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SCOTTISH PROTESTANT-TRAINED MEDICAL MISSIONARIES IN THE
NINETEENTH CENTURY AND RISE OF THE EDINBURGH MEDICAL
MISSIONARY SOCIETY

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List of Abbreviations

ABCFM	American Board of Commissioners for Foreign Missions Boston, USA.
AULSC	Aberdeen University Library Special Collections
BL	British Library, London
BMS	Baptist Missionary Society, London
CMSA	Church Missionary Society Archive, London
CMMS	China Medical Missionary Society
CSCNWW	Centre for the Study of Christianity in the Non Western World Edinburgh
ENCL	Edinburgh New College Library
EMMS	Edinburgh Medical Missionary Society
IMS	Indian Medical Service
LMS	London Missionary Society
LMMS	London Medical Missionary Society

ML	Mitchell's Library, Glasgow
NLS	National Library of Scotland, Edinburgh
SOAS	School of Oriental and Asian Studies, London
UGSC	University of Glasgow Special Collections
IO	India Office, London
WIL	Wellcome Institute Library, London

Chapter 1

Approaches to the history of the Scottish-trained Protestant medical missionaries

This work seeks to identify and separate the Scottish-trained Protestant medical missionary from the rest of the Western missionary enterprise during the nineteenth century. To do this the canon of written work on the subject will be examined and areas of evidence and debate identified. This will address the fundamental problem, inherent within this topic, which is that the Scottish-trained Protestant medical missionaries have become subsumed into the whole missionary enterprise. Many historians have failed to identify those differences in preaching styles and belief systems which effectively separate, rather than unite, the missionaries working in the foreign field. They seldom make any division between the wholly evangelical preachers or between nationalities and credos. While it is true that the Scottish-trained medical missionaries were always evangelists, they later became more focused upon conversion through medicine, as a method of showing God's benefice, rather than simply teaching the scriptures.

The explanation of the development and importance of the Scottish-trained Protestant medical missionary in the nineteenth century is an area of research which has long been overlooked: this does a great disservice to the innovative role, developed in Scotland. As an attempt to rectify this lack of information this work will address not only the medical training, recognised as being amongst the best on offer during the nineteenth century, but also identifies the source of the need and response to create and maintain the first project for the production of such missionary workers.

The term Protestant, in the context of this work, is located wholly within the non-Roman Catholic congregations of Scotland during the nineteenth century. The Protestant form of worship rose to prominence in Scotland during the latter part of the sixteenth century and later came to develop a set of standardisations of church governance and religious rites, to be used in all Scottish churches that declared adherence to this form of worship.

During the period under review, many missionaries were despatched out into the newly opening colonial territories, by both European and United States Protestant missionary groups. However, the Roman Catholic Church was also very active in the mission field, but their approach was fundamentally different from all others, relying as they did upon various religious orders of Jesuits, Hospitaller Brothers and Nursing sisters to carry their beliefs forward. Although some of these groups did contain medically trained workers, generally they could only offer palliative care to the sick and it would not be until much later in the nineteenth century that the use of fully trained medical staff within the Roman Catholic missions became as prevalent as that within their Protestant counterparts.

With the expansion of the British Empire and its overwhelmingly Protestant and anti-Roman Catholic standpoint, those Roman Catholic missionaries began to find themselves being restricted to areas controlled by Roman Catholic supporting States, as in Portuguese Goa or in the former Spanish colonies within South America. The opening of the Indian sub-continent by the British did not allow for the inclusion of Roman Catholic missionary expansion into these territories and as a result the history of the missions in India is almost uniquely Protestant in nature.¹

During the eighteenth century the early foreign missionary format was quite simplistic in its nature and not particularly effective in garnering converts. Anyone could open a mission station, if permitted by the local governing authority. A small church would be built and preaching begun by the missionary. Scriptures would be read to the locals, often with little attempt to do so in a language that they understood and very little medical assistance could be offered, through lack of knowledge or training on the part of the missionary incumbent. The result was that many of these missions closed after a short period of work, often because the missionary had died from the effects of climate or disease.

However, at the end of the eighteenth century a more realistic approach to foreign mission work was developing led, in no small part, by the English Baptist missionary William Carey. He is credited with creating the first proper mission station in India and leading the way in the preaching of the Gospels in the language common amongst his target population. Nevertheless, it was the Scots who were to be, if not the innovators but the foremost

¹ Phillip Caldwell, *Christianity and India: The Clash of Faiths 1700-1900* (Boston: Hammond and Son printing, 1969).

developers, of the combined evangelical/medical conversion system that was to finally dominate the global missionary enterprise. Indeed so successful did the Scottish medical missionary suppliers become, particularly the Edinburgh Medical Missionary Society, that other Western missionary support organisations were quick to copy their methodologies, to recruit and generate their own medically trained evangelical preachers.

However, it is important to note that the Scottish missionary work had small beginnings within the nation. The mission boards within Scotland generally were created by, or affiliated to, the family of Protestant churches across the nation. It was not unusual for independent mission boards like the Annbank Gospel Society Mission Board (f. 1833) or Elim Hall Missionary Supporters of Glasgow (f. 1882) to accept a joint venture with one of the established churches like the Free Church or the Church of Scotland. However, the general rule was that the church missionary societies would tend to support only their own workers in the field and it was left to those workers to decide upon assisting their brethren, from those other organisations, should the need arise.

In the case of the EMMS, it did throughout its life maintain a completely non-sectarian stance and did not favour any United Kingdom or foreign Protestant church over another: even after the 1843 Disruption of the Church of Scotland, it still treated all who asked for its help without bias. Nevertheless, although the EMMS did supply to foreign based missionary societies, it was never called upon to send workers to any Roman Catholic sponsored organisation.

The positions taken by missionary historians are focused upon three main areas of debate; firstly, that initially the medical missions were simply another facet of the vanguard of British colonial expansionism, but one which ultimately became an integral part within the body politic of Imperial rule. Secondly, that the medical missionary developed as a product of the growing sense of professional self-worth, and the rise in evangelical enthusiasm shown by many of the later nineteenth century medical practitioners. Some take the view that this acceleration of status created fewer opportunities for doctors to form profitable practices on home soil, forcing them to seek employment outside the United Kingdom, while others view the limited enthusiasm for missionary work as a direct result of the evangelical revivals of the period. Thirdly, that the medical missions situated within those areas under direct British control or viewed as British protectorates, were evidence of the growth of a Western medical

science now dedicated to the replacement of traditional methodologies within those places, with the ‘modern and civilised medicine’ of Europe.

Although there is truth in all of the above positions, what are often omitted are the views of the medical missionaries themselves. The Scottish mission boards in general, were often unequivocal in their support for the expansion of the British Empire. However, this was not the position of many of the medical missionaries, who did not view their work as a contribution to colonial expansion. The main question to be answered is:

‘Why did the Scottish-trained Protestant medical missionaries rise to their pre-eminent position, within the highly competitive evangelical missionary enterprise to India, during the nineteenth century?’

This thesis will address this question by re-visiting the need, creation and advancement of the Scottish trained Protestant medical missionaries and by asking to what extent did the Edinburgh Medical Missionary Society contribute to this dynamic rise? This work will include an in-depth description of the establishment, growth, administration and funding of the Society and will also explore the effect that it had on the medical missionary enterprise in general. This work has made use of previously un-researched personal accounts of missionary life; a reappraisal of the British archival holdings of official documents; primary and secondary sources and engages with current debates surrounding the subject matter. Chapter Four will be devoted to the work of two medical missionaries, William Elmslie and Donald Morison, to illustrate the demands that such work placed on those engaged in the medical missions, and to give an insight into those aspects of missionary life that many historians fail to record.

Although this thesis will concentrate upon the Indian dimension of the medical missionary enterprise, both China and Africa featured prominently within the missionary programme and each, in turn, presented the medical missionaries with unique sets of problems. However, the Indian sub-continent attracted the greatest effort during the nineteenth century, and it is here that the mission boards of the United Kingdom expended the greatest amounts of time, money and resources.

Early missionary writing: 1830-1900

Early literary works which focus upon the medical missions were generally produced for the donating public and to encourage recruitment. These works were often redolent with descriptions of the parlous state of the ‘ignorant heathen’ and contained lengthy biblical tracts offering substantive justifications for missionary work. Most contain stirring accounts of missionaries, both evangelical and medical, working under extreme climatic conditions, or facing hostile tribesmen who contest the missionary’s right to be in their territory. When illustrations are included, they generally show the missionary calming an obviously angry mob by holding forth his Bible, or as being surrounded by respectful and admiring tribal members, Bible in his hand, reading the scriptures to them.

This style of writing can be explained in two ways: firstly it follows the accepted literary structure of the day as it maintains the conventions of the ‘Heroic Narrative’; secondly, large numbers of such publications were able to be cheaply created and distributed amongst the Scottish congregations who might respond to their message with greater donations. Many of these publications were presented at readings given in assembly and church halls throughout Scotland, and lists of these can easily be found within many of the mission board publications. The author, perhaps a returning medical missionary, would give the readings and often accompany this with slide shows of the local peoples and the mission station itself. These travelogues attracted large numbers of the congregations, and in the early stages of the medical missionary enterprise, these events served to keep the supporters informed as to how their donations were being spent.

These works have some value as social documents for the period, but there is little that can be gleaned from them regarding the history of the medical missionaries, or the missions themselves. This form of missionary publication continues today and seeks to serve the same purpose as it did when first produced. A good example of this modern form can be seen from Betty Swinford’s 2005 publication, ‘Missionary Stories from around the World.’ This book contains all the elements to be found in the earlier publications and would not have been out of place 200 years ago when she writes:

...and whilst looking at my Bible I realised that I was standing in the very place where the Great Doctor (Livingstone) had stood...he had preached here and now I was to preach here...my soul was lifted as I felt the spirit lift within me...I looked at the faces all around me, and saw the same light of heaven there...reflected within their own admiration for that great man.²

However, an argument could be made that the dates of these publications, between 1830 and 1860, are important as their approach reflects the growing philanthropic and evangelical activity manifesting itself amongst the rising middle-class throughout Scotland.³

Another form of information distribution used by the mission boards was the publication of pamphlets. These were generally small editions that covered a particular aspect of the missionary process or debate within the mission board or society. Not usually published for public consumption, these documents often found their way into the public arena and would often become the basis for much of the in-fighting within the missionary support organisers. For the researcher these pamphlets are an excellent source of data, including biographical accounts and financial schemes.

One such pamphlet entitled the *Ayrshire Missionary Advisor*, published monthly between 1870-1898, carried within its pages stories of mission work, donors, donated amounts and often included pictorial illustrations of the missions and the local indigenous populations. The *Ayrshire Missionary Advisor* sold for 6d and after printing cost deducted, the remaining monies collected were sent off to the EMMS to bolster their funds. In one article the reporter states:

We have also received news from our good friend Dr Rae of the Bengal mission station, located within the Cooch Behar district of that region. He reports that he has made good use of the £40 that we sent to him through the Edinburgh society...and he looks forward to another good year of service.⁴

² Betty Swinford, *Missionary Stories from Around the World* (New York: Christian Focus Publications, 2005), p. 29.

³ Richard MacDonald, *The History of the Pentecostal Missions: 1854-1900* (Glasgow: The Elim Hall Church printers, 1960), pp. 82-83.

⁴ *Ayrshire Missionary Advisor*, September 1882.

Selections of these pamphlets are held in several collections at The Mitchell Library, Glasgow, most notably the Cumming and Gourlay collections and at Aberdeen University, within the William Burns Thomson Collection.⁵

At the end of the nineteenth century a new form of historical research began to develop that supplanted the previous forms of historical writing. New histories of the missions, from authors like John McKerrow, James Robson, Julius Richter, and Gustav Warneck, began to describe the role of the missions and critically analysed their work. These works now came to include the impact that the introduction of new Western science was having upon the indigenous peoples; and the experiences of the missionaries themselves as they came into contact with new and alien traditions of the peoples that they served.⁶

John Robson is the most outspoken of these authors, and unusually for his time, he complains about the medical missions:

...often the natives are not converted, they hear the words, see the pictures, and are none the wiser after the event. We have to do more to convince them that the bandage and the Bible go together...I do not like to denigrate the work of those fine men in the field, but, they spend too much time healing the body and not nearly enough healing the soul.⁷

These histories now began to include data collated by the missionary societies and information gathered from the reports sent back by the missionaries themselves. This information, although incomplete in many cases, does allow a generalisation about the medical work being carried out in the field, along with the numbers of patients and mission expenditure. One continuing theme running through these field reports is the cost/benefit of the mission, and by this yardstick how much more good could be done through increased financing?

⁵ ML The Cumming and William R. Gourlay Pamphlet Collections and Aberdeen University: William Burns Thomson Pamphlet Collections.

⁶ John McKerrow, *History of the Foreign Missions of the Secession and United Presbyterian Church* (Edinburgh: Andrew Elliot, 1868) and James, Robson, *The Story of the Rajputana Mission* (London: Morison and Gibb Ltd., 1894) and Julius Richter, *A History of Missions in India* (London: Oliphant Anderson and Ferrier, 1908) and Gustav Warneck, *Outline of a History of Protestant Missions from the Reformation to the Present Time* (Edinburgh: Oliphant Anderson and Ferrier, 1906).

⁷ John Robson, *The Story of the Rajputana Mission*. (London: Morison and Gibb Ltd., 1894). p. 120.

However, many home produced publications also contained references to the work of the imperial expansionists, including congratulatory passages regarding the work being done to carry Christianity out into the colonies. This was not a position that was held as strongly by many of the medical missionaries themselves, and was to later become a point of debate between the medical missionaries and the colonial authorities.

Research of the previously unobtainable material, that forms a major part of this work, reveals notes within personal diaries and correspondence between the medical missionaries and others which presents a very different perspective. William Mayfield, in a letter to his brother in 1881, supports the argument that not all were wholeheartedly dedicated to the Imperial cause. In response to an article published in the London *Times*, regarding the right of the India Office to determine the best places for medical missions to be sited, Mayfield wrote:

I cannot protest to you in terms strong enough to let you understand my anger at this latest round of newspaper nonsense....and I think I can speak for most of my colleagues here in India when I say that the government is not our ally...it is God that we truly serve...and not the Governor General...regardless of whom he speaks for in India...⁸

It could be argued that it was these publications which gave a misleading view of the medical missionaries as being overly supportive of the imperial policies that has led many post colonial historians like Phillip Curtin and Daniel Headrick to describe the missions as ‘Tools of Empire.’⁹

The ‘Tools of Empire’ debate will form a major part of this thesis. Western medical science played an important part in the colonisation of new territories during the period of expansion by the British between 1840 and 1900. However, the role of the medical missionary has become subsumed within the part played by the Indian Medical Service (IMS), particularly in India. This work will seek to re-balance the view that the medical missionaries were ‘knowing and willing’ participants in the Imperial expansion of the nineteenth century.

⁸ Letter to Duncan Mayfield from his brother, William Mayfield, medical missionary in Calcutta, India 16th November 1881.

⁹ Phillip Curtin, *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century* (London: Cambridge University Press, 1989) and Daniel Headrick, *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century* (Oxford: Oxford University Press, 1981).

The result of this synthesis has seen the medical missionaries being represented as compliant participants who were used by the colonial authorities to further their agendas. Later historians have tended to maintain this viewpoint, without seeking to identify the position of the medical missionaries as individuals. They have presented little evidence to support their position and have resisted the arguments that oppose their decision to include the medical missionary as anything other than an intrinsic part of the colonial enterprise. This thesis will challenge this argument and by using the works generated by the medical missionaries themselves, setting aside the publications of the mission boards and their biographers, the true nature of how they perceived their role will be made clear.

A good example of the differences to be found between the mission board reports and the actualities of mission life, can be found within Donald Morison's recently discovered 1889 report on the state of the mission station at Rampore Bauleah in Bengal Province and the response of his sponsoring missionary body the English Presbyterian Missionary Society. The mission board wrote of their continued financial support for his mission and the continued giving by the congregations towards his work. In his private correspondence Morison complained that the money was insufficient to maintain the project, and that a further injection of cash was vital, if he was to maintain his own equipment, purchase more medicines and expand outwards into the surrounding territories. The response of the mission board was to send a small sum of money and advise him to make best use of it.¹⁰

This example is not unique as many medical missionaries were to face similar funding problems towards the end of the nineteenth century. Morison is used within this thesis as his own writings have now, for the first time, been made available for research and comment. His life and work will be compared with that of another medical missionary, Dr William Elmslie, to illustrate how a mission board came to the decision that a medical mission was either a success or failure and the impact of such a decision would have upon both these men.

¹⁰ Donald Morison, *Report of the Presbyterian Church of England Mission Rampore Bauleah for 1889* (Calcutta; Printed at the Rampore Mission Press, 1890) and BL: English Presbyterian Missionary Society Records, Microform No/Microfiche A113198.

Medical missions and the rise of them medical profession

By the mid-nineteenth century a change in the reputation of the medical profession developed. New acts of control over the licensing of doctors and pharmacists were accepted within a once very sceptical general population. The rise in standards of medical education across the United Kingdom, and particularly that being provided by the medical teaching universities of Glasgow and Edinburgh, now allowed medical practitioners to gain a greater degree of status within the Scottish community. At the same time as this increase in authority, a new mood of aggressive evangelism swept into the United Kingdom, no more so than in Scotland, which had its own long tradition of partisan Protestantism and ‘Hellfire’ preachers from the pulpits of the Scottish churches.

It now became expected of the wealthy and influential within Scottish society to offer freely their services towards helping the poor, and this came to include the medical profession. Medical students at the Scottish universities of Edinburgh and Glasgow became involved in the thriving missionary societies there. Many who attended the evangelical services and recruitment meetings, went on to volunteer their services to the local ‘Home Missionary’ Societies in Glasgow and Edinburgh, others went on to join the foreign arm of these mission boards.

Noel Parry and José Parry provide an excellent series of explanations for the systemic changes in the teaching, control and practise of medicine in the United Kingdom during the nineteenth century. They firmly put the onus for this growing call for change down to the implementation in 1858 of The Medical and Registration Act stating:

The Medical Registration Act was the major landmark in the rise of the apothecary and surgeon from their lowly status of tradesmen and craftsmen and their assimilation into a unified profession with the higher status physicians. The Act marked a legal closure of the profession against parvenu outsiders, but in one important sense the process of assimilation.¹¹

¹¹ Noel Parry and José Parry, *The Rise of the Medical Profession: A Study of Collective Social Mobility* (London: Croom Helm Ltd., 1976), p. 131.

The fight for position continued well beyond 1858, but the Act did give an added sense of moral authority to medical practitioners, and this became more apparent in their pro-bono charity works with the poor, through the auspices of the newly developing Glasgow and Edinburgh Medical Missionary Societies. The continuation of this work along with the publicity it generated for those involved, who now also preached the gospels to the poor with no adverse response, instilled a growing level of appreciation of the 'Home Missions' within the Scottish population that was to develop over the next decade. This trust was also beginning to insinuate itself into the consciousness of both the Protestant churches and the private mission boards, as they became more receptive to the arguments being made for the use of medical men as preachers within the missions.

Derek Dow and Stuart Piggin emphasise the social pressures, religious motivations and professional commitment to heal the sick that led these doctors to become medical missionaries. Piggin's work is a core text for anyone studying the topic of evangelical Protestant missionaries, but it concentrates on the Protestant missionaries of England and tends to marginalise Scottish institutions. The mention of the EMMS is limited to one note and there is little mention of medical missionaries within his work. However, he makes interesting remark when he comments upon the social and educational background of medical missionaries Piggin argued:

...with most surgeons being forced into this occupation in the first instance, because of their inability to afford a college education.¹²

Dow's work on the motivational aspect of the medical missionary volunteer cites the waves of evangelical revival when he argues:

...while there were sometimes outstandingly sound reasons for choosing a particular field, it was more often the case of emotions, tempered by questionable rationalisation or righteousness...evangelical preachers mounted a campaign within the Universities of

¹² Stuart Piggin, *Making Evangelical Missionaries, 1789-1858: The Social Background, Motive and Training of British Protestant Missionaries to India* (London: Sutton Courtney Press, 1984), p. 34 and Derek Dow, *The Influence of Scottish Medicine: An Historical Assessment of its International Impact* (Carnforth: The Parthenon Publishing Group, 1988).

Edinburgh and Glasgow, aimed at medical students...this drew many into the work and an acceleration of volunteering to serve took place...¹³

Many medical students were impelled towards missionary work, both at home and abroad, by the visit of two American evangelists, Dwight Moody and Ira Sankey. They arrived in 1873 and began a two year ministry across the United Kingdom. They preached three times daily within the Assembly Halls in Edinburgh, which had a capacity of three thousand: each meeting sold out and reportedly had large crowds standing outside. Stephen Partridge, writing at the time of the evangelical crusade, illustrates the impact that this dynamic style of preaching had on the medical students, he records:

...again on Sunday 21st. December 1873, within the Free Assembly Hall Edinburgh, specifically for students, 2000 attend. On hearing the joyous message to go forth and heal the sick, the three hundred medical students arose and presented themselves to the Church as future medical missionaries...God be Bless the work of Moody and Sankey.¹⁴

However, later research revealed that this religious ardour was short lived in many of the students and only a few offered up their service in the foreign field. John Mott, a missionary historian, who in a retrospective work on the impact of Moody and Sankey's tour of the United Kingdom stated:

For all their efforts and obvious initial successes by 1900, although the names still brought back happy memories of burning Christian passion, it was seen as a golden time and one never again to be achieved. The students who ran from the building calling out to serve soon lost their way and such service as was done was left to the few who still heard His voice in their ears...¹⁵

¹² Derek Dow, 'Domestic Response and Reactions to the Foreign Missionary Enterprise of the Principal Scottish Presbyterian Churches, 1873-1929 (PhD. Thesis. Edinburgh University, 1977), pp. 67-68.

¹⁴ Stephen William Partridge, *A Consecutive Narrative of the Remarkable Awakening in Edinburgh: Under the Labours of Messrs. Moody and Sankey, The City Ministers and Christian Laymen* (Edinburgh: Partridge and Co., 1874).

¹⁵ John Robert Mott, *The Evangelization of the World in This Generation* (New York: Student Volunteer Movement For Foreign Missions, 1905), p. 29.

Medical missions and the Protestant churches of Scotland

The relationship between the medical missionary and the mission boards of the Protestant Churches in Scotland was a long and hard fought battle for recognition by the medical practitioners. Written accounts of the debates are to be found in the mission board publications along with the pamphlets and other writings, distributed by the medical missionary supporters of the nineteenth century. From the beginning of the call for medical missionaries in the 1820's the mission boards of the Church of Scotland found no justification for funding medical missionaries, and concentrated their efforts on the targeted care of the evangelical missionaries working overseas. Accounts of the determination not to fund medical missions can be found within many of the pamphlet collections, as this extract from 1838 reveals:

...there is no place for the use of medicine as a bribe to various Hidoos and Mowlems (sic) to our faith...doctoring should be left to the doctor, preaching to those moved by the Spirit....¹⁶

In 1849, medical missionary supporter James Miller published a pamphlet calling upon medical students to volunteer for medical missionary service. One notable passage gives a good insight into the changing face of medicine at that time:

Your present position as students of physic and surgery will allow you to better serve your Brothers in Christ as the work towards the betterment of their flocks abroad, once you qualify and fulfil your obligation to those who send you here, you will gain standing, not just in the eyes of the Lord, but also among your peers who will look at you with wonder at your devotion to Christ's kingdom on Earth.¹⁷

Another medical missionary advocate, William Brown, six years later, called upon the students to volunteer in these terms:

Do it now and not later. Do it to show how much you are dedicated to your fellow man. You are the future leaders and the future leaders of the missions to the heathen. Make use of your new found skills wisely in the service of Our Lord.¹⁸

¹⁶Minutes of the General Assembly of the Church of Scotland: Foreign Mission Board May 1838, No 8.

¹⁷James Miller, *Medical Missions: an address to students introductory to a course of lectures on this subject undertaken by members of the Edinburgh Medical Missionary Society*. (Edinburgh: Sutherland and Knox, 1838), p. 17.

¹⁸William Brown, *Address to Students Delivered in the Hall of the Royal Medical Society, 16th December 1852* (Edinburgh: John Greig and Son, 1854).

Interestingly, as the medical practitioners' status rose within society, it was clearly reflected within the mission debates as opposition to them was worn away. In two documents from the Report for the Propagation of the Gospel in Foreign Parts, from 1857 and 1867, the change in attitude towards medical missions is revealed. In the 1857 report author James MacFarlane states:

...we need only apply our efforts to the saving of their souls and not the well-being of their bodies...I wholeheartedly concur, and urge the committee to do likewise, in refusing this call for more medical men to be sent to India...¹⁹

In contrast ten years later, report author James Craik states:

Our missions are now being led by those men of science our good doctors. I can now happily report that we have agreed to sponsor five new male doctors and three ladies who have shown sufficient ability and worthiness at their interviews to be trained in medicine and despatched as soon as practicable to the mission stations overseas.²⁰

However, it was not until the late 1870s that medical missionaries began to come to the fore. There began a flurry of missionary propaganda relating to medical missionaries who were now becoming accepted as a major force for conversion within India. This rise in status revealed itself in an increase in funding for medical missions. Furthermore, a rearguard of traditional preaching methodology supporters, tried to block this rise but faced with an increasingly strong support for medical missions, they were soon marginalised though not silenced. Advocates of the medical mission system were not slow to announce any success in the field; they made great use of the medical missionary's reports to boost the standing and value of the project. Inglis, commenting upon the work of Elmslie states:

He (Elmslie) has opened up Kashmir to the Word, gave medicine to all who came to him freely and without payment. Forced by his spirit and will the Ruler of that land to recognise the good of his work and obtain the freedom to preach that had been so fiercely and recently resisted.²¹

¹⁹ Report for the Propagation of the Gospel in Foreign Parts, Especially India, to the General Assembly of the Church of Scotland, given by James MacFarlane D. D. Convener, 22nd May 1856 (Edinburgh: Paton and Ritchie, 1857), p. 26.

²⁰ Report by the Committee for the Propagation of the Gospel In foreign Parts, Especially in India, to the General Assembly of the Church of Scotland addressed by James Craik, Convenor, 11th June 1867 (Glasgow: Thomas Murray and Son, 1867), p. 30.

²¹ John Inglis, *Letter to the people of Scotland relative to the Propagation of the Gospel in India* (Edinburgh: Paton and Ritchie and Myles MacPhail. Glasgow: Thomas Mullally and Son, 1878), p. 35.

Moreover, it was not until the First Decennial Missionary Conference of India was held in Allahabad in 1893, that the medical missionary could truly claim ascendancy over the evangelical, as one un-named reporter wrote:

Medical Missions are amongst the most important means of Evangelising India; and the attention of all our societies should be more distinctly drawn than has hitherto been the case to the opportunities which they afford.²²

One of the major problems facing the overseas medical missions was the Disruption of the Church of Scotland (1843-1921). Many within both the Church of Scotland and the breakaway dissenting Presbyteries still tried to find common ground to begin a rapprochement, but this was difficult as the arguments were seen to touch the very fundamentals of the running of the Protestant presbyteries. One major area that they could agree upon was the need to maintain the home and foreign missionary effort, but the dispute, as Andrew Chirnside suggests, even found its way overseas:

Now with every desire to be just it is impossible not to feel that jealousy of the Free Church was the chief cause which made the Church of Scotland Foreign Missions' Committee decided to plant a rival mission on Lake Nyassa.²³

The question as to how a mission was deemed a success is one on which neither the churches in Scotland or the mission boards could agree. Even within organisations arguments took place over the way in which success or failure could be measured, particularly for the medical missions. For many of the church based societies the number of conversions always took precedence over anything else; the more souls saved the better the mission. Evidence of this attitude can be found within the official reports published by the mission boards, such as the report published by mission board member, William Foote, stating:

...once again we see that the missions are performing well, with over 2,500 new conversions this year. The total, now, from our all our mission stations in India is now set at 24,387. And with God's help there will be many more to follow.²⁴

²² CMSA Sect III Part 13: CMS Collection of Lives of Missionaries held at the Church Mission Society Library. (London: Adam Matthew Publications, 2002), Reel 168.

²³ Andrew Chirnside, *The Blantyre Missionaries, Discreditable Disclosures of Andrew Chirnside* (London: William Ridgway, 1880), p.8.

²⁴ William Foote, *The Present Position of the Augmentation Fund, and the Financial Systems of the United Presbyterian & Free Churches* (Glasgow: David Robertson, Edinburgh: William Oliphant and Son, 1871).

Later historians, who viewed the medical missions as being paramount within the enterprise, declared that it was the number of lives saved first, then the number of conversions that determined success. In 1926, Roger Moorshead wrote:

...and it makes more sense to see the numbers of natives who accepted the treatment and who returned with their families to the dispensaries and hospitals, as being willing to accept medical aid with a lecture on Christ than just the lecture on Christ.²⁵

Kumar Singh confirmed this later interpretation of the mission success in 1996, when he argued:

In India it stopped being about saving souls in the 1880s and changed to the saving of lives. The Indian Medical Service was being faced with epidemics of Cholera and Plague of hitherto unreported scale, and the Medical Mission soon came to the forefront in attacking these diseases. No longer was it about proselytization but anti-sepsis and vaccine distribution...now viewed as acts of Godliness by the missionaries themselves.²⁶

Medical missions and the colonial government

The relationship between the ruling powers of the British Empire and the Mission Boards during the nineteenth century was one that saw a series of conflicts over the role of the missions in the colonies, and in particular India. It was not their stated aim to preach and convert that brought them into conflict, but rather the feeling within officialdom, that the missionaries were in some way subverting their authority by preaching the equality of man. Faced with an increasingly influential religious population in the United Kingdom, any action taken against the missionaries would be unpopular, and accommodation rather than confrontation was the preferred method of interaction by the ruling bodies.

For the governing bodies of India initially the East India Company (EIC) and later Westminster, the missions were to be a double edged sword. Initially the EIC did not want missionaries working within the areas of India that were under its control. It was commonly held amongst the governors of the company that any interference by the missionaries could

²⁵ Roger Fletcher Moorshead, *The Way of the Doctor: A Study in Medical Missions* (London: Carey Press, 1926), p. 91

²⁶ Kumar Singh, *History of the Christian Missions in Manipur and Neighbouring States* (Delhi: Mittal Press, 1996).

destabilise recently subdued areas of the country. One major fear was that this unsettling of a region could result in another Sepoy rebellion, similar to Vellore in 1806. However, with the Company Charter coming up for review in 1813, the Baptist Missionary Society began to use political pressure on the British government, seeking to have them force the company into allowing missionaries into their territory. This attack on the independence of the Company, by the missionary organisations of the United Kingdom, was an issue that would last until the final removal of the EIC as de facto rulers of British India in the November of 1858.

Missionary historians who have explored this dynamic of fluctuating support and opposition in the early years of the missionary enterprise to India, including Walter Ewing, Phillip Carter and Patrick Bennet give an insight into the changing viewpoints which reflect the prevalent politics and colonial policies of the period in which they write.

Ewing, writing in 1914, views the early conflict of interest between the missions and the colonial authorities as being:

...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. However, in 1860, when the true message of the missions was made clear as being one of succour to the natives, with no political sub text, then the freedom to work was granted more readily.²⁷

Carter argued his case in 1968 and citing evidence of governmental and missionary collusion in the Punjab argued:

It was often the case that the Indian Civil service and the various British mission boards operating in India, would meet and discuss further incursions by the missionaries in the field, into those areas denied to the government by the Indian princely rulers. The general feeling was that the missionaries, being seen as Holy men, would smooth out the path of later entry into the area, by first mollifying the local authorities with their peaceful natures, then lulling them into an acceptance of permanent stations, before seeing the red coated army soldiery marching in to 'defend' this new part of the British Empire.²⁸

Bennet, however, takes issue with the work of Carter and sets out his position by arguing in 1976:

²⁷ Walter Ewing, *Annals of the Free Church of Scotland 1843-1900* (Edinburgh: T and T Clarke 34 George St Edinburgh, 1914), p. 59.

²⁸ Phillip Carter, *Christian Missions in the Colonies: 1820-1900* (Manchester: Newgood Printers, 1968), p. 117.

To state that any form of co-operative subversion of the Indian ruling classes by the application of Christianity upon them is flawed. Many of the Indian elites openly welcomed the inclusion of Christian missions into their lands, especially if the station was carrying a medical element within it. In 1862, the Maharajah Birchandra Manikya of Tripura, offered free land for the establishment of a missions station locally. He was not alone in this and several other independent rulers offered the same accommodation, with no political pressure upon them to do so.²⁹

From 1858, and into the immediate post mutiny period, the relationship of the British government and the missionary enterprise, as it pertained to the Scottish Protestant dimension, gradually changed into one of mutual acceptance and support. The missionary histories of the period 1860-1900, which are not hagiographic accounts, reveal a growing interdependence between those missionaries in the field and those medical workers serving either the armed forces or the IMS. Much of this spirit of medical co-operation stemmed from the fact that a large number of these medical professionals were often classmates whilst attending their Scottish universities. John Greenlee, a missionary historian of the period, highlights this working relationship as being fundamentally based upon mutual need:

The close relationship between the medical missionary and his colonial governmental counterpart, were often created through shared experiences from their days at medical school. However, this closeness should not be taken for granted as an indicator of collusion between the 'official' medical provision of the colonial medical services and the 'unofficial' medical missionaries. They may have carried out many similar tasks in similar ways, but the reasoning for their work was quite different, with the colonial doctors advancing Western medical science and the medical missionaries the Word of God.³⁰

By the end of the nineteenth century this relationship was no longer a major issue between the Government of India and the mission boards of the United Kingdom. British control was universal across the sub-continent and the missionaries were free to practice wherever they chose.

²⁹ Patrick Bennet, *Life and Work: The Influence of the Protestant Church in Scotland 1800-1900* (Boston: Hall and Son Printing, 1976), p. 128.

³⁰ John Graham Johnstone Greenlee, *Good Citizens: British Missionaries and Imperial States 1870 to 1918* (New York: McGill-Queens University press 1992), p. 109.

Medical missionary and Western medical science

This aspect of the thesis is arguably the most contentious with many historians deeply divided over the role that Western medicine played in the expansion of British colonial rule across the globe. The initial acclaim from medical missionary supporters was soon to be answered by rejection of the proffered treatments by the local populations, spurred on by their religious and indigenous Traditional medical practitioners. For some historians this rejection stemmed from a loss of face and income being imposed upon the local Ayurveda and Unani hakims.

However, this was to change later as the imposition of public health measures, such as the compulsory smallpox vaccination and anti-plague measures which often went against deeply held religious traditions. Many of the public health initiatives of the IMS led to the generation of popular hostility towards them. However, the medical missionaries, although often a participant in these large schemes, were careful to maintain a distance from them afterwards and tried to keep open their good relations with the local peoples.

The medical systems practised by the medical missionary did not differ in any marked way from that of the IMS doctors. The training, use of innovative research and medical practice methodologies were almost universal within the medical teaching of the Universities of Scotland. It could be argued that this apparent closeness, between the missionaries and their government sponsored counterparts, is an indication of their willing co-operation as imperial expansionists. However, this contact usually took the form of a sharing of information regarding new medical procedures, and the only time that close inter-organisational support occurred is during major outbreaks of epidemic disease, like the major cholera and plague outbreaks that habitually struck the sub-continent during the nineteenth century.

Medical missionaries were obliged to venture forth into the countryside and out-with the confines of the mission station and they had to carry their science with them. In one report, sent back to the United Kingdom from a medical missionary, one can see the amount of medical equipment that was required to sustain this form of medical progress around the mission area. Dr Thomas Burns, the medical missionary, records his burden as follows:

...apart from my bag of surgical tools, and because my assistants had come down with a fever, I was forced to bear the weight, happily, of twenty Bibles, various medicinal salts and chemicals, several bottles of Iodine, chloroform, carbolic acid and such other articles of a healing kind that I thought I might need. I found that the vaccination serum was too precious to expose to the heat of the day and I now require all who are to receive it, to come into the mission...³¹

The climate of India was to pose serious problems for the medical missionaries as many of their medicines were susceptible to decay through the deleterious effects of heat and humidity. The introduction of refrigeration in the late 1890's went some way to alleviate this problem. However, the machines were generally unstable and of no use whatsoever if no source of electricity was available. The other generally accepted methods of preservation were also flawed and resulted in the medical missionary, especially those in the remotest areas, having to make their own medicines as required.

When new and effective methods of medical intervention were used, like anaesthetic chloroform or the Listerian antiseptic techniques, they were reported within the missionary publications, in a very positive light. If a patient should die within the medical mission station, whilst the patient was undergoing treatment which utilised any of those new methodologies, the mission board never apportioned blame upon the medical staff. In their publications and reports, the seriousness of the procedure is closely linked to the alleged poor physical condition of the patient prior to the surgery. This was often cited as the underlying cause for the failure to cure the patient. An example of such reportage is to be found within the *Free Church Monthly* for 1883 which states:

...the man, a wood cutter from Hamanah, had suffered from severe leg ulceration for many years, one of which had now turned gangrenous and required amputation. Dr. MacLeod carried out the procedure whilst the patient was under anaesthetic. The operation was declared a success, but the patient later died of complications brought on by the poor state of the man's health and the intolerable heat of the pre monsoon weather.³²

During the nineteenth century many doctors and scientists were exploring those medicinally efficacious indigenous plants, and their extracts, that formed the basis for much of the traditional medical practices of the local population. Yunani and Ayurvedic medicine, along

³¹ *Medical Missions at Home and Abroad* Vol. II 1886–1889 (London: T. Ogilvie Smith, Paternoster Sq. London, 1889), p. 109.

³² CSCNWW: *Free Church Monthly Record* May 1883.

with the Shamanistic practises of the African peoples, relied heavily on the medicinal properties of the botany around them. The British colonisers, on their arrival within these lands, found that there was often some good effect from using these plants and their extracts. However, as time passed the use of these curatives by the medical missionaries lessened, as more reliance began to be placed upon a Western pharmacopeia. With the increasing difficulty in obtaining, or maintaining, the Western drugs, a renewed interest in the traditional practices began to develop. Many of these indigenous herbal medicines found their way into the medical mission dispensaries and became a valuable source of cheap and effective substitute curatives, which had the added benefit of being tried and trusted by the local populations.³³

Nevertheless, this did not sit well with many governors of the home based medical missionary boards. The purpose, as they saw it, was to encourage the use of better Western medical science over the ritualised traditional methodologies. To admit that there were some aspects of indigenous medicine that were perhaps superior to their own was something to be avoided. In 1900, the mission board of the IMS replied to a letter from one of its doctors in India stating:

...and we do not agree with your findings that this particular plant extraction is as effective an aid to the treatment of ulcerations as you state...the school of tropical medicine in London concurs with our position and you are stop using this method forthwith. We supply you with the necessaries for this ailment and we strongly advise you to use only this as the primary method of treatment...³⁴

Regardless of the position of the mission boards, many missionary doctors working overseas continued to use some of the local medicines which could prove just as effective a remedy as those available to them from home. Dr George Walker, a medical missionary working in the Punjab in 1896, wrote in the *Free Church Monthly*:

I am happy to say that we have found a wonderful plant, growing in abundance and much prized by the natives...the juice of which, when applied directly to the skin and left to dry, provides a most excellent palliative remedy for those who suffer from the severest

³³ Harold Boyd, 'The Value of Medical Missions' *Image*, Vol. 6 No.5, September/October 1990 and Harold Boyd, 'A Brief History of Medical Missions.' *Gospel Advocate*, Vol. 132, No. 12, December 1990.

³⁴ BL Church Missionary Society Archive, Microform No. Microfiche. A.19770.

irritations of the epidermis...I have sent several samples home for testing at the University in Edinburgh...³⁵

Interest grew within the medical community, with the 1898 publication of Patrick Manson's new textbook, which covered the new discoveries being made regarding many aspects of tropical disease, potential curatives and the possibilities of treatments used by the traditional medical practitioners from their botanical extract medicines.³⁶

The acclaim from within the medical corpus that greeted this publication encouraged many medical missionaries to enter into the research of all aspects of tropical medicine, using their own experiences and patients as case studies for the work. In his treatise on the possibilities being presented by this 'new' medicine, medical missionary Dr Harold Aitken wrote:

...it is certain that we of the missions, along with our colleagues in the Colonial Medical Service, are making new discoveries every day that serve to push our knowledge of medicine forward into exciting and new areas of possibility...³⁷

The advances in anti-sepsis, anaesthesia, surgical procedures and public health regimens allowed for better survival and recovery rates; before the inception of new obstetric techniques childbirth survival rates were also on the increase. By 1900 the resistance to the Western practices had begun to diminish in many of the colonised areas, and a growing number of the local people were now actively using the mission station to receive their free treatment. However, this was never to be accompanied by a rise in the numbers of conversions. The traditional religions retained a strong hold over their adherents, but Moslem religious leaders took a more pragmatic position and made no issue if one of their own went into a mission for medical treatment, as long as they came back out Moslem.³⁸

It was a very similar situation for the Hindus' as Robert Kenneth Johnstone, a contemporary missionary supporter reports:

...and no matter how much one tries they simply will not accept the existence of Christ and his disciples...they continue to worship logs, dirt, rivers and even the most ridiculous looking

³⁵ CSCNWW *Free Church Monthly Record* June 1896.

³⁶ Patrick Manson, *Tropical Diseases: A Manual of the Diseases of Warm Countries* (London: Cassell, 1898).

³⁷ Harold Aitken, *Missionary Medicine in the Tropics* (Boston: Rivers Publishing, 1900) p. 9.

³⁸ For a more complete description of the Zenana project read Fitzgerald, Rosemary, *Clinical Christianity: The Emergence of Missionary Work as a Missionary Strategy in Colonial India 1800 – 1914*, in *Health, Medicine and Empire: Perspectives on Colonial India*, ed. by Bimaswoy Pati and Mark Harrison (London: Sangam Books, 2001).

figures you can imagine. It is our duty to free them from this bondage...but who do we speak to but the people themselves., they have no real preachers, nor any catechism that I can understand...they come to the mission hungry where they are fed, drink and take all of our aid...then return to their villages to once again offer up what little they have to a rock on the top of a pole...³⁹

Western medical science versus Traditional medical systems

Modern medical historians have overturned many of the accepted notions regarding the willing acceptance of modern Western medical science by the peoples of the colonised territories. They reveal that far from being happy to receive the benefices of this new science, they often reacted violently against the usurpation of their own traditional and trusted medical techniques. These historians highlight the failure of the colonial rulers to accept that the traditional systems were intimately connected to the long standing religious beliefs of these peoples, and were sacrosanct.

One of the first examples of such resistance came as a result of the EIC imposing the use of the improved Jennerian style of smallpox vaccination, over the Ayurvedic and Unani form of variolation. This scheme, initially set in motion to protect the EIC's military arm, was later disbursed out into the wider Indian population. This action was to result in an often violent reaction and in some areas led to the killing of those Indians who delivered the vaccinations and the mutilation and sometimes murder of those who accepted it.

During the nineteenth century, as each major attempt at public health reform was implemented in India religious opposition, from both Hindu and Moslem leaders, stirred up foment amongst the people. This resistance could often take the form of civil disobedience, which in more than one occasion led to the deaths of both the Indian and colonial administrators of the policies. However, with the medical missionaries often being at the forefront of the new public health initiatives such as the anti-plague measures of the 1890's, they did come under suspicion from the indigenous peoples in their areas, as being too closely connected with the colonial authority.

³⁹ Robert Kenneth Johnstone, *The Difficulties in Preaching to the Hindu: Christian Missionaries and the Native resistance to Christ* (Edinburgh: Thomas Elliot and Son, 1865), p. 18.

Across the 1970s, with the rise of the debates generated by the works of post-colonial commentators, like Frantz Fanon and Edward Said, Imperial historians and histories began to change in their tone. The ‘voice,’ of the colonised peoples was now being heard, with attention being focused on their experiences under imperial governance. Every aspect of the role of the empire building nations came under scrutiny, and it was from the new research generated, that missions and missionaries were now held to be a major part of the support framework of imperial rule.⁴⁰

However, medicine did not come to the fore as a major theme of these debates until 1981, when Daniel Headrick published his research into the use and impact of Western technology in the Imperial setting. Headrick begins his work by looking at how Western technological advances were often thrust upon the colonies with little or no regard for the impact that it would have. He firmly placed medicine in this category and discussed the conflict over the use of medicine as a ‘Tool of Empire,’ a phrase that he was to develop in his work. Phillip Curtin also looked at the role of Western medicine, concentrating on the experiences of Europeans in Africa, and argues medicine made it possible for white settlers and explorers to remain in Africa, even under the harshest of conditions, by creating cures and treatments to combat indigenous diseases that inhabited that territory.⁴¹

For Headrick, the attempts to fight malaria, the single greatest killer disease in tropical climes, was not aimed at the indigenous populations, rather it was to protect the European colonisers in the very same way that the EIC had used smallpox vaccination in India. He stated:

One immediate consequence of the quinine prophylaxis was a great increase in the number and success of European explorers in Africa after the mid-century. Exploration, of course remained a dangerous business, but no longer was it quasi-suicidal.⁴²

⁴⁰ Frantz Fanon, *Black Skin, White Masks* (New York: Grove, 1967) and Edward, Said, *Orientalism: Western Conceptions of the Orient* (London: Penguin 1978).

⁴¹ Daniel Headrick, *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century* (London: Oxford University Press, 1981) and Phillip Curtin, *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century* (London: Cambridge University Press, 1989).

⁴² Daniel Headrick, *The Tools of Empire*.P.70.

This line of argument continued until the 1990's when historians like David Arnold, David Hardiman, Mark Harrison and Andrew Porter began to reflect and take a more balanced view of the role of medicine in the Imperial context. Hardiman reflects upon the relationship between Western science, as applied in the colonies by the colonial health service and the indigenous populations who had to fight to hold onto their traditional methods. For him, the medical missionaries tried to remain out of the politics of the situation, and as a result they were more accepted locally than the officials of the Indian Medical Service (IMS).⁴³

This contrasts with Curtin's assertion that the medical missionaries were 'Tools of Empire,' because they took an active part in the push for more territory, forming part of the vanguard, using their medical expertise to gain acceptance from the locals, and then to cement their dependence upon it for their continued wellbeing. This inevitably led to threats of withdrawal of this care, should the local people decide that they no longer wanted to live within the Empire.⁴⁴

This argument comes under attack from these historians, with Frykenberg to the fore denying this link between the missionaries and the colonial government. He argues:

To even consider that the medical missionaries would even consider such a tactic is ridiculous...they were in India to spread the Kingdom of God, not Victoria, and this overtly threatening position would have been a complete anathema to them...their dedication to the missions and the Christian message would never have permitted it...⁴⁵

Arnold enters this debate, but locates his argument within the conflict between Western medicine and traditional techniques finally reaching an accommodation, as a gradual synthesis of the two began to develop by the end of the nineteenth century. He argues:

⁴³ David Arnold, *Imperial Medicine and Indigenous Societies* (Oxford: Oxford University Press, 1989) and David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India*. (University of California Press, 1993) and David Arnold, *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*. (Atlanta: Rodopi B. V., 1996) and David Hardiman, *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (Amsterdam: Editions Rodopi, 2006) and David Hardiman, *Missionaries and their Medicine: A Christian Modernity for Tribal India*. (Manchester: Manchester University Press, 2008) and Mark Harrison, *Public Health in British India: Anglo-Indian Preventative Medicine 1859-1914* (Cambridge: Cambridge University Press, 1994) and Andrew Porter, *Religion versus Empire: British Protestant Missionaries and Overseas Expansion, 1700- 1914* (Manchester: Manchester University Press, 2004).

⁴⁴ Phillip Curtin, *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century* (London: Cambridge University Press, 1989).

⁴⁵ Robert Eric Frykenberg, *Christians and Missionaries in India: Cross Cultural Communication since 1500*. (London: Wm. B. Eerdmans Publishing Co., 2003), p. 46.

...medicine needs to be understood as an influential and authoritative vehicle, not just for the transmission of Western ideas and practices to India but also for the generation and propagation of Western ideas about India and, ultimately, of Indians Ideas about themselves.⁴⁶

The Western ideas he refers to are not the expansionist arguments of Curtin, but rather the acceptance of better medicines and medical techniques by the Indian population. Following on from this work Indian historians and writers, most notably Poonam Bala, Anwar Dutta, Bimaswoy Pati, Sandeep Sinha and Anil Kumar, have all sought to link the role of medicine to the establishment and security of Colonial power, particularly in India. Following generally the same line as Arnold et al, they view medicine as one of the benefits that colonial expansion brought, but open up the debate regarding the cost to traditional India that this incurred.⁴⁷

In the case that Bala presents and one which Dutta and Pati, generally support, is that the initial meeting of Western medical science and traditional Indian medical practices as delivered by the Ayurvedic and Unani systems was not one of confrontation or competition for dominance. Much of the early Western pharmacopeia was herbal based in a similar fashion to that found in India. However, as Western medicine turned away from botanical sources and on to man-made chemical substitutes, the conflict now began to develop. Bala asserts that it was this attempt to dominate India through Western science in general and medicine in particular, through its continued and advocated use by all Western medical practitioners, that became the major source of dispute between the Western medical and the Traditional medical exponents.

Sinha and Kumar take a somewhat different viewpoint regarding the effects of the imposition of Western medicine on India. Sinha agrees that although there were positive effects, mainly in the cities of India through the major public health initiatives of the period, but that predominantly those who benefited the most were the European colonisers and the I

⁴⁶ David Arnold, *Imperial Medicine and Indigenous Societies* (Oxford: Oxford University Press, 1989), p. 138.

⁴⁷ Poonam Bala, *Imperialism and Medicine in Bengal A Socio-Historical Perspective* (London: Sage Publications, 1991) and Anwar Dutta, *Nineteenth Century Bengal Society and Christian Missionaries* (India: Minerva Associates (publications) PVT. Ltd., 1991) and Bimaswoy Pati, and Mark Harrison, *Health, Medicine and Empire: Perspectives on Colonial India* (London: Orient Longman Ltd., 2001) and Sandeep Sinha, *Public health policy and the Indian public: Bengal, 1850-1920* (London: Vision Publications, 1998) and Anil Kumar, *Medicine and the Raj: British Medical Policy in India 1835-1911* (London: Sage Publications, 1998).

Indian elite classes. The lower castes and untouchables seldom saw any real improvement in their social condition.

Kumar follows a generally similar line, but concentrates upon the effects the colonisers had by the implementation of their medicine upon the indigenous populations of India and the subsequent racial stereotyping that it occasioned, he states:

...colonial medicine enabled the colonisers to construe the colonised as a collection of hygienically degenerate types, requiring constant surveillance, instruction and isolation to formulate health policies accordingly.⁴⁸

Once again the problem for the missionary historian is not to be found in the hypothesis of these authors. It is the continued amalgamation of all missionaries, regardless of difference, into the Imperial colonising body. Kumar cites not only the degeneration of traditional systems, but also the growing racism beginning in the post-mutiny period from 1858.

Other historians have challenged Kumar's arguments with David Cannadine summarising the challenges to the argument. Cannadine argues that the British colonial rule was not as overtly racist as had been suggested. He does concede that racism was a problem which afflicted British colonial rule, but maintains a strong defence against any such allegations being levelled against the Christian missionaries.

He argues:

That racism existed within the British colonial holdings is without question. To what extent it played a part in the running of those nations under British control is a hotly contested topic...but it is unfair to libel such a charge against the missionaries who went to these countries to preach, teach and heal. Why would they do so of their own free will if they did not see all men as equal before God?⁴⁹

One important point that has been overlooked by many historians is that raised by Panikkar, writing on the re-emergence of traditional medicine as a response to the rise of nationalism in India particularly in the Madras Presidency, which was at the forefront of the

⁴⁸ Anil Kumar *Medicine and the Raj: British Medical Policy in India 1835-1911* (London: Sage Publications, 1998), p. 217.

⁴⁹ David Cannadine, *How the British saw their Empire* (London: Allen Lane, 2001), p.238.

re-acceptance of traditional practice. Although the government of India and the IMS had continued to fight to maintain Western superiority in medicine over traditional method, in 1889 the IMS themselves founded and began to support a school of Ayurvedic medicine, Panikkar argued:

...however, this situation greatly changed towards the end of the nineteenth century. The development of nationalism was accompanied by a cultural awakening. In the 1890's the nationalists began to claim effectiveness and the superiority of Indian systems of medicine, and a movement began which aimed at the political authorities' recognition and patronage of indigenous medicine. In 1889, the government opened an Ayurveda Patasala (school) in Trivandrum, and later sanctioned a system of medical grants to Vaidyans in 1895-96. These grants were generally given to those who passed out of the Ayurveda Patasala.⁵⁰

This capitulation to nationalist pressure may appear to be little more than a tactic aimed at keeping the dissidents quiet. The IMS had fought long to supplant the traditional methodologies with 'superior' Western medical science. However, with the expansion of understanding and the growing acceptance, by Western medical authorities, that some of the herbal medicines had beneficial properties, the IMS recognised a need for a more Western empirical based research, rather than a wholesale rejection of Ayurvedic medicine. Nevertheless, it would not come to expand this research and use until the 1920's.

Tariq Ashraf cites this reluctant acceptance of Traditional practice during this period stating:

...along with the plant medicines the European medical cadre, including the medical missionaries, within the Central Provinces of India, began a series of outreach expeditions to show the peoples that their own ways did not conflict with those offered by the Church of Christ and that faith in one did not hinder their faith in the other.⁵¹

Current research on this topic is being carried out by missionary historians, like Robert Frykenberg and Andrew Porter, who have focused much of their attention upon the tripartite relationship between the Mission Boards and the State. Frykenberg concentrates upon the relationship between the medical missions, civil authorities and the local communities. He posits that there was little conflict between any of them by the end of the nineteenth century,

⁵⁰K. N. Panikkar, 'Indigenous Medicine and Cultural Hegemony'. *Studies in History* 8 (1992), pp. 238-277.

⁵¹ Tariq Ashraf, *Christian Colonizers: The Role of the Christian Foreign Missions in India 1857-1947*(Madras: University Printers, 1978), pp. 103-104.

as British domination of the sub-continent was finally secured, with the resulting general acceptance of Western medical science as the a priori means of fighting disease and illness.

Porter concludes that the role of the missions was one of good works and fellowship, with no obvious political agenda to expand the imperial boundaries. He argues that the role of the missionaries has been, at best, misrepresented by many post-colonial historians:

When one reads the histories of the missions, even those which slight and denigrate their work, imbuing it with a racist and paternalistic overtone, one should remember that the only rewards sought by the missionary were spiritual, then how can one justify the position that they were somehow evil...⁵²

Although they conclude that the controlling boards and bodies of the missions and the British government were sympathetic to the needs of the other, they still disagreed on several important areas regarding control of the missionary endeavour. However, they continue to follow practice of combining the mission boards and the missionaries in the foreign field into one homogenous group. Nevertheless, they do posit interesting arguments about the real relationship between the governing bodies of the missions and the State, which are of great use to any student of this topic.

Medical missions and women

The history of women in the missions is as closely bound to the changing socio/political upheavals of the nineteenth century as that of the medical practitioner and the medical missionary. Early writing on the subject of medical missions does include references to women in the mission station, but generally in the context of a general factotum, with little or no responsibility for preaching. Their role was one of unstinting support for the missionary, often their husbands, and to maintain the day to day running of the mission station as they would run the family home. The attitude of the male dominated mission boards, supported by the paternalistic Scottish Protestant church leaders, promoted the social doctrine that a

⁵² Andrew Porter, ed. *Religion versus Empire: British Protestant Missionaries and Overseas Expansion, 1700-1914* (Manchester: Manchester University Press, 2004), p. 96.

woman should be nest the ‘nest builder’ and have nothing to do with ‘men’s work’ outside of their home.

However, one of the accepted exceptions to this stricture was in the field of charitable works; this was very much seen as a proper thing for a lady to do. Missionary chronicler Gordon gives a very good example of these attitudes when he wrote in 1869:

...the mission station would have ceased to function had it not been for Mrs. Cairns, wife to the Rev, Cairns in Bombay. She cooks, cleans and does all those things so common to our women at home, but under such conditions as I think many would just faint away at the strain. Her only vice is to attend the local orphanage with made good donations of clothing to cover the bodies of the poor...⁵³

The only place that a woman could fulfil her purpose, as both a doctor and a preacher, was within the zenana missions. Rosemary Fitzgerald is the most recent historian on this topic and has written extensively on the subject. She argues that although the work carried out by the women doctors made very little overall impact upon conversion numbers, it was an effort to encourage the people to accept Western medicine that was ultimately to be the mission of the women doctors:

By making concessions to local feelings on matters such as gender, caste, class and communal differences, at least the trappings of missionary medicine took on a less forbidding appearance...If the medical Missionary could achieve a record of successful surgical cases, and especially if operations were performed on influential members of the community, local people generally proved more willing to utilise missionary medical services.⁵⁴

Primary source material

In researching this period of medical missionary history, the primary sources are spread thinly across university and library archival holdings within the United Kingdom. A great deal of the material is in pamphlet form and comes from both private and donated collections to these archives. Much of it is in very poor condition with only very few complete sets of

⁵³ Michael Martin Gordon, *What is a Medical Mission?* (London: James Nisbet and Co., 1869), p. 79.

⁵⁴ Rosemary Fitzgerald, *Clinical Christianity: The Emergence of Missionary Work as a Missionary Strategy in Colonial India 1800 – 1914*, in *Health, Medicine and Empire: Perspectives on Colonial India*, (eds.), Bimaswoy Pati and Mark Harrison (London: Sangam Books, 2001), p. 130.

medical missionary publications or missionary society reports. Quantitative data is available for analysis, but once again missing portions of the record force the researcher to make generalisation. There are few complete data sets and much of the empirical information has to come from single year records that may have no earlier or later sources of comparison.

Publications like the Statistical Atlas of the Christian Missions are very important for providing tabular data but limited by their picture of only one specific year, again with no comparative data available. Although government records do not specifically deal with the medical missions, they often provide valuable biographical details of the mission workers, the location, duration and contact with the colonial authorities. The records within the 'India Office Papers,' especially those which were created during the anti-plague measures of the latter part of the nineteenth century, provide a good source of such material.

The records of the Mission Boards themselves, especially the EMMS, have not resisted the passing of time so well. The CMS, The Baptist Missionary Society, The Free, The United Presbyterian Church of Scotland and the Church of Scotland have all retained only a portion of their archival material intact. However, the problem with the lack of continuous or chronological reports for any organisation makes it difficult to establish details of their medical missionaries and their work. The British Library microfiche collection which holds the records of the LMS and the LMMS along with those of the CMS are good sources for information. However, they also suffer from the lack of continuous or chronological data and many of the works fall into the category of the hagiographic and heroic narrative.

Several private collections have provided a major source of hitherto unobtainable material: Mr William John Mayfield, Mrs Georgina Russell MacLean, Mrs Kate Young and Reverend Thomas Wilson have given their permissions to use the private diaries and papers of medical missionaries, many of whom were relatives, who worked within the colonies. A great many of the books held within these collections are out of print: some of the reports and diaries were in a poor condition and required some restoration before they could be used. Overall they provided a great deal of useful and previously unseen data, which has added greatly to this work.

Conclusion

The canon of work covering this topic has long been dominated by mission supporters who seek to justify the work. During the initial years of the nineteenth century a spirit of Humanitarianism was spreading out across Scotland. Missionary work amongst the poor of the nation took hold on the conscience of many and supported by Biblical texts the work was carried out. This work spawned an outpouring of heroic narratives which fed into the cause and sought to encourage others into the work, following on from those who led by example. This form of missionary writing is still in evidence today and still attracts a large body of readers.

The work of later empirical historians sought to identify the cost/benefit of having mission stations overseas, in the face of a great deal of homespun opposition. To ensure further funding and the continuance of the foreign effort the actions of the missions and the medical missionaries had to be properly exposed to public scrutiny, a view generally supported by the mission boards which relied upon public subscription to function.

Later historians who became involved within the post-colonial debates merged the medical missionaries with the evangelicals into one homogenous group, with little attempt to identify them by race or credo. The medical missionaries became part of the whole when the subject of the impact of Western science upon the colonised peoples was debated. The result of this lack of separation remained until the 1980's when new histories of the missionary enterprise were published. Although the role of the medical missionary was revealed, the Scottish element was, given the impact that they had on the project, surprisingly overlooked.

Chapter 2

The genesis of the Scottish-trained Protestant medical missionary

By the end of the eighteenth century Protestantism had become the main method of worship for the majority of the population within Scotland. The influence of the Protestant methodology would manifest itself in all areas of life within Scottish society and by the early nineteenth century, the Church of Scotland had been at the centre of the effort to convert the Irish immigrants, along with the Scottish highland populations away from Roman Catholicism by means of charitable works. These works were designed to reveal the low regard that the Roman Catholic Church had for these people, by revealing to them the benefits accrued from adherence to the Protestant ethic. This work was carried out with great vigour within the burgeoning industrial cities and outlying poor rural districts of the country, with stated, though never evidentially supported claims of success.

The reason that this work will concentrate upon the Protestant aspect of the missions is due, in part, to the particular socio-religious situation in Scotland during the nineteenth century. Although Roman Catholicism was present in many European states, only in Scotland were Roman Catholics still persecuted and ridiculed so vehemently by the majority of the population. Johnstone, a missionary historian, writes of this continuing and often violent antipathy to Roman Catholicism in Scotland:

...and the Scottish Protestants held onto the strong belief that the woes of the poor of their nation stemmed from the continuing influx of Irish Roman Catholics, whom they held in very low regard. It was not uncommon, in mid-nineteenth century Glasgow, for groups of Roman Catholics to be hounded out of their meagre dwellings and driven violently over the river Clyde and away from the city...⁵⁵

It is important to note that the Church of Scotland and later the Dissenting Churches were not alone in the provision of charity to the poor of the nation. The State also made some effort to assuage the position of the displaced population of the Highlands and the Irish immigrants fleeing from the poverty and starvation so prevalent across Ireland. However,

⁵⁵ William Andrew Johnstone, *The Protestant Revival: 1850-1900* (Glasgow: Hudson Printing, 1978), p.96.

it was not until 1845 and the enabling of the Poor Law (Scotland) Act, that any onus for the relief of the disadvantaged was placed on an official footing. Nevertheless, this role was devolved to local parish and town councils who did not always behave in the spirit of the Act.

From the latter part of the eighteenth century, the Church of Scotland was already heavily involved in Home Mission work, having attributed the condition of the poor to be as a result of both wicked Roman Catholic influences and poor standards of personal behaviour. The church now looked to relieve the social pressures on the poor by administering even larger doses of healthy Protestantism. But the method of preaching was not to be evangelical in its nature, as the church held this to be a misrepresentation of the message within the scriptures, banning its use by the missionaries.

By the onset of the nineteenth century, the call from within the congregations of the Church of Scotland for the church to take a more pro-active role in the creation and support of missions overseas began to develop. Much of the responsibility for this demand for a change of direction arises from a growing evangelical spirit from within the pulpits and presbyteries of member churches. The growth of this preaching style was not welcomed by the governing body of the Church of Scotland, which continued as staunch opponents of this style of preaching. They adamantly resisted the call for foreign missionary intervention, citing the need for all available monies to be spent on bettering the condition of the poor at home, before that of those colonial subjects overseas.

During the 1820's and 1830's, when reports of the work of the missionaries to India, like the English Baptist missionary William Carey and the American evangelist John Scudder, were made known to the public of Scotland the calls for more action to be taken to move the Church of Scotland's mission work overseas grew louder. The potential dangers to be faced did not deter many from taking the matter into their own hands and setting up self-funded missions within Africa, China and more predominantly India.

However, the reality for these missionaries the attrition rate upon their numbers, through illness, was far greater than that reported in the press resulting in many setting forth totally unprepared for the hazards of climate and tropical disease that awaited their arrival.

Graham Elmslie, historian of the Scottish missions to India records:

The numbers of Scottish, other European and American missionaries who tried and failed in 19th century Africa is unrecorded. However, reading the obituary columns of missionary publications of the day reveals a relentless reportage of death through tropical illness and other ailments. Often one reads of the missionary's departure in one edition and a year later his death or return notice is printed...⁵⁶

This unwillingness of the Church of Scotland to spread charity outside the nation has been held, by some, as one of the major factors which held people back from volunteering for missionary service overseas. Those who sought to serve out-with these shores had to do so at their own expense and very few could afford the cost of such an endeavour. In his report to the General Assembly of the Church of Scotland in 1874, he highlights this lack of effort stating:

In 1820 the number who came forward to serve was 15, of which only 4 were found to be suitable. For 1840 the number was 37, of which only 18 were deemed suitable and in 1860 the number who volunteered was 118, of which 60 were passed as fit to serve. The numbers from England and America are far higher in volunteers and successful candidates far greater...our efforts towards the provision of missionaries for the foreign field is lamentable⁵⁷

However, research carried out in the early part of the twentieth century by George King and John Hamilton revealed that it was not so much the unwillingness within the congregations of the Church of Scotland to see their donations spent anywhere other than at home which hampered the foreign mission work, rather it was the conditions of service that had to be agreed upon by the prospective missionary candidate that prevented more from applying. They argue:

The Scottish congregations of the 1820's were very vocal in their demands that any money they gave should be spent on the poor at home and not given away to others out-with Scotland. However, the mission board of the Church of Scotland placed many demands regarding the placement of the missions, the work to be carried out, and the extremely low stipend that was to be paid. This, they stated, was to ensure that only those with the true spirit to preach came forward...all it succeeded in doing was scaring many away from this type of work.⁵⁸

⁵⁶ Graham Elmslie, *Scotland's Christian Soldiers: The Scottish Missionary Movement* (Dundee: Farquhar and Son, 1977). p, 97.

⁵⁷ George Semple Spencer, *Report to the General Assembly's Committee for the Foreign Missions to India 1829-1874*(Edinburgh: Church of Scotland Printing, 1875), p.11.

⁵⁸ George King and John Hamilton, *Scottish Missionary Spending at Home and Abroad 1850-1950* (Edinburgh Church of Scotland Printing, 1965), p. 114.

Regardless of the reason for such a lack of foreign missionary zeal from within the Church of Scotland congregations, there was still the growing pressure being generated from outside the church by the press and public other public opinion. As the reporting of the work being carried out by the English and other foreign missionary boards began to move out into a wider audience a sense of something must be done to at least match the work of those other organisations. The calls grew even more strident and pamphlet publication on this topic increased markedly. These pamphlets were usually published by individuals or small independent missionary groups, which were finding support from within the growing social reforming movements, particularly those which were in operation within Edinburgh, Dundee and Glasgow.

One such call came from Gabriel Douglas, a foreign missionary supporter in St. Andrew's, who published a set of three pamphlets calling for more action from within the General Assembly of the Church of Scotland towards supporting and expanding foreign missionary work. Unfortunately only parts of his work remain, but from one passage his message is clear:

Let us now follow the teachings of our Lord Jesus Christ and tend to those poor unfortunates who have never heard his name. Let us go forth into the wildernesses of India and China and to all those other places, bringing them the light of His Word.⁵⁹

From replies published in the *Glasgow Herald* and the *Edinburgh Courant*, it is clear that his call and that of others with the same message, were achieving results. One such reply from the *Edinburgh Courant* of July 1822 read:

How can we not follow Douglas's admonition of the Church and raise our own voice with his demand for more to be done overseas...we will be failing in our duty to God if we ignore the heathen and stop him from finding his salvation in the Lord.⁶⁰

This call for an increase in missionary activity from outside the church did not go unheeded from within, between 1823 and the first challenge laid down by the of the Dissent in 1843, the Church of Scotland increased its missionary spending to over £4,000. The increase was

⁵⁹ ML. Cat. No. 20294 The Storey Donation Collection, Gabriel, Douglas, *Open letter to the General Assembly of the Church of Scotland* (Edinburgh: Laidlaw Printing, 1821), p. 2.

⁶⁰ Unsigned correspondent to the *Edinburgh Courant* July 14th. 1822.

met by approbation by the Chairman of the Church of Scotland Mission Committee, who nevertheless cautioned:

...although the money now being spent per annum has increased, the challenge is to maintain this level of giving and to expand our work in the field.⁶¹

However, this money was never intended to be spent outside Scotland and was intended to bolster the Home Mission work already being carried out. It was meant to be a sharp reminder that the Church of Scotland still retained the ability to function without the Dissenters, as a pillar of religious charitable work in Scotland. The response of the Dissenters was to declare that they would immediately begin their own evangelical Home Missions and look towards the creation of an independent Foreign Mission work as soon as possible. In response to this announcement, in a letter to the newly founded Free Church of Scotland Mission Board an un-named supporter writes:

...at last we can now spread the Word out across the Globe as Christ demanded, and to help in this work I have collected £18/- from friends and colleagues and offer it all to you to help in whatever small way it can. We are behind you and our support is strong...⁶²

It is important to note that the English missionary effort was never truly hampered by any sense of competition, similar to that which was developing in Scotland between the Scottish Protestant Churches. The English Societies, both church and lay, had access to greater potential donors across a larger number of high population urban centres. The funding of the Baptist and Church of England Missionary societies was to remain at a high level, until the general change in charitable giving across the United Kingdom during the latter period of the nineteenth century.

It could be argued that it was this rivalry between the various churches in Scotland which was the catalyst towards an aggressive expansion of effort; an impellor of the later dominance of the Scottish-trained medical missionaries which was to impact upon the missionary enterprise of that century. Supporting this viewpoint King argues:

⁶¹ ML. Cat. No. 20294 The Storey Donation Collection, Notes on the meeting of the Church of Scotland Mission Committee, General meeting 1843.

⁶² ML. Cat No. 20294 The Storey Donation Collection. Anonymous letter to the Free Church of Scotland Mission Board, Edinburgh, 1847.

The major missionary societies of England never went into direct competition with each other for anything other than funding and donors. The Scottish Protestant churches however, were initially more intent on the capture of congregants from one another than the actual provision of missionary aid...the resulting rapid development of missionary work, at home and overseas, came about as a direct result of this contest and which later matched and then surpassed the English activities by the late 1890's.⁶³

The rise of the Protestant medical missionary movement in Scotland

In 1820, an open and anonymous letter was sent from a missionary, working in India to the Secretary of the Church of Scotland Missionary Committee. The letter contained a short descriptive of the hardships being encountered by the evangelical staff, and ended with the following plea:

...and when assistance is sent to us, please for the Love of God make at least one of the number a medical man, for we are suffering in our work and cannot stand to continue without proper medical aid.⁶⁴

The official respondent to this communication, Church of Scotland mission board member, Fields, stated:

...and although we sympathise with the plight of our Brethren in India, we cannot see any need to supply them with a medical practitioner, as there are several good men of that sort already working within the East India Company ranks and in that area...⁶⁵

If taken at face value, this short exchange illustrates the gulf that existed between the administrators at home and the workers overseas. The lack of any real understanding by the mission board members regarding the working conditions in the field, such as the tropical climate and the often long distances to be travelled to obtain medical aid, only served to compound the difficulties being faced. Disease and lack of acclimatisation decimated the numbers of missionary workers. The actual numbers of those involved are incomplete, not all who went into mission work were sponsored by an organisation. Robert Marley, a

⁶³ Graham King, *History of the Protestant Missions 1780-1900* (New York: Young and Brown, 1955), p. 174.

⁶⁴ Anon. *Letter in support of request for medical assistance: Addressed to Members of the Colonial Committees of the Church of Scotland etc.* (Edinburgh: Church Printing, 1820).

⁶⁵ Andrew Fields, *Notes on the Current Business of the Colonial Committee of the Church of Scotland* (Edinburgh: Church Printing, 1821), p.31.

contemporary missionary historian stated that by 1825 the Church of Scotland had put thirty six missionaries into India, twenty three into China and eight into Africa.⁶⁶

These figures do not take into account any family members who accompanied the missionaries. Marley argues that the actual number of missionaries moving into India was being swollen, by those unattached to any society and who were generally self-supporting, many of whom were to die leaving no trace of them being there, Marley stated:

...and it is my firm belief that the actual numbers of those entering missionary service in any of the colonial territories will never be known. During the early part of the nineteenth century there was no bar to anyone wishing to set themselves up as a missionary...and many often went blindly into it never to return...they suffered from an overwhelming belief that God would see to all their wants, but sadly this was seldom the case.⁶⁷

Although an accurate assessment of the situation, of the early period of the missions, Marley fails to recognise that this stream of unallied missionaries into the colonial territories was to continue until well into the nineteenth century. Many continued to be simply ignorant or uncaring of the risks they faced and perished or returned home badly damaged mentally and physically by the experience. Charles Dodd, a pamphleteer and contemporary of Marley, argues that the rush toward Foreign Service was not actually matched by those who finally left these shores, he stated:

...also there can be no doubt that many announced their service but very few actually went to work overseas...at a meeting of prospective missionaries in Edinburgh in 1836, over two hundred men came forward and once they had been informed of the challenges that they would face only three stayed back to sign up for funding application.⁶⁸

As an example of the problems facing the Scottish missionaries who left to work overseas, Thomas Jackson a historian of the Scottish missionary effort wrote in 1901:

Reverend William Harper of Renfrew arrived in Calcutta in the spring of 1822 and set up his own mission house within the city. He was a clean and Godly man who strove to establish his mission and spread the Good Word amongst the natives. By the end of November he had fallen foul of the most horrid of infections, yet still suffering terribly from his ailment and the

⁶⁶ Robert Marley, *Medical Missionaries or Medical Agency Co-Operative with Christian Missions to the Heathens* (London: James Blackwood Paternoster Row, 1860), p. 33.

⁶⁷ Robert Marley, *Medical Missionaries or Medical Agency Co-Operative with Christian Missions to the Heathens*. p. 45.

⁶⁸ Charles Dodd, *On the lack of volunteers to service in the Foreign Missions of India*. (Edinburgh: Edinburgh Church Printing, 1938), p. 6.

constant attack of biting insects...he continued to preach and fell down dead, called to God on the 4th of December. Nine months in country and already dead...he was but one of many who fell in that terrible place...I mourn the loss of them all, they who suffer to spread the Gospels...⁶⁹

Regardless of the obvious dangers of overseas service the missionary volunteers once again began to mount in number and those who came forward appear to have a more educated understanding of the problems to be faced. In a letter dated February 1827, to the Church of Scotland Colonial Committee, potential candidate Andrew Wilson Agnew of Perth stated:

I am fully conversant with the rigours that I will face and I have prepared myself as well as anyone can. I am a dedicated Christian with not only a great depth of knowledge in the Scriptures but also the will to carry that knowledge out into those places where ignorance reigns supreme...⁷⁰

However, it was not until 1829, that a suitable candidate, Alexander Duff was chosen and after a series of test of his character and Gospel knowledge, despatched to India in 1830. Duff was very successful in his efforts to emulate Carey, but he fell afoul of the Assembly's governing body, when he unilaterally chose to move away from a strict native vernacular teaching practice, to one more suited to an English language based system. This brought him into conflict with his controlling body, but won him the friendship and support of the East India Company (EIC), who had been advocating this change for some time. The company required English literate middle-management workers, preferably from the local populations, to maintain trade and keep operating costs low. Andrew Porter writing upon this topic argues:

These important departures mirrored developments within the Company's controlling bodies. As company administrators felt under growing pressure from the perennial demand for financial economy, the perceived need for an effective administrative class to be created from within the population...⁷¹

⁶⁹ Thomas Jackson, *Notes upon the life and times of Scottish Missionaries to India 1800-1900* (London: Samuel and Son Printers London, 1901), p.18.

⁷⁰ CSCNWW GB 0237 GEN 2042/103 New College and Edinburgh University Student Societies: Missionary Societies. Andrew Wilson Agnew, *Letter to the Church of Scotland Colonial Committee*, February, 1827.

⁷¹ Andrew Porter, *Religion versus Empire: British Protestant Missionaries and Overseas Expansion, 1700-1914* (Manchester: Manchester University Press, 2004), p. 108.

In Scotland during 1829, the final decision was made and the Rev Alexander Duff was selected to represent the Church of Scotland in its first mission station in India. Duff arrived in 1830 and was initially very successful in his efforts to establish a viable mission station. His mission station was small and initially poorly funded. However, after two years in tenancy he had built it up to contain a church, school and small dispensary. He chose to create a school to educate the locals in English whereby, he felt, that they could better understand the meaning of the Bible, and return to their villages to read it aloud to their fellows. He also instituted his own evangelical preaching methods into his mission, to the dismay of the Church of Scotland Foreign Mission Board.

However, his actions towards the educational reform won him the friendship and support of the EIC, who had been advocating this change for some time. The Company required English literate, middle management workers, preferably from the local populations, to maintain trade and keep operating costs low. Andrew Porter writing upon this topic argues:

These important departures mirrored developments within the Company's controlling bodies. As company administrators felt under growing pressure from the perennial demand for financial economy, the perceived need for an efficient administrative class...⁷²

The work of Carey and Duff set the pattern for Scottish missionary work in India and later Africa and China. Indeed, as missionaries from both the United Kingdom and Europe began to arrive in India, this pattern of mission work also became their accepted practice; Education to teach the native peoples to read and then some low level medical intervention, if required, was administered whilst evangelical preaching and copies of the Bible in both English and the local vernacular, were handed out to cement the potential convert to the Protestantism. Duff was to prove inspirational to the Protestant missionaries of Scotland, a fact recognised by Gustav Warneck, historian of early missionary work, when he states:

In 1829, Dr A. Duff went to India as the first missionary of the Scottish Church, and it was this eminent man who not only broke new ground for the mission in India, but also awakened an unprecedented enthusiasm for it in his native land.⁷³

⁷² Andrew Porter, *Religion versus Empire: British Protestant Missionaries and Overseas Expansion, 1700-1914*. (Manchester: Manchester University Press, 2004), p. 119

⁷³ Gustav Warneck, *Outline of a History of Protestant Missions from the Reformation to the Present Time* (Edinburgh: Oliphant Anderson and Ferrier, 1906), p. 81.

This form of missionary enterprise would have remained the dominant system had it not been for the introduction of missionaries from the United States who brought with them something new to the mission field, a preaching healer. It was this innovation that was to set in motion the eventual ascendancy of the medical missionary over the evangelical counterpart.

United States influence on the Scottish mission boards

As the Protestant Churches across both Europe and the United States began to network, regardless of the continuing enmity between these nations at a political level, missionary work became the main signifier of their ambition to spread their Gospel. In the United States in particular, the evangelical spirit was strong and many missions were despatched into the newly opening West of the Nation. But this expansion was not enough for some and a movement to send missionaries into Africa, China and India began to grow.

In 1819, the first American medical missionary into India was Dr John Scudder, who was to work in both a medical and evangelical context in the province of Vellore. His arrival was not welcomed by the EIC who sought to keep him out of India. He established schools and a college in the district and was later joined in the venture by his wife Ida, the first woman surgeon/preacher of any missionary enterprise and their seven sons. The work of this group in Vellore was to be the highest achievement of the American missionaries in India, recording large numbers of the local peoples attending his mission and reported large numbers of both converts and successful medical interventions.

The American missionary press was not slow to broadcast Scudder's work and articles were soon being published in the mission publications of the United Kingdom. However, opinions as to the success of the mission station at Vellore have varied over time, with some of the work from early missionary commentators, like John Huie and David Leonard, displaying Scudder's work as the acme of missionary enterprise and the template for anyone to follow. John Huie in particular was strong in his support, stating:

...no one can doubt the good and true work being done by that most blessed of families the Scudders of Vellore, they teach, they heal and the preach to all who come...they showed us the way and we followed.⁷⁴

Leonard supporting this position stating:

John Scudder alone was putting our missionary efforts to shame, the powers that controlled the Scottish missionary efforts had to respond and they did, but only slowly and with little impact, other than that created by Duff in India.⁷⁵

What is seldom recognised is the impact that the inclusion of a medical adjunct into the mission station had, on both the local peoples and the governing bodies of the Scottish missionary societies. The work of Scudder was recognised in Britain, and initially, given high praise by the missionary and church missionary societies, as exemplified in an 1825 pamphlet entry from the General Assembly of the Church of Scotland Foreign Mission Board, that stated:

...we must recognise the good works being done by our American cousins, particularly in the new mission in Vellore, India and in those other areas where the missionary plies his trade. They are tireless in their efforts...strong in their will, strong in their faith...from them we can learn much.⁷⁶

Others from a later period viewed their efforts with a more critical eye, as can be read in the work of Arshad Mirza Ali, an Indian missionary historian who stated:

...and when they (Scudders) arrived they brought with them a new method for turning our people away from the truth and turning them towards theirs; they healed as they preached, how could the poor refuse such aid? They did not, they took it and left, but were told that the only way to heal their sick bodies was first to heal their sick Souls...⁷⁷

⁷⁴ John Huie, A. *History of the Christian Missions: from the Reformation to the Present Time* (Edinburgh: Oliver and Boyd, 1862), p. 12.

⁷⁵ David Leonard, *A Hundred Years of Missions or The Story of Progress since Carey's Beginning* (New York: Funk and Wagnalls, 1885), p. 17.

⁷⁶ Mitchell Library, Cumming Collection, Cat. No. 290347 – 290531 Box X1360. Report by the Committee for the Propagation of the Gospel in Foreign Parts, Especially India to the General Assembly of the Church of Scotland. (Glasgow: David Robertson, 1825), p. 27.

⁷⁷ Arshad Mirza Ali, *Indian Moslem Resistance: Islam Living Under Christian Threat in Nineteenth Century India* (Islamabad: Pakistan Printing Co., 1998), pp. 108-109.

However, this praise was not to last as the comparisons being drawn between the American successes and the relatively poor performance of the Scottish missions, were highlighted in a series of debates within the Scottish Assembly. At one meeting in Edinburgh the Augmentation Board of both the United Presbyterian and Free Church of Scotland described the efforts of Scottish missionaries as ‘lamentable’ and ‘valueless’. There was now an obvious desire from within the membership of the governing body of the Church of Scotland, to establish a mission station that would operate in a similar manner as that of Scudder’s in Vellore. William Graham who authored a report on the findings of one such meeting wrote:

...how can we say with any honesty that we are a success in India? The United States, our brothers in this Protestant Mission, send out Scudder, what do we send out? Failure! Our only successes have come from the works of the Rev. Alexander Duff in our vanguard has made any real contribution to our stated task...⁷⁸

The reason for this lack of success was picked up at an early stage by a number of mission commentators writing for missionary publications. Two of those who identified the failing in the Scottish system were historians William Adam and Harold Cartwright. Adam in his biographical account of the work being carried out in India by Duff, highlighted the fact that although there was a small medical provision at Duff’s mission station in Calcutta, it only provided the local people with little more than a bandage and a prayer, he argues:

...and if he (Duff) had been properly provided with a physician to treat the sick and poor of the area then he could have done as well as, if not better than, Rev. Scudder.⁷⁹

Cartwright, supporting Adam’s assertions stated:

And still we have no doctors, surgeons, physicians, nurses or any other of the medical profession willing to go out into the missions, why not? Indeed the answer is very simple our governors do not want them. They are viewed by the governors as an expensive luxury...we both need the money to save souls, but in my opinion we would perform this task better if we were able to put preaching doctors in the mission stations.⁸⁰

⁷⁸ W. Graham, *The Present Position of the Augmentation Fund and the Financial Systems of the United Presbyterian and Free Churches*. (Glasgow: David Robertson Printing, 1846), p.35.

⁷⁹ William Arthur Adam, *A Life in India: Alexander Duff and his Christian Mission to the Heathen* (Edinburgh: George Hay and Son, 1833).

⁸⁰ Harold Cartwright, *Spencer’s Mission to China: A Glorious Failure* (Edinburgh: MacDonald Printing, 1834), p. 11.

The medical content of the Scottish Protestant missions in the colonies seemed set to remain static, as more effort to recruit and train suitable missionaries continued, with little attention to the provision of medical care in anything other than its continued supporting role. However, the success of another American, Peter Parker, in China, would give fresh impetus to the recognition for the need to include medical men into the mission stations, as both healers and preachers.

The Scottish response

In February of 1834, the American medical missionary, Dr Peter Parker had travelled to Canton, where he set up the first Protestant medical mission to China. During his time there, he successfully treated large numbers of the local population for diseases of the eye and opened an ophthalmic hospital attached to his mission dispensary. He then came to the notice of the Empress, Xiao Quan Cheng, who after hearing of his successful treatment of one of her government officials, offered him employment within her court medical staff. Parker agreed to the position, but only on the condition that he was allowed to continue preaching. This was granted and Parker began his work as a preaching medical missionary.

However, Parker's work was not dismissed by all and there was a growing number within the mission boards of the Scottish Dissenting churches, who were in support of the inclusion of some form of professionally trained medical missionary, operating within a mission station overseas. As previously argued that attitude of the Scottish mission boards was that the medical missionary was merely an adjunct to the evangelical mission station. He was sent there to maintain the health of the mission staff and their families, with no onus upon them to tend to the native sick. Many did so, but many others did not.

One of the main complaints regarding early medical volunteers to the missions was that they were only there on a self-serving basis. The lure of a free ticket to a country devoid of western medicine where money could be made out of treating European patients, now living in high numbers amongst the local communities, was great. This lack of true commitment

was taken up by Donald Pirie, a soldier who had recently returned from a period of service in India, he wrote in 1827:

I was disgusted by what I saw...and there was the very physician that we paid to tend to our flock sitting in his hut dispensing medicine to all and sundry, at no small fee, ignoring the plaintive cries for help from the poor natives scattered at his feet.⁸¹

However, this letter must be read with some caution. This form of attack upon the medical missionaries may have been intended to support the notion that they were not fulfilling their intended role. Nevertheless, there are other examples of this type of rhetoric, within missionary reportage of this time, which serves to illustrate the depth of feeling in the anti-medical missionary ranks.

As the Scottish mission boards continued to debate and seek a clear path for their projects, the Americans were taking advantage of the British expansion into China. Two such Americans working as independent missionaries, Thomas Colledge and Dr Peter Parker founded a new missionary society Canton, China in 1838. This missionary organisation was to contain a medical service which was allowed to treat any of the local population who requested aid. Although several volunteer European and American doctors worked within this station, the preaching aspect was limited to Parker and Colledge.

They entitled their new organisation the 'Chinese Medical Missionary Society' (CMMS). Parker, who through his medical prowess in the treatment of eye disease, had gained official status as a member of the Chinese royal court. This post gave him the opportunity to encourage the Chinese authorities to allow him to advertise for, and recruit, fully trained medical men for service in the Chinese missions.

These adverts were answered by men from across Europe, and by 1840 they had placed four medical missionaries within the Canton Mission. However, this was an expensive strategy and required large sums of money to maintain the loyalty of the recruits to the cause. James Prentice in his work on Parker states:

⁸¹ ML. The W. B. Inglis Collection, cat. No. 585166-200/ Donald Duncan Pirie, *Letter to the Board of the General Assembly of the Church of Scotland, 1827.*

...the initial success of drawing medical men from America, Germany France into China to work at the Canton Mission was soon challenged by the movement out of the mission and into financially rewarding private practice. Of the eight who came in 1840/41, only three remained by 1844 and two by 1846.⁸²

Nevertheless, the initial success of this strategy was recognised by the medical missionary supporters in Edinburgh, who saw it as a way of gathering their own recruits. The concept of the creation of a missionary society, dedicated to the furtherance of the Gospel, through the application of Western medicine to indigenous colonial subject populations, encouraged many of Edinburgh's philanthropic missionary supporters to offer up money in support of the project. Initially small, the Edinburgh Medical Missionary Society, (EMMS) as it was now known, began the provision of providing medical support for the poor of Edinburgh.⁸³

The work of Parker in China had shown the board of the EMMS a possible route to follow in their own attempts to create medical missionaries. They agreed to set no bar to volunteering except one, that the candidate must be Protestant. Regardless of the successes of the CMMS strategy, the Scottish response was still poor, and it soon became apparent that the overseas work was not as appealing a prospect as working in the relative safety of the home missions. But still the volunteer numbers did not increase.

The EMMS then decided to copy the CMMS methodology in its complete form and set about trying to recruit men who wanted a medical education, but who were not in a financial position to pay for it. The men were to be trained in medicine and divinity, this it was felt, would qualify and allow them to seek employment within any of the overseas missionary societies. Each would be offer of a contract that would be binding on both parties, with the EMMS promising financial support and the candidate agreeing to a period of service within their employing society, also agreeing to forsake all other professional self-interests. James Prentice, in his work on Parker in China records:

...it was to become a fixture in the contractual obligation of an Edinburgh Medical Missionary candidate that he agreed to undertake mission work above all else...the terms of indenture were negotiable, but the average period was five years...⁸⁴

⁸² James Prentice, *The Canton Mission: Parker in China 1838-1850* (Boston: Christian Missionary Presses, 1988), p. 54.

⁸³ John Wilkinson, *The Coogate Doctors: A History of the Edinburgh Medical Missionary Society, 1841-1991* (Edinburgh: The Edinburgh Medical Missionary Society, 1991). This will be further explored in Chapter 3.

⁸⁴ James Prentice, *The Canton Mission: Parker in China 1838-1850* (Boston: Christian Missionary Presses, 1988), p. 54.

For the EMMS, finding the monies to support this work was always going to be an important factor in dictating the numbers that could be recruited. It is important to note at this point that the sums of money held in trust by the EMMS were not large, and the cost of meeting the fees of a medical student, who was also taking a further course in divinity, meant that the candidate selection still had to be rigorous even though so few were applying.

The first two candidates to be taken on by the EMMS were David Paterson and Wong Fun a Chinese national, a missionary helper whose efforts under Parker at the CMMS mission station in canton, had earned him both respect for his abilities and educational qualities. On Parker's recommendation, Wong Fun was offered a candidacy within the EMMS, which he accepted. Paterson had displayed all the required qualities at an EMMS interview, having shown a great deal of promise during his training to become a missionary with the United Presbyterian Church mission board, he too was offered and accepted a place on the EMMS sponsored educational program.

However, regardless of the initial recruitment of Paterson and Wong Fun the continuing lack of volunteers was still a major concern for the society. Continued failure to encourage missionaries would inevitably lead to a fall in supporter enthusiasm and possibly the closure of the society. It was not until 1847, that the society was able to find one man, Alexander Williams, who not only fulfilled their criteria educationally, but who accepted all their terms for employment.

It was noted by the EMMS that the CMMS had always shown a willingness to recruit from a volunteer pool comprising of missionary candidates from other countries. This gave the CMMS two advantages over the EMMS: Firstly that it would give the society a greater voice in the Protestant community world-wide and secondly this policy meant that large numbers were available for training. Alexander Chapman a contemporary missionary reporter highlights this advantage when he argued:

...the China Medical Missionary Society also looked to Western Europe, particularly those Protestant countries of Sweden, Switzerland and Germany to supply both men and monies to further their interests. It could be argued that the China Medical Missionary

Society sought to become the pre-eminent body for the supply of medical missionaries to the world.⁸⁵

In a later work, Chapman picks this theme up again:

...the problem for the C.M.M.S. was that to obtain the best medical training for its people it had to send them to Europe, particularly Great Britain, and more importantly Scotland, the birthplace of modern medical technique of that period... The influence of the Scottish Universities in turning out medical missionaries cannot be overlooked...and as the C.M.M.S began to lose support through competition within the United States, the E.M.M.S. took over the role as leader in the field and was to become the model by which all other such charitable societies took their form.

He continues:

The influence of the Scottish Universities in turning out medical missionaries cannot be overlooked...and as the C.M.M.S. began to lose support through competition for workers and an increase in missionary societies within the United States, the E.M.M.S took over the role as leader in the field and was to become the model by which all other such charitable societies took their form.⁸⁶

By 1850, the CMMS, forced by falling funding, became very limited in its scope of operations and announced that it would only support those candidates who agreed to work solely in China. This did not suit any of the missionary societies in the United Kingdom, who had been established to only operate within the British colonies. Eventually, although admiration for the work of the CMMS continued in Scotland, support wavered in favour of the EMMS, which was becoming recognised as the only officially organised body for the training and supply of medical missionaries.

Nevertheless, the EMMS still had one major problem to resolve; while it was accepted that the EMMS was not uniquely recruiting for foreign mission work, and that the primary motivation for the EMMS was to supply trained medical workers for service, within the evangelical missionary societies, there was still the problem of encouraging candidates to be willing to accept overseas postings.

⁸⁵ Alexander Chapman, *American Missionaries Home and Abroad: 1800-1900* (Boston: Wood Publications, 1950), p. 117.

⁸⁵ Alexander Chapman, *The Rise and Fall of the Missions to India*, pp. 221-222.

During a series of talks by medical lecturers and EMMS members to students and mission supporters at Edinburgh University in 1849, George Wilson, a contemporary missionary commentator recorded:

...and it was during the lecture by Dr. James Sproat of Perth, that the first signs of unease amongst the medical students in particular were noted. When mission service amongst our own needy was broached they clapped and cheered as loudly as any, but when the message of the need for overseas medical men was voiced, and the great and good works that they could do sworn to, they stirred in their seats and said nought...⁸⁷

Regardless of the information given within missionary publications, the hagiographic novels and the reports contained within the local newspapers, the desired numbers of medical missionary volunteers never materialised. The project looked to have stalled and what was needed was a figurehead for the medical missionaries, someone who would be seen to be leading the way and acting as an encouragement for others to follow. Just such an example was found in the missionary works of Dr David Livingstone in Africa.⁸⁸

Livingstone had been a corresponding member of the EMMS and the published accounts of his expeditions for the London Missionary Society Journal had become extremely popular with the general public. In a report to the General Assembly of the Church of Scotland in 1859 stated:

...were it not for Dr. Livingstone and his exploits in Africa I doubt that this Church would have as many applicants for the missionary posts as have been recorded this year...⁸⁹

Understanding the impact of Livingstone's work had on missionary recruitment is a difficult task. There was indeed an increase in recruitment numbers, with recorded rises amongst both the evangelical and medical fraternities. However, with the limited official evidence available, one can only speculate as to the true cause of this increase in

⁸⁷ George Wilson, *On The Sacredness of Medicine as a Profession: Being the Fifth of a Series of Lectures on Medical Missions Delivered by Members of the Edinburgh Medical Missionary Society in 1848* (Edinburgh: Thomas Constable, 1849), pp. 19-20.

⁸⁷ The EMMS later showed their appreciation for the work done by Livingstone in encouraging the rise in the cachet and numbers of medical missionaries by renaming their Edinburgh Dispensary in 1877, the 'Livingstone Institution.'

⁸⁸NLS. Minutes of the General Assembly of the Church of Scotland: December Council, 1859, No. 3, P. XXVII.

volunteering. Much of the writing within the missionary publications, which give biographical accounts of missionaries in the field, tended to be apocryphal in their reasoning for such service. The societies themselves appear not to have asked the question as to Livingstone's involvement in the candidates' decision and from this omission determining his true influence will always be open to conjecture.

Nevertheless, there can be no doubt that Livingstone brought the issues of the medical missionaries into the forefront of the minds of the Scottish mission boards, but the proof of this effect is once again harder to quantify. Figures for the recruitment of medical graduates into the foreign missionary service are incomplete but some indication of his impact, it might be argued, may be gathered from within the list of graduates from Glasgow and Aberdeen Universities. From these it can be read that between 1818 and 1854 that only eight medical graduates offered themselves into the missions; then between 1863 and 1880, the period during which Livingstone was to the forefront of the missionary reportage, seventeen medical graduates volunteered. In comparison, within the English based missionary societies during a similar period between 1860 and 1880, eleven fully trained doctors applied for foreign missionary service.

Although the Scottish numbers are small, within the context of medical graduation and missionary recruitment in the United Kingdom as a whole, the Scots managed to maintain their position as leaders in medical missionary recruitment until the late 1890's. This was a situation that did not sit well with some in England and in an open letter to the Chairman of the Church Missionary Society (CMS) in 1873 an anonymous, but obviously disgruntled correspondent wrote:

I am just returned from a tour of duty in Africa and have to report an overwhelming sense of unease at the numbers of Scots working as doctors and nurses in your missions there...have we none of our own? Does London not produce any men of medicine that we must rely on these Calvinists to do our good works?⁹⁰

Kuro Kawashima, historian of the medical missionary enterprise arguing against the impact of Livingstone stated:

⁹⁰ Sect III Part 13: CMS Collection of Lives of Missionaries held at the Church Mission Society Library (London: Adam Matthew publications, 2002), Reel 168.

...it is true that Livingstone's work encouraged the Churches and the missionary committees of Scotland to recognise the worth of medical intervention as a method of winning the hearts and minds of the local native populations. However, the medical missionary movement did not gain any more status as a result of his involvement...or indeed as an offshoot of his legacy until the end of the century.⁹¹

The impact of the Scottish evangelical revival: 1870-1880

In the 1870's the missionary enterprise once again gained momentum, largely through the revival of the evangelical movement, best illustrated by the works of the touring American evangelical preachers, Dwight Moody and Ira Sankey. In 1873, they toured Great Britain, and by their preaching they are accredited with rekindling the missionary spirit within the Scottish Protestant church community. Nowhere was this felt more than in Edinburgh, where they held a week of meetings that generated a huge amount of public interest. Missionary historian S. W. Partridge, writing on the effect that Moody and Sankey had, recorded:

...again on Sunday 21st. December 1873, within the Free Assembly Hall Edinburgh, specifically for students, 2000 attend. On hearing the joyous message to go forth and heal the sick, the three hundred medical students arose and presented themselves to the Church as future medical missionaries...God be Bless the work of Moody and Sankey.⁹²

However, later research revealed that this religious ardour was not to continue for many of the students and only a few offered their service in the foreign field. One such author, lamenting this retreat from the cause, is John Mott, who in a retrospective work on the impact of Moody and Sankey's tour of the United Kingdom stated:

For all their efforts and obvious initial successes and although the names still brought back happy memories of burning Christian passion, it was to be seen as a golden time and one never again to be achieved. Those medical students who ran from the building calling out to serve in the missions, soon lost their way and such service, as was done, was left to the few who still heard His voice of service in their ears...⁹³

⁹¹ Kuro Kawashima, *Missionaries and the Hindu State: Travancore 1858-1936*. (Oxford: Oxford University Press, 2000), p. 129.

⁹² Stephen William Partridge, *A Consecutive Narrative of the Remarkable Awakening in Edinburgh: Under the Labours of Messrs. Moody and Sankey, The City Ministers and Christian Laymen*. (Edinburgh: Partridge and Co.1874).

⁹³ John Robert Mott, *The Evangelization of the World in This Generation*. (New York: Student Volunteer Movement for Foreign Missions, 1905).

The evangelical revival of this period was felt more within the home missions than in the foreign field. The term ‘Charity begins at Home’ began to enter into the correspondence within the mission boards once again, and greater emphasis began to be placed on the work with the poor of Scotland rather than the colonial populations overseas. It was recognised by the foreign mission boards of Scotland that a new dynamic was needed to encourage medical men into this work. This resulted in the creation of new (and expansion of existing) medical missionary student groups within the Scottish Universities. The resulting message from these groups was that it was now not enough for doctors to serve in the capacity for healing alone. They now wanted to be allowed to preach.

But the Church of Scotland and both the Free Church of Scotland and the United Presbyterian Church of Scotland still had very strong reservations over allowing the healers to preach the Gospels. The continuing fears of misrepresentation of the Scriptures by ill-informed, though well meaning amateurs, could seriously damage the reputation of the churches. This was challenged by Henry Roper in his letter to the combined mission boards of Scotland:

Surely then if a man can be trained to heal he can be trained to preach? If we include lectures and examinations upon Theology or Divinity or even both, then would we not have a more than able and suitable candidate to do God’s work? At home or overseas, such a man would only serve to secure conversion and the saving of the Souls of the heathen...so why do you still resist this opportunity given to you by God?⁹⁴

Of the few medical graduates who continued to answer the call to service, the majority concentrated their time within the home missions, the remainder of that small number volunteered for overseas work, John Inglis writing his history of the missions stated:

...and when the roll was called, of the twenty-three who had professed their ardour to serve within the medical missions only two came forward to serve overseas. The rest declaring that “We cannot afford to leave these shores. But we will gladly give of ourselves to work here at home.”⁹⁵

⁹⁴ Henry Roper, *Letter to the Combined Mission Boards of the Churches in Scotland* (Edinburgh: Scott Publishing Ltd., 1871), p.1.

⁹⁵ CSCNWW: John Inglis, *Letter to the General Assembly of the Church of Scotland, in Regard to the lack of Evangelical Spirit amongst the Edinburgh University Medical Student Body* (Edinburgh: Paton and Ritchie and Myles MacPhail. Glasgow: Thomas Mullally and Son, 1877).

It was recognised, by the foreign mission boards of the Scottish churches that a new dynamic was needed to encourage medical men into the foreign missions. This resulted in the encouragement, creation and expansion of existing medical missionary student groups within the universities of Scotland. This new generation of medical missionaries no longer wanted to serve only in the capacity as physicians, they now wanted to preach the Gospels.

The new Scottish Protestant medical missionary

As previously states the medical missionaries, pre 1875, had been forbidden to act as evangelical preachers by their missionary societies. The overarching belief was that any failure, be it medical or preaching, would reflect badly upon the missionary's employers. This was a risk that many within the mission boards refused to countenance and strictures against preaching were heavily policed. However, many medical missionaries did preach, none more so than Livingstone himself. His position of high esteem within the Scottish community and his connection to the London Missionary Society, allowed the mission boards to applaud his work, yet still keeping any problems he created at arm's length.

Following his example others like Dr William Elmslie, Dr Colin Valentine and Dr William Shields did just that, in direct contravention of the rules. The argument within the Scottish missionary boards was debated in Edinburgh in 1875, when both sides put forward the case for their respective positions, regarding the authorisation for medical missionaries to be allowed to preach. At the meeting, it was decided to await the report of the Church of Scotland's investigative body which was examining the situation in India, as regards the work of medical missionaries.

Church of Scotland missionary agent, George Semple, who published the report in 1875, gave his wholehearted support to the work of the medical missionaries as Evangelical preachers and stated:

I am fully aware that the board is at odds with this notion of medicine as a powerful tool of missionary work, however, I have seen with my own eyes the great good that such men

can do, and the gratitude and response of the Indian natives that I am swayed towards the awarding of our official sanction for them to openly begin to preach the Good Word to all.⁹⁶

However, no matter how vociferous the call for more medical involvement to be allowed into the missions was, there remained a strong body of opposition within the Church of Scotland mission board that steadfastly blocked the idea. The root cause of this resistance appears to centre on the financial expense of the support of medical missionaries; and the continuing admonition that there was sufficient medical support already in place in India, within government sponsored public health measures. Notably Africa was kept out of the debate as it was accepted that medical assistance was an essential in a country where no centralised governmental public health was available out-with the European settled areas.

In what was to be a keynote speech in 1876, at a meeting of the committees of the medical student missionary societies in Edinburgh, John Wilson, an outspoken advocate of the rights of mission doctors to preach the Gospels addressed the issue in these terms:

...and we were ordered by Jesus to 'Go forth and heal the sick and tell them that the Kingdom of God has come' but are we allowed to do this No! Our governors are not heeding the words of Our Lord, the Great healer, to do his work as he commands. When you go to the mission preach the Good Word in His Name. If they say stop, did Jesus stop? Do it and do it well and when they see how much good we do then will they Do it! And we will have won...⁹⁷

For some within the board, the acceptance of a limited form of evangelical preaching was still a step too far and to include medicine as well was seen as a surrender of their principles. William Honeywell, reporting upon the continued debate over evangelical preaching merging with medical intervention in the mission context wrote:

...we split our Church over this issue of evangelical teaching, now we accept it as readily as we fought it...are we to give in to any demand made upon our church...we do not need to bribe natives to God, we give them medicine and hope that they will come to believe...this far and no further should be our call, lest we come to lose all we hold dearest to our hearts...⁹⁸

⁹⁶ George Semple, *Report to the General Assembly's Committee for the Foreign Missions to India 1874* (Edinburgh: Church of Scotland Printing, 1875), p. 46.

⁹⁷ John Wilson, *On preaching the message through healing: A speech given to the Committees of the University Missionary Societies, held in Edinburgh, November 1879* (London: H and D Hart, 1879), p. 5.

⁹⁸ William Jackson Honeywell, *The Church of Scotland and the Medical Mission Debate: Collected Speeches on the role of Medicine in the Preaching of the Word*. (Edinburgh: Thomson Printers Ltd., 1875), p. 118.

Honeywell voiced the opinions of many within the medical missionary opposition whose arguments also included the financial expense for supporting a medical mission and the continuing standpoint that there was sufficient medical support already in place in India, within government sponsored Indian Medical Service (IMS). In what was considered a keynote speech in 1876, at a meeting of the Committees of the 'Medical Student Missionary Societies in Edinburgh,' Wilson, an outspoken advocate for the rights of mission doctors to preach the Gospels, addressed the issue stating:

...and we were ordered by Jesus to 'Go forth and heal the sick, and tell them that the Kingdom of God has come' but are we allowed to do this, No! Our governors are not heeding the words of Our Lord, the Great Healer, to do his work as he commands. When you go to the mission preach the Good Word in His Name. If they say stop, did Jesus stop? Do it and do it well and when they see how much good we do then will they will say DO IT! And we will have won...⁹⁹

Resistance to the idea remained strong and one of the main opponents to medical missionaries was mission commentator Marley, who was by 1876, a member of the Church of Scotland Foreign Mission Board. He spoke at several meeting across the United Kingdom stating his opposition to this method of missionary work. In 1875, he addressed a meeting of mission board officials in Edinburgh, where he outlined his objections, Marley stated:

I can foresee no good reason that would encourage me to accept that a medical man could do more with his knowledge of all things physic than a true and energised evangelical man could do with his Bible and his devotion to God.

He continued:

I still hold that to spend money on such a thing as medical aid to the natives, in whatever country that they be, is a waste of the tithes of the many to support the indolence of the few who would be better served with prayer than with palliation.¹⁰⁰

But the support for the inclusion of medical missionaries into the work of the evangelical preachers was now growing rapidly. The anti-medical missionary proponents still fought doggedly on, citing cases of medical failure or mission mis-management as indicators that such men were failing their missionary boards. One notable case, opened in 1878, centred

⁹⁹ John Wilson, *On Preaching the Message through Healing: A Speech given to the Committees of the University Missionary Societies held in Edinburgh, November 1876* (London: H and D Hart, 1876), p. 5.

¹⁰⁰ Robert Marley *Speeches in defence of the continued use of the Evangelical Mission to the Heathen* (London: Blackwood and Hunter, Paternoster Row, 1875) p. 12.

upon the alleged financial irregularities of Valentine's running of his mission station, and a long and costly investigation was mounted under the heading of the 'Jeypore Case.' Even with Valentine's full acquittal, of all charges against him, the case only served to show that his accusers were still determined to dismantle the medical missionary project as an accepted method of missionary work.¹⁰¹

In 1880, it was finally decided and agreed upon, by all the Scottish Protestant mission boards that all medical missionaries would be freely allowed to preach the Gospels to their clients. This news was greeted by a barrage of letters to the mission board publications, hailing the decision as being the greatest step forward in the history of the enterprise. One anonymous author, writing to the *Free Church Monthly Record*, in 1880 stated:

At last we can save the soul and save the body...how much more could we have accomplished had this sorry state of affairs been sorted out ten years ago? How many would we have saved from misery and death and turned towards Jesus if we had but the sense to listen to His words when he admonished us to 'Go Forth and Heal the Sick in My Name?'¹⁰²

This echoed the feeling of many of the correspondents but the opposition was carried on by a number of dissenters, who maintained a steady stream of criticism regarding the role of the medical missionary. However, they never again held sufficient sway to interfere with the further development of this form of evangelization. However, there was to be another boost to the confidence growing within the mission boards with regard to the effectiveness of the medical missions as a power for mission advancement and this was to come from the growing part that women were now playing in the enterprise in India.

Medical missions and women

The history of women in the missions is as closely bound to the changing socio/political upheavals of the nineteenth century, as that of the medical practitioner and the medical missionary. The early writing on the subject of medical missions does include references to women in the mission station, but generally in the context of a general factotum, with little or

¹⁰¹ Church of Scotland World Missionary and Unity Collection: Print of Documents in 'The Jeypore Case', 1878. (Edinburgh: United Free Church Printers, 1878).

¹⁰² Anon. *Free Church Monthly Record*, 1880 (Edinburgh: Free Church Printers, 1880), p. 76.

no responsibility towards preaching. The role was to be one of unstinting support of the missionary; often a husband or other male relative and the attitude of the patronising mission boards supported the growing social demand that women should limit their activities to running the home and raising their children and take nothing to do with anything male orientated outside of the matrimonial home. One of the exceptions to this stricture was in the field of charitable works; this was seen as a suitable activity for a lady to engage with, Michael Gordon an early historian of the missions in India states:

...The mission station would have ceased to function had it not been for Mrs Cairns, Wife of the Rev Ian Cairns in Bombay. She cooks, cleans and does all those things so common to our women at home, but under such conditions as I think many would just faint away at the strain. Her only vice is to attend the local orphanage to which she often made good donations of clothing to cover the bodies of the poor...¹⁰³

But this type of attitude was being challenged by women, now writing for themselves in magazines and other publications that devoted their content to women's issues and entertainments. This was well before and real call for suffrage, but the seeds of such were being sown and the growing self-confidence and self-awareness of the rising middle-class women of Scotland, was now resulting on women calling for the right to obtain higher education and in particular to study medicine. Once the system for barring women from such an education was breached, it was only to be a matter of time before women began to apply for posts as medical practitioners. However, this was to prove a difficult path.

The breakthrough for women came with the acceptance of a need for women specific missions in India. This thinking came about as a result of a recognised requirement for a separate mission which would follow the social and religious strictures that were placed upon men from outside a family group, not being permitted to lay a hand upon women from inside that family setting. The first Zenana, or women only, mission was formed in 1852 by an independent missionary, Mary Kinnaird, who was able to achieve her aim with the support of the EIC local authorities. Initially the project was limited to the education of Indian women, particularly Muslim and a little Gospel teaching was allowed.

However, the missionary societies saw this as a new approach into the Indian household; if one could convert the women of the family it would surely be possible for inroads to be made

¹⁰³ Michael Martin Gordon, *What is a Medical Mission?* (London: James Nisbet and Co., 1869), p.79.

into the society of men. An expansion of the enterprise was authorised by the Free Church of Scotland mission board and extra funding applied.¹⁰⁴

A resolution was passed that the Scottish Zenana mission board of the Free Church of Scotland was to expand its work and seek out suitably trained women to serve in India. Although complete numbers for such an expansion are still unavailable at this time, one document within the Storey Donation cites the women volunteer numbers as having risen from twenty-six in 1861 to thirty-four in 1862 and then to fifty-five in 1863. This is put down to the increased interest in the work being carried out in the field of the Zenana missions.¹⁰⁵

Importantly, the Zenana mission movement maintained an affiliation with both the CMS and the Protestant churches in Scotland. In 1864 they changed their name to reflect their change in emphasis from education towards preaching and proselytization, now becoming known as the Indian Female Normal and Instruction Society. However, it still provided no provision for medical attention and it was not until 1880 that the Zenana mission added medical work to its ministry and became the Zenana Bible and Medical Mission.¹⁰⁶

An issue that is highlighted by the work of the Zenana missions arises from the acceptance of women as preachers by the mission boards. Formerly, the status of any woman in the mission was one of supernumerary to the male preacher. It would appear from the readiness of the mission boards that for a woman to preach to a woman was acceptable, but no such permission was given outside these circumstances. This gender specific construction within the mission field was later to lend itself to the rise of the woman doctor working in the missions, both in the Zenana and later in the mission stations across the imperial holdings.

The church mission boards in Scotland gave fulsome support to the Zenana venture and many of the first women graduates in medicine volunteered to work in these mission stations.

¹⁰⁴ CSCNWW. Proceedings of the General Assembly of the Free Church of Scotland: Held Glasgow, November 21, 1862 (Glasgow: William Collins, 11862), p.44.

¹⁰⁵ ML. Cat No. 20294 The Storey Donation Box 1 XA 12b

Zenana is a Persian term originating from 'Zan' meaning woman. Zenana is primarily a Muslim social institution under which a separate apartment is assigned to women members and women guests of a family. More simply, male and female members of the family work, interact and relax in separate spaces within the family precinct during working hours of the day. Women members themselves are euphemistically called 'Zenana.'

¹⁰⁶ Georgina Polson, *The Zenana Missions to India 1852-1900* (Bristol: Church Missionary Printers, 1906), p. 109.

It has been argued by historians that this was the only form of employment that women could use to exercise their medical training, as no work was available to them in the male dominated and controlled medical organisations within the United Kingdom. However, Deborah Gaitskill, writing on this topic describes just how important this foreign missionary work became to women graduates arguing:

Missions did offer invaluable overseas work opportunities, from 1880 to 1900, legitimated by the widespread publicity for Zenana. Hence almost a quarter of Britain's women medical graduates were working in India at the turn of the century.¹⁰⁷

It would not be until the turn of the century that the full impact of women on the medical missions would be felt, as those women working from within, found their work being financially supported by the efforts of those women who devoted their time to fundraising for the missions.

Scotland's second evangelical revival and the medical missionary response

The revival of the missionary spirit in Scotland was, in part, generated by the growing numbers now joining the student missionary societies that existed within the Scottish University system. Within St Andrew's and Aberdeen Universities, the emphasis was on the evangelical promotion of the Gospels, as both were major centres of divinity teaching. Edinburgh and Glasgow Universities were better renowned for their medical schools and it is no surprise that the medical students were encouraged towards overseas missionary work within those institutions.

Edward Hewat, in his history of the medical missionary enterprise, argues that, it was the very active student missionary societies of the Scottish Universities, which encouraged so many to volunteer for medical missionary service. Hewat argued:

¹⁰⁷ Deborah Gaitskill, *Rethinking Gender Roles: The field Experience of Women Missionaries in South Africa*. Andrew Porter ed. *Religion versus Empire: British Protestant Missionaries and Overseas Expansion 1700-1914* (Manchester: Manchester University Press, 2004), p. 143.

...with the close communication of ideas between the Scottish Universities, the impetus to follow the missionary path became less of a frightening challenge and more of a real spiritual journey...the medical and the evangelical complemented one another in a way that was not matched by any outside the Scottish context...¹⁰⁸

Hewat also argues that it was the Scots, before all others, who pushed hardest for the right of medical missionaries to preach, he wrote:

...and were it not for the unstinting efforts of medical Scots, men like Elmslie, Valentine, Shields and others ... were it not for their devotion to the advancement of the use of British medicine, as a method of teaching the natives the benefits of a new way...and then encouraging them to listen to the Gospels, then the missions would have ultimately failed...¹⁰⁹

Patrick Bennet, in his work on the impact of religion on life in Scotland during the nineteenth century, highlights the formidable hold that all the Protestant churches had over their congregations. This influence manifested itself in many great charitable works, none more so than the continued funding of the foreign missions. Bennet argues that it was this almost overwhelming control of the middle-class in Scotland that saw so many young men and women, encouraged by the presbyteries, to volunteer for missionary service, he states:

Within those areas of middle-class domination the missionary spirit was strongest...many who sought employment in professional fields gave over freely of their time to good work, none more so than those engaged in medicine...the Universities of Glasgow and Edinburgh became centres for the recruitment of doctors, male and female, into the foreign missions. Many sought only to serve their poor local communities, but many also actively sought overseas positions...¹¹⁰

However, others have argued that not all offered their services for the good of their 'fellow man.' Hamish Rider argued in his history of the missions that an ex-medical missionary returning home from the foreign field would have an advantage over others, vying for clients from within the same market. It is his contention that:

¹⁰⁸ Edward George Hewat, *Vision and Achievement 1796 – 1956: A History of the Foreign Missions of the Churches united in the Church of Scotland* (London: Thomas Nelson and Son Ltd., 1950), pp.125-126.

¹⁰⁹ Edward George Hewat, *Vision and Achievement 1796 – 1956*, pp.130-131.

¹¹⁰ Patrick Bennet, *Life and Work: The Influence of the Protestant Church in Scotland 1800 -1900* (Boston: Hall and Son, Printing, 1976), pp.92-93.

...by 1900, competition for paying patients was crucial to the continued prosperity of the medical practitioner; If men found it hard, then women found it harder to encourage patients into their care, as the reluctance of men to be treated by women doctors continued. The missions offered a way forward for both men and women...to take up Foreign Service would gain the doctor kudos within the Kirk circles...with the subsequent elevation in the numbers seeking their attention...¹¹¹

There is no doubt that Rider's argument may have some merit, but it does slight those others who did give selflessly for the cause. Taylor supports Rider's position but qualifies it, arguing:

...the medical missionary must, at all times, reveal themselves openly as being both ardent Christians and as committed doctors...if there is any doubt at all in the mind of the medical man then he must not offer himself up for selection, until he is satisfied that any future intention of private practice will not impinge upon his work in the field...¹¹²

However, the medical missionaries who did commit themselves to the overseas work did not merely re-cycle old practices of medical care. They were as innovative as their counterparts at home and were responsible for the introduction of many new medical techniques of Western science being put into operation within the colonies, in some cases even before the civil medical administration itself.

This willingness to make use of both the latest techniques of the West and the Traditional medicine of the local areas in which they works, allowed the medical missionaries to gain the trust in their local populations in a way that the civil authorities struggled to match. Henry Hansen and Martin Twaddle writing of this issue of the growing role of the medical missionary as an acceptable face of colonial power argue that it was the trust engendered by these doctors, within their local native communities, that allowed them to become so successful, they argue:

In those areas that were under colonial control, medical services often found it very difficult to generate any trust between those who came forward, often reluctantly as patients and the medical practitioners...but in those areas where the mission held sway, then the medical treatments were accepted, often without question.¹¹³

¹¹¹ Hamish Rider, *The Church and its Medicine: Missionary Medicine and the Rule of the Kirk 1865-1930* (Manchester: Goodricke Printing, 1960), pp.177-178.

¹¹² Howard Taylor, *The Training of a Medical Missionary* (London: Wisdom Presses, 1913), pp. 116-117.

¹¹³ Henry Brown Hansen and Martin Twaddle, *Christian Missionaries and the State in the Third World* (Ohio: Ohio University Press, 2002), p.201.

They also highlight the growing numbers of Scottish medical missionaries who went to Africa in preference to India or China and assert that it was the very nature of the challenge to the medical missionary that Africa presented that made it so often the area of choice for, as they now termed them, the medical evangelists. they state:

There can be no doubt that the Scottish medical evangelists now took control of the provision of public health in sub-Saharan Africa. Livingstone had laid the path for others to follow...and by the end of the 19th century more medical evangelist worked in that place than any other.¹¹⁴

Whilst it is true that during the period between 1880 and 1900 a rise in the numbers of medical missionaries leaving Scotland went to Africa, the numbers employed within India stood well in advance of them. Taking the EMMS graduate list (appendix1) as guide the numbers of medical missionaries who had served or were currently still serving in India by 1900 was forty-seven, with eighteen arriving post 1890. In China the numbers having served or still serving were thirty-four with thirty arriving post 1880. Africa had seventeen medical missionaries served or still serving with twelve arriving post 1880. It is clear from those figures that for the EMMS at least, China held the greatest influx of Scottish-trained medical missionaries.

The major obstacle to the progress of the medical missionary within the colonies was not the continuing resistance of many within the missionary enterprise to their employment; rather it was their lack of effective numbers. Without a sufficient number of workers and a greater number of mission stations the amount of work that could be carried out was limited. If they were to become a force within the missionary establishment, then they must be increased and spread further afield.

It would require a greater effort on the part of the medical missionary suppliers, to generate enough such people to advance their cause further. The organisation that was to accomplish that was the Edinburgh Medical Missionary Society.

¹¹⁴ Henry Brown Hansen and Martin Twaddle, *Christian Missionaries and the State in the Third World*, (Ohio: Ohio University Press, 2002), p.208.

Chapter 3

Edinburgh Medical Missionary Society: 1841-1900

The history of the Edinburgh Medical Missionary Society (EMMS) has only been recorded within an in-house publication written by society member John Wilkinson. This publication offers students some information, but is of limited value as a research tool. This chapter will seek to add to his work by collating existing and newly found data regarding all aspects of the society and its operating systems. Attention will also be paid to graduates of the society, with the production of a short biography of each identified EMMS medical missionary. Although this chapter will focus upon the EMMS it should be noted that many medical missionaries working within both the 'Home' and 'Foreign' missionary enterprises, were not EMMS sponsored and that the work of identifying these individuals to the same degree has yet to be carried out.

In Edinburgh during 1841, influential people within the medical missionary supporting public began to coalesce into a formal discussion and corresponding group. This group was comprised of several prominent men in the fields of religion, medicine, politics and missionary support. They decided that a form of independent scheme should be created, to encourage young men into becoming medical missionaries. These men were the forerunners and creators, of arguably the most successful medical missionary support organisation of the nineteenth century, the EMMS. Continuing on from the work in Chapter Two, and in an effort to explain the rise and success of the EMMS, this chapter will look at the organisation on three levels; the formation and development of the society, the leading figures within those formative years and the administration and funding of the organisation.¹¹⁵

¹¹⁵ The history of the EMMS has only been recorded within an in house publication written by EMMS member John Wilkinson, and is of limited value as a research tool. This chapter will seek to add to his work by collating the available quantitative data regarding financial records and student numbers that have been recovered from archival sources, and matching this with the records of the missionary societies that employed the EMMS graduates.

During the early 1800's, the missionary spirit in Scotland was rising in tandem with the evangelical 'up-swelling,' within many of the Protestant churches. This was to encourage many from within the congregations to work as lay preachers, working with the destitute populations, in the poorest areas of their communities. However, the often disorganised nature of these efforts, led to the dissatisfaction of many within the controlling presbyteries. The main concern often cited was that these uncontrolled efforts, although well meaning, were not reaching enough people within poor communities.

The growing number of destitute Irish Roman Catholics, seeking refuge from the poverty of their homeland within the cities of Scotland, was a major concern. It was a strongly held feeling, within the Scottish Protestant churches, that missions to save these unfortunates were essential to the maintenance of social stability in Scotland. George Elmslie, in his history of the Scottish missions states:

The argument, as laid out by the Scottish Protestants in the late 18th and early 19th Centuries, was that the Irish Catholics, in their impoverished condition and in such great numbers, may lead them to acts of sedition and riot that would destabilise the harmony of the nation. To counter this threat a deliberate effort had to be made to re-Christianise these people into the Protestant faith...the missions being at the forefront of this effort.¹¹⁶

However, the Irish Roman Catholics were generally resistant to the message of repentance and salvation from the Protestant preachers, and mission boards began to look towards the application of free medical attention, as a new means of gaining access to this audience. Regardless of the low esteem that medical men were held in by the general public at this time, some medical men had always played a part in home mission work, often giving freely of their time to assist the sick and poor of their Parishes. This pro bono work earned these physicians a degree of respect from within Scottish church circles and in 1828 led Thomas Ingram, a contemporary social commentator, to write:

...without the work of the good physicians of the parish of Leith, these men of science and conscience, who treat the many sick and wretched in our city without reward... our streets would be littered with the bodies of the dead and dying...¹¹⁷

¹¹⁶George Elmslie, *Scotland's Christian Soldiers: the Scottish Missionary Movement* (Dundee: Farquhar and Son, 1977).

¹¹⁷Thomas Wilson Ingram, *Life and Society* (Edinburgh: Paton Publishing, 1828), p. 12.

The grateful reactions of those treated by such men, must have alerted some within the missionary supporters, to the possible benefits that could be accrued from their employment, if they could be present in every home mission. Once a mission was set up and medical treatments were made available to the poor, then it was felt that this would encourage, those considered to be Godless by the church and the rising middle class, to come to God and be redeemed. This was the true meaning of the mission work amongst the poor of Scotland, the saving of the soul rather than the saving of the body.

By 1830, the locally focused parish missionary societies had successfully begun to organise themselves into more professionally run bodies, and they now set out to merge together and expand their work within the poor populations, in both rural and urban Scotland. At the outset of the 1840's almost every parish in Scotland either ran, or funded, some form of poor relief within their local community. This charity work often included education for children, along with the distribution of free clothing and food, all of which was always attached to the preaching of the Bible by the volunteers.

Many of these small churches had very close ties with the Church of Scotland and, as time progressed, they allowed the major church to take control of the local missionary effort and thereby obtaining access to better funding and a professional and centralised administration. However, within the ruling council of the Church of Scotland, there was still the on-going resistance to evangelical preaching being undertaken by the medical men involved in the work. The general consensus within the church missionary societies was that although medical men had their uses, it was not to be found within the advancement of the message of the Gospels.

The success of work carried out by the home missionaries, who were actively combining both preaching and medical intervention, regardless of the wishes of the Church of Scotland, were eliciting a great deal of positive publicity. This praise was demonstrated to the Scottish general public, through both newspaper and pamphlet articles. Simon Brown in his work argues:

The growth of public awareness of the missionaries and their work within the poor communities of Scottish cities was a topic which drew a great deal of attention within the periodicals of the day. This development of the public awareness of the work being carried

out was reflected in both the numbers volunteering for such service and the increase in public donation towards the work.¹¹⁸

This public approbation, for the poor relief work being carried out by the Church of Scotland, had resulted in many from within its congregations calling for an expansion of this work. These demands were centred upon the Church of Scotland developing similar missions overseas. As previously discussed, there was a growing consensus among missionary supporters, irrespective of the views of the governors of the Church of Scotland, regarding the inclusion of a medical missionary aspect to these new missions. Several public meetings were arranged in Edinburgh, where former foreign missionaries and medical men, would speak out on behalf of the acceptance of medical missionaries. They argued that the use of such men, trained in medicine and religion, would prove to be valuable additions to the work being carried out in the evangelical mission stations overseas.

Frustrated at the dogmatic intransigence of the Church of Scotland, in November 1838, at a meeting of the 'Edinburgh Supporters of the Medical Missionary,' noted American medical missionary, Dr Franklin Waterson, who had recently returned from his mission in China and who was now resident in Edinburgh, voiced his call for the formation of a similar organisation in Scotland:

I would state that the formation of a group of men with steely resolve to progress the employment of the medical missionary...and also to consider the worth of the formation of an organised society to raise funds to continue the fight towards the furtherance of that cause.¹¹⁹

This appeal seems only to have awakened the notion of such an organisation, nothing appears to have been done to progress the call and nothing more is written on the proposal until an article in the *Edinburgh Courant* in March 1841, which stated:

It is also hoped that many of those who have donated to the missions of Edinburgh will also do so towards the creation of a Society of Gentlemen dedicated the furtherance of the Christian message through the application of healing and preaching to the poor...to which end

¹¹⁸ Stanley George Brown, *Heralds of Health: The Saga of Christian Medical Initiatives* (London: Christian Medical Fellowship, 1985).

¹¹⁹ William Brown, *Address to Students Delivered in the Hall of the Royal Medical Society, 16th December 1852* (Edinburgh: John Greig and Son, 1854), p.18.

on the attendance of Dr Parker of China fame, a meeting will be announced, whereby his call for more doctors to the foreign field will be heard. All will be welcome.¹²⁰

It was not until October 1841, that the creation of such an organisation began to develop within Edinburgh. It is unclear as to just how the first move towards the formation of the proposed group was initiated, but a general consensus attributes it to Dr John Abercrombie, a consulting physician of Edinburgh. That year, Dr Abercrombie held a meeting within his house, at which several medical missionary supporters who came from both church and medical backgrounds, met to discuss the role of medicine within a missionary context. He had also previously encouraged Dr Parker to agree to speak at this meeting, where he would describe the creation and operation of his own medical missionary society in China.

Parker is said to have given a rousing speech in support of the creation and use of the medical missionary as method of conversion. Such was Parker's impact on this gathering that it was agreed that the next meeting should be a public affair, and this meeting was held on the 30th November 1841, within the Royal Hotel in Edinburgh. The Chair was taken by the Lord Provost of Edinburgh, Sir James Forrest Bart, and the meeting was held before a reportedly eager, large and influential group of Edinburgh citizens, where Parker spoke again. Hastings Macleod, reporting on the meeting after his attendance at this meeting wrote:

...when he (Parker) was finished speaking, we rose as one to cheer and applaud his wisdom and Evangelising message. His words filled the room with a determination to move towards the making of medicine as much a sword of conversion as the Gospels.¹²¹

The meeting concluded that an organisation to be entitled the 'Edinburgh Association for Sending Medical Aid to Foreign Countries,' be officially formed, with a draft proposal for a constitution and resolutions be agreed and enacted. The meeting was widely publicised and was described in the *Edinburgh Courant* as being:

The first step towards the inclusion of medicine as a method of opening up new territories and peoples to the Gospels and the Love of the Saviour...the board welcomes any and all donations, five shillings annually will ensure both membership and listing in any association publication.¹²²

¹²⁰ *Edinburgh Courant* November 1841.

¹²¹ Hastings MacLeod, *Report on the Meetings of Dr Peter Parker with the Donating Public of Edinburgh* (Edinburgh: Church of Scotland Printing, 1841), p.9.

¹²² *Edinburgh Courant* December 1st 1841.

However, another contemporary reporter of these meetings, Robert Blackeley, records:

...and when Parker spoke of using medicine to bribe conversions out of the heathen, instead of the true Word of God, many in the room fell to whispering before rising from their seats and leaving.¹²³

It would appear from these contrasting reports that Parker's message did not win universal approval from the missionary supporters at the meeting

By the time of the next meeting in 1842, the roll of member had not increased and advancement of the society appeared to have stalled. The number of 'Five shilling members' (five shillings being the minimum amount donated to secure membership) was sixty-one, and the total amount collected, including other donations above the £-/5/-d level, was £114/9/9d. The first accounts published revealed that the entire amount donated, had been spent on advertising, publication of pamphlets and rental of rooms for meetings. Subsequently there was no money left for the support of anyone who came forward to offer their services. But this seemingly inauspicious beginning did not deter the committee from continuing to progress their aims, but progress was slow, and even after two years of meetings and publicity the group was no further forward than it had been in 1841.¹²⁴

At the onset of 1843 efforts were now being made to convince medical students at Edinburgh University to undertake the role of medical missionary. Three of the Board of Directors of the new association, Professors James Syme (Surgeon), William Pultney Allison (Physician) and Professor Thomas Chalmers (Theology) were members of the teaching staff at Edinburgh University and each gave a series of talks and lectures to medical students in support of their cause. But there was little positive reaction to their call. In May that year an anonymous student wrote to the *Edinburgh Courant* regarding as he perceived it, this pressure to volunteers stating:

...my family are bearing the cost of my education and would not look kindly on me throwing it all away to go overseas and treat with the heathen and savage native. I resent being repeatedly told of my Christian duty, which I do in good conscience and before I was

¹²³ Robert Scott Blackeley, *Parker's Call: The Need for Medicine in the Evangelical Crusade to the Heathen* (Edinburgh: Edinburgh Printing Ltd., 1841), p.11.

¹²⁴Edinburgh Medical Missionary Society: *A Century of Service 1841–1941* (Edinburgh: Edinburgh Medical Missionary Society, 1941), p. 8.

ever lectured to on such, by those who would seemingly use their influence as a means of enforcing my compliance to their work...¹²⁵

1843 was to be a seminal year, for both the Church of Scotland and the Association. The full impact of the Disruption of the Church of Scotland, as previously discussed in Chapter two, began to have its influence felt within the congregations of the Church of Scotland. For the Association, a new title was adopted and the previously cumbersome name changed in favour of, the Edinburgh Medical Missionary Society (EMMS).

One of the main effects of the Disruption was that the old alliances that had originally existed, between the new Society's members and their respective Churches, now had to be revised. From the outset of 1844, the Board of the EMMS made it clear that it would remain independent and non-denominational. This statement of intent allowed its members to remain attached to the Society, without having to compromise their position on their religious standpoint. It could be argued that this neutral position would allow the EMMS to grow unhindered by the inter-church rivalries and maintain the later flow of funding from the divided Churches. Dr Abercrombie made this announcement in an open letter to the General Assembly of the Church of Scotland of 1844, in which he stated:

...and this Society will not engage in the ongoing Disruption within the Church in Scotland, and will continue to work towards its stated aims...and accept into its membership, without favour, any of those who wish to contribute to our mission.¹²⁶

The decade between 1842 and 1852, was one of mixed success for the EMMS, as membership seemed to have stagnated and the fixed 'Annual Contribution Membership Scheme,' never raised more than £300/- in any year. Initial efforts to expand the work of the Society began with the attempt, possibly inspired by Parker, towards setting up their own medical mission in China, where they hoped to use Parker's influence within the Chinese government to facilitate their enterprise.

However, both the lack of sufficient funds and a suitably willing volunteer was to curtail this proposal. It was not until 1847 that the first call for medical missionary assistance was received from the missionary. Reverend Carlile, who ran a self-funded mission station in the

¹²⁵ *Edinburgh Courant*, May 4, 1843.

¹²⁶ CSCNWW: Proceedings of the General Assembly of the Church of Scotland 1844 (Edinburgh: Scott Publishers, 1844).

South West of Ireland, contacted the EMMS and asked that a Physician was urgently despatched to assist him. The Society advertised the post in January 1847, and received a response in the March of that year, from Dr Alexander Wallace, who was immediately despatched, at the society's expense, to begin work there.¹²⁷

Encouraged by this success, the EMMS now began an intensive period of advertising for recruits, but volunteers were still not coming forward. The position of the medical student still seemed to be one of self-interest, something which greatly dismayed many on the board of the EMMS. During one of his lectures at Edinburgh University Dr James Miller, a Society member, chided the students for:

...lack of Christian spirit...and misuse of the power of healing that God had bestowed upon them...it is you bounden duty to heal the sick in Jesus' name...¹²⁸

Undaunted by this lack of willing, the EMMS continued to promote its cause and tried to increase, both its membership and funding, by holding lecture meetings and slideshows given by returning missionaries. These meetings sought to advance the cause of both the EMMS and the medical missionary, collections were taken and new members signed up. Although the financial accumulations were not great, the steady flow of inward donation allowed the EMMS to reconsider their approach to the problem; the lack of medical volunteers. The initial intention had been to find physicians, who were willing to move overseas, but the lack of enthusiasm for this approach forced the board to reconsider their offer of support. At a meeting on 21st March, 1852, a new resolution was passed that altered the way in which the EMMS, and its later imitators, would operate in the field.¹²⁹

¹²⁷ John Wilkinson, *The Coogate Doctors: A History of the Edinburgh Medical Missionary Society, 1841-1991* (Edinburgh: The Edinburgh Medical Missionary Society, 1991), p. 10.

¹²⁷ James Miller, *Medical Missions: An Address to Students (introductory to a) Course of Lectures on This Subject; Undertaken by Members of the Edinburgh Medical Missionary Society* (Edinburgh: Sutherland and Knox, 1849), p.9.

¹²⁸Proceedings of the General Assembly of the Church of Scotland 1844 (Edinburgh: Scott Publishers, 1800-1900).

The governing board of the EMMS now decided upon the creation of the ‘Student Grants in Aid Scheme.’ This scheme proposed that when a candidate presented themselves to the society, and if that candidate could fulfil an educational and religious knowledge test, then, the Society would make up the fees required by the university (£37/- per annum) to train the student in medicine. Graham Johnstone and John Greenlee argued in their history of the missions that:

The Edinburgh initiative took the other missionary society boards by surprise...by 1870, they could no longer argue that the expense of the medical missionary, was so prohibitive as to debar him from employment...the Edinburgh Medical Missionary Society had created the first, truly professionalized missionary support organisation in Great Britain...an would provide, free of any charge, a medical missionary for foreign service, to any who requested it.¹³⁰

The EMMS began to advertise their new scheme and hoped that suitable candidates would be encouraged to take advantage of the funded medical education. Notification of the programme was despatched to every United Kingdom missionary society, inviting them to recommend suitable candidates, and it was not long before the first two were forthcoming; From India, David Paterson, who had served as a Church of Scotland missionary in Madras, where he had received many plaudits for his work, was offered as a candidate by the Church of Scotland. The reason for this proposal has yet to be unearthed, given the reluctance of the Church of Scotland missionary governors towards the use of medical missionaries. After series of interviews, Paterson was accepted by the society. The second candidate, Wong Fun, a Chinese national, who had shown some degree of medical aptitude whilst working within Parker’s mission in Canton, was also accepted by the society.

Both Paterson and Wong Fun graduated from Edinburgh University in 1855 and were subsequently despatched back to their original mission stations to take up the new post as medical missionary. Word of the generosity of the EMMS soon spread, and by the end of 1855 another three candidates had been accepted with several more sending in their applications for consideration. However, the period between 1856 and 1858 did not develop into the planned major foreign expansion. The training of a candidate could take up to six years, and this time restriction meant that the EMMS could only look to place a medical missionary in the future, unless an already trained doctor presented himself for service.

¹²⁹Graham Johnstone and John Greenlee, *Good Citizens: British Missionaries & Imperial States 1870 to 1918* (New York: McGill-Queens University Press, 1992), p122.

During this period of enforced waiting, the society turned its immediate attention to the work that needed to be carried out to increase the effort towards helping the poor of the City of Edinburgh itself.¹³¹

In 1858, it was decided that to further the well being of the poor of Edinburgh and to improve the training of society students, by the creation of a new dispensary to be located within the West Port district of Edinburgh. These premises were entitled ‘Missionary Dispensary and Hospital for the Irish Poor,’ and were to be run by Dr Peter Handydside, who was one of the society’s original founders. The dispensary was later moved to the Cowgate area of Edinburgh, as demand soon outstripped the West Port facility’s ability to cope. The dispensary allowed medical students to become involved in missionary work amongst the poor, and enabled them to achieve valuable ‘hands-on’ experience in diagnosis and treatments of the patients. One medical student, Robert Porteous, wrote to the *United Presbyterian Magazine*:

...my experience gained at the Cowgate dispensary thoroughly prepared me for my life in medicine...although I was not one of their people I was allowed to work alongside these dedicated missionaries and have nothing but the greatest respect for them...¹³²

However, in 1859, after the final resolution of the Indian Mutiny of 1857, the EMMS was to reap an unexpected benefit. As a result of the renewed acceleration of Britain’s imperial expansion within India, the missionaries of the United Kingdom missionary societies were able to return to their former stations, or to now enter into previously restricted or un-visited areas of India. The expansion of potential missionary territory in the sub-continent encouraged many of the United Kingdom missionary societies to call upon the EMMS to supply them with trained and accredited medical men work within their missions. It was now that the EMMS began to take the lead, in not just the promotion of a medical inclusion within a mission station, but that the medical missionary sent should now be allowed to preach the Gospels.

¹³¹ John Wilkinson, *The Cowgate Doctors: A History of the Edinburgh Medical Missionary Society, 1841-1991* (Edinburgh: The Edinburgh Medical Missionary Society, 1991) p. 13.

¹³² Robert Porteous, *The United Presbyterian Magazine* 1870 (Edinburgh: William Oliphant and Co. 1870), p.37.

This declaration of intent by the EMMS sent shockwaves throughout the mission boards of Scotland. Many saw this move as a new and enlightened approach to missionary work. Others remained hostile and against it, but had to recognise that if they still needed medical supervision for their evangelical workers within their mission stations, then an accommodation had to be reached with the EMMS. This would have to include an understanding that would allow the doctor to preach the Gospels, as well as heal the local sick. This new stance generated another round of fierce debate within many of the mission boards in Scotland, the effects of which were to change the EMMS, from its position of just another missionary society, to that of the foremost advocate and provider, of medical missionaries to the missions.

In 1859, the EMMS began to provide funds for several volunteer medical missionaries to work overseas. Although small in number, they were to be the vanguards of an accelerating process of the acceptance, by many mission boards, of a unified spiritual and physical healing proselytizing strategy. In 1861, the first three EMMS graduates were ready to be placed within the foreign missions, two being sent to India and the other to Palestine. (Appendix 1) Also in 1859, William Burns Thomson, a former missionary to India, took over the role as the Superintendent of the EMMS. Although Burns Thomson appears to have been willing to allow the Society to continue on its path of gradual development, he did introduce the accord that was to allow medical missionaries to preach the Gospels, and he also took control of the dispensary building project at West Port.

His actions towards increasing donations are not recorded, although membership numbers and donations had begun to grow. During his period in office the membership rose from 66 in 1852 to 743 in 1870. Funding under his stewardship had also risen from £300/- to nearly £1,000/- per annum. However, graduate numbers were small and only 18 doctors graduated through the EMMS system during his term in office. On his retirement from the post in 1871, plaudits for his efforts indicate an appreciation of a 'steady hand,' in control, rather than an acknowledgement of his work in advancing the cause.¹³³

¹³³ Harold Andrew Young, *Burns Thomson- A Life in Service* (Edinburgh Oliphant Printing, 1880).

His replacement in the post of Superintendent was one of the first EMMS students, Dr Paterson, who had returned from Madras owing to continued ill-health. However, Paterson died shortly after taking up the post, and was not there long enough to have had any impact upon the Society. The next choice for the post was the man who was to take the EMMS operations and success to a new level, Reverend Doctor John Lowe. Lowe was born in Banchory, Perthshire in 1835, son of a Church of Scotland minister; he was trained for religious office from an early age and on entering Edinburgh University in 1855, added medicine to his theology course. In 1861 he was awarded his Medical Diploma and Theology Degree from the university, passing both courses with honourable notes.

He immediately offered his services as a medical missionary to the LMS, who despatched him along with his wife, to begin his work as a medical missionary at the mission station, situated at Travancore, India. Lowe had to cut short his work there, owing to the continuing ill-health of his wife, who could not acclimatise to the conditions of living in India. This circumstance forced him to resign his post with the LMS and both he and his wife returned home in 1871. On hearing of his return the board of the EMMS offered Lowe the newly vacated Superintendent position, which he readily accepted.¹³⁴

Lowe immediately began the business of generating a wider interest in the work of the Society, not just in Scotland, but globally. He was an avid letter writer and despatched details of the Society to almost every missionary society in operation at that time. His articles, within the Society's publication the '*Quarterly Papers*,' reveal a very strong desire to see the medical missionary accepted within the mission enterprise as a whole, and a continuing defence against their detractors. It might be argued that Lowe had entered the service at a very propitious time; the medical profession was becoming accepted by the British public, as an established and professionally regulated body. This new trust, in not only the doctor but also his medicine, was beginning to impact upon the attitudes of those previously reluctant mission boards.

¹³⁴John Wilkinson, *The Coogate Doctors: A History of the Edinburgh Medical Missionary Society, 1841-1991* (Edinburgh: The Edinburgh Medical Missionary Society, 1991), p.29.

One example of this change of opinion can be found from the minutes of the annual meeting of the Glasgow Pentecostal Church Mission Board for 1873, it states:

...this committee has it on very good authority, that Dr Jamieson has shown himself to be a committed and trustworthy medical man and well educated in all matters of the Gospels...an ideal candidate for the post in India...¹³⁵

During Lowe's term, the effects of the Disruption upon the Protestant churches within Scotland had begun to generate a new energy within all of the church communities. It was this new dynamism, to open new missions overseas, which encouraged an increase in the demand for the Society to increase the provision of medical missionaries. The main thrust of change was created by the increasing influence of the evangelical revivalist movement of the period, which was beginning to make its presence felt amongst many of the church-going population of Scotland.

There already existed, within the dissenting churches, a strong desire to work out-with Scotland in the foreign mission field. This plan needed to be funded and properly operated to give it some chance of success and the role of the medical missionary was to be crucial to fulfilling that purpose.

One other added stimulus was the continued recovery of the Church of Scotland, which had re-organised itself, and was now able to take on the challenge that had been set down by the dissenters. The Church of Scotland felt that it had to overcome this challenge to its supremacy in Scotland, and began repairing and replacing its missionary stations overseas. However, the Church of Scotland was still resistant to the employment of medical missionaries, as it still held to the view that unless a man had been properly trained, in either divinity or theology, then the damage that could be occasioned by the preaching of misrepresented scriptures far outweighed any good that would come from free medical assistance.

¹³⁵ Richard MacDonald, *The History of the Pentecostal Missions: 1854-1900* (Glasgow: The Elim Hall Church printers, 1960).

At a meeting of the Church of Scotland Foreign Mission Board, in 1873, the following argument was recorded:

The medical missionary is an illusion, he neither treats as a doctor nor preaches as a minister...a man cannot serve two masters...we must stay the course in our own way, leave the rest to do as they please and continue to preach to the heathen, if indeed we must, spending our money on the maintenance of the health of our own poor and not on the health of others...¹³⁶

This sentiment was now being challenged within the Church of Scotland Foreign Mission Board hierarchy, who began to change their position on the medical missionaries, now admitting that some benefit might be accrued from their employment:

...the notification from the Edinburgh Medical Missionary Society that they hope to have at least one, possibly more, fully qualified doctors available for service is very welcome. Although we may not need them immediately we might certainly have need of them in our future...¹³⁷

Lowe, together with the EMMS board, produced a revised candidate application form, the contents of which reveal a society that was now able to select only the best candidates for support. The questions were designed to reveal a candidate's educational background, his knowledge of the scriptures, his church-going history and probed his reasons for wishing to become a medical missionary. This new system of selection created a situation, whereby only those who could prove their deep commitment to the missionary cause were accepted. The interviews were taken over a period of a week; the make-up of the interviewing panels will be discussed later in this chapter. However, this selection format was quickly adopted by the newly opened medical missionary societies that were now spreading out across the United Kingdom and overseas.¹³⁸

Lowe was recognised by his peers as having character traits that ideally suited him for the position of Superintendent. He was reputed to be more aggressive in his stance, on the adoption of the medical missionary by the mission boards; he was very sympathetic to the society's student body, having been one himself. He understood the pressures that were put

¹³⁶ GM: Report of the Committee on the Schemes given to The General Assembly of the Church of Scotland by Principal Pirie D.D. and Professor Charteris D.D., May 1877 (Edinburgh: Ballantyne, Hanson & Co., 1877) p.24.

¹³⁷ GML: The Storey Donation, Report of the Committee on the Schemes given to The General Assembly of the Church of Scotland, November 1878 (Edinburgh: Ballantyne, Hanson and Co., 1878), p. 6.

¹³⁸ Leonard Mervin Humbert, *Medical Missions at Home and Abroad* (Glasgow: Hunter and Son, 1905) p. 119.

upon them; and his ability to communicate his ideas, both written and verbally, made him a convincing advocate for the EMMS. One of the members wrote of him in 1880:

...without John (Lowe) this blessed organisation would never have become the force for God's work that it is now...I have heard him speak and look at the faces of those around me who are in awe of his message...God grant him long life and service with us...¹³⁹

Under previous editorships, the published material of the society, including the annual reports and occasional papers, were all very similar in both content and their unstinting praise of the medical missions at home and overseas. Lowe now changed the editorial content and began the creation of a new society magazine, first published in 1871, which was re-titled the '*Quarterly Papers of the Edinburgh Medical Missionary Society.*' Within this new publication, letters from missionaries and supporters from across the globe were reprinted for popular consumption. It was further added to by Lowe and his staff, with reports of society business, obituaries and other general information. The magazine also served to garner further funds through its unlimited distribution into the public domain and its inclusion of commercial advertising.

Lowe retired from the post in 1883, but continued to work within the missions as a speaker and fundraiser. He donated the royalties of his 1886 book 'In the Service of Suffering,' in perpetuity to the EMMS, and when he died in 1892 thousands of people lined the streets of Edinburgh to pay their respects. During his tenure within the EMMS, Lowe had inspired many at home and abroad, to become members of the EMMS and his fundraising efforts for the organisation had increased its capacity to operate the largest medical missionary society in the world. Membership in 1892 was over three thousand, and the annual accounts reveal a turnover of nearly £5,000/-d, for not only the support of the student body, but also for the continuation of the dispensary and the running of several respite homes for the poor. Of the many tributes paid to him after his death one perhaps summarises his impact upon the society:

John Lowe was the finest missionary society organiser of his day, responsible for placing at the forefront of the truly professionalized missionary enterprise, the medical missionary. The Edinburgh Medical Missionary Society, which not only trained medical men,

¹³⁹ CSCNWW: A letter to the Board of the Edinburgh Medical Missionary Society from an unsigned correspondent. (Edinburgh: Oliphant Printing, 1880).

but also gave them the spiritual strength to do the work that Jesus had assigned to all of his healers, to 'Go forth and heal the sick in My Name', would never have been...without Lowe leading the way.¹⁴⁰

In 1883, the role of Superintendent was thereafter taken by Dr Edwin Sargood Fry, who was to oversee the running of the society well into the twentieth century. Fry was as vigorous as Lowe in his direction of the society, but later admitted that:

I could only thank God for the work of my predecessor John Lowe, he created an organisation that was so ingrained with the true missionary spirit, that it only required the gentlest of touches to maintain its course... and allowed for medicine, God's great gift to mankind, to be used in His name to spread the Good Word of Salvation.¹⁴¹

As the EMMS expanded its operations, the numbers of students obtaining its support also began to grow. After the initial placing of Paterson and Wong Fun, others were to follow in increasing numbers for placement within the variously supported missionary stations overseas. It is important to note however, that the candidate numbers being referred to were never large, and given the time it took for a medical student to gain their degree, forward planning was an essential factor for the EMMS to consider. At one society meeting in 1860, the issue of payment for such placements was discussed, but rejected on the grounds that it went directly against the society's objectives, and might deter potential employers of medical missionaries if any cost factor regarding payment for the training was included in any arrangement:

...and when an application is received from a Society for a medical man, we must ensure that it made very clear that as we have yet to build up a pool of graduates, it may take some years for the placement...and that other arrangements might be considered until then.¹⁴²

By the end of the nineteenth century the EMMS was supporting over three hundred and fifty doctors, one hundred and four of them EMMS graduates, both men and women. It is impossible to give full biographical details of all those that the EMMS became involved with as many of the records are either incomplete or missing from the archive. However, appendix one serves to illustrate the placements of the EMMS candidates in the foreign missions.

¹⁴⁰ Eric Haldane Jackson, *Missionaries and India: Role of the Christian Missionary in Colonial India, 1700-1900* (New York: New York Presses Ltd., 1978), pp. 118-119.

¹⁴¹ 'Quarterly Paper of the Edinburgh Medical Missionary Society: May 1887' (Edinburgh: Scott and Ferguson, 1887) p.52.

¹⁴² NLS EMMS Annual Report for 1860 p.17.

EMMS and the creation of women medical missionaries

The EMMS always stated that they looked upon the role of women within their missionary enterprise as being a crucial component towards their success. The major problem that faced the EMMS, during their period of expansion from 1870 until the 1890's, was that all women were excluded from obtaining a medical degree in the United Kingdom. This restriction was just one of many placed upon the female population of the United Kingdom, and was a deeply entrenched position within all of the medical teaching Universities in Scotland. However, medical missionary developments within India were now generating a need for medical women to be made available to serve in the sub-continent.

This change was brought about by the development of the 'Zenana Women's Missionary Movement.' Initially set up to provide educational facilities for Indian women, it was also starting to provide free medical attention to any of those women who attended the mission. This need for medically trained women was growing apace and the EMMS decide to act upon this in 1877, by advertising for women to present themselves for interview towards their inclusion in the 'Students Grants in Aid Scheme.' Church of Scotland missionary to India, Dr Alexander Duff, who shortly before his death, joined this attempt at the recruitment of women, by speaking out from the pulpit encouraging women into the EMMS system, to boost the numbers available for service in the zenana.¹⁴³

He was not alone in making this call, in a speech of 1878, Dr Wilson Forsythe, an American medical missionary, recently returned from service for the ABCFM in Bengal stated:

...I know that in Britain women cannot gain a degree in medicine, so I suggest that some form of training be given them...as laid out by the good Dr. Duff in his recent paper...which will at least permit a measure of medical aid, that is so far denied those native women, by their ignorant and unenlightened adherence to the Hindu and Moslem belief systems.¹⁴⁴

¹⁴³ CLE: *Quarterly Paper of the Edinburgh Medical Missionary Society*. May 1875 -1879 (Edinburgh: Scott and Ferguson, 1879).

¹⁴⁴ Wilbur Harland Thomson, *The Life of the Medical Missionary: A Treatise on the Power of Christ's Healing* (Boston: American Missionary Printing, 1902) p. 104.

Later that year, the EMMS in conjunction with the Edinburgh Royal Infirmary (ERI), agreed to a specialised course for women which would last for six months, under the supervision of the Lady-Superintendent of the ERI, Miss Angelique Lucille Pringle. One candidate was accepted; little is known of her identity other than she was of Irish descent and that she would be return to India to do duty with the Irish Presbyterian Church Mission in Kathiawar Bombay, once her training was complete.

However, the success of this first candidate led to four others being sponsored by the EMMS, but it is important to note that these women were not being given a full medical training. Rather, they were given something that was more akin to an extended course of 'First Aid,' and sent out to do duty within the mission stations, as adjuncts to either the medical missionary in situ, or the evangelical preacher. This was not a popular move within some circles of the missions, as indicated by a letter to the *Scotsman*, as recorded by Richard MacConachie, who in his history of the missions, states:

...and what use are they, these untrained women that they send out to India and elsewhere? What can they achieve that a properly trained medical man cannot? There was no place in our society of medical men for the amateur so recently removed, so why are we returning to the acceptance of such?¹⁴⁵

The EMMS continued to support women in this course, but as the acceptance of women into medical education became more socially acceptable, the Society began advertising the potential employment of the medical services of these women, to the United Kingdom missionary societies. However the response was one of rejection of the offer, and it appeared that the prejudices against women in medicine were still in evidence. In response to the blanket rejection of women doctors for the medical missions, missionary supporter Peter Gilmartin, wrote to the *Free Church Monthly Record* in 1889 arguing:

...how can you lose this valuable source of medical expertise simply on the basis that it is not 'Women's work?' The missions are crying out for Doctors, and here we sit with a potential army of willing and devoted Christian women Doctors who only ask for the chance to serve God and spread His Word to the Heathens of this world.'¹⁴⁶

¹⁴⁵ Richard MacConachie, *The Missions of the Church Missionary Society and the Church of England Zenana Missionary Society in the Punjab and Sindh* (London: Church Missionary Society, 1904) p.115.

¹⁴⁶ CSCNWW: Peter Gilmartin, Letter to the *Free Church Monthly Record* September 1899.

However, in the previous year, undaunted, the EMMS had already selected its first female candidate, Miss Eleanor Montgomery, daughter of an Irish Presbyterian minister. Montgomery graduated in 1895 and was sent to work in Gujerat, India. She was closely followed by eight other women, all supported by the EMMS, and by the end of 1896 another eight women were under EMMS funded training in Edinburgh University, but with no certainty of employment after graduation. But even the most strident of calls for the inclusion of women doctors into the medical missions were met with rejection and it would not be until the expansion of the zenana missions, as discussed in a previous chapter that women would begin to play an increasing role in the medical mission.

By 1897, the ERI scheme had been dropped in favour of the full medical qualification for women missionaries. This gave a new impetus to women who wanted to obtain a medical degree, as each new group of women graduates were finally licensed to practise medicine; they were now being offered places, by missionary societies seeking to fill the shortfall in the male medical cadre. In 1900, the role of women within the medical missions was hailed by many as being a great success and the graduates were soon receiving the same recognition in the EMMS publications as their male counterparts. Duncan Noble, a mission historian, views the inclusion of women into the mainstream of missionary healing as being:

...the biggest step forward in the role of women and medicine within the missionary context...once being allowed to work outside the restrictions of the Zenana, the women doctors went on to carve themselves a place in missionary folklore.¹⁴⁷

By 1900, the EMMS had established itself as one of the most influential of the medical missionary societies. It had succeeded in putting over three hundred trained doctors into mission stations across the globe; the society supported many more on an ad hoc basis and had taken to overseeing the running of several mission hospitals, dispensaries and respite homes both, at home and overseas. The society received almost universal recognition for its work with one of the most surprising being the ABCFM, who regularly sent large donations to the EMMS, to maintain its efforts. In 1900, Reverend Dr Wilbur Harland Thompson, an ABCFM sponsored missionary in Calcutta wrote:

¹⁴⁷Duncan Charles Noble, *Feeding the Soul/Curing the Body: British Missionary Movements Overseas, 1800 – 1900* (London: Bell Printing, 1984), p. 108.

...where would we be without them, the Edinburgh Medical Missionary Society? They have provided the means to arm God's Christian warriors to fight the Good Fight...they send them out to heal in His Name.¹⁴⁸

The funding and administration of the EMMS: 1843-1900

The purpose of this part of the chapter is to explore the operating systems of the EMMS; its financial structure, the donations and donors, along with the identification of any trends or patterns of donor behaviour; the development of the administration within the organisation and the methods of selection along with graduate placements. This investigation will show how the EMMS came to challenge the fundamental problem of lack of medical missionary numbers and ensure the place of the medical missionary within all future missionary enterprises.

The first efforts of the EMMS, to recruit and fund a medical missionary for overseas work, nearly ended the Society before it had a chance to develop. The 1844, request from Reverend Carlile for a medical missionary resulted in the sending of the physician, Dr Alexander Wallace to Ireland. This action, although bringing a sense of achievement to the Society, also nearly bankrupted it. The cost of supporting Wallace in his first year in the mission left the accounts overdrawn, and only a donation of £150/-, from a wealthy patron averted an embarrassing episode.¹⁴⁹

The society now concentrated its efforts on increasing membership numbers. In 1843 they numbered forty, by 1850, they had risen to eighty, and by 1858 it had risen to over five hundred. The numbers of fee-paying members continued to rise throughout the century, finally reaching a peak of over 2,500 by 1895, before following the national trend and declining towards the onset of the 20th century. The rise in membership also led to a subsequent increase in society's dischargeable funds, from £215/- in 1850 to over £600/- in

¹⁴⁸ Wilbur Harland Thomson, *The Life of the Medical Missionary: A Treatise on the Power of Christ's Healing* (Boston: American Missionary Printing, 1902), p. 127.

¹⁴⁹ CSCNWW: The United Presbyterian Magazine: December 1844. (Edinburgh: William Oliphant and Co. 1843- 1930).

1854 rising to a peak of £38,760/15/9d in 1893. However, this was followed by a sharp decline until 1900 when the donated amounts had fallen back to £20,000/14/6d. (Table 1)¹⁵⁰

TABLE 1: Membership EMMS 1843-1900

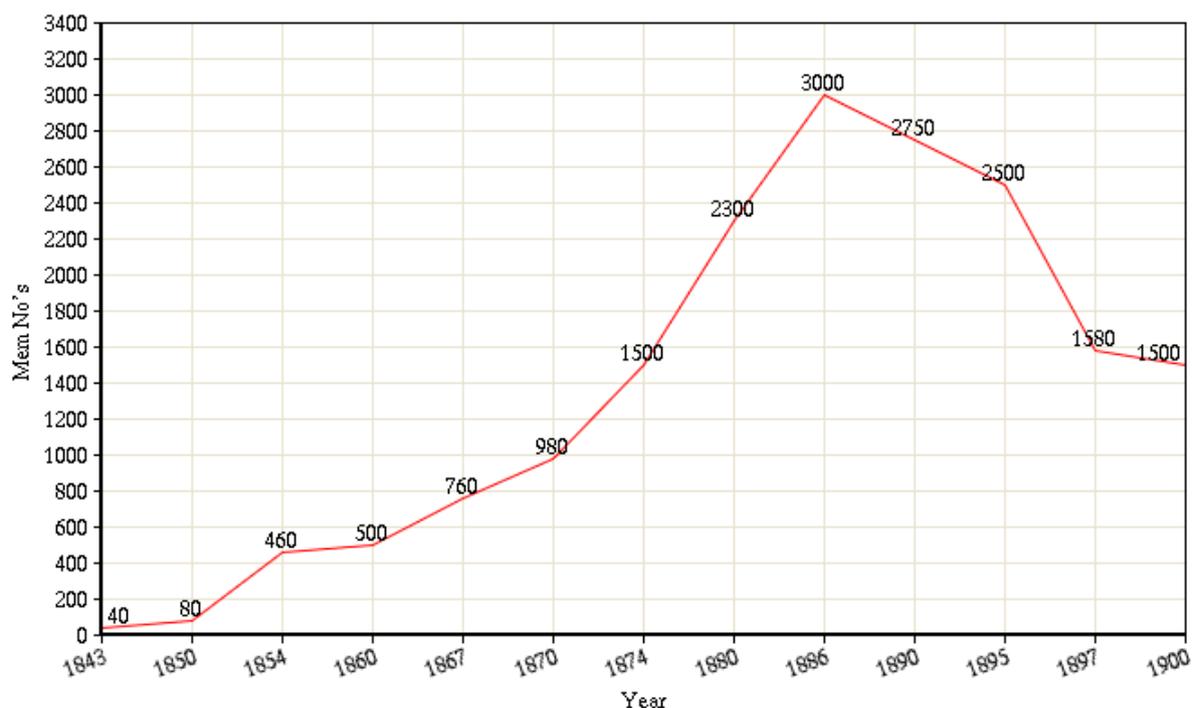


Table 2, shows the trends over time where the Scottish community has contributed to financial donations. This pattern of donation by the Scottish public, and others, is clearly reflected within the receipts of donated income of the EMMS. However, the EMMS did not rely entirely upon donated money to continue its operations. The other income stream generated by the sale of society publications was not insubstantial, but full figures for the monies raised are unavailable at this time. Nevertheless, the surviving part of the accounts for the year 1890, show that the total available for disbursement was £36,682/16/3d. The donated amount of £22,351/11/8d leaving £14,331/4/5d accrued from the other sources.¹⁵¹

¹⁵⁰ Source: *Quarterly Paper of the Edinburgh Medical Missionary Society* (Edinburgh: Scott and Ferguson, 1871-1900).

¹⁵¹ *Quarterly Paper of the Edinburgh Medical Missionary Society* May 1889 – May 1890 (Edinburgh: Scott and Ferguson, 1871-1901) also source material for Table 3.

Table 2: Scottish Charitable Donations 1850-1900

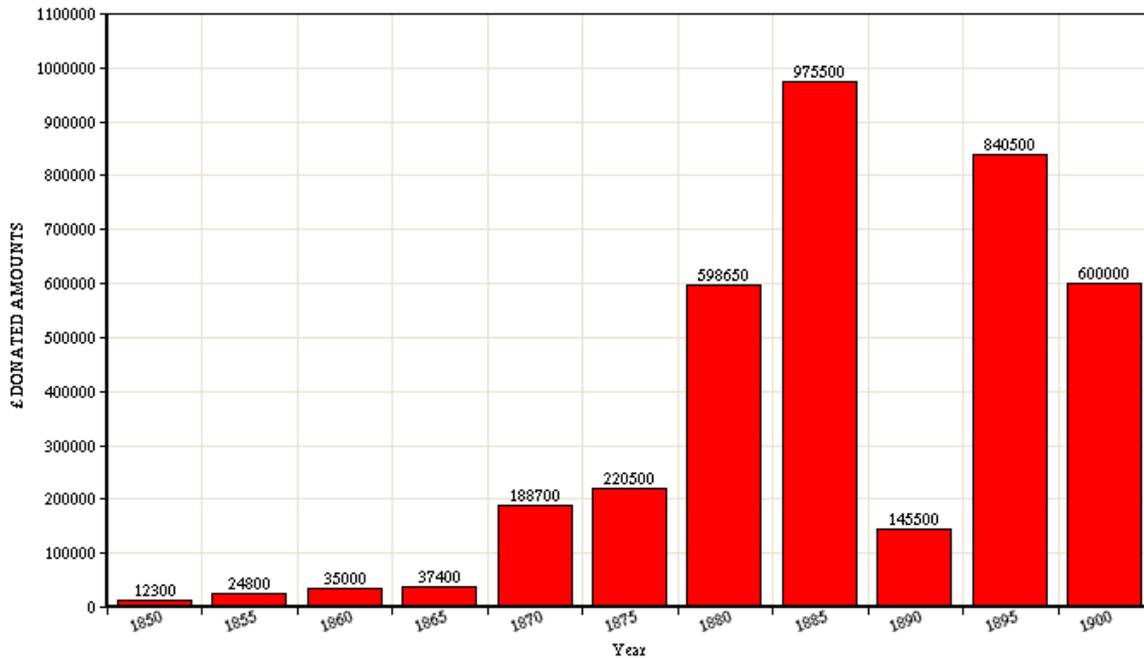
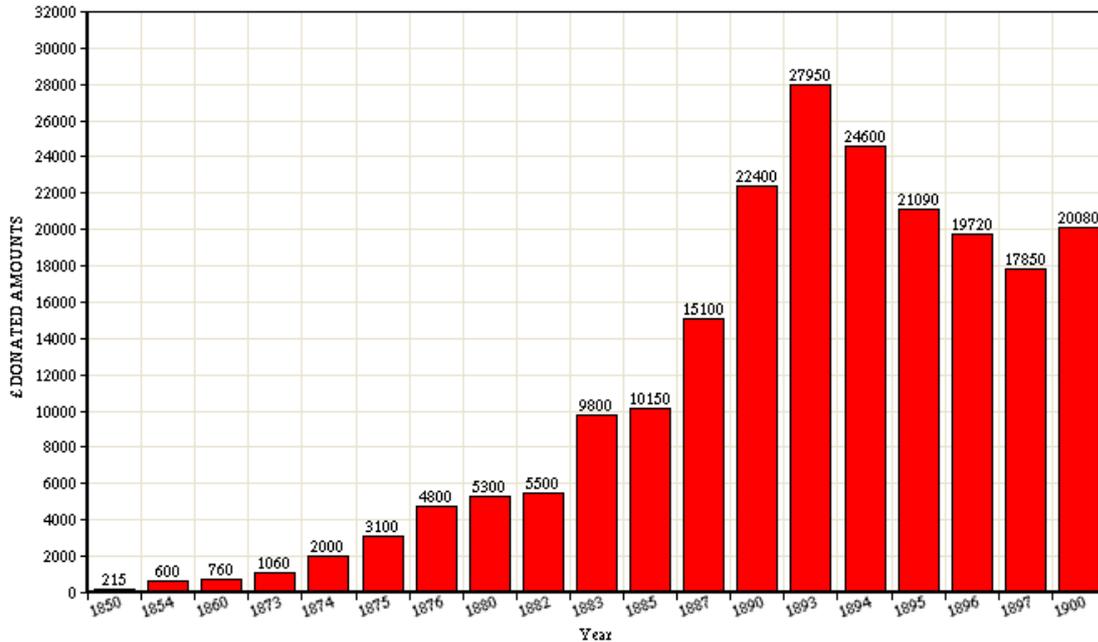


Table 3 was generated from within the surviving data found within the EMMS in-house publications and although said data is incomplete, the trends donation can clearly be identified.¹⁵²

¹⁵² Sources; *Quarterly Paper of the Edinburgh Medical Missionary Society* May 1889 – May 1890 (Edinburgh: Scott and Ferguson, 1871-1901)

Table 3: £ Donations to EMMS: 1850-1900



During 1852, with the continuing rise in available funds, the society was able to enrol its first students into the established ‘Student Grants in Aid’ scheme. This innovative programme was intended to pay for the student’s medical education, and if deemed necessary, also provide a small support grant for the candidate. Although the cost of meeting the university fees was paid by the Society, the actual amounts paid by the organisation are proving to be a matter of educated “guesswork.” The accounts for 1852 show that two sums of £37/-d were paid to Edinburgh University, in respect of the two EMMS students, Wong Fun and Paterson.

However, this does not accurately reflect the true cost of a medical education in that institution at that time. The cost of a medical degree could vary enormously, depending upon the time it took the student to successfully graduate. Generally, a medical degree course would last about four years, but students could also pay for their education on a class by class basis, and once having completed their course apply to the Royal College of Physicians and Surgeons in Edinburgh, to be awarded a licence to practise.

There has been a growing resistance to the argument that the licence, awarded by the Royal College of Physicians in Edinburgh, was a reflection of either the educational or financial

status of its recipient. This argument has been challenged most recently by medical historians Anne Crowther and Marguerite Dupree, who state that there is little evidence, other than the anecdotal, which supports this assertion. The cost of the licence was certainly less than that of one obtained from the university.

However, when the figures of the medical missionaries sponsored by the EMMS, are examined there exists an almost fifty/fifty split between the numbers of licentiates and those holding full university qualifications. There is no evidence to suggest that one group ever outperformed the other in the execution of their medical missionary duties. This lack of evidence suggests that there may have been another reason for the decision by the EMMS to separate candidates into these two groups.¹⁵³

One argument being advanced refers to the need for the society, at various times during the century, to conserve funds. During periods, when disposable income was limited, it might appear that the cheaper version of the 'Student Grants in Aid Scheme' was more appropriate. However, when the successful candidates dates of enrolment and final qualifications are examined, one finds that often both the university and licentiate graduates progress into the mission field at the same time. Therefore, it is obvious that some students are working contemporaneously, but within separate avenues of study. Just how the selection panel decided upon the path a candidate would follow remains uncertain.

Nevertheless, many EMMS supported students, who had been directed towards the Licentiate route, would also have benefited from the fact that some of their lecturers were also members of the society, and that these men often gave freely of their time to educate the society's students. Men like Queen Victoria's Physician in Scotland, Sir Thomas Grainger Stewart, who was also a noted medical lecturer at the Medical School in Edinburgh University, who prior to his receiving high honours, frequently held classes for the EMMS students.

¹⁵³ Anne Crowther and Marguerite Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge Cambridge University Press, 2007). The feeling that this second option being regarded as the 'cheap' version or was educationally less valid has come under attack from these medical historians who can find little or no evidence of this attitude ever being publicly stated

Others, like Professor Sir Douglas MacLagan, who lectured on medical jurisprudence, Sir James Simpson lecturing on midwifery and William Gairdner, would also lecture on clinical medicine. As well as these notables, many of the returning medical missionaries would hold classes on subjects, ranging from tropical diseases to the maintenance of personal health in the missionary field. This important largesse would directly affect the amount that was required to be spent by the society, an important action that would also serve to reduce the drain on the society's educational fund.

What is certain is that all of the graduates, from whichever medical educational system used, were always placed within a foreign mission operation within months of qualification. Such was the demand for medical missionaries that the Society often had to refuse requests and place many mission boards on a waiting list, until a graduate was available. The qualifications of the medical missionaries themselves reveal that during the period between 1856 and 1888, out of the ninety-three recorded EMMS graduates, forty-four had become Licentiates (LRCP) with the remainder graduating as either MB & CM or MD from Edinburgh University. There is no obvious reason for this disparity of qualification, as all were taken into medical missionary service by the EMMS upon qualification.¹⁵⁴

In 1861, the increasing cost of the home mission expansion was impacting heavily upon the society's ability to pay for the 'Student Grants in Aid Scheme,' and student numbers were forced to remain small. This was recorded in one church publication which stated:

...sadly the Edinburgh Medical Missionary Society is unable to provide us with any doctors at this time...although donations are still being given freely, the amounts required by the society to develop their medical cadre far exceed their present financial situation....¹⁵⁵

Lowe's work as Superintendent of the EMMS, his innovations in the publicising of the Society and his progressive thinking on increasing donations, allowed the EMMS to move into an era of prosperity and growth unmatched in previous years. The circulation of the newly formatted '*Quarterly Papers of the Edinburgh Medical Missionary Society*,' magazine, rose from over one thousand, at its inception in 1871 to over five thousand by 1900. The magazine was also distributed overseas, free to the missions, and became the link between the

¹⁵⁴ LRCP of the Royal College of Physicians; MB '*Medicinae Baccalaureus*' Bachelor of Medicine, CM '*Chiurgiae Magister*' Master of Surgery & MD '*Medicinae Doctor*' Medical Doctor.

¹⁵⁵ NLS: Report of the Scottish Missionary Society 1860 (Edinburgh Balfour and Co., 1860), p. 32 and NLS: The United Presbyterian Magazine 1864 (Edinburgh: William Oliphant and Co., 1864), p 41.

society and many of its graduates and supporters abroad. In 1893, it is noted within the accounts that the subscription for the magazine drew in £90/14/-d. The magazine is still published today, under a new title 'Emmanuelle Healthcare,' it remains an important source of information and revenue, for both supporters and those working within the mission field.

Unfortunately for the researcher, the '*Quarterly Papers of the Edinburgh Medical Missionary Society*,' only supply abbreviated lists of donors and their donations to the General Fund, with no reference to any contemporaneous accounting of the Society's financial record. However, the publication does reveal evidence of the accelerating rise in the number of subscription paying members and individual donating correspondents. In 1878, the publication ceased to give any indication of the extent of the General Fund, and the space was now given over to printing updated lists of the other funding activities within the EMMS, such as the Paterson Fund or the Livingstone Memorial Fund. In February of 1878, the magazine stopped printing General Fund donor lists completely, and therefore explanation of the financial and membership growth during the later period of Lowe's tenure is difficult to quantify.

From data collated from the existing documents the following assertions can be made; between 1860-1871 the average number of graduates, per annum, was two, during Lowe's tenure and into the four years after his resignation the average rose to four. The 5/- membership prior to Lowe, was eight hundred and seventy-one, and during his office it rose to a peak of two thousand two hundred and thirty-eight. (Appendix 1 and Table 1)

Membership continued to climb after Lowe's departure, but was to suffer a sharp fall from 1890 onwards; as the effects of widespread economic depression and an overall fall in Scottish charitable donations began to impact upon the society. However, some other interesting facts can still be gleaned from these records, and one of the most important is the role that women were now playing in securing funds for the society. The works of Prochaska, on women and philanthropic effort in nineteenth century Britain, and Checkland, who concentrates upon nineteenth century Scottish philanthropy, is well illustrated within the fundraising efforts for the EMMS. In 1871 the society records fifty-two donations, with an equal split of twenty-six men and twenty-six women contributors.

In 1900 these figures had increased markedly, now reaching seven hundred and fifty men, two thousand three hundred and twenty-three women and an increase to two hundred and eight businesses and other donors.¹⁵⁶

Many of the women who donated funds to the EMMS did not simply pay from their own purse, rather they organised fund raising events and other activities to encourage giving to the society. One notable amongst the workers was Mrs Christine Fraser of Rothesay, on the Scottish Island of Bute. So successful was she at garnering donations that between 1876 and her death in 1890 (aged 95) she had raised over £15,000. So revered in charity circles for her abilities that on her death, she was mentioned within the '*Quarterly Papers of the Edinburgh Medical Missionary Society*,' it read:

...how much we owe this woman cannot just be measured in money but must include her desire to spread the Christian message out into those places where we now shed God's true light on the darkness of native ignorance.¹⁵⁷

Men also made donations, but generally the monies collected came from either their own pocket or from local missionary supporter societies that they had formed or acted as treasurer. The business donations took the form of monthly or yearly deposits into the society's bank account and always merited a mention by name in the donor lists within the society's publications.

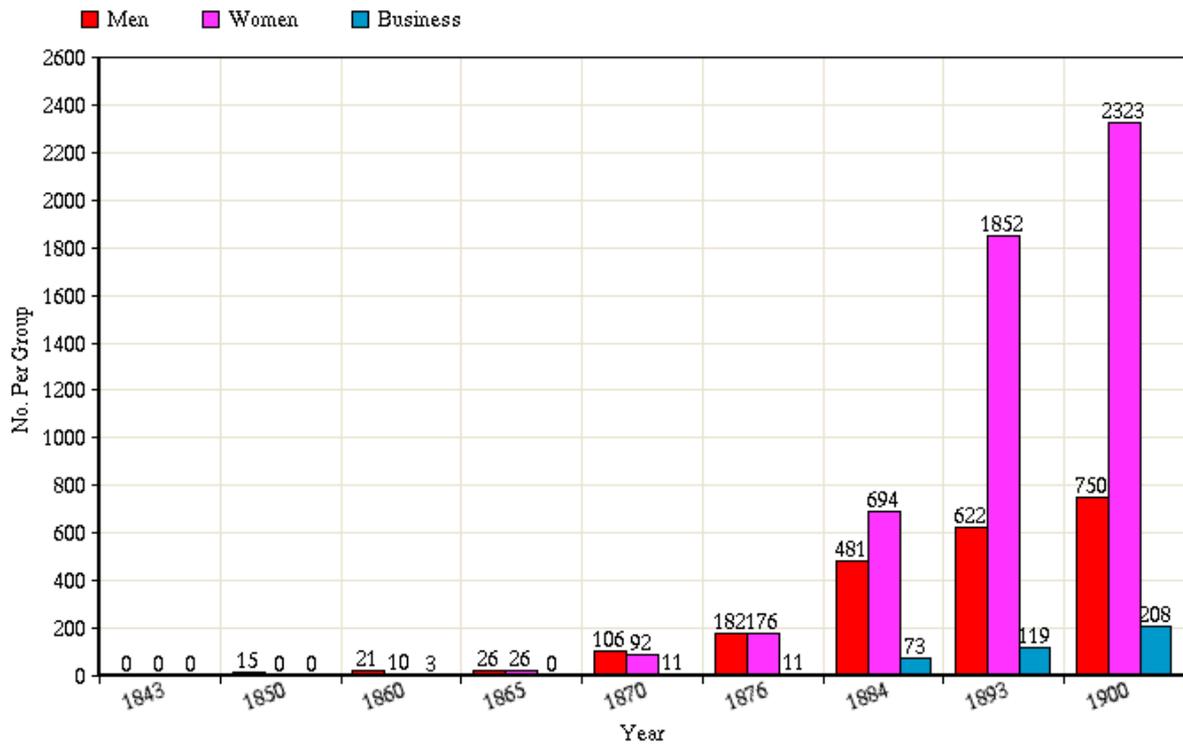
The data sourced for display within Table 4, now includes recently found membership numbers from within the *Quarterly Paper of the Edinburgh Medical Missionary Society*. The additional information now make the comparison of donor sectors clearer and supports the case that the society, by as early as 1852, had come to depend on women to maintain its funding.¹⁵⁸

¹⁵⁶Olive Checkland, *Philanthropy in Victorian Scotland: Social Welfare and the Voluntary Principle* (Edinburgh: John Donald, Edinburgh, 1980) and Frank Prochaska, *Women and Philanthropy in Nineteenth-Century England* (Oxford: Oxford University Press, 1980).

¹⁵⁶ Sources: *Quarterly Paper of the Edinburgh Medical Missionary Society*. (Edinburgh: Scott and Ferguson, 1871 -1900).

¹⁵⁷ *Quarterly Papers of the Edinburgh Medical Missionary Society*, May 1890, p. 49.

Table 4: EMMS Donors 1840-1900



Nevertheless, regardless of this increase in fee paying membership, the amounts being donated begin to show a significant drop from around 1895 onwards, and it is this fall that will be explored next.

In a letter to the *United Presbyterian Magazine* in 1896, an un-signed correspondent makes reference to this growing problem:

...and how gratifying it is to find that from all corners of the Empire support for the great work of the Edinburgh Medical Missionary Society still flows...but sadly this generosity is quickly slowing and we must do all in our power to re-invigorate the giving...the loss of this society would be keenly felt across the entire missionary world...¹⁵⁹

The reported fall, in the funding of the EMMS, may possibly be attributed to several causes inherent within the social revolution that was taking place across the United Kingdom at this time. Charitable work by women began to spread out into other fields of endeavour. No longer did the church hold primacy over the source of a woman’s voluntary involvement,

¹⁵⁹ CSCNWW: *The United Presbyterian Magazine* (Edinburgh: William Oliphant and Co., 1896), p.68.

with women being the prime activists in almost all the missionary charities of Scotland they now not only took on the day-to-day work, but also the running of the organisation.

A list of charities working in Scotland, during the latter part of the nineteenth century reveals that over forty existed in the Glasgow area alone, and that within Scotland two hundred and eighty three societies, all with no direct link to any Scottish church, were in operation. This increase in such organisations would inevitably draw important support, especially financially, from the EMMS. In 1896, the 5/- membership fee was raised to 15/-, although this rise was made as an attempt to counter the drop in outside donations, it was to prove insufficient to meet the needs of the EMMS.¹⁶⁰

The rapid proliferation of the new missionary societies across the United Kingdom as a whole, was now drawing the major part of their funding, from the once, church inspired sources. As each new missionary organisation appeared they called upon those same EMMS financial wellsprings for help towards their own fiscal development. In 1879, there were seventy-five British missionary societies running ninety-four mission stations globally. By 1900 that number had risen to one hundred and two missionary societies operating four hundred and fifty-seven stations.

The Scottish element, within those figures, was fourteen societies, running twenty-two foreign mission stations pre 1879, rising to forty-one societies and fifty-eight foreign mission stations over the same period. This recorded surge in missionary societies, only takes into consideration those societies which were affiliated to one of the major funding bodies. Many others were operating in small local communities, usually run by the local parish, but effectively drew money away from the EMMS, to support their own group. Richard MacDonald records in his history that:

...and in 1885 over 60 missionary societies were operating in Scotland. Several of the larger, church based groups, managed to sustain their work without hindrance from the smaller groups, but almost all of the independent organisations lost a great deal of their

¹⁶⁰ CSCNWW: *The Female Missionary Intelligencer* (London: Suter Alexander & Co., 1898) and *News of Female Missions in Connection with the Church of Scotland* (Edinburgh: William Blackwood & Sons, 1901).

funding and volunteers workers...by 1900 the number had risen to over 100...the result of this increase was the almost total collapse of the missionary society in Scotland.¹⁶¹

However, MacDonald's figures are open to challenge, as many of the stated local missionary societies were not in any way separated from the main church bodies. Rather, they were extensions of the same, usually supporting a local born missionary alongside those sponsored by the major church mission boards and missionary societies. The assertion that there was a major collapse of the missionary societies is also overstated. Whilst there is some evidence to support an argument regarding a downturn in the missionary enterprise, the period between 1820 and 1900 saw the steady increase in United Kingdom missionary society creation, coupled with an increase in medical missionary support groups.¹⁶²

In 1893, the population of Scotland was approximately four million, with an estimated membership of the Protestant churches of around one and a half million. Yet this high number of people, who it must be supposed, contributed each Sunday to the collection plate, either became more discerning about the missions they were prepared to support, or simply could not afford contributions to both the upkeep of the church and their own households. An article written in 1895 to the '*Illustrated Missionary News*,' revealed the depth of unease about this drop in public charitable donations:

It is with great regret that we have to report that the overall drop in charitable donations, bequests and tithes has severely limited the work of the missionary societies in Scotland. This fall in charitable giving has left many of the small societies adrift and the larger curtailing their work overseas.¹⁶³

EMMS donations collected were deposited within either the Society's bank account at the Commercial Bank of Scotland Ltd., or deposited within the account of the collection agent for onward transfer to the relevant bank account. No Scottish bank made any charge on this type of charitable money transfer. The EMMS accepted all forms of donations and encouraged, through an advert placed in the Quarterly Papers, members to make an addition to their wills, dedicating a bequest of money to the Society. The form of the bequest was printed within the publication for ease of use. The EMMS also ran both 'Care and Respite'

¹⁶¹ Richard MacDonald, *The History of the Pentecostal Missions: 1854-1900* (Glasgow: The Elim Hall Church Printers, 1960), p. 91.

¹⁶² Statistical Atlas of Christian Missions (Edinburgh: World Missionary Conference, 1910).

¹⁶³ BL. Church Missionary Society Archive, *The Illustrated Missionary News* (London: S.W. Partridge and Co. 1895), p22. See also appendix 3 and 4.

homes within the city, with the society's board of governors directing the ways in which monies collected were spent in support of those schemes.

The 1893 accounts also reveal that the total contained within the General Fund, from all aspects of the society's financial dealings, amounted to £27,670/-. This sum was to cover every aspect of the society's daily operations viz, the running of the Edinburgh dispensaries, advertising, rents and sundry other payments, all of which went towards the maintenance of its work. The 'Foreign Work,' fund received £6,000/-, almost twenty-two percent of the entire General Fund budget. From this the work of the EMMS missions in Nazareth, Damascus and Agra were supported. It might be supposed that the majority of this money would be spent on medicines and surgical equipment; however, the accounts for the year reveal that only £13/17/-d was spent on such. Of the rest, £1,025/- went towards the salaries and travelling expenses of the Superintendents of the three mission stations, the remainder being used to cover 'Miscellaneous Expenditure.'¹⁶⁴

With the growing use of the Cowgate Dispensary in Edinburgh, it was decided in 1871, that all those who worked full-time within their respective posts, should be granted a salary. The costs for this group, which included the President, the Superintendent and the staff of the Cowgate Dispensary, was set at £600/-, with further deductions made for pension payments to those widows of former Superintendents, along with honoraria for some of the more time consuming posts such as that of Treasurer and Secretary. The amount for the honoraria was set at £285/-/-d, and disbursed at the board's discretion. By 1885, this had risen to £850/- and £430/- respectively, and by 1893 the sums had once again increased to £2,840/- and £780/- for those officers. In addition, by 1893, several other posts had become salaried resulting in a further £260/- being deducted from the available deposits. When the accounts for that year are examined one can see that from a stated income of £27,000/-, over £20,600/- was spent on the running of the Society with only £6,400/ being spent on the work of the organisation.

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¹⁶⁴ *Quarterly Papers of the Edinburgh Medical Missionary Society*, August 1883 (Edinburgh: Scott & Ferguson, 1871-1900).

¹⁶⁵ *Quarterly Papers of the Edinburgh Medical Missionary Society*; May, 1871.

The money towards the ‘Student Grants in Aid Scheme,’ was set at £1,456/- and covered the fees, books and other equipment required for board and study. The final accounting for this year reveals that every penny collected by the society is accounted for and, after all expenses, the society was left with a deficit of £300/12/7d. Such a rate of expenditure meant that the EMMS was spending more than it could attract in donations. In 1897, the expansion work being carried out within the mission stations sponsored by the EMMS was leaving the society in a parlous fiscal condition. Once again private donations rescued the EMMS from financial embarrassment. These amounted to £1,430/- and were collected after a letter within the *Edinburgh Courant* newspaper, highlighted the plight of the society.

...and as the Edinburgh Medical Missionary Society is now failing for want of Christian charity itself, it is behoves us to give to those who strive to fulfil the Christian duty of all men, to assist the poor of the World. Send your contributions directly to the Society’s Dispensary in the Cowgate...¹⁶⁶

There is little to distinguish the governance of the EMMS from that of any other large missionary organisation in operation at that time. A board was elected from within the ranks of the society’s membership, and the various posts relating to the administrative process filled. The administrative structure of the society was a formally regulated body, which met on a monthly basis to discuss any matters pertaining to the society’s work. In 1843, the Edinburgh Association for Sending Medical Aid to Foreign Countries comprised of a President, Vice-President, Treasurer and a Secretary. All operated in a voluntary capacity, setting aside time from their daily life to oversee the work.

By 1850, the workload that was created by the now EMMS, generated the need for an increase in administrative staff. This led to an expanded administrative Board comprising of a President, Vice-President, Treasurer, Superintendent and four Secretaries. During the intervening period the board membership numbers changed several times until in 1893, when the Board was expanded for the final time. The EMMS board now comprised of; a President, four Vice-Presidents, thirty Directors, a Treasurer, eight Secretaries and a Superintendent. The board also contained a panel of ‘Corresponding Members,’ who generally worked overseas and looked after the society’s interests wherever they were.

¹⁶⁶ *Edinburgh Courant*: March 1897.

However, the EMMS was still some way behind the other major United Kingdom missionary societies like the LMS, which had ten Vice-Presidents, nine Secretaries and seventy-nine Directors and an undisclosed number of Corresponding Members. General membership of the EMMS during the same period was set at over three thousand, while the LMS could boast over seven thousand members. The largest and longest established society, the BMS, had over ten thousand members worldwide, and was funding more mission stations, than any other organisation involved in the missionary project.

Regardless of their size, until well into the 1870's both the LMS and the BMS, still had to rely on the EMMS to provide them with medical missionaries. Many other missionary societies also relied upon the EMMS to supply them with the required medical workers. It is interesting to note the diversity of the medical missionary placements to missionary societies, out-with the United Kingdom. (Appendix 1) It might be speculated that the freedom of choice given to the candidate, on successful completion of their studies, allowed them to select positions within a missionary society that best matched their needs or intended style of preaching. Familial connection may also be a factor, as many of the missionaries working in the latter part of the century were continuing the work started by their fathers, and in some notable cases, like William Carey, William Elder and James Henderson, their grandfathers.¹⁶⁷

The expansion of the EMMS board had been established to ensure that at every meeting of the Society, a quorum (minimum number required eleven) could be formed, to prevent any undue delay for the implementation of new policies or changes to the running of the organisation. The creation of this body was not without its detractors, as one anonymous 1894 correspondent to the board of the EMMS, wrote:

...and furthermore, this large expansion of un-elected directors to the board leaves one, with the distinct feeling, that this is turning into an Edinburgh only club.¹⁶⁸

In all areas of the EMMS the board members were all male, (and would not include a woman until the 1960's). All were drawn from across the fields of Medicine, Law, Politics and the Protestant Churches of Scotland. Membership of the board was generally by

¹⁶⁷ Graham King, *History of the Protestant Missions: 1780 – 1900* (New York: Young and Brown, 1955), p.104. and AULSC: Thomson 171/9: Letter to the Board of the EMMS, dated December 1892.

Source: Edinburgh Medical Missionary Society Report for 1893 (Edinburgh: Scott and Ferguson, 1893).

¹⁶⁸ *Quarterly Paper of the Edinburgh Medical Missionary Society*, May 1894 (Edinburgh: Scott and Ferguson, 1871-1900).

invitation only, but within the society the voting procedures for those wishing to take up an official post were carried out at the November Annual General Meeting. Nevertheless, this system seems to have proved adequate for the task of running the society and was never seriously challenged.¹⁶⁹

As an extension to the board, the EMMS also maintained a six member 'Examiners of Candidates Panel.' This Panel would interrogate and examine all who approached the Society for a supported place within the 'Student Grants in Aid scheme.' The candidate was expected to pass, both a written and verbal examination, to test both educational and religious knowledge, before being passed on for further consideration. The panel was always comprised of several men, all of whom were already voluntary members of the EMMS. Their task was to judge applicants as to their suitability to progress to the next stage of the process. Although all of the board members looked to provide a guiding hand to the society and its selection of candidates, it was to be the Superintendent who controlled the day-to-day running of the organisation.

When a candidate was passed as fit by the examination panel, the final decision to place him within the 'Student Grants in Aid Scheme,' was made by the Superintendent, who would pass on his recommendation to the board for comment and final acceptance. There is no record of any candidate being refused once moved forward by the Superintendent. The Superintendent was also responsible for the allocation of the money that was set-aside for the 'Student Grants in Aid scheme.'

Once a candidate had been accepted it was the Superintendent's responsibility to ensure the fees were met by the society's Treasurer. Some students, from less affluent backgrounds, could receive a further support grant towards their up-keep, but in general, the students were expected to be self-supporting. There are recorded instances of the home parish of a student sending money towards his upkeep. However, for those not so fortunate, the society allowed some students to stay rent free, over the dispensary in the Cowgate.¹⁷⁰

¹⁶⁹ Leonard Humbert Mervin, *Medical Missions at Home and Abroad* (Glasgow: Hunter and Son, 1905), p. 41.

¹⁷⁰ AULSC: Thomson 171/9 Letter to the Board of the EMMS, dated December 1892.

The number of medical missionaries trained in Scotland under the auspices of the EMMS, can be viewed in Appendix 1. What this clearly shows is that there existed a high point of recruitment during the years of Lowe's tenure as Superintendent 1871 – 1893, resulting in the graduation and placement of sixty-four of the one hundred and two medical missionaries generated by the EMMS during the nineteenth century. This expansion coincides with the second wave of evangelical revivalism, the growth of the Scottish economy and the popular high regard for the work of the medical missionaries following on from the reported successes of Dr Livingstone in Africa. It could be argued that Lowe was simply fortunate in the timing of his tenure in office.

However, regardless of the successes reported by the EMMS's publications, the problem of the lack of suitable candidates for the society's purpose began to grow. This shortfall within the numbers needed to sustain the programme, meant that those missionary societies who had requested, and had been refused, a medical missionary were now turning away from the EMMS. They now began looking towards the other newly developing sources of supply, with many turning to the London Medical Missionary Society in England.

In 1898, the EMMS had become so prominent in its field, that the increasing number of requests for medical missionaries, being generated by the newly forming mission boards across the globe, forced it to create a waiting list to fulfil placement requests. However, the growth in numbers of other medical missionary societies within the United Kingdom was now beginning to act as a drain upon the available and suitable potential EMMS recruits. By 1900 their supply of medical missionary candidates had returned to pre-1871 levels, and as those numbers fell, so did the society's leading part in the Scottish missionary enterprise.

This was a dangerous turnaround for the EMMS, which although putting a brave face on it within their publications, the Society was very aware that any such fall from grace would certainly lead to a commensurate drop in funding, possibly to a point that left the society unable to fulfil its stated aims.

As the century drew to a close the renewed effort of the EMMS to boost both funding and candidates for the role of medical missionary was failing. A change of emphasis was now becoming apparent within the mission boards. Those missionary organisations, like the LMS,

the BMS and both the Free Church of Scotland and United Presbyterian Church of Scotland, who had invested heavily in the development of their mission stations, were now able to reap the rewards. Their investment had been used toward the creation of permanent educational establishments, which included medicine within their curriculum. The resulting success of their students in passing their degree courses now allowed them to draw from an expanding pool of medically trained indigenous doctors, greatly reducing the need to bring out doctors from the United Kingdom.

However, in 1898, these new Indian medical graduates were not to be used as preachers, as it was generally held that they could not be trusted to preach the gospels correctly. The old argument regarding the ability to save a body not being that same as the ability to save a Soul re-entered the medical missionary debates. Once again several of the United Kingdom mission boards opted to segregate preaching from healing, and the Indian doctors were used to treat mission attendees, but were not allowed to preach to them. The anti-medical missionary cadre within the United Kingdom appeared to have won a small victory in their efforts to place the evangelical preacher, as the leader of the proselytization effort in India.

The devolvement of the responsibility for the teaching of the Gospels, back to the sole preserve of the evangelical preacher, was greeted with alarm from within the medical missionary community. From across the United Kingdom, the move towards this re-alignment of purpose by some of the missionary societies was challenged in the press and by many missionary publications, which called for the Indian doctors to be allowed to fulfil the same role as their British counterparts. The EMMS led this challenge in Scotland, and agreed to pay for the religious education of the Indian doctors, if they chose to apply for posts as medical missionaries. The recanting mission boards agreed to the offer, and as a result, any of the new Indian doctors, wishing to work as a medical missionary and who successfully completed their religious education, was allowed to return to their former mission stations in that role. This was to be the final act that was to place the medical missionary as the unchallenged leader in the British missionary movement within India.

By the end of the nineteenth century, the EMMS had not only fulfilled its stated purpose, but had also given rise to the creation of mirror organisations within the missionary supporting countries, and it had also helped to encourage a new generation of independent

medical missionaries willing to serve overseas. The society would undergo several more periods of change during the twentieth century, but the purpose, regardless of location, remained the same as when it was first formed; to provide medical missionaries to those missionary societies who requested them. The latest re-branding of the society took place in February 2004, as the result of a merger between EMMS (International) and the ‘Emmanuel Hospital Association,’ from that time until the present the EMMS has operated under the title of ‘Emmanuel Healthcare.’

Chapter 4

A comparison of two nineteenth century medical missionaries:

Dr William Jackson Elmslie and Dr Donald Morison

The criterion, by which a medical mission was judged to be either a success or failure, was dependent upon the Governors of the supporting mission boards. For some, this decision was based solely upon the numbers treated, while others concentrated on the number of conversions to the Protestant Christ. The question of success or failure was a subject that may have impinged upon many of the medical missionaries. Within Morison's own papers, he makes several references to the possibility that his mission might fail through his own lack of effort. Other exemplars of such fears have also been found within other medical missionary's correspondence. Success meant further financial support, a continuation of the role and plaudits from the mission boards and their supporters. Whilst failure would inevitably lead to the closing of the mission station, the re-location or homecoming of the missionary and, as has also been found, the loss of the mission board's trust.

This chapter seeks to illustrate the processes, by which their success or failure was judged, by developing a comparative study of two nineteenth century Scottish-trained Protestant medical missionaries, Dr William Elmslie and Dr Donald Morison. Both men were to face a number of similar problems, but each had different obstacles to overcome. It is the purpose of this chapter to examine their challenges through official sources, biographical records and their own words, to explain how they overcame them. It will also seek to display some of the features which the mission boards would refer to, when deciding to record their work as either a success or failure.

This work has become possible by gaining access to previously un-researched documents and personal papers, from the private collection of Kate Young, great granddaughter of Donald Morison. Morison's work has not been adequately described by missionary commentators and these new findings reveal previously unrecorded events at his mission. Elmslie's biographer, William Burn Thomson, wrote two books on his friend and colleague, one co-authored with Elmslie's wife, and the other after the deaths of both Elmslie and his

wife. Other contemporary sources are mostly written as hagiographic commentaries, and only contain limited amounts of any information of a similar nature to Young's holdings.

William Jackson Elmslie (1832-1872) and Donald Morison (1846-1900), were both Scots from Aberdeen and Stornaway respectively. For Elmslie his formative years contained both poverty and struggle. His father, a shoemaker, took his wife and son to London in 1840, but both parents took seriously ill with a fever, leaving the young William to look after his parents and fend for himself. His father never fully recovered and it was left to his mother to raise her son. His biographer, William Burns Thomson, makes great play of this poor background to illustrate his impoverished start in life and reinforce the humble beginnings of this missionary. However, Elmslie did not suffer from any monetary hardship during his formative years, as his biographer, William Thomson claims. Indeed with his father having a recognised trade the family never had to seek refuge in the notorious poor-relief system of the time. In fact Thomson contradicts his earlier assertion, regarding Elmslie's life, in a later work when he wrote:

But he was determined that he would not disappoint his father's hopes, and soon became so expert at his craft that he was able to turn out a greater quantity of first-rate work, in a given time, than almost any competitor.¹⁷¹

It was Elmslie's mother who set him on the road to an education, and in 1848 enrolled him into Aberdeen Grammar School. From there he was accepted into King's College Aberdeen, in 1853, and successfully completed a degree in Arts. He then went on to tutor in Italy, and returned a year later to study at the Free Church Divinity College in Edinburgh. It was there that he developed his interest in missionary work and the role of medicine within the field of Christian conversion. He spent the next four years studying for his medical degree, and had it not been for the EMMS financing his final year, he may not have finished the course. Elmslie was fortunate that the EMMS at this time was desperately seeking suitable candidates for its 'Student Grants in Aid Scheme,' as discussed in chapters Two and Three.

¹⁷¹ William Burns Thomson, *Seedtime in Kashmir; A Memoir of William Jackson Elmslie by his Widow and His Friend W. Burns Thomson* (London: James Nisbet and Co., 21 Berners Street, 1876), p2.

In 1862, after a series of interviews that tested both his knowledge of the Gospels and his determination to preach, Elmslie was finally graduated by the EMMS, as a fully qualified medical missionary. Such was the demand from mission boards within the United Kingdom that he was offered an immediate posting overseas to work with the London based Church Missionary Society (CMS). Missionary commentator, Goodall, describes how the EMMS made a great deal of Elmslie's rise to medical missionary and eagerly sought to report all of his work, to both the EMMS supporters and the missionary community across the United Kingdom. It was hoped that by having a high profile and successful member this would increase the cachet of the organisation and encourage others to follow in his footsteps. However, Neil Goodall, in his history of the missions, argues that Elmslie was uncomfortable with the attention stating:

Elmslie has become feted by missionary historians as being one of the main inspirations for attracting new medical missionary applicants into the EMMS, however, this did not sit well with Elmslie himself who shunned the attention and was forced to join the CMS rather than take a place with the EMMS to try to turn the spotlight of the attention away from himself.¹⁷²

Although Goodall makes a strong case for Elmslie being averse to such acclaim, citing the work of Burns Thomson in support of his argument, it will be challenged later in this Chapter, as it could be argued that Elmslie often used his growing status at home, to obtain financial and political aid to assist his mission in Kashmir.

The most notable difference in the recording of their work, between Donald Morison and Elmslie can be found in the fact that no biographer has ever written of Morison's efforts. All the information gleaned about his life and work has been obtained by a latter day relative, who has collated the diaries, letters and remaining official reports regarding Morison. From these we can see that he was born in Stornaway, he was the second born of three children, with an older brother and younger sister. By comparison to Elmslie's early life, Morison's upbringing was comfortable. His father was a sea captain, able to afford a good education for all of his children and Donald Morison was able to obtain a Medical education at Glasgow University, without requiring support from the EMMS.

¹⁷² Neil Goodall, *A History of the Church Missionary Society 1850 – 1950* (Oxford: Oxford University Press, 1962).

According to his letters, Morison was not naturally inclined towards missionary work, but after attending a Moody and Sankey Evangelical meeting in Glasgow, he volunteered to serve in the Free St. Mark's Mission, working amongst the poor of the Glasgow slums. In 1876 Morison was invited to join the established English Presbyterian Missionary Society (EPMS) station, sited in Rampore Bauleah, India. The station was situated within the Mahanadi River Delta, and was located in an area well known for its instances of tropical and malarial fevers that plagued the local peoples.

This mission station was formerly run as an evangelical station sponsored by the United Presbyterian Church of Scotland, but after the controlling missionary Behari Lal Singh died, the EPMS took over the running of the mission and posted Morison there. Lal Singh held an almost unique position within the church missions, as he represented the only Indian Christian to hold the post of Mission Superintendant across the entire Indian sub-continent. The mission was also heavily subsidised by Donald Matheson, a wealthy sponsor, who was later to become the Lord of the Isle of Lewis.

At this point, it is important to set in context the funding situation that supported Elmslie and Morison. Elmslie was funded by one of the major medical missionary establishments in the UK, The Church Missionary Society. The CMS, founded in London in 1799, had opened a large number of mission stations within India, based on the format used by the Baptist Missionary Society (BMS f.1792), and was at the forefront of introducing medicine into the proselytising process. The organisation raised financial support from across England and Wales, and was well supported by many influential men, who gave of their patronage and political influence, to aid the CMS's programme.

When Elmslie first started his mission in Kashmir in 1864 he was awarded £1,200 from the Society to establish a mission station, with a further personal stipend of £180 per annum, plus £150 per annum towards mission expenses. This funding level was to continue throughout Elmslie's career in India. Elmslie did receive donations from private sources within the United Kingdom, but the amounts are not recorded and the admonition that he used all such monies in the furtherance of his mission.¹⁷³

¹⁷³ Sect III Part 13: CMS Collection of *Lives of Missionaries* held at the Church Mission Society Library. (London: Adam Matthew Publications, 2002), Reel 168.

In 1877, the only amount of money paid to Morison (found to date) by the EPMS, amounted to £1,500/- for travel and establishment within the mission station, along with a stipend of £240/- per annum. The amount Matheson paid in support of the mission was recorded as £500/- per annum, and because of this largesse the Morison's mission board did not remit any further money for the maintenance of the station. However, the Matheson donation stopped in 1887, for undisclosed circumstances, and the EPMS could only afford to offer £200/- per annum to Morison. The money now being made available from the EPMS was to prove finite, and we shall read later in this chapter how this limitation was to impact heavily upon Morison's efforts to maintain the mission.¹⁷⁴

In 1866, Elmslie was now posted to the Kashmir region by the CMS, and after a short period of acclimatisation in Lahore, he set out to start his mission. Kashmir presented a number of problems for his mission; the ruling Maharajah of Jammu and Kashmir was not inclined to allow any British subject into his Kingdom and had only agreed to accept Elmslie after pressure was put upon him by the Governor General of India, Sir John Lawrence, who was a patron of the CMS. The accommodation reached allowed, both Elmslie and other Europeans, access to all of Kashmir, for a period of six months of the year, beginning in May and ending in October. This restriction was only placed upon those Europeans, who did not hold any of the tea plantations in the region.¹⁷⁵

The climate in the Himalaya region of India was, during the summer months both temperate and relatively disease free, situated as it is outside the tropical monsoon regions. Indeed, it was not uncommon for Europeans to follow the example of many Indians, and take refuge from the summer heat in many of the long established hill stations. Elmslie, according to his biographer Thomson, approached his mission with a great deal of zeal, and began preaching and healing from almost the moment he arrived.

¹⁷⁴ English Presbyterian Missionary Society Records, Microform No Microfiche A. 193118. It should be noted at this point that neither Elmslie nor Morison were well paid for their work. Although they did receive above average salaries, when compared to medical practitioners working in the UK, they had a higher level of living expenses to service. Much of their stipend was often spent in support of their work. The average earnings for doctors between 1860 and 1880 have been estimated at a sum of £600/- to £1000/-, dependent upon status and place of employment. Ian McManus, 'The Wealth of Distinguished Doctors: A Retrospective Survey' *British Medical Journal* 2005; 331; 1520-1523.

¹⁷⁵ John Lowe, *Medical Missions: Their Place and Power* (London: T. Fisher Unwin, 1886), pp.66-67.

This was not the case for Morison, who on his arrival at the mission station, found it to be in need of a great deal of work to maintain the fabric of the buildings, especially his living quarters and the dispensary. The mission agent, David Short, records the state of the station in a report to the mission board:

...as we arrived at the station we could see parts of the building falling off in the light breeze...the interior of the accommodation for Dr Morison was, as we feared, overrun by biting flies and ants...the dispensary has only a partial roof and the small building set aside for the hospital none at all...To his credit Dr Morison said that he would make do until help could be found and repairs carried out.¹⁷⁶

However, it was left to Morison to use the funds he had carried with him, to begin the repair process. Morison was also left to do most of the construction work himself, whilst at the same time, expected to serve in his capacity as a healing preacher. With no help forthcoming, Morison wrote to his brother in the August of 1878 in following terms:

But now that the mission has been reached and our work going on I feel as if my faith has failed and certainly my mind is not spiritual nor can I walk with God daily...to be plain I have not the realisation of the presence of Jesus which I had before and worse still prayer seems dead, heartless and insipid... I feel lonely now, that is to say I feel it is not good for a man to be alone. I have written for a wife but I don't know whether she will come or no. I am too social to be over here alone and therefore as well as many reasons I must, if God spares me, marry.

From this one can see that strain of the work beginning to tell on his mental state. However, the tone of the letter changes towards the end with Morison now admitting:

I seem to be becoming quite contented here! I do not feel that I am in a strange place. I feel I am where my work is and not least strange...I have now adopted India as my sphere of labour and will probably live and die here...¹⁷⁷

Surviving letters, from later in his mission, reveal no further crisis of conscience, and little self pity. In another letter, Morison reveals that a great part of the strain he is undergoing arises from his difficulties in learning the local language. His slow uptake of the language and

¹⁷⁶ English Presbyterian Missionary Society Records, Microform No Microfiche 19469: Partial Report of the Mission Station Rampore India, from David Short to the Foreign Missions Committee of the English Presbyterian Church 1877.

¹⁷⁷ Private Collection Kate Young: Letter from Donald Morison possibly to his brother John in Chicago, U.S.A. 17th August 1878.

dialect of the local people cannot have helped him establish his mission. This, by his own admission, is a possible reason for his lack of conversions. His inability to preach in the local argot must have left those locals who came into his station pleased to have received their treatment, but perhaps leaving them confused and unable to understand Morison's message or purpose.

Elmslie, by contrast, had no difficulties with the languages of the Kashmir region and in his spare time began translating many of the local dialects into English. This ability to communicate with the local population is another key factor which impacted upon the efficiency of the two missionaries. Elmslie could afford to employ native speakers to accompany him on his mission, whilst Morison had to wait until he could find someone prepared to accompany him voluntarily, who would translate his words to the locals. He wrote to his brother Archie in 1878:

I do feel that my work is only half done until I am able to speak to them in their own language. I am able to read it and fairly understand it somewhat but the colloquial is so different from the book language that I am always puzzled by conversation...my natural facility for languages, as for many other things, is peculiarly blunt and my memory is particularly devoid of the tenacity which marks out the linguist.¹⁷⁸

Morison, unlike Elmslie, was working in an area that was in part jungle and heavily affected by the annual monsoon. The climate meant that eye disease, malarious fevers and ulcerations of the extremities were commonplace amongst the local population. Morison also had to tend to people who had suffered animal attacks and snakebites, all of which put a steady drain on his material resources. In the 1889 report from his mission, he lists that he had to treat forty-six different ailments presented by one thousand eight hundred and seventy-seven patients, sixty-two of which required surgical intervention. Morison himself suffered attacks of malaria, but persevered along with his wife Isabella, who by now had joined him at the mission, to help maintain his work.

Another aspect of Morison's work that differed from Elmslie's was that he expanded his mission beyond the purely medical, towards the building of schools and dispensaries across the area of his mission. This work was made possible by the donations made by Matheson,

¹⁷⁸ Private Collection Kate Young: Letter from Donald Morison to his brother Archie in Port Appin, Scotland, 22nd August 1878.

which attracted many of the locals into the mission but when Matheson's extra funding came to an abrupt end in 1887, Morison was forced to use his own money to maintain the extended work. He received no extra funds from his supporting mission board.

The work carried out by both medical missionaries was very similar, but in terms of numbers healed and numbers converted, the output appears dramatically different, but difficult to authenticate. Elmslie is credited by Thomson as treating in excess of one hundred and ninety patients a week by the end of his first six month tenure. Although many of these were simply palliative cases, or merely requiring the application of dressings to wounds, the numbers are nonetheless low when taken in comparison with Morison. However, Elmslie did suffer some setbacks, especially the recorded instance of a patient, who was brought in suffering from kidney stones, and died during an examination and the removal procedure, termed 'Lithotomy.'¹⁷⁹

Elmslie records diagnosing several more similar cases, but none of the sufferers were allowed, by the local 'Hakeems' (Moslem healers) to come before Elmslie for treatment. The sufferers died from complications, Elmslie claimed, as a result of them being refused his treatment. Elmslie blamed these deaths on the ignorance of the Hakeems and their misunderstanding of the condition. This incident brought him into direct confrontation with the local healers and it was only when Elmslie successfully surgically removed a subcutaneous cyst that his cachet began to rise in the area.

This operation was the first Western surgical procedure undertaken in the Kashmir valley, and the first one performed under general anaesthetic, using 'Chloroform Inhalation.' Elmslie continued to use the anaesthesia for all of his surgical work, which impressed the local population, but seems to have done little to encourage them to abandon their religious beliefs and turn to Christianity. Elmslie is reported to have carried out over five thousand seven hundred procedures that year, but these cases are actually recorded in the official mission record as being attendees at the mission, where most of these patients would have been treated by nursing staff at the dispensary.¹⁸⁰

¹⁷⁹ BL: Sect III Part 13: CMS Collection of Lives of Missionaries held at the Church Mission Society Library (London: Adam Matthew publications, 2002), Reel 168.

¹⁸⁰ BL: CMSA, *The Illustrated Missionary News* (London: S.W. Partridge and Co. 1860-1895), No 18, pp. 120-121.

Mission agent Short records, that between 1886 and 1889, Morison and his aides attended to over eight thousand cases, both within the station and out in the surrounding countryside. He also records that one hundred and ten people were converted out of a stated local congregation of six hundred. However, Short in his report, states his dismay at such a small increase in conversions that only raised the total number of locals who had become church adherents to four hundred and seventeen, of whom over three hundred and fifty were children and too young to receive communion.

Morison continued to expand his mission and set up a satellite station at Godagaree, overseen by another medical missionary, Dr William Dalrymple. Morison had also employed and trained several locals, in basic nursing practice to act as dressers. These men were used to change bandages, dispense medicine or give palliative care to patients. He oversaw the opening of ten new English Schools, and had participated in the establishment of a new zenana mission. The 1889 report shows that the mission was operating at full capacity and fulfilling its purpose. However, Morison continued to ask for extra funding, to maintain this level of service, citing Matheson's withdrawal of support as leaving the missions finances in a parlous position. His ambitious expansion programme, carried out when money was available, was now becoming a burden to him and he was forced to use his own resources to maintain his work.

The numbers of cases treated by Elmslie and Morison, appear at first glance to be fairly equal, but Elmslie's biographer does not record the number of converts, and close inspection of the returned records from Kashmir, to the CMS for his three year period of office in that region, revealed that after reportedly personally treating nearly six thousand patients, only forty-one become communicants and accepted conversion to Christianity. The reason for such a small conversion rate has generally been held as being a simple reluctance on the part of the people to surrender themselves to Christianity. Conrad Vines, in his description of the work of the foreign missions described the reluctance of the local population of Kashmir to convert. He wrote:

It was not the fear of an eternity of suffering in Hell that scared the natives; rather it was the actions of an angry Maharajah and what he could do to their families that stopped them short of coming to Christ...¹⁸¹

¹⁸¹ Conrad Stephen Vines, *Indian Medical Sketches* (London: Marshall Brothers Ltd. 1910), p. 94.

However, another revealing factor may lie in Elmslie's lack of understanding of the local traditions. One incident in 1865, shows this failing when Elmslie began to openly preach outside the Mosque at the Hazratbal market in Srinigar. This was a venerated Muslim site and the reaction of the locals was both loud and violent. Elmslie and his party had to run for safety and this incident resulted in a stern rebuke to Elmslie, from the CMS observer Rev William Jenkins:

...regardless of the intent, Dr Elmslie should have been more aware of the potential for violent reaction, by the Moslems, when he stood on top of one of their sacred places to denounce heir God. I have written to him regarding this matter, with the firmest of instructions that he should ask of his servants before preaching if such a place is suitable.¹⁸²

This incident was again reported within Srinigar press, and served not only to alert the colonial officials to the possibility of local religious unrest, but also served to reinforce the long held argument that missionaries could pose a serious threat to the stability of a region, if left to work unchecked. However, William Gooding in his history of the Indian medical missions cites Thomson as making light of the matter, writing:

...Thomson always defended Elmslie's attitude to his preaching and when the incident at the Hazratbal market was raised he always claimed that it was the "Ignorance and fake anger of the local Muslim population."¹⁸³

Morison had a further complication to his mission, in that he had to service two satellite dispensaries that were three miles and nine miles distant respectively, from his base station. The journey between them was arduous, even in the best of weather, with temperatures constantly high and the Monsoon heralding three months of torrential rainfall, which he recounts in a letter to his brother:

The climate here does not allow the same activity as at home; even the natives cannot work in the hot hours of the day...the air is loaded with moisture from the rapid abundant evaporation so that my books have to be put in the sun two or three times a week, or they

¹⁸² BU XCMS Church Missionary Society Archive 1799-1959: Letter from Rev William Jenkins, Missionary Observer to CMS Foreign Mission Board 1866.

¹⁸³ William Gooding, *Missions in the Mountains of India: 1860 – 1930* (London: London Missionary Society Publishing, 1933), p.44.

could be entirely destroyed. As for my instruments it is almost impossible to preserve them from rust without daily cleaning and oiling...¹⁸⁴

The CMS acclaimed Elmslie for the number of medical attendees at his station within their publications, but made no excuse for the limited numbers of converts. It could be argued that this is indicative of the CMS putting more emphasis on medical intervention rather than conversion. However, in the CMS reporting of other medical missions, the numbers of such conversions, regardless of how few, are always joyfully celebrated. It is possible that such an omission from the Elmslie record may have been a deliberate attempt, by the CMS, to prevent any appearance of failure by the man heralded as the acme of the medical missionary enterprise; and that this information was deliberately hidden from public view for fear of losing support.

Morison constantly appealed for new equipment and medicines to be despatched from Britain. There was no means available to him, for the refrigeration of medicines, and metal surgical equipment suffered badly from the corrosive effects of the damp climate. In one request to his home mission board, he asked for a fresh set of surgical instruments, along with a supply of any febrifuge that was available. The reply to his request was as follows:

We have despatched all that you have requested, apart from the surgical tools which we believe that you can obtain locally, or the fever medicines which are not suited to sea-bound transportation of the deleterious effects of changing climes. Therefore we offer you the sum of £2/15/-d towards the cost of obtaining the necessary chemicals that will enable you to mix your own, fresh and as required.¹⁸⁵

There are several other similar replies to Morison's subsequent requests for aid that indicate that the effects of the drop in public donation was now impacting upon the mission boards ability to support the mission stations overseas. The reasons for the fall in popular funding to Scottish mission boards have been covered in chapter three. In England, it could be argued, the causes are the same; proliferation of mission boards, falling donor numbers etc. In Scotland, the major church mission boards were able to sustain their efforts; similarly in England only the largest organisations like the BMS and the LMS were able to attract

¹⁸³ Private Collection Kate Young: Letter from Donald Morison possibly to his brother Archie, in Port Appin, Scotland, 22nd August 1878.

sufficient donations to maintain their work. For those working under auspices of the smaller organisations, the drop in funding would have caused serious problems in the maintenance of their work.

Another major difference between the two men lies in the relationships with their target congregations. Morison, from his writings, appears to have been willing to journey out from his mission station and endure perilous journeys, by boat or on foot, to attend to requests for his help. Elmslie, by report, set up his practice in the existing mission station and waited for the patients to be brought to him. This 'arms length' approach to missionary work could be one of the main reasons for his low conversion numbers. His own biographer, Thomson, records this failing as follows:

...and he (Elmslie) from within his mission, even after the ban on his movements by the Maharajah was lifted, chose to stay and preach in situ...those who heard his call must come of their own volition to obtain the truth...many thought that he was wrong to remain at the station, however, this did not affect the numbers attending and many were moved by his words.¹⁸⁵

However, Thomson is incorrect in his statements, as there are records which show that Elmslie did work outside his mission station within some of the more distant populations of the region. In his second biographical account, Thomson adjusts his position on the matter and asserts that Elmslie did leave the mission, but only if called upon to treat a patient who was incapable of being transported to the mission. In fact for Elmslie to have worked amongst the sick, of the 1868 cholera epidemic, he must have had to leave the mission to treat the patients and he is also recorded to have assisted within the outlying districts of Kashmir.¹⁸⁶

The reason why Elmslie was encouraged to leave his Kashmir mission needs careful investigation and relates more to the question of failure, rather than success. His term in Kashmir was limited to three years, by political pressure on the civil government from the local Maharajah and his ministers, who themselves were being lobbied by the European tea plantation owners, who farmed in Kashmir. Both parties had come to regard Elmslie as a threat to peace and stability, through his perceived encouragement of local people to seek

¹⁸⁶ BL: English Presbyterian Missionary Society Records. Microform No Microfiche A. 19469, Mission Board Letter to Donald Morison, December 1887.

fairer treatment from the European employers of local labour. This action sponsored by Elmslie, was something which the planters were always going to strongly resist. In an open letter to the CMS in 1867, the correspondent, George Hackett, who described himself as a concerned tea grower and businessman working in Kashmir, wrote vigorously against the mission station:

...and I cannot state in stronger terms my utter surprise at the methods being used by your so called peacemakers to stir up unrest amongst the workers in Kashmir...if another uprising like the '57 occurs here the blame will be all yours and Dr. E's.¹⁸⁷

Shortly after Elmslie arrived to work in Kashmir, the Maharajah had initially vehemently opposed the mission. However, as Elmslie's medical expertise revealed itself he came to view him as a valuable medical resource, and looked to recruit his own European Doctor, but with no religious attachment. Gooding argued:

...if Elmslie did nothing else in his mission, he caused the leading Noble of the Princely States of India the Maharajah of Kashmir, to accept that Western medical science was something to be embraced, and not dismissed, as another means of social control to be imposed upon a reluctant people.¹⁸⁸

Once the Maharajah saw that Elmslie had gained popularity amongst many of the lesser nobility that he had treated, the Maharajah now viewed Elmslie as a threat to his continued control of the region. The Maharajah feared that Elmslie would generate unrest amongst his subjects through his continued preaching on the 'Commonality of Man'. Evidence of the Maharajah's concerns is to be found within a letter to the civil authorities in Delhi:

...I beg that you send an official to once again instruct Dr Elmslie that his work is only done by my favour, not your right or the right afforded to him by his God. If he fails to desist in his attempts to unsettle my people then you, and he, must suffer the consequences...¹⁸⁹

¹⁸⁵ BL CMSA: *The Illustrated Missionary News* (London: S.W. Partridge and Co. 1867-1895) Vol. 6, No 3, 1868 p. 18.

¹⁸⁶ William Gooding, *Missions in the Mountains of India: 1860 – 1930* (London: London Missionary Society Publishing, 1933), p.109.

¹⁸⁹ Robert Campbell Spencer, *Medical Missionary Work in the Hills of India* (Delhi: Indian Steam Press, 1880), p. 45.

Even after Elmslie performed important work during the cholera outbreak that swept across the district in 1868, the Maharajah continued to add his voice to that of the European planters, resulting in Elmslie's removal from Kashmir by the CMS in 1869. The CMS board responded to this forced move, by citing the animosity and suspicion that developed between the Maharajah and Elmslie, as the result of Elmslie's good work during a major outbreak of cholera. Indeed, the allegation went as far as charging the Maharajah with having set out to have Elmslie murdered by poison. John Wilson, recording the work of the Indian missionaries stated:

Dr. Elmslie was a devoted medical missionary, who did an immense amount of good in Kashmir...but he had also published letters complaining of the carelessness of the Government in regard to a visitation of Cholera which had carried off large numbers of the people, and pointing out that new sanitary measures might serve to save the lives of thousands every year from Cholera, Smallpox and other diseases. The Srinigar rumour was that his servants had been offered so much to poison him within the Kashmir territory, and much more if they would do so after he got beyond the border.¹⁹⁰

The alleged actions of the Maharajah were in all probability, another exchange in the on-going political fight between the mission boards and the colonial authorities. Nonetheless, this type of publicity only enhanced Elmslie's reputation as a fearless preaching, healer amongst the mission supporters at home.

Elmslie's death in 1872 was ascribed to heart failure, ending his life shortly after his leaving Kashmir for the final time. Once news of his passing reached Britain the CMS lost no time in publishing his obituary, in the *London Times*, *The Glasgow Herald* and the *Edinburgh Courant*, along with every missionary publication available.

The obituary reflected his work, without any adverse comment, and Thomson, working in conjunction with Elmslie's widow, began writing a biography of the man. His mission station and hospital at Srinigar continued to be constructed with the project now being led by his successor, Dr Theodore Maxwell. Maxwell was able to build on the pioneering work of Elmslie within the Kashmir region, and continued to develop the mission station and its

¹⁹⁰ John Wilson, *On Preaching to the Hindus: A Paper Read before the Conference of Indian Missionaries held at Allahabad, December 1872* (London C. J. Stewart, 1873).

outlying satellite dispensaries. He did so in the face of stiff, but gradually reducing resistance, from those who had formerly opposed Elmslie.

Morison never shied away from moving out amongst the local populations in his mission area. In one of his letters he makes reference to a request for extra funding for the acquisition of a small boat, which would allow him into the more inaccessible regions. His work amongst the locals is only recorded within his own correspondence and official report home. However, from these one can see the range of medical treatments that he was utilising, and further that he was an able surgeon developing a good understanding of the tropical illnesses. In his report of 1889, Morison records treating a large number of cases suffering from malarious fevers, and that these accounted for one thousand three hundred and ninety-two out of the one thousand eight hundred and eighteen patients treated. He also performed sixty-two surgical operations with no reported loss of life.

However, his letters home still reveal a man sorely pressed by his work and highlight the lack of proper financial and material support required to complete his duties. In one letter to his mission society agent, William Hardding, he complains:

...it is also unbearable that I have to watch people die from sicknesses that I know I could cure, if only I had access to the proper medicines. I ask once again why I have not been sent the quinine that I so sorely need? I try to make them as comfortable as possible, but I am working alone here as my servants have taken a great fear of contracting this sickness...I am on my knees, both at prayer and through exhaustion, and I fear that if the medicine is not forthcoming I too may suffer...¹⁹¹

Hardding replied:

Your request for more quinine has been sent forward to the central office in Bombay and we hope to hear from them with an answer within the week. If it is the positive I will immediately despatch your requirements and you should, God willing, have them at your station with the calendar month. Our prayers are with you and we are sure that His hand is over you and yours...I will try to move the process on as a fast as possible but the weather is set to turn...¹⁹²

¹⁹¹ BL: English Presbyterian Missionary Society Records: Correspondence between Donald Morison Medical Missionary at Mission Station for Rampore, Bauleah, India 1870-1900.

¹⁹² BL: English Presbyterian Missionary Society Records: Correspondence between William Hardding, Missionary Agent and Missionary Stations within Rajputana, India 1870-1900.

Morison did not have the luxury of wealthy patrons within the local community donating to his mission as did Elmslie. Elmslie was able to draw financial support from the donations made to him by grateful patients, who offered him money or materiel support for his mission station. If Elmslie had made such a request for medical supplies, as Morison, the evidence points to the position that he would have had his requested supplies delivered, with no adverse reaction from the LMS. Nor was Morison's mission in such an area of high political visibility that his work would be reported, either in the national press or the missionary publications in the United Kingdom. Morison, like many other medical missionaries, worked in almost complete anonymity to the British public, and it was to others like Livingstone, or to a lesser extent Elmslie, that received most attention and praise.

One of the few references made to Morison, out-with Mission Board publications can be found in the work of Michael Gordon, in his history of the Indian medical missions wrote:

...also this dedication to the cause of spiritual and bodily healing can easily be seen in the work being carried out in those pestilential lands by men like Robert Harvey in Calcutta, John Mitchell in Bombay and John Morison who labours tirelessly for God, out in the jungles and swamps of the Panjab [sic]...yet we hear so little of them and so must pray for them all the more...¹⁹³

Although Gordon's book is mistaken regarding many aspects of medical missionary work, he is accurate in his description of the lack of information being distributed amongst the general public. Another missionary supporter and correspondent, Mayfield records in a letter to the Free Church of Scotland Foreign Mission Board that:

Our brother Donald Morison, his health failing, is still working tirelessly against great adversity to fulfil his chosen path, to preach and heal as commanded by Our Lord Jesus Christ. He needs our help as our English co-workers and Brothers in Christ can no longer send out the monies required to assist in his work...I ask that you consider my request and send him something that will ease his burden.¹⁹⁴

Morison never received the money requested.

¹⁹³Michael Martin Gordon, *Medical Missions: The Advancement of God's Work in India* (London: James Nisbet and Co., 1900), p.41.

¹⁹⁴William Mayfield: Letter to the Corresponding Secretary of the Free and United Presbyterian Church of Scotland 1888.

When Elmslie's death was reported in the United Kingdom, there was a general outpouring of grief, in both the public and missionary presses. Obituaries were written by family, friends and several high ranking missionary officials. The EMMS published letters of appreciation of Elmslie, sent in by readers, which grew ever more effusive in their praise as each new edition was published. The heroic narrative of Thompson was published in 1876, receiving a generous reception from the missionary supporters. As a result, Elmslie became one of the figureheads of the medical missionary enterprise and was almost accorded martyr status by many of those who wrote obituaries of the man. One of the more effusive of these obituaries that was written likened Elmslie to a thirteenth disciple and stated:

Where would we be without men of such courage, strength, faith and who hold the gift of healing from our Lord Jesus Christ...he sought out the damned and drew them back towards the Kingdom of Heaven...laud his name and pray for his eternal rest...¹⁹⁵

In 1900, Morison left his mission to return home but died shortly after his arrival, the malaria he had fought amongst his Indian patients finally ended his life. For Morison there was a family funeral and small mention in several publications, of his passing, or the work he had carried out during his lifetime. There is only a short passage in the EMMS '*Quarterly Papers of the Edinburgh Medical Missionary Society*,' for 1900, which reports his passing with the usual small biography of his mission, their deep regrets at his death and a call for prayers. The EPMS would also have recorded his passing, but as no copies of their Society publications can be found, no further comment is available.¹⁹⁶

How the mission boards determined the success or failure of missions was, it can be argued, a reaction to the way each was supported, reported and their deaths commented upon. Both the Kashmir and Rampore missions had been established for some time prior to the arrival of either Elmslie or Morison. Each had been under the care of previous missionaries and with the arrival of Elmslie and Morison both had been re-opened as medical missions.

¹⁹⁵ Church Missionary Society Archive, Microform No Microfiche. A.19877. CMS Monthly Magazine January 1874, p. 18.

¹⁹⁶ *Quarterly Paper of the Edinburgh Medical Missionary Society*, May 1900 (Edinburgh: Scott and Ferguson, 1871-1900), p.117.

The Morison name was to continue working within the medical missionary enterprise with the arrival of Dr Robert Morison, son of Donald, returning to India in 1904, to work alongside Dr James Macdonald Smith. Between them they opened new medical missions in Naogaon, Rajshai Province within East Bengal.

Each mission station had received extra funding towards the provision of medical equipment and supplies and both were fully functional shortly after the arrival of their missionaries. The quality of the work, carried out at both stations, was never in question, neither was the energy or the desire to both heal and preach from either Elmslie or Morison. As shown earlier in this chapter, attending numbers of the local populations reveal that neither station was being under-attended and that the numbers of those treated were generally comparable.

However, as previously stated, the Kashmir mission was a high profile location and Elmslie was at the forefront of trying to establish it as a permanent position, rather than a temporary mission of six months duration. Elmslie became involved in local politics and forced the CMS into conflict with the Colonial Authorities. For the CMS to support Elmslie they had to show all of his works in a good light and maintain a silence on his failings, such as his lack of converts, and also his dogmatic and unsympathetic style of preaching. To the CMS the final establishment of a permanent mission, which was to be the Zenana Hospital for Women, by the Church of England Zenana (Ladies) Missionary Society in 1888, was final justification of Elmslie's work. This allowed the CMS to go on the offensive against the colonial authorities and demand that they be allowed to operate freely, within the sub-continent, without further governmental interference.

Morison's Rampore mission, by contrast, was not in an area of political upheaval, nor did it force itself onto the consciousness of the colonial governors through any action of Morison. Unfortunately for Morison, his mission was draining the dwindling funds of the supporting mission board then, as the home donations began to falter, they made little effort to conceal this from Morison. In a telling part of the mission board's correspondence to Morison, he is advised to seek payment for his medical services from any that he thought could afford a fee. This completely went against the principals of the medical missionaries and this request was refused by Morison, obviously to the cost of the mission which was to be closed shortly afterwards.¹⁹⁷

The English Presbyterian Mission Board ran several other stations within the sub-continent, all of which had some medical facility attached. All but one was closed, reduced in size or returned to purely evangelical preaching within a few years of Morison's mission station

¹⁹⁷ BL: English Presbyterian Missionary Society Records, Incomplete letter from mission board to Donald Morison, February 1869.

closure. The remaining mission station was sited within Calcutta, and was a medical mission that was able to boast large numbers of both medically treated and converted locals. Morison fulfilled his role as a medical missionary, but even all of his efforts and successes as displayed; in the number of patients healed; the numbers he converted or even his tireless work to establish and run the English schools for the locals, the EPMS ultimately viewed him as a failure.

The Society ran other medical missions in India, and the Calcutta station was now outperforming Morison's in all aspects of the mission work. With its faltering funding regime the EPMS was forced to focus its efforts on those areas that it considered most productive. Unfortunately for Morison, they did not see his mission in those terms, rather they viewed Morison's mission as an expense that they could no longer afford. Morison failed, not in his mission, but in his ability to convince the mission board that his work was giving value for money.

The question remains as to whether Elmslie's mission was a success. As a centre for healing, there can be little doubt and that it became a place which attracted attendees from all levels of Kashmiri society, and which gained many plaudits for its technical innovation and surgical work. However, as a place of Christian conversion, it failed to attract converts in any great or expected number. Furthermore, regardless of the position taken on the role of the medical missionary by the supporting mission board, the work of Elmslie was decreed a major success and promoted to all.

By contrast Morison's mission was finally closed and his efforts were all but forgotten.

Chapter 5

Conclusions

Scottish-trained Protestant medical missionary: The development of the evangelical healer

The purpose of this work was to set the nineteenth century Scottish-trained Protestant medical missionary apart from others working in the same field. The history of the medical missions has often failed to include the work carried out by these men and women, concentrating upon the role played by the main English missionary societies of the period. Although valid, the Anglo-centric approach has often failed to mention the role that the Scottish trained doctors played within the English missions overseas. Although fewer in number than their English counterparts, they provided a service which saw them, in a sporting parlance, ‘Punch above their weight.’

Another facet of this work is to seek to rectify the lack of any true history of the Edinburgh Medical Missionary Society. Wilkinson’s book is little more than a pamphlet and contains no quantitative data regarding the donors, donations or administrative running of the leading provider of medical missionaries in the nineteenth century. This organisation set the standard for the development of the medical missionary, and was one of the leading campaigners for them to have the right to preach, as well as heal.

The overall canon of historical literature on this topic is extensive, and includes historians from many different fields of study. These works were discussed in Chapter One; in the case of the early hagiographic and epic narratives, the repetition of style and content is still prevalent today. The later nineteenth century histories were really commentaries of the missions, containing only limited biographical data, whilst maintaining Biblical justifications for the work carried out by the missions. The mid twentieth century saw the rise of true research into the work of the missions.

The later revisionist Post Colonial historians, who questioned the assertions made in the earlier works, began to posit new ideas regarding the role of the missions in the British imperial expansions. However, these debates have tended to blur the differences between not only the attitudes of the evangelical and medical missionaries, but also the relationship between, the medical missionaries and their controlling mission boards.

As was shown in Chapter Two, from the outset of the global missionary enterprise of the nineteenth century, missionaries were often at the forefront of carrying Western ideologies and science, into those places either conquered or co-opted into British colonial control. In Scotland, a new desire to spread the Protestant message into foreign countries was taking shape, and the evangelical missionary was to be the vanguard, preaching the Gospels to encourage the indigenous populations to convert to Christianity. These missionaries had to face tropical diseases, many previously unknown to Western science; the often challenging climatic conditions and a reluctant target audience for their work, made their mission a test of their skills, endurance and faith. To counter the medical threat to the missionary, the Mission Boards in Scotland reluctantly agreed to send trained medical professionals to the missions to treat the missionaries, but not the local peoples.

This initial move was welcomed by those suffering in the foreign missions, particularly India, where most of the early Scottish missionary effort was concentrated. However, events at home in Scotland, where the medical inclusion into the home missions was becoming more prevalent, and in China where the American medical missionary Parker, was reportedly having great success, began to impact upon the consciousness of the missionary supporters in Scotland. In Edinburgh, this idea was to inspire many within both medical circles and missionary support groups to call for the inclusion of preaching healers into the Scottish missions. At first this call was strongly resisted by the mission boards, but pressure was now beginning to mount from within the congregations for this new dynamic to be added to the overseas effort.

A major stumbling block to this desire was that many, within British society as a whole, still viewed the medical man as an object of suspicion. The lack of any formal regulation on practise or training, allowed anyone to call themselves a physician, with the resulting continuation of bad practise and lack of public confidence. In 1858, the Medical Act was passed that set down the first 'Code of Practice' regarding the training of doctors in the

United Kingdom. Although the impact of the Act was not an immediate occurrence, by the mid-1860's the status of the now 'professionalised' medical practitioner was gaining ground within the general population of the United Kingdom.

As the debates and formalising of the medical trade were taking place across the United Kingdom, in Scotland a major disruption of the Protestant Churches was about to take place. In 1843, the Church of Scotland refused to reduce its regulation of the Church membership and Presbyteries towards their long standing right to select their own ministers. There was also a suspicion, amongst many members of the Church of Scotland's congregations, that the Church was too closely linked with the Government and that the sense of Independence of State control, that it prided itself on, was being eroded by this relationship.

The 'Great Schism' or 'Dissent,' as it came to be known, led to an immediate contest between the Church of Scotland and the breakaway Churches to attract congregants to their cause. This new spirit of competition was also to lead to an acceleration of the missionary enterprise, both at home and overseas, as the two Church bodies sought to gain supremacy and legitimacy, through having greater numbers of adherents to their form of Protestantism. The convergence of these two events set in motion, not only an increased need for medical men, but also an acceptance of medicine as a genuine method of improving the human condition of those less fortunate.

As discussed in Chapter Three, the EMMS was created to provide a source of medical missionaries, available for overseas service within any Protestant missionary organisation, which required such a service. The medical missionary could choose who he was to work for, but if he had taken advantage of the EMMS 'Student Grants in Aid Scheme,' he was tied to the missions for a period of indentured service. The increasing requests for medical missionaries allowed the EMMS to finally settle the debate regarding the permission for a doctor to preach the Gospels. If a missionary society wanted an EMMS doctor, then they had to allow that man to preach the Gospels and to heal, not just the evangelical mission workers, but also the indigenous populations.

From 1872 onwards, the medical missionaries were being allowed by the Mission Boards to open their own medical mission stations and began to treat anyone suffering from disease or injury who attended his mission. The evangelical preaching of their mission was either

carried out pre or post treatment, and was now seen as the work of the doctor, rather than any purely evangelical cleric working in the mission. This did not mean that the evangelical preacher was replaced within the missions; rather he was displaced and often moved by his Mission Board, into other areas in India, where the medical missionary had not yet become established. Many continued to work alongside the medical missionary within the mission station Church, carrying out those duties of a Minister, that the medical missionary was still barred from doing such as weddings, christenings and funerals.

Within India, religious strictures prevented any close association between women and men out-with the family circle. This led to the creation of the 'zenana' or women's missions within the Indian Sub-Continent, supported and run by British women. The initial aim was to provide educational facilities for Indian women, and later a medical element was added to the work being carried out there. As discussed in Chapter One, opportunities for newly qualified women doctors within the United Kingdom were extremely limited, and it was to the missions that many were to offer their services.

The first British woman doctor to India, Fanny Butler, arrived in the Srinigar Zenana Mission in Kashmir during 1880. Her tenure was cut short by illness, but her example led many other women to follow her efforts. The EMMS was the first medical missionary society in the United Kingdom, to actively encourage the employment of women into the foreign missions and the first to place them into the funded medical education system that they advocated.¹⁹⁸

By the beginning of the 1890's, the role of the medical missionary, as a preaching healer, had become a well established facet of the foreign missions. Very few missionary societies, including those based out-with the United Kingdom, operated without some form of medical participation within their stations overseas. By the mid-1890's, women medical missionary Doctors had begun to move outside the confines of the zenana missions and had been granted funding, to open their own medical mission stations fulfilling the duties of their male counterparts, but with a limit on the amount of preaching that they could carry out. This

¹⁹⁸ Rosemary Fitzgerald, *Clinical Christianity: The Emergence of Missionary Work as a Missionary Strategy in Colonial India 1800 – 1914*, in *Health, Medicine and Empire: Perspectives on Colonial India*, ed. by Bimaswoy Pati and Mark Harrison (London: Sangam Books, 2001).

limitation only allowed them to preach at the children who attended the mission, and was to remain in place until well into the twentieth century.

In 1900, at the Medical Missionary Conference held in Edinburgh, medical missionary supporters gathered to celebrate the work that had been achieved in the 50 years since the creation of the role. The main speaker, Professor Andrew Markham, declared:

...the medical missionary has at last come of age...the work that these men and women do in Christ's Name, to advance His Word and bring light to the darkness, is without question the greatest demonstration of Faith that we will ever live to see...we cannot advance our cause without them and nor shall we.¹⁹⁹

Medical missionaries and their target populations

The first true medical missionaries into India in the late nineteenth century faced not only the previous pitfalls that had met their evangelical predecessors, but they also had the challenges of close personal contact with patients suffering from virulent and communicable diseases, some of which they had never encountered before. Medical missionary Dr Roger Paterson, in his 1882 report to the Church of Scotland Foreign Mission Board commented:

...It is one thing to have read all there is to read on an illness it is quite another to have to face the thing face to face...there was little in my books that prepared me for the agony, distress and anguish of my patients as they twisted under the deleterious effects of their affliction.²⁰⁰

The initial meetings between the medical missionaries and the local peoples were not unheralded events. Many of the mission stations had been in existence for some time, run by evangelical preachers who gave as much medical aid as they could manage. As has been described more fully in Chapter Two, in the early stages of the missionary enterprise, the role of the medical missionary was, potentially, a serious hazard to the continued and successful missionary expansion.

¹⁹⁹ Church of Scotland World Missionary and Unity Collection: Incomplete copy of a speech given by Prof Andrew Markham MD DD at the Assembly Halls Edinburgh, August 1900.

²⁰⁰ CSNCWW: Church of Scotland Missionary Record (Edinburgh: Balfour and Co., 1865 – 1920), Dr Roger Paterson, Report to Church of Scotland Foreign Mission Board 1882, p. 229.

The first medical missionaries found that they were greeted with great suspicion by the locals and many of the attempts at gaining their trust were hampered by local religious strictures and simple uncertainty in just what treatment the patient would accept. John Hamilton, one of the first independent medical missionaries into India, wrote to his mission agent Alexander Woodley:

I am unsure of what I should do now. I have tried to show them that I mean no harm and Reverend Killington tells them at every turn that I only wish to help...they seem to look at me with the gravest suspicion and refuse all I offer them as though my very touch will cause them suffering.²⁰¹

It is often recorded in reports within many missionary publications, that acceptance by the locals only occurs after the medical missionary has performed some apparently mystical feat of healing. As many of the narratives are written in support of the medical missionary ideal, it could be argued that some of these stories are in fact apocryphal in nature and have little basis of fact within them. There are many examples of this kind of storytelling, particularly targeted at the younger members of the Churches. A good example of such can be read within one illustrated publication entitled, 'Peterson the Lion of the Hills,' in which it is recounted that the hero, Dr Peterson, single-handedly led a tribal group to Christ after saving a boy from some unspecified feverous illness, that the local Ayurvedic medical man could not cure.²⁰²

These stories were eagerly used by the mission boards, as they sought to widen their donor base and encourage greater giving from their established supporters. Much of this effort was targeted at the younger members of their congregations in an effort to not only educate them regarding the work of the missions, but to instil within them, a spirit of charitable giving. However, the truth of the acceptance by the locals is more mundane and is illustrated by another letter from Hamilton to Woodley, less than a year later, it states:

...and once again I see an increase in those attending the mission...I have just finished the report for this month's work and I thankfully can report a slow but steady increase in numbers...I find that my treatment of ulcerations has gone down well with them and that they are calling upon their friends to come and be seen by the Doctor Sahib...Any successful

²⁰¹ CSNCWW: Letters of Alexander Woodley, Box 1124a. Incomplete record of 1830-1870, India Mission to Bengal held by Alexander Woodley, Scottish Methodist Church Mission Board. Letter dated: 12th. June 1836.

²⁰² Richard Thomas Harding, *Peterson Lion of the Hills* (London: Church Missionary Printers, 1864).

treatment is widely reported amongst the villages and always brings in more of the afflicted to the dispensary...²⁰³

The medical missions were, by 1850, spreading out across the colonised regions of India, but they were few in number and staffing them with the required medical expertise was proving to be very difficult. Medical practitioners were not inclined to serve overseas and the EMMS had yet to produce medically trained missionaries in any quantity. Many who did go to work in the colonies were of dubious quality, seeking to establish themselves in practices that would be personally profitable. These medical missionaries were often accused, by their opponents, of only using the mission board money as a means to paying for their passage to India. There is evidence to allow the argument that this was not an uncommon practice, and not unsurprisingly, one which the Mission Boards did not advertise within their publications. A condemnation of this conduct is to be found within the writings of Andrew Wood, a board member of the EMMS, who in 1854 complained:

I was in Bombay, Naylor and Delhi and in all those places I saw men giving medical aid to the poor, calling upon God to assist them in their work, thereupon calling upon the poor soul treated to pay for their new health. This is wrong. They are not sent out to make their fortune but to preach and heal for the Glory of our God, not for the advancement of their own Earthly condition...²⁰⁴

The mission boards had to act decisively to stop this misuse of their assistance and try to limit any damage that such practices might occasion. They moved to ensure a proper contractual agreement between the medical incumbent and the supporting mission board, which pragmatically allowed the medical man to work his own practise, but that it was never to be linked with his work within the mission. Such contracts usually had a time limit of between 3 and 5 years. However, many of the doctor's who went out to the missions used the facilities of the station as a base for their own practises, charging fees from their patients who had to come to the mission to consult them. This was a situation that the mission boards felt could do them irreparable harm if the local people came to assume that everything in the mission station had to be paid for, including the preaching. They tried to discourage this practice, but it was generally left to the conscience of the doctor to move his own work to

²⁰³ CSNCWW: Letters of Alexander Woodley, Box 1124a, Letter dated 18th. January 1837.

²⁰⁴ Andrew Wood, *Address to Students, Delivered at one of a Series of Meetings Conducted by the Edinburgh Medical Missionary Society* (Edinburgh: Thomas Constable, 1854), p. 9.

other premises away from the mission station. Commenting upon this, Robert Smith in his book states:

...even after the Church Missionary Society removed their support from them the Doctors continued to make full use of the mission dispensary...the natives could not get in to see a Doctor, being pushed to the back by the Whites who offered more money...this had to end and it was the good work of the Rev. Dougal of Panchal, who finally put a stop to this perfidious use of our good offices.²⁰⁵

The great fear of the mission boards was that such behaviour would drive any potential converts away from the mission, and word would soon spread that this was not the place to go to for help. However, it would appear that such actions by the few did not impair the efforts of the later arriving medical missionaries. Indeed many of those who wrote of their initial experiences, especially those in India, state that they were generally welcomed by the locals and had little difficulty in encouraging them to attend for medical treatments.

Nevertheless, there was still strong native resistance to the medical missionaries, which found voice within the Brahmins, the priestly and medical caste of the Hindus, and the Hakims, the healing clerics of the Moslems, who saw that their authority, status and wealth was potentially going to suffer as a result of this free treatment on offer. The reaction by the missionaries, in general, has become one of the foundations of the argument regarding their role as being active colonisers. It is important at this juncture to understand that the viewpoint of the Mission Boards at home was often in contrast with that of the missionaries in the field. The home based Mission Boards were active in their support of many government initiatives in Imperial expansion, which allowed them to participate in the 'Civilising Mission', the term by which the expansionists justified their aggressive colonisations. The mission boards often supported this movement from within their printed works and many examples still exist.

In 1888, the '*Quarterly Paper of the Edinburgh Medical Missionary Society*,' editorial contained the following statement:

...and it is our duty to work towards moving Christianity out into those areas of the World that have never heard His name. When we move into those new places we explore, we find,

²⁰⁴ Smith, Robert, *My Life in the Indian Missions* (London: Church Missionary Society Printing, 1865), pp. 15-16.

we preach, we teach and we heal...this is all done for God, Queen and Country...and we give thanks and ask for the protection of His mighty shield...²⁰⁶

For the missionaries in country, however, if this colonial expansionism was to be part of their mission, they did not reveal it in their written works. For them, their role was to heal and preach, and they often took little to do with local politics, other than when it directly affected their mission or those who resided within their purview.

By the end of the nineteenth century, the relationship between the medical missionary and the local population in India had become one of mutual acceptance. The medical missionaries had now become more concerned with the physical health of their populations than the spiritual. The proselytizing process continued, but the fiery evangelical preaching had been replaced by a more relaxed and less aggressive format. It was with resignation, that the medical missionaries and their supporting mission boards had now come to accept that many of those who came for medical assistance had no intention of conversion.

The ongoing calls for the boycotting of the mission stations that was coming from within the growing Indian independence movement, was having little effect upon those who utilised the free medical services being offered by the missions. British missionary expansion had slowed down in India, as almost the whole country had been opened to the missionaries, not just from the United Kingdom; others from Europe and the United States were now once again expanding into India, bringing with them their own medical missionaries.

1900 was the acme for the British medical missionary enterprise. They had the largest number of medical missionaries, medical mission stations, hospitals, dispensaries and medical teaching schools than any other nation involved in this work. However, with the influx of new medical missionaries into India, especially those from the more wealthy American Societies, this position of primacy was about to be challenged.

When the medical missionaries did work alongside the Indian Medical Service (IMS), it was only at times of great stress, like the pandemic plague outbreak of 1896, and only to the

²⁰⁶ *Travancore Quarterly Paper of the Edinburgh Medical Missionary Society*. May 1887 (Edinburgh: Scott and Ferguson, 1887), p. 183.

²⁰⁶ Roger Prendergast, *My Life in Service: 30 Years in Africa* (London: Church Missionary Society Printing, 1918), p. 61.

extent that once the crisis was over the status quo returned and each went back to their own work. However, those historians who accuse the medical missionaries of being ‘Tools of Empire,’ continue to cite both the patriarchal nature of their writings and the often close co-operation between the missionaries and the IMS, as being proof of their complicity in the Imperial expansionism of that period. This is a frequently posited argument that needs to be closely explored. By the very nature of the task undertaken, the medical missionaries could not help but work closely with the civil authorities, as permission was required to enter into many areas of India that were still the subject of rule by local elites.

In the early stages of the British missionary incursions into India, there was often a necessity to call upon the local military forces of the EIC for protection. This was not only for the mission station itself, but often for the missionary as he progressed around some of the remoter and less hospitable areas. This would inevitably mean that when medical missionaries entered a populated area, they would be seen in the company of colonial soldiers and arguably this could give rise to a sense that they were an integral part of the colonial expansions. However, as India came fully under British control, the necessity for such protection faded and by 1880, the missionaries in general, were free to roam and set up, within almost any area of the sub-continent. In 1882, a letter to the *Free Church Monthly* illustrates this new freedom to settle in India, as the correspondent wrote:

I have the pleasure to state that on my last visit to the mission stations in and around Chittagong and Sialkot, I saw no sign of any military uniforms, excepting the native constabulary on duty therein. This lack of any sign of military authority is drawing more and more natives into the stations for treatment...free from any fear of harassment by the soldiery of the Indian army.²⁰⁷

The colonial authorities in India were now realising that medical mission stations were actually providing them with a free health care system for the far flung colonial subjects, and easing any strain on their own budgets. It was missionary historian Boyd, who commented:

...and without such establishments (medical missions) the British Colonial Medical Service would have been greatly stressed to provide any form of modern health care to the furthest flung regions of colonial rule in India...²⁰⁸

²⁰⁷ Free Church Missionary Monthly (Edinburgh: Free Church Press, 1882), p.20.

²⁰⁸ Harold Boyd, ‘The Value of Medical Missions.’ *Image*, Vol. 6 No. 5, September/ October 1990, p. 113.

By 1900, encouraged by the positive response that the medical missions were generating in India, the Scottish mission boards now began to concentrate their efforts on supplying the sub-continent with even greater numbers of medical missionaries. However, the demands being made upon the available medical cadre of Britain, as a result of the increase in home based social health reforms; the call for doctors to assist the military as it fought several colonial wars and simply a general unwillingness to work for the missions, meant that this planned expansion of medical mission stations was never to be realised.

Conclusion

The relationship between the medical missionaries, the peoples that they served, the medical science which they practised, and the colonial authorities, remains a subject of much debate between missionary historians today. Each facet of their work is viewed from two opposing perspectives, which easily lend themselves to supporting either viewpoint...that they were either willing or unwilling: *Tools of Empire*. However, once the medical missionaries moved into an area, there is no evidence that they sought to use their presence to either preach the benefits of colonial rule or to stop resisting, by peaceful methods, to any further incursion into that area by the colonial authorities. Indeed, if anything, the preaching of the testaments became a call for social equality, leading to conflict with the local ruling families, as could be seen with the work of Elmslie in Kashmir, as described in Chapter Four.

The medical missionaries tried to make the best use of the medical science available at the time, and when any advancement in technique or technology was advocated, they tried to use it for the benefit of their local communities. This inevitably brought them into conflict with the local ruling religious and medical elites, within the closely defined caste system of India. However, the resistance to Western science was not universal amongst the Indian population, and many of the higher castes within Indian society, finally came to embrace this medicine as an outward sign of their acceptance of both British rule and a more modern and enlightened approach to the treatment of disease.

The medical missionary society boards made a great deal of this in their publications, citing any conversion by a high caste Indian as an exemplar as to the effectiveness of the message and work of their missionaries in the field. It was hoped by the mission boards that the conversion of a community leader, would inevitably result in the conversion of many of his subjects. In a few instances this was true, but for the most part the populations stayed true to their original beliefs and simply utilised the medical missions for their own benefit.

The colonial authorities, both in Britain and the colonies, were never to be fully reconciled with the work of the medical missionaries and their solely evangelical counterparts. The lingering suspicions about just what the missionaries were preaching to the people remained. Although no major obstacle seem to have been put in the path of the missions, the reports

from the local regional Governors always contain at least one mention of the work of any mission stations within their areas of control. The local rulers also seem to have had some reservations regarding allowing the missions into their territories. Once again the evidence for any strong resistance is limited, but the actions of the Maharajah of Kashmir, to the work of Elmslie reveals a fear of the potential damage to his authority that the missionary could introduce into his lands.

The medical missionaries and their supporters remained undeterred by any governmental opposition to their work and by the end of the nineteenth century many were openly in agreement with those Indians, who were forming a more direct challenge towards continued British rule. This position did not sit well with the colonial authorities, but pressure from the large and politically powerful religious community in the United Kingdom forced the India Office to refrain from taking action against those missionaries. From the late 1890's and into the twentieth century, both sides settled into a period of mutual indifference as each sought to continue their work without the hindrance of the other.

The argument regarding the medical missionary as a 'Tool of Empire' is subject to personal interpretation. For some, it is irrelevant that the medical missionaries themselves took nothing to do with any imperial expansion; their existence at that place and time is sufficient to prove that they were at the forefront of the expansionist period. Others accuse medical missionaries of using their medical skills as a lure to draw the local people into a form of religion, which was alien to them, forcing them to worship as Christians to maintain both their health and that of their families. Another argument has been made in support of the theory in which the mission boards worked closely with the colonial expansionists, taking support from them for the furtherance of their own work.

However, when one looks at the fierce debates that took place, especially between the Free and United Presbyterian Churches in Scotland and the British government, in relation to the creation of an English education for the Indian populations, as previously mentioned in Chapter Two, then it cannot be held that the entire Scottish missionary enterprise was working to progress the aims of a colonising British government. Indeed, both the Free and United Presbyterian Churches in Scotland, who were to grow into the largest British employers of all forms of missionaries to India and who had broken away from the Church of

Scotland did so, in part, as a response to the perceived overbearing control that the Church of Scotland was forcing onto its membership.

There is no doubt that looking at the Church of Scotland and its relationship with the central government of the United Kingdom, a case for their unlimited support for Imperial policies can be made. In contrast, when the Dissenting Churches split from the Church of Scotland then validity of any concept of close co-operation, between entirety of the Scottish Church Mission Boards and the British government, becomes much more debateable, and cannot be substantiated from the surviving documentation.

The argument that the medical missionaries themselves took very little interest in colonial politics is valid and provable. However, when they did get involved in any political action, as represented by Elmslie supporting the tea worker's rights in Kashmir, the medical missionaries were more usually to be found on the side of the colonised, rather than the coloniser. It is not in doubt that many of those serving within the mission boards controlling bodies, within Scotland, were fervent supporters of the imperial process and it would be wrong to say that the medical missionaries were not supporters of the Empire. One only has to read their own words from within their biographies, diaries or reports to these mission boards to see that they often spoke with high regard of the benefits of imperial rule. However, to date, no evidence has been found that supports the argument that the medical missionaries discussed within this work, ever acted towards the advancement of British imperialism, ahead of their own missionary statement of purpose.

Finally, the struggle to create and generate acceptance for the process of proselytization by means of medical intervention attached to evangelical Gospel preaching, was a fight that took nearly a century to cement the worthiness of the role into the collective conscience of the missionary communities of the United Kingdom. The internal debates and opposition to such work; the reluctance of those who controlled both mission funding and the areas where such work was proposed; the reluctance and suspicions of the indigenous populations to such work all served to place barriers in the path of the medical missionaries. However, these obstacles seem only to have served to stimulate greater efforts within the Scottish medical missionary movement and finally allow it to fulfil its mission statement to:

‘Heal the sick and say unto them, the Kingdom of God is come nigh unto you.’

Appendices

Edinburgh Medical Missionary Graduates 1861-1900

Appendix 1: List of EMMS Graduates 1861-1900

Name	Graduation	University	Qualification	Mission	Mission board
Vartan. Kaloost	1861	Edinburgh	LRCP & S	Palestine	EMMS
Lowe. John	1861	Edinburgh	MD	India	EMMS
Valentine. Colin	1861	Edinburgh	MD	India	EMMS
Gauld. William	1862	Edinburgh	MB&CM	India	EMMS
Southon. Edward	1862	Edinburgh	MD	Africa	EMMS
Thomson. Alexander	1862	Edinburgh	LRCP&S	India	EMMS
Carnegy. John	1864	Edinburgh	LRCP&S	India	EMMS
Elmslie. William	1864	Edinburgh	MB&CM	India	EMMS
Crabbe. William	1865	Edinburgh	MB&CM	India	EMMS
Comber. Sidney	1865	Edinburgh	FRCSE&LP	Africa	EMMS
Rosenberg. Samuel	1866	Edinburgh	MB&CM	Palestine	EMMS
Dardier. Henri	1866	Edinburgh	MB&CM	Africa	EMMS
Garabett. George	1868	Glasgow	LRCSE	India	EMMS
Lowe. John	1868	Edinburgh	FRSCE	India	EMMS
Hutchison. John	1869	Glasgow	LRCP&S	India	EMMS
Husband. John	1870	Edinburgh	LRCP&S	India	EMMS
Palm. Theodore	1870	Edinburgh	LRCP&S	Japan	EMMS
Smith. John	1870	Glasgow	MB&CM	Africa	EMMS
Elder. William	1871	Glasgow	LRCP&S	India	EMMS
Carey. William	1875	Edinburgh	MB&CM	India	BMS
Robson. William	1875	Edinburgh	MD	India	EMMS
Dyer. James	1875	Edinburgh	LRCP&S	India	UFCSMB
Carey. Ernest	1876	Edinburgh	MB&CM	Africa	Died pre mission
Baxter. Edward	1877	Edinburgh	LRCP&S	Africa	CMS
Lyall. Alexander	1877	Edinburgh	MB&CM	China	CMS
Hoernie. Edward	1877	Glasgow	MB&CM	China	Self Supported
Anderson. Peter	1878	Glasgow	LRCP&S	India	Eng Presby. Church
Marx. Karl	1878	Edinburgh	LRCP&S	India	CMS
Rae. William	1879	Edinburgh	LRCP&S	India	EMMS
Pruen. William	1879	Edinburgh	LRCP&S	China	China Inland Miss

Neve. Arthur	1880	Edinburgh	LRCP&FRCSE	Africa	CMS
Wilson. William	1880	Edinburgh	MB&CM	China	China Inland Miss
Edwards. Eben	1880	Glasgow	MB&CM	China	China Inland Miss
Westwater. Alexander	1881	Glasgow	LRCP&S	China	UPCSMB
McLeish. Andrew	1881	Edinburgh	MB&CM	China	Eng Presbyt Church
Christie. Dougald	1881	Edinburgh	LRCP&S	China	UPCSMB
Johnston. David	1881	Edinburgh	LRCP&S	India	Scot Episc Church
Main. David	1881	Edinburgh	LRCP&S	China/India	CMS
Clark. Martyn	1881	Edinburgh	MB&CM	India	CMS
Gillison. Thomas	1882	Glasgow	MB&CM	China/India	LMS
Neve. Ernest	1882	Edinburgh	MD&FRSCE	India	CMS
Gunn. William	1882	Edinburgh	LRCP&S	Africa	FCSMB
Horder. Edward	1882	Edinburgh	LRCP&S	China	CMS
Cousland. John	1883	Aberdeen	MB&CM	China	Eng Presby. Church
Wingvist. Karl	1883	Glasgow	LRCP&S	Africa	Swedish Miss Soc
Mackinnon. Frederick	1883	Aberdeen	MB&CM	China	EMMS
Churcher. Thomas	1884	Edinburgh	MB&CM	Africa	Nth. Africa Miss
MacFarlane. Stewart	1884	Edinburgh	MB &CM	China	LMS
Rigg. John	1884	Edinburgh	MB&CM	China	CMS
Scholes Thomas	1884	Edinburgh	LRCP&S	Africa	Self Supported
Ardagh. Vernon	1885	Glasgow	LRCP&S	India	CMS
Pritchard. Edward	1885	Edinburgh	MB&CM	China	LMS
Fenn. Samuel	1886	Edinburgh	LRCP&S	Africa	Friends for Miss Soc
Bailey. Henry	1887	Edinburgh	MB&CM	Palestine	CMS
Casalis. George	1887	Glasgow	MB&CM	Africa	Self Supported

Roberts. Frederick	1887	Aberdeen	MB&CM	China	LMS
Shrubshall. William	1887	Edinburgh	LRCP&S	China	Meth New Connection
Smith. Peter	1887	Glasgow	MB&CM	China	Self Supported
Terry. Charles	1887	Edinburgh	MB&CM	Africa	Nth. Africa Miss
Browning. Frederick	1888	Glasgow	LRCP&S	China	CMS
Greig. Jackson	1888	Edinburgh	LRCP&S	India	Irish Presby. Miss
Howie. James	1888	Edinburgh	LRCP&S	India	Eng Presby. Soc
Kuhne. John	1888	Aberdeen	MB&CM	India	Rhennish Miss Soc
MacKay. Alexander	1888	Edinburgh	MB&CM	China	LMS
Moss. Charles	1888	Edinburgh	MB&CM	China	Friends for Miss Society
Soltay. Henry	1888	Aberdeen	LRCP&S	India	Untd Evang Assoc
Thomson. John	1888	Edinburgh	MA MB &CM	China	LMS
Young. Thomas	1888	Edinburgh	MB&CM	China	UPCSMB
Pirie. William	1888	Edinburgh	LRCP&S	India	EMMS
Fry. Edward Sargood	1889	Edinburgh	MB&CM	India	EMMS
Amner. Francis	1890	Glasgow	LRCP&S	China	Bible Chris. Brethren
Davies. Samuel	1890	Edinburgh	LRCS&S	India	LMS
Graham. Frederick	1890	Edinburgh	LRCP&S	India	EMMS
Marshall. Frederick	1890	Aberdeen	LRCP&S	China	Meth New Connect
Moffat. Robert	1890	Edinburgh	MB&CM	China	East Africa Co.
Robertson. George	1890	Edinburgh	MB&CM	Africa	Church of Scotland
Kember. Arthur	1891	Glasgow	LRCP&S	China	CMS
Lamb. Robert	1891	Edinburgh	BD MB&CM	Africa	NZ Presbyt.

Helm. James	1892	Edinburgh	LRCP&S	India	Dutch Reform Church
Anderson. William	1892	Edinburgh	MB&CM	Palestine	Lond Soc for the Jews
Peake. Gordon	1892	Edinburgh	LRCP&S	Africa	LMS
Bolton. Robert	1893	Edinburgh	LRCP&S	Palestine	Church of Scotland
Robertson. George	1893	Aberdeen	LRCP&S	China	UPCSMB
Thompson. George	1893	Edinburgh	LRCP&S	India	UPCSMB
Todd. Robert	1894	Edinburgh	MB&CM	India	EMMS
Hughes. James	1895	Glasgow	MD	India	LMS
Montgomery. Eleanor	1895	Edinburgh	MD	India	EMMS
Lever. Harold	1895	Edinburgh	MB&CM	China	EMMS
Dickinson. Marcus	1896	Glasgow	LRCP&S	Africa	EMMS
Ralston. Mary	1896	Edinburgh	MD	India	EMMS
Thomas. Leyland	1897	Edinburgh	MB&CM	China	UPCSMB
Biggar. Louise	1897	Edinburgh	MB&CM	India	FCSMB
Kennedy. Agnes	1898	Edinburgh	MB&CM	India	FCSMB
Wilson. Hamish	1898	Edinburgh	MD	China	EMMS
Taylor. Hannah	1898	Aberdeen	MD	India	Church of Scotland
Greene. Thomas	1899	Edinburgh	MB&CM	India	Church of Scotland
King. Margaret	1899	Glasgow	MD	India	UPCSMB
Richards. Matthew	1899	Edinburgh	MD	Africa	LMS
Richards. Thomas	1899	Edinburgh	MD	China	EMMS
Galbraith. Linda	1899	Edinburgh	MD	India	BMS
Gilmour. Helen	1900	Edinburgh	MD	India	EMMS
Campbell. W.	1900	Glasgow	MD	China	BMS
Campbell. Dorothea	1900	Aberdeen	MD	India	FCSMB

Sources: '*Quarterly Paper.*' (Incomplete) (Edinburgh: Scott and Ferguson, 1850-1871) and '*Quarterly Paper of the Edinburgh Medical Missionary Society*' May 1861 -1874 (Edinburgh: Scott and Ferguson, 1874-1900); CMS Collection of Lives of Missionaries held at the Church Mission Society Library; English Presbyterian Missionary Society Records; Church of Scotland Missionary Record; The United Presbyterian Magazine; Report of the Scottish Missionary Societies.

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