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## **Healing the Heathens: Medical Mission in North Cachar Hills**

**Phoibi Lalniropui Tuolor**

### ***Abstract***

*This article examines the Welsh medical mission in North Cachar Hills, Assam from 1905 to 1961. North Cachar Hills was a sub division of Cachar district during the colonial period and was inhabited mainly by different indigenous peoples such as the Dimasas, Zeme Nagas, Angami Nagas, old and new Kukis, Khasis, Karbis, etc. The Welsh missionaries opened their mission in this Hill on 1905 with multiple endeavours such as opening schools, dispensaries and churches. The missionaries regarded the local people as 'heathen' which means physically and morally ill and their traditional practices of appeasing the evil spirits for their ailments as a primitive act. The missionaries believed that they were ordained by Jesus Christ to 'civilize' the 'heathen' by bringing them to Christ through conversion. Moreover the missionaries were not free from euro centrism and regarded their ideas and practices as superior than the traditional beliefs and practices of the natives. This article focuses on the traditional ways of healing sickness by the indigenous people of North Cachar Hills and the medical measures taken by the colonial government and the Welsh Mission. It also highlights the encounter between the indigenous traditional practises, the 'colonial medicine' and the 'Christian medicine'*

**Keywords:** colonial government, heathens, indigenous treatment, missionaries, evangelization.

The Charter of 1813 was a landmark in the history of medical education as well as for the Christian missionaries. The British began to show concern for providing medical education to the natives on the other hand, based on the provision of the Charter the missionary societies from U.K. (England, Scotland, Wales and Ireland) began their missionary enterprise in India. The provision to set apart not less than rupees one lakh for education benefitted the missionaries a lot. In every mission

field they follow methods, such as, opening of schools, publication of literature in local languages, translation and publications of religious tenets and the Bible, and the openings of dispensaries and hospitals and other humanitarian works.

Prior to nineteenth and twentieth century's attempts had been made to treat sickness by missionaries, pastors and catechists through unprofessional methods. During the early nineteenth century very



less emphasis was placed on medical work because the missionary organisations regarded it as occasional occupation and moreover the physicians were not much respected in evangelical circles. The work of bodily healing was not considered as falling within the scope of missions and medicine was given no distinct role in the scheme of worldwide evangelisation. However, the Christian missions who established hospitals and schools in the nineteenth and twentieth century saw these institutions as tools in saving souls for Christianity.

In India, occasional doctors were sent and Dr. John Thomas was one of the first doctors who went to India as a ship's surgeon in 1783 and when he returned to England in 1792, he offered his services to the newly formed Baptist Missionary Society and in the following year sailed to India with William Carey. However, the first Mission to adopt a regular policy of sending medical missionaries was the American Board. The early ones were men both ordained to the ministry and fully qualified as doctors - medical evangelist in fact. The first medical missionary in South India who arrived in Madras (from Ceylon) in 1836 was John Scudder. His two sons later joined him and this family was principally connected with the American Arcot Mission. Next was the London mission, who started medical work at Neyyoor in South Travancore in 1838. From 1840 onwards there was a great change in the attitudes of the missionary organisations towards medical mission and by the end of the century there were 168 medical missionaries and medical centres were set up in many places of the country.

However, the archaeological excavation in different sites of Indian subcontinent, the Vedic hymns, Buddhist and Jain text indicates the practise of medical herbs and trees which later on culminated into the emergence of unani, siddah and ayurvedic tradition. So for centuries Indian indigenous medical systems were renowned for skilled physicians, sophisticated medical therapies and for extensive 'materia medica'. However during the colonial rule the indigenous medical practises gradually decline and western medicine became predominant. But it is not true that the practice of Ayurvedic physicians were inferior to the European physicians rather they were much impressed with them and so propagated their knowledge in Europe. However in their colonies in Asia and Africa, they tried to impose absolute supremacy of their colonial medicine and total subjugation of the others. Moreover they were much concerned for the health of their own European people serving in India. On the other hand the missionary medicine was a crucial tool for spreading the gospel message to the colonized peoples of other cultures and other faith. According to Hardiman, "from an early stage, missionaries who travelled to Asia and Africa sought to heal those they intended to convert. The Jesuits at Macao, for example, had taken their medical knowledge to Beijing in the late-sixteenth century, and they did the same in Goa".

With the coming of the British, India did not lose politically alone but with it the process of subjugation and captivation of India's traditional scientific systems by the fast-developing modern scientific systems of the West was initiated. However, the first responsibility of the 'colonial



medicine' was the preservation of European health in new and 'hostile' lands. The British medical policies were made as to suit with the need and expediencies of the Empire. The medicine they used was known as 'tropical medicine' as it was operated in a tropical environment. Though the so called 'tropical diseases' like cholera, plague and smallpox were known in Europe for centuries. The difference in tropical climate was its intensity and ferocity but the cause and solution of such prevalent diseases were then unknown till Pasteur Koch and so the blame was put on the climate, heat and humidity or so called 'miasma'.

North Cachar Hills came under the colonial rule in 1854 and along with it brought political, economic and social environmental changes. Prior to the construction of the Assam Bengal Railway, communication with the other world were kept by steamer therefore the hill people hardly came in contact with the outside world. With the construction of the railway line the hill people came in contact with the workers of the railway construction who hailed from the plains of Cachar, Sylhet and East Bengal. In 1886, Assam including the district of Cachar the epidemic diseases like cholera, dysentery, jungle fever and dropsy severely affected the people and resulted to death of 634 Act labourers employed in Cachar. As there was a constant inflow of the plain people, the indigenous people could not keep themselves aloof from the epidemic diseases.

The Europeans were very much concerned for their health which resulted to 50 dispensaries in Assam however only one dispensary was opened in North

Cachar Hills with a population of around 24,433. However, the indigenous people did not attend the Government Dispensary and hospitals because they thought that all the loathsome diseases were caused by some evil spirit which was to be appeased by sacrifice in order to enjoy a good health. By means of various forms of divination the priest could ascertain which spirit has been offended and what sacrifice it demands, such as a fowl, a pig, a goat, a dog or frequently a much more costly offering. Therefore, they rather seek for the village healer than the qualified medical practitioner at the government dispensary. Even human sacrifices were performed in order to get rid of their problems and diseases. The Thado-Kuki used to wear some specific charms hanging around their necks to protect against the ubiquitous evil spirits. The Hmars (old Kuki or Khawtlang) tribe performed different kinds of offerings and sacrifices called *inthawina* to appease the Devil Spirit whom they believed to cause illness and misfortunes. The priest (*thiempu*) had an important place in the society who performed all kinds of offerings and sacrifices when a person is ill to recover his illness. They also performed human sacrifices to appease the devil spirits and it was regarded as the highest among all the sacrifices. The Dimasa tribe worshipped deities, spirits and demons for their general welfare. They pay more attention to the spirits than the deities because they believed that if they do not appease the latter properly it may inflict sufferings on them. In case a person fell ill the medicine man figured out the responsible deity or spirit that has caused it. It was often found that minor ailments get cured normally but in some cases in



spite of repeated offerings the patient does not recover and dies. However, the ineffectiveness of the worship and offerings had no effect on their faith in their traditional belief on supernatural beings. Thus, the whole district was the home of different kinds of gods, spirits and demons whom the ignorant native people believed to be the creators of different kinds of diseases and for which they had to propitiate the specific evil spirit.

Moreover, the indigenous tribes believes in naturalism, animism and animalism and so from time immemorial these tribes practised their own traditional methods for treatment of local diseases such as fever, bone pain, stomach diseases, water born disease, diarrhoea and dysentery. Various herbal remedies were used such as different underground plant forms such as root; tuber, rhizome, bulb and pseudo-bulb were also found to be in use as a medicine. Apart from herbal remedies the indigenous people use opium to get some relief for their illness. According to the Opium Commission 1933, the indigenous tribes were addicted to opium and smuggling of opium was in a great extent. The hill men were employed as coolies in the Assam Bengal Railway construction so after their hardships were liable to fall ill and so the opium soothed their pains. The Kukis and the Cacharis were the heaviest opium consumers whereas the Nagas did not have the habit when they lived alone in the borders but later on they took it as a treatment for their illness. Thus, it is very clear since the beginning of the British rule that colonial medicine derived its authority from the state and not from the consent of the people but the British desperately needed

the consent of the people for legitimating and longer survival of its Empire.

Seeing the tremendous success of the Welsh Christian Mission in 'civilizing' the different hill tribes of Northeast such the Khasis of the Khasis Hills and the Mizos of the Lushai Hills, the Government invited the Welsh Mission and the control of education in North Cachar Hills was completely handed over to the mission. It is to be noted here that whenever the administrators fail to handle the administration, they invite the missionaries for assistance to 'civilize' the native into a 'peaceful and loyal subject'. On the other hand the Missionaries believed that they were ordained by God to 'civilize' the primitive tribes.

In the early nineteenth century many medically unqualified missionaries turned their hand to medical work, believing that for Jesus and the Apostles healing and ministry had gone hand in hand. The Christian Medical Missions were mainly concerned for treatment of physical ailments than spiritual treatment. The mission hospitals were well equipped with sophisticated medical machines and the cost of treatment as also more compare to government hospitals. The mission doctors were medically qualified doctors who gave more emphasis to physical treatment rather than spiritual treatment. Whereas missionaries engaged at the mission fields were more concerned for the spiritual treatment of the native peoples and used medical treatment of physically sick person as an instrument to propagate the message of Jesus Christ to the masses. The missionaries suggested a person with physical affliction as a 'sin-sick soul' and thought that it was their duty to cure their physical illness as well as their moral sloth



so 'the medicine' provided by the missionaries encompassed far more than just physical treatment of maladies, rather it was an all-round therapy that was designated to 'civilise' the so called 'primitive' tribes by bringing them into the light of a Christian modernity. Thus the therapy was a part and parcel of the process of conversion where it was designed not only to care and cure but also to Christianise. In the process the missionaries were no longer ready to accept the validity of local treatment and practises of local healers, who were regarded as 'quacks' or 'witch doctors'.

The nineteenth century missionaries were expected to be a jack-of-all-trades and medicine was one among many tasks. In North Cachar Hills there was no professional doctor so the missionaries act as a teacher, a healer and also a preacher. Initially the Welsh mission established their office in Haflong mainly for imparting education to the children of the indigenous peoples. As the Hill was inhabited by many different tribes having different dialects the missionaries had to face many problems, later on the missionaries learnt their languages and translated the bible into their languages. Before the advent of the missionaries there was no written language, the missionaries translated the bible in the language of the indigenous peoples so that they could read the bible in their own language and could understand the love of Jesus Christ and finally convert themselves to Christianity. However, opening school alone did not serve their purpose because most of the parents hesitated to send their children to mission school in the fear that they might be converted. Moreover, the peoples were very poor as they live on daily wages and

they found no use in educating their children from whom they get extra help in their works.

So the next enterprise they started was healing the sick by using 'colonial medicine' which had shown fast and positive effect on the sick person like a miracle. As mentioned previously, the indigenous people once believed that diseases were caused by evil spirits and so the only remedy from diseases was to propitiate the evil spirit through the priest who used to performed rituals and sacrifices. In such an environment, when a missionary attended on a sick person with a little knowledge he had of 'colonial medicine' along with prayers in the name of Jesus Christ appeared as a miracle to the peoples. Gradually Christianity became more and more popular among the indigenous people of North Cachar Hills as a religion that delivers them from the fear of all kinds of demons. The people who once relied only upon the priest started seeking medicine at the Mission Compound which was an encouraging sign for the missionaries in their mission work.

According to the Administrative report of Assam in the year 1919 the epidemic of Influenza and cholera had caused high mortality in almost every district of Assam. Rev. J. M. Harries Rees also reported that there was a serious outbreak of influenza and how the teachers of the mission school toiled to help the sick and buried the dead. He also stated that the missionaries were successful in winning the hearts of the indigenous peoples by their self-sacrifice which was prompted only by the love of Christ.

According to the report of Missionary-Rev. William Morgan in 1954 provisions were made for some young people from



the North Cachar Hills to be trained some as compounder and some as nurses. Again according to the report of Rev. Merfyn Jones more medical aids were arranged to the villages in 1955. Three young men were sent to Dibrugarh for training as a dispensers and mention had been made of epidemic disease pneumonia in one of the Biate village where four died before the dispenser could reach there and many more were sick. The dispenser managed to cure them all leaving the village free from that sickness. He further writes:

*Doubtless their work will be beneficial in a spiritual as well as in a physical sense as they combine physical treatment and prayer in their ministry to the sick.*

Rev. Merfyn report clearly stated that the sick persons were both physically and spiritually treated which no doubt was beneficial for conversion. Thus, the main motives behind their physical treatment to the sick were very clearly stated and the establishment of mission dispensary resulted in an increase in the number of conversion to Christianity.

The Report of the Presbyterian Church of Assam, 1957 had reported an increase of over 10,000 members mainly due to revivals which broke out in various parts of the Fields, which included Jowai on the Jaintia Hills; in the Mawphlang District on the Khasi Hills; among the young people on the Lushai Hills; the Lushais that dwell around Lakhipur on the plains; the Khasi folk around Silchar; in the Khasi community in the Tea Gardens around Maulvi Bazaar in East Pakistan; and also among different people on the North Cachar Hills. The report throws that the mission was more successful in the hills as compared to the plains. The report also

mentioned that in 1957 two dispensaries were established by the mission in North Cachar Hills.

Thus as mentioned earlier the work of bodily healing which was given less emphasis in the early nineteenth century in the scheme of worldwide evangelisation gained much attention in the twentieth century and was regarded as an important tool for evangelisation. In North Cachar Hills in particular, the indigenous people initially did not accepted the healing activities of the Welsh missionaries and regarded their activities as a threat to their traditional ways of healing and belief. However, due to the strong determination of the medically untrained missionaries of the Welsh mission the indigenous people had to surrender their traditional way of healing sickness and accepted the modern and scientific way of healing. As a result in the early twentieth century, North Cachar Hills witnessed a tremendous process of mass conversion among the different indigenous tribes specially the Hmar, Biate and Thadou tribes who had cent percent converted to Christianity where bodily healing played as an important tool for proselytism. The colonial administrators and the Welsh missionaries had indeed collaborated for their own motive purpose. The colonial government unable to control the indigenous tribe raids and aggression had implemented several measures such as creation of 'buffer tribe', establishment of strategic outpost and shifting of headquarters but all in vain. So seeing the tremendous success of the Welsh mission in other hill areas invited the mission in order to create 'loyal subjects' and the missionaries on the other hand co-operated with the government in order to spread the



gospel. The missionaries regarded the local people as 'heathen' and their traditional practices of appeasing the evil spirits for their ailments as a primitive act. The missionaries believed that they were ordained by Jesus Christ to 'civilize' the

'heathen' by bringing them to Christ through conversion. Thus the missionary's healing therapy was a part and parcel of the process of conversion where it was designed not only to care and cure but also to Christianise.

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