**Program of Study**

The earliest Christian missionaries to Mizoram, the state at the southernmost tip of India’s easternmost frontier, are today regional heroes. Stone memorials of their visits rise up along roadsides, their portraits hang above hospital rooms, their hair clippings are preserved behind glass. Even schoolchildren’s sports teams are named in their honour. Histories of Mizoram place these British missionaries and administrators in the foreground, while Mizos remain two-dimensional stock characters in the background. This project aims not to follow the British missionaries of the mid-1890s but rather to face them, and to turn towards the Mizo as a corrective to our usual, British perspective on Mizoram’s contact with Christianity.

The introduction to Mizoram of Western biomedicine features prominently in the writings of early missionaries. However, Mizo responses to it, whether as a technology of health or as a missionary tool of salvation, have not yet been investigated. Unlike the usual focus on religious ‘worldviews’, medicine provides us with a limited and concrete case study, but one just as intensely wrapped up in religiosity, both Christian and Mizo. As historian David Hardiman notes, mission medicine “was not carried out for a purely medical purpose, but used as a beneficent means to spread Christianity.” Indeed, in Mizoram it was at the missionaries’ medicine dispensary itself that the names of those wishing to become Christians were to be handed in. At the same time, author C. G. Verghese rightly points out that traditional Mizo religiosity itself was centred on the healing of the sick. The old question of religious interaction in Mizoram can thus be approached from a new angle with the concrete question: what sparks flew when two cultures of healing hit head-on in Mizoram?

Through a careful and empathetic re-reading of colonial sources for clues to the responses of the Mizos (a people then without a writing system of their own), and through mobilizing studies on indigenous animism and spirituality, I aim to reconstruct the two-sided intricacies of Mizo-British medical and religious contact, building up a picture of Mizo healing and religious traditions before superimposing their reactions to biomedicine on top. At this key juncture we can see how religious ideas and concepts about health could flow, transition, or be impeded across cultures with radically contrasting views on how these realms functioned, while also recognizing that the story of Christianity in Mizoram begins with Mizos operating within an earlier, deeply engrained and dynamic indigenous belief system that governed every aspect of life.

Hill people like the Mizos are often relegated to the footnotes of India’s history. Entire books on the history of the subcontinent have been written with scant sentences reserved for the ‘tribals’ populating India’s northeastern states. Only recently, with the publication of works like James C. Scott’s *The Art of Not Being Governed* (2009) and a special *Journal of Global History* issue (5.2, 2010), is scholarly attention turning to this kaleidoscopically diverse region. The indigenous peoples of North America have been far better served by historians, whose scholarship inspires this project’s methodology. Daniel Richter’s acclaimed *Facing East from Indian Country* (2001) re-reads the written colonial records of contemporary Europeans to unbraid the experiences and responses of indigenous people. Moving beyond the ham-fisted categories of religious conquest and assimilation, Richard White’s *Middle Ground* (1991), a seminal study of North American indigenous history, introduces a ‘middle ground,’ where each culture interacts with the other through what they perceive to be the values and practices of that other culture. The proposed project operates

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within the theoretical framework of cross-cultural contact underpinning such scholarship. Following
White, the Mizo ‘middle ground’ is both a place and a style of interaction. Geographically, it is found
in the Mizo villages of early Mizo-British contact. Functionally, it encompasses the complex set of
Mizo perceptions of and responses to the missionaries, their medicine, and their Christianity, as well as
the missionaries’ perceptions of and responses to Mizo healing systems and religiosity, and the new
meanings and practices that result from the interactions between the two. Established by historians of
North American Indigenous-to-European colonial contact, this framework can thus be creatively
adapted to India’s historiographically impoverished frontier.

Underpinning Mizoram’s scholarly isolation are the policies of the Indian government that have
isolated the area politically since the 1960s insurgency. Until only this year, Mizoram has been a
Restricted Area of India. With special permission I have travelled extensively throughout the state,
photographing pages of British Superintendents’ letters and personal journals, contemporary studies of
indigenous religion, and first-hand missionary accounts from Mizo ecclesiastical and government
archives. I write now from Mizoram on my fifth stay, coordinating here a three-month British-Library-
funded project to digitize the region’s endangered historical documents before hopes of saving them
are forever washed away—in some cases literally, by the region’s annual 375 cm of rainfall. At present,
our digitized collection spans some seven-thousand photographs of privately held historical records
unseen by historians’ eyes. This alone multiplies tenfold the evidentiary basis of my MA work on this
region, and allows the project not only access to the earliest records of the 1890s, but also the
opportunity to shatter the false barrier of 1947, where medical histories of colonial South Asia often
stop despite the lifecycle of medical missions continuing. As for supplementary sources, since my MA
work in the Baptist Missionary and Welsh Calvinistic Foreign Mission societies I have done research
in archives in Delhi, Vellore, Bengaluru, and Durban; I will spend the spring in the archives of the
Mennonite Brethren missions. These sources, in English, Mizo, and Bengali, will be counterbalanced
with the oral histories I have done during the course of their collection.

As I comb through these sources for their Mizo voices, what syncretism, confrontation, and
accommodation will I find on either side of the medical and religious interaction? How did Mizos
operate within a distinctly Mizo world, giving voice to their own cultural values, even as they
accommodated new medical, religious, and political institutions and traditions? The answers to these
questions will transform Mizos from anonymous masses into three-dimension participants in their
own histories.

The University of Warwick’s Professor David Hardiman provides the first major intervention
into the field for South Asia with his Missionaries and their Medicine (2008). Dovetailing closely with
Prof. Hardiman’s interests in mission, health, and the adivasi peoples of South Asia, the project would
benefit immensely from his help in placing Mizo history within the historiography of its surrounding
regions. Warwick’s Bangla Society will improve my competency in the relevant languages; its Centre
for the History of Medicine will allow the project to tap into a wealth of supplementary supervision
and resources. Warwick’s Department of History, with Dr. Sarah Hodges, Dr. Roberta Bivins, Prof.
Hilary Marland and Dr. Claudia Stein, is the strongest worldwide on the medical history of South Asia
and the wider world, providing the ‘critical mass’ needed for a good research environment. This
project, engaging a people rarely studied yet unique for the speed and extent of their Christianization,
has the potential to reorient how Mizo medical and religious history is understood, and to shed light on
modern issues at the intersection of religion, healing, culture, identity, and authority. Pursuing this
project at Warwick would be a strong step towards a career exploring the history of India’s northeast
as a scholar of South Asia.
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