

*From Bogra to Calcutta Medical  
College in Colonial India and  
Beyond: A Postcolonial and  
Feminist Perspective on my  
Mother's Life<sup>1</sup>*

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**Abstract:** *My paper is a biographical account of my mother's life (1918?-1965), from Bogura in then-East Bengal (now Bangladesh) to Calcutta Medical College and subsequently, till her early death in 1965. I offer a postcolonial and feminist perspective on her circumstances, as a woman of modest means in colonial India, her aspirations, the new opportunities available for women to enter medical education, and her achievements. However, at a particular juncture in Indian history (approaching Independence and Partition), my paper discusses the choices she would need to make and the consequences for her of those choices. Western scholarship on the representation of mothers in text and culture is largely dichotomous in relegating women (as mothers) to the private sphere, and fathers to the public one. I suggest it is possible to offer a more integrated and authentic perspective on an Indian woman's life, drawing from indigenous sources such as religion, philosophy, and Ayurveda. In the end, however, I suggest that a "real" life does not conform tidily to theoretical schemas, whether Western or postcolonial, even as a feminist perspective does throw light both on women's agency as well as systemic, patriarchal constraints that stand in their way.*

**Keywords:** postcolonial biography, colonial India, women in medicine, feminism



**Surabala Karmakar, Calcutta Medical College, 1941**

### **Introduction**

My mother's maiden name was Surabala Karmakar (1918?-1965), born in Bogura, present-Bangladesh. She was an award-winning medical doctor, who graduated from Calcutta Medical College (CMC), in 1941. I knew her only into my early teens, as my mother, and that she was a doctor--but nothing at all of her life's story, her aspirations and achievements. Hence, a deeply personal sentiment inspires my paper, to give voice to a mother dead at about 47, to learn how her life, but also early death, continue to illuminate and inform my life-choices to this day. This is less a chronological account of Ma's life but, rather, as a scholar and post-colonial feminist, an attempt to "discover" and critique the circumstances of that life—in colonial then post-colonial India, the choices she made, the constraints she experienced as a woman, and at a point in the history of the subcontinent, a half-century after her death. My efforts necessarily leave many questions unanswered.

I have “discovered” Ma’s life from various sources: scholarship on women and medicine in British India, surviving documents pertaining to her educational and work records, and from what Hirsch (1998) calls “memory archives,” as distinct from historical records. These include my father’s unpublished memoir, my own memories, surviving family photographs, and anecdotal accounts from family and friends.<sup>1</sup> I ask, what opportunities for an education and a career were available to her? What was the climate for women who aspired, at that time? What role did Partition of Bengal play in the trajectory of her life and her choices? What were her own family circumstances, as these frame both her achievement in her day, as well as her subsequent decisions? How do I understand her early death, beyond its factual cause, a stroke?

### A theoretical frame

Western feminist analyses, drawing on psychoanalytical models (primarily from Lacan 1977), note that mothers in text and culture are represented as more body than mind, “nature” rather than “culture,” and without voice in their private, domestic sphere—whereas “culture,” language, and the public sphere are associated with masculinity and the father (Bailey and Cuomo 2008; Boulous-Walker 1998; Cahill 1988; Hirsch 1989; Siegel 1999). Both Boulous-Walker (1998) and Hirsch (1989) note the limitations of Western analyses of motherhood, and call for new theories that will address differences among mothers in other social, cultural, and historical conditions.

A postcolonial perspective offers norms of motherhood that are less dichotomous than Western perspectives suggest and offer other ways of seeing the world. Narayan (2003), critical of Western feminist assumptions when applied to non-Western contexts, points to Hindu concepts of valued feminine potential, while Ashish Nandy notes the inapplicability of Freud to the Indian context (cited in Moore-Gilbert 2009:xix; see also Samanta 1992). A.K. Ramanujan (1990), an anthropologist and folklorist, observed that “in the Indian way of thinking,” “nature” and “culture” are both cultural constructs, not easily extricated from each other. In a seminal 6<sup>th</sup> century text the Hindu mother goddess Kali battles, then devours demons who threaten divine hegemony and all creation. She emits “frightful” roars, and laughs “terribly” as she does so (Swami Jagadiswarananda 1953, DeviMahatmya, 7:19). Hymns to the “undefeated” goddess (Aparajita) praise her as the embodiment (*rupa*) of motherhood, of Shakti (“power”), and of creation itself. However, she is also lauded as the *rupa* of judgment, intelligence and wisdom (DeviMahatmya, 5:12-80; 11:4-23). In Ayurveda, the ancient indigenous Indian medical system, a woman’s blood simultaneously incorporates the physical as well as moral and mental qualities of her potential motherhood, her ability to physically and morally nurture the fetus, and the child once born. The married Bengali woman wears red on her person to symbolize this potential, and shares her shakti substantively with the goddess (Devi Mahatmya, 11:6; Inden & Nicholas 1977; Samanta 1992).

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<sup>1</sup>My sister, Sumita Pillai, my paternal uncle, late Bipul Kumar Bardhan Ray, and my paternal aunt, Sima Deb were especially helpful, and also a friend’s mother, whose husband was my parents’ classmate in CMC

In Indian philosophical thought the concepts of mind and body are, likewise, integrated. The English “mind” and Bengali *mon* are linguistically cognates, respectively descended from sister languages Latin (*mens*), and Sanskrit (*manas*). While the “mind” is distinct in its functions from those of the body in the Western, Cartesian connotation, the Indian ‘mind’/*mon* simultaneously thinks, reflects, remembers, holds secrets, feels emotion, and can be broken, like the (English) heart. It does not perish but is reborn, as the *whole* person, in its next “home” (Budhananda 1991; Samanta 1998). In hymn, the *mon* is offered as a gift of the person, mind and body, in surrender to the goddess. In this excerpt from a well-known hymn to the Mother Kali, the *mon* is conflated with the (red) hibiscus, traditionally offered in worship:

*Mon*, become the hibiscus at my Mother’s feet!  
 ...*Mon*, don’t forget your compassionate Mother  
 Her blood-covered form will be your refuge;  
*Mon*, at those dark feet, surrender yourself entirely;  
*Mon*, become the hibiscus at my Mother’s feet!

Ma had considerable ability (*shakti*), became a doctor in her day when few women attended or successfully graduated from medical college, and, as a single woman worked till 1948 in a man’s world, supporting her family. Yet, married and as a mother, in both her personal (social) and historical circumstances, she would ultimately not have a career in medicine. It appears that even where tropes in different contexts (indigenous medicine, religion, philosophy) appear to empower women, metaphor and historical and personal reality may be inversely related. My “real” mother’s life had to negotiate other, more subtle articulations of multiple patriarchies. Even as Ma confronted, at a critical juncture in Indian history, the social, cultural and class norms of her day, the specifics of her life’s story do not fit tidily into Lacanian and Freudian theoretical schemas, even as a post-colonial and feminist perspective offers some meta-context to understanding her life and, possibly, her early death. She was an ambitious, intelligent and capable woman, restricted by circumstances to a domestic sphere as wife and mother, ultimately silenced in mind and body, and with finality.

In the following two sections I discuss the historical context in which Ma became a doctor, the cultural, social, and economic obstacles she confronted, then the unconventional mother family, friends, and I remember. I conclude with my reflections as a feminist on the systemic issues Ma both confronted but also transcended, and from a postcolonial perspective how a “real” life both conforms to but also subverts normative cultural models.

### **Ma, in history**

Through mid-19<sup>th</sup> century into the 20<sup>th</sup>, the “woman question,” with a focus on women’s education, would be at the center of Indian reformers’ modernist aspirations, as India approached independence from British rule. The British initiative for educating Indian women in medicine was impelled by their concerns about access to those secluded and affluent women of the *zenana*, wives and family of Indians who donated to and supported the British. It was also a public health issue, one of addressing high maternal mortality rates from tuberculosis and tetanus. The Lady Dufferin Fund, set up in 1885, was designed to be a separate medical system employing women doctors to serve in “*zenana*”

hospitals. Employment in a Dufferin hospital was seen as highly prestigious (Arnold 1993; Bala 1991; Chatterjee 1997; Forbes 1994; Ray 1995; Seth 2013).

The upwardly mobile middle classes (*bhadralok*) were especially invested in educating their women (see Chatterjee op. cit; Ray op. cit.; Seth op. cit.). Ma came from such a family, albeit of very modest means, and was the oldest of four siblings, two younger brothers and the youngest, a half-sister. With her lawyer father's (primarily moral) support Ma rode this wave of opportunity for women in British India, while her siblings graduated, at best, from high school. Forbes (op. cit.), a historian, has noted the difficulty for Indian women to study the sciences at all at the time, given the belief in the frailty of the female mind, and social stigma associated with women in public spaces. A facility in reading, writing and speaking English was mandatory for admission to CMC. However, prior to this, a preliminary degree in the sciences was required, also requiring fluency in English. Ma acquired her excellent English speaking and writing skills initially at the reputed Vidyamayee Girls' High School, in Mymensingh, present Bangladesh.<sup>1</sup> Subsequently she received her Intermediate in Science two-year diploma at Vidyasagar College in Calcutta. In 1935 Ma entered CMC, then the most prestigious medical college in eastern India, earning the higher of two types of medical degree, the Baccalaureate of Medicine (MBBS).<sup>2</sup>

Given the much higher costs of a medical education, at five times the cost of medical schools and affordable for affluent students (Bala 1991), Ma attended CMC on a scholarship, but offered tuitions to make ends meet, especially since she also helped out her struggling family in Bogura. Yet, friends and family recall a woman who laughed heartily ("from her *mon*," said an aunt to me), smoked cigarettes, and held hands with Baba, my father (her classmate, Sushil Kumar Bardhan Ray) under a dissected cadaver in anatomy class. An album of photographs compiled by her (her name appears on the inside cover, followed by the date February 1942), reveals a young woman aware of her beauty, posing in studios by herself, or with her girlfriends. In other pictures she is participating in college sports, or casually posing on college grounds. In an entering class of ninety seven men to eight women only five women, including Ma, would graduate.<sup>3</sup> Ma was awarded, in their graduating year, 1941, three medals inscribed with her name, 'Surabala Karmakar': the Sir Chunilal Bose silver medal for "3<sup>rd</sup> M.B.," a silver with gold rim medal engraved with the name of the then-Viceroy of India, Lord Linlithgow, and the Roma gold medal for the highest award in Calcutta University for Surgery.

A CMC graduation photograph depicts Ma sitting in the front row, the only woman among thirteen men (where such photographs were taken in batches). Her posture is interesting. Her left leg is stuck out in front, the sole of her shoe to the camera, suggesting the spirited woman friends and family

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<sup>1</sup> After the Indian Mutiny (1857) the British withdrew support for government-funded schools. The Bengali *bhadralok* and landowners (*zamindars*) established and endowed girls' schools which could teach in either English or Bengal, or both. The *bhadralok* saw competence in English as a mark of status and upward mobility, leading to white collar jobs, like medicine (Bala 1991). A classmate of Ma's at Vidyamayee Girls' School would many years later tell me "how excellent a student Surabala was!"

<sup>2</sup>The Vernacular Licentiate Practitioner of Medicine was acquired in a four-year program at medical "schools" rather than the six year program in elite "colleges" like CMC (Bala 1991:123)

<sup>3</sup> Annual Report on the Working of the Medical College, Calcutta for the year 1935-36, Page 25

remember. “Phenomenal,” said an uncle to me, about her achievements. She also holds no diploma, even though I have this document with me, along with her medals.



Ma received her certification in June 1942, and worked at the Lady Dufferin (Imambara) Hospital in Chinsurah, Hooghly district, in pre-Independence Bengal state. She left after being sexually harassed by the District Magistrate (my uncle said to me, while Baba is deliberately vague in his memoir about this incident). Ma then worked at the Lady Dufferin (Victoria) Hospital in northern Calcutta from February 1943, for two years. She interviewed with and got a position with the Women’s Medical Service. However, she turned down this prestigious job and went to work at the state-run Shambhunath Pandit Hospital (SNPH) in Calcutta in February 1945, possibly because of family responsibilities.<sup>1</sup> Several letters, written by senior hospital officials in testimonials, attest to Ma’s excellent work in women’s health, her management skills, her competency in gynecological surgeries and anesthesia, her pleasant ways, and patients’ high regard for her.

Ma continued to work as my father, a “military student” at CMC who had joined the Indian Medical Service on graduation, left with the British Indian regiments for the war in Europe, in early 1945. She would describe to me the bodies of the rural poor lying on the streets of Calcutta, in the human-engineered Bengal Famine (1943), and, as an emergency room doctor, treating the horrific injuries of Hindus and Muslims in conflict, prior to Independence (1947). As my father returned to India after Japan’s surrender in 1945, my maternal grandfather died of a cerebral stroke, leaving Ma as the sole

<sup>1</sup> Forbes (1994) notes that British women doctors recognized those Indian women who had their degrees from England, but looked down on those with licentiate degrees from Indian medical schools. The Women’s Medical Service was set up mostly for British women who sought medical careers in India, and as a counterpart to the all-male Indian Medical Service

support for her family of three siblings and her stepmother. She married my father, on April 17<sup>th</sup>, 1946, across social difference, and against some resistance from my paternal grandmother who objected to her lower caste and class status.<sup>1</sup> My paternal family, too, found itself in difficult financial straits at around independence and Partition (1947), when my grandparents sold, for a pittance, their farmland, fruit and vegetable gardens, and spacious home in Srimongol (Sylhet district, in present Bangladesh) and moved to a cramped, dark and small rented flat on the ground floor of a house in southern Calcutta. They expected to return, but were never able to. My father's modest income as a young doctor in the military helped support his parents, and contributed to the support of thirteen other siblings, as well as extended family. His income would also help support one of Ma's brothers, and her half-sister over the years, as I myself saw.

Ma worked at SNPH until late into her pregnancy with me, end-1948, when she fell ill with high blood pressure. She resigned her position and joined my father, then posted in Pune, in western India. Baba would have a good career as a radiologist in the Indian Army's Medical Corps, into which he was commissioned after independence. However, while Ma worked part-time between the years 1959-1962 in reproductive health clinics run by the Red Cross in towns where my father was posted, she would never again have a career.

### **Ma, as I remember her**

Who was Ma, as a person? I provide only some brief vignettes in this paper. Ma was ambitious for her daughters—she was uncompromising in her expectations of academic excellence, beginning as early as Class 6, and brooked no shortfall in my grades or class rank. My younger sister and I were sent to excellent and expensive schools teaching in English, and run by European nuns, Catholic through middle school, then Protestant ones. This could not have been easy to afford for my young parents, but in postcolonial India such an education afforded the best opportunities, as well as social status—and we were being given every advantage. Ma expected the absolute best of me, berated me if I fell short, but rewarded me (with books) if I measured up to her expectations. However, this education in English was at the cost of my learning to read and write in Bengali (though I spoke this language at home). In fact, I would come to realize in some outrage much later in life that I did not have access to the rich heritage of Bengali literature, and would teach myself especially to read in Bengali, and eventually publish a book of translations from Bengali literature (Samanta 2000). Ma gave short shrift to my intense love of sports, and my athletic achievements (two track and field championships, in two consecutive years, in high school), for fear that an injury might jeopardize the future she had in mind for me.

Yet she was also gentle, tender and loving. She stayed up through the night massaging my back with hot oil after a severe sports-related injury. Earlier, at age eight, as I was being taken to the hospital with acute appendicitis, Ma, who had diagnosed my condition, sat next to me on the ambulance and wept all the way (I remember being surprised given how unsentimental she usually was!). In a

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<sup>1</sup> Ma was also a Kayastha, but of lower status as a Karmakar than my Kayastha, land-owning paternal family

postcard written in Bengali to my father, dated 1963, as he sees to family affairs in Calcutta after his father's death, Ma is caring, concerned, and in control. She informs him that she has taken care of an abscess on her thigh at the hospital (using medical terms in English), and then writes twice that "the children are doing well." She was not particularly fashionable, or concerned too much with domestic matters such as cooking, though we lived in a clean, well-organized home (the Army subsidized domestic help). Ma stitched our dresses, knitted for our dolls, and embroidered cushion covers. She dealt unsentimentally with my beloved dogs over the years, even "losing" one that reproduced, along with the puppies. Yet, she allowed me to roam freely with my young friends through the fields and woods that surrounded the old British bungalows in which we lived and which the Army allocated to its officers—spaces with fierce monkeys, and poisonous snakes--a freedom I reveled in then, evidently survived, and which instilled a love of the outdoors that remains with me today.

But, I ask as a feminist, did Ma have a voice about the circumstances of her life? A loud one, to my young ears. I feared her fierce wrath, colorful curses in Bengali (often directed at her daughters), her frequent impatience with me, her bookish and unworldly child. She certainly had angry arguments with my father. She roundly beat her younger sister into taking a nursing examination, as I, then nine, watched in awe, when the latter balked. But there was no inheritance, and two irresponsible brothers. My aunt would take the exam, go on to make a living, and have a career as a nurse, rising to the rank of matron in Chittaranjan Cancer Hospital in Calcutta.

Yet, in a lasting and powerful memory of her, in early 1965, Ma is pale and thin as she sits on the verandah of our home in Pune, watching me leave for the tennis courts. That image is wrenching and deeply painful for me, years later, in its utter silence, her extreme vulnerability—in stark contrast to the mother I had known. Her third and final stroke (she had had two milder ones prior) was precipitated, I am told, by her brother in an unpleasant demand for money—the final betrayal, perhaps, by one who should have been a source of support to an ailing sister. The day she fell into her final coma (in February 1965) I can recall the exact moment that, as she lay on her bed looking at us, there was a flash of recognition then her gaze faded, and she left us. She lay for forty seven days in a coma at the military hospital, as her teeth and hair fell out, her beauty faded. We watched her die, even though I did not consider that possibility. I did not know what death was then.

Ma was cremated on a wood pyre. My father and I sifted through her ashes, to collect and cast into the river at her funeral in Calcutta. I found a small, charred piece of bone. Even as my young mind asked how this was all that could be left of my lively, lovely, fierce mother, I showed the bone to my father. He said quietly, "That's the bone from the forehead. It does not burn easily." I reflected even then that my heretofore assured and unquestioned childhood could never again be so. Today, I reflect on the irony of what my father said. Behind that remnant of bone there had been a mind, the intense intelligence of a woman who had dreamed in her day of what she could be. It is above all the need to connect those images, the beautiful and spirited doctor in the CMC graduation photograph, the ailing mother watching me in silence, and the bone I held in my hand after she was cremated which have inspired this journey of discovering and telling Ma's life-story.

## Conclusions

In a culture where the deity can be conceptualized as feminine, is the Hindu goddess a feminist? There appears to be a consensus among scholars that she is not a feminist, rather that she is a patriarchal conception (Hiltbeitel and Erndl 2000). Kali's Shakti is used *instrumentally* to feminist ends, for example, as the name of a contemporary feminist publishing house, Kali for Women, or as a nationalist symbol of the Bengali motherland in the independence struggle. Sunder Rajan (2000) observes that the divide between goddess and women can be maintained by patriarchal systems without contradiction, and that such metaphors are not correlated with the actual, contemporary status of Indian women, seen in skewed sex-ratios, poor life expectancy, low literacy, and subjection to violence. Namely, even as the goddess *appears* to empower women, she does not.

But, like Kali, Ma was the punishing, yet protective, sometimes-tender mother. She was certainly intelligent, like the goddess, who is described in hymn and text as the embodiment of *buddhi*. Yet she was not religious, and no altar to the deity graced our home. Where so many Bengalis explicitly see human mothers as akin to the goddess (as do texts on the goddess), I doubt Ma did. She would dismiss, too, as a doctor, the indigenous notion that a woman's blood embodied maternal love and ethics as distinctly unscientific. She was not easily compliant, or domestic-minded. Living and growing up herself at a time when women were aspiring to an education her love expressed itself not in sentiment but as her fierce aspirations for her daughters' educational success—and in English-medium schools. Such an education would afford her girls opportunity as well as, even today and many years after independence, the status that an education in the vernacular would not. Education would empower her girls where marriage would disempower them, hence her repeated declaration (said an aunt to me) that she would never marry us off but educate us to the farthest extent possible. In her day, as a woman, she successfully entered, despite obstacles, a public and male sphere. She sought new opportunities for education herself, and a prestigious career in medicine in British India. She evidently planned her track by acquiring an education in English, entered a prestigious medical school, graduated with many awards, living alone as she worked, while she also supported her family. She posed for studio photographs at a time when upward mobility by the *bhadralok* was recorded in such visual images possible with a new technology, and by aspiring career women like herself (Karlekar 2005).<sup>1</sup> But at this point in history, where Partition resulted in the loss of family wealth, where mobility was integral to my father's career and needed income, where possibly the stress of supporting alone her siblings and stepmother (in her day) was difficult, she chose to marry—beyond love, though for that too. As a mother, she left what she had aspired to at such cost. She wanted better for her daughters.

I conclude with questions. Baba notes in his memoirs that she was mentally broken after her earlier two strokes. Was she broken *by* that knowledge, a doctor herself, or did they actually affect her

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<sup>1</sup> Karlekar draws an interesting comparison between the emerging Bengali middle class, keen on self-representation of its new identity and the importance of the photograph for Americans, also affirming identity in a new nation's assertions to progress in its institutions, literature and language (2005: 8)

mentally? She suffered from high blood pressure, and was a diabetic. Yet, her first two strokes were misdiagnosed by excellent doctors, my father's colleagues, as diabetic neuritis. Did she, a doctor herself, not have a say? Or did the (all-male) voices of medical authority carry the day? As African American feminist scholar bell hooks has noted, it is *how* women are silenced, in what contexts, that is at issue (hooks, 1989).

Family and friends note Ma's "frustration" at her inability to have a career in medicine, her tearful rages. Where, in the Indian context, mind and body are seen as integrally connected, can a broken *mon* silence a voice? Can such silencing perpetrate injuries on both mind and body? Does such a perspective allow us to understand the less visible, yet real, psychic injuries which may be perpetrated especially on women who aspire to break the mold? In Bengali, *mon bhenge jaowa* suggests both a broken heart but also possibly a broken body (see Samanta 2005). I have no conclusive answers, of course. The dominant narrative, from Western medicine, does provide a cause for Ma's death: a stroke. But, I suggest, other narratives are possible, and plausibly so.

A day or so after Ma was cremated, I saw Baba weeping quietly as he sat alone on the verandah where Ma used to sit. He would raise two young daughters by himself in conservative Indian society, a formidable task. However, fearing social criticism of a growing daughter, he would pressure me into marriage at age nineteen, despite my own excellent academic achievements at the time. When I left that marriage twelve years later (1982), although uneducated about feminism I was nonetheless vaguely aware that much had gone wrong in Ma's life, and not necessarily by choice, of systemic constraints that had resulted in her early death. Determined that I would try and do what she could not, I applied to and was admitted to graduate school at the University of Virginia in the United States. At the time Baba mentioned that Ma had always wanted me to study abroad, and had even saved a little money towards that end. I came to the USA on a wing and a prayer, with Baba's support, determined to continue my interrupted studies, and start over. Baba would live till 91, a long and lonely life, as he would write in his memoirs, for he never remarried. I would see him every summer for close to fifteen years till his death in 2009. Today, I, Ma's daughter, the mother of a daughter myself, a feminist, activist, and scholar, give voice to her life story, her long silence, even as that story gives substance to the (ongoing) trajectory of my own life. Researching and writing this essay and reflecting on its larger message for women who aspire has been illuminating for me, so many years later, as it has been for my daughter and nieces, who never knew their grandmother, her struggles and her achievements, who she was. A niece would remark that she finally had a context for the photograph she had seen over the years, the group graduation picture of her grandmother dating back to 1941.

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