New Perspectives in South Asian History 1

The **New Perspectives in South Asian History** series publishes monographs and other writings on early modern, modern and contemporary history. The volumes in the series cover new ground across a broad spectrum of subjects such as cultural, environmental, medical, military and political history, and the histories of 'marginal' groups. It includes fresh perspectives on more familiar fields as well as interdisciplinary and original work from all parts of South Asia. It welcomes historical contributions from sociology, anthropology and cultural studies.

Series Editors

SANJOY BHATTACHARYA *Lecturer, The Wellcome Trust Centre for the History of Medicine at University College London*

PETER CAIN *Professor of History, School of Cultural Studies, Sheffield Hallam University*

MARK HARRISON *Reader, History of Medicine and Director, Wellcome Unit for the History of Medicine, University of Oxford*

MICHAEL WORBOYS *Director, Centre for the History of Science, Technology and Medicine, University of Manchester*

Editorial Advisory Committee

Clive Dewey *Formerly Reader, Department of Economic and Social History, University of Leicester*

Paul Greenough *Professor of History, Director, Crossing Borders Program, and Director, Global Health Studies Program, University of Iowa*

Biswamoy Pati *Reader, Department of History, Sri Venkateswara College, Delhi University*

Douglas M. Peers *Associate Professor of History, University of Calgary*

Peter Robb *Professor of History, School of Oriental and African Studies, University of London*

Tai Yong Tan *Associate Professor of History, National University of Singapore*

Health, Medicine and Empire

Perspectives on Colonial India

Edited by

BISWAMOY PATI
Delhi University

MARK HARRISON
University of Oxford

Orient Longman

2

'Clinical Christianity': The Emergence of Medical Work as a Missionary Strategy in Colonial India, 1800–1914

Rosemary Fitzgerald

Introduction

In a global survey of the progress and prospects of the Christian missionary enterprise, published at the end of the nineteenth century, the Reverend James Dennis observed:

> If we search for the crowning benefaction which missions have brought to the nations, we will find none, other than the Gospel itself, which surpasses in value the establishment of modern medical and surgical practice among suffering and deluded peoples.[1]

At the time these words were written, such lavish praise of missionary medicine would have found few detractors among missionary societies and their supporters in Britain and the United States of America, the heartlands of Protestant Christianity. Although religious feeling was waning in both these nations, the medical cause was sufficiently appealing to rally wide support, even from "lukewarm" Christians and those so "shaken in faith" that they no longer professed allegiance to Christianity, or any liking for its world-conquering ambitions.[2] The public imagination,

[1] J. S. Dennis, *Christian Missions and Social Progress: A Sociological Study of Foreign Missions* (Edinburgh: Oliphant, Anderson & Ferrier, 1899), 2: 400.

[2] On the ability of medical missions to draw support from wide sections of the Western public, including aetheists and agnostics, see J. Rutter Williamson, *The Healing of the Nations: A Treatise on Medical Missions*

even in a less god-fearing age, was stirred by the idea of heroic missionary doctors carrying the gift of Western medicine to distant lands where, it was said, the people suffered under a terrible burden of sickness and disease that could never be relieved by the archaic methods of indigenous healing. Imperial mentalities saw the spread of Western medicine over the wider world as an unqualified blessing and its introduction into other continents and cultures as incontestable evidence of the benign effects of European conquest and imperial rule. Medical missionaries were seen as playing a stalwart, and often substantial, part in shoring up imperial claims that the process of colonisation brought the benefits of Western medical science to the peoples of 'less favoured nations'. Given the slippage between rhetoric and reality in colonial medical policies and the many lapses in official attention to this dimension of 'empire duty', the governing race had reason to welcome missionary contributions to the medical care of populations under colonial rule.

However, missionary medicine was not a simple humanitarian gesture promising to relieve sickness, suffering and disease; in missionary hands, medical interventions were designed not only to care and cure but also to christianise. At the beginning of the twentieth century, many mission-minded Christians were convinced that 'clinical Christianity', as missionary medicine was sometimes known, provided the most impressive and persuasive means of presenting the gospel message to the peoples of other cultures and other faiths.[3] Medical agents were assigned a vanguard place in the missionary army; their work was believed to constitute "one of the most powerful forces for spreading a knowledge of Christianity".[4] But medicine had not always occupied such a lofty position in the missionary enterprise. For much of the

(London: Student Volunteer Missionary Union, 1899), 61; R. Fletcher Moorshead, *The Appeal of Medical Missions* (Edinburgh: Oliphant, Anderson & Ferrier, 1913), 201–05.

[3] Rutter Williamson, *Healing of the Nations*, 12; Ecumenical Missionary Conference, New York, *Report of the Ecumenical Conference on Foreign Missions, April 21 – 1 May 1900* (London: Religious Tract Society, 1900), 2: 221 [hereafter, New York, *Ecumenical Conference 1900*].

[4] Fletcher Moorshead, *Appeal of Medical Missions*, 47.

nineteenth century the Protestant churches and their missionary organisations did not consider the work of bodily healing as falling within the scope of missions and medicine was given no distinct role in the scheme of world-wide evangelisation. Yet, by the century's end, this earlier neglect of medicine's missionary potential was considered an astonishing oversight. "We marvel", wrote one mission administrator in 1899, "that the Christian Church has been so long in recognizing . . . the great power of medical missions".[5]

The purpose of this essay is to chart the change in mission attitudes towards the use of medicine as a vehicle for evangelism and the ways in which medical work struggled to gain place, power and prominence in the missionary enterprise during the long nineteenth century. The development of missionary medicine in this period will be viewed through the eyes of British Protestant missionaries and their accounts of medical mission work in India. This perspective may be justified on a number of grounds. The period spanning 1800–1914, famously described by Latourette as the "great century" of missions, was an era of missionary expansion that was predominantly Protestant in character.[6] This tide of missionary energy and activity, fluctuating over the century but in full flow by the end, was led by the Protestants of Britain and the United States of America. In 1900, the estimated number of Protestant missionaries at work overseas stood at 17,254, of whom 9,014 came from Great Britain and Ireland, and 4,159 from North America.[7] India was a magnet for the Protestant missionary venture, particularly for its British element for whom the subcontinent was the centre of empire. In the mid-nineteenth century, more than a quarter of all Protestant missionaries were stationed in India, with the British contingent leading the field;[8]

[5] A. R. Cavelier, *In Northern India: A Story of Mission Work in Zenanas, Schools, Hospitals and Villages* (London: S. W. Partridge, 1899), 32.

[6] K. S. Latourette, *A History of the Expansion of Christianity: The Great Century in North Africa and Asia, AD 1800–1914* (London: Eyre & Spottiswoode, 1938–47), 6: 442–43.

[7] B. Stanley, *The Bible and the Flag: Protestant Missions and British Imperialism in the Nineteenth and Twentieth Centuries* (Leicester: Apollos, 1990), 83.

[8] *Calcutta Review*, 16, no. 31, 1851, 243; J. Richter, *A History of Missions in India* (Edinburgh: Oliphant, Anderson & Ferrier, 1908), 201.

on the eve of the First World War, 5,200 Protestant missionaries were posted in India, Burma and Ceylon, of whom 2,450 were sent from Britain, and 1,890 from North America. These five thousand or more agents constituted by far the highest concentration of foreign missionaries (individuals working outside their own countries) to be found on the map of Protestant overseas missions. Only China, with a force of 4,299 mission agents, rivalled India as a site of Protestant missionary activity.[9] Missionary preoccupation with India and its peoples, the sense that the quest to cover the globe with Christianity met its ultimate challenge in India, makes this an appropriate setting for exploring the manner in which medicine and medical issues entered the lexicon of missionary thinking.

Medicine at the Margins

When the Protestant missionary advance on the world began in the 1790s and early 1800s, missionary societies registered little interest in establishing medical work as a distinct arm of overseas service. Although medical men, such as Dr John Vanderkemp and Dr John Thomas, are listed among the earliest missionary agents sent to the foreign field, they were usually appointed to do 'ordinary mission work' with scarcely any reference to their medical skills.[10] Until at least the mid-nineteenth century, medicine

[9] J. P. Jones, ed., *The Year Book of Missions in India, Burma and Ceylon* (Madras: Christian Literature Society, 1912), 172.

[10] "Editorial Notes", *Medical Missions at Home and Abroad*, n.s., 6, July 1897, 323 [hereafter *MMHA*].

John Vanderkemp (1747–1811), a Dutch doctor, was sent to South Africa in 1798, under the auspices of the London Missionary Society (LMS). His work amongst the Hottentots appears to have included relatively little of a medical nature. For a brief account of Vanderkemp's work, see E. L. Nicholas, "Some of the LMS Medical Pioneers", *Medical Missions in India* 1, no. 3, October 1895, 15–16 [hereafter, *MMI*].

John Thomas (1757–1801) first went out to India as a ship's surgeon in 1783. Returning to England in 1792, he offered his services to the newly-formed Baptist Missionary Society (BMS) and in the following year sailed for India with William Carey, the Society's founder. However, Thomas's possession of medical skills played only an incidental part in his appointment as a missionary and his chequered career with the Baptist

remained a matter of indifference to most of those directing the project of Protestant overseas missions. During that period, the missionary movement was largely convinced that execution of the 'Great Commission' – the biblical command to evangelise every nation – rested on the work of preaching and teaching the gospel message. Mission authorities were broadly in agreement that the propagation of Christianity entailed, in the words of the Baptist Missionary Society's constitution, "the preaching of the Gospel, the translation and publication of the Holy Scriptures, and the establishment of Schools".[11] The mission agenda was designed to "reclaim the heathen" through spiritual means; the essential task was to point minds heaven-ward in order to save souls from eternal perdition. The corporeal sorrows and sufferings of humanity in this earthly world were consigned to the margins of mission concern as merely transient afflictions that paled beside the deeper and deadlier maladies of the everlasting soul.

In concordance with this theology of missions, most mainstream missionary societies of the first half of the nineteenth century believed the ideal candidate for missionary office was the ordained man whose clerical identity would ensure that mission work was thoroughly sound and uncompromising in terms of its spiritual strength.[12] While other-worldly matters remained

mission in India certainly did not mark an auspicious beginning for an alliance between medicine and missions—Thomas was widely regarded as an erratic character whose impulsive and often eccentric behaviour caused considerable embarrassment to his missionary colleagues. Thomas died at Dinajpur in northern Bengal in 1801, shortly after a florid episode of mental illness, reportedly induced by his excessive excitement at the winning of the mission's first convert to Christianity. B. Stanley, *The History of the Baptist Missionary Society 1792–1992* (Edinburgh: T. & T. Clark, 1992), 233; Richter, *History of Missions in India*, 133, 347; C. C. Chesterman, *In the Service of Suffering: Phases of Medical Missionary Enterprise* (London: Edinburgh House Press, 1940), 7–11.

11 Stanley, *History of the BMS*, 233.

12 The mission societies' general preference for clerical missionaries in the first half of the nineteenth century severely disadvantaged women's access to missionary posts since the edicts of the Church prohibited the ordination of women. Until the 1860s the main mission boards remained staunchly opposed to the notion of female missionaries on the grounds that not only ministerial work but the whole gamut of associated

pre-eminent in the hierarchy of mission concerns, candidates with medical expertise held no special appeal for mission boards. Training in a secular vocation, such as medicine, seemed hardly relevant to the missionary calling. Until mid-century, men with serious missionary intentions were normally expected to seek ordination before they were commissioned to go forth as "messengers of Christ".[13] This expectation operated with particular stringency in the India missions. Prior to the 1860s, nearly all British missionaries sent to India were ordained men.[14] Occasionally, the mission boards of this period recruited doctors in an attempt to staunch missionary losses through death and disease, but the limited efficacy of Western medicine in the first half of the century did not encourage any widespread investment in medical staff to reduce missionary wastage.[15] Moreover, there was even less incentive to employ medical personnel given the prevailing assumption that agents required the benefit of ordination to play a major part in the 'assault on heathendom'; the mission establishment gave little credence to the notion that a medical member of a mission station might lend evangelism an added dimension by attending to the health needs of the local population.

missionary tasks lay outside the 'womanly sphere'. On the development of women's role in overseas missions see, for example, *Women and Missions: Past and Present*, ed. F. Bowie, D. Kirkwood and S. Ardener (Oxford: Berg, 1993); L. A. Flemming, ed., *Women's Work for Women: Missionaries and Social Change in Asia* (London: Westview Press, 1989); S. Gill, *Women and the Church of England: From the Eighteenth Century to the Present* (London: Society for Promoting Christian Knowledge, 1994), 173–205.

13 C. P. Williams, "Healing and Evangelism: The Place of Medicine in Later Victorian Protestant Missionary Thinking", in *The Church and Healing, Studies in Church History*, ed. W. J. Shiels (Oxford: Blackwell, 1982), 19: 273.

14 S. Piggin, *Making Evangelical Missionaries 1789–1858: The Social Background, Motives and Training of British Protestant Missionaries to India* (Abingdon: The Sutton Courtenay Press, 1984), 14.

15 Medical agents were as likely as their missionary colleagues to succumb to death and disease in tropical postings. Between 1840 and 1853, the Church Missionary Society sent six doctors to West Africa, but only one was still alive at the end of that period. H. Williams, "First Steps in Health", in *Heralds of Health: The Saga of Christian Medical Initiatives*, ed. S. G. Browne, F. Davey and W. A. R. Thomson (London: Christian Medical Fellowship, 1985), 46.

The history of the Church Missionary Society (CMS), the largest of the nineteenth-century British missionary societies, illustrates this initial lack of interest in developing medical work as a form of missionary endeavour.[16] After the founding of the Society in 1799, almost a century passed before medical missions were given official recognition as an established part of CMS work.[17] Although the early CMS missionary rolls included agents with medical experience, they were usually commissioned to preach and teach rather than heal.[18] The Society's administrators at the London headquarters, and missionary-spirited members of the British public, gave little encouragement to those who ventured to place medical talents at the disposal of the missions. The views of the Reverend Henry Venn, CMS Clerical Secretary 1846–72, reflected the prevailing mission attitudes of this period.[19] In 1861, Venn advised a missionary candidate against pursuing medical studies, with the blunt statement—"it very seldom answers any good purpose".[20] Venn's distaste for members

[16] The CMS represented the evangelical wing of the Church of England. By the second half of the nineteenth century the CMS maintained more missionaries overseas than any other British society. In this period, about half of all British missionaries belonged to either the CMS or the other leading British missionary organisation, the predominantly Congregational London Missionary Society. G. A. Oddie, "India and Missionary Motives, *c.* 1850–1900", *Journal of Ecclesiastical History* 25, no. 1, January 1974, 62.

[17] P. L. Garlick, *Man's Search for Health: A Study in the Inter-relation of Religion and Medicine* (London: The Highway Press, 1952), 225.

[18] Missionaries did not, however, always follow the terms of their appointment to the letter. For example, in 1829 the CMS appointed Henry Graham, formerly an apprentice to a Dr Whiting, to carry out educational work in Sierra Leone. Graham withdrew after only two years' work in the field but in that short term of service he reported: "my labours in my medical capacity . . . have taken up so much of my time, that very little of it has been given to the schools". Quoted in H. Williams, "First Steps in Health", 35; see also, J. Murray, *Proclaim the Good News: A Short History of the Church Missionary Society* (London: Hodder and Stoughton, 1985), 104.

[19] Henry Venn (1796–1873), son of the Reverend John Venn, one of the founders of the CMS, was a highly respected and influential Victorian mission strategist and administrator. His thinking was of singular importance in shaping the development of the CMS during his thirty-one

of the medical profession was evident when he wrote to another prospective missionary considering medical training: "There is a providential obstacle to your becoming a doctor . . . you have not humbug enough."[21] Venn was by no means alone in his opinions. At mid-century, the British medical community lacked cohesion and solidarity and practitioners of regular medicine were still in the process of establishing themselves as members of a thoroughly organised and respectable profession.[22] Furthermore, medicine had yet to achieve many of the major advances in knowledge and practice that would later enhance the standing of the medical profession in the eyes of the public. Until they attained the social authority and prestige that came in the latter part of the century, medical practitioners were in a poor position to contest clerical dominance in mission affairs.

Until the closing decades of the century, mainstream societies, such as the CMS, largely dismissed the role that medicine might play as a mechanism for disseminating Christianity. When William Lockhart, a qualified medical man, sailed for China in 1839, under the auspices of the London Missionary Society (LMS),

years as chief executive. However, although he held a pivotal position in CMS policy-making, Venn had no direct experience of the mission field—he never held a missionary post or visited an overseas mission. Thus, his scepticism regarding the value of medical work in a mission context was never tested by personal exposure to the realities of life in the field. For a brief biographical account of Henry Venn and his work, see Murray, *Proclaim the Good News*, 38–43.

[20] Quoted in Williams, "Healing and Evangelism", 271. Williams's work on changing mission attitudes towards the recruitment of medical agents in the nineteenth century includes many examples of the negative stance towards medicine exhibited by mission administrators of the mid-Victorian period.

[21] Quoted in W. Shenk, "Henry Venn as Missionary Theorist and Administrator" (Ph.D. diss., University of Aberdeen, 1978), 207, cited by Williams, "Healing and Evangelism", 272.

[22] The most important single development in the professional organisation of nineteenth-century British medicine was the passing of the 1858 Medical Act. This established the General Medical Council to oversee reform of medical education, annual publication of a medical register of licensed practitioners, and questions of unprofessional conduct and malpractice (including collaboration with irregular practitioners).

he was believed to be the only medical missionary then employed by any British mission board.[23] Although Lockhart was not an ordained minister, his instructions, as the first LMS medical missionary, were to combine his medical work among the people of Canton with "some simple efforts to lead the minds of [his] patients into light and truth".[24] Later in 1839, the LMS recruited a second medical missionary, Dr Benjamin Hobson, for China. Although the commissioning of these two medical men was later seen as opening "the era of medical missions" in the British missionary movement, these appointments represented little more than the first faint flickering of official interest in medical work by the British mission boards.[25] Indeed, at that time the term 'medical missionary' had barely been coined and had yet to pass into common currency as a recognised title for agents formally commissioned to undertake both medical and evangelistic work in the mission field. The initial progress of medical mission work was painfully slow, with the ranks of accredited medical missionaries increasing only very gradually. Estimates suggest that during the 1840s there were no more than forty Protestant medical missionaries at work world-wide and only twelve of that number came from Britain.[26] In the middle decades of the century, even the

23. "Medical Missions and their Supporters", *MMHA* 1, October 1878, 17. Sources vary in the date given for the sending of Lockhart to China, some reporting the year as 1838, others as 1839.

24 C. Silvester Horne, *The Story of the LMS* (London: London Missionary Society, 1908), 308.

25 "Editorial Notes", *MMHA*, n.s., 6, July 1897, 323. It should be noted that medical work was a neglected subject in domestic as well as overseas missions in the earlier half of the century. At the end of the 1830s, when British medical missionaries first began to be employed officially in the foreign field, there was no established medical work in the 'home missions'. This domestic branch of missionary work was designed to reach the 'heathen in our midst'—Britain's own poverty-stricken masses who were believed to be leading increasingly irreligious styles of life. It was only as the century progressed that medical missions were identified as a potent means of reaching the 'godless' at home as well as overseas.

26 In addition to the twelve British medical missionaries at work in the 1840s, there were reported to be twenty-six medical missionaries from America, one from France, and one from the Near East. Garlick, *Man's Search for Health*, 225; E. A. Lawrence, *Modern Missions in the East: Their*

American missionary societies (the originators of the medical mission idea) gave little more than hesitant support to this innovative style of work. British mission boards followed, even more tentatively, in their American brethren's wake. As one end-of-century survey of the development of missionary medicine remarked: "The beginnings of medical missions came very quietly."[27]

In Britain, a handful of early enthusiasts for missionary medicine attempted to boost the number of officially commissioned medical agents in the mission field by founding, in 1841, the Edinburgh Medical Missionary Society (EMMS).[28] This first organised attempt to garner support for the medical mission cause within Britain was the outcome of a visit to these shores by the American medical missionary, Dr Peter Parker. After completing medical and theological training at Yale, Parker had been sent to Canton in 1834, under the aegis of the American Board of Commissioners for Foreign Missions, as the first official medical missionary to China.[29] Indeed, Parker is thought to have been the first agent in any field to use the 'medical missionary' designation as a definite title.[30] In 1841, Parker toured North America and Britain in an attempt to arouse greater interest in medical mission work at the 'home base' in the West. Little resulted from Parker's

Methods, Successes and Limitations (New York: Fleming H. Revell, 1901), 187; J. Miller, Lecture 1: Medical Missions, *Lectures on Medical Missions: Delivered at the instance of the Edinburgh Medical Missionary Association* (Edinburgh: Sutherland & Knox, 1849), 35.

27 "Medical Missionary Association, London. Annual Report, May 1899", *MMHA*, n.s., 7, May 1899, 292.

28 At its founding, the society was known as the Edinburgh Association for Sending Medical Aid to Foreign Countries. Two years later, in 1843, it adopted its permanent title, the Edinburgh Medical Missionary Society (EMMS). For a brief history of the EMMS, see J. Lowe, *Medical Missions: Their Place and Power* (Edinburgh: Oliphant, Anderson & Ferrier, 1886), 202–30; and more recently, J. Wilkinson, *The Coogate Doctors: The History of the Edinburgh Medical Missionary Society 1841–1991* (Edinburgh: Edinburgh Medical Missionary Society, 1991).

29 Peter Parker (1804–1888) established extensive medical work in Canton; with the assistance of Dr Thomas Richardson Colledge, an East India Company surgeon, Parker founded the Medical Missionary Society of China in 1838. "Obituary Notice", *MMHA*, n.s., 2, April 1888, 108.

30 Wilkinson, *Coogate Doctors*, 7.

visit to England, but in Scotland his address to a small group of Edinburgh men from the worlds of medicine, church and commerce led to the formation of the EMMS—an association solely devoted to the furtherance of medical missionary work.

Although the EMMS was later hailed in British mission circles as "the mother of all modern medical missionary effort", the early history of the Society gave little indication that it would eventually gain any such illustrious reputation.[31] In its first years, the Society barely managed to stay in existence; as its directors later admitted, "it did little more than expound the [medical mission] principle from the platform or by the press".[32] In the face of a dispiriting lack of public interest, the EMMS report for 1852 was obliged to confess that, after more than a decade of work, "The Society's object has apparently not yet commended itself to the favourable judgement of the friends of Missions."[33] At mid-century, the idea that medicine merited serious consideration as a missionary method continued to be regarded, in many mission quarters, with deep suspicion. Sceptics feared that the high spiritual purpose of the missionary enterprise would be diluted, even debased, if mission work broadened its horizons to include caring for ailing bodies as well as 'sin-sick souls'.

However, from the 1860s onwards, objections to the use of medicine as a missionary tool began to show signs of waning. This change of heart was prompted, in no small part, by the mission movement's growing awareness of the deficiencies of orthodox missionary methods. The need to find more effective mission strategies grew more pronounced as evangelical Christians became increasingly conscious of the ways in which other cultures and other faiths had demonstrated the depth, strength and sheer endurance of their resistance to missionary incursions.

[31] "Editorial Notes", *MMHA*, n.s., 14, January 1912, 57.

[32] W. J. Elmslie, *Medical Missions as Illustrated by Some Letters and Notices of the Late Dr Elmslie*, ed. J. Lowe (Edinburgh: Edinburgh Medical Missionary Society, 1874), vi.

[33] *Tenth Annual Report of the Edinburgh Medical Missionary Society*, 1853, 6, quoted in *Report of the General Missionary Conference held at Allahabad 1872–73* (London: Seeley, Jackson & Halliday, 1873), 189, [hereafter Allahabad, *Conference 1872–73*].

From mid-century onwards, successive reviews of the progress of the missionary enterprise revealed an uncomfortably recurrent finding—despite decades of aggressive evangelical endeavour, the number of converts gathered into Christianity continued to remain far below original hopes and expectations. In many mission locations, the advance of Christianity was reported to be only slow and slender; even in the principal mission fields, such as India, where the people had been subjected to the most concentrated missionary efforts, success had, more often than not, proved elusive.[34] In terms of definite conversions, missionary results had generally been profoundly disappointing and in no way commensurate with the immense expenditure of energy and funds.[35]

Missionaries derived some small comfort from the belief that their influence might often be "too subtle to be tabulated" and that in many instances mission work made its impact in ways unseen by statistics.[36] Yet such claims could not entirely dispel signs of sinking spirits when evangelists were so frequently forced to repeat the dreary news: "We have seen little or no fruit from all

[34] Writing from Calcutta in 1832, the Scottish missionary, Alexander Duff (1806–78), spoke candidly on the lack of missionary progress in India: "How I fear that much, far too much, has been made of partial success in the work of conversion, and that many good people at home are under serious delusion as to its extent." Quoted in G. Smith, *The Life of Alexander Duff, D.D., LL.D.* (London: Hodder & Stoughton, 1879), 1: 171–72. As the century wore on the mission movement addressed this theme with increasing frankness. See, for example, Committee of Compilation, *Report of the Punjab Missionary Conference held at Lahore, December–January 1862–63* (Lodhiana: American Presbyterian Mission Press, 1863), 59 [hereafter Punjab, *Conference 1862–63*]. For a summary of missionary progress in India, and elsewhere, in each quarter of the nineteenth century, see E. Stock, "Review of the Century", in New York, *Ecumenical Conference 1900*, 1: 401–13.

[35] See, for example, Mary Carpenter's observation that she detected 'an air of despondency or a want of satisfactory results' in missionary reports from India. "Miss Carpenter's Address on 'Female Education in India'", *The Englishwoman's Review*, no. 5, October 1867, 317.

[36] J. Johnston, ed., *Report of the Centenary Conference on the Protestant Missions of the World, 9–19 June 1888* (London: James Nisbet & Co., 1888), 1: viii [hereafter Johnston, *Report 1888*].

our labours."[37] From the 1860s onwards, growing anxiety over lack of tangible results provided a powerful impetus for change in official mission policies and practices. As the century wore on, some of the old shibboleths of the missionary campaign were abandoned as widening sections of evangelical Christianity began to search for the causes of missionary failure and to question the past wisdom of relying so exclusively on 'ordinary' missionary methods.[38] As the preamble to a missionary conference of 1875 stated, the time had come "to discover deflects and flaws in our Missionary efforts, and to devise, if need be, better modes of carrying on the great assault upon the strongholds of Heathendom".[39]

However, calls for change in mission tactics were not expressed purely in terms of practical and pragmatic considerations. Willingness to modify the missionary plan of campaign also reflected, and simultaneously reinforced, a gradual shift in the theological underpinnings of missionary thinking. Over the later nineteenth century, the conservative convictions of earlier mission theology began to wane with the emergence of more liberal forms of theological opinion that encouraged broader interpretations of the meaning of evangelism and the missionary task.[40]

[37] E. A. Lawrence, *Modern Missions in the East: Their Methods, Successes and Limitations* (New York: Fleming H. Revell, 1901), 175.

[38] See, for example, the emphasis placed on the need to discuss the causes of missionary failure at the opening session of the 1860 Liverpool Missionary Conference; The Secretaries to the Conference, ed., *Conference on Missions held in 1860 at Liverpool* (London: James Nisbet & Co., 1860), 16–17 [hereafter Liverpool, *Conference on Missions 1860*].

[39] *Authorised Report of the Missionary Conference held in London, 22 June 1875* (London: William Wells Gardner, 1875), iv [hereafter London, *Report 1875*]. The need for a 'searching scrutiny' of missionary methods was also the key theme of the first of the great international missionary conferences, held in London in 1888. The conference report opened with the remarks of Sir William Hunter: 'During a century Protestant Missionaries have been continuously at labour, and year by year they make an ever-increasing demand upon the zeal and resources of Christendom. Thoughtful men in England and America ask, in all seriousness, "What is the practical result of so vast an expenditure of effort? . . . How far does the Missionary method of the past accord with the needs of the present?" Johnston, *Report 1888* 1: vii–viii.

[40] See, for example, Oddie, "India and Missionary Motives, *c.* 1850–1900", 68–69.

The roomier perspectives of liberal versions of mission theology suggested that the missionary calling could belong as much to women as to men and that the missionary sphere could rightfully include a range of activities beyond those of preaching and teaching. An early signal of impending change in mission thinking was given at the 1860 Liverpool Missionary Conference when the Reverend Joseph Mullens, a veteran of the LMS mission in Calcutta, argued that, as well as preaching, "many other agencies may also be legitimately employed in carrying out the great purpose of evangelising a people".[41] By the time the Centenary Conference on the Protestant Missions of the World convened in London in 1888, there was little that was controversial in a speech that heartily applauded the passing of the days "when the only factor in the Mission-field was the ordained Missionary".[42]

In this era of new developments in evangelistic principles and practice, the missionary potential of medical work gradually commanded more attention. However, despite signs of growing interest in the possibilities of using medicine as a vehicle for evangelism, initially most mainstream missionary societies were prepared to give only cautious support to this form of missionary endeavour.[43] Until the closing years of the century, and in some cases beyond that time, the suspicion still lingered in the minds of many mission administrators that the relief of physical suffering might prove to be an expensive mission undertaking that would produce little visible fruit in terms of "soul-saving".[44] However, the

[41] Liverpool, *Conference on Missions 1860*, 22.

[42] Johnston, *Report 1888*, 1: 398.

[43] For example, when the first female medical mission in India was established at Delhi in 1867, its missionary founders were unable to muster financial support from either their own society (the Society for the Propagation of the Gospel) or any other existing mission body. See R. Fitzgerald, "A 'Peculiar and Exceptional Measure': The Call for Women Medical Missionaries for India in the Later Nineteenth Century", in *Missionary Encounters: Sources and Issues*, ed. R. Bickers and R. Seton (London: Curzon Press, 1996), 174–97.

[44] For an example of such objections to medical missions and their rebuttal, see *Authorised Report of the Second Missionary Conference held at Oxford, 2 & 3 May 1877* (London: William Wells Gardner, 1877), 43–44 [hereafter Oxford, *Report 1877*].

nervous endorsement of medical work by the mission establishment in the West stood in contrast to the reactions of many seasoned missionaries who readily acknowledged the benefits a medical presence bestowed on the working of a mission. Although not all serving missionaries were medical enthusiasts, some of the most persuasive evidence in favour of including medicine in the arsenal of missionary methods came from those with long experience of overseas service.[45]

For Western audiences, missionary testimony was all the more powerful when it came from those who had served in India, long-regarded as the "most difficult of all missionary fields".[46] Thomas Valpy French, a celebrated CMS missionary and first Bishop of Lahore, was one such witness ready to plead the case for medical missions. In a letter widely quoted in British mission circles during the 1870s, Valpy French wrote:

> My Indian experience has led me to set great store by medical missionaries, and oftentimes to wonder that this department is so meagrely supported. . . . I feel convinced that medical missions are amongst the means best calculated at the present crisis to give a fresh impetus to the cause of the Gospel, to help lift the chariot out of the rut in which sometimes it seems for a moment set fast and its progress retarded.[47]

Missionaries as Quack Doctors

When missionaries lent their voices to the call for medical missions, they were at pains to stress that they spoke not from hearsay, but from first-hand experience. Long before medical missions became a prominent feature of the mission landscape, most missionaries had taken some interest in medical matters, if only to safeguard their own survival overseas. For the greater part

[45] The mission conferences of this period provide examples of 'in harness' or retired missionaries speaking in support of medical work in the mission field. For examples, see Liverpool, *Conference on Missions 1860*, 22, 27, 44; Johnston, *Report 1888*, 1: 393; 2: 118, 136–37.

[46] Liverpool, *Conference on Missions 1860*, 54.

[47] Quoted by Bishop McDougal in a speech at the Oxford Missionary Conference of 1877. Oxford, *Report 1877*, 44–45.

of the nineteenth century, missionary societies made few formal medical arrangements to protect those sent to "unhealthy and inhospitable climes".[48] Although divine providence was believed to shield missionary troops posted to far off places, the hazards and hardships of the field were expected to exact a heavy price in terms of wrecked health and lives sacrificed. Indeed, the high casualty rate among nineteenth-century missionary pioneers was later commemorated in the description of this generation as the "martyr band".[49] However, as mission boards pointed out to their recruits, missionaries were not the only Europeans to risk broken health and death in what were seen as the 'dangerous tropics'. Military and civilian personnel who served the imperial cause under the less exalted banners of trade and commerce, exploration and expansion were equally exposed to harm in their expeditions to distant zones. Over-anxiety about the perils of missionary life was deemed an unworthy preoccupation when no more was asked of the missionary, in the name of the Bible, than was already demanded of Europeans with more worldly overseas ambitions.[50]

Although for most of the nineteenth century, mission stations remained poorly equipped in the medical sense, missionaries

[48] Lowe, *Medical Missions*, 171–73.

[49] Nineteenth-century missionary mortality and morbidity rates were extremely high in certain mission fields, most notably in Africa. American records suggest that prior to 1840, the missionary mortality rate in parts of Africa reached 101 per 1,000 compared with an average annual death rate of 38 per 1,000 among missionaries in India. From about the 1840s, missionary mortality rates began to show a steady decline, although Africa remained the 'black spot' on the mission globe. Before 1860 the death rate among mission women was much higher than among men, but in subsequent decades the gender disparity in mortality was reversed. W. G. Lennox, *The Health and Turnover of Missionaries* (New York: The Advisory Committee of the Foreign Missions Conference/Press of the Methodist Book Concern, 1933), 114–21, and Appendix, Table 1, 209.

[50] For examples of exhortations on this theme, see: Miller, Lecture 1: Medical Missions, *Lectures on Medical Missions: Delivered at the Instance of the Edinburgh Medical Missionary Association* (Edinburgh: Sutherland and Knox, 1849), 40–41, 55; W. A. R. Thomson, "The Challenge and Fascination of Tropical Medicine", in *Heralds of Health*, ed. Browne, Davey and Thomson, 22–23.

were advised to take ordinary precautions to conserve their health and strength.[51] Some prudent missionaries managed to acquire some elementary understanding of medicine prior to departure for the field or during furlough, but these were haphazard and fragmentary forms of preparation that might entail little more than occasional attendance at medical school lectures or observation of patient treatment in a friendly doctor's consulting rooms. Stuart Piggin's study of the training of missionaries in the first half of the nineteenth century suggests that candidates destined for remote stations in the South Seas, Africa and the West Indies were those most likely to receive some type of preliminary training in medicine.[52] In that period those bound for India were rarely encouraged to trouble themselves with medical instruction. Organised short courses to provide the non-medical missionary with some basic medical knowledge were not routinely available in Britain until towards the century's end. In earlier days, missionaries were generally ill-prepared to meet the many "scourges of the mission field";[53] they were expected to handle episodes of sickness by relying on little more than common-sense and the contents of that standard item of missionary equipment, the trusty medicine chest. There was, of course, no need for such self-sufficiency when Western medical aid was near at hand, but in many isolated and lonely postings, beyond reach of centres of European settlement, missionaries stricken by disease, however serious, were compelled to do the best they could by doctoring themselves.

Despite the rudimentary nature of their medical knowledge, missionary preachers and teachers did not confine their forays into the medical realm solely to self-treatment. Well before qualified doctors and nurses became familiar figures on the mission scene, many ordinary missionaries made attempts to relieve signs

[51] See, for example, "On Temptations Incident to Missionaries in General, and Particularly in India", in *Calcutta Christian Observer 1844* (Council for World Mission Archive, London: School of Oriental and African Studies, University of London), Pamphlets, vol. 121.A: 649; J. Murdock, *Indian Missionary Manual: Hints to Young Missionaries in India* (London: Seeley, Jackson & Halliday, 1870), 30, 40, 559.

[52] Piggin, *Making Evangelical Missionaries 1789–1858*, 238–39.

of sickness and malaise in the communities surrounding their stations. Reports suggested that the promise of medical aid attracted favourable public interest and attention, acting as an effective antidote to the "spirit of antagonism" that so often greeted missionary encroachments on life in other lands. It was claimed that "by dispensing quinine, and other medicines valued by the natives, a missionary who has no knowledge of medicine, may commend himself to the people among whom he labours".[54] Moreover, by offering to minister to the diseased and dying, missionaries believed they were given opportunities to deliver not only medicine but also the 'heavenly message of salvation'. Many of the wives, daughters and sisters of male missionaries as well as the few accredited women missionaries of the early nineteenth century incorporated a medical element into their work among local women and children.[55] The most enterprising mission stations set up embryonic medical missions by opening dispensaries on the verandah of the mission bungalow or in some corner of the compound where people might gather regularly for treatment. Through a wide variety of preliminary and informal endeavours, missionary activity gradually developed a medical dimension; in these early days it was almost, one mission writer later remarked, as though a medical branch "grew up of itself, without intention on the part of those who began the work".[56]

Mission reports reveal the elementary character of these early medical ventures. Many aspiring medical missionaries readily admitted that, without the necessary training, their attempts to relieve suffering were limited to the simplest interventions; the staple forms of treatment, prescribed for all manner of cases, often amounted to no more than the administration of castor oil,

[53] "Editorial Notes", *MMHA*, n.s., 12, October 1908, 180.

[54] Punjab, *Conference 1862–63*, 99.

[55] For descriptions of women's early medical work in the mission field, see H. Barrett Montgomery, *Western Women in Eastern Lands: An Outline Study of Fifty Years of Woman's Work in Foreign Missions* (New York: Macmillan Company, 1910), 124–25; M. I. Balfour and R. Young, *The Work of Medical Women in India* (London: Oxford University Press, 1929), 14–15.

[56] I. H. Barnes, *Between Life and Death: The Story of C.E.Z.M.S. Medical Missions in India, China, and Ceylon* (London: Marshall Brothers, 1901), 146.

Epsom salts or carbolic acid. In an account typical of missionary medical work in the earlier part of the century, Mrs Winckler wrote (1831), from the CMS station at Dohnavur: "The Lord hath hitherto blessed our means though they were very simple — either a purgative or an absorbent medicine."[57] Sailing for India in the 1830s, the Reverend John Newton was one, among many others, who used the long voyage out to study medical texts and manuals. Mr Newton believed this foresight had been amply rewarded; as he later recalled, "I had not been long in the country, before I found myself engaged in a small practice; having sometimes twenty, thirty and even forty patients, in a day." Yet, in spite of his studious efforts, Mr Newton had to confess that the scope and severity of the ailments presented to him were such that he was "utterly unable to treat" all who appealed to him for help,[58] an experience said to be familiar to missionaries. As the Reverend Thomas Smith told the Liverpool Missionary Conference of 1860: "In India, it was taken as a matter of course that every European was skilled in medicine: . . . No doubt, many of his missionary brethren present had often been applied to, as he had been, to prescribe for cases which they knew just as little about as any man living."[59]

Through to the later decades of the century, and in some instances even beyond that time, reports from the field continued to contain accounts of missionaries, with little or no systematic medical training, "doctoring the people".[60] Henry Soltau's reminiscences of his days in Burma during the mid-1870s were not untypical. Finding the homoeopathic remedies in his personal medicine chest inadequate for treating local ailments, Soltau recalled:

> I had to turn to Perry Davis's Painkiller, and Jayne's Expectorant, and the Almanack published to explain those medicines. I went on very well for a short time, until we had a Medical Missionary . . . I then got

[57] Quoted in H. Williams, "First Steps in Health", 36, (original source not cited).

[58] Punjab, *Conference 1862–63*, 109.

[59] Liverpool, *Conference on Missions 1860*, 28.

[60] Johnston, *Report 1888*, 2: 136.

> from him a year's training in dispensary work, which was very helpful. I was given a very valuable book, called "Moore's Family Medicine for India," and with that, and the medicine's recommended, which are not homeopathic, I began to get some good results among the people. When Dr. Harvey [the medical missionary] left, through ill-health, he left the whole of the patients in his charge in my hands.[61]

Missionary evangelists appear to have exhibited varying degrees of self-consciousness concerning the paucity of their medical skills. Some seem to have been painfully aware of their limitations in the medical realm. At the Punjab Missionary Conference of 1862–63, a speaker who had recently travelled through the Khagan valley confessed: "I found confidence in European skill, manifested by Syuds, Swatis, and Pathans, to be embarrassing, when the opportunity for doing good was very small."[62] At the same conference the German pastors of the Moravian settlement in Lahoul reported that, having received only a few months medical instruction, they only practised medicine "in a very humble way"; they were adamant that such an abbreviated training was entirely insufficient for work requiring "the highest knowledge of medicine".[63] While some missionaries expressed much anguish over the inadequacy of their medical skills, others appear to have taken a more sanguine stance. At the Allahabad Missionary Conference of 1872–73, the Reverend W. Ferguson of the Chumba Mission was apparently unabashed in stating that "it had been a hobby of his to read medical books. He was a *homeopathic* practitioner. . . . Sometimes he would take his stand under a tree, ring a bell, and offer medicine to any willing to receive it."[64]

[61] Ibid., 132–33. Thomas Harvey, the medical missionary mentioned by Soltau, had interrupted his medical studies to join the China Inland Mission (CIM) in 1869; after three years' work in China he returned to England to complete his studies and obtain a full medical qualification. In 1876 he was sent by the CIM to start a medical mission at Bhamo in north Burma where he gave Soltau some preliminary training in medicine; A. J. Broomhall, *Hudson Taylor and China's Open Century. Book Six: Assault on the Nine*, (London: Hodder & Stoughton and The Overseas Missionary Fellowship, 1988), 56, 254, 493.

[62] Punjab, *Conference 1862–63*, 108.

[63] Ibid., 109.

[64] Allahabad, *Conference 1872–73*, 203.

Through to the last years of the century, missionaries attempting to provide medical relief in the mission field remained undeterred, although not always entirely untroubled, by the fact that they lacked professional medical qualifications or even anything approaching an appropriate training for this avenue of work. In the main, the missionary body took it as a truism of life in the field that "every missionary, working where medical aid was not readily procurable, was more or less a doctor".[65] The cheerful acceptance of this view, and its long persistence among the missionary rank and file, is illustrated in the memoirs of the Reverend F. Colyer Sackett who recalled his days in Hyderabad, at the end of the last century, as a time when "every missionary became a quack doctor! He could not help himself. You cannot say 'poor fellow' and pass on, when you know that a dose of salts or a grain or two of quinine a day might possibly bring back health."[66] Yet, despite such apparently robust attitudes, an unavoidable element of doubt and anxiety began to surround the missionary claim that "whether competent or not, [we] are compelled in some measure to assume the character of the physician".[67]

A hint of missionaries' unease about their lack of medical credentials was revealed in the use, among themselves, of the term "quacking" to describe their activities as self-styled doctors.[68] 'Quack doctor' was, after all, a pejorative appellation, usually associated in missionary rhetoric with the so-called 'charlatans' of the indigenous medical realm. In India, missionaries and countless other European observers roundly denounced practitioners of indigenous medicine – the *kavirajas*, vaidyas and hakims – as "ignorant quacks" who merely posed as men of medical learning.[69]

65 "Medical Missions at the Calcutta Missionary Conference", *MMI* 2, no. 7, October 1896, 81.

66 F. Colyer Sackett, *Vision and Venture: A Record of Fifty Years in Hyderabad 1879–1929* (London: The Cargate Press, n.d.), 106.

67 Johnston, *Report 1888*, 2: 106.

68 Allahabad, *Conference 1872–73*, 205.

69 Such sweeping denunciations of other medical cultures frequently failed to make any appreciable distinction between healing practices and techniques associated with popular, folkloric traditions and those encoded in the textual traditions of formal medical systems, such as Ayurveda and Yunani (or Unani).

Over the course of the nineteenth century, the hardening of Western negativity towards indigenous medicine allowed less and less shading of opinion—local healers of almost every kind came to be characterised, in the Western mind, as little more than unprincipled impostors and superstitious quacks.[70] In a curiously ironic twist, as the century progressed, the missions found that, by using medically 'half-educated' agents, they too could be accused of duplicity and deceit in their dealings with the sick. By the later nineteenth century, amateur medical mission workers were increasingly likely to be judged, and found wanting, according to the standards by then enshrined in orthodox Western medical practice. If the irregular healers of the missionary community were tempted, as they often were, to stray beyond the limits of their competence, they found that the "rather shadowy character" of their work brought them dangerously close to the ranks of those called medical fakes and frauds.[71]

Missionaries staved off such criticism, and their own self-doubts, by pointing to the scale of death and disease in places such as India and the seemingly manifold defects of indigenous medical systems. Missionaries argued that, in such circumstances, even their inexpert aid was better than leaving the sick and the dying in the hands of local healers. The clerical missionary, Mr Colyer Sackett, remembered his quack work in Hyderabad as "perhaps a bit risky, . . . but at all events it was a trifle better than

70 On the growing disparagement of Indian medicine by secular colonialists, see David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993), 43–60. For examples of missionary condemnation of indigenous medicine, see W. J. Elmslie, *Medical Missions as Illustrated by Some Letters and Notices*, 187–88; Lowe, *Medical Missions*, 148–49, 158–62; Rutter Williamson, *Healing of the Nations*, 25–37; W. J. Wanless, *The Medical Mission: Its Place and Power* (Philadelphia: Westminster Press, 1900), 14–17; E. K. Paget, *The Claim of Suffering: A Plea for Medical Missions* (London: Society for the Propagation of the Gospel in Foreign Parts, 1913), 1–31; Fletcher Moorshead, *Appeal of Medical Missions*, 60–62.

71 The description of unqualified medical work as 'of a rather shadowy character' comes from the pen of Miss Ling, a missionary who undertook some medical work, without any orthodox form of training, at the Ootacamund mission. "Medical Missionary Association Annual Meeting", *MMHA*, n.s., 12, May 1908, 116.

the work of the village barber!" He added: "Alas, that was not saying much."[72] The diverse and uncertain skills of many of the original exponents of missionary medicine, and their dubious medical credentials, remained a vexatious issue up to the close of the nineteenth century. Before the question of entitlement to the medical missionary designation was finally resolved at the end of the century, by restricting its use to those with full medical qualifications, the capabilities of many who claimed the title continued to be highly variable. Their meagre medical skills led some missionaries to seek out improvised forms of partial training, either while in service in the field or during home leave in the West.[73] Some were sufficiently chastened by their experiences as amateur doctors that they returned to their homeland to gain professional qualifications in medicine. (Henry Soltau was one of those who, having acquired some in-service training from a qualified medical missionary, eventually returned to Britain to take a full course of medical studies.)[74] However, these were isolated efforts that very much depended on the initiative and determination of individual missionaries and their ability to persuade mission boards that the pursuit of medical training was a wholly justifiable missionary undertaking.

Despite the enthusiasm for medical work among many of their agents, mission authorities were initially disinclined to give anything more than provisional support to this arena of missionary

72 Colyer Sackett, *Vision and Venture*, 106.

73 Until at least the mid-1870s, British women missionaries were forced to confine their search for more medical knowledge to these perfunctory forms of training. Up to that time, women in Britain were unable to obtain a complete medical education; the British medical profession only began to open its doors to women, slowly and with much reluctance, in the late 1870s and 1880s. On the measures taken by some women missionaries to acquire a modicum of medical skill prior to women's entry to the British medical profession, see Balfour and Young, *Work of Medical Women in India*, 14–15. For examples of missionaries, both men and women, who deeply regretted embarking on medical work without due preparation, see Lowe, *Medical Missions*, 190–93; Johnston, *Report 1888*, 2: 134–35.

74 After serving in Burma between 1875 and 1881, Soltau returned to England to qualify in medicine and subsequently took up a medical missionary post in India. Broomhall, *Hudson Taylor and China's Open Century*, 258, 502.

activity and saw little need for the work to be placed on a more permanent and professional footing. However, the advantages of using medicine as a missionary tool, and of employing medical agents of more certain calibre, came to be more widely recognised as the mission enterprise of the later nineteenth century searched for new methods of bringing "the truths of Christ before those who are not disposed by nature to listen to them".[75] The formal development of medical missions won official approval gradually and, at first, for one principal reason—medicine was proclaimed to be invaluable for opening-up hitherto impenetrable areas. Missionary bodies and their domestic supporters, long accustomed to hearing of Christian evangelists being "scoffed at", "hooted down" and "pelted" during their sojourns in other lands, could not but be impressed by accounts that seemed to tell a different story—missionaries who had adopted a medical mantle in their encounters with other cultures reported that "the medicine chest is the missionary's passport and safeguard", even in the most hostile regions.[76] The missionary offering medical aid was said to be greeted "as a stranger, but not as an enemy".[77]

The Penetrating Power of Medicine

Initial attempts to promote medicine as a "weapon in the missionary armoury" centred on the claim that even rudimentary medical work had proved to be an exceptionally powerful "pioneering agency".[78] Those calling for the formal expansion of medical mission work received a more attentive hearing from their ecclesiastic leaders when they described medicine's abilities to forge a path into communities that had once shown intense anti-missionary feeling. Medicine's pioneering purpose was baldly stated by the

75 Johnston, *Report 1888*, 2: 379.

76 J. M. Macphail, "Free Church of Scotland Medical Missions", *MMI* 5, no. 8, July 1899, 35. See also, Oxford, *Report 1877*, 59.

77 Sir Alexander R. Simpson, "Address to the Annual Meeting of the Medical Mission Auxiliary [of the Baptist Missionary Society]", *The Medical Missionary* 2, June 1909, 123.

78 Fletcher Moorshead, *Appeal of Medical Missions*, 45. For the testimony of European travellers and missionaries on the value of medical missions as a pioneering agency, see Lowe, *Medical Missions*, 51–87.

EMMS—"The work of the doctor is to open the door, that the evangelist may enter in".[79] The alleged power of medicine to open doors, in both a literal and figurative sense, was conveyed to a British missionary conference of 1877 when no less a figure than a bishop reported:

> I can testify that the missionary with medical knowledge and skill can gain access to homes and hearts that would never have been reached in the same way, if at all, by his purely teaching and preaching brother. . . . I have myself seen the hatred and contempt for the Christian teacher forgotten and laid aside in the unquenchable desire of suffering humanity for release from pain or deliverance from the fear of death.[80]

This was a tantalising prospect for those involved in fields, such as India, where missionary attempts to intrude on local culture and tradition had often met bitter protest and opposition. As early as 1862, the Punjab Missionary Conference passed a resolution recognising medical missions as "valuable auxiliaries" to the direct work of propagating Christianity; where other methods failed, the medical missionary could be used to remove "deep prejudices" and "win the affections and confidence of the people".[81] Experiences in Kashmir provided a notable, and much quoted, example of the apparent success of medical mission work in 'stubborn' fields. The CMS had made three unsuccessful attempts to establish mission work in Kashmir (in 1854, 1862, and 1864) but had faced such violent opposition that the missionaries retreated, one of them declaring that the hearts of the people seemed as hard as the stones they threw.[82] The arrival of a medical missionary, Dr William Elmslie, in Srinagar in 1865 was said to have transformed the situation.[83] Fourteen years later, Elmslie's widow,

[79] *Medical Missionary Journal* 9, August 1874, 58–59.

[80] Oxford, *Report 1877*, 41.

[81] Punjab, *Conference 1862–63*, 99–110. The Liverpool Missionary Conference of 1860 minuted a similar statement commending medical missions as 'a valuable auxiliary to the direct work of the gospel, in densely peopled countries, as China and India'. Liverpool, *Conference on Missions 1860*, 57.

[82] J. Macphail, "Medical Missions in India", *The East and The West* 4, July 1906, 292.

[83] Dr William Jackson Elmslie (1832–72) was the first regular medical missionary of the CMS. His appointment, at a time when the CMS showed little enthusiasm for medical work, was the result of a special appeal from a group of prominent colonial officials who guaranteed all the medical missionary's expenses beyond his stipend. H. T. Hodgkin, *The Way of the Good Physician: To Which is Added The Story of CMS Medical Missions* (London, Church Missionary Society, 1915), 139–42.

Margaret, reported that medical work had virtually eradicated "prejudices" against Christianity among all classes of Kashmiri people. She remarked, "Where the preacher of the gospel was formerly stoned by enraged listeners, now he is welcomed as their truest friend."[84]

Medicine's reputation as a pioneering agency was substantially enhanced by claims, such as those of Mrs Elmslie, that offers of medical aid gave access to all categories of people, the high-born and the low. The "steady sapping of prejudice" said to result from medical mission work appeared all the more impressive when accompanied by reports that this agency was equally effective among the affluent as among the destitute.[85] In India, and elsewhere, members of the higher echelons of society had generally proved the stiffest opponents and sternest critics of missionary activity; any indication of a weakening of resistance among these sections of the population was greeted as a significant achievement for the missions. It was hoped that winning converts, or at least sympathisers, from the upper castes and classes would carry Christian values into India's core institutions to influence the process of national regeneration from above and from within. The alleged range of the medical missionary's reach – "the hovel and the palace are alike opened at his approach" – appeared to offer possibilities for establishing a vital point of contact with those elite social categories that had proved impervious to other missionary techniques.[86] The claim that in the hands of female missionaries medicine provided a means of entering the previously "uncolonized space" of the zenana was even more arresting.[87] Secluded women had proved the most elusive segment of the

[84] "Correspondence to the Editor", *MMHA* 1, April 1879, 60.

[85] "Editorial Notes", *MMHA*, n.s., 6, January 1897, 233.

[86] Lowe, *Medical Missions*, 54.

[87] J. Nair, "Uncovering the Zenana: Visions of Indian Womanhood in Englishwomen's Writings, 1813–1940", *Journal of Women's History* 2, no. 1, 1990, 8–34.

Indian population and the promise that medicine would allow missionaries to reach into the zenana, believed to be the stronghold and sanctuary of Indian culture, was a powerful impetus for the development of women's medical mission work.[88] The depiction of the missionary doctor as a welcome figure, even among those who rejected all other approaches, became a recurring motif in medical mission propaganda of the late nineteenth and early twentieth centuries.[89]

The assertion that medicine acted as a "peculiar penetrative disintegrating force" provided persuasive grounds for employing medical approaches in areas impervious to more orthodox missionary methods.[90] But the rationale for using medicine as an 'entering wedge' could hardly be applied to people and places showing little sign of overt anti-missionary reaction.[91] Many quarters of the missionary movement argued that, if medical missions were to be used at all, this expensive and essentially secular undertaking should be reserved for "breaking new ground" in particularly difficult territory.[92] However, enthusiasts marshalled further evidence to suggest that the tactical advantages gained from medical work applied in almost every mission setting, not just pioneering situations. One of the most well-rehearsed arguments referred to the close connections between medical and religious traditions in the cultures of the non-Western world. It was taken as axiomatic that "in the life and thought of the

[88] On the importance attached to women's medical mission work in the Indian context, see: R. Fitzgerald, "Rescue and Redemption: The Rise of Female Medical Missions in Colonial India During the Late Nineteenth and Early Twentieth Centuries", in *Nursing History and the Politics of Welfare*, ed. A. M. Rafferty, J. Robinson and R. Elkan (London: Routledge, 1996), 64–79.

[89] For examples, see: Dennis, *Christian Missions and Social Progress*, 2: 406; New York, *Ecumenical Conference 1900*, 2: 196, 212; J. P. Jones, *The Year Book of Missions*, 371.

[90] "The Medical Missions of the Church Missionary Society", *MMHA*, n.s., 10, December 1903, 38.

[91] The term 'entering wedge' was used, for example, by Rutter Williamson, *Healing of the Nations*, 92; Fletcher Moorshead, *Appeal of Medical Missions*, 80.

[92] For examples of this argument, see Williams, "Healing and Evangelism", 274–76.

non-Christian man religion and medicine go hand-in-hand";[93] if 'proof' was needed, missionary narratives supplied sweeping confirmation that "among all rude races, magic and medicine are wedded, the priest and doctor are one".[94] John Lowe, author of perhaps the most influential nineteenth-century treatise on medical missions, was emphatic:

> In India, China, Africa, Madagascar and in almost every heathen land, crude systems of medicine are intimately associated with the religions of the people, and the treatment of disease, such as it is, is monopolized by the priests, or by others under their control.[95]

Missionaries maintained that, in seeking to displace "false" religious systems, they confronted a "compound of medical and spiritual quackery" that acted as a doubly stubborn hindrance to the planting of Christianity.[96] The inclusion of medicine in the arsenal of missionary weapons promised to supply the means of launching a twofold attack on this complex web of medico-religious belief and practice. The point was bluntly made: "Destroy the faith of the non-Christian man in his 'doctor' and you have very frequently taken the surest and simplest course towards the destruction of his faith in the superstition of his religion."[97] Medical mission advocates argued that indigenous peoples were unlikely to abandon their cherished customs and ancestral faiths unless the missions offered an alternative, but similarly all-encompassing, cosmology that addressed the needs of body, mind and soul. Evidence from the field was cited to demonstrate that, without Western medical expertise on hand, missionaries were severely hampered in their efforts to subvert the authority of local healers and the people's confidence in their own traditions.

It was a matter said to affect not only the problem of winning converts but also the difficulty of keeping the "newly gathered-in" from straying outside the Christian fold. Missionaries reported that, when stricken by disease, converts were "easily seduced into

[93] Fletcher Moorshead, *Appeal of Medical Missions*, 76.

[94] J. Wells, "The Sixth Gospel", *MMI* 7, no. 27, October 1901, 73.

[95] Lowe, *Medical Missions*, 148.

[96] New York, *Ecumenical Conference 1900*, 2: 197.

[97] Fletcher Moorshead, *Appeal of Medical Missions*, 76.

their old heathen ways"; in the event of epidemics, whole congregations might "relapse into superstition" as they turned to the indigenous realm in search of healing.[98] Missionaries confessed that, in the absence of effective medical resources, their work frequently could not withstand the "crucial test" of disease.[99] Furthermore, those pressing for medical missions to be established on a wider and more adequate basis pointed out that the churches were under a special obligation to protect the health and welfare of their "brethren in Christ"—the fledgling Christian communities of other lands.[100] Missionary organisations that remained reluctant to supply their missions with medical expertise, yet nonetheless censored sick and suffering converts for the sin of "backsliding", were asked to consider:

> Are we dealing fairly with our converts from heathenism, when we subject them to church discipline for availing themselves in time of sickness of the only help within their reach, and on which, in their heathen state, they placed unbounded confidence, while we fail to provide them with necessary medical aid?[101]

Many of these appeals to strengthen the medical arm of missionary service were couched in the language of humanitarianism, purportedly the natural idiom of Christianity. However, conservative evangelicals of the mid-Victorian period were unlikely to support medical missions as purely philanthropic agencies; disinterested charity was not seen as part of the business of overseas missions. Moreover, at both individual and institutional levels, many sections of Christianity still feared that any widespread application of the medical mission principle might undermine the ultimate, higher purpose of the missions—the gospel might be tarnished by too close an association with the secularity of medicine. Those calling for medical reinforcements for the mission field attempted to dispel such misgivings by insisting that the

98 Lowe, *Medical Missions*, 149; Fletcher Moorshead, *Appeal of Medical Missions*, 44.

99 Lowe, *Medical Missions*, 148–51.

100 See, for example, the remarks of Dr John Hutchison (Church of Scotland Mission, Chamba, north India) on the medical needs of the growing Christian community in the Punjab, Johnston, *Report 1888*, 2: 129.

101 Lowe, *Medical Missions*, 151.

dedication of medical skills to evangelical ends was a divinely authorised undertaking. The concept of the modern medical mission was said to be inspired by the precept and practice of Christ, "the Great Prophet and Great Physician";[102] Christ and his original disciples, so the scriptures said, broadcast their message to the people through acts of healing as well as preaching. This biblical precedent was seized upon by those hoping to popularise the idea of medical missions among audiences in the West; propaganda for domestic consumption was heavily laden with scriptural quotations to convey the notion that the work of the missionary physician was not simply penetrating in its influence but also Christ-like in its character.[103]

During the 1860s and 1870s the case for summoning medical talent into missionary service began to gain ground, with discernible signs of a "steady forward development" in missionary medicine.[104] By 1874 the EMMS journal was able to note: "The strides made by Medical Missions during the last fifteen years are quite gigantic"; missionary societies were beginning to show a greater willingness to employ qualified medical agents in the mission field and the Western medical profession had ceased to "sneer" at the idea of a missionary physician.[105] The progress made by medical missions was particularly striking to missionaries who, in earlier years, had encountered indifference or outright opposition from the clerical and medical professions. Dr Colin Valentine, who had faced strong mission board protests at the time of his appointment to India in 1860, used the occasion of the Allahabad Missionary Conference of 1872–73 to celebrate the coming of the new mood in favour of medical

102 Miller, *Lectures on Medical Missions*, 27.

103 For examples, see Miller, *Lectures on Medical Missions*, 27–39, 72–73; Elmslie, *Medical Missions as Illustrated by some Letters and Notices*, 203; Lowe, *Medical Missions*, 4–23; Johnston, *Report 1888*, 2: 102–103; Fletcher Moorshead, *Appeal of Medical Missions*, 22–35.

104 "Medical Missionary Association, London, Annual Report, May 1899", *MMHA*, n.s., 7, May 1899, 292.

105 *Medical Missionary Journal* 9, August 1874, 57. The EMMS noted that in 1864 the first issue of its journal had reached only 16 medical missionaries. By 1875 the journal was regularly circulated to 51 medical missionary workers; see *Medical Missionary Journal* 10, January 1875, 1.

missions.[106] In Valentine's view, the climate of opinion had now so greatly altered that:

> If at odd times and strange corners, an individual crops up to undervalue the work of the Medical Missionary . . . he is looked upon more in the light of a fossil one sees in museums which shows what wonderful beings lived on our earth in by-gone days, rather than as a representative of any creature that now exists![107]

Valentine's jubilant claims were something of an exaggeration; by the 1870s, the medical mission had by no means achieved universal recognition as a highly valued wing of missionary activity. Official support for medical missions developed in a patchy and gradualist fashion, even in the Indian setting where medical mission work was formalised and expanded more readily than in many other mission fields. The number of those describing themselves as medical missionaries certainly seems to have risen. In 1877, it was estimated that there were some eighty Protestant medical missionaries from Europe and North America at work world-wide. Of these, fourteen were working in medical missions in their own home countries, twenty were posted to India and fifteen to China; the remainder were thinly scattered across a variety of mission locations.[108] But these figures need to be treated with caution. In this period the term medical missionary

[106] Colin S. Valentine (1834–1905) originally served with the United Presbyterian Church of Scotland Mission in the area then known as Rajpootana. He served for forty years as a medical missionary in India and first became widely known for his pioneering work in the princely state of Jaipur in the years 1866–78. Valentine was personal physician to the Maharaja as well as the city's medical missionary; during his time in Jaipur he also established, with the support of the Maharaja, a school of art, a philosophical institution, a board of health and a public library. He was later founder and principal of the Agra Medical Missionary Institute for Indian Christians. "The Rev. Colin S. Valentine, F.R.C.S.Ed., LL.D.", *MMHA*, n.s., 11, December 1905, 39–40.

[107] Allahabad, *Conference 1872–73*, 191. Valentine makes the point that the medical missionary was more likely to be undervalued if he was unordained and self-supporting (working outside the ambit of regular missions).

[108] Oxford, *Report 1877*, 40–41.

was used in a relatively arbitrary fashion to include agents with full medical qualifications as well as those with a wide variety of slender and unrecognised forms of training. Although sections of the mission movement, in both Britain and North America, were beginning to concede that a judicious use of medicine might aid the progress of Christian evangelisation, the services of the trained physician were still used sparingly within the missions. In the mid-Victorian era the legitimacy of incorporating medicine into the missionary agenda was still a contentious issue; if medical agents were employed, their official mandate was usually seen as restricted to softening and subduing opposition in order to gain entry into 'closed lands' and 'unreached regions'.

The Double Cure

More than a decade after Valentine's exuberant comments on the valorisation of medical mission work, there were still complaints from the cause's supporters that many British-based mission administrators continued to show 'a want of appreciation'[109] of this agency. John Lowe, a leader of the medical mission lobby, wrote:

> Our missionary societies, with certain exceptions, are yet slow to recognize the medical mission as an ordinary method of missionary work, and seem disposed to minimize its employment as much as possible; and even when established, the support it receives from home is not as a rule either so hearty or liberal as it ought to be.[110]

This was certainly the experience of the Medical Missionary Association, established in 1878, as the London equivalent to the Scottish EMMS. The London group recorded that in its founding years it encountered "a grievous degree of ignorance and apathy on the subject of medical missions", as much among the English churches and their missionary bodies as among the Christian public generally.[111] According to the champions of medical missions, this lack of interest stemmed largely from "the erroneous impression that the practical operations of a medical

[109] Lowe, *Medical Missions*, 92.

[110] Ibid. 91–92.

[111] "Editorial Notes", *MMHA*, n.s., 7, January 1898, 56.

mission are not so directly evangelistic as the ordinary stereotyped methods".[112] Fervent evangelicals were still apt to object to medical mission work on the grounds that it "made [missionaries] *dry*, that it made them *secular*, that it robbed them of spiritual power" [original emphases].[113] The fear persisted that extensive use of such an "earthly instrumentality"[114] as medicine might deaden the impact of the evangelistic message. Such misgivings lingered while the missionary physician was seen as primarily serving a pioneering rather than a pastoral function; as long as medicine's missionary potential was defined in these limited terms, medical work was consigned, at best, to a subsidiary place in official mission policies.

This might have satisfied medical mission apologists in the middle decades of the nineteenth century, when calls for the official development of this work demanded little more than for medicine to be awarded a subordinate place in mission affairs as "the graceful handmaiden of Religion".[115] However, by the later part of the century, medical mission rhetoric took on an altogether more ambitious tone. It was argued that the missionary physician was no mere cipher acting only as "the plough to prepare the ground for the seed which was to follow".[116] In missionary hands, the potency of medicine was said to extend far beyond the prosaic world of physical healing; it was also capable of reaching a higher and more hidden realm to accomplish the 'true' missionary work of spiritual healing. Pain and suffering, the uncertainty of living and the threat of death were seen as transformative experiences that made the human heart and mind open, soft and malleable. The intimate and probing nature of the

[112] Lowe, *Medical Missions*, 92.

[113] Johnston, *Report 1888*, 2: 137.

[114] Miller, *Lectures on Medical Missions*, 6.

[115] Miller, *Lectures on Medical Missions*, 33, 72–73. Resolutions passed at missionary conferences of the 1860s commended medical missionaries but only as valuable auxiliaries to the direct work of evangelisation. See, Liverpool, *Conference on Missions 1860*, 57; Punjab, *Conference 1862–63*, 109–10.

[116] "Medical Missions at the Calcutta Missionary Conference", *MMI* 2, no. 7, October 1896, 81.

medical encounter, when the patient's capacity for mental and physical resistance was at its lowest, was held to offer matchless evangelistic opportunities. No other time appeared more propitious for reaching the core of the human psyche to touch the roots of religious thought and feeling. Medical missionaries claimed that at these critical moments they were given unique openings for the work of soul saving; they could deliver the "double cure" that mended both broken bodies and sin-sick souls.[117] In the eyes of those propounding the medical mission principle, this agency deserved whole-hearted support and applause for performing this "twofold service for God and for humanity".[118] To their admirers "a *medical* missionary was a missionary and a half, or rather, . . . a double missionary!" [original emphasis].[119]

This line of reasoning was not an entirely new means of canvassing support for medical missions. Variants of the old adage 'man's extremity is God's opportunity' had long been used in bids to win official approval for the medical mission project.[120] However, the later decades of the nineteenth century provided a more favourable climate for elaborating this idea and representing mission medicine as a direct method of 'soul-winning'. In this construction, the medical mission was no longer just a 'useful appendage' that made but a 'passing and partial' contribution to the higher work of evangelisation;[121] the medical mission was now promoted as in and of itself an evangelistic agency, one that deserved a prominent and permanent place in "the entourage of missions".[122] Belief in the spiritual bearing of missionary medicine slipped more easily into mission mentalities during the last decades of the nineteenth century, a time of self-scrutiny and substantial change in the missionary movement's thinking on

[117] The notion of the 'double cure' was widely employed in medical mission rhetoric of the late nineteenth and early twentieth centuries. See, for example, Lowe, *Medical Missions*, 61; Wanless, *The Medical Mission*, 39; Paget, *Claim of Suffering*, 115.

[118] Fletcher Moorshead, *Appeal of Medical Missions*, 222.

[119] Lowe, *Medical Missions*, 222.

[120] Miller, *Lectures on Medical Missions*, 22.

[121] Fletcher Moorshead, *Appeal of Medical Missions*, 17, 80.

questions of strategy and theology. In this period, and on into the twentieth century, a more flexible missionary agenda emerged to echo the new conviction that "the evangelistic method must not be regarded as monopolizing the evangelistic aim".[123] The old equation between evangelism and preaching, the basis of conventional missionary activity, was superseded by the belief that a wide range of activities, including medical endeavours, could be infused with evangelistic meaning and missionary intent. The missionary's province was gradually enlarged to include the material as well as spiritual aspects of the human condition; the whole person – body, mind and soul – came to be seen as the proper focus of missionary concern. It was not without pride that a 1912 survey of missions in India commented that, in contrast with the past, the diversity of modern methods of approach aimed to "touch and bless all departments of human life."[124] To many of those imbued with this new ethos, the medical mission represented a supreme example of modernist ideals in action.[125] The medical missionary's touch was not partial or superficial, it was total and deep-reaching, establishing "a point of contact with the whole being of man".[126] Moreover, the medical mission's delivery of 'clinical Christianity' claimed to be neither cold nor aloof. The 'social touch' of the medical missionary was said to impart, as few other methods could, a sense of the inherent compassion of the Christian religion.[127] To those Christians who felt their faith had often been presented to the world as a religion of stern words rather than kind deeds, missionary care of the sick and suffering appeared to offer a palpable demonstration of "the practical humanitarian side of Christianity".[128]

122 Lowe, *Medical Missions*, 93.

123 New York, *Ecumenical Conference 1900*, 1: 95.

124 Jones, *Year Book of Missions* 1912, 169.

125 To those surveying the mission scene in India at the beginning of the twentieth century, there seemed to be few missionaries under the age of fifty who did not subscribe, in one way or another, to the modernist spirit of the times, ibid., 173.

126 Fletcher Moorshead, *Appeal of Medical Missions*, 20.

127 "Kashmir Medical Mission", *MMI* 4, no. 13, April 1898, 17.

128 *Report of the Fourth Decennial Indian Missionary Conference, Madras, December 11–18 1902* (London: Christian Literature Society, n.d.), 120.

While the gradual promotion of medicine in mission affairs both reflected and stimulated change in evangelical logistics, the valorisation of medical missions was also heavily indebted to developments in Western medical theory and therapeutics in the later nineteenth century. Prior to that time, even the best qualified medical mission agents were often unable to deliver effective life-prolonging treatments, a failing especially evident in relation to maladies thought to be distinctively tropical in origin; unimpressive medical interventions were hardly helpful to missionaries endeavouring to assert Western dominion over other medical cultures and other faiths. However, over the later part of the nineteenth century, advances in Western medical science and improvements in the diagnostic and therapeutic capacities of its practitioners gave the West an unshakeable sense of its supremacy in the medical realm. By the century's end, to Western eyes it appeared self-evident that, in the words of the editor of the *British Medical Journal*, "The superiority of rational medicine to any other system, whether superstitious, traditional, empirical, or fanciful, is indisputable."[129] Western advances in medical ideas and practice that seemingly confirmed the poverty of all other medical systems, whether folkloric or classic, were crucial in substantiating the claim that medicine warranted not just a distinct but an elevated place in the scheme of modern missions. The 'marvellous advances' and technical 'triumphs' of modern medicine and surgery were paraded in medical mission propaganda. Anaesthesia and antiseptics, discoveries in bacteriology, new treatments for diseases such as diphtheria, cholera, bubonic plague and tuberculosis, and above all, innovations in surgical techniques—these discoveries were proudly announced as compelling reasons to enrol the skills of qualified medical practitioners into the missions.[130] The concept of the medical mission began to carry real

129 E. Hart, *The Medical Profession in India: Its Position and its Work. An Address Delivered before the Indian Medical Congress held at Calcutta in December 1894* (Calcutta: Thacker, Spink & Co., 1894), 15, India Office Library and Records, T35240.

130 See, for example; Rutter Williamson, *Healing of the Nations*, 75–79; J. L. Maxwell, "Gifts of Healings: 1800–1900", *MMHA*, n.s., **8, March** 1900, 84–86; J. I. Maxwell, "The Place of Healing in Modern **Missions**",

weight and conviction when it was framed in terms of an agency able to provide 'spectacular' demonstrations of the pre-eminence of Western ideas and institutions, both medical and religious. By the late nineteenth century, the "wonderful technical armament" of the Western medical profession was seen as an invaluable resource that could and should, in the mission world's eyes, be deployed in the service of Christianity.[131]

Such developments heralded the end of amateur medical mission work.[132] Medically untutored agents could not demonstrate, in a decisive fashion, the vaunted "suavities" of Western medical and surgical science;[133] such agents could not hope to match the 'wonder workers', the fully-qualified missionary doctors who were portrayed as carrying the blessings of Western medicine to the 'less fortunate' peoples of other nations.[134] Pleas to professionalise medical mission work had been made earlier, especially by those who were qualified doctors, but the issue of medical standards within the missions only began to be addressed seriously towards the close of the nineteenth century. By this time, the use of unqualified medical mission workers had begun to arouse increasing criticism both inside and outside missionary circles. The partial medical training of women missionaries was an especially prevalent problem; medical education was closed to British women until the later 1870s, and even then, women were only slowly and grudgingly admitted to the medical profession in Britain. There was growing anxiety that agents, most notably women, with only a modicum of medical knowledge might stain the reputation of Western medicine and the Christian religion by performing 'inferior' work. Furthermore, 'shoddy' medical mission work was perceived to be a threat not only to the mission cause but also to wider imperial ambitions seeking to establish the

MMHA, n.s., 9, April 1903, 277; H. T. Hodgkin, *The Way of the Good Physician*, 138.

131 Rutter Williamson, *Healing of the Nations*, 75.

132 A. F. Walls, "'The Heavy Artillery of the Missionary Army': The Domestic Importance of the Nineteenth-Century Medical Missionary", in *Church and Healing*, ed. Shiels, 287–97.

133 Rutter Williamson, *Healing of the Nations*, 29.

134 Hodgkin, *Way of the Good Physician*, 138.

hegemony of Western medicine through secular channels.[135] Dr C. R. Francis, one time principal of the Calcutta Medical College, reminded missionary bodies and their Western supporters that women, as well as men, sent out to India as medical missionaries were supposed to represent "the professional skill of the West". He reinforced the point by noting that nothing would "so impress the natives with a sense of the superiority of Western professional skill as a wise and successful use of the knife"—surgical skills that only a qualified man or woman could hope to possess.[136]

Western voices were not the only ones to reproach the missions for the slackness of their attitudes to unqualified medical practice. Objections were also heard from quarters of the Indian population. On the subject of medical work by unqualified women missionaries, Dr K. N. Bahadurji acidly commented: "Whatever the comforts of spiritual consolation, they can hardly make up for the shortcomings of defective knowledge of the science and art of medicine."[137] Missionaries in the field were made increasingly aware that the Indian public was a discerning consumer of Western medical care; missionary medicine no longer dared to make the arrogant claim that this was a movement "by the skilled and experienced upon the ignorant and uninformed".[138] As one missionary doctor reported: "The people of India are quick to detect a sham. They can soon determine whether or not persons are qualified for the position they are trying to fill."[139] Improving the quality of missionary medicine

135 For examples of missionary criticism of the use of partially-trained medical agents and the need for fully qualified medical missionaries, see "Hospital Training for Zenana Missionaries", *MMHA* 8, April 1880, 119–21; Lowe, *Medical Missions*, 29–33, 189–96; New York, *Ecumenical Conference 1900*, 2: 190, 200, 210; J. M. Macphail, "Medical Missions in Santalia" *MMHA*, n.s., 11, April 1906, 108.

136 C. R. Francis, "Medical Women for India", *Journal of the National Indian Association*, no. 146, February 1883, 61–71.

137 K. N. Bahadurji, "The Medical Needs of India", *The Imperial and Asiatic Quarterly Review*, 3d series, 2, no. 4, October 1896, 298.

138 Miller, *Lectures on Medical Missions*, 31.

139 A. Manwaring, ed., *Report of the Third Decennial Missionary Conference held at Bombay 1892–93*, Bombay, Education Society's Steam Press, 1893, 1: 328.

became a more urgent concern as missions increasingly recognised that "the shrewd intellect of the East soon differentiates good from indifferent work".[140] Missions strenuously denied that they had ever taken the view that "anything is good enough for the natives" but they were now pressed to demonstrate the sincerity of their claim to give only the best in terms of medical assistance.[141]

At the Bombay Missionary Conference of 1892–93 a resolution was passed stating that medical missionaries in India should invariably possess a medical degree or diploma sufficient to qualify as a license to practice in the West and that "none other should be placed in charge of medical work".[142] The journal *Medical Missions in India*, established in 1895, and the Medical Missionary Association of India, founded in 1905, constantly reasserted that stance. Although vestiges of amateur medical mission work lingered on (especially in out of the way places) by the early twentieth century, almost all sections of the mission movement had conceded that missionary medicine would fail to fulfil its medical and evangelistic purpose unless the work rested in the hands of professionals. As one mission writer exclaimed: "It would be poor science and poorer theology to send inefficient help to those in dire need."[143] Other 'ordinary' missionaries were often encouraged to take a short medical course on the grounds that all mission staff could benefit from a better knowledge of medical matters. However, this type of training was now a formally organised event and candidates were usually required to sign a declaration that they would not adopt the medical missionary title or assume the position of a qualified doctor in their future postings.[144]

[140] C. J. Davenport, "Changed Methods of Medical Mission Work", *MMHA*, n.s., 12, January 1909, 233.

[141] Ibid.

[142] Wanless, *The Medical Mission*, 71–72.

[143] Paget, *Claim of Suffering*, 46.

[144] Livingstone College, a London-based institution established in 1893, was one of the main locations providing a short training in medical subjects for non-medical missionaries. The aims of this interdenominational college were "to teach missionaries (*a*) how to care for their own health and the health of their fellow missionaries when far from qualified medical aid and (*b*) how to deal with the diseases of the people of the country in which they will be working". The college stressed that its intention was not to train medical missionaries and students were required to sign a declaration that they would not use that title once they were in the field; *Livingstone College Prospectus*, n.d. [*c.* 1900], Records of the Medical Missionary Association, London. For a brief review of Livingstone College at the beginning of the twentieth century, see "Editorial Notes", *MMHA*, n.s., 12, October 1908, 180.

The closing years of the nineteenth century saw an unprecedented growth in the medical mission enterprise and changes in the complexion of medical mission work as it became the province of professional doctors and nurses. The number of medical agents sent to India by the Protestant mission movement climbed from twenty-eight in 1882, to 140 in 1895 and 280 in 1905 (by this time, almost all of them medically qualified).[145] This rapid expansion of the medical mission force in India was accompanied by a rising number of mission hospitals, from 32 in 1895 to 90 in 1905.[146] The India missions of 1905 reported that their hospitals and dispensaries treated almost 1, 800,000 patients annually.[147] By 1912, the Protestant medical mission force had grown to 335 overseas doctors, running 204 hospitals and 405 dispensaries that treated over three million patients each year. While the proportion of male and female missionary doctors had been roughly equal at the turn of the century, thereafter the rate of increase was much greater among women than men. Of the 335 medical missionaries posted in India in 1912, 217 were women, 118 men—a disparity that reflected the high priority given to women's medical mission work as a means of reaching India's female population.[148] It should also be noted that, in addition to foreign staff, there were 683 Indians working as 'assistants' in the India medical missions in 1912, a vital local contribution often overlooked in official surveys of the field. As in the past, the overwhelming majority of the medical missions in India continued to be directed by British and American missionary societies but, by the opening years

[145] Richter, *History of Indian Missions*, 354.

[146] Macphail, "Medical Missions in India", 299.

[147] H. P. Beach, *India and Christian Opportunity* (New York: Student Volunteer Movement, 1905), Appendix C, Part 2.

[148] "Editorial", *MMI* 17, no. 68, January 1912, 145; Jones, *Year Book of Missions* 1912, 188.

of the twentieth century, British-run organisations were leading the field.

The transformation that had taken place in medical mission work in the closing decades of the "great century" of missions[149] was marked at the World Missionary Conference held in Edinburgh in 1910. Here it was stated, with some confidence and evident relief, that in the new era of modern medical missions "very little unqualified work of the dangerous sort survives".[150] As one medical delegate to the conference commented: "The day has gone when it was enough to send out a man with a box of Holloway's pills and a box of ointment."[151]

Conclusion

The Protestant overseas missionary movement was never a monolithic or monochromatic entity. On the contrary, the missionary crusade was often riven by doctrinal disputes and denominational tensions, and Protestantism's multiple inflections were echoed in differing attitudes towards using medicine as a missionary device. However, by the opening of the twentieth century, most divisions of Protestant Christianity broadly agreed that medicine had a significant place, some argued an essential place, in world-wide evangelism. The change in opinion over the later nineteenth century was reflected in medical mission literature which displayed an increasingly triumphant tone that culminated in turn-of-the-century celebrations of the 'glory and grandeur' of medical mission work and the munificent blessings it bestowed on sick and sinful people all over the globe.

The genius of the medical mission was said to lie in its blending of religion and medicine, faith and science, spirituality and corporeality—a mixture designed to heal body and soul. However, although missionary medicine was invested with this two-fold

149 K. S. Latourette, *History of the Expansion of Christianity* 6: passim.

150 "World Missionary Conference, Edinburgh 1910", *Report of Commission V*: ch. 2, *Statement and Review of Facts as to the Present Preparation of Missionaries*, 14.

151 "Impressions of the World Missionary Conference", *The Medical Missionary* 3, no. 8, August 1910, 158.

purpose, there is slender evidence that it had any notable success in achieving the act of double healing. In the Indian context, the rates of conversion through medical mission work were never more than low. Missionaries had to content themselves with the thought that, even if they saw few open avowals of Christianity among their patients, they might have planted seeds that would, in time, germinate. It was a hope rarely realised in India where patients proved adept at disentangling the medical and evangelistic threads that were interwoven in medical mission work. Although missionary medicine placed the patient in an alien environment under disturbing conditions, an episode of medical mission care seldom seems to have shaken religious beliefs, let alone brought about a change of faith in the patient. For the most part, those willing to place themselves under the medical care of a mission seem to have shrugged off the religious overtones in their treatment, perhaps taking the view of a Brahman patient who reportedly declared: "The doctrine of the Christian is bad but their medicine is good".[152]

While Indian patients largely rejected the religious component of missionary medicine, evidence suggests that, over time, the medical element of this work did gain ground in terms of its popular appeal. However, if popularity was won, it was not necessarily achieved instantly or easily. Contrary to many of the claims made in mission propaganda, the people of India were not always and everywhere 'clamouring' for Western forms of medical attention. Local responses to the arrival of a missionary physician showed a degree of variation that ranged from a wide and open welcome through to outright rejection. In many places where medical missionaries were posted, the people had little or no prior experience of Western medicine and treated its approach with suspicion and caution; even in areas where colonial medical services, in the form of government hospitals and dispensaries, preceded the arrival of medical missionaries, the large mass of the Indian population was not easily convinced by Western medical interventions and retained a strong allegiance to indigenous therapies. Medical missionaries found that they could only begin to gain the trust

152 Macphail, "Free Church of Scotland Medical Missions", 36.

and confidence of the people if the delivery of mission medical care was adapted to harmonise with Indian sensibilities and habits of living. In the words of one missionary, medical missions in India were fashioned to offer "the science of the West with the touch of the East upon it".[153] By making concessions to local feelings on matters such as gender, caste, class and communal differences, at least the trappings of missionary medicine took on a less forbidding appearance. While these measures helped persuade Indian people to step outside their own medical traditions and into a medical mission, the chances of missionary medicine gaining and retaining a good reputation depended ultimately on the ability to deliver visibly effective forms of treatment. Despite initial fears of chloroform and the knife, it was surgery that most often convinced local people that Western medicine had something of merit to offer. If the medical missionary could achieve a record of successful surgical cases, and especially if operations were performed on influential members of the community, local people generally proved more willing to utilise missionary medical services.

If the statistics returned in missionary reports are accepted, the India medical missions of the late nineteenth and early twentieth centuries appear to have attracted an increasing number of patients. Apart from the rise in the number of patients treated, the reports of this era also referred to more subtle signs of the growing acceptance of Western medicine among the Indian people and a greater willingness to use the resources of medical missions. Patients were increasingly willing to enter a mission hospital for periods of in-patient care and were generally applying for medical assistance at an earlier stage in their illness. In the past, patients had often come to the medical mission in a moribund condition, only after all avenues of treatment in the indigenous realm had been tried and exhausted; by the opening of the twentieth century, medical missionaries reported that a larger proportion of their patients were beginning to come for help at a less desperate stage of illness. However, despite indications that missionary

153 A. Carmichael, "Follow the Gleam", *MMHA*, n.s., 12, February 1908, 102.

medicine had established itself among sections of the people, it touched only the fringes of India's vast population. Missionaries were also aware that their purview was usually restricted to the 'darkest' side of disease, with only more serious cases of sickness coming to their attention. The Indian people had, in the main, not relinquished attachment to their own medical traditions, certainly not for common ills and ailments, and the missionary's offer of medicine was only one of many strands of care available in the richly-textured medical culture of India.

Bibliography

PRIMARY SOURCES AND REPORTS OF GOVERNMENT AND OTHER INSTITUTIONS

Authorised Report of the Missionary Conference held in London, 22 June 1875. London: William Wells Gardner, 1875.

Authorised Report of the Second Missionary Conference held at Oxford, 2 & 3 May 1877. London: William Wells Gardner, 1877.

Committee of Compilation, *Report of the Punjab Missionary Conference held at Lahore, December–January 1862–63.* Lodhiana: American Presbyterian Mission Press, 1863.

Ecumenical Missionary Conference, New York. *Report of the Ecumenical Conference on Foreign Missions*, 21 April – 1 May 1900. Vols. 1 and 2. London: Religious Tract Society, 1900.

Hart, E. *The Medical Profession in India: Its Position and Its Work. An Address Delivered before the Indian Medical Congress held at Calcutta in December 1894.* Calcutta: Thacker, Spink & Co., 1894. India Office Library and Records, T35240.

Johnston, J. ed. *Report of the Centenary Conference on the Protestant Missions of the World, 9–19 June 1888.* Vols. 1 and 2. London: James Nisbet & Co., 1888.

Manwaring, A., ed. *Report of the Third Decennial Missionary Conference held at Bombay 1892–93.* Vol. 1. Bombay: Education Society's Steam Press, 1893.

"On Temptations Incident to Missionaries in General, and Particularly in India". *Calcutta Christian Observer 1844.* Council for World Mission Archive, Pamphlets, Vol. 121. A. School of Oriental and African Studies, University of London.

Report of the Fourth Decennial Indian Missionary Conference, Madras. 11–18 December 1902. London: Christian Literature Society, n.d.

Report of the General Missionary Conference held at Allahabad 1872–73. London: Seeley, Jackson & Halliday, 1873.

The Secretaries to the Conference, ed. *Conference on Missions held in 1860 at Liverpool.* London: James Nisbet & Co., 1860.

"World Missionary Conference, 1910". *Report of Commission V, The Preparation of Missionaries: Statement and Review of Facts as to the Present Preparation of Missionaries,* 12–16. Edinburgh, World Missionary Conference: Oliphant, Anderson & Ferrier, 1910.

SECONDARY SOURCES

Arnold, David, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India.* Berkeley: University of California Press, 1993.

Balfour, M. I. and R. Young. *The Work of Medical Women in India.* London: Oxford University Press, 1929.

Bahadurji, K. N. "The Medical Needs of India". *The Imperial and Asiatic Quarterly Review* 3d series, 2, no. 4, 1896, 298–305.

Barnes, I. H. *Between Life and Death: The Story of C. E. Z. M. S. [Church of England Zenana Missionary Society] Medical Missions in India, China and Ceylon.* London: Marshall Brothers, 1901.

Beach, H. P. *India and Christian Opportunity.* New York: Student Volunteer Movement, 1905.

Bowie, F., D. Kirkwood and S. Ardener, ed. *Women and Missions: Past and Present.* Oxford: Berg, 1993.

Broomhall, A. J. *Hudson Taylor and China's Open Century. Book Six: Assault on the Nine.* London: Hodder & Stoughton and The Overseas Missionary Fellowship, 1988.

Calcutta Review 16, no. 31, 1851, 231–88.

Carmichael, A. "Follow the Gleam". *Medical Missions at Home and Abroad,* n.s., 12, February 1908, 101–103.

Cavelier, A. R. *In Northern India: A Story of Mission Work in Zenanas, Schools, Hospitals and Villages.* London: S. W. Partridge, 1899.

Chesterman, C. C. *In the Service of Suffering: Phases of Medical Missionary Enterprise.* London: Edinburgh House Press, 1940.

Colyer Sackett, F. *Vision and Venture: A Record of Fifty Years in Hyderabad 1879–1929.* London: The Cargate Press, n.d.

"Correspondence to the Editor". *Medical Missions at Home and Abroad* 1, April 1879, 60–61.

Davenport, C. J. "Changed Methods of Medical Mission Work". *Medical Missions at Home and Abroad,* n.s., 12, January 1909, 233–35.

Dennis, J. S. *Christian Missions and Social Progress: A Sociological Study of Foreign Missions.* Vol. 2. Edinburgh: Oliphant, Anderson & Ferrier, 1899.

"Editorial". *Medical Missions in India* 17, no. 68, January 1912, 145–49.

"Editorial Notes". *Medical Missions at Home and Abroad,* n.s., 6, January 1897, 232–33.

"Editorial Notes". *Medical Missions at Home and Abroad,* n.s., 6, July 1897, 323.

"Editorial Notes". *Medical Missions at Home and Abroad,* n.s., 7, January 1898, 56–58.

"Editorial Notes". *Medical Missions at Home and Abroad,* n.s., 12, October 1908, 179–81.

"Editorial Notes". *Medical Missions at Home and Abroad,* n.s., 14, January 1912, 56–57.

Elmslie, W. J. *Medical Missions as Illustrated by Some Letters and Notices of the Late Dr Elmslie,* ed. J. Lowe. Edinburgh: Edinburgh Medical Missionary Society, 1874.

Fitzgerald, R. "A 'Peculiar and Exceptional Measure': The Call for Women Medical Missionaries for India in the Later Nineteenth Century". In *Missionary Encounters: Sources and Issues,* ed. R. Bickers and R. Seton, 174–97. London: Curzon Press, 1996.

———. "Rescue and Redemption: The Rise of Female Medical Missions in Colonial India During the Late Nineteenth and Early Twentieth Centuries". In *Nursing History and the Politics of Welfare,* ed. A. M. Rafferty, J. Robinson and R. Elkan, 64–79. London: Routledge, 1996.

Flemming L. A., ed. *Women's Work for Women: Missionaries and Social Change in Asia.* London: Westview Press, 1989.

Fletcher Moorshead, R. *The Appeal of Medical Missions.* Edinburgh: Oliphant, Anderson & Ferrier, 1913.

Francis, C. R. "Medical Women for India". *Journal of the National Indian Association,* no. 146, February 1883, 61–71.

Garlick, P. L. *Man's Search for Health: A Study in the Inter-relation of Religion and Medicine.* London: The Highway Press, 1952.

Gill, S. *Women and the Church of England: From the Eighteenth Century to the Present.* London: Society for Promoting Christian Knowledge, 1994.

Hodgkin, H. T. *The Way of the Good Physician: To Which is Added The Story of CMS Medical Missions.* London: Church Missionary Society, 1915 [from internal evidence].

Horne, C. S. *The Story of the LMS.* London: London Missionary Society, 1908.

"Hospital Training for Zenana Missionaries". *Medical Missions at Home and Abroad* 8, April 1880, 119–21.

"Impressions of the World Missionary Conference". *The Medical Missionary* 3, no. 8, August 1910, 157–59.

Jones J. P., ed. *The Year Book of Missions in India, Burma and Ceylon.* Madras: Christian Literature Society, 1912.

"Kashmir Medical Mission". *Medical Missions in India* 4, no. 13, April 1898, 16–21.

Latourette, K. S. *A History of the Expansion of Christianity: The Great Century in North Africa and Asia A.D. 1800–1914.* Vol. 6. London: Eyre & Spottiswoode, 1945.

Lawrence, E. A. *Modern Missions in the East: Their Methods, Successes and Limitations.* New York: Fleming H. Revell, 1901.

Lennox, W. G. *The Health and Turnover of Missionaries.* New York: The Advisory Committee of the Foreign Missions Conference/Press of the Methodist Book Concern, 1933.

Livingstone College Prospectus, n.d. [c. 1900]. Records of the Medical Missionary Association, London.

Lowe, J. *Medical Missions: Their Place and Power.* Edinburgh: Oliphant, Anderson & Ferrier, 1886.

Macphail, J. M. "Free Church of Scotland Medical Missions". *Medical Missions in India* 5, no. 8, July 1899, 32–36.

————. "Medical Missions in India". *The East and The West* 4, July 1906, 286–300.

————. "Medical Missions in Santalia". *Medical Missions at Home and Abroad,* n.s., 11, April 1906, 105–108.

Maxwell, J. L. "Gifts of Healings: 1800–1900". *Medical Missions at Home and Abroad*, n.s., 8, March 1900, 84–86.

Maxwell, J. L. "The Place of Healing in Modern Missions". *Medical Missions at Home and Abroad,* n.s., 9, April 1903, 275–78.

"Medical Missionary Association, London. Annual Report, May 1899". *Medical Missions at Home and Abroad,* n.s., 7, May 1899, 291–93.

"Medical Missionary Association Annual Meeting". *Medical Missions at Home and Abroad,* n.s., 12, May 1908, 115–16.

Medical Missionary Journal 9, August 1874, 57–59.

Medical Missionary Journal 10, January 1875, 1–2.

"Medical Missions and their Supporters". *Medical Missions at Home and Abroad* 1, October 1878, 17–18.

"Medical Missions at the Calcutta Missionary Conference", *Medical Missions in India* 2, no. 7, October 1896, 79–90.

Miller, J. Lecture 1: Medical Missions. *Lectures on Medical Missions: Delivered at the Instance of the Edinburgh Medical Missionary Association.* Edinburgh: Sutherland & Knox, 1849, 1–86.

"Miss Carpenter's Address on 'Female Education in India'". *The English-woman's Review*, no. 5, October 1867, 316–20.

Montgomery, H. B. *Western Women in Eastern Lands: An Outline Study of Fifty Years of Woman's Work in Foreign Missions.* New York: Macmillan Company, 1910.

Murdock, J. *Indian Missionary Manual: Hints to Young Missionaries in India.* London: Seeley, Jackson & Halliday, 1870.

Murray, J. *Proclaim the Good News: A Short History of the Church Missionary Society.* London: Hodder & Stoughton, 1985.

Nair, J. "Uncovering the Zenana: Visions of Indian Womanhood in English-women's Writings, 1813–1940". *Journal of Women's History* 2, no. 1, 1990, 8–34.

Nicholas, E. L. "Some of the LMS [London Missionary Society] Medical Pioneers". *Medical Missions in India* 1, no. 3, October 1895, 15–19.

"Obituary Notice: Dr Peter Parker". *Medical Missions at Home and Abroad,* n.s., 2, April 1888, 108.

Oddie, G. A. "India and Missionary Motives, *c.* 1850–1900". *Journal of Ecclesi-astical History* 25, no. 1, January 1974, 61–74.

Paget, E. K. *The Claim of Suffering: A Plea for Medical Missions.* London: Society for the Propagation of the Gospel in Foreign Parts, 1913.

Piggin, S. *Making Evangelical Missionaries 1789–1858: The Social Background, Motives and Training of British Protestant Missionaries to India.* Abingdon: The Sutton Courtenay Press, 1984.

Richter, J. *A History of Missions in India.* Edinburgh: Oliphant, Anderson & Ferrier, 1908.

Rutter Williamson, J. *The Healing of the Nations: A Treatise on Medical Missions.* London: Student Volunteer Missionary Union, 1899.

Simpson, Sir A. R. "Address to the Annual Meeting of the Medical Mission Auxiliary [of the Baptist Missionary Society]". *The Medical Missionary* 2, June 1909, 121–23.

Smith, G. *The Life of Alexander Duff, D.D., LL.D.* Vol. 1. London: Hodder & Stoughton, 1879.

Stanley, B. *The Bible and the Flag: Protestant Missions and British Imperialism in the Nineteenth and Twentieth Centuries.* Leicester: Apollos, 1990.

————. *The History of the Baptist Missionary Society 1792–1992.* Edinburgh: T. & T. Clark, 1992.

Stock, E. "Review of the Century", Ecumenical Missionary Conference, New York, *Report of the Ecumenical Conference on Foreign Missions, April 21 — May 1, 1900.* Vol. 1. London: Religious Tract Society, 1900, 401–13.

"The Medical Missions of the Church Missionary Society". *Medical Missions at Home and Abroad,* n.s., 10, December 1903, 38–40.

"The Rev. Colin S. Valentine, F.R.C.S.Ed., LL.D.". *Medical Missions at Home and Abroad,* n.s., 11, December 1905, 39–40.

Thomson, W. A. R. "The Challenge and Fascination of Tropical Medicine". In *Heralds of Health: The Saga of Christian Medical Initiatives,* ed. S. G. Browne, F. Davey and W. A. R. Thomson, 17–26. London: Christian Medical Fellowship, 1985.

Walls, A. F. "'The Heavy Artillery of the Missionary Army': The Domestic Importance of the Nineteenth-Century Medical Missionary". In *The Church and Healing, Studies in Church History,* ed. W. J. Shiels. Vol. 19: 287–97. Oxford: Blackwell, 1982.

Wanless, W. J. *The Medical Mission: Its Place and Power*. Philadelphia: Westminster Press, 1900.

Wells, J. "The Sixth Gospel". *Medical Missions in India* 7, no. 27, October 1901, 70–75.

Wilkinson, J. *The Coogate Doctors: The History of the Edinburgh Medical Missionary Society 1841–1991*. Edinburgh: Edinburgh Medical Missionary Society, 1991.

Williams, C. P. "Healing and Evangelism: The Place of Medicine in Later Victorian Protestant Missionary Thinking". In *The Church and Healing, Studies in Church History*, ed. W. J. Shiels. Vol. 19: 271–85. Oxford: Blackwell, 1982.

Williams, H. "First Steps in Health". In *Heralds of Health: The Saga of Christian Medical Initiatives*, ed. S. G. Browne, F. Davey and W. A. R. Thomson, 27–49. London: Christian Medical Fellowship, 1985.

3

*Colonial Lunacy Policies and the Madras Lunatic Asylum in the Early Nineteenth Century**

Waltraud Ernst

In 1793 Valentine Conolly, an assistant surgeon in the East India Company's service, had a building constructed in Madras for the reception of mentally ill people. He was to set in train both a lucrative business and a procedure for the disposal of mentally ill people which was regarded as most humane.[1] These two aspects of individual profit and institutional care were to characterise the affairs of the asylum during the subsequent seven decades. The accounts praising Conolly's achievements are similarly divided between mention of personal profit on the one hand and public benevolence on the other. In the standard history of the Indian Medical Service (IMS) Conolly is mentioned as the laudable founder of the Madras asylum.[2] By contrast, in the short entry reserved for him in the *Dictionary of National Biography* Conolly's merits are reduced to his achievements in accumulating great wealth. He was merely noted to have been one of those Englishmen

* I would like to express my thanks to the Wellcome Trust for funding my research. This chapter draws on research conducted for an earlier paper, entitled "The Madras Lunatic Asylum in the Early Nineteenth Century". *Bulletin of the Indian Institute of History of Medicine* 28, no. 1, 1998, 13–58.

1 India Office Records, London [hereafter IOR]: Md Mil L, 18.2.1794, 88. Md Mil D, 6.5.1795, 72. Md Mil L, 16.10.1794, 3.

2 D. G. Crawford, *A History of the Indian Medical Service, 1600–1913* (London: Thacker, 1914), 2: 415.