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# Christian Missionary and Medical Missions in Assam: The American Baptist Mission and their Medical Activities in Colonial Assam

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**Abstract**

This paper explores the role of the American Baptist Mission's medical work in colonial Assam, focusing on the Brahmaputra Valley and the Garo Hills. Confronted with strong resistance from non-Christian communities, the missionaries found in medical service an effective means to build trust and open avenues for the spread of the Gospel. Their hospitals and dispensaries not only alleviated human suffering during frequent health crises but also introduced Western medical knowledge and notions of hygiene and progress. Through this dual process, medical missions advanced both evangelization and the broader civilizing mission of the West. However, alongside the adoption of Western medicine, a form of healing pluralism emerged, as indigenous and missionary approaches to health coexisted—though Western methods were often presented as superior. The paper also examines these dynamics and their implications for colonial encounters in Assam.

**Keywords**: Medical Missions, Evangelization, Western Medicine, Conflict, Civilising Mission

Medical missions played a transformative role in advancing Christianity and in gaining access to native populations where other missionary efforts had failed to reach non-Christian communities. The medical activities of missionaries, often viewed as philanthropic or humanitarian efforts, also served evangelical purposes that Rosemary Fitzgerald termed as "clinical Christianity."[1] Within the Christian worldview, sickness was often linked to spiritual impurity, which could be healed through faith in Christ. Therefore, the sick was encouraged to receive both the Gospel for spiritual healing and medicine for physical recovery.

The initiative to invite missionaries to the hill areas of Assam originated from the then Company government, which faced strong resistance from local tribes in implementing its administration. Officials believed that the missionaries, through their compassionate approach, could win the confidence of the people. It was David Scott who, in 1827, wrote to C. A. Fenwick, the registrar of the local record committee at Sylhet, recommending the

[1] Rosemary Fitzerald, 'Clinical Christianity': The emergence of Medical Work as a Missionary Strategy in Colonial India, 1800 – 1914', *Health, Medicine and Empire: Perspective in Colonial India,* Biswamoy Pati, Mark Harrison(ed), Orient Longman.

engagement of medical missions to help pacify the Garos.[2] Later, in 1870, the Lieutenant Governor proposed sending a medical officer to Tura to work among the Garo people, suggesting that if the station proved sustainable, the government would extend its full support to maintain it.[3] In this context, the first medical mission of the American Baptist Mission was sent to the Garo Hills in 1899. Gradually, missionary efforts in the hill regions began to bear fruit.

In the plains of Assam, the medical mission at Sadiya was established in 1907. Sadiya held strategic importance for both the colonial administration and the missionaries. From this mission, in 1935, medical men were sent to Majuli—the center of Vaishnavite monasteries—where no Christians resided.[4] The same mission also established a leper colony in Jorhat — the first leprosy treatment center in Upper Assam — which provided care for individuals ostracized by their families and communities. Over time, a Christian community emerged among the leper patients.

Through such initiatives, the medical missions enabled missionaries to come into closer contact with the local people, allowing them to share the Gospel while providing much-needed medical care. Thus, the American Baptist Mission's medical work in Assam not only contributed significantly to the region's health sector but also advanced its evangelical objectives.

Although the American Baptist Mission in Assam is widely recognized for its contributions to language, literature, and education, its medical endeavors remain comparatively overlooked. In recent years, however, missionary medicine has begun to attract scholarly attention within the broader field of medical history.[5] Against this background, the present study seeks to examine the medical missions of the American Baptist Mission in Assam and their wider socio-cultural implications.

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[2] Major Adam White, *A Memoir of the Late David Scott*, Department of Historical and Antiquarian Studies, Guwahati, Assam, 2015, pp. 77-78.

[3] Rev. E. G. Phillips, *Historical Sketch of Garo field*; The Assam Mission of the American Baptist Missionary Union, Nowgong, 1886, p.59.

[4] One Hundred Twenty Second Annual Report of the American Baptist Mission Society 1936, The Judson Press, New York, p.71.

[5] David Hardiman(eds), *Healing Bodies Saving Souls: Medical Missions in Asia and Africa*, Rodopi Publication, New York,2006; David Hardiman, *Missionaries and their Medicine: A Christian Modernity for Tribal India*, Manchester University Press, 2017; David R Syiemlieh, " Colonial Encounter and Christian Missions in North East India," *Proceedings of the Indian History Congress,* vol. 73, 2012, David R Syiemlieh, "Christian Medical Missions", *The Routledge Companion to Northeast India*, Jelle J. P Wouters, Tanka B. Subha(editors), Routledge India, 2022, Rosemary Fitzerald, 'Clinical Christianity': The emergence of Medical Work as a Missionary Strategy in Colonial India, 1800 – 1914', *Health, Medicine and Empire: Perspective in Colonial India,* Biswamoy Pati, Mark Harrison(ed), Orient Longman., Amena Passah, 'Christian Mission in Khasi Jaintia hills', *Christianity and Change in North East India,* T. B Subba, Joseph Puthenpurukal, Shaji Joseph Puykunnel (ed),Concept Publishing Company, New Delhi, 2009; Phoibi Lalniropui Tuolor, "Colonizing the Heathens: Welsh Medical Mission in 'A Land of Many Tribes'," *International Journal of Humanities & Social Science Studies*, Vol. 1, issue 1, July, 2014.

**American Baptist Mission in Assam:**

After the establishment of British administration in Assam, the colonial officials faced resistance and recurrent violence from the frontier hill tribes, whom they derogatorily referred to as "bloodthirsty savages". Recognizing the province's rich natural resources and the discovery of tea in 1824, British officials stationed in Assam began advocating missionary intervention. They believed that the gospel could serve as a pacifying influence upon the indigenous population. Among these officials, David Scott sought cooperation from Bishop Reginald Heber of Calcutta; however, the plan did not materialize.

Following Scott, Francis Jenkins played a pivotal role in inviting the American Baptist Mission to establish a mission in Sadiya, thereby marking the beginning of organized missionary activity in Assam. Jenkins informed the mission board that the languages of the frontier tribes, particularly the Singphos and Khamtis, bore similarities to Burmese, suggesting that Assam could serve as a stepping stone for a future "Shan Mission." Consequently, on 23 March 1836, Rev. Nathan Brown and Rev. Oliver Cutter, along with their families, arrived in Sadiya. The purpose of occupying Sadiya was, as has already been stated, to connect the Chinese frontier with Burma in the hope that the tribes between Sadiya and Ara would be evangelised and that an entrance into China might also be affected.[6] However, upon arrival, they discovered that the main groups they intended to reach were located beyond the mountains. They were later joined by Rev. Miles Bronson, who assisted them in reorganizing their mission work.

Faced with initial disappointment, Brown and Cutter turned their attention to the Assamese and Khamti populations, while Bronson moved to Jaipur. By 1839, after the British conquest of Upper Assam and the annexation of the Muttock kingdom, the entire Brahmaputra Valley was opened to evangelization. However, missionary progress was soon disrupted. On 28 January 1839, a violent uprising broke out in Sadiya when the Khamtis attacked the British cantonment, burning houses and killing several people, including Major White, the commandant of the Assam Light Infantry. These hostilities forced Brown and Cutter to abandon Sadiya and relocate to Jaipur. From there, Bronson initiated a Naga Mission in 1839, while Brown moved to Sivasagar—the heart of Upper Assam—to focus on the plains population after failing to penetrate the hills. Cutter later joined him in this endeavour. Meanwhile, Rev. Bronson and Rev. Berker extended their activities to Nowgong and Gauhati, respectively.

From the Gauhati mission station, work gradually expanded toward the Garo Hills. The first mission in the Garo Hills was established in 1867, following Bronson's visit. However, Jenkins soon asked Brown to start a mission in the Garo Hills from Guwahati soon after the missionaries arrived in Sadiya, but it could not be materialised because their focus was on Sadiya. The story of Christianity in Garo Hills is particularly remarkable due to the contributions of two native converts, Omed and Ramkhe, who embraced Christianity in 1863 and became pioneering figures in spreading the faith. Both of them were students in the school in Goalpara established by the government in 1847. Omed opened a mission centre at Rajasimla, while Ramkhe established a school at Damra. When Bronson later visited the area, he baptized twenty-six Garos—an achievement that Dr. H. K. Barpujari describes as

[6] Victor Hugo Sword, *Baptist in Assam: A Century of Missionary Service 1836-1936*, Spectrum publication, Guwahati, 1992, p.47.

evidence of how faithfully these local converts had labored in the face of "reproach, ridicule, and even threat of life."[7]

Until 1875, Goalpara served as the headquarters of the Garo Hills mission. Following the British annexation of the region in 1872–73 and the arrival of dynamic missionaries such as Revs. M. C. Mason and E. G. Phillips in 1874, a new phase of expansion began. The mission headquarters was shifted to Tura in 1876. Although the missionaries initially encountered hostility, by 1910 the membership of the church had grown to about four thousand, making it one of the most self-reliant and flourishing mission fields in Assam.[8]

The missionaries undoubtedly faced severe hardships, including resistance from the indigenous people, health hazards, and financial constraints. Nevertheless, their perseverance remained unwavering. In several instances, the colonial government extended logistical and financial support to the missions, driven by its own strategic interest in securing the frontier regions and promoting social welfare to ensure political stability.

Despite their efforts, the missionaries achieved limited success among the Assamese plain's population. The Hindu population of the plains, already religiously organized, perceived little distinction between Christianity and their own faith. Consequently, conversions were largely confined to lower-caste groups who had been marginalized within the existing social hierarchy. In contrast, Christianity achieved significant influence in the hill regions, where it became a primary agent of socio-cultural transformation. As historian Frederick S. Downs observes:

> "Christianity also brought the tribals the skills necessary to function effectively within the new society that modernization was bringing. It thus helped ensure that political and economic power would not pass into the hands of outsiders because the local people lacked the necessary skills to maintain those powers under the new circumstances."[9]

**Medical Mission of the American Baptist Mission in Assam:**

During the nineteenth and twentieth centuries, diseases such as cholera, tuberculosis, various bowel disorders, fevers including kala-azar, chickenpox, smallpox, leprosy, skin infections, and measles were widespread in Assam, leading to an alarmingly high mortality rate. Cholera often assumed epidemic proportions, while kala-azar, or black fever, proved particularly virulent in the Garo Hills region.

In traditional tribal societies, religion and illness were deeply intertwined. Disease was commonly perceived as a manifestation of divine displeasure, and its cure was regarded as a religious duty. The prevailing belief attributed illness to the wrath of gods or the influence of malevolent spirits. Among the plains people, for instance, the goddess Sitala was worshipped to ward off smallpox. Priests and indigenous healers, or native doctors, treated diseases primarily through rituals involving offerings and sacrifices intended to appease deities and demons.

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[7] H.K Barpujari, *The American Missionaries and North East India (1836-1900) A Documentary Study*, Spectrum Publication, Guwahati, 1986, Introduction, p.xx.

[8] Ibid.

[9] Frederick S. Downs, *Christianity in North East India*, Indian Society for Promoting Christian Knowledge,
1983, Guwahati, p.185.

Alongside religious healing, herbal medicine formed a vital component of indigenous medical practices in Assam. Traditional healers, known as *Kaviraj* or *Baidyas*, followed Ayurvedic principles derived from ancient Hindu texts and prescribed a wide range of herbal remedies to treat various ailments.

Despite the alarming prevalence of diseases, the colonial government largely failed to provide adequate medical care. The colonial health system prioritized the needs of Europeans, the military, and plantation labourers, leaving the indigenous population with limited access to treatment. Medical facilities were concentrated in district headquarters, while rural and tribal villages remained severely neglected. Christian missionaries played a crucial role in this context by extending medical assistance to those most in need, often reaching remote areas where government aid was absent.

The missionaries who were deputed to their respective fields often possessed only minimal knowledge of medicine. Nevertheless, when required, they provided basic medical assistance to people suffering from severe ailments. In one instance, M. C. Mason from the Garo Hills illustrated an event in which a patient was cured through missionary medicine, after previously resorting to animal sacrifices in accordance with his traditional beliefs, that had failed to bring any cure.

> "One pastor thus taught cured a patient with three or four doses of medicine where already three bulls had been sacrificed and a fourth was soon to be offered. Fifteen chicken and a hog had been the oblation for the inflamed eyes of a patients, who presenting himself at the mission dispensary, departed with sufficient medicine, secured for the price of one chicken, to cure himself and several others."[10]

While Dr. Crozier began his medical venture in the Garo Hills, he encountered numerous instances where local diseases were traditionally treated through animal sacrifices or other indigenous healing practices. In the mission schools established by the American Baptists, students were instructed on the importance of cleanliness and personal hygiene. Despite the growing presence of medical assistance, it must be acknowledged that most of the Garos continued to rely on their traditional healers, known as Ojas or witch doctors, and even many converts to Christianity still used herbal remedies.[11]

By 1902–1903, there were four dispensaries operating in the Garo Hills, two of which were located in Tura—one being managed by the American Baptist Mission. The mission hospital in Tura was supported by nurses Miss N. A. Robb and Miss O. E. Carter, who assisted Dr. Crozier in his medical work.[12] Dr. Crozier served at the hospital until 1916, after which he was transferred to Manipur, where he started a leprosy colony.

Following Dr. Crozier, Dr. Ahlquist took charge of the medical mission in the Garo Hills, serving for nearly six years (1917–1923). In 1923, he was transferred to Jorhat, and during his absence, the medical services in the Garo Hills were managed by Nurse Miss A. V. Blakely until 1927, when Dr. and Mrs. Downs arrived. Dr. Downs devoted forty years of service to the hospital until his retirement in 1967. It was Mrs. Downs who started the Auxiliary Nurses Training Classes at the Tura Hospital in 1958. Dr. and Mrs. Downs were the last American

[10] William Carey, *A Garo Jungle Book,* The Judson Press, Philadelphia, p.260.
[11] Milton Sanga, *History of American Baptist Mission Vol. 2*, Mittal Publication, New Delhi, p.177.
[12] Ibid, p.180.

Baptist missionary doctors to serve at the Tura Mission Hospital, after which the institution was handed over to Indian doctors and nurses.

**H.W. Kirby and the Medical Mission in the Plains:**

The next medical mission of the American Baptist Mission in Assam began with the arrival of Dr. Herbert William Kirby in 1907 at Sadiya. Dr. Kirby was a homeopathic practitioner, and his posting marked an interesting phase in the mission's history. Although Sadiya had earlier been the first mission station of the American Baptists—which initially proved unsuccessful—it was strategically significant due to its location. There was a great need for medical care in the frontier region of Sadiya, especially among people living in distant areas where only one dispensary—the Sadiya Dispensary—was available.

Dr. Kirby had made tour, visiting villages for medical help. During his one visit to a Singpho village, he mentioned that he treated around 650 people. The villagers received him warmly and welcomed the medical team into their communities.[13] It was through medicine that the missionaries found an open path to reach these people and share their Gospel. Patients from long distances came to Sadiya seeking medical help, and Dr. Kirby often made home visits to surrounding villages.

In one of his accounts, Dr. Kirby described visiting a village during a cholera epidemic, where he treated malaria and skin diseases. Upon arrival, he found the villagers gathered by the riverbank, holding a feast. One man stood in the water beside a boat made from banana plant stalks. Food was placed in the boat as an offering to the spirits believed to have caused the illness. When the feast ended, the villagers set the boat loose in the river's current, believing that the spirits—and the disease—would be carried away. Later, when another European met some of the villagers, they told him that "the doctor *sahib* had visited them and taken the disease away with him."[14]

In 1911, Dr. Kirby visited Impur and Golaghat, where a severe cholera outbreak had occurred. In Golaghat, he collaborated with another missionary, Mr. Swanson, and together they toured nearby villages, traveling nearly thirty miles into the district. They treated a few Christians and only a small number of Hindus, as many Hindus refused medical assistance, claiming that taking medicine for cholera was contrary to their religious beliefs. Tragically, numerous deaths occurred—many who fell ill at night were dead by morning. Where villagers were receptive, the missionaries explained the causes of the disease and preventive measures, distributing cholera tracts that Kirby had printed. Remarkably, not a single Christian succumbed to cholera, and by the time Kirby departed, some of those who had initially rejected treatment came to the mission station seeking help from Mr. Swanson.[15]

The Sadiya mission gradually expanded, and by 1913, the Sadiya church had 64 members.[16] Two additional churches were organized—one at Saikhoa, about five miles from

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[13] Personal Letter collection of Dr. H. W Kirby, 1913-1919, for details https://abhs.access.preservica.com/archive/sdb%3AdeliverableUnit%7Cae915a37-5cb4-4f24-b893-2cdcc85d151e/?view=render.

[14] Personal letter collection of Dr. Kirby, 1902-08, for details https://abhs.access.preservica.com/archive/sdb%3AdeliverableUnit%7Cae915a37-5cb4-4f24-b893-2cdcc85d151e/?view=render.

[15] Ibid.

[16] Ibid.

Sadiya, and another at Kurigaon, located another five miles further on. Apart from this, medicines were also sent to Burma along with supplies to other mission stations under the Assam Mission. Missionaries used medicines both in their stations and during their tours, and it was evident that even simple medicines could help break down opposition and superstition, opening the way to the villages and homes. Every parcel of medicine sent out to Hindus or Muslims contained some form of Christian literature, and each bottle of medicine carried a Christian verse printed on its label. From the Sadiya mission, work was also extended to Margherita and Ledo, focusing mainly on the immigrant labor population.

In October 1919, Dr. H. W. Kirby, along with his wife, left Sadiya and arrived in Jorhat to begin his medical work there, as well as for the Golaghat district and, as far as possible, for the entire Assam Valley. Earlier, in 1906, S. A. D. Boggs had started a school in the Rajabari area, where he also provided medical treatment, though he was not a professional medical missionary. A Baptist donor later contributed $2,500 for the construction of a hospital in Jorhat. Initially, medical services were offered from a rented bungalow that functioned as a dispensary, staffed by seven helpers. By 1921, one of these helpers received three months of training in eye operations.

To prepare for his new responsibilities, Dr. Kirby underwent eleven months of specialized training in tropical medicine at the London School of Tropical Medicine. Through his perseverance, a plot of twenty acres of pasture land was acquired in Barbheta, about two miles from the center of Jorhat town, for the construction of the mission hospital. The hospital building was completed in 1933. The Jorhat Mission Hospital became one of the most advanced hospitals in Assam at the time, offering both eye operations and major surgical procedures.

After arriving in Jorhat, Dr. Kirby also initiated a leprosy treatment centre and a leprosy colony. Earlier, he had managed a small leper treatment center in Golaghat, but it had to be closed once the Jorhat center became crowded with patients and demanded his full attention.[17] Before the completion of the main hospital building, treatments continued in the dispensary.

In 1927, Dr. Ahlquist joined Dr. Kirby from Tura. He was a skilled surgeon, who performed both major and minor operations, including eye surgeries, and also contributed to the planning and construction of the hospital. Unfortunately, he had to resign in 1939 due to the loss of his eyesight. During his absence, Dr. Lahori Bhuyan, the first Indian Christian lady doctor from Assam, assisted Dr. Kirby by managing surgeries and administrative duties.[18]

After Dr. Ahlquist's resignation, Dr. Oliver Hasselblad joined the mission in 1939 and took charge as the administrator of the general hospital. By that time, separate wards for male and female patients had been added. Following Dr. Hasselblad's appointment, Dr. Kirby devoted himself primarily to the leprosy treatment center and colony until his retirement in 1954.

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[17] Dr. A. K. Goldsmith, 'The Indian (National) Leadership in the Development and Growth of the Jorhat Christian Medical Care', *EPOCH*, Centenary celebration souvenir of Jorhat Christian Medical Centre, 2024, p.15.

[18] Ibid.

From its inception, the Jorhat Christian Hospital also operated a nursing training center. Miss Almyra Eastlund and Miss Kay Knight were the first missionary nurses of the Jorhat medical mission. They not only served the sick and needy but also trained local Assamese girls in nursing, thus extending the mission's legacy of compassion and service.

**Hospital for Women: Satribari Women Hospital, Guwahati:**

Due to prevailing social restrictions, women—particularly those from high-class families—were not permitted to be treated by male doctors. This often resulted in inadequate medical care and, in several cases, even deaths. Consequently, a large section of women remained beyond the reach of both medical assistance and the gospel message.

Recognizing this urgent need, the Women's Association of the American Baptist Mission established a hospital exclusively for women and children in 1925 at Satribari, Guwahati, known as the Satribari Hospital. However, the hospital's services had begun even before the completion of the main building. In 1921, missionary nurse Millie Marvin initiated medical work from a thatched house and also began a nursing training program. Dr. Lahori Bhuyan later became the first female doctor to join the hospital.

By 1925, the Satribari Hospital had treated 4,484 patients, including 26 inpatients and three maternity cases, marking a significant advancement in women's healthcare and missionary medical outreach in Assam.[19]

**Conclusion:**

The medical mission activities in Assam went far beyond merely providing healthcare to the underprivileged who desperately needed medical help. The missions also included training native boys and girls who later carried forward the legacy of their work. While serving the people, the missionaries always kept in mind their primary goal—to spread the Gospel message through their medical service. To this end, they often attached Christian messages to medicine labels or displayed religious pictures and verses in hospitals and dispensaries. Hearing the message of Christ in mission hospitals thus became a routine experience. Healing people in the name of Christ was considered the central purpose of their mission.

However, by introducing Western science and technology into the health sector, the missionaries made Western medicine accessible to the local people, many of whom had previously rejected it as being against their religion. Although the colonial government had already implemented vaccination programs, these were widely opposed by the natives on religious grounds.[20] The missionaries, on the other hand, used Western medicine in a more subtle and compassionate way, which made it more acceptable. Through this approach, they facilitated both the acceptance of Western medical practices and the spread of Christianity. Yet, this process inevitably led to a clash between indigenous healing traditions and the Western medical system.

[19] The work of the Assam Baptist Mission as reported by the Missionaries at the Jorhat Conference, Guwahati, 1926, p.13.

[20] Municipal Report for the Province of Assam, Assam Secretariat Press, Guwahati, 1875- 76, p.5.

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