The Legacy of Hilda Lazarus

Ruth Compton Brouwer

“F or the members of the Christian community,” Brian Stanley has observed, “the independence and partition of India in 1947 simply accentuated the problems inherited from the colonial era of how to affirm and defend their ‘Indianness.’” The problems to which Stanley refers also faced mission-founded educational and medical institutions. Given a deeply rooted tendency in nationalist circles to regard Christian institutions, as well as Christian individuals, as fundamentally “un-Indian,” it could not be taken for granted that such institutions would be welcome in the new India. In these circumstances, for India’s Christian medical community to have secured Dr. Hilda Lazarus (1890–1978), a nationally recognized medical leader and a deeply committed Christian, as the first Indian to head Christian Medical College and Hospital (CMC), Vellore, was unquestionably a case of obtaining the right person at the right time. Lazarus served at CMC for only seven years, retiring just before the beginning of its “golden years,” 1955–70.2 Yet during her seven-year tenure she played a vital role in ensuring the survival and future success of the institution, which remains today a landmark in the town of Vellore and a center recognized throughout India for compassionate medical expertise.3 This profile provides information on Lazarus’s background and her long career with the Women’s Medical Service of the Government of India before focusing on the institutional transitions at Vellore that gave rise to CMC and her years of leadership there. The name that looms largest in CMC history is that of an American medical missionary, Ida Sophia Scudder. Beginning her celebrated medical work for women in 1900 in her missionary parents’ bungalow, Dr. Scudder went on to establish a women’s hospital and, in 1918, the Missionary Medical School for Women, the foundation on which CMC was built. Retiring from Vellore in 1946, she remained nearby until her death in 1960, a source of counsel and practical help. Like another remarkable medical missionary connected to the Vellore story, the first full-time secretary of the Christian Medical Association of India (CMAI), Dr. Belle Choné Oliver, Dr. Scudder recognized the gifts that Hilda Lazarus could bring to the cause of Christian medical education in India. When a convergence of nationalist goals and new professional standards led in the late 1930s to a requirement to upgrade medical schools like the one at Vellore, both women were eager to obtain Lazarus’s services for what would be India’s first fully professional Christian medical college. Other contemporaries in India and the West also recognized Lazarus’s gifts and the positive impact of her brief tenure at Vellore. Yet no buildings, wards, or other facilities appear to have been named in her honor, even after her death, when one-third of her estate was left to the college. Nor has her life been the subject of a booklength work. In the absence of such a study, this brief profile will, I hope, suggest something of the importance of her legacy.

Background and Government Medical Service

Hilda Mary Lazarus was born on January 23, 1890, into an accomplished family at Visakhapatnam, in southern India. Her grand-

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became secretary of the Countess of Dufferin Fund and assistant director-general of the women's branch of the Indian Medical Service. In the latter position she held the rank of lieutenant-colonel. Nor were these the last of the firsts in her career in government medical service. Lazarus was one of just three women invited to serve on the government of India's Health Survey and Development Committee, headed by Sir Joseph Bhore. Its report, published in 1946, was intended to serve as a blueprint in planning for public health and medical education for the next forty years. Though the Bhore Committee had been appointed by a government still under British control, its composition reflected changes to come in that two-thirds of its membership was Indian, including “many of the leading figures in medicine and public health in India at the time.”7 Lazarus's appointment to the Bhore Committee was thus an exceedingly important recognition of her status in the Indian medical community. Her accomplishments were also recognized in several government honors, among them appointment as a Companion of the British Empire (CBE). Meanwhile, in 1945 her sisters in the medical profession chose her as president of the Association of Medical Women in India.

Given this background, it is scarcely surprising that Lazarus was regarded by Oliver and Scudder and many of their colleagues in the medical missions community as the ideal person to become CMC’s first Indian head. For those who did not know her, it was perhaps less easy to see why Lazarus agreed to leave the WMS a year before her retirement and, already in her late fifties, to take responsibility for an institution that would clearly face a struggle even to survive. Yet her Christian commitment was deep and strong. Not only had she grown up in a home that had implanted an ethic of Christian service, but she had contributed over the years in a variety of ways to the work of medical missions in India. She was a respected member of the interdenominational Vellore Council, which, together with the British and North American sections of the Governing Board, determined broad policy and future directions for the Missionary Medical School for Women. She was also an admirer of Scudder and, as a result of overseas furlough travels, already well known to “Friends of Vellore” committees and other important mission-support constituencies in England and North America. Thus, when an opportunity came to help secure a future for a fully professional Christian medical college in an independent India, it seems clear that she felt a sense of vocation to take up that opportunity, notwithstanding the difficulties to be faced. Some background on the factors that led to the transition at Vellore in the 1940s from the Missionary Medical School for Women to the coeducational Christian Medical College will help provide a context for Lazarus’s years there and suggest why her long period of successful government service was of such importance.

**New Challenges: The 1930s and 1940s**

Nationalism and new standards of medical professionalism combined to create unique challenges for the medical missions community in India during the already difficult years of the Great Depression.7 The Missionary Medical School for Women could not escape those challenges. The dilemma facing Scudder’s institution and the two other Christian medical schools in India in the late 1930s—those at Ludhiana and Miraj—was the same as that facing numerous other medical schools in the country: they had been training doctors to a licentiate level rather than to a fully professional standard, offering diplomas (usually for L.M.P.’s, Licensed Medical Practitioners) rather than the degree of M.B.B.S. (bachelor of medicine, bachelor of surgery), available only through affiliation with a recognized university. For Indian nationalist modernizers anxious to make their educational and medical institutions as respectably professional as those in the West, the licentiate level of training was no longer acceptable. Steps to legislate more rigorous requirements for medical education began in the late 1930s with Indian politicians in the Madras Presidency, where Scudder’s school was located. At the time the University of Madras was widely regarded as the premier university in India, so the state’s leadership in this matter was not surprising. Scudder had already been seeking funds in the United States to upgrade her school even before the Madras government issued its ultimatum to licentiate-level institutions to develop their staff and facilities to meet degree-level standards or cease teaching. Inevitably, the new requirements made her task much more urgent.

Meanwhile, under the leadership of the indefatigable Dr. Choné Oliver, the Christian Medical Association of India had been working since the early 1930s to establish a fully professional Christian medical college. An association of Protestant medical missionaires and other Western and Indian doctors who shared its objectives, the CMAI recognized the urgency of providing Indian Christian doctors with the level of training and commitment necessary to work as colleagues in mission hospitals. But as at Vellore, the stumbling block was money. In these circumstances cooperation between the CMAI and Vellore seemed an obvious approach. The CMAI, however, had been committed since 1932 to establishing a coeducational institution, while Scudder and the American section of the Vellore Governing Board, which raised most of the funds for her school, remained wedded to its long tradition of “women’s work for women.” This difference resulted in years of delay. It was not until 1943, some five years after pressure in favor of coeducation had been brought to bear by senior representatives of overseas ecumenical committees and denominational mission boards, and after a lengthy tour by Scudder in the United States, that the Vellore Council finally won approval from the American section of the Governing Board to work with the CMAI for a coeducational Christian Medical College.8

In addition to coming to terms with the fact that it would be difficult to raise funds for even one fully professional Christian medical college for India, those who had previously held out against coeducation were brought round by arguments that coeducation was acceptable, even desirable, in a modernizing India and by the urgency of training Indian Christian doctors who could be, in Oliver’s words, “colleagues and eventually successors.” Especially in the context of wartime India’s increasingly strong demands for independence, there was great pressure both to upgrade and to Indianize Christian medical education. In a colonized country where Christianity had made only a
tiny dent, and that mainly among people whose commitment to
nenationalism had long been questioned, Christian institutions
were tainted by their assumed links with colonialism and thus
had to demonstrate that they would have both utility and a
strong national identity in a future independent India. A state-
ment in the CMAI Journal in 1942 referred to the need to create a
Christian medical college “so strong and so distinctive in its
contributions to the needs of India that its value cannot be
questioned by any government or medical council of the future
... [able] not just to conform to the minimum standard for

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University affiliation but to develop a college that can give a lead
in lines that need emphasis such as research, service in rural
areas, [and] the moral and spiritual basis for healthy living.”
Fortunately for the medical missions community, independent
India’s first prime minister, Jawaharlal Nehru, was prepared to
accept and even welcome Christian institutions like the one at
Vellore if they could help deal with India’s massive health and
social problems. Fortunately, too, in Hilda Lazarus, Vellore was
going someone with a nationally recognized reputation to deal
with the challenges that lay ahead.

Seven Years at Vellore

When she took up her role as principal in the summer of 1947,
Lazarus faced many challenges beyond those directly related to
the profession of medicine. There were administrative, political,
and financial problems to be dealt with if CMC was to obtain full
and permanent affiliation with the University of Madras as a
recognized professional medical training college. When she
arrived, there were, in effect, two Velloses in existence. Though
they had shared staff and facilities and both were referred to
informally as Vellore, there continued to be separate councils for
the Missionary Medical School for Women and the newly emerg-
ing CMC until they officially amalgamated in August 1948. By
then, the “old Vellore” had upgraded in stages, having obtained
approval from the university in 1942 for teaching twenty-five
women students for the first two years of an M.B.B.S. degree and,
in 1946, getting provisional affiliation with the university for
teaching the third, fourth, and fifth years. An outpatient depart-
ment for men had opened in 1944, and three years later the first
male students were admitted.

These changes were taking place at the same time that Vellore
was dealing with a frequent turnover in leadership. With
Dr. Scudder’s departure to the United States in 1941 to raise
funds, a longtime colleague had become acting principal. She
was replaced in 1944 by Dr. Robert Cochrane, an internationally
renowned leprosy specialist, who also served as director. Lazarus
at first succeeded Cochrane only in the principalship, but when
he resigned as director early in 1948, she took on that role as well.
In September she donned yet another hat, undertaking a four-
month tour of North America as a fund-raiser for Vellore. Her
departure necessitated the appointment of yet another tempo-
rary administrator, Dr. Carol Jamieson.11

Dr. Lazarus’s prolonged absence so soon after her arrival
undoubtedly added to concerns among staff and supporters
about the frequent changes in leadership, especially given the
many challenges Vellore was facing. Yet most of these challenges
required large infusions of money, far more than was available in
the new India. Although Scudder’s medical work for women had
received much favorable attention in the interwar years, the “old
Vellore” lacked the infrastructure and staff to offer more than
L.M.P. training. Indeed, most of the doctors, including Scudder
herself, lacked the qualifications necessary to meet University of
Madras requirements for training medical students to the M.B.B.S.
degree. As the Vellore Council secretary put it in 1944, the
difference between an institution like the old Vellore and what it
had to become to obtain permanent accreditation was akin to the
difference “between a kindergarten and a high school.”12

Prior to Dr. Lazarus’s arrival, steps to address the staffing
problems had been taken through recruitment efforts within
India and in the West. Beginning in 1942, and continuing even
after her formal retirement as CMAI secretary in 1944, Dr. Oliver
had sought out staff with the medical qualifications necessary for
teaching M.B.B.S. courses, among them the young and able Dr.
Jacob Chandy, who returned from his postgraduate studies in
North America to begin the first neurosurgery work in India.
Likewise, Dr. Cochrane sought faculty who could fill urgent
needs, bringing to Vellore medical couples like Paul and Marga-
ret Brand, who, like him, made significant contributions to
leprosy work.13 Some longtime Vellore staff upgraded their
training or, like Dr. Carol Jamieson, obtained British Common-
wealth qualifications in order to meet national government
requirements. Even so, as Lazarus explained in her first report,
there remained inadequacies in the facilities and staffing for
some mandatory departments in the training hospital at CMC
and a lack of “security of finances,” with the result that full and
permanent accreditation by the University of Madras was de-
layed until 1950.14 Given such circumstances, that furlough in
North America shortly after her arrival was in fact a necessity, a
means of reassuring supporters that the new Vellore was in
competent hands and worthy of ongoing support.

Returning to Vellore in January 1949, Lazarus was once
again in charge of an institution still in the process of reinventing
itself. With the encouragement of government and university
officials, it had begun India’s first degree-granting nursing pro-
gram in 1946. It also pioneered other specialties in addition to
neurosurgery and began planning for a leprosy sanatorium and
a mental hospital. While the men and women responsible for
developing these areas of expertise were drawn to CMC by a
sense of vocation (they could have earned much more in govern-
ment work or private practice), they were also professionals
anxious for the facilities that would make their particular special-
ties as strong as possible. Inevitably, the resulting pressures
forced Lazarus to make tough decisions about allocating scarce
physical and financial resources. Not surprisingly, she began to
show signs of strain. “Do pray . . . for Hilda,” wrote colleague
Frank Lake. “When she gets too tired, she tends to become very
critical and rather difficult.” Even in these circumstances, he
added, she “continues to guide the affairs of state with surprising
clear-sightedness and efficiency.” Like a senior official with
“Friends of Vellore” in England, who described Lazarus as “an
outstanding and widely respected administrator well able to
cope with Madras University and government authorities,” Dr.
Lake called for a division of responsibilities as a way of lighten-
her burden.¹⁶

In 1950 Dr. P. Kutumbiah, a senior medical educator who
had retired from the Madras Medical College, succeeded Lazarus
as principal. Yet she continued to teach and perform operations
in obstetrics and gynecology and to do religious work with
students. She also participated in conferences and became CMAI
president. And as director of CMC, she still faced administrative,
financial, and political challenges. The college remained depend-
ent on overseas sources for most of its funds and for some
specialized staff. As a Christian institution in an overwhelmingly
non-Christian country, it sometimes faced criticism for its exter-
nal links. There were additional hurdles to be overcome in
establishing viable relationships with the national and state
governments and the University of Madras. For instance, in
order to receive funding from the Madras government, CMC had
to deal with questions about such matters as the number of non-
Christian students it was prepared to accept. In 1950 Lazarus
argued successfully against a proposed increase by pointing out
that CMC already did more in acceptance of non-Christian
students than some non-Christian institutions did in acceptance
of Christian students.¹⁷ The skill and determination with which
she made this argument did not stem from hostility to the
aspirations of the new India but rather from a commitment to
keeping CMC a strongly Christian institution, even as it became
increasingly Indian. In old age she recalled that she had re-
dponded to parliamentary concerns about proselytization within
the hospital not by denying that it had taken place but rather by
declaring that the institution’s clear religious commitment was
something many patients found helpful. Indeed, she seems to
have practiced and defended forms of overt evangelism that
many medical missionaries had by then eschewed in favor of a
more informal approach and the witness provided by their
professional and personal lives. It was one of a number of areas
in which Dr. Lazarus and Dr. Cochrane differed in their ap-
proach to leadership at Vellore.¹⁸

The Lazarus Legacy

In her presidential address to the CMAI’s fourteenth biennial
conference, at the end of 1953, Dr. Lazarus took mission hospitals
and their home boards to task for being slow to appoint Indian
doctors to positions of leadership and to grant them the same
opportunities available to missionaries. In the same address she
insisted that leadership in a Christian medical college should go
to “the best individual for a particular post, irrespective of race
or nation.” While her remarks may have seemed confusing to her
audience, even contradictory, they reflected her attempt to ad-
dress both national, or “justice,” issues and issues of institutional
priorities. When she retired early in 1954, she signaled her
commitment to the latter position by recommending an Ameri-
can medical missionary, Dr. John S. Carman, as the best person
to succeed her. Her recommendation may have disappointed
some members of her staff, particularly some of its gifted and
ambitious young Indian doctors, but it is unlikely that they
questioned the disinterestedness of her motives or the sincerity
of her concern for CMC’s future.¹⁹

During her seven years at the college Lazarus had done a
great deal to strengthen its position within India. The stellar
national medical reputation, decades of experience, and connec-
tions within government that she brought with her were, in
themselves, significant gifts to Vellore. This point bears empha-
sis, since in the postcolonial era many mission institutions lacked
respected and experienced leaders and went into a state of
decline. On the ground, Lazarus deployed her time and talents
and the necessary tough-mindedness to cope with the numer-
ous, often conflicting, pressures associated with her roles. A
resolution in the College Council minutes at the time of her
retirement stated that through the things she had done for
Vellore as its principal and director, Lazarus had “helped raise
this institution to the unique position it now occupies in India.”

Her insistence on high standards left Vellore significantly strengthened.

The resolution also noted that rather than accept the retirement
“purse” equivalent to six months’ salary offered by the college,
she had requested that the money be put toward the year’s
budget.²⁰

Given the contributions she made to Vellore, it seems impor-
tant to ask why Hilda Lazarus does not loom larger in its
institutional memory or in the memories of former colleagues.
The low-key gift to a budget rather than a building may be part
of the reason. Perhaps more important, even colleagues who
remembered Lazarus fondly for acts of tenderness and sympa-
thy, as well as for medical and administrative skill, acknowl-
edged that she could be difficult, demanding, and intimidating
and that she was not someone who formed easy and intimate
friendships. Indeed, her penchant for privacy and the “very
strong personality” that made her “a leader among women of her
time” perhaps precluded such friendships, even as her steely
determination and insistence on high standards enabled her to
take the helm of an institution in transition and leave it signifi-
cantly strengthened.²¹ Lazarus’s legacy, then, as the first Indian
director of the work begun by missionaries at Vellore is not to be
found in personal tributes or physical monuments but rather in
her contribution to indigenizing and professionalizing a vener-
able institution while retaining its strong Christian identity and
preserving it for the India of the future. CMC’s Web site cel-
brates the vision of founder Ida Scudder. Perhaps in time there
will also be a place for the accomplishments of the remarkable
Indian doctor who successfully led it into the postcolonial era.

Notes

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8. Approval of coeducation by the American section of the Governing Board led to the resignation of its most powerful figure, Mrs. Lucy Peabody, formerly Vellore’s most ardent fund-raiser and a faithful friend of Scudder; Dorothy Clarke Wilson, Dr. Ida: The Story of Dr. Ida Scudder of Vellore (New York: McGraw-Hill, 1959), pp. 293ff., 304.


17. Ibid., Lazarus to Miss Freethy regarding “Capitation Grant from the Government,” July 22, 1950, and accompanying related documents.


Selected Bibliography

General Note on Sources

Hilda Lazarus left few papers bearing on her careers in government and mission work, but the manuscript records mentioned below are helpful. Two brief autobiographical sketches written in old age, “Dr. Hilda Lazarus,” a typescript, and Autobiography of Hilda Mary Lazarus, printed at Visakhapatnam, contain information on family and professional background, as does Dr. Hilda Lazarus, a booklet compiled by family members and published in 2000 by Friends of Vellore, U.K. These sources have been supplemented by numerous articles in the CMAI journal, among them two profiles of Lazarus: “Dr. Hilda Lazarus Honoured,“ vol. 17, no. 6 (November 1942): 332–33, and “Dr. Hilda Mary Lazarus: Our New Principal,” vol. 22, no. 6 (November 1947): 209–10. Medical personnel formerly associated with CMC provided helpful insights and clarifications. For background on the establishment of CMC, see Ruth Compton Brouwer, Modern Women Modernizing Men: The Changing Missions of Three Professional Women in Asia and Africa, 1902–69 (Vancouver: UBC Press, 2002), chap. 2.

Manuscript Records

In the Archives Library, Christian Medical College and Hospital, Vellore, see especially:

- Dr. Jacob Chandy file, CMC-D/18/51 (contains some useful correspondence from Lazarus’s term as CMC’s director).
- Lazarus box (chiefly photographs and postretirement correspondence).

Minutes of Meetings of American and British Governing Boards.

Additional information relevant to Lazarus’s career at CMC can be found in:

- Friends of Vellore Collection, Private Papers, India Office Records, British Library.
- Glenna Jamieson Fonds, United Church/Victoria University Archives, Toronto.