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Spirituality and Conflict in Healthcare: The History of the Canadian Baptists and Medical Mission in Orissa, 1900–1970

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Abstract: It was from the middle of the eighteenth century that discussions regarding the strategies taken up by the Protestant missionaries to propagate the Gospel generated the issue of healthcare and medical facilities among people in India. Medical mission, which hitherto was not considered, started to gain importance and reaped positive results in terms of curing individuals and its trustworthiness among tribes residing in the frontier regions. However, this developed a separatist religious identity among the population, which apparently did not appear lethal, but later culminated in the fragmentation and impeachment of solidarity among the *adivais* (tribal) and vengeance from the Hindu population. This article will show how the Canadian Baptist Mission, with its primary aim of spreading the Kingdom of God among the tribal *Savaras* in the Ganjam district of Orissa, undertook measures for serving health issues and provided medical facilities to both the caste Oriyas and the tribal *Savaras*. Although medical activities oriented towards philanthropy and physical well-being, medical mission was not limited to healing illness and caring for all, but also extended to spreading the word of God and influencing the people to embrace Christianity as well, which invited political troubles into the region.

Keywords: medical mission; Christianity; Canadian Baptist Mission; Protestants; conversion; Orissa; tribe

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1. Medical Mission in India and Abroad

The medical episteme of the colonial practitioners came with medical experts whose organised efforts prevented and cured diseases, thereby improving the health and longevity of the people of the country [1] (pp. 229–230, 238). Medical mission was about physical, emotional and spiritual wellness, which was connected with the New Testament, where Jesus called for His disciples to "heal the sick and serve the poor", in addition to "make disciples of all nations" [2]. Therefore, the ministry of the Lord Jesus included preaching, teaching, as well as healing the sick [3]. Dr Peter Parker, was the first full-fledged medical missionary who visited China and established its first hospital in Canton (Guangzhou) in 1835. After successfully treating the patients there, a new attitude developed towards Western medicine, and the high-ranking officials turned out to be "tolerant and open-minded towards Westerners in general and Americans in particular" in the nineteenth century [4]. The period between 1800 and 1914 represented an era of great missionary expansion, which led Kenneth Scott LaTourette (1941) [5] to refer to the nineteenth century as the "Great Century" of Christian Missions. In India, during the first few decades of the nineteenth century, clinical Christianity or medical work was not considered spreading the Word of God by the Protestant missions [6] (p. 298). It was precisely from 1860 onwards when evangelising strategies started to change with a growing awareness of the deficiencies of the "orthodox missionary methods". Medical mission was finally recognised as one of the valuable auxiliaries in propagating the word of the Lord. Therefore, the number of doctors and medical practitioners sent to India rose from 28 to 335 between 1870 and 1912. This was accompanied with the increase in the number of mission hospitals and dispensaries, along with rising employment opportunities for the local people, who worked

as assistants, within the community [7]. However, this shift in attitude happened from the late nineteenth century when theologians expanded their perceptions of the Christian message, which aimed to attain both material and spiritual issues [6] (p. 298). Advocates of medical ministries assured that the proclamation of the Gospel through the preached word was the proper missionary means, and that to cater to the bodily ailments of individuals was secondary to spiritual afflictions. However, rooted in the ministry of Jesus himself, the concern for the physical sufferings of individuals has been understood as part and parcel of the Christian witness. Compassionate care for the sick has been present throughout the history of Christian medical mission. Beginning in the time of the Apostles, the Christians brought about decisive changes in the attitude of society towards the sick, and Christianity came into the world as a religion of healing, as the joyful "Gospel of the Redeemer and of Redemption" [8]. Another reason was the growing advancement of medical theory and its practical application, and its development in biomedical or allopathic epistemes of medicine [9].

It was not until the nineteenth century that India was known to the Europeans, in terms of its medical experimentations. The Portuguese arriving in Goa in Western India, since the early sixteenth century, showed little interest in medicine and disease; while the trading companies of other European powers, such as the Dutch, British, and French doctors and surgeons, visited India and occasionally practiced among the Indians. However, regarding the diseases and the way those were treated by the Indian physicians, were hardly recorded in a manner that could be utilised for future reference. The Europeans sometimes provided helping hands to India's *hakim* and *vaidyas* (Muslim and Hindu doctors, respectively), with the belief that the latter were more familiar with the diseases of the climate and region. However, the situation changed from the eighteenth century onwards due to the massive influence of Western sciences and technologies, when the relative position of Western and indigenous medicines in India came to be distinguished from one another on the basis of its scientific application. While the indigenous systems of medicine remained in some practices, Western medical aid proclaimed its universality. However, the "myth" of advanced Western medicines was reported when mastoidectomies, open heart surgeries, and similar other operations were regularly performed in China on the basis of acupunctural analgesia. The biomechanistic model of the West came to be seriously challenged by the anthropological researchers of Africa and South America, who argued that physical illness could never be explained within a biomechanistic framework, which separated the physical individual from his social ambience [10] (p. 3). Although Western medicines were met with some resistance and passive acceptance, the relationship between Western and Indian medicine was based on a "dialectical term", i.e., a dialogue between Ayurveda and Yunani (Hindu and Muslim, respectively) on the one hand, and Western medicines on the other [11,12]. (The Ayurveda system of medical knowledge was based on the ancient Sanskrit classical text, while Yunani medicine was based on classical Arabic–Persian texts. The different systems of medical treatment interacted and disagreed with one another, and also assimilated concepts. However, the main point of conflict was the availability of the alternative systems of treatment. In the West, the rise of scientific authority and spectacular success from it led to the limited nature of Western medicine, unlike in the East which, because of costliness of medicines, utilised the traditional medical system, specifically in remote rural areas, and continued to dominate the primary level of health care. The East believed that treatment was not only about applying medicines, but a social relationship between the patients and their therapists that cured all ailments. Therefore, the interaction between the two epistemes of medicines was not smooth at all. The Ayurveda practitioners complained that the Western educated allopathic medical practitioners deemed them as "inferior" or "second class doctors" [13,14]. This brought forth a wide range of issues, pertaining to that of the "contestations and negotiations", between both the Western and indigenous epistemes of medical practices [15] (p. 67).)

Earlier literary works focussed upon medical missions as undertakings among the people who had no clear idea about health, diseases, and medication, and contained

lengthy biblical tracts to justify their acts. Most of these contained stirring accounts of missionaries, both evangelical and medical, who worked under extreme climatic conditions, and faced hostile tribesmen to remain in their territory [16]. At the end of the nineteenth century, a new form of historical research began in the hands of authors such as John McKerrow (1868) [17], James Robson (1894) [18], Julius Richter (1908) [19], and Gustav Warneck (1906) [20], who described the role of the missions and critically analysed their work which supplanted the previous forms of historical writing. They were interested in understanding the impact of western medicines on the indigenous people and the experiences of the missionaries themselves, who came into contact with the inhabitants. Medical missions historically accompanied missionary work and colonization efforts. Dr David Livingstone, the well-known nineteenth century medical missionary, primarily aimed to spread Christianity, but also performed obstetrical procedures [21] (p. 1). Scholars who worked on the role of western medical intervention in colonial India were of the same opinion that the health policy essentially aimed at extending colonial grip over the people [22] (p. 162). Western medical science played an important role in the colonisation of new territories by British rulers between 1840 and 1900. As a result, medical missionaries were often represented as overseers of colonial expansion, which is why post-colonial historians such as Phillip Curtin (1989) [23] and Daniel Headrick (1981) [24] described the Christian missions as "Tools of Empire". However, the relationship between the ruling powers of the British Empire and the Mission Boards during the nineteenth century was one of serious conflicts in India, and the former feared that the missionaries were in some way subverting their authority by preaching the equality of man [16]. This led Ewing (1914) to write: " . . . *and they (colonial authorities) also deliberately created obstacles to place in the path of the missionaries fearing that their message of universal brotherhood would in some way undermine the control that the colonial governors held over the Indian sub-continent*" [25]. From 1860 onwards, the attitude of the colonial authorities changed when the true message of the missions was made clear that it aimed to work for the good of the people and had no intentions to dabble with other political issues. The colonial officials later collaborated with the missionaries to reach people who otherwise remained inaccessible [26]. Perhaps this was the reason for the common saying, "the flag follows the cross", which was criticised by Brian Stanley who tried to defend the intentions of the missionaries and argue the accusation of being called the "tools" of colonial rule [27]. Historians such as David Arnold (1989, 1993) [11,28], David Hardiman (2006, 2008) [29,30], Mark Harrison (1994) [31] and Andrew Porter (2004) [32] began to reflect and take a more balanced view of the role of medicine in the Imperial context. For them, the role of the missions was one of good works and fellowship, with no obvious political agenda to expand the imperial boundaries. However, Hardiman (2007) [33] also argued that the Protestant missionaries provided medical care to win the trust of the tribal people, and then ultimately aimed at converting them to Christianity. Sandeep Sinha (1998) [34] and Anil Kumar (1998) [35] opined that, although there were positive results in terms of health issues due to the introduction of new medicines, its benefits were restricted to the upper caste elites only, while the tribal and the lower caste people remained in their same degraded social condition. Following the line of argument that western medicines ensured better treatment, the Indian historians and writers, most notably Poonam Bala (1991) [36] and Biswamoy Pati (2001) [37], have all sought to link the role of medicine to the establishment and security of colonial power, and considered medicine as one of the benefits of colonial expansion. Despite Padel (1995) [38] arguing that Christian missionaries tried to give birth to "soldiers of Christ" through their spiritual and health activities, and that Western medicines were meant for healing the bodies and salvation of souls, ultimately its usage did not produce a large number of converts because medicine and evangelisation could rarely be put together into practice [39] (p. 61), [40]. That being said, for David Arnold [41] (pp. 1–19), Nandini Bhattacharya (2012) [42] and Thomas Beidelmann (1974) [43], the role of physicians was "colonial, rather than simply medical", while "missionary medicine" went against tradition, social structure and culture, and was a part of the Western "cultural

package" that forced elements in the form of medicines and undermined indigenous medicines; however, modern medicine reached distant places under the aegis of the East India Companies and "represented an emerging cosmopolitan medical system which stressed scientific causality" [1] (p. 229). Although practically speaking, there is no "pure" East or "pure" West, this concept arose from a great deal of confusion and prejudice over "indigenous" and "Western" knowledge [10] (p. 15). India, because of overpopulation, malnutrition, poor sanitation facilities and lack of hygiene, already led to high incidence of illness and mortality [44] (p. 187). Thus, the Western "scientificness" of diagnosis and medicine brought a new life to the people, especially to those residing in the frontier zones. However, to understand the reason for the victorious outcome of Western knowledge and imagination, it is imperative to understand the deeply grounded social and epistemological factors of the non-western worlds [45] (pp. 19–24).

This paper will look into the medical mission undertaken by the Canadian Baptist missionaries among the tribal *Savaras* of the Ganjam district in the twentieth century, and will show that the medical undertakings were part of the philanthropic aspect that changed their lifestyle, and not just "tools" for planting churches. (I borrow the term "tools" from Phillip Curtin [23] and Daniel Headrick's [24] works to express that medical mission was not a "strategy" to propagate the Gospel and establish church buildings in the region. Education and medicine were seen as "tools" after the practical experiences of missionaries in the field, and in the last few decades of the nineteenth century, these systems were accepted as an integral part of the missionary enterprise. It was established that schools and hospitals, along with preaching, the trio acted as "great evangelistic agencies" [39] (p. 57).) It was because of the medical mission, that the *adivasis* could access to proper treatment with the establishment of primary healthcare centres dispensaries and hospitals. Because of growing success rates of the medical mission, people started believing in the Christian way of life and their religion. Although medical undertakings were oriented towards the notion of "preach and heal" (i.e., to spread the Kingdom of God among the people, along with looking after their health issues and creating a qualitative difference in the lives of the *adivasi Savaras)*, the introduction of western medication created disparities within the *Adivasi* population and invited political troubles as well. Through medical assistance, there was an attempt to develop reliance on the Holy Spirit among the population, which resulted in embracing Christianity by a number of people, thus bringing a separatist religious identity into the region. Apart from the benefits of western medicines, there were episodes of vengeance and attacks from the Hindu population and fellow tribesmen that led to intra-tribal conflict. Therefore, medical mission had a wider impact on Ganjam and its people, other than health and spirituality.

This research is based on the archival sources and secondary works of literature that are pertinent to this theme. For a better understanding of the central argument, I have divided the article into sections which might appear easier for the readers to follow. The first section introduces the region of Ganjam and its tribal inhabitants, i.e., the *adivasi Savaras.* Next, I shall turn to how diseases were perceived and treated by the tribal people and then move on to the medical epistemes of the Canadian Baptist medical missionaries and their contributions in the region. The next section will briefly deal with the political turbulence that took place in Ganjam due to the spread of Christianity, which is believed to have happened for the medical mission and the growing faith of people over the healing power of Jesus. The Conclusion will summarise the main thesis of this article.

2. Brief History of Christianity among the *Savaras* in Ganjam (Orissa)

The province of Orissa (see map; Figure 1) is a land that was, geographically speaking, previously only accessible by sea, rivers or the narrow strip of land running parallel to the coast [46]. (The railway age dawned in Orissa by the closing years of the nineteenth century, when the first train from Khurda to Bhubaneswar set off on 20 July 1896. However, the history of railway development in Orissa has not been a consistent one. The prospect of railway development in Orissa had been bleak for a long time because Orissa remained

politically fragmented under British presidency, central provinces and Madras presidency. Therefore, it was difficult to travel to Orissa, and moving to its interior regions was more challenging [47]. Now, the situation has changed, and Orissa is accessible through roadways, railways, and airways.) Orissa has been the "Holy Land of the Hindus" and the ancient texts recommended its sanctity. It is "the land that *taketh* away sin" [48]. As per the census of 1971, Orissa had the second largest concentration of tribal population of the country (i.e., 23% of state's population), and the majority of them were the *Savaras* and the *Khonds.* Ganjam (see map; Figure 1) lies in the southernmost part of Orissa and is mainly a hilly district with extensive and thick foliage, mostly inhabited by the tribal people. The whole range of Ganjam Agency is a mountainous region and the indigenous people are found in greater numbers here than in any other excluded areas [49].

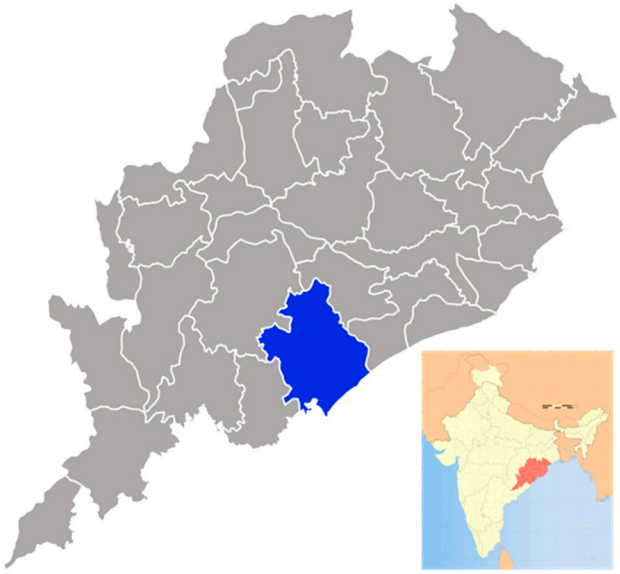

Figure 1. Source: this map shows the geographical position of the State of Orissa (coloured in red in the map of India), and the region coloured in blue is the Ganjam district which forms a part of the Northern *Circars* (https://en.wikipedia.org/wiki/ganjam_district, accessed on 22 February 2021).

The *Savaras* were one of the oldest tribal (The term "tribe" was essentially a "colonial construct", a "colonial category" [50] (pp. 70–71).) groups of India, living in the forested hill area of the Ganjam (see Figure 2), specifically in and around Parlakimedi, Gumma, and Serango [51] (p. 14). They were *adivasis* (tribes) of the hills whose primary occupation was hunting and food gathering [52]. They shared their racial legacy from the Proto Australoid group and their language belonged to the south Munda branch of the Austric language family [53] (pp. 1–3). Regarding religion, the *Savaras* believed in animism ("spirit worship") and totemism, performed regular animal sacrifices to propitiate and appease their gods and goddesses through a *shaman* (male priest) or a *shamanin* (female priest) to ward off evils as well as diseases [54] (pp. 69–72). Mythologies (The *Savaras* were believed to have connections with the Jagannath Temple at Puri in Orissa. Some said that they belonged to an old Bhil hermit called "Sawar", and carried stones for constructing the temple of Jagannath and dragged the temple car *("Rath")* [55] (pp. 7–12), [56] (pp. 29–30).) traced regarding the origin of *Savaras*, pointed towards a genuine possibility of Hinduism as their religion but, in reality, they were looked at as "*antebasis*" residing at the "*pratyanta desh*" meaning, "marginal" (in terms of geographical location) people living in the frontier zones [53] (p. 3).

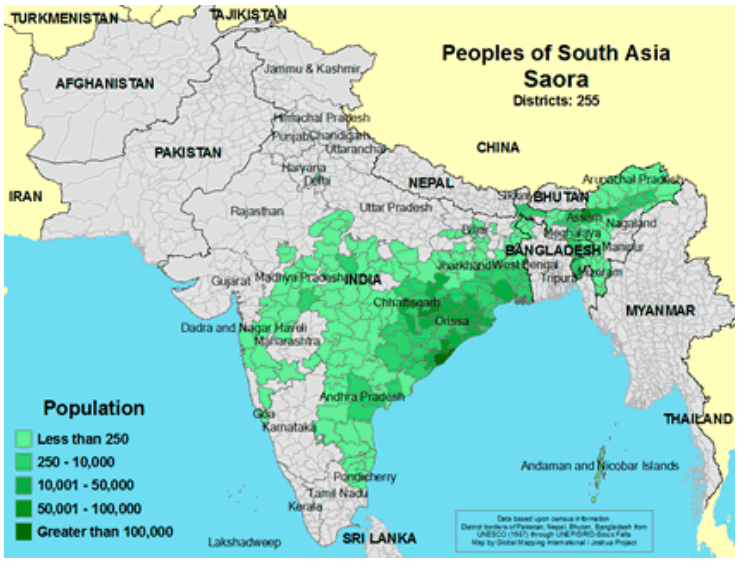

Figure 2. Source: this map shows the population concentration of the *Savara* tribe in different parts of India, and its highest density (coloured in deep green) is found in the coastal Ganjam district of Orissa, which is also a part of the Northern Circars (https://joshuaproject.net/people_groups/18023/IN, accessed on 2 March 2021).

The early years of the British rule brought with them restrictions on the arrival of missionaries and their work in India, until the implementation of the Charter Act of 1813, which lifted the ban and allowed the English Baptist Mission to first organise their missionary undertaking in the coastal districts of Orissa—namely, Cuttack, Puri, and Balasore. Prior to 1835, Christian missionaries had not entered the Oriya-Telugu speaking tract of the Northern *Circars* of Madras Presidency (presently South Orissa—see map; Figure 1). It was during the Central Baptist Convention in the United States, that a decision was made to send missionaries to the Northern *Circars.* In 1836, Rev. Samuel S. Day and Rev. E.L. Abbott of the American Baptist Mission came to Chicacole in Southern Orissa. The great famine of Orissa (1865–1867) opened a new chapter for the missionaries in this region. The American Baptists worked sincerely for the people and earned respect and recognition for themselves and, after a couple of years, they handed over the Chicacole station to the Canadian Baptist Mission (hereafter CBM) who, from 1885, made ventures in the frontier zones of Orissa and undertook evangelistic activities among the *adivasis* of the region [57]. One local *Savara* named Venkiah and Rev. J. R. Hutchinson, both toured the hills of Parlakimedi among the *Savara* villages in 1886, and in 1898, presented the idea of a mission among them, at the Ontario and Quebec Convention which got accepted by the elected Committee. Before the new year of 1900, a *Savara* evangelist, brother Goomana, was appointed under the new mission who did some brief tours to the hills, but mainly worked among the *Savaras* on the plains and extensively in Gopalpur. In May 1901, Mr. B. Subraidu, began his work as the first Telugu missionary for the *Savaras*, and the work started in full swing with the arrival of Rev. and Mrs. J.A. Glendinning in 1904 who settled in Parlakimedi to win the trust and worthiness of the tribal people [46]. The missionaries worked on establishing schools, hospitals and orphanages, along with their endeavours on getting Christian converts from the *Savaras* [58].

3. Healing the Tribal *Savaras:* Canadian Baptists and the Medical Mission

The Canadian Baptist Mission (hereafter CBM) was established in the year 1868 and had its work stretched from the river Krishna in south India to Ganjam (erstwhile a part of the Madras presidency, now a district under the state of Orissa). Their headquarter was at Toronto and the CBM worked for seventy-six years among the Telugu speaking outcastes and tribal population of Ganjam and the whole of the Madras presidency. With the invitation of Thomas Gabriel, a Dalit Christian leader from the Godavari district, John

and Mary McLaurin, two of the Canadian missionaries went to Kakinada (presently in Andhra Pradesh) in 1874 which marked the beginning of the overseas work of the Ontario and Quebec Convention. In 1912, this convention was merged with the Bimlipatnam (another city in the Vishakhapatnam district of Andhra Pradesh) mission of the Maritime Baptists to form the Canadian Baptist Foreign Mission Society [26] (pp. 52–53). Before talking about the contribution of the Canadian Baptist medical missionaries, let us briefly discuss how diseases were perceived and treated by the indigenous people of Ganjam.

In Ganjam, the *adivasis* were suffering from various ailments such as diarrhoea, acute respiratory infections, malaria, and were dying without proper medical treatment. Sickness was viewed as the effect of supernatural power and people would take the help of sorcery and magic spells because they were thought to be the most effective way of curing a sickness. Thus, people were easily victimized by the local physicians or *quacks* (I borrow the term "quack" from Chad Bauman to refer to the untrained local healers [6]) and were economically exploited, only to fail to cure their valuable lives [6,59], [60] (pp. 1–5). When epidemics broke out, the *Savaras* believed that the evil spirits were pouring poisons from above, while wind was a carrier of them, resulting in the death of children. People suffered from diarrhoea due to poor environmental hygiene, lack of safe drinking water, and improper disposal of human excreta; these conditions were further aggravated by low literacy, low socio-economic status coupled with cultural beliefs, and lack of access to medical facilities, which became indexes for an unfavorable health condition [61]. So, instead of proper medication (although there was no prevalence of medical treatment), these indigenous people concentrated more on rituals and practiced some bit of "traditional" methods to cure the ailments [62]. For instance, to cure a cut, leaves were crushed, turmeric was grinded, and applied, or butter was rubbed to the wound [63] (pp. 45, 116). Herbal remedies, oleo therapy, touch therapy, medicines by chanting holy scriptures were part of the tribal episteme of treatment [64]. Pati [37] offered an important perspective to understand the tribal conceptions of health and medicine in colonial Orissa by drawing on a variety of sources, including the rich oral tradition of the indigenous communities. His work offered a dynamic framework to show how the tribal communities invented Gods and Goddesses to deal with diseases attributed to the wrath of supernatural forces as well as to the exploitation of the colonial power and/or the Hindu Oriya. For instance, the *Savaras* believed in a new God called "*Sahibosum"* implying this God to be a European or touring official, the forest guard or policeman who were believed to have carried cholera with them. Hence, to deal with cholera, wooden images of this God were carved, and sacrifices were offered to keep him happy. Small pox was dealt with in a number of ways, i.e., resisting vaccination by the colonial officials, deserting villages, offering human and sacrifices, performing ceremonies, etc.

Therefore, all these conceptions were deemed as "superstition" (In this article, the word "superstition" is used in popular parlance of the term which means, a set of belief calling for reverence towards supernatural and unseen forces. Moreover, I use the term superstition in a similar way that Chad Bauman has put in his article "Does the Divine Physician Have an Unfair Advantage? Healing and the Politics of Conversion in Twentieth Century India" to show how people believed in spiritual forces that involved in health and healing [6] (pp. 297–321)). by the Canadian Baptists and the medical missionaries believed that these were reasons for a miserable life of the *adivasis* [65]. (The church's view of superstition was based on definitions as that of St. Thomas Aquinas in the Summa Theologica (1266–1273): "A vice centrary to religion by excess, not that it offers more to the divine worship than true religion, but because it offers divine worship either to whom it ought not, or in a manner it ought not." Thus, to the Christian church, the belief in any power but that of the Christian God was superstition; practices such as divination, spells, charms, and magic cures were proscribed. As well as the deliberate act of magic, there was a multitude of less heinous actions and beliefs, often termed as "vulgar errors" or "superstitious practices", which were also frowned upon, and to as little effect. John Melton puts in 1620, "a whole universitie of doctors cannot roote these superstitious

observances out" of people's minds. It was not until the mid-nineteenth century, that all these beliefs were referred to, in telescoped form, as "superstitions". There were fears that were instinctive like the fear of disobeying old taboos and its consequences which could also be termed as "superstition" [65] (p. 7), [66] (p. 109).)

Since the beginning of the CBM history, the ministry of healing had been an effective Christian witness. The number of medical practitioners, nurses, and doctors increased and in the turn of twentieth century, hospitals were progressively constructed in various mission centres [67] (p. 86).

The most remarkable contribution of CBM was the establishment of hospitals in Ganjam, and the primary reason for this was to reach the indigenous hill people and ensure proper medication to them. Missionaries Rev. Orchard and McLaurin reported that "the hills would not come to the doctor, so the doctor will go to the hills" [52,68]. The first missionary to be called for medical treatment was Rev. J.A. Glendinning, before whom no actions were taken by the British officials to take care of the medical needs of the *adivasis*. Although there was a government hospital near Parlakimedi, the *Savaras* did not visit there out of fear, and had immense faith in traditional remedies, that ultimately took a heavy toll on human lives. Therefore, they suffered and died without medical treatment [44]. Glendinning provided the *adivasis* with pills and bandages for immediate effect, which drew the latter's attention and they started responding to its usage. From July 1920, medical treatment started regularly in the hands of Dr J. Hinson West, who opened the first hospital building, which had three rooms, at Serango (see, Figure 3) in 1929, and in 1933, three additional wards were completed. The *Savaras* had deep fear towards hospitals, as they believed that demons made their abode in the corners of the hospital walls. One such *Savara* patient, after suffering for more than three months, finally turned up to the hospital and he was diagnosed with an abscess of liver. After proper treatment, within ten days, he recuperated from his illness, and became a staunch believer in medicines, rather than making an offering to the demons for keeping away diseases. Another *Savara* patient, who was a well-off local landowner suffered from swollen thighs and hips. He did not get any respite after performing animal sacrifices, and finally came to the hospital after being persuaded by some of the Oriya Christian converts. He was also diagnosed with a severe abscess. However, after applying simple incision and drainage, it gave him immediate relief. All this news spread in the localities and a number of people came to the hospital for treatment. They started seeing the hospital as a place where both prayers and cures were part of life [69] (pp. 5–7), [70]. These incidents showed how reliance on spirit worship shifted to the Holy Spirit.

Figure 3. Source: the Serango Christian Hospital in Ganjam district (now under the Gajapati district) established by the Canadian Baptist Mission (https://upload.wikimedia.org/wikipedia/commons/5/58/SCH%2C_Serango.jpg, accessed on 2 March 2021).

This confirmed to Rev. Glendinning that medical service was the best way to come into contact with the hitherto inaccessible *Savaras.* In 1930, Dr West noted that "the most striking feature of the year" was that the *Savaras* relied on medicines in cases such as when being clawed by a bear or wounded from an arrow. In cooperation with the Madras Government Program, he undertook a local campaign for the investigation and treatment of hookworm. From tests conducted in a school, he found thirty-four hookworm cases out of thirty-six persons. The problem of infant mortality was also very high. Dr West found that the common complains of illness was of malaria, skin disease, ulcers on feet and legs, along with digestive disturbances. He reported of an incident where a *Savara* man was in trouble with a bad ulcer on his foot. "The afflicted man had applied leaves and barks that were supposed to be good and offered animal sacrifices, but without improvement of his ulcer." He was then brought to Dr West, and after four days of treatment, the *Savara* healed up. This led to dozens of people seeing the hospital, for which in 1939, Dr West had to start an out-clinic at Gumma (five miles down Serango) and received positive responses from the *Savaras* as well [69] (pp. 5–7), [70]. In 1940, a clinic was opened for the treatment of yaws, a peculiar tropical disease afflicted among the tribes [52]. By this time, the total number of hospitals were seven; added to this was two leprosiums, financed by the Mission to Lepers, were managed by the CBM. Dispensaries were also established in the outlying areas (Daniel 1966, p. 86). In April 1946, Dr John Coapullai arrived in Serango, who was a good surgeon with special knowledge of eye diseases. (Rosemary Fitzgerland (2001) indicated that it was after successful surgeries that people began to show willingness towards western medical resources [9].) Dr Gill, another eye-specialist, who in cooperation with the "Operation Eyesight" of Sompeta hospital, pioneered the massive eye treatment for Serango. A three-year old *Savara* girl from a Christian family got blind by a smallpox attack. Cataracts were removed from both her eyes and gradually her vision came back. Dr Gill treated several patients with eye diseases, free of all charges; only they were asked to bring their blanket, their rice for food, and a helper with them. The miracle of seeing had become a new, wonderful experience for numbers of happy people, who otherwise would have to deal a life in darkness. By 1947, hospital and medical centres were filling a large place in the life of the *Savaras.* Mondays and Tuesdays were specially designated for treatment of yaws; and on Wednesdays, leprosy patients were treated. Special funds for renewal and advance were provided by the Canadian churches. With these supportive elements, Dr A.R. MacDonald constructed a new Indian doctor's house and planned for many hospital improvements, including the installation of an electric plant and X-Ray along with electric lights for the hospital and Serango Mission homes [69]. The statistical report of Ganjam in 1961 documented that the number of hospitals, dispensaries, primary health centres, and maternity house rose incredibly due to the continuous efforts of the Canadian Baptist missionaries. (Number of: hospitals-12; Dispensaries-42; primary health centres-29; maternity house-1 [71] (pp. 15–20).)

Another significant and special initiative, which was part of the medical undertakings, was taken up by the Canadian Baptist missionary Miss Munro, who took charge of some *Savara* infants, whose mothers had died for some reasons, and started the organisation named Savara Baby Fold [72] (pp. 31–33). Later Miss Ruth Troyer was in charge of that organisation and five older children besides infants were under their care [52] (p. 94). The famine that happened during 1836–1839, added a considerable number of children to the orphanages. During famine, many parents sold their children for a paltry sum or abandoned them here and there only to die. According to Rev. Sutton: "we purchased several of these children, or rather gave their parents a trifle and engaged to keep their famishing little ones. Several other children were picked up near hospitals and places where food was distributed, and a few, of their own accord, presented themselves at our doors and begged to be taken in" [69].

4. Changing Lifestyle through Health Care among the *Savaras*

The Christian missionaries perceived the cultural fervour of India in terms of their dual binary of "cultured" and "uncivilised". To most of them, India's "backwardness" and ignorance resembled to that of Africa which led the missionaries to think some bizarre portrayals of life and death in this country. This led to undertaking the "civilising mission" and bring Western medical facility to the doorstep of these nations [10] (p. 12). Therefore, the missionaries looked at the indigenous people as "slaves to sin and Satan", and to destroy the "wicked spiritual" world, the missionaries believed that the Gospel of Christ could rescue these souls. For this reason, the Canadian Baptists presented themselves as "messiahs" to the tribal people, preached and distributed tracts of Gospel, and established schools to come in close contact with the mass [73] (p. 55). With the increasing rate of success in health care in the hands of the Canadian medical missionaries, the *Savaras* started to believe in them and the religion of the "Whites". They started to emulate the missionaries' way of life and some embraced Christianity as well. Very often, a common question was asked, "if I give up the worship of the spirits, how can I get better?"; and the other Christian converts would reply, "our Doctor *sahib* (or Sir) . . . . has medicine that will heal up . . . " and tried to convince them that Christianity embraced all people without discrimination and they would be redeemed of their sins as well. (In India, it is but natural to accord the doctrine of *karma* (or deeds) as a major determinant of one's physical and psychological constitution, which carry its roots from the *Caraka Samhita.* Therefore, all ailments and sufferings are based on the past deeds) [74] (p. 2). There were instances when missionaries, especially the Bible women, used to read the Gospel and stories from the Bible to those who visited the hospital or were waiting in the queue at the hospital grounds to see the doctor. Visitors of patients were also added into the listeners' group, which created powerful impressions on people's mind. The *adivasis* started to believe in Jesus' healing power; as a result of this, most of them abandoned the practice of performing sacrifices and keeping spirit-pots in their homes [69]. A person near Rayagada was baptised in 1922 after he recovered from fever [75]. Evangelism began among the *Savaras*, with the baptism of Rudugu in 1928, who was the first *Savara* convert in the uplands. Two years later, Rudugu's household gave up sacrifices, spirit worship and liquor, and it was believed by all that it was the power of the Holy Spirit which accounted for this change in Rudugu's life [76]. Moreover, the ceaseless work of Rev. Glendinning, his associate women missionaries and two local preachers named Papaya and Goomana, spread the word of Jesus among the *Savaras.* Glendinning in 1938 reported that interest in the Gospel developed among them and seven or eight of them were baptised in that year, and in March 1940, eighty-six *Savaras* were baptised in and around Serango. In 1943, a medical woman from a village named Tumlo, converted after recovering from a serious disease. (A similar incident was noted by a Church Missionary Society doctor Paul White who, in his book *Jungle Doctor,* wrote a story where a boy was brought unconscious to him, who was suffering from cerebral malaria. Dr White assured that only God's assistance could cure the boy, and the boy was saved. Seeing this, the family declared: "Bwana, we see in his recovery the hand of God. We know now that these new ways are much better than our Gogo customs. We want to learn more about Jesus." On another occasion, a man after his cataracts were being removed by Dr White said: "I could not get rid of them, not could the witchdoctor, nor my relative, but you did with your little knife, and behold, I understood how Jesus could take away my sins, the cataracts of the soul . . . you preached better with your knife than with your tongue" [77,78].) In the same year, five *Savara* families embraced Christianity. Therefore, the *adivasis* became influenced by the caring nature of the missionaries; from the beginning of the twentieth century, work among the *Savaras* took place with great zeal, for which the name "Savara and Oriya Mission" changed to only "Savara Mission" becausethe *Savaras* were moved by the caring attitude of the Christian missionaries because they were the first to treat the *adivasis* with love and affection, which were not reciprocated from the upper caste Hindu Oriyas. The *adivasis* were kept in isolation and deprived from good behaviour and concern [64,79–82]. With time, the *Savaras* wished to have their own

church bodies instead of joining the "caste" Oriya churches, and on 16 February 1947, the new church building in Serango was set up and a fair number of people had walked miles away from their hamlets to attend the congregation. That day with two hundred members, the first Savara Baptist Church was organised (among around two lakh *Savaras*, only two hundred could be baptised by that time) [69], [81] (pp. 150–153). By March 1965, the *Savaras* even had the New Testament in their own language [81] (pp. 150–153). There was a remarkable change in their lifestyle as well. The Christian converts dressed in clean clothes and attended Sunday worship in the Church. For instance, on Sunday worship service, men wore white *dhotis* and *kurtas*, while women wore nice clothes and light ornaments [83] (pp. 31–36). The *Savaras* who hitherto were fond of the consuming blood of the animals sacrificed during festivals, gave up that sort of diet considering it as non-biblical, and adapted to having tea [84] (pp. 13–14). They celebrated festivals like Christmas, New Year, and Easter [85] (pp. 160–180). Christianity taught them to worship one God, the Creator, and helped the *adivasis* to be released from the fear of malevolent spirits. When Munro asked the reason for embracing Christianity, the *Savara* replied: "while life was full of fear and superstition, I was released from that fear and praised God who loves me" [86] (pp. 5–9). The power of healing played an important role in developing a sense of confidence towards the missionaries and the Christian religion. Therefore, the medical mission was not only about medicines and medical practices, but contributed to the changing psyche and perception of the lives of these *adivasis*. Western medical epistemology did not remain limited to health and wellness but created opportunities to lead a better way of life. It was a different sort of practical application of Western medical knowledge, which surrounded the history of medicine, systematic knowledge of body and its clinical interactions as well as a comparatively better outlook on human existence [13] (p. 24).

5. Political Turmoil and Issues of Conflict: A Brief Study

Despite efforts to bring a change in the lives of the *Savaras*, a major section of the population still remained subservient to the beliefs of magic and spell [87]. During epidemics and famine, people reverted back to their old habits of propitiation through sacrifices and rituals to appease their village goddess of disease. They believed that these phenomena occurred because of mistrust towards their own deities and "traditional" mechanism of curing ailments and falling for the Western mode of treatment. A missionary observed: "It is very disheartening to find the people as a whole utterly discouraged and the church life brought to a low ebb. The struggle for existence is so great that spiritual things have been neglected" [88] (pp. 11–14). Moreover, the missionaries were constantly met with a common misconception from the indigenous that the philanthropic undertakings of theirs were because "the government give the money and intend to destroy our ('heathens') religion (and) make us ('heathens') all one caste" [89] (pp. 7–8). The Hindus critiqued the Christian way of healing which referred to the western practices of medical knowledge. The Hindu upper castes did not distinguish medical beliefs from religion, for which many non-Christians accepted that "biomedicine was Christian science". They also showed aversion towards biomedical care through Christian hospitals and complained that physical healing constituted dependence on the Westerners and their faith. By the 1950s, rumours spread that medical facilities were concerned with persuading non-Christians to believe in Christianity [6] (p. 299). So, to stop this, incidents such as threating, physical abuse, burning of houses, and destroying church properties, were carried out in the region, which spread fear among the Christian believers, who suffered from psychological dilemmas as to whether return to their "traditional" belief system or remain loyal towards Christianity [90–92].

However, positive responses from the *Savaras* towards Christianity created ripples among the upper caste Oriyas and non-convert neighbours. As Orissa comprised overwhelmingly of the Hindu population, with its hierarchical caste structure, the upper castes believed that conversion from below would disturb this hierarchical social equation and envisaged that the new converts could be a threat to the society. Glendinning observed

that the upper classes resented to the sudden elevation of the lifestyle of the *adivasis* that the former had long despised. (This jealousy was a natural consequence in any converison movement. For instance, the sudden upliftment of the Nadars of Tamil Nadu, aroused antagonism and fury among the higher caste Nairs (who were the landlords and ruled over the Nadars), and in October 1828, under the leadership of a local Revenue Inspector, began to terrorise the Christian converts. The Christian converts were threatened, schools were forcibly shut, books were thrown and tore into pieces. The Nairs believed that the Nadars used Christianity to evade taxation and unpaid labour services and, therefore, lashed the Nadar converts [93] (p. 61).) The caste people befriended the Christian missionaries but abused the new Christian converts. One day a Gumma zamindar, out of resentment, beat up several Christians and when asked the reason for such a brutal act, justified that he did that with a view to frighten the converts and keep them servile, which he considered to be right and proper by the old customs [94] (pp. 26–29). The caste elders demanded the ex-communication of the offenders (i.e., the Christian converts) and such seething anger led to riots at Narayanpur village and the non-Christian *Savaras* raided the houses of the Christian believers. Thousands of inhabitants were driven out of their homes and the whole village was looted. On December 1928, a mob of drunken non-convert *Savaras* even encroached the village at night, vandalised the houses and stole whatever they could get at hand. In this situation, almost half of the Christians fled to Gumma and Ashrayagada, two nearby villages to save their lives [90–92]. In 1940, violent opposition took place towards the Christian *Savaras.* A CBM Report documented:

> *"It was just before Christmas, many of our Christian villages were plunged into trouble and terror. Hostile Paiks (another Hindu group) shrewdly incited the pagan Savaras in the hill origin, arousing them to fierce antagonism against the whole Oriya Christian community. The Savaras began by cutting a rice harvest of the Christmas in different places and taking it by force. It created real conflict between the Savaras and the Oriya Christians, thousands of Savaras came to attack with bows and arrows, axes, knives and lathi"*. [9] (pp. 27–30)

This created intra-tribal conflict as well and broke the solidarity of the *Savaras* [89] (pp. 11–14). In January 1941, a mob descended to the Serango village, attacked the Church, murdered an Oriya pastor and burnt down houses. Out of fear, people fled to the surrounding forests, a number of them were caught and beaten, while some took shelter in the hospital grounds [95]. In 1943, another wave of attack in the Christian villages led Miss Turnbull, a Bible woman, and an eyewitness to report:

> *" . . . . whole villages were looted and burned and the inhabitants driven out. What pitiful stories we heard of those days of flight, little children separated from parents, people escaping from the Savaras to run into another land, women and girls snatched and torn by their ears, noses and neck"*. [96]

A Christian leader had stated: "they broke everything in the church, the idols and burned the Holy Book. They burned some of our houses. The parish priest saw all these helplessly" [9] (p. 254). The non-convert *adivasis* were incited to target the Christian converts, both towards the Dalits and *Adivasis*, and break the solidarity among the population. With Christianity coming to the region, the urge to create Orissa a Hindu "*rashtra*" or state developed profusely and along with it, the institutionalisation and normalisation of the Hindu majoritarianism crafted out an imbalanced political and social environment. Therefore, the entire context of "us" and "they" between the non-believers and believers of Christ, respectively, created a separatist identity among the people, that brewed confrontation and hard feelings within the community [97].

6. Conclusions

Medical mission is, nonetheless, a controversial issue. The Protestant missionaries believed that medical mission was the most important agency to reach the rural people and functioned similar to a "kindergarten system for preaching the message of the Gospel" [44]

(p. 187). In our case study, we found that the scientific medical treatment not only did cure illness, but also made people free from the constant fears of some "supernatural elements" who came out from the misconception that sickness happened due to possessions of demons or at the displeasure of evil spirits [69] (pp. 1–3). They realised that proper medication was the sole way to get cured. Moreover, hospital facilities infused a sense of hygiene and cleanliness for a better standard of living [80] (pp. 24–26), [58] (p. 103). So, the work of a doctor or nurse was twin in nature, combating with the evils of diseases on the one hand, and superstition on the other, using their healing skills and present a convincing example of a "living example of Christ" in saving the body and converting the soul However, this led to conflict of interest in the region. While the missionaries believed that they were providing the best treatment to the abysmal healthcare system, the upper caste Hindu Oriyas, considered these humanitarian services, as aims to convert people which led to political confrontation which took forms of vandalism and riot in Ganjam. The solidarity among the *adivasi Savaras* also got affected with differences in lifestyle between the believers and non-believers of Christ, ultimately leading to development of separatist identity and intra-tribal conflict. Thus, it was argued that the Christian missionaries were responsible for developing a sense of distrust and advocated separatism among the population [98] (p. 30). However, it is undoubted that medical mission was a "discourse of power", but also, an endeavour on the part of the Christian missionaries for healing people around the world that was oriented towards their physical, emotional, and spiritual health.

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