterly Papers* (QP), emerge in secondary sources, *Occasional Papers* (OP) or the later magazine *The Healing Hand* (HH). Minute books are also available. Some archives are held by SOAS and the Bodleian Library, Oxford.

The secondary literature on missions and missionary medicine, medical and nursing history and women's struggles to enter the medical profession is large. Feminist perspectives offer useful insights. Sampling of the literature gave context to the primary materials avoiding overwhelming a 12000 word dissertation.

Attention to potential selection bias and Hawthorne Effect was important. Having served as an EMMS trustee (2011-2020) and had a son undertake his elective with EMMS support (2010) a broad personal sympathy for the organisation is acknowledged and potential selective bias in handling EMMS sources was guarded against.

Handling any missionary organisation's official publications requires recognition of the potential for editorial selectivity to encourage financial backing, prayer support and attracting aspiring medical missionaries. Much missionary literature is sympathetic and hagiographic as writers encouraged readers that medical missions were worth supporting. However, such distortions impinge little on applications or supporting material.

## **2 (iii) Literature Review**

As far as I am aware the Application Packs are unexplored by scholars. For women missionary doctors my focus was on the 87 women candidates' APs, *The Record* and *the Index*. Brief, supportive if not hagiographic commemorative anniversary accounts of EMMS were written by Lechmere Taylor, and John Wilkinson for supporters.<sup>3</sup> Information on missionary nursing and midwifery was unsystematised, unprioritized and had to be extracted from *Quarterly Papers*. However, Burns Thomson's *Reminiscences* were helpful, as were academic papers on nursing history and urban missions involving Ellen Ranyard and the Pennefathers' Mildmay deaconesses.

Scholarly access to the EMMS archive has been limited so secondary literature about EMMS is sparse. William Duff's Master's dissertation described EMMS' nineteenth century medical

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<sup>3</sup> H. F. Lechmere Taylor, *A Century of Service 1841-1941. A History of the Edinburgh Medical Missionary Society* (Edinburgh, EMMS, 1941), John Wilkinson, *The Coogate Doctors. The History of the Edinburgh Medical Missionary Society 1841-1991* (Edinburgh, EMMS, 1991).

missionary output. <sup>4</sup> EMMS is also mentioned by Ingram, <sup>5</sup> Grundmann, <sup>6</sup> Walls who highlighted the significance of EMMS output of doctors, <sup>7</sup> Williams <sup>8</sup> whose academic papers give vital context and Andrew (2018) used the archives to undertake a preliminary survey of EMMS' work. <sup>9</sup>

University library catalogues at Nottingham, Edinburgh, the National Library of Scotland and Google Scholar have been consulted for information on EMMS, and medical missions. Databases of medical periodicals, newspapers and journals are useful particularly for obituaries.

Biographies, autobiographies, polemical writings and contemporary press reports illuminate the situation for aspiring women doctors the generation before EMMS' first female medical missionary candidates. Particularly interesting is the unsuccessful battle (1869-1873) for women's access to the medical profession fought out with Edinburgh University by Sophia Jex-Blake (1840-1912) and colleagues. This dissertation makes the link between EMMS and the campaigners by revealing that some EMMS directors were supportive of women entering the secular profession not necessarily as missionaries. Jex-Blake's own writings are particularly useful including her book, *Medical Women etc.* (1886)<sup>10</sup> and her articles. Her

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<sup>4</sup> William Duff, 'Scottish Protestant-Trained Medical Missionaries in the Nineteenth Century and the Rise of the Edinburgh Medical Missionary Society.' M.Litt. Thesis, University of Glasgow, (2010).

<sup>5</sup> Hilary Ingram, *Gender Professionalism and Power: the rise of the single female medical missionary in Britain and South Africa, 1875-1925* (MA thesis McGill University, Montreal, July 2007).

<sup>6</sup> Christoffer Grundmann, 'The role of medical missions in the missionary enterprise: A historical and missiological survey.' *Mission Studies* 2, no. 1 (1985): 39-48.

<sup>7</sup> Andrew F. Walls, "'The Heavy Artillery of the Missionary Army': The Domestic Importance of the Nineteenth-Century Medical Missionary." *Studies in Church History* 19 (1982): 287-297, and "Three Hundred Years of Scottish Missions." *Roots and Fruits: Retrieving Scotland's Missionary Story* (2014): 4-37.

<sup>8</sup> Peter C. Williams, "Healing and Evangelism: The place of medicine in later Victorian protestant missionary thinking." *Studies in Church History* 19 (1982): 271-285, and "'The Missing Link': The Recruitment of Women Missionaries in some English Evangelical Missionary Societies in the Nineteenth Century." In *Women and Missions: Past and Present*, 43-69. Routledge, 2021.

<sup>9</sup> J Anthony Andrew, 'An evaluation of the work of the Edinburgh Medical Missionary Society. 1841-2011' (April 2018), a dissertation, part of an MTh, University of Wales Trinity St. Davids.

<https://www.emms.org/publications> (Accessed 16.05.2022).

<sup>10</sup> Sophia Jex-Blake, *Medical Women: A Thesis and a History* (Edinburgh, Oliphant, Anderson & Ferrier, 1886).

biographers Margaret Todd<sup>11</sup> and Shirley Robert's<sup>12</sup> set the Edinburgh medical scene and Catriona Blake's account<sup>13</sup> of women's campaign to enter medicine is very informative.

Jex-Blake's conflict with the University of Edinburgh Medical Faculty was a *cause célèbre* which divided the city. Later when Jex-Blake and Elsie Inglis set up their respective competing Edinburgh medical school (1886-1898) and college (1889-1916) for women the earliest EMMS women students studied at Elsie Inglis' college.

While there are accounts of male EMMS medical missionaries in 'The Heroic Mould' such as Dugald Christie, William Elmslie or Duncan Main<sup>14</sup> EMMS' women left little trace. However, published primary sources like John Lowe's manifesto for medical missionaries<sup>15</sup> and his account of Elmslie<sup>16</sup> and Elmslie's own writing<sup>17</sup> reveal late Victorian thinking on medical missions and Burn's Thomson's own *Reminiscences*<sup>18</sup> illuminates the little explored origins of missionary nursing in Scotland.

## **1. Developments in medical practice and missionary healthcare.**

### **(i) A Summary history of EMMS.**

EMMS was founded in Edinburgh in 1841 as *the Edinburgh Association for Sending Medical Aid to Foreign Countries* by Dr. John Abercrombie, and others, following their meeting the Rev. Dr. Peter Parker (1805-1888) the American medical missionary in Canton. Two years later it became the *Edinburgh Medical Missionary Society*, the world's second medical

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<sup>11</sup> Margaret Todd, *The Life of Sophia Jex-Blake* (London, Kessinger, 1918).

<sup>12</sup> Shirley Roberts, *Sophia Jex-Blake – a Woman Pioneer in Nineteenth Century Medical Reform* (London, Routledge, 1993).

<sup>13</sup> Catriona Blake, *The Charge of the Parasols,- Women's Entry into the Medical Profession* (London, Women's Press, 1990).

<sup>14</sup> Mrs Christie, *Dugald Christie of Manchuria – Pioneer and Medical Missionary* (London, Clarke, 1932), 'His Widow (Mrs Elmslie, *Seedtime in Kashmir, A Memoir of William Jackson Elmslie* (London, Nisbet, 1875).

<sup>15</sup> John Lowe, *Medical Missions – Their Place and Power* (London, Fisher Unwin, 1886) 16.

<sup>16</sup> John Lowe, (Compiler), *Medical Missions as Illustrated by Some Letters and Notices of the Late Dr. Elmslie* (Murray & Gibb for EMMS, Edinburgh, 1874).

<sup>17</sup> William J. Elmslie, 'On Female Medical Missions For India', *The Female Medical Evangelist*, 1873 Vol.1 (5) 173.

<sup>18</sup> Burns Thomson, *Reminiscences etc.* (1895).

missionary society and currently the oldest one surviving. It became theologically energised by Jesus' linking the proclamation of the Kingdom through preaching the word and healing, particularly his commission to the Twelve:

'As you go proclaim the good news, "The kingdom of God has come near." Cure the sick, raise the dead, cleanse the lepers, cast out demons.' (Matthew.10.7-8 ) (NRSV) and to the Seventy:

'..cure the sick who are there and say to them: "the kingdom of God has come near to you." (Luke 10.9) (NRSV).

EMMS President and missionary John Lowe (g.1886) quoted these verses in his influential book 'Medical Missions – Their Place and Power'.<sup>19</sup> Between 1851-1968 EMMS supported about 440 medical students through training about 61 of whom were women.

EMMS' founding leadership was all-male, reflecting women's exclusion from both church leadership, and the medical profession, until the 1876 Act enabled medical training institutions to admit women and admitted women qualified elsewhere to register. From 1877 women could qualify with the *King and Queen's College of Physicians in Ireland* (KQCPI). In contrast, as the medical missionary period closed women doctors were a third of the missionary workforce. Meanwhile nursing gradually professionalised. Kaiserwerth trained deaconesses in healthcare in 1836. In the Crimean War (1853-56) nursing gained public esteem through the work of Mary Seacole, Betsy Cadwaladr, Sister Anastasia Kelly and Florence Nightingale<sup>20</sup> who wrote her influential 'Notes' in 1860.<sup>21</sup> Nurses and midwives established several professional associations between 1887 and 1916, culminating in statutory registration for midwives (1902) and nurses (1919). Dr Burns Thomson, Superintendent of EMMS' dispensary in Edinburgh's Cowgate (1859-1870 ) trained Bible Women in nursing skills,<sup>22</sup> one of whom,<sup>23</sup> Elizabeth Ramage<sup>24</sup> accompanied missionaries Dr and Mrs Vartan to Nazareth in 1867. As trainee nurses were usually paid EMMS did not finance nurse training as it did medical students. In the field, mission doctors of necessity

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<sup>19</sup> John Lowe, *Medical Missions etc.*16.

<sup>20</sup> Louise Wyatt, *A History of Nursing* (Amberley, Stroud, 2019) 49, 84-87.

<sup>21</sup> Florence Nightingale, *Notes on Nursing: What it is, and What it is Not* (London, Harrison, 1860).

<sup>22</sup> William Burns Thomson, *W. Burns Thomson – Reminiscences of Medical Missionary Work* (London, Hodder, 1895) 180.

<sup>23</sup> Malcolm Billings, *Vartan of Nazareth – Missionary and Medical Pioneer in the Nineteenth Century Middle East* (London, PHP, 2012) 64, 83.

<sup>24</sup> AR 1867 12.

trained local staff in nursing and midwifery skills as at *the Victoria Hospital* Damascus, and the *Nazareth Hospital* for which EMMS were directly responsible. Elsewhere EMMS graduates established medical and nursing schools particularly in China and India where they served at Agra and the Ludhiana and Vellore teaching hospitals and at the Duncan Hospital, Bihar. After the Victoria Hospital Damascus closed (1957) EMMS concentrated on the *Nazareth Hospital* until the demerger, and thereafter worked with faith based partners in Nepal India and Malawi often with a greater emphasis on primary healthcare,

## (ii) Issues and Developments in Secular Medicine

Between EMMS' foundation (1841) and its first women graduates (1895) the medical profession was transformed. The Medical Act 1858, made registration mandatory, thus conferring respectability, and authority and differentiating those registered from unqualified practitioners. Innovations in medical practice and science enhanced doctors' effectiveness. When obstetrics pioneer Sir James Young Simpson Bt. (1811-1870) graduated MB, Ch.B. (Edinburgh, 1832) he had studied Galen, Hippocrates and the balance of the 4 bodily fluids.<sup>25</sup> EMMS' first female graduates (1895) understood Simpson's anaesthetics, and Lister's antiseptic surgical procedures. Following Nightingale and Seacole's work, their expectations of nurses and midwives' professional standards were higher than their 1840s predecessors. Medical missionaries were no longer despised adjuncts to the ordained ministry but had their own vocation and authority. They were valued ambassadors for reaching groups unreceptive to conventional evangelism and women doctors were recruited by missions to reach India's secluded women. Parker's cataract operations in Canton (1835) attracted patients to his mission and William J Elmslie (g.1864) opened up Kashmir for the Church Missionary Society (CMS) and observed a unique opportunity for medical women ministering to India's secluded Zenana women (1873).<sup>26</sup>

When Jex-Blake demanded women's access to the medical register, she justified it by the calls for women doctors in India even if Britain's medical establishment denied them a role

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<sup>25</sup> Morrice McCrae, *Simpson the Turbulent Life of a Medical Pioneer* (Edinburgh, Birlinn, 2010).

<sup>26</sup> Elmslie, 'On Female Medical Missions etc. 173, and QP 1887-1991 217.

at home. Jex-Blake quoted Rev. Narayana Sheshadri at the meeting of the Committee for Medical Education of Women in Edinburgh (2 March 1874):

‘He knew that lady doctors would be hailed in his country as a blessing, for there were innumerable females whom no male doctor was allowed to see.’<sup>27</sup>

She wrote (1887) that she estimated India needed over a thousand female doctors,<sup>28</sup> despite her companion and biographer Margaret Todd observing Jex-Blake’s ‘want of enthusiasm for missions’.<sup>29</sup> Given that and her Unitarian leanings, her polemics were a pragmatic exploitation of popular interest in Indian missions. Meanwhile British women were frustrated by professional exclusion, American missionary doctor Clara Swain had worked in India since 1870, and Mary Scharlieb had graduated from the Madras Medical College (1878).

In 1878 EMMS records:

...we have made a beginning. Only one lady student has yet been accepted, but others are applying. ....and (we) have provided suitable accommodation, ...for, at least , four lady students.<sup>30</sup>

By 1879 there were four in training, however, as the Extra-Mural Schools and Edinburgh University of Edinburgh excluded women students they took a three year nursing course at Edinburgh Royal Infirmary with additional clinical teaching from EMMS.

By 1886 the RCSE and RCPE admitted women, so in 1890 EMMS listed its first two women medical students Eleanor Montgomery (g.1895) and Lillie Cousins (g.1895). Unlike male missionary doctors in the 1860s and Jex-Blake in the 1870s, they pushed at an open door. Indeed, EMMS had already supported 130 male missionaries. Montgomery and Cousins qualified as licentiates with the Triple Qualification (LRCP&SE)<sup>31</sup> as Edinburgh University refused the MB Ch.B to women. In 1896 Jessie Macgregor qualified through Jex-Blake’s School of Medicine and Mona Geddes from Elsie Inglis’ College of Medicine. In 1897 of 13 EMMS student prize-winners, 4 were women.<sup>32</sup>

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<sup>27</sup> Sophia Jex-Blake, *The Medical Education of Women* (Edinburgh, Oliphant, Anderson & Ferrier, 1886) 154

<sup>28</sup> Sophia Jex-Blake, ‘Medical Women’ *Nineteenth Century* (1887) 75,701.

<sup>29</sup> Margaret Todd, *The Life of Sophia Jex-Blake* (London, Kessinger, 1918) 457.

<sup>30</sup> AR 1878, .13.

<sup>31</sup> The Conjoint Scheme or ‘The Triple Qualification’ as a licentiate of the RCPE, RCSE and the FPS&G 1886.

Kristin Hay. <https://heritageblog.rcpsg.ac.uk/2021/05/26/admitting-women/> (Accessed 15.11.21)

<sup>32</sup> AR 1897, 17.

Two EMMS Directors, Peter Handyside, and Patrick Heron Watson supported Jex-Blake and her colleagues in the Edinburgh phase (1869-1873) of their campaign. Despite matriculating them Edinburgh University excluded women from certain classes essential to qualification, so Handyside and Heron Watson gave them anatomy and surgical classes in the RCSE extra mural schools.

The battle bitterly divided Edinburgh. The medical establishment considered women intellectually and physically unfitted to study and practice medicine, the profession was overcrowded, would lose status and it was repugnant for respectable women to study anatomy. Nevertheless, James Young Simpson who had links with EMMS sympathised with aspiring women doctors and took Emily Blackwell (pioneer Elizabeth Blackwell's sister) as an assistant for a year (1854). Years later Simpson met Jex-Blake for breakfast (1869) and approached the Edinburgh University Medical Faculty about her attending classes with mixed results.<sup>33</sup>

By 1870, seven women, including Jex-Blake, studied medicine at Edinburgh University. At a crucial extra mural anatomy session he was giving, Handyside assisted *the Edinburgh Seven's*<sup>34</sup> safe access and egress to the Surgeons' lecture theatre in defiance of unruly male medical students' obstructiveness in *The Surgeon's Hall Riot* (1870).<sup>35</sup> This unequivocal support risked a boycott of fee-paying male students and professional disapprobation when:

the weight of institutional power was decidedly against them, as the Edinburgh Seven's failure to win a legal victory securing their rights to examination in 1872 demonstrates.<sup>36</sup>

Even in the 1880s John Ballantyne, (EMMS President 1907-1912) gave women the clinical lectures denied by the University.<sup>37</sup>

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<sup>33</sup> Morrice McCrae, *Simpson the Turbulent Life etc.* 228-229.

<sup>34</sup> Mary Anderson, Emily Bovel, Matilda Chaplin, Helen Evans, Sophia Jex-Blake, Edith Pechey, Isabel Thorne.

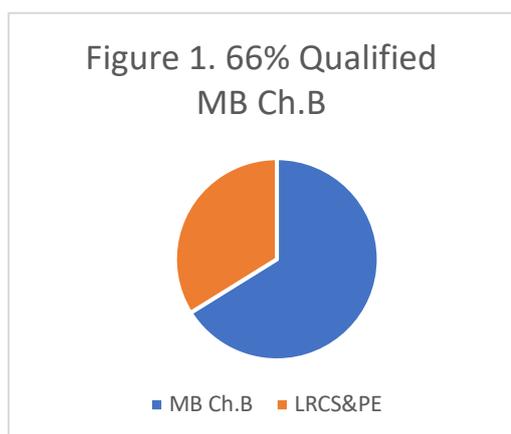
<sup>35</sup> Shirley Roberts, *Sophia Jex-Blake – a Woman Pioneer in Nineteenth Century Medical Reform* (London, Routledge, 1993) 103.

<sup>36</sup> Antoinette Burton, 'Contesting the Zenana: The Mission to Make "Lady Doctors in India," 1874-1885', *Journal of British Studies*, July 1996, 35-376.

<sup>37</sup> H. E. Reiss, 'John William Ballantyne 1861-1923', *Human Reproduction Update*, 1999 Vol.5 (4) 388.

Jex-Blake eventually graduated MD (Berne University, 1877) and qualified for registration through the *KQCPI*. Todd, and Jeffrey think her coolness towards missions contributed to her later difficulties practicing and running her medical school in Edinburgh.<sup>38</sup> Nevertheless, the EMMS directors' support for *the Seven* helped one of them, Edith Pechey to qualify and serve with distinction in India in secular medicine. Indirectly they helped Jex-Blake's school produce 8 doctors for India and 20 missionaries from its 80 students.<sup>39</sup>

For EMMS' first female medical students like Eleanor Montgomery and Lillie Cousins the only option was to qualify as LRCP&SE.<sup>40</sup> Similarly, Dame Edith Brown of Ludhiana had done so in 1887 when barred from Cambridge's MB and delayed at London University. Once Edinburgh University opened its MB Ch.B to women in 1895 this became the more popular route and 38 EMMS candidates qualified MB Ch.B. and 18 became LRCP&SE.



## (ii) Issues for Missionary Societies

Medical education was expensive. Missionary societies seeking women medical candidates with a missionary vocation found few with the independent means of secular pioneers

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<sup>38</sup> Roger Jeffrey, 'Medical Education for Women in Edinburgh – the India Connection, 1869-1914, in Jeffrey, R. (Ed), *India in Edinburgh 1750's to the Present* (London, Routledge, 2019) 199.

<sup>39</sup> J. M. Somerville, 'Dr Sophia Jex-Blake and the Edinburgh School of Medicine for Women, 1886-1898' *Journal of the Royal College of Physicians of Edinburgh*, 2005, 35; 266.

<sup>40</sup> The Conjoint Scheme or 'The Triple Qualification' 1886.

<https://heritageblog.rcpsg.ac.uk/2021/05/26/admitting-women/> (Accessed 15.11.21)

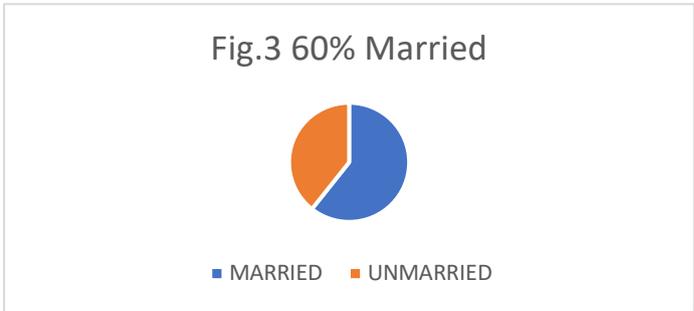
Garrett Anderson and Jex-Blake. Neither could missionary societies afford to train missionary doctors.

The ZBMM lost many medical women before they ever sailed for India, and eventually stopped accepting those who needed extensive financial support to become qualified. <sup>41</sup>

Of EMMS' 87 female applicants about a third never reached the mission field for largely unrecorded reasons. Of these, four wholly or partially repaid their bursaries.



The matrimonial risk for missionary societies was real. Jex-Blake and some early pioneers consciously eschewed marriage so the weddings of three of the *Edinburgh Seven* in 1871 surprised her. <sup>42</sup> Many female medical missionaries did marry. Of the 61 who served, 7 repaid their bursaries suggesting they did not complete five years with a protestant missionary society. 37 of the 61 missionaries (60%) seem to have married, often to other missionaries, although in some periods (1950-1954) only about a third of 'Former Students on Active Service' were married.



<sup>41</sup> Georgia Beth Spencer, *Ours is a great work: British Women Medical Missionaries in Twentieth Century Colonial India*, Ph.D. dissertation, Georgia State University 2016.

<sup>42</sup> Blake, *Charge of the Parasols* 140, Anderson (Mrs Marshall), Chaplin (Mrs Ayrton), Evans (Mrs Russel).

This was problematic for mission societies because women's careers were subordinated to their husbands'. Men expected their spouses to follow them into mission, as William Carey did despite his wife Dorothy's reluctance to go to India. Women lacked such expectations. EMMS' rules, printed on the Application Forms, reflected this social asymmetry. EMMS' male trainees were allowed to get engaged but the women were not. Women had to refund all their fees on becoming engaged during training, and *pro rata* within the first five years of missionary service. If they married a missionary and went into the field together as many did, Rule XVII mitigated the repayment rules.

Another difficulty was women's role as carer of last resort for elderly relatives. EMMS application forms asked students if relatives were supportive of their vocation and probed their potential obligations. Mary Ashton (g.1942) due to military service and an invalid relative, postponed her missionary service until 1954 and then needed EMMS to persuade a Kowloon mission to overlook her age and employ her.<sup>43</sup>

EMMS served the Church's world-wide medical mission by substantially de-risking the appointment of female missionary doctors through its selection process, funding and advice. Candidates tested their vocation both clinically and pastorally at 39 Cowgate, renamed *the Livingston Medical Missionary Dispensary and Training Institution* (LMMDTI) (1878). After this a missionary doctor was academically and pastorally qualified, field tested and paid for. While it could never guarantee that a woman doctor would not marry or leave mission work, EMMS massively reduced these risks to missionary societies. Duff quotes Johnstone and Green's observation:

The Edinburgh initiative took the other missionary society boards by surprise...by 1870, they could no longer argue that the expense of the medical missionary, was so prohibitive as to debar him from employment...the Edinburgh Medical Missionary Society had created the first, truly professionalized missionary support organisation in Great Britain...and would provide, free of any charge, a medical missionary for

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<sup>43</sup> AP correspondence.

foreign service, to any who requested it. <sup>44</sup>

EMMS invitation to women <sup>45</sup> to come forward for medical missionary training extended that original pioneering initiative of the 1850s to them with the additional advantages and risks that women presented. After five years missionary service they could undertake secular practice, without repaying fees. That few did except for health reasons suggests that EMMS' candidate selection methods identified strong, enduring vocations.

EMMS second distinctive contribution opened the medical profession to able women of limited means. Middle-class pioneers were comfortably off. In her diary Jex-Blake wrote: 'In actual money I have about £200 a year and in money's worth another £100.' <sup>46</sup> She never struggled to pay her academic fees. Wendy Alexander calculated that for Glasgow women medical students' university fees were a minimum of £135, residence in Queen Margaret Hall for five years £200 plus books, equipment, and travel in 1895. By 1909 university fees were £152 assuming first time examination passes. <sup>47</sup> Total costs were around £100p.a. when missionary parents might earn around £280p.a. and yearly pay for Victorian nurses, was around £20-25, Matrons £50, <sup>48</sup> Ranyard nurses £39 and Bible women £32/10s. <sup>49</sup> Obviously EMMS' women applicants needed its assistance for fees and the £40p.a. hostel living expenses. Jean Milne (g.1929) had supported herself as a typist and Christina Alexander (g.1889) as a teacher, but such occupations precluded saving and EMMS Rule III prohibited earning while studying.

Most bursary applicants came from respectable homes of limited means. 20 came from missionary families with a typical salary of £250-£300p.a. Christina McTaggart's (g.1933) referee observed: 'Her family are most respectable but in rather poor circumstances.' <sup>50</sup>

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<sup>44</sup> Graham Johnstone & John Greenlee, 'Good Citizens: British missionaries 1870 to 1918' (NY, McGill-Queens UP, 1992) 122. In Duff, William, *Scottish protestant-trained medical missionaries etc.* M.Litt. Thesis, Glasgow, (2010) 75.

<sup>45</sup> QP 1887-1891, 217.

<sup>46</sup> Quoted in Todd, *The Life of Sophia Jex-Blake etc.* 64, cited by Roberts, 21.

<sup>47</sup> Wendy Alexander, *First Ladies of Medicine*, (Glasgow, Welcome, 1987) 18.

<sup>48</sup> Gordon Cook, & Amanda Webb, 'Nurse Training at the 'Dreadnought Hospital, Greenwich in the Late 19<sup>th</sup> Century Pt.1' *International History of Nursing Journal*, 7(1) 13, 16.

<sup>49</sup> <https://www.ucl.ac.uk/bloomsbury-project/institutions/ranyard.htm> (Accessed 01.01.22) (Cites Platt, E. 'The Story of the Ranyard Mission, 1857-1937' (1937)

<sup>50</sup> AP 1928.

Responding to the question could she pay £40 p.a. board, Eleanor Montgomery, an Irish Presbyterian minister's daughter, replied, 'I fear not'.<sup>51</sup> Christina Alexander (g.1899) sought to reside at home to save costs.<sup>52</sup> Alice Hodge (g.1928 ) disclosed a Carnegie grant of £20,<sup>53</sup> Lillie Cousins' friends had offered £15-20 p.a. towards board.<sup>54</sup> By funding able but less affluent women EMMS was unobtrusively and perhaps unconsciously promoting meritocracy.

EMMS favoured Elsie Inglis' *Edinburgh Women's Medical College* (f.1889) for its students over Jex-Blake's costlier *Edinburgh School of Medicine for Women* (f.1886).<sup>55</sup> It also solicited funds for training male doctors in India for £25p.a.<sup>56</sup> Inexplicably the same year EMMS' Dr. Colin Valentine claimed his *Agra Medical Missionary Institute* could feed, equip one for only £10p.a.<sup>57</sup> Whichever is more accurate, the lower costs of training doctors in India were compelling and kept the students within their own culture. In 1928 EMMS supported 19 Indian medical students of whom 13 were women.<sup>58</sup>

#### **(i) Fully or Partly Trained Medical Missionaries**

The debate about whether medical missionaries should be fully trained doctors engaged both the missionary and secular medical communities. Several factors encouraged early missionaries to get partial training, including the urgency to reach the unsaved and because much could be achieved with some understanding of hygiene, dressing wounds and simple medicines. Burns Thomson wrote in his *Reminiscences* that:

Dr. Elmslie believed all Female Medical Missionaries should be fully qualified. He aimed at a high level of accomplishment, and unquestionably he was right, but it is well to remember when one thinks of the extent of the field, the urgency of the need and the paucity of thoroughly equipped Medical Lady Workers that a vast

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<sup>51</sup> AP 1890.

<sup>52</sup> AP 1892.

<sup>53</sup> AP 1921.

<sup>54</sup> AP 1891.

<sup>55</sup> J. M. Somerville, 'Dr. Sophia Jex-Blake' etc.( 2005) 14.

<sup>56</sup> QP Feb. 1896-Nov. 1899 93.

<sup>57</sup> Valentine, Colin S., *The Agra Medical Missionary Training Institute*, (Edinburgh, EMMS, 1896).

<sup>58</sup> AR 1928 17.

amount of good may be done amongst the needy daughters of heathendom with a very moderate amount of Medical Training. .... If a poorly educated woman by a few months' training can be manufactured into a substantial blessing as a nurse to her suffering sisters in this country, what should we not expect from educated Christian Ladies after a year or two of proper Medical Training when they are planted among the heathen?' <sup>59</sup>

Also, unlike Americans, British women lacked the option of full medical training until the 1890s, and anyway, indigenous people expected all missionaries to be healers so even evangelists encountered healthcare needs demanding a compassionate response. Gradually times changed. During his first furlough Hudson Taylor completed his medical training while John Lowe in his polemic on medical mission wrote:

We cannot help deprecating, very strongly, the plan adopted by some missionary societies of giving their students a very partial training in medicine and surgery and sending them forth as medical missionaries. In no department of service is it more true than in the practice of medicine that "a little knowledge is a dangerous thing". <sup>60</sup>

EMMS consistently held this view. Indeed, Nina Beath (g.1903) had undertaken over two years training at the *Zenana Medical College (ZMC)*, London before seeking full training notwithstanding paternal disapproval:

At present he does not approve of my wish for a complete course of study and training, as he regards the full medical curriculum as beyond the sphere of woman, being himself "a medical man of the old school". <sup>61</sup>

In 1903, she went to Swatow, China and served 25 years as a medical missionary. Partial training also vexed secular pioneer women doctors who feared the British medical profession side-lining them as 'quack doctors'. The debate involved the *British Medical Journal (BMJ)*. Responding to criticism Dr. G de G Griffith the ZMC Honorary Secretary wrote:

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<sup>59</sup> Burns Thomson, *Reminiscences*, 172.

<sup>60</sup> Lowe, *Medical Missions etc.* 31.

<sup>61</sup> AF 1896.

The wants and needs of these poor women and children are urgent and great, and to meet them, even though only in a measure, the Zenana Medical College was instituted.<sup>62</sup>

Jex-Blake criticised:

the “cruel farce” of sending out poorly trained women, ...’ to the discredit of missions and women doctors.<sup>63</sup>

However, at the London Missionary Society (LMS) centenary Dr J C Thomson urged:

... they should aim at an elementary medical education for every missionary occupying an isolated position, ...<sup>64</sup>

Later R. R. Rentoul highlighted:

...our efforts, lately made, to put a stop to the supplying of persons with diplomas or documents, such donors not being authorised by the Medical Acts to do so.

He cited an inquest where Dr. G de G Griffiths had sent the ZMC Matron to a confinement to support his argument.<sup>65</sup> As missions trained indigenous doctors, sub-assistant surgeons nurses and midwives matching patients with appropriately skilled professionals became less problematic.

## **(ii) Who Were the Missionary Healthcare Workers Whom EMMS Supported?**

EMMS’ major contribution to world mission was the 440 or so, trainee medical doctors whom they directly supported between 1860-1968. Indirectly they helped promote missionary nurses, pharmacists, compounders, surgical assistants, healthcare administrators and fund-raisers. Useful systematic records exist for the doctors but for other healthcare professionals the picture emerges from fragmentary textual sources.

The female medical students’ applications for EMMS bursaries reveal their youthfulness. Of the 61 who qualified and served as missionaries 56 left age records showing an average (mean) age of 20.7 years, and a median of 19 years. 49% were school-leavers, 13% were

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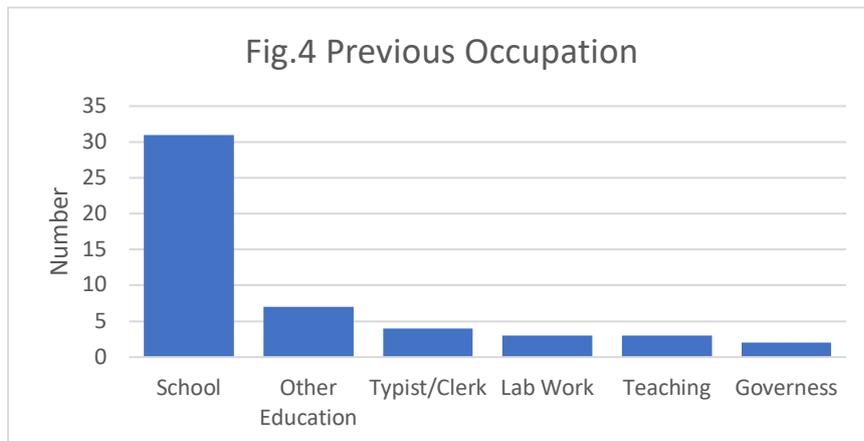
<sup>62</sup> *BMJ*, 2 No.1714 (1893) 1026.

<sup>63</sup> *BMJ*, 2 No.1716 (1893) 1129-1130.

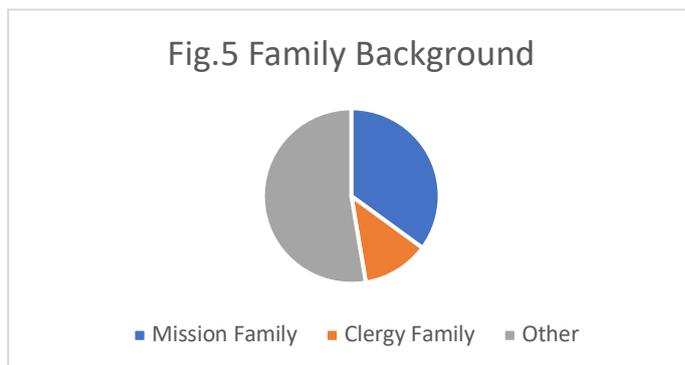
<sup>64</sup> *BMJ*, 2 No. 1814 (1895) 847.

<sup>65</sup> *BMJ*, 2 No.1869 (1896) 1263.

students. Young bursary applicants of school age 17 were encouraged to delay their application.



About one third (21) came from missionary families and 11% (7) from clergy households. A few had previous occupations as laboratory workers, clerks or typists.



Their motivations were strong. Some, like Eleanor Montgomery had been influenced by deputation work and had met Hudson Taylor,<sup>66</sup> while Christina McTaggart had read about him. The second graduate Lillie Cousins was born in Madagascar where EMMS supported medical missions.<sup>67</sup> The young women reveal passionate faith. Eleanor Montgomery wrote of medical missions:

It is the most Christlike work and therefore the most God glorifying work anyone could be engaged in ..

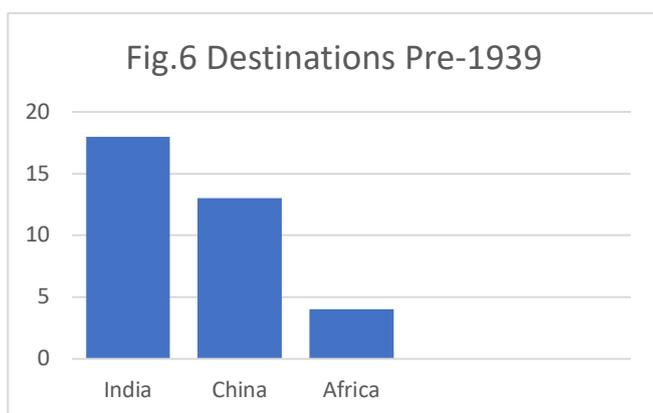
<sup>66</sup> AF

<sup>67</sup> AF

Professor Watt, Eleanor's referee wrote:

She belongs to a race of missionaries...her father's uncle, Rev. Robert Montgomery was one of our most successful missionaries in Gujerat, India.

Margaret Winifred Jenkins (g.1933) wrote that she had wanted to be a medical missionary, '...all my life'.<sup>68</sup> Having lived in China Faith Philpott -Crowther (g.1898) wrote: ...but God has laid China on my heart, and there are only two places for me, China and heaven.<sup>69</sup>



Before 1939 the main destinations were India (42%), China (40%) Africa (10%) and the remainder 7.5%. This contrasts with Alexander's relatively small sample of 13 Glasgow female medical missionary graduates (1895-6 & 1909-10) where 10 (77%) went to India.<sup>70</sup> Of EMMS' missionaries in India, 4 served with Zenana ministries and 6 at the *Ludhiana Hospital and Women's Medical College* where from 1914, EMMS offered bursaries to Indian and Anglo-Indian women medical students<sup>71</sup> as they had for men at Valentine's Agra medical school. After 1939 as China became closed, other destinations, particularly Africa became more popular. Three served at EMMS' Nazareth Hospital.

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<sup>68</sup> AF

<sup>69</sup> AF Married name Dr. Faith Lawrence.

<sup>70</sup> Alexander, *First Ladies etc.* 60.

<sup>71</sup> Reynolds, *Punjab Pioneer*, 154.

Of the 61, 41 have length of service recorded the averages (mean) being:

Years

1895 -1915 - 15

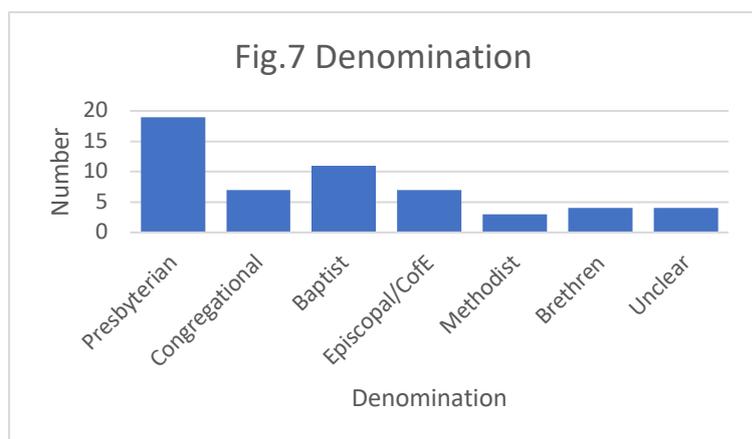
1916-1936 - 8

1937-1958 - 12

Although less directly affected than the men recruited into the Royal Army Medical Corps (RAMC), women also experienced wartime disruption and EMMS' recruitment dipped in the Great War. Dr. Frances Aldridge (g.1939) and her husband (Dr. McCall) were interned by the Japanese in China. Liselotte Lenhoff MD, a German Jewish refugee escaped from Germany and EMMS helped her earn the LRCP&SE regularising her Dusseldorf MD to help her serve at Ludhiana which unfortunately she never reached. War similarly delayed Mary Ashton's missionary service.

The applications reveal that 26 candidates never reached the field through EMMS. Eventual careers are unrecorded and no explanatory pattern emerges. Little differentiates them from the 'successful' candidates. 38% came from missionary backgrounds and they were not significantly younger (mean age 20.1 years). Three qualified MB Ch.B.

Denominationally of the 61 or so who served as missionaries 31% (19) were Presbyterians, 18% Baptists, 13% Congregationalist and 10% were Anglican.



### **(iii) Indian and Anglo Indian Female Medical Students.**

In 1940, Edith Brown of the *Women's Christian Medical College*, Ludhiana submitted an EMMS Application Form soliciting half yearly bursaries for 10 Indian or Anglo-Indian female medical students. (Appendix 2)<sup>72</sup> Little can be gleaned about these women from the records as the application forms for bursaries have little personal data beyond their signatures, as Beulah Alfred's form (1951) shows (Appendix 2). From their names we can surmise that a number were Anglo-Indian from the missionary community or descendants of imperial personnel. Their numbers were not insignificant. In the decade 1946-1955 there were on average (mean) 10 Indian women medical students annually receiving bursaries compared to approximately 9 Indian men. Meanwhile in Edinburgh an average of 8 women annually were training with numbers falling sharply in the 1950s.

The progress towards helping women into missionary healthcare was not without occasional reservations as this EMMS Minute of 1885 reveals. In communication with the treasurer of the Agra Mission, having taken over responsibility for a legacy left by a Dublin lady for the teaching of native females to become medical missionaries the minute recorded:

the acting committee in taking over the same placed it on record that by the mere taking over of these sums they were not to be held to be assenting to the principle of employing native women as Medical Missionaries.

It is unclear whether this was due to internal tensions between western senses of racial superiority conflicting with Pauline inclusivity (Galatians 3.28), or tensions between conservative and liberal interpretations of Pauline teaching on women's role in the church. One suspects that pressures of demand from missionary societies for women doctors, a predisposition to encourage women into healthcare coupled with the compelling economic case that Indian women cost about a tenth to train and were already culturally prepared swept doubts away so that later EMMS supported Indian and Anglo-Indian women training as doctors.

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<sup>72</sup> EMMS Bursary AF 30.09.1940 (EMMS Agra Scholarship Vol.1).

Overall race issues little affected EMMS recruitment. After all its first two students included Mr. Kuan Huang (Wong Foon) from China. However, there were hesitations as orphan Mary Jacobsen Cheng (Dr. (Mrs) Wright) (g.1923) discovered. Initially she was brought up in China by her Norwegian mother and Chinese evangelist father. When he died, her Norwegian mother brought her to England to be brought up by others. Mary told EMMS she wanted to be a medical missionary as, 'It was the greatest desire of both my parents.' She was rejected. A supportive letter to EMMS from Dr. Edwards said:

She (Mary) forwards me you letter of the 8<sup>th</sup> inst. In which you say the Society has a rule against receiving students of Eastern nationality.

He then strongly argues her case.

Another referee Mrs Murray entered the fray, rather reflecting the attitudes of the day:

I may also add, she is much more English than Chinese <sup>73</sup>

EMMS capitulated and Mary served in the Cowgate dispensary, married Dr. Wright and undertook missionary work for 23 years including in old Cairo and Omdurman. I have not yet uncovered a rule about excluding eastern students.

#### **4. Developments in secular and missionary nursing and midwifery .**

Missionary doctor Ruth Young (Delhi, 1945) commented:

'I think that sometimes when we think of medical missions, we tend to dwell too much on the work of doctors and forget the all-important work which nurses have to play.' <sup>74</sup>

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<sup>73</sup> AP letters; Edwards (15.11.1916); Murray (04.12.1916).

<sup>74</sup> Quoted in Jacqueline Cahif, 'A Dingy Room in Cowgate' *Surgeons' News*, September 2020 43.

Nursing writer Simon sees the missionaries as having laid the foundations of the Indian nursing profession.<sup>75</sup> While it is clear from reports in EMMS Annual Reports and journals that nurses and midwives were vital providers of missionary healthcare, there is no systematic recording of their role. Apart from a small number between 1878-1886 when medical training was unavailable to women, EMMS corporately did not provide nurse training bursaries. They were paid and trained on the job and entered the foreign mission field fully qualified. Usually, they were employed by mission doctors from necessity and EMMS only directly employed those at 39 Cowgate, the *Nazareth Hospital* and the *Victoria Hospital* Damascus. I have discovered no registers, indices or tables systematically recording their names or training, so this section is derived from (AP letter 04.12.1916). narratives written for other purposes.

Nursing is an ancient practice. At the Reformation British monastic hospitals and infirmaries disappeared and nursing became home based. Later such hospitals as existed were unhealthy as disease transmission and wound sepsis were poorly understood. Home nursing and midwifery was usually done by part-time women, often badly paid and of poor repute and criticised by reformers like Nightingale.<sup>76</sup> As late as 1893 a trained nurse with 10 years' service at the '*Dreadnought*' Hospital earned only £25p.a., increased that year to £30p.a.<sup>77</sup> Seacole and Nightingale's Crimean work enhanced public respect for organised nursing and midwifery until they became registered professions in the early twentieth century.

While EMMS was developing in Edinburgh, Ellen Ranyard (1810-1879) founded the *London Bible and Domestic Female Mission* in 1857 to train working class women to minister to women in the slums. These 'Bible women' offered Bibles, tracts and pastoral support. Later some were taught nursing skills at the *Dreadnought Hospital* to offer home based health advice and care.<sup>78</sup> From this it helped establish the *Central London Council for District*

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<sup>75</sup> Elizabeth Simon, 'Christianity and Nursing in India – a Remarkable Impact', *Journal of Christian Nursing*, 2009, 26(2) 88.

<sup>76</sup> Florence Nightingale, *Notes on Nursing etc.* (1859).

<sup>77</sup> Gordon Cook & Amanda Webb, 'Nurse Training at the 'Dreadnought Hospital, Greenwich in the Late 19<sup>th</sup> Century Pt.1' *International History of Nursing Journal*, 7 No.2 (2002) 31.

<sup>78</sup> *Ibid*, Pt.1 *IHJN*, 7 No.1 (2002) 13, 16.

*Nursing in London* (1913) and later it was subsumed by the District Nursing Services of the London boroughs (1965).

Meanwhile, at Barnet, then Mildmay, the Rev. and Mrs William Pennefather trained women for practical Christian ministry utilising their 'domestic' skills. They founded the *North London Training Home* (1860) which prepared deaconesses for home and overseas missions. They visited homes during London's cholera outbreak (1866). By 1876 they had 12 other homes. From *The Willows* women were trained for overseas work, sometimes with a medical component. Similarly, as Bebbington observes<sup>79</sup> the Keswick Convention (f.1875) moved from contemplative spirituality to actively calling women for overseas missionary service (1887).<sup>80</sup> Hudson Taylor knew the Pennefathers and visited the Mildmay Conference (1864).<sup>81</sup> His *China Inland Mission* deployed single women alone in remote and difficult places.

Contemporaneously, Dr. Burns Thomson trained in Edinburgh (without an EMMS bursary) but came to EMMS' notice through an essay he wrote in its second competition in 1852. He became Superintendent of EMMS Cowgate dispensary (1857-1871) and began training women missionaries in healthcare skills in parallel with Ranyard and Pennefather's initiatives. At the Cowgate, Burns Thomson saw that healthcare visiting gave credibility, access and a welcome into poor homes denied to ordinary evangelists. His early revelatory experience medicating an Irish woman with castor oil in a poor Ponton Street tenement had encouraged him to abandon theology and train as a missionary doctor.

However, missionary doctors needed skilled help in the wards, operating theatres and dispensaries so they co-opted their wives or trained local helpers to become dressers, surgical assistants, dispensers and nurses. Dugald Christie (g.1881) from Manchuria and Duncan Main (g.1881) from Hangchow pleaded for more nurses at the Edinburgh Medical

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<sup>79</sup> David W. Bebbington, *Evangelicalism in Modern Britain - A History from the 1730s to the 1980s* (London, Routledge, 1989) 174-175.

<sup>80</sup> Alison M. Bucknall, 'Martha's Work and Mary's Contemplation? The Women of the Mildmay Conference and the Keswick Convention 1856-1900', *Studies in Church History*, 1998, 34, 409, 411.

<sup>81</sup> Roger Steer, *J. Hudson Taylor - a Man in Christ* (Wheaton, OMF, 1993) 166.

Missionary Conference 1910.<sup>82</sup> Main was accompanied by Chinese nurse Miss Tay Kwe-in who undertook additional training at Edinburgh's Deaconess Hospital.<sup>83</sup> This was not uncommon. Chinese physician Dr. Yamel Kin brought eighteen years old Miss Hsui Lan Pai to the USA for nurse training in 1911.<sup>84</sup> Sometimes a wider cultural exchange occurred as Tay Kwe-in also undertook language and musical studies. By 1937 there were about 700-800 trained nurses in China.<sup>85</sup>

EMMS employed nurses, and supported nurse training only at the Cowgate dispensary, the *Victoria Hospital, Damascus* and the *Nazareth Hospital*. In these hospitals EMMS usually employed two or three British nurses to transfer knowledge by training local nurses, midwives, dispensers and dressers to sustain the work after the missionaries had left as Edith Brown did at Ludhiana. Interestingly EMMS encouraged nurse training long after it withdrew from training missionary doctors.

## **(ii) Nursing in the Cowgate**

EMMS' founder director Peter Handyside opened *The Missionary Dispensary and Hospital for the Irish Poor* at Edinburgh's West Port in 1853, supported by his medical students some of whom were aspiring missionaries. It expanded and became the *Edinburgh Medical Mission Dispensary and Training Institution* in 1858 at 39 Cowgate using the adjacent Magdalene Chapel for worship. EMMS student John Lowe petitioned EMMS to adopt the dispensary which it did (1861) expanding it to accommodate nurses. Dr William Burns Thomson arrived as Superintendent as cholera broke out in 1866. After visiting a Cowgate woman with peritonitis he left his Bible woman to change the patient's dressings. She subsequently recovered. Afterwards he observed:

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<sup>82</sup> QP, Aug. 1910, 293.

<sup>83</sup> Kingston de Gruchè,, *Dr. D Duncan Main of Hangchow – Who is known in China as Dr. Apricot of Heaven Below*, (London, Marshal Morgan and Scott, 1930) 161-163.

<sup>84</sup> *The Evening World*, 24 Jan. 1911, 3 <https://chroniclingamerica.loc.gov/lccn/sn83030193/1911-01-24/ed-1/seq-3/> (Accessed 4 October 2021).

<sup>85</sup> QP 1921-1925 426.

I was satisfied that with God's blessing, the Bible woman had been the means of carrying life in the double sense to the afflicted woman, and therefore, as she was willing, I gladly trained her systematically as a nurse. She was my first missionary nurse.<sup>86</sup>

His revelation about women's nursing capabilities and potential access to spiritually and medically needy patients had long term consequences:

As every day deepened my appreciation of the value of such workers among the sick poor, I longed to increase their numbers. Two obstacles existed: the difficulty of getting suitable women, and funds for their support. .... The Society (EMMS) would not venture beyond its present liabilities in this direction, so if there was to be an extension the responsibility of expense must rest on me. ...and very soon God indicated the path of duty by sending suitable women and providing the needful supply of money. Through the kindness of the Chalmers Hospital Lady Superintendent and authorities I was enabled to give these nurses the benefit of real hospital experience, and after my connection with the Cowgate was broken, they enjoyed training in my own small hospital in the Canongate. In 1872 I was able to supply three nurses for posts in various parts of Scotland and take on five more for training.

My nurses were truly Bible-women nurses,<sup>87</sup> ...

Following differences with EMMS' directors Burns Thomson resigned and moved to Edinburgh's Canongate to establish and run for eight years a Medical Mission Dispensary training missionary nurses.<sup>88</sup> His first trainees served home missions, but his ambition was overseas missionary nursing. Of his first candidate who went to Nazareth he wrote:

...(Dr. Vartan) agreed to take her on trial for three years, and I became responsible for the expense. Thus, Elizabeth Ramage became my first foreign missionary nurse, and started with Dr. Vartan in July 1867, ...

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<sup>86</sup> Burns Thomson, *Reminiscences etc.* 180.

<sup>87</sup> *Ibid*, 182.

<sup>88</sup> Wilkinson, *Coogate Doctors etc.* 15-16.

Unusually for a nurse, Nurse Ramage left an account of her work in Nazareth with a poor abandoned leper girl. Nurse Ramage proved very useful, but her health deteriorated, and Thomson repatriated her. Thomson then trained a missionary nurse Mrs Hogg to work in Madagascar with Dr. Davidson. There Nurse Hogg trained her first class of 14 local women in nursing and midwifery. By 1874 Davidson and Hogg had produced 2 sets of local missionary nurses and planned more, with Nurse Razafy named as a shining example. These successful nurses toured the villages and schools arose their wake.<sup>89</sup>

At 39 Cowgate Burns Thomson was replaced by David Paterson (g.1851) from Madras. After his Canongate work Burns Thomson moved to France then Mildmay where the Pennefathers had pioneered deaconess training. At Mildmay *The Willows* equipped them with nursing skills and Burns Thomson provided pastoral care. Thus, a journalist made the generous if not entirely accurate tribute:

‘..the founder of the Cowgate, Edinburgh, of the first medical mission, and the apostle of the movement, has found a quiet retreat ...’<sup>90</sup>

In 1878 the Cowgate facility was rebuilt as *The Livingstone Medical Missionary Dispensary and Training Institution* and opened by David Livingstone’s father-in-law Rev. Robert Moffat. Wilkinson’s beguiling sentence: ‘...there were several nurses and lady visitors...’ seems similar to Ellen Ranyard’s and Burn’s Thomson’s approach except that ‘lady visitors’ suggests middle-class rather than working women. EMMS’ model combining medical and spiritual healing, and training aspiring medical missionaries through practical clinical and pastoral work was developed for training missionary nurses and midwives by Burns Thomson, and widely copied world-wide<sup>91</sup> in parallel with the work of Ellen Ranyard and Mildmay.

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<sup>89</sup> Burns Thomson, *Reminiscences etc.*, 183-186.

<sup>90</sup> Editorial, ‘A Glimpse of the Activities of Mildmay’ *Wesleyan-Methodist Magazine* (London, May 1893), 367.

<sup>91</sup> Wilkinson, *Coogate Doctors etc.* 21-25.

### **(iii) Nursing at EMMS' Victoria Hospital Damascus.**

EMMS sent Dr. Frank Mackinnon (g.1883) to Damascus where he opened a dispensary (1885) and a hospital (1898.) That year Nurse Ellen Graham, who had trained at *Edinburgh Royal Infirmary* arrived, to work alongside locals Nurse Haloon, and dispenser George Murji and was soon joined by Irish Presbyterian Nurse Moore from Edinburgh's *Deaconess Hospital*.<sup>92</sup> By 1904 Mackinnon had an additional assistant surgeon and three 'Edinburgh' nurses helped to perform 307 operations and over 7000 outpatient cases in the 60 bed unit.<sup>93</sup> Matron Ellen Graham married Dr. Percy Brigstocke who served in 1898-1902 and then went to Palestine before returning to Damascus as Superintendent (1921). During wartime the Turkish authorities seized the hospital (1914) and put Nurse Mann and the Mackinnon's under house arrest then released them to go to Beirut. Posing as an American's maid Nurse Mann reached Britain and served as a Voluntary Aid Detachment (VAD) nurse for which she received the Royal Red Cross (RRC). The Mackinnons reached Cairo where Dr. Mackinnon became a military doctor.<sup>94</sup> He returned in 1918 but died of influenza. Nurse Mann and Dr. Banks kept the Victoria going until Dr and Mrs Brigstocke started its rehabilitation in 1925. Nurse Mann retired after 24 years' service (1926). In the Second World War (1939-1945) the hospital closed during 1940-41 so the expatriate staff served in Palestine until work resumed. Detailed records about Syrian nurses are sparse but they did much of the work. However, on 11 June 1953 the hospital and local dignitaries celebrated Syrian Nurse Sitt Selma Sabbagh's 50 years of nursing service.<sup>95</sup> Four years later tax and professional registration issues led EMMS to close the Victoria Hospital .

### **(iv) Nursing at the Nazareth Hospital**

At the Nazareth Hospital EMMS directly employed European nurses who trained Palestinian nurses and midwives. In 1861 Dr. Kaloost Vartan (g.1861) was sent to Beirut by the *London*

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<sup>92</sup> QP Feb. 1896-Nov. 1899, 146, 241.

<sup>93</sup> Knollys, Henry, *Blackwood's Magazine*, Dec. 1904, CLXXVI 779-785, and Knollys cited in 'The Victoria Hospital At Damascus.' *BMJ* 2, no. 2294 (1904):1656.

<sup>94</sup> Wilkinson, *Coogate Doctors*, etc. 58.

<sup>95</sup> QP. Nov. 1953 391-395.

*Society for Sending Aid to the Protestants of Syria* which ceased in 1864. Thereafter Burns Thomson supported Vartan until EMMS contracted him at £100p.a. for two years work in Nazareth from 1866. While in Edinburgh for post-graduate study he married Mary Anna Stewart <sup>96</sup> and together with Nurse Elizabeth Ramage they left for Nazareth in June 1867 <sup>97</sup> where they rented a house as a dispensary with 8 beds. <sup>98</sup> He trained Salim Abboud in pharmacy and taught medical students until EMMS ended the project for reasons that are unclear. Nevertheless, he started a four year nursing course which emphasised infant and childcare. Ottoman bureaucracy thwarted Vartan's aspiration to build a proper hospital, but his successor Dr. Frederick Scrimgeour bought the current site (1906), then built it, helped by nurses Jessie Croft and Edith Johncock. Completion was frustrated by the Great War (1914-18) when it became an Ottoman military hospital. Under US protection, Croft and Johncock avoided internment. When Nurse Croft died (1916) she was buried with Turkish military honours. By 1919, the *Nazareth School of Nursing* was recognised by the British government for training nurses. Sister Johncock RRC died of influenza (1920). Post-war restoration took until 1924 when *The Hospital on the Hill* was officially opened. Dr. Bathgate (g.1915) expanded operations from 1921 for 35 years including primary healthcare, maternity and childcare and training for Palestinian Arab nurses. Nurse Yvonne Nassar, from Northern Ireland, toured local villages explaining nursing to the parents of Arab girls to overcome traditional prejudices and fears about potentially adversely affecting marriageability. Nurse Nassar said:

Some ex-patients invited us to visit their village and talk about the hospital and I remember one man who had eighteen children, sent three of his daughters to be trained as nurses. <sup>99</sup>

As much female education was through missions, nurse trainees were mostly Palestinian Arab Christian girls. <sup>100</sup> Moslem girls found nursing unattractive. Under the mandate the Government established a 3 year nursing syllabus, and a 6 month midwifery syllabus. <sup>101</sup> A

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<sup>96</sup> Wilkinson, *Coogate doctors etc.*, 43-44.

<sup>97</sup> Burns Thomson, *Reminiscences etc.* 180.

<sup>98</sup> Billings, Malcolm, *Vartan etc.*, 83, 87.

<sup>99</sup> Billings, *Vartan etc.* 176.

<sup>100</sup> Julia R. Shatz, 'A Politics of Care: Local Nurses in Mandate Palestine', *International Journal of Middle East Studies* (2018), Vol.50, 673.

<sup>101</sup> Liat Kozma & Yoni Furas, 'Palestinian Doctors Under the British Mandate: The formation of a Profession', *International Journal of Middle East Studies* (2020) Vol. 52, 96.

new nurse's home was built (1964). In 1987 the government accepted a 'Bridge Course' permitting 'practical nurses' to achieve full registration. The early 1990s brought further improvements to nurse training and accommodation which escaped damage in the Gulf War. Nancy Martin, Director of Education and Nursing maintained it was Israel's 'only Arab nursing school with a Christian ethos' teaching Druze, Christian, Jewish and Moslem students a third of whom are male. <sup>102</sup>

## Midwifery

Missionary doctors worked to improve midwifery in parallel with its nurse training. Unlike nursing, the midwifery occupation preceded western healthcare ideas. Indian midwives or *sais* were usually uneducated low caste women. The poorest *sais* cut the cord and removed the placenta bearing the ritual 'pollution' to spare the household. The higher status *sais* were better paid but their interventions during birth often harmed mother and child. Western doctors were scathing about the *sais* but their attempts to retrain them failed due to their illiteracy, conservatism and role in religious ritual. Doctors then tried to educate *sais'* daughters as their hereditary successors. Following the Midwives Act 1902 in England, the Indian authorities discouraged untrained midwifery and the *Victoria Memorial Fund* (1903) sought to establish a cadre of trained midwives. <sup>103</sup> At the Nazareth Hospital Dr. Runa Mackay reported that local midwives (*dayats*) applied donkey dung to the cut cord which stopped bleeding effectively but introduced tetanus. In the 1950s an Israeli government grant of £14 sterling per delivery plus £6 to the mother reduced home confinements and helped the hospital improve its services. <sup>104</sup>

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<sup>102</sup> Billings, *Vartan* etc. 177.

<sup>103</sup> Supriya Guha, 'Midwifery in Colonial India – the role of traditional birth attendants in colonial India', *Wellcome History*, 2005, Issue 28, 3.

<sup>104</sup> Billings, *Vartan* etc. 168.

## 5. EMMS' Women and women's changing contribution in missionary healthcare.

### (i) Zenana Ministry

The Zenana ministry attracted attention in the late nineteenth and early twentieth centuries and EMMS supplied four women doctors for this work. Missionaries to India found access to higher class Hindu and Moslem women impeded by their seclusion in Zenanas from non-family men. Only female missionary teachers and their local Bible women could reach them with the Gospel. Zenana healthcare was difficult as male doctors had limited or no access for clinical examination, but women missionary doctors were less constrained. Sir Salar Jung had articulated the benefits if English educated medical women would settle in India (1880).<sup>105</sup> In 1886 Sophia Jex-Blake wrote that opponents of women doctors could not:

dispute the urgent necessity that exists for their services in India and other parts of the East, where native customs make it practically impossible that women should be attended by medical men.<sup>106</sup>

Specialist missions provided women doctors for this ministry and were founded and run by women like *the Ladies Association for the Support of Zenana Work and Bible Women in India* (1867), renamed the *Baptist Zenana Mission*, (1895).<sup>107</sup> Controversially and belatedly, Sir Joseph Frayer asserted that male doctors had adequate access, only to face rebuttal by Dr. Jane Haskaw, MD (Brux) in the *BMJ*.<sup>108</sup>

Interest in Zenana ministry grew when the Maharani of Punna asked partially trained medical missionary Miss Elizabeth Bielby of the *Zenana Bible and Medical Mission* (ZB&MMS) to give Queen Victoria a locket containing a plea for her to send British women doctors to help Zenana women (1881).<sup>109</sup> The Queen responded positively and asked The Viceroy's wife Lady Dufferin to act (1884). She founded the *National Association for Supplying Female Aid to the Women of India*, and the Lady Dufferin Hospitals in India,

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<sup>105</sup> J. M. Somerville, 'Dr. Sophia Jex-Blake etc' (2005) 262.

<sup>106</sup> Sophia Jex-Blake, *Medical Women: a thesis and a history*, (London, Hamilton & Adams, 1886) 234. Quoted by Antoinette Burton 'Contesting the Zenana: The Mission to Make "Lady Doctors for India", 1874-1885' *Journal of British Studies* 35 July 1996 369.

<sup>107</sup> Karen Smith, 'Women in Cultural Captivity', *Baptist Quarterly*, 2007, 42(2) 105.

<sup>108</sup> Jane Haskaw, Correspondence, *BMJ*, 2 No.1824 (1895) 1527.

<sup>109</sup> Pollock, *Shadows Fall Apart etc.* 41-44.

although the supply of women doctors remained problematic.<sup>110</sup> Surprisingly, only in the 1920s did four EMMS graduates undertake Zenana work, Barbara Nicholson (g.1924), and Alice Hodge (g.1928) in Lucknow and Mary McGill (g.1926) Jaunpur, with the ZBMMS and Marjorie Morton (g.1935) with *Church of England Zenana Missionary Society*.

**(ii) Administration and Fundraising.**

Zenana publicity mobilised women to serve in India, and inspired thousands to found societies and auxiliaries at home to raise support. Frustrated by male domination of churches and missionary societies women energetically established their own organisations such as the American *Women's Union Missionary Society* (WUMS) (1860).

The leading journal said:

Never before have the gates of God's great vineyard been opened so wide, nor the toilers at our outposts cried out more importunately, "Come over and help us".

Surely never was the work of woman so clearly defined as at present.<sup>111</sup>

In the twentieth century USA, women were 60% of the missionary workforce, and 3m women paid dues to 40 women's missionary societies.<sup>112</sup> By 1954 of 68 EMMS former students, 22 (32%) and 2 of 5 graduates were women.<sup>113</sup> According to EMMS Annual Report 1954, in India of its 20 students 7 were women.<sup>114</sup>

Its *Ladies' Auxiliary Committee's* organisational and fund-raising skills benefitted EMMS from its earliest stages<sup>115</sup> when women were excluded from medicine or church offices. In 1857 they raised £104/19/0 or 11.7% of its income.<sup>116</sup> Familiar surnames mirroring the Directorship appeared such as Mrs J Dalmahoy and 'Mrs Dr.' Handyside, Balfour, and

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<sup>110</sup> F.T. Davey & W. A. R. Thomson, 'The Contribution of women Medical Missionaries', Stanley Browne et al, (Eds) *Heralds of Health*, (London, CMF, 1995) 246.

<sup>111</sup> Editorial, *Woman's Work for Woman*, 1 (1) (April 1871) 1.

<sup>112</sup> Dana L. Robert, 'the Influence of American missionary Women on the World Back Home', *Religion and American Culture*, 12 No.1 (2002) 63.

<sup>113</sup> AR 1954 6-7.

<sup>114</sup> Ibid 4.

<sup>115</sup> AR 1845.

<sup>116</sup> AR 1858, 6 & 17.

Coldstream. In 1871 50% of EMMS' 52 members were women, by 1900 they were 75.6% of 3073 members.<sup>117</sup> Formally EMMS employed Jane MacGregor as Organising Secretary from 1900 -1901.<sup>118</sup> Nationally, by 1918, the distinguished wartime service of women in medicine, nursing and administration had made their exclusion from voting nationally embarrassing and partial enfranchisement followed.<sup>119</sup> That year Dr. Muriel Gavin, Dr. Tina Blake and Mrs Dowden joined the EMMS Board,<sup>120</sup> decades after the LMS had taken this step. However, when John Wilkinson listed EMMS Presidents, Secretaries, Superintendents and Treasurers for the first 150 years the only woman was Dr. Doris Wilson OBE. She joined the Nazareth Hospital in 1931 and was EMMS President from 1969-1971.<sup>121</sup> Much later, around 2016 solicitor Elaine Motion became Chair, and in 2019 EMMS appointed Cathy Ratcliff Ph.D Chief Executive Officer and Director of International Programmes.

For a small cohort of 61, EMMS women medical graduates achieved disproportionate distinction receiving one Kaiser-i-Hind, two OBEs, and three MBEs. Dr. Doris Wilson who was not an EMMS graduate became an OBE. Two nurses associated with EMMS received the RRC. Isabella Pringle became a fellow of the RCPE. The women also published vernacular medical literature, notably Dr. Gwen Dabb MBE FRSE in Malawi who wrote texts in Chinyanja.

## **5. EMMS and Missionary Healthcare after the 1960s.**

EMMS lost its major *raison d'être* after its last student graduated (1968). Between 1851-1968 it supplied around 440 missionary doctors to Protestant missionary societies. Its *Victoria Hospital* in Damascus closed in 1957. Between 1968 and 2002 EMMS' identity revolved around the *Nazareth Hospital* and the annual fund-raising Edinburgh carol concerts.

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<sup>117</sup> Duff, 92-93.

<sup>118</sup> AR 1900, 2.

<sup>119</sup> Representation of the People Act 1918. Equal Franchise Act 1928.

<sup>120</sup> AR 1918 6.

<sup>121</sup> Wilkinson, *Coogate Doctors* etc. 78-81.

This had two effects. Firstly, it sustained EMMS when many medical missionary societies closed as decolonised nations set their own health priorities. Mission hospitals had often focussed on curative rather than preventive medicine and were located to serve evangelistic goals rather than systematically providing healthcare for the whole population. Mission societies could no longer finance modern capital intense hospital healthcare and pay realistic salaries. Theologically, home churches questioned whether they should support Government healthcare agendas.

Secondly, by maintaining a hospital EMMS became medically and theologically marginalised. The movement emphasising preventative community medicine and primary healthcare rather passed EMMS by. The *Nazareth Hospital* did practise primary care and leading EMMS thinkers like Rev. Dr. John Wilkinson (g.1941) understood the trend from his work at *Chogoria Hospital* in Kenya, but apart from him, EMMS contributed little to a theology holistic of primary healthcare. However, until the demerger EMMS supported nurse and midwifery training, mainly of Arab women, at the *Nazareth Hospital*.

This contrasts with Difäm – *the German Institute for Medical Mission* its German sister missionary society (founded 1906) which owed much EMMS.<sup>122</sup> Without an overseas hospital it engaged more readily with primary medicine. Because Difäm was more denominationally aligned than the interdenominational EMMS its links with the *World Council of Churches* facilitated its involvement in the Tübingen Conferences 1964 and 1967,<sup>123</sup> which helped it contribute to a theology of faith based, holistic healthcare integrating healing and spirituality in the later twentieth century.<sup>124</sup> Dr. Gisela Schneider became Difäm’s Director in 2007 having worked in public health in Africa (1984-2007) while Roman Catholic theologian and medical doctor Beate Jakob wrote about health theologically in 2004 and 2012.<sup>125</sup> EMMS publication of women’s discourse emerged later

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<sup>122</sup> Grundmann, Christoffer, ‘ “Sent to Heal”, The Emergence and Development of Medical Missions in the Nineteenth Century’, Ph.D. thesis (in German), University of Tübingen 1991.

<sup>123</sup> Tübingen I (1964), Tübingen II (1967).

<sup>124</sup> <http://difaem.de/1/services/publications/>

<sup>125</sup> Beate Jakob, ‘We Can Expect Great Things from God. The Relation Between Faith and Healing’, *International Review of Mission*, 93, (2004) No. 370/1 458-473. ‘Witnessing to Christ Today. Promoting Health and Wholeness for All’, *International Review of Missions*, 101 No.1, 132-152.

in 2013 with Jane Bates' publication *Inspiring Hope – Helping churches to care for the sick* with a contribution from Cathy Ratcliff.<sup>126</sup>

EMMS' Director John Wilkinson recognised changing missionary healthcare trends speaking on health and wholeness at the *Limuru Conference* (Nairobi, 1970).<sup>127</sup> In 1974 he questioned the universal applicability of the link between word and healing in Christ's Commission to the Twelve (Mt. 7-8) proclaiming the Kingdom.<sup>128</sup> This had underpinned EMMS' ethos on medical missions epitomised by John Lowe's influential polemic. Wilkinson argued that Christ's commission was a specific, brief, geographically limited mission to nearby Jewish communities rather than universal for all churches indefinitely. Wilkinson acknowledged medical missions' achievements over 150 years in healing and evangelism but as that phase closed he predicted that in future Christians would practice their healing and pastoral vocations within secular frameworks.

At the demerger (2001), Robin Arnott, EMMS International's Executive Chairman sought partnerships with several Faith Based Organisations (the *International Nepal Fellowship*, the *Emmanuel Hospital Association* (EHA) (India) and the *Ekwendeni Mission Hospital*, Malawi owned by the *Church of Central Africa Presbyterian* (Synod of Livingstonia). Recognizing its limited resources, EMMS aimed to assist these partners through knowledge transfer and by addressing deficiencies in their health provision to help them become self-sustaining. The partners set healthcare and pastoral priorities while EMMS raised funds, liaised with trusts and philanthropists and provided project management and auditing and assurance services. Projects undertaken by EMMS with partners included anti-malaria measures, HIV/AIDS, COVID, palliative care, mother and childcare and support for the disabled in Nepal. EMMS helped *EHA* hospitals upgrade to become self-sustaining and it supported Malawian healthcare workers educate girls about illegal early marriage. To facilitate knowledge transfer EMMS helped four Ugandan healthcare workers do a BSc<sup>129</sup> and a female Zambian

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<sup>126</sup> Jane Bates, *Inspiring Hope – Helping Churches Care for the Sick* (Edinburgh, EMMS, 2013).

<sup>127</sup> Protestant Churches Medical Association & Lutheran Institute of Human Ecology, "Health is Wholeness – the Report of the Limuru Conference" (Feb. 1970), (Nairobi, PCMA & LIHE, 1970), John Wilkinson (Ed), Preface 1-2, "Why We are Here – an introduction to the Conference, 38-44. "Recent thought on the Healing Ministry of the Church" 74-82) discussing Tübingen 1.

<sup>128</sup> Wilkinson, John, 'The Mission Charge to the Twelve and Modern Medical Missions', *Scottish Journal of Theology* 1974 27(3) 313-328.

<sup>129</sup> EMMS *Impact Report 2015* 15.

nurse achieve a master's degree in palliative care and become a nurse trainer.<sup>130</sup> Malawi became internationally recognised for its integration of palliative care into its national health framework.<sup>131</sup> EMMS published Jane Bates' palliative care handbook which drew on that African experience integrating pastoral, emotional, community and medical care.<sup>132</sup> EMMS then facilitated knowledge transfer to Nepal by supporting a Nepalese nurse through specialist palliative care training,<sup>133</sup> who then trained healthcare workers in palliative care techniques 2017-18.<sup>134</sup> With EMMS support the *Palliative Care Centre for Excellence* in Pokhara, Nepal was opened in 2020 together with *Every Girl Matters Project*,<sup>135</sup> and the subsequent *Sunita programme* where palliative care measures aimed to release girls from home nursing duties to attend school.

Observing that in poor communities girls are disadvantaged in education and status, EMMS sometimes positively discriminated in favour of women. They helped them train in healthcare to earn an income, improve patient health locally and in their own families and become role models for young women. Working with the *Duncan Hospital*, Raxaul, Bihar, India and the *Duncan Hospital Charitable Trust*, EMMS supported fourteen young women to train as Assistant Nurse Midwives and three as Medical Laboratory Technologists.<sup>136</sup> In a departure from its early principles, it latterly pragmatically financed the training of auxiliary health workers short of full nurse/midwife professional standards as they had supervision and recourse to fully trained professionals within national healthcare systems. More numerous and cheaper to train they could cover wider rural areas. Their modest salaries benefited to their families and the unspoken concern was a lower propensity to emigrate. Many of these auxiliaries were women.

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<sup>130</sup> *Healing Hand*, Spring 2020, 21.

<sup>131</sup> *HH*, Winter 2020, 6.

<sup>132</sup> Jane Bates, *Inspiring Hope etc.* 2013.

<sup>133</sup> AR 2016, 14-17.

<sup>134</sup> EMMS, *The Journey to Show that Every Life Matters* (EMMS, Edinburgh, 2019).

<sup>135</sup> *HH* Winter 2020 (EMMS, Edinburgh, 2020), 3, 5, 16.

<sup>136</sup> AR 2020-2021 13.

## 7. Conclusions

The dissertation clearly establishes that directors and supporters of EMMS were active in helping the secular campaign led by Jex-Blake for women in medicine in the early 1870s, through the provision of clinical teaching denied them elsewhere, a link not previously highlighted as far as I know.

EMMS saw the potential for women's talents in missionary medicine as well as the demand from missionary societies and sought to meet it, first by training women as nurses and when medical regulations allowed it as fully trained doctors. EMMS thus opened medicine to women of respectable families of modest means, and through its innovative combination of academic and hands on pastoral training at the Cowgate dispensary, helped them become rounded missionaries. EMMS' thorough selection procedures and financial support eliminated much of the risk that worried missionary societies when employing women doctors allowing their deployment world-wide but particularly to India and China. Several EMMS women achieved distinction in healthcare.

The dissertation's analysis of the application and bursary forms offer insights into the profile of these women, their youth, backgrounds and motivations that I believe has not been done before. EMMS' interest in training women for medicine was then logically extended by supporting significant numbers of Indian and Anglo-Indian women through very cost effective bursaries at Ludhiana, as examination of Edith Brown's bursary forms and the individuals' applications reveal. This appears to be new work. In turn, EMMS' graduates in China and India established medical schools that trained indigenous doctors, nurses and midwives in institutions that survive today.

Although its formal direct commitment to missionary nurse training was confined to the Cowgate dispensary, and the Nazareth and Victoria hospitals its was significant. In these places, and China and India its graduates laid the foundations of local nursing professions. In parallel with initiatives at Mildmay and by Ellen Ranyard, EMMS' Cowgate Superintendent, William Burns Thomson saw women's potential to combine pastoral, evangelistic and nursing skills as missionary nurses so he trained them at EMMS' dispensary

and thereafter at his own dispensary and hospital in Edinburgh's Canongate. Tracing the activities of these nurses is difficult as there are no formal application forms and registers. Nevertheless, Burns Thomson nurses did serve widely including in Nazareth and Madagascar.

After the 1960s when EMMS ceased providing bursaries to train doctors it funded healthcare students to undertake their electives in missionary and resource poor locations and many female student doctors, nurses and midwives availed themselves of this opportunity.

After the 2001 demerger EMMS focussed on assisting faith based health organisations in Nepal, India and Malawi, often by supporting specialist training of women nurses in fields like palliative care to facilitate knowledge transfer as they in turn trained their colleagues. Training local women in nursing, midwifery and public health skills continued sometimes as nurses and often as healthcare auxiliaries to conform with primary healthcare priorities. Sometimes EMMS consciously exercised positive discrimination towards the training of women to compensate for the local socio-economic disadvantages that they faced and the benefits for local and family health they brought and the role models they presented for disadvantaged young women.

However, EMMS was very tardy about admitting women into senior decision making roles in governance and administration. They were very quick to exploit women's capacity for networking, fund-raising and publicity but it was over 70 years before the first women became directors and in the first 150 years it had one female President. This imbalance was rectified only in the twenty-first century.

Therefore, EMMS did encourage women into missionary healthcare, but like some of its conservative supporting churches it was readier to benefit from their expertise in the field rather than near the reins of power and governance at home until very late in its life.



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## **Appendix 2. Sample Application Forms.**

- 1. Faith Philpot-Crowther.**
- 2. Beulah Alfred.**
- 3. Application for Bursaries for Ludhiana Students from Edith Brown**



# Edinburgh Medical Missionary Society

## AGREEMENT IN RESPECT OF INDIAN BURSARIES

IN applying to the Edinburgh Medical Missionary Society for an Indian Bursary, I declare that it is my purpose to engage in Christian Medical Missionary work in North India, serving under a recognised Church or Missionary Society.

If during my curriculum I relinquish the purpose of becoming a Medical Missionary, or if within five years after receiving my qualification I shall cease to be a Medical Missionary for any cause whatever, except that of bodily disablement, I promise to refund to the Edinburgh Medical Missionary Society the outlay incurred on my behalf as a Bursar\* of that Society, the proportion repayable being lessened by one-fifth for each year of missionary service in North India. I undertake to report annually for five years after qualifying as to what Mission Work I am engaged in.

Signature.....

Boulah Alfred

Address.....

Cycle Works, Deoria U.P.

Date.....

December 17, 1951

*\* In the case of Women Bursars the Directors reserve to themselves the power to deal with special cases, such as that of a Woman Bursar marrying a Mission Agent and thereafter being in a position to carry on Medical Missionary work to a satisfactory extent.*

Application should be up to 31 March 1940.

## Edinburgh Medical Missionary Society

### APPLICATION FOR HALF-YEARLY PAYMENT :: OF BURSARY TO INDIAN STUDENTS ::

I hereby request payment of Bursaries to the following students for the half-year ending  
~~30th Sept. 1940~~  
30th Sept. 1940.

Signature *Edith M. Brown*

Address WOMEN'S CHRISTIAN MEDICAL COLLEGE, LUDHIANA, PUNJAB.

Date 21st February, 1940.

Name.	Place and Year of Study.	Professional Examination last Passed.	General Progress and Conduct.
1. C. Pharr.	4th Year.	3rd Prof. Sept. 1939.	A further progress report will be sent in due course.
2. Myrtle Flynn.	3rd Year.	2nd Prof. Sept. '38.	Exam result will be intimated in June, 1940.
3. Shireen Simon.	4th Year.	3rd Prof. Sept. 1939.	Progress report later.
4. D. Budh Singh.	3rd Year.	2nd Prof. Sept. 1939.	Exam. result in June.
5. E. Kaviraj.	4th Year.	3rd Prof. Sept. 1939.	Progress report in due course
6. C. Buck.	2nd M.B.B.S.	1st and 2nd Licentiate.	Examination in May, 1940.
7. Mary Singh.	2nd Year.		" " " "
8. G. Ram.	3rd Year.	2nd. 1938.	Away ill, report to be sent later.
9. N. McFarland.	3rd Year.	2nd. Sept '39.	Exam in May. Report later.
10. M. Allah Raz.	1st Year.		1st Exam in May - will send result and progress report.

N.B.—Remittances will be forwarded only after receipt of this Application, which should be filled up by the Sponsor, and posted not later than 1st February or 1st June, to Dr. F. O. LASBREY, 56 George Square, Edinburgh, Scotland.

### **Appendix 3.**

#### **Additional Rules for Women Students**

III. The Student shall devote herself exclusively to her education and training and shall not be at liberty to undertake private teaching or other work; she shall take her classes according to the direction of the Superintendent, to whom she shall be subject during her connection with the society; she shall endeavour to take a high place in class examinations and pass all professional examinations at the earliest available period. (Printed on Isabella Aitken's application form 1889).

XV. The Directors will not accept as a Student any woman who is under engagement to be married. Any woman Student who becomes engaged to be married shall at once inform the Directors; she shall cease to receive any financial benefit from the Society, and shall refund the moneys which have been expended on her behalf; but the Directors reserve to themselves the power to deal with and special cases should they consider it desirable to complete the medical education.

XVI. Women Students of the Society shall be accommodated in hostels or lodgings to be approved by the Superintendent in conjunction with a Ladies' Committee appointed by the Directors, which shall also act as an Advisory Committee in all matters relating to women students.

XVII. Rule XIII \* shall hold good in the case of a woman Student marrying a civilian, but in the event of her marrying a missionary in active service the proportion of outlay repayable will be as follows:- If the marriage occurs before the first year of missionary service, the whole outlay will be returned; if before the close of the second year, three-fourths; if before the close of the third year, one half; if before the close of the fourth year, one quarter. Subsequently to the end of the fourth year, no repayment will be required.

\*Rule XIII is a general rule about repayment of fees covering both men and women students who relinquish their aim to become medical missionaries or otherwise end their connection with EMMS.

June 1920.

These rules were printed on the application form and became part of the terms of service.

#### **EMMS Objectives - The Resolutions of the Inaugural Meeting of 30 November 1841.**

- I. That this meeting being deeply sensible of the beneficial results which may be expected to arise from the labours of Christian medical men, co-operating with missionaries in various parts of the world, thus giving intelligible proofs of the

nature and practical operation of the spirit of love, which, as the fruit of our holy religion, we desire to see diffused amongst all nations, resolve to promote this object to the utmost of their power, and to follow the leadings of Divine Providence, by encouraging in every possible way the settlement of Christian medical men in foreign countries.

- II. That considering the advantages that Edinburgh enjoys in being the seat of a Medical School of the first excellence, and resorted to by a large number of students from all parts of the kingdom, it is especially incumbent on its Christian public in general and on the Medical Profession in particular, to keep this good object in view, and to promote it by every means in their power and that for this purpose, a Society be now formed, under the name of the Edinburgh Association for Sending Medical Aid to foreign countries.

The Objectives of the Association:

- To circulate information on the subject.\*
- To aid other institutions engaged in the same work.
- To render assistance at Missionary stations to as many professional agents as the funds placed at its disposal shall admit of.

\*I.e., Christian overseas medical missions.

#### Appendix 4 - EMMS Women Graduates (1895-1959)

No.	Surname	First names	Married name	Application Date
1	Montgomery	Eleanor Agnes		1890
2	Aitken	Isabella		1890
3	Cousins	Agnes Lillie	Stewart	1891
4	Alexander	Christina McCulloch	Blaikie	1892
5	Crowther	Faith-Philpott	Lawrence	1893
6	MacDonald	Bess Greer	Smith?	1894
7	Sampson	K. Constance	McKillop Young	1894
8	Stevenson	Maud Muriel	Gavin	1896
9	Beath	Nina Henrietta		1896
10	Ebden	Alice Mary	Newton	1898
11	Maier	Paula	Fairburn	1901
12	Rees	Myfanwy Dyfed	Whitney	1903
13	Pringle	Isabella, Ella, Ferrier		1904
14	King	Emily		1905
15	Shawyer	Daisy Liddiard	Longland	1905
16	Ross	Marguerite	Wright	1908
17	Willway	Christine V. B.		1915
18	Cheng	Mary Jacobsen	Wright	1917
19	Tait	Margaret E N	Thomas	1918
20	Round	Margaret		1920
21	Newell	Olive Honor		1920
22	McGill	Mary A		
23	Horne	Jessie R.	Shuhil ?	1921
24	Nicholson	Barbara Kay	Roemmels ?	1921
25	Hodge	Alice Elizabeth		1923
26	Murray	Pauline Veisfeld	Pretorius	1924
27	Milne	Jean Matthewson		1925
28	Hyslop	Janet Corson	Jones	1926
29	Porter	Frances		1927
30	Watson	Winifred M	Thomas	1927
31	McTaggart	Christine McDonald	Martin	1928
32	Jenkins	Margaret Winifred		1928
33	Morton	Marjorie Beatrice		1929
34	Hudson	Mildred Patterson	Bishop	1930
35	Ljungfaldt	Hilma K C U		
36	Ridge	Jessica		1931
37	Ashton	Mary A		1934
38	Cooke	Leonore Stanley		1934

<b>39</b>	Aldridge	Frances AM	McCall	1934
<b>40</b>	Dabb	Rosina Gwen		1936
<b>41</b>	Walker	Dorothy Margaret	Toop	1937
<b>42</b>	Gray	Joan Esther		1939
<b>43</b>	Lennhoff	Liselotte		1939
<b>44</b>	MacSwain	Flora Sophia	Barry	1941
<b>45</b>	Barton	Mary Elizabeth	Torrance???	1942
<b>46</b>	Joelson	Ruth	Craig	1944
<b>47</b>	Richards	Gwyneth		1944
<b>48</b>	Mitchell	Jean S. M.	Duck	1944
<b>49</b>	Jackson	Margaret	Morris	1945
<b>50</b>	Althorp	Kathleen	Merricks	1945
<b>51</b>	Pears	Joan		1945
<b>52</b>	Campbell	Patricia	Price	1946
<b>53</b>	Papigay	Hedi	Way	1946
<b>54</b>	Latham	Elizabeth	Gardner	1946
<b>55</b>	Hogg	Rena	Partridge	1947
<b>56</b>	Gale	Brenda	Morris	1947
<b>57</b>	Caves	Joan E. G.	McCulloch	1947
<b>58</b>	Young	Joan Lillian	Bennett	1948
<b>59</b>	Manderson	Margot	Cutting	1950
<b>60</b>	Pawson	Margaret E.		1951
<b>61</b>	Ross	Mary	Wienberg	1952

## **Appendix 5.**

This list aims to record the names of a selection of women employed by EMMS or EMMS related institutions for future students as a reminder of the contribution of nurses and other healthcare occupations. It makes no claim to completeness.

### **Damascus**

Nurse Graham (Mrs Brigstocke)  
Miss Moore  
Miss Brigstocke (Dispensary Probationer)  
Miss Bullock  
Isabel Mann RRC  
Nurse Ramza  
Nurse Selma  
Nurse Hilanie  
Nurse Selma II  
Nurse Gavin  
Nurse Morgenstern  
Nurse Vartan  
Nurse Ida Johns  
Nurse Helen Kirk. [1923]

M. Moody Stuart (Matron)  
W. Tunnah  
M. Morrison  
H. Mells  
F. Carter (Dispenser)

Sitt Selma Sabbagh (Syrian Nurse with over 50 years' service)

### **Nazareth**

Elizabeth Ramage  
Edith Johncock RRC  
Jessie Croft  
Ellen Graham (Mrs Brigstocke)  
Mrs Mary Martin

### **Madagascar**

Mrs Hogg  
Nurse Razafy

### **China**

Miss Tay Kwe-in

## **SIAM**

Miss Roberts (c.1896)

## **39 Cowgate – The Edinburgh Medical Mission Dispensary and Training Institution**

Florence Nightingale Smith (married David Duncan Main 1881)

## **Pharmacists**

Mrs Mary Wright (Cowgate 28 years)

## **Administrators**

Dr. Doris Wilson OBE (EMMS President 1969-71)

Mrs Dowden (EMMS Board 1918)

Cathy Ratcliff Ph.D (CEO & Director of Development )

Jane MacGregor (EMMS Organising Secretary)

\*\*\*\*

Hope Green (Nurse married to Dr. Peter Green 1951)

## Appendix 6 – Honours and Distinctions.

### EMMS Former Medical Students

Olive Honor Newall	OBE	
Jean Matthewson Milne	Kaiser-i-Hind	
Pauline Veisfeld Murray (Dr.Mrs Pretorius)	MBE	
Leonore Stanley Cooke	MBE	FRCSE
Rosina Gwen Dabb	MBE	FRCSE
Isabella Ferrier Pringle		FRCSE

### Individuals Who Served with EMMS

Dr. Doris Wilson	OBE
Nurse Edith Johncock	RRC <sup>137</sup>
Nurse Isabel Mann	RRC <sup>138</sup>

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<sup>137</sup> War Office WO-372-23-22055. Matron British Hospital Nazareth, Royal Red Cross.

<sup>138</sup> War Office WO-372-23-27586

## **Appendix 7 - Data on EMMS' Female Applicants for Medical Missionary Training.**

This is the data behind the text and graphs describing the applicants to EMMS for support:

87 Applications from female candidates

61 Applicants undertook missionary service after training under under EMMS auspices.

26 Applicants after initial acceptance did not proceed with EMMS.

### **Of the 61 Who Proceeded:**

#### Denomination:

Presbyterian	19
Baptist	11
Congregational	7
Episcopal/CofE	7
Methodist	3
Brethren	4
Unclear	4
Total	55

#### Previous Occupation

School	31
Other education/student	7
Typist/Clerk	4
Laboratory Work	3
Teaching	3
Governess	2
Total	50

#### Family Background of Applicants Who Entered Missions

Mission	20
Clergy	7
Other	34

#### Applicants in mission Known to Have Married

37 (60%) married

## Initial Destinations:

### 1.Pre-1940 Graduates

India	18
China	13
Africa	4
Other	4
Total	35

### 2.Initial Destinations for All 61 Graduates

India	28
China	15
Africa	9
Nazareth	2
Cowgate	2
Other	5
Total	61

## Qualifications

20 LRCP&SE\*; 39 MB Ch.B.; 1 MD; 1 Unclear. Total 61  
(\* 1 already held an MD from Dusseldorf University)

Many obtained additional qualifications later often in obstetrics, gynaecology and public health. Of those 26 who did not go into mission 3 qualified MB Ch.B.

## Length of Missionary Service

Average (mean) is 12.72 years of 41 candidates of whom we have data, who gave a total of 521.5 years' service.

7 repaid fees suggesting that they married or left missionary service before completing 5 years.

## 26 Applicants Did Not Proceed to Mission

Understandably data for these is weaker It appears 9 (35%) came from mission families and 1 from clergy. 4 repaid fees. 1 died in the 4<sup>th</sup> year of her course. 2 were from Scandinavian backgrounds and 2 from German backgrounds.

Although on average slightly younger than the 61 who proceeded the unsuccessful cohort included a Salvation Army Officer, a University Lecturer, 2 nurses (one a missionary from Tanganyika, and the other from a CIM family). Four qualified as doctors.

