

Health and Healing in Colonial Bengal: The Christian Missionaries and the Imperial Impact

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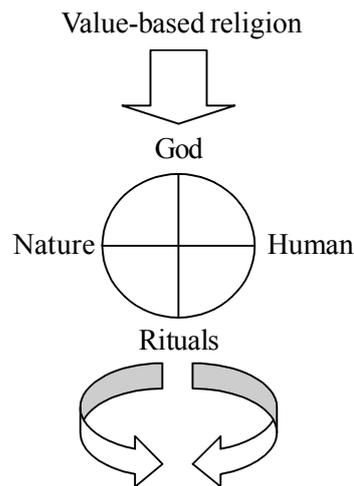
The basic teaching of religion is to seek after harmony, integrity, peace and good will. The essences of a true religion are noble goals for both mankind and universe. At the same time, a true religion promotes positive values. The positive values and ethics always influence the betterment of the mankind. A human suffering from sickness and missionaries' response to it was marked as the Christian obligation. This paper is an attempt to examine the role of the Christian medical mission which was organized purely by strong belief in the sanctity of life and universal access to healthcare. This paper also tries to explore this spirit of evangelicalism, well reflected in various contemporary reports and highlights the perspectives of the Company rule and Monopoly trade. As the monopoly gives the birth of aberration in corporate culture, the paramount success of the Private Trade within the Company indicates the failure of the model of the monopoly-concept. The conduct of government by traders/companies means to welcome the corruption and malpractice. In colonies like India, such kind of administration might create a panic or displeasure upon the masses. In this point of view, the British parliament opted for substitute strategies to make a balm and to dominate over Indian population.

Evangelicalism brought about a fundamental change in East India Company's administrative scenario. The Christian Missionaries entered into India as evangelists. The principle activities of Christian Missionaries were to preach the Gospel, to convert the weaker section of Indians into Christianity and to serve the suffered through medical missions. Though, each religion talks about health and healing, particularly in India, no religion took the matter as mission-work. The Christian Missionaries played the pioneering role and adopted the health-mission along with their religious propaganda. Apart from this point of view, evangelicalism began its crusade in India, executed their policy and advocated for the solidarity of British rule "with a mission to change the very 'nature of Hindostan'"¹ Though the Indian Classical texts informed us the necessary information regarding the health and healing, but they were not so aware to make it as a mission-work. The Indian classical texts provided us the useful information regarding the various medicinal herbs and plants. *SatapathaBrahmana* tells us about 39 medicinal plants which are prescribed to combat near about 30 diseases. The diseases like tuberculosis, paralysis, rheumatic disorders, jaundice, depression, leprosy, epilepsy, fevers, eye-diseases were widely known in those period and *SatapathaBrahmana* gives us the details. In the same time, the ancient texts also conveyed us detailed knowledge regarding the medicine like healing balm, eye-ointment and even the usages of natural elements like water, air etc.² In spite of that, we get no such mention regarding the service towards the distressed of the society as a religious-mission.

The Theology and Healing:

Among the four dimensions of health perceived by WHO – spirituality has been attributed as an individual’s search for meaning and purpose of life. Religions play a vital role in all spheres of physical, social, mental and spiritual health and healing. The basic teachings of the religion are to seek after harmony, integrity, peace and good will. So, through the feelings, the goals of religion are firstly to remove harmful practices, painful behaviours and to grow kind minds. But during the course of history, practices of misuse of religion grew up.³

In a study regarding the mortality in Israel, J.D. Kark and et al in their book ‘Does Religious Observance Promote Health?’⁴ assessed the association of Jewish Religious Observance with mortality by campaign religious and secular Kibbutzim. These collectives are highly similar in social structure and economic function and are cohesive and supportive communities. Often in history we have found the misuse of religions as a divisive force arousing communal disharmony, hatred, war and violence, leading to fanaticism that robs the devotees of peace and calmness.⁵ So, the essence of true religion are noble goals for both mankind and universe. In the same time, a true religion promotes positive values. The positive values and ethics always influence the betterment of the mankind. The value-base religion thus is helpful for the whole society.



As all religions are organized and carried out by scriptures, through scriptures religion achieves some value-base propaganda. On the other hand, as the scriptures are supposed to be the inspired words of the Gods, with the due course of time, it becomes biased. It happens when the skillful religious leaders capture religions for their own interest.

When mankind believes in the existence of God, it is supposed that humans are the creation of God. On the other hand, nature is the phenomena of the physical world, and also the material world. As the humans are the part of the nature, its God’s will to set harmony between human and nature. As the laws governing the nature are preset, from this point of view, the religions develop the rituals for co-relation with nature. Rituals are the religious order consisted of a series of performances

through which humans pray for health, destiny and wealth. So, one of the significant purpose of religion is health.

Healing Texts:

Healing leads to recovery from diseases. When a man is caught by illness, he seeks remedy. Since the ancient times in India also, we get some texts regarding the diseases and treatments. In *SatapathaBrahmana*, referred to some ways of remedy and prescribed some meditations. As a religious text, *SatapathaBrahmana* advised some sacrifices for the remedies of some diseases. For example, it suggested *VarunaPraghasa* sacrifice to be useful for *Varunapasa* diseases, i.e., dropsy and *Sayana* in his commentary also explains the ritual sacrifices as the remedy of the evils of this world and as such appears as medicine which is the remedy of the diseases.⁶ In Christianity, healing was one of the significant phenomenon in the context of health. Healing was given the top priority by Jesus – physical healing, spiritual healing, emotional healing and social healing. Actually, there were three fundamental principle, which Jesus commanded to his disciples – preaching, teaching and healing. The last one is within the Christian mandate of mission work.

Healing was important in Christian ideal because Jesus had compassion equal to His power, as Mathew 8:17; as Mathew 14:14 illustrates. The crowds ‘begged him to let the sick just touch the edge of his cloak,’⁷ for ‘all who touched him were healed’. At the same time, healing was essential to the ministry of Jesus because it symbolized His success in the spiritual warfare between Himself and Satan. In Mathew 8:17, this was to fulfill what was spoken through the prophet Isaiah:⁸

“He took up our infirmities
And bore our diseases.”

With the preaching of Gospel, the disciples of Jesus adopted the ministry of Jesus to healing mission. In early times of the Church, each of the twelve chief disciples of Jesus began to deal with the mission of healing. “I have no silver or gold, but what I have I give you. In the name of Jesus Christ of Nazareth, walk”⁹ that statement of Peter, the disciple of Jesus, to a crippled beggar acted as the confidence and courage. The lame beggar then stood up and surprisingly moved. That message became the public announcement of health and wholeness to the people of everywhere.¹⁰ Right from that incident and down through the ages, Christian missionaries adopted the mission of healing to all people anywhere and everywhere.

Background of Christian Missionaries and Medical Mission:

A human suffering from sickness and missionaries’ response to it was marked as the Christian obligation. The Christian medical mission was organized purely by strong belief in the sanctity of life and universal access to healthcare. The medical mission acted from the accountability and responsibility towards the underserved. The Christ’s ideology inspired his followers to work for the demon-possessed, the sick and the depressed. According to prophet Isaiah,

‘He took up our infirmities
And bore our diseases’.¹¹

A man with leprosy came to Him and prayed Him on his knees, ‘If you are willing, you can make me clean.’ Being compassionate, Jesus extended his hand and contacted the patient. ‘I am willing. Be clean!’ immediately the leprosy disappeared and the man was freed from his sufferings.¹²

According to Luke's account, Jesus spent lots of His time by healing the suffered. We get so much in Luke's narration 'At sunset, the people brought to Jesus with all who had various kinds of sickness, and laying his hands on each one, he healed them.'¹³

The Passage of the Medical Mission:

This spirit of evangelicalism is well reflected in various contemporary reports. Through these reports, the evangelical approach towards the Indians made a significant consequence. According to the Reports from Presidency elders, the people were visited and treated by the missionaries during the small-pox scourge. The work in Calcutta was strengthened by Mrs A. Lee's Boarding School and Mr. Leiden was anxious to have a Boarding School for Boys.¹⁴ In a Report, Asansol had a severe visitation of small-pox followed by cholera. A family of 3 girls whose parents had died from cholera and were found wondering about begging were taken into the School Home of the Missionaries.¹⁵ Medicines were administered to the sick by the nuns and several persons were baptized.¹⁶ The Loreto nuns went around the village giving Christian instruction to men, women and children and visited the sick.¹⁷ Pamphlet on 'Survey of Evangelist Opportunities' for Bengal, 1939 by the National Christian Council with reports on work carried out in the Mission.¹⁸

With this point of view, missionaries took the programmes for the betterment and emphasized upon evangelism. Evangelism means the spread of the Christian Gospel by public preaching. The great four evangelists were Mathew, Luke, Mark and John. From this essence, the missionaries could not ignore the needs of misery of the masses of the distressed areas of the developing countries where millions of sick people had problems like malaria, cholera, tropical illness, belly-troubles etc. The evangelists rightly understood that conversion of the people into Christianity would not be possible through the preaching of Gospel only, but when the people would come to realize that the missionaries cared for them much, their hearts would open up for the Gospel.¹⁹

William Carey's influence in 1790's in missionary activities was a land mark in the history of Christian missionaries and their contributions in Bengal. But the medical missions were not up to the mark till 1850's. There were only 12 to 15 physicians in missionary service.²⁰ During that period; the Christian medical folk belonged to an evangelical outlook. Physicians and surgeons naturally were the focus of attention.²¹ The book deliberately excludes physiological medicine, as being too large a field, and 'faith healing' because its concern was with 'orthodox medicine'.²² Dr. David Van Reken's work "Mission and Ministry: Christian Medical Practice in Today's Changing Culture" & Phillip Eichman's work "Medical Missions Among the Churches of Christ", highlighted the history of the growth of the medical missionary. Phillip Eichman called up the infancy of the science of medicine prior to mid-19th century. During that time, people depended mainly upon folk medicine and different types of faith-medicine. The missionaries were well aware of the circumstances and prepared their mission in medical perspectives. By the turn of the century, nearly 650 medical missions were built up to combat the traditional healing system and to duly provide the modern medical treatment.²³

In the second half of the 19th century, the missionaries in order to portray the humane aspects of Christianity took up medical work among the rural poor. As early as July, 1849, the American Madura Mission came in South India under the leadership of Dr. Shelton, a medical missionary.²⁴

The Christian missionaries adopted a 'mission-policy' to enter into the medical field. First of all, the mission was thought to be a job of preachers and evangelists, but gradually it went for medical purposes. The missionaries identified the remote disease-prone areas and before going to those disease-prone areas, the missionaries took a resolution to study medicinal science. A few missionaries appointed doctors for providing the requisite medicinal trainings. For example, David Livingstone studied medicine though he was a reputed theologian.²⁵ It is to be mentioned in this connection that few incidents in the 2nd half of the 19th century created a compulsion of medical missions. Mission societies started to appoint medical practitioners to provide medical care for their own personnel. The immense rate of mortality among the missionaries was one of the significant causes behind such motivation. For example, Dr. Price in London estimated in 1910 that 61 per cent of 596 deaths among British missionaries were preventable with better medical care.²⁶

Medical missionaries also took care of the health of Indian women, by looking over the matter of long negligence. Mark Harrison looks for the theoretical, professional and administrative aspects of the development of public health in India and of course the role of medical missionaries.²⁷ Elizabeth Beilby reported the role of '*dhais*' (traditional rural obstetrician) for child birth. Beilby referred that those '*dhais*' were so essentially needful, in spite of that they were lacking proper medical knowledge.²⁸ So trained nursing system gradually developed in colonial India guided by the medical missionaries.²⁹ Sujata Mukherjee tells us the efforts of medical missionaries in the sphere of healthcare especially for Indian women - medical assistance in childbirth, growth of medical education, involvement of British women in designing health care for women of India etc.³⁰ In this regard it is to be mentioned that in the 1850's, the Zenana Bible and Medical Missions started to send women missionaries and also lady doctors. As for example, Dr. Clara Swain, the first female medical missionary, was sent to India in 1869. In 1880, another female medical missionary named Fanny Butler was sent to India. Fanny was taught at the London School of Medicine for Women.³¹

However, the initiatives for medical mission got a special attention through the medical policy adopted by the missionaries, by Felix Carey, son of William Carey. Felix came to India with William and learnt Bengali. Felix assisted Rev. Ward at Serampore in all missionary works. What is significant, Felix was attracted to medical missions and involved himself with Dr. Taylor, a missionary doctor at Serampore to study medicine. Not only that, Felix carried out the training in medicine from Calcutta hospital.³² Moreover, he wrote a few valuable scientific works in Bengali and is well known for his prestigious work '*Vidyaharabali*', one kind of encyclopedia, and the first book on physiology in Bengali version.³³

Missionary doctors were assigned for purely medical purposes. In 1876, the Wesleyan Methodist Missionary Society commanded Dr. Langley to make the people ready with his medical skills, while he was not to take any active public part in direct evangelization.³⁴

As Mark Harrison observes, a British medical volunteers group with a small number of 'ship's surgeons' arrived on board of the East India Company's first fleet to India. The number of British surgeons gradually increased as the Company expanded its functions. But there were no regular medical establishments until the Bengal Medical Service was formed in 1763. In 1775, the medical

services were expanded and medical boards set up in each presidency to administer European hospitals.³⁵ In spite of that the rural poor depended much upon medical missions run by the Christian Missionaries were much dependable towards the rural poor.

Statistical data on the Medical Mission ³⁶

Year	No of Medical Missions	
1850	12-15	
1900	650	128 British missionary
1925	1,157	66 Nursing Schools
1932	1,307	518 from Great Britain
1950	1,500	All British missionaries

Source: Dr. Olpp, *Medical Missions and Their International Relations* in K. William Braun (ed), *Modern Medical Missions*, Lutheran Literacy Board, 1932, p.159

It is clear from the figures above that the number of medical missions gradually increased with a remarkable number. It means that the missionaries used the medical missions as a significant tool of evangelism. It becomes clearer when we see that not only the British Missionaries established their medical missions, but also the other missionaries entered into the scheme. In the same time, the number of nursing schools significantly increased.

London Missionary Society and London Mission Hospital:

London Missionary Society was established on 22nd September in 1795. Rev. David Bogue was the pioneer to set up London Missionary Society. The London Missionary Society played a vital role to spread the education among the downtrodden. In the same manner, London Mission Hospital attained the abiding fame in the district of Murshidabad to extend medical care among the rural poor. Dr. Lucy established this famous hospital in 9th February, 1894 in the village of Ramtanu Gram, now known as Jiagunj. It was a charity hospital. The pleasant behavior, good treatment and preaching the Gospel were the basic works of Dr. Lucy. Dr Alice Hawker came there in 1898 to help Dr Lucy as the pressure of patients gradually increased. Lucy's chamber turned into a full-fledged hospital - 'London Mission Hospital' - in 1903-04 with the funding from London Missionary Society. The various wards were started in 1910.³⁷

London Mission Hospital introduced its Christian Nursing Training Centre in 1917 with the collaboration of London Missionary Society and Distant grant from foreign. It was the first Christian Nursing Training Centre in India. Isabel Melore made the total contribution to introduce the maternity ward in 1927. Afterwards, it was renamed as 'Isabel Melore Ward'. Its foundation stone was laid by The Right Hon'ble the earl of Lytton, Governor of Bengal January 18th 1927 ³⁸

Religious Imperialism?

An in-depth study of India's colonization allows us to examine how imperialism changed a nation over time. What is surprising in Indian context is that it all started with a small global trading company – that grew and spread all over South Asia. And the interesting question that we may raise is that how did imperialism change India?

British imperialism was better portrayed by Kipling as “White Man’s Burden” to civilize a backward country like India. The watchword of the imperialism in India was to exploit at any cost. If we go through an analytical appraisal of British imperialism, it enables us to accept the following:

- 1) Arrival of EIC in India in the guise of traders (as the mercantile imperialist) and to grab power from Indian rulers till the outbreak *Sepoy* Mutiny. According to Maurice Dobb ‘... The English merchants started their career with the aim of acquiring political patronage and then enjoying it’. In the same manner, the plundering attitude of the Company enhanced day to day and R.P. Dutt called it ‘process of wholesale unashamed spoliation’.
- 2) Taking over the administration from EIC in 1858 till the passage of Independence.
- 3) The critics depict this change as a new type of exploitation – era of transition from ‘trade capital’ to ‘finance capital’.

In recent studies, Tirthankar Roy highlighted the another perspectives of the Company rule. Monopoly is, in any sphere, an error for empire-building. Monopoly gives the birth of corruption as well as aberration in corporate culture. It creates the confliction between individual and collective interests.³⁹ Incases of EIC, the company gave the indulgence his officers for private trading. Tirthankar Roy finds the paramount success of the Private Trade within the Company and according to him, it indicates the failure of the model of the monopoly culture.⁴⁰ Smith and Bark raised the appropriate question in 1770’s and 1780’s that the conduct of government by traders/companies means to welcome the corruption and malpractice. In colonies like India, such kind of administration might create a panic or displease upon the masses. It would be a threat for their existence to power. In this point of view, the British parliament opted for substitute strategies to make a balm for existence in India and to dominate over Indian population.

British historians like James Mill described Indian history as nothing but ‘rebellions, massacres and barbarous conquests’. There were much of segregated ideas in terms of religion, ethnicity and race. India was economically much backward and dominated by religious beliefs. There were lot of differences among the Hindu-castes and creeds. The tribal, *dalits* and other backward classes were far away from so called mainstream-Hindus. Its true that India was segmented into so many religion-caste-race-ethnicity, but deserved the unity and uniqueness. So the Company felt the unbounded pressure and faced typical resistance from the so called Indian societies. In such situation, the missionary outlook was greatly influenced by such kind scenario. The missionary activities, specially medical missionary activities took the advantage to provide better service from the humanitarian ground. But after all, the main purpose of the Christian Missionaries was to make a remarkable progress in the process of conversion. This is justified when we see that from the missionary point of view, they were greatly disappointed in terms of the number of conversions. The majority of the converts were from the lower strata of the Indian society, and no remarkable numbers of converts from Hindu-hierarchy or even from Mussalmans were found. This failure was sadly acknowledged by different missionary organizations.⁴¹

The Christian missionaries were much anxious regarding the making of true Christians. It is to be mentioned in this connection that at the earliest phase, the EIC did not approve the entry of the Christian Missionaries. The missionaries also went against the European exploiters like merchants,

particularly in the time of indigo-revolt. The Missionaries were afraid of the extreme exploitation and rightly thought that too much indifference towards the indigenous population may puzzle the Indians and that may create a problem to carry out evangelic activities. So, there was a hidden agenda on both political as well as religious. William Carey, an ideologist hence disapproved any kind of government interference. Carey said, 'Let not Government touch my work; it can only succeed in making them hypocrites: I wish to make them Christians'. So it is clear that there was much differences between the British administrators and the Missionaries.⁴² Primarily, the missionaries acted as a philanthropic, gradually they were much attracted for conversion. The British parliament also understood the circumference. They approved the missionary activities as a balm to relish the Indians from panic of the Company-rule. On the other hand, the missionaries also took the advantage. They advocated for the permanence of British rule in India as they could lead the Indian society through their missionary-works. If we admit the British imperialism, we don't have any prejudice to see the matter as religious imperialism in that contemporary socio-economic-political order. Rather it became a good combination of commercial and religious imperialism.

Notes & References:

1. Bondyopadhyay, Sekhar, *From Plassey to Partition A History of Modern India*, Orient Longman, 2007 (reprint), p. 71
2. Saha, Mridula (ed), *History of Indian Medicine Based on the Vedic Literature: SatapathaBrahamana*, Monograph Series No. LIX, The Asiatic Society, 2015 (Reprint)
3. *ibid*
4. Kark, J.D. and et al, *Does Religious Observance Promote Health?*, American Public Health Association, 86(3), 341-346, 1996
5. Arles, Siga: *Medical Missions – A Mega Contribution of Christian Missionaries*, in Sinha, Sandeep (ed), *Preach and Heal*, Readers Service, 2008, p. 423
6. Saha, Mridula. *op.cit*, p. 52
7. Mathew 14:36, New King James Version.
8. Holy Bible, New International Version, by Biblica, Inc.
9. Acts 3:6, New International Version, by Biblica, Inc.
10. Arles, Siga. *Op.cit*. p. 426
11. Isaiah 53:4, New International Version, by Biblica, Inc.
12. Mark 1:40-42; Holy Bible, NIV, Biblica, Inc.
13. Holy Bible, NIV, Biblica, Inc.
14. *Calcutta Christian School Society*, Calcutta, 1896, p.28
15. *Bengal Conference Minutes 1903-1910*, Asansol, 1909, p.32
16. File: *History of Province*, Morapai 1904, p.12
17. File: *Daughters of St. Anne's*, Asansol N.D., p.9)
18. *Church Missionary Society Archive*, Section VI: Missions to India, Part 8: India General and Bengal Mission, 1935-59, REEL 174: G 21 1/1 Bengal (Calcutta) Mission, Sub Files 9-10, 13 1935-59
19. H. Glenn Boyd, *Why Practice Medical Evangelism? & A Brief History of Medical Missions*, Gospel Advocate, Vol, CXXXII, No. 12, December, 1990
20. J.T. Aitken, and et al (ed), *The Influence of Christians in Medicine*, London, 1984, p.156
21. Ronald Preston, *Book Review*, Journal of Medical Ethics, 1985, Jun, 11(2):108

22. *Missionary Handbook*:@2006 by Intellectual Reserve, Inc, p.50
“Know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own?” (1 Corinthians 6:19), “Watch, therefore, that ye may be ready” (D & C 50:46)
23. Reken , Dr. David Van. *Mission and Ministry: Christian Medical Practice in Today’s Changing Culture*, Wheaton College
24. J.S. Ponniah, cited in RajsekharBasu, *Christianity, Modernization and Social Change: The Protestant Missions and the Question of ‘Pariah-Uplift’ in the Nineteenth Century South India*, in SandeepSinha (ed), *op.cit*, p.403
25. Siga Arles: *op.cit*. p.430
26. Havelock Charles, R. *Discussion on Special Factors Influencing the Suitability of Europeans for Life in the Tropics*, British Medical Journal, 2, 1910, cited in Siga Arles
27. Harrison, Mark. *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914*, CUP, 1994
28. Beilby, Elizabeth. *Medical Women for India*, Journal of the National Indian Association 176, Aug. 1885
29. Lowe, John. *Medical Missions: Their Place and Power*, Edin burgh, 1886, p.191, quoted in Sujata Mukherjee, *Gender, Medicine, and Society in Colonial India Women’s Health Care in Nineteenth-and Early Twentieth Century Bengal*, OUP, 2017
30. Mukherjee, Sujata. *Op.cit*, p.xi
31. Arnold, *The New Cambridge History of India*, vol. 3, part. 5, *Science Technology and Medicine in Colonial India*, p.87
32. Chatterjee, Sunil Kr. *Felix Carey, (A Tiger Tamed)*, Hooghly, 1991, p.24
33. Palit, Chittabata. *Serampore Missionary and Science*, in SandeepSinha, *op.cit*.p.152-53
34. Williams, C. Peter. *Healing and Evangelism: the Place of Medicine in Later Victorian Protestant Missionary Thinking* in W.J. Shiels (ed), *The Church and Healing*, Oxford, 1982, p.280)
35. Harrison, Mark. *Climate and Constitutions: Health, Race, Environment and British Imperialism in India, 1600-1850*, OUP
36. Dr. Olpp, *Medical Missions and Their International Relations* in K. William Braun (ed), *Modern Medical Missions*, Lutheran Literacy Board, 1932, p.159
37. Mandal, Ashis Kr. *MurshidabadJelaiChristanMissionariderKarjokalap o abadaan* (in Bengali), ShilpanagariPrakashani, 2014, pp. 56-69
38. *Ibid*
39. Das, Gurucharan. Foreword, in Tirthankar Roy, *Éast India Company O Bharater Arthonaitik Itihaas’*, Dec. 2014, Kolkata, p. aatharo
40. Roy, Tirthankar. *East India Company o BharaterArthonaitikItihaas*, Dec. 2014, Kolkata, p. 150
41. Basu, NimaiSadhan. *Indian Awakening and Bengal*, Firma KLM, 1976, p. 137
42. Basu, NimaiSadhan. *Op.cit*, p. 138

