

HeRD #8 - Medicine & Religion

Some years ago an American scholar wrote a book in which he argued that in the 19th century American Protestants initiated numerous reforms aimed at making American society more Christian. Most of their reforms had a strong impact on American life, but they failed to make the country any more Christian. The same thing happened here. The introduction of Western medicine provides a good example. Dr. Thomas, Lampang Station, reported that in 1896 the Lampang hospital had 37 patients who stayed an average of 5 weeks each. On the average two or three individuals (family or friends) stayed with them to take care of them. Thomas made it a point to explain that all of these individuals received substantial Christian instruction so that "...all the hospital patients have thus been impressed day by day with the fact that their healing does not depend so much upon the means used as upon God's blessing upon those means that we all are only poor, weak instruments in His hands to accomplish His work."

This was not just old-fashioned piety at work. In northern Thailand traditional medicine was closely allied to animism and Buddhism. Religion and ritual were central to medical practice. The missionaries didn't want to lose that association. They wanted to replace animism and Buddhism with Christianity. In the long run, however, it didn't turn out that way. While quite a few people did convert to Christianity through their encounter with missionary medicine, they were an incredibly small percentage of all who received treatment. The basic rationale of Western medicine was to divorce religion from medicine. A Buddhist doctor or an atheist doctor could use the same techniques as a Christian one and achieve the same results. Missionary medicine had a major impact on medical care in northern Thailand right down to the 1930s. But the North never became Christian - not even remotely close.

HeRD #14 - Medicine & Self-Support

Today's vignette is in the "The Best Laid Plans of Mice & Men" category. In the mid-1890s the North Laos Mission began emphasizing "self-support" in all of its work. For almost 30 years the mission had provided free education, free medicine, and paid dozens of evangelists from mission funds. In a great shift in missionary thinking going on around the world, it was decided that all of this only hampered the growth of the "native" church. The mission changed its policy to one of encouraging self support. Using missionary medicine as an example, I would like to argue that this shift had unintended consequences.

Phrae. 1896. Dr. Briggs changed the medical policy of the station from one of giving away free medicine to one of expecting payments. He reported, "The result of the change this year was as expected. People who would spend all they possessed, if necessary, for treatment by Native Doctors, refused to give the smallest amount for our medicine. Christians well able to pay for their medicine, would rather see their babies go around with sore eyes & themselves unable to work for a week from fever, than spend three cents for a bottle of eye-wash or the same amount for a ill and some quinine." He noted, however, that by the end of the year the situation was improving. People, including the Christians, were getting used to the idea of having to pay for their medical care and medicines.

The missionaries, we saw in an earlier HeRD, wanted to keep the close link in northern Thai culture between medicine and religion. They also wanted to impress people with the loving concern of God. The policy of self-support frustrated these ends. Medicine was no longer a religious matter. It was a financial one. Payment was expected for services. To be sure, the missionaries didn't turn away the indigent, but the long term consequences of the self-support movement secularized medical care. It took medical care out of the religious realm. In traditional medicine money was involved, but it was for paying for the rituals, rites, and incantations that were linked to traditional practice. Missionary medicine, after self-support, became a straight financial transaction. It speeded the introduction of and made medical care available in a Western-style money economy. Self-support turned missionary medicine into an agent of modernization and reduced its effectiveness as an agent of missionary evangelization. I leave this with you as a hypothesis - not yet "proven" but well worth considering.

[Shields, "Report of Praa Station," 5 December 1896, v. 22, BFM; and Briggs, Personal Report, 1896, v. 22, BFM.]

HeRD, #19 - Missionary Medicine & the Church

In March and April of 1898, the Chiang Mai Station held a one month training session for elders. Nine attended, including five from rural areas where they were in charge of Sunday worship as well as the life of the local Christian community. The curriculum included Medical lectures given by Dr. James McKean. The station's bi-monthly letter for May 1898 makes the following comment, "Such instruction is especially helpful because of the intimate relation between the crude medical practice of the heathen and their religious beliefs." One of the most difficult problems facing the mission was how to prevent converts from using traditional northern Thai medicine. Traditional medical practitioners, "spirit" doctors, used various forms of ritual, incantations, amulets, and the like in their practice. In missionary eyes, for a Christian to consult a spirit doctor was tantamount to rejecting God and the Christian faith. Yet, most Christians lived in small, scattered, and distant rural groups. They were far away from missionary medicine. In times of serious illness, many Christians "went back" to traditional medicine either out of desperation or because of intense pressure from concerned non-Christian relatives. We begin to see here why the North Laos Mission emphasized medical missions. Among other important functions, it was for them a tool that preserved the Christian integrity of the church.

HeRD #20 - Medicine Again

The following paragraph illustrates graphically the problem raised in yesterday's HeRD concerning converts and medicine. The problem, again, was that the mission forbid converts from relying on traditional medical practices yet was hard pressed to provide distant, rural groups with care. The following example refers to our friends at the Chiang Dao Church [HeRD #12]. It provides a brief, graphic description of the medical predicament of Christians. The source is the Chiang Mai bi-monthly station letter for March 1898: "All their lives they have depended on spirit worship and spirit charms in the treatment of disease and they know almost no other methods of cure. When they become Christians they are of course cut off from all spirit worship and from the employment of spirit doctors. Little wonder is it, therefore, that in the anxiety and often the despair of sickness they return to their former practices, when urged to do so by their heathen friends and relatives, especially when it seems to them to be the only hope of cure and particularly when they are so far away from the foreign physician or missionary, who alone can give them rational treatment." The letter goes on to state, "We felt deep sympathy with these poor wandering sheep, who in their extremity had forsaken the Lord for the worship of devils."

HeRD #44, - Children's Bones

By 1899, missionary doctors were reporting a growing acceptance of Western medicines and medical practices among the northern Thai. But prejudices against them remained. Dr. Hansen of Lampang described one such prejudice in his annual medical report for 1899. He wrote, "...recently a church member of seven years standing asked one of the missionaries if it was really true that we use children's bones for medicines, one of the current beliefs being that we try to get hold of all the children we can to send them to American where medicine is made out of their bones."

HeRD #53 - Webs of Meaning

Events take place within intricate and highly textured webs of events, beliefs, cultures, and all of the rest of what it means to be human. Take the following example from Dr. Charles Denman's personal report for 1899. Denman was the station doctor in C'Rai. He reported, "I have completed and issued a mimeograph edition of a little pamphlet on treatment of the most common diseases for use among the more distant villages. This I trust will be helpful in making the use of foreign medicines, in the hands of natives, more efficient and thus open a way for the Gospel."

On the face of it, the issuing of his pamphlet is a simple enough event. Note, however, the strands of the web involved: One, medical modernization - which leads to the whole issue of the missionary role in modernization. Two, the use of modern print media for disseminating modernizing information. Three, the role of northern Thai Christians in transferring Western ways into northern Thai culture. Four, the use of medical modernization for evangelization. This is a central theme in Laos Mission literature.

Five, the use of Western medicine to keep converts from going back to the use of traditional, animistic medicine. (Denman, in another source, gives this as a reason for the pamphlets). Six, the relationship of urban-centered mission work to rural Christian groups. One could do a book on the meaning of "native" in the late 19th century. The concept of "efficiency" is an important subject in the field of American business and industrial history. And it would be important, in a full explication of these 2 sentences, to look at Denman's understanding of "Gospel." That would take us far afield into major currents in American theology. Another book - or more!

HeRD #86 - Medical Compromise

In previous HeRDs we've talked about the problem of Christian medical care. The missionaries insisted that the converts not use "native" doctors and treatments because they involved animistic practices. But most converts lived at a distance from missionary medicine. In times of distress they frequently went to the spirit doctors anyway. Not a few were excommunicated as a result. Over time, however, it appears that the converts and the missionaries worked out a compromise. The Rev. Marion Palmer told the following tale in the April 1907 issue of the LAOS NEWS

"Chan...is the daughter of an elder and for several weeks she had been quite sick with something like epilepsy. She was a pitiful sight to behold, so thin and emaciated. It was surprising to me that a Christian family should have a heathen doctor when a missionary physician was available. It seems hard for them to give up some of their old beliefs and customs and when they have no religious significance they are not urged to do so. This native doctor seemed unable to help this poor girl. He only made her look worse forbidding her parents to bathe her and by anointing her with some black mixture called medicine. He told the parents the child might be cured more quickly if they would go and worship a certain evil spirit that lived in a certain whirlpool where two small streams unite. He assured them that this spirit often attacked children in this way. The elder smiled and told us that he was willing to trust Christ and knew the child was not possessed with a demon."

One of the central themes of northern Thai church history is that the converts were a people who lived between worlds - the "heathen" northern Thai and the "civilized" Western worlds. In creating a third world of their own, they had to steer a course between those worlds. Chan's care is one example of how they made choices that allowed them to be both Christian and northern Thai.