Missionaries and their medicine

A Christian modernity for tribal India

DAVID HARDIMAN

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Missionaries and their medicine

A Christian modernity for tribal India

David Hardiman

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GENERAL EDITOR'S INTRODUCTION

In the second half of the nineteenth century, the notion of Christ as the 'Great Physician' became increasingly prominent in missionary discourse and its iconic representations. As Western medicine, supposedly emblematic of the onward march of the rational, aspired to ever higher status, missionaries increasingly saw themselves as healers of bodies as well as savers of souls. David Livingstone was one of the most notable precursors in this: many missionaries (perhaps particularly Scottish ones) subsequently sought to combine medical with theological qualifications, ambitiously pursuing a sort of parallel ordination in both spheres. Nevertheless, attitudes towards the role of medicine in missionary endeavour were complex and dynamic, as David Hardiman demonstrates here.

This study examines a relatively long period in the nineteenth and twentieth centuries in a restricted geographical sphere in India. It also analyses the reactions of one so-called 'tribal' people, the Bhils, to the missionary and medical ambitions of the Church Missionary Society in their land. This approach offers highly rewarding results: we are able to follow the intertwining of missionary and medical, administrative and military developments in this region of the subcontinent. We are also given the opportunity to consider in detail the ways in which the Bhils responded to, resisted, or sought relief in these religious, medical and imperial phenomena appearing in their area. All of this is charted through the period of the so-called high noon of empire, the emergence of nationalist resistance, violent and non-violent, the era of imperial weakening induced by European warfare, and the post-independence years. We follow the mission and its hospital through a process of rise and fall, indigenisation and dispersal. Ironically, early medical arrangements were primitive and expertise was often slight; but as professionalisation increased (along with the significant role of women), political and social weakness became more pronounced.

Many other issues are illuminated through this useful focus: the incorporation of the Bhils into the imperial military establishment through the formation of the Bhil Corps and the manner in which this could both help and hinder missionary objectives; the foundation of schools and the development of education as another 'social' arm of missionary ambitions; the articulation of complex gendered relationships between traditional and mission societies; and the role of missionaries in famine relief. Missionaries were of course confronting indigenous belief systems and concepts of illness and cure. They often saw these as inimical to their 'modern' methods, yet they invariably placed as much reliance on the 'supernatural' as their 'charges' and patients did. Pre-operative prayers were common; praying for 'miracle cures' sometimes seemed to have effect. Bhils often found missionary doctors' activities appealing precisely because they seemed to have a comprehensible spiritual content. Far from the missionaries counterposing two Manichaean systems, as they usually imagined they were doing, the fact was that a greater degree of syncretism was occurring than they would have been prepared to acknowledge. The Bhils were often responding to Western medicine and the religious message that lay behind it in this context by indigenising it and consequently rendering it more comprehensible.

In these and in many other ways, David Hardiman's book offers insights into issues of imperial and missionary activity that are applicable to many other parts of India and elsewhere in the world. We are given opportunities to consider the relationship between missionaries and imperialism, the interaction of recruitment and fundraising in the imperial metropole and activities in the Indian 'empire', the changing educational attainments and roles of missionaries and medics, the significance of women, married and single, and their increasingly significant instrumentality. We are also presented with the realities of social, economic and political hierarchies in India and the ways in which the British sought to modify these. And all of this is related to theoretical positions and a wider historiography. This constitutes a rewarding study for all those interested in the relationships among missionary endeavour, indigenous responses and imperial rule.

John M. MacKenzie

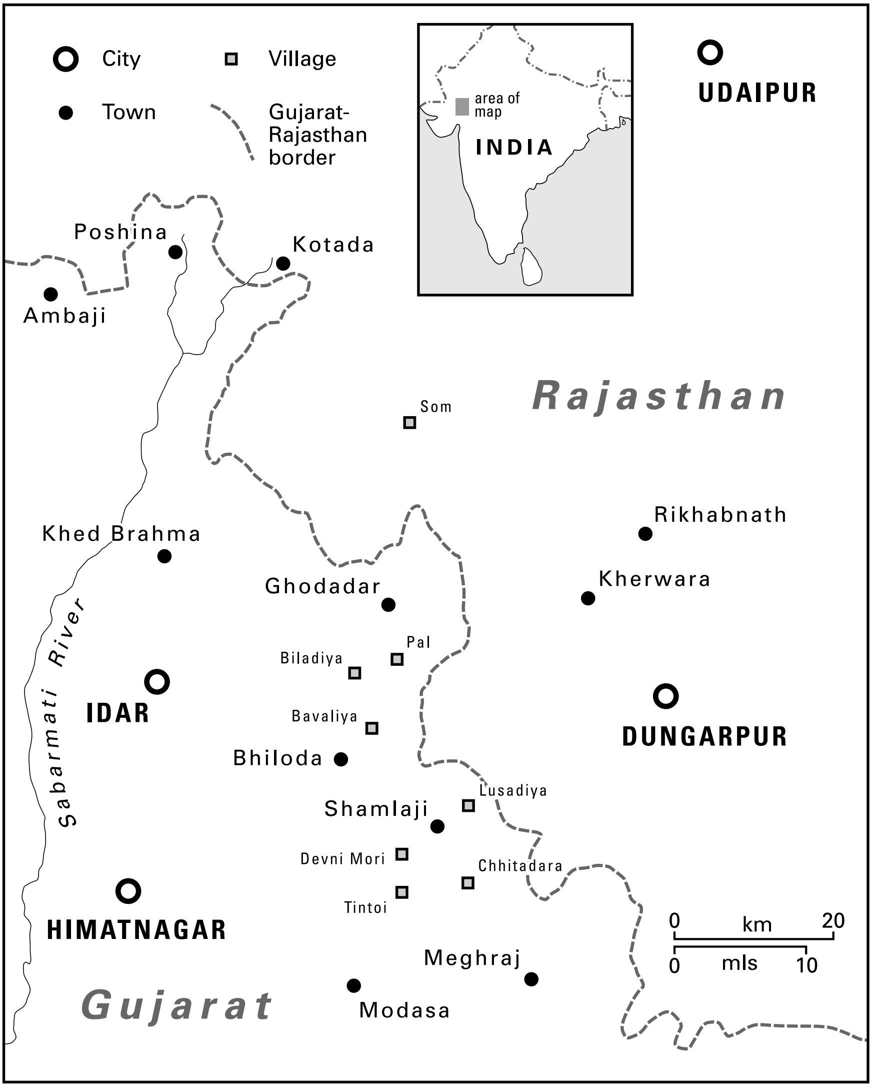
ABBREVIATIONS

BMR	*Bhil Mission Report*, used to denote the annual *Church Missionary Society Report of the Mission to the Bhils*
CMS	Church Missionary Society. Used in footnotes, this refers to the CMS records held in the Special Collections, University of Birmingham Library
CMSE	*Church Missionary Society Extracts*, used to denote annual *Church Missionary Society: Extracts from the Annual Letters of the Missionaries*
CRR	Crown Representative Records
CWMG	*Collected Works of Mahatma Gandhi*
doc.	document
FD	Foreign Department
FPD	Foreign and Political Department
Govt.	Government
GSAV	Gujarat State Archives, Vadodara Branch
LMHR	*Lusadia Mission Hospital Report*, used to denote *Report of the Lusadia Mission Hospital and Biladia Dispensary*
MBC	Mewar Bhil Corps
MKAAR	Mahi Kantha Annual Administration Report
NAI	National Archives of India, New Delhi
NS	new series
OIOC	Oriental and India Office Collection, British Library, London
Pol.	Political

GLOSSARY

Baniya	merchant caste
Bhagat	devotee, a reformed Bhil
bhajan	devotional song
bhakti	devotion to a deity
bhopa	Rajasthani term for an indigenous healer, practising a mixture of herbalism, divination and exorcism
buva	Gujarati term for indigenous healer, as in *bhopa*
Chamar	leather tanners; untouchable caste
dai	midwife
dakran	witch (Mewari); also *dakhan* (Gujarati)
daru	country liquor, made normally from *mahuda* flowers
Devi	mother goddess
gameti	headman of a Bhil *pal*
jangli	wild
jantra-mantra	spell with miraculous powers
jogi	priest of the Bhils
khatlo	bed, consisting of a wooden frame with woven string base – known as *charpoy* in northern India
mahuda	large tree (*bassia latifolia*), the flowers of which are used to make country liquor
mantra	sacred verse or formula, an incantation, a spell
mela	fair
murti	image of a deity
pal	Bhil 'village', consisting of houses scattered over a stretch of countryside
panchayat	council
pandal	cloth canopy supported by poles
Patel	farmer caste
puja	religious rites performed to a deity
Purdah	lit. 'curtain' – seclusion of women in a household
Rajput	warrior caste, often rulers and overlords
roti	flat, round piece of unleavened bread, made of wheat, millet or maize flour
sadhu	holy man who has renounced worldly life
sahib	honorific applied to European men, and to Indians in positions of similar authority
thakor	overlord who provided a mix of military service and tribute to a ruling prince in return for being granted

	administrative, judicial and taxation powers over the subjects of his estate
vilayati dava	'foreign medicine', meaning allopathy or biomedicine
zenana	secluded apartment for women within a household


City
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Gujarat-Rajasthan border
area of map
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Meghraj
Gujarat
Modasa

CMS Bhil mission area

CHAPTER ONE

Introduction

In November 1880 the Reverend Charles Thompson arrived at Kherwara, a small town in the hilly tracts of Mewar State in Rajasthan. He had come there to establish the first Anglican mission to the Bhils – a so-called 'primitive tribe' that inhabited this region of India. The town was to be his base for the next twenty years. He knew that his task would not be an easy one. He believed nonetheless that he had a method that would provide him with the crucial opening – he would go amongst them as a healer. In this he sought to follow the path of Jesus, though the healing was not – as with Jesus – to be based on faith and miracles, but to be carried out through modern scientific medicine. Although he was not a qualified doctor, he had taken some medical training in England, and he believed that his knowledge of the basic principles of such medicine was adequate to impress the Bhils and win them to the Gospel.

As it was, his task proved harder than expected. An army doctor, a Britisher, who also practised from Kherwara, had recently tricked some Bhils into being operated on. Exasperated by the fact that very few Bhils would agree to submit themselves to the surgical knife, even in minor and easily cured cases, this doctor had offered financial inducements to attract them into his surgery and had then carried out operations without gaining their consent. This had clearly been a terrifying experience for the Bhils, who saw it as a violation of both their bodies and spiritual being. Arriving soon after, Thompson found that that the large majority of Bhils were refusing to take any treatment from white people.[1]

Thompson's problems were compounded by a major Bhil revolt in March 1881. The revolt came at a time when census operations were being carried in the area, leading to rumours that the people were being counted for nefarious ends. According to Thompson: 'All kinds of absurd notions troubled their dark minds. Some said that our Queen was taking an account of their number, and the number of their cattle, in order to kill them all. Others thought it was to impose fresh taxes. But others, getting still wider of the mark, said that a scheme was being prepared for giving the fat women to the fat men, and the lean women to the lean men.'[2] Government reports spoke of a further rumour that the Bhil women were being counted so that they could be taken away so as to exterminate the Bhils.[3] Although no doubt fanciful in detail, these rumours revealed that there was a deep underlying suspicion amongst many Bhils of the motives of their rulers. They well understood that counting was a prelude to greater surveillance and control by the state, along with higher taxes.

The army of Mewar state reacted by marching through the rebellious villages, killing Bhils in cold blood and burning their houses. The officer in charge was an Irish mercenary employed by the Mewar government, who was heard describing the Bhils in contemptuous terms as *bandar-jat* or 'monkey-people.'[4] Thompson noted the wanton killings in his first report to his mission society, adding with exasperation that it was likely to greatly harm the reputation of all Europeans in the area. He asked: 'How will this officer's presence and action affect us and our work?'[5] Although the Bhils called off their revolt following negotiations in April, Thompson was advised to stay in Kherwara and not visit the Bhil villages, for the time being at least. Even his attempts to talk with Bhils who visited Kherwara proved abortive, as the townspeople had advised them to avoid the white missionary – a devious person, they said, who would do them harm. Although he managed to talk to a few, he found himself hardly daring to speak on any topic. As he later said: 'If I inquired about the family, then how very naturally might they have looked upon me as another enumerator. If I spoke about their cattle, fields, or crops, then the tax question might have disturbed their minds. To talk about God, I knew that with them, as with others, nothing could so readily or so strongly call forth their highest fears.' Then, when the Viceroy paid a visit to Mewar State later in 1881, a rumour swept the Bhil tracts that the *sahib lok* (Europeans) were about to join the state forces and devastate the Bhil country. Thompson also learnt that when any headmen of Bhil villages came to Kherwara, they were being taken to the senior native army officer – a high-caste Hindu – who told them: 'Don't go near the Padre Sahib. Have nothing to say to him. Don't listen to him.' The native officer was eager that the Bhils embrace his form of Hinduism rather than Christianity.[6]

Nonetheless, as was the pattern in missionary narratives, the initial gloom gave way to hope. Thompson recounted how on 7 November 1881, a Bhil came to his bungalow at Kherwara complaining of deafness, and that he began treating him. Next day, he paid his first visit to a Bhil village. Within a few days, the Bhil whom he was treating recovered fully. Thompson continued his visits to the villages within a seven-kilometre radius of Kherwara, leaving at about seven each morning and returning to his bungalow in the evening. At first, the people refused to come anywhere near him, but he managed to talk to four or five of the village headmen. Although Thompson spoke in his report of these events about the 'dark minds' of the Bhils, and commented on their 'ignorance', some of these headmen reached a shrewd conclusion about Thompson's position. If, they reasoned, the 'government' (in the form of the native officer) was telling them to avoid him, then he was obviously not an agent of that government. They accordingly probed him as to his views on the government. Thompson reported that he was careful not to commit himself to any opinions, fearing that whatever he said might be twisted. He gave, however, an impression of distancing himself from the authorities so that he would not be implicated in their minds with any future punitive raids on Bhil villages.[7]

One of the headmen whom Thompson had met agreed to accompany him to some other villages. It was still hard to make any contact with the people, who were highly suspicious of any white person. In Thompson's words: 'Long before we got anywhere near them the children ran off to their homes as fast as their legs could carry them. Men and women, peering round corners, or over the enclosures surrounding their houses, might be seen watching us in all directions.' The headmen were on the whole prepared to meet him and provide hospitality, though some gave a 'cold reception.' As he did not as yet follow the Bhil dialect, he found communication difficult.[8]

A breakthrough came after a helper joined Thompson who could act as an interpreter – an Indian Christian called Masih Charan. The two decided to focus for a week on Obri, a village five kilometres from Kherwara. Each day, they set up their makeshift clinic under a shady tree. A *khatlo*, or country bed with woven string base, was procured from an adjoining house. Their first case on the initial day – a Monday – was a broken leg, which Thompson set. According to Thompson:

> It soon became evident that our new plan was going to work admirably. In the evening we returned home. On the Tuesday we had 15 visits for medicine or treatment; on the Wednesday, 30; on Thursday, 45; on Friday, 59; and on Saturday 58: total, 207. Some had fevers – some colds – others, enlarged spleens – some the itch – some ophthalmia – others, nearly deaf – some headaches – others, sores – one poor little emaciated sufferer was simply a walking skeleton – some of the old folks complained of rheumatics – one old woman, blind and deaf through old age, came to be, I suppose, made young again. Among the number was the gammaiti [headman] of

> the pal [village]. On the Wednesday, Thursday, and Friday we held little meetings to make known the Saviour. We did not think it advisable to say too much in this way on our first prolonged visit.[9]

A week later, there was a large funeral ceremony at Obri, attended by twenty Bhil headmen. There was a lot of talk about the white sahib and his medicine, and two headmen were chosen to go and ask him to live amongst them. In this way, Thompson made his breakthrough. The Bhils around Kherwara no longer viewed him with suspicion, and in time he was able to gain his first converts. The medical strategy, it seemed, had proved its worth.

My project

I myself first came into contact with some descendants of the early Bhil converts on a visit to this region in 1997. Indian princes had in the past ruled the whole area, and I had gone there at that time to investigate a protest movement by the Bhils against their rulers in 1921–22. This had culminated in a massacre by British-led troops.[10] One of those I interviewed was Peter Bhanat, who made me aware of another, very different, history – that of the small but flourishing community of Christian Bhils of this tract. Anglican missionaries had converted his father to Christianity during the first decade of the twentieth century – a time when many Bhils had converted. Born in 1913, he had been a life-long Christian. He was studying in primary school at the time of the massacre, and he told me how casualties were carried to the nearby mission station at Biladiya to be treated by the missionary, Lea Sahib. After his schooling days were over, Peter Bhanat had worked as a teacher in the mission schools of the area, ending up as the headmaster of the mission secondary school at Biladiya. His whole demeanour impressed me; he lived simply, was self-confident in himself and his faith, and as a teacher had devoted his life to working for the good of his community.[11]

After returning to England, I decided to consult the records of the Anglican missionary organisation, the Church Missionary Society (CMS), which are held in Birmingham University Library. There, besides uncovering some useful information about the events of 1921–22, including a report by the Reverend James Lea, I also found detailed records relating to an ongoing struggle for power and influence between the missionaries and the local Bhil healers – the *buvas* or *bhopas*. The missionaries depicted these herbalists, diviners and exorcists as agents of Satan. I was already familiar with some excellent recent studies of the history of medicine in colonial India, and could see immediately that the mission records provided a dimension to this history that had so far been largely ignored, for this work had focused largely on doctors of the colonial medical service and state initiatives.[12] In fact, David Arnold had noted that 'the extent to which missionaries were successful disseminators of Western medical ideas and practices in India remains, for the present, a matter of speculation as it has yet to receive serious scholarly attention'.[13] Megan Vaughan had similarly stated in her pathbreaking book on colonial medicine in Africa that much of the literature 'is strangely silent on the activities of mission doctors and nurses'.[14] This all encouraged me to embark on the research that forms the subject of this book.

Although the research was thus framed initially as an exercise in medical history, I soon found from my reading of the archives that the 'medicine' provided by the missionaries encompassed far more than just treatment for physical illness. What they were providing, rather, was an all-round therapy that was designed to 'civilise' the supposedly 'primitive' Bhils, bringing them into the light of a Christian modernity.[15] The 'medicine' of the title of this book should be understood in terms of this wider exercise undertaken by the missionaries. For them, healing was a part of this modernising process.

Because I wanted to understand how this practice worked itself out over a relatively long period of time, and because I wanted to elucidate the relationship between missionaries and a discreet subaltern community, I decided to focus on just the one mission, that of the CMS mission to the Bhils of the area I had visited in 1997. It begins with the opening of the mission in 1880 and ends in 1964, when key white missionaries had left and the mission's showpiece hospital was closed down. It is not claimed that this particular history was necessarily typical of the medical work of missions elsewhere in India or in other parts of the world. This will have to be determined through further case studies. A start in this direction has been made already in a volume that I have edited on medical missions in Africa and Asia.[16]

Christian modernity

Over the past two centuries, the modernising project that was launched in Europe at the time of the Enlightenment has undergone many transformations. Associated initially with science, rationality and the fight against religious superstition, it became transformed into a political struggle for liberty, equality and fraternity at the time of the French Revolution. In Britain, at the same time, it became associated with a modernising Christian evangelicalism that, while largely accepting the Newtonian and Cartesian understandings of the world, reserved a place for God over and above the natural forces that He had, it was said, created and set in motion. Evangelicals were at the forefront of British radical politics, as anti-slavery campaigners and electoral reformers. They were also deeply involved, as missionaries, in the project of colonial expansion, which was one of the foremost defining features of British power at that time.[17] In this respect, missionaries were in their day and society the most modern of men and women.

There is a certain teleology that suggests that the modernity of the Christian missionary was a retrogressive and relatively transient form of this historical process, for modernity was associated above all with the 'transition from a religious to a secular culture'.[18] From Max Weber onwards, sociologists have declared that secularism is the inevitable outcome of the process set in motion by the Enlightenment and its accompanying revolutions. In fact, it was just one important strand to modernity. Championed with increasing success by radical liberals and socialists in the latter part of the nineteenth century and early twentieth century, it became a major feature of Western culture only during the latter part of the twentieth.[19] Today, by contrast, secularism appears everywhere to be on the retreat, as modern American evangelicals champion a supposed global battle against Islam, modern Muslims embrace Wahhabi fundamentalism (and, if female, adopt the *hijab*), and modern Hindus demand the eradication of Islam in India. Throughout the globe, diasporic minorities create communities for themselves out of transformed religious identities.[20] Because of this, we have little choice but to reject the teleology of Weberian sociology in favour of a definition of modernity as a process of continuing dialectical engagement between the religious and the secular. This dialectic was foundational to the Enlightenment, being there from the start of the modern era, and although both sides have shifted their ground considerably over time, it has never been, and perhaps never can be, transcended within the framework of modernity as we know it.

Seen in such terms, evangelical Christianity was a thoroughly modern project. It was one in which an emerging middle class in Britain sought to create a 'New Jerusalem' of Christian civilisation, something that was taken as being universally desirable. Members of this class believed that they had a moral duty to evangelise and reform the peoples of not only their own nation, but also those of other countries and clines. As Marx pointed out: 'a definite class, proceeding from its *particular situation*, undertakes the general emancipation of society. This class emancipates the whole of society but only provided the whole of society is in the same situation as this class'.[21] In other words, the conversion to bourgeois modernity involved a long drawn-out process of educating the masses to become like the middle class, a process that included the inculcation of values such as self-help, sobriety, representative governance, thrift and profitable enterprise.

For middle-class evangelicals, the labouring poor of their own nation as well as the heathen masses of other parts of the world could become truly 'civilised' only – and indeed Christian – through a process of purging their existing cultures and internalising such values. For these ends, evangelicals established missions, both within their own countries and overseas, that were designed to win the sympathy of the masses and then educate them in the mores of the new 'civilisation' and thus integrate them within the newly created public sphere. In this way, bourgeois modernity would be universalised.

Once this vision was in place, strategies were evolved to win mass support. As Marx noted, the middle class had to arouse:

> a moment of enthusiasm in itself and in the masses, a moment in which it fraternises and merges with society in general, become confused with it and is perceived and acknowledged as its *general representative*; a moment in which its demands and rights are truly the rights and demands of society itself; a moment in which it is truly the social head and the social heart.[22]

In Britain, this enthusiasm was stimulated not only through the social and political attack on the monarchy and landed gentry, but also through evangelical fervour, seen most notably in John Wesley's Methodist movement. In India, the British had banned Christian missionaries up until 1813, but allowed them entry thereafter not only because of strong evangelical pressure from within Britain, but also because many evangelical administrators came to believe that the existing religions of the subcontinent acted as a profound barrier to the thoroughgoing modernisation of its peoples. While the Utilitarians on the whole preferred to try to carry out this task through a secular system of English education, the evangelical administrators believed that the only effective and lasting remedy lay in mass conversion to Christianity.[23]

Once the project of evangelical modernity shifted to the overseas colonies, it took on a new, additional, dimension: that of the colonial. As Partha Chatterjee has argued, colonialism operated in the name of modernity, but it also imposed what he calls 'a rule of colonial difference', in which conditions and practices were imposed that continually countered the attempts made by the colonised subjects who had embraced this modernity to achieve a state of equality with their colonial masters.[24] Unlike the working class of the home countries, whose members could potentially attain full membership of the middle class through their own endeavours, the racially different and supposedly inferior peoples of the colonies were seen to lack certain crucial qualities that might fit them for such a status. They were perceived, in other words, to be fit only to be subordinates, under the authority and control of white superiors.[25] This 'rule of colonial difference' was imposed in its most blatant form in the late nineteenth and early twentieth centuries, coinciding with both the consolidation of Social Darwinist theory and missionary activity. Indeed, it may be argued that missionaries had prepared the ground for the wider reception of Social Darwinism, as from the start they had seen their task as one of 'civilising the savage'. In their widely circulated writings, they always made a point of emphasising the 'primitivism' of the 'backward' natives amongst whom they laboured, placing missionaries in a position in which only they were considered to have the moral and intellectual backbone to guide each community of converts to Christianity. Because of this, the 'conversion to modernity' was textured in a markedly different way in colonial territories.

This book, which focuses on the medical work of Protestant missionaries in India, becomes therefore a study of a particular form of civilising enterprise undertaken by evangelical Christians that became something else within the colonial context. At home, the cultural distance between middle-class evangelicals and the subordinate classes was much less pronounced than it was in the colonies. In Britain, the members of both groups had not long before shared a subordinate status, and the two therefore had much in common. In the colonies, Christian evangelists encountered peoples whose language, culture and religious beliefs were both alien and hard to grasp, and they commonly took this as a marker of a profound racial difference.[26] As the colonised were seen to embody a range of defective qualities, such as 'low intelligence', 'childishness', 'irrationality', 'superstition' and 'immorality', as well as a whole range of other failings, the missionary was placed in a position of having to always act *for* the native convert. Education might bring the convert to a certain level, but never so far as to make the white missionary redundant. How the missionaries sought to maintain their role in this respect after the emergence of a powerful nationalist movement in India, the juncture at which they conceded defeat, and the implications of that defeat for their subjects – the Christian converts – will be one of the questions that I shall examine.

The mission clinic

There was from the start a medical sub-theme to the mission project. From the last quarter of the eighteenth century, a small number of middle-class evangelical doctors had established medical missions in urban centres to provide medical treatment for the poor at a moderate cost. This work was pioneered in Edinburgh, where the first charitable dispensaries had been opened for the sick poor in 1776 and was followed by others in later years.[27] By demonstrating their concern and compassion for suffering and sick inferiors, evangelical doctors and medical students sought to create bonds of sympathy that would win the hearts and minds of those they treated. In this, they saw themselves as treading in the path of Christ the healer.

In setting this agenda, a base was laid for future medical work by missionaries in colonial territories. The middle-class evangelical doctors of cities like Edinburgh were however pioneers, and their approach did not become a part of mainstream missionary work for nearly a century. In general, dissenting Christians distrusted the medical profession for its dubious methods and association with rich clients. John Wesley thus believed that doctors tended to obfuscate an understanding of the true principles of health, and he held a generally low opinion of them.[28] He preached that moral salvation lay in bodily hygiene, a clean house, a temperate life and an ordered and industrious daily routine. As he once stated: 'Every one that would preserve health should be as clean and sweet as possible in their houses, clothes and furniture.'[29] He claimed his own healing arts to be superior, and was in the habit of prescribing for his sick followers a range of folk remedies – such as powdered toads, cowdung plasters and live puppies on the belly – along with the power of prayer.[30] Doctors, in return, were similarly disdainful of Wesley's methods. In contrast to the old aristocracy – which was obsessed with heredity and 'blood' – the assertive new middling orders were concerned above all with maintaining their own health and fitness, both physical and moral.[31]

Evangelicals often depicted paganism as a sickness of both mind and body, requiring an all-round therapy administered by a man of God. The 'natives' of the European colonies were seen as a source of moral and physical contamination and infection. This being the case, illness hardly required the attention of a medical man; any godly person who understood the rudimentary principles of hygiene and sanitation was in a position to bring health to the 'natives' by cleansing their bodies with soap and their minds with the Gospel.

Another cause of the antipathy amongst mission organisations at that time towards any strongly focused medical work was that European medicine – as then practised by physicians, surgeons and apothecaries – was not at all efficacious in the colonies. Indeed, the treatment resorted to by such practitioners was frequently more iatrogenic than curative. Purgatives and emetics were prescribed frequently and lancing was used to extract blood or drain pustules to cleanse the body of what were seen to be accumulations of noxious substances or to correct its 'nervous tone'. When treating malaria, for example, David Livingstone administered strong purgatives that were designed to