

Essay Review

Towards a History of Medical Missions

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David Hardiman (ed.), *Healing bodies, saving souls: medical missions in Asia and Africa*, Wellcome Series in the History of Medicine, Clio Medica 80, Amsterdam and New York, Rodopi, 2006, pp. 348, illus., €72.00, \$97.00 (hardback 978-90-420-2106-8).

Scholars concerned with the European colonial period have been able to draw on a vast body of primary sources preserved in official archives. While the military may have been the ultimate arbiters of their power, the colonial states were highly bureaucratic. They generated, and indeed depended upon, an unending flow of information that was collected, collated and archived as an organized body of knowledge. That knowledge was obviously shaped by particular perspectives, interests and power complexes.¹

The colonial period also coincided with an explosion in literacy rates in the metropolis and a genuine post-Enlightenment “spirit of enquiry”; a belief that the world could be properly known through the scientific collation of information. In that wider context, the political intentions of a “native” chief and the varieties of local butterflies were equally important matters to record, and colonial officers gathered such information both as a part of their work and as a contribution to a wider knowledge of the world. That overlap ensured that colonial archives of knowledge existed in a complex relationship with European political power.

The all-encompassing nature of the colonial records has attracted scholars in all disciplines,

and promoted their hegemony in historical enquiry. Indeed, researching in and gaining a working knowledge of at least one such archive is virtually a rite of passage for doctoral students. As a result of decades of such research, the great archives of state have been frequently and thoroughly mined. Colonial records in regional repositories have also been located, examined and analysed, while private or family collections have been enthusiastically sought out and their documents made available to a wider public.

Extensive work on these official records means that we are well informed as to the nature and processes of the colonial state. We have authoritative studies of the mind, body and actions of its civil and military officials, and the political, economic and environmental consequences of their policies. In addition, we have drawn on these archives in determining the imperial impact on indigenous societies and the nature, reactions and discourses of the local peoples, both elite and non-elite.

In recognition of the complex relationship between power and knowledge in the colonial process, and the preconceptions, perspectives and imperatives shaping the collation of information in the colonial state, we have developed theoretical and methodological

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communication in India, 1780–1870, Cambridge University Press, 1996.

¹On which see C A Bayly, *Empire and information: intelligence gathering and social*

tools with which to interpret records of the period. Colonial constructions have been thoroughly deconstructed by Marxists, nationalists, empiricists, post-modernists, and a host of other schools of enquiry, and amidst these competing approaches we have even found areas of consensus.

That we should ignore such a body of sources in conducting our historical and other enquiries would seem not merely eccentric, but absurd, to say nothing of unprofessional. Yet alongside the records of the colonial state there exists another vast archive that has long been neglected by scholars of all types, despite its representing and preserving a knowledge-gathering project on a similarly vast scale. I refer to the archives of Christian missionaries who followed, or in many cases preceded, the European imperial penetration of the non-Western world.

Like their imperial contemporaries, Christian missionaries were the product of a European intellectual milieu and were ultimately answerable to an authority resident in a European centre. But again like their imperial contemporaries, they were often far removed, both physically and mentally, from that centre and they enjoyed considerable autonomy, often coming to associate most closely with the region and peoples among whom they worked. Missionaries also sought to know and understand the cultures of the non-Western world and they too generated a vast body of knowledge for both explicitly strategic reasons and as part of a belief in a wider moral duty to “know” the world. But the vast archives the missionaries left have been neglected by all but a handful of scholars specializing in Church histories.

The neglect of missionary archives reflects the fact that critical enquiry in the Western academic tradition has long been essentially secular, and that its practitioners have been, at least in the public sphere, overwhelmingly secularist. A declaration of religious faith is not recommended to ambitious students or researchers (apart, perhaps, from a few American regional campuses), and in consequence, it seems, of this secularist bias,

missionaries have been dismissed as an embarrassment to the Western scientific culture, and their records almost entirely neglected in favour of official sources.

Nor have missionary archives found much favour with nationalist historians of post-colonial independent states such as India, where a secularist approach to modern history has also dominated. Newly emergent independent governments sought to expel Christian missionaries, seeing them as a source of authority outside the nationalist project, and it may be that the nationalists have been alienated not only by the ideology of missionaries and the obvious cultural insensitivities of their project, but also by the Christians’ devastating critiques of indigenous society. While many of those critiques derive validity only from a Christian perspective, others shed unwanted light on indigenous exploitation of non-elite groups outside, and both pre- and post-dating, colonial power.

Despite the popular association of missionaries with colonialism, the Christian missionary presence in the European empires was by no means always a supporting structure of colonial rule. Missionaries had the power to contest imperial racial divides, indeed they were often the strongest voices against racist officials or legislation, and a significant percentage of them were from Scandinavia or other countries unsympathetic to colonialism. In turn, imperial officials prohibited missionaries from entering peripheral regions such as Bhutan and Tibet on the grounds that they were likely to disrupt communal relations there. Thus further studies of relations between various missions and levels of government are needed before conclusions can be properly formed as to their relationship with imperialism.

Nor was the missionary effort a united front of Christian faith. On the contrary, the missionaries’ greatest battles were often with other competing Christian sects, while their records reveal that the missionaries themselves were a disparate collection of individuals with the full range of human strengths and

weaknesses. If they had a unifying quality, it was that, in sharp contrast to the majority of colonial officials, the missionaries were in day-to-day contact with a cross selection of peoples from the indigenous societies. While colonial, and indeed post-colonial officials were primarily concerned with obtaining the consent of the indigenous elites, along with the support of the military and trading classes, the missionaries lived and worked among some of the most neglected colonial subjects. They learned the languages of those peoples, studied their religion and culture, and often spent their entire adult life living amongst them. Certainly many missionaries were adept at developing ties with local leaders and the elite classes, but many others deliberately chose to work among the poorest of the poor, and as a result they left accounts of “subalterns” otherwise ignored in historical sources.

The preponderance of female missionaries means that missionary records are also of considerable value in regard to gender issues. Female missionaries could enjoy considerable influence. Mary Scott, for example, was the only Christian missionary ever permitted to reside in the Sikkimese capital, Gangtok, with her male successor denied that permission.² Female medical missionaries tended to take a particular interest in women’s health issues, not least maternity and childcare, an area neglected under colonial government. They also trained, and indeed empowered, indigenous women. At the time of Independence, the overwhelming majority of Indian nurses were Christian, or trained in Christian hospitals.³

The much-neglected missionary archives are only now beginning to be properly utilized,⁴ and theoretical tools for approaching them are in their infancy. But the future of historical enquiry into the colonial process in its widest senses will surely make its greatest

developments through the proper use of the vast body of missionary sources that await study. It is in this context that *Healing bodies, saving souls* is an important work that deserves wide notice, for missionary medicine has also been neglected in emergent histories of colonial medicine, and the contributions to this new work draw primarily on missionary sources to examine the role of medical missions in Asia and Africa during the colonial period.

This volume, arising from a conference held at the University of Warwick in 2002 on ‘Medical Missions in Asia and Africa’, includes ten papers. Regionally, three chapters focus on medical missions in China, two concern India, and the remaining five deal with Africa. The latter includes Uoldelul Chelati Dirar’s study of Capuchin medical missionaries in Eritrea in the pre-(Italian) colonial period 1894–1935. Dirar’s wide-ranging and informative account focuses on the relations between introduced and indigenous medical systems, finding that not only were the Capuchins almost entirely unconcerned with acquiring a knowledge of local medical systems (which seems characteristic of early biomedical practitioners both missionary and lay), but that the local people were selective in their uptake of aspects of the new system; “[i]t appears that in Eritrea, as in other parts of Africa . . . mission medicine was preferred to local therapy in a pragmatic and selective way, based on principles of effectiveness, cheapness and a relatively easier availability of missionary medical treatments” (p. 269).

Other papers on Africa include Linda Beer Kumwenda’s study of African medical personnel serving the Universities’ Mission to Central Africa in Northern Rhodesia. Such studies of intermediaries between Western officials and indigenous cultures are regrettably

² Albert Craig, *A Scot in Sikkim*, Edinburgh, Board of World Mission and Unity, n.d., p. 10.

³ Rosemary Fitzgerald, “‘Clinical Christianity’”: the emergence of medical work as a missionary strategy in colonial India, 1800–1914’, in Biswamoy Pati and Mark Harrison (eds), *Health, medicine and*

empire: perspectives on colonial India, London, Sangam Books, 2001, pp. 88–136.

⁴ See, for example, Andrew Porter, *Religion versus empire? British Protestant missionaries and overseas expansion, 1700–1914*, Manchester University Press, 2004.

rare. These local employees acted as a bridge between cultures, and Kumwenda provides a valuable exploration of the liminal position of these individuals in the context of racial, cultural and gender issues that arose particularly in the 1940s and 1950s. Michael Jennings brings out the important public health role played by the Maternal and Child Welfare services in colonial Tanganyika in the 1920s and 1930s. Contesting the popular misconception promoted by government propaganda that mission medical services were primarily curative, in contrast to preventative colonial state medicine, he concludes that “[t]he dominance in maternal and child welfare services established by the missions did not result from a particular Christian regard for the place of the ‘child’ and ‘mother’, but because their position in local communities allowed the culturally intrusive public health message to be transmitted in a more sensitive and acceptable way” (p. 247). That conclusion draws attention to the issue of how medical missionaries became, or did not become, accepted within a local community. Those most successful in this appear to have (generally unwittingly) reproduced aspects of indigenous models of the healer, another issue worthy of further study.

Shobana Shankar and John Manton both discuss missionary medicine in regard to the control of leprosy in Nigeria. Leprosy, with its biblical connotations, was always a particular focus of Christian missions, but Shankar’s study, situated in the predominantly Islamic north of the country, finds little evidence that medical treatment of lepers was an important factor in gaining significant numbers of converts. More significant was the fact that “residents of the leprosaria developed social networks connecting them to the colonial economy” (p. 299), a conclusion that may well have broader implications.

Manton’s contribution focuses primarily on the political and economic embedding of Roman Catholic missions in Nigeria in the 1945–67 period, and as such deals with many of the issues examined by John R Stanley in his study of the professionalization of a rural

medical mission in China between 1890 and 1925, and Timothy Man-kong Wong’s study of the London Missionary Society’s work in Hong Kong during 1842–1923. These demonstrate the role of funding bodies and individual donors in shaping the institutional development of missions, and the restrictions imposed on medical work by economic insufficiencies. Attracting local patronage was a particularly important step in the indigenization of medical institutions, and was often an intermediate stage between foreign mission and post-colonial government funding of medical institutions. In many cases such donors represented traditional patterns of patronage, but there were also shifting patterns, with donors moving from patronizing indigenous medicine to supporting biomedicine, and vice versa; this issue deserves a study of its own.

While the broad outline of the origins of modern medical missions has been established, Michael C Lazich’s concise account of these beginnings provides welcome additional detail. He describes the development of the Medical Missionary Societies’ endeavours in China and the vision of the American pioneer Elijah Bridgman, whose advocacy saw Dr Peter Parker, a Yale graduate in both medicine and theology, sent to China in 1834. While eye surgery had already been identified as a valuable propaganda weapon for Western medicine before Parker’s arrival, it formed the bulk of his workload there. As a speciality in which Western practice was clearly superior to local efforts, and with its results seemingly miraculous to those unfamiliar with surgical intervention, it was to be a mainstay of both lay and mission practitioners of Western medicine in competition with local systems down to the modern era.

James Mills’s article begins provocatively by noting the lack of evidence in previous studies supporting assumptions that missionary knowledge affected understandings and policies in the metropolis. But he then provides that evidence using the case of cannabis, demonstrating how, despite a lack of scientific evidence for its having harmful

qualities, its use became an issue in British parliamentary debates as a result of its demonization by missionary temperance movements.

The editor's own nuanced contribution concerns the *adivasis* (then known as "tribals"), and their receipt of biomedicine from medical missionaries in western India. As was the case elsewhere, the *adivasis* had their own extensive range of herbal remedies allied to the use of ritual cures, and their uptake of biomedicine was selective. Hardiman points out in his introduction that mission work was concentrated on areas "where most converts could be won, not necessarily where the need was greatest" (p. 25), and as followers of local religions, the *adivasis* were a particular target of Christian missionaries who considered them more amenable to conversion than the Hindu and Muslim majorities. Yet comparatively few conversions were recorded. While itinerant medical missions found some success due to their similarity to indigenous cultural models, Christian opposition to exorcism, regarded as efficacious by local patients, alienated the local elites who were able to undermine much of the missionaries' work.

The articles are properly contextualized in Hardiman's introduction, a masterly survey of the field today. This acknowledges the importance of recent studies by scholars such as Megan Vaughan (Africa) and Rosemary Fitzgerald (India), neither of whom, unfortunately, contribute to this volume. Hardiman provides a wider history of medical missions, discusses the theory and practice of medicine in the Christian tradition, examines the role of women medical missionaries, and analyses the key issues in the local politics of medical missions. Here the great conceptual divide over the concepts of "sickness" and "healing" are explored, and the transition from mission to indigenous-controlled medical centres theorized. The editor also draws attention to a Protestant bias in studies

of missions, with critical accounts of Roman Catholic missions being rare. We may hope for such studies in the future, and suspect that they will indicate that Catholics were more distant from colonial government and more amenable to concessions to local practices and understandings.

A possible caveat is that the emergence of additional denominational sources may undermine the conclusion that charismatic healing tended to emerge from within the local community and to be opposed by mainstream missions. There were of course overlaps between biomedical and local healing practices, with Dirar's article noting a certain Capuchin Father Angelico whose ministrations fitted Christian and Muslim traditions in that he laid his hands on those he cured. But the Pentecostals in the Sino-Tibetan marches, for example, saw themselves as a so-called "faith mission". While they were not primarily medical missionaries, they did rely on divine power not only for their own material support but also for curing the sick.⁵ Further research is liable to uncover other such groups, who by their nature were less likely to create archives, and whose lack of success may well have caused them to shine less brightly from the historical records.

The articles here are of a consistently high standard, and form a stimulating and rewarding collection, highlighting many common features across regions. The index is sound and illustrations well chosen, although a separate bibliography might have been more appropriate given the overlap between certain chapters. Overall, *Healing bodies, saving souls* is a welcome contribution that demonstrates the many fresh insights that can be gained from the proper use and analysis of missionary sources. It will be of considerable value to students, specialists, and generalists alike, and it provides a firm basis for future work on missionary medicine and the role of missionaries in the colonial process.

⁵ See Wim van Spengen, 'Early Pentecostal missionary activity along the Sino-Tibetan border. The P.M.U. 1912–1924'; paper read at the

11th Seminar of the International Association for Tibetan Studies, Bonn, 2006.