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Colonizing the Heathens: Welsh medical mission in ‘A land of many tribes’ Phoibi Lalniropui Tuolor

Research Scholar, Dept. of History, Assam University, Silchar

Abstract

This article is an effort to understand how healing of body was used by the Christian missionaries as an important tool for evangelisation with special reference to the Welsh Christian missionaries in North Cachar Hills from 1905 to 1961. The Welsh missionaries opened their mission in this Hill on 1905 with multiple endeavours such as opening schools, churches and dispensaries. 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 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. 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. It is the intention of the article to highlight the strategy of the colonial administrator as well as the missionaries in operating humanitarian works such as ‘healing the heathens’. This article will also highlight the traditional treatment of illness and the medical measures taken by the colonial government and the responses of the local people on such measures.

Keywords: *heathens, indigenous treatment, missionaries, Christian medicine, evangelization.*

Introduction: North Cachar Hills, a subdivision of Cachar district was inhabited chiefly by different indigenous tribes namely Dimasas, Zeme Nagas, Hmars, Thadous, Biates, Hrangkhols, Khasis and the Jaintias. As the land was inhabited by many tribes, J. Hughes Morris therefore called it ‘A land of Many Tribes’. In 1905, the Welsh Presbyterian Mission opened its office in North Cachar Hills where they opened schools, published literature in local languages, translated and published religious tenets and the Bible, and opened dispensaries. The Welsh Presbyterian Mission worked in the Khasi and Jaintia Hills, Cachar, Sylhet, and the Lushai Hills and it has been calculated that the number of Presbyterians in Assam was about 110,000 or 44 percent of the entire Christian population as against 64,000 in 1921. The establishment of school was one of the principle means adopted by the Missionaries for the spread of Christianity and secondly healing the sick person. Previously the local healers were the only providers of health care but by the early 20th century the missionaries started their medical mission generally with the intention of gaining legitimacy with a view to religious conversion.

Indigenous practices: 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. Altogether, 30 types of local ailments have been reported to be cured by using 39 medicinal plant species by the Jaintia tribe of North Cachar Hills. For example; dried

leaves of Lamardoh (*Asparagus racemosus* Wild) are powdered and taken orally to cure stomach ache and urinary disorders. A handful of young premature Sarudong (*Melastoma malabathricum* L) leaves are taken raw twice daily in an empty stomach to cure dysentery.

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 Cacharis used to cultivate poppy when they were in south of the Brahmaputra and later on when they were driven to North Cachar Hills by the Ahoms in the 13th or 14th century they continued that trade. So, it would not be wrong to state that the Cacharis were the introducer of opium in North Cachar Hills. 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. Often, their crop does not last them the whole year and so they end up taking all sorts of jungle food causing them all sorts of stomach troubles and they commonly suffered from dysentery or some sorts of diarrhoea. They found opium as a treatment to all their illness for instance, a man got some swelling in his body and so he went to the hospital for treatment but could not be cured. Later on at the advice of someone he took opium and finally found some relief.

Moreover the people spend their lives in bondage to fear and superstition; they believed sickness as a curse by evil spirit for which they propitiated the malevolent spirit. 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 much more costly offerings. 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 Nagas, one of the indigenous tribe of North Cachar Hills used to sacrifice a dog to any lurking demons in case of failure of crops or break out of an epidemic. The dog is being killed by the priest and its head fixed on one post around the village as a warning that no stranger trespass the village on that particular day. 1912 Rev. J.M. Harries Rees writes,

“The kukis are the most depraved of all the Hill tribes- filthy in their habits, with no reputation for either industry or honesty they are slaves of the opium habit.They are however steeped in superstition and continually propitiate the demons with sacrifices.”

The Thado-Kuki used to wear some specific charms hanging around their necks to protect against the ubiquitous evil spirits. The Dimasa tribe comprises the largest tribe of North Cachar Hills; they 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. The common diseases are dysentery, boils, malaria and other skin diseases. They used the indigenous medicine and worshipped and propitiated the God Madaikho. 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. Even the Dimasas also practice human offerings where the hojais of the priestly class performed the rituals.

The Mikirs believed in a good number of gods who received their names from the disease caused by them. Honi Arunam for causing Leprosy, or if killed by tiger, Peng for general health or fever, Dor for Eczema, Hemphu during Child birth, Chinthong and Lamki for evil eyes, Chomangase for infest hills and valleys. The Mikirs offered sacrifices to Hemphy Arnam whom they believed to be connected with the cure of diseases. Cholera or small pox is not named after any god. However, when an epidemic disease like cholera breaks out it is

taken to be caused by Ajoase to whom they offer goat or pig to appease him. 'The Mikirs(karbis), also take recourse to self-trained medicine man who provide sacrifice and herbal medicines to every person in the village. They have witch doctors to perform sacrifices for the cure of ailments.' 'Victims of smallpox or cholera are buried shortly after death, but the funeral rites for the deceased are performed later, the dead body or bones being dug up and cremated according to custom'.

Life of Zeme Naga is full of fear and horrors. The illness of a person is attributed to some wild spirits. In such case, therefore, the tingkupeu the priest is supposed to know the cause of the illness by the expedient of drawing lots and accordingly pronounces the cause which may be either due to the gods, goddesses or spirits inhabiting a particular precipice or rock, etc. The tingkupeu also declares the number of fowls or pigs to be sacrificed and offering to the gods is done according to his instruction. Every village of the Zeme Nagas sacrifices ten hens in the beginning of every year to propitiate the god of health.

The Khasis also performed sacrifices to the spirits in order to gain good health and recovery from their illness. The Khasis lay great stress on the potency of the egg; they use the egg-shell or entrails of a fowl to appease the God for good health and prosperity. They used it for divination, for religious sacrifices; place it on the funeral pyre. They were also serpent worshippers.

The Hmars (old Kuki or Khawtlang) tribe, comprises the third largest population of the district 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. 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.

Colonial measures: 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. In 1886, Assam including the Cachar districts 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. The worst decade ever experienced was that of 1891-1901 when Kala azar created havoc in the central districts of the Assam Valley and wiped out a quarter of the entire population of the Nowgong district. Assam was very well identified as a land of mosquito or kala-azar that even in the admission form prescribed by the Cotton College authorities in the twenties there was a column which said, "Do you come from a Kala-azar area? Such was the strange idea about Assam in those days. With the construction of the railway line the people of the sub-

division came in contact with the workers of the railway construction who hailed from the plains of Cachar, Sylhet and Bangladesh. As there was a constant inflow of the plain people, the indigenous people could not keep themselves aloof from the epidemic diseases. In 1911-21 the hill districts of Assam suffered badly from the influenza epidemic of 1918-19 and it was this epidemic which was responsible for the poor rate of natural increase. According to the census report of Assam 1931, North Cachar Hills was unhealthy and Kala azar was endemic in the subdivision especially among the Kacharis who resided in the lower foothills along the Diyung River. The people also suffered from many diseases such as malarial fever, dysentery and worms; cholera, disease of eyes, nose, ear, nervous, circulatory and other 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. In the later part of the 19th century a government hospital was opened with eight beds donated by Mr. Vim Misir, a contractor after he was cured from his illness in 1922. The maternity and female ward in 1931 donated by Khan Saheb Sumsuddin Khan and a separate building for isolation ward to kept the Diarrhoea and dysentery cases. During the initial stage the hospital was managed by a Doctor and a Compounder, and a Travelling Doctor who visit the remote interior places of Haflong. 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. Thus, it is very clear that since the beginning of the British rule 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.

Advent of the Welsh missionaries: The Angami Naga raids within the colonial territories and their invasions for territorial expansion were a constant threat to the normal implementation of the colonial administration. The British decided to create a 'tribal buffer' encouraging the Kuki tribe by an establishment of their settlement to the east of the Lungting river about thirty miles north-east of Asalu so as to act as a buffer against the constant raids from the other tribes specially the Angami Nagas. Even in 1880 in order to protect them they raised a kuki militia of 100 forces against the Angami raids and a European officer stationed in the hills to control the tribes. Again in 1881-82, Sambhudan who initially set up as a religious fanatic challenged the government by attaching government outpost at Gunjung which resulted to the death of Major Boyd. The incident was a great setback for the government and so new and fresh decisions were taken to strengthen the fortification at Gunjung and better co-ordination among all posts of the hills were arranged.

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.

Healing the Heathens: Prior to nineteenth and twentieth century 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 consider 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. 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”

The nineteenth century missionaries were expected to be a jack-of-all-trades and medicine was one among many tasks. 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 Mission was 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 was also more comparing 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. 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’.

In North Cachar Hills in particular 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 Hills 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 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. According to Rev. J.M.Harries Rees the year 1915 witnessed many drawbacks resulting to decline in the school roll such as famine and an epidemic. He writes, “The famine of the preceding years resulted in so much poverty that the people could not afford to send their boys to school. Consequently the supply of new pupils has been limited. No new scholars have come to take the place of those who have left school. A visitation of cholera among certain railway employees at Moulrong scattered many of the pupils.”

Moreover it becomes clear from the note by the Director of Public Instruction that their educational endeavor did not satisfy their mission;

The question was discussed of the necessity of having religious lessons embodied in the text books in the event of the Mission taking control. I stated that this was not usual in the case of Mission schools in the plains, the Mission authority satisfying themselves with Bible lessons delivered either at the beginning or at the close of the school day. The lessons were optional but were usually, in practice, attended by the whole school. The effect of introducing Bible lessons into the Readers themselves would be to render religious instruction compulsory and, in theory at least, to prevent parents from sending their children to school

whose inclinations led them away from Christianity. This was against the policy of Government.

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 from the fear of all kinds of demons. The people who once relied only upon the priest then starting seeking medicine at the Mission Compound which was an encouraging sign for the missionaries in their mission work.

According to the census of 1931, in 1911-21 the hill districts including the subdivision of North Cachar Hills suffered badly from the influenza epidemic of 1918-1919 and it was this epidemic which was responsible for the poor rate of natural increase. The only other epidemic which affected the province at all severely during the decade was cholera. There were fairly serious outbreaks of this disease in 1924, 1926 and 1927 of which the 1924 outbreak was the most severe. Rev. J.M.Harries Rees reported how the teachers of the mission school had 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. Rev. J. M. Harries in his report in 1923 writes:

.... Though there is a Government Dispensary in Haflong in charge of a trained Indian doctor, where their ailments are attended to free of charge, they prefer coming to our little dispensary. One day a man came for medicine for his little boy who had been home from school for months ill. We enquired of him as to the boy's sickness. He was believed to have been molested by some evil spirit who resides in the jungle at the back of the Mission House. The father had sacrificed over and over again as the village priest directed him. In all he had spent over # 30. In despair the lad bade his father to go to the missionary for good medicine....

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 an epidemic disease of 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 was very clearly stated and the increase in the number of conversion since the establishment of mission dispensary could be well figure out from the statistical report as given in the table in the appendix.

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 flock 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 shows 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.

Conclusion: 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 accept 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. An adherent new convert gave a typical reason for her conversion to Christianity, she replied; "It is good because when I am ill the padre (chaplain or pastor) comes and reads in a book and gives me dawai (medicine) and when die they will put me in a very fine bakkus (coffin) and give me a good funeral" 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. 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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