Sceptre, Cross and the Healing Hand: Practice of Medicine in Colonial India

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Primitive men did not know that disease was a natural or biological occurrence. They believed that some evil spirit or paranormal force was responsible for all their physical ailments and that a human being could cast a spell upon another to cause illness. Death was regarded as a punishment.

This was, in fact, the attitude of most of the people in large areas of the world in the pre-scientific age. In Europe, a more rational explanation of disease came to be accepted by the end of the 18th century. The realization, however, was gradual as scientific research was slow and sporadic. With the spread of general education in modern times these natural explanations of biological phenomena have become common knowledge.

In India, however, the science of medicine was remarkably well developed since the ancient period. The ancient Indian physicians had scalpels, scissors, hooks, forceps, catheters and syringes to help them. In all, they had over a hundred different surgical instruments and which were used for complex operations.[1] In fact, today's plastic surgeons use a technique for operating on the nose which was first developed by those surgeons in India 4000 years ago.[2]

The Indian understanding of disease and infection contributed to the success of their treatments. Operating theatres in India 4000 years ago were kept scrupulously clean, and surgeons had to keep their hands clean, their nails short, and wear clean white clothing when operating. Sheets were steamed clean, instruments boiled and operating rooms, though well-lit and ventilated, were protected from dust and smells with the use of fragrant smokes and perfumes. The surgeons who used anaesthetics and antiseptics some thousands of years before they were introduced into European hospitals, were forbidden to speak during operations in case their breath contaminated the wounds.[3] When convalescing from surgery, patients were encouraged to rest, eat well and enjoy plenty of sunshine and fresh air. To prevent further infections, impure water supplies could be purified by boiling, heating in the sun or filtering through sand, coarse gravel and charcoal.[4]

In addition to their surgical skills, the Ayurvedists had acquired other sophisticated medical skills too. Before arriving at the diagnosis, the physician would examine a patient and listen to his heart and lungs, and there are suggestions that Indians knew how to protect themselves against smallpox with inoculation and malaria by using mosquito nets. These observations are all the more remarkable considering the fact that it was not until the 19th century that the association between malaria and mosquito was first recognised officially by Western researchers. The Indians used a wide variety of drugs and one Ayurveda book alone describes the qualities of seven hundred plants and chemical mixtures which, in the light of the modern scientific research are proved to have genuine effects.[5]

The Atharva Veda mentioned many symptoms and signs of diseases – fever, diarrhoea, jaundice, dropsy, cough, consumption, facial and other paralyses, mental disorders – and more recognisable complications like eye diseases, sores, leprosy, tumour, abscess, snake poisoning, worms, etc. One system of behaviour which arose out of Indian philosophy and which still has a marked bearing on health is Yoga[6]. In fact before the coming of colonial rule, Ayurveda, Unani and Siddha – the three systems of indigenous medicine were very much in place to protect the people of the country. Even in the early years of British rule, the Western system was far less domineering in its approach to native society. The local physicians had to look after the health matters of the society. The early Europeans had to rely on the native physicians, partly from a strong persuasion that they were

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likely to have a better knowledge of the diseases of the place and partly to avoid the import of expensive Western medicine. The East India Company authorities in the early years persuaded its servants to make use of local physicians.[7]

By the second quarter of the 19th century the changing social set-up was creating problems more or less similar to those of the Industrial Revolution in Great Britain. The newer health problems could hardly be tackled with the indigenous systems which prevailed in the countryside and the common people were drawn toward esoteric methods of treatment.[8] Lord William Bentinck had once appointed William Adam to study the indigenous systems of education in Bengal who wrote in 1836 that the general practitioners had not the least semblance of medical knowledge and they, in general, preceded or followed their practice by the pronouncing of an incantation and by striking or blowing upon the body.[9] There were many methods used by them, like the esoteric, Ayurvedic, Totka, Hakimi and Siddha. However, there is hardly any contemporary evidence to suggest that these worked effectively.

During the same period a growing conviction of the rationality, scientific understanding, universalistic character and superior efficacy of Western medicine prompted the British to stop medical pluralism in the colony which stood in abrupt contrast with the practice of less than a century earlier when European medicine was thought competent to deal with only a limited range of afflictions. Now it challenged the customs and beliefs of the people associated with the systems as irrational, obscure and superstitious and began to treat indigenous medicine as an obstacle to be removed immediately.[10]

Life in the tropics was considered to be full of danger and a sojourn in the disease-ridden tropics was considered tantamount to a sentence of death for the Europeans[11]. The Colonial Secretary, Joseph C. Chamberlain was quoted in *The Times* of 11th May, 1899 as hailing the work of Western doctors in lessening the unhealthiness of Asia and Africa and endeavouring to make the tropics livable for white men. Robert Koch, echoed the sentiments in 1898, 'we will not be happy in our colonial possession until we succeed in becoming master of malaria.'[12] These factors, too, gave rise to the development of Western medicine. From 1890 onwards tropical medicine began to receive serious attention. There was a debate in England on whether the white people could successfully rule in the tropical environment of India. The foundation of the London School of Tropical Medicine in 1899 was a direct outcome of this debate. The germ theory of disease received importance since its discovery by Louis Pasteur in the mid 19th century which brushed aside the old miasmatic theory[13]. This germ theory gave new hope to the British colonists when Patrick Manson, father of tropical medicine in England, gave the assurance that germs were the main factors for all diseases, a control of which would surely increase the possibility of strengthening the British domain in India.[14]

This growing understanding of aetiology of disease further stood in the way of the indigenous systems to develop. The Europeans now had a far better and scientific comprehension of diseases. They now could cope with a disease with more confidence than they ever had. This confidence led to the development of the Western medical education in India and gradually led to medical research. It was confidently assumed that there could be self-contained technical solutions to what were in reality, complex social and environmental problems. As Britain began to free itself from its own epidemiological past, disease became part of the wider condemnation of Indian backwardness, just as medicine became a hallmark of British racial pride. Quite naturally, policies of the British Government reflected that feeling. The Bengal Medical Acts were enacted only to give right of practice of medicine to those who were registered under the Medical Acts. It is an axiom to say that the physicians who received medical education from Medical College or from other medical schools of Western medicine established by the Government had the sole legal authority to practice medicine as registered medical practitioners. The practitioners of indigenous systems had no such legal authority given by the Government. All the earlier Medical Acts enacted right from the mid-19th century culminated in the Bengal Act of 1914. Only those registered persons were qualified for appointment as medical officers in hospitals, asylums, infirmaries, dispensaries, or lying-in-hospitals which were supported partially or entirely by the public from local funds. Heavy penalties were instituted for non-registered physicians using the authority of a registered one. These medical acts and finally the Medical Act of 1914 ruined the future of the indigenous physicians and paved the way for Western medicine to spread.[15]

There were certain reasons behind the increasing penetration of the Western system of medicine in India. Nineteenth century was a period of consolidation of British power in India and this process depended entirely on the strength of a disciplined and able-bodied army. But evidently, it became a growing problem for the British to protect the increasing battalions of army in the tropical environment of India. Previously some steps were taken for their protection. But the growing realisation that the health of the soldiers, a large number of whom were Europeans, could not be secured through measures

directed at their health alone, gained recognition during the course of the 19th century.[16] It followed, therefore, that the protection of European health could only be attained by measures that took Western medicine into the native towns and slums. With military casualties often heavier from disease than from battles and given the military's importance to the maintenance of imperial control, the health of soldiers, specially the white soldiers, was a high priority of the colonial state. Naturally, the first and foremost duty of the colonial Government was to look after the health of their men in uniform in India. In a report of the Company published in 1857 it is found that only 6% of the British soldiers died in warfare and the rest died of tropical diseases. Of those most severe were fever or malaria, dysentery, small pox and cholera.[17]

The enactment of the Military Cantonment Act XXII of 1864 aimed at the protection of the British soldiers on land. Thus the *Cantonment Manual of 1904* declared that the cantonments were formed to save the army, therefore, they were to receive air-tight protection. Large amounts were paid for smooth functioning of health measures in the cantonments.[18] J.A. Sinton in his book *What Malaria Costs India* (1951) once mentioned that the cost of British military hospitals in 1926-27 was about 11.4 million sterling and only malaria had cost Ü3.4 million sterling annually upon the army budget on account of sickness among British troops alone. This amount did not include the cost of medical aid to the even larger force of Indian troops in the army.[19]

The tropical diseases had probably killed more human beings than the wars that had devastated the earth by several natural disasters. Malaria alone was responsible for more than one million deaths each year. In 1863 a team of native zamindars, talukdars(both belonged to the feudal gentry), traders and the inhabitants of the districts of Burdwan and Hooghly gave a joint memorandum to the Lt. Governor of Bengal expressing their fear of the ravages made by the epidemic fever during the last 10 years. They claimed that in many villages the increased epidemicity of the disease accounted for the death for almost half or one third of the population.[20] But the British in India, throughout the period under review were much more anxious to keep the commercial zones apart from the military cantonments free from tropical diseases, for beyond dispute, the diseases were the greatest obstacles to the economic development of the natural resources of large tracts of the country. It was a source of constant anxiety for the British Government. The loss incurred by the European employers, shippers and industrialists was often heavy in disease prone areas, labour was often difficult to recruit and expensive, its efficiency was low and its output was often meagre at most important periods of the work[21]. The Government made desperate efforts to keep commercial zones free from epidemics.

Strict measures were taken to prevent any damage done to the European dealers and their interests. Tension and anxiety regarding chances of outbreak of epidemics in large congregation of native population such as fairs and bazaars found frequent mention in several reports and records of the government departments.[22] Captain S.P. James, I.M.S. pointed out how the European bungalows were susceptible to contagion due to living in close proximity of the native servants.[23] Sir Ronald Ross also maintained such a notion when he said that anti-malarial measures should be confined to areas which were profitable to the Empire.[24] This was the attitude of the colonial Government too and the native society was pathetically ignored. Such gross contrasts between the native and European population were the highlights of the period. The firmer native bodies became weaker and weaker due to repeated outbreaks of epidemics, for which the authorities had no concern, but they were given treatment when it came to the requirement of physical labour for more production in industries, and plantations. This invidious attitude of the government resulted in increased sufferings of the Indian population.[25]

The missionaries on the other hand, made a real contribution in the field of health care. Welfare activities remained as one of the most important agenda of the Christian missions throughout the twentieth century India. Government efforts though they were increased, were still not sufficient, considering the urgent need for the health care. During the years of the Second World War and after independence missionary activities had declined. The number of the foreign missionaries had in fact registered a sudden drop and financial help from the missions abroad also decreased considerably. Notwithstanding these the mission schools, colleges and other institutions, driven by the urge to disseminate education and hiegene, are still functioning. According to the Christian faith the terms health and healing are used in a comprehensive sense and are not confined to only one aspect of man's being. The reason for using the term healing in a comprehensive way are stated simply as the need for an all embracing term which includes all the forms of restoration to normality which are found in the New Testament which describes the restoration of wholeness or well being in every sphere of man's being whether it be body, mind, spirit or community.[26] Christian faith has never been a stranger to problems of health. The basic reason for this lies at the heart of its message, the proclamation of a 'Saviour' Jesus. Jesus manifested salvation not only by His words but also by His body, through His acts of healing and exorcism to the point of

the total gift of His person.[27] As far back as we can trace the history of the Church, it oscillates between the two poles of 'anointing the sick' with the goal of physical healing or at least the improvement of health and 'extreme unction' which would mean a spiritual healing, namely the forgiveness of sins and preparation for the encounter with god in death.[28] And the Church had a specific task throughout of synthesizing these two objectives through the Healing Ministries or the medical missions.

The church in India made a great contribution in the field of health care. Treatment of ordinary people became one of the main concerns of most of the missions throughout the period under review. They felt it to be more urgent as the large sections of the tribal and poor people had absolutely no opportunity to receive the services of physicians of the Indian Medical Service. As a result they had recourse only to tribal and ancient ritualistic practices, incantations and black magic.[29] However, as in other mission fields, nearly all missionaries had at some time or other been in a position to use whatever measure of medical skill they possessed in the healing of disease and many of them had been able to accomplish much good by means of this modest service even though they might not have enjoyed the advantages of special medical training. These attempts of a non-professional kind had long been made by missionaries to sickness. Gabriel Boughton in 1636 and Hamilton in 1713 had cured the Mughal rulers of painful maladies and in return received royal favours. The Tranqueber Mission had sent an occasional doctor to India and Carey's companion Dr. John Thomas was a known physician and in a colloquial sense he may be termed as the first medical missionary to India.[30] But organized medical missions are a phenomenon of the nineteenth and twentieth centuries which coincided with the fast development of the Western medical science. But there was as yet no clear perception of the methods of working to be followed nor of the particular tasks devolving upon medical labour as special branch of missionary organization.

The first mission to adopt a regular policy of sending medical missionaries to India was the American Board.[31] The early ones were two men both ordained to the ministry and fully qualified as doctors. The first and perhaps most distinguished of these early practitioners was Dr. John Scudder who arrived at Madurai in 1836. Till 1854 he toiled with undaunted enthusiasm in and around Madurai and Arcot districts, preaching and healing. One of his sons Dr. Henry Scudder was also a medical evangelist and moved out to Arcot in 1851 to start the mission of which his father was a pioneer. Meanwhile from 1837 other medical evangelists were at work in Madurai and the adjacent areas though the American Board was far ahead of all other societies working in India in the sending out of thoroughly trained medical men; some of the notables were Dr. Steele, Dr. Charles Sheldon and Dr. Lord who worked from the 30s through the 60s of the 19th century.[32] The London Missionary Society had started medical work at Neyyoor in its South Travancore Mission in 1838 with Dr. Ramsay. He however, could not work beyond 1842 and the development of this mission with a central hospital and more branches came much later. From 1840 the American Baptists had two medical evangelists, Dr. Otis Bachelor and Dr. Williamson working in southern Bengal. The first doctor came to Ludhiana in the Punjab in 1842. Before Mutiny this was the extent of medical missions, a year after there were only seven fully qualified medical missionaries in the whole of India.

However, by the end of this year the missions had given intense attention to medical work and the period between 1858 and 1882 had witnessed the real foundation of mission activities in this field, though in numerical terms it was not very significant with only twenty eight medical missionaries working in the field. In 1860 the United Presbyterian Mission of Scotland began its work in Rajasthan through two qualified doctors Shoolbred and Colin Valentine. This led to the establishment of clinics and hospitals and nearly all mission stations became centres of medical work. Between 1862 and 1885 five hospitals at Beawar, Ajmer, Nazirabad, Udaipur and Jodhpur were set up. In the same way the Free Church of Scotland Mission between 1857 and 1903 founded many hospitals in several prominent localities. Through their united efforts general recognition particularly in Scotch missionary circles, was won for the watchword of the Edinburgh Society 'Preach and Heal' and the medical missions justifying themselves by the example of Christ's miracles of healing that went along with evangelistic and educational missions.[33] These missions tried to create a confidence among the people on more scientific Western medicine which in turn had weakened the position of the indigenous physicians particularly those of the hakims. The L.M.S. with equal zeal made Neyyoor the central hospital of fifteen dispensaries and sub-hospitals. They were in close relation with the Medical Missionary Society of Edinburgh. The conviction of the medical missions had already created a position for themselves among the Indians and as a result of which demand for more such clinics and physicians was on the rise.

However, the fast growth of medical missions dates from the time when two new and important branches of this particular work were developed on a large scale in

about 1882. Visiting women in the homes of the natives had brought to light the special need of women for medical work. Medical aid was difficult for men to obtain and it was practically non-existent for the women section. This was due to the 'Purdah'[34] system of the Indian women which had prevented the male doctors to touch and treat them. This situation had prompted the missions to send trained lady doctors to India. Soon the women section acquired a special position in the medical missions.

The first woman medical missionary was Dr. Clara Swain of the American Episcopal Methodists who had started her work in 1870 at Bereilly in Uttar Pradesh. In 1874 she had opened a women's hospital at the same place on a land donated by the Nawab of Rampur. Dr. Sara Seward of the American Presbyterian Mission arrived at Allahabad in 1871 with a host of other doctors. In 1880s two great 'zenana' societies were formed to work in a big way. The undenominational Zenana and Bible Medical Mission and the Church of England Zenana Missionary Society built hospitals for women and children in various parts of India from Amritsar in Pubjab to Krishnagar in Bengal and from Varanasi in the U.P. to Bangalore in Karnataka.[35] The C.E.Z.M.S. by 1890s alone had twelve lady doctors in the service. The British Methodists took up medical work in Mysore in Karnataka and Hassan in Tamil Nadu in 1906 and had served thousands of women and children in the process[36]. By the work of these women medical missions other missions were inspired and they too soon opened similar sections to serve the women patients and thus a healthy competition was generated among them. The distress and suffering of the women in cases of sickness was so appalling that the wife of Lord Dufferin, the Viceroy was prompted to make an effort towards applying some measures of relief. In 1886 she founded the 'National Association for Supplying Medical Aid to the Women of India. She was very happy to see that the main objective of the women medical missionaries in India was to help and treat the sick women of the country and not proselytisation.[37]

By the first decade of the twentieth century this Association had not only paid the regular salary of 74 women doctors and 52 assistants but also supported 257 women medical students. The purpose was purely humanitarian – to fight against the unutterable misery of the women of this country.[38]

The progress of Western medical science and the increased attention paid to matters of hygiene and sanitation prompted the missions to be more aware of the need for medical services in India and since these required trained physicians, nurses and paramedical staff the medical missions in India were obliged to make some arrangement for the training of Indian assistants. At the beginning this was the responsibility of individual missionaries though now a need was felt for a systematic training of doctors at a time when government medical schools were in existence and the government began to insist on certain academic standards for medical practitioners. Consequently mission medical schools were established in some places where medical missions irrespective of denominations had started sending students. In 1881 the Agra Medical Mission Training Institute was founded, which was their first effort. In 1894, the North India School of Medicine for Christian Women, a more ambitious project set up by Dr. Edith Brown and Miss Greenfield, came into existence at Ludhiana in Punjab. This Institute was affiliated to the Punjab University. The Christian Medical School at Miraj in Maharashtra under Dr. William Wanless remained the best medical college for men for at least fifty years. Dr. Ida Scudder of the well-known Scudder family that belonged to the American Arcot Mission had founded a medical school for women at Vellore in Tamil Nadu which soon became a union institution for medical sciences. Under the untiring advocacy of Dr. Ida Scudder, the Christian Medical College, Vellore became a world renowned medical college and hospital in 1945. Within two decades another medical college and hospital in the same name was established in Ludhiana. Apart from physicians, however, in the training of nurses and in the department of nursing the medical missions have made one of their most distinctive contributions to India. As late as the beginning of the Second World War it was estimated that about 90% of all the nurses in the country, male or female, were the product of nursing schools and hospitals of the medical missions.[39]

Special areas of work which medical missions developed were surgery and the treatment of eye-diseases. Neyyoor, Vellore, Miraj, Ludhiana and many other hospitals became well-known for their surgery, while Bamdah in Jharkhand, Jalalpur-Jattan and Mungeli in Madhya Pradesh for eye-treatments. But perhaps the most conspicuous medical fields in which medical missions had been foremost are tuberculosis and leprosy. The immeasurable misery of the unhappy lepers and awakened a large and enduring amount of sympathy of the medical missionaries. The pioneer in this field was William Carey who founded the first refuge for lepers in Calcutta.[40] He was succeeded by Dr. Ribbentrop of the Gossner's Missions, who not only founded an asylum but also personally, and in the most self sacrificing way, took his share in tending the lepers, binding up their wounds and burying their dead. During 1840s Dr. J. Ramsay

founded the leper hospital at Almora in Uttar Pradesh (now in Uttarakhand) and in 1850 Budden of the L.M.S. became its director. The American Presbyterians and the Church of Scotland had established two leper hospitals at Sabathu and Ambala during the mid nineteenth century. The great enterprise by means of which missions to lepers were to justify their existence and their right to become an independent branch of missionary work was definitely the impact of Wellesley Bailey an Irish missionary. His conviction and sympathy towards the lepers were examples which many medical missionaries tried to follow. His small pamphlet 'Lepers in India' called public attention to the matter and the result of which was the foundation of the Mission to Lepers in India. By 1970s it had 26 institutions of its own and assisted 34 other homes and clinics. The settlements in Purulia district of West Bengal and Dichpalli in Andhra Pradesh are the biggest. The Mission to Lepers has been regularly carrying on anti-leprosy campaign. Like leprosy, tuberculosis also received great attention of the medical missions to fight against diseases. The premier tuberculosis sanatorium in India is 'Arogyavaram' in Andhra Pradesh, a venture of 14 missions founded in 1915. Besides these there are now 11 other sanatoria in different parts of India. All these are founded and ran by the different medical missions.

After the Second World War, the medical missions had initiated psychiatric treatment, a need for which had long been felt. Mental clinics at Lucknow, Miraj and Vellore had made the beginning.[41]

In 1905, the medical missions in India formed an association which finally led to the formation of the Christian Medical Association of India in 1926. In its early years the Association carried out a valuable survey of the medical missions and offered counsel. This advocates that the Ministry of Healing is not a mere adjunct of mission work, but itself an essential part of the Christian Church. Just as the earthly ministry of the Jesus included the healing of sick people, so the care of the sick is the part of the ministry he committed to the Church.[42] The Association, believes this to be a way by which the Christian 'dharma' could be performed.

During the post colonial period government medical services have been developing. The Five Year Plans of the Government of India include a large expenditure on public health. Yet the mission hospitals have maintained their popularly and distinctive character. People have recognised that the care of the sick involves more than buildings and equipments and technical knowledge, for it is also a matter of personal relations and personal service. Here these Christian medical institutions have to offer which many institutions are not likely to do . In fact the vision that inspired the medical missionaries was conceived as a response to an overwhelming physical need, very much in the spirit of the Second Commandment, 'Love Thy Neighbor as Thyself.' They pioneered in bringing to needy peoples the obvious benefits of scientific medicine, they introduced medical education for men and women, and initiated nursing services. The medical missionaries could establish standards of excellence, and showed that it was possible to do first class medical work with second class equipments and facilities in third class buildings. These missionaries had introduced the ideals of compassionate caring for the unwanted and the outcast and created a climate of acceptance, both of Western medicine and of responsibility.

The issue of missionary activities and their ultimate aim is often raised again and again. Several historians and social thinkers are of the view that the main agenda of the missionaries was proselytisation and they kept it hidden under the cover of so called social work and philanthropy. This, however, is not wholly true, though some of the missionaries did believe that the main purpose of the missions in India was to increase the number of the Christians.[43] Some were also very skeptical of the British Government's attitude in India and termed that as an anti-Christian one. They claimed that the Government should take very stern actions against the Hindus and their religious practices and help the missionaries in spreading Christianity all over India. To instigate the government some of them used very harsh words and made scathing remarks against the Hindus. Claudius Buchanan of the B.M.S. had termed all Hindus as most superstitious and their religious activities as impure, indecent, sensuous and lascivious. According to him it was a community of vice.[44] Buchanan had accused the government of showing lukewarm interest in helping the missionaries to promote Christianity in India.[45] But definitely this was not the voice of all the missionaries, rather most of them had a different opinion. Bradbury of the L.M.S. who had stayed in Calcutta and in different parts of Bengal for more than 34 years tried to present a very balanced view on the Hindu religion. He had shown a definite respect towards the overall character of the Hindus and had never given any biased opinion on the socio-religious institutions of the Hindus and was of very high regards for their women.[46] Bowen of the C.M.S. had never believed conversion or evangelism in India to be the main purpose of the missionaries. According to him that when the mountains of Caucasus and the plains of Hindusthan were explored for converts, their own population were wallowing in unparalleled pollution and committing the most frightful excess.[47] John P. Jones in

his book *Krishna or Christ* called for honesty and asked his fellow men to show proper respect for other religions.[48] In fact fundamentalism was a part of these missionaries who had come to India with the agenda of conversion. This attitude of theirs never bore fruit and only provoked those Indians who had looked at them with suspicion. But at the same time, there were also missionaries like James Long, C.F. Andrews, William Carey, Ida Scudder or Mother Teresa who believed in the service of the needy and helpless which brought them closer to God as they understood the Christian ethics much better than their fundamentalist brothers. Naturally non-Christians had never a problem in interacting with them nor had they any confusion in recognising them as great benefactors of the society. The fundamentalist missionaries had in fact made a greater blunder through their proselytizing activities by preparing a ground for the fundamentalist Hindu socio-political parties to grow and claim themselves as the protector of the Hindu religion. They are doing the same by generating hatred toward other religions as had been done by those fundamentalist missionaries. Most of the educated Indians now believe that religion should only get the space of a man's personal world and that it should not be given a place in the nation's reconstruction.

An attempt has been made here to highlight some of the activities of the missions and missionaries in India to show how despite their religious background they worked in the service of the people of India. Their idea of God was that of a God of love who never wants to destroy any of His creatures, no matter whether he is rich or poor, educated or illiterate, European or a native Indian. Religion had definitely played a role in the activities of the missionaries in India, though religion was not the sole objective or instrument.

Independent India from 1947 tried to improve its medical infrastructure and established government aided hospitals and clinics all over the country. However, the Christian hospitals including those of the Baptists remained as popular as they were during the British rule notwithstanding the fact that they had to change with the times and conditions keeping the spirit of service intact. In a leaflet of the B.M.S. called 'One Another's Burdens', it is said, 'rather than bearing one another's burdens we are enjoined to help carry one another's burdens, not taking away the responsibility, but giving help so that the other may ultimately be able to cope with the situation himself.'[49] This would point to their eagerness to cooperate with other bodies including those of the government in terms of the medical work in India. In the same leaflet they had made it clear that though they are considered now as a private sector of health care, they could not, considering the economic background of the patients, raise the fees as others in the private sectors were doing.[50] It is seen that the doctors and all the other medical staff of the mission hospitals and clinics in free India were paid much lower comparing to their counterparts in either the government sectors or other private societies, but that never came in the way of maintaining the standards of treatment or in the devotion they had shown[51]. In 1956, Rajkumari Amrit Kaur, Union Minister of Health, Government of India, had praised highly the attempts of the medical missionaries in free India, more so in the rural belt of the country[52]. In the rural areas the entire Christian church was deeply involved in the life of the community and at times of natural calamities the missions had more work to perform. In the post-colonial India the mission hospitals have taken upon themselves the responsibility of providing holistic treatment to the patients, which means providing not only medical care but at the same time providing them with food, clothes and shelter.[53]

If we review the emergence of the medical missions and their activities from the beginning to the end of the British rule in India, we find that it all started against a background when the common people, especially those in the rural areas, feared disease as evil and monstrous spirits to be exorcised through divine intervention. These potentially hostile and vindictive evil spirits. Those were evidenced particularly in times of widespread epidemics and sudden illness. Those affected often resorted to the visits of or to the self declared medicine men with all their rituals of incantations and sorcery and pilgrimages to the temples and shrines of disease healing gods and goddesses like the Olabibi or Sitala. When the missions opened their dispensaries, they met with considerable suspicion. But hard work, perseverance and sincerity won them the ground they were looking for. Those who still believed in the primitive exorcism tried to come to terms with a sort of coexistence of oriental beliefs and scientific medicine of the Christian missions. This culminated in a viable medical establishment by the second quarter of the 18th century and the auxiliaries were finally amalgamated with their respective missions. The following years witnessed a steady growth of the wings and in fifty years the missionaries founded many hospitals, cooperated with other denominations, and a huge number of village dispensaries and clinics that came up, served thousands of patients each year. Evangelism was definitely an objective but it was not the overriding concern. It was the Christian philanthropic spirit which guided the Christian medical missions to perform in the name of Christ to follow religiously Christ the Healer. There are some examples where some natives embraced

the religion of the medical missions but a majority of them were either the social outcasts, distant tribes with no formal religion or those ostracized by the society as they suffered from some dreaded diseases like leprosy or tuberculosis. Despite this the missions neither lost the energy and vigour to serve nor did they give up Christ and fortunately the combination of these made them a force that fought effectively the scourge of dreaded tropical diseases that otherwise, given the limited health care services provided by the government, would have wiped out millions of Indian lives during the period under review. Even after sixty three years of independence the Christian hospitals and clinics are rendering the best medical service in to the country.

NOTES

1. Kaviraja Kunjalal Bhisagaratna, ed., *The Susruta Samhita, Uttara Tantra*, Varanasi: Chaukhamba Orientalia, 1981, pp. Xviii-xx.
2. Surgery was, in fact, one of the major areas of the Ayurvedic medical practice in India, though it is not conclusively known when the first plastic surgeries were performed. However, Sushruta is considered to be the most outstanding surgeon and teacher of surgery. His medical elucidation called Sushruta Samhita was an anthology of all his medico-surgical procedures followed by him and his disciples. The collection contains copious and comprehensive references to diseases and their surgical procedures. Non-invasive methods were also used for cosmetic purposes. Otoplasty or plastic surgery of the ear and rhinoplasty or plastic surgery of the nose were quite usual operations of the time. Though the Egyptians performed these types of surgeries during 3400 B.C., Ayurveda recorded those as early as in 5000 B.C.
3. Vernon Coleman, *The Story of Medicine*, London: Robert Hale, 1985, p. 15.
4. Ibid.
5. P.V. Sharma, *Ayurveda Ka Vaijnanika Itihasa* (in Hindi), Varanasi: Chaukhamba Orientalia, 1975, pp. 37-44.
6. H. E. Sigerist, 'Early Greek, Hindu and Persian Medicine' in *A History of Medicine*, Vol. II, Oxford University Press, New York, 1961, pp. 168-169.
   The word Yoga denotes union which in other words can be referred to as a synthesis of the body and the mind. The foundation of yoga as was mentioned in the Atharva Veda is called Hathayoga. Ayurveda and Yoga were used as complementary to each other aiming at a comprehensive therapy of the patient while sharing many resemblances in terms of hygiene and sanitation, diet and prohibitions and the philosophy of holistic healing.
7. D.G. Crawford, *A History of the Indian Medical Service*, 1600 – 1913, London: I, W. Thacker and Co., 1914, pp. 21-33.
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    Though a great progress in medical science was made during the late 18th century Europe, it was during the 19th century that the fight between nature and man started in earnest. Previously man had always been the victim and loser. As the centuries passed by, the voice of one scientist or another was occasionally heard asserting that diseases were due to some invisible organisms, which were later proved to be germs. But those had been rather prophetic guesses than scientific statements. Most people used to believe that all living beings could develop from nothing, in putrefying matter, though some scientists like the Italian Lazzaro Spallanzani denied it firmly in the late 18th century. However, Louis Pasteur of France was the first man to finally settle the question in the 19th century and his main contribution to microbiology was to minimize the chances of spreading diseases by bringing in changes in medical practices. Pasteur together with Claude Bernard for the first time introduced a method through which microbial growth in food was slowed down. The process was named after him and called Pasteurization.
14. Patrick Manson, with colleague Ronald Ross studied the mosquito-malaria theory. Through the India Office, Manson helped Ross in many ways to investigate this theory in India. Ross and Manson had regular correspondences among themselves during this research. Ross, in August, 1897, sent some specimens to Manson, who confirmed the findings. Manson publicised the findings which in due course helped in controlling malaria. He was involved in various aspects of tropical medicine and helped to set up world's first school of tropical medicine in Liverpool and was also a founding member of the London School of Tropical Medicine in 1899. He was also instrumental in the foundation of the Royal Society of Tropical Medicine in 1907.
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25. Sandeep Sinha, *Public Health and Indian Public : Bengal, A Case Study*, Calcutta: Vision Publications, 1998, passim. The author shows in this book the specific reasons behind the penetration of colonial medicine in India and its impact on the native society.
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30. R. F. Moorshead, *Heal the Sick*, London: The Carey Press, London, n. d., p.15.
31. Cyril Bruce Firth, *An Introduction to Indian Church History*, Madras: Christian Literature Society, 1976, p.205.
32. Julius Richter, *A History of Missions in India*, trans. Sydney H. Moore, Edinburgh: Oliphant Anderson Ferrier, Edinburgh, 1908, p.347.
33. Julius Richter, op cit., p.348. (ref.35)
34. In most of the regions of South Asia including the Indian subcontinent, the actual translation of the word Purdah is a curtain or veil or screen which makes an obvious separation between the world of man and that of a woman and between the public and the private. Purdah was a custom observed by both Muslims and Hindus. The limits imposed by this practice differed according to different regions and class levels. Generally, those women in the upper and middle class were more likely to practice all aspects of purdah though among the poorer classes the system also existed.
35. Julius Richter, op cit., pp. 350-351.
36. C. B. Firth, op cit., pp. 205-206.
37. Julius Richter, ibid.
38. Ibid.
39. C.B. Firth, op.cit., p.208.
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42. Ibid.
43. J.F. Edwards, *India's Challenges to Christian Missions : An Answer to the Appraisal Commission Report*, Madras: Madras Publishing House, Madras, 1933.
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48. John P. Jones, *Krishna or Christ*, New York: Fleming H. Revell Company, 1903, Passim.
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52. 'Contrasts,' Leaflet, B.M.S., London, n. d.
53. 'To Comfort Others', Leaflet, B.M.S., London, 1975.

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