CHAPTER-1

INTRODUCTION

The expansion of Christianity vis-a-vis western women missionaries during the last two centuries constitutes one of the remarkable cultural transformations in the country. Because it coincided with the advent and expansion of British political hegemony, it tends to be attached as a part of imperialism. The advent of the missionaries in itself was a significant event that contested a form of gender power for these women. They were not mere workers of the mission boards but shaped in the consolidation of the gender ideology in the Christianization of the 'heathen land. Doctors in the missionaries opened up large areas for accommodation of women as emancipators of their women and for those women whose lands they visited.

A lot comes across upon the Christian Church in India and the Christian community as a whole, where focus has been on the changing identity of the Christian people of India through the years. Along with these, there are number of works on the socio-religious encounter of Christianity with the people of 'heathen lands' in the process of Christianisation of India. Much recently the issues of gender has been attached with it and has caused much interest of many scholars. A number of scholars have highlighted the missionary work, either regional wise or chronologically. The histories dealing specifically with
Christianity have generally adopted an approach where the missions, their parent society and their work are detailed.

John Webster in his not so recent work, has discussed in depth the Christians in Punjab and United Provinces along with the interaction of this community with other communities. In the process it brought many changes thereafter within and beyond the Christian community among a broader range of North Indian society. Where as in his recent study, John Webster has studied how the local anomaly in the North West came to find a 'place' as both movement and community within the society from which its members had been alienated. The community was neither homogenous nor unchanging in its social composition, denominational affiliations or geographic distribution. Webster here takes up the caste composition of the Christian community as well as the positions or places its members occupied within the society. He has placed the chapters chronologically and set off from one another by important events in region rather than Christian history. Talking about the position of women he categorically picks up the question of the urban women in relation to their confinement in the zenanas "urban women", probably for the obvious reason as he points out that it was here an interaction or direct influence with the women missionaries was established.

1 John Webster, Christian Community and Change in the Nineteenth North India (Delhi: The Macmillan Company, 1976)
2 John Webster, A Social History of Christianity, North-west India Since 1800 (New Delhi: O.U.P., 2007).
3 Ibid., p.13.
In his latest book Robert E. Frykenberg explores the understandings of the Christian communities, cultures and institutions within the Indic world from the beginnings down to the present. While there are many untold stories about the intervention of Christianity in indigenous communities at different intersections Robert explores the expansion of Christianity in different terms. He uses the term “Christian” more as an adjective than a noun. In other words, as stated by Robert Frykenberg, things that are Christian – activities, communities, doctrines, or entities, whether institutions or individuals or missions- have always been defined by their relationship to the person of Jesus Christ, to whom they are subject. He studies the nature of each Christian community that has “possessed its own hyphenised and hybridized character, its own dual identity or dual citizenship”.

Whole discussing medicine in colonial India, attention has been directed to the work of women missionaries but briefly.

Anil Kumar refers to it as ‘another agency’ at work in the spread of hospital network. In his book he provides a brief account of the hospitals connected with the various mission denominations. David Arnold takes a detailed study of the State measures with regard to medical treatment where women’s work

4 Robert E. Frykenberg, Christianity in India, From Beginnings to the Present (Oxford: O.U.P., 2008)
5 Ibid.,p.458.
7 David Arnold, Colonizing the Body : State Medicine and Epidemic Disease in Nineteenth Century India (Berkeley: University of California Press, 1993)
remained on the periphery. He analyses the origins of public health in the male dominated areas of the British government. Women's medicine has been covered as a dependent process that relied upon the employment opportunities created by the state or its underfunded surrogate.\(^8\)

Writing about missionaries has mostly linked with conversions and imperialism while somehow concentrating on the gender question; the women missionaries occupy a large space in the history of missions. Some of the recent works are by Maina Singh Chawla and Jeffery Cox.

Cox has evaluated the work\(^9\) of the missionaries in the mission societies and among the Indian and non-Christians; struggled with the conflict between universalistic Christian religious values and the imperial context of those values.\(^10\) The “imperial fault line” which he refers is drawn by the activities of missionary work and their relationship produced by the cultural gap—religious, racial and political—between the foreigner and Indian; the association of the mission presence with the foreign rule; the disproportional material resources and professional status accorded to foreigners in the mission institutions.\(^11\) His work moves thematically, from the beginning of the missionary movement and its relationship with the British government and

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\(^8\) I.s.d., p.265.
\(^10\) I.s.d., p.6.
\(^11\) I.s.d., p.221.
then broadly to major evangelistic activities that of education and medicine and the adaptability of the Indian Christians to Christianity.

Extensive research has been done on the women missionaries and their work in India/ South Asia has been done by Maina Singh Chawla. She discusses in depth the activities of women missionaries in South Asia with context to almost all social areas of mission education in and out of the zenanas and the access of western medicine to the indigenous women. She covers the multi faceted nature of missionary women which gave her a plural identification. Their choices have helped her work to consider issues of identity and self from a different location within South Asia. Chawla’s attempt is go to beyond the scholarly assessment of cross cultural missionary interventions of the typical western categorization of missionaries as “saviours” in “heathen lands”.

Kumari Jayawardena in her book discusses various types of Western women with a “cause” who were linked to South Asia in the colonial period. She distinguishes on one hand between those Western missionaries who were bringing Christianity, western education and social reform, women’s rights, and some modernising processes to the women of Asia within a framework of acceptance of the British rule and on the

13 Ibid., p. 345.
other hand, western women who were rejecting Christianity and rediscovering oriental religions and indigenous cultures. While talking of the “white woman's other burden” she attempts to free the Western woman of any set ideals-Western or Eastern. An intensive approach, she studies the role of the western woman in terms of feminism, nationalism and within the parameters of colonialism.

Punjab in the previous histories comes as another state linked with the missionary activity in a broader historical overview. Mission related research has studied the concept of western medicine very closely to the medicine initiated by the missionaries, yet no extensive coverage has been initialized towards Punjab in the context of missionaries, medicine and gender. While I focusing closely on Dr. Edith Brown and her activities as a missionary doctor in and out of the missionary circle, on a broader aspect my study covers other women medical missionaries whose works have emphasized the impact of western medicine and the significance of colonial concern on the indigenous women. My work, hence moves within the structure of mission societies, mainly the Church Missionary Society (CMS), the Baptist Missionary Society (BMS) and the Presbyterians from U.S.A. that gave voice to the cause of the women entry that further led to a greater movement within the Church.

Punjab like most of the provinces of British India was not untouched by the missionary activities. Pioneer work came in
the field of opening mission schools and hospitals. One such institution was the Christian Medical College and Hospital at Ludhiana. My work hence is one of the first comprehensive histories connected with the history of women medical missionaries in Punjab. In my second Chapter I focus on the genre of gender. The mission boards with medicine as an ideal paradigm to study the intersection of phases that constructed the identity of professional women in Church. This is when the catch phrase “women’s work for women” became both a justification for and description of their work in the field. Here missionary strategy shifted, as the belief that women needed to be ‘rescued’ was replaced by the view that women were the key to changing the whole moral system of a society.

Chapter three deals with the implications the zenana visitations had on the missionary movement. By constructing the self, the women missionaries defined the “other”. And the zenana provided a suitable platform for emergence of such views. While women missionaries have become the focus of a tremendous upsurge in interest of mission studies, zenanas became a popular space for the construction of the “other”. In this context, the missionaries have to be assessed and understood primarily as an expression of a trend that characterized their whole work in the coming years. Their success and failure, rejection and acceptance depended upon the responses they received in the zenanas. It is in this interaction between the host and the guest that created a new paradox for the missionary and the indigenous woman as to how much to discard and accept from
both the sides. For the missionary it was rejection and reform of what they saw. How productive were they? Given a spatial canvas, the zenanas were instrumental in shaping perceptions of their own self than the one they are trying to describe. In a way it comes down as Indira Ghose\textsuperscript{15} states, whose gaze was it anyway? Although the 'other' side of the story of the indigenous women remain untold in the primary sources, yet all narratives provoked a shade of indigenous response that share collective assumptions and opinions.

Ironically, zenanas were just a mere platform from which the missionaries stretched to encompass a wider world of education and medicine. This is the starting point for my study.

The most important development into the growth of western medicine for women was the opening of zenana hospitals. This was one of the most evasive tactics adopted by the missionaries to reach out to the indigenous women. I borrow Foucault's observation that the hospital became viable for private initiative from the moment that sickness, which had come to seek a cure, was turned into a spectacle.\textsuperscript{16} And the hospitals had the paradoxical ability to hear a language as soon as it perceived a spectacle. Diseases had a language – a language of its origination. The hospitals became the first attempt to order a science on the exercise and decisions of the gaze. It would be interesting to note how disease was perceived. Disease of the


“heathen lands” and “colonial” disease were clubbed to make western medicine move in certain parameters. While discussing the growth of mission hospitals in my thesis I pick up the so called resistance and response of the patients. What tactics did they adopt to reach to a hostile audience? Behind all the hue and cry about “evangelizing strategies” of the medical missionaries, did it bring about any corresponding acceptance in terms of conversions? Could the women balance the act as a missionary and as a doctor while working in the hospitals? What were the modes of survival of the mission hospitals? These are some probing issues that come up in the fourth Chapter while talking about the ‘rise’ of mission hospitals.

Chapter five has a biographical account of Dr. Edith Brown. I examine her role as a missionary and a doctor and her early ‘struggle’ in the establishment of the first women’s hospital and college at Punjab. The dynamics produced during the process reveal the patterns of her movement with in the Punjabi society, modes adopted for expansion of western medicine as well as Christianity.

As missionaries became embroiled in this affair a new phenomena appeared. It was the exposure of all that was indigenous in connection to women’s health. Be it birth methods or diseases, every aspect was under the surveillance of the mission eyes. One such ‘controversial’ subject was the indigenous ‘dais’. One can read extensively the attention given dais when studying about the issues related studying about the
related health condition the indigenous women. Yet, it is a neglected aspect when studying the women missionaries movement. Chapter six discusses the various programmes and techniques in the construction (or was it deconstruction?) of indigenous birth methods. It highlights the challenges faced by both the dais for her survival and the missionaries to replace her. Was this reform movement seen as a crude discrepancy between the rhetoric and the reality?

Many aspects of the State experiment with women's medicine came forth. It was complex situation. The State might have been indifferent to, the issue of women's health but it couldn't have done without any intervention. A lot has been written on the State initiated medical policies and as to how medicine served as instruments of the Empire. Yet, more needs to be written. None of the present work goes extensively into the area of women’s health tackled by the State. I have tried to cover some aspects of the state interest on some issues pertaining to women's health in Chapter seven. I examine the workings of many unofficial bodies with the support of the Government in Punjab. How successful were they in their attempt? Even after exposing certain facts on indigenous women' health could they make a difference or did they marginalize the problem on the face of rhetoric?

I picked the Christian Medical College and Hospital at Ludhiana as my case study in chapter eight. The college that was the first of its kind in the region became an epitome of
missionary hard work and perseverance. With the opening of the hospitals there came a shift in the nature of the mission work in the field of health care for indigenous women. The hegemonic ambitions of western medicine in gender specific area became evident with the opening of the hospital for women that later opened its door to men after independence.

The present work focuses on how the medical missionaries made their way in the indigenous society through the hospitals. My study remains tilted towards the social and institutional history. As the study progressed there were choices I made and deliberately left what may seem important to other scholars. Many spaces would be incomplete in the history of medical missionaries that could well be further explored. Women in mission contexts still have a capacity to inspire continuing research.

As regards the sources, utmost attention has been made to the primary sources, chiefly the mission documents and the archival papers. Writing about mission history involves the narratives of the missionaries themselves. Missionaries invested a lot of time in writing material. Personal accounts on the interaction with the local people as well as the converts became particularly widespread. Such accounts became important to the colonized subjects, to the readers and to the missionaries themselves. The text became a medium through which the home audience viewed the colonized world. Hence, the important issue that gets forth while exploring mission sources is that of the gaze
and the voice. Who sees and whose voices are repressed or raised in the mission documents? The tone and content of what the missionaries wrote differed depending on the circumstances of their production and dissemination. For the scholar to find the repressed voice and to recognize the gaze is one of the problematic issues, for many a times the indigenous voice remains unheard.