

HISTORY OF NURSING IN COLONIAL MIZORAM

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CERTIFICATE

This is to certify that the dissertation entitled "History of Nursing in Colonial Mizoram" submitted by Lalramnghaki Ralte in fulfilment of Master of Philosophy is an original work and has not been submitted elsewhere for other degree. It is recommended that this dissertation be placed before the examiners for the award of the degree of Master of Philosophy.

Supervisor

Date: 31st January, 2020

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Place : Aizawl, Mizoram.

DECLARATION

I, Lalramnghaki Ralte, hereby declare that the dissertation entitled “HISTORY OF NURSING IN COLONIAL MIZORAM” is the record of work done by me, that the contents of this dissertation 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 dissertation 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 Master of Philosophy.

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Lalramnghaki Ralte

Glossary

Bawlpu : A priests who offered sacrifices to the malevolent spirits in times of sickness

Buhfai Tham : A practise in which handful of rice is put aside each time a meal is prepared.

Hridai theu : To put a village in seclusion observed at times of epidemics

Huai : Malignant or evil spirit

Kelmei : A tuft of goat's hair (tail)

Lakher : A particular clan of the Lushai Hills inhabiting the southernpart and having their own dialect, also known as Shendu, known as Mara today.

Mizo : Previously known as Lushai, it includes various numbers of tribes under the Kuki-Chin group of tribes.

Pathian : The creator of all living beings, the benevolent God who preserves and blesses life.

Raicheh : The death of a women while giving birth.

Sadawt : Clan priests

Sakhua : tribe spirit, or viewed as creator or maker.

Thlarau : Spiritual realm

Tlahpawi : Assistant of *Sadawt*.

Tlawmngaihna: The Lushais social & moral code of selfless service, sacrificing one's reputation, prestige, and priorities etc. for the goodwill of the society.

Zawlbuk : bachelor's dormitory

Zawlnei : Prophet

Abbreviations

ANM: Auxiliary Nurse Midwife

BMS : Baptist Missionary Society

GNM: General Nursing and Midwifery

LPM : Lakher Pioneer Mission

CONTENT

	Page No.
Certificate	i
Declaration	ii
Acknowledgement	iii
Contents	
Glossary	iv
Abbreviation	v

CHAPTER 1: INTRODUCTION

1.1. Nursing in History Writing	1
1.2. Colonial Nursing	4
1.3. Colonial Mizoram	6
1.4. Statement of the Problem	9
1.5. Review of Literature	10
1.6. Area of Study	12
1.7. Objectives	12
1.8. Methodology	13
1.9. Chapterization	13

CHAPTER 2: HEALING AND RITUAL PRACTICES IN TRADITIONAL MIZO SOCIETY

2.1. The Worldview of Traditional Mizos	16
2.2. Practices Connected to Healing and Rituals	19
2.2.1. Sacrifices and Belief System related to Sickness	21
2.3. The Early Mizo Society	23
2.3.1. Climatic Condition	24
2.3.2. Food and Drinks	26
2.4. Indigenous Medicine and Treatment of Illness	27
2.4.1. Traditional Healers	29

2.5. Women's Role in Traditional Healthcare and Healing practices	31
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CHAPTER 3. MEDICAL MISSION AND NURSING IN COLONIAL MIZORAM

3.1 Introduction of Health Facilities by Colonial Government	37
3.2. Missionaries and Medical Mission	38
3.2.1. Medical Mission in the North	40
3.2.2. Medical Mission in the South	43
3.2.3. Lakher Pioneer Mission	45
3.3. Nursing in Colonial Mizoram	47
3.3.1 Early Practice of Nursing	49
3.3.2. Nursing in Medical Mission	50
3.3.3. Missionary Nurses	51
3.3.4 Role of Nurses in the Establishment of Mission Hospitals and Dispensaries	53

CHAPTER 4. GENDER AND NURSING

4.1 Introduction of Female Education	57
4.1.1. School for Girls	58
4.2. Medical Education and the Emergence of Women Medics	63
4.2.1. Bible Women	64
4.2.2 Nursing School	66
4.3. Nurses and Female Healthcare	69
4.4. Nursing as a Profession for the Natives	71

CONCLUSION	73
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BIBLIOGRAPHY	80
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CHAPTER ONE
INTRODUCTION

CHAPTER TWO
HEALING AND RITUAL PRACTICES IN TRADITIONAL MIZO
SOCIETY

CHAPTER THREE
MEDICAL MISSION AND NIURSING IN COLONIAL MIZORAM

CHAPTER FOUR
GENDER AND NURSING

CONCLUSION

1.INTRODUCTION

The dissertation titled, “The History of Nursing in Colonial Mizoram”, analyze the practice of nursing in Mizoram during colonial period. The study is located in north eastern region of India. In the colonial period, the region was known as Lushai hills. After the Independence of India, the name of the hill was changed to Mizoram by the Act of Parliament under the district of Assam in 1954. It became the 23rd state of India in 1987.

With the intervention of colonialism, the impact is visible in every aspect of the society. Upon the arrival of the missionaries, medicine was frequently used as a tool to colonize the mind and body. This had gained attention among scholars in the recent years. However, the role played by the missionary nurses are not given much attention. Therefore, the present thesis attempts to study the contribution of the missionary nurses and native nurses in the medical mission and the changes they brought within the society.

1.1.Nursing in History Writing

History writing has undergone changes over more than century. Since the time of Herodotus, recovering ‘what actually happened in the past’ has been the main attempt of all the historians. The institutionalization of history as a scholarly discipline in the nineteenth century validated this approach of history writing. Given the emphasis on scientific methods of historical research, 19th century critical research of documents merely focused on politics, particularly of ‘great men’ and narrative of events. At the end of the 19th century and the beginning of the 20th century, many diverse proposals were made for new historical approaches. In their rejection to scientific methods of history writing, the new trends of history writing aimed to introduce ‘total history’ by including the roles and attitude of the people who are marginalized in the society and the broad patterns of their social and cultural developments. Since then clusters of “schools,” “traditions,” “discourses,” “approaches,” and “networks” of thought have been emerged in the historical discipline.¹

¹ Christopher Llyod, ‘Historiographic School’ in Aviezer Tucker, A Companion to a Philosophy of History and Historiography, Blackwell Publishing, 2009, p.371.

In recent decades particularly in the post-colonial era, historical discourses have increasingly challenged the scientific methods of historical research resulting in the emergence of the debate over the production of history itself. In 1980's and 1990's strong reaction against the scientific methods of writing came from postcolonial and subaltern studies, historical anthropology and gender history. Within these emerging academic discourses earlier historical writings have been criticized for always being partial in recording the past. According to the 20th and 21st century academic discourses history merely reflects the relationship between power and knowledge as well as between dominant (white male elites) and marginalized groups.

While rewriting and developing history 'from below' was their main intention, recent academics discourses particularly of the postcolonial scholars consistently challenge the dominance of Western ideas and European colonial perspectives in history. One of the contentious issues of the Postcolonial scholars' is the question of colonial's control over the resources of learning and culture in establishing forms of knowledge.² For postcolonial scholars colonial knowledge production not only misinterpreted the colonized subjects, it served as a hegemonic tool in validating their power over the colonial states. So, the question of power and knowledge production has been a dominating discourse within the postcolonial history. Among the various issues concerning the process of colonial knowledge production, the role played by colonized subjects in this project assumes a significant place.³ The uses of archival documents as primary sources and its biasness in history writing have also been questioned within the discourse of power and knowledge.⁴

In an attempt to challenge imperial control over the colonized subjects, postcolonial scholars have reasserted the centrality of medical knowledge and practices to colonial rule in which they emphasize the uses of the bodies of the colonized as sites for the exercise of colonial power.⁵ Therefore, the study of colonial medicine emerged as a thriving field in the history of nineteenth- and twentieth-century medicine. It has been generally used as a lens to view colonialism in action and as a way to critique colonialism.⁶ Apart from this, the study of

² Bill Ashcroft, Gareth Griffiths and Helen Tiffin: *Key Concepts in Post-Colonial Studies*, Routledge U.K, 1998, pp. 185-191.

³ Phillip B. Wagoner, 'Precolonial intellectuals and the Production of Colonial Knowledge', in *Comparative Studies in Society and History*, Vol 45, No. 4, pp. 783-814.

⁴ Tony Ballantine, 'Archives, Discipline, State: Power and Knowledge in South Asian Historiography' in *New Zealand Journal of Asian Studies* 3, 1 (June, 2001), pp. 87-105.

⁵ Poonam Bala ed. *Medicine and Colonialism: Historical Perspectives in India and South Africa*. London: Pickering and Chatto, 2014.

⁶ Iona McCleery, *What is colonial about medieval colonial medicine? Iberian health in global context*, Online source, retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4606826/>, on 20th March, 2019.

colonial medicine retrieved the utilization of native agency and knowledge in establishing colonial knowledge.

Despite the emergence of numerous researches on medicine and health, the roles played by nurses are often not taken into consideration. With the exponential growth of women's history the issue of marginality had enriched historical study. Since nursing as a profession is associated with women, tracing the history of nursing contributed in this expansion of historical knowledge. In fact many of the dominant themes in women's history have direct relevance to the history of nursing and the acceptance that nurses are women, and nursing feminine, is one of the embedded assumptions that need to be questioned more searchingly.⁷ It is yet to be fully realized on the contribution that the history of nursing could make to the wider historiography of women.

The role played by women in the healing process can be traced back to the middle ages. Witch-healers were often the only practitioners of medicine for people in the absence of doctors and hospitals and in places stricken with poverty and disease. The great majority of them were lay healers serving the peasant population, and their persecution before modern technology developed marks one of the opening struggles in the history of man's suppression of women as healers.⁸ Although women has been linked with nursing care in the form of midwives and as healer in the form of witches, the history of modern nursing emerged only in 19th century with the publication of numerous accounts on the life of Florence Nightingale. In keeping with a view that turns to Nightingale as a founding icon, the 'modern' history of nursing has derived from Western, Anglo-European culture.

The history of nursing has been analysed from a limited perspective whose central theme was most often professionalization within national borders, and although a more international perspective has been emerging over the past five to ten years there is still a big gap in its literature when examining the role nurses and nursing played in a country's colonial and post-colonial past. Despite being an often ignored area, the history of nursing offers a 'unique

⁷Barbara Mortimer, 'Introduction: the history of nursing: yesterday, today and tomorrow' in Barbara Mortimer and Susan McGann (ed.) in *New Direction in Nursing History : International perspective*, New York, Routledge, 2005, p.5-6.

⁸ Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses : A History of Women Healers*, United States, The Feminist Press, 1973,p.5.

perspective, which includes aspects of race and cultural difference, as well as class and gender.’⁹

1.2. Colonial Nursing

With the expansion of colonialism, health facilities were introduced. Although in many states medicines were introduced by the colonial government, the practice of western medicine intensified under the initiatives of the missionaries. The motivation for missionary’s involvement in medical work was not merely a humanitarian one. While the mission carried out medical activities as a part of their healing mission they were useful in spreading the western religion by destroying the traditional belief system and thereby conquering the minds of the colonized. The missionaries who ventured to the unknown places were equipped with medical facilities and received training in medicine. With a sound medical knowledge they were able to win over the hearts of the colonized. Initially the practice of offering care to the sick was offered by the wives of the missionaries or the colonizers until the advent of nurses. In portraying the colonial states as ‘unhygienic’ and ‘backward’ the western practice of medicine by nurses were intertwined within the politics of class, gender and race.

When modern health care facilities were introduced nurses became an essential component of the system. Nightingale, the icon of modern nursing, did not see nursing as an endeavor for which compensation would be an important element. They were expected to do good work without seeking salaries and compensation was rejected. While nursing was in its infancy, medicine was well established by the nineteenth century and independent thinking and decision-making were thought to be the province of the physician, not the nurse. ¹⁰

Colonial rule transformed the existing economic system and with it the decline of local economy and the demise of many local small scale service resulting in the unemployment of women. However the modern sector – the economic sector that emerged with colonial rule provided women with new opportunities for employment. In the 1920s and 1930s women’s organization demanded educational and medical services for female. Western medical training had long been available to Indian males but it was not until 1885 that Lady Dufferin established

⁹ Helen Sweet and Sue Hawkins (eds), *Colonial Nursing: A history of colonial and post-colonial nursing*, Manchester University Press, 2015, p.1.

¹⁰ Janet C. Ross-Kerr, *Prepared to Care: Nurses and Nursing in Alberta, 1859-1996*, Canada, University of Alberta Press, 1998, p.xxiv

the Dufferin Fund or the National Association for Supplying Female Medical Aid to the Women of India. This association provided financial assistance to women willing to be trained as doctors, hospital assistants, nurses and midwives.¹¹

By the 1880s, colonial nursing, operating with greater cultural and racial fluidity than teaching, was permitted by the state to reach female recipients who were Indian with much more facility than the limited possibilities for doing so within colonial classrooms. The state could support this so long as the medical care of females was of wholly Western origin and seen as part of the imperial mission. The large population of eye-diseased, malaria and venereal-infected Indian females on the edge of Western contact was also a visible problem – more so than their uneducated condition. The poor health of these women threatened the health of European men, and so demanded Western intervention. In 1899, the *British Medical Journal* reported that 324 women were undergoing medical training, mostly in the mission hospitals, with 121 women ‘assistant surgeons’, 191 hospital assistants and over 1,200 nurses, midwives and compounders already qualified to carry out these services for the public. The expansion was greatly assisted by the Lady Reay Fund for Women in Bombay, as well as the Dufferin Fund.¹² Apart from this, the mission medical activities also remained vibrant.

Along with race, the relationship between gender and health was a major theme in colonial politics. By the late nineteenth century, traces of the official discourses concerning the femininity and morality of women physicians and nurses are apparent. However, the practice of female physicians, and particularly female nursing and midwifery, were also professional sites where colonial barriers of race, and even class, were more easily broken down. The white starched uniforms of its practitioners suggested a fierce conformity to European propriety and procedure.¹³ Nursing as a profession was viewed as undesirable since the work involved attending to the sick in the larger public domain which was viewed as crossing lines of ritual purity and pollution that regulate the caste system. However, many more women and girls were educated in mission hospitals than in state institutions, and their status as professionals was built as a response to the evolving political and social scenarios.

¹¹Geraldine Forbes, *The New Cambridge History of India Vol. IV.2: Women in Modern India*, New York, Cambridge University Press, 1996, p.161.

¹²Tim Allender, *Learning femininity in colonial India*, Manchester, Manchester University Press, 2016 p. 191.

¹³ Tim Allender, *Learning femininity in colonial India, 1820–1932*, p.159.

1.3. Colonial Mizoram

When colonialism intervened in India, Mizoram was one of the last states to come under the colonial rule. Due to the policy of non-interference in the north eastern region of India, the internal affairs of the region was left undisturbed by the colonizers long after the mainland was administered. The first contact between the British and the Mizos was believed to took place in 1776 which was rather casual and friendly.¹⁴ In September 1824, the first political encounter took place between the British and the Lushais in which traders from the Sylhet were massacred by the Lushais.¹⁵ After this incident, plain areas were frequently raided by the Lushais. The raid began to intensify in the next ten years and following in which successive military expeditions by the British government took place. After the second expedition or ‘Chin Lushai Expedition’ of 1889-1890, the Lushai hill was declared as the British colony. Two administration center was created in North Lushai Hills under the Province of Assam and South Lushai Hills under the North-Eastern Frontier of Bengal with Aizawl and Lunglei as its headquarter. It was later amalgamated to Lushai Hills District on 1st April 1898 under the Assam Province.¹⁶

The Lushais were often termed as “barbaric”, “savage”, “uncivilized” in the early colonial accounts. This can be seen as an attempt to justify the economic and cultural exploitation of the colonized. Moreover, they were from a ‘Eurocentric’ view displaying the superiority of their race. The impact of colonialism was visible in the every aspect of the society which further quicken its pace with the arrival of the missionaries.

Like other colonial states in India, western biomedicine and modern health care system was introduced in Mizoram only after intervention of the colonizers and the missionaries in the nineteenth century. While medical mission proved to be an effective medium in in carrying out the Christianizing project, the medical works of the missionaries was an important instrument in carrying out the colonial activities. The pioneer missionaries had a sound medical knowledge and realized the effectiveness of medicine. Soon after, medical missionaries started entering the hill to practice medicine.

In the northern Mizoram medical mission started with the arrival of Dr. Fraser in 1908. Dr. Fraser came to Lushai Hills and found people coming to his clinic after they had been in the

¹⁴ Chhange Lal Hminga, *The Life and Witness of the Churches in Mizoram, Lunglei*, The literature committee, Baptist Church of Mizoram, 1987, p.38

¹⁵ Zorema, *Indirect Rule in Mizoram 1890-1954*, New Delhi, Mittal Publications, 2007, p. 20.

¹⁶ <http://sevensisters.quora.com/Mizoram-A-History-During-British#WURoX>. Access on January 21st 2020.

government hospital. Very soon they tended to place more reliance on Dr. Fraser's prescription and medicine than on the medicine given in the local Government hospital at Aizawl.¹⁷ A dispensary was built in 1910 in which the Word of the Cross were distributed.¹⁸ After the departure of Dr Fraser in 1912, Dr. John Williams arrived on 22nd February 1928 and started Nursing School in the same year. In the South, F.W. Savidge was a pioneer in medical works. When Savidge and Lorrain went back to London in 1898, they took a special course in surgery and tropical disease and tropical hygiene¹⁹ With the training received he was able to run the dispensary until the advent of Miss Oliver Dicks, a qualified nurse came to Serkawn in 1919. In this project, women missionaries and wives of the missionaries were employed while native women are trained to assist them. Tlawmkungi was the first nursing student at the Durtlang Nursing school and continued to worked at the Synod Hospital till 1936.²⁰ In southern E.O. Dick opened Nursing School where a few Mizo nurses were trained. In 1922, another missionary nurse, E.M. Oliver (Pi Zoduhi) joined her.²¹

Throughout their stay in Mizoram, the missionaries used medicinal practices as one of the tools of their missionizing projects. The missionaries realized that preaching must go along with the cure of body illness. Before medicine was dispensed to those who came for it, the patients have to attend the morning service.²² Medical mission was successful in that it was able to bring physical healing with a single dosage of medicine. Hence the introduction of Western biomedicine to Mizoram is features prominently in the writings of early missionaries. Despite an increasing interest in critiquing the colonial writings it was only from a recent past that critical investigation on medical mission in colonial period has been conducted among Mizo scholars. In these studies responses have been given to western medical mission in diverse ways, whether as a colonial hegemonizing technology or as a missionary tool of salvation. However, native agency in nursing care failed to gain much attention. With this background view in focus, the research attempts to study nursing history in colonial Mizoram.

¹⁷Lalrimawia, Mizoram- History and Cultural Identity (1890- 1947), Guwahati, Spectrum Publications, 1995, p.129.

¹⁸ Reports of the Foreign Mission of the Presbterian Church of Wales on Mizoram, 1894-1957, compiled by K.Thazauva, Aizawl, The Synod Literature and Publication Board, 1997,p.48

¹⁹Chhange Lal Hming, The Life and Witness of the Churches in Mizoram, p. 57-58

²⁰R. Chawngthangvunga, History of Durtlang Hospital – I (1928-1958) in Synod Hospital, Durtlang: Diamond Jubilee Souvenir, Aizawl, the Souvenir Committee, 2015, p.135

²¹ BMS. Rawngbawlina Reports (1901-1938), translated by Rev. Dr. Raltawnga, Lunglei, Baptist Publication Board, Baptist Church of Mizoram, 2014, p.261

²² BMS Rawngbawlina Reports (1901-1938),p.57

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1.4.Statement of the Problem

Till the recent decades history writings in Mizoram had been influenced by the perspectives of the colonizers and the missionaries. Although they seemed to enter the hills with different mission, the aims of the colonizers had been carried out in the form of missionary activities in which medical mission was an important tool in subjugating the colonized subjects. Despite medicine being a neglected area, the role played by it as a hegemonizing tools had been examined by scholars in the few past years. It was from a recent decade that few scholars began to focus on this subject. The most discussed topics include Mizo medicinal knowledge, introduction of modern medicine and health care system by the missionaries.²³ As far as written records are concerned, no intensive research had been carried out on the history of nursing in Mizoram

Although they were the first ones who documented Mizo history and culture in written forms, the account of British administrators and missionaries merely validate colonial ‘civilizing’ project and christianizing mission of the missionaries in the colonial Mizo society. Though medicine and health started to gain scholarly attention, the role played by nurses are often neglected. In an attempt to understand the medical mission of the missionaries, the role played by nurses need to be examined. From the light of the above discussion, the problem to be addressed in the present dissertation is to study the role of both the missionary nurses and the ‘native’ nurses and their contribution in medical works as well as in the colonial Mizo society.

1.5. Review of Literature

As knowledge was transmitted orally from generations to generations, the earliest accounts of the Mizos was mostly written by the colonial ethnographers. A number of works by the missionaries also highlighted the life of the Mizos which attended to the study of nursing.

²³ A detailed study on both traditional and western medicine in the Lushai hills had existed in the recent years by Kyle Jackson in *Mizo, Missionaries and Medicine: Religious and Medical Contact in Lushai Hills*, H. Vanlalhruaia in *A History of Traditional Medicine of Mizoram in the Pre- Modern Period* and Zothanpuui in *History of Health Care in Mizoram: Pre-Colonial Period to 1972*.

Besides, texts written by Mizo authors also helped in understanding the introduction of western health facilities and the changes it brought with in.

To study the history of modern nursing, *Nursing and Social Change* by Monica F. Baly includes a research based on the life and work of Florence Nightingale, the founding icon of modern nursing based latest research findings on the life and work of Florence Nightingale. It reflects the changes which affected the profession of nursing along with social change. *An Introduction to the Social History of Nursing* reflecting the practice of nursing from the nineteenth century and *New Directions in the History of Nursing* also reflected the nature of history of nursing scholarship from the eighteenth to the twentieth century. Such scholarly accounts helped in understanding the recent development in historiography and the challenges.

Since the research attends to the colonial period, scholarly text such as *Colonial Caring: A history of colonial and post-colonial nursing* edited by Helen Sweet and Sue Hawkins place nurses at the center of colonial project. It examines the issues of gender, class and race and the practice of nursing in colonial settings. As the practice of nursing is associated with medicine, *Medicine and Colonial Identity* shows how the study of medicine can provide new insights into colonial identity. In this volume, the careers of colonial medical practitioners is explored. In *The Social History of Health and Medicine in Colonial India* the politics and economics of colonialism is highlighted in which medicine proves to be an important tool. These texts provide a useful insight in the practice of nursing in colonial period deeply intertwined with the politics of race, class and gender.

The history of nursing is traced from the practices of healing and ritual practices in traditional Mizo society. Since the colonial ethnographers give a detailed first-hand account, their works reflected such practices. Apart from these, vernacular texts served as a secondary source. Although accounts such as , J.Shakespear *The Lushei Kuki Clans*, A.G. Mc Call's *Lushai Chrysallis*, T. H. Lewin's *Wild Races of South-Eastern India* does not deal exclusively with such practices, a number of practices related to healing and ritual practices are mentioned. This is then corroborated with valuable text written by the Mizo authors such as James Dokuma, B.Lalthangliana and others. The work of the Mizo theologians such as Rev. Dr. Zairema in *Pi Pute Biak Hi* and Rev. Saiaithanga in *Mizo Sakhua* reflected the worldviews of the traditional Mizos . Both the books deal with belief system of the traditional Mizos and gives an elaborate accounts which is then connected with healing and ritual practices.

With the occupation of the Lushai hills, medical health facilities were introduced by the colonial government. As colonialism and Christianity followed each other, missionaries began to arrive. The medical mission of the missionaries was more effective than the healthcare facilities introduced by the government. Therefore a number of missionaries account proves to be insightful.

Reports of the Foreign Mission of the Presbyterian Church of Wales on Mizoram 1894-1957 compiled by K. Thanzauva is the reports of missionaries working in Mizoram during the year 1894- 1957. This book also contains statistical records of the Presbyterian Churches in Meghalaya and Mizoram which gives a clear picture of how the Presbyterian church of Mizoram has been growing over the years. Written from the perspective of missionaries for the mission board in their home country, this book is an useful primary source for the study of Christianity in Mizoram. *Reports by missionaries of Baptist Missionary Society (B.M.S.), 1901-1938* which complements with *Reports of the Foreign Mission of the Presbyterian Church of Wales on Mizoram 1894-1957* is the report of the Baptist Missionary Society. The book is a valuable account in tracing the growth of the church and its mission. The reports are given from the missionaries perspective and can be used as a primary source for studying the medical mission in the Southern part.

From the accounts of the missionaries, the effectiveness of medical mission is evident.. In accounts such as *The Diary of a Jungle Missionary*, E.L. Mendus in the form of autobiographical work narrates the necessity of medical work among the Lushais. J.Merion Llyod in *The History of the Church in Mizoram; Harvest in the hills* mentions the development of the medical mission in the north along with work of the missionaries. From the accounts of the missionaries, the role medicine played in changing the worldview of the Mizos is apparent. The autobiography of Rev. D.E. Jones, translated by Rev. J.M. Llyod, *A Missionary's Autobiography* shows the early practice of nursing by the wives missionaries. His work highlights that the fact that nursing work was first started by the women missionaries before the arrival of medical missionaries.

The first-hand accounts of missionary sisters provide a detailed information related with the work of women in medicine. In '*Mizo Miracle*', E.M. Chapman and M. Clark, the first two women missionaries under the Baptist Missionary Society reflected the necessity of education and mission work among women. The account also reflected the practice of nursing which was also included in the syllabus of the mission school for girls. In '*Medical Mission to Mizoram:*

Personal experiences, May Bounds and Gwladys M. Evans, the missionary nurses gives a lucid picture of the work carried out in their missionizing project. It also contains the foundation of nursing training and the development of medical work offers a useful insight in studying the history of nursing in Mizoram. An unpublished work 'Mawii's Story in 1950' by Imogen Roberts also gives us an account on how nursing or nurses were perceived by the Mizos.

The above mentioned work are supplemented with a number of works both by the colonial ethnographers and vernacular accounts along with other sources.

1.6. Area of Study

This dissertation focuses on the history of nursing in the northern and southern part of Mizoram during the colonial period.

1.7. Objectives

1. To reflect the healing and ritual practices in traditional Mizo society
2. To examine the role of colonizers and Christian missionaries in introducing western system of health care in Mizoram.
3. To recover women's agency in the field of nursing care.
4. To analyze gender stereotypes in nursing care.

1.8. Methodology

From the approach of postcolonial and gender history the present research reexamines official documents of the Christian missionaries and colonizers. These documents are collected from various archives and libraries in Mizoram including Mizoram State Archive and Synod Archives, Baptist archives in Serkawn, Aizawl Theological College (ATC) and the archive of Academy of Integrated Christian College (AICS).

Personal narratives also form primary documents for the present thesis. These narratives take many forms including autobiographies, letters, diaries, written manuscript of the missionaries etc, which is mostly extracted from private collection and archives (Synod and Baptist archive).

Personal narratives in the form of open-interviews is conducted with people having personal knowledge of period of the study. These personal narratives are then collaborated with the documents of missionaries and colonizers.

1.9. Chapterization

CHAPTER 1: INTRODUCTION

This chapter deals with the history of nursing in colonial settings. The aims of the study, approaches, sources and methodologies, and review of literature that threw some light on the history nursing is also included in this chapter.

CHAPTER 2: HEALING AND RITUAL PRACTICES IN TRADITIONAL MIZO SOCIETY

This chapter studies the practices related to healing in the pre-colonial Mizo society reflecting the traditional worldview.

CHAPTER 3: MEDICAL MISSION AND NURSING IN COLONIAL MIZORAM

This chapter studies the link between colonialism, Christianity and nursing .It focuses on the introduction of modern medicine and hospitals with the advent of the colonizers and the missionaries. The contributions of missionaries and native nurse in medical missions in colonial Mizoram is also studied.

CHAPTER 4: GENDER AND NURSING

This chapter examine gender- stereotyping, sex-role based profession of females to define the nature of nursing service in colonial Mizoram

CHAPTER 5: CONCLUSION

This chapter summarizes and include the findings of the study.

2. HEALING AND RITUAL PRACTICES IN TRADITIONAL MIZO SOCIETY

In the traditional society, the supernatural is involved in all aspect of disease and healing. As disease and misfortune are attributed to supernatural agents, magic is essential to the prevention, diagnosis, and treatment of disease. All events must have a cause, visible or invisible. Thus, diseases for which there are no obvious immediate causes must be caused by ghosts, spirits, gods, sorcery, witchcraft, or the loss of one of the victim's special souls.²⁴The Indo-European healers, regardless if they were Celtic, Germanic, or Baltic people or Vedic Indians saw diseases was mainly the effect of an evil spell, a hex or enchantment. It is based on a false, disconnected consciousness. The healer must have a clear mind in order to recognize which spirits, gods, or demons or which negative magic is causing the disease.²⁵ Likewise, in the traditional Mizo society, diseases or sickness was attributed to evil spirits in which they often performed sacrifices to ward off evil spirit.

Disease in some form is one of the fundamental vital problems facing every society, and every known society has developed methods for coping with disease and thus created a medicine. The modern anthropological and medical viewpoint on primitive medicine is perhaps best summed up in the series of scholarly papers written by Ackerknecht (1942-47) over the past ten years. He stressed that primitive medicine is not a distinct collection of errors and

²⁴ Lois N. Magner, *A History of Medicine*, New York, Taylor & Francis Group, 2005, p.13.

²⁵ Wolf D. Storl, *The Untold story of Healing*, California, North Atlantic Books, 2017, Retrieved from: b-ok.org.

superstitions, nor is it to be explained by simply stating that, in the medical field, primitives use spells, prayers, blood-letting, human fat, and spittle. “What counts are not the forms but the place medicine occupies in the life of a tribe or people, the spirit which pervades its practice, the way in which it merges with other traits from different fields of experience”²⁶ He further states that treatment of illness “is not done in a rational sense, but in an entirely magical sense accompanied by spells or prayers or manual rites or dances”²⁷ This could also be reflected in the traditional Mizo society in which practice of healing was directly connected to their belief system.

2.1 The Worldview of Traditional Mizos

Worldview can be denoted as “a distinctive set of attitudes, beliefs and values that are held to characterize particular individual or social groups. The term often indicates a relationship between the social location or situation of such individuals and group and their consequent outlook or view of reality”.²⁸ The worldviews of the Mizos also explained their system of belief and practices. Without taking the traditional Mizo worldview into consideration, one cannot grasp a brief knowledge of the traditional belief system.

The concept of health and disease centered on the worldview within the framework of traditional society. There are two types of ‘views’ to be distinguished: (i) ‘inside’ view, and (ii) ‘outside’ view. The inside view see the meaning, understand the valuation, and connect it with the object in the given environment. The ‘outside’ view consists of abstract entities believed to dwell on earth and have considerable influence.²⁹ In order to have a thorough understanding of the worldview of any society both the inside as well as the outside view needs to be taken into account. The worldview of the early Mizos was also divided into two: 1) human world and 2) spirit world. The human world was inhabited by all living entities of nature. They

²⁶ Irving Rouse, ‘The Strategy of Culture History’ in *Anthropology Today: An Encyclopedic Inventory*, Chicago, University of Chicago Press, 1952, p.772.

²⁷ Erwin H.Ackerknecht, “Problems of Primitive Medicine,” *Bulletin of the History of Medicine*, XI, 1942, 503-21.

²⁸ Tim O’Sullivan, John Hartley (ed.al), *Key Concepts in Communication and Cultural Studies*, London, Routledge,2006, p.333

²⁹ Makkreel, R. Dilthey: Philosopher of the Human Studies, Princeton: Princeton University Press, 1975.p. 346 cited in *TRIBAL WORLDVIEW AND PHILOSOPHY OF LIFE*, retrieved from: egyankosh.ac.in

believed in presence of spirit in the entities of the natural world and was worshipped by them. This exhibit the nature of the traditional belief system of the Mizos. The spirit world comprises of supernatural forces which cannot be seen. Two types of spirits were believed to exist, the benevolent one, which act in favor of them and the malevolent spirit which they held responsible for unfavorable happenings.³⁰

In the olden days, the traditional Mizos believed in the existence of supernatural force or deities within the framework of their traditional *Sakhua* which is a combination of two words *Sa* and *Khua*. It is often translated as religion. To understand it as a religion in the western sense would be vague and perceiving it as their worldview is more distinctive. However, since both *Sa* and *Khua* were worshipped, *sakhua* could also be perceived as religion.³¹ The 'sa' of different clans varied whereas *khuanu* could also be used as a synonym for *Pathian* or God. The two words were combined which was translated as religion. The reason behind the merging of the two word is not known. It might have been that the people wanted to maintain the value of both *Sa* and *Khua* equally.³² In performing sacrifices, invocation was addressed to 'sa' and 'khua'. Liangkhaia believes that the two objects of worship were eventually combined and became 'sakhua'.³³ Each clan had a different *sakhua*.

The traditional Mizo believed in the existence of one Supreme Being apart from the acknowledgement of other spiritual beings. According to A.G. Mc call, the old Lushais believed naturally in the existence of one supreme God, a god of all humanity and goodness³⁴. This can be seen from their common sayings such as '*Pathian siam*' meaning God's creation, '*Pathian thu thu*' which denotes God's willingness and '*Pathian a awm ang chu*' in times of fear which address the presence of God'.³⁵ Generally it was believed that God lived somewhere above as he was often term as *Chung Pathian* i.e. God of above. He did not interfere in the day to day affairs of men. He was omnipotent and omnipresent God. People offered prayers to this God in difficult situation. He was believed to be the director of human destiny.

³⁰ Zairema, *Pi Pute Biak Hi*, Aizawl, Zorun Community, 2009, p.2

³¹ Zairema, *Pi Pute Biak Hi* .p.4

³² V.S. Lalrinawma, *Mizo Ethos: Changes and Challenges*, Aizawl, Mizoram Publication Board, 2005, p.73

³³ C.L. Hminga, *The Life And Witness Of The Churches In Mizoram*, Lunglei, The Literature Committee, Baptist Church of Mizoram, 1987, p.12.

³⁴ A.G. Mc Call, *Lushai Chrysalis*, Aizawl, Tribal Research Institute, Dept. of Art & Culture, Govt. of Mizoram, 2003, p.68

³⁵ Saiaithanga, *Mizo Kohhran Chanchin*, Aizawl, The Mizo Theological Literature Committee, 1993, p.5.

The early mizos also acknowledge the existence of other spiritual beings such as *Pu vana*, *vanchung nula*, *vanhrika* and *khuavang*. They were considered as good spirit. The nature and the way in which these good spirits were worshipped are identical. They can also be considered as a synonym for *Pathian*. '*Pu vana*' was regarded as name for *Pathian*. *Van chung nula* or 'Maiden in Heaven above' is mentioned in many folktales. *Vanhrika* was also one of the most frequent mentioned spirit. He is known as the God of wisdom and learning. He is also considered as a heavenly being. *Khuavang* can also be considered as a good spirit and identical with *Pathian*.

The existence of spiritual beings who were considered as their protector or guardian was also known. Besides this, they also believed in the existence of evil spirit, to whom they ascribed all the disease and sufferings of mankind. They believed that the hills, rocks, streams and trees were inhabited by various demons known as '*huai*'; those inhabiting the water being called '*tui huai*' and those residing on land being known as '*ram-huai*'. *Ramhuai* was regarded as solely responsible for the sufferings of the people. A number of '*huai*' was believed to exist which cannot be seen by them. Although these evil spirit were considered powerful but never superior than *Pathian*.

The Lakhers, who reside in the southern part regarded *Khazangpa* or *Khazangleutha* or *Pachhapa* as the creator of the world and is generally believed to live in the sky. *Khazangpa* in its literal translation means the father of all, being derived from *khapa zeudua* meaning everything. The alternative name, *Pachapa* literally means old man, or the source, denoting it as the source of life. He resembles the *Lushais Pathian* but more attention was given to *Khazangpa*. The most important sacrifice, the *Khazingpina* was offered to *Khazangpa*. The lakher also offer worships to the nature. Besides this God, there are name for four other Gods, but any knowledge in reference to them is almost obsolete.³⁶ According to Reginald. A. Lorrain, 'the lakhers who are generally termed "Animist" or "Devil Worshippers" should be defined in truer terms as "Devil Appeaser", for they do not in any way worship the evil spirits, but fear them with a great fear, and in order to keep them in a good temper or to appease them for their anger, they sacrifice their various domestic animals to them.'³⁷

³⁶ N.E. Parry, *The Lakhers*, Aizawl, Tribal Research Institute, 1932, p. 349.

³⁷ Reginald A. Lorrain, *Five Years in Unknown Jungle: for God and Empire*, Aizawl, Tribal Research Institute, 1988, p.7.

The presence of evil spirit was also acknowledged among the Lakhers. The *leurahripas* are evil spirits or demons. They are generally evil and believed to seize men and kill them. All sickness is believed to be caused by *leurahraipas*, and for this reason they have to be propitiated with frequent sacrifices. Some *leurahripas*, however, are benevolent, and all are capable of beneficent action on occasion if propitiated successfully.³⁸ Although the traditional Mizos were often termed as “animists” or worshipper of various deities, they solely believed in the existence of one God or supreme being.

2.2. Practices connected to Healing and Rituals

As diseases and sickness were believed to be caused by evil spirits, the role of the priest was enormous. The priest, *Sadawt* and *Bawlpu*, were commonly called *Puithiam*. *Sadawt* was a village priest and different clans in the village had their own *Sadawt* or priest. He performed the work of divination while the *sadawt* offered sacrifice. The *sadawt* mostly offered sacrifice for the chief and the high functionaries in the traditional Mizo society. Only the *Lusei* clan had *Tlahpawi* or assistant of *Sadawt*.³⁹ In other clan, the performance of sacrifice was mostly done *sadawt* without any much assistance. In regard to the sacrificial offering by the common people, the priest who was engaged with the task of performing sacrifice was known as *Bawlpu*. He was concern with the rituals of the commoners. *Bawlpu* was considered to have a lower status than *Sadawt* in the social hierarchy.⁴⁰ Despite this, he performed a number of sacrifice related to aliment of different sorts. As demanded, a *Bawlpu* was consulted in matters of sickness. The function of *bawlpu* could also be perceived as physician or sage. He would feel the pulse of the sick to determine what caused the sickness and the trouble. He would then prescribe the kind of sacrifice to observe in order to appease the suffering and the trouble. There were some *bawlpu* who knew the technique of breaking the practice of magic or witchcraft called *dawisut*.⁴¹

³⁸ N.E. Parry, *The Lakhers*, p.350.

³⁹ Sangkima, *Essay on the History of the Mizo*, Guwahati, Spectrum Publication, 2004, p.9.

⁴⁰ N. chatterji, *The Mizo Chief and his Administration*, Aizawl, Tribal Research Institutel,1975, p.11.

⁴¹ Sangkima, *Essay on the History of the Mizo*, p.107-108.

In the pre-colonial period, several sacrifices were performed. The traditional Mizos lived amid fear which necessitated the act of sacrifice for their physical security. Colonial ethnographer, J. Shakespear listed the sacrifices made by the Lushais into eight classes:

1. *Sakhua*: - A sacrifice to the guardian spirit of the clan or family.
2. *Khal*: - There are the sacrifices to *Huai* supposed to frequent the village and houses.
3. *Daibawl*: - These are to propitiate the *Huai* in the jungle, streams and mountain.
4. Various sacrifices in case of sickness.
5. Sacrifices to cure barrenness in women.
6. *Nao-Hri*: - These sacrifices should be performed once in a lifetime in a particular order.
7. Sacrifices connected with hunting and killing animals.
8. Sacrifices connected with jhuming.⁴²

A number of sacrifice was offered during the pre-colonial period which was inherently intertwined with their belief system. Each of these sacrifices had its own significance. Those whom they considered as capable of performing sacrifices were believed to have connection with the spiritual world and were entrusted with the such acts.

2.2.1. Sacrifices and Belief System related to Sickness

The traditional Mizos performed a number of sacrifices with relate to their health. The close association between healing and sacrifices involved reflect their belief system. Although herbal medicines was often consumed, sacrifices were considered as a more effective way for healing. Apart from sacrifices, different acts are considered as unlawful. Such acts were also believed to be the cause of misfortune. Among these acts, the existence of those effecting health are also known. The connection between sacrifices and the belief system which is present in other traditional societies is also evident in the traditional Mizo society.

⁴² J. Shakespear, *The Lushei Kuki Clan*, Aizawl, Tribal Research Institute, 2008, p.70.

The following are the sacrifices connected with sickness: *Daibawl*, *Bawlkhat*, *Bawlpui*, *Chungbawl*, *Bul Luk*, *Ui Hring Khuavang Hring*, and so on.

Daibawl in its literal translation means cooking on the outskirts of the village. This sacrifice was offered outside the village for a sick person in order to appease the evil spirits, which was supposed to be causing illness. In this sacrifice the *bawlpui* cut the fowl's throat and let the blood flow through the altar specially made for this practice. Then the flesh may be consumed on the spot or in the house.⁴³ In case the person did not heal from the previous sacrifice, the same rituals were performed again. The origin of different sacrifices such as *Bawlpui*, *Ramnupui ni* and *Zun thiang* were believed to have arisen from *Daibawl*. *Bawlpui* sacrifice was offered in cases of high fever, typhoid or pneumonia whereas *Ramnupui* sacrifice was for the sick that hunted in the jungle after a day. It was mainly concerned with fatigue and stomach problems. The sacrificial animal in both the sacrifices was black hen. *Zunthiang* was concerned with convulsion.⁴⁴

Furthermore, a number of sacrifices such as *Ui-Hring*, *Hring-ai-tan*, *Khuavang-hring* were offered indoors. The '*Hring*' sacrifices were linked with averting curses and a dog or bitch was mostly offered.⁴⁵ In *ui-hring* sacrifice, a full grown dog or bitch was killed at the entrance of the platform. The blood is then put on the sick man's wrist, inside his elbow joint, on his forehead, chest, at the back of the knee and ankle. In *hring-ai-tan*, the charm muttered is almost similar and the heart of the dog or bitch is eaten. The house is then observed for one day.⁴⁶ *Khuavang-hring* was offered in cases of jaundice and other diseases alike.

Sacrifices such as *chhim* and *nauhri* relate to women's health. *Chhim* is generally performed for women who fail to bear children in the first year of their married life. A white hen is cooked on the hearth and its flesh is eaten.⁴⁷ The rituals of *nauhri* and *chhim* are almost similar. In *nauhri*, a black fowl is used as a sacrificial animal.

⁴³ V. S. Lalrinawma, *Mizo Ethos*, p.105

⁴⁴ Zairema, p. 102

⁴⁵ James Dokhuma, *Hmanlai Mizo Kalphung*, Aizawl, Gilzom Offset, 1992, p.108.

⁴⁶ J. Shakespear, *The Lushei Kuki Clan*, p.75

⁴⁷ J. Shakespear, p.76.

Among the Maras, sacrifice was mostly offered to *Khazangpa*, known as *Khazangpina* in order to appease Khazangpa and induce him to bless the sacrificer and his wife with good health, and for prosperity. It is performed in times of ill health or when their domestic animals die. When performing this sacrifice, strangers are not allowed to enter the house.⁴⁸ *Zakhapa* was also performed in case a man finds it impossible to do the regular *Khazapina*. Apart from these a number of sacrifices such as *Zangda*, *Khisong*, *Tleulia* were offered to ensure good health. Pigs and fowls were mostly used as sacrificial animals.

The traditional Mizos held a lot of belief which was directly influenced by their worldview related to healing or the cause of ailment. It was generally term as '*thiang* and *thiang lo*' or lawful (*thiang*) and forbidden or unlawful act (*thiang lo*). Several of this believes were associated with animals. The Mizos regarded slaughtering animals mercilessly as a sinful act. It was believed that those who did so would be cursed by God and that their soul would not reach even *Mitthi Khua*. The other belief was that when an animal was hunted, unless it was spilled with liquid nicotine or *Tuibur*, the meat of the animal was considered as contaminated.⁴⁹ The crowing of cock in its unusual timing in the night was also regarded as bad luck or misfortune and often result in death among the villagers.⁵⁰

The crossing of a river by a pregnant women was also forbidden as the *luipui huai* or the river demon might see it and cause miscarriage. The building of a house which obstructs *kawn* or pass was also believed to cause death. *Kawn* was considered as the path of the *ramhuai* or evil spirits and crossing their path was perceived as bad luck. Apart from the fear of the evil spirit, it might also be done to not cause inconveniences⁵¹. Besides these, there are a number of acts regarded as unlawful in which the *huai* or demon was often condemned. Such act or belief are closed link with their health and thereby has its own significance.

2.3. The Early Mizo Society

⁴⁸ N. E Parry, p.363.

⁴⁹ James Dokhuma, p.118

⁵⁰ C. Chawngkunga, *Sakhua*, Aizawl, Dept. of Art & Culture, 1997,p.26.

⁵¹ Zairema, p. 146

In order to understand the worldview of the Mizos, the ‘inside view’ or the various factor affecting the health needs to be examine. In the early Mizo society life was simple. The Mizo villages on the hilltops were small and scattered. They were raised on piles and were made on plaited bamboos with grass or leaf roofs. According to the old belief, it was a taboo to have any window unless certain sacrifices had been made. All refuse was thrown down between the split bamboos of the floor.⁵² The people were dependent on the forest for all the necessities of life. The population of the hill was estimated in the number of the house. Traditions speaks of villages of 3,000 houses, and, though this is probably an exaggeration, still from an examination of the site it is evident that they must have been very large.⁵³

Among the Mizos, the concept of health like any traditional society existed. The Mizo word *dam* literally means “to be in good health” and *dam lo* is sick.⁵⁴ The other word related to health, *hrisel* can be understood as one who have a sound mental and physical health. As they were generally agriculturalist, if they could perform their daily task they were considered to be in good health even if they had mild fever unless one was bed-ridden.

As water is a vital resource, the role played by it in the traditional society cannot be undermined. In the olden days, scarcity of water was one of the problem faced. The village well or *Tuikhur* was their main source of fresh water. It was fetch by women and regarded as their task. The chief was bound to look after the village water supply carefully and fence it and must see that it is kept clean. Old sayings such as “*Tuikhur hnarah ek loh tur*”⁵⁵, which means not to pass stool at the bank of the village well suggest evidence that there might not be a proper place to discharge human residue.

2.3.1 Climatic Condition

The climatic condition in the Lushai hills in the pre-colonial period is necessary to understand to take into account the important factors in shaping their health. Most of the existing document

⁵² E. Chapman and M. Clark, *Mizo Miracles*, Madras, The Christian Literature Society, 1968, p.8.

⁵³ J. Shakespear, p.196.

⁵⁴ J. Herbert Lorrain & Fred. W. Savidge, *A Grammar and Dictionary of the Lushai Language (Dulien Dialect)*, Shillong, Assam Secretariat Printing Office, 1898, p.102

⁵⁵ B. Lalthangliana, *Mizo Culture (Studies in Mizo Culture and Tradition)* Aizawl, Published by F.Vanlalringa, 2013, p.159

described it as “a wild forest-covered mountainous region”⁵⁶. It has great natural beauty and endless variety of landscape and is rich in fauna and flora. The climate of the hill is distinguished by two characteristics; its coolness and its unhealthiness as regards by foreigners. There are no hot winds in the hills and the hottest part of the year is tempered by cool sea breezes.⁵⁷

The Lushai hills was perceived as a disease infested region. Evidences show that the Mizos continually shifted their villages usually after every four or five years. The final selection was made only after the superstitious obligations were performed. To do this, the elder would sleep at night at the proposed site along with a cock. If the cock did not crow before dawn, it would be taken as a bad omen. Then they had to abandon it and had to go for a suitable site.⁵⁸ The hill tops where the air was regarded as generally fresh were considered by the Mizos. The low-lying areas were considered as prone to different diseases 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.⁵⁹ In the southern part of Mizoram, the Maras would lit a new fresh fire in the village they moved to and from this each household would start its own fire. It was believed that if fire from the old village was brought, it would bring diseases common from previous site left.⁶⁰ Further, a site may be left due to epidemics caused by unhygienic treatment of the water supply, animal and human refuse, or treatment of the dead, one or all which give rise to a loss of public confidence in the site. The hill_top with a good water supply also accounted mainly for the selection of a new village⁶¹.

The unhealthiest month of the year is September, the close of the rains. Fever of a bad type is then very prevalent. In the months of April and May the epidemics of small-pox and cholera make their appearance ceasing at the commencement of the rains.⁶²In the early Mizo society diseases such as ‘dysentery, goitre, eye diseases, worms, skin sores, fever, stomach pains, rheumatism, diarrhea, cholera, and respiratory diseases were all recognized by the Mizos’.⁶³

⁵⁶C.L. Hminga, *The Life And Witness Of The Churches In Mizoram*, p. 3

⁵⁷ T. H. Lewin, *Wild Races of South- Eastern India*, Aizawl, Tribal Research Institute, 1978, p. 9.

⁵⁸ Sangkima, p.69.

⁵⁹ A.G. McCall, *Lushai Chrysalis*, p.165

⁶⁰ N. E Parry, p. 62.

⁶¹ A.G. Mc Call, p. 165.

⁶² T. H. Lewin, *Wild Races of South- Eastern India* p.10

⁶³ A.G. McCall, p.178.

However, diseases such as small-pox and cholera were foreign and was believed to be introduced by some Bengali captives taken in a raid.⁶⁴

2.3.2 Food and Drinks

The conditions of food and drink is significant in determining the nutrition received by the early Mizos. Being primarily a food producing economy, land became a crucial resource in a village economy and the control over land emerged as the main economic issue. The land was cultivated only once in a year. Paddy was the main crop grown by them. Since they were fond of meat, hunting and fishing also played an important role in the economic life of the Mizo society.

The taste and culinary art of the traditional Mizos was quite simple. The only form of cooking widely used is boiling, ingredients of a meal rarely being cooked in a separate pot. Three meals are taken, one shortly after sunrise, one at midday and one at dusk. Rice forms as the staple diet. Variety in taste and mineral needs are secured chiefly by the addition of salt, chillies, occasionally ginger and turmeric, and green vegetable and egg yolk. Meats of domestic dogs, deer were also consumed.⁶⁵ Further, insects were also considered as delicacies. The chief fruit comprise of guava, jack fruit pineapple and various wild plums, mulberries, figs and the nutty fruits of the jungle⁶⁶. The evidence of salt well can be seen from the payment of taxes. In most cases taxes were collected in the form of paddy or salt. Villagers were not allowed to collect salt without the chief's permission. However, the chief can collect as much salt as he likes himself. ⁶⁷ Salts from certain areas such as east of the *Tuichang river*, were considered as beneficial for health and often taken with or without food.⁶⁸

The consummation of *Zu* is also important is understanding the diet of the traditional Mizos. It was mostly drunk in times of sacrifices, festivals and feast. Although it was drink frequently by the Chiefs, the commoners mostly consumed on special occasion. However, there may have

⁶⁴ T.H. Lewin, p. 246.

⁶⁵ A.G. McCall, p.186.

⁶⁶ James Dokhuma, p. 308.

⁶⁷ N.E. Parry, *A Monograph on Lushai Customs & Ceremonies*, Aizawl, Tribal Research Institute, 1928, p.5.

⁶⁸ A.G. McCall, p. 178.

been cases of over drinking detrimental to health as disorders were caused by hard drinking.⁶⁹ The milk of goat and a species of bison were considered unclean excretion. A large number of foods such as root vegetables, bamboo shoot, meat, and fruits provide nutrition. The early Mizos were, however considered as malnourished by the colonial ethnographer. A. G. Mc Call opined that the greatest needs for the improvement of diets for preventive purpose include meat, milk, fats and oils, meal and cheeses, liver, millet, maize and so on which were scarce in the hill.⁷⁰ Although the Mizos were fond of meat, it was only consumed in festival, feast or other important social gathering.

2.4. Indigenous Medicine and Treatment of Illness

Although sacrifices were offered to cure illness, the traditional Mizos also utilized several herbs, medicinal plant and the organs of different animals. Such indigenous medicine was often consumed in case of mild illness before resorting to sacrifices. Sacrifice involved offering animals which can be expensive as well. The combination of sacrifice with application or consummation of indigenous medicine was also practiced. The healing properties of plants and animals like any traditional society was also utilized. The role of social institution also needs to be addressed to understand the care given to ailing person. *Zawlbuk* or the bachelor's dormitory played a significant role by displaying *Tlawmngaihna*, an important Mizo ethical code.

The distinct relationship between the Lushai treatment and modern pharmacology is evident by the usage of natural products. In cases of oral infection or tooth ache *Tuibur* or liquid nicotine was kept in the mouth. It was known to lessen the pain.⁷¹ Many jungle creepers, lilies, or leaves were used internally or for external wounds. It was also used to make a decoction, taken at frequent intervals.⁷² The bones of wild animals were often tie in the wrist or ankle for ortho related problems. The excretion of their own was also used. For sore eyes due to conjunctivitis, a little of the patient's fresh and warm urine is applied three times to each eye. It was believed to lost its efficacy once it gets cold.⁷³ Tuberculosis was one of the most dreaded

⁶⁹ T.H. Lewin, p. 246.

⁷⁰ A.G. McCall, p. 188.

⁷¹ M. Vailinga, *Mizo Pipute Sulhnu*, p.13.

⁷² A.G. McCall, p.179.

⁷³ N.E. Parry, p. 169.

disease and the sipping of dog's blood twice or thrice was to be said to cure it.⁷⁴ Besides these, different remedies existed for healing which reflect the connection with their environment.

A remedial measure was also taken for the prevention of disease. Among the Maras, a person infected with syphilis was given a separate space along with plate and spoon. Rotten crabs with rice was believed to enter the blood and kills the syphilis germs.⁷⁵ *Hridai theu* was one of the preventive measures taken by the chief. If a village was afflicted with an epidemic, no outsider was allowed to enter their village for any reason and if a neighboring village was too afflicted by the same, the chief would strictly forbade his subjects to visit such village.⁷⁶ A similar practice also existed among the Maras. The manner of the practice of *Tlaraipasi* however varies from village to village. No strangers could 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.⁷⁷ Preventive measures were also taken from the evil spirit which they belief to be the cause of sickness. Sacrifices were offered in order to appease the evil spirit. *Thlahual* is performed when a man has been in a trouble of any sort. When a man is in trouble his spirit is believed to roam all over the place. As the trouble ceases, *thlahual* is performed in order to calm the spirit and bring it back close to its owner.⁷⁸ Every diseases known was believed as conceivable and the whistling or making silent sound with the mouth was forbidden during the outbreak of disease.

Zawlbuk or bachelor's Dormitory was the most useful institution and had a significant role in protecting the village from wild animals and aiding the sick people to home. Every village possessed a *zawlbuk*. If the village is a large one and contains a mixed population, it is divided into several quarters or *veng* and each will have its own *Zawlbuk*.⁷⁹ It is usually built near the chief's house in the middle of the village in which all the boys and young men slept. It was also an institution in which manners as well as important social ethics was taught. The acceptance of *tlawmngaihna* as the code of conduct in *Zawlbuk* was perceived by their various activities. The word *tlawmngaina* denotes selflessness or the willingness to help others. J.H. Lorrain has tried to define *tlawmngaihna* as 'to be self-sacrificing, unselfish, self-denying,

⁷⁴ Zairema, p.190.

⁷⁵ N.E. Parry, p.171.

⁷⁶ James Dokhuma, p.140.

⁷⁷ N.E. Parry, p.455.

⁷⁸ N.E. Parry, *A Monograph on Lushai Customs & Ceremonies*, p.78.

⁷⁹ J. Shakespear, p. 20.

persevering, stoical, stout- hearted, plucky, brave, firm, independent, loath to lose one's good reputation, selfless prestige...⁸⁰ and so on. The spirit of *tlawmngaihna* was manifested at times of sickness, travelling, hunting and public feasting. In the absence of *zawlbuk*, young men are scattered all over the village and to get a hold of them in times of emergencies prove to be difficult. The existence of *zawlbuk* facilitates matters regarding the digging of graves, and carrying the sick people to home,⁸¹ to chase wild animals at night, to carry sick or injured people from jungle or the field, to protect the village from their enemies and carry the dead body to other village. As the minds of the young men were instilled with *tlawmngaihna* in *zawlbuk*, such act was done without any hesitation in safeguarding the village along with carrying sick person from place to place. In terms of treatment of illness, the early Mizo society had the ability to adapt in their own environment.

2.4.1. Traditional Healers

In the traditional society, healing is closely intertwined with religious belief. Healing was mostly done through sacrifice. The use of medicinal plants and the product of animals was also involved. In this healing process, the role of practitioner cannot be ignored. The knowledge of their healing practice was done by the discovery of such natural products through trial and error. The belief in healing through sacrifice clearly reflected their attitudes towards sickness.

As sickness was attributed to evil spirit, the priest was often consulted. In every Mizo village were the *Bawlpu*, their number depending on the size of the village. It was the duty of *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.⁸² The *Sadawt* was a more dignified figure than the *Bawlpu* and act on behalf of the clan. For the security and safety of the village he sacrificed pigs.⁸³ Other than that his function was mainly concerned with offering sacrifices to *Pathian*. *Bawlpu* was not concerned with any specific clan and could be consulted by the villagers in matter of illness. He act as intermediary between the evil- spirit and human beings. Several sacrifices connected with illness was offered by him. J. Shakespear however claimed that there was no regular

⁸⁰ J. Herbert Lorrain & Fred. W. Savidge, *A Grammar and Dictionary of the Lushai Language*, p.513.

⁸¹ N.E. Parry, p.9.

⁸² Vanchhunga, *Lusei Leh A Vela Hnam Dangte Chanchin*, Aizawl, Department of Art and Culture, 1994, p.320.

⁸³ V.S. Lalrinawma, p. 118.

priesthood and the nearest approach are the *puithiam*. He also stated that ‘these man pretend to be able, by feeling a sick man’s pulse to tell which sacrifice is needed.’⁸⁴ On the other hand, Zairema stated that *puithiam* was the religious leader of the ralte clan. As the *sadawt* could not be shared among different clans, with the recognition of the chief, the ralte had *puithiam*.⁸⁵

Healing was also done by magicians and prophets. Many sickness was also attributed to *dawi* or curses. In order to repel this curse, *dawithiam* or magicians were consulted. Tuberculosis or stomach problem was mainly attributed to *dawi*. They were also known to curse others out of hatred. It was believed that if they eat the liver of the *dawithiam*, they were free from the curses of other magician⁸⁶ 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. ⁸⁷ *Zawlnei* were mostly female and were believed to see, hear and predict what others cannot. *Zawlnei* along with a group of companions would travel in 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.⁸⁸ Apart from these other healers linked with evil spirit also existed. They were known to combat witchcraft and magic, gave warning of impending danger and sell charms to their patients.

The existence of healing practitioner associated with medicinal plants was also known. Their main duty was to heal the sick through the use of herbs, plants, leaves and roots. The knowledge possess by such practitioner was regarded as in born trait or those given to them by God. This was also similar with the midwives. In every village, midwives or *nauchhar* were regarded as having talents in delivering baby, which was mostly practiced by women. They were also known to have knowledge on the cycle of pregnancy. Apart from these, practitioner associated with fixing bones and those who had a healing touch were also known.

2.5. Women’s Role in Traditional Healthcare and Healing practices

⁸⁴ J. Shakespear, p. 80.

⁸⁵ Zairema, p. 5.

⁸⁶ C. Lianthanga, p. 179.

⁸⁷ James Herbert Lorrain, p.562.

⁸⁸ K. Zawla, *Mizo Pipute leh an Thlahte Chanchin*, Aizawl, Published by Lalnipuii, 2011, p.113.

The traditional Mizo religion and its practices was highly gendered. Like any other traditional society in which the social customs and practices was united and bonded by religion, the early Mizo religion also determined the position of women. The old Mizo saying , “*Hmeichhia leh chakaiin sakhua an nei lo*” or Women and crab do not have religion reflected the position of women in the religious sphere.⁸⁹ A woman was to follow the religion or *sakhua* of her husband or father. She could not have a religion of her own.

Alongside the acknowledgement of various male divinities, a number of female spirits both malevolent and benevolent one were believed to reside on earth. The religious belief of the traditional Mizos was quite complex. Like any early societies, the belief in existence of mother goddess or *khuanu* was known and could more or less be similar to *Pathian* or the Supreme God. The ‘*Khua*’ in *Sakhua* which is often translated as religion could denote to *Khuanu* or mother goddess. She was believed to be the protector of the village and it she could be referred as ‘*mother of the nature*’ or ‘*mother of the village*’.⁹⁰ Other benevolent spirit such as *Lasi* were believed to have blessed hunters with the ability to shoot animals. They were believed to take the form of beautiful women and and those men who felt in love with them or with whom they had an affair were known as *lasi zawl*. Apart from these, spirit such as *Vanchung nula* who was regarded as the goddess of rain, *Pi Kawli* or *Kawldangi* the creator of paddy⁹¹ were some of the female benevolent spirit. The existence of female malignant spirit was also known. *Phung* are believed to be gigantic and dark in appearance whereas *chawmnu* were a bit fairer than *Phung*. Epilepsy was known as *phungzawl* or being possess by *phung* and was perceived as incurable. It was also believed that if a person saw *chawmnu*, he would die.⁹² Although no sexual identification was given, beautiful women were mostly possessed by *khawhring*,⁹³ and no one wants to be around such person. If be possessed by *khawhring*, killing that person was almost considered as legal.⁹⁴

The performance of sacrifices was mostly done by the *puithiam* or priest. A number of sacrifices in case of sickness was offered by them. *Zawlnei* were also known to have some

⁸⁹ Hmingthanzuali, Women in Mizo History: Changing Roles, Status and Participation from Eighteen to Twentieth Century, Unpublished Ph.D thesis, University of Hyderabad, 2010, p. 94.

⁹⁰ Hmingthanzuali, Women in Mizo History: Changing Roles, Status and Participation from Eighteen to Twentieth Century,p.95.

⁹¹ N.E. Parry, A Monograph on Lushai Customs and Ceremonies,p.96.

⁹² Zairema, p.79.

⁹³ B. Lalthlangliana, Pipu Chhualang, Aizawl, Hrangbana College, 1998, p. 166.

⁹⁴ Saiaithanga, Mizo Sakhua, Aizawl, Maranatha Print Press, 1981. p. 8.

knowledge on healing and it was generally believed that most of the *zawlnei* or prophets were women. Besides, midwives or *nauchhar* were known. Such midwives still exist even after the introduction of western healthcare facilities. In some areas there are more called upon than the trained nurses. Since the pre-colonial period, they have transmitted their knowledge from generations to generations and still practice their knowledge in some part of the state.

With regards to the health of women, they were generally hard working and did the maximum work both at home and in the jhum. Menfolk were said to do the hard work in the jhum along with hunting, defenses, leaving all the domestic work to women. As a result of this, women became old very soon and many died an untimely death. Due to the engagement in the Jhum, children were often left unattended and were often described as dirty.⁹⁵

The role of Mizo women can be categorized into three: a) jhum cultivation b) domestic work and c) the responsibility of bearing and rearing children which was a triple burden for them.⁹⁶ Despite the clear-cut division of labor, women were also expected to contribute in the economic production. The description given in 'Mizo Miracle' clearly highlights the day of a women, it writes, "A woman began her day's work before dawn and continued it unceasingly until far into the night. She might not go to bed till her menfolk went, and they would sit smoking late, while she cooked the pig's food for next day, and then spun the cotton for cloth, often nearly death with fatigue."⁹⁷ She also had the burden of carrying water from the village well. Besides, women were also expected to endure hardship after giving birth. She does not willingly rest, and performed her ordinary household duties the very day after her delivery, unless she is in serious pain.⁹⁸ However, among the Maras, 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.⁹⁹ Although Mizo women had endured and survived the various pre-natal and post-natal complications, many have died due to the absence of proper treatment.

The underlying reason behind the unwillingly rest of a women after delivery may be due to the fear of *raicheh*. *Raicheh* is the death of women while giving birth. If *raicheh* happened, all the

⁹⁵ C. Lianthanga, *Hmanlai Mizo Nun*, Aizawl, Mizoram Publication Board, 1999p.38

⁹⁶ R.L Hnuni, *Vision for Women in India- Perspectives from the Bible, Church and Society*, Bangalore, Asian Trading Corporation, 2009, p.135

⁹⁷ E. Chapman and M. Clark, *Mizo Miracle*, p.13-14.

⁹⁸ A.G. McCall, p. 175.

⁹⁹ Reginald A. Lorrain, p. 149.

villagers should stay at home fearing that the spirit of the dead woman would enter their house causing death to one of its occupants.¹⁰⁰ This was one of the most dreaded unnatural death and believed to be hereditary.¹⁰¹ As gender allocate roles, there is a clear cut a *labour* division between male and female in which most of the domestic work was done by women. Helping a wife in work at home or in the field was considered as loss of identity on the part of a man who was nicknamed as *Thaibawih*.¹⁰² It can be translated as women's slave and possess unmanly traits. Hence man generally did not assist women in their work.

Despite the acknowledgement of other spirits, Pathian was regarded as the Supreme being. The early colonial ethnographers often termed them as "animist" or "devil worshipper" but this claim proved to be invalid. Since they were believed to be the cause of all misfortune they were appeased and not worshipped. Khuanu which could be address as mother goddess was sometimes synonymous and distinct from Pathian. As regard to the health of a new born babies, they were breast fed but as the mother resumes the work on the rice-field they looked after by their grandmother which they fed with chewed food. Fever was common among them which may be due to the infection carried from the grandmother's mouth. If the baby was only a few days old, this diet did not do at all resulting in death. If baby was only a month old, it might struggle for a while but 'distressing digestive troubles' were the result.¹⁰³ As there was no proper care, the rate of infant mortality was quite high. In the olden days it was generally believed that those who did not die at their infancy often matured with a good health condition which justify that those who were able to survive the improper care given could easily adjust in the environment.

¹⁰⁰ C. Lianthanga, *Hmanlai Mizo Nun*, p.22.

¹⁰¹ B. Lalthangliana, *Mizo Culture*, p.241.

¹⁰² L.B. Thanga, *The Mizos: A study in racial personality*, Gauhati, United publishers, 1978, p.23.

¹⁰³ Dorothy Glover, *Set on a hill: The record of fifty years in the Lushai Country*, Serkawn, Lunglei, Gospel Centenary Committee, Baptist Church of Mizoram, 1993, p.15.

3. MEDICAL MISSION AND NURSING IN COLONIAL MIZORAM

Mizoram remained isolated by the outside world even after its neighboring states were occupied by the British. In 1890, it was declared as a British colony. With the passing of the Charter of 1813 the missionaries were granted with the permission of teaching their religion. Colonialism paved the way for missionary activities which in turn helped in the establishment of colonial power. The nature of the work by missionaries exhibit the character of imparting their belief among the colonized. For the expansion of colonialism, the church provided an ideological support. Alongside the moral upliftment of the native people in supporting the

missions, the idea that 'British empire should itself be subject to moral governance'¹⁰⁴ was promoted. Colonialism and imperialism followed similar religious pattern. Edward Said defined imperialism as 'the practice, the theory, and the attitudes of a dominating metropolitan center ruling a distant territory',¹⁰⁵ and argued the essence of Christianity to it. He also states that, 'At the heart of European culture during the many decades of imperial expansion lay what could be called an undeterred and unrelenting Eurocentrism. This accumulated experiences, territories, peoples, histories; it studied them, classified them, verified them; but above all, it subordinated them to the culture and indeed the very idea of white Christian Europe.'¹⁰⁶ In this, the missionaries were useful agents in displaying racial superiority in their missionizing project. Missionaries are continued to be defined as agents for the 'colonization of the mind' who institutionalized and legitimated Western cultural hegemony through their control of missions, schools, bible translation and publishing houses.¹⁰⁷ Thus the colonial powers exerted control not only on the physical dimension but also over the social, religious, intellectual, and emotional dimensions.

3.1 Introduction of health facilities by colonial government

With the annexation of the Lushai hills in 1891, the northern half came under Assam while the Southern portion was administered by Bengal. In 1898, the British decided to merge the two areas into a district under a Superintendent. The same year also marked the beginning of a settled administration in the district which paved the way for the missionaries. The government started the health facilities and later by the missionaries. When medicine was introduced, it was not intended for the public in general but rather exclusively for the government officials residing in the hill. Gradually it was extended to the newly recruit Mizos by the new colonial government with the provision of medical services.¹⁰⁸ Western medicine rendered the possibility of colonialism, 'facilitating provision and maintenance of healthy workforces,

¹⁰⁴ Hillary M. Carey, *God's Empire: Religion and Colonialism in the British World, c. 1801–1908*, United Kingdom, Cambridge University Press, 2011, p. 10.

¹⁰⁵ E. W. Said, *Culture and Imperialism*, New York, First Vintage Books, 1993, p. 8.

¹⁰⁶ E. W. Said, 'Yeats and Decolonization' in Terry Eagleton et.al. *Nationalism, Colonialism and Literature*, Minneapolis, University of Minnesota Press, 1990, p.72.

¹⁰⁷ Hillary M. Carey, *God's Empire: Religion and Colonialism in the British World, c. 1801-1908*, p. 23.

¹⁰⁸ . Lalthanliana, *Ka Thil Tawn leh Hmuhte*, Aizawl, Gilzom Offset, 2008, p.165

protecting colonists from the pathogens of the new territory, and drawing colonized populations into colonial institutions'¹⁰⁹

The then, superintendent of the Lushai hills, A.G. McCall in his letter to the Welsh Mission in Aizawl praised the work of the missionaries and the contribution of the 'native' leaders over a comparatively small period of time.¹¹⁰ The missionaries on the other hand, did not consider themselves to be the agents of the colonial power; their primary purpose was the propagation of the gospel. Missionaries often believed that Christianity and Western civilization were closely related and that Christianity would make the global expansion of Western civilization beneficial to everyone. They often emphasized Christianity's healing of social ills, whatever they thought about miraculous cures of physical illness. Thus, for most Western missionaries, Christian healing meant promoting social peace, softening the blows of Western military, political, and economic advance, challenging the worst brutalities of colonialism, and enabling personal responsibility, education, good health, and better standards of living. Thus it can be assumed that Christian missions and the government were in North East India for their own objectives, each found the other useful and functional. Government found the missions useful, in appeasing the hills tribes and providing education at a minimal cost to the people; the missions found the government useful in endorsing, in many cases, their educational work and in providing security for both themselves and their converts. Therefore the relationship between the missions and the government can best be described as cooperation in certain limited areas of mutual coincidence of interests¹¹¹.

3.2. Missionaries and Medical Mission

The first missionary to set foot on the soil of the hill was Rev. William Williams as a gradual extension of work done by the Welsh Calvinistic Methodist Mission in Jaintia and Khasi hills. He arrived on 20th March 1891 and remained till April 17th 1891. He was the first missionary to preach Gospel among the Lushais. Soon after, he appealed to the Board in Liverpool and in 1892, it was adopted as part of their field.¹¹² Until 1903, the Lushai hills was under the Welsh

¹⁰⁹ Poonam Bala, Introduction: Contested "Ventures": Explaining Biomedicine in Colonial Contexts, in Poonam Bala (ed.), *Biomedicine as a Contested Site: Some Revelations in Imperial Context*, United Kingdom, Lexington Books, 2009, p.1.

¹¹⁰ Letter from A.G. McCall to the Welsh Mission, Aizawl, Dated Aijal the 10th March, 1937.

¹¹¹ Amanda Porterfield, *Healing in the History of Christianity*, New York, Oxford University press, 2005, p.122.

¹¹² Laldena, *Christian Mission and Colonialism*, Shillong, Vendrame Institute, 1988. P.43.

Calvinistic Mission. E.Rowlands had the intention of building a new mission station in the south and appealed to the Liverpool Committee for the expansion of the mission. But this went unheard and the South was transferred to the English Baptist Mission.¹¹³ In the southern Lushai hills, Rev J. H. Lorrain and Rev. F.W. Savidge under the sponsorship of London Baptist Missionary society arrived in 1903. Prior to this, they arrived in Aizawl in 1894 under the Arthington Mission. In the first arrival of J.H. Lorrain and F. W. Savidge, they were certain that the work of the future missionary must be based on ‘Christ-like ministry of the healing of men’s body as well as their souls.’ From their experience, they also realized the necessity of learning their language. After their departure from Aizawl, they both entered the Livingstone College for a course of study in surgery and of tropical diseases and tropical hygiene.¹¹⁴ This knowledge was useful in the years to come. In the southern most, R.A Lorrain and his wife worked among the Lakher and established the Lakher Pioneer Mission in 1907.

The arrival of J.H. Lorrain and F.W. Savidge was just in time as the colonial government had the intention of imposing Bengali language on the Lushais as the court language. If the missionary arrived later, apart from the dying out of Lushai language, it might be impossible to carry out evangelization if Bengali was adopted as the medium of Christian teaching.¹¹⁵ Perhaps, the missionary would have not been successful in evangelizing in such a short span, if preaching had not been done in the language of the natives. As a result, the pioneer missionaries worked towards reducing the language to writing in which roman script with slight modification was used. Further, during their four years stay at Aizawl they translated the Gospel according to Luke and John and the Book of the Acts of the Apostles with the help of two natives. They are also credited with ‘Grammar and Dictionary’ which contained seven thousand words. This was later published by the government in 1898 and became a foundation of all educational work in the hills.¹¹⁶ The effort of the two pioneer missionaries was beneficial for the next missionary in preaching of the Gospel.

Before the advent of the missionaries, all types of sickness was attributed to evil spirit and magic. The introduction of mission hospital originated as a care of both a spiritual and physical nature for native peoples. However, the need for hospitals became more urgent as the natives

¹¹³ Rev. D.E. Jones, *A Missionary's Autobiography*, trans. Rev. J.M. Llyod, Aizawl, H. Liansailova, 1998, p.41.

¹¹⁴ Chhange Lal Hminga, p.57.

¹¹⁵ Dorothy Clover, *Set on a Hill: The record of fifty years in the Lushai country*, Serkawn, Gospel Centenary Committee, Baptist Church of Mizoram, 1993, p. 13.

¹¹⁶ Chhange Lal Hminga, p 49-50.

were infected by the disease brought by the colonizers. The missionaries were committed to promote the power of healing and therefore the quality of care provided was much higher than that of the colonial government.¹¹⁷ As the missionaries do not have the power to perform miraculous act, it was extremely important to cure their illness within a short span. The little medical knowledge possessed had to be exercised fully. Medicine became a useful ‘tool of the empire’ which was incorporated by the missionaries and identified western medicine not with liberation and well-being but with the intention of subjugating.¹¹⁸ The missionaries saw the importance of medical work and realized that healing and preaching must go hand in hand. The four pillars of the missionary work are: ‘1) the preaching pillar of porphyry, 2) the Bible pillar of granite, 3) the women’s pillar of alabaster, 4) the medical pillar of marble¹¹⁹ . In these, the medical mission was an effective instrument in preaching their religion.

In the early contact, the missionaries won the heart of the Lushais through healing. The missionaries established confidence among the Mizos by the practice of medicine since it has the ability to cure illness. Although the colonial government also provided medicine, the missionary medicine was more preferred. The missionaries concerned not only for the soul but for the mind and spirit as well. As curing was mostly done with the offering of sacrifices, the medical mission influenced their belief system. In the traditional tribal world view, illness and religion was deeply connected and curing of illness was considered as a religious activity. When it became evident that medicine was more effective and less expensive than sacrifice, the world view of the Mizos gradually shift from being ‘animist’ to accepting the western religion.

3.2.1 Medical Mission in the North

The medical mission in the north Lushai Hills can be traced back to the initiatives taken by Rev. D.E. Jones. Although he attended the Glasgow Medical School but he did not complete the course and was not technically qualified as a doctor. However, the medical knowledge that he had was useful in the following years. Realizing the importance of healing in the missionizing project, he appealed to the Welsh Mission Board to send Medical Missionary at

¹¹⁷ Janet C. Ross-Kerr, *Prepared to Care, Nurses and Nursing in Alberta, 1859 to 1996*, p.18.

¹¹⁸ David Arnold, *The New Cambridge History of India- Science, Technology and Medicine in Colonial India*, United Kingdom, Cambridge University Press, 2003, p 291-292.

¹¹⁹ The Society’s S.O.S., *Missionary Herald*, 1903, p. 204.

the earliest. In the beginning of 1908 he went to Wales seeking for medical missionary. By the end of 1908 he succeeded in his search with the arrival of Dr. Peter Fraser, a medical missionary with his wife in the hills.

At the arrival of Dr. Fraser, there was no hospital or dispensary. His verandah would be filled with sick people waiting to be examined. The British Government in the hill also saw the high demand of his medical knowledge. In 1910, Mr. Dixon, the then Assistant Superintendent of the hill lent him a tent to carry out his work. He was assisted by Dala, from the government office to teach him the language and stayed with him as long as he was in the hills. The medical practice was not confined to Aizawl alone but to other place where he spread the gospel along with the distribution of medicine.¹²⁰ In 1909-1910, it was reported that he treated 23, 919 patients when the population in north Lushai hill around this time was 90,000.¹²¹ Apart from this, a number of patients were treated on his journey. From this the ill-health of the people as well as the high demand of medical missionary can be understood.

During his four year stay, he considerably developed medical work and place great importance on evangelization. He urged the patients to not only put faith in medicine but to pray and believe God for they will work together. He bought a small press from Assam on which he would print the verses of the bible on the medicine bottle along with the instruction on how to use the medicine. As medicine alone was provided, visiting of the government dispensary to obtain the bottle and presenting it to Dr. Fraser was a common practice. The practice of fixing the Bible verses proved to be effective in the spreading of Gospel. Apart from practicing medicine, Dr. Fraser trained women in midwifery and soon became indispensable to the doctor. These women also taught and raise awareness among women during pregnancies and child birth.¹²² They looked after young men and trained them for service who would later preach the Gospel to different places.

Due to the slave controversy, Dr. Fraser was forced to leave the hill in 1912. He was against the *bawi* or slave system. The missionaries were allowed to work on the ground that they would not interfere in politics. D.E Jones, Lorrain and Savidge also believed that the *bawi* system was on its way out. Moreover, it was not a system in which human were bought and

¹²⁰ Lalchhuanliana, *Mizoram Presbyterian Kohhran Chanchin*, Aizawl, Synod Press, 2007, p.266.

¹²¹ *Reports of Foreign Mission of the Presbyterian Church of Wales on Mizoram*, 1894-1957, p. 41.

¹²² J.V. Hluna, *Mizoram Welsh Missionary- te Chanchin*, Aizawl, Synod Publication Board, 1993, p. 97.

sold.¹²³ On the other hand, Fraser saw it in darker colour to the extent of freeing slaves by paying their price. After a series of events, Fraser was compelled to return to England.

With the departure of Fraser, medical missionary was in a huge demand. The medicine provided by government was limited and could not suffice the needs of the people. After the closure of mission dispensary for seven years, Frederick Joseph Sandy, the Welsh missionary and Chhuahkhama, succeeded in pursuing D. Thianga, a compounder serving the government for over ten years to restore the work left by Dr. Fraser. A few years later, the Durtlang chief Lalsuaka, lent a small room and the dispensary was shifted to Durtlang. E.L. Mendus, another Welsh missionary took great compassion in the healing ministry and grieved on the force returned of Dr. Fraser.¹²⁴ He realized the need of a hospital in which he states, “ How can one preach a full salvation or present Christ truly, unless one has healing power to convey for the whole man?... there is a desperate need for a surgeon and for a missionary hospital run on European lines” He also stressed on the demand of training of nurses not only in the hospital but in the villages as well.¹²⁵ Despite the great demand for a hospital, it could not be fulfilled for the next sixteen years due to the absence of medical missionary. The mission was not able to continue the work started by Dr. Fraser. The mission dispensary and hospital were designed to act like a ‘magnet’, drawing patients from near and far to the missionaries. The work also demonstrated that Christians practiced what they preached, in a way that emphasized the superiority of their religion.¹²⁶

The mission hospital was established with the arrival of Dr. John Williams on 22nd February, 1928. With the help of two local trained staff, compounder D. Thianga and Tlawmkungi, staff nurse, the old Theological School building was converted into hospital and beds were procured from the old hostel. In 6th March, 1928 the hospital was inaugurated and named ‘Welsh Mission Hospital’ with the admission of the first patient. In the early 1929, the first missionary nurse Miss Winfred Margaret arrived. In the same year, a missionary Engineer, Lewis Evans

¹²³ J. Meirion Llyod, *History of the Church in Mizoram (Harvest in the Hills)*, Aizawl, Synod Publication Board, 1991 p. 154.

¹²⁴ R. Chawngthangvunga, ‘History of Durtlang Hospital – I (1928-1958)’ in *Presbyterian Church Synod Hospital Durtlang Diamond Jubilee (1928-1988) Souvenir*, Aizawl, Souvenir Committee, 1988, p. 134.

¹²⁵ E.Lewis Mendus, *The Diary of a Jungle Missionary*, Aizawl, Synod Publication Board, 1956, p. 42.

¹²⁶ Michael C. Lazich, ‘Seeking Souls through the Eyes of the Blind: The Birth of the Medical Missionary Society in Nineteenth-Century China’, in David Hardiman(ed.) *Healing Bodies Saving Souls : Medical Mission in Asia and Africa*, British Library Cataloguing in Publication Data, 2016, p.77.

arrived to undertake the construction of the hospital building.¹²⁷ The hospital which was under the missionaries was handed over to the Welsh Presbyterian Mission in Mizoram in 1958. The hospital previously known as Welsh Mission Hospital came to be called as Presbyterian Church Synod Hospital.

3.2.2 Medical Mission in the South

The two pioneer missionaries, J.H. Lorrain and F.W. Savidge entered the Lushai hills for the second time in 1903 under the London Baptist Missionary society and their mission was confined to the south. The knowledge gained through the course for surgery and tropical disease was fruitful in the subsequent years. Prior to the arrival of the medical missionary, Rev.Savidge attended education and medical works while Rev.Lorrain was in charge of evangelism and other activities related with the church. With the establishment of mission headquarters in Serkawn, the bungalow of Savidge was used as a dispensary. In the south, local people also have more faith in the medicine provided by the missionaries than those dispensed by the government. The distribution of medicine by J.H Lorraine and F.W Savidge was evident by a common saying of those days stated as follow, "I went to where the missionaries live, Good medicines is what they give".¹²⁸They were often wrapped in attractive package which would appeal to the people unaccustomed to medicine. The traditional Mizos believed that the medicine provided by the missionaries was the magic of Sap or white man and often termed it as '*Damdawi*' or white man's magic or healing magic.¹²⁹

The missionaries were successful in breaking the traditional norms related to healing. They often travelled in the villages in which medicine was distributed with praying and preaching. As the medicine was effective in healing, sacrifices offered which was more expensive was soon given up. The practice of wearing a goat's tuft or *kelmei* amulet around the neck to ward off evil spirit was also discontinued. It was often considered that the world was full of evil and unfriendly spirit and generally believed in the protection afforded by the *kelmei*. There was a more serious intention of becoming a Christian when the amulet was set aside.¹³⁰ The local people also started trusting the missionary's medicine without converting to their religion. In

¹²⁷ R.Chawngthangvunga, History of Durtlang Hospital – I (1928-1958)' in *Presbyterian Church Synod Hospital Durtlang Diamond Jubilee (1928-1988) Souvenir*, p. 135.

¹²⁸ J. Meirion Llyod, *History of the Church in Mizoram (Harvest in the Hills)*, p.31.

¹²⁹ V. L. Siana, *Mizo History*, Aizawl, Lengchhawn Press, 2019, p.83.

¹³⁰ J. Meirion Llyod, *History of the Church in Mizoram* p.53.

the Lushai Hills Mission (1894-1944), Lorrain gave an account in which “a man who recovered from an illness offered a sacrifice of one fowl as thanksgiving to Pathian and send another to us (alive) for the medicine he had received.”¹³¹ The missionaries emphasized healing in connection with the body, mind and soul, it influenced the local people and the newly converts were believed to have a more sound health.

The healing ministry was one of the most useful instrument of the mission. In the early days, work related to women were solely in the hands of Mrs. Savidge and Mrs. Lorrain., the wife of the pioneer missionary. Medical work was undertaken by Lorrain and Savidge. Soon the Baptist Missionary Society (BMS) send Miss Oliver Dicks a trained nurse and Miss Edith Chapman, a trained teacher to the hills and medical works was extended among women and girls. Miss Oliver Dicks was the first medical missionary in the south. Miss Chapman or Pi Zirtei as called by the locals was mainly concerned with the education of girls. With the arrival of a medical missionary, a dispensary was opened in 1919. As there was a huge demand of medical missionary, Pi Dawki or Miss Dicks was soon joined by Miss E. M Oliver (Pi Zoduhi) in 1922.¹³² These pioneering medical missionary emphasized special care for children and women. After years of medical work being carried out by the lady missionaries – Miss E.M. Dicks. Miss Oliver, Miss Goods, Miss Shearer and Miss Matbly, the Christian Hospital in Serkawn was built during the time of a missionary doctor, Dr. Stockley, .¹³³

3.2.3 Lakher Pioneer mission

The Lakher Pioneer Mission was founded by R. A. Lorrain in London in 1905. On receiving a letter from his brother, J.H. Lorrain, he felt a ‘Divine Call’ . Mr. Lorrain approached two of the leading missionary societies of this country, urging them to undertake the responsibility of sending him out on this pioneering venture. As none of these missionaries, would undertake the responsibility of extending their work to this remote region and after failing to gain their cooperation, he founded a Mission specially to reach these people and known as the " Lakher Pioneer Mission." After giving up his business career in London he entered Livingstone

¹³¹ Lushai Hills Mission 1894-1944, Aizawl Theological College Archive.

¹³² Upa C.S Zawna, ‘Kristian Hospital’ in *Mizoram Baptist Kohhran Chanchin Pawimawh Lakkhawm, Part-I*, Serkawn, Literature Committee, 1985 p,222.

¹³³ Saiaithanga, p.147.

College for a year's course of medical training.¹³⁴ The medical knowledge helped him gained confidence which was practice along with preaching.

In September 1907 Lorrain and his wife Mrs. Louis Ulander arrived as the first among the Maras. Before they arrived on the hill, the influence of the missionary under B.M.S. was evident as one Mara chief requested to send God's Book claiming that he was a Christian.¹³⁵ The first mission bungalow was built in Serkawr, the then outskirts of the British colonial compound. Eventually, the site was made the headquarter of the mission. The pioneer missionaries from the initial period used medicine to win the hearts of the Maras. They also reduced the language to writing and the first service in Mara language was conducted in 1908. Through the establishment of mission school, one of the school boys, Thytu, became the first to openly confess his acceptance of 'Christ as his Saviour' in 1910. He also compiled the Primer in Lakher.¹³⁶

The Lakhers were no different to the Lushais in the appeasing of evil spirit and offering sacrifices to cure illness. As they have few medicines, they often preferred to perform sacrifice when they were ill. They showed no objection to western medicine. However, sacrifices are still performed as soon as a person becomes ill.¹³⁷ During this time, no medical doctors were present, the task of practicing medicine fell upon the 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.¹³⁸ A number of patients would visit the dispensary and it was a custom to go round the village visiting the sick in which administering medicine and praying was a necessity.¹³⁹ The medical work had reached a greater level as sacrificing was given up by many and more trust was placed to the power of prayer through medicine. As healing and the worldview of the Lakhers was closely connected and seeing the effect of medicine and prayer introduced by the missionary, they started giving up their traditional belief.

¹³⁴ Reginald A. Lorrain, *Wonderful Story of the Lakher Pioneer Mission*, London, Lakher Pioneer Mission, 1920, p.6.

¹³⁵ *BMS Rawngbawlina Reports 1901- 1938*, p.26.

¹³⁶ Chhangte Lal Hminga, p.108.

¹³⁷ N. E. Parry, p.169.

¹³⁸ John Hamlet Hlychho, *The Maras, Head-Hunters to Soul –Hunters*, Delhi, Rev.Dr. Ashish Amos of the Indian Society for Promoting Christian Knowledge (ISPCK), 2009, p. 315.

¹³⁹ Reginald A. Lorrain, p.155.

In 1928, they were joined by another missionary well equipped with medical knowledge, Albert Bruce Foxall. He later married R.A. Lorrain's daughter, Nee Marguerite Tlosai Lorrain. . Rev. R.A. Lorrain and his wife Louise Ulander continued their work among the Maras till their death in 1944 and 1960. The two missionary, Albert Foxall and Tlosai continued the work of the pioneer missionary. Around this time, Civil Hospital was established in Tuipang, Vahai and Bualpui. However, the Sub- Assistance Surgeons II was withdrawn from the three hospital. Consequently, there was a huge demand for medicine at the Lakher Pioneer Mission Headquarter at Serkawr. As many ill people came in, it was not convenient to stay at the people's house. There were cases of maternity which required constant supervision. In March 1959, the Charity Home was opened in which patients come from all over the places and medicine was given continued by prayer.¹⁴⁰ The mission work started by R.A. Lorrain and his wife was continued by Albert Foxall and Tlosai in which medical mission continued to be an important aspect of their project.

Apart from medical practice done by the missionaries, the nursing school was set up in which the indigenous people were trained and later employed as staff. They received training in general nursing and midwifery and were to be 'native agents' drawn largely from the districts where they would later return to practice. The process of becoming a professional midwife shaped their identity as model and modern midwives amongst their population.¹⁴¹ It reflected the attempt to display the superiority of the western practice as opposed to the traditional ones. The indigenous staff also proved to be useful agent in the spreading of the gospel and colonizing the mind and body.

3.3. NURSING IN COLONIAL MIZORAM

The practice of continuous care of the sick provided by women had existed from the earliest time. In primitive societies, the approaches in the nurturing of a child provided by women was extended to the ailing community. Yet, in other societies caring for the sick was assigned to

¹⁴⁰ Albert Bruce Lorrain Foxall, *Sequel to Five Years in Unknown Jungle*, Guwahati, Gospel Outreach Ministry, Siaha in association with Scientific Book Centre, Guwahati, 2015, p.73.

¹⁴¹ Hilary Marland, 'Midwives, missions and reform: colonizing Dutch childbirth services at home and abroad ca. 1900' in Mary P. Sutphen and Birdie Andrews (ed.), *Medicine and Colonial Identity*, New York, Routledge, 2003 p. 62.

the shamans or medicine men. Before modern medicine took over, the technique of caring was transmitted from generations to generation. Those reputed for their healing touch were often sought after. With the introduction of modern health facilities, nursing was identified with the method of caring provided. From the available evidences, the first organizational group of nursing was formed in the early Christian era which tuned in with the teaching of Christianity, emphasizing the idea of charity, self-sacrifice and service to others.¹⁴² However, the practice of nursing as a profession and the history of modern nursing traditionally began with Florence Nightingale following the ideals of Christianity. In the nineteenth century, the definition of nursing as profession was indistinct. Anybody could describe themselves as 'a nurse' and call what they did 'nursing' until the General Nursing Council Register became operational in 1923¹⁴³. In the nineteenth and early twentieth century, nurses, particularly those employed in hospitals, endured an occupational world of rigid stratification in which their moral character was energetically policed, their capacity for physical labour overtaxed and undercompensated, and their professional knowledge strictly limited. With the expansion of colonial boundaries, it is of no surprise that nurses saw the empire as a curative for the constraint of such policies. Besides, doctors were in short supply in mission hospital which widened the scope of professional nursing and offered a greater professional challenge. While patriotic zeal and promises of adventure usually reserved for colonial men undoubtedly drew European women to Africa and other colonized spaces, the wish to escape the rigid metropolitan class system also played a role. The class and gender boundaries between doctor and nurse became increasingly blurred in the colonial climate.¹⁴⁴

Medical mission and by association nursing in the later colonial period may also be seen as a softer blow of colonialism. These attempts at justification were taking place at the same time that political and religious thinkers were trying to reconcile post-Enlightenment views on the equality of man, justice and 'Natural Law', with heightened levels of imperialism throughout Europe and America which had resulted in colonisation of large parts of Africa, Asia and the Caribbean. Simultaneously, Western medicine and nursing were undergoing rapid and revolutionary developments in techniques and technology, together with a more scientific

¹⁴² Karen. J. Egenes, *History of Nursing*, p. 2. Access from :http://www.jblearning.com/samples/0763752258/52258_ch01_roux.pdf

¹⁴³ Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing, London*, Routledge, 1998,p.4.

¹⁴⁴ Sheryl Neste, '(Ad)ministering Angels: Colonial Nursing and the Extension of Empire in Africa', *Journal of Medical Humanities*, Vol. 19, No.4, 1998 , p.262-263.

understanding of disease, hygiene and sanitation. The introduction of nursing and medical knowledge and 'improvements' in public health in the colonies might therefore be presented as part of a 'civilising mission' and therefore offer a more benevolent and positive – almost innocuous – contribution to the colonised countries.¹⁴⁵

The history of nursing in Mizoram can be traced back to women's involvement in medical mission. They had a considerable influence on the natives in which medicine and caring was provided with evangelism as practiced by their male counterparts. Trainings were given to the natives displaying the 'superiority' of their religion and doing away with the traditional practice of medicine and the care given. The first missionary nurse to enter the Lushai Hills and the first medical missionary in the south Lushai hills was Miss E. O. Dicks in 1919, known as Pi Dawki among the Mizos. Ten years later, Miss Winifred Margaret Jones entered the north Lushai hills and joined Dr. John Williams in the medical mission. Although the practice of nurturing and care given by a women in aiding the sick had existed in the hill, the missionary nurses were responsible for teaching the native nurses the western method of medicine and caring.

3.3.1 Early Practice of Nursing

Prior to the arrival of the trained missionary nurses, the care given to the patients were offered by the missionaries and their wives. Among the Lushais, when a women died while nursing a baby, the baby was place beneath the death body and buried along with the mother. The colonial Government tried to stop this practice but this only meant that the baby soon died as they do not know how to nurture the baby and feed with nothing but rice. The wives of the missionaries, Mrs Savidge and Mrs. Lorrain taught the Lushais on how to feed and nurse the babies. They worked miracles with soap and water in which they imparted the teaching of practical Christianity.¹⁴⁶ The practice of nursing as part of the medical mission in the north began with the arrival of Mrs. Katherine Jones, the wife of Rev. D.E. Jones. Previously she worked in Sylhet and had attended medical training in Glasgow on being accepted by the mission. When she entered the hills in 1904, the medical knowledge was utilized especially among women and

¹⁴⁵ Helen Sweet and Sue Hawkins, 'Introduction: contextualising colonial and post-colonial nursing' in Helen Sweet and Sue Hawkins (ed.) in *Colonial Caring : A history of colonial and post-colonial nursing*, Manchester, Manchester University Press, 2015, p.5.

¹⁴⁶ David Kyles, *Lorrain of the Lushais : Romance and Realism of the North-East Frontier of India*, London, The Carey Press, 1990, p.37.

children.¹⁴⁷ In opening the school for girls, hygiene and including care of infants and young children and cleanliness formed a part of the curriculum.¹⁴⁸ Although, the medical foundation in the north was laid by Dr. Fraser, the wives of the early missionaries had done a number of works related to the health and hygiene of women before his arrival. After the departure of Mrs. Jones, the girl's school was taken over by Miss Kitty Lewis, a trained teacher in which lesson in health and hygiene and midwifery continued to be important part of their curriculum until the establishment of nursing school.

Before the advent of the medical missionaries although not technically trained, the wives of the missionaries attended to the caring of the sick especially among women and children. Maud Louise Lorrain had also assisted her husband by offering care to the sick as part of their mission among the Maras.

3.3.2. Nursing in Medical Mission

The medical mission proved to be beneficial. Due to the huge demand of missionary medics, missionary doctors, missionary nurses entered the hill. The nature of the missionary nurse's work could be understood as women for women's work. They followed the framework of the wives of missionaries and the women missionaries working towards the welfare of women. In the north and south Lushai hill similar pattern of work was followed. Under the Baptist Society, although medicine was already practice by the pioneer missionaries, the missionary nurses started the medical mission. In the north Lushai hills, the missionary nurses arrived and followed the footsteps of the missionary doctors as well as the women missionaries.

3.3.3 Missionary Nurses

On the initiatives taken by the women missionaries, natives who had undergone training in general nursing and midwifery were already present when the missionary nurses entered the hill. Prior to the coming of the missionary nurse, the nurse hostel and nurse training center was established by Dr. John Williams. A sixteen year old girl from the village of Suarhliap, Khuangi was the first student and provide assistance until she left for Shillong to complete the course in

¹⁴⁷ Rev. D. E. Jones, *A Missionary's Autobiography*, trans., p.47

¹⁴⁸ Letter from Mrs.K.E.Jones to the Superintendent of Lushai Hills, 4 May, 1916.

nursing. In fact when the Welsh Presbyterian Hospital was opened, Dr. John Williams was assisted by Tlawmkungi. She was replaced by Miss Margaret Winfred in 1929. Due to her loving and caring nature she was known as 'Pi Hmangaihi' among the Mizos. Hmangaih literally means love. Soon she was joined by Diahzingi, a native nurse who had been trained in Shillong and continued to be the only Mizo nurse till 1934¹⁴⁹. Miss Eirlys Williams arrived in 1933 as the second missionary nurse. Being a tall lady, she was called Pi Sangi by the Mizos. Miss Williams contributed largely to the school of nursing by teaching and supervising the nursing services in the hospital.¹⁵⁰ Since Miss Winfred left the hill in 1935, Miss William undertook the work alone. However, another missionary nurse, Miss Gwladys Evans arrived in 1936 and continued the work.¹⁵¹ Later she was known as Pi Hruaii and took a keen interest in public health.

When Miss Gwyneth Parul arrived in the hill in 1937, along with Miss Evans, the syllabus of the nursing school was developed. Miss Annie Dorothy arrived in 1939 and after staying for two years she left in 1941. The same year, Miss Imogen Roberts entered the hill and stayed for a year. Miss Edith May Parker worked for six years, assisting Dr. Parul and taught the native nurses from 1945-1951. The last missionary nurse to enter the north Lushai hill was Miss May Bounds in 1954. After staying for fifteen years she left in 1968.¹⁵² By the time the missionary nurses departed from the hill, a number of Mizo nurses were available who were in charge of nursing in the hospital.

In the south Lushai hills, Miss Oliver Dicks (Pi Dawki), a missionary nurse and Miss E. Chapman (Pi Zirtiri), a trained teacher entered as the first women missionary in 1919. Apart from working towards the welfare of women, Miss Dicks treat ailment of different sort from the beginning. In the Girls school and in Sundays school lesson on health and hygiene, midwifery and infant care were also given by her. In 1922, Miss E.M. Oliver (Pi Zoduhi) arrived in the south and joined Miss Dicks. By this time, the two Mizo nurse Lalsiami and Chhingteii were able to taught the words of Scriptures and health and hygiene in the school.¹⁵³ The missionary nurses often toured in the villages taking care of the sick and giving them

¹⁴⁹ Ramfangzauvi, 'Presbyterian Hospital Nursing Chanchin' in Presbyterian Hospital Platinum Jubilee Souvenir (1928-2003), Aizawl, Published by Presbyterian Hospital Board, 2003, p.8.

¹⁵⁰ R. Chawngthangvunga, p.135.

¹⁵¹ Welsh Calvinistic Methodist Foreign Mission Report of 1936.

¹⁵² Ramfangzauvi, 'Presbyterian Hospital Nursing Chanchin' in Presbyterian Hospital Platinum Jubilee Souvenir, p.9.

¹⁵³ B.M.S. Rawngbawlina Reports 1923, p.245.

treatment. They also attended to the needs of women and often taught them the health and hygiene, midwifery, first aid and so on.

Since the very beginning, motherless babies were also given care by the missionary nurses. By the time the Baptist Church Orphanage was established, it became closely linked with the work of the missionary nurses who attended to the needs of the babies. In 1928, Miss I.M. Good (Pi Zomuani) arrived in the south and worked with Miss Oliver. From 1945-1950, Miss M. W. Shearer stayed in the hill and came for the second time in 1961 till 1965. Miss Davies (Pi Zothlamuani) worked for one year from 1945-1946. The following year, Miss Baker (Pi Hrangdawli) entered the hill and stayed till 1947.¹⁵⁴ In November 1952, a missionary nurse, Miss E.M. Maltby (Pi Zohnuni) who had previously worked in China for 15 years arrived in the hill along. Under her initiatives, the course in Auxiliary Nurse Midwifery (ANM) was taken up and she was the first nursing Superintendent. During her stay, the nursing school had reached considerable development. The nurse training center was developed into a nursing school.¹⁵⁵ In April 1957, Dr. H. G. Stockley and his wife Mrs. Stockeley arrived in the hill. As Mrs. Stockley (Pi Zomuani) was a trained nurse and often assist her husband in the hospital work.

Around this time, as the hospital was fully developed and due to the retirement of Miss Oliver Dicks, there was a shortage of nurses. Although the natives were trained but they were not considered to be fully qualified to take over the work.¹⁵⁶ Therefore, Miss K.A. Cox was granted the permission to enter the hill in December 1954. She was known as Pi Sangi among the Mizos. During her 10 years stay, she offered helped to the Durtlang Hospital by teaching.¹⁵⁷ In 1965, Miss J.T. Smith (Pi Zomawii) arrived in the hill. During due political unrest, she face a lot of difficulties around this time and left in 1968.¹⁵⁸ In the absence of missionary nurse, Romawii and Lianzami worked as a Sister Tutor and looked after the ward with great zeal.¹⁵⁹in 1972, Miss Smith entered the south Lushai hill for the second time and was the last B.M.S. missionary. After staying for 5 years, she left in 1977.

¹⁵⁴ Upa K.L. Van Ngaia, *Serkawn Baptist Kohhran Chanchin*, Serkawn, Serkawn Baptist Kohhran, 1994, p.681.

¹⁵⁵ Hmingthanmawii Pachuau, 'Christian Hospital Serkawn in School of Nursing Christian Hospital Serkawn', (Unpublished article), 2019, p.4

¹⁵⁶ Memo No. 1484/LC/XV-84, Baptist Serkawn Archive.

¹⁵⁷ Upa K.L. Van Ngaia, *Serkawn Baptist Kohhran Chanchin*, p.683.

¹⁵⁸ Upa K. L. Van Ngaia, p. 684.

¹⁵⁹ Hmingthanmawii Pachuau, 'Christian Hospital Serkawn in School of Nursing Christian Hospital Serkawn', p. 9

The missionary nurses were concerned with the welfare of women and also provide care and treat ailment. Through their teaching, they cause changes in health of the public and of women in particular. During their stay, the health of women had gradually developed and special care was given in the hospital ward and in rural health center.

3.3.4. Role of Nurses in the Establishment of Mission Hospitals and Dispensaries

The missionary and the native nurses played an important role in the establishment of hospitals and dispensaries in both the north and south Lushai hills by offering womanly virtue. They would often toured in the village in which people would consult them in matter of sickness. As such, a number of dispensaries were opened, these trained nurses would have total responsibility for the patients especially in cases of midwifery.

The Welsh Presbyterian Hospital was established with the arrival of Dr. John Williams and was assisted by Tlawmkungi, a native nurse and D. Thianga, compounder in 1928. On the arrival of Miss Margaret Winfred in 1929, Tlawmkungi was replaced by her. In the south under the Baptist Missionary Society, medical mission began when Miss Oliver Dicks entered the hills in 1919. Although medical works were being done by the pioneer missionaries, the medical mission grew rapidly upon the arrival of these medical missionaries. The hospital could have not function without the service offered by both the missionary and native nurse.

The work of the nurses was not confined to the hospital alone. Along with evangelizing mission, they would visit distant villages in which they would treat the sick. In 1930, an ante-natal clinic was opened in the south Lushai hills and lesson on midwifery was also imparted. Soon dispensaries were opened. The first dispensary was opened at Sawleng, a three days journey from Durtlang on 29th October, 1955. On 24th April, 1955, Dr. John Williams Memorial Dispensary was opened at Pukzing village.¹⁶⁰ It was soon followed by the opening of two dispensaries at Sihfa on 4th August 1956¹⁶¹ and Chhawrtui village on 29th May 1958.¹⁶² In

¹⁶⁰ *The Report of the North Lushai Hills, 1955-56*, Aizawl Theological Archive, p. 256 .

¹⁶¹ May Bounds and Gwladys M. Evan, *Medical Mission to Mizoram: The Story of two Nursing Sister in a Third world Christian Hospital*, Great Britain, Handbridge (offset) Printing service Ltd., Great Britain, 1986, p.80.

¹⁶² May Bounds and Gwladys M. Evan, *Medical Mission to Mizoram: The Story of two Nursing Sister in a Third world Christian Hospital*, p.77.

these dispensaries the native nurses were employed under the missionary nurses. In order to reach as many villages as possible, two or three young men or women were sent from the churches in the district for training in first aid, hygiene, home nursing and public health in the health center for two week or ten days. With the new knowledge acquired they were able to treat patients. The women who attended midwifery cases utilized the articles available in the Mizo household to the best advantage. On returning to the villages, they imparted the lesson learnt, and some were almost regarded as nurse midwives.¹⁶³ The health centers were also self-supporting and medicine was distributed for free only in case of emergency. A clinic was also set up in different parts of the hill by the missionary nurses

The missionary nurses were concerned with the welfare of women and also provided care and treat ailment. Through their teaching, they cause changes in health of the public and of women in particular. During their stay, the health of women had gradually developed and special care was given in the hospital ward and in rural health center. The medical mission could not have succeeded without taking into account the work contributed by both the missionary and the native nurses. As imparting Christianity was the main focus of the colonizers, even after the departure of the missionary, its influence can still be witness in the present day. Evangelical Nursing Fellowship was set up in 1975 which the ideal teachings of Christianity are practice and imparted through the magazine *Nurse Eng*.

¹⁶³ May Bounds, 'Nursing Education and Services in Durtlang Hospital' in *Presbyterian Church Synod Hospital Diamond Jubilee (1928- 1988) Souvenir*, Aizawl, Published by the Souvenir Committee, For Synod Tihdam Rawngbawlna Board (STRB), 1988, p.62.

4. GENDER AND NURSING

With the introduction of western health facilities, medical personnel began to emerge in the nineteenth century in which work was allotted on the lines of gender based division of labour. The colonizers, as a part of their hegemonic tool focused on the healthcare of the colonized especially women and children. In introducing nursing as a profession, it has been symbolize with the feminine characteristic of women. On training the natives, the women missionaries, embraced the Victorian ideologies of womanhood and gendered “separate spheres.”¹⁶⁴ Women took part in the working and public sphere through nursing, which had been one of the first of such ‘paths’ towards participation outside the domestic sphere for women. Nursing was to be conceived as a vocation, with a desire to serve rather than achieving materialistic gains. Nurses did not want their profession to be seen as a part of the duties of mothers and wives, or as servant.¹⁶⁵ It could rather be seen as the contribution of women in the uplifting the healthcare of the indigenous people.

Like other colonial state, women’s agency in Mizoram was taken up by the wives of the missionaries before the arrival of medical missionaries The colonial government were not particularly concerned with the health of the women. It was the women missionaries and the wives of missionaries who brought these issues into public arena. The early training of the natives was done through the opening up of schools for girls. Education was seen as a critical tool for liberation. With the emergence of a newly ‘educated class’ it gained support amongst the population and stood for the progressive elements of society against age-old customs entwined with superstition.¹⁶⁶ Like other colonial states in India, these trained Mizo women were useful in spreading the western knowledge and practice of medicine along with evangelical missions.¹⁶⁷

¹⁶⁴ Sujani K. Reddy, *Nursing & Empire: Gendered Labor and Migration from India to the United States*, United States of America, The University of North Carolina Press, 2015, p.27.

¹⁶⁵ Reema Gill, ‘ Gender Stereotypes: A History of Nursing in India’, *Social action*, 2018, p. 47. Access from: <https://www.researchgate.net/publication/323336439>

¹⁶⁶ Geraldine Forbes, *Women in Colonial India : Essay on Politics, Medicine and Historiography*, New Delhi, DC Publishers, 2005, p.80.

¹⁶⁷ Tim Allender, p.160

4.1. Introduction of Female Education

The nineteenth century was a period when social reforms took place in other colonial states in India in which women's issue emerged as a central subject of debate. Given their interest on portraying themselves as harbingers of transforming the 'primitive' Indian culture into a civilized society and to affirm their moral superiority over the colonized subjects, the colonisers condemned the Indian customs for the ill-treatment of Indian women. To save Indian women therefore became one of their 'civilizing mission'.

Even in the context of Mizoram, both the colonisers and the missionaries also applied the same ideology to a certain extent. Regarding the gender relations in the hills they particularly focused on and emphasised the 'pitiful' condition of Mizo women. Hence, The colonial ethnographers such as T.H. Lewin, J.Shakespear, A.G.Mc Call and the account of missionaries such as J.M. Llyod, E.Chapman and Clark greatly condemned Mizo traditions and customs in their writings. In their task of missionizing, women were portrayed as victims and represented themselves as the saviours of Mizo women. In this education was used as an emancipatory tool.

Though it was the colonial government who first opened school but it did not concern much with female education. But for the missionaries it seemed to be much easier to achieve their project of conversion through education as it would enable the native to understand the Christian scriptures. Furthermore for the missionaries, to impart education to Mizo women was very important in their projects of conversion and cultural transformation.¹⁶⁸ Among the missionaries, it was Edwin Rowlands who firstly urged for the importance of female education in the hills. His writings on the position of women had been repeatedly mention in 'Mizo Leh Vai Chanchin Bu' in 1898.¹⁶⁹ In 1903 in his article, 'Ram dang Thu" published in in Mizo and vai Chanchin Bu, Edwin Rowland mentioned that amongst advance society in European societies women received equal education with men and he also pointed out that they were numerous institution for girls in higher studies.¹⁷⁰

In order to get more female students, they would often toured from village to villages, in which they would often persuade parents to send their children to school. In the initial period, the education of girls was perceived as unnecessary. The popular pre-conceived notion held was

¹⁶⁸ Hmingthanzuali, p.151.

¹⁶⁹ Hmingthanzuali, p,152.

¹⁷⁰ Zosaphara, 'Ram Dang thu' in Mizo leh Vai Chanchin Lekhhabu, August 1903.

that if girls were able to read and write, they may utilize it for sending love letters. As the female population were largely engaged in domestic work, it was also believed that they would have no time for learning. With the introduction of education, the education of women was hardly supported by the native people including women. In this context, women missionaries in south Lushai hills Chapman and Clarks also stated, “ They did not see what sense there was in sending boys to school, let alone girls. Boys did sometimes get jobs for the Government or under the mission because they could read and write, but no one expected girls to be able to do that, so it was far better for them to remain at home. The young men still said they would not marry girls who had been to school.”¹⁷¹ Despite strong opposition against female education in the hills, there had been a slow progress of Girls’ School and the desire for education among few women.

4.1.1 School for Girls

Initially there was a wide gap in the sex ratio where only few girls were able to attend school. In response to this measures were taken by the missionaries to promote female education. Although the pioneer missionaries were concerned with female education, it was only after the arrival of female missionary that work was done in this area. In the north Lushai hills, Mrs. Katherine Jones, the wife of Rev. D.E. Jones was concerned with the education of female. With her arrival on the hill, she took a keen interest in women and taught them on different areas including health and hygiene, infant care and other craft work. The two pioneer missionary were concerned with the issue of women and their wives Mrs. Lorrain and Mrs. Savidge also contributed to the welfare of women. Upon the arrival of Miss Chapman and Miss Clark, the education of women was taken by them in the South Lushai hills.

Under the Welsh Calvinistic Mission, Mrs. K.E. Jones opened a girl’s school in 1904 with only 12 students in Aizawl. She introduced new curriculum which include;

- a) All subjects included in the Primary courses -Scripture and Singing.
- b). Needlework which included plain sewing by hand and machine, cutting out and making up of garments, shirts, pants, coats, frocks, etc. and also thread work and crochet.

¹⁷¹ E.Chapman and M. Clark, p.38.

- c). Hygiene including care of infants and young children and cleanliness.
- d). Cooking with practical demonstration, teaching the value of local food stuffs and the best way to use them, especially cooking for the sick and weakly.¹⁷²

The curriculum was designed in such a way to train women and girls more useful in their society as E. Chapman, a female missionary in South Lushai hills has mentioned, in her book, 'We had made a mental note that when school for girls started in Mizo district, the work and lessons must be done out-of-doors, and life must not spoil them for village work. It must be planned as to make girls more useful in their homes and villages than they were without it.'¹⁷³

The success of the curriculum was evident in the increasing number of female students. The colonial government also supported the work of the missionaries. Mr. Hazlett opined that the object of female education should enable them to perform their domestic duties more efficiently, with greater comfort to their families and to themselves, and at the same time to give them a broader outlook in life so that they might lead happier and more useful lives. Mrs Jones recognized the need for more female teachers to help with her pioneering work. Her application was granted and two trained teachers joined her in 1919- Miss Edith M. Chapman and Miss Olive E. Dicks who was also a trained nurse.¹⁷⁴

In 1904, the mission school was set up in the mission compound in Aizawl. The school was established for both boys and girls. However, it was mostly attended by boys as there was a prejudice against female education. With the special effort of Mrs. Jones and Rev. F. E Sandy the number of girls attending school had increased from around 80 in 1912 to 95 in 1916 in the North, out of which 61 of them were in the Mission School, Aizawl.¹⁷⁵ In 1906, mission school was shifted to Sikulpuikawn for boys and later known as Sikul Sen. In the same year the school in the mission compound was intended solely for female.¹⁷⁶ The education for females rested in the hands of Mrs. Jones and Mrs. Sandy, the wife of Rev. D.E. Jones and Rev. F.E. Sandy. They were soon joined by other female missionaries and Mrs. Jones remained the headmistress of the school till 1916.

¹⁷² Letter from Mrs.K.E.Jones to Mr. J Hezlett the Superintendent of Lushai Hills, 4 May, 1916.

¹⁷³ E.Chapman and M.Clark p.6.

¹⁷⁴ V.Lalengkimi, Women Missionaries and Female Education in Mizoram: Challenges and Implications, Suraj Punj Journal For Multidisciplinary Research, ISSN NO: 2394-2886, p. 118. Access from: <http://www.spjmr.com/gallery/9-spjmr-539.f.pdf>

¹⁷⁵ Letter from Mrs.K.E.Jones to Mr. J Hezlett the Superintendent of Lushai Hills.

¹⁷⁶ Rev. Lalchuanliana, Mizoram Presbyterian Chanchin, p. 251.

Under the care of the missionaries, the school had gradually developed and in 1920, three pupils after passing the Middle English Examination with a modest triumph enable them to pursue further education. Out of the three girls, Chawngthuami, Rosiami joined High School at Shillong on Government scholarship the third one Kaithuami and her friend Tlawmkungi were sent to have training in nursing.¹⁷⁷ With the arrival of Miss Kitty Lewis in 1922, the school was formally set up. After taking the charge, she introduced two division- Lower Primary and Middle English in the school. She also encourage the girls to attend the school and show them her support by constructing a large Girls Hostel to helped those living afar.¹⁷⁸ She was joined by Miss Katie Hughes in 1924. However due to her father's serious accident she had to leave for home in July 1925.

After the departure of Miss Lewis, the school was left under the charge of Miss Hughes in 1925. The number of female students increased each year and Miss Hughes was aided by two or three Mizo teachers. In February 1932, a new plan of teaching younger children to teach was introduced by her and by November, 22 young children could read very well and were promoted to school.¹⁷⁹ Around this time, the views of the Mizo parents on education had gradually changed and were prepared to send their daughters to school to the extent that before the establishment of High School in Aizawl, Nutei passed from Silchar Girl's High School. She became the first woman to passed matriculation in 1927. She later joined the Mission School in Aizawl as a teacher.¹⁸⁰ In 1927, Miss Catherine Morfudd Davies arrived at Aizawl and from the next year the Mission Girls' School was under her charge. Miss Katie Hughes on the other hand took the lead in teacher's training, evangelistic and theological training and schools. With the initiatives taken by the women missionaries, the number of girls increased each year. However, once they reached a certain age they often left the school. This may be due to the fact that older girls were expected to work at home.¹⁸¹

In the south, the two pioneer missionaries, Mr Lorrain and Mr. Savidge had done a considerable work in paving the way for female education. As far as written records are concerned, education began in the south in 1903 and the enrolment of girls in the mission school can be seen with the opening of boarding school for girls in 1907 at Serkawn.¹⁸² In the

¹⁷⁷ Malsawmi, *Mizoram Presbyterian Kohhran Hmeichhe Chanchin*, Aizawl, Synod Publication Board, 1993, p.4.

¹⁷⁸ Malsawmi, *Mizo Presbyterian Kohhran Hmeichhe Chanchin*, p. 4

¹⁷⁹ Katie Hughes, Report of 1932.

¹⁸⁰ Malsawmi, p. 5.

¹⁸¹ J. V. Hluna, *Education and Missionaries in Mizoram*, Guwahati, Spectrum Publications, 1992, p. 169

¹⁸² J. V. Hluna, *Education and Missionaries in Mizoram*, p.156.

beginning, the missionaries failed to attain success in enrolling girls to enter the school regularly in daytime. However, they were taught to read and write in the Sundays School and as observed by Savidge a large number of girls had learnt to read and write in their own homes and in the Sunday Schools.¹⁸³ The wives of the missionary, Mrs. Lorrain and Mrs. Savidge in following the footsteps of their husband took up the welfare of women and taught in Sundays School as well. This also gave them the opportunity to select the natives who would be trained to assist them in their missionizing project.

The Girl's Mission School was handed over to Miss Chapman in 1921 and soon joined by Miss Clark in 1923. They adopted similar curriculum with the mission school in Aizawl. The missionaries in the south also faced challenges regarding female education. They were threatened by a group of Mizo Young men for they did not see the necessity of educating girls as they were believed to be destined for household work. Despite this, they started classes with a few girls. Gradually they won over the heart of the people.¹⁸⁴ The missionaries prepared the subjects for girls in such a way in which girls were considered useful in their home and villages. Miss Chapman was assisted by Thangchumi, a Mizo girl before the arrival of Miss Clark in 1921. With the arrival of Miss Clark, female education in the south was combined with 'the development of Christian character, the care of children with the charge of a home farm, the cultivation of a garden with all domestic arts, and the experimental growing of tea, strawberry and indigo.'¹⁸⁵

In the south, the first Girls' Middle English school was opened in 1931. The missionaries were also supported by the chiefs in educating girls and a large number of the students comprise of the chief's daughter. The Girl's Mission School in the north and south followed similar curriculum and were successful in breaking the stereotyping view of female's education. As years passed, the Mizo's perception on educating women gradually changed and educated women were largely considered as an asset in the society. Therefore, the desire for education increased among women.

Not only girls but married women also had the desire to learn. Mother's school was started by the wives of the missionaries and the lady missionaries in both Aizawl and Serkawn. They were taught bible lessons in the classes held in the missionary bungalow. Apart from this, lesson on health and hygiene and midwifery was given. The same kind of teaching was also

¹⁸³ B.M.S. Report 1914.

¹⁸⁴ J. V. Hluna, p. 160.

¹⁸⁵ J.V. Hluna, p.163.

implied in the south by the missionaries. The school was generally held on every Friday. This weekly meeting of women was started by Mrs. Jones. In these classes, they were taught not only general knowledge but also 'Scriptural truths'. It was also an occasion of prayer. As a result of this, a group of native women trained in midwifery equipped with scriptural knowledge came out.¹⁸⁶ They were a useful agency in spreading the Gospel as well as the western practice of medicine especially midwifery.

As a large number of people were converted to Christianity, there was a high demand for a mission workers. In the girl's school run by the missionaries, apart from their syllabus they also had lesson on midwifery and thereby used their knowledge in different villages. The Sunday school also gave the missionaries opportunities in hand-picking girls who were desired and were capable of further education. Apart from this, bible women or female evangelists were recruited and assigned with the task of evangelizing mission.

4.2 Medical Education and the Emergence of Women Medics

The presence of women who were not specifically trained by the missionaries but who had a sound knowledge on the practice of midwifery was known. They were often referred as 'nauchhar'. While some of these women passed down their knowledge from generations to generations, others claimed that it was 'God's given'. Moreover, they were often sought after in the extreme rural areas in which modern health facilities was not set up. As claimed by one of those midwives, till today their knowledge is embraced and often called upon even after the modern technology took over.¹⁸⁷ Such women had existed prior to the arrival of the missionaries.

On the arrival of the medical missionaries, hospitals were established. There was a huge demand for workers. With the emerging class of evangelist, the church ended the recruitment of Biblewomen. Further, they were not technically trained to work in the mission hospitals. Therefore, the natives who were selected by the missionaries trained in the nursing school.

4.2.1 Bible Women

¹⁸⁶ Rev. D.E. Jones, p.47.

¹⁸⁷ Interview with Pi Lalnghaki, 80 years, Pukpui, Dated 27th July, 2019.

Prior to the establishment of nursing school, Bible Women were recruited initially at the expense of the local church to look after the welfare of women and to preach gospel among the villagers. These women evangelist travelled through villages passing the deep forest with great courage. While some were selected by the missionaries, others volunteered. Like other heathen society, these Bible women served as the allies of the missionary in which the gospel was delivered through the vernacular language which provided space for the native to establish a local Christian community.¹⁸⁸

In the traditional Mizo society, if a mother died while giving birth, the baby was often buried along with it. This practice was forbidden when the colonial government took over the hill. Despite the restriction by the colonial government, due to the superstitious belief no one would keep the baby. It was generally believed that the spirit of the mother would haunt those who keep the baby alive. Even those who had the courage to keep the baby lacked knowledge in giving care to the infants. Under these circumstances, 'Bible Women' were assigned to take care of the native women. They were known as 'Bible Women' as they preached the gospel and mostly carried Bible with them.¹⁸⁹ Besides, they were also employed to assist the missionaries in carrying out evangelism as well as spreading health awareness among women.

The earliest record of Mizo Bible Women is found in the *Welsh Calvinistic Methodist Foreign Mission Report of 1904* in which three evangelist and one Bible woman as supported by the native church is mentioned. However, this report does not contain the name or any personal information on these women.¹⁹⁰ In the north, Mrs. Chhingtei was the first Bible Woman to be appointed officially in 1913. Three years later in 1916, six more women were assigned with this job. The practice of recruiting Bible Women in the north was also followed in the south. In 1921, the first women evangelist was appointed and after two years four more Bible women were appointed and trained at the Serkawn Mission Station. As there was a huge demand of women's work, the period of training, usually for four months was reduced to three months in 1923. In the same year, four more Bible Women successfully passed the training course and were all recruited. Under the Baptist Missionary Society, four more Bible Women were appointed in 1925.¹⁹¹

¹⁸⁸ James Elisha Taneti, *Caste, Gender and Christianity in Colonial India: Telugu Women in Mission*, New York, Palgrave Macmillan, 2013, p.25.

¹⁸⁹ J. V. Hluna, p.175.

¹⁹⁰ Welsh Calvinistic Methodist Foreign Mission Report of 1904.

¹⁹¹ J. V. Hluna, p, 175-176.

On seeing the condition of women and realizing how they could be a useful agency, the practice of women evangelism was started by Mrs. Katherine Jones. Apart from Bible lessons, they received training in midwifery, nursing and often toured the villages in their own district following the footsteps of the native pastor and the missionaries. Initially they were supported by the local church, but as there was limited fund, collecting a handful of rice or *Buhfai Tham* was introduced in 1913. *Buhfai Tham* is a practice in which a handful of rice is put aside each time a meal is prepared. These collection are then offered to the church who in turn sold it to finance the Bible Women. While some hesitate, it was generally regarded by some as their way of displaying support by contributing a handful of rice since they possess nothing in spite of the alleged equality with men.

In the beginning, the Bible women faced various challenges. They were accused of not willing to perform their duties or domestic work or to gain the goodwill of the missionaries for their own benefit. Despite these charges, they remained firm and performed their task in different villages and were soon known for their knowledge rather than their practice of evangelism.¹⁹² They would preached the gospel from place to place while imparting the knowledge of midwifery, health and hygiene among the native women.

From the nearby villages they were often consulted or called upon as midwives. They also paid house visit to the sick and carried out their spiritual training by offering prayers. In their own villages, they would held a separate service for women. Initially it did not gained strong support among the church elders and the pastors as prejudice against women in public and religious life was still strong but gradually the participation of women in the social life was accepted. In this service, the ideal Christian womanhood was taught along with health and cleanliness.¹⁹³

The view held by the missionary of teaching and nursing as a feminine profession apart from preaching the Bible broadened the job description of bible women. Besides these, it shows the ability to balance their domestic and professional lives which also reveals their interest in challenging cultural norms while complying to the traditional gender expectation.¹⁹⁴ Soon the prejudice against women which was very prominent to their social life gradually disappeared. Moreover, it was realised that female evangelists succeeded in winning the hearts of the people than their male counterpart. Also, they had the advantage of being able to preach among the

¹⁹² Malsawmi, p.17.

¹⁹³ Rev. Lalchhuanliana, Mizoram Presbyterian Kohhran Chanchin, p. 87.

¹⁹⁴ James Elisha Taneti, Caste, Gender and Christianity in Colonial India: Telegu Women in Mission, New York, Palgrave Macmillan, 2013, p.83.

non-Christians as they were rarely physically harassed unlike their male counterparts. This reflected the Mizos' perception of regarding their women as physically inferior being which was used at the best advantage by the missionaries.¹⁹⁵ With the initiatives taken by them, they succeeded in positioning women in the religious sphere. In fact, they were very much appreciated and gained more recognition for the practice of midwifery than evangelism.

4.2.2. Nursing School

With the establishment of hospitals, nursing education was necessary. On the establishment of Welsh mission hospital, the first doctor, Dr. John William had trained a few natives in 1928. The doctor from Chhandraghona, Dr. Teichman also delivered lectures and paid visit almost every year where attended critical medical condition. As there was a huge demand for nurse, Miss Margaret Winifred arrived in 1929 in which Tlawmkungi was replaced by her. Although natives were trained by the medical missionaries, nursing school was firmly established under the tuition of Sister G.M.Evans and Dr. G.P. Robert in 1937. Text books were translated in Mizo language and State Examination for both Nursing and Midwifery Registration was established. A three month Preliminary Training School was started followed later by weeks of Block Teaching for specific subjects. The training was always directed towards efficient patient care, skilled care on the Wards, at the Clinics, in the Operation Theatre and in the Maternity and Labour Wards.¹⁹⁶ In 1944, the institution was recognized under Assam Nursing Council and continued to be the only recognized nursing institution until 1980. In the early days of nursing education General Nursing and Midwifery was the course taken and from 2019 the course have been change to B.Sc (Nursing).

In the south Lushai hills, the training of natives began with Miss Oliver Dicks in 1919. She was later joined by Miss E.M. Oliver in 1921. In 1928, with the appointment of Miss I.M. Good Nurse's Hostel was open in which Lalsiami became the first trained Lushai Nurse and took up work in other villages. From 1919-1952, training was given in Junior Nursing. In 1952, the Serkawn Nursing school was established and Miss E.M. Maltby became the first Nursing Superintendent and General Nursing and Midwifery (GNM) was taken up as a joined institution

¹⁹⁵ J.V. Hluna, p.176.

¹⁹⁶ May Bounds, 'Nursing Education and Services in Durtlang Hospital' in *Presbyterian Church Synod Hospital Diamond Jubilee (1928- 1988) Souvenir*, p. 165.

with Presbyterian Nursing School. It was later recognized as a separate institution by Assam Nursing Council in Auxiliary Nurse Midwife (ANM) course was taken up in 1970.¹⁹⁷ However from 1988 till today, nurses are trained in GNM course.

In the early years of establishing Nursing School, it was difficult to get them to take up long training in nursing. The selection was difficult as some girls from Aizawl had good educational standard while the other would be from villages with limited educational background while effort was made to train girls from every corner of the hill. When selected they were received into the nurses hostel, provided with a bed and a locker.¹⁹⁸ The Nursing textbooks were translated into the local language and includes topics such as Anatomy and Physiology, Nursing, Hygiene, Medicine, Surgery and Midwifery. In the early days, teaching was difficult as subject such as hygiene was new to them. The number of students increased each year. Preliminary Training School became an established feature and the Nursing School gradually developed. With the improvement of the standard of education, students were able to take the Senior Certificate in Nursing and Midwifery. The Baptist Hospital was also affiliated to them which enabled the students to take state examination until it was recognized by the Assam Nursing Council in 1952.¹⁹⁹ The Nurse uniform dresses were of different colour- blue and white stripe for Student Nurses, green and white striped dresses for Pupil Midwives. All wore white aprons and Nurses Caps. The trained staff had plain blue dresses with triangular shaped caps, the sister later had white uniform.²⁰⁰

The missionary nurses in the medical mission were successful in bringing changes among the women population in the Lushai hills. The daily routine of the nurses apart from studying the course and doing practical works were also trained to be an ideal Christian women. Each evening the staff of the hospitals would come together and a service would be held. They would choose hymns, bible readings and offered prayers. On returning to their villages, they would be considered as suitable wives. Therefore the training received by the nurses helped the native in the prejudice held against female education or learning for they proved to be a useful agent not only in breaking the traditional method of healing or midwifery and thereby practising western medicine as well as living as an ideal Christian women. Healing of not only the body,

¹⁹⁷ Hmingthanmawii Pachuau, p.11.

¹⁹⁸ May Bounds, *Medical Mission in Mizoram*, p. 32

¹⁹⁹ May Bounds, *Nursing Education and Services in Durtlang Hospital*, p. 16-17.

²⁰⁰ May bounds, p.16.

but also of the mind was considered important. In *Mawii's Story*, written by Imogen Robert of a young native nurse named Mawii, an account of one sick orphan boy is given. The boy was given medicine and also taught of the life of Jesus. However, the medicine failed to work its miracle and the boy soon passed away. As Mawii nursed her, she was saddened by his demise. But since, he was believed to have spiritual healing Mawii was at ease in which she states, 'We think the Spiritual Healing was even more important than healing his illness.'²⁰¹.

Until the arrival of medical missionaries, the issues of health particularly of women was under the charge of the wives of the missionaries and missionary women. As there was a demand for more mission workers, they entered the hill in which they work on the foundation laid by the wives of the pioneer missionaries and the women missionaries.

4.3. Nurses and Female Healthcare

Upon the arrival of the missionary nurses in the hill, the health of both the maternal and the infant caught their attention. Although a considerable work had been done by the pioneer missionaries as well as the women missionaries, there was still a lot of work to be done.

In the traditional society, the practice of working or doing their chores right after giving birth was a common practice. With the establishment of hospital, a midwifery ward was set up focusing on the health of women. This gave them a period of rest for eight days following the birth of the babies. The needs of the mother as well as the babies were often given by the missionary nurses. In the south Lushai hills, the mission dispensary was extended into a Women's Hospital in 1922 and occupied in 1923 under the initiatives taken by the missionary nurse, Miss Dicks. Most Mizo women did not want to give birth at the hospital in the beginning. Mr. Savidge and Mr. Lorrain would often advise the women to visit the hospital. Gradually, the number of women visiting the hospital increased. They would often visit the hospital from near and far. They missionary nurses were often addressed as 'Enkawltu' or care giver or care provider.²⁰²

²⁰¹ Imogen Roberts, *Mawii's Story in 1950* (n.p., n.d.) , p.36.

²⁰² Lianchhani Rantlei, ' Kum za chungga Mizo Hmeichhiate zirna lama an Changkan chhoh zel dan' in *Lunglei Centenary (1890-1990)*, p. 136.

When Dr. G. Parul Roberts arrived in 1938 in the north, the old theological school was made into a hospital. It consisted of for main main rooms- for outpatients, male ward and one room for women maternity patients and in the middle the operating theatre and labour patients.²⁰³ The Mizo nurses often assist Dr. Roberts in the performing of operations. In most operations conducted elsewhere, the operations should be conducted by two doctors and some even three.²⁰⁴ The way the Mizo nurses were able to take a great deal of responsibility in assisting the operation was noteworthy. The midwifery ward was meant for mothers who had babies in the hospital and for ante natal patients waiting to go into labour. The duties included the care of the patients and to the babies and the mothers.²⁰⁵ Since there were no doctor or only a few doctor, the nurses would have to take the responsibility for all types of condition. In the absence of medical personnel in hundreds of villages patients would come from all over the hill to have their babies.

When the missionaries entered the hill, the rate of infant mortality was high. This may be due to the fact that no proper care or nourishment was given to the child. While the mothers worked on rice fields, small girls from a very young age had to take care of the babies. In the absence of an older sister to mind the baby, an old grandmother who was too old for the field work was found for the job. These grannies having no knowledge on caring of the babies would often feed them with chewed food resulting in digestive problems. As for the motherless babies, they did not survive for a long period as the care taker had no knowledge in meeting the needs of the babies. As practice by the women missionaries and wives missionaries, the motherless babies were also under the special care of the missionary nurses. The Baptist Church Orphanage was opened in 1921 after two or three motherless babies were looked after by the missionary nurses. In their own expenses, Miss Chapman looked after Lalziki Sailo, Sappari was under the care of Miss Dicks. In 1925 a deaf child. Lalhluti was looked after by Miss Oliver and considered her as a 'precious gift from the lord'²⁰⁶ Thus, the work of the missionary nurse was closely linked with motherless babies.

Besides offering care to babies and mothers in the hospital, they extended their work in order to interact with many women as possible and attend to their needs. They would often toured in the village and opened ante-natal clinic and dispensary. A number of patients would visit for

²⁰³ Dr. G. Parul Roberts, *Reminiscence of Durtlang Hospital in Presbyterian Church Synod Hospital Golden Jubilee Souvenir (1928-1978)*, Issued by Jubilee Committee, 1978, p.11.

²⁰⁴ May Bounds and Gladys M. Evans, p. 21.

²⁰⁵ May Bounds and Gladys M. Evans, p 25.

²⁰⁶ Hmingthanmawii, p.15.

various illness. The dispensaries was supplied with nurses. Apart from the treatment of sick, clinic were also held This gave them the opportunity to taught women on the care of infant, midwifery and health and hygiene. They were often assisted by native nurses who had been trained in the nursing school.

4.4. Nursing as a Profession for the Natives

Before the establishment of nursing school, the Mizo women had undergone training outside the hill in midwifery and general nursing. These were those who were educated by the missionaries. With the arrival of medical missionaries, nursing school was established. Initially, the natives were trained in the nursing training center. The missionary nurses improved the syllabus and training center was developed into a nursing school. Although the nurse training was first set up by the BMS in 1919, it was under the Welsh Calvinistic Mission that nursing began as a profession by the establishment of nursing school in 1937. Before the formal establishment of Serkawn Nursing School, the students were given the permission to exam under the Durtlang Nursing School till 1965. In 1970, the Assam Nursing Council recognized it as a Nursing School in which Auxiliary Nurse Midwifery (ANM) was taken up.

After taking up the course and being trained in the nursing school, the native nurses played an important role in the health of the community as a whole. The men missionaries had thought that “Christians must be Lushai of the Lushais”, and the women missionary were of the same opinion.²⁰⁷ In training the natives, the missionary nurses lead the way as all the duties that goes with nursing was not palpable to the native at first. On returning to their villages, the trained native nurses were often consulted for different cases in the absence of medical personnel. After the departure of the missionaries from the hills, the administration of the nursing school was taken up by successive Mizo nurses.

As a profession, nursing was considered as suitable for women for the job was linked to the inherent characteristic of a women. It placed them among the ‘newly created educated class’ by the missionaries. Although there was no much of a social distinction, nurses were viewed as ‘model wife’ due to the training they had undergone in the colonial period. Initially, the natives were trained in order to assist the missionaries. Gradually with the improvement in the syllabus and taking different course, Nurse Training Center was set up which developed into nursing school These natives were employed in the mission hospital in which nursing as a

²⁰⁷ Dorothy Clover, p.22.

profession began. Since nursing school was begun by the missionary nurses, natives who worked in the government hospitals were also the mission product.

5. CONCLUSION

Nursing in colonial Mizoram can be traced back to the advent of missionaries in the hill. The practice of nursing began from the earliest time but traditionally nursing as a profession started

from Florence Nightingale. This practice of offering care to the sick and acting as a healer had also existed in the pre-colonial Mizo society. They were known as midwives, medicine men or the those who were believed to have a linked with the supernatural world and offered sacrifice to cure illness. With the arrival of the missionaries, the medical mission became an important project in which nursing was practice. The colonial intervention in Lushai Hills paved the way for the arrival of the missionaries. Although the colonial government and the missionaries had different interest, they co-operated in certain areas and benefitted from one another. Health facilities were introduced by the colonial government. However, this was mainly for the colonizers and not intended for the public in general. It was the work of the missionaries in which the western medicine and knowledge became prevalent among them. In carrying out their missionizing project, the missionaries found the effectiveness of medical mission. Along with preaching, medicine was used as an instrument to colonize the mind and the body.

The colonial government were concerned with the administration of the hill and the religious life of the colonizers was not much touched upon. This work was entrusted upon the missionaries. Since the work of the missionaries involved spreading the western religion out of their missionary zeal they realized that preaching must go along with healing. On understanding the importance of medical mission, the pioneer missionaries had undergone medical training before their second arrival. The early missionaries were also well equipped with medicine and have a sound medical knowledge. Soon dispensaries were opened where medicine was dispensed along with preaching. The colonial government also opened dispensaries but the mission dispensaries was more preferred.

Like any other early societies, the perception of the traditional Mizos on sickness was linked with their worldview or religious beliefs. They often performed sacrifices in order to appease the evil spirit. Due to the traditional belief system they lead a fearful life. When medicine was found to be more effective than offering expensive sacrifices, they were able to trust the missionaries. Gradually, they found healing not only of the body but also of the mind as medicine was practice along with evangelizing. Consequently the world view of the Mizos was changed with the acceptance of the new faith. With the advent of medical missionaries the practice of medicine intensified. They were able to won over the Mizos and the number of converts began to increased. The early converts were often trained to assist the missionaries

for they believed that in order to show the positive outcome of the new faith, they must be set as an example.

The acceptance of the new faith was influenced by the socio- economic and the religious life. The economy of the pre-colonial Mizo society was predominantly agricultural and the traditional Mizos were generally hardworking. As new jobs were created by the missionaries, it could also be seen as an easy way of earning livelihood. Despite not much distinction between the rich and poor as in other society, according to the economy of the pre-colonial Mizo society, one can understand the condition of the poorest section of the society. In following the faith of the missionaries, they considered them as their 'saviour'. Apart from this, the concept of the afterlife also played an important role in accepting the belief system of the missionaries. 'Pialral' or paradise was the end goal and not everyone could attain it. It could only be entered by a person with certain achievement. In preaching the concept of Christianity in heaven which could be entered by all, they gradually won over the Mizos.

The education for the natives was also an important project of the missionaries. They were educated to understand what they read and write a few words. In the early colonial period, there was a prejudice against female education. While boys could be enrolled in the school without much hesitant, the education of women was viewed as unnecessary. The underlying factor behind this could be understand as the contribution of girls in the family. Since the Mizos were agriculturist, they spent most of their time in the field. In the domestic chore as well as tending to the younger siblings was left in the hands of the girl child. Not only men but women also opposed female education. The missionaries would toured from village to village to pursue girls to go to school. In order to change the perception on female education, the curriculum of the school was designed in such a way that girls would be considered as useful asset in the society. This was introduced by the women missionaries and the wives of the missionaries. Lessons on health and hygiene, cleanliness and infant care was given as a part of the syllabus. Other lessons on 'women craft' was also taught. When the lesson learnt by the girls were considered as productive, the number of girls enrolled in the school increased each year. The female education was soon extended to married women in which mother's school was opened and lessons on midwifery, infant care health and cleanliness was taught.

The condition of women and the high rate of infant mortality caught the attention of the missionaries. The infants were generally malnourished and the practice of burying motherless babies was prevalent in the early colonial period due to their earlier belief system. It was believed that the spirit of the mother would haunt whosoever keeps the baby. The Mizos were very fond of babies but they have no knowledge of infant care and even if the baby was kept alive it struggled to survive for only a few days. It was much easier to put an end to the life of the baby than to see it die slowly. Though the colonial government banned the practice but it was still continued. In order to suspend the old practices, the issues of the motherless babies were taken up by the women missionaries and it was soon discontinued under the initiatives taken by them. Lesson on infant care was also included for this reason since girls from a very young age were left with the responsibility of tending babies. They also felt that it was their duty to train girls of the same clan as they would be able to meet the demands of the babies. The motherless babies who were under the care of the missionaries were also trained under them and were employed in the mission institution.

The health of women and training of the native became the focus of the women. They were useful agents in spreading of the gospel and in breaking the traditional practices. The missionary women and the wives of the missionaries can be credited with the introduction of nursing care in Mizoram. A small clinic would be opened by them in which medicine would be dispensed while teaching the western practice of midwifery and healthcare. Outside the mission school such lessons were also taught in the Sunday School by the missionary wives. Soon few women were selected and recruited as a 'Bible Women' by the missionaries.

The earliest practice of nursing in the colonial period was done by the Bible Women. They were given special training in midwifery and evangelism. Initially they were employed at the expense of the local church. Most of them were married and often carried babies along with them. When the training was over they would go to different villages and preached the Gospel while practicing midwifery. Along with preaching gospel, they imparted the new knowledge to the natives. They began to be known for their medical practice rather than evangelism. Moreover, they proved to be a useful agency in the spreading of Gospel since due they were less persecuted than their male counterparts. They were also supported by the native women. As the local church was self-supporting the expenses of the Bible Women was soon taken by the

native women. A 'Handful of Rice' was introduced in which rice was kept aside each time a meal was cooked. This rice was then collected and sold which was used to meet the financial needs of the women evangelist. Women were excluded from the religious function from the pre-colonial till the early colonial period. These women succeeded in positioning women in the religious life by starting women's fellowship in their own villages at a time when there was a prejudice against the participation of women in the social and religious life. In this context Mizo women played an important role in breaking the traditional knowledge on medicine and midwifery by teaching and practising the new knowledge they acquired.

Soon missionary nurses arrived with the establishment of mission hospital. In taking up the work done by the wives of the missionaries and women missionaries, they worked towards the welfare of women. In the hospital special care was given to the needs of women and a separate ward was set up. In fact the Serkawn Christian Hospital developed from Women's Hospital. In following the footsteps of the women missionaries, the motherless babies were looked after by them at their own expenses. The work of the missionary nurses was closely linked with the orphans. The care was extended to the nearby villages in which dispensaries were opened and tried to interact with as many women as possible. In the absence of medical personnel, they would be consulted for different ailment and were often assisted by the native nurses. Like the early missionaries, along with the practice of medicine, gospel was preached among the natives. In different villages, clinics were opened where women were taught midwifery, health and hygiene and infant care. They brought a change to the public health while embracing the idea of a Christian womanhood. Although the Baptist Missionary Society started training the natives as early as 1919, it was under the Welsh Calvinistic Mission that the training center developed into a Nursing School in 1937.

With the establishment of the mission hospital, there was huge demand for native workers. By the time the hospitals were opened, the progress of the women missionaries in female education could be seen as a few of them had already been trained in midwifery and general nursing outside of the hill. These natives were employed as soon as the hospital was set up. A nursing school was soon established to train the natives. In selecting the natives, it was made sure that they would be from different villages. The motive behind it was to reach as many people as possible and to impart the western practice of medicine through these nurses. The textbooks

were translated by the missionary nurses. The early native nurses were also the early converts who wanted to be trained for various reasons.

The native nurses proved to be useful agency in spreading the practice of western medicine along with evangelizing. As they taught in the nursing school, the principle of Christianity which was the healing of the body and the mind was reflected in their work. They worked under the supervision of the missionary nurses. On returning to their villages they were often consulted for ailment of different sort. Nursing being one of the first women profession was introduced by the missionary nurses. As a part of woman emancipation, nursing as a profession was able to place these women among the professional class in the colonial period. They would returned to their villages as a model midwives and would be included among the newly educated class. Since most of the early nurses were trained by the missionaries, their legacy is still felt in that the practice of evangelism is still continued till today.

However, the native nurses were only trained enough to assist the missionaries. Until the departure of the missionary nurses, the administration of the nursing school and the nurses as well was left under the charge of the missionary nurses. In displaying the 'superiority' of their culture, the native nurses were considered as inferior'. Even though they were often portrayed as the emancipator of women, the missionaries who were the product of western patriarchal society merely reinforced new gender roles in the Mizo society. Both men and women benefitted equally in the society and gender role became more intensified with the establishment of new institutions (Churches, hospitals, schools). native men were indeed involved in the medical mission, the practice of caring of the sick was left in the hands of women. In the religious sphere, although women were initially appointed as evangelist, with the emerging native evangelists and pastors, the appointment of the female evangelist was discontinued. Although a new space was created for men and women with the emergence of new institutions the existing role of gender was reinforced despite claiming themselves as the liberator of Mizo women, the emancipation was limited. Despite this new defined gendered space and roles, the present dissertation concludes that the successful project of the missionaries in Mizoram was achieved and completed only with the contribution of women.

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5.	NET	2019	UGC	-	-	-