Empire's Health in the North-Eastern Frontiers: Colonialism, Proselytisation and Medicalisation among the Zo Hnahthlak

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Abstract

The colonial encounter experienced among *Zo hnahthlak* (lit., Zo people)in the then Lushai Hills actively engaged in 'taming the wild tribes.'Through the weapons of Education and Medicine, Christianity attracted the'savages', mainly in the Zo Hills, as is evident from the accounts of Missionaries like Lorrain ((1912)1988). The Scottish missionaries James H. Lorrain (alias in Mizo, Pu Buanga) and Frederick W. Savidge (alias in Mizo, Sap Upa) in 1894 reached the Lushai Hills for evangelical Missions. Four years later, Lorrain and Savidge returned home on furlough. Their sponsor, Robert Arthington, Jr. of Arthington Aborigines Mission, decided to withdraw his support for further work among the Lushai. The Welsh Presbyterian missionaries took over the task, initiated and established their headquarters in Mizoram's northern part. With the Baptist Missionary Society's commissioning, the duo Lorrain and Savidge returned to the Lushai hills (Lorrain, (1912)1988). Their second missionary stint was headquartered among the southern tribes of the Lushai Hills. The duo's first stint in 1894 had harvested a single Lushai convert. The first two Lushais to be converted by the Welsh Missionaries were Khuma and Duma

in 1899. When the Baptist missionaries arrived at Lunglei (Southern Mizoram) to establish their headquarters, 125 believers were ready to assist the Mission. The Welsh Presbyterian missionaries in the north and the Scottish Baptist missionaries in the south coordinated their work among the Lushais (northern tribes) and the Lakhers (southern tribes). Within about 50 years, the Lushais had converted to Christianity. The Church in Mizoram can appropriately be called a "missionary church." The medical missionaries played a crucial role in the proselytisation of the Zo people. However, their role has been tucked away in the archives inside the colonial documents and colonial ethnographic accounts. The discussion in this paper would attempt to reconstruct the history of western medicine and health care among the Zo by combing the colonial records to unearth the connections and disconnections within the same.

Keywords: *Zo hnahthlak,* Proselytisation, Missionaries, Health, Hospitals, Licentiate Medical Practitioner (LMP), Compounder, Lushai Hills, Mizo Hills

I

Introduction

The colonial encounter injected western ideas concerning education, health and medicine, hygiene and house-keeping, alongside the unquestioned acceptance of the superiority of the white man's belief system and lifestyle over that of the native's understanding and appreciation of their world system (McCall, (1949) 2003; Shakespear, (1927) 1977; Woodthorpe, (1873) 1980).However, the white man's ideas and hegemony were not accepted without stiff resistance. The series of border skirmishes and 'wars' waged by the Zo chiefs and British initiatives to tackle the troublesome wild tribes stand proof of this contest over territorial claims and belief systems ideas. For instance, captain Blackwood's expedition with the Sylhet Infantry parties and the Armed Civil Police 1844; Captain Lister's expedition 1847 and 1849; the Lushai-Kuki raids of 1845 and 1847, etc. to single out few prominent events relating to the same. It is interesting to note that the Raj skilfully engaged and recruited/appointed small sections of the Lushai-Kuki tribes to engage in tackling and taming the non-confirming Lushai-Kuki chiefs and bring them to the fold of the Colonial scheme of administration and regular uniformised tax regime. (Shakespear, (1927) 1977; Woodthorpe, (1873) 1980).These skirmishes further reaffirmed the argument that the sole motive of the Christian Missionaries and the British Raj was not just proselytisation but primarily to 'tame' the 'wild tribes' of the frontier regions and annex their land to serve the commercial interests of the British Tea Plantations in the

North- East of India(Zairema, 1978, p.1; Allen *et al*. (ed.) (1979) 2001; Chatterjee, 1990, p.144).The Colonial economic interest constricted and eventually smothered the local economies of the native tribes in the region. For instance, the 'Indian rubber' was a natural resource of the Lushai Hills and Chin Hills (Chatterjee, 1985, pp.185-86) and 'Cotton' in abundance in the Chittagong Hills and Lakher Hills. The Chittagong Hill Tracts was known as the '*Kapas Mahal*' (Cotton Country) (Chowdhury, 2016, pp.183-224), and the Lakher Hills was an extension of the natural cotton reserve. The northerner tribes (Lushai/Lusei tribes) in Mizoram use the Lushai term 'Lakher' to denote one of the southern tribes, which translates as 'those who extract cotton'.The Raj's encroachment into the region's hills and plains was firmly aimed at the possibilities of economic gains from the land beyond the region's frontiers into Southeast Asia.

The attraction to 'Western Medicine' on the 'wild tribes' can be rationalised through the logic of 'Social healing', 'physical healing' (Moares, 1964) and medicalisation (Zola, 1972; Conrad, 2007). Medicine brought about emancipation from 'pain' which had always been the innate desire of the tribes lacking indigenous medicinal knowledge. Unlike the traditional healing that was slow, western medical science provided an instant remedy to physical ailments. Naturally, western medicine began to have its large following, and the Missionaries exploited this faith and ready acceptance of 'western Medicine' to their advantage. For instance, D.E Jones in the 1st Years Reports mentions that 'Some are ready to believe in Christ if they will be kept from illnesses' (McCall, (1949) 2003).

It is pertinent to note that the Colonial Administrators and Colonial Missionaries though often at crossroads due to the very nature of their goals/missions towards the 'wild tribes

of the North East' of British India, worked in a loose collaboration in the Lushai Hills. The loose collaboration was a convenient demarcation of areas or spheres where the two could independently prevail. The Superintendent or the political agent was considered more powerful in 'this world', while the Missionaries or the ecclesiastical agents were masters holding the key to 'that world'. The understanding of 'life while on earth,' i.e., the lifeworld, and 'life after death,' i.e., the life either in heaven (*Pialral*) or hell (*Meidil*), defined the blueprints for the imagery of the realms of 'politics' and that of 'ecclesiastics', among the Zo/Mizo Christians.The Missionaries, both European/American (*Sap* (Whites)) and native, were considered to hold the key to the world of education, medicine, and Heaven. The material progression that contact with any of these two sets of colonial power accelerated was challenging for the *Zo hnahthlak* (lit., Zo people) to resist. For instance, accepting colonial educational drive and Christianity enabled the 'wild tribes' to get 'permanent salaried jobs' either in the colonial administration or the Missionaries. In all cases, the steady rise of salaried persons among the *Zo hnahthlak* introduced 'newer class categories'(*New Elites,* see section III) in the British sense of social stratification. It changed the traditional ordering of things and peoples position, which was largely birth based. The salaried class eventually shaped and positioned itself as the 'middle class', working-class regular salaried persons with strong Christian morals and faith that is the '*Pathian ring*'[1] (lit., 'believers in the living God'). The annexation of the Zo

[1]*Pathian* was the traditional male Zo/Mizo God. Interestingly post proselytisation, the image of the Pathian was transmuted with that of the figure of the God in Christendom. 'Pathian ring' (believer) in contemporary Zo/Mizo cosmology of Divinity undoubtedly refers exclusively to the latter transmuted figure, i.e., Christian God has become incorporated with strong identifiers of the traditional Zo/Mizo Pathian.

territory by the British brought about some structural-functional changes. For instance, in the pre-colonial times, the 'Traditional Elites'-the Lal (Chiefs), the Lalupas (Elders), and Village Officials were the medium through which religion, culture, administration, jurisdiction, economy, and politics were determined. The Village Officials, the different categories of priests (like the *Puithiam*, the *Sadawt*, and the *Tlakpawi*) helped the Chief perform the religious functions. Like the *Khawchhiar*, the *Tlangau*, the *Zalen*, and the *Ramhual*, etc., the other officials helped the Chief perform administrative- judicial and socio-economic functions (Lalrimawia, 1982; Thomas, 1993; Ray, 1993; Nag, 1998, pp. 15-21).The twin process of the systematic replacement of the 'Traditional Elites' by the 'New Elites,' i.e. the 'Black Coats'- the 'native Preacher' at the ministerial level and the retention of the Traditional Elites at the political-administrative level (Lalrimawia, 1982; Thomas, 1993; Ray, 1993; Nag, 1998, pp. 25-29)took place as a result of colonial contact. However, this does not suggest that the traditional elites were uprooted or displaced from their positions of authority; it merely meant that the British created a new centre of power to counter-check the traditional elites' hold. The Lushai Hills under the Government of India Act, 1935, was administered as an 'Excluded Area,' over which the State Government of Assam had no jurisdiction. The Governor's extraordinary powers administered the district. There was no representative from the district to the State Legislature, nor was any political activity permitted. As a result, the British Superintendent and the Mizo Chiefs continued their dictatorial rule.

II

Pre-Colonial Zo Health and Healing

Suhas Chatterjee mentions: "The Lushai (Mizos) had no doctors, not even quacks. In case of accident or diseases, they had no one to help.The Lushais considered the diseases, accident, or epidemic as the *Ramhuai* (Devil) curse, and then there was no way out from them"(Chatterjee, 1985, p.196). The pre-proselytised Zo cosmology was deeply webbed animistic beliefs in malevolent and benevolent spirits who had to be time and again appeased through ritualistic offerings and sacrifices (Lloyd, 1991, p.9).The Zo's traditional concept of illness and healthwere inextricably linked with their animistic worldview. Theybelieved that every big tree, hill, enormous stone, and other object and place was inhabited by various spirits responsible for sickness, death, drought,storm,bad crops, or accidents that befall the people. They were often careful not to incurthedispleasureofthespiritswhichmightharmthem.

The Zos had their indigenous methods/ways of treatment, healing and recuperation from sickness anddiseases. They relied on jungle plants, shoots, roots tubers etc., for wounds and sores. Salts for minor bums, hot ginger, soda, and water for colds and stomachrelief. External application of fats of animals for treating respiratory diseases andrheumatism. Drinking of animals' bile for treating diarrhoea and cholera as supplementarycures were known among the Mizos. They had noalternativeat a time of sicknessbuttosacrifice to appease the evilspiritstocuresickness.Ofthemanysacrifices, *Khal*was a sacrifice to those spirits supposed to cause harmful health andmisfortunes (Hluna, 1992, p.17). *Daibawl* sacrifice was offered outside the villages for the recovery of a sick person. Bawlpu, or an exorcist, performed all sacrifices to the spirits.Eachvillage

had a*bawlpu*(priestorexorcist) to deal with the spirit that caused such diseases and aff1ictions.Theybelievedthatonly*Bawlpu*(priestorsorcerer)knewwhichspiritwas causingaproblemandwhatsacrificewouldplacateit (Siama, 1978; Zairema, 1978).

III

Winds of Change: Gleaning the Colonial Records

Two different agencies introduced health care facilities on modern scientific lines in Mizoram. One was the British Indian Administration (the Government), and the other was the Christian Missionaries. The history of medicine and medical care differed in the North Lushai Hills and the South Lushai Hills. Among the Zo people, medicine (pills, syrups etc.) came to be known as*'Damdawi',* literally meaning 'Heal by Magic.' Western medicine thus began to be equated with magic, a quick relief to the pangs of pain. The surgical dimension also grasped the social imagery of the people strongly that '*Zai chuak'*(to be operated upon) became an act of display.

With the message of a powerful male God and promise of emancipation from pain in this life and the next, the Gospel attracted the wild tribes. Naturally, the Missionaries were successful in winning the confidence of the tribes of the region (Chalhnuna, 2003). The Khasis were the first among the tribes of the region to have converted to Christianity way back in 1812-13, and the Missionary activities were initiated in the Naga Hills in the 1840s and the Zo/Mizo/Lushai Hills in 1894-95 (Fuchs, 1973). In this sense of time frame, the Zo/Mizo were late arrivals to the Evangelical missions. However, the success rate in the Zo Hills has been the maximum in terms of mass proselytisation.

To reconstruct the history of western medicine and health care among the Zo, one needs to comb the colonial records scattered across South Asia- the laboratory where the Raj and Raj Making was experimented and unearth the connects and disconnects within the same. For instance, the handwritten entry in the '*Inspection Book, Champhai Dispensary 1896-1973*' (Health Department, Mizoram) mentions Dr. E. Christian Harr (Surgeon Captain) as the first Civil Surgeon of the Lushai Hills.Other sources mention Captain Mc Leod, IMS, as the first Civil Surgeon of the Lushai Hills. Available records support the view that in 1894 an impoverished treatment camp was established at Aijal in a tent for labourers (kulis/coolies). This was later upgraded to a full-fledged dispensary in 1896. Subsequently, in the same year, Aijal Hospital was made functional with 20 beds and Champhai Dispensary with eight beds. This was followed by establishing eight more 6-bedded dispensaries at Kolasib, Sairang, Lunglei, Champhai, N. Vanlaiphai, Sialsuk, Tlabung, Vahai and Tuipang in 1920.The Colonial Raj through the Chin Hills Regulations of 1896[2] and the Inner Line Permit (Bose, 1979; Acharyya, 1984; Sangkima, 1995; Sangkima, (ed.) 2004) maintained its monopoly and gave a free hand to the Christian Mission to penetrate these remote areas (Ray, 1982, p. 69; Lorrain, (1912) 1988, pp.235, 259).

The British Government occupied the Lushai Hills to keep the frontiers quiet. Hence the administration was least concerned if the Lushais did not break the law (Ray, 1982, p.65;

[2] The Chin Hills Regulations was passed on 13th August 1896. It authorised the Superintendent or the Deputy Commissioner to order any undesirable outsider to leave the area and tax the residents, permanent or temporary, houses, clans and villages.

Chaube, 1973, pp.18-19). The introduction of "Circle Administration"[3] in 1910-1902 facilitated the smooth relations between the Chief[4] and the Officer-In-charge of the Circle. Each circle administration had a Circle Interpreter who was a New Elite (McCall, (1949). 2003, pp.216-217) at the administrative level, much like the 'Black Coats' (*New Elites*) at the ministerial level. The emergence of the *'New Elites'* marked the birth of a 'Middle class' (DattaRay, 1983), conspicuously absent in traditional Zo society. The Missionary activities of education fueled the creation of the *New Elites* at the administrative and spiritual levels. 'A new class of educated Lushais came up under the sponsorship of the Missionaries. This middle-class explanation is effective for understanding 'identity politics' among the tribes in Mizoram. The introduction of a money economy thus boosted the emergence of the middle class in the Zo society (Chakraborty, 2016, pp. 36-67).

The ordinary people were gaining new status and acquiring purchasing power and, in turn, felt confident enough to challenge and raise their voices against the traditional autocratic authority of the chiefs. The exposure to the outside world through foreign travel during the world wars opened the gates of consciousness and began to have its ripples even in the Zo Hills. The British Government recruited the Zo tribes as labour forces to load military pieces of equipment and rations into train compartments, keep the

[3]The British introduced the "Circle Administration" system, and the Mizo Hills was divided into 18 Circles, 12 in the Aizawl sub-division, and 6 in the Lunglei sub-division.

[4]The institution of chieftainship, which was hereditary, underwent specific changes under the British influence; for instance, the eldest son began to inherit chieftainship. In the village administration, the Chief (Lal) was assisted by a Council of Elders (Lal Upa). These Elders were selected or nominated by the Chiefs (Thomas, 1993).

supply chain of coal to the train engines, and unload train coaches in the war zones of Europe and Mesopotamia. The British carried the recruitment drive in the Lushai Hills, mustered the youths in Aizawl in, 1917 and divided them into four labour companies. They were paid in cash on their return from the Great War (World War I). Many of the youths used the cash to pay for their bride price. The war returns had a popular following among the women in the region. However, the recruitment drive for the War was not easy as it has been projected. Few areas showed stiff resistance to the call of the British Government. For instance, in the Hakka and Falam areas of the Chin Hills, the Thado-Kuki group openly revolted. The Colonial administration took a fisted step to tame the uncivilised uprising. They forcibly engaged the labour of these tribes to part-take in the Imperial projects such as road-making (Falam Tuangpat/ tlanghel), creating an artificial lake (Ralkap Tili/ Soldier's Lake), Falam Cinmual football field etc.

The colonial documents show the slow wave of 'medicalisation' (Zola, 1972; Conrad, 2007) and taming of the erstwhile wild tribes of the eastern frontiers of the Raj. With the Colonial occupation of the Lushai territory, the Political Officer and the Covenanted Civil Surgeon took charge of the everyday interactions in these frontier spaces (Rao *in* Dubey. (ed.), 1978, pp. 215-232).Before 1898, the head of the Lushai District was called a Political Officer. At first, there were two political officers- one for the South Lushai Hills and another for the North Lushai Hills. After the amalgamation of the two districts, the district head's designation was changed to Superintendent. Shakespear, the first Superintendent of the Lushai District, enjoyed tremendous powers. For instance, he regulated the successor to the chieftainship, appointed guardians to the minor chiefs,

partitioned the existing villages, formed new villages, appointed new chiefs, determined the chiefs occupy the boundaries of the villages and areas.

The Chin Hills Conference (1892) discussed administrative matters concerning the newly acquired areas such as the Lushai Hills and the Chin Hills. It entrusted the task of preparing the budget draft to Mr. W. Davis, then the Political Officer of the North Hills. Among the five major budget heads (Police, Political, including Transport and Commissariat, Medical, Public works and Post), the estimated expenditure under the head - 'Medical' amounted to Rs 14,652. It also recommended replacing the existing Covenanted Civil Surgeon in North Lushai Hills with a Civil Surgeon at Aijal (later Aizawl) and creating two Assistant Surgeons- one for Tlabung and the other for Lunglei (Diary of Davis, 1892).

IV

Initial Exclusions and Inclusions

Initially, western medicine and health services were reserved for the colonial administrators and military personnel and the many labourers that followed the Raj and the Empire building in these mountainous frontiers. The emphasis on medicalisation and health services were aimed at taming the wild tribes and convert them to obedient subjects of the Empire. Though the medical services initially catered to the colonial administrators, their staff and the retinue of coolie labourers, over time, the services of the Civil Hospital at Aijal had to be extended to the Lushai porters engaged in the

building of Aijal (Lalthanliana, 2008. p.165; Shakespear, (1927) 1977, p.99). In 1894, a treatment camp was established at Aijal to provide medical facilities to labourers (*coolie* dispensary). Subsequently, in 1896, this was upgraded into a dispensary with twenty beds. The available records show that the eight-bedded dispensary at Champhai established in February 1896 pre-dated the dispensary at Aizawl and could be the first dispensary to be established in the Lushai territory by the British (Ralte, 1990, p.8).

The *Gazetteer of Bengal and North-East India* recorded that in 1904, the District possessed seven dispensaries and five military hospitals with accommodation for 144 in-patients. The number of cases treated was 34,000, of whom 1,200 were in-patients, and 300 operations were performed; that expenditure was Rs 14,400, which was entirely met from Provincial revenues (Allen *et al*., 1993, p. 467).These Dispensaries were put in charge of Hospital Assistants. At the same time, half-yearly inspections were made by the Civil Medical Officer/Civil Surgeon to look into the general condition of the dispensaries-repair of buildings, supply of medicines, quality of rations, water supply and sanitary arrangement. By 1922, there were eight dispensaries in the two subdivisions of the North and South apart from two 'Travelling dispensaries' to reach those areas not served by regular dispensaries. Challiana recorded that medicine was dispensed to 91,196 persons in the different dispensaries throughout the hills within the said year (Challiana, 1923, pp. 263-264). The census report 1921 mentions the count of the population in these hills to 98,406 (Census of India, 1921, Table IV, p. 26). This shows the extension and volume of the reach of the colonial medical services in the frontier spaces despite dispensaries' limited presence.This could be explained through the cushioning effects of the 'Travelling

dispensaries'. These mobile dispensaries enabled the Empire to extend the healing hand towards the frontier tribes that were not favourably inclined to the white people's entry into their land.

Through the *Resolution on the Regulations for Government Subsidised Medical Practitioners1937*, the colonial Government introduced a system of subsidising private practitioners in these spaces. Under this arrangement, qualified medical practitioners were given a monthly subsidy by the Government and an initial and recurring grant to purchase medicines and medical appliances on the condition that they settle in certain specified villages and give free treatment to the tribes (Proceedings of the Governor of Assam in the Local Self Government Department, No.4224, 1937). They were also given the liberty to build up private practices for themselves and to accept such fees for medical treatment and attendance as they can get.

Following the regulation mentioned above, in 1939, necessary provisions were made in the current year's budget in the Lushai Hills to appoint a Government-subsidised doctor. The first Mizo doctors were mostly Licentiate Doctors who finished their medical courses from the Berry White Medical School in Dibrugarh, Assam. The first three Mizos who completed their diploma courses as Licentiate Medical Practitioners (LMP) from this institution were Laltawnga, Lalhluta and Thuama in 1910 and 1916. From 1911- 1950, the number of Mizo Licentiate Medical Practitioners (LMP) was twenty-five in numbers. 1948 onwards, with the establishment of the Assam Medical College by the Assam Government, permission was granted by the Government of India for LMPs to study

Bachelor of Medicine & Bachelor of Surgery (MBBS). Three Mizo LMPs to successfully qualify MBBS were Lalthanliana, Doliana and Tlanglawma (Lalthanliana, 2008, p. 159).

The first subsidised dispensary was opened at South Vanlaiphai in the Lunglei subdivision on 1st April 1940. Dr. Chawnghranga (LMP) started his duty as a Government-subsidised doctor (Letter from Gupta, No. 1368, dated 18.4.1940). However, although the South Vanlaiphai dispensary worked satisfactorily, the doctor in charge was appointed to the Assam Provincial Cadre. The dispensary had to be closed down after a few months to want a doctor until other Mizo doctors could be appointed. Thus, even before 1940, in addition to the government's medical facilities, a move was made towards employing local doctors on a subsidised basis in outlying areas.

In the early twentieth century, one of the most critical aspects of health care extended by the colonial authority was hospital work. It is to be noted that hospitals in each Province were placed under the Inspector General of Civil Hospitals under British rule. Provinces were further divided into Districts, and each District was placed under Civil Surgeons and under him were the Assistant Surgeons who were Indians finishing their courses from Medical Colleges(Lalthanliana, 2008, p. 163). Further, hospitals in every District Headquarters or Sub-Divisions were placed under the Sub Divisional Medical Officer (SDMO). At the lowest rank were the Licentiate Diploma holders from various Medical Schools. The position of the Civil Surgeon and those above him were solely the prerogatives of British Officers. In the military field, Army Surgeons were appointed from the rank of Captains and Majors. They acquired the status of Civil Surgeons when placed as a deputation in the civil department (Lalthanliana, 2008, p. 163).

The construction of the 'Aijal Civil Hospital' (now Aizawl Civil Hospital) by Major J. Shakespeare around 1904 and 1905 was a milestone in the history of medical and health care services in Mizoram. Initially functioning as a treatment camp for labourers who mainly were non-Mizos, the colonial authority soon felt that a new and larger hospital was necessary to cater to the needs of the growing population. In the early period of its construction, the hospital was far from satisfactory and suffered from a lack of facilities. It could house only about thirty patients and consist of the main building, the outdoor dispensary, kitchen, godown and an isolation ward. The hospital was placed under a senior Licentiate Medical Practitioner (LMP) Doctor in the initial period. The outdoor dispensary was placed under the charge of another LMP doctor. Depending on the nature of the surgery, the Civil Surgeon's expertise was sought. Subsequently, with the growth in population and increase in public demand, other headquarter dispensaries such as Champhai, Lunglei and Kolasib were also upgraded to the ranks of hospitals.

Under the Assam Rifles in the Lushai hills, the cantonment hospitals also provided health services to people in their immediate surroundings. In order to ensure peace and security in the border areas of China and Burma, the Colonial Government had stationed the Military Police Battalions at five strategic places. In the North Lushai hills, at the end of 1893, a separate unit, the 'North Lushai Hills Military Police Battalion', was established under Captain G.H. Loch.[5] This naturally required the opening of a hospital to serve the needs of the military. The hospital was put under the Inspector General Civil Hospital

[5]G.H.Loch was the Captain and the Commandant of the Assam Rifles and later became the fourth Superintendent of the Lushai Hills (Shakespear, (1927), 1977, p.99).

charge, Assam, the overall in-charge of the Assam Health Services. However, such Battalion hospitals were not placed under the supervisionof Army doctors but supervised instead by the Civil Medical Officer Grade Eleven (11) (Lalthanliana, 2008, p. 182). In the 1940s, in the south hills, another military hospital was also established in Lunglei.The 1st Assam Rifles had also established the Loch Memorial Hospital (LMH, in memory of Captain G.H. Loch), also known as '*Hmeichhe Damdawi in'*(lit 'Women's Hospital') at Khatla, Aijal. It was a small maternity hospital placed under the charge of a qualified midwife. In cases of emergencies, medical doctors were consulted time and again. In the 1940s, due to the increase in population, dispensaries in Aijal and Lunglei were upgraded to full-fledged Civil Hospitals.

V

Medicalisation of the Hills: Taming the Head-Hunters

The duo Rev. Lorrain and Rev. Savidge opened a new chapter in the history of education and medical works in the southern part of Mizoram. From the earliest days of missionary operations until the arrival of the medical missionaries, Rev. Savidge looked after the education and medical works. At the same time, Rev. Lorrain was in charge of evangelisation, Sunday schools and the Church. On returning to England after their four-year stay in Mizoram, the two missionaries enrolled in Livingstone College during 1898-99 to pursue a course on tropical diseases and tropical hygiene (Lewis, 1907, p.40).The medical knowledge they acquired proved to be very useful in their missionary works in the South Lushai Hills.

Consequently, a part of the living quarter of Rev. Savidge was used as a dispensary. In *the Annual Report of BMS on Mizoram, 1901-1938*,Rev. F.W. Savidge reported that within the dispensary, medicines were dispensed to patients suffering from malaria, dysentery, chest and stomach troubles, several cases of ptomaine poisoning, worms, abscesses, and ulcers (Report for 1923, p.193). *The Annual Report of BMS on Mizoram, 1901-1938*, mentions J. Calow of Redcar, a wholesale druggist of Yorkshire, consistently supplied Mr. Savidge with large consignments of medicines (Report for 1909, p.68).

Preaching tours were also made in the surrounding villages, along with medical aid rendered to the people. Consequently, people's faith in the medical aid provided by the missionaries increased, which was further reinforced by the new faith of Christianity. The two pioneers of the mission witnesses that western medicine served as an essential tool to evangelise the Zo people to Christianity (Vanngaia, 1993, p. 681). The missionaries also acted as middlemen between the government and the people for the sale and free distribution of government quinine, in which Mr. J.H Lorrain was sent a regular supply of quinine at wholesale rates by the government every year. *The Annual Report of BMS on Mizoram, 1901-1938*, mentions that about seventy Sunday school superintendents became honorary agents to sell the government quinines (Report for 1915, p. 127).The profit earned from the sale of each phial then enabled the agents to supply it to the very poor free of charge. The missionaries also undertook the training of some Mizo boys sent to Chandragona (Bangladesh formerly and East Bengal before the partition). Others also qualified as government dispensers and compounders (Bowser, 1928, p.243). In 1919, the first two BMS missionaries from England arrived– Miss O.E.Dicks, and Miss E. M.

Chapman (alias in Mizo, Pi Zirtiri)(*The Annual Report of BMS on Mizoram, 1901-1938*, Report for 1919, pp. 152-153). From the very outset, Nurse Dicks attended to the women and children who came to her with different ailments, some of them coming to see her from very long distances. Soon, a small dispensary in a small thatched hut was built to distribute medicines to women and children. Between 1921-1923, other mission nursing sisters such as Miss M. Clark and Sister E.M Oliver arrived in the south Lushai hills. Bible lessons, baby welfare, and hygiene classes were conducted apart from meeting the people's treatments. Motherless babies in need of care were also brought to the missionaries.

The annual visits continued to be utilised as opportune moments by the native Pastors. They would hold evangelistic services amongst those waiting to consult the doctor, visit the patients, lead evening prayers on Sundays and even render services to the ward. From 1930, an ante-natal clinic was opened to meet the needs of the people. Young mothers with their firstborn were invited to visit the clinic to combine ante-natal and post-natal work. At each clinic, subjects such as the care of babies, importance of health, hygiene and cleanliness were taught. The preaching of the Gospel was closely interconnected with the medical work of the Mission sisters. Within the ward, services were held regularly while Mizo nurses helped out each week to lead the outpatient services. The Pastors and others would also occasionally visit the ward on Sundays to speak to the patients.Combined medical tours conducted by the mission nurses further provided opportunities for contact with those who never visited the Mission compound.

Apart from medicines dispensed in the mission dispensary, from time to time, the missionaries would visit the sick in and around the village who were too weak to visit the dispensary and administer medicine to them and praying to them as and when necessary. Medical aid rendered by the missionaries also proved to be a great boon for the people in such instances when epidemics attacked villages.

The government had also established dispensaries in particular villages. However, these were few and far between, and most of the villagers could not reap the benefits of such centres. The medical missionaries also realised the impossibility of constant visits to these distant villages with only a few missionary staff. Besides, medicines needed by the people could not be dispensed all at once, the amount that could be carried in such tours being very limited. Considering all these factors, the establishment of Health Centers was considered a necessary part of the mission work by the medical missionaries. However, there arose specific problems such as the lack of trained medical personnel to man all the dispensaries even if they were so established. Therefore, it was proposed to train some Mizos in the art of healing, hygiene, and public health matters.

The funds received from the home Church were used to establish dispensaries in district villages. The medical missionaries also established a nursing school so that native trained workers would be produced to carry on healing. Dr. John Williams, LMP (alias in Mizo, Pu Daka), established the Nursing School at the Welsh Mission Hospital in the hillock named Derhkrntlang in Durtlang in 1928. The Training School for nurses reached the remote villages through the extraordinary works of medical missionaries Dr. Gwyneth P. Roberts and Miss Gladys M. Evans (alias in Mizo, Pi Hruaii) (Llyod, 1991, p.281).

With time, people's faith in the medical missionaries and their medicines also increased as was reflected by the Annual Reports of the Baptist Missionary Society for 1908 that 'People have great faith in our drugs ….. they have rather too much faith sometimes, for some imagine it is quite sufficient to have a pill in the bag they are carrying" (*The Annual Report of BMS on Mizoram*, *1901-1938*, Report for 1905, p.23; Report for 1908, p.56). For some, it is quite sufficient 'to put them under their pillow instead of in their mouths' to affect a cure(*The Annual Report of BMS on Mizoram*, *1901-1938*, Report for 1911, p.79).In the continuous period, resistance to missionary medicine and health care had begun to diminish, as could be noted by the growing number of people utilising the mission stations to receive treatment. The Zo people reposed considerable faith in the abilities of the missionaries, and their medicines (Llyod, 1991, p.31) unleashed a wave of medicalisation.

The Census of India, 1911 (Vol. III, p.139) has also highlighted the existence of sweepers for every fifty villages resulting from which the village surroundings were considerably cleaner and sweeter. Apart from this, in 1911, with the need to educate the public in healthy and hygienic living matters, the colonial Government had adopted recruiting local persons who would act as torch-bearers for the same. Accordingly, three persons were recruited- two for the Aijal division and one for the Lunglei Sub-division (Chala, 1913, p.62). Their primary duty was to visit the different villages to encourage and propagate among the public, the various government orders with particular reference to sweeping of streets and cleaning of living quarters etc**.** Although such Government undertakings arose out of the need to combat and control the various diseases, which

took its toll on the lives of the people, it was also felt that educating and directing the masses to live in clean surroundings would secure health for all in the long run.

Further, the colonial rulers also collected Personal Residence Surcharge (PRS) from persons who lived in the two headquarters of Aijal and Lunglei. Although the PRS was to keep the Lushais/Mizo/Zo isolated from contact with the outsiders and check the rising population of the towns, it was a policy to protect or prevent the tribe from any communicable diseases or alien diseases. In 1927, the Government issued an order: 'All foreigners entering the district must appear before the Civil Surgeon, Lushai Hills and the Sub-divisional Medical Officer, Lunglei for examination to ascertain whether they are free from *Kalaazar*, Malaria and other infection and contagious diseases' (Notification, The Governor-General in Council, 10th March 1932). The Sub-Inspector of Aijal and Lunglei were made responsible for producing all foreigners arriving or entering Mizoram immediately.

The *Khawchhiar* (Village enumerator, one of the many new hierarchies of officials created during colonial rule) was to report any epidemic to the Circle Interpreter (*Chaprasa*)in whose Circle the outbreak so occurred, stating the number of deaths and persons attacked by the disease. In turn, the Circle Interpreter would report to the Superintendent, Assistant Superintendent or the Sub- Divisional Officer, Lunglei, if the outbreak occurred in Lunglei Sub-Division. Similarly, the Assistant Sub-inspector of Kolasib and Sairang (much like the Circle Interpreter) would report the epidemic diseases in their respective posts. In such instances, the Public Health Doctor was immediately dispatched to the concerned village or area to look into the health conditions of the people. The Vaccinators

were another prominent person appointed by the Colonial Government throughout the Zo territory.

Those Mizo doctors who finished their MBBS from Medical Schools were designated as Hospital Assistants. Dr. Thuama, the first Mizo Doctor who joined Government Service, was appointed a Hospital Assistant (Lalthanliana, 2008, p.168). The title of Hospital Assistant was later changed to Sub- Assistant Surgeons (SAS), which was again changed to Assistant Surgeon Grade- II. Moreover, the post of compounder was also created for those who finished at least one year of schooling in medical schools. The first Compounder was Mr. D. Thianga, who passed out in 1908 (Sailo, 2013, p.3) from the Dhaka Medical School (Lalthanliana, 2008, p.168). Qualified Compounders were given passes for the sale of medicines with the prior permission of the Civil Surgeon. As far as possible, passes were restricted to those prepared to undertake the sale of medicines in areas where there was no hospital. Where there were no Compounders to sell medicines, passes were issued on a circle basis for easy administrative control. Compounders occupied important positions in the Government dispensaries in the rural areas and were next to Medical officers.

Closing Observations

The Government's ingenious endeavour that indirectly affected public health for the better was establishing the Lushai Hills Cottage Industries under Major A.G McCall, the then Superintendent of the Lushai Hills. It was inaugurated in May 1936 to direct the Mizo's indigenous talent for weaving into marketable channels (McCall, (1939) 1980, p.

4; Notification No 900. E, 1924 in *Mizo leh Vai Chanchin Lehkhabu*, April 1924, pp. 93-94).Under the Lushai Hills Cottage Industries initiative, Government bought *pawnpui te* (smaller versions of Mizo quilts) from villages that were industrious enough to weave it and earn their living in the process. The *Government's pawnpui te* was then sold in markets such as Calcutta, Bombay, and Silchar in Assam for prices according to its quality. It was also marketed in places outside India, such as Great Britain, America, Australia, and New Zealand (Liangkhaia, 1976, p. 119).One of the resolutions proposed by the Lushai Hills Cottage Industries was that it would be the duty of the Chiefs, Pastors, Church leaders and the village Welfare Committees to create awareness among the weavers of weaving *pawnpui te* that was not only clean but strongly woven too (McCall, 1938, pp.52-53).Communities that produce a minimum of 200 rugs per year were paid a rebate of 5 per cent on each rug bought by Reid House at full price. Half this rebate went toward financing the needs of the Welfare Committee, and the other half to the Chief in recognition of custom and the fact that he has had to encourage the people to become more industrious for their own good(McCall, (1939) 1980, p.276).In this manner, funds were available for the Village Welfare Committees for use in the welfare of their villages. According to Dr. A.Z Choudhuri, the then Secretary, Indian Red Cross Society, Lushai Hills, District Branch, "Certain chiefs such as Lalluaia Sailo, chief of Reiek village (a few kilometers to the west of Aizawl) made use of his prize money by recruiting a nurse in his village for women's welfare" (Letter from Chaudhuri, No 706, dated 26.2.1940).Similarly, Lalsailova Sailo, chief of Kelsih village, Neihrima Lushai clerk, Aizawl and Chhuanvawra Sailo, Chief of Muallungthu (a few kilometres to the south of

Aizawl) on being awarded their prizes made good use of it for the development of health and other welfare measures within their village (Letter from Chaudhuri, No 706, dated 26.2.1940).

Colonial encounters and the wave of proselytisation slowly yet indeed injected a new way of life among the Zo people amidst limited health service and acute shortage of qualified health personnel- doctors, nurses, midwives, health educators etc. These newly appointed native doctors, compounders, vaccinators replaced the traditional medicine man and healers among the *Zo hnahthlak*. They constituted an emergent class of educated Lushais under the sponsorship of the Colonial rule in the frontier spaces (Superintendent, Lushai Hills, General Notice, 1934, p.1; *Mizo leh Vai Chanchinbu*, October 1936, p.191).

The natives began to see western education of the middle class as a legitimate pass to enter the coveted positions in the Government and government-aided services. The measures of the colonial administration backed by the purpose of the Missionary engagement in these wild frontiers opened new avenues and made possible the emergence of a formidable middle class. The prevailing social imaginaries among the *Zo hnahthlak* was that Christianity meant medical care, education, the English language and more prosperous material life. The education policy generated a feeling that 'education' and 'Christianity' were the only means to salaried jobs, which would bring freedom from the drudgery, toil and uncertainty of cultivation. Having a missionary education thus began to signal the sure possibility of securing government jobs or such other modern salaried occupation including and not limited to evangelical pursuits that often doubled as a medical professional. This permanent 'paid-in-cash' ('pawisa'/ 'sum chhuana' in

Mizo) occupation seemed to be a readymade solution to the semi-migratory tribes engaged in precarious Jhum economy (Chakraborty, 2016). Those engaged in Empire building and the Missionaries ingeniously circumvent the lack of human resources to mitigated the substantial financial burden and generated revenue while taming the wild-tribes to work for the Empire and become obedient subjects (Chakraborty in Gooptu (ed) 2020). The natives had to hold firmly to make the mammoth leap from being 'untamed, uncivilised, children of nature' to 'tamed, civilised, children of 'Her Majesty'- the '*Kumpinu*'. Through this encounter, medicine became an important institution of social control resulting in the medicalisation of the daily life of the *Zo hnahthlak* in the name of health.It was not just the health of the wild tribes being taken care of in this process. The Empire's Health was secured in the frontier spaces.

References

Acharyya, N.N. "Modernisation of Mizoram", *Proceedings,* NEIHA, 5th session,1984.

Allen, B.C., Gait, E. A., Howard, H. F., & C.G.H. Allen. (ed.). *Gazetteer of Bengal & North-East India.* New Delhi: Mittal Publications, (1979) 2001.

Bose, M.L. *Historical and Constitutional Documents of North East India*, Delhi: NA, 1979.

Bowser, M. Eleanor. *Light on the Lushai Hills- The Story of a Dream that Came True*. London: The Carey Press, 1928, p. 243.

Census of India, 1911, Vol. III, Part I Assam, Government Press, Shillong Assam, 1912, p. 139.

Census of India, 1921, Assam. Vol. III. Chapter 1, Subsidiary Table IV, Government Press, Shillong, 1923, p.26.

Chakraborty, Anup Shekhar. Localisation of the Gospel, Cultural Revivals And Christianity: Colonial Encounter in South Asia and the Zo Hnahthlak. *Asian Studies*. Vol. XXXIV. Nos. 1& 2. January-December 2016. pp.36-67.

Chakraborty, Anup Shekhar. The Lushai Head-Hunters: Colonial Encounter, Proselytisation, and the Transitions to Soul Hunters in Sarvaani Gooptu (ed.).*Perspective: Asia Pacific (Proceeding Volume of Ninth Biennial Conference of IAAPS)*. Kolkata: IAAPS, 2020.

Chala, '*Kum 1911 chhunga mitthi leh piang thar chanchin leh hriselna turin Sawrkarin eng nge a tih*' in *Chanchin bu*, April 1913, W.B Press, Sylhlet, p. 62.

Chalhnuna, '*Inthawina duh lovin Damdawi kan duh e'* in *Platinum Jubilee Souvenir, 1928-2003*, Presbyterian Hospital Durtlang, 2003.

Challiana. '*Damdawi la zat*', in *Mizo leh Vai Chanchinbu*, October 1923, The Assistant Superintendent, N. Lushai Hills, Aizawl, 1923. pp. 263-264.

Chatterjee, Suhas. *Mizoram Encyclopaedia,* Vol. I. Bombay: Jaico Publishing House, 1990.

Chatterjee, Suhas. *Mizoram Under the British Rule.* Delhi: Mittal Publications, 1985.

Chaube, S. K. *Hill Politics in Northeast India*. Patna: Orient Longman, 1973. pp.18-19.

Chowdhury, Tamina M. 'Raids, annexation, and plough: Transformation through territorialisation in nineteenth-century Chittagong Hill Tracts.' *The Indian Economic and Social History Review*, Vol. 53, 2. 2016, pp.183-224.

Conrad, Peter. *The Medicalization of Society*. Baltimore, Maryland: John Hopkins University Press, 2007.

DattaRay, B. *The Emergence and Role of Middle Class in North-East India*. Delhi: Uppal Publishing House, 1983.

Diary of A.W.Davis, Esq, ICS, Political Officer, North Lushai Hills, from the 5th to the 22nd December 1892.

Fuchs, Stephen. *The Aboriginal Tribes of India.* London/Madras: The Macmillan Press Ltd. 1973.

Hluna, J.V. *Education and Missionaries in Mizoram.* Guwahati: Spectrum Publication, 1992. p.17.

InspectionBook, Champhai Dispensary, From 1896 to 1973. Health Department, Mizoram. https://health.mizoram.gov.in/page/history retrieved on 27.01.2017.

Lalrimawia. "The Lushai Chiefs under the British Rule," *Proceedings*, NEIHA 3rd session, 1982.

Lalthanliana (Dr.). *Kathil Tawn Leh Hmuhte*, Gilzom Offset, Aizawl, 2008. p.165.

Letter from Dr. A. Z Chaudhuri, Civil Surgeon, Lushai Hills to the Inspector General of Civil Hospitals, Assam, Shillong. No 706, dated 26.2.1940, Government of Mizoram, Aizawl.

Letter from Gupta, Civil Surgeon, Lushai Hills to the Inspector General of Civil Hospital, Shillong, Assam, No.1368. dated 18.4.1940, Government of Mizoram, Aizawl.

Lewis, Grace R. *The Lushai Hills*, The Baptist Missionary Society, London, 1907, p. 40

Liangkhaia, Mizo *Chanchin*, Mizo Academy of Letters (MAL), Aizawl, 1976, p.119.

Lloyd, J. M. *History of the Church in Mizoram: Harvest in the Hill.* Aizawl: Synod Publication Board, 1991. p.9.

Lorrain, Reginald A. *Five Years in Unknown Jungles: For God and Empire.* London, Guwahati: Spectrum Publications. (1912) 1988, pp.235, 259.

McCall, A.G. '*Pawnpui Tah Ngaihtuah Pawl Inkhawm Vawihnihna Thu Ngaihtuah Thenkhat te*', in *Mizo leh Vai Chanchin Lehkhabu*, April 1938, The Assistant Superintendent, N. Lushai Hills, pp.52-53.

McCall, A.G. *Lushai Chrysalis*. Aizawl: Tribal Research Institute. (1949) 2003.

McCall, A.G. *The Lushai Hills: District Cover.* Aizawl: Tribal Research Institute. (1939) 1980.

Mizo leh Vai Chanchinbu, October 1936, the Assistant Superintendent, North Lushai Hills, Aizawl, p.191.

Moares, George Mark. *A History of Christianity in India: From early times to St. Francis Xavier A.D 52- 1542.* Vol. I. Bombay: P.C Manaktala & Sons Private Ltd. 1964.

Notification, The Governor- General in Council, 10th March, 1932, Memo. No. 2585 P., dated Shillong, the 27th August, 1940 Government of Mizoram, Aizawl.

Proceedings of the Governor of Assam in the Local Self Government Department, No.4224, Resolution on the Regulations for Government Subsidised Medical Practitioners, Government of Mizoram, Aizawl. 18th December 1937.

Ralte, Rosiamliana. *Mizoram Health Department*. Aizawl: Lalruatkima. 1990, p.8

Rao, V. Venkata. Chapter 18, 'The Sociology of Mizo Politics'. pp. 215-232 *in* S.M. Dubey. (ed.). *North East India: A Sociological Study*. New Delhi: Concept Publishing Company, 1978.

Ray, A.C. *Mizoram Dynamics of Change*. Calcutta: Pearl Publishers/ICSSR, 1982. p. 69.

Sailo, Sanglura. *Mizoram Pharmacist-Te Chanchin*, Aizawl: S.L. Sailo, 2013. p.3.

Sangkima. (ed.). *Cross-Border Migration Mizoram,* New Delhi: Shipra Publications/MAKAIAS, Kolkata, 2004.

Sangkima. "Cachar-Mizo relation (AD 1832-1890)", *Proceedings,* NEIHA, 16th session-Silchar, Shillong: Modern Offset, 1995.

Shakespear, L.W. *History of The Assam Rifles*. Calcutta: Firma KLM Pvt. Ltd. Aizawl: Tribal Research Institute. (1927) 1977.

Siama, V.L. *Mizo History.* Aizawl: Lengchhawn Press, 1978.p.25.

Superintendent, Lushai Hills, General Notice, dated 29/9/1934, p.1, Government of Mizoram, Aizawl.

The Annual Report of Baptist Missionary Society(BMS) on Mizoram,1901-1938, Mizoram Gospel Centenary Committee, Baptist Church of Mizoram, Serkawn, Lunglei, 1993. Report for 1905, p.23.

------.,Report for 1908, p.56.

------.,Report for 1909, p.68.

------., Report for 1911, p.79.

------., Report for 1915, p. 127.

------., Report for 1923, p.193.

------., Report for 1919, pp. 152-153.

The Superintendent of Lushai Hills, Notification No 900. E, dated 29th February 1924 in *Mizo leh Vai Chanchin Lehkhabu*, April 1924, The Assistant Superintendent, N. Lushai Hills, Aizawl, pp. 93-94.

Thomas, E.J. *Mizo bamboo Hills Murmur Change (Mizo Society Before And After Independence).*New Delhi: Intellectual Publishing House, 1993.

Vanngaia, K.L. *Serkawn Baptist Kohran Chanchin*, Serkawn Baptist Kohran, 1993, p. 681.

Woodthorpe, RG *The Lushai Expedition 1871-1872*. Guwahati: Spectrum Publications, (1873). 1980.

Zairema. *God's Miracle In Mizoram: Glimpse of Christian work among Head-Hunters* .Aizawl, Mizoram: Synod Press, 1978.

Zola, Irwing. 'Medicine as an institution of social control'. *Sociological Review*. 20, 1972. pp. 487-504.