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Review of Missionaries and their Medicine

Chad M. Bauman

Butler University, cbauman@butler.edu

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Missionaries and Their Medicine: A Christian Modernity for Tribal India. By DAVID HARDIMAN. Manchester and New York: Manchester University Press, 2008. Pp. xvii+261, 6 plates. \$89.00.

In 2003, while conducting research on the role of medicine in the encounter between missionaries and Hindus in colonial India, I searched in vain for a thorough and thoughtful treatise on the issue. David Arnold's *Colonizing the Body* (Berkeley: University of California Press, 1993) was at the time well known, but as Hardiman himself argues persuasively in *Missionaries and Their Medicine*, despite the fact that missionary medicine was practiced alongside colonial medicine, the former cannot be studied as a mere species of the latter (238, 240). This volume therefore fills a gap in scholarship on India that very much needed to be filled, and as a seasoned historian of India and a founding member of the Subaltern Studies collective, Hardiman was, of course, well qualified to produce it. *Missionaries and Their Medicine* traces the history of medical missionary work among the Bhils in the tribal belt of what is today southern Rajasthan and northern Gujarat. This missionary work was, for the most part, sponsored by the Anglican Church Missionary Society (CMS), which first established a station at Kherwa in 1880 and stayed on until well after Independence in 1947.

In Hardiman's usage, missionary medicine stands synecdochically for the entire modernizing process: "the 'medicine' provided by the missionaries encompassed far more than just treatment for physical illness. What they were providing, rather, was an all-round therapy that was designed to 'civilise' the supposedly 'primitive' Bhils, bringing them into the light of a Christian modernity" (5). This therapy was part and parcel of the simultaneous conversion, in Britain, to a kind of "bourgeois modernity" that involved "educating the masses

to become like the middle class" (6) by eradicating their backwardness and ignorance. This civilizing process would be exported to India (and elsewhere) by missionaries and colonial administrators.

Medical missions became increasingly popular around the end of the nineteenth century. There were two primary reasons for this. The first was that in the late nineteenth century, missionaries around Europe and North America were beginning to embrace a broader, more holistic vision of missionary work that increasingly included consideration of the body, as well as the soul. The second reason was that allopathic medicine, which had previously fared poorly against tropical diseases, began—through scientific advances in medical diagnosis and cure—to show itself more efficacious, in most cases, than other forms of healing. At mission stations around the world, therefore, demonstrations of medical prowess became a way for missionaries to win the hearts and minds of non-Christian peoples.

But missionary medicine also became a site of contestation. The missionaries discussed by Hardiman quite knowingly used it to undermine the authority of the exorcists (called, in this region, *bhopas*, or *buvas*) who were responsible for delivering a significant portion of local medicine and believed that by doing so they would undermine the religious beliefs of those that employed them. "Heathenism, in other words, had to be attacked on the medical as well as the religious front, with Christianity providing an alternative system of belief and practice that provided for all needs—physical and spiritual" (12–13; see also 158, 214–15). In the context of a discussion of these issues, Hardiman also touches upon what I consider to be the most intriguing paradox of medical missions—that while medical missionaries spoke forcefully against the "superstition" of those who relied on *bhopas* for medical treatment, they yet never stopped praying as they delivered their allopathic therapies, implying thereby that the power of allopathic medicine lay in its putative connection to the Christian God, rather than in its more advanced scientific properties (13, 219). This was, of course, its own kind of "magical" thinking, and one need not necessarily be convinced by Hardiman's assertion that it increased in prominence among missionaries around the middle of the twentieth century (220, 241) to enjoy the irony of missionary ambivalence about the true source of allopathic efficacy. In fact, missionaries had little interest in demystifying allopathic medicine, for the fact that local people considered it a form of "superior magic" served them well (175; see also 212–13).

The reason that medical work rose from the margins of missionary practice in the late nineteenth century to become a central pillar of it by midway through the twentieth, Hardiman suggests in what is perhaps his most original argument, is that medical missions "provided a restatement of the 'civilizing mission' in an era of decolonisation" (191). As Western missionaries were replaced by native teachers, evangelists, and pastors, the missionary hospital became the last bastion of missionary influence, the last site that proved the continued necessity and relevance of foreigners. On this mission field and others, missionaries continued well after Independence to distrust and disapprove of native medical workers (168–69) and held on to the administration of hospitals long after they had indigenized the control of evangelical and educational endeavors (186, 192). In this, suggests Hardiman, they demonstrated their unacknowledged racism and a kind of imperialistic arrogance. "It suited the missionaries to depict the converts as

‘primitive’ and ‘childlike’ up until the 1940s, so as to justify their continuing role within their ‘little empire.’ This was despite the fact that an educated stratum had emerged from amongst the Christian Bhils by the late 1930s that was quite capable of taking over much of the education, medical and pastoral work of the mission” (235).

As in Hardiman’s other publications, there is much in this volume about the history of Gujarat and Rajasthan, the Bhils, the Bhagat movement, and the intriguingly complex politics that resulted from the local competition of landlords, princely state rajahs, and colonial administrators. Anyone interested in the history of missionary medicine, colonial medicine, or tropical medicine will appreciate the text for its attention to significant (and sometimes gory) medical detail, and for the way it sheds light on the special challenges, unexpected comedies, and heart-wrenching inadequacies of jungle medicine. And mission historians will appreciate this text as well. It is as much a thorough history of the CMS mission in this region as it is a discussion of missionary medicine. That, in fact, may also be its chief weakness. Those with a more theoretical bent will perhaps complain that there is too little analysis here, proportionately speaking, and that Hardiman spends more time than necessary discussing, for example, the arrivals, departures, equipment, and expenditures of missionaries. There are indeed moments when the theme implied by the title of the book seems at risk of being swamped by a rather more straightforward mission history. But other historians may be impressed by this very same attention to detail and may applaud Hardiman’s refusal to let theory overrun narrative.

Quite apart from the issue of missionary medicine, there is a compelling narrative here about the missionary-Bhil encounter that brings to life the different and sometimes contradictory projects in which the two communities were engaged during this period. Anthropologists and historians who study cross-cultural interactions will appreciate this text for never losing sight of the fact that the Bhil community’s strategies and programs of change always coexisted with and even survived those prescribed by missionaries and colonial figures (244). And scholars of religion in general will applaud Hardiman for the sensitivity with which he treats both the Bhils and their missionary interlocutors. Without being overly romantic, Hardiman presents the Bhils as a noble people despite their poverty and lack of education. Similarly, Hardiman presents the missionaries as compassionate, generally capable, and hard working, without neglecting to attend to the arrogant and racist attitudes that prevented them, until long after Independence, from handing authority and responsibility for the mission over to the Bhils.

CHAD M. BAUMAN