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Christian Missionaries and Medical Services in Murshidabad District of Erstwhile Bengal Province

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Abstract

The contribution of Christian missionaries to the development of medical services in India, particularly in Bengal, occupies a significant place in colonial social history. Missionaries were among the earliest proponents of what later came to be known as "health missions," integrating medical care with broader humanitarian and evangelical objectives. This paper examines the role of Christian missionaries in the evolution of medical services in the Murshidabad district between 1772 and 1946, with particular emphasis on the establishment and functioning of the London Missionary Hospital at Jiaganj in 1894 under the leadership of Dr. Lucy. The Jiaganj hospital, popularly known as "Hawker's Hospital," emerged as one of the most reputed charitable medical institutions in rural India during the late nineteenth and early twentieth centuries. It provided modern medical treatment to economically and socially marginalized populations while maintaining exceptionally high standards of cleanliness and patient care. Beyond curative services, the missionaries played a transformative role in training local women as nurses and midwives, thereby professionalizing a vocation that had long been stigmatized in Indian society. Although missionary administration formally ended in the mid-twentieth century, the institutional legacy of these initiatives continues through government-run and private healthcare and nursing education facilities in Murshidabad. This study evaluates the humanitarian, social, and institutional impact of missionary medical services while critically engaging with the underlying objectives of social transformation and religious conversion. It argues that missionary medicine functioned as a crucial bridge between pre-colonial indigenous healthcare practices and the modern public health infrastructure that exists in the district today.

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Introduction

The introduction of Western biomedical practices by Christian missionaries marked a decisive transformation in the medical landscape of Bengal. Prior to colonial intervention, healthcare in regions such as Murshidabad largely depended on indigenous systems of medicine, including Ayurveda and Unani, alongside folk and spiritual healing practices. Murshidabad, the former capital of Bengal, was characterized by pronounced socio-economic inequalities and rigid social stratification, which restricted access to organized medical care for large sections of the population.

From the late eighteenth century onwards, Christian missionaries began to supplement evangelical work with

humanitarian services, particularly healthcare. The London Missionary Society (LMS), founded in 1795, played a pioneering role in integrating medicine into missionary activity. Missionaries recognized that medical relief offered a universal and socially acceptable point of contact with local communities, especially among the poor and the socially excluded who were largely neglected by the colonial state.

The establishment of the London Missionary Hospital at Jiaganj (then Ramtanu Gram) on 9 February 1894 by Dr. Lucy represented a landmark in the history of medical missions in Bengal. The hospital was distinguished by its non-discriminatory approach, offering treatment irrespective of caste, religion, or gender, and by its emphasis on hygiene and disciplined hospital management. Equally significant was its contribution to the emergence of nursing and midwifery as respectable professions for women in a conservative social milieu.
This paper explores the multifaceted impact of missionary medical activities in Murshidabad, situating them within the broader colonial context and examining the complex relationship between humanitarian service, social reform, and religious motivation.

Existing scholarship on missionary medicine highlights its role in the expansion of healthcare infrastructure, women's education, and voluntary service in colonial India. Jyotsna Rajvanshi (1997) emphasizes the importance of non-governmental organizations in effective health delivery systems, a framework within which missionary hospitals may be situated. Amartya Sen and Jean Drèze (1999) analyze deprivation and public action, providing a theoretical basis for understanding health interventions among marginalized communities.

Studies focused specifically on Bengal, such as those by Partha Dutta (2017–18) and Ganesh Kumar Mandal (2022), examine the role of Christian missionaries in shaping colonial medical infrastructure and managing health emergencies. Sujata Mukherjee (2012) offers valuable insights into the emergence of women medical practitioners in colonial Bengal, highlighting how missionary initiatives challenged entrenched gender norms.

While these works provide important perspectives, there remains a need for district-level studies that combine institutional history with social and gender analysis, particularly in the context of Murshidabad.

Research Gaps

i. Limited research has examined the long-term impact of missionary medical institutions on the contemporary healthcare system of Murshidabad, which remains one of the relatively under-served districts in India.
ii. There is insufficient analysis of the interaction and conflict between missionary medicine and indigenous medical systems such as Ayurveda and Unani.
iii. The roles of individual female missionaries—doctors, nurses, and midwives—have not been explored through detailed biographical or micro-historical studies.
iv. Recent empirical studies suggest a positive correlation between historical proximity to missionary institutions and present health indicators, yet district-specific geospatial analysis for Murshidabad remains underdeveloped.

The present study aims to examine how female medical missionaries, particularly Dr. Lucy, functioned within the social constraints imposed by the purdah system to deliver maternal and infant healthcare; to analyze community responses to unmarried female doctors and evaluate how ideals of humanitarian service facilitated the acceptance of Western medical practices; to assess the role and contribution of trained nurses and midwives in reducing maternal and infant mortality in rural Murshidabad; and to critically examine the consequences of the decline of missionary hospitals, including the extent to which contemporary government healthcare infrastructure has compensated for their absence.

Methodology

The study adopts a multidisciplinary methodology combining historical research with qualitative analysis. Archival sources such as land donation records, missionary reports, and district gazetteers are examined to reconstruct the institutional history of medical missions in Murshidabad. Secondary sources, including scholarly works and local histories, supplement archival data.

Field-level qualitative inputs are drawn from interviews with local medical practitioners, auxiliary nurse midwives (ANMs), and community leaders. Observations of existing healthcare facilities are used to assess continuity and change in standards of care. Where relevant, anthropometric indicators such as BMI and height are used to explore correlations between historical

access to missionary healthcare and contemporary health outcomes.

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লণ্ডন মিশন হাসপাতালের একটি অংশের ছবি

Source: Mandal Ashis Kumar, Murshidabad Jelay Christian MissionariderKaryakolap o Obodan, Berhampore: Shilpanagari Prakashani, 2014, p-70

Advancement of Female Literacy and Medical Training

The London Missionary Hospital at Jiaganj functioned not only as a curative institution but also as a training centre for nurses and midwives. By imparting medical literacy and professional skills to women from socially disadvantaged backgrounds, the hospital opened new avenues of social mobility. Missionary women doctors and nurses gained access to the zenana, enabling them to deliver healthcare while simultaneously promoting education and hygienic practices.

The following table indicates the number of women cured by obstetric Physicians between 1875 and 1880:

Year	Number of women patients Treated by obstetric physicians
1875	1004
1876	1153
1877	1109
1878	1238
1879	1204
1880	1277

In 1825, Mrs. Hill, the wife of the missionary Micaiah Hill, established four “native female schools” in Murshidabad. By 1827, these initiatives had expanded to include two girls’ schools with a total enrolment of approximately forty students. Schools opened by Mr. Paterson in 1832 were exclusively devoted to girls from the so-called “backward classes” of the Hindu population, thereby ensuring that efforts toward female literacy reached the most socially disadvantaged strata. By providing medical services specifically targeting women and children through institutions such as the Christian Seva Sadan, female missionaries gained access to the zenana (female quarters). This access enabled them to emphasize the importance of education among women who were otherwise excluded from formal literacy campaigns. To a considerable extent, the humane and benevolent image created by missionary healthcare services contributed to making the idea of female education socially acceptable.

These initiatives contributed to the gradual acceptance of women’s education and employment in the medical field. Hostels and institutional accommodations associated with missionary schools further facilitated the participation of rural women in professional training.

Revolutionizing Healthcare in Murshidabad

Before the advent of missionary medicine, modern healthcare facilities were largely restricted to European officials and soldiers. Missionary hospitals and dispensaries, such as the Lucy Joice Dispensary at Jiaganj, extended allopathic treatment to rural populations and marginalized communities. Administrative innovations, including outpatient ticketing systems introduced in the mid-twentieth century, marked a transition from ad hoc charity to organized public health service.

Missionary initiatives also addressed stigmatized diseases such as leprosy and tuberculosis and emphasized sanitation and preventive care. These efforts laid the groundwork for a trained local healthcare workforce and contributed to the professionalization of nursing in the district.

Contemporary Legacy and Institutional Influence

Although missionary administration formally ended in the post-independence period, its legacy persists in Murshidabad's healthcare and educational institutions. Nursing schools and training colleges in the region continue to reflect the service-oriented ethos introduced by missionaries. Modern institutions affiliated with the West Bengal University of Health Sciences demonstrate the enduring influence of early missionary models of care.

Statistical Data on Medical Mission:

Year	No of Medical Missions	
1850	12-15	
1900	650	128 British Missionary
1925	1,157	66 Nursing Schools
1932	1,307	518 from Great Britain

Source: Dr. Olpp, Medical Missions and Their International Relations in K. William Braun (ed), Modern Medical Missions, Lutheran Literacy Board, 1932, p.159

Modern institutions such as the Union Christian Training College (established in 1937) continue to play a vital role in training students from socially and economically disadvantaged backgrounds, reflecting the enduring legacy of Christian missionary efforts in promoting social mobility through education. Contemporary geo-coding based studies indicate that historical proximity to Protestant medical missions is positively correlated with present-day individual health outcomes, particularly body mass index (BMI) and height. These findings suggest that early missionary-led medical infrastructure produced long-term health benefits within local communities. Moreover, the missionary model of service-oriented healthcare emphasizing sanitation, discipline, and compassionate care continues to inform best practices in rural health initiatives in Murshidabad and in the ongoing development of Health and Wellness Centres across West Bengal. Recent studies suggest that areas historically served by Protestant medical missions display better contemporary health outcomes, indicating the long-term benefits of early healthcare infrastructure.

Conclusion

In conclusion, the medical work undertaken by Christian missionaries in Murshidabad represents a vital historical link between the fragmented healthcare practices of the colonial nineteenth century and the institutionalised health systems that exist in the district today. The establishment of the Jiaganj London Missionary Hospital was not merely an introduction of Western allopathic medicine but a transformative intervention that reshaped healthcare delivery through humanitarian service, disciplined hospital management, and an emphasis on cleanliness and accessibility. Missionary initiatives extended medical care to rural and socially marginalised populations who had long remained outside the purview of both indigenous elite medicine and colonial state health services.

Although formal missionary administration ceased in the post-independence period, the legacy of these medical missions continues to resonate in the healthcare landscape of Jiaganj and its surrounding regions. Institutions such as the Lalkuthi Hospital and the Jiaganj School and College of Nursing reflect the enduring influence of missionary principles, particularly in nursing education and service-oriented healthcare. The transition from charity-based medical relief to structured and systematised healthcare marks a deeper social and medical transformation, wherein healing gradually evolved from a privilege of the few into an accessible service for the wider population. Thus, the history of missionary medicine in Murshidabad is not merely a chapter in religious or colonial history but a lasting testament to the role of dedicated humanitarian service in shaping regional healthcare development.

References

Aitken, J. T., Fuller, H. W. C., & Johnson, D. (Eds.). (1984). *The influence of Christians in medicine*. Christian Medical Fellowship. https://www.worldcat.org/title/influence-of-christians-in-medicine/oclc/12455081

Arnold, D. (2000). *The new Cambridge history of India: Vol. 3, Part 5. Science, technology and medicine in colonial India*. Cambridge University Press. https://doi.org/10.1017/CHOL9780521563192

Beilby, E. (1885). Medical women for India. *Journal of the National Indian Association*, (176). https://archive.org/details/pub_journal-of-the-national-indian-association

Dutta, P. (2018). Health and healing in colonial Bengal: The Christian missionaries and the imperial impact. *Vidyasagar University Journal of History*, *6*, 87–92. https://vidyasagar.ac.in/Journal/History.aspx

Harrison, M. (1994). *Public health in British India: Anglo-Indian preventive medicine 1859–1914*. Cambridge University Press. https://doi.org/10.1017/CBO9780511518423

Hunter, W. W. (1876). *A statistical account of Bengal: Volume IX, districts of Murshidabad and Pabna*. Trubner& Co. https://archive.org/details/statisticalaccou09huntuoft

Kark, J. D., Shemi, G., Friedlander, Y., Martin, O., Manor, O., & Blondheim, S. H. (1996). Does religious observance promote health? *American Journal of Public Health*, *86*(3), 341–346. https://doi.org/10.2105/ajph.86.3.341

Lowe, J. (1886). *Medical missions: Their place and power*. John Menzies & Co. https://archive.org/details/medicalmissions01lowegoog

Mandal, A. K. (2014). *Murshidabad jelay Christian missionariderkaryakolap o obodan* [Activities and contributions of Christian missionaries in Murshidabad district]. Shilpanagari Prakashani. https://books.google.com/books/about/Murshidabad_Jelay_Christian_Missionaride.html

Mukherjee, S. (2017). *Gender, medicine, and society in colonial India: Women's healthcare in nineteenth and early twentieth century Bengal*. Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199468225.001.0001

Nath, S. K. (1914). *Kolkata Medical College er gorar kotha o Pandit Madhusudan Gupta* [The early history of Kolkata Medical College and Pandit Madhusudan Gupta]. Sahitya Sangsad. https://www.worldcat.org/title/kolkata-medical-college-er-gorar-kotha-o-pandit-madhusudan-gupta/oclc/907548813

O'Malley, L. S. S. (1914). *Bengal district gazetteers: Murshidabad*. Bengal Secretariat Book Depot. https://archive.org/details/in.ernet.dli.2015.44186

Roy, T. (2014). *East India Company o Bharaterarthonaitikitihaas* [East India Company and the economic history of India]. Ananda Publishers. https://books.google.com/books/about/East_India_Company_O_Bharater_Arthonaitik.html

Saha, M. (Ed.). (2015). *History of Indian medicine based on the Vedic literature: SatapathaBrahamana* (Monograph Series No. LIX, Reprint). The Asiatic Society. https://www.asiaticsocietykolkata.org/publications

Walsh, J. H. T. (1902). *A history of Murshidabad district (Bengal): With biographies of some of its most noted families*. Jarrold & Sons. https://archive.org/details/historyofmurshid00walls

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