# JHSR Journal of Historical Studies and Research **ISSN: 2583-0198** Volume 2, Number 3 (September - December ,2022),PP.90-100. Open Access, Peer-reviewed, Refereed Journal

www.jhsr.in Email:jhsr.editor@gmail.com

# The Role of Christian Missionaries in Medical Services in Murshidabad District of West Bengal

Ganesh Kr. Mandal<sup>1</sup>

<sup>1</sup>Assistant Professor Department in History, Berhampore Girls'College, Berhampore, Murshidabad,West Bengal Email:gkmandal1982@gmail.com

Abstract: The contribution of Christian Missionaries in service work in various parts of India and Bengal is undeniable. The Christian Missionaries played the pioneering role to adopt the health-mission along with their religious propaganda. London Missionary Society was established on 22nd September in 1795. Rev. David Bogue was the pioneer to set it up London Missionary Society. But Dr. Lucy established London Missionary Hospital in Murshidabad on 9th February, 1894 in the village of Ramtanu Gram, now known as Jiagunj. It was a charity hospital. The London Missionary Hospital was situated a little north of Jiaganj city, and very close to the Jiaganj Railway station. London Mission Hospital attained the abiding fame in the district of Murshidabad to extend medical care among the rural poor. At that time this hospital was one of the best in the whole of India in terms of good medical care and cleanliness, along with the best treatment of missionary Doctors with the patients being treated in this hospital. But unfortunately, after left of the missionaries the hospital and the training centre were closed in 1975 for some unknown reason. After four years later in 1979, it was reopened under the Government rules but from 1983 this training centre was completely closed and next it was shifted from Jiaganj to District headquarter, Berhampore.

Keywords:- Missionary, London Missionary Hospital, Nehalia family, Lalkuthi, Howker.

Date of Submission: 10-10-2022	Date of Acceptance: 15-0-2022
	••••••

Journal of Historical Studies and Research Volume 2, Number 3 (September- December ,2022) 90 |Page

#### Introducion

A Review of history shows that during the Company's and British rule there was a group, mentality among them to rule and exploit how to kill these countrymen and earn huge money. On the other hand in the same time the another group attitude among the British was to develop education and mental awareness of health among the poor, sick and exploited people of this country and at the same time to improve their spiritual life by spreading the message of Jesus Christ's love among those people and to be of service them by inspired and ideals of Christianity. To increase the propensity to work so that these people can acquire the right to education and good health later in life. Inspired by such ideals of service, the unmarried Christian missionaries doctors came to Jiaganj of Murshidabad for the purpose of service after crossing the ocean and through their tireless efforts established a traditional London Mission Hospital at Ramtanu village of Jiaganj, Murshidabad.

The Christian Missionaries entered into India as evangelists. Evangelicalism brought about a fundamental change in East India Company's administrative scenario. The Christian Missionaries played the pioneering role to adopt the health-mission along with their religious propaganda. The background of the Christian missionaries entered in medical mission with an incident. 'A human suffering from sickness and missionaries' response to it was marked as the Christian obligation. The Christian medical mission was organized purely by strong belief in the sanctity of life and universal access to healthcare. William Carey's influence in 1790's in missionary activities was a land mark in the history of Christian missionaries and their contributions in Bengal. But the Medical missions were not up to the mark till 1850's. There were only 12 to 15 physicians in missionary service.<sup>1</sup> In the second half of the 19th century, the missionaries in order to portray the humane aspects of Christianity took up medical work among the rural poor. The hegemonic ambitions of western medicine were represented by the activities of women missionaries.

According to G. Forbes 'the Native way of giving birth would probably not have received attention it did had it not been for the increase in the numbers of missionary women in India in the latter half of the century'. According to Forbes the opening of the medical education to women by the imperialist was prompted by the desire to penetrate the Zenana.<sup>2</sup> Nevertheless their gesture proved of benefit to Indian women seeking professional

Journal of Historical Studies and Research Volume 2, Number 3 (September- December ,2022) 91 |Page

opportunities and to their clients, hundreds of thousands of women and children who now received medical attention. It portrays how the efforts of missionaries, Government support, and the zeal of elite Indian for reform led to the opening up of medical education for women. The liberal phase of British administration in India saw an effort at social reform particularly aimed at women. The real objective was to bring Western enlightenment to the native Indian family by abolishing child marriage, and sati, introducing remarriage of widows, and prohibiting others patriarchal customs that oppressed women.

The Baptist Missionary Society inaugurated Zenana missions in India from the mid 19th century. The first Zenana missions resulted from a proposal by Thomas Smith in 1840, with the mission begging in 1854 under the Supervision of John Fordyce. Hana Catherine Mullens is known as one of the most efficient Zenana workers in India and won the title of "The Apostle of the Zenanas". She set up a small school at Bhawanipur(Calcutta) in1856 with 23 students aged between eight to twenty. The Calcutta Normal School was also established in the same year, to train the Native women for Zenana work. A vast body of the Anglo-India discursive writings that was produced in the Second half of the nineteenth century focused critically on the condition of Indian women in the Zenana. Zenana is the part of a Hindu or Muslims dwellings (as in India) that is reserved for the women of the household. Here the Zenana was considered to be a place of dirt, darkness, and disease. The Christian missions' attempts at penetrating the zenana involved providing Westernized medical care to Indian women. In the 1850s the Zenana Bible and Medical Missions society started to send women missionaries and also lady doctors to women's quarters and this society involved in recruiting female doctors in Europe to come to India and encouraging Indian women to study medicine in their pursuit of conversion. In the 1860s a number of missionary societies came forward to sponsor separate women's associations which were meant to recruit and train to female missionaries. These associations tried to focus on spreading education in the Zenanas.

From the mid 19<sup>th</sup> century the Zenana mission send female missionaries into the homes of Indian women, including the private areas of houses –knowm as zenana- where male visitors were not allowed to see. Gradually these missions expanded from purely evangelical work to providing medical and educational services. Hospitals and schools established by these missions are still active, making the Zenana missions an important part of the history of Christianity in India. Women in India in the mid 19<sup>th</sup> century also were segregated under the purdah system, being confined to women quarters known as Zenana.

Journal of Historical Studies and Research Volume 2, Number 3 (September- December ,2022) 92 |Page

This purdah system made it impossible for many Indian women, especially high status women to access health care and due to these many were needlessly dying and suffering. By training as doctors and nurses the women of Zenana missions could be accepted by the women of in a way that man would not have been. The hegemonic ambitions of western medicine were represented by the activities of women missionaries from England and the United States who came to India from the 1860s. By the 1880 the Zenana missions had expanded their missions and programmes. This programmed also included provide education for girls, home visit, establishment women's hospitals and the opening of segregated women's wards in general hospitals.

The principle activities of Christian Missionaries were to preach the Gospel, to convert the weaker section of Indians into Christianity and to serve the suffered through medical missions. Medical missionaries also took kin care of the health of Indian Women by looking over the matter of long negligence. Mark Harrison looks for the theoretical, professional and administrative aspects of the development of public health in India and of course the role of medical missionaries.<sup>3</sup> It has been pointed out by Balfour and Young that the stimulus for the first *dai* training schemes was provided by the missionaries who has access to the *purdah* as teachers and were grieved to see their young pupils dying in childbirth. In the 1860s a number of missionary came forward to sponsor separate women's associations which were meant to recruit and train female missionaries.

#### **London Missionary Hospital**

The contribution of Christian Missionaries in service work in various parts of India and Bengal is undeniable. In the case of Murshidabad, also various Christian missionaries came forward for this service. In this regard their contribution was very much in the field of Education and health. The London missionary society was the first to come forward in this service in the field of health in Murshidabad. About 130 years ago in 1894 at Jiaganj in Murshidabad the London Missionary Hospital was established as 'Christian Seva Sadan'.<sup>4</sup> Initially the main purpose of this hospital was to treat only women and children in free of cost. The first missionary women doctor of this London Missionary Society was Miss Lucy Nicolson .She was later known as Lucy Joice. She came to Jiaganj with the desire to serve the poor and afflicted people of Murshidabad district after travelling a long way from England.

Journal of Historical Studies and Research Volume 2, Number 3 (September- December ,2022) 93 |Page

From the time of its establishment, this London Missionary hospital was known as Hawker's Hospital throughout undivided Bengal.

Before the establishment of the London Missionary Hospital, the missionary doctors have stayed and received hospitality from the renouned Zamindar Rai Bahadur Surendra Narayan Singha Nehalia of Jiaganj and used to treat from his house.Because until then there was no any health centre. So that time the poor afflicted people often died without proper treatment. Because they no capacity to treat them. Dr.Lucy was always thinking how she would treat these poor and sick people. But there was no house or rooms to treat the sick. Then she told the Zamindars about her hospitality attitude. Zamindar, Surendra Narayan Singha was pleased to here, Dr Lucy's wish and donated 42 bighas of land from his property for the purpose of serving poor patients. Dr. Lucy then built an eight-story thatched house on a portion of the land on 9<sup>th</sup> February, 1894 for the service of the afflicted people. After establish this house she started hospitality and treatment in here as Charity hospital.

They used come to this Mission Hospital every day for treatment by Rai Bahadur's horse carriage. All these Christian missionaries treated patients with their good behaviours and on the other hand in same time they preached the love of Jesus Christ and his message to the people. Since the establishment of this Missionary Hospital and due the good behaviors of the missionaries, the number of patients has been increased day by day. As a result it became difficult for Dr. Lucy alone to handle the pressure of the patients. After the four years of the establishment of Mission hospital in 1898 Dr. Miss Alice Hawker came here to help Dr. Lucy, from a very small and poor family in the city of London. She also stayed with Dr. Lucy in the Shelter of Zaminder Nehalia.<sup>5</sup>

At that time there were many Christian in Jiaganj, but there was no specific place or house for them to perform morning worship on Sundays. They informed Nehalia about this matter. After that on Nehalia's request, Raja Sripat Singh donated a house opposite the Rajbari for the residence of missionaries and also for Sunday morning worship. So even today that house known as Girja Bari to the local people. At that time the area was not much populated around this mission hospital, even the streets had no lighting system. There were no smooth pitched roads or vehicular transport as at present, the roads were few and that too were red tarred. Because the area was not densely populated, roads were probably little needed. So before the nightfall, people used to light of kerosene lamps on station platforms and streets junctions for fear of tigers. As most of the area was densely forested, the ferocious

Journal of Historical Studies and Research Volume 2, Number 3 (September- December ,2022) 94 |Page

animals and thieves were also feared. Sometimes people were afraid to go into the forest even during the days, but still they had to go often for the collection of firewood. In spite of such environment and circumstances, Dr. Lucy and Dr. Hawker left the illusion of their lives and endured many hardships, sometimes on foot and sometimes on the horse carriage of King Nehalia and went to different places for treatment. As a result they had to face many problems and great dangers situations. One day when they were going to Baluchar by horse carriage for treatment they fall in front of a tiger on the way. They survived this journey because horse carriage driver had at guns. Despite such type of danger and difficulties, they were engaged in the service of people with a smile face. Later in 1903-4 with the untiring efforts of Dr. Lucy and Dr. Miss Hawker and with the generous support of Acharya Stersberg, a brick house 'named Lalkuthi' was established with a grant from the London Missionary Society, this was popularly known as London Mission Hospital. As a result the local people are blessed to admit very sick patients here and get their treatment. But day by day the number of patients increased in such way that it was not possible to keep many of them in the limited seats of 'Lalkuthi'. Therefore, with the help of the London Mission Society and the local wealthy community, various medical departments and wards were opened to the London Mission Hospital from the year in 1910.

From 1910 AD several wards were established in this hospital for treatment. One of them was maternity ward. Since 1927 AD the British Governor Isabel Melore donated all the expenses of the maternity ward in this London Mission Hospital. So that both the mothers and the newborn babies have can get better treatment from the hospital. Afterward, it was renamed as Isabel Melore Ward.6 Its foundation stone was laid by the Right Hon'ble the Earl of Lytton, Governor of Bengal, January 18<sup>th</sup> 1927

Even today the words of Isabel Melore Ward have been written in bold letters on the walls of the maternity ward

Suffering Women and Children This stone was laid by The Right Hon'ble the earl of Lytton, P.C. Governor of Bengal January 18<sup>th</sup> 1927

Besides, for the further development of the hospital, Hon'ble Dalchand Singh Dudhuria, a prominent businessman and a dedicated social worker of Azimganj (on the other sides of the Ganga River) took the responsibility for all the expenses of constructing the operation a new room of the hospital. Its construction design was very beautiful. Its northern and eastern walls are surrounded by two large expensive glass windows. Here doctors could operate during the day with the help of bright sunlight without turning on electric light. If an operation was required at night, a bulb of 5000 power imported from Germany was lit on the head of the operation table. It was so bright that three tables in a row could be operated simultaneously with it if needed. As a result, the patient no longer had to go out for complicated operations. But unfortunately after the missionary doctors left one by one, these were no longer traced due to lack of care and lawlessness.

After the establishment of the missionary Hospital for treatment, the number of the patients has been increased day by day. In this situation there was a lack of adequate number of midwives or nurses to care for and serve the patients. Therefore, with the initiative of the London Missionary Society and with the dividend grant received from abroad, the first Christian Nursing Training centre was arranged in this hospital in Jiaganj, Murshidabad district since 1917. Probably up to this time there was no such type of Christian Nursing Training Centre anywhere in India.7 Rev. Renowned person Sri Sudhir Kumar Chatterjee laid the foundation stone for the building of the Nursing Training centre. He was the first Principal of the 'Bishnupur Shiksha Sangh', Calcutta founded by William Carey and the President of the Board of Governors of the Union Christian Training College, Berhampore. According to the rules of the Training centre, only Christian Girls with 8<sup>th</sup> standard qualified could take admission and training in this training centre. Until then only the unmarried Christian Girls from different parts of undivided Bengal and even India could be admitted to this training centre for Training. After the completion of training they had to go Jalpaiguri for the final examination. This training centre also has been running very well up to as long as the Christian missionaries were associated with this hospital. The nurses who passed from here they were almost one half doctors. All the nurses who passed out from here, they were considered high standard quality and gave award honourable certificate.<sup>8</sup>

The medical children's ward of this hospital was donated by eminent Zamindar of Mymensing district in now in Bangladesh.9 However until this time only women and children were treated in this hospital. There was no provision and capacity of treatment for men with

Journal of Historical Studies and Research Volume 2, Number 3 (September- December ,2022) 96 |Page

admitted. However they had access to outpatient treatment at the hospital. Therefore, after thinking about them a lot, a new male section was opened at a place on the north side of the hospital. This department was built in four parts under a one roof with the combined efforts and selfless donations of four kind hearted rich men.<sup>10</sup>

In 1927 Dr. Miss Oner Olive Newel came from England at a very young age with a spirit of service at the London Missionary hospital of Jiaganj. Due to her graceful manners and caring treatment she fondly addressed as "Chhotdi' by who attended in the hospital. She was also very happy to be awarded this honor and almost always stood beside each patient and comforted them by patting on their head. On the other hand the patients were eagerly waiting to feel the touch of her hand. She loved the children as well as the older patients and was deeply moved by their sufferings. Thus till the last day of her life she was unmarried and took great pleasure in selflessly serving the sick patients.11 At last she returned her own country in England on 1<sup>st</sup> April, 1970, after a long serving the distressed and afflicted patients through her tireless works for nearly about 43 years. She was awarded the title of Kaiser –i-Hind in England for her kind work life and selfless service.

At that time Dr. Miss Hawker was so loved and respected for her kindness and services that everyone called the 'Hawker's Hospital'. The official records name was London Missionary Hospital, but it was only a name because it was a Hawker's hospital for the common people. Needless to say, she was the mother of all who used to stand by the side of the patients and bear their burden of happiness and sorrow. All the patients she drew close to her, she was pained by their pain and she rejoiced in their happiness, in a words say that they were her everything.

Dr. Miss Alice Hawker, herself a lady of a poor family. That's why she felt the suffering of poverty from a young age; she had a heart full of compassion for the poor and suffering peoples. From 1898 to 1936, these long 38 years, she had been selflessly devoted almost all the times of her life to the care of patients. In return the local poor people gave her the genuine respect and love of their hearts. Not only that, the common people put her in the mother's seat.

On the other hand Dr. Lucy Joice should not be forgotten. People remember her and tribute to her memory with a plaque outside the hospital in her name which reads as '*Lucy Joice Despensary*'<sup>12</sup>

Journal of Historical Studies and Research Volume 2, Number 3 (September- December ,2022) 97 |Page

In 1944 Dr. Miss R.B. Scott came from Scotland, and joins this hospital in the position of superintendent. She supervised almost all the functions in the hospital as superintendent of nursing. In addition to treatment in the hospital, she sometimes conducts various Christian based cultural events under her own management to entertain the patients. Among these events especially at Christmas time, various Christian songs were performed, and even very beautiful educational Christian dramas were staged. After devotedly working in the medical profession for almost 31 years she returned to her own country in 1975.<sup>13</sup>

In 1947, the first Bengali lady doctor Miss Sushama Maee Mandal came to serve patients in this Hospital from Bahirgachia in Nadia District. She was a bangali, but looked almost like a Christian Maam. She also won the hearts of everyone here with her soft words and graceful manners. So here she was known as *Mandal Maa* to all the people. She retired in 1969, after 22 years of dedicated service of patients care at this hospital.

In the year 1950 AD Dr. Miss Antrican came here from Indonesia. She held the post of surgeon Superintendent of this hospital. After treating the patients successfully for about 7 years of this hospital she returned to her native home in 1957. A surgeon master came here from Paris for treatment in 1954, but unfortunately until now her name has not been recovered. Then Dr. Brabon came from Africa in 1962. She also returned to her own country in 1967 after practicing treatment for only five years. Another very intelligent Bengali Doctor of this hospital was Jogendra Narayan Chandra, he has no self-conceit and was very polite. In addition to his assigned visiting hours at the hospital, he was sometimes called upon to consult with serious cases of the patients at other times. He did not take any extra visit for this and even though he would always try to help the Hospital.<sup>14</sup> At that time people from all parts of Bengal, including Murshidabad were unanimous about the glory of the London Missionary Hospital and the kindness of the doctors and nurses. So that, many people from outside the Murshidabad especially Maldah, Dinajpur, Nadia Birbhum, Burdwan Rajshahi, Dacca, Khulna, Faridpur, Mymensingh, even from far away from Bengal came to this hospital with great hope for treatment. At that time the outdoor of the hospital named 'Lucy Joice Dispensary' had so many people coming for treatment that it was very difficult to control them properly. Therefore, as per the orders of the hospital authority since 1956 all the patients who came outdoors had to stand in line and collect a ticket with 50 paisa. The collected money was deposited in a Red Cross Box, and at the end of the year the amount was spent on serving the poor and downtrodden people.

Journal of Historical Studies and Research Volume 2, Number 3 (September- December ,2022) 98 |Page

# Conclusion

In the concluding part we can say that primarily, the missionaries acted as a philanthropic; gradually they were much attracted for conversion. The Murshidabad District was a economically backward and dominated by religious beliefs and there were lot of differences among the Hindu-caste and creeds. In such situation, the missionary outlook was greatly influenced by such kind scenario. The missionary activities, especially medical missionary activities took the advantage to provide better service from the humanitarian ground. But after all, the main purpose of the Christian Missionaries was to make a remarkable progress in the process of conversion.

# **Notes & References**

1. J.T. Aitken, Fuller H.W.C and Johnson D. (ed), *The Influence of Christians in Medicine*, London: Christian Medical Fellowship, 1984, p.156

2. Mukherjee Sujata, *Gender, Medicine, and Society in Colonial India, Womens heath care in Nineteenth and Early Twentieth Century Bengal,* Oxford University Press, 2017,p-37

3. Harrison, Mark. *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914*, Cambridge University Press, 1994

4. Mandal Ashis Kumar, Murshidaba Jelay Christian Missionarider Karyakolap o Obodan,

Berhampore: Shilpanagari Prakashani, 2014, p-57

5. Ibid,

6. Dutta Partha, *Health and Healing in Colonial Bengal: The Christian Missionaries and the Imperial Impact*, Vidyasagar University Journal *of* History, Volume VI, 2017-2018, Pages: 87

7. Ibid -89

8. Ibid-92

9. O'Malley, L.S.S Bengal district Gazetteer, Murshidabad, Bengal Secretariat Book depot: Cal, 1914.

10. Walsh Major J.H Tull, A History of Murshidabad District (Bengal), London: Jarrold &

Sons, 10 & 11, Warwick Lane, E.G.1902

11. Hunter, W.W. Statistical Account of Bengal, vol.-IX, Districts of Murshidabad and Pabna

London: Trubner & Co, 1876

Journal of Historical Studies and Research Volume 2, Number 3 (September- December ,2022) 99 |Page

 Nath Shankar Kumar, Kolkata Medical College er Gorar Kotha o Pandit Madhusudan Gupta (in Bengali) Kolkata: Sahitya Sangsad, 1914.p-52
Mandal Ashis Kumar, Murshidabad Jelay Christian Missionarider Karyakolap O Obodan, (in Bengali) Berhampore: Shilpanagari Prakashani, 2014, p -70
Ibid, p-71