HISTORY OF HEALTH CARE IN MIZORAM:

PRE - COLONIAL PERIOD TO 1972

THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN HISTORY

BY

ZOTHANPUII

DEPARTMENT OF HISTORY AND ETHNOGRAPHY

SCHOOL OF SOCIAL SCIENCES

MIZORAM UNIVERSITY

AIZAWL : MIZORAM

2014

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2014

In loving memory of my beloved parents

R. Zadinga & Lalthlamuani

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CERTIFICATE

This is to certify that the thesis entitled **"HISTORY OF HEALTH CARE IN MIZORAM: PRE-COLONIAL PERIOD TO 1972"** submitted by Ms Zothanpuii in fulfillment of Ph.D degree of this University is an original research work and has not been submitted elsewhere for other degree. It is recommended that this thesis be placed before the examiners for the award of degree of Doctor of Philosophy.

Dated: 28. 05. 2014

(JAGDISH LAL DAWAR)
Supervisor

DECLARATION

I, Zothanpuii, hereby declare that the thesis entitled "**HISTORY OF HEALTH CARE IN MIZORAM: PRE-COLONIAL PERIOD TO 1972"** is the record of work done by me, that the contents of this thesis did not form the basis for the award of any previous degree to me or to the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in other Universities or Institutes.

This is being submitted to Mizoram University for the Degree of Doctor of Philosophy in History.

Place : Aizawl, Mizoram (**ZOTHANPUII)**
Date : 28. 05. 2014

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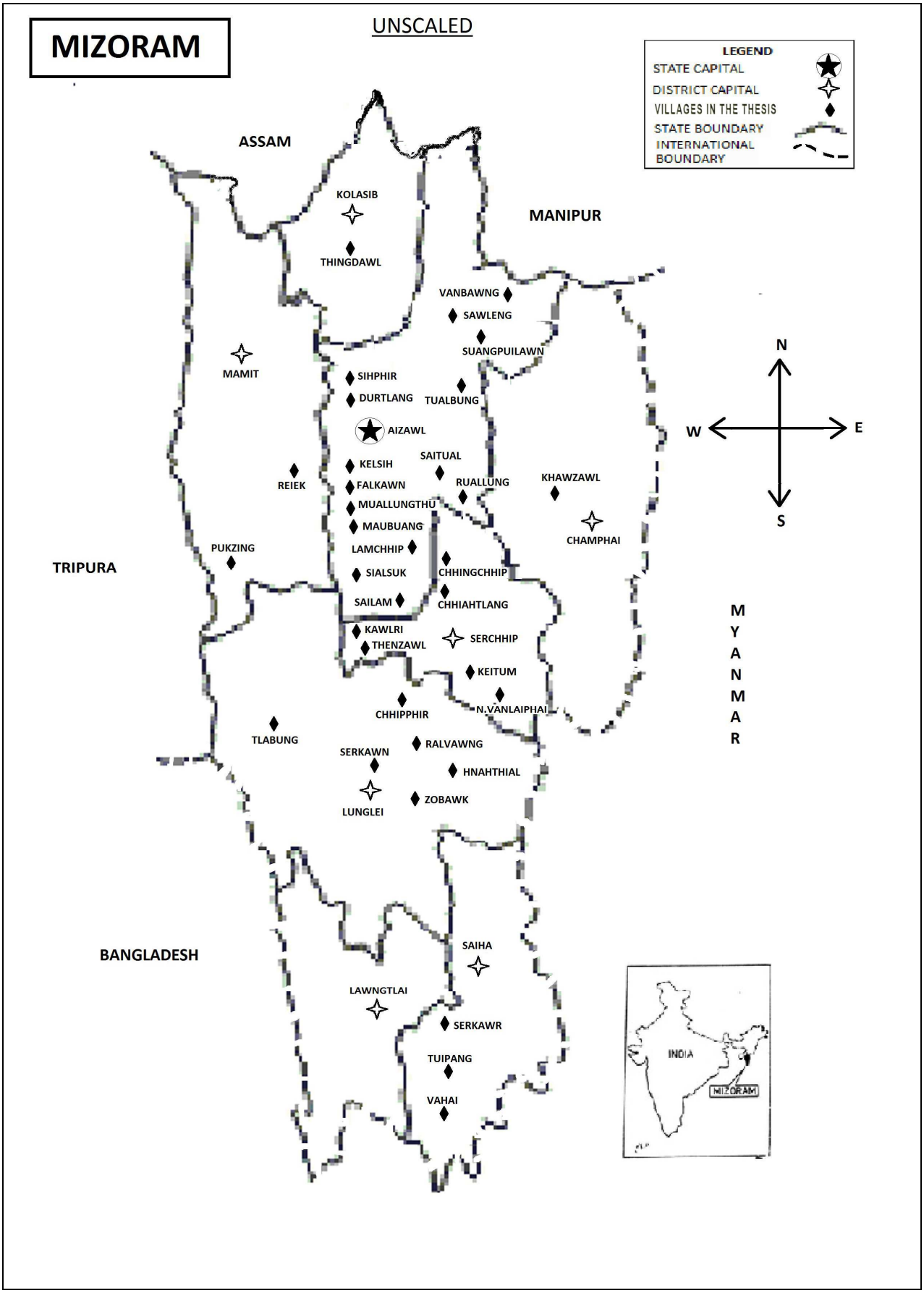
Zothanpuii

ABBREVIATIONS

ANM	:	Auxiliary Nurse Midwifery
AICS	:	Academy of Integrated Christian Studies.
BMS	:	Baptist Missionary Society
BCO	:	Baptist Church Orphanage
BCM	:	Baptist Church Mizoram
BRTF	:	Border Road Task Force
CMO	:	Civil Medical Officer
CBCNEI	:	Council of Baptist Churches of North East India
GNM	:	General Nursing and Midwifery
HJM	:	Historical Journal Mizoram
IUCD	:	Intrauterine Contraceptive Device
IRCS	:	Indian Red Cross Society
LMP	:	Licentiate Medical Practitioner
MBA	:	Motherless Babies Association
MNF	:	Mizo National Front
MNC	:	Mizoram Nursing Council
INC	:	Indian Nursing Council
MHT	:	Mizo Hmeichhe Tangrual
MBBS	:	Bachelor of Medicine & Bachelor of Surgery
MAL	:	Mizo Academy of Letters
MHA	:	Mizo History Association
MSA	:	Mizoram State Archive
NAI	:	National Archive of India
PHC	:	Primary Health Centre
PPV	:	Protected and Progressive Village
PRS	:	Personal Residence Surcharge
RCS	:	Red Cross Society
SAS	:	Sub-Assistant Surgeon

SPB	:	Synod Publication Board.
STRB	:	Synod Tihdam Rawngbawlna Board
SHC	:	Subsidiary Health Centre.
SDMO	:	Sub Divisional Medical Officer
TRI	:	Tribal Research Institute
VC	:	Village Council
WHO	:	World Health Organization
YLA	:	Young Lushai Association
YMA	:	Young Mizo Association


MIZORAM
UNSCALED
LEGEND
STATE CAPITAL
DISTRICT CAPITAL
VILLAGES IN THE THESIS
STATE BOUNDARY
INTERNATIONAL BOUNDARY
ASSAM
MANIPUR
TRIPURA
MYANMAR
BANGLADESH
KOLASIB
THINGDAWL
VANBAWNG
SAWLENG
SUANGPUILAWN
MAMIT
SIHPHIR
DURTLANG
TUALBUNG
AIZAWL
SAITUAL
KELSIH
REIEK
FALKAWN
RUALLUNG
KHAWZAWL
MUALLUNGTHU
MAUBUANG
CHAMPHAI
PUKZING
LAMCHHIP
SIALSUK
CHHINGCHHIP
SAILAM
CHHIAHTLANG
KAWLRI
THENZAWL
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1. Introduction:

Health is a concept that human societies have developed in order to describe one's sense of well -being. Historically, the word 'health' appeared approximately in the year 1000 A.D. It is derived from the English word 'hale' which meant 'wholeness, a being whole, sound or well.' Health is therefore the level of functional or metabolic efficiency of living beings.

Human health and disease, health care systems and bio-cultural adaptations have also been studied by medical anthropologists which since the 1960s, has developed three major orientations -medical ecology, which views populations as biological as well as cultural units and studies interactions among ecological systems, health and human evolution; ethno-medical analysis, which focuses on cultural systems of healing and cognitive parameter of illness and; applied medical anthropology, which deals with intervention, prevention, and policy issues and analyses the socio economic forces and power differentials that influence access to health care. The cultural anthropologists have been studying the health-care systems of indigenous communities and how these been undergoing change as a result of the activities of explorers, traders and missionaries.

The history of health care in Mizoram has been a neglected field of research. Though there have been various references relating to the Mizo conception of health care and how these have been changing with the onset of colonialism and the arrival of Christian missionaries, there is hardly any full-fledged research work which covers the entire period from pre-colonial to the contemporary times and therefore an attempt has been made to fill this gap in this thesis.

II. Methodology and Sources:

The work is ethno- historical in nature. I have consulted both archival as well as oral sources. The archival sources have been subjected to thorough analysis by using deconstructive methods of interpreting the documents. The oral sources

have also been subjected to thorough analysis. The study is purely qualitative in nature.

The work is based on the following sources:

(A) Unpublished Archival Sources:

The following archives were consulted:

1. Mizoram State Archive, Government of Mizoram, Aizawl
2. National Archive of India, New Delhi
3. Assam State Archive, Dispur, Assam
4. Archive, Academy of Integrated Christian Studies (AICS), Aizawl, Mizoram
5. Synod Archive, Mission Veng, Aizawl, Mizoram
6. Archive, Aizawl Theological College, Durtlang, Aizawl

(B) Published Archival Sources:

1. Census Reports
2. Statistical Handbook of Mizoram
3. Mizoram District Gazetteers
4. Gazetteer of Bengal and North-East India
5. Cachar District Records
6. The Lushai Hills District Records
7. The Annual Report of BMS (Baptist Missionary Society) on Mizoram (1901-1938).
8. Reports of the Foreign Mission of the Presbyterian Church of Wales on Mizoram 1894-1957.
9. Asiatic Researches
10. News Papers:
    i. Mizo Leh Vai Chanchinbu
    ii. Kristian Tlangau
    iii. The Lakher Pioneer

(C) Oral Sources:

Interviews of various persons across gender and age were conducted to enrich the thesis.

(D) Libraries consulted for published materials:

Libraries at Aizawl, Mizoram:

1. Mizoram State Library
2. Sub-Divisional Library, Aizawl, Mizoram
3. Academy of Integrated Christian Studies (AICS) Library, Aizawl, Mizoram
4. Aizawl Theological College Library, Durtlang, Aizawl
5. Central Library, Mizoram University, Aizawl, Mizoram
6. Directorate of Health Services Library, Aizawl, Mizoram
7. Pachhunga University College Library, Aizawl, Mizoram

Libraries at other States:

1. Donbosco Library, Sacred Heart Institute, Shillong, Meghalaya
2. Jawaharlal Nehru University (JNU), New Delhi
3. Centre for Contemporary Studies, Nehru Memorial Museum & Library, Teen Murti, New Delhi
4. Central Secretariat Library, New Delhi

III. STRUCTURE OF THE STUDY

The thesis is divided into the following chapters:

Chapter One : Introduction

This chapter is divided into four sections. The first section deals with the historical background of Mizoram; the second section consists of a synoptic view of the evolution of health care from pre-literate societies to modern health care and technologies; the third section addresses the various approaches to health

studies by social scientists and; the fourth section consists of a review of existing literatures on the present study concerning Mizoram.

Chapter Two : Health Care in the Pre-Colonial Period

This chapter illustrates the cultural perspectives of the Mizos in understanding notions of health and facilitating health care in the pre- colonial period. It focuses on the various socio- economic, political, religious and environmental factors which influences the cultural factors, beliefs and practices that affect the health of the people.

Chapter Three : Health Care in the Colonial Period

The third chapter deals with the introduction of western medicine among the Mizos in the last decade of the nineteenth century. The stand with which traditional medicine has been placed with the introduction of western medicine is also examined in this chapter.

Chapter Four : Christian Missionaries and Health Care

The fourth chapter traces the origin, growth and gradual development of the medical works of the various foreign Christian missions in Mizoram then at work. It also analyses the intersection between the Christian missionaries' concept of health care with that of the Mizo traditional concept, the Mizo response as also of the corresponding changes brought by the medical mission.

Chapter Five : Role of Civil Society Organizations

The fifth chapter illustrates the efforts and works of the major civil society organisations prior to 1972 - the Lushai Hills District Red Cross Society, the Young Mizo Association (YMA) earlier known as Young Lushai Association (YLA) and the Mizo Hmeichhe Tangrual (MHT). It traces their various programmes in the realm of health care and the manner in which rules of healthy living and hygiene were disseminated to the public.

Chapter Six : Health Care in the Post – Independence Period

The sixth chapter investigates the health scenario of the hills in the post independence period, the various changes and new beginnings made in the arena of health care by the government.

Chapter Seven : The last chapter is devoted to the summary of the research.

IV. Conclusion :

An enquiry and study of pre- colonial Mizo society shows that in the realm of health, cultural factors as well as the physical and social environment considerably affect the health beliefs and practices of the Mizos. The Mizo concept of health was perceived as an outcome of a balanced relationship between man and his environment, the supernatural environment and his association with his fellow men. The Mizos also associate good health with the ability to work. Attempts were therefore made to preserve one's health and to avert diseases at various levels.

The Mizos also adhere to countless traditional practices considered as unlawful or tabooed that pertains to settlement patterns. Violation of such societal norms and practices was believed to bring misfortune, disease and death to the transgressor. It can therefore be said that this mechanism acted as important sanctions against social misbehaviour.

In the pre-colonial period, the Mizos were relatively healthy apart from the presence of various functional diseases common in other 'primitive' societies such as fever, stomach-ache, indigestion etc. In course of time, epidemic diseases such as typhoid, cholera, smallpox, measles etc. were contracted by the Mizos as a result of subsequent contact with the outside civilization in the course of raids and through intercourse or trade with those living in the border areas.

In examining the food habits of the people, it is found that the surrounding environment provided the required means of sustenance to the people. Some

accounts of the colonial ethnographers and the Christian missionaries however provides insight to the fact that Mizo diet and food habits lacked vital nutrients. But we can say that these did not significantly affect the health of the people in large measure so as to make their health condition precarious.

The role of the village chief in the maintenance of community health was an illuminating aspect of early Mizo society. Apart from his varied roles in the political, administrative, economic and religious aspects of the village community, community health was insisted upon at various levels under his guidance.

In the olden days although the 'germ theory' of disease was unknown to the Mizos, the study finds that the Mizos recognized several causation of diseases - by supernatural entities, violation of tabooed or ill- omened objects and by natural causes which are independent of higher powers. Knowledge of these causes were based on experiences contrary to today's technologies in relation to disease causation.

The belief system of the Mizos with regard to sickness and disease was also closely intertwined with their religious beliefs. Certain human acts which displeased the malevolent spirits often resulted in disease, sickness and even death upon the transgressor. This therefore entailed the need for traditional healers within the society such as the *bawlpu* and *sadawt* from the priestly class who played significant roles in promoting community health. Religious aspect aside, traditional healers within the village (village mid- wives, bone-setters and herbalist) were among the important functionaries of health care although they may not have played major roles within the community.

The Mizos further managed their health care needs through empirical means in the form of traditional medicines by utilizing both plants and animal parts, minerals and other substances. Certain forms of healing which are unique to the Mizos were also consistently utilised.

The present study further reveals that in spite of conforming to various traditional practices and attempts at health care by the Mizos, an important

factor of modern health care i.e., cleanliness and sanitation was not given their due within the community as well as individually.

However, the Mizos have never been considered to be unhealthy in spite of the non-observance of cleanliness and sanitation. This may be attributed to factors such as their subsistence on food reaped through their own efforts which made them healthy and energetic and that they were not overly burdened by worldly gains which may have adversely affected their health condition. Constant resettlement also made it possible for them to be in access to new locations where the new sites would be clean and fresh. Apart from these, the fact that they were more or less isolated from the outside civilization as well as their small population reduced their chances of being infected by most contagious diseases which further worked in their favour. Besides, it is clear that their traditional medicines suited them which gave them stamina and energy for hard work.

The study further shows that there were certain factors which affect the health condition of the Mizos. This is in connection to certain problems encountered in the course of their economic pursuits and injuries from internecine wars. Health care among Mizo women was however in many respects, a negligible factor in early Mizo society partly due to the low opinion on women by the menfolk. Women's health also had important consequences for the health of infants and children.

Thus, with whatever resources were in hand, considerable efforts were made by the Mizos to search for cures or therapeutics so as to attain a measure of health and healing.

The occupation of Mizoram by the British colonialists significantly altered the health scenario of the Mizos. This was on account of the introduction of western medicine and health services by the colonial administration which had important ramifications for the health of the people. Establishment of health services in the initial period of colonial rule were however not for the benefit of the general population but exclusively for the colonial administrators and military personnel

as well as for the many labourers employed by the government. This implies that initially, the health of the population was not given due importance, that western medicine merely served only as a 'Tool of Empire' so as to further the interests of the white colonialists.

In the subsequent period, partly owing to public demand, hospitals and dispensaries were established at strategic places. These were however unable to cater to the growing population especially for those living in the interior on account of lack of improved roads and transportation as well as medical personnel. The arrangements made by the government for supplying medicine and medical aid was also on a very limited scale.

The introduction of western medicine and western style health care in the late nineteenth century did not however bring about immediate reversal to erstwhile norms, practices and beliefs with regard to health issues among the Mizos. Naturally, western medicine encountered resistance in the initial period of its introduction coupled with some amount of fear, doubt and cautiousness as to its very nature and effectiveness. Thereby those who utilized health services imparted by the colonial administration were quite few in the beginning which however showed a marked improvement over the years.

Among the Mizos, colonialism in many ways led to an upheaval of indigenous customs and practices which were replaced by new and modern ideas of progress, beliefs and thoughts. Traditional medicine of the Mizos was no exception to such change – the main agent being the introduction of western medicine and the introduction of Christianity. Consequent upon this, traditional medicine, being neither promoted nor lauded upon was marginalised, stagnant and neglected and ultimately was unable to make its mark against western medicine. Nevertheless, traditional medicine did not completely fade away but continued to be utilised especially in the rural areas.

Western medicine with its attendant features of improved hygiene and nutrition and ability to better monitor and halt disease has been instrumental in the significant growth in population. It was also in more ways than one, the result of

modern health care services in the form of hospitals and dispensaries as well as the added advantages of medical facilities and medical personnel.

With regard to the health of the public, we however come across many new pathogens which were unknown in the pre- colonial period as also of known diseases which magnified in its intensity in the colonial period. The presence of these diseases may be attributed to such factors as continued contact with the non- Mizos living in the plains either through trade, wars, or travel.

Under the colonial administration, certain health care measures were undertaken in order to secure health for all in the long run. The deployment of Public Health doctors, Sanitary Inspectors, village sweepers and the *khawchhiar* or village writers testify to this. The establishment of the Lushai Cottage Industries by the government , the formulation of the Ten Point Code or the Village Code in 1937 and the Village Welfare Committees were also in part instrumental in the implementation of health care and to bring about a more healthy and harmonious community. Some efforts of the colonial administration was also significant at times of famines such as the *Mautam* which ravaged the hills every fifty years.

It is found that the various welfare programmes and relief measures however suffered from several loop-holes and were unable to secure overall prosperity and welfare to the people. To a certain extent, they were however instrumental in reinforcing colonial hegemony of the then Lushai Hills at a time when there were no hopes of succor for the people.

Further, western medicine and modern health care reinforced by western education were also instrumental in improving the health of the people which at the same time legitimised British colonial control of the Hills. It can therefore be perceived that introduction of western medicine and modern health care was not simply the means for saving lives and providing relief from pains and illness but instrumental in portraying the colonial rulers as symbols of progress of an advanced culture and as civilizing agents to a 'primitive' culture. With such

notion, the colonial administrators played their part as agents of civilizing mission of colonialism.

The introduction of Christianity in Mizoram in the last decade of the nineteenth century by the foreign Christian missionaries was to a great extent instrumental in bringing about tremendous social transformation of the Mizos. The work of the medical mission however reveals that all was not plain sailing in the beginning due to lack of formal medical training, technique and technology. Later on, the arrival of trained medical missionaries soon led to the consolidation of organized hospitals, dispensaries and nursing institutions.

The Christian missionaries have been described as 'agents of change' a connotation which signifies the corresponding change and transformation in various spheres of lives upon societies so affected by missionary endeavour. The introduction of mission health care and western medicine among the Mizos were therefore perceived with mixed reactions by the indigenous population**.**

The present study has further highlighted the missionary's perception of western medicine and notions of health as against the Mizo perception and the resultant clash of interests due to the same. Although various health measures were initiated by the medical missionaries, the empirical contribution of Mizo traditional health practices were subjected to criticism and consequently marginalised by the Christian missionaries.

The endeavour of the various Christian missions in extending health care facilities and its subsequent consolidation may be said to have reinforced the newly introduced faith of Christianity. Thereby, health care of the missionaries acted as effective agents of conversion whereupon traditional faith and healing was sidelined and western style health care consequently replaced the traditional religion, customs and practices which were regarded as 'superstitious and irrational' by the missionaries.

An attendant feature of this change was the reversal in the status and rank of the traditional elite class of the Mizo society wherein the priestly class was relegated to the background. Besides, the decrease in importance of personnel within the

elite class gradually led to deterioration of the chief's powers whose status and rank depends much upon their support. The growing popularity of the new faith of Christianity, western health care and education also saw the emergence of the commoners to the rank of the new privileged class.

In tracing the history of health care among the Mizos, the study finds that the promotion, development and maintenance of public health was in large measure a result of the efforts of the civil society organizations such as the Lushai Hills District Red Cross Society, the Young Mizo Association (YMA) and the Mizo Hmeichhe Tangrual (MHT). Prior to 1972, these were the predominant organizations in the hills and the crucial roles they played in uplifting and developing the health culture of the Mizos are significant till today. Through the initiation of certain health care measures, they did succeed in bringing about better qualities of lives to the Mizos in the long run.

At the time of India's independence in 1947, Mizoram still suffered for want of adequate medical doctors and other health personnel. People in the rural areas were therefore still bereft of adequate health care services due to difficulty in transport and communications. Under the Five Year Plans many health programmes were underway while in the rural areas, modern health facilities were extended as parts of tribal welfare programmes. The establishment of Community Development Programmes throughout the length and breadth of the country (India) and which was subsequently launched in Mizoram too restructured the lives of the Mizos and especially to those in the rural areas. However, insurgency retarded many of the developmental plans which were instead taken up after the attainment of Union Territory in 1972.

A notable feature of this era was the efforts of the government directed towards disease control especially that of malaria and small pox. Several preventive measures were undertaken by the government at times of epidemics especially in the rural areas by the medical/ epidemic units such as inoculation, inspection of the vital statistics of the villages, water supplies, lectures on sanitation and hygiene, isolating the sick and so on.

The formation of the Lushai District Council in 1952 witnessed a marked reversal in the administrative set up of the Hills. With the abolition of chieftainship, Village Councils usurped the role of the chiefs as the administrative agents of the government. In the realm of health, the upkeep of community health which earlier were the prerogative of the chiefs were now placed under the responsibility of the Village Councils.

The study has further shown the immense upheaval of the lives of the Mizos on account of the Insurgency period which broke out in 1966 with the declaration of Mizo independence by the MNF. The mechanism of establishing Protected and Progressive Villages (PPV) or grouping of villages in order to check and counter the actions of the MNF hardly proved to be beneficial to the majority of the population. As far as the health of the civilians were concerned, although certain welfare measures were undertaken by the government to prevent and check epidemics, these proved to be more of a failure than a success. Acute scarcity of food coupled with its high cost, lack of basic amenities such as medicines, nutritious food, clean drinking water etc., in most part led to the outbreak of epidemics and many cases of malnutrition in many PPV centres. On account of the immense hardships faced by the people Family Planning Programmes however received a boost in such grouping centres.

Finally the attainment of Union Territory of Mizoram in 1972 saw the restructuring of the economy, administration and also the introduction of many developmental plans and programmes. The establishment of the Directorate of Health Services in the said year was a milestone in the health history of the Mizos and has since incorporated a number of state wise and nation wise programmes within its ambit.

CHAPTER – I

INTRODUCTION

CHAPTER -1 : INTRODUCTION

1.1. Historical Background of Mizoram

Mizoram is situated in the extreme eastern corner of India with an area of 21,087 square kilometers. It is bounded by two international nation – states: on the east by Myanmar and on the west by Bangladesh. It is also bounded by three states of India - in the north by Assam and Manipur states and on the west by the state of Tripura. From 1890-1891 till India's independence, Mizoram was under colonial rule and was then known as the Lushai Hills. After India's independence, the Lushai Hills District Council was constituted on 25 April 1952. On 1 September, 1954, the Lushai Hills District Council was changed to the Mizo District Council. By 1972, when the Mizo District was elevated into a Union Territory with the nomenclature 'Mizoram', three other autonomous District Councils were created namely the Pawi, Lakher and the Chakma Regional Councils.[1] On 20 February, 1987, Mizoram became the 23rd state of the Indian Union and is presently divided into eight districts – Aizawl, Lunglei, Saiha, Champhai, Kolasib, Mamit, Serchhip and Khawzawl. As per 2011 census, the total population of Mizoram is 10,91,014.[2]

It is generally believed that the Mizos belong to the Mongoloid race of the Tibeto-Burman group**.** However, opinions differ as to the original home of the Mizos -that it was either Mongolia, China or Burma from where they migrated to the present Hills. A common or widely accepted traditional belief holds that, the original home of the Mizos is Chhinlung which is believed to be somewhere in Szechuan province in the southern part of China. Sangkima stated, "These tribes were the descendents of early feudal rulers created by the Chinese rulers who came to the south as a result of vast wave of population movements and also owing to Chinese

[1] 'Weekly Confidential Report of Lunglei Sub-Division for the Week Ending 23rd January, 1954', Government of Mizoram, Mizoram State Archive (MSA).
[2] *Statistical Handbook of Mizoram*, 2012, Directorate of Economics and Statistics, Government of Mizoram, p. 7.

pressures."[3] Therefore, "In view of the settlement patterns of the tribal people, southern China may be considered as the original home of the tribal peoples including the Mizos."[4] In course of time the Mizos then moved from China via the Chin Hills of Burma to the present hills from about the middle of the sixteenth century. [5] After many years of settlement in the hills, they in turn faced strong influence from the outside world- the influence of the white colonialists. Soon, the Mizos were subjugated which marked the beginning of British rule in the hills and the beginning of a new epoch in the history of Mizoram.

1.1.1. Mizo Society in the pre-colonial period.

Information on the Mizo tribe in the pre- colonial period is virtually scanty due to lack of written records. This poses certain limitations in reconstructing the events or history of the period under study. In fact, it was only from the 1790s that a few European and civil servants began to write about the Mizos.[6] Later, in the process of colonial encounter with the Mizos and their subsequent rule, colonial ethnographers provide us with accounts of the Mizos and their history. These were mostly based on oral traditions which was also the case among subsequent Mizo writers who wrote Mizo history. Further, due to the aforesaid mentioned problems ie., lack of written history, periodisation of Mizoram history has become problematic. Therefore, Mizoram history may be periodised unlike histories of other parts of India, only as ancient and modern by taking the coming of the British as a dividing line.'[7] This assertion has been unanimously accepted by Mizo historians today.

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[3] Sangkima, 'A Study Of The Historic Movements Of An Early Mizo' in *Historical Journal* Mizoram (HJM), Volume VIII, Mizo History Association (MHA), December, 1998, p.20.
[4] Ibid.
[5] C.A Soppit, *A Short Account of the Kuki – Lushai Tribes*, Tribal Research Institute (TRI), Aizawl , 1976, p.7.
[6] John Rawlins, 'On the Manners, Religion and Laws of the Cucis (Kukis) or Mountaineers of Tipra (Tripura)', Vol.II. No. XII, 1792, *Asiatic Researches*, Calcutta and John Macrae, 'Account of the Kookies or Lunctas (Lushai)', 1801. Vol. VII, *Asiatic Researches*, compiled& edited by P. Thankappan Nair, Proceedings of Asiatic Society, Vol. II, 1801- 1816, The Asiatic Society, Calcutta, 1995.
[7] Sangkima, *Essays on the History of the Mizos*, Spectrum Publications, Guwahati: Delhi, 2004, p.1.

The pre-colonial Mizo society was nomadic in nature, villages or settlements so being shifted continually after every four or five years. Every village was more or less an independent entity each having certain areas of lands for settlement and agriculture. The colonial ethnographers made their observation of a Mizo village by stating that:

> "It was found that the Lushais, like the Nagas perched their villages high on tops of spurs and ridges for the sake of health as well as for defence, and every village was surrounded by one or more lines of heavy timber stockade with rows of bamboo spikes outside, while each entrance was protected by a sort of block house, and most villages contained 400 houses, a few more important ones situated further into the country having upwards of 800."[8]

The search for new villages or settlements was fostered by several reasons such as the need for defence and considerations for their health while availability or accessibility to water was an essential criterion. Constant resettlements may however have reduced not only the size of the village population but also the number of houses in many respects.

Mizo villages were built in a well defined manner, the chief's house and the Zawlbuk being constructed in the most favourable location, generally at the centre of the village. Both the chief's house and the Zawlbuk (young men's dormitory or barrack) were to be located not far from each other- within calling distance. This was done so that calls of duty and other emergencies like wars, accidents etc. may be easily transmitted from the chief's house to the inmates of the Zawlbuk. The houses of the chief's elders and those ranked high in the social ladder such as the

[8] L.W. Shakspear, *History of the Assam Rifles*, Tribal Research Institute (TRI), Aizawl, 1977, p.73.

Zalen and *Ramhual* were also built in and around the chief's house.[9] On the sides of the Zawlbuk were the village streets with houses of the common households.

The manner and materials used for constructing the chief's house was more or less similar to those of his subjects. The only distinguishing feature was that it was built much larger than those of the common households. Generally houses were simple, built of timber and thatched with grass while the walls were made of split bamboos woven together. The floors were likewise also made of split bamboo woven together which were built some four feet above the ground. Houses do not generally have windows apart from the front door and the back doors. Only those who had performed *Khuangchawi* were permitted to make windows. *Khuangchawi* was a series of important feasts of the Mizos which only the chiefs and the well to-do were able to perform. Tradition holds that those who have performed *khuangchawi* attained the title of *Thangchhuahpa zawhzazo* and were entitled to a life of luxury (of unlimited cleaned/husked rice at their disposal) at *Pialral* or paradise.[10] The wife of such a man also shared his title and he and their children were allowed to wear *Thangchhuah puan*. It was the most honourable and coveted title aspired to by every man in the olden days.

The Mizo villages were separate units and managed their own administrative affairs and were thereby ruled according to customary laws. The chief was the centre of authority and practically all powers were in his hands, but will only try cases after consultation with the *Upa* or council of elders. The council regularly discussed all matters connected with the village and other external affairs. In fact, their main concern was to function as an administrative body whether in political, social and economic affairs. In cases of deciding disputes between people of the village, they receive fees or remuneration termed as *Salam* (equivalent to Rs 5/-) from the party who loses the case.[11]

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[9] K. Zawla, *Mizo Pipute leh an Thlahte Chanchin*, Lalnipuii, Aizawl, 2011, p.148.
[10] Ibid., p.40.
[11] J. Shakespear, *The Lushei Kuki Clans,* TRI, Aizawl, 2008, p.16. p. 43.

The traditional practice was that every household paid certain amounts of paddy to the chief. This tribute was called *Fathang* or paddy tax which was paid after the harvest or in the month of December. It was collected at the rate of one basket to fifteen baskets of paddy fully filled.[12] The amount however differed from chief to chief. Other traditional fees or tribute paid to the chief were *Chi Chhiah* or salt tax, *Khuai Chhiah* or honey tax and *Sa Chhiah* or meat tax.

Next in the social ladder were the village priests or *Puithiam* appointed by the chief who would be usually in possession of vast knowledge about Mizo religion. The *Puithiam* was usually from the non-ruling clan or from outside the clan. Almost every village had their own *Puithiam* - the *Sadawt* who performed sacrifices in connection with cultivation and good harvest and the *Bawlpu* whose main job was to cure the sick by offering sacrifices to the unknown spirits. He was assisted by the *Tlahpawi* as and when necessary in performing the necessary rituals.[13]

In almost every village, there was the blacksmith or *Thirdeng* and the *Tlangau* or village crier. The chief duty of the blacksmith was to repair agricultural implements and fire-arms. He also made war implements like daggers, *Chempui* (*dao*), spears and swords. Their remuneration consists of one basket of rice from each households of the village.[14]

One of the most important members in the social status were the *Ramhual* who were advisers as to where the *jhums* (agricultural lands) shall be cut and are allowed first choice of land for the purpose.[15] The remaining sites being allotted to other household members. They were usually appointed by the chief. The *Ramhual* consisted of those particular family members who had attained the reputation of

[12] Foreign Dept. Extl. Progs. Feb, 1898, 104-142, Administration Report of the Lushai Hills, Appendix Vol III. Draft Notification, 1St Oct, 1897, No. II, p.3. Government of Mizoram, Aizawl (MSA).
[13] *Mizo Sakhua (Kumpinu Rorel Hma*), TRI, Directorate of Education, Mizoram, 1983, p. 14.
[14] J. Shakespear, op.cit., p.43.
[15] Ibid.

being ‘hard workers’ within the community. In return for such favour and services, the *Ramhual* had to pay more *Fathang* to the chief.

To advice and help the chief, a superior authority was appointed by the chief called ‘*Zalen*’ usually consisting of two to three persons. The *Zalen* were persons who were exempted from paying the *Fathang* to the chief. They were however expected to help the chief if the latter runs short of paddy or falls into any kind of difficulty.[16] The office of the *Ramhual* and the *Zalen* were purely a village arrangement. Sometimes the *Zalen* was also known as *Khawnbawl Upa* or chief’s elders. One significant feature about the Mizos during the period of study was that there were also some persons known as *Thangchhuahp*a who were considered to be very wealthy- of having killed large numbers of wild animals and possessing lands etc. Such men were respected and were usually very influential in the village.

There were also the *Hnamchawm* who cultivated the land and fought war at the chief`s will. In fact, they did everything for the cause of the village and paid tribute to every service done by the above mentioned personalities.

Moreover, a peculiar type of human bondage which however, cannot be exactly interpreted as slaves or serfs existed in Mizo society. This had been practiced according to social customs from time immemorial. *Bawi* were persons who were dependent upon the chief and no one but a chief could have or own a *Bawi*. There were three categories of *Bawi*-the *Inpui Chhung bawi*, the *Chemsen bawi* and the *Tuklut bawi*. The *Inpui chhung bawi* were persons who took refuge in the chief’s house due to poverty, those beset by economic distress such as in the case of orphans, widows, the aged and those who suffered from diseases and sickness who were no longer able to cultivate their lands. *Chemsen bawi* were murderers or criminals who in order to escape from the consequences of their action or the wrath of either the public or families of the victim took refuge in the chief’s house. *The Tuklut bawi* included persons captured during war or raids. It further included persons who deserted the losing side by joining the victorious party upon

[16] K. Zawla, op.cit., p. 49.

promising to be the *Bawi* of the chief. All the three categories served or gave free labour to the chief under customary rules which was also obligatory for every *Bawi*.[17]

The early Mizo society was patriarchal in nature wherein the father was the sole authority within his household. Women were considered to be weak not only in matters of bodily constitution but regarded as intellectually inferior. They took no part in wars and in the actual clearing of agricultural lands which for the most part were left to the menfolk. On the other hand, the rigorous task of domestic chores were left solely to the womenfolk. T.H Lewin surmises the role of Mizo women in this regard, "They fetch water, hew wood, cultivate and help to reap the crop, besides spinning, cooking and brewing."[18]

With regard to inheritance of property, the chief's sons, upon getting married usually formed new villages and inherited the title of chieftainship, while the youngest remained with his father and succeeded his father's properties and title. The same was applied to the common households. In terms of marriage, monogamy was the general practice, the price of the bride being determined in terms of *Sial* or *mithun* which were further categorized into *Sepui ngalkal*, *Tlai sial* and *Puisawm sial*.[19]

Mizo religion was known as *Sakhua*, a combination of two different words - *Sa* and *Khua*.[20] Both *Sa* and *Khua* were considered to be Supreme Beings. Religious performance to *Sa* was done by individual households as well as by individual clans by sacrificing a male pig. It was performed by the head of the family when the son would set up a separate household and so have his own *Sakhua* or religion. Religious rites for *Khua* were performed by the entire community as a plea to the *Khua* to protect them from wild beasts, enemies and blessings of abundance of good crops. *Sadawt* was the priest who performed the rites.

[17] For details see J.Shakespear, *The Lushei Kuki Clans*, pp. 45- 49.
[18] T. H. Lewin, *Wild Races of South- Eastern India*, TRI, Aizawl, Mizoram, 1978, p.134.
[19] Sangkima, op.cit., p.58.
[20] Liangkhaia, '*Mizo Sakhua'* in *Mizo Ziarang*, Mizo Academy of Letters (MAL), 1975, p.2.

The sacrifice was offered at the chief's house and proclaimed a rest day by the entire community.

Traditional Mizo religion was based on spiritual beings as its objects and the phenomena of nature and was distinctly animistic in character. In their early days, the worship of benevolent spirits was hardly visible due to the fact that they were more strongly influenced by the existence of the malevolent spirits. This was particularly brought to light at times of sickness which required propitiation of the latter in the form of sacrifices. Apart from the belief in the existence of a number of spirits, the Mizos also believed in the existence of God or *Pathian* but who did not actively involve himself in the everyday affairs of human beings. He was variously called "*Chung Pathian*" "*Pu Vana*" "*Khua nu*" and "*Khuavang*"[21] and his power transcended over all things. He was also believed to protect and bring blessings to humans.

The Mizo religious belief also encompasses the belief in life after death. The traditional belief was the existence of a place called *Mitthi khua* which was the abode of the departed souls. The departed souls would not immediately go to *Mitthi khua*, but would still remain in their respective villages for many days but were invisible to humans. After three months, the spirits were believed to depart for *Mitthi khua*.[22] Another abode for the souls called *Pialral* or paradise was also believed to exist which was solely the prerogative of those who had attained the coveted title of *Thangchhuah*. The possession of this title was thus regarded as a passport to *Pialral*.[23] The introduction of Christianity in the hills however led to the breakdown of the Mizo traditional religious beliefs.

[21] Hrangthiuva and Lalchungnunga, *Mizo Chanchin* (*History and Culture of the Mizos*), C.Chhuanvawra, Aizawl, 2011, p.20.
[22] *Mizo Sakhua (Kumpinu Rorel Hma*), op.cit., p. 17.
[23] K. Zawla, op.cit., p.40.

1.1.2. Economy.

In Mizoram, shifting cultivation (*Jhum*) had started ever since the people settled in the vast hilly areas. It was the only available method of cultivation until the colonialists started wet rice cultivation in the Champhai valley in 1898.[24] There was a distinct division of labour between men and womenfolk. The men would cut the forest land for *lo* or agricultural lands and build the houses while women helped in weeding, sowing and harvesting. Sometimes, the men would procure fresh meat by hunting or by trapping.

From the ancient days, the Mizos were an adventurous tribe and had great sporting abilities and prowess in hunting. Though hunting assisted their daily subsistence economy, it was not their main occupation. It was further to show their bravery and skills and a means to attain the coveted title of *Thangchhuah.* Flesh of all animals were eaten and birds of all varieties fell prey to their hunting. Buffaloes and cows account for highly valuable domesticated animals while goats and pigs also consisted of valuable properties. Among all animals, *sial* or gayal was highly regarded. *Sai ram chhuah* or hunting of elephants was also the Mizos' favourite game.

1.1.3. Traditional Institution: Zawlbuk.

In early Mizo society we find the existence of a traditional/ social institution in the form of the Zawlbuk or 'Young Men's Dormitory' for all the young men of the village. It was built at the centre of the village usually near the chief's house. Zawlbuk acted as an important machinery wherein '*Tlawmngaihna*' was born, taught and instilled in the minds of every young men. The term '*Tlawmngaihna*' was created from '*Tlawmngai*', the literal meaning being 'perseverance'. In a broader sense, it meant, 'to be self-sacrificing, to be unselfish, to endure patiently, to be brave, to serve others without pride' etc.

[24] H.W.G.Cole, Superintendent of Lushai Hills, Wet Rice Cultivation at North Vanlaiphai and Champhai, Standing Order No.1909, Government of Mizoram, Aizawl (unfiled, MSA).

Though the Zawlbuk was meant only for the young men, even elderly bachelors and married men after having two or three children sometimes preferred to sleep in the Zawlbuk. One significant fact to be noted here is that women were totally deprived from such an institution. It was meant for the male members only. The elders would give the necessary orders to be carried out or to be observed in the community or society, in the warpath or in the hunt. Sometimes, the elders would also encourage, rebuke, teach or warn the youths in every fields of experience. Such instructions were never violated nor disobeyed. Even boys had certain obligations to fulfill, such as collecting firewood for use in the Zawlbuk. Failure to do so was liable to bring upon harsh punishments from the in-mates of the Zawlbuk binded by social practice. All young men were responsible for the village safety as much as they do in war and hunting. Zawlbuk, in fact was the centre of information where every knowledge was gathered through the elders or travellers. It was a place of moral education and was permanently used until schools were opened in the hills. Further, N.E Parry, then Superintendent of the Lushai Hills from 1924-1928 has eulogized, "The Zawlbuk has a regular system of self-government, very much in the same way as in a public school."[25]

1.1.4. Mizo Encounter with the British.

From the early nineteenth century, the Mizos had begun to make headway at the so called 'protected territories' of the British in various ways and manners- raiding, plundering, slavery and pillage. Several reasons for the continued incursions into British territory by the Mizos has been cited: first, due to the economic needs of the tribe who had to go to the border in search for economic gains or food grains at times of scarcity; second, inroads into British territories were usually made in search of salt which was scarce in the hills; third, the extension of tea gardens at the border areas by the imperialists which had disrupted their traditional hunting grounds; fourth , in the early 1870s when the British started to open bazaars in the hills with several guards in charge, the Mizos especially the eastern chiefs resented

[25] N.E Parry, *A Monograph on Lushai Customs and Ceremonies*, TRI, Aizawl, 2009, p.9.

the posting of guards as they feared that it would lead to the extermination of their power and the subsequent annexation of their country ; fifth, to bring home the heads of their enemies as a sign of victory and a show of bravery in the community; last, the capture of slaves for sale in the neighbouring country.[26]

On the part of the British, the subjugation of the tribes was felt necessary on account of several factors. Being strategically situated, it was feared that the hills could become a refuge to any aggressive tribes who lived between British India and Burma (Myanmar). Another objective was to open communicable roads between Chittagong and Myanmar and between Cachar plains and Mizoram.

The first raid on the Assam border by the Mizos was recorded in 1826[27] after the first Anglo-Burmese War. In the south hills, the first raid was recorded at the border areas by the Maras, one of the divisions of the Mizos in 1838 at the British 'protected' villages in the west.[28] Between 1847- 1871 the Mizos constantly raided the British occupied territories as a result of which the British ultimately sent punitive expeditions in the ensuing period. In retaliation, the Mizos also made several inroads into the so called 'protected areas' of the British. The British then made overtures of peace with some of the Mizo chiefs subject to certain conditions on both sides such as exchange of gifts and release of captives.

Between 1867-1871, an agreement was made with two eminent Mizo chiefs of the north hills- Vanpuilala and Suakpuilala. Both were to receive an annual subsidy (Rs.600/-) on their agreeing to do their utmost to preserve peace at the frontier and to send a tribute each year to the colonial authority.[29] Although peace prevailed of for some time the agreement did not last long due to the non-fulfillment of the agreements by both parties.

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[26] O.Rosanga, 'Economic Factors Leading to the Annexation of Mizoram by the British' in HJM, Volume-II, MHA, July, 2001, pp.20-22.
[27] S.Carey & H.N. Tuck, *The Chin Hills*, Vol.I, Cultural Publishing House, Delhi, 1983, p.14.
[28] Arthur Phyre, 'Account of Arakan' *Journal of the Asiatic Society of Bengal*, No. 117, 1841.
[29] Fr.Pol.A August 1872, Nos. 69-70, No. 548, From J.W.Edgar Civil Officer with Cachar Column of the Lushai Expeditionary Force to Commissioner of Circuit, Dacca Division, dated Cachar, 3rd April 1871, p.7. Government of Mizoram, Aizawl (MSA).

In fact, this agreement did not satisfy both the chiefs as well as some other Mizo chiefs whose main arguments centered round the extension of tea gardens at the boundary of the north hills by the colonial rulers of Bengal. In retaliation, the Mizos made another inroad into the British territory as a result of which military expeditions against the tribe was launched again. As an outcome of this, Suakpuilala was again compelled to agree to the terms and conditions of the British- that proper boundaries should be clearly drawn.[30] Consequently in 1871, an agreement or *Sunnad* was made with Suakpuilala. This was significant because it was the first written treaty made between the British government and a Mizo chief. The major terms of the agreement were: the chief was allowed to advanced his village northward and could station an out- post close to the British territory; the chief should ensure the safety of all non - Mizo traders and woodcutters in the hills; the chief should refer all disputes with any chiefs between Tripura and Sylhet to the colonial authority; the chief would have the monopoly of trade with the Cachar by the Tut river (to the west of Aizawl)and to exact *Siddah*(an annual tax in kind) at fixed rates.[31] The agreements lasted only till 1879 basically due to the fact that the treaty was not recognized by other Mizo chiefs which Suakpuilala was said to have represented. In fact, laying economic interests aside, most of the chiefs now felt that political survival against the incursion of the imperialists and the protection of their ancestral lands was of the utmost necessity.

A strong confederacy of chiefs was therefore constituted and raids were again inflicted on some protected British villages at the border. The most serious was the killing of a British citizen at the raid committed at Alexandrapur under a chief named Bengkhuaia of Kawlri (near Thenzawl in Serchhip district) village.[32] (Some writers opine that Bengkhuaia belonged to either Sailam or Thenzawl to the south of Aizawl or to Serchhip in the central part of Mizoram and is still subjected to debate). In this encounter, Mr Winchester who looked after the tea plantation was

[30] A.S Reid, *Chin Lushai Land,* TRI , Aizawl, 1976, p.9.
[31] Translation of the *Sunnad* given to Sukpilal(Suakpuilala), 1871, Assam No.XLIII, Government of Mizoram, Aizawl (unfiled, MSA)
[32] Zatluanga, *Mizo Chanchin*, Publication Board of Assam, Gauhati, Assam, 1966, p.179.

killed and his five years old daughter, Mary Winchester along with other planters were captured and taken to the Mizo hills.

This event signalized a turning point in the British policy towards the Mizos. The earlier policy of 'defence' and 'concilliation' was now abandoned and the British instead opted for an immediate plan of action. An invasion was hence launched against the Mizos–from Cachar (Assam, India) and from Chittagong (Bangladesh) which resulted in the subjugation of some Mizo chiefs by the colonialists.

The British thus exercised political influence without direct control on the tribes and peace was more or less restored for about sixteen years. However, from 1888-1889, raids were again committed by the Mizos at several places. The most serious was the killing of Lieutenant J.K.Stewart on the 23 February 1888, only eighteen miles from Rangamati (Bangladesh).[33] Abandoning all attempts to pacify the tribes, a mass scale expedition, the Chin- Lushai Expedition[34] was consequently dispatched against the Mizos which consisted of the combined military forces of Bengal, Burma (Myanmar) and Assam. The invasion was completed in March 1892 which resulted in the occupation of the major hill areas by the British imperialists.

1.1.5. Mizoram under Colonial Rule.

In 1890, the North Lushai Hills came under the direct control of the British government and the South hills in1891. However, the British administration in India felt that the two Hills under a separate head had largely enhanced their expenditure, therefore the amalgamation of the two regions was made imperative. From 1 April, 1898 the two hills were amalgamated into one District under the Chief Commissioner of Assam,[35] under the name Lushai Hills and was placed

[33] Foreign Department External A.October 1889. Nos. 27-66, Report on the Lushai Expedition of 1889-90, Simla, 1893, pp.1-2, Government of India, New Delhi, (National Archive of India (NAI).
[34] Robert Reid, *The Lushai Hills*, Firma KLM, Calcutta, 1929, p.14.
[35] Report on the Administration of the North Lushai Hills for 1897- 98, Foreign Extl.A, October, 1898, No. 412 (NAI**).** Also see Foreign Department, Extl. A, October 1899, Nos. 35-45.

under the Superintendent of the British Government. But it was only from 1924 that all the Lakher (Mara) inhabited area (in the extreme south hills) have been under British rule.[36] For convenience of administration, the hills was divided into two divisions - the North Hills with its headquarters at Aizawl, and the South Hills, with its headquarters at Lunglei placed under a Sub Divisional Officer. Hence, Mizoram came under colonial rule until India attained her independence in 1947.

Under colonial rule, certain changes were made for convenience of the administration and of controlling the so called 'wild tribe'. The increasing deterioration of the chief's power was the main change that can be observed during this period. Before Mizoram came under colonial rule the chief held the highest authority whether social, economic, polity or in matters of justice and was the symbol of the political institution of the tribe. Under colonial rule, the chief's power were considerably reduced but at the same time, retained some responsibilities such as allotment of lands under his jurisdiction, maintenance of inter-village paths and all other communications of the villages.

Apart from these, the prerogatives of the chief or tributes like the *Fathang* or *paddy tax, Chi chhiah* or salt tax, *Khuai chhiah* or honey tax and *Sa chhiah* or meat tax was continued. They also continued to try almost all cases except serious crimes like murder and rape which have to be reported to the Superintendent.[37] The old custom of inheritance was also changed where the law of primogeniture was now applied.[38] Practically this was to check the proliferation of the number of chiefs in the hills. The youngest son was made to inherit his property and that too was according to custom only. Among the commoners, the youngest inherited his father's property and land.

The traditional authority of the chief was no longer respected as before, for under the new administration, the households could always escape from the wrath of the

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Administration Report of the Lushai Hills for the year 1898-99, No. 35, dated Shillong the 12th June, 1899. Government of India, New Delhi (NAI)

[36] N.E. Parry, *The Lakhers*, TRI, Aizawl, 1976, p.12.

[37] N.E.Parry, *A Monograph on Lushai Customs and Ceremonies*, op.cit., p.1.

[38] Ibid.,p.4.

chief. With the decline in the chief's powers, local officers naturally assumed the function of the chief. Consequently, the chief became a mere shadow of the government staffs while local officers became the real powers over the individual households.[39] Besides, bureaucratic intrusion strained the relationship between the chiefs and their subjects. It also showed the weakness of the traditional economic and political power of the chiefs. [40]

During this period, the Mizo traditional institution, the Zawlbuk or young men's barrack or dormitory also saw its demise. It was a unique institution which had greatly succeeded in nursing the young men or young boys of the village to manhood. However, the Mizos were now greatly influenced by a new culture as a result of which the traditional institution was now endangered and faced its gradual deterioration. By this time, clan feuds had ceased to exist and raids were becoming rare. Therefore, the need to defend one's respective village from external aggression was no longer needed, the colonial forces now being in charge of the maintenance of law and order of the hills. Moreover under the influence of the missionaries, the Zawlbuk was condemned as an evil place, where drunkards gathered together. Besides, schools were permanently established in the hills which subsequently replaced the Zawlbuk as the main place of learning.

Consequently, on account of greater and stronger influences and exposure to the outside world or civilization, the traditional institution gradually deteriorated from the late 1930s. The establishment of a non-political organization, the Young Lushai Association (YLA) now Young Mizo Association (YMA) under the guidance of the Christian missionaries in 1935 ultimately replaced this traditional institution.

Colonial rule further saw a reversal within the social order of Mizo society. This is evident in the newly educated class who were admitted to the ranks of government hierarchies and educational institutions. Along with this benefit, cash income brought in by the new rulers obviously contributed to the emergence of the new

[39] O.Rosanga, 'The Traditional System of Administration in North Mizoram from 1890- 1947 in HJM,Vol. IV, July, 2003, MHA, Mizoram, p. 31.
[40] Ibid.

social strata. It may be noted that under the colonial rulers, all the executive duties were performed with the supervision of the Superintendent. In this way, the new rulers introduced new hierarchies of bureaucracy in the administration of the hills. This also shows that the power of the chief could be easily deprived by the common households through the new social class. Gradually, real powers were now concentrated in the new social group, breaking the traditional social stratification of the Mizo society.

The introduction of Christianity brought about novel changes to the Mizo society. The Mizo Christians now adopted new identities based on western culture. Although some of the customs and traditional practices continued to be inherent in the society however, these could not always be retained or continued under the influence of the Christian mission. For instance, traditional Mizo practices of healing were consequently replaced by mission health care and western medicines. Besides, the common practice of drinking *zu* or rice beer on all important occasions was no longer permissible since it was severely condemned by the Christian missionaries and as going against the tenets of Christianity. In fact, traditional culture was completely assimilated under the forceful pressure of the mission enterprise.[41]

Further, Christianity and education led to the belief that modern institutions were the passport to salaried jobs, freedom from the uncertainty of cultivation, freedom from other customary tributes paid to the chief, and freedom from the hated forced labour. (Forced labour known to the Mizos as *Phutluih Kuli* was a system in which the chiefs were ordered by the colonial rulers to provide labourers as and when required by the latter). Verrier Elwin then advisor to the Governor of Assam stated, 'Christianity meant medical care, education and English language and richer material life.'[42] This was then the general concept of the hills.

[41] J. Meirion Lloyd, *On Every High Hill*, Synod Publication Board, Aizawl, 1984, p.46.
[42] Verrier Elwin, *A Philosophy for NEFA* (North East Frontier Agency, now called Arunachal Pradesh), Shillong, 1960, p.210.

New rules of land settlement were also introduced by the colonial rulers. As there were no fixed boundaries amongst the different chiefs, numerous disputes and clan feuds as well as internecine wars occurred several times in the hills. Therefore, in order to check periodic migrations and frequent changing of allegiance by the households, the British introduced several new land policies in the hills. In 1898, a new 'Land Settlement' was introduced in the hills by which the chiefs were given boundary papers validating their tenure in land.[43] Also, attempts were made to abolish the existing system of petty chieftainship by amalgamating them with chiefs who owned vast tracts of lands and villages.

Further, under colonial rule revenue was collected from the people which were House tax, Personal Residence Surcharge (PRS), Forest and Grazing tax and miscellaneous.[44] As a whole, the British did not assess the land but the houses. In fact, the house tax and PRS so collected were of the minimum. The PRS was collected from persons who lived in the two headquarters-Aizawl and Lunglei respectively. The object of the system was to control and discourage settlements around Aizawl and Lunglei by any who are not in the employment of the Government, the Mission or the employees of either.[45]

1.1.6. Mizoram in the Post-Independence Period.

After 1947, a notable feature was the inauguration of the Lushai Hills District Council on 25 April, 1952. (The name Lushai Hills District was changed to Mizo Hills District with effect from 1 September, 1954). Further, the Lushai Hills District (Village Councils) Act, 1953 was passed by the Lushai Hills District Council [46] With the establishment of the Village Council, the powers of the Chiefs

[43] Foreign Dept.Extl. A. Progs., Nos., 35-41, October 1899, Administration Report of the Lushai Hills form the year 1898-1899, p.7, Government of India, New Delhi (NAI).
[44] Proclamation: Superintendent Lushai Hills, dated Aijal, 31 August,1932 Government of Mizoram, Aizawl (MSA)
[45] *The Lushai Hills District Cover*, TRI, Department of Art and Culture, Aizawl, 2008, p. 78.
[46] *The Collection of Mizo District Council Acts, Regulations and Rules,* The Mizo District Council (Publicity Branch), Aizawl, 1970, p.1.

were withdrawn under the provisions of the Assam Lushai Hills District (Acquisition of Chief's Right Act, 1954).[47]

The allotment of *lo or thlawhhma or* agricultural lands were now no longer controlled by the chiefs but by the Village Councils. It is to be noted that the allotment of lands was properly made in 1953 only. In 1954, the bill was revised and approved by Tribal Areas Department, Government of Assam.[48] The Chiefs were no longer responsible for the collection of taxes for either the Government or for the District Council. Nevertheless, the chiefs were allowed to continue to get *Fathang* at the prescribed rates until they were compensated for being deprived of their former rights from 1 April, 1956.[49] Further, other important changes under the District Council was the abolition of the traditional taxes such as *Chi chhiah*, *Khuai chhiah* and *Sa chhiah* from 1 January, 1953 and the hated *Phutluih kuli* or force labour on 13 January, 1953.[50]

The years, 1959-1960, saw the emergence of a new political thought as the new political goal of the Mizos. The popular issue was the *Mautam* or famine caused by bamboo flowering in the hills (1959-1960). In spite of advanced warnings given to the Assam Government about the famine, their failure to take timely and adequate measure to combat the worsening situation[51] led to serious economic crisis. This subsequently saw the formation of a new political party called Mizo National Front (MNF) formed on October 28, 1961. Their policy was complete independence and secession from India. By 1966, the MNF started an armed revolution for the independence of Mizoram and all the inhabited areas of the Mizo. Within two or three months, the Mizo inhabited areas were affected.

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[47]'Weekly Confidential Report of Lunglei Sub- Division for the week ending 23rd January', 1954, op.cit.

[48] Tribal Areas No., TAD/R/109/53/5, Shillong, the 25th January 1954, Government of Assam and The Lushai Hills Regulation of 1954, TheLushai Hills District (Grazing Regulation,1954.) Government of Mizoram, Aizawl (MSA).

[49] Government of Assam Notification No.T/AD/R/103/52 (a) dated 23 March,1955 (vide Assam Gazette) Government of Mizoram, Aizawl (MSA).

[50] Chaltuahkhuma, *Political History of Mizoram*, Chaltuahkhuma, Aizawl, 1981, p.88.

[51] B.B Kumar, *Re- Organization of North- East India (Facts and Documents)*, Omsons Publications, New Delhi, 1996, p.60.

The Mizo independence movement was thus started from 1966 till 1986 by die-hard revolutionaries who expressed their aspirations 'through armed struggles against the procrastinated doctrinaire politics and ideology of economic policy-deprivation caused by the government due to the severe famine which occurred in the hills.'[52] In fact, this was the first major signal of an organized resistance against the administration and the government of India. From the beginning, one of the factors leading to the MNF movement was the economic crisis faced by the people of Mizoram. The economic plight of the people worsened during the first decade of the insurgency period.

From the first week of the armed revolution, the hills administration was more or less laid dormant due to the pressure of the MNF activities and the army operations. As a result of incessant operations undertaken by the Indian armies and due to the incapacity of the administration to tackle the problems of the revolution, Mizoram faced not only political crisis but severe economic dislocation which continued unabated. (It may be noted that economic backwardness continued till the 1980s). After 1970, there were talks and deliberations on both sides - the MNF and the Indian Government which lasted till 1986.

As per the North East (Reorganisation) Act, 1971, the demand for a full- fledged state in the form of resolutions and memoranda by the Mizos led to the conversion of the Mizo District into a Union Territory on 21 January, 1972.[53] Mizoram was divided into three districts- Aizawl, Lunglei and Chhimtuipui. On 30 June, 1986, a Peace Accord was signed between the Union Government and the Mizo National Front (MNF) in which the MNF surrendered their arms and ammunitions. Finally, by the State of Mizoram Act, 1986 and Constitution (53rd Ammendment) Act, Mizoram was conferred statehood [54] to become the 23rd state of the Indian Union.

[52] Orestes Rosanga, 'Colonial Legacies and Propaganda of Mizo Nationalism: A Critique of the Mizo National Front-Revolutionary Movement' in HJM, Vol. XIV, MHA, November, 2013, p. 208.
[53] B.B Kumar, op.cit., p.66.
[54] Ibid., p.67.

1.2. Development of Health Care in the History of Human Civilization : A Synoptic view.

Being of pre-literate traditions, it is quite difficult to reconstruct the health issues and mental attitude of early man as to their health problems and lifestyles. Much of the study has therefore been based on speculations although 'art, archaeological evidence, and microscopic clues from waste sites and food preparation areas as well as the insects these people attracted are also very helpful for study.[55] Apart from these, our knowledge of the health condition of the distant past is further enhanced by studies made by anthropologists, and palaeopathologists. Palaeopathology which is the study of human and animal remains and which investigates the history of diseases and their manifestations in ancient times has unraveled many of the hitherto unknown aspects of human health and diseases of ancient times. They have uncovered that many pathologies existed in ancient times especially in their study of mummies of ancient Egypt which ranged from prevalence of tuberculosis, urinary infections, urinary stones, parasitic infections and advanced atherosclerosis.[56]

Lack of recorded history of pre- historic times has thus led to many gaps in our understandings of the medical treatments, health and lifestyle of the people. In the struggle for existence, what can be known for certain is that early people fell and broke bones, were injured in hunting accidents, had difficulty finding food, had problems with child-birth, suffered illnesses and endured aches and pains for which they sought relief.'[57] Since the germ theory of disease was unknown, people had very little understanding as to the mechanisms and workings of the human body or why they became sick. Therefore from time immemorial, the sheer necessity to survive demands that ways and means be devised by man in whatever methods were known and from whatever resources were available to them in order to stay healthy.

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[55] Kate Kelly**,** *The History of Medicine, Early Civilizations –Prehistoric Times to 500 C.E*, Facts On File, Inc., New York, 2009, p.5.
[56] Farokh Erach Udwadia, *Man and Medicine*, Oxford University Press, 2000, p.3.
[57] Kate Kelly, op.cit., p.xv.

Human societies the world over have their own medical systems or therapeutic systems which consists of beliefs and practices that are consciously directed at promoting health and averting disease. According to Foster and Anderson, every medical system embraces a disease theory and a health care system which was further divided into Personalistic medical system and Naturalistic systems.[58] In Personalistic medical systems, disease is viewed as resulting from the action of "sensate agent" who may be a super-natural being (a deity or a God), a non-human being (such as a ghost, ancestor or evil spirit) or a human being (a witch or sorcerer) while Naturalistic systems view disease as emanating from the imbalance of certain inanimate elements in the body.[59]

Frederick L. Dunn has delineated three types of medical systems based on their geographical and cultural settings: local medical systems, which included most systems of "primitive" or "folk" medicine; regional medical systems such as Ayurvedic, Unani medicine in South Asia and traditional Chinese medicine; cosmopolitan medicine or medical system which refers to "modern," "scientific"or " western" medicine.[60]

In 'primitive' societies, healing agents such as magic, religion and experimentation with plants was prominent. In fact, modern historical research and the evidence of palaeontology and anthropology affirm that medicine originated in magic and flourished as a priestly art. Since disease and sickness were for the most part attributed to wronged Gods, spirits, curses, and taboo violation, the remedy or treatment so utilized was based on what they knew and encountered, i.e., through the process of trial and error. Medical treatment was therefore a heavy reliance on a combination of religious beliefs and practical remedies which Ackerknecht

[58] George M. Foster and Barbara G. Anderson cited in Hans A.Baer, Merill Singer and Ida Susser, *Medical Anthropology and the World System*, Praeger Publishers, USA, 2003, p.9.
[59] Ibid.
[60] Frederick L.Dunn, 'Traditional Asian Medicine and Cosmoplolitan Medicine as Adaptive Systems' in Charles Leslie (ed.), *Asian Medical Systems: A Comparative Study*, Moltilal Banarsidass, Delhi, 1998, p.135.

termed as "magico-religious" or "supernaturalistic ideas."[61] Here the role of the medicine man who was considered to be most often than not an esteemed member of the community becomes prominent. He is variously known as 'sorcerer, the witch doctor, and the *shaman*.' [62] In India, they are variously termed as *bhagats*, *bhopas*, *guniyas* and *bharra*.[63] Once consulted, it was the duty of the medicine man to offer ritual prayers, sacrifices and the necessary chants and incantations to the spirits and the Gods for health and blessings. Faroch Erach Udwadia postulated;

> "He (the medicine man) came to his profession in response to a call, a strange dream, an unusual experience, or on being convinced of possessing psychic powers and professed to commune with spirits, claimed knowledge of the stars, of the herbs that healed, of poisons that killed and of the means to propitiate invisible demons around him."[64]

He further suggested the existence of women practitioners or witch doctors whose domain were in childbirth as also of the existence of herbal healers.[65]

Empirical medicine also flourished in the form of massage, application of poultices, the use of medicinal plants and herbs and surgery which chiefly consists of treatments of wounds and of injuries to bones in which wounds were cauterized, and sutured with strips of tendons using needles made of bones.[66] Taking into account all these factors, Anthropologists has found that the healing methods or health care endeavour in all parts of the world by prehistoric people were very much similar in spite of the diverse geographic area that was inhabited.

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[61] Erwin Heinz Ackerknecht, *A Short History of Medicine*, Ronald Press Company, New York, 1955, p.12.

[62] Faroch Erach Udwadia, op.cit., p.4.

[63] P.C Joshi , 'Issues in Tribal Health and Medicines' in A.K.Kalla and P.C.Joshi (ed.), *Tribal Heal and Medicines*, Concept Publishing Company, New Delhi, 2004, p.40.

[64] Faroch Erach Udwadia, op.cit.,p.4.

[65] Ibid.

[66] Ibid.,p.5.

Early civilizations such as the Mesopotamians, Greeks, Egyptians, Romans, Chinese, Indians etc. had grasped the importance of preventing serious illness and epidemics and to make optimum use of the resources available to them for the protection and restoration of their health. Healing also included both physical and spiritual therapeutics.

A glimpse of medical care among the Mesopotamians can be seen from more than three thousand surviving clay tablets written in cuneiform, about a thousand of which concern medicine which consists primarily of prescriptions and specific medical procedures.[67] As an important aspect of health care, importance was given to cleanliness, and the notion of contagion was also understood with regard to some illnesses.[68]

In India, concepts of health care and medicine has developed and evolved from traditional customs and practices. The records has thrown light on evidences of orientation towards public health in the Indus valley cities. At both Mohenjodaro and Harappa, excavations in the houses of well- to- do citizens have exposed bathrooms, privies, elaborate drains, sewage soak-pits, rubbish chutes and brick-lined wells that must have minimized contamination of drinking water.[69] Besides, evidence of the preventive health measures adopted by the Harappans can be inferred from 'the cultural data which throws light on the concept and access of the Harappans to nutrition, safe drinking water, hygienic and civic facilities and biological evidence from the excavated sites in tracing diseases or infirmities prevalent during those times and the curative measures taken including surgery.'[70]

The earliest writings about medicine date from the Vedic period (c.1500- c.800 BC). These are contained in the *Atharva-Veda* which prescribes prayers, incantations, spells and charms to ward off diseases and such other natural

[67] Kate Kelly, op.cit., p.23.
[68] Ibid., p.25.
[69] Frederick L. Dunn, op.cit., p.148.
[70] Suraj Bhan and K.S Dahiya, 'Disease, Surgery and Health in the Harappan Civilization' in Deepak Kumar (ed.) *Disease and Medicine in India - A Historical Overview*, Indian History Congress,Tulika Books, New Delhi, 2001, p.3.

disasters. During the later Vedic period, many religious texts such as the *Brahmanas*, *Aranyakas*, *Upanishads* and *Sutras* also discussed human anatomy, physiology, pathology, psychology, surgery, therapeutics etc.

During this period, a gradual distancing from the '*bhishaya*', the healer or '*shaman*' was registerd by a move towards formal studies and systemization of medical knowledge.[71] Accordingly, medical pharmacopoeias and discussions on medical practices were composed, the most famous being that of Charaka (c.2nd Century BC) and that of Sushruta (c. 4th Century BC) which dealt with surgery. The compendia of Charaka and Sushruta are the products of a fully evolved system which resembled those of Hippocrates and Galen in some respects and in others had developed beyond them.[72] By about 1000 BC, Ayurveda, the traditional Vedic medicine which had gathered medicinal knowledge from Indian plants and handed down through oral tradition from teacher to his pupil became increasingly popular.

The ancient Greeks initially believed that health was a divine responsibility and illness as a supernatural phenomenon. Health was considered the highest goods, and disease a great curse because it removed man from the condition of perfection.[73] Later, the importance of personal life habits and environmental factors were recognized as indispensible for maintaining health. Hippocrates of Kos (c.460- c.370 BCE) also considered as the "Father of modern medicine" along with his followers were the first to describe many diseases and medical conditions. Hippocratic medicine was a departure from the religions and mystical tradition of healing as it stressed on the natural cause of diseases and not due to the action of some supernatural powers. The Hippocratic tract, *Airs, Waters, Places* also stressed the importance of locations in preventing diseases.[74]

Among the Romans, attempts have also been made to create environment for good health by giving due importance to ecological factors for human habitat. The

[71] Romila Thapar, *Early India : From the Origin to A.D1300*, Penguin Books, New Delhi, 2002, p. 257.
[72] A.L Basham, *The Wonder that was India*, Rupa & Co, Calcutta, 1967, p. 501.
[73] Henry E. Sigerist, *On The History of Medicine*, M.D Publications, INC: New York, 1960, p. 27.
[74] Kate Kelly, op.cit., p.148.

Romans believed that it was important to be at the foot of the hill and "exposed to health giving winds"[75] for overall health. This practice was extended to military settlements which were constantly shifted for fear the environment would affect their health if stationed too long in one place and also the manner in which burials within the city was forbidden and cremation so practiced. Cures to them could be affected through improvement in diet and lifestyle, taking medications or undergoing surgery. [76]

During the Middle Ages (500-1500 AD), the spread of Christianity led to the establishment of hospitals apart from religious institutions which rendered medical care to the poor and the sick. Healing acquired a new status in Christian doctrine as an act of charity, an act practiced out of religious devotion rather than a technical speciality and a subject of objective enquiry.[77] Christian healing thus emphasized on 'curing as an act of divine benevolence and faith the ultimate therapeutic resource.'[78]

The rise of modern science and technology has in course of time led to the advent or emergence of western medicine. During the Rennaisance, understanding of the anatomy improved and the microscope was invented. By the middle of the nineteenth century the knowledge of the science of bacteriology and microbiology ushered in a revolution in medicines.[79] The earlier accepted view that 'disease was due to 'miasmas', 'humors' , or 'vapour' or even the presence of oxygen in the air (the miasmatic theory of disease)' [80] was now challenged by the germ theory of disease which led to cures for many infectious diseases.

In the nineteenth century, the need to extend better medical care during wartime also led to the growth of military medicine with the establishment of the Red Cross Society and the profession of nursing. The Red Cross Society had its origin in Italy

[75] Ibid.
[76] Ibid., p.149.
[77] Dorothy Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern times*, Routledge, New York, 1999, p. 20.
[78] Ibid.
[79] Faroch Erach Udwadia, op.cit.,p.286.
[80] Ibid.

during the Franco- Austrian war (1859) when a young Swiss businessman, Jean Henry Dunant organised relief services for the wounded soldiers in the battlefield. His book, *Souvenir of Solferino* suggested that a neutral organization be established to aid the wounded soldiers in times of war.[81] Subsequently, the international conference held at Geneva upon deliberating the suggestions of Henry Dunant, established the International Red Cross Movement at the Geneva Convention of 1864.[82]

Moreover, the work done by Florence Nightingale or 'the lady with the lamp' also established the profession of modern nursing which further led to reforms in hospital care.

Public health measures were still under-developed through the eighteenth century in the sense that the health care systems and living conditions were unhygienic and primitive. The need for public health soon gained ground and became a state concern in the nineteenth century on account of the rapid growth of cities which co- existed with the need for systematic sanitary measures.

In England, the Public Health Act of 1875 was brought into force by Chadwick followed by sanitary reforms by Sir John Simon who built up a system of public health in England and admired by the rest of the world.[83] Public health movements in America followed suit which consequently became popular throughout the western world. Also, increasing awareness of the poor and sick of their rights made it imperative for the state to finance public health. This era was also marked by new innovations in sanitation, immunization and the birth of preventive medicine whose foundation was however solidly laid in the nineteenth century.

By the twenty first century, apart from the establishments of hospitals, numerous fields of science and research centres which involved many new biological treatments (antibiotics, chemistry, genetics and lab technology) were established.

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[81] www.redcross.org.uk/.../History.../Beginning -of-the-Movement. retrieved on 7 March, 2011.
[82] Ibid.,300
[83] K.Park, *Text book of Preventive and Social Medicine*, Banarsidas Bhanot, Jabalpur, 2002, p.5.

Besides, nationwide systems of public health regulation, hospitals, medical education and health insurance evolved under the auspices of churches, governments, and voluntary organization.[84] The scope of medicine has thus evolved and expanded through the ages to include not only the health problems of individuals but also to improve the health of the communities at various levels.

1.3. Approaches to Health Studies.

Health is a concept that human societies have developed in order to describe one's sense of well being. Historically, the word 'health' appeared approximately in the year 1000 A.D.[85] It is derived from the English word 'hale' which meant 'wholeness, a being whole, sound or well.' [86] Health is therefore the level of functional or metabolic efficiency of living beings. In humans, it is the general condition of a person's mind, body and spirit. In fact, sound physical and mental health are the essential prerequisites of health. Physical health or physical well-being is defined as something a person can achieve by developing health- related components to one's lifestyle while mental health refers to a person's cognitive and emotional well-being.

The concept of health has been subjected to various analysis. Amongst many, J.E Balog has suggested three major views of health- the traditional concept, the World Health Organisation concept and the ecological concept.[87] The traditional concept views health solely in terms of the lack of disease, symptoms, signs or problems and that developments in the area of anatomy, bacteriology and physiology made distinctive contributions. However this view has been criticized on the ground that

[84] William A. Glaser, "Medical Care- Social Aspects" in *International Encyclopedia of Social Sciences*, Vol.9, Collier- Macmillan, London, 1972, p.95.
[85] Evely Boruchovitch & Birgitte R.Mednick, 'The meaning of health and illness: Some considerations for health psychology' PSICO – USF (Impr.) Vol.7 no.2 Itatiba July/Dec.2002, p.175. http://www.scielo.br/pdf/pusf/v7n2/v7n2a06.pdf. retrieved on 13.9.2013.
[86] http://www.medical news today.com/articles/150999.php,p .1. retrieved on 12.9.2012.
[87] J.E Balog quoted in 'The Meaning of health and illness: Some considerations for health psychology,' Evely Boruchovitch and Birgitte R. Mednick , p.175.

to be healthy, individuals do not necessarily need to be in an absolute disease-free state, but they probably will have less disease than unhealthy people. [88]

With regard to the World Health Organization (WHO) concept, health has been defined in 1946 as "A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity."[89] This definition has however been subjected to many controversies as it focused primarily on the positive aspects of health. Amongst many, Frederick L.Dunn opined, "It implies that the condition of being healthy is static and absolute and does not provide for differences in perspectives."[90] An article in *The Lancet* also stated that World Health Organization's (WHO) definition of health will not do in an era marked by new understandings of disease at molecular, individual and societal levels.[91]

The ecological concept of health that emerged in the 1960s and 1970s conceptualized health as individuals' capacity to adjust adequately to their environment, and their ability to adjust to environmental stresses. In fact, environment and its constant source of supplies has been regarded as an essential criteria for survival and general health and welfare, to maintain an adequate state of equilibrium so as to withstand the daily stresses of living.[92]

As major health determinants, growing importance has also been given to an individual's psychological, economic and social circumstances. In line with this the sociologists argued that a more holistic or socio- environmental approach to health must also encompass the idea of positive health and living which emphasizes the need to prevent disease and which requires an understanding of how people maintain their health.[93] They thus examined the social function of medical knowledge in which factors affecting health ranged from standard of living and occupational conditions to socio- psychological experiences at work

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[88] Ibid.176.
[89] http://www.who.int/about/definition/on/print. htm retrieved on 13.9.2013
[90] Frederick L.Dunn, op.cit., p.133.
[91] *The Lancet*, Volume 373, Issue 9666, March 2009, p.781 in http://www.medical news today.com/articles/150999.php. retrieved on 12.9.2012.
[92] Victor J. Freeman, 'Beyond the Germ Theory : Human Aspects of Health and Illness' in *Journal of Health and Human Behaviour*, Vol.1,No.1. American Sociological Association, 1960, p.12. http://www.jstor.org/stable/2955593. retrieved on 10.8.2011.
[93] Sarah Nettleton,op.cit., pp.33-34.

and at home, of men's and women's social roles and of hierarchical status groups based on ethnicity.[94] They argued that good social environment and not more medicine would produce healthier populations. [95] A natural reaction to the social and behavioural aspects of health has therefore in recent decade encouraged or influenced public policy to adopt a healthier lifestyle or mode of living.

Further, within the sociological perspective, two major theoretical perspectives on health exists – the Functionalist or Parsonian Sociology of health and Marxism. Talcot Parsons, within the Functionalists tradition identified illness as a social phenomenon rather than a purely physical condition and defined health as the state of optimum capacity of an individual for the effective performance of the roles and tasks for which he/she has been socialized.[96] Health within the functionalist perspective was thus essential for the smooth functioning of society wherein to be sick is to fail in terms of fulfilling one's role in society.

The Marxist perspective of health and illness is oriented towards the social origin of diseases by which the capitalist economic system tended to influence the health of the population at two levels. First, at the level of production, health is affected either directly in terms of industrial diseases and injuries, stress –related ill health, environmental pollution, the process of consuming the commodities themselves such as eating processed foods, chemical additives, car accidents and so on.[97] Second, factors like income and wealth are believed to be major determinants of people's standard of living - where they live, their access to educational opportunities, their access to health care, their diet and their recreational opportunities.[98] Therefore the level of distribution is regarded as a significant factor affecting people's health in the long run.

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[94] Kevin White, *An Introduction to the Sociology of Health and Illness*, Sage Publishing, London, 2002, p.2.
[95] Ibid., p.38
[96] Healthknowledge.org.uk/public –health-textbook/medical-sociology-policy -economics/.../section 1, retrieved on 13.9.2013.
[97] Ibid.
[98] Ibid.

Michel Foucault's sociology of health or Foucauldian approach analysed medicine as a product of the administrative state, policing normal behaviour, and using credentialed professionals to enforce compliance with the 'normal' and the willingness of most of us to comply with societal norms. [99] Foucault noted that it was within the discursive practices of eighteenth- century medicine in Paris that contemporary notion of disease was developed - teaching, research, treatment and observation all took place for the first time in the hospital and that the body was the prime focus of these medical activities, and came to be the main site of disease.[100] This had important ramifications in the relationship between power and knowledge. In fact, the clinical gaze or medical power enabled medical men to assume considerable social power in defining reality and in identifying deviance and social order.[101]

Further, Feminist sociologists upon stressing that controlling women's ability to reproduce is central to a patriarchal society argue that almost all the medical attention paid to women is around their reproductive organs and their life cycle as it relates to their ability to have children.[102]

Human health and disease, health care systems and bio-cultural adaptations have also been studied by medical anthropologists which since the 1960s, has developed three major orientations -medical ecology, which views populations as biological as well as cultural units and studies interactions among ecological systems, health and human evolution; ethno-medical analysis, which focuses on cultural systems of healing and cognitive parameters of illness and; applied medical anthropology, which deals with intervention, prevention, and policy issues and analyses the socio economic forces and power differentials that influence access to health care.[103] Further, many medical anthropologists regard health to be

[99] Cited in Kevin White, op.cit.,p.9.
[100] Cited in Sarah Nettleton, op.cit.,p.21.
[101] Cited in Bryan S.Turner, *Medical Power and Social Knowledge*, Sage Publications, London, 1995, p.12.
[102] Ibid., p.10.
[103] A.McElroy, 'Medical Anthropology ' in D.Levinson, M.Ember , *Encyclopedia of Cultural Anthropology*, Henry Holt, New York, 1996, p.1, www.univie.ac.at/ethnomedicine/pdf/Medical Anthropology.pdf. retrieved on 13.9.2013.

a cultural construction whose meaning varies from society to society or from one historical period to another.[104] Consequently, what is considered healthy in one society may not be so in another social context.

Today Critical Medical anthropologists analyses the impact of global economic systems, particularly captalism on local and national health. Political economists such as Soheir Morsy, Hans Baer, Lynn Morgan, and Merill Singer argue that change programs should not be attempted unless one studies the social production of illness and poverty within the larger dynamics of class interactions, colonialism or world economic system.[105]

Clinical anthropologists has also emerged, influenced by Michel Foucault's writings on the historical production of medical knowledge and the notion that the body can become an arena in which social control issues are played out. [106] The health of indigenous societies have further been studied by Cultural anthropologists. In their research upon indigenous societies they have remarked upon the health and vigor of the people whom they encountered.[107]

Anthropologists has also noted how conceptualizations and explanations of health has been shaped by prevailing culture and ideologies. Emily Martin surmises how the nineteenth and most of the twentieth century were replete with mechanical metaphors, and were preoccupied with ideas about hygiene, contagion, germs and so on and that by the end of the twentieth century, the central motif of health was that of immunity.[108] Her analysis of data generated by participant observation further reveals that the immune system is 'at the centre stage of the way ordinary people think of health'.[109]

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[104] Hans A.Baer, Merill Singer and Ida Susser, *Medical Anthropology and the World System*, Praeger Publishers, USA, 2003, p.4.
[105] Ibid., p.7.
[106] Ibid.
[107] Ibid.,p. 5.
[108] Emily Martin (1989) quoted in Sarah Nettleton, *The Sociology of Health and Illness*, Polity Press, Cambridge, UK, 2006, p. 42.
[109] Ibid.

As noted, a scientific definition of health is quite difficult to come by in spite of several efforts 'to construct a unique and universally valid concept of health'.[110] Although most theorists defer as to the components of health, some consensus do occur, as in the 'agreement of most researchers that health is a multidimensional construct, and that a universally valid concept of health is unattainable.'[111] Although such may be the case, what is significant however is those factors which enables an individual to attain a measure of health- physically as well as mentally so as to cope with the natural environment, the built environment and the social environment. Certain factors like clean water and air, adequate housing, safe communities and roads have in fact been found to contribute to good health and well being. As such, various health care endeavors and health promotion programmes should strive to bring about a more complete view of health, 'enhancing self- actualization, self- fulfillment and quality of life'.[112]

The achievement and maintenance of health has evolved throughout the years and is an ongoing process. Today, the health care practices and knowledge that man had accumulated through time and space as well as personal strategies and organized interventions such as those practitioners trained in various health care professions had enabled to bring about a measure of improvement to human health.

1.4 Health Care in Mizoram : A Review of Literature.

The study of Mizo notion of health and practices of medicine has been fostered by available ethnographic accounts of Mizoram by colonial ethnographers, writings of indigenous authors and the Christian foreign missionaries who extended mission work among the Mizos from the late nineteenth century. Accounts on health and medicine are often however scanty and fragmentary, a common feature in most works on Mizo history, be it colonial ethnographers, foreign Christian missionaries or even from works done by Mizo authors. A review of some published works, reports, gazetteers, newspapers etc. has therefore been done to give a coherent

[110] Evely Boruchovitch and Birgitte R. Mednick, op.cit., p.177.
[111] Ibid.
[112] Ibid., p.181.

form in as much as possible on the various aspects of health care among the Mizos as also of the social, cultural, religious and political history of Mizoram.

Among the early colonial writers, Capt.Thomas H.Lewin's works, *The Hill Tracts of Chittagong and the Dwellers therein* (1869) is considered to be the first book on Mizo tribes ever written. Here, the author gives a graphic account of the various Mizo tribes and other tribes living in the Chittagong hill tracts. In relation to the Mizos, their village systems, societal norms and customs, the role of the chiefs, the art of war etc., were all aptly described. He has also highlighted certain preventive measures undertaken at times of sickness as well as some of the common diseases and illnesses in relation to Mizo diet. The said book was reprinted in 1870 entitled, *Wild Races of Southeastern Asia*. Another work of T.H Lewin, *A Fly on the Wheel or How I Helped to Govern India* (1912, London & rpt.2005, Aizawl) also contains first hand information of the tribes obtained during his sojourn among the hill tribes.

Further, J. Shakespear's work, *The Lushei-Kuki Clans* (1912, London) is a widely acclaimed work which mainly focuses on the Mizo domestic lives, laws and customs, religion, folklores and languages. Although Mizo utilization of traditional medicines has not been explicitly dealt upon, from an account of the traditional sacrifices and ceremonies, some aspects of health care endeavor could be gleaned.[113] The work is however appreciable in that it gives first- hand information on the various aspects of Mizo society.

N.E Parry's, *A Monograph on Lushai Customs and Ceremonies* (1927, Shillong) also provides us with insight into the Mizo traditional customs and practices and according to which cases were decided by the chiefs and the village courts. Another work of N.E Parry, *The Lakhers* gives us clear insight into the lives of the Lakhers (Maras) one of the ethnic divisions of the Mizos occupying the extreme southern part of Mizoram. He has given an in-depth account of the medicinal

[113] J.Shakespear's *The Lushei-Kuki Clans*, op.cit., pp.70 - 77.

practices of the Maras which is quite illuminating.[114] However, as the work is about a specific Mizo tribe, it is not sufficient to have a wider knowledge of the health care practices of the Mizos.

A.G Mc Call has also brought out a very inspiring book, *Lushai Chrysalis* (1949, London) which mainly deals with the establishment of colonial authority in Mizoram as well as various aspects of the culture, polity and socio- economic lives and indigenous medical sciences of the Mizos. Further, *The Lushai Hills District Cover* (1938, Calcutta) by A.G Mc Call gives us a detailed review of standing orders, rules and policies for better administration of the then Lushai Hills.

The Christian foreign missionaries who served in Mizoram from the latter part of the nineteenth century also left valuable accounts of the hills.

On Every High Hill by J.Meirion Llyod gives us some information on the works of the early Christian missionaries among the Mizos. The early medical works of the missionaries, the Mizo reaction to western medicine and their subsequent acceptance has also been mentioned.[115] The work however did not touch on the important changes in the colonial period. *History of the Church in Mizoram - Harvest in the Hills* (1991, Aizawl) by the same author traces the changes in the lives of the Mizos during the first fifty years of being introduced to the Christian gospel and the growth and work of the Presbyterian Church in this respect. In the realm of health, the work is appreciable in analyzing the various aspects of medical works undertaken by the Church.

5 Years in Unknown Jungle (1912, United Kingdom) by Reginald A. Lorrain, a pioneer missionary among the Maras deals with the society, culture, religious beliefs and practices in south Mizoram. The author vividly describes his stay among the Maras- the introduction of Christianity and the rendering of medical aid to the people. However, the work covers only till 1911 and does not deal with the

[114] N.E Parry, *The Lakhers*, op.cit., 169 -171.
[115] J.Meirion Llyod, op.cit., *On Every High Hill*, pp. 37-39.

wider socio-cultural impact of modern medicines and health care in the subsequent period.

Further, *Medical Mission in Mizoram* "*Personal Experiences*" (1987, Aizawl) by May Bounds and Gladys M. Evans deals with the personal experiences of the two authors as mission nurses in Mizoram and the various aspects of medical aid rendered to the people. This work is appreciable to an extent since detailed accounts of the running of the Durtlang Hospital (the first mission hospital established in the hills now known as Synod Hospital, Durtlang) has been reflected upon and how the first training school for nurses was established along with the establishment of Health Centres in distant villages. However, the medical works of the missionaries in the post independence period has not been highlighted.

Dictionary of the Lushai Language by James Herbert Lorrain (1940, Calcutta), one of the pioneer missionaries to the Lushai Hills has become a useful source for the study of the Mizo Language even after many years of its publication and even after several reprints. J.H Lorrain has extensively recorded many plants used as medicines by the Mizos along with their methods of preparation and also various traditional Mizo sacrifices for cure and treatment and prevention of diseases. Some of the medicinal plants recorded by him were however not of indigenous origin but brought to the Hills at a later date by the colonial rulers. For example, *tlangsam*, a straggling bush, the juice of which is used to heal cuts and wounds and very popular amongst the Mizos is said to be not indigenous in origin but was as J.H.Lorrain himself wrote 'introduced into the Lushai Hills by the government land –surveyors.'[116] He is no doubt the first to provide a comprehensive list of Mizo traditional medicines.

Information on the work of the pioneer Baptist Missionaries of south Mizoram is also gleaned from the monograph on the Mizo Hills, *Set on a Hill* (1993, Serkawn,

[116] James Herbert Lorrain, *Dictionary of the Lushai Language*, The Asiatic Society, Calcutta, 1997, p. 512.

Lunglei) by Dorothy Glover compiled by the Baptist Church of Mizoram which contains a record of the contribution of foreign missionaries in the south Lushai Hills. However as in most missionary narratives, overt appraisal of the work of the Christian missionaries is noticeable especially in the domain of health care wherein the author explicitly outlined the great ignorance and pathetic condition of the Mizos in health and hygiene as also of the attempts of the missionaries to rectify such a condition.

Annual Reports compiled by the Christian missions are also valuable sources of information. *The Report of the Lushai Hills, 1896 - The Reports of the Lushai Hills of the Presbyterian Church of Waleson Mizoram 1894-1957* (1997, Aizawl) provides in-depth account of the establishment of the Presbyterian Church of Wales in Mizoram and covers the time span between the entry of the pioneer missionaries to the north Hills in 1894 till 1957. In its annual reports, various aspects of health services rendered by the Church which had to do with the initial rudimentary extension of medical services to the Mizos by the pioneer missionaries, the growth and development of the Mission Hospital, dispensaries and the training of nurses have all been focused upon. As in other missionary reports, the good work of the Christian mission and the great benefits reaped by the native population was a prominent feature in all the reports. However, the report in many places suggests an attempt to glorify western medicines and modern health care wherein traditional health care was criticized and sidelined by the Christian missionaries.

The Annual Report of the Baptist Missionary Society on Mizoram 1901-1938 (1993,Mizoram)also provides valuable account on the development of health care, education and other social changes taking place in south Mizoram. In every annual report, an account of medical services rendered to the people of south Mizoram has been recorded. However, the report being missionary-centric, emphasis seems to be given more on the increase of converts to the new faith made possible by the missionary zeal of the Christian missionaries and in particular, the great role played by the introduction of western education and medicine. On the other hand,

attempts to discredit Mizo methods of health care is reflected in the manner in which the Report in several instances described Mizo customs as "heathen customs" and as "superstitious" and the great ignorance of the Mizos in matters of health care.

Further, the Mizo authors have considerably enriched our knowledge on the various aspects of Mizo customs and traditions.

Among the local authors of the colonial period was Liangkhaia who wrote *Mizo Chanchin* (1938, Aizawl). The work being based on oral tradition and personal experiences is significant in that it was the first published work done by a Mizo on the history of the tribe dealing with the society, religion, economy and culture. Although he has not specifically mentioned the medical practices and health aspects of the Mizos, it has become an important source material in studying Mizo history.

In the post- independence period**,** *Mizo Chanchin (Mizo Hun kal Zela Thilthleng Chhinchhiahna)4000 B.C. to -1976 A.D* by V.Lunghnema on Mizo religion is quite informative and is one of the few Mizo authors to specifically describe the different diseases and sickness of the Mizos in the olden days and the treatment to be followed for the same.[117]

V.L.Siama's *Mizo History* (1953, Aizawl) is another engaging book which also referred to the historical background of the Mizos. In the realm of health, the author appraised the role of western medicine and other health services introduced by the colonial rulers and the Christian missionaries and also their favourable impact upon the health of the Mizos. Although he does not give in-depth account on the health care aspects, he has provided some insight as to the orientation of the minds of the Mizos towards sickness, disease and health.

[117] V.Lunghnema , *Mizo History- 4000 B.C-1976 A.D*, H.Zairema, Churachandpur, Manipur, 1993, pp. 211-221.

Hmanlai Mizo Nun (1998, Serkawn, Lunglei) by C.Lianthanga is another book which portrays in detail on the history, society, religion, economy and cultural lives of Mizo society. The author has also delineated a separate section as to how the Mizos took certain precautionary measures so as to avoid epidemics and other diseases.[118]

Among the Mizo authors, K.Zawla is quite eminent, his work on Mizo History, *Mizo Pi leh Pute leh an Thlahte Chanchin* (1964, Aizawl) is another noteworthy publication without which the writing of Mizo history cannot be completed. His enumerated lists of Mizo proverbs and do's and don'ts or those acts and deeds considered as unlawful or tabooed in Mizo society amounting to a hundred in number is most illuminating for researchers of Mizo history and in understanding societal norms and customs.

A recent publication, *Zofate Lo Khawsak Chhoh Dan* (2000, Aizawl)by F.Rongenga has traced the evolution of Mizo society in matters relating to various aspects of Mizo customary practices, village administration, food production or methods of agriculture till the period of colonial rule and the changes that colonialism of the Hills entailed. In relation to health, he is among the few Mizo authors to refer to the Mizo negligence on cleanliness. However, he has specifically discussed the various contributory factors responsible for the healthiness of the Mizos. Besides, his narratives on the growth of health services in the colonial and post-independence period has greatly supplemented the scanty writings on health care in Mizoram.

James Dokhuma another prolific writer has further contributed to the writing of Mizo history through his works, *Hmanlai Mizo Kalphung* (1976, Aizawl) and *An va Hlu em - Thil nung Tinreng* (1995, Aizawl) provides us with in-depth knowledge on all facets of Mizo society and culture of the pre-colonial period. His discussion on Mizo religion and corresponding ritual sacrifices for prevention and

[118] C. Lianthanga, *Hmanlai Mizo Nun*, Mizoram Publication Board, Serkawn, Lunglei, Mizoram, 1998, pp. 118- 119.

treatment of diseases connotes the existence of numerous sacrificial rituals of the Mizos and may serve as important references for research works.

Pi Pu Nun (1974, Aizawl) by Challiana, a small book considered to be one of the most reliable text on Mizo history has also filled the gap on the early Mizo society, culture and religion.

Recently, Rev. Zairema, a prominent writer of Mizo history has produced a very informative book *Pi Pute Biak Hi* (2009, Aizawl) which discusses in a most detailed manner on the religion of the Mizos. He has attempted to construct the religion of the Mizos based on their world-view. He further extolled as to how the traditional Mizo world view had a lasting imprint in that it still influenced their mindset even after conversion to Christianity.

Lusei Leh A Vela Hnam Dangte Chanchin (1994, Aizawl) by Vanchhunga is about the Mizos and other ethnic divisions of the Mizo clan and has become the most celebrated work written by a local author. His work is relevant as he narrated empirical evidences of the negative reactions of the Mizos to the change in their culture and religion as a result of the new faith of Christianity. His emphasis on the great ignorance of the Mizos on their many 'superstitious' beliefs may be said to be more in line with the Christian missionary's perspective which fail to take into account its varied function in traditional Mizo society. Nevertheless many of his recollections in the intersection between traditional beliefs and Christian beliefs provides a basic foundation for the study of Christianity in Mizoram.

The Mizo Chief's Council had made a very important contribution upon its publication of *Mizo Lalte Khua lehTui Awp Dan*. The main purpose of this book as could be gleaned from the preface was 'to bring out the merits of the administrative system invoked during the days of governance of Mizoram by the chieftains of Mizoram called *Mizo Lalte*.'[119] The work has greatly enhanced our understanding on the role of the chief in various aspects of Mizo society.

[119] *Mizo Lalte Khua leh Tui Awp Dan*, The Mizo Chief's Council, 1982, preface.

Ka Thil Tawn Leh Hmuhte by Dr.Lalthanliana (2008, Aizawl) may be said to be the only initiative till date undertaken by a Mizo author to provide an account of medical services and public health rendered to the Mizos on the part of the government. Written in the form an autobiography and based on empirical knowledge, the author who was one of the earliest Mizo medical doctor traces the evolution and growth of medical services in Mizoram from the early colonial period till the early 1980s.

Mizoram District Gazetteers (1989, Aizawl) contains information on the state of Mizoram concerning the general history of the land, the people, important events etc. Information and some data on medical and public health services has been outlined ranging from an overview of health and medical facilities of the early period of Mizo history to the general condition of public health and government's undertakings in the medical and health sector till the 1980s. On the other hand, whatever informations could be gathered were sometimes brief and sketchy which requires corroboration from other sources.

Finally, the review of existing source materials cannot be completed without mentioning the prominent newspapers published during the colonial period- *Mizo Leh Vai Chanchinbu*, *The Lakher Pioneer* and *Kristian Tlangau*.

Mizo Leh Vai Chanchinbu a secular and monthly newspaper was first published under the aegis of Mr A.G.Giles in 1903. Being the first and only newspaper at the time, the news and articles that were published consisted of a wide range of issues written not only by non- Mizos but by the Mizos. It in fact served to bridge the gap between the lack of written history on the part of the Mizos. With reference to the present study, it acted as storehouse of information in matters of health, hygiene, cleanliness and sanitation.

The *Kristian Tlangau* (initially known as *Krista Tlangau*) was a monthly newspaper run by the Presbyterian Church, and was first published in 1911 by the

Welsh Mission Bookroom, Aizawl. Religious aspects aside, we also occasionally comes across some brief articles on the uses of Mizo medicine, various notifications of the Red Cross Committee and works done by other civil society organization like the Young Lushai Association (now YMA) in disseminating health care rules to the public. It may be noted that from June 1936 till 1954, various YLA news and articles were appended to the *Kristian Tlangau* under the caption, '*Kristian Tlangau Thubelh, Young Lushai Association* which enabled the creation of health awareness and maintenance of community or public health on a wider scale.

It may be noted that in both the aforesaid newspapers ie., *Mizo Leh Vai Chanchinbu* and *Kristian Tlangau*, the present thesis has drawn much references, but these were brief and fragmented for the most part. Apart from this, there are only stray references on the health practice of the tribe wherein the uses and function of traditional medicines, their continuity after western medicine and modern health care was introduced has not been adequately dealt with in any of the articles. Though insufficient, they acted as important source materials and as common platforms wherein the people could project their views, ideas and opinions to the general public at a time when other recourses were unavailable.

The Lakher Pioneer (1905, London) was started under the patronage of Reginald A.Lorrain, the pioneer Christian missionary among the Maras. It was first started with 'Notes from Lakher Land' as an official organ of the Lakher Pioneer Mission. Being a quarterly newspaper dealing with the work of the said mission for the spread of the Christian faith in the south hills, it became an important source for constructing the socio- cultural and religious lives of the people. In the realm of health care, the role of the missionaries and their medicines has been lauded and appraised as an important instrument for conversion to the new faith and of undermining the traditional rituals and sacrifices. However, almost nothing has been penned down by way of the people's initial reaction in terms of either the introduction of new medicines or of the new faith.

1.5. Structure of the Study.

This thesis is divided into the following chapters:

The first chapter is divided into four sections. The first section deals with the historical background of Mizoram; the second consists of a synoptic view of the evolution of health care from pre-literate societies to modern health care and technologies; the third addresses the various approaches to health studies by social scientists and; the fourth section consists of a review of existing literatures on the present study concerning Mizoram.

The second chapter illustrates the cultural perspectives of the Mizos in understanding notions of health and facilitating health care in the pre- colonial period. It focuses on the various socio- economic, political, religious and environmental factors as well as the cultural factors, beliefs and practices that affected the health of the people.

The third chapter deals with the introduction of western medicine among the Mizos in the last decade of the nineteenth century. The chapter also considers the resistance to and subsequent popularity of western medicine among the Mizos as well as the various health promotion measures deployed by the colonial administration. The stand with which traditional medicine has been placed with the introduction of western medicine is also examined in this chapter.

The fourth chapter begins by tracing the origin, growth and gradual development of the medical works of the various foreign Christian missions in Mizoram then at work. The last parts of the chapter analyses the intersection between the Christian missionaries' concept of health care with that of the Mizo traditional concept, the Mizo response as also of the corresponding changes wrought by the medical mission within the society.

The fifth chapter illustrates the efforts and works of the major civil society organisations then in vogue prior to 1972, the Lushai Hills District Red Cross Society, the Young Mizo Association (YMA) earlier known as Young Lushai Association (YLA) and the Mizo Hmeichhe Tangrual (MHT). The chapter traces their various programmes in the realm of health care and the manner in which rules of healthy living and hygiene were disseminated to the public.

The sixth chapter investigates the health scenario of the hills in the post independence period, the various changes and new beginnings made in the arena of health care by the government.

The last chapter is devoted to the summary of the research.

CHAPTER – II

HEALTH CARE IN THE

PRE - COLONIAL PERIOD

CHAPTER - 2 : HEALTH CARE IN PRE-COLONIAL MIZORAM

A study of the health concepts, practices and methods of health and healing of the Mizos provides us an insight into their socio-economic, cultural and religious lives. As in the case of most 'primitive' cultures, maintaining good health and overcoming disease was an important factor among the Mizos in the olden days as of today. Since the germ theory of disease was unknown to the Mizos, people had very little understanding as to the mechanisms and workings of the human body or why they became sick. Nevertheless, with whatever resources were in hand, through ritual practices, traditional health practitioners, and with a still greater understanding of the environment in which they lived, considerable efforts were made by them to search for cures or therapeutics from their sufferings

2.1. The Mizo Concept of Health and Disease.

Health being the primary need of all, the Mizos in the olden days considered good health to be very important as of now and had their own ideas about sickness and treatment. Margaret Read has given an account of the Navaho (American Indians) concept of health which relates to the Mizo concept of health too;

> "Health is symptomatic of a correct relationship between man and his environment, his supernatural "environment", the world around him and his fellow man and that it was associated with good blessing and beauty- all that was positively valued in life." [120]

Further, the Mizo concept or view of illness is reflected in the Egyptian context;

> "Amongst the peasants of rural Egypt, illness must be associated with pain and discomfort; otherwise it is not regarded as illness. The presence of mild ill health was regarded as part of normal life, and if anyone is indisposed or 'out of sorts with such symptoms as

[120] Margaret Read, *Culture, Health and Disease – Social and Cultural Influences on Health Programmes in Developing Countries*, Tavistock Publications Limited, London, 1966, p.25.

> mild fever, headache, cough, diarrhoea, he can be treated with home remedies and no outside help is sought." [121]

This is applicable to the Mizos too wherein mild ill health was regarded as part of normal life and one would continue his daily round of works as before however discomfited or uncomfortable he may feel. If an individual was afflicted with such symptoms as mild fever, an occasional headache, stomachache or general body pain or weakness, he was treated with home remedies and no costly sacrifices were made. In fact, a notable feature in most primitive culture or even contemporary primitive culture was the similarity ascribed to health and disease as noted by Erwin Heinz Ackerknecht in the case of the Apaches;

> "…..at first, there is not much speculation as to the character, and origin of his "indisposition." The patient rests, and household remedies are applied. Only when no improvement can be obtained in this way does the sick man really think of "disease."[122]

In line with this, it has been noted by anthropologists that usually among the tribals, a man or woman is usually not considered affiliated with some disease unless and until the individual feels incapable of doing normal work assigned to the respective age and sex in that culture.[123] Further the universal index of a threat to health is expressed through withdrawal from work.[124] Thereby, among the Mizos too, a person was considered to be really sick only if and when he was afflicted with serious and disabling diseases which prevented him from working or going to his *lo* or agricultural land. Good health therefore implies the ability to work.[125]

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[121] Margaret Read, op.cit., pp. 26-27.
[122] Erwin Heinz Ackerknecht, op.cit., p.11.
[123] L.K.Mahapatra, 'Concept of health among the tribal population of India and its Socio-cultural co- relations' cited in J.J.Roy Burman , *Tribal Medicine*, Mittal Publication, New Delhi, 2003, p. 8.
[124] Ibid.
[125] Interview of Lalnundanga, (88 yrs), Chhinga Veng, Aizawl on 12.4.2010.

Attempts were made to preserve one's health and to avert at all costs any misfortune that was likely to cross their way. For instance, two members of a family undertaking a journey on the same day but in opposite directions or towards the north and the south was considered to be a bad omen. If such was the case, one of them would most likely undertake his journey the next day. Rev.Zairema asserted that in order to maintain good health or to avert diseases people would normally wear charms like *kelmei* which was a tuft of goat's hair and dog's teeth around the neck as well as the nails of bears as a protective amulet against wild beasts. [126]

The Mizos also believed in the contagion of diseases as a result of which '*hridai theu'* or putting a village in quarantine was so observed at times of epidemics. This meant that if a village was afflicted with such an epidemic, no outsider was allowed to enter or visit their village for any reason and if a neighbouring village was too afflicted by the same, the chief would strictly forbade his subjects to visit such a village.[127] At such a time, they were extra-careful not to be infected that no one was permitted to play upon any musical instrument or even to hear the humming sound of the *vuk-vuk,* (a child's toy) since it was believed that such sounds would call forth the diseases.[128] Such was the fear of being infected that a person would tend to conceal or keep it as a secret even any minor disease or sickness that he or she suffered from.

Enquiring about the health history of the bride-to-be was also the norm within the society. In case a chief's son was on the look-out for a bride, an emissary or go-between would be sent to physically verify the health of the girl so chosen. If and when any health problem was found or detected, any arrangements for the marriage would be immediately postponed or cancelled. Even during raids the Mizos would always be on the lookout for healthy male and female for their slaves. In fact, the Mizos were very particular about a family's health history, the belief being that only a healthy woman was likely to produce healthy children.

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[126] Zairema, Pi *Pute Biak Hi,* Zorun Community, 2009, p.91.
[127] *Mizo Lalte Khua leh Tui Awp Dan Tlangpui,* op.cit., p.6.
[128] C.Lianthanga, op.cit., p.118.

2.2. Settlement Patterns: Reflections of Health Care Notion by the Mizos.

The manner in which specific locations were chosen by the Mizos for settlements or villages was to an extent a reflection of their attempt in caring for their health and to avert the possibility of illness and diseases that may fall upon them. Evidences show that the Mizos continually shifted their villages usually after every four or five years.[129] To this, James Dokhuma has cited four main reasons: first, due to constant war with their neighbouring villages; second, the need for new fertile lands for cultivation; third, unhealthiness of the village community; fourth, adherence to particular beliefs; and fifth, at times of famines.[130] There were also instances wherein settlements would be shifted on account of 'epidemics caused by unhygienic treatment of water, animal and human refuse or treatment of the dead.'[131] J.Shakespear has cited another factor for such move;

> "Their custom of burying their dead within the village tends to make a site unhealthy, especially as the water supply is usually so situated as to receive the drainage of the village and when mortality is unduly high, a move is at once made".[132]

Upon selecting sites for settlements, the Mizos were quite particular and considerable thoughts were spent in choosing the sites. The practice was that before the final selection, some of the elders would spent the night at the chosen site taking a cock along with them. If the cock did not crow an hour before dawn, it was considered to be a bad sign, the place so chosen considered to be unhealthy and subsequently abandoned. The search for other sites then continued and the same would be repeated. Among the Maras of south Mizoram, two cocks were taken and if the cock which has been penned above the site crows first and the lower cock replies, it was considered to be a good omen. On the other hand, if the

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[129] The main occupation of the Mizos was from time immemorial *jhumming* or shifting cultivation. For the purpose, forest or cultivable lands were cleared, burnt and cultivated till the fertility of the land was depleted or used up.
[130] James Dokhuma, *Hmanlai Mizo Kalphung*, Hmingthanpuii, Aizawl, Mizoram, 1976, p.61.
[131] A.G.Mc Call, *Lushai Chrysalis*, TRI, Deptt of Art and Culture, Mizoram, 2003, p.166.
[132] J.Shakespear, op.cit., p. 22.

lower cock crows and the upper cock makes no reply, the omen was not so good and other sites had to be located.[133]

In the selection of village sites, the top of the hills were generally given first priority due to several reasons. A.G. Mc Call noted;

> "The highest hill top that was subsequently chosen constituted the most impregnable stronghold, combined with the hope of a good water supply which would not dry up in the hot weather."[134]

Thus, hill tops where the air would be generally fresh were considered by the Mizos to be the most healthy places for settlement while low lying areas were considered to be most unhealthy for human existence or for dwellings. This is true to an extent for in low lying areas, diseases of all sorts and various water-borne diseases are prone to multiply since the air is generally hot and humid in such areas. Upon moving to a new village, a new hearth was lighted up while the old hearth would be extinguished and dampened with water so that none of the disabilities of the abandoned site would follow them in the new site.[135] Among the Maras of south Mizoram, the practice was that a new fresh fire had to be kindled in the new village and from this each household would start its own fire. If fire from the old village was brought, it was believed to bring diseases common in the abandoned village.[136]

Other deeds which the Mizos considered as *thiang lo* (unlawful or tabooed) that pertains to specific settlement patterns may be further cited. For instance, at times of settlement in new villages or locations, all houses were built in a well- defined manner and it was customary that all houses be oriented towards or face the same direction. Violation of the rule of building houses as opposed to others in cases where one's house was built protruding more than the rest of the houses towards the main street

[133] N.E.Parry, *The Lakhers*, op.cit., p.61.
[134] A.G.Mc Call, op.cit., p.165.
[135] Ibid., p.166.
[136] N.E Parry, *The Lakhers*, op.cit., p.62.

may be taken to mean as 'I am ready to take on the curses of all.' [137] If such was the case, it was sure to bring death to the head of the household or the father of the family.

In case a householder needs to rebuild or make extensions to his house, the *kawmchar* (the space at the back of the house both inside and out) should not be built such that it faces the street adjacent to his house. If it was violated, it was believed to bring death upon the householders.[138] It was also taboo to make extensions from the front part of the house.[139] Building a house which may obstruct public paths were also considered as *thianglo*. Rev Zairema in citing one such example gives an account of how a certain village chief, Tanhrila built his house exactly on the pathway to the village spring or *tuikhur*. Those who went underneath his house were subjected to being thrown at dirt, dirty water, and at times even boiling water. Subsequently, because of his cruelty Tanhrila was captured by the king of Tripura and burnt to death.[140]

It was also considered an ill omen for the son-in-law to build his house below his in-law's house, the location of which was generally down the hill side or street since this was believed to bring about ill-health to the son-in-law.[141] A logical explanation for this was that since much of the filth of the in-laws were drained to the low-lying areas, in being a *makpa* (son-in-law) and out of respect for his in-laws was unable to lodge complaints. As such he was liable to suffer from all kinds of sickness brought on by the unhealthiness of the location of his house. It was also *thianglo* to build a house at the source of the village spring.[142] To build a house which obstructs *kawn* or pass was also believed to bring sure death not only to the owner but also to those who directed him to do so. Tradition holds that *kawn* was the path of the *ramhuai* or evil spirits to go beyond to their world and obstructing that path was considered as an ill-omen.[143]

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[137] Zairema, op.cit., pp.148-149.
[138] Ibid., p.148.
[139] Ibid.
[140] Ibid., p.149.
[141] Ibid.
[142] Ibid.
[143] K.Zawla, op.cit., p.145.

Apart from the above mentioned aspects, there also existed countless Mizo traditional practices which the Mizos consider as *thiang lo*. Such societal norms and practices if not adhered to or violated was believed to bring misfortunes, diseases and even death to the transgressor and therefore acted as sanctions against social misbehavior. Thereby, among the Mizos, maintenance of one's health was for the most part oriented towards the supernatural but which had certain implications on one's fate.

2.3. Diseases in Pre- Colonial Period.

Some of the common diseases and illness suffered by the Mizos prior to colonial period were fever, stomachache, indigestion, convulsions, epilepsy, diseases of the glands, vertigo, boils, inflammation of the bowels, various diseases of children and general weakness of the body. The prevalence of much of these diseases could be gleaned from the accounts of various Mizo sacrificial rituals given by indigenous writers required for the treatment or removal of the above mentioned diseases.[144]

The Mizos may also have been subjected to other diseases if we go by the various functional disturbances common in other primitive societies as noted by Ackerknecht such as 'rheumatic diseases, digestive disturbances, respiratory diseases, skin diseases and gynecological disorders.'[145] However, epidemic diseases such as typhoid, measles, diphtheria, smallpox, yellow fever, and cholera were unknown to primitives before the arrival of the white man.[146] In the context of the Mizos, A.G.Mc Call has noted that diseases such as 'dysentery, goitre, eye diseases, worms, skin sores, fever, stomach pains, rheumatism, diarrhoea, cholera, and respiratory diseases were all recognized by the Mizos'.[147]

Dr Lalthanliana who was one of the earliest Mizo medical doctor asserted that a sacrifice performed for children called '*Naupang Hri'* (common diseases of

[144] Descriptions of Mizo traditional sacrifices can be seen from the works of K.Zawla, Challiana, James Dokhuma, V.Lunghnema, Hrangthiuva and Lalchungnunga and Rev.Zairema.
[145] Erwin Heinz Ackerknecht, op.cit., p.16.
[146] Ibid.
[147] A.G.Mc Call, op.cit., p.178.

children) by the Mizos to ward off communicable diseases would also indicate that from the earliest times in Mizoram, communicable diseases such as *sentut* (measles), *khuhhip*(whooping cough) and *hrawk na* or (diptheria) were prevalent.[148] He further believes that though it is not known as and when round worms was a common occurrence in Mizoram, this would have certainly been a most common cause affecting the health of children in the olden days.[149]

Further T.H Lewin, in attributing the Mizo habit of 'sleeping, hunting and smiling with the mouth closed' opined that it undoubtedly prevented the admission of cold air and consequent toothache and early loss of teeth, that among the Mizos, 'there is no croup, no teething disorders nor lung diseases.'[150] However, the assertion of T.H Lewin on the non-existence of the aforesaid mentioned diseases may not be totally true on the ground that he may have referred to specific Mizo clans or settlements that he encountered and visited and therefore cannot be a definite conclusion which could have encompassed the entire Mizos. Moreover, contrary to Lewin's view, Dr Lalthanliana ascribed that chest pain was very common among the Mizos and that chronic chest pain usually led to diseases of the lungs in the form of chronic *bronchitis broncheatasis*.[151] He however asserted that what was previously termed as *ngawr* commonly known as tuberculosis does not seem to have been known at that point of time in Mizoram.[152]

Subsequent contact with outside civilization had in course of time led to contraction of certain diseases not known before among the Mizos. With reference to cholera, in 1840, the Superintendent of Cachar in his letter to the Commissioner, Dacca (Bangladesh) stated that 'Cholera has been and is now raging to a frightful extent and the mortality has been very great.' [153] This indicates that the said disease

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[148] Dr. Lalthanliana, *Mizo Chanchin (kum 1900 Hma Lam)*, Vanlalhmuaka and Vanlalhruaii, Vanbuangi Gas Agency, Aizawl, 2000, p.263.
[149] Ibid.
[150] Thomas H.Lewin, *A Fly on the Wheel or How I Helped to Govern India*, TRI, Government of Mizoram, Aizawl, 2005, p.246.
[151] Dr. Lalthanliana, op.cit., p.263.
[152] Ibid
[153] E.R Lyons, Superintendent to the Commissioner, 15th Division, Dacca, 2nd April 1840, Cachar District Records, D.Datta, Silchar, Assam, 1969, p.81.

was within easy reach of the Mizos who occasionally had intercourse then with the people at their border areas. Further, T.H Lewin noted that in 1860, small pox was contracted by the Mizos who raided Kassalong Bazar (Chitagong, Bangladesh).[154] The said disease was believed to be introduced among the Mizos by Bengali captives in the raid. Also in 1861 when the Mizos raided the British territory, they took back cholera with them. In the words of T.H Lewin;

> "The disease excited the greatest terror, so much so that numbers of the tribe put an end to their existence by suicide, blowing out their brains with their ownguns on the first symptoms….they call it the "foreign sickness." [155]

It may also be noted that due to incessant hostilities among the chiefs and a famine which occurred in the hills in 1881-1882, many Mizos settled temporarily in the Cachar areas (Assam). Upon returning to the hills, cholera broke out and 'carried off one of the chiefs, Chungliana'[156] and his village thus became susceptible to outside attack. This further shows that the Mizos may have been infected with cholera upon their stay in Cachar which they took back with them to the hills.

It would seem that the Mizos did not have any specific names for diseases, diseases so being named in accordance to the signs and symptoms with which it occurred such as headache, stomachache, abdominal pain etc. Therefore, the category '*pumpui na*' or abdominal pain may have included the various problems of the stomach such as gastritis, stomach ulcers, dysentery, intestinal problems, appendicitis etc.[157] The general term '*khawsikpui*' or fever would also indiscriminately be applied to severe malarial fever, pneumonia and typhoid

[154] T.H.Lewin, *The Hill Tracts of Chittagong and the Dwellers Therein*, TRI, Government of Mizoram, Aizawl, 2004, p.151.
[155] Ibid., p.152.
[156] Alexander Mackenzie, *The North East Frontier of India*, Mittal Publications, New Delhi, 2001, p.327.
[157] Dr, Lalthanliana, op.cit., p.263.

fever.[158] The assertion of Satya Prakash Gupta may thus be applied in the context of the Mizos;

> "To a tribal mind all fevers are alike and he hardly makes any difference between simple fever, malarial fever, pneumonia fever, typhoid fever, influenza etc. Similarly, he treats all stomach pains on the same footing whether it is dysenteric or constipation or some other intestinal disorder."[159]

2.4. Food habits, Health and Nutrition.

In matters of food, rice was the staple food which continues to be so till today. Since the only form of cooking was by boiling, rice and any other meat or vegetables were eaten in boiled form. Vegetables and fruits consisted of anything that were grown in the kitchen garden and in the *lo* or agricultural land as well as any edible plants, leaves and roots that grew wild in the jungle. The Mizos eat all kinds of meat, wild as well as domestic from fowls, pigs to wild bears, elephants, deer, monkeys and even rats which were either shot or caught in traps. Apart from these crabs, fishes, water-snails etc. formed parts of their diet too. A.G Mc Call has noted the varieties of meat and insects eaten by the Mizos which ranged from crickets, hornets, winged ants, beetles, bulb and bamboo maggots, bats, spiders, and tadpoles to frogs, tortoise, porcupines, squirrels and rats." [160]

However, in –spite of being great meat- eaters, the Mizos were unable to procure the required quantity as and when they desired. Meat was in fact a rarity which was eaten only when domestic animals were killed on special occasions and feasts and when a hunting party was successful in bringing home some game. The Mizo diet therefore largely consisted of the available vegetables procured from the surrounding environment. This has been considered to be a contributory factor in

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[158] Ibid.
[159] S.P.Gupta, 'Tribal Concept of Health, Disease and Remedy' in Budhadeb Chaudhuri(ed.), *Tribal Health: Socio-Cultural Dimensions*, Inter-India Publications, New Delhi, 1986, p.165.
[160] A.G.Mc Call, op.cit., pp. 186-187.

maintaining the health of the people in the sense that regular consumption of meat tends to have adverse effects on human health.[161]

The Mizos did not generally consume oil because the only form of oils or fats available was only when pigs were killed once in a while in which the fats were stored for future consumption. *Saum* and *chingal* also provided some form of tastiness to their simple meals. *Saum* was the fatty portion of animals usually pigs which was boiled and stored in gourds to mature. *Chingal* or lye was potash solution made by draining water through wood-ash. For the purpose, *chingal thlawrna* which was a separate pot and funnel for making *chingal* was used. Apart from its use in cooking, *chingal* was also used for washing purposes. Salt was also an item of their diet but it was very rare and therefore very precious to them. Only the well- to-do had enough salt for consumption which was procured from *chi-khur* or salt-springs. During the colonial period, in the south it was procured from Tlabung while in the north it was available in Aizawl and Sairang.[162]

In discussing variations in Mizo diet, it would seem that Mizo diet however lacked certain deficiencies which the colonialists and missionaries noted upon their arrival to the Hills. For instance, although from time immemorial, the gayal or *sial* was domesticated, its milk was never a part of their diet. In 1861, when T.H Lewin was invited by the Mizo chief, Rothangpuia to visit his village for the purpose of maintaining cordial relationships, he commented on the manner in which the Mizos domesticated the gayal;

> "They were the indigenous wild cattle of the hills....the Lushais make no use of the milk, regarding that fluid, indeed, as an unclean excrement; but they would slaughter a gayal occasionally, on high days and holidays, for the sake of the flesh, which is esteemed a great delicacy among them." [163]

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[161] *Paite in Mizoram*, TRI, Mizoram, n.d., p.29.
[162] C.Lianthanga, op.cit., p. 108.
[163] Thomas H.Lewin, *A Fly on the Wheel or How I Helped to Govern India* , op.cit., pp. 200-201.

Further, commenting on the essential nutrients in indigenous Mizo diet, A.G. Mc Call noted that preventive food or protective food was lacking in Mizo diet which include meat, milk, fats and oils, meal and cheeses, liver, millet, maize and fish , fish-bones and onion as well as increased fruit consumption.[164] He writes;

> "Vitamin A is generally available through root vegetables, Vitamin B in green-leaf vegetables and eggs with *Zu* (rice beer) also when taken, Vitamin C can be available from bamboo shoots, oranges, and English importations like tomatoes, lemon and green vegetables. Vitamin D is generally available through sweet potatoes, eggs and very occasionally fish...Vitamin E through rice and green leaves." [165]

Cooking utensils mainly consisted of earthen pots made from *bellei*, a clayey soil which was either fired or baked. As of today, the Mizos did not eat from separate plates individually but one large plate or saucer was shared by the entire family members. The family saucer was made quite large so that all the family members could easily eat from it. Rice would be scooped out along the sides or in front of each person while the space in the middle was reserved for whatever side dishes were available. Normally the Mizos eat with their hands. Spoons consisted of those fashioned out from bamboo and for carrying water, *tui-um* or bamboo containers were used.

It is also worth mentioning that in early Mizo society, drinking of Zu or fermented rice beer was a part and parcel of Mizo lives especially *Zupui* and *Zufang*. Later *Tinzu* and *Rakzu* were also common but these were not of indigenous origin and were introduced in the Hills after the colonial rulers had occupied Mizoram. Among these, *Zupui* was considered to be the most important since it was drunk only on important occasions such as on religious ceremonies, feasts or festivals and at times of *Khuangchawi* which was a feast given by the chiefs or other well-to-do

[164] A.G.Mc Call, op.cit., p.188.
[165] Ibid.

persons for the entire village community. *Zufang* was mild and less intoxicating than all the other *Zu* and therefore drunk by the general public as and when one chose to do so.

Drinking of *Zu* therefore occupied a very important place in every aspect of lives of the Mizos that every occasion which called for celebration had its own specific type of *Zu* to be drunk. It was generally offered to one's friends and acquaintances as a show of favour and hospitality. *Zu* was also generally drunk in their leisurely hours as a form of recreation.

Although being very common, *Zu* in early Mizo society was never drunk by the young men and women as and when they preferred but only on important occasions as mentioned above. Therefore there were scarcely instances wherein young men or women displayed signs of drunkenness in the streets. However, over-drinking seemed to have been a common occurence which was noticed by the colonial ethnographers. T.H Lewin remarked, "The Lushais like most hill-dwellers, are a hardy and healthy race, and suffer mainly from disorders brought on by hard drinking."[166] He further mentioned that among them, over-drinking and eating also sometimes led to inflammation of the bowels.[167] Mc Call also wrote, "The chiefs and more well-to-do people would drink it daily, usually to excess, but amid a very natural conviviality." [168]

Therefore, when drunk in excess, *Zu* was detrimental to the health of the people. Nevertheless, it was considered to be a great pain reliever by the Mizos. After giving birth, *Zufang* was usually given to the mother so that it may revive her and bring a measure of relief to her pain. Besides, *Zu* was also drunk to relief the body after any hard work especially upon returning from the *lo* or agricultural lands. The next day, they were afresh and could again resume their work enthusiastically. In this way, *Zu* played a significant role in maintaining the health of the Mizos.

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[166] Thomas H. Lewin, *A Fly On the Wheel or How I helped to govern India*, op.cit., p.246.
[167] T.H.Lewin, *Wild Races of South-Eastern India*, op.cit., p.142.
[168] A.G.Mc Call, op.cit.,p.187.

Smoking also formed a part and parcel of the everyday lives of the Mizos. It may be mentioned that not only the adults but smoking was also common among children too. Generally people smoked home-grown tobacco. Smoking of *vaibel* or a tobacco pipe was very common among the menfolk of the villages while *tuibur* was common among the womenfolk (Tuibur is nicotine water carried about in a little gourd and a small quantity of it is retained in the mouth until it loses its original taste and then spitted out). Women would smoke *tuibur* at all times – while working, on the way to the *lo*, while fetching water, firewood from the jungle etc. Like *Zu*, the nicotine water of *tuibur* was also commonly offered to guests and friends as a sign of hospitality. Since it was a very common practice, smoking may have however drastically reduced the overall health of the Mizos.

On the other hand, it had a greater impact in preventing certain elements which may have caused certain health problems. For instance, while hunting or during the chase, smoking of tobacco pipe was useful to prevent themselves from mosquitoes and other insect bites. Besides, tobacco liquid was also used to kill certain germs and often applied to insect bites too.

2.5. Role of the Chief in the Maintenance of Community Health.

In the pre - colonial period, the Mizo chief held the highest authority in the society - economy, polity, justice, etc. Each major divison of the Mizo tribe had their own chief or headman who symbolized an administrative unit in the Mizo society. The chief was the dynamic symbol of the political institution of the tribe and also played a major role in the religious activities of the household members of the village. Under his domain, his political power 'included not only giving feasts but also forestations and land for cultivation, improving infrastructure of subsistence production, outright force applied in the village, appropriating the principles of legitimacy, seizing control of internal wealth production and distribution, monopolizing wealth procurement in the village'.[169] Apart from these, the chief's

[169] O.Rosanga, 'The Traditional system of administration in north Mizoram from 1890-1947' in HJM, *Volume -1V* Issue-1, MHA, July, 2003, p.22.

priority was to look after the welfare of the households of the villages especially in maintaining the village water springs and salt springs if available within their domain.

The chief was aided by the *Upa* or the village elders. They were the Chief's Council who exercised power in the village affairs and were involved in social obligations. These elders may also be regarded as the elite or privileged class as they enjoyed more privileges than the common household members. Whatever decisions were made by the chief and the village elders consequently became or were declared to be the law of the land under their domain.

In matters of community health care, it was the wish and hope of each and every chief that his subjects enjoy some measure of good health and a long life. Under his guidance, steps were therefore undertaken to maintain community health by promoting cleanliness, healthy food habits and nutrition.

In matters of disposal of wastes and garbage, the chief's orders demand that specific places be allocated for their disposal.[170] It maybe mentioned that usually, the Mizos disposed off their garbages at the *khaw dai* or the outskirt of the village. Besides, it was on the order of the chief that corpses of dead animals be buried away as soon as possible. Such corpses were also sometimes thrown away or disposed off in isolated or far-off places away from human habitation. The chief also prohibited the consumption of animals which were dead for any unknown reasons. While hunting, if any dead animals or *satlaw* (any animal found dead but the cause of its death or the slayer was unknown) was found, no one was permitted to consume or take it home with them.[171]

In case, a person was inflicted with a disease believed to be contagious, the chief would order that a separate hut be built for him at the outskirt of the village, food being provided to him by his relatives. If the person died in the process, the chief

[170] *Mizo Lalte Khua leh Tui Awp Dan*, op.cit., p.5.
[171] Ibid.

would immediately give orders that the body be immediately buried and sometimes the clothes of the deceased would also be burnt too. [172] It was only in 1930 under colonial rule that proper burial grounds or *thlanmual* existed in Mizoram.[173]

Maintaining the good reputation of one's village also took priority where the health of the village population was concerned. This was reflected in the location of where the dead were to be buried. In the olden days, the Mizos did not have any specific or particular places for burying the dead. Generally the dead were buried in a space in front or behind their houses. The chief was buried in the centre of the village which was usually a wide open space in front of his house on to which his memorial stone would be immediately erected.[174] Among the Pawi (Lai) of south Mizoram, unnatural deaths were buried outside the village fence.[175]

Later on, it was however felt that the dead, with the exception of the chief should be buried in conspicuous places or at the outskirts of the village. This was so because if graves were fully visible or located in an exposed area, travellers coming across them would label such a village as a very unhealthy village or '*khaw hrisel lo*' and thereby instill fear in the minds of future migrants to such a village.[176] Thereby, under the orders of the chief, burial grounds were located out of sight of travellers or outsiders who may chance to see them in the course of their travel.

The chief's role in maintaining community health also extended at times of epidemics. In case epidemics of any sort befell upon a village or in the neighbouring village, the Chief would pronounce *Hridai Theu* [177] which was observed when a village was afflicted with an epidemic. In such case, no outsider was allowed to enter or visit the affected village for any reason and if

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[172] Ibid
[173] C.G.G Helm , Superintendent, *Parwana* (Order) No.273, 21st May, 1930 in Zatluanga, *Mizo Chanchin*, p.15.
[174] Ibid.
[175] *The Tribes of Mizoram – A Dissertion* , TRI, Aizawl, Mizoram, 1994, p.21.
[176] *Mizo Lalte Khua leh Tui Awp Dan*, op.cit., p.5.
[177] Ibid., p.6.

a neighbouring village was too afflicted by the same, the chief would strictly forbid his subjects to visit such a village. If an outsider did not take heed of such an order and visited the village in question, fines would be imposed. This practice was in force as late as in the 1950's.[178]

With the need to safeguard the health of his subjects, another important step taken by the chief was concerned with the proper maintenance of village springs which was the main source of water within the village. It may be noted that from time immemorial, the Mizos were quite particular and careful in the maintenance of *tuikhur* or village water source. Generally, such a spring or water- hole was thoroughly cleansed and cleared of any debris by the entire village community by the beginning of March. Strict orders were given by the chief for preserving its cleanliness and punishment meted out to those who disobeyed his orders. In case the *tuikhur* was dug near to the village, it was strictly forbidden to dirty and pollute it. In order to preserve the source of the spring as well as to maintain its cleanliness, springs were properly fenced too. Proper reservations were made under the chief's orders and attempts made to preserve it at all costs. In case it was located nearby to the village, no one was permitted to pass stool or urine at the source from which the spring issues nor was it allowed to wash *sa pumpui* [179] or the stomach portion of animals that were killed for consumption. Generally, Mizos eat all parts of animals that were killed, even the stomach or *pumpui*, intestines etc. Usually, to clean the stomach portions before cooking, plenty of water is required. Therefore, one has to go to the *tuikhur* for the purpose. Whatever remains that were thrown near the spring were usually foul smelling and would soon attract flies and thereby contaminating or polluting the areas in and around the *tuikhur*. It was also not permitted to throw or cast away the corpse of dead animals near it too.

[178] C.Lianthanga, op.cit., p.118.
[179] *Mizo Lalte Khua leh Tui Awp Dan* , op.cit.,p.6.

Polluting or unhygienic treatment of the village spring was thus considered to be a case of serious concern and the responsibility of the entire community as a whole.

Thereby, the institution of chieftainship through the enforcement of certain customary laws helped to maintain the surrounding environment in an attempt to provide optimum health to the people.

2.6. Cleanliness and Sanitation in relation to Health care.

In the olden days, the Mizos were keen to maintain and preserve their health at the community level - in matters of settlements, at times of epidemics, observance of community health by the chief, maintenance of village springs, etc. Immense efforts were also made to conform to traditional customs and practices, upon violation of which were believed to bring about misfortune in the form of ill health, diseases and death.

Although such may be the case, one may however point out that the very idea of upholding modern concept of cleanliness which included personal hygiene, cleanliness within the households- cooking utensils, clothing, matters of conservancy etc was not deeply rooted in the minds of the people. Therefore by today's standard, the Mizos were generally dirty, be it the house and its surroundings, streets, cooking utensils, clothes etc.[180] Domestic animals such as pigs were normally kept under the house who in turn ate up whatever was swept under the floor be it human excreta or any other household wastes. Nearly every household domesticated Mithuns or *sial* which were tethered to the door at night or near to the houses. Fowls were also kept at the *Sum hmun* or the front verandah during the night but left to roam about freely in the streets during the day. The same goes for all other domesticated animals which were let out in the streets free to scavenge for their food. The fact that 'major infectious diseases seems to have originated with animal hosts.' [181] did not seem to have occupied prime importance among the Mizos. However, they did have certain knowledge of animal diseases

[180] F. Rongenga, *Zofate Lo Khawsak Chhoh Dan*, F. Rongenga, Aizawl, 2000, p.40.
[181] Kate Kelly, op.cit., p.22.

that infected humans such as *ui thak* (disease of dogs)etc. Kate Kelly has in fact noted on how pox-type illnesses were brought to the human population from cattle as more and more cows became domesticated, cattle also brought tuberculosis; pigs and ducks both carry influenzas; the domestication of horses exposed people to rhinoviruses and the common cold, measles jumped from dogs to cattle and then to human beings.[182]

In matters of conservancy, people did not use or have any separate latrines as of today. The practice was that normally, people would pass their urine in any place they preferred - near the house, the side of the streets etc., while they tended to dispose off their excretia in isolated places, generally at the outskirts of the village. Children also had the tendency to deposit their excretia inside or nearby the houses much to the happiness of pigs and dogs in their scavenging forays. Although, this may not be considered to be a healthy practice, still, the practice of disposing excretia at the outskirts of the village at least by the adults reflects a measure of health consciousness by the Mizos.

As far as the streets were concerned, N.E Parry has described the general condition of the villages which runs thus;

> "The villages are very filthy, being littered with the dung of *mithun*(bison), pigs and other domestic animals. No attempt is made to clean them and it is only thanks to the voluntary scavenging done by the pigs and dogs that they are kept even moderately decent..."[183]

To this, it may be argued that in spite of the fact that villages were generally dirty, as Parry himself noted, domestic animals such as dogs and pigs roaming about in the streets played their part in cleaning the streets by consuming any dung or excrements lying about. Moreover, Mizo villages were mostly built on hill tops as

[182] Ibid., p.22.
[183] N.E.Parry, *The Lakhers*, op.cit. , p.62.

a result of which much of the dirt and filth that were accumulated could easily be drained or washed away to the low lying areas by the rain. In this way, nature took its own course of cleaning thereby enabling the villages to become comparatively clean in the process in the rainy seasons.

The fact that the observance of cleanliness in early Mizo society may have been quite difficult and may not have occupied prime importance in the lives of the people has been attributed to several reasons.

F. Rongenga opines that one reason for this was probably that people were always very busy in tending to their jhum lands, staying away from home the best part of the day as a result of which they were unable to or could not give due importance to cleanliness and sanitation."[184] Another reason can be attributed to the inaccessibility of water as and when required by the people. This was noted by the colonial ethnographers such as T.H. Lewin who stated;

> "As a rule they bathe but seldom, as their villages are generally situated at a long distance from water, and at an elevation which much reduces the temperature."[185]

It may be noted that, although during the monsoon season water may have been plentiful, the rest of the year was a different matter. This was primarily because rain water harvesting was not done as of today due to the low levels of material lives of the people. As mentioned above, Mizo villages were generally situated at the top of the hills while village springs were seldom near the villages and sometimes located at the foot of the hills in the valleys. Fetching of water from the spring was mainly left to the womenfolk who had to carry it in *tui-um* or bamboo containers. It may have been quite an ardous task carrying water up the steep slopes to the village especially during the hot summer months. Even to carry the required amount of water needed for cooking and drinking may have occupied a good part of their daily work not to mention water needed for washing, bathing etc. Rivers may also have been located a great distance from the villages. Therefore, whosoever needed to bathe, wash themselves or their clothes had to do it at the springs however far it may be located.

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[184] F.Rongenga, op.cit., p.40.
[185] T.H.Lewin, *Wild Races of South-Eastern India*, op.cit., p.142.

Therefore, with water being scarce most of the time, taking bath constantly, cleaning and washing household utensils, clothes etc. may have been quite out of the question. (For bathing and washing, every household would generally use *Chingal* or potash solution. The seeds of *Hlingsi* (the soap-nut tree) was also used for washing of clothes).[186] Whatever the case may be, it will be worthwhile to note that in all aspects of Mizo history, the Mizo negligence of cleanliness and sanitation has never been considered to be a contributory factor affecting their health condition.

2.7. Health Condition of the Mizos with special reference to Mizo Women.

Although the Mizos in the olden days were considered to be relatively healthy, there were certain factors which affected their health. With regard to the male population, it was the duty of the male members of the household to work in the *lo* or agricultural lands day in and day out to sustain their family. Apart from this, the male members would also time and again be engaged in hunting and raiding expeditions and would sometimes stay away for days on ends for such purpose. In such expeditions, it was often that accidents would occur, whether life- threatening wounds and injuries from internecine wars, wild animals etc. No doubt, such rigorous endeavors may have been quite taxing for the male members to the extent that it consequently affected their health in the long run.

On the part of the female members, being of the weaker sex as also of bodily constitution, their work in the *lo* were not as rigorous as the men. However, their domestic chores were endless. It may be noted that Mizo society is a patriarchal society in which women were considered to be the weaker sex not only in matters of bodily constitution but regarded as intellectually inferior. They took no part in wars, in the village administration, religious rites and have no property rights. R.L Hnuni has characterised the role of Mizo women into three categories– a) *jhum*

[186] C.Lianthanga, op.cit., p. 109.

cultivation b) domestic work and c) the responsibility of bearing and rearing children which she termed as 'triple burden.'[187]

T.H. Lewin had stated, "Women are generally held in consideration among Looshai (Lushai) their advice is taken, and they have much influence, should the father of the house die, his wife becomes the head of the family."[188] Contrary to this, societal opinion on women is reflected by certain Mizo anecdotes and sayings in relation to women which reflect their lowly positions in the extremely patriarchal Mizo society as in: *Hmeichhia leh palchhia chu an thlak theih,* literally, "Women and damaged fences can easily be replaced", *Chakai sa sa ni suh, hmeichhe thu thu ni suh* or "A crab meat is not a meat, so are the words of a woman", *Hmeichhe finin tuikhur ral a kai lo* or "The wisdom of women does not extend beyond the limits of the village spring" and so on.

Further, the birth of a baby boy is heralded in such a way that he was expected to be brave, courageous and successful in the chase while it was enough for a girl to be beautiful so as to fetch a good bride price. Besides, in spite of their valuable contributions, their opinions were never accounted for and even if she had, her words were never accepted just because they were the words of a women.[189] Probably in view of such low opinions on women, women's health were also consequently neglected in the process and to such an extent that even during the later stages of pregnancy they were expected to carry on their routine work as usual.

Although there exists a clear cut division of labour between men and women in which men were entrusted with defense, hunting and cultivation of the *lo* or agricultural lands and women were in charge of the domestic spheres, Mizo women were not exempted from economic pursuits such as working in the *lo*

[187] R.L Hnuni, *Vision for Women in India- Perspectives from the Bible, Church and Society,* Asian Trading Corporation, Bangalore, India, 2009, p.135.
[188] T.H. Lewin, *Wild Races of South Eastern India,* op.cit., p.134.
[189] V.S Lalrinawma, *Mizo Ethos: Changes and Challenges,* Aizawl: Mizoram Publication Board, 2005, p. 32.

which entail lots of energy and hard work- sowing, weeding, harvesting, collecting fire wood etc.

Apart from these, the rigorous task of domestic work was also left solely to the women folk. She has to get up early in the morning, pound and clean the rice, cook, fetch water from the *tuikhur*, look after the domestic animals (more or less every household domesticated fowls, pigs and *sial* or gayal). Young girls were also expected to help their mothers in the household chores, fetch water and look after their younger brothers and sisters. It is also the duty of the womenfolk to clothe the entire family, thereby after the evening meal she sets upon herself the task of spinning and weaving while cooking food for domestic animals till late in the night. The task of rearing and looking after the children were also solely left to the womenfolk.

The fact that immense hardships were endured by Mizo women at the time of giving birth as also from the afterbirth has also to be accounted for. Although the Mizos possessed some knowledge of gynecology and child-birth wherein they had their own methods of treating pregnant women and injuries caused by child- birth, these were of rudimentary techniques. A pregnant women's belly was usually massaged with animal fats, usually a python since it was generally believed that such a procedure would bring relief from the intense pain that accompanied child-birth. When in labor, a woman, in a kneeling position had to hold on tightly to a bamboo post strongly attached to the *khumpui* or the master- bed. The baby was then delivered by the village mid-wife. The umbilical cord was then severed from the mother's womb with a split bamboo, sharpened knife- like and then tied with a thin rope. It was usually put inside a bamboo tube and taken to a nearby forest. According to tradition or custom, the Mizos cannot simply throw away or dispose off the placenta in any way they preferred. A favourable spot was chosen where the bamboo tube and its contents were then placed, either between the fork of a tree or in any secluded spot. Traditional belief holds that this practice was to ensure the health of the new born baby.[190] If the baby died before the placenta kept in the

[190] Interview with C.Ramthangi (73 yrs), Chandmari, Lunglei on 8 May, 2013.

forest had decomposed, the dead baby was regarded as '*hlamzuih*' in traditional Mizo society.[191]

The condition of women in the aftermath of child- birth is clearly reflected in the words of A.G. Mc Call;

> "After the birth of the child, the mother is given rice water to drink perhaps she may faint or be near fainting, when she would be given some mild *Zufang*, or rice beer slightly warmed to help revive her. The Lushais also believe that this *Zu* helps to alleviate the mother's pain, and she is also encouraged to smoke tobacco as a sedative. Except on the day of actual delivery, the mother looks after her newly-born herself, washing both herself and the babe. She does not willingly rest, even on account of her delivery, and goes about her ordinary household duties the very day after her delivery, unless perchance she is in serious pain."[192]

The above assertion as to Mizo women resuming work immediately after giving birth may be relevant to the Lusei clans only whereas among the Maras of the south hills, on the birth of a female child the mother is confined to the hut for ten days, and on the birth of a male child to fifteen days. [193]

Although Mizo women had endured and survived the various pre- natal and post-natal complications, many mothers may have died in the process with the absence of proper medical instruments and modern medicines as of today. *Raicheh* or women dying due to child birth was said to be very common then. It may be noted that in the olden days, Mizo women usually bore many children. A.G. McCall noted, "The obvious absence of any sense of contraceptive practices results in ever larger surviving families, with the inevitable strain on mothers."[194] He further

[191] Interview with C. Sapchhunga (96 yrs), Durtlang, Aizawl on 25 November, 2007.
[192] A.G . Mc Call, op.cit., p. 175.
[193] Reginald A.Lorrain, *5 Years in Unknown Jungles*, TRI, Aizawl, 1988, p.149.
[194] Ibid., p.194.

extended the view of Captain J.Caverhill, then Civil Surgeon of the Lushai Hills that after careful examination, the incidence of sanity can be connected with the later progeny of wearied mothers.[195]

Consequently, women's health had important consequences for the fate and health of the infants. The reports of the Baptist Missionaries stated that, 'The Lushais were in the habit of killing or burying the off-springs of mothers dying soon after giving them birth.'[196] The custom was to let the baby die under the weight of the mother's dead body or leaving the baby to die in the grave dug for the mother.[197] This was probably because the Mizos had practically no idea how a motherless baby could survive without its mother. It was also the belief that to try to keep a baby alive a baby whose mother the spirits had taken was a sure way to incur their wrath, and the mother's spirits would haunt anyone who kept her child from joining her as a result of which motherless babies were left to die of neglect and starvation.[198] It may also be mentioned that milk derived from animals was never a part of the diet of the Mizos in the olden days and so rearing an infant without its mother was never thought to be a possibility.

Infant mortality also frequently occurred in early Mizo society owing to ignorance on child health care for the most part. In fact, there were many cases of stillborn babies and *hlamzuih* (the Mizos generally regard infants dying before completion of three monthes as *hlamzuih*) was also very common. V.L Siama recounted on how it was not uncommon for some Mizo women to express their embarrassment at giving birth alive their first-born.[199] The main reason attributed to infant mortality was the Mizo method of rearing infants from the time they were born such as feeding babies who were only a few days old with chewed rice[200] which could not be easily digested, leaving the new born-babies at the care of elderly

[195] Ibid.
[196] *Reports by Baptist Missionaries of Baptist Missionary Society, 1901- 1938*, Baptist Church of Mizoram, Calcutta, 1993, p.20.
[197] Ibid.
[198] Chapman and M. Clark, *Mizo Miracle*, Christian Literature Society, Madras, India, 1968, p.20.
[199] V.L Siama, *Mizo History*, Lengchhawn Press, Mizoram, 2009, p.60.
[200] Reginald A.Lorrain, op.cit. , p. 148.

folks at home to continue work in the *lo* by the mothers etc. Infants therefore easily succumbed to the various diseases that inflicted them time and again.

As regards the health of Mizo children, the Mizos have an old saying that those who do not die at infancy attained maturity with good health conditions. On the other hand Dr. Lalthanliana asserted that "Even amongst those who survived there were many cases of under – nourished children which in turn stunted their growth, this was probably due to their diet which lacked Vitamin D and proteins that were essential for healthy growth of children.[201] Such was the health condition of Mizo children that it is not that surprising that the Mizos resorted to the performance of a number of sacrifices in order to restore health to children.

It has been been opined that 'Because of their heavy burden at work and because they often lacked nutritious food, tribal women appear old at an early age and that their life – expectancy is short.' [202] Nevertheless in-spite of all these, Mizo women were believed to be more healthier or that they had a much longer life span than their male counterparts. This was mainly attributed to their exemption for the most part from the rigorous work of cultivation, wherein performing such domestic chores as fetching water, firewood, weaving etc., was more agreeable to the body.[203] Besides, in any Mizo village, it was said that usually, *pitar* or elderly female were more in number than *putar* or elderly male.[204] However we cannot generalize as to the health condition and life-span of both the male and female members or that females were more healthier than males. In fact, in relation to the health condition of both male and female, it is difficult to come to a conclusive analysis.

In spite of certain health problems, the Mizos with their age-old traditional practices of health care have always been considered to be relatively healthy, though indigenous mode of living was very simple partly due to lack of resources

[201] Dr. Lalthanliana, op.cit., p. 263.
[202] R.L.Hnuni, op.cit., p.140.
[203] *Pawi Chanchin*, op.cit., p.74.
[204] Ibid.,p.75.

and technical know-how. John H.Bodley has succinctly enumerated the reasons why health condition tends to be favorable in indigenous societies:

> "Most importantly, the generally low population densities and relative social equality of small- scale societies would help ensure basic subsistence resources……frequent mobility would significantly reduce the occurrence of epidemic diseases, and natural selection – in the absence of antibiotics, immunization, surgery, and other forms of medical intervention – would develop high levels of disease resistance." [205]

F. Rongenga has enumerated the basic reasons for the relative healthiness of the Mizos; that their entire time was spent in trying to wrest adequate means of subsistence from their agricultural lands, be it rain or sunshine, and their subsistence on crops reaped through their own efforts had made them hardy, energetic and healthy; that they were not overly burdened or were not particularly anxious by worldly worries such as the need for more material gains in terms of housing, clothing etc apart from their basic needs required for their daily existence.[206] Thereby, people were generally happy which in turn made them healthier.

Major Macdonald who was in charge of the survey party which started from Chittagong with the right column of the Lushai expedition of 1872 has also given a graphic account of the Mizos;

> "Their domestic polity is a kind of communism, the rule of their hereditary chief. I believe no happier people are to be found in the world; if savage, they are free from the crafts of usurers, as well as

[205] John H.Bodley, cited in Peter Kennedy and Carole A.Kennedy, *Using Theory to Explore Health, Medicine and Society*, The Policy Press, UK, 2010, p.5.
[206] F.Rongenga, op.cit., p.46

> the persecution of the police and the love of the law's protection."[207]

It can also be said that although the lives of the people were interspersed with inter- tribal wars, on the other hand, the problems of the material world in terms of economic competitiveness was not a prime factor in their lives as to prove burdensome for them. The fact that money economy had not yet reached the people also considerably lessened the burden. The above reasons holds true to an extent for in today's world, there are many instances wherein people's health have deteriorated due to the onslaught and constraints of material lives.

Another reason attributed to the healthiness of the Mizos was the practice of drinking *zu* which was devoid of any harmful chemicals and therefore pure, healthy and strength giving. [208] Amongst the different types of *zu*, *zufang* (mild and less intoxicating than other types of *zu*, and made from *buhban* or a type of glutinous rice) was believed to be very healthy especially when given to women at the time of giving birth. It not only gave her strength but also acted as a great pain reliever and was further believed to reduce the chances of many health related female problems. In fact, the practice of drinking *zu* and feasting on game harmoniously amongst themselves was sure to lighten much of live's burdens making them healthy and hardy.

Although the Mizo practice of constantly shifting their settlements may have adversely affected the health conditions of the elderly, it no doubt proved to be very healthy for the rest of the inhabitants especially the youngsters.[209] It can be said that the Mizos were relatively free from exposure to any dirt, pollution or mal-air which often occurred as a result of staying in a particular place for a long period of time. On the other hand, constant shifting or resettlement made it possible for

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[207] Major Macdonald, cited in A.Campbell, 'On the Looshais' in The Journal of the Anthropological Institute of Great Britain and Ireland, Vol.3,1874, Royal Anthropological Institute of Great Britain and Ireland, p.63. http://www.jstor.org/stable/2841056, retrieved on 22.11.2009.
[208] *Pawi Chanchin*, op.cit., p.73.

them to be in access to new locations where the sites would be clean and fresh with health giving winds.

Further, although certain diseases such as skin sores, stomach pains, fever, worms, rheumatism, diarrhoea, respiratory diseases were known to the Mizos, the fact that they were more or less isolated from the outside civilization and their small population reduced their chances or shielded them from being infected by most contagious diseases which further worked in their favour. Besides, it is clear that their traditional medicines suited them which gave them stamina and energy for hard work.

2.8. Causes of Sickness as perceived by the Mizos.

In examining the beliefs of mankind in general concerning the causation of disease, W.H.R.Rivers, a physician and considered to be the first ethnologist of non-Western medical practices has grouped the causes into three chief classes; human agency, in which it is believed that disease is directly due to some action on the part of some human being; the action of some spiritual or supernatural being or, more exactly, the action of some agent who is not human, but is yet more or less definitely personified; and what we ordinarily call natural causes.[210] Likewise, among the Mizos, there are indications of the presence of all the above mentioned causes either by supernatural entities as well as by humans and those due to natural causes too.

The Mizos also believed that certain diseases and sickness were caused by *Huai* or malignant spirits. They were believed to inhabit or live in trees, animals, rivers, precipices and if anyone happened to trespass on their domain while hunting or while working in their *jhum* lands, the chance of incurring their wrath was quite high. If such spirits were offended, they were likely to cause all kinds of illness to the victim.[211]

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[210] W.H.R.Rivers, *Medicine, Magic and Religion*, Routledge, Great Britain, 2001, p.7.
[211] Challiana, *Pi Pu Nun*, Trio Book House, Aizawl, 1968, p.18.

Further, common sickness such as fever, abdominal pain and chest pain were due to loss of soul of the patient which was believed to be captured by evil spirits. For instance, when a hunter upon reaching home becomes ill, it was believed that on his way home, his soul had been captured by evil spirits. As such *thla koh* or calling back the lost soul had to be done. C.Lianthanga has highlighted the procedure for *thla koh*;

> "For the purpose, two persons were required, taking along with them a spear, cooked rice wrapped in a leaf and a gourd of water. On the spear would be hung the handle of a hoe which had to make a jingling sound as it knocked against each other. The soul was then called forth three times to return, that its family members were lonely without it. If and when a gentle breeze blows, it was taken as a sign that the soul had reached them and the food and water was then spread out for the soul to partake. On the way back, the soul had to be constantly reassured not to be frightened and that it would be protected. Upon reaching home, family members would then be asked whether the victim (calling out by name) had reached home, the family members would have to reply in the affirmative. For the purpose, only the very brave and courageous in charge of calling the soul were likely to succeed." [212]

Another sickness which usually manifested in the form of extreme colic like pains in the abdomen was believed to be the handiwork of another malignant spirit called *khawhring*. James Herbert Lorrain, and N.E Parry believes that *khawhring nei* are those who possessed the 'evil eye'[213] the belief being that certain people, especially women are said to be in possession of a *khawhring*. However those who possessed *khawhring* were quite ignorant of this and only comes to know of it when she/he was so accused by the sick person. Consequently, once accused, the so-called possessor instantly finds himself/herself to be an object of fear and

[212] C.Lianthanga op.cit., p.62.
[213] James Herbert Lorrain, op.cit., p.253. Also see N. E Parry, *Lushai Custom- A Monograph on Lushai Customs and Ceremonies*, p.18.

hatred by the entire village community and also loses most chances of finding suitable marriage partners. Women, usually the more beautiful ones were generally accused of possessing *khawhring*, sometimes due to jealousy such that she may rejected by any prospective suitors.[214] In order to cure the pain caused by *khawhring*, sometimes, *khawhring tai thiam* (one with certain abilities to drive out khawhring) had to be recruited.[215] *Khawhring do* sacrifice was also performed in order to combat the harmful effect of the *khawhring*.

Sickness and even death was also believed to have been caused as a result of eating or consuming *dawi hlo* or magical poison that had been prepared by a *dawithiam* in order to take revenge on his enemies. N.E Parry has translated *dawi* as magic and *dawithiam* as wizard. [216] Certain types of abdominal pain where no cure could be affected was believed to be the result of consuming *dawi* that had been secretly sprinkled on to the food by the *dawithiam*. The Mizos regard *dawi* to be the most dreaded of all sickness. This was because sacrifice which calls for its reversal was very expensive, ie., *sepui* (a full grown domestic gayal or *mithun*) and not usually the prerogative of the commoners.[217] Therefore it was the aspiration of every chief to have a village priest whose talents were strong enough to reverse the effects of *dawi*. Khupvunga of Vuta's village was regarded to be the most talented of all the *dawithiam* in Mizo history.[218]

Moreover, certain objects or actions on the part of humans were considered as "*Thiang lo*" literally, violation of tabooed or ill- omened objects/deeds in Mizo society and could bring about sickness and even death if and when violated. For instance, being a mere a eye- witness to such things as *Keptuam*, (species of a large moth) *Leiruangtuam*, (a sort of mound which resembles a grave) snakes copulating etc. were considered as fateful but to which one has no control of. Shooting or killing of *saza* (wild goat) was also believed to bring about certain death.[219]

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[214] Challiana, op.cit., p.20.
[215] Ibid.
[216] N. E Parry, *A Monograph on Lushai Customs and Ceremonies*, op.cit., p.18.
[217] K.Zawla, op.cit., p.152.
[218] Ibid.
[219] Zairema, op.cit., p.90.

The Mizos also recognized the natural causes of diseases which were independent of any action by human beings or of higher powers. They knew that diseases such as the common cold, common cough etc were air- borne and did their best to avoid it. In case of *tlang hrileng* or air-borne diseases, parents would advice their children not to venture out in the evenings for fear of being infected. Imbalance of hot and cold weather was also considered to be the cause of certain diseases. This was probably the reason why higher altitudes where the air was fresh and cool were always chosen for settlement while low lying areas which were generally hot and humid were avoided. Consumption of certain foods together were further believed to disagree with each other resulting in sickness. For instance, consuming together of *in lam sa* or meat procured from domesticated animals and *lui lam sa* or those procured from rivers and springs was believed to cause ill health.[220]

2.9. Mizo Religion and its relation to Disease Causation.

It is a fact that from time immemorial, diseases and sickness would fall upon mankind in-spite of man's repeated attempts to avert them. Among the Mizos, it is in this instance that diseases and sickness comes to be closely inter-twined with their religious beliefs. An analysis of early Mizo religious beliefs and practices has therefore been done in order to have a better understanding of the etiology and therapeutics of the people.

Definite theories for religion have been attempted by many scholars. E.B. Taylor and James Frazer were two of the earliest researchers to develop theories on the nature of religion. According to them, religion was essentially the belief in spiritual beings, making it systemized animism.[221] This has however been considered to be inadequate in addressing the social aspect of religion. Emile Durkheim, in attempting to reveal how religion serves in social function stated, "...religion is a unified system of beliefs and practices relative to sacred things, that is to say,

[220] Interview with Laltuthangi (80 yrs), Bungkawn, Aizawl on 7.4. 2011.
[221] http://atheism.about.com/od/philosophy of religion/p/Explain Religion. htm, retrieved on 4 May 2012.

things set apart and forbidden."[222] His focus was that religious beliefs are symbolic expressions of social realities without which religious beliefs has no meaning. Further, Godfrey Lienhardt defined religion, "Religion involves a sense of dependence upon higher powers, whose help is supplicated and anger propitiated, but who are not subject to man's absolute control."[223] In conforming to this definition, similarly among the Mizos in the olden days, religion was the main motivating force within the society which governed and gave articulation to their everyday existence.

The Mizo religion was termed as *Sakhua* which was a combinition of two different words – "*Sa*" and "*Khua.*" *Sa* meant 'creator' or more precisely, the creator of the different clans while *Khua* denotes 'protector, one who follows and blesses.'[224] The performance of religious rites by the community as a whole denotes *Khua* while religious rites performed by an individual family and individual clans denotes *Sa*.[225]

Religious performance for *Sa* was done by sacrificing a pig. According to Hrangthiauva and Lalchungnunga, the killing of a male pig called *Sakung* was the origin and beginning of Mizo religious sacrifice. [226] It was done by the head of the family when the son would set up a separate household and so have his own *sakhua* or religion. For the purpose he had to sacrifice a *Vawkpa sut nghak* which was the biggest male pig reared by him.

Community performance or religious rites for *Khua* were *Kawngpui siam* and *Fanodawi*. This was done by sacrificing their most prized possession, *sial* or gayal. *Kawngpui siam* was performed as a plea to the '*khua*'to protect them from wild beasts and enemies. *Sadawt* was the priest who performed the rites. *Fano Dawi* was performed annually so that the rice crops may be free from diseases and the

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[222] Ibid.
[223] Godfrey Lienhardt, *Social Anthropology*, Oxford University Press, London, 1969, p.127.
[224] James Dokhuma, op.cit., p.31.
[225] R.Vanlawma, *Ka Ram leh Kei (My Country and I)*, M.C Lalrinthanga & Zalen Publishing House, 1989, Aizawl, p. 389.
[226] Hrangthiuva and Lalchungnunga, *Mizo Chanchin : History and Culture of the Mizos*, Lalrinliana & Sons, Aizawl, 1978, p.18.

community maybe blessed in abundance with a good crop. The sacrifice was offered at the chief's house by the *Sadawt* and proclaimed a rest day by the entire community.

Mizo religion has been characterised by the colonial ethnographers and Christian missionaries as essentially 'animistic' in character. Animism encompasses the belief that souls or spirits exists, not only in humans, but also in all other animals, plants, rocks, geographic features or other entities of the natural environment. As early as in 1871, Edward Burnett Taylor, an anthropologist has defined animism as, "The general doctrine of souls and other spiritual beings in general."[227] However, religious scholars like Robert Segal has criticised the Tylorian concept of animism that Taylor saw all religions – "modern and primitive" alike as forms of animism.[228] Nevertheless, Taylor's definition of animism has since been largely followed by anthropologists such as Emile Durkheim, Claude-Levi-Strauss, Tim Ingold etc.

Animism among the Mizos was determined by the way in which they viewed the world. In the Mizo world view, the natural world in which we live in was divided in two distinct parts- the world of spirits and the world of man.[229] In fact , the world was made and looked after by the spirits or *Huai* themselves who resided in the heavens, inside the earth, mountains, caves, springs etc. whereupon they were able to see or observe every actions of humans who however cannot see them.[230] Further, it was believed that all living things –man, animals and all sorts of living organisms that inhabited the natural world each had a soul to look after him. In citing Mizo belief, J.Shaksepeare wrote, "Each person is said to have two "*thlarau*" or souls, one of which is wise while the other is foolish, and it is the struggles between these two that make men so unreliable." [231] The belief in the existence of a soul seems to be universal among primitive tribes;

[227] E.B Taylor, *Primitive Culture*, John Murray, London, 1871, p. 21.
[228] Robert Segal, *Myth: A very Short Introduction*, Oxford University Press, London, 2004, p.14.
[229] Rev Zairema, op.cit., p.1.
[230] Ibid.
[231] J.Shakespear, op.cit., p.61.

> "It is conceived as a man's image, an ethereal existence, finer in texture than the body, an essence that leaves the body in sleep, coma, and on death. As long as the body and the soul are together, as they should be, man is normal and in good health, but he becomes sick if the soul leaves the body or is abducted from it temporarily and he dies if the soul is prevented from returning to the body permanently." [232]

The Mizos also believed in the existence of God or *Pathian* who was thought to be the creator of the entire universe and all things within it. However to them, the image and nature of *Pathian* was vague and shrouded in mystery. He was believed to live far away in heaven and heard and saw everything that went on among humans although he did not actively involve himself in the everyday affairs of human beings. He was variously called "*Chung Pathian*" and "*Pu Vana*" and his power transcended over all things. He worked for the welfare of humans and never caused harm to them and so it was not considered necessary to propitiate him by offering sacrifices.[233] He was also believed to protect and bring blessings to humans. Therefore, in times of danger, the Mizos would say, "Since *Pathian* is good, he will have mercy on us."[234]

Khua or *Khuavang* by which it is commonly known was another spirit next in importance to *Pathian*, but more concerned with the affairs of human beings. *Khuavang* was the protector, guardian and owner of the village communities or human settlements, rivers and mountains. Rev. Zairema describes it as the 'cause and effect' of all human actions.[235] *Khuanu* is the term commonly used especially in Mizo songs. Here *khua* denotes villages while *nu* denotes mother. However this is not to mean that *Khuavang* is the mother of villages or settlements rather its role may be taken to mean that of a guardian and protector of the village community.[236]

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[232] Dr.P.Kutumbiah, *The Evolution of Scientific Medicine*, Orient Longman, New Delhi, 1971, p.11.
[233] Challiana, op.cit., p.22.
[234] Ibid.
[235] Zairema, op.cit., p.32.
[236] Ibid.

So among the Mizos, the fate of each person is said to rest on the *Khua or Khuavang* as in, "*Khuanu in min veng sela*" or "May *Khuanu* protect us," "*Khuanu in kan chungah zahngai se*" or "May *Khuanu* have mercy on us."

The Mizo religious belief also encompasses the belief in life after death. The departed souls were believed to roam the human world for three months until their subsequent departure for their abode ie., *Mitthi Khua* and *Pialral* or paradise. The latter was however for those who had attained the *Thangchhuah*, the said title being considered as the passport to *Pialral* and of living a life of luxury thereafter. Further, the Mizos believed that the spirits were divided into benevolent and malevolent spirits - generally, the benevolent spirits cared for the welfare of human beings and protected them in times of danger or prevented them from any misfortunes befalling upon them. On the other hand, the malevolent spirits were the ones who were greedy, envious of humans and their material possessions, and waiting for every opportunity to harm them in the form of sickness and diseases. In such a case, the only remedy believed to be effective in appeasing their anger was by offering sacrifices and performing the necessary rituals to the spirits concerned.

2.9.1. Traditional Health Practitioners.

In traditional Mizo society there were two groups of healers - the *Bawlpu* who was among the priestly class and those healers who based their skills through experiences. It may be noted that the *puithiam* or priests were divided into two groups - *Sadawt* and *Bawlpu* who presided over all religious ceremonies and sacrifices.

The role of the village *puithiam* or priest was such that his office entailed one who was respectable, reliable, trustworthy and comfortably well- off economically not only within his specific clan but within the society as a whole too. His office could be hereditary or at retirement age, he could appoint those he felt could succeed him and so hand down the necessary ritual incantations and skills required for the purpose. In fact, the most treasured by the *puithiam* was his ritual song or

incantation which even at the time when people were most hard-pressed for money could be sold only at the price of a *tlaisial(*a full grown gayal).[237] J.H Lorrain has recorded that the domesticated gayal was valued at twenty rupees while a full grown gayal was valued at forty rupees.[238] Slight differences however pertained to the usage and the manner with which ritual songs, chants and incantations were utilised from one *puithiam* to another in accordance to one's preferences and abilities.

In every Mizo village were the *Bawlpu*, their number depending on the size of the village. It was the duty of the *Bawlpu* to diagnose illness and prescribe the required sacrifices. Unlike the *Sadawt* wherein each clan had their own specific *Sadawt*, the abilities of the *Bawlpu* could however be utilized by all the clans if and when required. His remuneration was in kind i.e., paddy equivalent to a full *fawngte* (a small shallow plaited bamboo basket) and also what he partook from the sacrificial meat.[239]

The *Sadawt* did not involve in ritual sacrifices for health but he also diagnosed and identified the causation of illness and disease. He was the clan priest and was endowed with the customary rules and ritual observance of his own particular clan. Although different clans had their own particular clan priests, the most popular was the *Lal Sadawt* (of the Lusei clan)[240]. It was only under his initiative that community performance of sacrifices like *Kawngpui siam* or *Fanodawi* could be performed. *Lal Sadawt* may be termed as the 'high priest' of the Mizos and he was one of the most important functionaries in the village administration of the Chief.[241] Due to the fact that each clan had their own particular *Sadawt*, there could be many *Sadawt* in a village. The Sadawt were assisted as and when necessary by the *Tlahpawi*.[242] They also occupied important positions in any religious

[237] C.Lianthanga, op.cit., p.50.
[238] James Herbert Lorrain, op.cit. p.509.
[239] Vanchhunga, *Lusei Leh A Vela Hnam Dangte Chanchin*, Department of Art and Culture, Aizawl, Mizoram, 1994, p.320.
[240] K.Zawla, op.cit., p.152.
[241] N.E Parry, *A Monograph on Lushai Customs and Ceremonies*, op.cit., p. 8.
[242] *Mizo Sakhua-Kumpinu Rorel Hma*, TRI, Aizawl, 1983, p.14.

ceremonies although without the *Sadawt* no religious ceremonies could be conducted.[243]

Among the traditional healers in Mizo society we may also include the *Zawlnei*. The English equivalent of *Zawlnei* as translated by J.H Lorrain is a prophet; a person possessed by a spirit under whose influence he speaks of things which are beyond man's knowledge.[244] K.Zawla opined that in Mizo society, the role of *Zawlnei* was not exactly that of 'healers' but those who had the ability to guide one to the path of health[245] such as in providing information to a sick patient the necessary sacrifice to be performed and so on. *Zawlnei* may also be regarded as soothsayer.

Tradition holds that the ability to become *Zawlnei* could be either acquired by self-practice or an inborn trait in itself. *Zawlnei* were mostly female and said to be possessed by *Huai* or spirits when being in trances. They were then able to see, hear and predict what others cannot. *Zawlnei* along with a group of companions would traverse different villages and in the course of their visits, people would consult them ranging from relatives of sick patients, those who believed themselves to be more unfortunate than most, children with chronic diseases to barren women.[246] *Thumvawr* (divination) was the method applied by a *Zawlnei* to predict the necessary treatment which would be accompanied by chants or songs specific to every *Zawlnei* with certain differentiations in the tune and pronouncements.[247]

Apart from the above mentioned healers, there also existed other practitioners such as *Khawhring Tai Thiam* (those with abilities to put an end to the hold of *Khawhring*)[248] and *Dawi Sut Thiam* (those who were able to break the spell of witchcraft or magic). Other groups of healers consisted of the village midwives,

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243 Ibid.
244 James Herbert Lorrain, op.cit., p.562.
245 K..Zawla,op.cit., p.113.
246 Ibid.
247 Ibid.
248 Challiana, op.cit.,p.20.

bone setters and those who had special knowledge in utilizing plants and animal parts as forms of cure.

2.9.2. Healing through Sacrifices.

In order to prevent themselves from various diseases much care was taken by the Mizos. This was usually done based on traditional sacrifices or *Inthawina*. Therefore *Inthawina* were performed in order to restore health to a sick person who had unknowingly earned the displeasure of certain malevolent spirits believed to be roaming around them causing certain illness and diseases in the village. For the purpose every village had their own specific *Bawlhmun* or sacrificial place at the outskirt of the village where all the sacrificial rituals would be conducted.

Sacrifices and ritual practices were considered to be the first step to cure in cases of serious and disabling diseases. These were believed to originate from supernatural powers and therefore required the performance of certain ritual sacrifices. Conversely, common maladies were accepted as part of existence and do not require the performance of any particular type of sacrifices but dealt with by means of available folk or indigenous medicine.

Healing rituals employed for invoking the intervention of supernatural forces was therefore an integral component of the treatment procedure in early Mizo society. V.Lunghnema asserted that such sacrifices were already practiced by the Mizos whilst living in China around 221 B.C and that many of them continued to be in practice even after their move from China to the present hills.[249] However, Rev. Liangkhaia, one of the first native scholar to write on Mizo history opined that majority of Mizo sacrifices originated in recent times only.[250] Both assertions are however debatable and require further research.

Some of the Mizo traditional sacrifices are cited below:

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[249] V. Lunghnema, op.cit., p. 221.
[250] Liangkhaia, *Mizo Chanchin*, Mizo Academy of Letters, Aizawl, 1976, p.24.

Daibawl - This was a sacrifice offered to appease the spirits which were supposed to cause fever. The spirits responsible for such illness were believed to be the water spirit or *Tui Huai* and the forest spirit or *Ramhuai*. To propitiate the water spirit, a cock had to be sacrificed and for the forest spirit, a hen had to be sacrificed. [251] If the sick person having performed the said sacrifice was not healed from his/her ailment, a somewhat similar sacrifice to the *Daibawl* sacrifice called *Bawlkhat* was then performed but with slight differences in the type of ingredients used as well as in the way the sacrifice was conducted.

A sacrifice called *Zunthiang* was also performed if and when a person was attacked by convulsion.[252]

Khal- The traditional belief was that each person had a spirit who looked after him, but when the displeasure of such spirit was incurred, it would cause sickness and other misfortunes in the form of frequent nose bleeding, feeling unwell without being able to specifically pinpoint where the pain occurred etc. Therefore in order to ward off the wrath of such spirit, appropriate sacrifices collectively called *Khal* or *Khal tluang* were performed. [253] There were a number of *Khal* sacrifices and their names varies according to the animals sacrificed.

Chhim and *Nauhri*- These were sacrifices made to the spirit when a woman had difficulty in conceiving a child even after a year of marriage. For the purpose, a white hen was sacrificed. *Nauhri* sacrifice was quite similar to the *Chhim* sacrifice, the only difference being that instead of a white hen, a red hen was killed.[254]

*Bawlpu*i - This was performed when a person was subjected to fits or was epileptic, attacked by convulsions as well as in cases of severe fever. [255]

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[251] James Dokhuma, op.cit., pp.69-70.
[252] Ibid.,p.73.
[253] Ibid.,p.74.
[254] K. Zawla, op.cit., p. 66.
[255] James Dokhuma, Ibid., pp.77-78.

Ramnupui- For persons who suffer from general weaknesses and bloated stomachs.[256]

Hring - For a person suffering from vertigo or from dizziness, as well as from painful body cramps. It was also done when a person was accursed by others and to avert such curses from befalling on them. [257]

Arte pum phel- A sacrifice for difficult child- birth. [258]

Hrilawn- The name of an inflammatory disease of the glands commonly associated with children. A piglet was sacrificed along with a red fowl.[259]

Ui ha awrh- Performed in cases of general weakness as well as for persons with poor health. Among the Paites (a sub- tribe of the Mizos), this was performed for under- nourished children. A dog was sacrificed and the sick person was made to wear the canine tooth of the sacrificed dog round the neck.[260]

Bulthluk- When people suffered from severe cold, *Bulthluk* was performed by killing a chicken.[261]

Khua leh Chawm In case a child was attacked by convulsion, it was done by killing a piglet, a black hen and a red cock.[262]

Vawkpui phurh -When a person suffers from chronic indigestion or chronic dyspepsia, the ailing person had to carry in a basket, a sow, preferably a small one on his or her back. If the sow was too heavy or the patient was unable to carry it

[256] Ibid., p.79.
[257] K. Zawla, op.cit., p. 67.
[258] Ibid., p.66.
[259] James Dokhuma , op.cit., p.81.
[260] Zairema, op.cit., p.108.
[261] Hrangthiuva & Lalchungnunga, op.cit., p.40.
[262] Challiana, op.cit., p.27.

alone, others were permitted to help him. [263] Empirical evidence testifies to this ritual practice as late as in the 1940's. [264]

Tui Lut and *Gampi*- Among the Paite, *Tui Lut* sacrifice was performed to cure an illness such as bone pain and ring worm. While *Gampi* was for typhoid fever.[265]

Nau Hri- This was a sacrifice performed for new- born babies. This was further sub-divided into seven categories: *Arte hring ban, Arte- lui lam, Arte lui lam, Ui lui lam, Zunhnawm, Sava dawp sen tawn* and *Nau lai hrilh.*[266]

The Mizos also undertook certain preventive measures in the form of certain types of sacrifices too. Some of the more common ones were:

Sacrifices for agricultural lands or *Lo Hman* - The common belief among the Mizos was that when lands were cleared and burnt for cultivation, this sometimes incurred the wrath of the spirits residing in that particular area. The result was that the health of the family who cultivated that land was adversely affected along with poor harvest in the following year. Thereby, every year before new lands were cleared for cultivation, appropriate sacrifices were made to the forest spirit in order to secure health and good crops by every family. [267] This was known as *Lo Bawl* by the Paite who performed it in two ways – one was for the fertility of the *jhum* land and the other due to illness.[268]

Sih luh- If a *Sih* or a small spring generally regarded to be haunted by evil spirits existed within the jhum land or in the area bordering it, sacrifices had to be offered to the evil spirits of the *Sih* to propitiate them by killing a fowl.[269]

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[263] Col V. Lunghnema,op.cit., p. 290.
[264] Interview of Saitluangi Sailo (65 yrs), Maubawk, Aizawl, on 20 November, 2008.
[265] *Paite in Mizoram*, op.cit., pp.58-59.
[266] James Dokhuma, op.cit., pp.83-85.
[267] K.Zawla, op.cit.,p.72.
[268] *Paite in Mizoram*, op.cit., p.57.
[269] K.Zawla, op.cit., p.73.

Hridai Theu - This meant that if a village was afflicted with such an epidemic, no outsider was allowed to enter or visit their village for any reason and if a neighbouring village was too afflicted by the same, the chief would strictly forbade his subjects to visit such a village. [270]

A more or less similar practice was *Tlairapasi* among the Maras. The manner of its performance however varies from village to village. No strangers were allowed to enter the village on that day and bunches of leaves were stuck on the paths leading to the village. In some villages, fences were put up to stop the disease from entering the village.[271]

Khawsianna was another ceremony among the Paite meant for the entire village. It implies cleaning of a village from the hold of the evil spirits who were believed to be the cause of sickness of any kind which was rampant in the village.[272]

Dawi Sut (*Khangpui zam*) - The purpose of this sacrifice was to break a spell of witchcraft in which a person had consumed *Dawi* or magical poison. James Dokhuma asserted that the ability to break magical spells was one of the greatest skills of the Mizos in the olden days.[273] A dog, a fowl, a goat and a piglet were killed for the same, the entire proceeding lasting almost the whole day.

2.10. Traditional Medicines: Plants and Animal organs as forms of cure.

The pharmacopoeia of Mizo traditional medicine is rich and varied. Like other tribal groups elsewhere, health and environment were closely inter - related in which the forest ecology plays an important role in maintaining the health of the people. The climate being of the monsoon type, Mizoram is richly endowed with forest cover and abounded with varieties of flora and fauna. Relying heavily as they were on sacrificial rituals for cure, the Mizos also took steps to learn about the

[270] *Mizo Lalte Khua leh Tui Awp Dan*, op.cit., p.6.
[271] N. E. Parry, *The Lakhers*, op.cit., pp. 455- 456.
[272] *Paite in Mizoram*, op.cit., p.60.
[273] James Dokhuma, op.cit., p.89.

plants and animals around them that possessed healing properties. Therapeutic measures were developed with whatever indigenous resources were available in the surrounding environment.

As in other cultures the world over, it seems probable that the Mizos too discovered indigenous medicines through the process of trial and error, which plants or animals must be used as food and which of them had some medicinal value. It is also probable that the Mizo knowledge of many medicinal plants were derived through their observation of other animals in nature, as well as their deep observation and understanding of the environment.[274] Also, within each village, there existed certain persons, usually those who were advanced in age and who were more knowledgeable then some in the diagnosis and treatment of diseases by prescribing the necessary remedies.

Moreover wild as well as domesticated animals has always played important roles in the lives of the Mizo. In fact, they were closely intertwined to their everyday lives - as one of the main sources of their economy and as the main components in their sacrifice. In fact, the various organs of animals – bones, fats, skin, brains, gall, tongue, feathers, blood etc. were believed to consist of numerous medicinal and healing properties. A.G.Mc Call noted on how the fats of hornbill was used for external application in the case of respiratory diseases, massage with the fats of the python, tiger or bear was popular for rheumatism, wearing of the bones of the hooluk monkey over the aching joints and the bile of python for diarrhoea or cholera cases.[275] Persons suffering from *Ngawr* or Tuberculosis were also treated by making them drink dog's blood in order to alleviate the pain. [276]

Some Mizo medicinal plants are mentioned below (for more on medicinal plants see appendix A):

Anchhiri- The roots or bulb of this plant is believed to be effective in treatment of

[274] Interview with C. Rokhuma, (92 yrs) on 3 March, 2008.
[275] A.G.Mc Call, op.cit., p.179.
[276] Ibid., p.180.

purulent discharge from the ear. When the roots are washed and grounded, the juice is then extracted, warmed a little bit and poured into the ears.[277]

Tlang sam (*Eupatorium odoratum*) – The name of a straggling bush. The juice of the leaves applied to newly- made cuts or wounds quickly heals them.

Pasaltakaza - The name of a tree, the leaves of which when bruised was also used to heal injuries caused by child - birth and other chronic sores.[278]

Sarzuk (*Elaegnus parrifolio*) - also called placental plant in English. In case of injuries caused by child- birth, the roots were grounded and boiled with water to a thick consistency which was then to be taken in small doses in the morning and in the evening. [279]

Hnahthial (*Phrynium capitatum*) - With reference to the medicinal value of the *Hnahthial* leaves, C. Rokhuma in citing his personal experience stated that when the leaves were rolled cigarette –like and tucked amongst their clothes whilst working in areas that abound with *Thakpui* plants (large stinging plants), the effect was such that not a part of the body was stung or burnt by the leaves. He further extolled on how he successfully demonstrated the same many years back to the public at Vanapa Hall in Aizawl. [280]

Mizo medical knowledge of plants was a cure factor not only to humans but to animals too. For instance, the *fartuah* tree (*Erythrina stricta*) is also said to cure sores infested with maggots in animals.

[277] R.Rengzika, 'Mizo Damdawi' in Kristian *Tlangau*, January 1947, Loch Printing Press, Aizawl, p.9.
[278] C.Sapchhunga, op.cit.
[279] A.G.Mc Call, op.cit., p.175.
[280] C.Rokhuma, op.cit.

C. Rokhuma further stated;

> "Many years back, the wound on the forehead of my cow caused by a rifle shot was unable to heal properly as a result of which the injured area became infested with maggots. Attempts were made to heal it by applying petrol but the symptoms persisted. Upon coming to know that that dry branches of the *fartuah* tree possessed healing properties (cut into several pieces and strung together with jute strings) when hung around the neck of cows. The same was thus applied and the cow was healed completely within a few hours of wearing it and all the maggots fell off from the injured area".[281]

Some other health care practices unique to the Mizos may also be cited:

The Mara prescription for boils was to take earth from an ant's nest which was mixed in equal proportion with rat's excrements. By pounding this with a little water, a plaster was made and this was then applied to the boils. This was said to make them burst.[282]

For sore eyes due to conjunctivitis, a little of the patient's fresh urine was applied three times to each eye. The belief was that the urine must still be warm at the time of its application as it loses its efficacy once it has gotten cold.[283]

For persons suffering from syphilis, when juice of rotten crabs are administed to the patient, it is believed to enter the blood stream and kills the germs.[284]

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[281] N.E Parry, The *Lakhers*, op.cit., p.169.
[282] Ibid.
[283] Ibid.
[284] Ibid., p.171.

A shot or a spear wound was treated by placing the flesh of a fowl on the wound and tying it round with leaves. The idea behind this was that the raw chicken flesh would help fresh flesh to grow over the wound.[285]

In case of snake bite, when a tamarind seed is placed on the affected area it is said to suck out the poison.[286]

The intense pain due to a sprained waist is said to be instantly cured when the patient is made to sit on top of a tortoise shell.[287]

James Herbert Lorrain has recorded many plants used as medicines by the Mizos along with their methods of preparation in his work, *Dictionary of the Lushai Language* (1940). Colonial ethnographers such as A.G.Mc Call in Lushai Chrysalis (1949) and N.E. Parry in *The Lakhers* (1832) has also mentioned and reflected on medicinal plants utilised by the Mizos. In recent years, documentation of Mizo herbal medicines has been done by some indigenous writers and ethno-botanists which has further enhanced our understandings and knowledge on Mizo plant medicines handed down from generation to generation.[288]

Due to dearth of written records, accounts on the history of health and medicine of the pre-colonial period is quite fragmentary. Much of the information has therefore been gathered from writings of colonial ethnographers, indigenous authors of the colonial and post colonial period, and oral traditions. In-spite of these, there are still many gaps pertaining to the health care practices of the Mizos and many questions which are still unanswered. They were relatively simple as can be gleaned from a general outline of their lives stated above and viewed from modern

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[285] Ibid.
[286] Interview with Vanlalngaia, (76 years), Kulikawn, Aizawl on 7 August, 2011.
[287] C. Rokhuma op.cit.
[288] For works on medicinal plants , see C.Chawngkunga, *Tualchhuak Damdawi* (Indian System of Medicine), Directorate of Health and Family Welfare, Government of Mizoram, Aizawl,1996, H.Lalramnghinglova, *Food Plants, Fruit plants and Medicinal Plants of Mizoram*, Environment and Forest Department , Mizoram, 1992, Dr.(Fr.) Thomas Mekkalath, *Mizoram Thing leh Hnim Damdawia Hman Theihte*, Homoeopathic Medical Centre, Kolasib, Mizoram, 2000 and Mizo pa Pawl, *Mizo Damdawi* (*Upa Thurawn*), Mizo Upa Pawl, Lunglei, Mizoram, 2000.

day’s criteria of healthy living, there was nothing remarkable or special in the way they managed to maintain good health amongst themselves. In fact, as compared to other cultures of the world, the Mizos may have been ‘backward’ in their treatment of their health. However, they not only possessed certain health care knowledge but were civilized in their own capacity and could cope with the environment they lived in.

CHAPTER - III

HEALTH CARE IN THE COLONIAL PERIOD

CHAPTER – III : HEALTH CARE UNDER THE COLONIAL GOVERNMENT

In 1890-1891, the British colonised the then Lushai Hills and ultimately consolidated the Hills by 1898 and 1924 respectively. The colonial medical services in the hills dated to the early years of colonial occupation of the hills. Soon after the British occupied the North Hills in 1890, North Lushai hills was placed under the charge of a Political Officer and a Covenanted Civil Surgeon was also appointed for the same.[289] In the Chin Hills Conference of 1892, (which was organized to look into the matter and administration of the newly conquered areas such as the Lushai Hills, the Chin Hills etc.), the task of preparing the draft of the budget was entrusted to Mr W.Davis, then 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 altogether to Rs 14,652.[290] It also recommended for a Civil Surgeon at Aizawl, where there has been a Covenanted Civil Surgeon ever since the permanent occupation of the North Lushai Hills, and for two Assistant Surgeons, viz., one for Tlabung and one for Lunglei.[291] Records highlight that Dr. E. Christian Harr, Surgeon Captain was the first Civil Surgeon of Lushai Hills. His hand written entry, dated 22nd November, 1896 can be seen in the *Inspection Book, Champhai Dispensary, From 1896 to 1973*, preserved by the Health Department, Mizoram.[292]

3.1. Introduction of Western Medicine and Health Service in Mizoram.

Western medicine is the term used to describe the treatment of medical conditions with medications by doctors, nurses and other conventional health care providers

[289] Amalgamation of the North and South Lushai Hills 1893-1894: from The Secretary to Chief Commissioner of Assam, to the Secretary to the Government of India, Foreign Department, dated, Shillong January, 1894, p.7, New Delhi, Government of India (NAI).
[290] Ibid.
[291] Ibid.
[292] Dr. C Zothankhuma, 'An Introductory note, Health and Family Welfare Department', hosted by National Infomatics centre (NIC), 2009, http://health mizoram.nic.in/page1&link1.html. retrieved on 12 September 2010.

who employ methods developed according to western medical and scientific traditions.[293] It has variously been labeled as a 'Tool of Empire', as necessary adjuncts to imperialism and that it paved the way for legitimising colonial control over the indigenous population by writers such as Daniel Headrick and Philip Curtin.[294] Philip Curtin had focused on the impact of disease on the colonial rulers and soldiers in the nineteenth century. He has analyzed the mortality rates and causes of death of British troops and French troops as they moved into tropical areas between 1815-1914 and the subsequent improvements in hygiene and tropical medicine to the 'mortality revolution'.

Apart from it being considered as a 'Tool of Empire', Biswamoy Pati and Mark Harrison has pointed out that 'During the eighteenth century, medicine came to be seen as contributing to economic efficiency- the health and wealth of nations were thought of as complementary but that in the context of India, economic factors seems to have been only loosely connected with medical and sanitary provisions'.[295] Scholars like Radhika Ramasubban also points out how high death rates and illness of British troops from endemic diseases threatened the security of the forces which prompted health measures across the Indian subcontinent. With reference to sanitary reforms in India, she asserted that the Royal Sanitary Commission laid down elaborate norms for the creation and development of distinct areas of European residence, and the 'cantonment,' 'civil lines,' 'civil station,' 'hill station' regulated by legislation, developed into a colonial mode of health and sanitation based on the principle of social and physical segregation.[296]

The fact that the introduction of western medicine in the colonies did not significantly affect the local population but that it was introduced for the benefit of

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[293] http://www.wisegeek.com/what_is western_medicine.htm, retrieved on 10th September 2012.
[294] Daniel Headrick , *The Tools of Empire :Technology and European Imperialism in the Nineteenth Century* , Oxford University Press, London, 1981 and Philip Curtin, *Death by Migration: Europe's Encounter with the Tropical World in the Ninteenth Century*, Cambridge University Press, London,1989.
[295] Biswamoy Pati and Mark Harrison,(eds.), *Health, Medicine and Empire: Perspectives on Colonial India*, Orient Longman, New Delhi, 2006, pp.14-15.
[296] Radhika Ramassuban , "Imperial Health in British India, 1857-1900", in Roy M.Mac Leod & Milton James Lewis(eds.), *Disease, Medicine, Empire:Perspectives on Western Medicine and the European Expansion*, Routledge, 1988, London, pp. 40-41.

the colonial authorities has also variously been pointed out by many of the writers on colonial medicine.[297] Conversely, British health policies in India has been lauded by writers such as Ira Klein who asserted that 'their measures weren't restricted to "imperial enclaves," but they had'nt the breadth, continuity, resources or technological qualities to create an effective shield against mortality."[298]

In the context of Mizoram, with scientific and modern medical knowledge in hand, western medicine was subsequently introduced by the colonial rulers among the Mizos. In the initial period of colonial rule, introduction of western medicine and health services were however exclusively for the colonial administrators and military personnel as well as for the many labourers employed by the colonial administration. In fact, the colonial authorities were compelled by circumstances to provide medical and health services to ensure that their subjects had good health and later on due to public demand. In order to ensure the smooth process of colonising a new territory such as building roads, offices and living quarters etc, the colonial administrators were obliged to pay attention to the health condition of their employees. This implies that initially, the health of the civilians were not taken into consideration by the new rulers.

With reference to the Civil Hospital at Aizawl, the then district headquarters, Dr. Lalthanliana stated;

> "It has been opined by many that in the beginning the hospital was not intended for the general public, rather, its services were exclusively for the numerous Government porters (non-Mizos) as well as for the many non- Mizos residents of Aizawl. But this may not be entirely correct because with the occupation of the Hills,

[297] David Arnold "Crisis and Contradictions in India's Public Health", in Dorothy Parker(ed.), *The History of Public Health and the Modern State,* Editions Radopi B.V., Amsterdam- Atlanta, GA 1994, pp. 336-337. Also see Warwick Anderson, "Laboratory Medicine as Colonial Discourse", in Deepak Kumar, *Science and the Raj, 1857-1905*, Oxford University Press, 1995, p.234 and Anil Kumar, *Medicine and the Raj: British Medical Policy in India 1835-1911*, Sage Publications, London, 1998.

[298] Ira Klein, 'Medicine and Culture in British India, in Abhijit Dutta, Keka Dutta Roy & Sandeep Sinha(eds.), *Explorations in History*, Corpus Research Institute, Kolkata, 2003, p.100

> there arose the need to recruit a number of Mizos too as porters, construction of new buildings etc. by the new administration wherein providing medical services for the many workers was naturally one of the most important step to be taken if things were to function accordingly."[299]

If such was the case, it would seem that in the initial period, the colonial authorities extended health services not only to the non- Mizos but to the Mizos too. But, it may be pointed out that this was done so as to further their vested interests in the process of empire building.

Thereby, as the British colonised the hills, western medicine and modern methods of health care were felt necessary to be extended to the local population if their rule was to be continued. In order to impress upon the people that British rule aided in the endorsement, development and modernization of the Mizos, western medicines and health services along with modern education were regarded as important instruments in asserting their hegemony over the Mizos**.** To the Mizos, the British were considered as symbols of progress, a sort of superior rule which was the first of its kind ever encountered by them. Thereby, introduction of western medicines, health and nutrition, personal and community hygiene by the colonial administrators were to the Mizos, representations of superior knowledge by superior rulers which further enhanced legitimization of British rule in the hills.

3.2. Establishment of Dispensaries.

In 1894, a treatment camp was established at Aizawl to provide medical facilities to labourers (*kuli* dispensary). Subsequently in 1896, this was upgraded into a dispensary with twenty beds. From available records, the eight- bedded dispensary at Champhai which was established on February 1896 prior to the Aizawl dispensary was the first dispensary to be established in Mizoram by the British.[300]

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[299] Ibid. Lalthanliana, *Ka Thil Tawn leh Hmuhte,* Gilzom Offset, Aizawl, 2008**,** p.165
[300] Rosiamliana Ralte, *Mizoram Health Department*, Lalruatkima, Aizawl Mizoram, 1990, p.8.

B.C Allen et.al., in *Gazetteer of Bengal and North-East India* has recorded that in1904, the District possessed seven dispensaries and five military hospitals with accomodation 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.[301] With regard to the number of dispensaries in existence in the said year, the *Mizoram District Gazetteers* has also recorded a total of seven dispensaries viz., Aizawl, Sairang, Thenzawl, Kolasib, Lunglei, Bualpui and Tlabung.[302] It may be pointed out that in both the records, the first dispensary to be established in the Hills ie., Champhai dispensary has been left out. Since the said dispensary did not cease functioning even at this time it would therefore seem that there were eight dispensaries in the Mizo Hills by 1904.

Dispensaries were put in-charge of Hospital Assistants while 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 arrangements etc.

By 1922, there were eight dispensaries in the two sub- divisions of the District ie., north and south apart from two Travelling dispensaries to serve areas not served by regular dispensaries. Challiana recorded that within the said year, medicine was dispensed to a total of 91,196 persons in the different dispensaries throughout the hills.[303] (However, in cross–checking his calculation, the total number of persons was 74,186 as against 91,196.) Further, according to the census report of 1921, the actual population counted in the hills was 98,406.[304] This shows that by this time, medical care provided by the government was accessed by the larger population.

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[301] B.C Allen, E.A Gait, C.G.H Allen, H.F Howard , *Gazetteer of Bengal and North- East India*, Mittal Publications,New Delhi, 1993, p.467.
[302] *Mizoram District Gazetteers*, 1989, Director of Art and Culture, Government of Mizoram and Human Resources Department, Aizawl, p. 320.
[303] Challiana,'*Damdawi la zat'*, in *Mizo leh Vai Chanchinbu*, October, 1923, The Assistant Superintendent, N.Lushai Hills, Aizawl, pp. 263-264.
[304] *Census of India, 1921*, Assam. Vol.III. Chapter 1, Susidiary Table IV, Government Press, Shillong, 1923, p.26.

However, the number of dispensaries so established was very limited and not at at par with the population of the Hills.

In 1937, a system of subsidising private practitioners was introduced by the Government. According to this, qualified medical practitioners were to be given a monthly subsidy by the government as well as an initial and recurring grant for the purchase of medicines and medical appliances on condition that they settle in certain specified villages and give free treatment to indigent persons.[305] They were also given the liberty to build up private practices for themselves and to accept such fees for medical treatment and attendances as they can get.[306] In accordance with the above mentioned regulation, in 1939, necessary provisions were made in the current year's budget in the Lushai Hills to appoint a Government subsidised doctor.

The first subsidised dispensary was opened at S.Vanlaiphai in the Lunglei sub-division on 1 April, 1940 and Dr.Chawnghranga L.M.P started his duty as a Governnment subsidised doctor on the said date. [307] However, although the S.Vanlaiphai dispensary worked satisfactorily, the doctor in charge was appointed to the Assam Provincial Cadre and the dispensary had to be closed down after a few months for want of a doctor till other Mizo doctors could be appointed. Thereby, even before 1940, in addition to medical facilities provided by the government, a move was made towards employing Mizo doctors on a subsidised basis in outlying areas.

3.3. Hospital Works.

One of the most important aspects of health care extended by the colonial authority was the hospital work in the early decade of the twentieth century. It is to be noted

[305] Proceedings of the Governor of Assam in the Local Self Government Department, No.4224, dated, 18th December, 1937, Resolution on the Regulations for Government Subsidised Medical Practitioners, MSA, Government of Mizoram, Aizawl.
[306] Ibid.
[307] Letter from Gupta, Civil Surgeon, Lushai Hills to the Inspector –General of Civil Hospital, Shillong, Assam, No.1368. dated 18.4.1940, (MSA)

that under the British rule, hospitals in each Province were placed under the Inspector General of Civil Hospital. Provinces were further divided into Districts and each District were placed under Civil Surgeons and under him were the Assistant Surgeons who were Indians finishing their courses from Medical Colleges.[308] Further, hospitals in every District Headquarters or Sub-Divisions were placed under the charge of 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 prerogative of British Officers. In the military field, Army Surgeons were appointed from the rank of Captains and Majors and acquired the status of Civil Surgeons when placed as deputation in the civil department.[309]

The construction of the 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 were mostly non - Mizos, the colonial authority soon felt that a new and larger hospital was necessary which would cater to the needs of the growing population.

The hospital in the early period of its construction was however far from satisfactory and suffered from lack of facilities. It could house only about thirty patients and consisted of the main building, the outdoor dispensary, kitchen, go-down and an isolation ward. In the initial period, the hospital was placed under the charge of a senior Licentiate Medical Practitioner (LMP) Doctor. The outdoor dispensary was placed under the charge of another LMP doctor who was aided as and when needed in certain cases of major and other complicated surgeries by the Civil Surgeon. Subsequently, with the growth in population and increase in public demand, otherheadquarter dispensaries such as Champhai, Lunglei and Kolasib were also upgraded to the ranks of hospitals.

[308] Lalthanliana, *Ka Thil Tawn leh Hmuhte*, op.cit., p.163.
[309] Ibid.

The establishment of hospitals by the Assam Rifles in Mizoram may also be mentioned. In order to ensure peace and security in the border areas of China and Burma the Indian Government had stationed at five places, Military Police Battalions. 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.[310] (G.H.Loch was the Captain and the Commandant of the Assam Rifles and later became the fourth Superintendent of the Lushai Hills).

In an attempt to improve the station of Aizawl, Captain G.H Loch trained some of his men in quarrying and shaping stones, instructed greater number of the sepoys in stone work, carpentering, and road-making, gradually developing his Battalion more on the lines of a Pioneer than of an ordinary Infantry unit.[311] This naturally required the opening of a hospital to serve the needs of those in service in the military sector. The hospital was put under the charge of the Inspector General Civil Hospital, Assam who was also the overall in- charge of the Assam Health Services. Such Battalion hospitals were however not placed under the supervision of Army doctors but supervised instead by the Civil Medical Officer Grade Eleven (11).[312] 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), also known as '*Hmeichhe Damdawi in'* literally 'Women's Hospital' at Khatla, Aizawl. The Hospital was built in memory of Captain G. H. Loch who passed away in England in 1924. 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 increase in population, dispensaries in Aizawl and Lunglei were upgraded to full- fledged Civil Hospitals. It may be noted that in the census report of 1941, the population of Mizoram rose to 152,786; the area of the District

[310] L.W.Shakespear, op.cit., p.99.
[311] Ibid.
[312] Lalthanliana, op.cit., p.182.

was 8,142 square miles and the number of villages in the District shot up to 508 with as many as 8,142 houses.[313] The lists of hospitals and dispensaries under the Medical Department as recorded by Dr. M Ahmad, then Civil Surgeon of the Lushai Hills for the years 1944-45, 1950-51, 1951-52 were as follows; Aizawl Civil Hospital, Aizawl A.R Hospital, Lunglei Civil Hospital, Lunglei A.R Hospital, Kolasib Dispensary, Sairang Dispensary, Sialsuk Dispensary, Champhai Dispensary, N.Vanlaiphai Dispensary, Tlabung Dispensary, Tuipang Dispensary, Aizawl Travelling Dispensary, Lunglei Travelling Dispensary**.** [314] In 1953, Vahai (south Mizoram, Saiha district) dispensary was added to the lists of hospitals and dispensaries.[315]

As noted above, even within a span of almost ten years (1944-1953), there was no significant development of health services apart from the establishment of hospitals and dispensaries at strategic places. Those living in the interior were still unable to avail medical aid due to lack of improved roads for transportation and medical professionals. Sometimes patients had to make a journey of ten days or even more to reach the nearest dispensary for medical aid. According to Dr.A.Z Chaudhuri, Civil Surgeon of the then Lushai Hills;

> "Although remote areas were visited from time to time by two Sub-Assistant Surgeons, there still existed some localities in the district which were badly in need of constant medical aid on account of their unhealthiness, remotenesss and difficult communication from the nearest dispensaries." [316]

Although the government had established some hospitals and dispensaries, these were however small and ill- equipped with no provisions for serious operation

[313] *Census of India, 1941*, Vol.IX , Assam, Manager of Publication, Delhi, 1942, p.2.
[314] Letter from Dr.A.Ahmad, Civil Surgeon Lushai Hills to The Deputy Commissioner, Lushai Hills, Office of the Civil Surgeon, Lushai Hills, dated Aijal, 21.1.1953. Government of Mizoram, Aizawl(MSA)
[315] Letter from the Civil Surgeon to the Deputy Commissioner, Lushai Hills, dated Aijal, the 28th October, 1953. Government of Mizoram, Aizawl (MSA).
[316] Letter from Dr.A.Z Chaudhuri, Civil Surgeon, Lushai Hills to the Inspector General of Civil Hospitals, Assam, Shillong, dated 26.2.1940, Government of Mizoram, Aizawl (MSA).

cases and therefore inadequate to meet the health needs of the people. Further, the arrangements made by the government for supplying medicine and medical aid were also on a very limited scale. Health service then also suffered from acute shortage of qualified health personnel - doctors, nurses, mid-wives, health educators etc. This was particularly felt in the rural areas as well as to those who lived in the interior. Also, with population on the increase year after year, the few dispensaries so established were unable to cater to the growing population.

3.4. The Mizo Concept of Health and Sickness in the early Colonial Period.

In the early colonial period, as the new administration embarked upon the task of imparting new policies and modern methods of health care, the Mizos on their part were still a long way off in matters of observation and implementation of sanitary rules. Even though by then, some Mizos had adhered to the Christian faith, the erstwhile beliefs that all diseases were the handiwork of evil spirits and that such an illness could be cured by propitiating the concerned spirit still persisted among some people. In fact, evil spirits were still blamed for the mere occurrence of a simple fever or a common cold. This according to Chuautera (who later on became the first ordained minister of the Baptist Church in the South Hills) was a clear misconception on the part of the Mizos who stated that, "We, the Mizos get sick not because of any other reason but because we are probably not wise enough, we are negligent of our health, we are too lazy, and that we lack self control."[317] This may be true to an extent for the Mizos were still quite ignorant of basic hygienic measures and had to be reminded time and again to take care of their health.

The need to educate the masses in matters of health care and cleanliness was done not only through oral means but also through writings by medical personnel and other educated Mizos which often appeared in the then monthly newspapers, *Mizo leh Vai Chanchinbu* a secular newspaper (first published in 1903) and *Kristian Tlangau* (initially known as *Krista Tlangau* and published by the Welsh Mission

[317] Chuautera , '*Hriselna Thu'*, in *Mizo leh Vai Chanchin Lehkhabu*, June, 1905, Mr.A.G.Giles, pp. 9-10.

Bookroom in 1911) a newspaper run by the Church. In fact among the Mizos, the concept of cleanliness still occupied back- stage as can be gleaned from an article by Leta Khiangte Khupchhung, a teacher then in Lunglei who also asserted, "Among the Mizos if and when people see a clean and well- groomed person, he is often talked behind his back as being prim and proper, fastidious etc."[318] He further asserted that cleaning one's bodies and clothes was not a thing to be ashamed of nor was it to be criticized, but that in doing so one may have better health and lead an active life in the long run.[319]

There were also many instances wherein medical doctors and health personnel took upon themselves the task of educating the masses as to the proper maintenance of their health, how the Mizos could combat diseases and prevent themselves from being infected etc. In such writings, we also find that Mizo traditional concepts of health and healing were labeled as 'superstitious' which arose as a result of ignorance on the part of the people.

3.5. Mizo perception of Western Medicine.

In the late nineteenth century, as new methods of health care and western medicines were introduced, some amount of doubt, fear and apprehensions were natural reactions of the people that the colonial regime had to reckon with. The Mizos were also cautious and ignorant as to the usage and efficacy of western medicine that for the most part, it encountered resistance in the initial period of its introduction. It may be noted that by this time, western education imparted by the mission and the administration was still in an infancy stage and western education had not yet significantly affected majority of the Mizos. The result was that traditional beliefs, customs and ideas were still deeply embedded in the minds of the people.

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[318] Leta Khiangte Khupchhung, '*Fai Tur'* in *Mizo leh Vai Chanchinbu*, August 1904, Mr. A.G. Giles, Lushai Hills, p. 7.
[319] Ibid., p. 8.

The resistance of the Mizos to western medicine can be gathered from an article that appeared in the *Mizo leh Vai Chanchin Lehkhabu* in 1913. According to Zanga of Thakthing, Aizawl "The Mizos abhorred or had an aversion to the use of western medicines due to the belief that the composition of such medicines included various organs of the human body such as the fats, brain, eyes etc."[320] Such assumptions arose out of the belief that when the dead were post-mortemed by the doctor, the various organs of the body were then extracted in the process in order to make medicine. An extract from Rev. J.H.Lorrain's letter, who was one of the pioneer missionary to the Hills also mentioned;

> "A postmortem examination held on a sweeper found dead in his hut was rumoured all over Lushai land that the Doctor opened the man's body to make medicine out of his entrails..... that a chief was dissuaded by his wife from taking quinine sent to the chief by the missionaries as it was made from the intestines of the above mentioned sweeper."[321]

One such incidence on the attitude of the Mizos as to the use of modern medicines and consulting a doctor was concerned may also be cited here. According to Makthanga;

> "On 30 October, 1905, a woman was bitten by a snake on her foot. After an hour, she then lost her power of speech and trembled all over. In spite of such sufferings, her relatives and those near her did not take her to the doctor but tried to cure her instead by administering various indigenous medicines to her but to no avail. After a while, a young man seeing her condition enquired as to why a doctor was not called for her. The reply was that even the doctors would not be able to do anything for her. However, the young man quickly ran to call the doctor who on his arrival applied

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[320] Zanga, '*Damdawi Thu'* in *Mizo leh Vai Chanchin Lehkhabu* , September 1903, W. B Press, Sylhlet, p. 13.

[321] Letter, J.H.Lorrain to his parents, dated 28th October, 1896, Baptist Missionary Society, Lushai Hills Mission,1894-1944, Academy of Integrated Christian Studies(AICS), Aizawl.

some medicine to the wound, tied her foot and operated upon it. Gradually, the woman got well again."[322]

This highlights that even by the early 1900s, the Mizos had not sufficiently grasped the curative nature of western medicine nor accepted it fully. When consulting a doctor, it was also quite common for people to ask for specific medicines to the doctor without even disclosing their ailments or the type of sickness they suffered.

Further, misconceptions as to the usage of western medicine was also prevalent then. One such misconception was the belief that all ailments could be cured by a single medicine. For instance, a medicine named *Iodoform* which was used to cure only certain abscesses and skin ulcers was usually requested by the people for healing all types of abscesses and wounds.[323] Besides, the general belief was that every person had to constantly take dosages of purgatives to treat various problems relating to indigestion even without consulting a doctor.

The use and application of common medicines at this time like Chlorodyne, Iodine and China balm (*Kawl damdawi* or Tiger balm) may also be cited. It would seem that there were many instances wherein people tended to consume Chlorodyne without consulting a doctor.[324] Chlorodyne was a medicine used to treat diarrhoea, but due to its opium content was said to cause harm when given to children less than a year old and sometimes even causing death when large doses were given to infants less than a year old. As far as iodine was concerned, there were two types of iodine manufactured at that point of time. One type was consumable, (for treatment of goitre) the prescription generally being two to five drops while the other was to be applied externally (generally applied on wounds). People however often mistook the latter with Chlorodyne due to the similarity in the bottles used as a result of which serious illness or death often occurred.[325] China balm was to be applied externally in cases of joint pains, rheumatism etc. There were however

[322] Makthanga, '*Damdawi Tangkaina'* in *Mizo leh Vai Chanchin Lehkhabu*, December 1905, A.G. Giles, Lushai Hills, pp. 8-9.
[323] S.A Shahid '*Damdawi in awmna khuate leh damdawi Babu te hming'* in Chanchinbu, May 1909, The Assistant Superintendent, Lushai Hills, p.86.
[324] *Mizo leh Vai Chanchin Lehkhabu* , March 1924, The Assistant Superintendent, N. Lushai Hills p. 64.
[325] Ibid.

instances wherein some people proclaimed its positive effects for the cure of such diseases as cholera and dysentery.[326] Thereby, the initial reaction of the Mizos to the introduction of western medicines and health care was doubtful, cautious and often misconstrued.

Since the Mizos did not immediately accept western medicines and health services of the colonial government, attendances to the dispensaries were quite few. There was however a growing trend towards the acceptance of colonial health services as recorded by the number of Mizos treated in the Aizawl dispensary. The figures were 317 in 1896-97, 803 in 1897-98 and 1,757 in 1898-99.[327] In an inspection report of the Kolasib dispensary in the north hills on 8 April 1903, the Civil Medical Officer R. A. Boermal noted that there was an increase in the total number of outdoor patients treated which was 349 as against 222 for the preceding year.[328]

In the south, in Lunglei dispensary, there was also a marked increase in the number of outdoor patients as was noted by the Civil Surgeon within the said year. The increase in out-door patients was attributed to the fact that people had now witnessed the positive effects of western medicines provided in the dispensaries. Besides being effective, the medicines that were dispensed in the dispensaries were also free of cost, thereby, the increase in patients. As far as in- patients were concerned, the Civil Surgeon however lamented that for want of accommodation in the hospital, numerous Lushai patients could not get admitted but were treated by the Assistant Surgeon in their own quarters.[329]

In the ensuing years, western medicine and health care soon made its impact upon the minds of the people as to their efficacy as more and more Mizos gradually began to accept it. In endorsing modern health care, colonial doctors- both British and Indians also acted as civilizing agents in their attempt to dispel what they

[326] Ibid.
[327] Fr.Dept.Extl.A progs.,No.35, October 1899, Administration Report of the Lushai Hills for the year 1898-99, from the Chief Commissioner of Assam to the Secretary, Government of India, Foreign Department, p.2, New Delhi, Government of India (NAI).
[328] Report of inspection made by the Civil Medical Officer on the Kolasib Dispensary on the 8th April, 1903, Government of Mizoram, Aizawl (MSA).
[329] Report of Inspection made by the Civil Surgeon, Lushai Hills on the Lunglei Civil Dispensary on the 18th and 19th June,1903, Government of Mizoram, Aizawl (MSA)

regarded were 'superstitious' and 'primitive' practices of the native population. Besides, by the first half of the twentieth century, western education had by then been firmly established throughout the hills due to the effort of the Christian missionaries and the colonial government, the Mizos was now more open and receptive to new ideas and change. N.E Parry in referring to the introduction of modern medicine among the Lakhers of the south hills has asserted that, "Although the Lakhers (Maras) prefer to recourse to sacrifices when they are ill, they have however, no great objection to European remedies, are beginning to appreciate quinine, and submit readily to vaccination."[330]

3.6. Traditional Medicine and the Colonial Administration.

From the olden days, the Mizos managed their health care needs through traditional medicines in the form of plants and animal parts, minerals and other substances apart from sacrificial offerings to the concerned spirits for health and healing. Here, the priests played important roles in the health scenario, healing rituals being invoked by them for the intervention of supernatural forces. Indeed, the Mizos had their own pharmacopoeia of health and healing which consisted of many natural remedies, knowledge of treatment of fractures and sprains, childbirth and some amount of gynecology. It should be borne in mind that these remedies may or may not stand up to the acid test of scientific verification, but they have transcended all barriers of time by being passed through word of mouth from generation to generation.[331] It was these traditional medicines that had sustained through time, the health of the pre-colonial Mizo society and which the people relied upon to meet their primary health needs.

In the colonial period, traditional medicines of the Mizos has been influenced by a number of changes- the main agent being the introduction of western medicines by the colonial administration. Colonialism coupled with Christianity brought about

[330] N.E.Parry, *The Lakhers*, TRI, Aizawl, Mizoram, 1976, p.169.
[331] Shalini Mehta& Rajni Lamba, "*The Realm of Cure: A Comparision of Tribal and S Modern Systems of Medicine*" , in P.C Joshi & Anil Mahajan(ed.), *Studies in Medical Anthropology*, Reliance Publishing House, New Delhi, 1990, pp. 184-185.

rapid change as far as the usage of traditional medicines and modern health care were concerned.

Among the Mizos, colonialism in many ways led to an upheaval of traditional customs, culture and tradition. In its place, the British introduced modern ideas, beliefs and thoughts which were believed to bring about change and progress from the erstwhile Mizo culture. In order that new ideas should take root or be deeply entrenched in the minds of the people, old ideas and beliefs were naturally undermined. In the process, there were many instances wherein Mizo tradition, religion and cultural practices were perceived as 'superstitious' and 'primitive.' Traditional methods of health care also did not remain unscathed but subjected to many criticisms - that it was shrouded in 'superstition' and 'ignorance' of the people. This stance so taken may have been an outgrowth of the beliefs and attitudes of the colonial rulers whose minds were imbued with modern scientific knowledge which 'advocates rationality as a means to establish an authoritative system of ethics, aesthetics and knowledge'.[332] Thereby, to the colonial rulers, Mizo traditional medicines and health care was a representation of a 'primitive' and 'superstitious' culture which needed to be replaced by new innovations of science and progress.

The attitude of the British colonial rulers towards indigenous medicines of mainland India also probably exerted a profound influence on the colonial rulers' bent of mind towards Mizo traditional medicines. In India, the introduction of western medicine hampered the growth and development of traditional medicines in more ways than one. In the initial period of British rule, the indigenous system of medicine in India such as Ayurveda, Unani, Siddha and folk medicine was not completely rejected or ignored as such by the colonial rulers. Although there arose certain differences between Ayurvedic medical systems and western medicine, the former continued to thrive well. However, initial support and reverence for indigenous medical knowledge changed in the years following 1835 when British

[332] http://www.martinfrost.ws/htmlfiles/enlightenment_age.html, retrieved on 16 October 2011.

policies focused on pushing indigenous medicine out of their agenda in order to patronize teaching and practice in Western sciences.[333] K.N Pannikar reflected;

> "It not only promoted western medicine but also sought to assert and establish its superiority over all the other systems. Western medicine thus became the officially preferred system; it was accorded the status of official medicine and the attitude of the state towards other systems became discriminatory, even hostile.[334]

Consequently, in an attempt to revitalize the 'glory of the past', a movement for revitalization of indigenous medicine was organised during the late nineteenth and early twentieth centuries in almost all regions of India particularly in Bengal, Maharashtra, Rajasthan, Tamil Nadu and Keralam.[335]

From the above, it is clear that promotion of traditional medicines, Indian or otherwise was not among the list of priorities set out by the British in the process of colonisation. The result was that the colonial rulers also did not pay much attention to traditional medicines of the Mizos which were therefore marginalised, stagnant, neglected and consequently were unable to compete with western medicines. There was also no major attempt to study the therapeutic potential of the system scientifically by the colonial administration or to be more precise, traditional medicine did not receive significant input from the colonial government.

However, the colonial government did not completely ignore traditional medicines of the Mizos nor did they consider all traditional medicines as superstitious but duly recognised their efficacy too. Nevertheless, the efforts of the colonial administrators in this direction was limited and far from satisfactory. In the colonial period, lists of different medicinal plants which were commonly utilised by the Mizos, their usage and methods of preparation were documented by James

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[333] Poonam Bala, *Medicine and Medical policies in India: Social And historical perspectives*, Lexington Books, United Kingdom, 2007, p.74.
[334] K.N Pannikar, *Culture, Ideology, Hegemony-Intellectuals and Social Consciousness in Colonial India*, Tulika, New Delhi, 1995, p.148.
[335] Ibid., p. 159.

Herbert Lorrain in his book, *Dictionary of the Lushai Language* (1940). A.G. Mc Call in *Lushai Chrysalis* (1949) was among the few colonial ethnographers to reflect on indigenous medical practices wherein he cited the usage of various plant, organs of animals and sacrifices as forms of cure by the Mizos. Further, N.E Parry's monograph on *The Lakhers* (1932) of south Mizoram has also given an account of native remedies of the Maras - their usage of herbal medicines, animal parts etc. alongside with ritual sacrifices which were preferred by them even in the early colonial period**.** Archival sources on systematic documentation of medicinal plants was also lacking. In the Mizoram State Archive, the only record available was a list of 48 medicinal plants, which were collected under the direction of the Assistant Superintendent, Lushai Hills, wherein from amongst the list of plants, some specimens were then sent to the Economic Botanist, Assam Jorhat. Besides this, a list of 33 medicinal plants and trees – their botanical names, Mizo terms and directions for use were also recorded.[336] On the part of the Mizos, references and writings on Mizo medicines made during this period were those which sometimes appeared in the monthly newspapers - *Mizo leh Vai Chanchinbu* and *Kristian Tlangau*.

During the colonial period, Mizo medicines were consistently utilised especially in the rural areas since they were easily procured within the immediate vicinity. This was mainly on account of poor access to the health services and medicines provided by the government. K.N Pannikar has observed in the Indian context;

> "Since most of the medical centres were located in urban areas, colonial medicines were almost unavailable to the rural population, that the facilities afforded by colonial medicine were at no point of time sufficient to supplant the indigenous system."[337]

But in Mizoram, although most of the dispensaries were located in the rural areas, given the fact that the colonial administration had established only a few, health

[336] Letter, Asst. Superintendent, Lushai hills to the Economic Botanist, Assam, Jorhat, dated, 19.8.1941, Government of Mizoram, Aizawl(MSA).
[337] K.N.Pannikar, op.cit., pp.151-152.

care services of the government was unable to cater to the needs of the majority of the population. Therefore, traditional medicines did not completely die out but continued to be utilised by the Mizos on account of their easy procurement and preparation even in places where dispensaries and hospitals were established.

3.7. Public Health and Common Diseases in the Colonial Period.

In the colonial period, the growth in the population of the hills and increased contact with the outside world has led to the increase in the prevalence of certain diseases unknown to the Mizos. Anthropological studies reveal that although people tend to build up resistance to diseases and illness in their own geographic area, diseases are likely to spread from one community to another or from one geographic area to another through trade, wars, territorial expansions, travel, etc. Vera Anstey noted that this was particularly the case with cholera, which was spread by marching soldiers along with epidemic malaria, which accompanied the creation of large-scale irrigation, road and railway building works.[338] Kishore Goswami remarked that by 1869, Assam has already become a hunting ground for deadly epidemic diseases like cholera, small pox and malarial fevers. [339] Therefore it is apparent that certain epidemic diseases travelled to the hills from the neigbouring regions as a result of increased contact with the plains people.

From the writings of various Mizo scholars, we come across many diseases generally leading to death during this period such as influenza, cholera, typhoid, pneumonia, tetanus, tuberculosis, diseases of the respiratory system and gastric and intestinal disorders (dysentery) and infant mortality. Reports of Foreign Mission of the Presbyterian Church of Wales on Mizoram also highlighted the prevalence of

[338] Vera Powell Anstey, *The Economic Development of India,* Arno Press, a New York Times Company, 1977, p.39.
[339] Kishore Goswami, 'British Medical Services ans Indegenous Response during the 19th Century Assam' in *Proceedings of North East India History Association,* Twentyninth Session, Dibrugarh University, Assam, NEIHA, 2008, p.317.

pneumonia, heart disease, pthisis, liver abscesses, wound of the abdomen, injuries of internal organs etc.[340]

The harmful effects of Influenza has been vividly described by Liangkhaia;

> "In 1918, influenza epidemic took place throughout the length and breadth of Mizoram which grew worse in the following year, the said epidemic first affecting those from the military which then spread to the rest of the population. Never had such an epidemic which occurred in Mizoram taken its toll on the lives of the people such as this, and that in villages of a about hundred families, 100-120 people died from the disease, the highest death case occurring in Chief Letzakaia's village, Hrangtuiek where 380 people succumbed to the epidemic." [341]

Later, amongst the above mentioned diseases, Pneumonia became the most prevalent. According to Chalhnuna, between 1930-1935, the highest percentage of death cases in Aizawl occurred due to Pneumonia.[342] He further asserted that later, with the introduction of a new medicine called Antiflogistine many people could be cured. In fact, by the time the World War drew to a close, the administering of M&B (Sulfapyridine) tablets along with Penicillin injections saved many people from untimely deaths.[343]

Tuberculosis was also quite prevalent throughout the length and breadth of Mizoram. The Mizos believed that the said disease was incurable and so was dreaded by all. It is to be noted that at this time, death cases due to Tuberculosis in Mizoram was quite high. According to Rosiama, then Sub Assistant Surgeon, Tura (Garo Hills), "Throughout the entire Assam District, Tuberculosis is most

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[340] *Reports of Foreign Mission of the Presbyterian Church of Wales on Mizoram ,1894-1957*, The Report of the Lushai Hills, 1911-12, K.Thanzawna (comp.), Synod Literature and Publications Board, Aizawl,1997, p. 48.
[341] Liangkhaia, op.cit., p.112.
[342] Chalhnuna, '*Inthawina duh lovin Damdawi kan duh e'* in *Platinum Jubilee Souvenir, 1928-2003*, Presbyterian Hospital Durtlang, 2003, p.23.
[343] Ibid.

prevalent in Mizoram and in Haflong. In Mizoram, the common types apart from Pulmonary Tuberculosis were Tuberculosis of the spine, joints, and intestines."[344]

In fact, the disease was also quite prevalent throughout the rest of India that many lives were lost. The Annual Report of the Health Officers of Calcutta in 1902 showed that mortality from tuberculosis was 6.4 of the total deaths. [345] In the hills, in order to combat it, preventive measures were underway and the purpose, chiefs and prominent citizens were asked to donate money.[346]

Apart from Tuberculosis, other category of respiratory diseases such as Bronchitis, Broncho-Pneumonia and Whooping cough were also quite common. The Assam Vital Statistic that was prepared monthly even reported that most death cases in the Lushai Hills District was due to respiratory diseases and that nearly 300 persons died of this disease almost every year during the decade ending in 1960.[347] Dr. Lalthanliana opined that the high percentage of death cases due to respiratory diseases may be attributed to the fact that smoking of tobacco and *tuibur* (nicotine water carried about in a little gourd, small quantity of it being retained in the mouth until it loses its original taste and then spitted out) was from time immemorial a very common practice amongst the Mizos as compared to other hill people and which subsequently led to all sorts of respiratory diseases. [348]

Another common disease which was rampant throughout the length and breadth of Mizoram at this time was Malaria. Chronic malaria usually manifested in the form of swelling of the spleen. This was rampant in almost every village that the number of malaria patients was taken from the spleen index, i.e., from the total population of the entire village, it was then counted how many were suffering from swelling

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[344] Rosiama, '*Ngawr Natna'* , in *Mizo leh Vai Chanchin Lehkhabu*, February, 1939, The Assistant Superintendent, N. Lushai Hills, p. 25.
[345] Farokh Erach Udwadia, op.cit., p.372.
[346] Challiana, '*Ngawr*' (Tuberculosis), in *Chanchin Bu*, July 1938, The Assistant Superintendent, N. Lushai Hills p. 110.
[347] *Mizoram District Gazeteer*, Director of Art and Culture, Government of Mizoram, Aizawl, 1989, p. 322 .
[348] Dr.Lalthanliana, op.cit., pp.45-46.

of the spleen.[349] Dr Pika, Sub Assistant Surgeon, noted that between January-March 1926 (Aijal Circle 3) the total number of persons who suffered from malarial fever were 258 and that the number of persons to whom he dispensed medicines for treatment of malaria was the highest as compared to those who received medicines for other types of diseases.[350] Within the next few years, malarial fever continued to be rampant as seen in the Report of the Civil Surgeon on the public health of the Lushai Hill District (LHD) which stated;

> 'During the year 1929-1930 , the health of the public during the year under report was not good as there had been many cases of malaria throughout the year, the prevalence of the same being much more than the previous year.'[351]

It would seem that during the World War II, the number of Mizos who used mosquito nets were only a few and majority of the people did not take heed of the precautionary measures laid down by the Red Cross Society (RCS) to prevent the outbreak of malaria.[352] This shows that the Mizos still had not given serious thought to the harmful implication of the said disease.

Smallpox or *zawng hri* was another disease known to the Mizos. In the pre-colonial period, the disease may not have been very common due to the great fear attached to the said disease by the people in the colonial period. As early as in 1908, when a Mizo vaccinator named Thanga reported on the death of one Gurkhali (Nepali) in Aizawl due to the said disease, it gave rise to a widespread fear of the disease whereby Government vaccinated 600 soldiers in a day.[353] The Government's attempt to combat smallpox was by administering vaccine free of cost to every household. In accordance with the Epidemic Diseases Act, 1897

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[349] Ibid.,p.173.
[350] Pika, '*Sikserh natna laka inven dan'* in *Mizo leh Vai Chanchin Lehkhabu* , July 1926 , The Assistant Surgeon, N. Lushai Hills p. 150.
[351] A Short note on the Public Health of the Lushai Hills District during the year 1929-30 by the Civil Surgeon, Lushai Hills, dated, Aizawl the 23rd April 1930. (MSA)
[352] Chalhnuna, op.cit., p.24.
[353] Thanga, '*Ban-zai thu'* in *Mizo leh Vai Chanchin Lehkhabu*, September, 1908 .p. 154.

adopted in 1937, all unprotected persons and children had to be vaccinated so that it could be eradicated.[354]

However, the Mizos in the initial period were reluctant to being administered the smallpox vaccine. Therefore, in order to eradicate the fears and apprehensions of the people as regards the smallpox vaccination, as early as 1903, articles appeared in the then newspaper, *Mizo leh Vai Chanchin Lehkhabu* of the need to take the required vaccine in order that the said disease could be combated. People had to be reminded and encouraged time and again to undertake small- pox vaccination if and when any vaccinator should visit their villages. Government notification however shows that even by 1925, there were still a number of people who had not received smallpox vaccination.[355] The low percentage of people vaccinated was probably due to the fact that before 1960, there was no plan for the systematic vaccination of the population.

Among the Mizos, gastric and other intestinal disorders in the form of dysentery was also quite rampant. According to a report of the Lunglei Dispensary in 1903 the many cases of dysentery patients that were treated were probably due to the impurity of water owing to the scarcity of water which had prevailed for some time then.[356] In fact, in Mizoram the springs or streams provided the main source of drinking water for the bulk of the population, such sources in many instance being the breeding place of germs and diseases. The Civil Surgeon, then Lushai Hills even reported that from the last part of May to the middle of July in 1929, there have been an outbreak of dysentery epidemic in Aizawl town especially in Thakthing and Kulikawn locality. However, there were only five deaths considering the number of cases admitted and the seriousness of the disease.[357]

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[354] Epidemic Diseases Act, 1897 (111 of 1897) Government order,1937,Government of Mizoram, Aizawl(MSA)

[355] *'Ban-zai Thu'* (Small Pox Vaccination) , Notification,W.H Tilbury, Assistant Superintendent, Lushai Hills, Memo. No. 1893 G. of 24.11.25. Aijal, in *Chanchin Bu*, November 1925, The Assistant Superintendent, N. Lushai Hills, Aijal, p.262.

[356] Report of Inspection made by the Civil Surgeon on the 18th and 19th June, 1903, Government of Mizoram,Aizawl (MSA)

[357] A Short note on the Public Health of the Lushai Hills District during the year 1929-30, op.cit.

It is worth mentioning that around 1939 certain diseases such as Kalaazar, Yaws, Leucoderma, leprosy (*phar*) etc. which are quite common among the plains people were more or less absent among the Mizos. Dr.S.H Paul, then Director of Public Health, Assam in his study of leprosy disease in the whole of the Assam district found out that there were only three cases of leprosy in Mizoram and those too living in the border areas of the plains. [358] This implies that the disease was not common among the Mizos and that such disease was contacted from the non-Mizos of the plains after continuous contact with them.

Infant mortality was also still quite common amongst the Mizos by the early decade of the twentieth century. Edwin Rowlands who was one of the early missionaries of the Welsh Mission stated;

> "The death of infants can be seen from the report of the Village Writer who surveyed two villages in 1903. In Maubuang village (to the south of Aizawl), eighty-seven children were born within the said year out of which fifty-seven died which was more than half of the total number of births. Similarly in Muallungthu village (to the south of Aizawl), 406 babies were born but 249 of them did not survive."[359]

In 1909, the total number of infants born in and around the vicinity of Aizawl was 155; out of these, forty- two infants died while still at the breastfeeding stage; there were also five cases of still born which implies that out of every four children born, more than two died in each case.[360] In the same year, it was stated that in Chief Ropuiliani's village (Ralvawng, to the south western part of Mizoram), out of twenty babies born, eight died while still being breast fed and in Kelsih village (a few kilometers to the south of Aizawl) out of eleven babies born, eight

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[358] Rosiama, op.cit. p. 23.
[359] Zosapthara, '*Mizo Naupang Thihna te : A Hnemzia'* in *Mizo leh Vai Chanchin Lehkhabu* , January, 1904 , Mr. A. G. Giles, Lushai Hills, p.1.
[360] Zotuawnga, '*Naupang Hriselna'* in *Mizo ho Chanchinbu*, March 1911, Superintendent, N. Lushai Hills, p. 56.

died who were also at the breast feeding stage.[361] Further, according to Government figures as cited in the report of the Presbyterian Church of Wales on Mizoram, out of every thousand children born, 250 died in their first year.[362]

Edwin Rowlands (one of the early Welsh missionary known to the Mizos as Zosapthara) has highlighted several reasons for the high rate of infant mortality;

> "Mizo women being quite hardy and industrious had the tendency to carry on their daily work which included going to the *lo* or agricultural land even just a day before the baby was due. There were times when a pregnant woman would give birth on the way to the *lo* or in the *thlam* or farmhouse (constructed with thatch roofs and bamboo walls) which in most case proved to be detrimental for the survival of the baby; the practice of mothers to work in the *lo* the day after giving birth and keeping them under the care of elderly persons at home; feeding chewed rice and any other edibles to infants; and the tendency to keep the infants scantily clad even which generally led to fever among infants and who ultimately succumbed to death."[363]

Dr. John Williams, a Welsh Mission doctor who worked in Durtlang Hospital from 1928 stated in his report that rheumatism was also quite prevalent among children too and that it was very difficult to diagnose it in children.[364] Further, round worm was also quite common especially among children.[365] The main reason for this may have been the lack of basic hygienic observance at a time when latrines were not commonly used by the people. In fact, lack of balanced diet as well as inadequate nutrition was then the case among Mizo children which further led to increased death rate when proper treatment were not meted.

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[361] Ibid.
[362] K.Thanzauva, op.cit., Report of the Lushai Hills, 1931-32, p.108.
[363] Zosapthara, op.cit.,pp.1-2.
[364] K.Thanzauva, op.cit., Report of the Lushai Hills,1929-30, p.98.
[365] Lalthanliana, op.cit., p.180.

3.8. Common Medicines in the Colonial Period.

Dr.Lalthanliana who was one of the earliest medical doctors among the Mizos has given a comprehensive account of the common medicines during the colonial period. He stated;

> "Government Medicines that were commonly used from the early colonial period were termed as 'Basic Medicines' consisting of about 100 drugs also known as 'BP Drugs' (British Pharmacopeia). It was the work of the Compounder to mix certain drugs together as a remedy for one disease or illness. Medicines were in the form of pastes, pills and lotions (for cleaning wounds). Medicines that did not require to be mixed together were Mag. Sulph (Maganese Sulphate) and Castor oil for purgatives, Santonin for intestinal round worms, Chanapodium oil for treatment of persons with hook- worms, Acetyle Salicylic Acid –Aspirin as pain-killers, Mist Expectorant for various problems of the lungs. The most widely distributed medicine to the general public was Mist Aromatic mixture for various stomach problems. Medicines were then accordingly distributed in the Civil Hospital and dispensaries in the rural areas." [366]

Other commonly used medicines around the year 1924 were Chlorodyne, Iodine and China balm.[367] Another common medicine around the 1940s was M&B 693 for treatment of Pneumonia, Genorrhoea, Meningitis and stomach ulcers.[368] According to Chalhnuna, "Medicines common in the years before the World War II were Iodine and Iodoform for treatment of wounds, yellow in colour and in powdered form, Alba was a medicine for stomach ulcers, Gloradine for stomach ache and bronchitis in liquid form to be mixed with water."[369]

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[366] Ibid.,pp.179-180.
[367] *Mizo leh Vai Chanchin Lehkhabu*, March 1924, op.cit., p. 64.
[368] *Kristian Tlangau*, October, 1943, Loch Printing Press, Aizawl, pp.60-61.
[369] Chalhnuna, op.cit.,p.22.

In so far as the sale of medicines for fever was concerned, generally it was the duty of the *Khawchhiar* or Village Writers to sell them in the course of their travel to the different villages. Strict orders were made by the government that such medicines were to be sold by the Village Writer only at rates mentioned by the Government.[370] In case medicines were sold without the prior permission of the government, punishment was to be meted out to both the Village Writer as well as the village chief.

Further, in the Chief's Conference of the Aizawl and Lunglei Sub-division held at Thenzawl (in the central part of Mizoram) on 14 October 1941, the difficulties faced by those in remote areas with regards to access of medical facilities was taken into account. It was proposed that chiefs be granted permission for the sale of patented medicines in their respective villages which was accordingly granted permission by the government.[371] People were also warned or advised to consume only those fever medicines which had instructions as regards its dosage etc. written in the local language and which were pasted on the medicine bottles.

3.9. The Colonial Government: Health Promotion and Relief Measures.

From the early colonial period, every District in Mizoram was placed under the charge of a Public Health Doctor to look into the health conditions of the public as well as the implementation of hygienic sanitary measures amongst the people. The Census of 1911 has also highlighted the existence of sweepers for every fifty villages as a result of which the village surroundings were considerably cleaner and sweeter.[372] Apart from this, in 1911, with the need to educate the public in matters of healthy and hygienic living, the colonial Government had adopted the practice of recruiting local persons who would act as torch-bearers for the same. Accordingly three persons were recruited- two for the Aizawl division and one for

[370] *Mizo leh Vai Chanchinbu*, July, 1927, The Assistant Superintendent, N. Lushai Hills, pp. 168-169.
[371] Zatluanga,op.cit., p.220.
[372] Census of India, Assam Vol.III, Part I, 1911, p. 139.

the Lunglei Sub- division.[373] Their main duty was to visit the different villages in order to encourage and propagate among the public, the various government orders with special 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 multifarious 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 Aizawl and Lunglei respectively. Although the PRS was to keep the Mizos isolated from contact with the outsiders and to check the rising population of the towns, basically, it was a policy to protect or prevent the tribe from any communicable diseases or alien diseases. For the purpose in 1927, the Government had issued an order that, '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'.[374] For this matter the Sub-Inspector of police of Aizawl and Lunglei were made responsible to immediately produce all foreigners arriving or entering Mizoram.

In certain cases of prevailing epidemic disease in a particular village, Government notification was whenever there occurred an outbreak of epidemic disease in a village, the *Khawchhiar* or Village Writer(new and petty officials created during colonial rule) must at once report such outbreak to the Circle Interpreter or *Chaprasa* in whose Circle the outbreak so occurred stating the number of deaths

[373] 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.
[374] Notification, The Governor- General in Council, 10th March, 1932, Government of Mizoram, Aizawl (MSA).

and persons attacked by the disease.[375] The Circle Interpreter should in turn report at once to the Superintendent, Assistant Superintendent or the Sub- Divisional Officer, Lunglei if the place of the outburst is written the Lunglei Sub-Division. Similarly, the Assistant Sub- inspector of Kolasib and Sairang will have the same duty as the Circle Interpreter in reporting the outburst of epidemic diseases in their respective posts.[376] 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.

3.9.1. Lushai Cottage Industries.

Another aspect of Government endeavor which indirectly affected public health for the better was through the establishment of the Lushai Hills Cottage Industries under the initiative of Major A.G Mc Call, the then Superintendent of the Lushai Hills. It was inaugurated on May 1936 with a view to directing the Mizo's indigenous talent for weaving into marketable channels.[377] Under the initiative of the Lushai Hills Cottage Industries, Government bought *pawnpui te* (smaller versions of Mizo quilts) from villages who were industrious enough to weave it and so earn their living in the process. The *pawnpui te* were then sold in markets such as Calcutta, Bombay and Silchar in Assam by the Government for prices according to its quality. It was also marketed in places outside India such as In Great Britain, America, Australia and New Zealand [378] One of the resolution 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 were not only clean but strongly woven too.[379] Communities who produce a minimum of 200 rugs per year

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[375] 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.
[376] Ibid.
[377] A.G.Mc Call, op.cit., p. 4.
[378] Lianghaia, op.cit., p.119.
[379] A.G Mc Call, '*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.

were paid a rebate of 5 percent on each rug bought by Reid House at full price. Half this rebate goes 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.[380] In this manner, funds were available for the Village Welfare Committees for use in the welfare of their villages.

According to A.Z Choudhuri, 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".[381] Similarly, Lalsailova Sailo, chief of Kelsih village, Neihrima Lushai clerk, Aizawl and Chhuanvawra Sailo, Chief of Muallungthu (a few kilometers 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.[382]

Among the positive impact of the establishment of a cottage industry that was envisaged was that once a village becomes industrially well-established, people would have new sources of income to tide them over in cases of crop failure. This would then enable them to buy nutritious food and medicines as and when required. However, in spite of the efforts of the government, development of cottage industries was retarded in the ensuing years due to lack of funds as well as due to lack of transport facilities for rapid transportation of finished goods.

3.9.2. Ten Point Code or the Village Code.

The formulation of the Ten Point Code or the Village Code by the hill officers of the District of Assam in order to put pressure on the public and to control the activities of the hill tribes were in part instrumental in the implementation of health

[380] A.G.Mc Call, *The Lushai Hills District Cover*, op.cit., p.276.
[381] A.Z Choudhuri, '*Red Cross Inkhawm Thu Pakhat'* in *Mizo leh Vai Chanchinbu*, February 1940, The Assistant Superintendent, N. Lushai Hills, p. 26.
[382] Ibid.

care among the Mizos. It may be noted that on 19 July 1937, a resolution was passed at a Conference by members of representatives of Hill Officers' in Shillong. The Conference emphasized the needs of adopting a village code for use of villages throughout the hill districts.[383] Accordingly, A.G.McCall, then Superintendent of the Lushai Hills worked out a sort of village code which was to be effective from 29 September 1937.[384] The motive was to make the Mizos obedient to their rule without question. The Code was to be read out once each month by all the local leaders especially the chiefs, school teachers, and the church elders. Among the points listed out in the Code, point numbers six and seven were particularly relevant in the context of maintenance of community health which reads;

1. We desire to maintain a wholesome respect for all that is best in our indigenous culture which bears the stamp of the hardly learned experiences of our brave forefathers over time immemorial.
2. We desire to inspire in our people's ambition to maintain a true sense of proportion as to what wants and desires are responsible in relation to our own natural resources and industry.
3. We desire to maintain strict loyalty to our chief in all things lawful and in all his efforts on behalf of the welfare of his people, in return for which the Chief will serve the interests of his people so that he may continue to rule.
4. We desire to inculcate into one and all that we should display the same loyalty to our whole village community as we desire to practice towards our own families.
5. We desire to do all in our power to foster the indigenous spirit of *Tlawmngaihna* in our midst.
6. We desire to integrate into our daily village lives, within the indigenous frame work of our social system, what modern science and knowledge have discovered by strengthening and safeguarding our Characters, Health, Homes, Crops, Industry, Possessions.

[383] Memo. No. 1628-33 G.21-9-1937, Village Code, A.G. Mc Call, Superintendent Lushai Hills, Government of Mizoram, Aizawl (MSA).
[384] Ibid.

7. We desire to seek all useful channels for the greater use of our leisure time so that by our industry we may bring advantages to our families and our village as a whole-making increasingly sincere efforts so as to arrange our lives that we may relieve our women folk of some of the harder work, that we may spare them in the hope and belief that they will in their turn take increased trouble to rear finer children and make better food, clothes and happier and more united homes.[385]
8. We desire to unite all in contesting our common tendency to be '*Mi hlem hle'* while retaining just pride in the sincere achievement of all manly and courageous feats especially those undertaken for the protection of our community, as well as in the industrious successes of our lives and families in their homes and in their schools.
9. Those of us who are Christians agree to recognize that we should bow to the authority of those who introduced us to Christianity and that we shall be disloyal to them if we do not submit to the discipline which it is their prerogative to demand.
10. We desire to inculcate into all our community the need for self control and the avoidance of all excesses – a fault to which so many of us are subject and in the achievement of this self control we desire further to inculcate a true spirit of willing service and discipline into the young men who are the nation of the future, recognizing that without such proper and temperate discipline we cannot hope to be any use to our clan, our families, or to any employers, or even to the faith which we may profess.

The Village Code was therefore an attempt to emphasize the necessity of the Mizos to conserve all that was best in their indigenous culture. It was especially to give the households something tangible to hold on to 'in their desire to be decent villagers'. Nevertheless, the village code was not a complete key to life nor necessarily made entirely permanent and was not fully enforced. This may be because that the Mizos were already influenced by a common bond of institution or traditional institution of disciplining the society.

[385] Ibid.

Lady Reid(wife of Sir Robert Reid, the then Governor of Assam) in her speech made at the General Assembly of the Mizo World War II Aid Association on 3 January 1941 pointed out that The Ten Point Code that was made imperative for every village to abide was an important factor in the detection and controlling of diseases before its commencement and that this method wherein the public were made aware of the necessity to lead a healthy life was a considerable step towards a more developed life.[386] Apart from this, some aspects of the Code which required or made it imperative that the people properly maintain their health and home and to protect the weaker sections of the community were important factors in reinforcing the need to bring about a more healthy and harmonious community.

3.9.3. Village Welfare Committees

Under the guidance of the Lushai Hills District Red Cross Committee, Village Welfare Committees were set up by the colonial administration for the general welfare of the public in matters of health and hygiene. Through this, it was felt that any information which the colonial authority deemed necessary and which concerned the public would be easily decimated to the masses such as the improvement of fooding, hygiene, health, child welfare, anti- natal and post -natal care.[387] The Welfare Committees were therefore consultative and advisory and their main function was to enlist the support of all the public to measures calculated to sustain the health, wealth and social standards of the community as a whole.[388]

Accordingly, Welfare Committees were established in several villages throughout the length and breadth of the Hills. An article from the *Mizo leh Vai Chanchinbu,* provides some insight as to the operations of the Village Welfare Committees. In 1938, the then Governor and his wife paid a visit to Thingdawl village in the northern part of the Hills and donated a sum of Rs 5/-to the Welfare Committee. So, with whatever little sum of money that had been collected by the Committee

386 *Mizo leh Vai Chanchinbu*, January 1941, The Assistant Superintendent, North Lushai Hills, p.5.
387 A.G.Mc Call, *The Lushai Hills District Cover*, op.cit., p.292.
388 Ibid.,p. 296.

coupled with the donated money, a competition was held and prizes awarded for the cleanest household items in matters of utensils and clothes. [389]

It was felt that even though being only a small matter such endeavor produced remarkable results and a step towards development in matters of health and hygiene. This was so for some people who never made efforts towards cleanliness of household goods made strenuous efforts to win the competition. Moreover, the competition was felt to be such a good idea that steps were to be taken for the continuance of the Welfare Committee in a proper manner. The Village Welfare Committees were however unable to continue for long due to paucity of funds.

3.9.4. *Mautam* (Bamboo Famine) and the Colonial Government.

Some efforts of the colonial government in its attempt to protect and maintain the health of the Mizos was witnessed when Mizoram was afflicted with the *Mautam* and the *Thingtam* famine. *Mautam* was the periodical flowering, seeding, and dying down of certain species of bamboo which occurred every fifty years in the hills. This was followed by an increase in the rat population who devoured the crops causing devastating famines. *Thingtam* was another famine which occurred after every eighteen years after the occurrence of *Mautam*. *Mautam* was caused by the periodic dying down of two particular species of bamboo viz.,*Mautak* or *Melanocanna Bambusiodes* and *Phulrua* or *Bambusa Hamiltoni* , that of the *Thingtam,* the three other particular species viz., *Rawthing* or *Bambusa Tulda* , *Rawnal* or *Dendrocalamus longipathus* and *Rawngal* or *Cephalostachyum capitatum* .[390] It is believed that bamboo fruits are very much relished by rats and causes a rise in the fertility of rats and naturally a rise in their population. In such times, the devastation caused by the rats were tremendous whereupon the entire rice crop raised by a family would be eaten by the rats in the course of one night.

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[389] *Mizo leh Vai Chanchinbu*, December 1938, The Assistant Superintendent, North Lushai Hills, pp. 189-190.

[390] *Mizoram District Gazeteer*,op.cit., p. 124.

The first known record of *Mautam* was in 1862 which affected the entire hills.[391] As a result, no village could render aid to another village as each and everybody felt the shortage of food acutely. With no rice available which consisted of the main food, people had to make do with whatever was available in the jungle such as wild yams, the roots of wild plaintains, tender leaves, the flowers and fruit buds of the banana plants etc. According to V.L.Siama, "The diet of the people was so poor that it naturally affected their health. Subsequently, epidemics was rampant amongst the people leading to the death of countless number of people."[392]

Thingtam famine again occurred in Mizoram in 1888 in which scarcity of food was again experienced throughout the length and breadth of Mizoram. Here again, the lack of food and essential vitamins in the diet of the people also led to epidemics which took its toll on the lives of the people. V.L Siama asserted;

> "There were instances wherein an entire household succumbed to such epidemics with the result that no persons were available to dig the graves and that whatever food that could be procured from the jungle became so scarce that there were certain cases where an entire family would die from hunger while falling asleep".[393]

According to the Report of the Baptist Missionary Society in south Lushai Hills with reference to the *mautam* of 1912;

> "Those who had some of last year's rice left behind began to use it sparingly, and to eke it out with jungle roots and wild sago while those who had enough for their own needs had to sell their surplus grain to the Government so that it might be distributed to those who had none."[394]

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391 Rev.Liangkhaia, op.cit., p.109.
392 VL.Siama, *Mizo History*, Lengchhawn Press, Aizawl, Mizoram, 1953, p.48.
393 Ibid., p.49.
394 *The Annual Report of Baptist Missionary Report on Mizoram*, Report for 1912, op. cit., p.87.

In order that the sufferings of the people may somehow be minimised, the government on their part made grants of money to the public. However, since scarcity of food was the main problem, rice was later on distributed among the people which was however to be paid back when better times come along at rates set by the government. Also, a sum of Rs.800, 000 was borrowed from the government by the then Superintendent, W.M.Kennedy which was to be paid back by the people after a lapse of ten years.[395] According to Rev. Liangkhaia even by 1926, there were still many who could not repay the government that it was consequently written off".[396]

In south Mizoram, rice was procured from the plains (chiefly from Assam) and from Bangladesh. Although the colonial government imported some amount of rice during the *Mautam* which occurred in 1912, rice in large quantities were never imported from the plains especially from Cachar. Besides, the total amount of rice imported could not sustain the famine stricken population as a result of which lack of food led to acute stomach disorder, and other related diseases. To increase their sufferings, the lack of medical facilities which for the most part was unavailable was also extremely felt which further led to increase in the death toll. People therefore had to vacate their homes in search of food and other means of subsistence elsewhere.

In 1959, the *Mautam* again occurred in Mizoram and food scarcity again became acute. In the relief operation, 1,91,655 mounds of rice were imported in the hills by road, 2,66,425 mounds by air and 76,461 mounds by boat.[397] In the years following the *Mautam*, the government continued to import food supplies to meet the needs of the famine ravaged areas. From 1975, in order to curb the rat population during *Mautam*, the government distributed pesticides free of cost apart from cash prizes for killing of rats.

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[395] Liangkhaia, op. cit., p. 109.
[396] Ibid., p.110.
[397] *Mizoram District Gazeteer*, op.cit., p. 176.

Although the policies of administration and other health policies followed by the colonial government suffered from various loopholes and was insufficient to bring about overall prosperity, order and welfare to the masses, it however brought about altruistic results to the Mizos in the long run. This can be seen in the growth in population in-spite of alleged high death toll brought about by famines throughout the hills. The total population of the district between 1901-1911 was 91,204, 1911-1921 was 98,406, 1921-1931 was 1,24,404 and between 1931-1941 was 1,52,786.[398] Animesh Ray stated;

> "This phenomenal increase in the population of the tribes in the Lushai Hills shows that the administration could provide them with adequate protection so that they could not only survive but also thrive and prosper."[399]

Further, such schemes for development like the Village Code, Cottage Industries and Village Welfare Committees were in fact significant attempts on the part of the administration 'to provide succor to the people, to give them a lead in a positive way and to lend a purpose to the life of the hill men.'[400] It may however be noted that although the government took various relief measures, it could not make much headway due to 'absence of infrastructure at the village level and secondly because of the Second World War, all efforts were directed to defense and none had the opportunity of giving attention to development and welfare activities.' [401]

3.10. Early Mizo Medical Professionals.

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

[398] Census of India, 1941, Assam Vol. IX, Manager of Publication, Delhi,1942. p.9
[399] Animesh Ray, *Mizoram: Dynamics of Change*, Pearl Publishers, Calcutta,1982, p.283.
[400] Ibid., p. 286.
[401] Ibid.

(LMP) from this institution were Laltawnga, Lalhluta and Thuama in 1910 and 1916 respectively.[402] From the years 1911- 1950, the number of Mizo Licentiate Practitioners were twenty-five in numbers.[403] After 1947, i. e., in 1948, with the establishment of the Assam Medical College by the Assam Government, permission was granted by the Government for Licentiate Medical Practitioners to study Bachelor of Medicine & Bachelor of Surgery (MBBS). Three Mizo LP namely, Lalthanliana, Doliana and Tlanglawma passed out accordingly. In 1950s, the first Mizo to pass MBBS was Tlanglawma from Assam Medical College (in 1953).[404] Between 1953- 1969, twenty- eight Mizos completed their MBBS courses from various medical colleges in India.[405]

In so far as the recruitment of other medical professionals by the Government was concerned, a number of Vaccinators were employed throughout the length and breadth of the country. 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 as a Hospital Assistant.[406] The title of Hospital Assistant was later changed to Sub- Assistant Surgeons (SAS) which was again changed to Asst. 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[407] from the Dhaka Medical School.[408] 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 who were prepared to undertake the sale of medicines in areas where there was no hospital and secondly, where there were no Compounders already selling medicines, passes usually being issued on a circle basis for easy administrative

[402] Lalthanliana, op.cit., p. 159.
[403] Ibid., p. 160.
[404] Ibid.,p.161.
[405] Ibid.,pp.162-163.
[406] Ibid.,p.168.
[407] Sanglura Sailo, *Mizoram Pharmacist-Te Chanchin*, S.L.Sailo, Aizawl, 2013, p.3.
[408] Lalthanliana, op.cit., p.168

control.[409] Compounders occupied important positions in the Government dispensaries in the rural areas and were next in importance to Medical officers. Gradually, in the 1960s this post was changed to the post of Pharmacists. The post of a Dresser was also created, the main work being that of Nurses or mid- wives. The first two Mizo Dressers were Sapa and Chhunga in the year 1901.[410]

3.11. Nursing Services.

In the realm of General Nursing and Midwifery it can be said that in the earlier period this was exclusively the domain of women. The first Mizo woman who studied midwifery and worked in this field was Mrs. Pawngi of Kulikawn, Aizawl who passed Midwifery course from Lady Dufferin Hospital, Calcutta in the year 1909 after which she worked in the Aizawl Civil Hospital.[411] She was also the first female in the Hills to join government service. After her, those who were employed in the arena of Nursing and Hospitality were those who completed their one year *Dhai* (midwife) training from the Assam Medical School and who were employed as both nurses and as Female Attendants. Some of the Female Attendants were also employed in the different rural dispensaries.

The most important steps in the realm of Nursing and Midwifery was undertaken by Dr. J. P. Roberts (known to the Mizos as Pi Puii) who arrived in Aizawl in 1937 and looked after the Presbyterian Mission Hospital in Durtlang. Under her initiative, a General Nursing and Midwifery school (GNM) was established which was soon recognized by the Assam Nursing and Midwifery Board (ANMB). In fact prior to the establishment of GNM in the Aizawl Civil Hospital, the entire credit for training qualified nurses in Mizoram goes to the established by Dr. J. P Roberts. According to Lalbiaki who one of the first qualified staff nurses among the Mizos, "After passing out from the nursing school under Dr. J. P. Roberts, from the year 1949, they worked as Female Attendants in the Aizawl Civil Hospital till

[409] A.G. Mc Call, op.cit., p. 258.
[410] Zatluanga, op.cit., p.276.
[411] Darchhawna, '*Pi Pawngi (1889-1934)*' in *Kulikawn Arsi Eng*, Kulikawn Pasaltha Chawimawitu Committee, 2006, p.140.

1959 when they were designated as qualified Staff Nurses and thereby becoming the first qualified nurses amongst the Mizos to work in the Aizawl Civil Hospital".[412]

Colonialism brought with it some features of modern amenities to the Mizos such as modern health care facilities in the form of hospitals and dispensaries. They were initially, however not up to the mark and were ill-equipped. Health services then also suffered from acute shortage of qualified health personnel- doctors, nurses, mid-wives, health educators etc. Attempts at health promotion by the colonial administration through the introduction of certain welfare programmes were in part instrumental in reinforcing colonial hegemony of the then Lushai hills. Although, western health care was in many respects beneficial to the Mizos, traditional medicines consequently lost their popularity mainly on account of lack of promotion by the colonial government.

[412] Interview with Lalbiaki (87 years), Dawrpui Veng, Aizawl on 21 July, 2009.

CHAPTER - IV

CHRISTIAN MISSIONARIES AND HEALTH CARE IN MIZORAM

CHAPTER- IV : CHRISTIAN MISSIONARIES AND HEALTH CARE IN MIZORAM

In 1898, as the Lushai Hills was politically divided into two separate divisions, for convenience, the foreign Christian missions were also divided into two major societies - the Foreign Mission of the Presbyterian Church of Wales and the Baptist Missionary society. K.Thanzauva in his introductory preface stated '...the General Assembly of the Presbyterian Church of Wales 1902 agreed to transfer the southern part of Mizoram to the care of the Baptist Missionary Society in London.'[413] He further cited, 'Since then Mizoram was divided between the Presbyterian and the Baptist missions, the southern part of Mizoram came under the care of Baptist Missionary Society and the northern part remained under the care of the Foreign Mission of the Presbyterian Church of Wales.'[414]

The arrival of the Christian Missionaries in the last decade of the nineteenth century was an epoch making event which transformed all aspects of lives of the Mizos - religiously, culturally, economically, socially, educationally and in the development of health care. From the outset, in order to promote the furtherance of evangelical works, missionary works was divided into four main branches- education, proselytizing of the new faith, medical and literary works. Among these various branches of missionary operations, medical mission was one of the most important arena which in the long run created a most profound and lasting impact on the lives of the Mizos.

4.I. Medical Mission in North Mizoram : The Foreign Mission of the Presbyterian Church of Wales.

The Welsh Calvinistic Methodist Foreign Missionary Society (later known as the Foreign Mission of the Presbyterian Church of Wales) was first established at

[413] K.Thanzauva, op.cit., Preface, p.,iv.
[414] Ibid.

Liverpool, England in 1840.[415] In an effort 'to extend the great work of evangelizing the heathen world', the founding members soon sought to send missionaries to India in two possible mission fields- Gujarat and Assam.[416] Since Assam had been recently brought under the British dominion, Jacob Tomlin, a missionary of the London Missionary Society recommended that the Welsh Calvinists adopt this area for its first mission. Subsequently, the first missionary, Rev.Thomas Jones along with his wife reached Cherrapunji(Meghalaya) on June 1841 and thus was laid the foundation of the Welsh Mission in Assam which soon reached the then Lushai Hills too.[417]

The first foreign missionary to come into contact with the Mizos was Rev. William Williams, a Welsh missionary posted in the Shella District of the Khasi Hills. Upon traversing the Lushai Hills in early 1891, he strongly urged the Welsh Mission to undertake mission work among the Mizos. He was also anxious to take part in the work himself, but his untimely death prevented him from doing so. In the General Assembly of the Presbyterian Church of Wales held in 1892, it was decided to start operations in the Lushai Hills as soon as possible.[418]

Accordingly, the Lushai territory was formally adopted as part of the mission field of the Presbyterian Church of Wales in the same year. In the meantime, two missionaries of the Indian Aborigines Mission, J.H Lorrain and F.W Savidge began missionary operations in Aizawl, the Government head-quarters. However they stayed for a brief period of four years only. This was so because their supporter, Mr Arthington of Leeds, England desired their services were required elsewhere.

The two missionaries remained in the hills till the close of 1897. Although their sojourn was quite brief, the work done by them proved to be beneficial to the Mizo society in the long run. Before leaving, they had translated the Gospels of St Luke

[415] http://www.mundus.ac.uk/cats/15/296.htm. retrieved on 3.4.2012.
[416] Ibid.
[417] Ibid.
[418] K. Thanzauva, op.cit., The Report of the Lushai Hills, 1896, p. 1.

and St John and the Book of the Acts into the Lushai language and also prepared a Lushai Grammar and Dictionary.[419]

In order to continue the missionary operations begun by Rev J.H Lorrain and Rev.F.W Savidge, the Rev. David Evan Jones was appointed to be the first Welsh missionary posted to the Lushai Hills in 1897.[420] In the following year, ie., in 1898, Rev. D.E.Jones was joined by another Welsh missionary Rev. Edwin Rowlands. Thence onwards, missionary operations in the Lushai Hills commenced with vigor with the arrival of many other missionaries.

4.1.1. Early Medical Works.

From the initial period, the two pioneer missionaries, J.H. Lorrain and F.W Savidge had undertaken medical works along with the preaching of the gospel among the Mizos. Upon the commencement of work in the hills, the pioneer missionaries were however not equipped with any formal medical training save but rudimentary knowledge on health and hygiene. The prevailing health conditions of the people however necessitated that they utilize whatever means and methods were then available in order to treat the sick and the suffering. But without the necessary medical training and advancement in technology, treatment meted out to the general population may have been quite limited.

The reports of Foreign Mission of the Presbyterian Church of Wales on Mizoram has highlighted the prevalence of pneumonia, heart disease, pthisis, liver abscesses, wound of the abdomen, injuries of internal organs etc.[421] Further, diseases such as malaria, dropsy, dysentery, tuberculosis, and such other diseases caused by internal parasites and hookworms were prevalent everywhere.[422] To the missionaries, lack of proper care coupled with unhygienic living conditions made the condition of the

[419] John Hughes Morris, *The Story of our Foreign Mission: Presbyterian Church of Wales*, Synod Publication Board (SPB), Aizawl, 1990, p.81.
[420] K.Thanzauva, op.cit., The Report of the Lushai Hills, 1897, p.2.
[421] Ibid., The Report of the Lushai Hills, 1911-12, p.48.
[422] J.Meirion Lloyd, op.cit., p. 38.

people worse. They soon gained elementary knowledge of first- aid and medicine which enabled them to acquire the faith and confidence of the people.

The extreme need of medical services in Mizoram soon paved the way for the emergence of medical missionaries recruited by the Welsh Mission to serve in the field. The arrival of Dr Peter Fraser, towards the end of 1908 opened a new chapter in the history of medical mission in Mizoram. Initially, a small tent was pitched at Mission Compound, Aizawl which was later replaced by a temporary building made of corrugated iron sheets and bamboo. Some of the patients came from great distances to avail such services. Economic motives may have been in more ways than one considered to be a significant factor to increased attendance to the Mission dispensary. This was because traditional sacrifices and rituals entails killing of domestic animals which may have proved to be a great strain on their resources. On the other hand, missionary medicine did not affect the economy as much as noted by the statement of Rev.D.E Jones:

> "It was on preaching tours that most medicines were dispensed. In return for the medicines received, people sometimes brought vegetables or eggs if no money was at hand."[423]

Dr Fraser was keen not only to serve the sick but also to spread the Gospel to the people. In the dispensary where people came to seek medical help, copies of the 'Word of the Cross' booklets would be distributed. His method of propagating the gospel also included sticking of appropriate texts printed on labels on medicine bottles along with the dosage instruction.[424] For the purpose, Dr Fraser brought with him a small hand -press with which to type verses from the Bible and was the first press ever to be seen within the hills.[425] The confidence of the Mizos in the abilities of Dr.Fraser can be seen from the fact that people preferred to go to him and pay for his services rather than go the government doctor at Aizawl free of cost.

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[423] K.Thanzauva, op.cit., The Report of the Lushai Hills, 1901-1902, p.13.
[424] Ibid., p. 126
[425] Ibid, p. 136.

As the preaching of the Gospel and the healing of the sick continued simultaneously, some scores of names wishing to be Christians were handed in at the dispensary. Probably in response to such achievements of the mission, the Report of the Presbyterian Church of Wales was keen to report that, 'The small dispensary which he (Dr.Fraser) opened was the means of showing the people the folly of their superstitious ideas as well as the value of skilled treatment.' [426]

However, Dr.Fraser was compelled to leave Mizoram in 1912 which arose as a result of the *"Bawi"* controversy wherein he played a key role. He stood for the cause of the *Bawi* in the chief's house and was of the view that their status in Mizo society was akin to slavery, that it was against the constitution and demanded that it should be abolished.[427] Conversely, the then Superintendent of the Lushai Hills, Col. H.W.G. Cole, as representative of the government disagreed with Fraser and regarded the *bawi* as equivalent of the chief's hired servant and that the arrangement acted as a kind of welfare system.[428] After a careful investigation of the case which was presented to the Assam Government, both men were not permitted to stay on in the hills.

4.1.2. Hospital Works.

It may not be entirely wrong to say that the history of medical and health care among the Welsh missionaries in north Mizoram was essentially the medical work confined to the mission hospital at Durtlang (a few kilometers to the north of Aizawl) although dispensary works, nursing services etc. were equally important. The hospital was in fact, an outcome of the extreme need of the people in matters of modern health services which was lacking at that point of time. This is quite clear from the words of Rev. E. L. Mendus, a Welsh missionary who arrived in Mizoram in 1922;

[426] Ibid. pp. 144-145.
[427] J.Meirion Lloyd, *History of the Church in Mizoram: Harvest in the Hills*, op.cit., p. 153.
[428] Ibid., p. 156.

> "The need for a hospital as well as a qualified medical missionary was great because large tracts of the country were entirely destitute of any medical aid… In the face of such wide-spread suffering, the small sadly equipped hospital as well as dispensaries in a few villages which were run by the government was quite inadequate, that there was a great need for a surgeon and for a missionary hospital run on European lines as at present there was no provision for serious operation cases".[429]

For many years after the departure of Dr.Fraser, Mizoram was without a missionary doctor, the task taken over by Rev. F.J Sandy, another missionary of the Welsh Mission (appointed to work in the hills in 1913). In 1919, a young Mizo Christian compounder, Mr Darthianga re-opened Fraser's old dispensary in Aizawl.[430] A few years later, the said dispensary was shifted to Durtlang, a small room being lent to the Mission by the then chief of Durtlang, Lalsuaka. The clinic was later transformed into a small hospital with twenty-five beds. On 6 March 1928, the Welsh Mission Hospital was established at Durtlang.[431] Due to lack of accommodation, by October 1935 a new and larger Hospital was constructed.

By 1928, the Welsh Mission had recruited another missionary doctor, Dr John Williams (known to the Mizos as Pu Daka) to work among the Mizos. The beginning of 1929 also saw the arrival of the first fully trained nurse to work in Mizoram in the person of Miss Winifred Margaret Jones (known to the Mizos as Pi Hmangaihi).[432] Under their charge, a number of major operations, many difficult midwifery cases, epidemics of dysentery etc. were performed.

A Mizo doctor, Dr Thanglura was appointed as Medical officer in charge (1936-1939) along with two Mission sisters –Nurse Eirlys Williams and Nurse Gladys

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[429] Enoch Lewis Mendus, *The Diary of a Jungle Missionary*, SPB, 1984, pp.41-42.
[430] Ibid., p. 210.
[431] R.Chawngthangvunga,'*Durtlang Hospital Chanchin- I, 1928-1958 (Welsh Mission Hun Chhung*)' in *Diamond Jubilee Souvenir (1928-1988),* Presbyterian Church Synod Hospital, Durtlang, Souvenir Committee for Synod Tihdam Rawngbawlna Board (STRB), Calcutta, p.32.
[432] J. Meirion Lloyd, *History of the Church in Mizoram : Harvest in the Hills*, op.cit., p. 274.

Evans who had by then joined the hospital staff. Dr.Gwyneth Parul Roberts (known as Pi Puii) arrived in 1937 and under her guidance, the work in the hospital assumed new vigor. Her contribution was such that during her service, the fame of the hospital reached far and wide throughout the entire Mizo district and people from great distances come to her for treatment.

On 28 February 1958, the Presbyterian Church of Wales officially handed over all the buildings and contents of the Welsh Mission Hospital as a gift to the Synod of the Mizo Presbyterian Church.[433] The name of the Hospital was changed to Presbyterian Church Synod Hospital, Durtlang and henceforth controlled by a Committee appointed by the Synod called Hospital Board (at present Synod Healing Ministry Board). [434]

As Dr. G.P. Roberts and Miss Gladys Evans departed in 1962 and 1963 respectively the hospital then had only one doctor in service, Dr R.K Nghakliana.[435] In 1964, Miss Joyce Horner, a trained sister joined the Hospital staff at Durtlang. She established a Public Health department which was attached to the hospital and for the first time, injections and inoculations for the prevention of diseases amongst children, such as measles and diphtheria etc. came to be an established part of the work.[436]

The insurgency period in 1966 which saw the uprising of the Mizo National Front (MNF) against the Indian government affected the smooth running of the Durtlang hospital to an extent. The Hospital at Durtlang was congested not only with patients but also acted as a place of shelter.

The said period further witnessed a departure from the normal routine of the villages whereby people were forced to leave their villages and be grouped together in one village known as Protected and Progressive Village (PPV). Every

[433] May Bounds and Gwladys M. Evans, *Medical Mission in Mizoram "Personal Experiences"*, SPB, Aizawl Mizoram, 1987, p. 114.
[434] Ibid.
[435] Ibid., p. 180.
[436] Ibid., p. 186.

person in the village were issued with a 'pass' which had to be shown to the soldiers stationed within the PPVs each time a person took leave or entered a village. Therefore, the movement of the people was strictly controlled which naturally affected the Hospital in that it was impossible even for nearby villages to access the hospitals. In fact, the military had introduced a curfew which forbade the people to venture out after dark. In response to such restrictions, no doubt within the hospital, the number of patients dropped considerably and for two or three months, there were many empty beds.[437] Apart from this, the period was marked by acute shortage of food wherein the hospital compound was used for growing vegetables and rearing poultry. Nevertheless, in spite of many obstacles, the work of the hospital was carried on but with much difficulty till the gradual return to normal lives.

By January 1968, two of the four remaining Welsh Missionaries in Mizoram, Miss Angharad Roberts, headmistress of the Girl's Middle English School and Miss May Bounds, Sister in Durtlang Hospital had to leave Mizoram as their permits were not renewed. In March of the same year, the Mizos saw the departure of the last Welsh missionaries to Mizoram, Miss Joyce Horner, a staff of the Durtlang Hospital and Miss Gwen Rees Roberts who was stationed at Aizawl. After their departure, several Mizos sponsored by the Church had by then completed their M.B.B.S courses and joining the hospital staff. Dr. L.Ringluia stated that by 1971, a 150-bedded hospital has been constructed by the Synod Hospital Management Board.[438] Accordingly, after seven years, ie., 1978, the foundation of the new Hospital was laid as the Synod Hospital attained its fiftieth years on 11 December 1978 and the Golden Jubilee of the Hospital was celebrated.[439]

4.1.3. Contribution of the Mission Nurses.

The outstanding contribution of female medical missionaries require special mention since they were instrumental in taking up women's health issues. The

[437] May Bounds and Gwladys M. Evans, op.cit., p. 194.
[438] L.Ringluaia, 'A Dream Come True' in Diamond Jubilee Souvenir (1928-1988), op.cit., p.121.
[439] Ibid.

mission nurses had therefore apart from treating the sick also gave time to the teaching of hygiene, first–aid, home nursing and public health to the people. In 1928, a Welfare Centre was opened in Aizawl under the initiative of Miss Katie Hughes, a missionary of the Presbyterian Church of Wales, who arrived in Mizoram in 1924.[440] The Clinic was opened every Tuesday and Thursday and attended by the Mission nurses working in the Durtlang hospital. Addresses were given on cleanliness, how to treat ordinary ailments, how to wash and weigh babies etc.

Another important aspect of their work was the tours which they undertook from time to time. In every village where the mission nurses made their tours, people would flock to them wherein patients from the surrounding villages came to them for treatment and hundreds of patients were examined, given medicine and advice. Sister Gladys Evans in her tour to the South Lushai Hills with Miss Gwen Rees Roberts writes that, "Although there was a government dispensary at one village, the patients still flocked to them as they said that the medicines did them good."[441]

Under the initiative of Nurse Gladys Evans, dispensary works were also undertaken with a view to meet the needs of hundreds of people living in far-flung areas with no means of access to any medical help. The government had also established dispensaries in certain villages, but these were few and far between and majority of the villagers were unable to reap the benefits of such centers. The medical missionaries also realised the impossibility of constant visits to these distant villages with only a few missionary staffs. 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. Taking into account all these factors, the establishment of Health Centers was considered to be a necessary part of the mission work by the medical missionaries.

However, there arose certain problems such as the lack of trained medical personnel to man all the dispensaries even if they were so established. It was

[440] K.Thanzauva, op.cit. The Report of the North Lushai Hills, 1928-29, p.89.
[441] Ibid.

therefore proposed to train a number of Mizos in the art of healing, hygiene and matters of public health. Accordingly from funds received from the home Church, dispensaries were established in district villages. On 29 October 1955, the first dispensary was opened at Sawleng village which was a three - days journey from Durtlang.[442] Another Dispensary was opened at Pukzing village on 24 April 1956 known as Dr John Williams Memorial Dispensary.[443] Later, two others were erected at Sihfa on 4 August 1956 [444] and Chhawrtui village and on 29 May 1958 respectively.[445] According to C.Lalchhanhimi who was then a student of General Nursing and Midwifery (GNM) course in the mission hospital at Durtlang "The said dispensaries were burnt down by the Indian army during the MNF movement and the health personnel recruited for the same were all transferred to work in Durtlang hospital."[446]

The Dispensaries served as mini-hospitals wherein a daily out-patient clinic was conducted. A weekly child- welfare clinic and ante- natal clinic was often conducted too. Patient who were too weak to avail the dispensaries were also visited and treated in their homes. At Sawleng Dispensary, a week's training on first –aid, home nursing, public health and midwifery was conducted by the mission nurses.[447]

Another important aspect of the dispensary work was that school children were examined time and again and parents were advised regarding the health of their children. Since the health centres had to be self- supporting, free medicines were given only when it was really necessary. The Mizos were also taught the importance of cleanliness not only of their body but the houses and its surroundings too in order to lead a healthy life. To this, the medical missionaries worked in collaboration with the Young Lushai Association (YLA) now YMA, by

[442] K.Thanzauva, op.cit., The Report of the North Lushai Hills, 1955-56, p. 256 .
[443] Ibid .
[444] May Bounds and Gwladys M. Evans, op.cit., p.172.
[445] Ibid., p.166.
[446] Interview with C.Lalchhanhimi, (67 years), Durtlang, date of interview, 12.10. 2013.
[447] May Bounds and Gwladys M. Evans, op.cit., p.129.

organizing a competition for the cleanest house.[448] This in the long run proved to be very successful whereby many improvements in the art of cleanliness could be seen in different aspects of the lives of the Mizos.

The medical missionaries also established a nursing school in order that native trained workers would be produced to carry on the work of healing. The credit for the establishment of the Nursing School at the Welsh Mission Hospital at Durtlang goes to Dr. John Williams who laid its foundation in 1928. However, the groundwork for the Training School for nurses was done by Dr. Gwyneth P. Roberts and Miss Gwladys Evans. Durtlang Hospital was not recognized by the Assam Government as a Training School for Nurses until 1944.[449] Under the care and guidance of Sister May Bounds the Nursing School also witnessed considerable developments. Later on the Nursing School was placed under the charge of successive Mizo Nursing Superintendents.

4.2. Medical Mission in South Mizoram – The Baptist Missionary Society.

The Baptist Missionary Society (BMS) was the first Protestant society to be founded specifically for the purpose of overseas mission. It was originally known as the Particular Baptist Society for the Propagation of the Gospel and was established in 1792 largely at the instigation of the Northamptonshire Baptist Association, England.[450] Its earliest mission was that founded by William Carey, Joshua Marshman, and William Ward in Serampore, Bengal, (now West Bengal, India) in 1793.[451] During the nineteenth century, other missions were subsequently established in the West Indies, Ceylon, China and the Congo.

In the south hills of Mizoram, the actual operations of the BMS may be said to have commenced with the arrival of the two missionaries, J.H.Lorrain and F.W.Savidge at Lunglei on 13 March 1903.[452] The two missionaries had started

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[448] K.Thanzauva, op.cit., Report of the North Lushai Hills,1953-54 , op.cit., p.248.
[449] J. Meirion Lloyd, *History of the Church in Mizoram: Harvest in the Hills*, op.cit., p. 281.
[450] http://www.mundus.ac.uk/cats/10/1092.htm, retrieved on 15.6.2012.
[451] Ibid.
[452] *The Annual Report of Baptist Missionary Society (BMS) on Mizoram, 1901-1938*, op.cit., Reports for 1903, p. 6.

missionary operations in North Lushai Hills earlier in 1894 to the end of 1897, working as independent missionaries under the sponsorship of Mr Arthington.[453] After only four years of staying in the Lushai Hills, Mr.Arthington required their removal to other fields of missionary operations. Later, they joined the BMS who invited them to resume work in the south Lushai Hills. Accordingly, the two pioneer missionaries returned to Mizoram in 1903 as BMS missionaries where they settled down at Serkawn, Lunglei in South Mizoram. The arrival of Rev. J. H Lorrain and Rev. F. W. Savidge (known to the Mizos as Pu Buanga and Sap Upa respectively) thereby opened a new chapter in the history of education, literature 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 while Rev.Lorrain was in charge of evangelization, Sunday schools and the Church. It may be noted that the two missionaries, on returning to England after their four years stay in Mizoram had entered Livingstone College for the session 1898-99 for a course of study of tropical diseases and tropical hygiene.[454] The medical knowledge acquired by them soon proved to be very useful in the course of 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 the BMS, 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.[455] J.Calow of Redcar a wholesale druggist of Yorkshire consistently supplied Mr.Savidge with large consignments of medicines.[456]

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

[453] Lawmsanga, *Mizoram Baptist Kohhran Thlirna*, Literature Committee, Baptist Church of Mizoram,1992, p.8
[454] Grace R. Lewis, *The Lushai Hills*, The Baptist Missionary Society , London, 1907, p. 40
[455] *The Annual Report of BMS on Mizoram, 1901-1938*, op. cit., Report for 1923, p.193.
[456] Ibid., Report for 1909, p.68.

the missionaries increased which was further reinforced by the new faith of Christianity. Thereby, the two pioneer missionaries were indeed eye witnesses to the fact that western medicine served as important and necessary tools as a means of evangelizing the Mizo people to Christianity.[457]

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. Accordingly, about seventy Sunday school superintendents became honorary agents for the sale of the government quinines.[458] 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 who were sent to Chandragona, (Bangladesh, formerly and East Bengal before the partition) for further training while others also qualified as government dispensers and compounders.[459]

4.2.1. Health care under the Mission nurses and establishment of the Serkawn Christian Hospital.

In 1919, the first two BMS missionaries from England arrived– Miss O.E.Dicks, and Miss E. M. Chapman (known to the Mizos as Pi Zirtiri)[460] From the very outset, Nurse Dicks attended to the women and children who came to her with different sorts of ailments, some of them coming to see her from very long distances. Soon a small dispensary in the form of a small thatched hut was built where medicines would be distributed to women and children. Nurse Dicks reported;

> "Apart from occasional visits to patients chiefly concerned with maternity cases, the attendances to the mission dispensary during

[457] K.L.Van Ngaia, *Serkawn Baptist Kohran Chanchin*, Serkawn Baptist Kohran, 1993, p. 681.
[458] *The Annual Report of BMS on Mizoram, 1901-1938*, op.cit., Report for 1915, p. 127.
[459] M.Eleanor Bowser, *Light on the Lushai Hills- The Story of a Dream that Came True*, The Carey Press, London, 1928, p. 243.
[460] *The Annual Report of BMS on Mizoram,1901-1938*, op.cit., Report for 1919, pp. 152-153.

> twelve months of her stay in the Hills recorded patients representing thirty-eight villages."[461]

Further, according to Dr. Lallawma;

> "Since there was no other health care centre around Lunglei or for that matter in the whole of Mizoram, patients came from far- flung interior, roads being mule- tracks only and some patients were brought in bamboo- stretchers by volunteers." [462]

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 meting out treatments to the people. Motherless babies in need of care were also brought to the missionaries.

A very important part of the work done by the nurses was in attending to women in distant villages. In such tours, successful midwifery cases were conducted and also provided opportunities to teach the women- folk first-aid, hygiene and baby welfare too. Amongst the Mizo nurses, it was nurse Lalsiami who was the first trained Lushai nurse who took up work in other villages.[463]

In 1928, Nurse I.M.Good was appointed to work in the South Lushai Hills which considerably filled the gap brought on by the dearth of medical personnel. The year also witnessed another new development, the opening of the Nurse's Hostel for the nurses in training. Further, it was by the end of this year that Dr. Teichman a Baptist Missionary Doctor posted at Chandraghona undertook annual visits to the Women's Ward at Serkawn.[464] The annual visits continued to be utilized as opportune moments by the Mizo Pastors who would hold evangelistic services

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[461] Ibid., Report for 1920, p. 164

[462] Lallawma, 'Glimpses of Medical Work at Christian Hospital Serkawn' , in B*aptist Church of Mizoram Compendium*, The Centenary Committee, Baptist Church of Mizoram, Serkawn, Lunglei, 2003, p.113.

[463] *The Annual Report of BMS on Mizoram, 1901-1938*, op.cit., Report for 1925, p.218.

[464] Ibid., Report for 1928, p. 251.

amongst those waiting to consult the doctor, visit the patients, lead evening prayers in the ward 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 first born were invited to visit the clinic so as 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 to those who attended such clinics.

The preaching of the Gospel was closely inter-connected with the medical work of the Mission sisters. Within the ward, services were held regularly while Mizo nurses helped out each week in leading the out-patient services. The Pastors and others would also occasionally visit the ward on Sundays to speak to the patients. Combined medical tours conducted time and again by the mission nurses further provided opportunities for contact with those who never visited the Mission compound.

Another important endeavour of the mission nurses was the establishment of a nursing school in 1919 under the initiative of Miss Oliver Dicks (known to the Mizos as Pi Dawki), and Miss E. M Chapman. Imparting a course in Junior Nursing, from the outset, Mizo girls were taken to undergo the nurse's training. By 1923, there were five girls in training and classes were held in midwifery, hygiene and first- aid. [465]

In 1952, the Medical Board initiated a course in Auxiliary Nurse Midwifery (ANM) under Miss E.M Maltby, who was then Nursing Superintendent. This has contributed much to meet the needs of staffing requirements. The School of Nursing at Serkawn is now affiliated to the Mizoram Nursing Council and the Indian Nursing Council.

[465] *The Annual Report of Baptist Missionary Society (BMS) on Mizoram, 1901-1938*, op.cit., Report for 1923, p. 194.

From 18 April 1957 to 30 January 1962, the BMS deputed a resident doctor (Dr.H.G Stockley) whose main speciality was in the eye.[466] With this new development, the Women's Ward was upgraded by the Assembly to the status of a fully equipped hospital and henceforth came to be known as Serkawn Christian Hospital.[467] Dr.C.Silver, a Mizo surgeon then joined the Serkawn Christian Hospital to become the first Medical Superintendent on 15 September 1964.[468]

During the insurgency period medical work was affected to such an extent that supply of medicines became impossible and the hospital faced certain financial problems too. Apart from this, movement of workers too was restricted not to mention the numerous patients from far off places who were unable to avail the medical services of the hospital.

By 1972, the Hospital was therefore again without any resident Doctor. In the search for suitable doctors to man the hospital, in 1974, delegates were sent to the Council of Baptist Churches of North East India (CBCNEI) Guwahat, Assam to ask for Doctors on loan service.[469] The services of Dr.Lallawma, Surgical Specialist and his wife Dr.Lalsangliani were requisitioned with initial understanding to have them on loan service for two years.[470] However, with no doctors to relieve them after two years, they stayed on till their retirement in 1999. By 1976, the hospital was more or less on stable grounds with three doctors to man the administration.

Although the hospital work comprised the most important part of the medical work undertaken by the Baptist Church of Mizoram (BCM) a brief account of another branch of mission work attached to it - the Baptist Church Orphanage (BCO) is highlighted below.

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[466] Lallawma, op.cit., p.114.
[467] K.Kapkima, op.cit., p.170.
[468] Dr.Lallawma, op.cit., p.114.
[469] Ibid.
[470] Ibid.

4.2.3. Baptist Church Orphanage (BCO).

The BCO was another important appendage to the medical work of the Hospital at Serkawn. It may be noted that even by the second decade of the twentieth century, *raicheh* or mothers dying whilst giving birth as also from various pre and post natal complications was a common occurrence. Therefore, when the mission sisters started their work, they found a number of motherless babies, the task of caring and nurturing for them consequently falling upon them when they were placed under their care. In order to aid them in their numerous tasks, a Mizo girl Thangchhumi was trained by the missionaries who later on became one of the earliest Mizos to become a teacher in the South Lushai Hills. Considering it as a part of their mission work, Chhumi and her husband began to take into their home, motherless babies and to care for them until they were old enough to be sent to relatives or good foster parents. Later under the initiative of Chhumi, a Motherless Babies Association (MBA) was started in 1953 which was duly registered under the Society Registration Act and which soon received recognition from the Government.[471] As a result of grants received from the Government as well donations from varied sources, it was soon possible to built a separate building for the motherless babies at Chandmary, Lunglei.

The MBA however faced certain problems on account of the insurgency period since the government was no longer able to sanction sufficient funds for the running of the Home. Subsequently, talks with the leaders of the Baptist Church resulted in the transferring of all assets and liabilities of the MBA to the Baptist Church of Mizoram on 5 July 1966.[472] Henceforth, the MBA came to be known as the Baptist Church Orphanage (BCO). The BCM Assembly required that the BCO be placed under the care of the Hospital and till today has become a very important part of mission work attached to the hospital at Serkawn.

[471] Ibid., 708.
[472] K.M.S Dawngliana, op.cit., p. 72.

The work of the BMS of London in the south Hills of Mizoram had led to ecclesiastical formations of the Lai (Pawi). Continuing to grow as Lai Baptists, they were earlier formed into two groups, 'The Church of Jesus Christ' and 'Lairam Baptist Church', but were finally merged together in 1992 under 'The Lairam Church of Jesus Christ.' Later in 2003, in the Annual Assembly, it was unanimously resolved to rename the Church as 'Lairam Jesus Christ Baptist Church' (Lairam Isua Krista Baptist Kohran)[473]

4.3. The Lakher Pioneer Mission

Among the Maras in the extreme south hills of Mizoram, western medicine and health care was also introduced by the Christian missionaries to the people, the initiative undertaken by the pioneer missionaries to the land - Mr. Reginald A. Lorrain and his wife, Nee Maud Louise Ulander of England.

Upon receiving a letter from his brother, Rev. J. Herbert Lorrain who was then a pioneer missionary working under the BMS in the South Lushai Hills. Mr. Reginald A. Lorrain felt a call to undertake mission work among the Mara tribes He then approached several missionary societies in an endeavor to get at least one of them to support him. However, the leading societies refused his application on the ground that it was impossible to extend their field of work in such a remote region. Accordingly on 11 February 1905, a voluntary organization, the Lakher Pioneer Mission was founded by him in London with the sole purpose of spreading the Gospel among the Maras. R.A. Lorrain felt that in going to such a distant place, it would be wise to have some medical training for which he undertook a course in medicine at Livingstone College in London.[474]

R.A. Lorrain and his wife arrived at the Mara village of Serkawr (Saikao, in the extreme south of Mizoram) on September 26, 1907. A pioneer mission bungalow was built at Serkawr which then onwards served as the new mission station. The

[473] http:en.wikipedia.org/wiki/Lairam Jesus Christ Baptist Church (LIKBK), retrieved on 5.11.2012.
[474] Reginald A. Lorrain, *5 Years in Unknown Jungle*, TRI, Aizawl, Mizoram, 1988, p. 6.

work of the pioneer missionaries from the initial period was divided into four main departments - translation work, medical work, school work and itinerating.[475] Right from the start, Rev. R.A Lorrain attempted to reduce the Lakher language into writing since even then, their language was without any sign or alphabet and also to translate the Bible into their own language. The translation of the New Testament was completed in 1927 and was printed by the British and Foreign Bible Society.[476]

Among the Maras, attempts at curing or averting sickness and diseases that befell upon them calls for appropriate sacrifices to the evil spirits. Ceremonies to ward off sickness were of two kinds - those performed on behalf of the whole village (*Tlairapasi*) and those performed by individuals (*Khisongba* and *Tleulia*).[477] Apart from these, native remedies in the form of animal and plant medicines were also utilized by them. Initially, although the introduction of western medicine were appreciated and gaining ground, such medicines, however, were only regarded as supplementary to the sacrifices, which were still performed after a person becomes ill.[478] Therefore, treatment of diseases involved some kind of sacrifice to the Gods, for until the spirit who had caused the disease was appeased, no herb or medicine could affect a cure.[479]

It is worth mentioning that at this point of time there was no medical doctor stationed by the government. The task of providing and prescribing the necessary medication therefore fell upon the pioneer missionaries. A part of the Mission bungalow was utilized as a dispensary where free medicines were distributed by the missionaries every evening. For the purpose, Mr. Calow of London donated all the medicines that were needed to distribute for the healing ministry of the missionaries.[480] R.A.Lorrain reflected;

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[475] Ibid., p.270.
[476] The Lakher Pioneer, (Newsletter), February 1949.
[477] N.E.Parry, *The Lakhers*, op.cit., p.455.
[478] Ibid., p. 169.
[479] John Hamlet Hlychho, *The Maras, Head-Hunters to Soul –Hunters*, Rev.Dr. Ashish Amos of the Indian Society for Promoting Christian Knowledge (ISPCK), Delhi, 2009, p. 315.
[480] Ibid., p. 223.

> "Patients from even distant villages travel to avail the medical aid provided in the mission dispensary while many also travelled to the dispensary to take home medicines for their sick relatives or friends who were lying on their sick- bed. Apart from this, numbers of Lakhers from over the border outside Government jurisdiction frequented the dispensary as they found that the remedies provided in the mission dispensary to be quite effective."[481]

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 villages were attacked by epidemics. R.A. Lorrain mentioned one such epidemic during their sojourn in Serkawr where many people died but due to the medical treatments meted out by them a large number of lives were saved.[482]

Although missionary medicine was received with mix reaction, some with outright rejection, while others would accept it at the outset, it subsequently replaced traditional sacrifices as a cure factor. In so far as medical work was concerned, the knowledge of medicine which the pioneer missionaries were able to gain before embarking on their mission proved to be a great factor in winning the friendship and confidence of the people. R.A. Lorrain in his letter to the Lakher Pioneer Mission in London gave an account of the first Christian among the tribe:

> "Friends will rejoice to hear that one of our school boys has become a Christian, giving up all his devil worship and sacrifices of animals etc., and trusting fully in the precious blood of the

[481] R. A Lorrain, op.cit., p. 249.
[482] Ibid., p.124.

> saviour. His name is Thytu, and he came to me on the evening of September, 16th 1910 and said he wished to be a Christian...."[483]

The work of the Lakher Pioneer Mission could be seen to have made a tremendous impact on the people in which the first baptism took place in 1918. [484] By 1948, the number of Christians increased and 601 persons were baptised.[485] In fact, the medical works undertaken in earnest and supplemented by western education imparted in the mission school amongst many were instrumental in bringing about a change of faith as also of discrediting traditional worldview and religion of the people.

It will be worthwhile to mention that after the death of Rev R.A Lorrain in 1944, his work was continued by his wife Nee Maud Louise Ulander who instead of returning to her homeland continued missionary work among the Maras until her death in 1960. Working side by side with them was their daughter, Nee Marguerite Tlosai Lorrain who later married Rev. Albert Bruce Lorrain Foxall, a co-worker of Rev. R.A Lorrain.

Rev. A.B Lorrain Foxall arrived at Saikao- the Lakher Pioneer Mission field headquarter in 1928 and upon marrying Rev R.A Lorrain's daughter worked as a missionary among the Maras till his death in 1977. His mission work was mainly on the medical work and as there was no hospital or dispensary, the entire populace had to rely on his medical aid and treatment.[486] His daughter, Nee Violet Louise Annie Lorrain Foxall who married a Mara, Rev.L.Mark continued missionary works among the Maras. The Lakher Pioneer Mission has since been changed to the Evangelical Church of Maraland and the mission headquaters shifted from Saikao village to Saiha, the district capital in the early 1970s.

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[483] The Lakher Pioneer, (Newsletter), January, 1957.
[484] The Lakher Pioneer, February, 1949, op.cit.
[485] Ibid.
[486] P.T. Hlychho, *Maraland- Yesterday and Today*, P.T Hlychho, Shillong, 2007, p.128.

4.4. The Christian Missionarys' representation of Health.

The methods, concepts and notion of health care of the Christian missionaries vastly contradicted Mizo notion of health, customs, beliefs and traditions. Since health care of the missionaries emphasized on cleanliness and hygienic living conditions, the missionaries were quick to label the Mizo traditional practice of medicine and health care as 'primitive' 'irrational' and 'superstitious' with no hope of succor or survival for anyone who cared to practice it and the need to rectify such a condition. They also constantly pointed out that lack of proper sanitation and basic hygienic measures, ignorance in personal hygiene and child-care, undernourishment as well as superstitious beliefs was in most case responsible for the high incidence of many diseases and deaths among the Mizos.

Upon their arrival to the hills, the missionaries therefore felt that the Mizos were extremely unhealthy and excessively dirty, personal hygiene and cleanliness not given due importance at all. J. M Llyod, a Welsh Presbyterian missionary has highlighted that when the pioneer missionaries arrived in Mizoram, they were struck by the 'dirt and squalor in Lushai villages.'[487] In fact, J.H Lorrain's first impression of a Lushai village was, "the sight of pigs, fowls and youngsters all rolling and scrambling about in the dirt and the squalid hovels in which they lived.."[488]

J.M.Llyod further highlighted that in the school started by the missionaries, cleanliness proved to be a problem such that in order to secure both hygiene and regularity in school, cakes of soap and combs were distributed.[489] Dorothy Glover, a missionary of the Baptist Missionary society who visited the hills in 1928 had also vividly described that in 1904, villagers who came out from their houses to get a glimpse of Mr. Lorrain's wife were "…all dressed in clothes the colour

[487] Rev.J.Meirion Lloyd, *On Every High Hill,* op. cit., p.60.
[488] Notes from J.H Lorrain's Letter's, dated 16.1.1894, Baptist Missionary Society, Lushai Hills Mission, 1894- 1944, 12th January, 1944.
[489] Rev.J.Meirion Lloyd, *On Every High Hill,* op.cit., p.31.

of mud, all the old women's wrinkles were full of dirt, all the children's eyes were sore..." [490]

The missionaries therefore felt that the erstwhile Mizo traditional medicines had to be supplanted by 'superior' western medicine and western style- health care for better survival and recovery rates. As Raj Sekhar Babu has pointed out, it was as much 'to endorse ideas relating to Europe's cultural superiority and its civilizing mission in the world.'[491] The result was a more or less a wholesale refusal or undermining of traditional practices of Mizo medical system. Since health care of the Mizos was closely inter-connected with their religion whereby certain diseases and illness required propitiation to the spirits concerned, traditional Mizo religion was also undermined to the extent that the missionaries viewed it as a form of 'demon worship.'[492] Consequently, traditional health care practitioners within the village community such as the '*Bawlpu*' were also sidelined. Further, in referring to the great works of the medical missionaries, the report of the Presbyterian Church of Wales on Mizoram runs thus;

> "Calls for medical help came from the non- Christians which were usually after animals had been sacrificed and all kinds of jungle roots and leaves had been made into various concoctions and given to the patients, making them worse rather than better."[493]

A truth that one detects here is that the contribution of Mizo traditional health care in the form of sacrifices and indigenous medicines (animal and plant medicines) were subjected to criticism and marginalized by the Christian missionaries. What they failed to consider here is that it was these traditional methods of cure that had sustained through time the health needs of the people. Oral sources and traditions also testify that at any time throughout their history, the Mizos have never been considered to be an unhealthy tribe. It may also be pointed out that such a state of

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[490] Dorothy Glover, *Set on a Hill*, Baptist Church of Mizoram, Serkawn,1993, pp. 15-16.
[491] Raj Sekhar Babu, 'Medical Missionaries at Work-The Canadian Baptist Missionaries in the Telegu Country,1870-1952', in Deepak Kumar(ed.), op.cit., pp.180-181.
[492] *The Annual Report of BMS on Mizoram, 1901-1938*, op.cit., Report for 1914, p.110.
[493] K.Thanzauva, op.cit., Report of the North Lushai Hills,1953-54 , op.cit., p. 143.

dirtiness and unhealthiness as was noted by the missionaries may not all be due to lack of inclination on the part of the Mizos, but may in part be due to constant scarcity of water which was prevalent then throughout the hills**.**

Among the various aspects of health that the missionaries stressed upon was the need to make windows by every household in order to ensure hygienic living condition. Without any inbuilt windows, a typical Mizo house was quite dark even in broad daylight save but shafts of sunlight filtering through the split bamboo walls. This was considered by the missionaries as going against the laws of hygienic living and detrimental to a more healthy existence.

Apart from the missionary endeavor, in the then monthly newspaper, *Mizo leh Vai Chanchinbu*, we also come across an article written by a certain early convert to the Christian faith who attempted to teach the Mizos on the need to do away with the many traditional 'superstitious' practices of the Mizos, that if it was so done, one would then be able to built one's house as one prefers such as making windows and *bahzar* [494] (an enclosed verandah at the back of the house). According to C.Chawnkunga, a person was permitted to built or make his windows and *vanlung* (the front room in the chief's house used as quarters for his *bawi* or retainers) as wide as he prefers after he had performed the *Khuangchawi* ceremony.[495] A person could become a *Thangchhuahpa* once he had fulfilled the requirements of the *Khuangchawi* ceremony which was to kill certain number of animals in the chase or given the required number of feasts to the public. By doing so a man was permitted to enter *Pialral* or paradise where only the brave and courageous could enter. It may be mentioned that for the Mizos, the absence of windows was not related to health reason but a matter of social obligation which connotes uniformity in the construction of houses. As noted above once the household accomplished the above mentioned ceremony, the ability to open windows further determined his social status in the village.

[494] Thankunga Khiangte, 'Mizo Dan Dik Lo Thu' in *Chanchin Bu*, September 1909, p.161.
[495] C.Chawngkunga, *Sakhua*, Department of Art and Culture, Mizoram, 1997, p.54.

In matters of settlement pattern too, the model village which D.E Jones proposed to set up near Aizawl had to fulfill the following requirements.[496]

1) All houses must be at a distance of at least ten feet from one another.
2) Animals are to be kept in a separate building.
3) The beams of the house must be at least six feet above the floor.
4) Each house must have a separate latrine.
5) Drinking water must be boiled.
6) The inhabitants are to go regularly to a place of worship.

The above regulations clearly reflects that from the perspective of the missionaries, the typical Mizo mode of building houses and living conditions were not so hygienic which ultimately needed to be rectified by them. Nevertheless, although it may not have been strictly observed by the inhabitants at the time especially in distant villages, the fact that most of the rules have become the norm in every Mizo household till today shows that health care measures undertaken by the missionaries has made their impact felt across time and space.

4.5. Mizo Response to Christian Health Care.

By the early twentieth century, the introduction of Christianity in the hills had wrought tremendous changes in the social, material, cultural and religious lives of the Mizos, the missionaries often assuming the role of 'change agents.' However, Christian healing and western style health care in the initial stage of its introduction may have been quite an uphill task for the pioneer missionaries, the responses to it varying from doubt, resistance to suspicion although there were those who welcomed it with open arms. Long-cherished traditions tend to linger long in the minds of people as a result of which people were not easily convinced. According to V.LSiama, 'When the missionaries preached that diseases and sickness were due to certain germs that brought harm to the human body and not by negative spirits, the Mizos could not believe it. Instead missionary medicines

[496] J.Meirion Lloyd, op. cit., p.63.

were believed to be '*sap dawi*'[497] literally 'white man's magic.' Among the Mizos, any disabling disease was believed to be an act of *dawi* by a magician, the spell of which had to be immediately reversed or broken.

Even as more and more Mizos were drawn to the Christian faith, relics of the past still had a tenacious hold on to their minds as also of the belief in negative spirits and their handiwork of bringing disease and sickness unless sacrifices were offered to them. There was also the tendency to speculate on the fate of the early Christians who threw away the skeletal remains of the animals that they had sacrificed, sacrificial ingredients and also hacked down their sacrificial poles.[498] An incidence cited by Lalhmuaka, a retired school headmaster highlights that people's faith were still oriented in the direction of the erstwhile Mizo belief;

> "In Vanbawng village (in the north east of Mizoram in Aizawl District, near the river Tuivai), when Christianity was newly introduced, a small boy died during the hot summer months. As preparations were made for the funeral, the father of the deceased suddenly fell down the steps, saliva coming out of his mouth in bubbles. Instead of rendering aid to him, the crowds of people started to move away from him. However, a teacher named Vankhawla had the presence of mind to reach for a gourd of water which he poured upon the victim who soon regained consciousness again. The people then exclaimed that upon believing the incidence to be the handiwork of a *khawhring*, (a malignant spirit) they had been quite afraid, let alone touch him." [499]

Reality was that the victim had stayed up for three consecutive nights on account of his sick child and had fainted upon suddenly getting up and going outside in the hot weather. However, the incidence was believed to be purely the work of evil spirits.[500]

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[497] V.L.Siama, op.cit., p.60.
[498] Lalhmuaka, *Zoram Thim Ata Engah*, SPB, Aizawl, 1988, p.125.
[499] Ibid., pp. 125-126.
[500] Ibid., p.126.

The BMS had also highlighted in their report that epidemics were real tests of strength for the Christians.[501] In fact, there were still many whose minds still wavered between Christian teachings and the impulse to resort to sacrifices to the spirits concerned when faced with threats of epidemics and other diseases. These sacrifices were also condemned by the missionaries as 'superstitious practices' to which no cure could be affected. This may however be contested on the ground that ritual performance for cure were not without its credibility since there were instances wherein people were effectively cured after the performance of such rituals. V. Lunghnema suggested that it was the people's immense faith in the sacrifices that had really healed them. [502] Zairema opined that the early Mizo sacrifices to a large extent, can be regarded as a form of 'faith healing.'[503] C. Rokhuma also asserted;

> "Before the Mizos were converted to Christianity, they were firm believers and worshippers of evil spirits who they felt were capable of inflicting harm on them in the form of sickness and even death. They were therefore propitiated in the form of sacrifices and gifts and people were therefore cured when the evil spirits were pleased by such acts."[504]

In line with this, Buddhadeb Chaudhuri has pointed out that every culture, irrespective of their simplicity and complexity has their own practices concerning diseases and that no culture works in a meaningless fashion in its treatment of disease.[505] Therefore, simply denigrating Mizo traditional methods of cure as 'irrational' and as 'superstitious practices' by the Christian missionaries was a clear misconception on their part**.** H.Vanlalhruaia has rightly argued;

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[501] *The Annual Report of BMS on Mizoram, 1901-1938,* op.cit., Report for 1914, p.110.
[502] V. Lunghnema, op.cit., p. 221.
[503] Zairema, op.cit., p. 98.
[504] C. Rokhuma, op.cit.
[505] Buddhadeb Chaudhuri, 'Health, Culture and Environment' in Mrinal Mair (ed.), *Continuity and Change in Tribal Society,* Indian Institute of Advanced Study, Rashtrapati Niwas, Shimla, 1993, p.252.

> "One needs to look at the logic of socio-cultural practices. The cultural practices in most of the 'tribal society' are a combination of real life, myth, legends or metaphor. If any part of the socio-cultural practices are separated and translated in literal terms, it makes little sense and the colonizer and the missionary are frequently trapped in this dilemma." [506]

Frederick S. Downs has further noted on how missionary histories were written for the supporters of missionary work in the west, and the intention was to demonstrate how great the need for missionary work was by exaggerating, if not completely misrepresenting the alleged depravity and superstition provided by the traditional religions.[507]

By the first quarter of colonial rule, performing rituals and sacrifices were still the norm within the society since majority of the Mizos were still not convinced that simply praying without offering sacrifices would heal their sickness. Besides, the traditional elite class such as the chiefs, *upas* or village elders and priests were not in a mood to do away with their priorities or privileges. Vanchhunga who was among the early Christians stated;

> "The early Christian endeavor to strive for health without resorting to sacrifices was not accepted especially by the village *upas* or elders, who believed that the Mizos were bewitched by the *vai* (those from mainland India) in order to draw or entice them to other parts of India, while still others believed that it was to enable the Mizos to work as labourers in the tea gardens, or that it was a

[506] H.Valalhruaia, (unp. thesis) A History of Traditional Medicine of Mizoram in the Pre- Modern Period. A Thesis submitted during 2010 to the University of Hyderabad in partial fulfillment of a Ph.D Degree in Department of History, School of Social Sciences, p. 135.
[507] Frederick S.Downs, *Essays on Christianity in North – East India*, Indus Publishing Company, New Delhi, 1994, p.14.

> sort of test for the Mizos as to whether they could manage to live either without their traditional sacrifice or religion." [508]

For the chief, adhering to the Christian faith and anything associated with it, be it missionary medicine or otherwise meant he would have to fore-sake certain privileges entitled to him traditionally. In fact, the traditional customs and practices earlier observed by the community as a whole or individually which for the most part calls for *zu* (rice beer) drinking and feasting was now no longer permissible under the new tenets of Christianity. For instance, *zu* which acted as an important instrument in bolstering his status and privileges and which his subjects had to provide and prepare for him would no longer be his prerogative. The fact that resistance also came from the village priest or *bawlpu* who had shares in traditional sacrifices was also natural since his main form of livelihood as well as his social standing within the village community was on the threshold of being disrupted. Edwin Rowlands in his Report of the Lushai Hills has even commented on how a village priest had warned his co-villagers not to take the mission medicine.[509] He goes on to highlight how the aforesaid mentioned priest nevertheless came to them for treatment after having been stung by a poisonous centipede.[510]

In fact, as Christianity took roots among the Mizos in the late nineteenth and early twentieth centuries, persecution of the Christians was rampant and took many forms. Punishment would be meted out to those who adhered to the Christian faith not only by the chiefs to his subjects but also by the householders to their family members who they felt had deviated from traditional religion and beliefs. There were cases of Christian families being evicted from their villages by the chiefs, where parents would excommunicate their sons or daughters who had become a Christian convert, where Christian preachers would be denied hospitality or even be refused admission by the entire village community and so on. Such was the

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[508] Vanchhunga, *Lusei Leh A Vela Hnam Dangte Chanchin*, Department of Art and Culture, Aizawl, Mizoram, 1994, pp.280-281.
[509] K.Thanzauva, op.cit., The Report of the Lushai Hills , 1899-1900, p. 9.
[510] Ibid.

situation then that missionary medicines and Christian healings were not spared from criticisms and resistance by the non- Christians especially from the traditional privileged classes.

The Mizos' initial perception of missionary medicine was essentially based on ignorance as to their effectiveness. Initially, people tend to place more faith on the form, type, and taste of the medicines rather than on the type of cures that could be affected. Since the missionaries felt that it would be easier for people to differentiate the many types of medicines, they were dispensed in the form of brightly coloured pills (blue, yellow, pink and tinted ones). The result was that the coloured pills were much preferred by the people which soon gained precedence over the medicines dispensed in the form of bitter solutions within the government dispensaries. [511] This is also clear from the Report made by F.W Savidge that, 'Some Lushais would rather die than take a bitter solution two or three times to make himself well.'[512]

In course of time, people's faith in the 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 ….. in fact they have rather too much faith sometimes, for some imagine it is quite sufficient to have a pill in the bag they are carrying."[513] For some, it is quite sufficient 'to put them under their pillow instead of in their mouths' to affect a cure.[514] In the ongoing period, resistance to missionary medicine and health care had begun to diminish as could be noted by the growing number of people utilizing the mission stations to receive treatment. The fact that people reposed considerable faith in the abilities of the missionaries and their medicines was reflected by a saying which was quite common in those days;

"*Zosap venga ka len leh*
Zosapin damdawi min pe

[511] *The Annual Report of BMS on Mizoram, 1901-1938* , op.cit., Report for 1905, p.23.
[512] Ibid.
[513] Ibid., Report for 1908, p.56.
[514] Ibid., Report for 1911, p.79.

I went to where the missionaries live
Good medicine is what they give."[515]

4.6. Christian Health Care and Evangelization.

Medical work was an important adjunct to the spread of Christianity from the early years of missionary endeavor in the then Lushai Hills. It is without doubt that the pioneer missionaries first of all came with the purpose to evangelize the people, but on seeing the health conditions of the people saw the need to impart medical and health care to the people. Therefore, direct evangelism went hand in hand with the curing of the body. The medical missionaries thereby worked in line with the Foreign Mission Regulations which stated that;

> "....the Mission is not merely a philanthropic agency or a provision for extending the benefits of European medicine and surgery to the inhabitants of the Mission field, but a systematic combination of the healing art, with the preaching of the Gospel, and this in such a way as to make the Ministry of healing subservient to the winning of souls for Christ....' [516]

As integral centres for evangelization, the mission hospitals and dispensaries indeed served their purposes in which the curing of the body and the soul went on simultaneously. In the mission hospital at Durtlang, services would be routinely held and prayers conducted every morning in each ward. Whenever possible, two pastors and a Bible woman often spent half days a week in the hospital. In fact, the purpose behind the establishment of the hospital may be rightly reflected in the words of Dr G.P. Roberts who in the report of the Durtlang Hospital, 1941-1942 wrote;

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[515] J. Meirion Lloyd, *History of the Church in Mizoram : Harvest in the Hills*, op.cit., p. 31.
[516] *Foreign Mission Regulations, Section V*, Presbyterian Church of Wales or Calvinistic Methodist Church of Wales, Liverpool, 1953, p.30, Mission veng, Aizawl, Synod Archive.

> "We pray that this coming year may teach us more clearly the love of Christ which prompts the work of healing, and that we may make a definite contribution to the spiritual life of the Church, and help to cure many a sick and lonely through the love of Christ[517]

Further, according to Rev. J.M Lloyd;

> "The purpose of the hospital has remained constant- to heal the sick in the name of Jesus; not the rich only, not the poor only, but all sorts of men as far as possible."[518]

The dispensaries and health centres established by the mission were also not only centres where people of remote villages could get medical care and attention but also as outposts of evangelization. As the missionaries often had to stay for days on end in each health centres, Church services and women's meetings were organized by them where they prayed for the sick and told the people the love of God and the healing ministry of Jesus Christ and his disciples. Much of their time were also spent on the training of Sunday school teachers. Gradually the missionaries won over the people's trust and faith and in particular, the non- Christians who had earlier resisted the medicines of the missionaries. Lorrain and Savidge has also constantly emphasized on the important role played by medicine in winning the hearts of the people to the Christian faith.[519]

Lal Dena has rightly asserted;

> "With the advance of a technology to their own advantage, the missionaries worked with a highly naturalistic view of disease and medicine which accelerated the breakdown of traditional animistic

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[517] K.Thanzauva, op.cit., Report of the North Lushai Hills, 1941-42, p. 164.
[518] J.M Lloyd, 'Harsatna Tinreng Hnuaiah Tihdam Rawngbawlna Ropui' in *Diamond Jubilee (1928- 1988), Souvenir,* Synod Hospital, STRB, Calcutta, p.28.
[519] *The Annual report of BMS on Mizoram, 1901-1938,* op.cit., Report for 1903, pp. 8-9.

world-view thereby acting, directly or indirectly, as an effective agent for conversion."[520]

The advent of the Christian missionaries thus witnessed a reversal of the erstwhile Mizo beliefs and traditional worldview to be replaced thereafter by Christian faith and healing. However, Rosemary Fitzgerald in her concluding remarks on the works of mission health care in the context of India stated;

"Although missionary medicine placed the patient in an alien environment under disturbing conditions, an episode of medical mission care seldom seems to have shaken religious beliefs, let alone brought about a change of faith in the patient….those willing to place themselves under the medical care of a mission seems to have shrugged off the religious overtones in their treatment…"[521]

One point to be noted here is that implanting of a new culture and religion especially new innovations like western medicine was not an easy task in the Indian mainland. Indian medical traditions like Ayurveda, Unani, Siddha and numerous folk medicines are living examples of India's glorious traditions which tended to retain strong allegiance among the people. In India, religion, philosophy and tradition had from time immemorial, been closely intertwined with the everyday lives of the people. The Gods played a crucial role in shaping the destiny of the country, bequeathing their wisdom through ancient scriptures like the Vedas that explained the meaning of life, the nature of man and man's relation to the universe around him.[522] Science, art, philosophy, music and medicine all evolved in this milieu. Ayurveda or the 'knowledge of life' in fact was an outgrowth of the Vedic tradition. The genesis and evolution of India medicine can therefore only be

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[520] Lal Dena, *Christian Missions and Colonialism- A study of Missionary Movement in Northeast India With Particular Reference to Manipur and Lushai Hills 1894-1947*, Vendrame Institute, Shillong, 1988, p. 106.
[521] Rosemary Fitzgerald, 'Clinical Christianity' in Biswamoy Pati and Mark Harrison(ed.), *Health, Medicine and Empire - Perspectives on Colonial India*, Orient Longman, New Delhi,2005, p.129.
[522] Faroch Erach Udwadia, op.cit., p.33.

understood against the cultural background in which it took root and flowered.[523] Indeed majority of the Indians in the process of appraising their traditional health care systems had valid reasons to denounce the works of the medical missionaries. No doubt in the Indian context, patients proved adept at disentangling the medical and evangelistic threads that were interwoven in medical mission work.[524]

In the case of the tribals, and without exception the Mizos too, traditional customs and practices were not easily shaken off but tend to retain a firm foothold in the minds of the people. This was mainly due to isolation from mainstream culture or civilization in which permanent contact with the outside world seldom occur especially in the pre- colonial period. Nevertheless, once Christianity retained firm footings within the hills, the change was fluid and rapid. This may be attributed to the absence of age-old religion like Hinduism or Buddhism with well-defined laws and teachings as in mainland India which may have acted as a binding factor against encroachments to their culture, and traditional religion. Besides, the missionary endeavor which went way beyond preaching the gospel was instrumental to a great extent. In fact, extension of health care, education, the training of teachers and health workers, health education in matters of hygiene and sanitation imparted to one and all had a tremendous impact upon the people and in bridging the gap between the people and the mission enterprise. It was the Church which now acted as a binding factor for all these activities and in the years to come. Henry Sigerist noted;

> "Christianity gave the sick man a position in society that he had never had before, a preferential position. The new religion addressed itself to the poor, the oppressed, the sinners and the sick, to the suffering humanity and promised healing and redemption." [525]

Subsequently, as Christian converts increased and western education started gaining ground, many Mizos started to prefer western style health care than their

[523] Ibid.
[524] Rosemary Fitzgerald, op.cit., p.129.
[525] Henry E.Sigerist, *On the History of Medicine*, MD Publications, New York, 1960, p.27.

traditional religion and sacrifices of old. On top of this, we also find a reversal in the status and rank of the traditional elite class of the Mizo society. The priestly class were now increasingly marginalized from mainstream society and the healing skills of the *Bawlpu* was now replaced by the new medicines of the missionaries and the endeavors of the health personnel. The traditional chiefs were also deprived of much of their powers since their offices depend much on the support of those ranked high in the social ladder who were now relegated to the background.

In their place, the commoners now rose to the status of the new privileged class as teachers, health workers, pastors and preachers and employees of the government as well as by the missions. Hence the commoners now received due recognition within the society with a chance to act according to their needs and wishes. Thus we find the emergence of an elite class who were educated and enlightened by western culture under the subordination of the mission enterprise and the government.

Taking into account the history and development of medical works in Mizoram under the Christian missionaries, it is clear that medical mission exerted a profound and lasting impact on the lives of the Mizos. Medical mission served to be a crucial factor in converting the Mizos to Christianity in which the traditional religion and sacrifices were undermined. In the process, the role and status of the traditional privileged classes also witnessed a marked reversal. Although the Mizo responses to missionary health care and medicine was lukewarm in the beginning, it soon gained strength and following in the years to come which was reinforced by the new faith of Christianity.

CHAPTER - V

CIVIL SOCIETY ORGANIZATIONS AND HEALTH CARE IN MIZORAM

CHAPTER - V: Civil Society Organizations and Health Care in Mizoram

Prior to 1972, the promotion and maintenance of health care in Mizoram was taken up not only by the Church and the Government but by certain branches of civil society organizations -the Lushai Hills District Red Cross Society, the Young Mizo Association (YMA, henceforth written as YMA) and Women's Organisation such as the Mizo Hmeichhe Tangrual (henceforth written as MHT). These were in fact, the earliest and predominant organizations that were established in Mizoram and which ever since their establishment played a crucial role in the upliftment of the society making their presence felt in every aspect of lives of the Mizos.

5.1. Lushai Hills District Red Cross Society.

In India, the Indian Red Cross Society (IRCS) was set up under Act XV of 1920.[526] It was constituted for the administration of the various funds and gifts received for the purpose of medical and other aid to the sick and the wounded and other purposes of like nature, both during war and peace times.[527] Its activities include Maternity and Child Welfare, provision of relief for the mitigation of suffering caused by epidemics, earthquakes, famines, floods and other disasters, whether in India or abroad besides coordinating activities related to Junior Red Cross, Health Education, Nursing Services and Blood Bank activities.[528] In short, the object of this Society was to meet the needs of all humanity irrespective of their community in the direction of welfare and hygiene upliftment.

Since it was felt that there was a great scope for Red Cross work in Mizoram too, it was established in 1934 with due support from the government. A District Committee of the Red Cross Society was formed which was composed of six executive committee members (Mrs Fell, Miss Hughes, Subadar Randhoz Rana Pensioner, Pu Makthanga, Chief of Aijal (Aizawl), Pu Kawlkhuma, Adjutant

[526] *Annual Report -1982-1983,* Ministry of Health and Family Welfare, Government of India, New Delhi, p.20.
[527] Ibid.
[528] Ibid.

Salvation Army, Pu Pachhunga Lushai- Commerce) and six Office bearers (Superintendent of the Lushai Hill as Honorary President, Rev.E.Lewins Evans as Honarary Vice President, Dr.Gloria, Civil Surgeon as Honorary Secretary, Rev. David Edwards as Honorary Assistant Secretary and Mr.Kevichusa Angami as Honorary Treasurer).[529] Thereby, the Red Cross Committee was composed of the leaders of the Church, Medical and Government and assisted by Ladies, Traders, Chiefs, Church - men etc. The main reason behind the establishment of the Red Cross Society (RCS) in Mizoram was to meet the needs of the people in matters of health care due to the insufficiency of medical professionals such as doctors and nurses in the Hills. [530]

For the purpose, funds were to be collected from the people, parts of which were to be spent directly on local needs and requirements while some parts would go to the Assam Provincial main branch of the Red Cross Society.[531] It was also decided that, 'In return for such contribution, the Lushai Hills branch in time of dire distress such as earthquakes, famine or pestilence will be in a position to enlist financial assistance provided that they have proved themselves to be a society whose members believe in making a real line movement with the object of relieving the suffering of the poor and bringing comfort and relief to the those who are in need.' [532] The programmes of the RCS of Mizoram included weekly lectures to to the public on such subjects as Nursery, First –Aid, Baby Welfare, Homely sicknesses, Clothing hygiene, hygiene, hygienic cooking, evils of parasites and insects and many other matters of intimate interests to each and every individual.[533]

Right from its inception, the RCS was beset by certain problems, but however made several headways in the ensuing years. In fact, extensive programmes could not be undertaken immediately since the members of the committee were mostly

[529] Superintendent, Lushai Hills, General Notice, dated 29/9/1934, p.1, Government of Mizoram, Aizawl (MSA).
[530] *Mizo leh Vai Chanchinbu*, October 1936, the Assistant Superintendent, North Lushai Hills, Aizawl, p.191.
[531] Superintendent, Lushai Hills, General Notice, op.cit.
[532] Ibid.
[533] Ibid., p.2.

government officials and mission workers who were heavily engaged with works similar to that fostered by the RCS. Although plans were made for holding lectures and sustaining many other activities in the interior villages, it was apprehended that until and unless the executive officers of the government and the mission workers were able to take up this new venture, it would not be possible to train or influence local men.[534] Hence, in order that the workings of the Society be more effective, it was felt that negotiations be made to coordinate all interests concerned so as to enlist the cooperation of all kindred Associations and movements of the hills.[535]

A notable work of the RCS which aimed at the upliftment of public health was their attempt to educate the masses in matters of health and sanitation through the proclamation of 'goodwill messages' to be followed by all. Such 'goodwill messages' were health messages generally accomanied by articles on the concerned subject and disseminated to the public through print media or otherwise printed captions posted or hung where it could be seen by one and all and made known to the general public in every village.

In the then news magazine, *Mizo leh Vai Chanchinbu*, February 1939, the RCS Committee proclaimed its first goodwill message. An article was written by under the caption which read: "Health is the greatest treasure, it is the core of your being for days to come; Your health is a treasure for the nation, therefore, strive to bring health and appiness to you and your family."[536] Other forms of goodwill messages run thus - "Keep your house and its surroundings neat and clean for they are a reflection of your inner self,"[537] "If you must spit , don't spit in your house , but in the sunlight where germs may die more quickly" or " When your wife is pregnant, remember that she has two to feed. Help her and find out how to give

[534] Letter from A.G.Mc Call, Superintendent, Lushai Hills to The Honorary Secretary, St.John Ambulance Association, Assam Provincial Branch, Shillong, dated, 10 January 1935, p.1.
[535] Ibid.,p.2.
[536] *Mizo leh Vai Chanchinbu*, February 1939, The Assistant Superintendent, N.Lushai Hills, pp. 30-32.
[537] '*Red Cross Committee Thuchah*' in *Kristian Tlangau*, June 1939, Rev.E.L.Mendus(ed), Aizawl, pp.62-63.

better food by consulting your village diet pamphlet " or "Don't drink tea when your meal is a meat meal." [538]

The villagers were called together once a month and the new goodwill message would be read out and open to discussion. In the next month the decision of the people was given to the President. If the villagers were mostly against it, the matter was dropped and if they favoured the proposal, it was agreed to adopt the advice as a village custom, and to follow it conscientiously.[539] Such a task was placed upon the village chiefs who were to try their utmost in explaining it to the general public in the event of any misunderstandings on the part of the people. Apart from the chiefs, doctors, teachers and pastors were also expected to explain public health to the people if and when required.

In the *Kristian Tlangau*, a monthly newspaper run by the Presbyterian Church, we also occasionally comes across various notifications of the RCS Committee. These were concerned with the dissemination of health care rules amongst the public- such as the necessity of constructing pit latrines by every household, on how to construct them and how to maintain them,[540] the importance of using mosquito nets especially while staying overnight in the *jhum* lands in order to prevent malaria,[541] advices to husbands on how to treat their pregnant wives in matters of exempting them from hard work, giving them nutritious diet etc.[542] Advices were also given to women on how to treat and care for their husbands, cleaning of houses and its surroundings,[543] and also on child care - proper ways to feed them and the kinds of food to give them.[544] This machinery therefore acted as a means wherein people could make choices on their own initiatives for their well- being. At the same time, it was also instrumental in educating the masses in matters of health and hygiene.

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[538] A.G.Mc Call, op.cit., p.257.
[539] Ibid.
[540] '*Red Cross Committee Thuchah'* in *Kristian Tlangau*, June 1941, Aizawl, p.73.
[541] Kristian Tlangau, August, 1941, p.101.
[542] Ibid., September, 1941, p.114.
[543] Ibid., October, 1941, p.125.
[544] Ibid., November, 1941, p.138.

The work of the RCS in other arena of health care can be gleaned from the various resolutions passed by them in their meetings. On 2nd July 1936, the Society in their meeting proposed that grant of permission be given to them for the extension of Lewin's Ward (built in memory of T. H. Lewin) in the Lunglei Civil Hospital which required a sum of Rs 450/- for its construction.[545] To meet the needs of Mizo women in matters of health care, it was also proposed to construct a Maternity Ward in the Aizawl Civil Hospital which would cost Rs 1000/-.[546] In order to fill the gap caused by the dearth of Mizo women trained in Gyneacology, the meeting also proposed to form a Committee which would exert pressure on the Society Headquaters in Shillong to render aid so that the Society in Mizoram could sponsor a Mizo girl to undergo a course in Gyneacology.[547]

Further, in the General Meeting of the Lushai Hills District Branch of the IRCS held at Aizawl on 22 September, 1936, it was proposed that steps be taken to recognise officially the rights of English nursing sisters at Durtlang and Serkawn. This was to grant Certificates valid for Lushai Hills only of competency in mid-wifery and general nursing after a three - years practical course actually working under the sisters and subject to approval of the Civil Surgeon given after examination set by a District Board. The District RCS Committee will offer Rs 5/- per month subsistence allowance per probationer under training for 3 years for 4 Nurses.[548]

It was also proposed to move the Provincial RCS Committee to finance three Nursing sisters in the Civil Hospital at the District Headquarter ie., Aizawl. It was strongly felt that this was necessary as there were no official nurses in the District Headquarter which deals over 30000 cases a year.[549] The Committee further proposed the formation of Red Cross Sub- committees at places where a dispensary already existed.[550] It would seem that the Committee resolution with

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[545] *Mizo leh Vai Chanchinbu*, July 1936, The Assistant Superintendent, N. Lushai Hills, p. 132.
[546] Ibid.
[547] Ibid.
[548] Ibid., October, 1936 , p.186.
[549] Ibid.
[550] Ibid.

regard to the training and recruitment of Mizo nurses was immediately acted upon for by 1943 there were Red Cross nurses stationed at five villages.[551] Also by 1954, 25 nurses had completed their training under the sponsorship of the Society.[552] We suffer however from dearth of records as to whether the other mentioned programmes were taken up or not.

In referring to the work done by the society, A.G Mc Call had suggested;

> "The system would receive a great fillip if the desirable policy was ever introduced of concentrating more on a cadre of Lushai doctors, trained in the elementals of medicines, maternity welfare, and hygiene, operating from out - district centres, and aiming at prophylactic treatments, in preference to incurring large running costs in dispensary institutions'.[553]

In feeling the need of the times, Mc Call's contention probably arose out of the fact that till then, Mizoram suffered from dearth of medical professionals. It may be mentioned that although as early as in 1910, there were two medical doctors who finished their Diploma Courses as Licentiate Medical Practitioners (LMP), they however did not practice for long their respective medical professions due to certain reasons. From the year 1911- 1950, the number of Licentiate Mizo Doctors who passed out were twenty-five in numbers.[554] Thereby, apart from several government dispensaries and travelling dispensaries which toured the hills now and then, majority of the people were without any access to modern health care facilites provided by medical professionals.

As regards the continuation of the RCS in Mizoram, one may presume from available records that it functioned actively only till around the 1950s. However with the attainment of Union Territory after 1972, it was again taken up as one of the many programmes under the initiative of the Health Department.

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[551] *Kristian Tlangau*, June 1943, Aizawl. p.32.
[552] *Kristian Tlangau*, December, 1954, Welsh Mission Bookroom, Aizawl, p.98.
[553] Ibid., p.258.
[554] Lalthanliana, op.cit., p.160.

5.2. Young Mizo Association (YMA).

The Young Mizo Association, a non - political voluntary organization has been regarded as the guardian of Mizo society due to the immense contribution it rendered to the society. The YMA as is known today was formerly known as the Young Lushai Association (YLA) and was founded on 15 June 1935 under the initiative of the Welsh missionaries and the early Mizo Christians.

The YMA was founded on the pretext that the Zawlbuk or Young Mens's Dormitory which was considered from time immemorial in Mizo society to be the most esteemed institution had started to loose its significant importance. Zawlbuk or 'Young Men's Dormitory' as the name implies was the main recreation centre for the Mizo youths and bachelors. On 7 October 1947, in accordance with the resolution passed by the Central Committee of the YLA, the YLA was changed to 'Young Mizo Association' (YMA). This was done as it was felt that the term 'Lushai' was no longer considered to be appropriate and that the generic term 'Mizo' rather encompassed the entire Mizos. Henceforth the abbreviation YMA will be used throughout this chapter.

Christianity had taken roots in Mizoram in the last decade of the nineteenth-century and by the 1940s, majority of the Mizos had more or less embraced the Christian faith. A necessary corollary to the establishment of Christianity was the establishment of Churches and schools throughout the length and breadth of Mizoram which in course of time gradually replaced the attendance to the Zawlbuk. However, attending schools and churches still left vast amounts of free time for the youths. Therefore, the need to found an institution which would take the place of the Zawlbuk was keenly felt by the senior citizens. Thereby, on 5 June 1935, a meeting was held in the residence of the Welsh missionary Miss Katie Hughes, (Mizo name, Pi Zaii) which was attended by some of the Welsh missionaries, church leaders and some enlightened Mizos.[555] Initially, the name of

[555] C.Lalropuia,*YMA Chanchin - YMA Golden Jubilee(1935-1985) Nghilh loh nan*, Central Young Mizo Association, Mizoram, 1985, p. 1.

the association was suggested to be Young Mizo Christian Association (YMCA). However, Rev David Edward (Mizo name, Zoremi pa) one of the members present suggested that since the name was considered to be too inclusive in nature in the sense that it seems to include Christians only, it would be better in the long run if the association be named YLA which would encompass the entire Mizo youths in line with the Young Welsh Association in Wales. [556] Accordingly, the YLA officially came into being on 15 June 1935.

The main objectives behind the founding of the of the YMA was such that the youths would engage themselves in meaningful activities so that they would properly utilize their leisure hours , to strive towards the development of one's country and also to promote and adhere to the Christian mode of living in every wake of their lives. Besides these, the association was to take such initiatives so as to bring about an all round development of each and every individual by organizing debates, holding discussions, drama, promoting sports such as hockey, football, badminton, etc., indoor games and providing reading materials to its members.

To be eligible for membership to the YMA, anyone who has a reverence to the Christian way of life could become its member. To ensure the smooth running of the Association, it was equipped with a well formed committee consisting of a President, Vice President, Secretaries, Treasurers and Committee Members.

With the inception of the YMA, a number of activities which was felt to be beneficial to the society as a whole were taken up such as the organizing of debates, dramas, Community Health programmes and sports. On October 1941, the first General Conference was held , the theme of the Conference being, "*Kan tihtur*" which means 'Our duty' as in our duty towards ourselves, our family, our country, role of women towards our country, and our duty towards God. It also aimed at training the Mizo youths in all aspects of social services for the development of the society. Although there is no written law that it was obligatory

[556] Ibid.

on the part of the YMA to undertake such voluntary works, the YMA right from the start of its formation till today has continuously taken upon itself the task of helping the poor, the needy and the downtrodden and such other developments for the upliftment of the Mizo society.

5.2.1. YMA and Community Health.

Before the establishment of the YMA, there has never been any organised effort by a non- political, voluntary organisation on public health on a massive scale. Therefore, the YMA has since its inception shouldered the responsibilty on making known to the public various aspects of health care. From the then monthly magazine, *Kristian Tlangau*, one could glean a number of developmental works undertaken by the YMA. It may be noted that from June 1936 till 1954, various YMA news and articles were appendaged to the *Kristian Tlangau* under the caption, '*Kristian Tlangau Thubelh, Young Lushai Association.* This acted as an important instrument in disseminating to the masses not only the various undertakings and programmes of the said organisation but also in creating awareness and maintenance of community or public health. The YLA supplement was generally replete with various articles and notifications as to how people could maintain good health, answers and advices on queries on health care, sanitation rules etc.

On September 1935, with the need to create awareness among the masses in matters of sanitation or conservancy arrangements, 500 typed copies on sanitary rules to be observed by the people were distributed to the leaders of every villages and which were to be read out to the public during community gatherings.[557] This was very much necessary since many of the Mizos even at this point of time were ignorant of basic sanitary observance whereupon disposing of one's excreta and stool in public places were still a common occurence. In 1936, an article from *Kristian Tlangau* stressed on proper maintenance of one's homes such as the need

[557] '*Mizoram Y.L.A Chanchin leh Thiltih Tlangpui'* in Kristian *Tlangau*, August, 1946, Welsh Mission Bookroom, Aizawl, p.4.

to keep cooking utensils clean since some people do not clean such items at all and never cover the pots where drinking water was kept, to keep the house and its surroundings clean and humid free, dress ethics for parents especially in wearing clean clothes for children to emulate such habits etc.[558]

Attempts were also made to educate the public on conservation of trees as early as in 1936- that people should not fell trees too much in and around human habitats for health reasons. The YMA also tried to make known to the people on the benefits of constructing houses at least ten or twenty yards away from each other - such as at times of outbreak of fire, domestication of animals and maintaining a garden was easier, less infection from diseases etc.[559]

Besides, meetings of the YMA on ways to discontinue improper manners and habits were also held in which speeches would be made by YMA leaders. Amongst many, the YMA felt the Mizos had to discard such habits like taking water in the mouth and washing one's hand with it (the need to do away with this practice was time and again stressed upon) farting amidst crowds and joking about it and not to go about with dirty teeth, nails and socks.[560]

The establishment of the YMA throughout the hills and their attempts in educating the public on cleanliness soon made its impact felt especially to those living in villages. To mention a few, an article in the YLA *Thubelh* or Supplement, February 1938 highlights how the two villages of Thenzawl (in the heart of Mizoram, Serchhip district) and Lamchhip (to the south of Aizawl, near Aizawl District), upon the establishment of the YMA witnessed tremendous developmen respectively. Such developments had to do with household matters as in cleaning of cooking utensils, proper conservancy habits, respect for elders etc. In Thenzawl village, competitions were held on cleanliness as in the house and its surroundings, cleanliness of household items such as cooking pots, spoons, cups, and saucers. An inspector recruited by the YMA would then inspect each and every house and

[558] Pu Muka, '*Awmdan tha zawk'* in *Kristian Tlangau*, June 1936, Welsh Mission Bookroom, Aizawl, pp.74-75.
[559] Ibid., September, 1936, p.113.
[560] '*Dan Mawilo Sawina'* in *Kristian Tlangau*, September, 1937, pp. 84-86.

announce the winner.[561] The YMA in Chhiahtlang (to the south of Aizawl in Serchhip district) village also made several attempts at health care such as constantly sprinkling the village spring with potassium permanganate solution in order to kill germs and bacteria that may pollute the water, lending a helping hand to widows, the poor and the needy. Certain items, probably handcrafted would be made by them, sold and then medicines would be bought for the poor with the money earned. Children below ten years of age were also prohibited from smoking and campaign to quit smoking was also underway for the parents too.[562]

Other important undertaking of the YMA in matters of promoting health was that on January 9, 1939, at the gathering of the YMA , an army Doctor, Captain Tennant was asked to give a speech related to various aspects of Community Health.[563] In June of the same year, Miss Katie Hughes (known to the Mizos as Pi Zaii) and Dr.Hrangbuanga were again requested by the leaders of the YMA to give talks on health.[564] In such times, crowds of people would gather to listen to the speeches. This shows that the efforts made by the YMA towards the promotion of public health were greatly appreciated. The YMA branch of Durtlang which is a few kilometers to the north of Aizawl conducted an essay competition on the topic 'Cleanliness', the first prize being won by Rev. Saiaithanga. The essay was oriented towards the need to clean the streets, cleaning of one's house and its surroundings, utensils, correct eating habits, maintenance of village springs, child care and timely sleeping habits.[565] It may not be an exaggeration to say that through the various community health programmes so initiated, the Mizo society witnessed tremendous developments in every facet of lives.

The resolutions passed in the various General Conferences of the YMA also reflects the many efforts made towards community health. In the General Conference of 1946, one of the resolutions passed was the need to develop one's country and it was stressed that this could be achieved through steps taken such as

[561] *Kristian Tlangau*, February, 1938, p.9.
[562] Ibid., May, 1939, p.33.
[563] Ibid., February, 1939, p10.
[564] Ibid.
[565] Ibid., pp.15-16.

maintenance and cleaning of foot paths and clearing of paths leading to the village springs. Besides, attempts to discontinue those things considered to be detrimental to health such as smoking and chewing of betel nuts were also deliberated.[566] On April 1950, a General Conference of the YMA passed a resolution which dealt with matters like 1) observation of rules of sanitation, 2) proper eating habits or etiquettes concerning table manners and 3) matters concerning *Zu* or drinking of liquor.[567]

In accordance with the above mentioned resolution, on May of the same year, a concerted effort was initiated by the YMA on the said subjects. This was in the form of a Notification to be to be pasted or hung at strategic places where it could be read by the general public. [568] The *YMA Dan Bu* or Rules and Regulations of YMA which was a small booklet published for the first time by the YMA in the said year also contain certain rules to be observed on the above mentioned subjects.[569] The resolution passed by the Young Mizo Association in its meeting on 22 February, 1956 at Mission Veng, Aizawl also laid down well- defined rules for the maintenance of community health within the urban as well as in the rural areas.[570] It was deliberated that for rural areas, this could be observed by clearing of vegetation surrounding the villages, construction of latrines and cleaning of household utensils. For those in urban areas, restrictions should be made on roadside hawkers selling edible items without properly covering their wares. Further, it was also proposed that all possible steps be taken for the construction of as many public latrines as possible.[571]

5.2.2. Sanitary Measures.

The YMA had taken various steps for the observation of proper sanitary rules which in explicit term was concerned with the way or the manner in which stools

[566] Minutes of Y.M.A General Conference, 1946.
[567] C.Vanlallawma, *YMA History, (1935-1995)*, Central YMA, Aizawl, p.37.
[568] YMA *Thuchah* (Notification), 9 May, 1951, Aizawl.
[569] Y.M.A *Dan Bu*, print., Loch Printing Press, Aizawl, 1950, p.6.
[570] Meeting Minutes of the Central YMA Committee, 22 February, 1956, at Mission Veng Y.M.A Hall.
[571] Ibid.

and urines were disposed off. Before the initiatives taken by the YMA in this aspect, it may be mentioned that the Mizos were not very particular in matters of sanitation, wherein people were prone to simply conduct their calls of nature alongside the roads. Also, before latrines were in use, certain open areas called *dailenna tlang* were used especially those living in villages to relieve themselves off of the calls of nature. This was in fact a very unhealthy practice because the excrements that were disposed off were left uncovered which not only polluted the air but also became a breeding ground for all sorts of germs and bacteria. One reason for this was probably that no one were particularly interested in taking the initiatives to educate the masses in such matters and partly due to the fact that private and public latrines and urinals were non-existent or were not yet constructed in towns and villages. Therefore, the YMA in keenly feeling the needs of the time and the public, had clearly enumerated several points or reasons as to why sanitary rules needs to be carefully observed by one and all.[572]

People were also encouraged to construct their own latrines within their compounds by the YMA. It was from around 1954 that the YMA also propagated that every household should construct their own latrines which was necessary for the maintenance of the health of all.[573] Initially it was the school teachers and some enlightened and educated Mizos who constructed their own latrines whose examples were later on emulated by others.

Gradually under the initiative of the YMA, pit latrines were constructed by every household which today have now been replaced by a more healthier type. The YMA also constructed several public latrines within the town area. It may however be noted that around the 1950s in Aizawl town, there were only four public latrines namely at Kulikawn, Thakthing, near Dawrpui Church and Dawrpui School (localities in Aizawl city). [574] This was quite limited for in 1951 census the population of Aizawl town has risen to 196,202.[575] The YMA however adviced the people that inspite of very few public latrines, people should avoid passing of stool

[572] YMA *Thuchah* , op.cit.
[573] C.Lalropuia, op.cit, p.81.
[574] YMA *Thuchah*, op.cit.
[575] Census of India, 1961, Mizo Hills, Government of Assam, 1965, p.12.

and excretia on the roadside. According to C. Lalropuia, 'In the pace of today's development , public latrines so constructed have also developed accordingly - that earlier, jute clothes were used as urinal sheds , in course of time *dap* (splitted bamboos woven together) were then used which today have now been replaced with cemented structures.[576] It is noteworthy that in the ensuing years ie., during 1977-1978 alone, the YMA had constructed 200 public latrines and urinal sheds .[577]

5.2.3. Eating Habits.

In Mizo society, in any public or community feast, people generally feasted on the *thlangra* which were large bamboo trays for sifting and winnowing grains. It may also be noted that before the Mizos ate their meals from individual plates, every household would eat from or share one large common plate or saucer. Quantities of rice were put on to the sides of the *thlangra* or in front of each person and in the middle of the *thlangra* was scooped out the side dishes. Since forks and spoons were not traditionally used by the Mizos, people used their hands to eat whatever was served before them.

Although such practice of sharing food probably signifies cordiality and the art of fellowship, it was considered by the YMA to be quite unhealthy as food and soups or whatever were served were consequently mixed together and sometimes by not so clean hands too. The YMA therefore clearly laid down etiquettes of eating habits so that health may be maintained by one and all if they were carefully observed. In fact, the YMA had already taken the initiative in the 1940s. In the Kristian Tlangau issue of September 1940, the YMA (then YLA) branch of Dawrpui, Aizawl had stressed that eating together from one plate by several people was a very unhealthy practice which needed to be discontinued and that eating from separate plates was a necessity.[578] They also opined that other common habits like washing hands with water taken in the mouth, cleaning

[576] C.Lalropuia, op.cit., p.81.
[577] *Mizoram District Gazetteers*, op.cit., p.359.
[578] *Kristian Tlangau*, September, 1940, p.73.

numerous cups all at once in a basin, dipping of fingers into the tea cup, eating amongst crowds in the market place etc needs to be discontinued.[579]

The YMA further pointed out that certain diseases were contracted partly through the Mizo manner and way of eating especially sharing of spoons meant for soups and sharing of plates.[580] The practice of eating food from the same plate was also felt by the YMA to be a waste of food and thereby had to be discontinued.[581] It was stressed that sometimes in large families, it was not possible for the person in charge of ladling out the rice and whatever else were served to eat a proper meal (ladling out rice in the course of a meal was a typical Mizo practice and usually the prerogative of the female members of the household). Sometimes mothers with small children who had to constantly attend to the needs of their children were often left without anything to eat, the entire portion already being consumed by others. Therefore, the YMA opined that food was not evenly distributed or eaten equally by all.[582]

Further the YMA also taught that if at all people were to feast on the *thlangra*, the practice of simply ladling out food on to the not-so- clean *thlangra* were to be discontinued but that clean plaintain leaves should first be spread on the *thlangra* before food was served.[583] Some articles in the *Kristian Tlangau Thubelh* also attempted to educate the public on correct eating manners such as chewing of food with the mouth closed and also to avoid slurping while eating.

The educating of the Mizos in matters of health and hygienic lifestyles as well as a to more healthier option of eating food has in course of time produced the desired effect, the credit of which had to be has to be handed to the efforts of the YMA. Today, the Mizos have now taken to using individual plates for eating as well as separate bowls and spoons for serving side dishes. This has also been practiced during public feasts too.

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[579] Ibid.
[580] YMA *Thuchah*, op.cit.
[581] Ibid.
[582] Ibid.
[583] Ibid.

5.2.4. Observation of cleanliness

Another very important role of the YMA in the maintenance of health care was towards educating the public in matters of cleanliness, one important step being the teaching of the Mizos to not simply clean but to scrub clean their cooking utensils. Among the Mizos cooking was mostly done by using firewood wherein every household had their own fire places for cooking. However, cooking by fire produces much soot as a result of which every cooking pots, inside and out were blackened with soot in the process of cooking. C. Lalropuia stated;

> "It was from around 1960 that the YMA took steps to educate the people the need to scrub their utensils clean. Since soaps for cleaning were still quite scarce at this point of time, ashes were used to scrub the cooking pots. People were also taught to scrub clean not only the insides of the pots but the outer parts too. For this, *favai hram* or coarse husk of grains were used. Later on, cooking coals which were grounded to powder were also used."[584]

In this way, the YMA took initiatives so that a more healthier and cleaner lifestyle maybe followed by the people. It is no doubt due to the efforts of the YMA that today, every household have taken to cleaning and scrubbing their cooking utensils. People were also taught the necessity of putting household items in their proper places and also to clean one's houses and surroundings clean too. It was way back in 1975 that the YMA had proclaimed the need to sweep the streets clean as well as the need for dustbins and garbage pits for every household.[585]

5.2.5. Awareness Campaigns on *Zu*.

Drinking of *Zu* or liquor was also an important matter which the YMA took upon itself the task of educating the public as to make known its harmful consequences.

[584] C.Lalropuia, op. cit., p.81.
[585] Ibid.

In almost every meetings and resolutions passed in the various General Conferences, the issue of *Zu* was taken up, the need to restrict it and how it could be limited. In erstwhile Mizo society although drinking of *Zu* was a part and parcel of Mizo culture, it was only drunk on special occasions and festivals by the people as a whole. Other than this, drinking of *Zu* was solely the prerogative of the elderly only. To this, the YMA opined that today, *zu* drinking was more commonplace amongst the younger generation than the older generation, that it had brought more harm than good to the society and further stressed that drinking of *Zu* was a drain on the resources, a ruin for the economy bringing along with it embarrassment, shamelessness, shortened life and on the whole, a harbinger of all evil and therefore had to be avoided at all costs.[586] It may further be noted that *Zu* drinking apart from its harmful effects mentioned above was most detrimental for one's health when drunk in excess.

5.2.6. Social Works.

In so far as social services is concerned, the organization of community voluntary services would be initiated by the YMA whereby '*hnatlang*' or voluntary labour are called by the YMA in which each member had to contribute their services for the good of the community. Such *hnatlang* usually consisted of cleaning of village paths and streets, *tuikhur* or village water-hole or spring, construction of public urinals, cleaning of village markets, cleaning of graveyards, building of houses and repair works in case any house was destroyed or damaged due to accidental outbreak of fire, natural calamities such as storms, heavy rain and landslides etc.

As far back as in the 1940s, the YMA had also worked in collaboration with the Lushai Hills District branch of the Indian Red Cross Society. In an effort to lend a helping hand to the needy, the then YMA members (37 members) made efforts to

[586] YMA *Thuchah*/ Notification, 9 May, 1951, op.cit.

sing Christmas carols in the cold winter nights, the money so earned which amounted to Rs 52/- being donated to the Red Cross Society.[587]

Further, in the YMA meeting on 15 July, 1940, it was deliberated as to how the association could lend a helping hand to the Red Cross. Here various branches of the YMA within Aizawl town came forward with ideas to earn money for the society such as knitting of handkerchiefs, to host dramas and to take action in any possible way in order to lend a hand.[588]

Today, apart from all the above mentioned aspects, the YMA has incorporated many new programmes within its fold, a few of which may be mentioned. In continuation with its programme of maintaining public health, the YMA has announced the year 1983 as 'Sanitation Year' the same of which was again made the theme for the year 1991. For the success of such annual themes, progammes such as awareness campaigns, seminars and competitions concerned with the relevant themes would be organized. In 1983 in accordance with the said theme, sanitary rules were made which were to be observed by one and all. These were:

1) I will observe and make cleanliness as a way of life.
2) I will not pass stools in public urinals.
3) I will maintain my own private dustbin at home and dispose it off where it may not be a hindrance to others.
4) I will construct my own private pit latrine equipped with a good lid and see to it that it is well maintained.
5) I will restrict my domestic animals so that they may not be a nuisance to others.
6) I will maintain the cleanliness of my house and its surroundings.
7) I will not throw wastes and garbage on the streets or in any other place other than where it is meant to be disposed.
8) I will not dirty places of community gatherings.
9) I will not throw wastes inside the buses or in other public places

[587] *Kristian Tlangau*, January 1940, pp. 9-11.
[588] Ibid., July 1940, p. 57.

10) I will not spit on the streets or be negligent in throwing away cigarette butts or empty cigarette boxes but instead throw them away in the proper places. [589]

The observance of the year 1983 as 'Sanitation Year' produced good enough results in that a number of public latrines and urinals in the towns and villages were constructed. Apart from this, *Hnatlang* or voluntary labour called forth by the YMA enabled the streets and the surroundings to be comparatively clean and tidy in the pursuance of such themes.

In 1991, the same was again made the theme for the year, *Hnatlang* being organized among the many YMA members who gathered together. As in the previous Sanitation year, sanitary rules were again made to be observed by all whereby the leaders of the YMA proclaimed and propagated the necessity for cleanliness in every educational institutions which were established within their respective localities. The YMA also constructed a number of public urinals in different parts of the city and posters with slogans on cleanliness were posted here and there. Within Aizawl city, those YMA branches and groups with excellent records in the maintenance of cleanliness were also given prizes. [590]

The YMA has always been the guardian of Mizo tradition whereupon it constantly and vehemently upheld the Mizo customs and traditions handed down from generation to generation. It has laid special emphasis in inculculating the spirit of *tlawmngaihna* or spirit of self - sacrifice amongst the younger generations so that such a practice which is peculiar to Mizo sociey may not die away and lose its importance. In fact, it is this very spirit of *tlawmngaihna* which has been the motivating force behind the goals and progammes of the YMA and which has enabled it to overcome many difficulties inspite of obstacles and hurdles over the years.

[589] C.Vanlallawma, op.cit., pp. 89-90.
[590] Ibid., p. 91.

5.3. Mizo Hmeichhe Tangrual (MHT).

This was the first women organisation of the Mizos founded on 16 July 1946 which also worked for the maintenance of public health care. The main objective behind the founding of such an organisation was to develop the low status of Mizo women residing in and outside Mizoram. Earlier on 14 July 1946, a number of Mizo women who had felt the need to form such an organisation had gathered together at Mizo High School (near Mission veng Presbyterian Church, Aizawl) under the guidance and chairmanship of Pi Joni (Mrs.D.E.Jones), the wife of the Welsh Presbyterian missionary, Rev.D.E.Jones.[591] A meeting was again held on 16 July 1946, wherein the MHT organisation was finally formed and which was to encompass all Mizo women in and outside Mizoram.[592]

Accordingly from the day of its foundation, a number of branches of the organisation were formed in the different localities of Aizawl and subsequently in the rural areas too. The first Conference of the MHT was held on 26 -28 January at Thakthing veng Zawlbuk, Aizawl where matters such as the need to uplift the low status of Mizo women were deliberated upon. In connection with the said matter, the Conference resolved on the need to improve women's condition relating to the price of brides, divorce, inheritance, children, adultery and illegitimate offsprings.[593]

The MHT had its first General Assembly on 12 March 1949 in Aizawl. In this Assembly, it was resolved not to allow children to play at night, parents should not be overly protective of one's children, to dress up according to one's own home, to maintain the cleanliness of one's homes and utensils, to be obedient to husbands and to be conscientious in matters of sanitation. [594] In fact the said Assemby was the first of its kind in Mizo history which represented the entire Mizo women

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[591] Biaksiami, *Mizo Hmeichhe Tangrual*, np., Aizawl, 1982, p.1.
[592] *Mizo Hmeichhe Tangrual Golden Jubilee* (16.7.1946- 16.7.1996), Mizo Hmeichhe Tangrual, Aizawl, Mizoram, p.1.
[593] Ibid., p.2.
[594] Ibid., p.3.

whereupon matters concerning their upliftment and the need to strive for better family lives were taken up and deliberated upon.

In the maintenance of health care, this organisation played an important part which did lead to better qualities of life for the Mizos in the long run. The matters that were deliberated upon in the General Assembly was a reflection of such initiatives. Since it was felt that the Mizos were still quite ignorant in observing matters of civic sense and cleanliness, the need to observe and educate the masses in these matters was keenly felt by the members. It thereby took the initiative in educating the women that maintaining the cleanliness of one's homes and surroundings, educating one's children from whence they were still young in observing proper sanitary habits etc would lead to a much better quality of life for all. C. Biakchhingi, former President of the MHT stated, "In the various branches of the organisation, trainings would be given on cleanliness whether of one's body, clothes or utensils and competitions would be held for the same. Apart from these, the members would also lent a helping hand to the needy which proved to be a great blessing to the society."[595]

The role of the MHT in the field of nursing is also worth mentioning. At a time when nurses were quite few in Mizoram, the organisation requested the Assam Goverment to open a *Dhai* (Midwifery) Training Centre in Aizawl in order to fill the gap in the said field. In complying with their request, a training class where few nurses coud be trained was accordingly attached to the Civil Hospital, Aizawl.[596] The applicants were then chosen by the Civil Surgeon in consultation with the leaders of the MHT. Apart from this, a number of young ladies were also sponsored by the organisation to study in the said field whereby special privileges would be given to those from the rural areas and such persons being recruited by the Government on completion of their training.

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[595] C.Biakchhingi, *'Kum 60 a ni ta'* in *Mizo Hmeichhe Tangrual Diamond Jubilee (1946-2006),* Mizo Hmeichhe Tangrual, Aizawl 2006, p.1.

[596] Biaksiami, op. cit., p. 14.

From the start, the MHT gave due importance to the care of women especially pregnant women and child care. In 1954, a Maternity Centre was constructed by the MHT along with some aid received from the Government. Initially, a donation of Rs 20/-on the part of the Office Bearers and Rs 10/- by the Committee members were collected in addition to a further Rs 500 /-which was donated voluntarily by others.[597] It maybe mentioned that earlier in April 1953, at the instance of the visit of the then Prime Minister, Jawaharlal Nehru to Aizawl, some of the MHT leaders had approached the PM for funds to construct a maternity centre. Accordingly, a sum of Rs 5000/- was granted to them for the same and with which an Assam type building was then constructed.[598] With due permission from the Civil Surgeon, doctors, nurses and compounders were designated to work in the Maternity Centre which came to be popularly known as *Tangrual Damdawiin* or *Tangrual* Hospital. From 1956 till 17 July 1973, a Government building was used for the same which was rent- free.[599] This Centre certainly served its purposes for pregnant mothers and children who utilized to the full the facilities that it rendered. However with the growth in the number of Health Centres and better medical facilities introduced in hospitals, the Maternity Centre consequently ceased to function.

It may also be mentioned that during the *Mautam* (famine) of 1960, the MHT lent a helping a hand to the populace with special importance given to women and children. As already mentioned, *mautam* generally occurred in Mizoram every 50 years at the time when the bamboos would flower. The famine would be accompanied by immense increase of rats who thrived on the bamboo flowers and which was also said to increase their fertility. In such times, the hardships faced by the people knows no bounds wherein every available crops were destroyed and eaten by rats. It was under such circumstances that the MHT stepped forward with the hope that that the effect of the famine on the health of the women and children would be less disastrous. In every village and in every place where the MHT had their branches, the MHT distributed cod liver oil, ghee, vitamins, syringes,

[597] *Mizo Hmeichhe Tangrual Golden Jubilee* (16.7.1946- 16.7.1996), op.cit., p.5.
[598] Ibid.,p.6
[599] Mrs. Chawngkungi, '*Mizo Hmeichhe Tangrual Chanchin Tlangpui'* in Mizo *Hmeichhe Tangrual Diamond Jubilee (1946-2006),* op.cit.,p.7.

waterproof sheets/clothes, hot water bags and eneme.[600] Such items were distributed free of cost and immensely appreciated by the people at a time when people had to make do with the barest minimum in order to survive.

Another important work undertaken by the MHT in the direction of health care was the establishment of an orphanage for children. One of the disastrous effects of the above mentioned famine was the loss of lives whereby many children were left without any parents to look after them. There were also many infants whose mothers had died and who were still at the breastfeeding stage. In such a deplorable state of affair, the MHT felt the necessity to open a home for motherless babies so as to look after and provide a home for such children and especially for those without mothers.

Accordingly, a Motherless Babies Home was opened in 1969 and between 1969-1981, the number of children cared for in the Home amounted to forty-five children.[601] It was from 1975 that either a nurse or midwife was recruited to work in the Home. Today, the number of seats available has risen to twenty children. It maybe said that the establishment of the Home was an immense success as many infants and children who could not possible survive without proper medical care and attention were saved in the process. Among the voluntary organisations, the MHT were the first to establish an orphanage for infants at a time when other voluntary organisations had not yet had the foresight or the inclination to do so. Among the Churches, it was the Salvation Army who established an Orphanage in Mizoram way back in 1938.

Right from its inception, the MHT had also embarked on the task of uplifting the condition of Mizo women such as the need to provide a permanent livlihood for them. For the purpose, women were taught the art of weaving Mizo *puan*, threads for weaving were also distributed free of cost and competitions were also held with the hope that they may develop their skills to the best of their capabilities and so

[600] *Mizo Hmeichhe Tangrual Golden Jubilee* (16.7.1946- 16.7.1996), op.cit., p.6.
[601] Dr.T.Vanlaltlani, *Mizo Hmeichhiate Kawngzawh*, Mizoram Publication Board, Aizawl, 2005, pp.218-219.

earn their living through this. From 1957, Loin Loom Centres were opened by the MHT in Aizawl where the art of weaving and tailoring were taught to Mizo women.[602] However due to the insurgency, it was discontinued. Another important arena of the work of the MHT was the establishment of the Working Women's Hostel under the initiative of the Social Welfare Department which was inaugurated on 1 March 1980. It was felt that this would be of immense service for women from the rural areas who had to earn their living within Aizawl town.

As the MHT strove to undertake further developmental works, its growth was more or less hampered since Mizoram was swept by the tide of insurgency from 1966. Its branches in the rural areas could no longer operate and the MHT had to confine their area of operation within Aizawl town only. Besides, the establishment of a federation of all the women's organisation, the Mizo Hmeichhe Insuihkhawm Pawl (MHIP) on 6 July 1974, (with the exclusion of the MHT) which was to become the largest women organisation in Mizoram usurped much of the work of the MHT. Thence onward, the MHT was more or less relegated to the background, its area of operation now being considerably limited although it did not cease functioning.

Today, the work of the MHT is confined to two arenas which is the running of the Motherless Babies Home and the Working Women's/Girls Hostel in Khatla, Aizawl. Nevertheless, from the above mentioned factors, one can observe that the MHT had contributed much for the upliftment of Mizo women in many fields. It was the first women organisation which provided a platform for Mizo women to come together and work for a common cause.

The efforts of the various civil society organisations prior to 1972 had a tremendous impact in bringing about social transformation among the Mizos. This was reflected in the way the Mizos took initiatives in maintaining the cleanliness of their villages, houses and its surroundings, in matters of clean and hygienic preparation of food and cooking utensils, the need to maintain the cleanliness of

[602] *Mizo Hmeichhe Tangrual Golden Jubilee* (16.7.1946- 16.7.1996), op. cit., p.6.

village springs etc. The crucial roles they played in uplifting and developing the health culture of the Mizos are significant till today.

CHAPTER - VI

HEALTH CARE IN

THE POST-INDEPENDENCE PERIOD

CHAPTER - VI : Health Care in the Post Independence Period :1947- 1972

Indian independence was finally realized on 15 August 1947 and the colonial rulers subsequently relinquished their hold over the country. With the proclamation of the Indian Republic, the entire administration of the country were then left in Indian hands. In Mizoram too the British gradually left the country, all the administrative responsibilities now being shouldered by the Indian Government. Certain developmental works were therefore undertaken to provide adequate facilities to the people in every spheres of lives. In the realm of health, certain extensions were made by the new government thereby developing already existing infrastructures undertaken by the erstwhile colonial rulers.

The formulation of the Five- Year Plans by Jawaharlal Nehru soon saw the establishment of the Planning Commission in 1950. From the beginning of 1951, the successive Five Year Plans were initiated which provided a framework within which the States may develop their health service infrastructure and facilities for medical education, research, etc. It may be noted that as a result of the implementation of the various Five Year Plans, there has been a marked improvement on the overall health situation in India in the successive years.

6.1. Health Personnel and Hospitals.

At the time of Independence in 1947, Mizoram still suffered from acute shortage of doctors, pharmacists and other health personnel. In fact, due to difficulty in transport and communication, the necessary medical facilities were not easily available especially in the rural areas. Health Services organization then was headed by a Civil Surgeon based at Aizawl aided by a Sub-Divisional Medical Officer (SDMO) based at Lunglei.

Health care services consisted of the Aizawl Civil Hospital which had by then developed into a thirty-six -bedded hospital apart from the Civil Hospital at Lunglei and those hospitals established by the 1st Assam Rifles at Aizawl and

Lunglei. There were also two Mission hospitals in the north and south Mizoram. Between 1951- 1960, there was no increase in the number of hospitals run by both the government and the Mission, ie., two each.[603] From 1951- 1959, there were ten government dispensaries which was increased to eleven in 1960.[604] It was only from 1955 that Maternity and Child Welfare Centres were established. In the said year, there were ten such centres and from 1956- 1960, the increase in the number of centres were the same, i.e., nineteen. [605] Within the said period, the census further shows that programmes such as Public health and Anti-Adulteration Activities were not in existence.

Under the first Five Year Plan, the Government of India proposed to open Dispensaries or Subsidiary Centres throughout the length and breadth of the country. In the context of Mizoram, a problem however arose when it was found that the number of qualified nurses to work in the numerous rural areas were inadequate for the same. Thereby, to solve the problem, a twelve – month *Dhai* (Midwife) Training course was established at Aizawl Civil Hospital. At the all India level, from 1957, the Government further initiated a two - year training course of Auxiliary Nurse Midwife (ANM) with the objective of training personnel to work as nurses at the community level. In Mizoram too, this was accordingly introduced in the Aizawl Civil Hospital. A total of 203 ANMs completed the training during 1957-1981.[606]

6.2. Rural Health Care and Community Development Programmes.

Development of the rural areas was one of the main concern of the government and amongst the various developmental plans, priority was given to the extension of health care services. The need to uplift the economic and social lives of the people living in the rural areas so that better qualities of lives maybe ensured to all is the central theme behind rural development. It may be noted that the health problems in the rural areas stem from inadequate food intake, lack of protected

[603] *Census of India 1961, Mizo Hills*, op.cit., p. 241.
[604] Ibid.
[605] Ibid.
[606] http://health:Mizoram-gov.in/ retrived on 22 November 2012.

water supply, chronic infections, the aftermath of chronic debilitating diseases while basic rural poverty and isolation from main centres due to rough terrain and poor roads add to the problem.[607] The endeavor of rural development has been, apart from promoting infrastructure for improving productivity and social development in rural areas, to reach out by a frontal attack on rural poverty, through programmes of asset building, income generation and wage employment.[608]

In India, the programme of establishing Primary Health Centre (PHC) with three sub-centres and four to six beds per Primary Health Centre Community Development Block having a population of sixty to eighty thousand was launched as an integral part of the Community Development Programme in 1952.[609] The health services in rural areas were administered through a network of PHC which could accommodate ten beds, and Subsidiary Health Centres (SHC). These Centres provide the basic minimum medical and health care facilities to the rural people and the surrounding areas.

In Mizoram, the first PHC was established at Thingsulthliah village (to the east of Aizawl, in the Aizawl District) on 9 September, 1955 which could accommodate six beds, manned by one doctor and seven staffs to aid him.[610] Between 1956-1960, there were five Rural Health Centres and Sub- Centres.[611] In order that health care facilities may be within reach of the mass of people living in the rural areas, several centrally sponsored schemes were also subsequently introduced such as Multipurpose Worker's Scheme, Community Health Worker's Scheme, and Indigenous Dhai Training Scheme. Since then a number of developments have taken place with the result that certain vertical programmes like Malaria, Smallpox,

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[607] Dr.R.S Arole, '*Role of Community Oparticipation in Primary Health Care Programme'* in *Health Administrator* ,Volume 4, July 1986, The Indian Society of Health Administrators, Bangalore, 1986, p.59.
[608] http://mizorural.nic.in/aboutus.html, retrieved on 9 October 2012.
[609] *Report for 1977*, Govt of India, Ministry of Health and Family Welfare, New Delhi, 1979, p.251.
[610] T. Lalvula, '*Thingsulthliah PHC Chanchin'* in *Thingsulthliah Golden Jubilee Souvenir*, 2005, Staff Welfare Comittee, Primary Health Centre Thingsulthliah, Mizoram, 2005, pp. 11-12.
[611] *Census of India 1961*, op.cit., p. 241.

and Family Welfare have been integrated with the Primary Health Centre Complex.

During the formative period of India's independence, Community Development Programmes were started under the initiative of Mr S.K.Dey, then Cabinet Minister of Cooperation and Panchayati Raj under the then Prime Minister of India, Jawaharlal Nehru. Programmes for Community development were therefore framed which resulted in the establishment of Community Blocks throughout the country in 1952. This was considered be a landmark in the history of development of rural India. In Mizoram, Community Development Programme was inaugurated in 1953, in Aizawl.[612] By 1961, there were nine Community Development Blocks in Mizoram[613] (Aizawl, Kolasib, Mamit, Serchhip, Saitual, Champhai, Lunglei, Lawngtlai and Hnahthial). Some of the Programme envisaged developments in the fields of irrigation, agriculture, animal husbandry, drinking water facilities, health services, rural sanitation, communications, social education, and arts and crafts, cottage industries.[614] The ensuing years saw progress in the various developmental works. However, as a result of the insurgency, development plans could not be undertaken effectively especially in the interiors.

The attainment of Union Territory in 1972 saw the creation of more Community Development Blocks. In 1983-1984, the said Programme was changed to Rural Development Department. [615]

6.3. Provisions for Water Supply.

Since Mizoram suffer from scarcity of water throughout the year, water supply programme was given prime importance in the developmental plans of the hills after independence. During the colonial period, in Aizawl, a part of the requirements were met from an old reservoir which was made for the handful of government employees. Water was also fetched by tank trunks from the Tlawng

[612] Mizoram District Gazetteers, op.cit., p. 228.
[613] Ibid.
[614] Ibid.
[615] http://mizorural.nic.in/aboutus.html, op.cit.

river, fifteen kilometres from Aizawl, and during the winter, sixty to seventy trucks have to be engaged daily for the purpose.[616] The households however had to depend on their own water reservoirs collected from the roofs of their houses during the rainy season.

In the post independence period, a Public Health Engineering Division with an Executive Engineer aided by several Assistant Engineers were set up in the district. Subsequently, the Aizawl Water Supply Scheme was started for drawing water by pipes from the Tlawng river to meet the needs of the townspeople. Although thirteen village schemes were taken up for impounding water of the streams while schemes for sixty-five villages were also taken up, these had to be halted on account of the insurgency in 1966.[617] Since water points available in the group centres were inadequate to meet the requirements of the large number of people in the grouping centres (discussed in the subsequent chapter), in the Fourth Five Year Plan(1966-1970), provisions for supply of water in the towns and important group centres were therefore taken up. The Census of 1971 reveals the nature of amenity with regard to drinking water in the district – that there was a total of six taps, five wells, seventeen tanks, one tubewell, thirty-eight rivers, 156 fountains, canals-nil, other sources- eighteen.[618]

6.4. Efforts of the Government at disease control with special reference to Malaria and Small Pox

Given that medical personnel and other health care facilities were inaccessible for those living in the rural areas, epidemics tended to break out now and then in such areas. As a result, various attempts were made to control such epidemics from re-occurring by the government. A Report of an epidemic which affected Tualbung village (to the east of Aizawl, near Saitual) in 1948 may highlight certain preventive measures undertaken by the government health personnel. Dr.

[616] Animesh Ray, op.cit., p.203.
[617] Ibid.
[618] *Census Handbook of Mizoram, 1971*, Government of Assam, p.8.

Rohawka, then Sub Assistant Surgeon (S.A.S) who was in-charge of the Epidemic Unit in his visit to the concerned village reported;

> "Majority of the children population were affected with diarrhoea which were however not serious and some five adults who were also affected; on strict enquiry it was found to be not cholera as the villagers had thought so but hill diarrhoea, however, to be on the safe side, 610 persons of the said village were inoculated and treated 120 cases of diarrhoea during his four- days stay; the village vital statistics were checked and inspected, village water supplies and all the sources of the village water supplies were disinfected, instructions were given to the village people as to how to protect the village water supplies from various sources of contaminations and lectures were also given to the villagers on sanitation and hygiene in general; instructions were also given to the people to protect and isolate the sick from those who were not yet infected."[619]

This however brings one to deliberate that as and when health care and other facilities were available, the re-occurrence of diseases and epidemics could be checked but the health condition of the people in the rural areas may have been quite precarious on account of being left unattended for the most part. We nevertheless have to take into account the fact that dearth of medical personnel especially medical doctors did not permit their permanent stationing to distant rural areas but only to visit them as and when required.

With regard to the high incidence of malaria at this point of time, in a statement showing the number of births and deaths as reported in Mizoram during the period 1951-1960 , deaths caused by malaria was recorded in the mid- fifties . In 1952, 1030 people died of malaria, 1003 in 1953 and 1,096 in 1955.[620] In order to combat

[619] Report from Dr. Rohawka S.A.S i/c Epidemic unit, P.H.Deptt, Lushai Hills to the Civil Surgeon, Lushai Hills, dated 14 June 1948, Government of Mizoram, Aizawl (MSA).
[620] *Mizoram District Gazeteer*,op.cit., pp. 322-323.

the harmful manifestations of malaria, the Assam Government dispatched large amounts of Cinchona powder and Quinine Sulphate (These were prepared from the barks of the cinchona tree and said to be quite effective in the treatment of malaria) to the different districts which were then distributed to hospitals and dispensaries. These medicines supplied by the Government would then be dispensed by the Public Health doctor in his visit to different rural areas. To combat this major public health problem, five Malaria Control Centres and Sub- Centres were established from 1955 onwards.[621] The National Malaria Control Programme implemented by the Government since 1953 has also brought about remarkable results in reducing the incidence of the disease. In 1958, the said programme was replaced by the National Malaria Eradication Programme till date.

Throughout India, this achieved remarkable success during the period 1958-1965 by which time, the incidence of malaria came down to only one lakh cases in 1965 and no death cases during the year although after 1965, there was an upsurge in the incidence of malaria due to a number of factors.[622] However, on the whole, both programmes has brought about remarkable results in reducing morbidity and mortality due to malaria.

In the case of small pox, by 1962, the Government of India had launched a programme which aimed at vaccinating eighty percent of the population within three years wherein family registers, organized on a house -to–house basis were prepared in order to maintain a record of the vaccination programme. Untill 1969, the use of the rotary lancet and the scratch method were the only vaccination techniques being employed.[623] These vaccines were made by the Pasteur Institute, Shillong (Meghalaya), which were then dispatched by post to the different districts of Assam.

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[621] *Census of India 1961*, op.cit., p.241.

[622] *Health Services in India 1982-83*, Central Bureau of Health Intelligence, Directorate General of Health Services, Government of India, Ministry of Health and Family Welfare, New Delhi, 1984, p.19.

[623] Dr Zdenek Jezek & Dr N.A. Ward ,*Smallpox Eradication In India– Central Report to the International Assessment Commission on the Smallpox EradicationProgramme in India*, World Health Organization, South-East Asia Regional Office, New Delhi., 1977, p. 109.

From 1969 onwards, emphasis was given on to the surveillance component of the programme. In Mizoram, documented evidence shows that there was only one case of smallpox incidence between 1962- 1975. [624] The dates of the last known Smallpox cases by States and Union Territory in India recorded that in Mizoram the last known smallpox case was on 26 April 1973.[625] Taking India as a whole, the efforts of the Smallpox Eradication Programme undertaken by the Government produced the desired results. India was proclaimed a non-endemic country on 5 July 1975 and on India's Independence Day, 15 August 1975, special ceremonies commemorated India's "Freedom from Smallpox".[626]

6.5. Formation of District Council: Village Council and Health Care.

After the attainment of Indian independence, in accordance with the provisions of the Sixth Schedule of the constitution of India, a District Council with executive, legislative and judicial powers was established in Mizoram on 25 April 1952.The establishment of the District Council changed the entire administrative set-up of Mizoram, then Lushai Hills and called for active participation of the people in the governance of their own land. It was also proposed to form a Village Council in the sessions of the District Council. Thereby, in accordance with the Lushai Hills Act, No. V of 1953, the Lushai Hills District (Village Councils) Act, 1953 was passed by the Lushai Hills District Council.[627] Further, under the provision of the Assam Lushai Hills District (Acquisition of Chief's Right) Act, 1954, the rights and interests of all the Chiefs of the then Lushai Hills were acquired by the Government with effect from April 1, 1956 respectively.[628]

The Village Council (VC) was empowered with certain executive and judicial functions right from its inception. The executive function consisted of the allotment of a particular region within the boundaries of each village for *lo* or *jhums* each particular year; the enforcement of "*hnatlang*" or collective labour in

[624] Ibid., p.39.
[625] Ibid., p.84.
[626] Ibid., p. 25.
[627] *The Collection of Mizo District Council Acts, Regulations and Rules,* op.cit., p.1.
[628] Government of Assam Notification No.TAD/R/103/52(a) dated 23 March,1955 (vide Assam Gazette), Government of Mizoram, Aizawl(MSA)

the interest of the public whenever the occasion so demands although no person who is sixty years or above or any person below fifteen years were exempted from "*hnatlang*"; collection of taxes and; the responsibility of the sanitation of the villages.[629] It is also the responsibility of the President of the Village Council to report the harvest of his village to the Government so that the government will be able to take remedial measures if the harvest is very poor; to report any severe incident that takes place in the village; to consider the welfare of the villagers in bringing their felt needs to the government such as opening of schools, post- office, construction of inter- village path etc.[630]

In so far as the judicial aspect of the Village Council was concerned, it was to function as the village court, and was to consist of not less than three members of the Council. [631] It could try cases of civil and miscellaneous nature falling within the tribal laws and customs, offences of petty nature, such as petty theft and pilfering, mischief and trespass of petty nature, simple assault and hurt, affront and affray of whatever kind, drunken or disorderly brawling, public nuisance and simple cases of wrongful restraint.[632] However the Village Court was not competent to try offences in respect of which the punishment of imprisonment is obligatory under the Indian Penal Code.[633]

The establishment of the Village Council in the Mizo Hills was in part, a continuance of the role played by the Mizo chiefs but with clearly defined rules and regulations. In the direction of health care, the maintenance and upkeep of community health which in early Mizo society was the responsibility of the chiefs were now shouldered by the Village Council. As mentioned, *hnatlang* or collective labour were enforced time and again by the VC as and when necessary such as cleaning of village springs, clearing of debris within the village area, burial grounds, inter-village paths etc all of which contributed to the overall health of the community. Strict orders were also laid down by the Village Council in the event

[629] Ibid., p.6.
[630] H.C. Thanhranga, *Distict Councils in the Mizo Hills,* Aizawl, 2007, p.339.
[631] *The Collection of Mizo District Council Acts, Regulations and Rules* , op.cit., p.3.
[632] Ibid., p.6.
[633] Ibid.

of maintenance of sanitation and cleanliness of the village and protection of the natural environment. They thus acted as links between the government and the people –to bring to the notice of the government the needs of the people and to the public, any matter which was deemed necessary by the government to be observed by the people. At the same time, the mechanism of Village Council acted as platforms for the masses to participate in the governance of their own land.

6.6. Insurgency Period : Grouping of Villages and Public Health.

The Mizo National Front (MNF) was established on 22 October 1961. The MNF leader Mr.Laldenga first joined the Mizo Cultural Society formed in 1958 and became the Secretary of the Society. When in 1959, there was a severe famine, the *Mautam* or Bamboo Famine, the society was converted into the Mizo National Famine Front.[634] Consequently the Famine Front became popular and in 1961, it was converted into a political party under the name Mizo National Front. [635] Under the guiding force of the MNF, volunteers were recruited from in and outside Mizoram.

On 1March, 1966, the MNF declared independence and sovereignty from the Indian Union. According to the then administration of the hills, the MNF had 'started illegal, subversive and violent armed insurrection in March 1966, and had taken harassment of the villagers in the interiors by extortion of food supplies, money, information, free labour, accommodation etc. and were also indulging in heinous crimes such as kidnapping, murder etc. in order to terrorize the population'.[636]

Due to activities and incessant operations of the MNF and the incapacity of the administration to tackle the revolution, a new scheme was devised by the government 'to provide security to its population, protection from harassment and

[634] R.Vanlawma, op.cit., p.260.
[635] Ibid., p.261.
[636] R.Nataranjan, Instructions for Administration of Protected and Progressive Villages in Mizo District, dated Aizawl, the 19th July, 1967, Government of Mizoram, p.1. (MSA)

violence at the hands of a handful of rebel elements.'[637] A Scheme for 'grouping of villages' called 'Protected and Progressive Village' (PPV) was thus introduced in the early year of 1967 apart from other categories of group centres which were subsequently insisted upon. The said scheme ended in early 1970.

(The various categories of Group Centres were: (a) The Protected and Progressive Villages - along the Silchar - Aizawl - Lunglei Road consisting of nineteen group centres. (b)New Grouping Centres - villages bordering Tripura, Bangladesh and Burma and numbering forty group centres. (c)Group Centres of the Extended Loop Area – consisting of seventeen centres situated in the north eastern corner of the District; (d) Voluntary Group Centres- consisting of twenty six centres located in the interior part of the District.)[638]

Basically, the scheme was to resist, check and counter the pressure of the MNF and to let the army have the necessary freedom of operation without fear of killing the innocent people. It was also to check supplies, accommodations, money and other facilities demanded by the MNF from the villagers. In this way the administration planned to cut off any helping hand given to the MNF in the hope that the revolutionaries would give up their hostile activities.[639] Once the public were grouped in particular villages it was expected that the army could undertake their operations freely in order to put a stop to any aggressive movements in the hills.

Another factor leading to the grouping of village was to boost the morale and confidence of the people and also to ensure their security so as to maintain peace and order in the hills. It was also to encourage the households of the villages to resist the hostile activities of the MNF. Accordingly, the first order of grouping was passed by the Liaison Officer of the Central Government for Mizoram, posted at Silchar, asking people living in forty villages to evacuate to new centres on or before 10.1.1967.[640]

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[637] Ibid.
[638] Mizoram District Gazetteers, op.ct., p.67.
[639] R.Nataranjan, op.cit., p.2.
[640] Mizoram District Gazeteers, op.cit.

6.6.1. Grouping and Health Care : Government efforts.

Within the grouping centres, government tried to provide all possible facilities and amenities to those who had to shift from their original homes such as medical centres, foodstuffs, building sites, building materials etc. For the purpose, a Civil Administrative Officer, an Extension Officer and some medical staffs were posted in each group centre. Instructions for the administration of the centres were laid down in a well- defined manner in matters concerning food supplies, water supply, hygiene and sanitation, medical, agricultural development works, veterinary, education, employment opportunities etc.

With regard to the health of the civilians, on account of the disturbed condition of the Hills, some of the government dispensaries and travelling dispensaries were unable to operate while hospitals - government as well as the mission hospitals could not be accessed by the majority of the population. Therefore, the only form of health facilities in the Hills were those which were provided by the government within each grouping centre.

The 'Instructions for administration of Protected and Progressive Villages' issued by the government had envisaged certain rules and regulations to be followed within the PPVs to ensure that the health of the public was taken into account.[641] For the purpose, the Administrative Officers stationed within their respective PPVs were responsible for the enforcement of such rules and regulations

Amongst many, it was envisaged that each grouping centre be equipped with a dispensary, one Pharmacist, one Midwife, one Health Assistant and complementary IVth grade staff. While normal ailments were to be looked after by the pharmacist in the dispensary, the doctors meant for the PPVs were required to visit and stay in each of the PPVs under their jurisdiction at least one day and one night every week.[642] Medicines were to be dispatched either from Aizawl or Silchar and instructions were clearly given that accounts of the medicines were to

[641] R.Nataranjan, op.cit.
[642] Ibid., p.21.

be properly kept by the pharmacist which should then be certified by the visiting doctor. This was strictly enforced on the ground that excess or improper issue of medicine was likely to lead to medicines being supplied to the hostiles. Further, it was the duty of the Administrative Officer (AO) to check on the works done by the health personnel responsible for each centre, that the dispensary premises and medical equipments etc were neat and clean. All difficult cases that require examination were further to be done at the residence of the patient and that all medical service and medicines in the PPvs were free of cost.[643]

Instructions were also given that hygiene and sanitation was to be properly maintained within the centres. For this, dust bins placed at strategic locations were insisted upon, conservancy arrangements strictly enforced, and the need to keep community latrines clean and well- maintained stressed upon.[644]

Within the PPVs, improvisation of some sources of water were also done by the Army in which the jungles around the centres were cleared, improvised storage water tanks for collection of water and to supply it at a regulated scale to the people under the PPV.[645] Instructions were also given on the need for hygienic upkeep of the water supply points, to use bleaching powder for disinfecting the water tanks and also to prevent the spread of diseases.

In order to prevent the outbreak of such epidemics, Government order was that all the Health personnel concerned take necessary steps in their respective line of duties. For instance, in 1968, apprehending the outbreak of epidemics in the Serchhip PPV Centre, a notification to all concerned was given by the then doctor in charge.[646] In line with this, malaria staffs started spraying the villages with D.D.T (Dichloro Diphenyl Trichloroethane) and Malaria oil and it was the duty of the Sanitary Inspectors to look after the water problem and note the number of

[643] Ibid.,p.22.
[644] Ibid.,pp.20-21.
[645] Ibid., p.20.
[645] Notification, Dr T. Hmar, Medical Officer i/c Serchhip Civil Hospital, dated 25.6.1968, Government of Mizoram, Aizawl (MSA).

water points. Further, in order to prevent contamination, bleaching powders were added to the water with the help of the villagers and the Village Council.[647] Moreover, the public were educated on the danger of food adulteration and contamination and people were also encouraged to drink boiled water or pure rain water collected in clean reservoirs. In accordance with the Public Health Act, people were also taught to remove rubbles lying on the streets and that all food stuffs were to be covered from flies.[648] Besides this, the Health Assistant and his helpers on their day-to-day rounds were to assess the extent and the prevalence to which malnutrition and vitamin deficiency had occurred among the villagers, to report detection of any form of epidemic diseases in the initial period and maintain records of death particularly below three years of age along with their probable cause.[649]

6.6.2. Public Health within the PPVs – 'Man-made Famines.'

Although grouping of villages were meant to be the security of the public and to protect them from the MNF regime, it hardly served its purposes. Certain difficulties and problems were soon faced not only by the government officials but also by the people, the household members of the villages being the worse sufferers. This was indeed a reversal to the well laid out programmese and instructions envisaged for the effective functioning of the PPVs. In fact, reality was very much different in that grouping of villages not only created enormous problems but had a disastrous effect on the health conditions of the civilians.

In matters of food supply, at the time of the constitution of the PPVs, the government had decided 'as a matter of policy that in order to alleviate the economic difficulties caused to the people by the shifting of the population from their old established villages, the entire population in the PPVs should be given free rations until such time the people are able to sustain themselves…' [650] Lists of enumerated food items to be distributed per person, per day and week were also

[647] Ibid.
[648] Ibid.
[649] Ibid.
[650] R.Nataranjan, op.cit., p.13.

clearly laid down to which ration cards were issued to all families. Scarcity of food was however a major issue which characterised each and every grouping centre. The probable reasons for this has vividly been described by R.Vanlawma;

> "As people reached their respective group centres, the time for seasonal cultivation of rice was already on the late side, added to which was the fact that no *jhum* lands were allotted to them; it was also imperative that each household construct their own *buk* or temporary house as quickly as possible with whatever little *rangva*, (tin roof or corrugated iron) were given to them ; fencing of the village was another work altogether all of which accounts for the fact that no household were likely to reap any harvest in the following year." [651]

He further remarked;

> "From June 1968, the government stopped free distribution of rations to the people. This coincided with the time when clearing of the *jhum* lands needed to be done, but without the free rations to sustain them, people had to earn their own livelihood with whatever jobs were available. It was thus clear that in the following year i.e., 1969 people were likely to suffer from '*Phuahchawp tam*''[652] (literally, a made–up/man–made famine).

On the part of the government it was planned to provide the people with work under the Border Road Task Force (BRTF).It may be noted that the BRTF has commenced their work on the construction of the Aizawl- Lunglei road and later, the Aizawl- Silchar road. Since this was the only means to sustain themselves even very young girls had to work under the road construction sometimes in the depth of the jungles without their parents to look out for their safety. From July - September 1968, it became impossible for vehicles to ply between Aizawl and Silchar on

[651] R. Vanlawma, op.cit., p.334.
[652] Ibid., pp.334-335.

account of the bad road condition made worse by the rainy season.[653] This also coincided with the fact that there were no storage of food then in Aizawl. Therefore, people were famine stricken during these three or four months, the price of food hiking up beyond anything else. People's misery knew no bounds without enough money to buy food which was also very expensive apart from the fact that their wages were usually not paid in time. Consequently, the health of the people deteriorated especially the children and the elderly coupled with lack of adequate medicines which may have taken a toll on the lives of many people. There were cases wherein female chastity would be sold for one kg of wheat flour.[654] R.Vanlalruata further stated;

> "There were many instances wherein people died due to poor diet and malnourishment. Although the Army sometimes distributed grains of maize, dal and smelly rice, these were not sufficient for the most part. Since only small quantities were distributed, sometimes the rice had to be mixed with pumkin leaves. There were also times wherein some families had to subsist entirely on squash alone." [655]

Denghnuna who was then Ground Liason Officer further asserted;

> "The quantity of food intake within the PPVs were much more than what the Government originally presumed. Besides, timely delivery of food supplies were for the most part impossible due to the bad condition of the roads between Aizawl and Silchar especially during the monsoon season. Upon reaching its destination which was often after several days, some of the food had probably deteriorated on the way added to which was the fact

[653] Ibid., p.335.
[654] Ibid.
[655] Interview with R.Vanlalruata (78 years), Sihphir, Mizoram on 18.2.201

that the storage facilities within the PPVs were not up to the mark." [656]

Lack of basic amenities, nutritious food, clean drinking water etc., in most part led to the outbreak of epidemics in the form of gastro- intestinal infection, malaria, malnutrition etc. in many PPV centres. A Report stated that some of the PPV's and outskirts of Aizawl town were unexpectedly overtaken by a calamity as a result of acute shortage of foodstuff which threatened the general health of the people and that any sort of epidemic disease was bound to break out.[657] At this juncture, there were clamours and prayers for issue of some vitamin tablets and other medicines. Although the government claim was that essential medicines were distributed to the civilians within the grouping centres, however in most cases this was not sufficient to meet the needs of the people. R.Vanlalruata in recounting his experience at Sihphir (a few kilometers to the north of Aizawl) grouping centre stated, "Although some medicines were distributed in the Medical Inspection (M.I) room, these were however not sufficient to cater to the health needs of the people. Besides, Durtlang Hospital could not be accessed even by nearby villages like Sihphir."[658]

The deteriorating health of the civilians on account of grouping was also clearly reflected in a letter to the Civil Surgeon, Civil Hospital, Aizawl by the Chairman of Ruallung village. Here, the Chairman highlighted that on account of being recently re-grouped, lack of medicines and absence of local suppliers of medicine has led to the spread of many kinds of diseases. Therefore a plea was made to the Civil Surgeon to supply medicines for fever, diarrhoea, dysentary, building blood, stomachache and other vitamins.[659]

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[656] Interview with Denghnuna, (75 years), Kulikawn on 15.5.2013.
[657] Letter from Dr B.L.Das, Civil Surgeon , Mizo District , Aijal, to the Chief Executive Member, Mizo District Council, Aijal, dated Aijal the 29 July/1968, Government of Mizoram, Aizawl (MSA).
[658] R.Vanlalruata, op.cit.
[659] Letter to the Civil Surgeon, Civil Hospital, Aizawl from the Chairman, Ruallung Village, Government of Mizoram, Aizawl (nd.)(MSA)

In fact, throughout the Hills, people were desperately in need of food and medical aid. At Suangpuilawn (to the north east of Aizawl, Aizawl district) grouping centre, although medical facilities for the civilians were so arranged, it was not sufficient to meet the needs of the people as a result of which more medicines were requested for the benefit of the public.[660] A letter from B.L Das, Civil Surgeon, Mizo District, Aizawl to the Commandant, 1st A.R.Bn., Aizawl also stated how he was approached by the President, Village Council, Chhiphir (a village to the south of Thenzawl in Lunglei district) for supply of multivitamin tablets for distribution amongst the civil population amounting to 450 persons at the said village. He however pointed out his reluctance to issue medicines to a V.C. President from technical point of view while at the same time pointing out that he had no institutions nor staff posted at the village. [661] This therefore was a clear reflection on the plight of the people and the failure of the government to provide relief measures in terms of health care. In fact, the insurgency period affected all walks of lives of the people who suffered not only physically but also psychologically as well.

6.6.3. Impact of Insurgency on Family Planning Programmes.

The Family Welfare Programme was started in 1952 on a national basis and a Centrally Sponsored Scheme to which the State Governments/Union Territories recieve 100% assistance from the Central Government for the purpose as per approved scheme.[662] In Mizoram, a Family Planning Centre was started in 1955 which rose to six centres by 1960.[663] The administration and implementation of the programme was organised through an integrated structure of Health and Family Welfare Services at the Centre and in the States.

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[660] Letter from A.D.C, Darlawn to the Commander 59 Mtn.Brigade Mizo District, dated 22/6/68 Government of Mizoram, Aizawl (MSA).

[661] Letter from B.L.Das, Civil Surgeon, Mizo District, Aijal, to The Commandant, Ist A.R.Bn., Aijal, dated, Aijal the 26th July/68, Government of Mizoram, Aizawl (MSA).

[662] *Annual Report 1982-83***,** Ministry of Health and Family Welfare, op.cit., p.131.

[663] Census of India 1961, op.cit., p. 241.

Prior to the establishment of family planning programmes/ centres, the use of contraceptives was not in vogue among the Mizos, the most common form being that of the natural method which could not be relied upon. Thereby, people often had large families. Death cases even for simple reasons were quite prevalent such as women dying due to child-birth, cases of stillborn and children suffering from malnutrition. Thereby, the Government felt the necessity of imparting the need for family planning to the Mizos, the idea being that less mouth to feed would mean the general upliftment of people's standard of living, of the health and well-being of each family which would in turn bring about a more developed economy.

The insurgency period had brought with it a whole host of problems to the people.Two foremost problems were that firstly, it greatly affected the everyday living of the people to the extent that people were subjected to extreme poverty and had to struggle and make do with the barest minimum needs as far as possible. Second was the complete absence of peace whereby people were in constant fear of the army on the one hand and on the other hand the MNF were also a force to be reckoned with. According to Dr. Lalthanliana,

> "There were instances wherein the MNF tended to lay hands on its own people who they felt were unfaithful to them while many Mizos were disabled by the military personnel and rendered incapable of doing any work due to extreme violence exerted upon them by the latter".[664]

Insurgency consequently affected family life with the result that most parents felt that bearing children was quite out of the question at that point of time where an additional increase to the family would only prove to be a burden rather than a blessing. On the other hand, the problems faced by the people had a direct effect on the successful implementation of family planning programmes undertaken by the Health Department**.** Since such was the case, Dr.Lalthanliana, a Medical Officer who had headed a Mobile Unit in the PPVs further asserted;

[664] Lalthanliana, op.cit., pp.235-36.

> "There were practically none who wanted to bear children even within normal family circles. The general tendency was by insertion of IUCD Loops (Intrauterine Contraceptive Device) or to resort to other temporary contraceptives. Although vital statistics was absent, the number of persons who took advantage of such facilities provided by the Government were quite numerous." [665]

The activities of the said programme may be briefly summarized from the accounts given by the above mentioned doctor (i.e., Dr.Lalthanliana);

> "In every grouping centres, Family Planning Programmes would be occasionally held by the Health Department wherein a public meeting would be organized. The staff nurses of the mobile unit would conduct the training programmes in which women were trained to give birth, the need for contraceptives taught and medicines also dispensed in the process. In certain cases where a Medical Doctor in a Mobile Unit had performed minor operations on the people such as sterilization, it was the duty of these medical staffs in the PPV to care for such patients. As far as sterilization was concerned, it may have been due to the extreme hardships faced by the people during the insurgency period that by 1969, Mizoram had attained the highest percentage on Family Planning programmes especially the use of the IUCD by the people throughout the entire Assam Province."[666]

The Family Planning Programmes in Mizoram, ever since its inception has been quite successful among the Mizos. Although today it has become a subject of numerous debates as to its implementation, it is without doubt that the programmes proved to be beneficial to the people at the time when health care facilities was lacking due to the disturbed condition throughout the Hills.

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[665] Ibid., p.236.
[666] Ibid.,p.237.

6.7. Union Territory of Mizoram, 1972.

Mizoram became one of the Union Territories of India on 21 January 1972. The Indian Government in collaboration with the government of Mizoram initiated a number of plans and programs to make the functioning of the Union Territory of Mizoram a reality. Under the Union Territory of Mizoram, the Directorate of Health Services of Mizoram was born and started functioning in the month of December 1972.

In the Census of 1971, it was recorded that there was a total of fifty-nine dispensaries, three hospitals, two Family Planning centres, and one Health Centre, Maternity and Child Welfare Centres still being nil even at this point of time.[667]

After 1947, medical personnel and other health care amenities were still inadequate to meet the needs of the people while those in the distant rural areas suffered on account of difficulty in transport and communications. Subsequently in the rural areas, modern health facilities were extended as part of tribal welfare programme which saw the establishment of hospitals, dispensaries, Primary Health Centres (PHC) and Community Development Programmes. The Insurgency period had disastrous effects on the lives of the people. In the realm of health, people suffered acutely from lack of adequate health care amenities, medicines, nutritious food, epidemics etc. Although certain measures were undertaken by the government, it proved to be more of a failure than a success. The attainment of Union Territory of Mizoram in 1972 saw the restructuring of the economy, administration etc and also the introduction of many new plans and programmes.

[667] *Census Handbook of Mizoram, 1971*, op.cit., p.7.

CHAPTER-VII

CONCLUSION

CHAPTER – VII : CONCLUSION

An enquiry and study into pre- colonial Mizo society shows that in the realm of health, cultural factors as well as the physical and social environment considerably affected the health beliefs and practices of the Mizos. The Mizo concept of health was perceived as an outcome of a balanced relationship between man and his environment, the supernatural environment and his association with his fellow men. Apart from this, as in the case of most 'primitive' cultures, a person was considered to be healthy unless he was afflicted with serious and disabling diseases which prevented him from going to work in his *lo* or agricultural land. This indicates that the Mizos associate good health with the ability to work. Attempts were therefore made to preserve one's health and to avert diseases at various levels.

The Mizos were semi- nomadic and in the search for new locations, considerations of health can be discerned wherein the top of the hills where the air was fresh were generally chosen for settlements. Apart from this, we also find that the Mizos adhere to countless traditional practices considered as *thiang lo* – unlawful or tabooed that pertains to settlement patterns. Violation of such societal norms and practices was believed to bring misfortune, disease and death to the transgressor. It can therefore be said that this mechanism acted as important sanctions against social misbehaviour.

In the pre-colonial period, the Mizos were relatively healthy apart from the presence of various functional diseases common in other 'primitive' societies such as fever, stomach-ache, indigestion, convulsions, epilepsy etc. In course of time, epidemic diseases such as typhoid, cholera, smallpox, measles etc. were contracted by the Mizos as a result of subsequent contact with the outside civilization in the course of raids and through intercourse or trade with those living in the border areas.

In examining the food habits of the people, it is found that the surrounding environment provided the required means of sustenance to the people. The fact that

the region was thickly forested ensured good hunting grounds for wild animals which provided the necessary meat while varieties of fruits and edible plants abounded the region. Further, drinking of *zu* or fermented rice was an essential prerequisite on all important occasion while smoking was also a common practice not only among the adults but among children too. Although these may have certain adverse effects on the overall health of the people, *zu* and the practice of smoking were utilised as certain health care measures.

Some accounts of the colonial ethnographers and the Christian missionaries however provides insight to the fact that Mizo diet and food habits lacked vital nutrients. But taking into account the health condition of the Mizos in the olden days, we can say that these did not significantly affect the health of the people in large measure so as to make their health condition precarious. Definitely one may agree that the Mizos took care of their health in abeyance with their environment**.**

The role of the village chief in the maintenance of community health was an illuminating aspect of early Mizo society. Apart from his varied roles in the political, administrative, economic and religious aspects of the village community, community health was insisted upon at various levels under his guidance. Further, attempts at maintaining community health under the chief's initiative became synonymous with maintaining the good reputation of one's village. In case of violation of the chief's orders fines would be imposed. Thus, the institution of chieftainship helped to maintain the surrounding environment while ensuring the health of his subjects through the enforcement of certain customary laws.

In the olden days, the 'germ theory' of disease was unknown to the Mizos. However, the study finds that the Mizos recognized several causation of diseases- by supernatural entities, violation of tabooed or ill- omened objects and by natural causes which are independent of higher powers. Knowledge of these causes were based on experiences contrary to today's technologies in relation to disease causation.

The belief system of the Mizos with regard to sickness and disease was also closely intertwined with their religious beliefs. Certain human acts which displeased the malevolent spirits often resulted in disease, sickness and even death upon the transgressor. In such case, the only remedy was to resort to sacrifices in order to appease them. This therefore entailed the need for traditional healers within the society such as the *bawlpu* from the priestly class who played a significant role in promoting community health. Religious aspect aside, traditional healers within the village (village mid- wives, bone-setters and herbalist) were among the important functionaries of health care although they may not have played major roles within the community.

In early Mizo society, *Inthawina* or sacrifices for the recovery of health to the malevolent spirits was an integral component of the treatment procedure. Apart from this, certain preventive measures in the form of sacrificial rituals were also undertaken at times of clearing lands for cultivation, epidemics and breaking spells of *dawi* or magic. They further managed their health care needs through traditional medicines in the form of plants and animal parts, minerals and other substances.

The present study shows that in spite of conforming to various traditional practices and attempts at health care by the Mizos, an important factor of modern health care i.e., cleanliness and sanitation was not given their due within the community as well as individually. In fact modern concept of cleanliness and hygiene such as within the households, clothing and matters of conservancy did not occupy prime importance in the lives of the people.

However, the Mizos were relatively healthy in spite of the non-observance of cleanliness and sanitation, lack of resources and technical know- how. This may be attributed to factors such as their subsistence on food reaped through their own efforts which made them healthy and energetic and that they were not overly burdened by worldly gains which may have adversely affected their health condition. Constant resettlement also made it possible for them to be in access to new locations where the new sites would be clean and fresh. The fact

that they were more or less isolated from the outside civilization as well as their small population reduced their chances of being infected by most contagious diseases which further worked in their favour. Besides, it is clear that their traditional medicines suited them which gave them stamina and energy for hard work.

The study further shows that there were certain factors which affected the health condition of the Mizos. This was in connection to certain problems encountered in the course of their economic pursuits and injuries from internecine wars. In the context of women, although their contribution in the cultivation of the *lo* were not as rigorous as the men and they did not directly take part in clan feuds or wars and village administration their responsibilities in the domestic sphere may prove to be burdensome so as to affect their health.

Thus, in the olden days, with whatever resources were in hand, through ritual practices, traditional health practitioners, and with a still greater understanding of the environment in which they lived, considerable efforts were made by the Mizos to search for cures or therapeutics so as to attain a measure of health and healing. Moreover, in spite of the harsh environment, the people managed to maintain good health and lead an active life with the help of their medical practices, cultural values, religious beliefs and customs. It can thus be said that through ingenuity, trial and error, the Mizos had devised ways and means to stay healthy.

The occupation of Mizoram by the British colonialists significantly altered the health scenario of the Mizos. This was on account of the introduction of western medicine and health services by the colonial administration which had important ramifications for the health of the people. Establishment of health services in the initial period of colonial rule were however not for the benefit of the general population but exclusively for the colonial administrators and military personnel as well as for the many labourers employed by the government. Since the process of empire building required certain infrastructures which entails significant amount of

manpower, ensuring the health of its workers had thus to be considered by the colonial administration. This implies that initially, the health of the population was not given due importance, that western medicine merely served only as a 'Tool of Empire' so as to further the interests of the white colonialists.

In the subsequent period, western medicine and modern health care were extended to the local population which further lent credit to British rule. Thereby apart from the above mentioned aspects and partly owing to public demand, hospitals and dispensaries were established at strategic places. These were however unable to cater to the growing population especially for those living in the interior on account of lack of improved roads and transportation as well as medical personnel. Records show that the few hospitals and dispensaries so established were ill-equipped with no provisions for serious operation cases while the arrangements made by the government for supplying medicine and medical aid was on a very limited scale.

In the early colonial period, the Mizo concept of health care were still poles apart from modern concept of health care in which basic hygienic measures and cleanliness still occupied backstage in the lives of the people. A necessary corollary to this was that we find many articles on health education by medical personnel and by some educated Mizos to the proper maintenance of one's health in the then newspapers.

The introduction of western medicine and western style health care in the late nineteenth century did not however bring about instant reversal to erstwhile norms, practices and beliefs with regard to health issues among the Mizos. Naturally, western medicine encountered resistance in the initial period of its introduction coupled with some amount of fear, doubt and cautiousness as to its very nature and effectiveness. Thereby those who utilized health services imparted by the colonial administration were quite few in the beginning as noted by the number of attendances to the dispensaries. This however showed a marked improvement over

the years as western medicine and modern health care subsequently made its impact felt as more and more Mizos began to accept it.

Among the Mizos, colonialism in many ways led to an immense upheaval of indigenous customs and practices which were replaced by new and modern ideas of progress, beliefs and thoughts so as to bring about change and progress to the erstwhile Mizo culture and tradition. Traditional medicine of the Mizos was no exception to such change – the main agent being the introduction of western medicine and the introduction of Christianity. Consequent upon this, traditional medicine, being neither promoted nor lauded upon was marginalised, stagnant and neglected and ultimately was unable to make its mark against western medicine. Nevertheless, traditional medicine did not completely fade away but continued to be utilised especially in the rural areas. Today, traditional medicine has again made its mark amongst the Mizos due to the efforts of ethno- botanists and Mizo writers as to their documentation, methods of usage and preparation and their healing properties.

There is no doubt that western medicine with its at attendant features of improved hygiene and nutrition and ability to better monitor and halt disease has been instrumental in the significant growth in population. It was also in more ways than one, the result of modern health care services in the form of hospitals and dispensaries as well as the added advantages of medical facilities and medical personnel. With regard to the health of the public, we however come across many new pathogens which were unknown in the pre- colonial period as also of known diseases which magnified in its intensity in the colonial period. The presence of these diseases has been attributed to such factors as continued contact with the non- Mizos living in the plains either through trade, wars, or travel.

Under the colonial administration, certain health care measures were undertaken in order to secure health for all in the long run. The deployment of Public Health doctors, Sanitary Inspectors**,** village sweepers and the *khawchhiar* or village writers testify to this. The establishment of the Lushai Cottage Industries by the

government, the formulation of the Ten Point Code or the Village Code in 1937 and the Village Welfare Committees were also in part instrumental in the implementation of health care and to bring about a more healthy and harmonious community. Some efforts of the colonial administration was also significant at times of famines such as the *Mautam* which ravaged the hills almost every fifty years.

It is found that the various welfare programmes and relief measures suffered from several loop-holes and were unable to secure overall prosperity and welfare to the people. For instance, the amount of rice imported from the plains as and when famines occurred were of limited quantity and could not sustain the famine stricken population for the most part. To a certain extent, they were however instrumental in reinforcing colonial hegemony of the then Lushai Hills at a time when there were no hopes of succour for the people.

Further, western medicine and modern health care reinforced by western education were instrumental in improving the health of the people which at the same time legitimised British colonial control of the Hills. It can therefore be perceived that introduction of western medicine and modern health care was not simply the means for saving lives and providing relief from pains and illness but instrumental in portraying the colonial rulers as symbols of progress of an advanced culture and as civilizing agents to a 'primitive' culture. With such notion, the colonial administrators played their part as agents of civilizing mission of colonialism.

The introduction of Christianity in Mizoram in the last decade of the nineteenth century by the foreign Christian missionaries was to a great extent instrumental in bringing about tremendous social transformation of the Mizos. The work of the medical mission as distinct arms of evangelization, however reveal that all was not plain sailing in the beginning but beset by many obstacles especially in the initial years. Given that the pioneer missionaries were unequipped with formal medical training, technique and technology, initial extension of health care among the

people were of the most rudimentary type. Later on, the arrival of trained medical missionaries soon led to the consolidation of organized hospitals, dispensaries and nursing institutions which were to become exemplary models within the next few decades.

The Christian missionaries have been described as ‘agents of change’, a connotation which signifies the corresponding change and transformation in various spheres of lives upon societies so affected by missionary endeavour. However, immediate and complete break with the past is never possible in relation to initiation of new ideas and practices as against established norms and traditions of a given society. The introduction of mission health care and western medicine among the Mizos were therefore perceived with mixed reactions by the indigenous population**.**

The present study has therefore shown the missionary’s perception of western medicine and notions of health as against the Mizo perception and the resultant clash of interests due to the same. Although various health measures were initiated by the medical missionaries, the empirical contribution of Mizo traditional health practices were subjected to criticism and consequently marginalised by them.

The endeavour of the various Christian missions in extending health care facilities and its subsequent consolidation has been found to reinforce the newly introduced faith of Christianity. The process of proselytizing the Christian faith through medical intervention was an important factor which subsequently cemented the value of the Christian missionaries. Thereby, health care of the missionaries acted as effective agents of conversion whereupon traditional faith and healing was sidelined and western style health care consequently replaced the traditional religion, customs and practices which were regarded as ‘superstitious and irrational’ by the missionaries.

An attendant feature of this change was the reversal in the status and rank of the traditional elite class of the Mizo society wherein the priestly class was relegated to

the background. Besides, the decrease in importance of personnel within the elite class gradually led to deterioration of the chief's powers whose status and rank depends much upon their support. The growing popularity of the new faith of Christianity, western health care and education also saw the emergence of the commoners to the rank of the new privileged class. These were mostly anti-traditional, educated and enlightened by western culture under the subordination of the mission enterprise.

The study further finds that the promotion, development and maintenance of public health prior to 1972 was in large measure the efforts of the civil society organizations such as the Lushai Hills District Red Cross Society, the Young Mizo Association (YMA) and the Mizo Hmeichhe Tangrual (MHT). Through the initiation of certain health care measures, they did succeed in bringing about better qualities of lives to the Mizos in the long run. At the time when the entire Hills suffered from serious lack of health personnel, health awareness campaigns etc, it was these organisations who stepped in to fill the void and who provided a semblance of civility to the general public. The various programmes and rules laid down by them in the realm of health not only saw a reversal to certain erstwhile Mizo practices but also brought about an improvement to existing norms and habits deemed as detrimental to healthy mode of living.

At the time of India's independence in 1947, Mizoram still suffered for want of adequate medical doctors and other health personnel. Under the Five Year Plans many health programmes were underway while in the rural areas, modern health facilities were extended as parts of tribal welfare programmes. The establishment of Community Development Programmes throughout the length and breadth of the country (India) and which was subsequently launched in Mizoram too restructured the lives of the Mizos and especially to those in the rural areas. However, insurgency retarded many of the developmental plans which were instead taken up after the attainment of Union Territory in 1972.

A notable feature of this era was the efforts of the government directed towards disease control especially that of malaria and small pox. The growth in population and increased contact with the outside civilization has led to increased incidence of these diseases in the region. Archival reports has highlighted several preventive measures undertaken by the government at times of epidemics especially in the rural areas by the medical/ epidemic units such as inoculation, inspection of the vital statistics of the villages, water supplies, lectures on sanitation and hygiene, isolating the sick and so on.

The formation of the Lushai District Council in 1952 witnessed a marked reversal in the administrative set up of the Hills. With the abolition of chieftainship, Village Councils usurped the role of the chiefs as the administrative agents of the government. In the realm of health, the upkeep of community health which were earlier the prerogative of the chiefs were now placed under the responsibility of the Village Councils.

The study has further shown the immense upheaval of the lives of the Mizos on account of the Insurgency period which broke out in 1966 with the declaration of Mizo independence by the MNF. The mechanism of establishing PPV (Protected and Progressive Villages) or grouping of villages in order to check and counter the actions of the MNF hardly proved to be beneficial to the majority of the population.

As far as the health of the civilians were concerned, although certain welfare measures were undertaken by the government such as making provisions for dispensaries, medicines, and such other measures to prevent and check epidemics, imparting of health education to the public etc. these proved to be more of a failure than a success. Acute scarcity of food coupled with its high cost, lack of basic amenities such as medicines, nutritious food, clean drinking water etc., in most part led to the outbreak of epidemics and many cases of malnutrition in many PPV centres. On account of the immense hardships faced by the people Family Planning Programmes however received a boost in such grouping centres.

Finally the attainment of Union Territory of Mizoram in 1972 saw the restructuring of the economy, administration and also the introduction of many developmental plans and programmes. The establishment of the Directorate of Health Services in the said year was a milestone in the health history of the Mizos and has since incorporated a number of state wise and nation wise programmes within its ambit.

APPENDICES

Appendix - A

Some of the Mizo medicinal plants, their usage and preparations listed by James Herbert Lorrain. (*Dictionary of the Lushai Language*, (1940) The Asiatic Society, Calcutta, 1997).

Anhling- The water of this plant, when boiled and consumed regularly served as an excellent remedy for those with kidney problems.

Anthur- The plant when boiled with pumpkin leaves prevent the eater from producing *zun in* or retention of urine.

Bawkhuaia hrui- The name of a climbing plant, said to cure sores infested with maggot if worn round the neck of the animal etc. so afflicted.

Chhawntual- It is a tree with edible fruits used as a remedy for stomach- ache and other intestinal disorders.

Dawlrep tui- The soup made of *dawlrep* or water in which *dawlrep* has been boiled (the dried leaves and stalks of edible arums used as a vegetable). This is used as a medicine for stiff joints as in bad rheumatism- the water and also the boiled *dawlrep* itself are rubbed into the painful parts.

Dupang-thuam- The name of a plant the leaves of which are used as a vegetable. The leaves are also used as a medicine for *hrilawn* (the name of an inflammaory disease of the glands.)

Hling-si - The soap nut tree, the fruit of which is used for washing and a preventive against leech - bites, and also as a remedy for *naupang hri* or diseases of children.

Hnah-khat (*Pogonia plicata*) - The name of a bulbous plant, used as a remedy for burns and *phurthak*, an itching sore.

Hring- tui- dawn (*Gomphogyne cissiformis*) - It is the name of a vine with small striped gourd – like fruit. When ripe, the upper part of each fruit comes off like a lid, and after the seeds have fallen out, the empty cup-like gourd is filled with water and drunk as a medicine for stomachache caused by *khawhring*, or colic.

Kang-bal- The name of a small plant which is said to be a good remedy for burns.

Kang-rem- A golden fern, the leaves are bruised and the juice is used as a healing medicine when rubbed on burns.

Kelte beng-beh- The juice of the bark or the roots of this plant obtained by pounding with a small quantity of water is said to be a remedy for convulsions in children.

Kham damdawi or *Pan damdawi* (*Saxifraga ligulata*)- A plant which usually grows on precipices and other steep situations. It is used as a medicine for sores and ulcers.

Khatual - The name of a plant, a decoction of which is taken internally as a remedy for enlarged spleen, and applied externally to sores.

Khawi-tur- The name of a tree, the seeds of which is used as a remedy for leprosy.

Khawsik damdawi thing (*Picrasma javanica*) – The name of a tree, the inner bark of which is steeped in water for an hour or so and the liquid is used as fever medicine both internally and externally- little children being bathed with it. The fruit is bitter and is also used a medicine for fever.

Sai-su- The name of a tree resembling the wild plaintain or banana. The seeds if worn round the neck are said to prevent *naupang hri* or diseases of children.

Sai thei (*Gynocardia odorata*) - The oil obtained from the seed is said to be a specific for leprosy.

Thing damdawi- The name of a tree, the bark of which is used as a fever medicine or as a substitute for quinine or cinchona.

Tlang sam(*Eupatorium odoratum*) – The name of a straggling bush .The juice of the leaves applied to newly- made cuts or wounds quickly heals them.

Zih- haw - The name of a tree, the juice of which is used as a medicine for itch.

Zih- nghal (*Stereospermum chelonoides*) - The name of a tree, the shoots of which are used as a remedy for pain in the stomach.

Appendix - B

Animal organs used as medicines by the Mizos as recorded by
James Dokhuma in *An va Hlu em - Thil nung Tinreng*, J. D Press, Kulikawn, Aizawl Mizoram, 1995.

Gall of python - for treatment of stomachache, diarrhoea, and cholera.

Brains of monkeys - for restoring health to under-nourished children.

Bones of hooluk monkey and Gibbon - worn around the wrists and ankles for rheumatism.

Skeletal hands of a gibbon- for massaging the belly of a pregnant woman, believed to ease the painful labors that accompanied child-birth.

Bones of bears - worn on the wrist to cure epileptic fits.

Fats of chickens - Externally applied as a remedy for pneumonia, bronchitis etc.

Tongue of a wild goat (dried and grounded*)* - for headache.

Dried skin of the bull *gayal (Sial*) - for curing post -natal pains of mothers.

Skin of rhinoceros - for stomachache and headache.

Burnt chicken feathers – to stop bleeding of teeth.

GLOSSARY

GLOSSARY

Bawi	:	The chief's dependents or serfs.
Bawlpu	:	A priest who offered sacrifices to the malevolent spirits in times of sickness.
Bawlhmun	:	A sacrificial place at the outskirt of the village.
Buhban	:	A type of glutinous rice or sticky rice.
Chi chhiah	:	Salt tax.
Chi khur	:	salt-spring
Chingal	:	Lye or potash solution.
Chingal thlawrna	:	A funnel made of bamboo to separate the ashes so as to retrieve the *chingal.*
Chung Pathian	:	God in heaven similar with Pu *Vana*.
Dailenna tlang	:	An open place where one relieves the call of nature.
Dap	:	Splitted bamboos or bamboo matting used for walls, floors and household goods.
Dawi hlo	:	materials or remedies used in *dawi* or magic.
Dawi Sut Thiam	:	One with the ability to break the spell of witchcraft or magic
Dawithiam	:	A magician.
Fathang	:	Paddy tax which was paid to the chief after every harvest.
Hlamzuih	:	Infants dying at child birth or soon after birth.
Hlingsi	:	The soap-nut tree, the seed of which is used for washing
Hnamchawm	:	Commoners.
Hnatlang	:	Voluntary labour or service.
Hrawk na	:	Diptheria.

Hridai theu	:	To put a village in quarantine so observed at times of epidemics.
Huai	:	Malignant or evil spirits.
In lam sa	:	Meat of domestic animals.
Kawngpui siam	:	Annual community sacrifice to ensure prosperity in hunting game and protection against wild beasts and enemies.
Kawmchar	:	The space behind or the back of a house.
Kelmei	:	A tuft of goat's hair (tail).
Keptuam	:	A species of a large moth.
Khawchhiar	:	Village writer.
Khaw hrisel lo	:	A village commonly attacked by diseases and epidemics.
Khawhring	:	A malignant or evil spirit who usually possesses beautiful women.
Khawhring tai thiam	:	Those who possess the art of driving out the *Khawhring*.
Khuhhip	:	Whooping cough
Khua nu	:	A benevolent spirit.
Khuangchawi	:	A feast given by the chiefs or other well-to-do persons for the entire village community to maintain social standing and to go to *Pialral* or paradise.
Khaw dai or dai	:	The outskirt or suburb of the village
Khawnbawl Upa	:	Chief's elder or elders.
Khuai chhiah	:	Honey tax
Khuavang	:	A guardian spirit
Khumpui	:	The master bed
Lal Sadawt	:	The chief's priest
Lo or *thlawhhma*	:	Agricultural land or *jhum*

Lui lam sa	:	Meat procured from water
Makpa	:	Son-in-law.
Mautam	:	Periodic dying down of bamboos followed by subsequent famines.
Mitthi Khua	:	The abode of the dead.
Naupang hri	:	Common diseases of children.
Pawnpui te	:	A small quilt.
Phar	:	Leprosy.
Phutluih kuli	:	Forced labour.
Pialral	:	Paradise.
Pitar	:	An old woman.
Puithiam	:	Village priest.
Pumpuina	:	Abdominal/stomach pain.
Putar	:	An old man.
Rakzu	:	Strong wine brewed from rice and distilled to make it stronger.
Ramhuai	:	Evil spirit.
Ramhual	:	Agricultural adviser.
Satlaw	:	A dead animal found in the jungle, the cause of its death being unknown.
Sa chhiah	:	Meat tax.
Sadawt	:	Clan priest.
Sa pumpui	:	The stomach portion of an animal.
Saza	:	Wild goat.
Sentut	:	Measles.
Sial	:	Wild bison.

Siddah : An annual tax in kind (non - Mizo term).

Sih : A small spring in which the area remains damp even in dry season, the water is warms and brackish and regarded to be haunted by evil spirits.

Sum hmun : The front verandah of a house.

Thlam : A small house in the *lo* or agricultural land used as a temporary shelter while working in the *lo* or agricultural lands.

Thangchhuah : One who has fulfilled the criteria to achieve such a status by killing certain number of animals in the chase or by giving the required number of public feasts.

Thiang lo : Unlawful or tabooed.

Thirdeng : Blacksmith.

Thlanmual : Burial ground.

Tinzu : Fermented rice beer brewed in a tin, usually oil tin.

Tlahpawi : Assistant priest.

Tlaisial : A full grown bison.

Tlangau : Village crier or announcer.

Tlang hrileng : Air-borne diseases.

Thlangra : A plaited bamboo tray for sifting and winnowing grains.

Tlawmngai : To be self-sacrificing.

Tuibur : A material used for smoking by women, a small container made of bamboo or mud is attached to store the nicotine water.

Tuikhur : Spring.

Tui um : Bamboo tube used for carrying and storing water.

Thumvawr : *Divination.*

Ui ha awrh : Wearing of the canine teeth of a dog around the neck by persons with frail health in order to regain health.

Upa	:	Council of elders.
Ui thak	:	Disease of dogs.
Vai	:	People from mainland India, non- Mizos.
Zalen	:	Persons exempted from paying the fathang or paddy tax to the chief.
Zawlbuk	:	Young men's dormitory or barrack.
Zawlnei	:	Soothsayer.
Zu	:	*Rice beer*.
Zufang	:	Rice beer usually made from sticky rice.

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