Social History of Medicine in Colonial India

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Lecture 02a

Role of Missionaries Part 1

Hello and welcome to yet another lecture - Lecture number 32. This is on the role of missionaries and under the broader topic of non-state players in healthcare in colonial India. Missionaries are an enduring legacy of the colonial period though they may not always be interlinked with the colonial state and its aims and ambitions. But, they are definitely an important legacy from that period. I am saying that because at the beginning, when the English East India Company started settling down into the business of ruling as well (apart from the business they were doing - the commercial business they were doing) - as we saw they, were very particular focused on the commercial goals and concerns and not too very eager to do any kind of social intrusion which might actually be a disadvantage for the main purpose. That's why Christian missionaries were particularly kept at a distance because we know what missionaries would do and it involves a lot of social and cultural intrusion and involvement - which can produce adverse repercussions which then could militate against the basic purpose of commerce and profiteering. But this ban was lifted through the Charter Act of 1813, when different missionary groups started coming in - that decade and in the decades after that. Apart from the general mission work which is basically to preach the religion and preaching the gospel, they also were socially involved - in fields like education. Apart from that, they also felt a particular sense of purpose, particular sense of fulfillment they could derive in the field of medicine and healthcare. One reason was the pre-eminent place of healing in Christ's own life. If you see the life of Christ, he went about doing two -three main activities - one was praying and then preaching and teaching through parables and all that. But in several places in the Bible we come across Jesus healing the paralytic, the leper and the possessed - that's very frequent. It's almost a very important dimension along with the prayer and preaching. When that is a case in Christ's life itself, then the followers definitely would be inclined to look at it as an important part in the mission. The kind of healing that we are talking about in the life of Christ was different - it's not like he went around with a chest of medicines and feeling the pulse of people or

as a kind of a medical practitioner. It is more of the power of miracles or some kind of supernatural powers he possessed. But the point is the kind of concern and care for the sick - that eagerness to redress the suffering - whether it's a long or short time ailment. As I said, it can be anything from curing the lame or the blind or the leper or the epileptic. Therefore this entire idea of healing and concern for the sick, the compassion had to be part of the vision and mission of anyone who was claiming to be a follower of Christ or wanted to advance the gospel - as the main message of the gospel was love, and one of the ways that love and compassion was expressed was by caring this way, by showing this kind of concern for the sick as seen in the Bible which had ample references to the diseases, the sick, suffering and the destitute. Apart from that larger religious biblical aspect, at the practical level too, the missionaries saw medicine one of the fruitful and effective avenues of getting access to the people, and also a greater acquaintance with the indigenous people. The proclaiming of the various precepts and the philosophies and the theology the Christian faith and its doctrines may not be as appealing to the people as in a situation where they are being attended to by acts of kindness. As they say, actions speak louder than words. But what we also should bear in mind is that, these actions from this kind of a concern, the kind of compassion and the closer acquaintance that it brings - all of those things create the kind of conditions - conducive conditions - for the word - for hearing the word of the gospel and the preaching. It is one thing to get closer to the people and then that desire to heal, to keep Jesus' ideal in mind, to be thinking of the sick - and all that is one side, but then, how well were they equipped from the point of view of actual healing - that was a question - even if their desire and commitment may not be faulted. In fact, even if they didn't want to be men of medicine or even before they started thinking of what is called medical mission - medicine as a fruitful way of missionary work - even before all that, most of the missionaries by default, actually became medical men. How is that ? One is that, if we talk about the geography of missionaries, they had come all the way crossing the seas and so many miles away - not to be restricted to where they landed - like in the shores, on the ports, or port cities - unlike the traders who could afford to be in the ports and then have networks of supply - most of their activities could be done from being in the ports. But in religious work, the nature of the calling is different. Therefore by default, by the nature of the work, and also the missionary zeal that they had, the same zeal that brought them here (coming here for commerce and that promise of immediate gains pecuniary gains that's a different thing - but), coming here without expecting any such monetary or material benefit - that takes a different kind of a zeal and a commitment and that zeal was what also helped them get beyond the port cities - come what may - whatever may be the novelty of the situation, alienness of the situation, whatever may be the potential dangers that may be there, going inside - unlike the relatively familiar port areas where some of their men were already. It's that zeal which makes up for all those kinds of things and that zeal moved by faith, took them much to

the hinterlands and to meet as many of the local people as possible - which the (foreign) traders did not have to do themselves. In the process, they also were quite well-versed with the type of terrain, the land routes and the local culture systems. climate and all those things. That's why, in fact, some of the first maps were made by missionaries. For example, the maps by Jesuit missionaries going back to the 1500 1600 were sent back home to France - to Paris and other places. They were rediscovered and made good use of, by the English is India company and the French East India company and others when they seriously got into cartography. Similarly, some of the first cultural and linguistic studies - including the production of first dictionaries in the local languages - for instance, the production of the first Tamil dictionary or the introduction of first printing presses - all of these are actually connected to th missionaries and their work and the nature of the mission and the need to go to the interiors. But all of this was primarily directed to their prime goal which was to teach the religion, to preach the gospel. But all these meant that they were well entrenched - they are going to the interior and they had to be well prepared. They needed all the basic wherewithal or even if they were moving from place to place, they had to carry certain minimum things along with their religious books and other kinds of articles. Among those basic things, one was the medicine chest - the medicines that they carried for them for their personal use - the basic medicaments - something which we can relate to our first aid box that some of us carry or it's there in the car or in the buses. This chest that they carried, their medical box, included mostly material from Europe but it could also include a local procurements (based on the same principles which is already - instead of bringing everything from there if we can do some import-substitution; or on the principle of 'local malady, local remedy' - it is better to find a local remedy for a local malady). Their chest boxes were actually eclectic - they had a mixture of medicaments. Also because they were all itinerant (that's also part of their their mission - they keep also moving from place to place - even as they are settled and do a lot of social and other involvement in particular places) and because they are used in many different places, their chests also would have reflected in them the diversity of what they carry. In fact, apart from all those other works - literary works and all that, some of the missionaries actually did do serious study and compilation of local herbs and the medicinal practices in different places. This again, can be thought of as another kind of a contribution to the world of medicine during the colonial period by missionaries. For example, we have this one work by missionaries - this detail is from the Wellcome Collection. As you know, the Welcome Trust in London has the Wellcome Collection and Library. If you go to their catalogue, you will find this one particular book written in Tamil. It's Tamil name is *Manitha Sarirathin Amaipum..* etc - meaning the *Structure of the human body and cure for syphilitic rheumatic & bilious disease.* (As, we saw, diseases of the bile was something which was a serious concern - especially among those who came early on. They felt that the bile secretion was more pronounced because of the heat, and leading to lots of bilious diseases). This was written by a Jesuit

missionary called Beschi who lived in southern India in the 18th century - but this was published in the following century - 1909 in Kumbakonam (which is which was in the Madras presidency at that time and now in the Tamil Nadu state). Interestingly, it was published here in Kumbakonam but the microfilm is actually kept at the Wellcome Library and interestingly a copy of that was brought here to Tamil Nadu – to the Roja Muthiah Research Library which is near IIT Madras - in fact around the corner there - just one or two kilometers from here. (Quite ironically something which was published here and whose microfilm is there - in a way that people mostly can access - and now it has come here to Chennai and housed here.) I am also saying this here this just to give an idea of the kinds of sources that people use in the history of medicine - especially with the colonial period.

Now coming back to their chests, though the missionaries carried the chest primarily for their personal medical use and for their safety - especially considering they went to new places, encountering new climatic situations and all that. But when they went into the interiors and they got into close communion with the people, they could not refuse dispensing from those chests to the local people who had some kind of sickness and when they saw that this missionary has got this and when he was getting sick he was using it - there was a tendency among the people to approach them for their own ailments. And being missionaries, and having been taught, and having come to teach compassion and care, there was no way they could refuse. But then the question is that they were not trained - whatever they did, whatever help they extended to people who were approaching, whatever solution and help they were giving, was based on their own lay understanding of the situation of the affected person and sometimes they were not averse to using more of Jesus-like curing techniques - depending on supernatural power, the power of prayer, and or miracle and things like that. All of this definitely raised concerns among mainstream medical establishment just as in the beginning there was concern about the possible damage that the missionaries could do on the socio-cultural front by being too intrusive with their preaching and all that, now there was a new fear on the medical front fear about the ill reputation that might be brought to Western medicine through these kinds of medical, so-called medical work that they were doing to the people that they were meeting. Of course the intention might be good but then what they are doing was semi-informed, untrained kind of job, and also the Western medical establishment would be concerned because of their mixing up or using local remedies which they picked along the way. Given this background and also the pressure from the colonial state, serious thought was given to sending trained medical missionaries. Apart from the general mission work of preaching or doing other kinds of social work like social upliftment through education the other such things, now they had to focus specially on getting trained - specifically for this. This medicine, from training to practice, became a very significant part of the missionary work in a very truly professional sense. But initially, even without the training, missionaries could still play

an important role in extending the reach of Western medicine by acting as mere channels of access - forget for a moment about what I said about the dispensing medicine in the interiors when people approached them - even setting that aside, the very fact that they came into touch with people was an important access for the colonial state for several things and especially for this field/job - because unlike the traders or even the colonial state, missionaries, as I said, had to be very intimately connected to the people. Missionaries prime goal and the nature of their mission was to be in actual intimacy with the people and healthcare - especially with the move to public health - was one field which was needing that kind of rapport with populations at large. You can't talk about public health by staying away from the public. Especially with the public who are not your own public (like back home) - in the colonized country, there is an alieness between the colonizers and the colonized, and social differences and distances. So reaching the indigenous society itself was a challenge - irrespective of whatever purpose it was for. For instance, in railways or other such projects, you don't need to reach out to the people at large but when it comes to public health, substantial sections of the people have to be reached and therefore those kinds of channels have to be created. And with missionaries, even without medical training, or anything particularly related to medical work, the fact that they were there and they were in touch with the people (because of the nature of their calling invocation) - that itself would be useful for public health -especially also with regard to the women part of the local population as there were even more social barriers and the challenges reaching the women part of the population. Also there weren't enough white women - as women going and meeting indigenous women. That was one of the options open but then the number of white women was less because in both in the bureaucracy and the military, except at the higher levels, the whites came alone as bachelors. Thus missionaries' wives were very valuable especially because in some denominations like the Catholic Church the priests don't marry - that bar was not there among the many Protestant missions. Most of these missionaries came with family because they were there, as I said , for the long haul and internally also moving from place to place. Substantial number of them came with their with their families and therefore the missionaries wives were very useful - and it was even more so, and it was all the better if the missionaries themselves were women which in fact did happen. Therefore it is in this context of the missionaries' social importance in general - especially as channels - and also the need for their having medical training, (as we already saw) there was a need - particular need - for them to be trained, we have to see the work of the agencies which we already saw - the Zenana Bible and Medical Mission of the Church of England Zenana Missionary Society which was, as we already saw, formed newly and exclusively for medical - and specifically female medical mission – with training. What they they could do was - they could both penetrate the dark, unreachable so-called 'dark' unreachable spaces of the female segment of the household generally, as well as take to them, the so-called blessings of Western medicine. This

particular mission started its work from the 1850s - doling out the double blessings of religion and medical cure. What they did initially was to visit the individual households to reach out the women in each of the households beyond these zenana walls. When the dispensaries and hospitals were started exclusively for women children, these women medical missionaries started working in such establishments even as they continued house visits also. As I said, just like that group, in course of time, a variety of other different groups and missions with different focus - in terms of goals and geography areas, kept arriving. Some of the examples include the Delhi Female Medical Mission which started in 1867. It was a branch of the Society for the Propagation of the Gospel.

Clara Swain is an important name in the history of medical missionaries in India. She was the first fully-qualified woman medical missionary to be sent to, and also to be employed in India. She was sent by the American Methodist Episcopal Mission to Bareilly in 1869. It's there they opened the first exclusive hospital in India for women and children. You see (and you can see later as well) that missionary work marks very important milestones in education and nursing. They are intricately intertwined with the history of medicine during the colonial period. One of the other important contributions of missionaries was the opening of medical training facilities, educational facilities like the institutions, colleges and other kinds of institutions for producing medical personnel within India itself instead of having to bring them all the time from Europe continuously. These kinds of institutions were meant primarily for training medical missionaries - both Europeans as well as local women. With local women, there were advantages: one was the cost - they were locally there; also that alienness is reduced (otherwise, even there are women/nurses - they're still white women - that distance was reduced if they were women of the locality.) These institutions therefore trained local women who were going to be missionaries. But in course of time they were also open to women in general - even those who were not going to be in missionary work. One of the outstanding examples of the contribution of missionaries to the field of medical education is the founding of the Women's Christian Medical College - the first medical school exclusively for women in India - this was opened in 1894 at Ludhiana. Otherwise women have been entering medical colleges - that happened from the 1870s - but they was not exclusively for them.