

Missionary Medicine and Sarawak Malay Proselytisation (1848–1866): The Unfulfilled Mission

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Abstract. This article discusses the introduction of the Anglican medical mission in 19th-century Sarawak. Missionary medicine was part of the constellation of Western rationality brought to the Malay Archipelago through colonialism. However, far from being a purely scientific enterprise, missionary medicine became a theological tool for the fulfilment of religious duty expected of the spiritually imbued practitioner engaged by the evangelical society. It was believed that in healing the soul through the body, a conversion could follow. In addition to spiritual conversion, medicine was ideologised as civilisational superior to the indigenous form, therefore should be imposed as a means of civilising the native subjects. To explore the effect of theological medicine on Sarawak Malay, the letters of Bishop Francis Thomas McDougall (1817–1886) became the primary source-material in illuminating the early phase of missionary medicine in Sarawak. The reference to letters as historical evidence was unique as personal correspondence often replete with sentiments. By utilising the history of emotion approach, the sentiment was historicised as a product of the precariousness of life in a colonial situation. It was found that the practice of medicine had been frustrated by the excessive imagination of impending violence, causing the subtle attempt at Malay proselytisation to cease. In the end, missionary medicine had a short lifespan and limited effect on the religious and health belief among Sarawak Malay. To them, Christianity and its medicine were uninspiring and ineffectual.

Keywords and phrases: missionary medicine, Francis Thomas McDougall, Anglican missionaries, Sarawak Malay proselytisation, 19th century Sarawak

Introduction

The article examines the introduction of Western medical practice in Sarawak through the agency of Anglican missionaries. It places missionary medicine

as a marginalised operation in the broader context of Western imperialism and religious proselytisation in the Malay Archipelago. Although missionary medicine contrasted itself to the native knowledge as scientific, thus, superior, on the ground, the application of missionary medicine was fraught with crises and violence brought by the insecurity of colonial rule which was the norm throughout the 19th century. Missionary medicine is an appropriate term to describe the type of Western medicine that first arrived in Sarawak as part of the programme in Anglican proselytisation. Hardiman (2006) states that in the mid-19th century, the medical mission was both scientific and theological. Only medically trained doctor in the Western mould was recognised, while the native, indigenous healing was dismissed as superstition. Furthermore, missionary medicine, as common to other forms of the Western scientific enterprise, is inscribed in “social Darwinism and belief in the racial and cultural superiority of the white man” (Hardiman 2006, 14).

In the current investigation, the letters of Francis Thomas McDougall (1817–1886) were chosen as the primary source. The privileging of the source material was a deliberate choice because they offered an opportunity for contemporary observers to make sense of the insider perspective relating to the practice of medicine in the early period of Brooke’s rule in Sarawak. Other than the historical value, his letters appealed to researchers exploring the formation of subjectivity and meaning in discourse. From a standpoint of biography-writing, his letters constitute a life narrative. Smith and Watson (2001) define life narrative as “self-referential writing” where the author “write about their own lives”. They elaborate that “self” entails “the inside” or the subjective consciousness. Life narrative becomes an act of writing one’s “subjectivity”, specifically personal letters, which have a closer relationship to subjectivity as the author writes her/his thought as presently occurs. This makes a personal letter a highly personalised account in signifying experience. This poses a methodological problem for a social scientist. How to “read” history out of a highly personalised account? Can a subject’s outburst, fear, delusion and prejudice constitute historical knowledge?

Methodology

In a field called the history of emotion, historians explored the development of a community’s sense and sensibility across time. In relation to text and document, they examine the words and idioms representing the emotional expression in a given culture and period. The emphasis on sentiment offered historians a new possibility in seeing how emotion energised moments in history. Through the agency of historical agents, the “practice of emotions enhance change or help to cope with, react to or integrate change” (Nagy 2019, 209). Drawing from the insight, a new curiosity arose theorises about the embeddedness of sentiment in a

supposedly bureaucratised archive, specifically the imperial archive. Historians began to appreciate the argument that colonial archives have not passively reported what had taken place and stored them for safekeeping, but also created a specific form of subjectivity (Reid and Paisley 2017, 2). One of the outgrowths of this thinking is described next.

A critical approach to archive known as “reading along the grain” was proposed by Stoler (2009). Stoler proposes colonial archives be treated as a site of ethnographic curiosity. In reference to the Dutch colonial archive in Indonesia, she argued that there exists a distinctive colonial epistemology lodged in the official reports. The epistemology is marked by the construction of binary expressions of both formality and sentiment, logic and passion. In her examination of archive materials on the murders of European planters in Sumatra, Stoler discovered the violent distemper expressed in the written reports which in themselves were not simply based on impassioned facts but also infused with rumours, paranoia and fantasy. Thus, a juxtaposition of reason and unreason unfolds in the overall narrative effect, as she described: “The contrast between neat copy and hurried hand, tidy statements and quick-paced query and response enraged and tempered narrative, fine-grained knowledge and unabashed ignorance” (Stoler 2009, 49). Stoler’s critical operation illuminates how sentiment underpinned the language and writings of the official reports. By sentiment, “the judgements, assessments and interpretations of the social and political world” (Stoler 2009, 40), are displayed in “the measured tone of official texts; in the biting critique reserved for marginalia; in footnotes to official reports where moral assessments of cultural practice were often relegated...” (Stoler 2009, 41). What this colonial sentiment entails was the fragile nature of truth represented in those documents. The sentiment disguised the underlying subjectivity beneath the outward language of formal authority and its manifested knowledge. Reading along the grain, therefore, exposed the other side of colonial governance: its emotional panic and the fragility of colonial agents in the colonial situation. The analysis persuades one to move away from the observation of facts to the assessment of epistemology that connects the subjectively contrived agents living under the vagaries of the colonial situation. Stoler’s approach informs the article’s interpretation of subjectivity concerning the letters of Bishop Francis McDougall. The missionary perspective was constantly dominated by the sense of anxiety living in an unstable situation. Therefore, the analysis of missionary medicine should bring into fore the agents’ subjective sentiments and how their reactions on the ground were subsequently shaped and moved events.

Emotions in missionary discourse

Missionaries' accounts like letters, sermons and publications abound with emotional expression. These affective accounts were intended at producing "emotional communities" (Rosenwein 1998 in Green and Troup 2016) between the missionaries who dedicated their selves to the propagation of the gospel in the dark colonies, their native converts and the deeply religious home audience. In their study of the transnational affective communities between India and England, Jane Haggis and Margaret Allen (2008) described the role of emotion in connecting religious sentiments between the missionary workers in the colony and the metropolitan evangelicals. A female missionary based in India, Ellen Horton wrote a letter describing the Indian women as the victims of "cruel and heartless Hinduism" to the London Missionary Society (LMS) Ladies Committee in 1881, "The thought of the poor women in India, their darkness and ignorance; the greatness of work and the need of workers makes me feel I could do anything or give up anything to save and help them" (Haggis and Allen 2008, 695). Through the dissemination of her account of being "there", Ms Horton assumed a role model for other women in the metropolitan to emulate her steps in rescuing the Indian women from the so-called "cruel" tradition. The other function of missionary text was to score theological points on the beneficence act of saving the soul through conversion. To this end, a missionary narrative adhered to a predictable plot. It started with an optimistic depiction of the natives' curiosity over Christianity and their interest to learn. The interest was somehow constrained by the threat of caste and family separation. Braving the odds, the low-caste women and men embraced the call to Christianity evoking the images of liberation and transformation from the lower state of civilisational existence to an uplifted state of religious enlightenment. A female missionary Miss Swain wrote from South India about a conversion of a blind coolie Tamil man,

He is so full of joy, his face beams, and we feel that his joy must speak to all heathen relations who knew him before. When he first came to us and asked to learn, he was so sad, and could not believe there was anything he could do. (Haggis and Allen 2008, 696)

These two examples had succeeded in eliciting a feeling of empathy among the metropolitan supporters evident from the success in raising funds and volunteers. In the 19th century, missionary writing in England was an industry as a staggering amount of copies were sold to the moralistic public. To illustrate, Protestant missions had 200,000 monthly periodicals in circulation in 1860 (Jensz and Acke 2013, 318).

Understanding emotion tells us about the religious motivation of the 19th-century Victorian culture and its participation in the essentially secular British imperial design. The missionary periodicals were actively engaging the public on the mission towards the fulfilment of providence revealing to us the usefulness of the Protestant missionary account in stirring a collective sense of responsibility in its battle for global ascendancy. When the missionary was expanding to the east and north Africa, the perceived threat of Islamic fanaticism was communicated to the audience in the periodicals and during prayer meetings, such as the vicar of Fareham reading an account by Reverend Doumergue during a Christian Missionary Society (CMS) meeting in 1881, “Certainly it is a sign of the times that the Crescent is waning before the Cross, that though Mohammedanism as a religion is not worn out, Mohammedan nations have come under the power or the influence of Christian rulers” (Porter 2004, 216). In the missionary’s view, British imperialism provided the very opportunity for the realisation of global proselytisation.

Colonialism, Culture and the Malay Archipelago in the 19th Century

When the British began to engage in empire building in the Malay Archipelago, they found a civilisation that was economically in decline, yet the traces of its cultural glory remained intact. Malay states had a sophisticated intellectual culture centred in the royal palace where there existed a longstanding written tradition in law, history and literature, enhanced by thriving Islamic learning and a network of scholars. At the ground level, the common British merchants, sailors and missionaries found a particularly open maritime culture in the ports like Penang, Melaka and Singapore. A missionary who had visited Penang and Melaka at the turn of the 19th century found there a population displaying “a general spirit of inquiry, a communicative disposition and an unusual thirst for knowledge” (Buchanan 1811, 82). Hence, Abdullah Abdul Kadir whose *Hikayat Abdullah* (1849) famed for its social critique and assimilative thoughts, representative of that open, inquisitive Malay maritime culture, therefore, should be seen as a continuation of the common spirit and phenomenon of the Malay states in its former zenith.

It was within the indigenous environment where the intellectual pursuit was not uncommon that enabled British administrator-scholar like Thomas Stamford Raffles to accumulate knowledge in written Malay texts in law, literature, chronicle and genealogy. Raffles was amply assisted by the Malay rulers and members of the ruling family, the network of scribes and men of letters in his pursuit for the “best” of the culture (according to the European standard of “high culture”) to be brought to England as the testimony of his gentleman-scholar repute. Beyond the interest in manuscript collecting, actual learning of Malay culture was initiated by the Dutch

and British missionaries in line with their approach in utilising vernacular as a medium in propagating Christianity. Their scholarly effort was encouraged by the colonial government. The earliest Jawi Malay-language Bible was published in 1758 in Dutch Batavia at the direction of the Governor-General (Buchanan 1811, 79). A British civil servant based in Fort Marlborough for 12 years, Thomas Jarret, was assisted by a “Sumatran prince” in the translation and compilation of a Malay-English dictionary. Although the dictionary was rudimentary, it was a standard reference among missionaries before they shifted to a more reliable version by William Marsden’s *Grammar and Dictionary of Malay Language* (1812).

Colonialism and the silence of Western medicine

The first half of the 19th century was a prolific period in the gathering, accumulating and translating Malay knowledge long before they were applied by colonial agents into practical, administrative use. Yet, the colonialists and the missionaries did not just appropriate and reproduce the knowledge that had already existed. They also imposed a new way of knowing that had instrumentalised Western’s rationality in a colonial environment. Shah (2007) argued that Western rationality—predicated on modern scientific knowledge—was transmitted to the Malay world through the institutions of bureaucracy and education. Yet, one may add that Western rationality was also transmitted through Western medicine. Far from being a blessing of western civilisation, Western medicine in the colonies was hampered by its inability to respond to the relentless situational fragilities like economic crisis, war, sickness and deaths. In the long 19th century, Western medicine was marginalised because it failed to offer a solution for tropical sicknesses like malaria and yellow fever. Charles Bruce, a Lieutenant-Governor in British Guyana from 1885 to 1893, recalled an incident where a member of his family was down with a high fever for several days until he was persuaded by a friend to call in a local healer who then administered a treatment of local herbs. The patient recovered after three hours of receiving treatment (Bruce 1904, 1006). It was a lesson in the irrelevance of Western medicine in the tropic that led Bruce to recommend a study on the efficacy of “imperial pharmacopoeia”, which he convinced could be used in combination with Western drugs, potentially turning into their substitutes.

The early stage of Western medical practice in the colonies was largely an isolated affair. It was essentially catered for the European community of sailors, soldiers, administrators and merchants. In the case of Sarawak under the first white rajah James Brooke, the provision of medicine for the colonised subjects was not even contemplated due to economic constraints not less made worse by his lack of patience in the intricacies of trade as he confessed: “I who never kept an account of private expenditure and would rather face a row or soldiers than a row of figures”

(Templer 1853, 130). His ignorance led to an overestimation of the government revenue in monopoly grants to the tune of £5,000 (Templer 1853, 120), although in reality, the rajah's personal secretary, Spenser St John, reported that up to 1848, the state's annual revenue had never exceeded £1,500 (St John 1994, 143). When Borneo Company—the firm awarded with the monopoly grants—began to employ medical doctors to attend to their employees, the unpredictable economic and political situations led to the swift resignation of its doctors. Harriette McDougall wrote of a “Dr Conroy” who arrived with his family in Kuching in September 1858 but left at the end of the month, feeling “utterly disgusted with the place, the climate and the expense”.¹

A developed form of medical practice and healing existed in the Malay Archipelago long before the arrival of Western medicine. The Malay Muslim practice of medicine was based on the combined prescription of herbal plants and spiritual incantation (*mantra*) and Islamic recitation from the Quran and prayers. This practice was commonplace evident in the following scenario. When James Brooke was caught by a terrible fever in 1853, Sharif Mohsen, “the dispossessed governor of Skrang”, was the first to diagnose his symptom of smallpox. St John (1994, 248) described the treatment received by then immobilised rajah:

Every day the native ladies would send perfumed water to wash the invalid, while Sir James lay stretched on broad plantains-leaves, whose freshness cooled the fever that burned the skin. In the mosques, there were daily and nightly prayers for the sick chief.

Elsewhere in the region, the knowledge of medicine was documented in a corpus of a medical treatise known as *kitab tibb*. The texts discussed common illnesses like high fever, headache, eye infection, asthma, blood in stool and skin disease. Most of these illnesses were attributed to factors like humoral imbalance in the body or the presence of spirits and demons (Harun 2017, 2). The description of symptoms was elaborated along with remedies such as ivory, seaweed, sandalwood and varieties of herbal plants (Harun 2017, 14). In addition, there was also evidence of medical research based on the studying, copying and triangulating of medical texts. The practitioners made annotations and drawings in the example of a non-medical text from Aceh which referred to “a medicine that is made of various fruits including ginger and talas” and inserted the following note: “I learnt this medicine from Teuku Tiro Blang Kumut, Keumala, who learnt it from Aneuk Jamee. It was tested by Teuku Tiro two or three times with complete effectiveness...” (Fathurahman 2017, 24). Medical texts have also quoted information from earlier sources. *Kitab ar-Rahmah fi at-Tibb wa al-Hikmah*, written by Sheikh Abbas Kuta Karang in 1853, made reference to Sheikh Nuruddin ar-Raniri's *Bustan as-Salatin* and also

to al-Masudi's *Tarikh* about relief for diarrhoea (Mohd Affendi 2017, 77). This example shows medical practitioners had researched earlier classics in drawing information on sickness and remedies.

The limited availability of Western medicine to the indigenous population meant that the indigenous healing practice received minimal Western impact. It was not until the coming of missionary medicine that contact with indigenous medicine was made and subsequently, ideologised. Missionary medicine is argued to be “qualitatively different” from secular practice because of its emphasis on being curative, patient-centric, theologically motivated and a means for civilising influence (Jennings 2008, 39). The mission of medicine's main impetus remained evangelical as an instrument toward the higher goal of the salvation of the soul. The suffering of the body was conceived as a manifestation of the suffering of the soul that could be cured through Christianity (Jennings 2008, 42). The movement of missionary agencies across the British empire in the 19th century disseminated not only the gospels, but equally important, a civilisation modelled after the British middle-class culture and its ideology of progress (Stanley 1990, 166). The evangelicals believed that the heathens and the decaying Islamic civilisation required a rejuvenation through instruction in Christian values. Given the intended aim, the practice of missionary medicine was geared toward changing the un-Christian culture. Indigenous healing was one of those cultures that became a target for missionary reform. It was no coincidence that missionary on the frontier was equipped with basic medical skills and a supply of medicine. Other than for self-care, medicine presented the rural chaplain with both spiritual and physical healing abilities, juxtaposing him in direct competition with the local healer. In the context of the Iban community in Sarawak, resistance to conversion often came from the *manang* (healer) whose function and stature in the community diluted when he ceased the practice. Reverend William Gomes, stationed in Lundu between 1852 to 1867, was referred to by the people as *manang* and had gone to him for medicine. It was only until the early 20th century as Christianity made substantial gains in the rural communities that the practices of *manang* gradually phased out. Nevertheless, people's belief in traditional healing remained visible, especially during the health crisis. When the smallpox epidemic visited Upper Rejang in 1906, a Malay healer called Tunku Itam was called to deliver healing in Iban villages despite the availability of vaccination in the rural parish (Johnson 1906, 146).

In the following discussion, the practice of missionary medicine among the Malay community in Sarawak and its extent at “reforming” Malay culture and religion are explored from the vantage of missionary agency. The practices of medicine are outlined its relation to the wider proselytising activities in Kuching and rural areas,

and the assessment of the impact of missionary medicine in producing the much elusive conversion.

The Beginning of Missionary Medicine in Sarawak

Immediately after his entourage arrived in Kuching on 29th June 1848, Francis (afterwards will be referred as “Frank”) McDougall was thrust into doctoring the son of the secretary of Borneo Church Mission Revered Charles Brereton. William was attacked with a terrible jungle fever after returning from a shooting excursion, “(his) brain was much disordered from the violence of fever”.² He was moved to the Court House to allow Frank to juggle between nursing William, starting a dispensary and constructing the Mission’s House and the church. It had been a while since Dr Treacher, the rajah personal physician, accepted an appointment as the crown’s surgeon in Labuan. Treacher escorted the white rajah, James Brooke (afterwards will be referred as “James”), in his military expeditions and accompanied him in his formal and personal trips within and outside Sarawak. A personal physician was a part of a social set-up in middle and upper-class Victorian Britain in a medical tradition described by Nicholas Jewson (1976) as “bedside medicine”. The doctor was invested in his patient’s well-being in achieving balanced health, both physically and mentally. Achieving a trusting and personal relationship with his patient is necessary for the physician’s curing ability. He trusted his patient’s diagnosis and discussed with him health maintenance. The personalised nature of bedside medicine is reflected in James’ assessment of Treacher: “He is a gentleman, amiable and professionally clever” (Templer 1853, 88).

In the years between 1851 to 1870, the Anglican Church missionary recruited only seven doctors out of a total of 307 new missionaries in the period (Hardiman 2006, 10). The function of medical knowledge in the actual operation of the mission was known through the much-feted missionary doctor David Livingstone working in southern Africa between 1849 to 1856. Although his work had inspired discussion about the theological benefit medicine could bring, the mission societies viewed their non-medical priests to be equally competent in the matter of health and hygiene. This was because the Christian church had incorporated bodily hygiene, cleanliness, temperance and industriousness as part of the preaching duties (Hardiman 2006, 11). Nevertheless, having a medical doctor committing to missionary service was an advantage in an environment where modern medicine was scarce. Two weeks upon arrival, Frank found that he made an early positive impression on the largely Malay population in Kuching as they flocked into his dispensary. He was encouraged to find them unintimidated to seek treatment from the padre-doctor: “I am occupied with seeing and dispensing to the outpatients

every day but Sunday from 12 to 2 or 3 o'clock and patients that cannot come I visit at their houses. I feel that I am really gaining the confidence of the Malays here and I hope passing the way for benefiting their souls as well as their bodies".³ It was the mission's strategy to use medical practice as an avenue to recruit young children for eventual conversion. The problem that he faced was the "voluntary" conversion that he hoped from the healthcare eluded him in the first few months. Frank wanted to keep his practice open believing it would justify itself in the near future. In the meantime, he continued to assure the Borneo Mission's committee in England how important the dispensary was as a step towards saving the soul of the Malay and the so-called heathens. From the committee's perspective, his medical activity was more valuable amongst the European community in Kuching:

As there is at present no physician or surgeon in the settlement, large and frequent recourse it had to the medical knowledge and skill of Mr McDougall; and here we may mention, that his arrival appears to have been timed very providentially, as, within a few days of that event, two of the small party of Europeans whom he found there were attacked by ague and fever, which, in one case at least, there is little reason to doubt, must have terminated fatally had medical assistance been wanting. (Brown 2007a)

From the committee's position, saving the lives of their fellow white men was more important than those lives whose value to the mission was deemed negligible.

The padre-doctor

Since his boyhood, McDougall enjoyed the overseas life brought by his father's military career had taken him and his family to various sites in the Mediterranean. Frank was a keen sportsman, a runner at school, an oarsman in Oxford and for a short while, a horse jockey at his father's regiment. He was introduced to navigation on board the battleship *Revenge* and acted as a midshipman during the voyage (Bunyon 1889, 4). His free-spirited youth was tempered by his mother's religiosity and who had taught him prayers and theology (p. 6). The mixture of discipline, pietism and quest for adventure shaped his future approach to missionary life in the tropic. McDougall's interest in medicine came from his mother's urging for his son not to get involved in military life (p. 7). Despite his father's preference for his son's career path to emulate his, Frank was keen not to disappoint his mother. He studied medicine first in Malta, then, in 1835, continued medical training in King's College, London and was awarded a certificate for general medicine. He was appointed a demonstrator in anatomy in 1838 while also pursuing a medical practice under the supervision of an experienced surgeon, Dr Watson, in the Middlesex Hospital and Professor Green in Charing Cross Hospital (p. 9). Upon

completion of training, Frank was awarded a diploma by the College of Surgeons in 1839. He then moved to Oxford to read medicine and earned a degree in 1842, followed by Masters in 1845. While studying, Frank joined the order upon the insistence of his soon-to-be wife, Harriette, before their marriage in 1843. He received a deacon's order in 1845 and entered into the priestly order a year after. When he was holding a permanent position in the British Museum, an offer was made to him to start a mission in Borneo. Harriette persuaded her husband to accept it. According to Harriette's brother Charles Bunyon, his sister "thought that God had called him, even though it was to fill a post of danger which to many minds might have leading a forlorn hope" (p. 20).

Frank's medical training in naval and military hospitals in Malta offered him valuable exposure to a hospital-based education, an emerging medical education approach in the first half of the 19th century. The hospital received repatriated army personnel who were placed there for treatment and convalescence. The type of medical training received by Bishop McDougall was described as "hospital medicine". A "hospital medicine" was a departure from the earlier medical practice of "bedside medicine" in its conception of disease, physiology and research (Jewson 1976, 229 and 230). The disease was identified by correlating the symptom with the internal underlying lesions. Physicians made use of a diagnostic instrument such as a stethoscope to examine the patient's internal morbidity believed to be more dependable than the patient's verbal description. The focus on the internal locus of disease had altered the previously upheld constitutional unity of body and mind. The new medicine viewed disease upon a specific tissue in the body which could only be objectively ascertained by a physician's diagnostic instrument. Following the new approach, a new form of medical investigation concentrating on anatomical investigation and surgery became a dominant practice in the middle of the 19th century. Students and practitioners of medicine conducted their apprenticeship in a hospital setting to study anatomy, basic science and surgery as tools of the trade. The ever-evolving nature of the new science required its practitioner to continually reacquainted with the latest knowledge and technique. Frank was conscious about keeping his practice updated and procuring the latest medicine when the opportunity availed. While on leave in England, from October 1852 to December 1853, he attended medical lectures to keep himself abreast with the latest medical knowledge. He wrote to Reverend Andrew Horsburgh about his re-education in England:

I am now attending hospital practice and medical lectures to rub up and learn all the new improvements in the healing art. I shall send out a fresh supply of medicine and surgical requisite so that we may put our medical branch into sufficient working order again.⁴

Wherever the theological duty took him, he would steal time to sneak into the hospital to meet up with colleagues or assist a fellow surgeon. A day after his consecration ceremony as a bishop of Labuan in Calcutta in October 1855, he offered to participate in a surgery performed by a personal friend who was “the principal hospital surgeon”. His brother-in-law’s biographer described the padre-doctor in action: “...he was standing with his coat off, and his arms up to the elbows in blood, and the operation had been most successfully performed” (Bunyon 1889, 69).

The dispensary

The first dispensary in Kuching started in the second half of July 1848. It operated from the Court House daily from 12:00 p.m. to 3:00 p.m. and closed on Sunday. Frank reported in November that year of a domestic servant from Singaporean of Portuguese descent assisted him in the dispensing of the medicine.³ When the assistant resigned, he hired two Malay servants as a replacement.⁵ The dispensary was situated on the ground floor of the Court House partitioned into two small rooms for the dispensary and laboratory. The dispensary offered basic medical treatment for common illnesses such as ague, fever, rheumatism, diarrhoea and bronchitis.⁶ There were also surgical cases from war casualties. The examples of battle wounds that he had successfully treated in Sarawak were the removals of “six spear wounds” lodged in the head; splinters from cartridge explosion; and a barbed spear lodged in the body located “in such dangerous proximity to the spine” (Bunyon 1889, 48 and 49). As surgery for battle injuries could not be treated in his small dispensary, there were carried out on board of the ship where the wounded were placed. Frank also kept patients’ casebooks, a common practice among practitioners then in recording the description of diseases and their symptoms, classifying them into nosological order.

In the context of a rudimentary medical facility, Frank’s medicine could still deliver a resounding efficacy that spoke well of his skills and commitment. Harriette recalled an incident when their Malay gardener was bitten by a cobra while cutting rattans in the shed. Frank cauterised the wound, administered two battles of brandy and chloroform and stayed with his patient throughout the night (McDougall 1992, 28). It was said that Captain Farquhar of the *Albatross* who was deployed during the Beting Marau expedition preferred to be attended by the padre-doctor compared to his own ship’s surgeon.⁷ There was also a magistrate from Singapore “Mr Jackson” who came to Kuching for personalised medical care.⁸

There was a mention of a temporary hospital set up for treating the wounded sailors following the Beting Marau expedition in 1849: “I have had two extra services and

sermons one on board of *Albatross* and another to the sick sailors left under my charge in a temporary hospital”.⁵ When another emergency arose with the exodus of Pemangkat refugees to Kuching in October 1850, the earlier temporary hospital was put into use again to nurse the sick, old and injured and the mission was asked again to contribute towards the cost: “The government give a supply of rice and I allow each patient a few rice a day out of our fund”.⁹ The overcrowding of sick refugees in the small hospital led to an outbreak of infection and deaths which caused panic and some patients had to flee. The remaining patients had to be taken out of the temporary hospital into another temporary set-up in the form of “a native house”. A few months later, the government finally agreed to assume responsibility as the native house was turned into a permanent hospital and some funding was allocated for its operation:

I am happy to say my hospital, thanks to the Rajah’s liberality, succeeds admirably and does much more good without occupying nearly so much of my time, as my former dispensary works did. We have 24 beds for inpatients and they are generally all occupied.¹⁰

The hospital was subsequently moved to the fort at the bank of the Sarawak River and was burnt down during the Chinese insurrection in Kuching in 1857.

Hospital care was a costly affair that the mission unwittingly caught themselves into. Overpromising but underfunding was an illness that beset the mission’s enterprise before its management was taken over by the Society of the Propagation of Gospel in Foreign Parts (SPG) in 1853. Until then, the mission had to support the cost of the care while the contribution from Brooke’s government was said to be minimal, such as in the care of the wounded sailors of *Meander* and *Royalist* had further stretched the mission’s already limited finance: “It is some expense for instance when the Royalist sailors were here ill at the boat under Frank’s care”.⁸ The rajah’s apathy towards supporting the medical support for his officers stemmed from his incapacity in economic planning and management, but also, those who had to carry the weight for him, blamed his misplaced priority that led to the persistent instability, as one read from Harriette’s letter to her sister:

There ought to be a medical man, a hospital, where is the money to come from? At present it is under a disadvantage of a new colony, money is all spent on it without visible return and rajah has no resources to set things going.⁸

The chaplain

Despite fancying himself a redeemer of the wretched natives of Sarawak, James Brooke and his government had not allocated any provision for social services like education and medicine. Instead, James thought the role was best taken up by Christian missionaries to undertake the so-called reforming of the rural Dayak communities. In a correspondence to his agent James Gardner on 10th December 1841, James foretold a mission consisting of single, young clergy should be placed among the Dayaks as a means of protecting them from “the unjust demands” of Malay chief and traders (Templer 1853, 173). Just as the rajah, Frank also formed a similar opinion about planting a missionary in Dayak villages: “...devoted young single men, clergymen or catechists, to be placed at different stations there to associate with the natives, learn their dialects and instructs them in some useful arts” (Bunyon 1889, 42). In fact, it had been a standard approach for missionary societies elsewhere in the colonies. By placing the natives under the guidance of a Christian teacher, they could be taught “moral salvation that lay in bodily hygiene, a clean house, a temperate life and ordered and industrious daily routine” (Hardiman 2006, 11). The rural chaplain was expected to attend not only to the spiritual aspect of the community but also to address their need for relief from sickness.

To prepare his clergy for outstation duty, a training regime was devised and personally delivered by McDougall that included theology, Malay language, basic medicine and inculcation of discipline and orderly life. He described the routine of his trainees:

School begins at 7 a.m. We meet for church at 8; at 9 we have breakfast; from 12 to 2 I am employed with Fox and Nicholls at the hospital and dispensary... Between noon and 2 p.m. I give them all three, Chambers included, a Malay lesson, and at 3 they take another lesson with a native until the chapel time again at 5, after which we walk or ride till dinner time at 7, and all are pretty well ready for bed at 9. (Bunyon 1889, 82)

Of interest was “a daily lecture on the principles of medicine and surgery” that took place in the dispensary as well as in the hospital. In the dispensary, they were taught to observe symptoms of common illnesses in a tropical climate such as dysentery, ague, rheumatism and fever. They were also trained to set bones for a fall-related injury. The chaplains were given access to medical reference books available in the mission’s library, although their quality was not necessarily the best (“I am also collecting all the books I can beg or buy that may be useful to us in an educational way”).⁴ Nevertheless, the opportunity provided through the hospital training suggested the emphasis on practicality. His clergies prepared food for the patients, dispensed medicine and treated wounds, also keeping the ward clean

and orderly. They were also taught with dispensing drugs from bottles of patented medicine contained in the medical chest. This was relevant as the clergies were expected to dispense medicine in the outstation as found in Frank's correspondence with William Gomes who was stationed in Lundu,

I directed Messrs. Carling and Co. to send it (medicine) to you overland by the next mail together with some medicines I ordered for the dispensary at the same time. They were forwarded through McEwen and Co. The medicine chest was to cost 5 pounds.¹¹

Overall, McDougall adopted a training style that was short but amply supplemented with daily hands-on experience and regular re-training as the chaplains return to Kuching after eight continuous months in the outstation. Frank described the routine of a returning clergy in Walter Chambers, the chaplain of Banting, "During Chambers sojourn here with us, he has learnt enough Malay to make himself understood and has also acquired some knowledge in the principle and everyday practice of medicine and surgery".¹² It was suggested that the modest training was nonetheless useful, in the instance where Reverend Andrew Horsburgh was put in charge of the dispensary as Frank went on his first furlough in England in 1852. During the time, as the rajah suffered from terrible smallpox, Horsburgh was said to have consulted Frank's medical books from the mission's library and found the use of stimulants in the smallpox treatment that he administered to the helpless patient (Bunyon 1889, 106).

Medicine as an Instrument of Theology

Studies on the use of medicine as an evangelical tool found the mixed effects of medicine in producing fertile hearts and minds for the gospel. The provision of dispensaries, hospitals and asylum in villages located far from the seat of the colonial state had won the mission's trust and friendship among the people. A study of a leprosy asylum in Kashmir run by the Church Missionary Society (CMS) found that the Muslim patients checked into the asylum for treatment received more than just medical care. Christian medicine recognised a combined power of nursing and prayer to relieve the suffering of the body. To this end, a hospital and asylum were designed to create a space that was conducive to evangelising. A confined, peaceful and quiet environment was hoped to offer the patient some solitary reflective moment. A priest came by for a daily dose of religious teaching, enabling systematic preaching of Christianity outside the purview of Muslim religious leaders (Wilks 2011, 57 and 58). Children whose parents were inmates of the asylum were separated and taken under the mission's care. The children were given homecare and education, making them subjects of training in Christian

discipline and values (Wilks 2011, 59). In the early part of the 20th century in northern Nigeria, Muslim patients who sought treatment from the mission's hospital were placed in an environment that enabled proselytising activity to run without surveillance (Shankar 2006, 281). Some of the patients were reportedly converted, while most did not. As a result, former Muslims found it difficult to re-integrate into the Muslim community back where they belonged (Shankar 2006, 298). When the community turn their backs on them, the converted patients sought support by re-engaging with missionaries either through continuing education or by assisting in their outreach programme.

A portrayal of some link between medicine and conversion masked an almost insurmountable task of converting the natives by essentially foreign and eccentric missionaries. The missionary went through a long and painful experience marked mostly by failures before they finally arrived at the knowledge of a certain method that might produce a probable chance of success. Such was the lesson learnt by Frank McDougall. In his letters written between 1848 and 1850, he expressed an unwavering optimism about the likelihood that medicine could appeal to the sensibility of the largely Malay population in Kuching where the mission was headquartered. The letters he wrote to the Chair of the Borneo Committee, Reverend Brereton, offered the image of his enthusiastic Malay patients flocking to his dispensary recounted by Mrs McDougall:

Every day my husband receives patients in his little dispensary down the stairs. There is a great noise of talking and often pearls of laughter from the natives, with the difficulties of understanding them on his side and his gesticulations to them. (Brown 2007a)

Frank assured the Committee that medicine really was advantageous. He was able to learn the Malay language in a relatively short amount of time and by 1850, he was able to do a translation of catechism with the help of a Malay teacher from Singapore called "Rafi". Frank was also able to study the manners of his Malay patient whom he found quite ironical, that despite not being perhaps sufficiently educated, their religious observance was said to be "strict": "my patients who are very fond of medicine would not touch a drop yesterday before sunset (owing to the fasting month). In some case where a man was very ill and needed it much, he persisted in refusing..."² Further proof he offered was the willingness of the relatively reserved Malay character in allowing the padre-doctor to enter their homes and treated the sick family member: "I have got into the people's houses and gained their confidence ... with God's help I have been instrumental in saving the lives of some and the limbs of others". Unlike the hectic dispensary, the home offered the privacy where the padre-doctor gets to comfort the vulnerable patient

and gently imparted a few words of the gospel: "... they listen with attention to what I say to them as a Padre".³ Through the accounts such as these, he worked hard to impress upon the sceptical committee that it would not be long before he could earn a trusteeship of his patients' children. His enthusiasm was further fuelled by the conversion of a young, facially disfigured Pangeran, whose impoverished father submitted him for the care of the mission.¹³ The Reverend saw it as a coup and became more emboldened. After all, the Malay had treated him so well thus far:

They do not appear to have any enmity to me as a Christian minister; indeed, I often have religious conversations with some of the best instructed and most respectable of them; they read the Psalms of David with me, and some have read parts of the history of our Lord. I have ventured to distribute a few copies of the Malay Bible, and many of the Psalms, to those who are likely to read them and not use them for wastepaper, as is too commonly the fate of books distributed indiscriminately to natives. (Brown 2007b)

His optimism for a subtle Malay proselytisation started to take a sharp turn after the year 1850 as was his approach to evangelical medicine.

The decision to allow the exodus of the Chinese gold miners fleeing from the civil war in Pemangkat into Kuching in August 1850 was a pure economy calculated by the desperate rajah as he was struggling to fill in the holes in his treasury account on the back of the Beting Marau expedition. His trade agent Ruppell had been working hard to scout interest among the investors in England but the uncertainty surrounding the legal status of his dominion kept investors at bay. Thus came the civil war in Sambas where he saw an opportunity to bring in more labourers and more bodies to tax. The mission was thrust to the emergency work among the swarming refugees. Inside the temporary hospital, Harriette read prayers at the patient's bedside. As new recruits, Charles Fox, William Nicholls and Walter Chambers became available, in addition to medical training, they took turns to read the prayer to the suffering patients in the hospital. The outcome of the mission's work was astonishing. In less than two months after the influx, Frank reported to Reverend Brereton that his Chinese patients were so eager to place their children in the mission's care under a 10-year term imposed by the church. The children were fed, clothed, educated and sheltered all at the mission's expense. For the first time, he was spoilt for choices:

The result of the hospital has been that these Chinese have acquired sufficient confidence in me to give their children to bring up as Christians. I could have had almost any number but considering our limited means, I have chosen only 13 of the youngest and most promising thus raising our home school to 20.⁹

The children were swiftly baptised as Christians in December that year. In April the following, Harriette reported a second wave of twenty-five Chinese for baptism.

Now that the proselytising activity centred in the hospital was getting more intense, the padre-doctor became more anxious. He had such anxiety ever since the consecration of the first church of St Thomas in Kuching in January 1851. Frank sensed the Malay attitude towards their own religion was getting more demonstrable. He reported to Reverend Stooks of a “haji” (Abdul Rahman) who returned from Mecca and had made some efforts to rekindle “the dying flames of Islamism” among the Malays in Kuching. Some form of Muslim law seemed to take place following his arrival. The reverend reported that people who were not going to the mosque were fined. Despite the change towards some early signs of “Islamisation”, he assured the committee that just as Datu Bandar (Muhammad Lana) who had shown him respect and friendship, the haji (Abdul Rahman) came to him as a “friend” and had helped him in persuading Malay parents to send their children to receive education in the mission-run school. As long as the mission’s presence in the community was not seen in hostility, there was still a chance to convert them: “... for as instruction is imparted to the Malays, they will shake off Mahometanism”.¹⁴ As his proselytisation in the hospital started to grow more overt, Malay gradually avoided him and his medicine, and their goodwill receded.

Medicine and the Unfulfilled Malay Mission

Frank McDougall’s approach towards Malay proselytisation was expected to dovetail with the rajah’s policy of not antagonising the Malay by direct and overt proselytising, “one religion need not interfere with another” (Bunyon 1889, 50). It seemed that Frank understood the reason for it, but he also believed that the friendship extended to him by the leading Malay families could be cultivated for the ultimate end. Their willingness to seek treatment at his dispensary was read as a sign that his medicine was indeed a “powerful auxiliary”. At the same time, Frank saw a threat lurking underneath the apparent civility that he received from the Malay traditional leaders. The threat was perceived as coming from the subtle “Islamisation” in the Dayak areas where the church was looking to establish its presence. His subsequent actions were driven by the emotional blend of condescending distrust of haji and deep-seated insecurity over an imaginary Islamic menace.

In his first visit to the Sebuyau and the Singhi tribes in Lundu, Frank was alarmed by what he saw as “Mahometan influence of the worst kind” that was gaining ground among the Dayak, led to their adoption of Malay “language, dress, manners and customs” while some even ceased to pay respect to their deities.¹⁵ Frank was

impressed by how successful the Malay had in propagating “among the tribes of Dayaks and aborigines with whom they are in contact” (Bunyon 1889, 41). Upon return from the interior, Frank wrote to the Borneo Mission pleading for them “to publish an urgent appeal” by sending financial support and manpower, “lest Mahommedans take our place”.¹⁶ The support did come from the Anglican Bishopric in Calcutta who dispatched their graduates – Charles Fox and William Nicholls – and the addition of Walter Chambers from England. From then onwards, the mission gradually expanded to Dayak villages outside Kuching, first in Skrang (1852), Lundu (1852) and Banting (1853). The outstation missions replicated similar strategies as in Kuching by starting a school, offering (basic) medical relief and preaching tours to the Dayak villages. Frank had high hopes for these young and committed chaplains to counteract those Malay influences and to instruct the Dayaks of a better Christian civilisation.¹⁷ Believing his duty as a social reformer, the clergy exerted his basic medical knowledge in the expectation that it could weaken the customary beliefs in spirits, nature and healing.

After his consecration as a Bishop on 18th October 1855, Frank’s medical activity in Kuching was much reduced to attend sickness among Europeans. His task was concentrated on superintending his fledgling mission in Kuching and the rural areas. He led daily services in the church and delivered lectures and organised monthly preaching visits to Bau, Quop and Sadong (Bunyon 1889, 122). His increased activities in the theology meant that he was no longer attending to his Malay patients in the dispensary where he was known to them. As far as the bishop’s concerned, Malay was no longer an attraction and so went the medicine that was once directed at their conversion. Given the reduction of medical activity among Malay, did it affect their health and well-being? In reality, missionary medicine was too small, too irregular and too limited to make a substantial difference in the management of health and belief among Malay communities in Kuching. The following example illustrates the assessment.

As the bishop’s medical practice among Malay lost its zeal, a cholera epidemic struck Kuching in early 1858. Frank sensed the Malay was blaming the mission for the outbreak: “The cholera and all other misfortunes are now said to be sent to the Malays because they are under a *Kafir* or Infidel government”.¹⁸ The death toll in Malay villages reached dozens every day. Rituals were conducted by the villagers who “carried *antou* and evil spirits down the river in twenty-five boats”¹⁹ and the sight of “much praying in the mosque” (McDougall 1992, 159). For the Bishop, such behaviour was the display befitting that of ‘fanatical’ believers confirming his thought of the imminent clash between the resolute, “fanatical” Malay and the reformist church as they were thought to be blamed for the misfortunes that had happened since the mission established. In October that year, he wrote,

(Malay) which was becoming more and more fanatical in their Mahometanism – numbers go to Mecca, sometimes yearly, and the number of Christians as surely visible increases and any frenzied haji who raised an outcry ever so trivial a cause would get out throats cut in no time.²⁰

The second wave of a cholera epidemic in 1864 hit closer home as it travelled from Kuching to the various mission stations in Siburan, Lundu, Merdang, Quop and Banting. It was reported that five of the crew of eleven Banting Iban died shortly after returning from Kuching (Saint 1992). As death followed the crew and passengers heading towards the outstations, people who lived nearby the missions deserted their village while the local catechists were pulled back from the stations (Taylor 1983, 74). This time, it troubled the mission greatly, especially those rural chaplains who had to rely on the supply of rice and fowls from the villagers to survive. In Kuching, food prices skyrocketed beyond the means of the mission teachers and catechists. What had infuriated Frank even more, was the response of his Dayak converts who reportedly ran “back to their old superstitions”.²¹ Despite all his hard work, cholera had undone it.

The bishop did extend medical help during the epidemic. Harriette mentioned four Malays who were seeking treatment in the Mission House, while Frank had also made home visits to eight houses in the kampung.²² His help did save lives and it was even more remarkable taken into account the bishop was not in the best of health, as Harriette reported,

Frank suffers from palpitations of the heart on the slightest exertion ... he cannot take a 3-mile walk without suffering terribly, the heart is so irritable that he gets very little sleep at night, dreams and start continually, has often fever at night.²³

Nonetheless, Frank was confronting a problem bigger than his design. The calamities brought over by cholera were a culmination of the neglect of the white rajah’s government when it comes to the welfare of his subjects. He did not attempt to alleviate the problem regardless of the high death toll among the natives every time an epidemic occurred. James was content at leaving medicine to the affair of the mission whose priority and motivation were nonetheless theological. As Malay resisted the subtle overture directed at them, the church found no compelling reason to continue its work among them, hence, ceased the effort to proselytise them through medicine.

For Sarawak Malay, the mission’s medicine made little difference to their health and religious belief. They were quite willing to receive treatment and medicine

from the padre-doctor in his dispensary or even allow the padre to make house visits because the practice of medicine in terms of diagnosis, medication and treatment was not unfamiliar to them as seen in the example of Sharif Mohsen earlier. However, the apathy shown towards Frank's theological persuasion coupled with his excessive fear of being surrounded by "fanatical Mahometanism" meant that the Malay mission was bound to be unfulfilled. In the Bishop's mind, had it been a success, it would have been his end.

Conclusion

The examination of Bishop McDougall's letters on the subject of medicine revealed the earliest practice of Western medicine introduced by the Anglican missionary. The medicine's evangelical approach was nevertheless one that was driven by a spectre of a civilisational clash between the decaying Islam and the global Protestantism. The evangelicals reckoned that given the rising power of industrialised imperial Britain, would it not give the moral right for the Christian missionary to show the modern way to the Muslim and heathen? On the ground, missionary work was complicated by structural limits brought by poor administration, economic failures and equally significant, human fragility. In the discussion, the role of emotion, specifically the fear of death, conspiracy and sickness weakened the determination and ability of the missionaries to carry out reform to the cultures deemed un-Christian and superstitious. Hence, under the leadership of the pioneering Anglican missionary Bishop McDougall, Christianity did little to alter the way of life and the belief of the people. This was a case where the value of medicine to theology was overstated.

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Notes

1. In a letter of Harriette McDougall to Mrs Eliza Bunyon, 4th September 1858. McDougall Papers, Rhodes House. Sarawak, Malaysia: Pustaka Negeri Sarawak.
2. In a letter of Reverend Francis Thomas McDougall to Reverend T.F. Stooks, 1st August 1848. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.

3. In a letter of Reverend Francis Thomas McDougall to Reverend T.F. Stooks, 30th November 1848. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
4. In a letter of Reverend Francis Thomas McDougall to Reverend Andrew Horsburgh, 18th March 1853. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
5. In a letter of Reverend Francis Thomas McDougall to Reverend T.F. Stooks, 25th August 1849. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
6. In a letter of Reverend Francis Thomas McDougall to Reverend Charles David Brereton, 31st July 1848. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
7. In a letter of Harriette McDougall to Mrs Eliza Bunyon, August 1849. McDougall Papers, Rhodes House. Sarawak, Malaysia: Pustaka Negeri Sarawak.
8. In a letter of Harriette McDougall to Ellen Robson, September/October 1849. McDougall Papers, Rhodes House. Sarawak, Malaysia: Pustaka Negeri Sarawak.
9. In a letter of Reverend Francis Thomas McDougall to Reverend Charles David Brereton, 23rd October 1850. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
10. In a letter of Reverend Francis Thomas McDougall to Reverend T.F. Stooks, 24th February 1851. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
11. In a letter of Reverend Francis Thomas McDougall to William Herbert Gomes, 17th November 1853. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
12. In a letter of Reverend Francis Thomas McDougall to Reverend Ernest Hawkins, 17th September 1851. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
13. In a letter of Reverend Francis Thomas McDougall to Captain C.D.R. Bethune, 27th December 1849. McDougall Papers, Rhodes House. Sarawak, Malaysia: Pustaka Negeri Sarawak.
14. In a letter of Reverend Francis Thomas McDougall to Reverend T.F. Stooks, 13th December 1850. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
15. In a letter of Reverend Francis Thomas McDougall to Reverend T.F. Stooks, 24th February 1849. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
16. In a letter of Reverend Francis Thomas McDougall to Reverend T.F. Stooks, 1st January 1849. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.
17. In a letter of Reverend Francis Thomas McDougall to Reverend Charles David Brereton, 18th September 1848. Letters of Reverend Francis Thomas McDougall (1848–1852). Sarawak, Malaysia: Pustaka Negeri Sarawak.

18. In a letter of Bishop Francis Thomas McDougall to Charles Bunyon, 20th March 1858. McDougall Papers, Rhodes House. Sarawak, Malaysia: Pustaka Negeri Sarawak.
19. In a letter of Harriette McDougall to Fanny Sawyer, 22nd January 1858. McDougall Papers, Rhodes House. Sarawak, Malaysia: Pustaka Negeri Sarawak.
20. In a letter of Bishop Francis Thomas McDougall and Harriette McDougall to Charles Bunyon, 11th October 1858. McDougall Papers, Rhodes House. Sarawak, Malaysia: Pustaka Negeri Sarawak.
21. In a letter of Bishop Francis Thomas McDougall to Charles Bunyon, 16th March 1865. McDougall Papers, Rhodes House. Sarawak, Malaysia: Pustaka Negeri Sarawak.
22. In a letter of Harriette McDougall to Charles Bunyon, 8th March 1865. McDougall Papers, Rhodes House. Sarawak, Malaysia: Pustaka Negeri Sarawak.
23. In a letter of Harriette McDougall to Charles Bunyon, 21st August 1865. McDougall Papers, Rhodes House. Sarawak, Malaysia: Pustaka Negeri Sarawak.

References

- Brown, T., ed. 2007a. First steps of the Borneo missionaries. *The Colonial Church Chronicle and Missionary Journal* 2(19): 251–256. Project Canterbury: Anglicanism in Sarawak/Borneo. First published in 1849. http://anglicanhistory.org/asia/sarawak/first_steps1849.html
- _____. 2007b. Borneo church mission. *The Colonial Church Chronicle and Missionary Journal* 4: 68–72. Project Canterbury: Anglicanism in Sarawak/Borneo. First published in 1850. http://anglicanhistory.org/asia/sarawak/church_mission1850.html
- Bruce, C. 1904. Introductory addresses at the opening of the medical schools: London School of Tropical Medicine. *British Medical Journal* 2(2285): 1005–1008.
- Buchanan, C. 1811. *Two discourses peached before the University of Cambridge on commencement Sunday July 1, 1810 and a sermon peached before the society for Missions to Africa and the East at their tenth anniversary June 12, 1810*. London: G. Sidney.
- Bunyon, C.J. 1889. *Memoirs of Francis Thomas McDougall, sometime Bishop of Labuan and Sarawak and of Harriette his wife*. London: Longmans, Green & co.
- Fathurahman, O. 2017. Medical manuscript and Islam in the Malay world: Aceh and Mindanao. In *Malay medical manuscripts*, eds. Mohd Affendi Mohd Shafri and Intan Azura Shahdan, 19–33. Kuala Lumpur: Akademi Jawi Malaysia.
- Green, A and Troup, K. 2016. *The houses of history: A critical reader in history and theory*. Manchester: Manchester University Press.
- Haggis, J. and Allen, M. 2008. Imperial emotions: Affective communities of mission in British Protestant women’s missionary publications c1880–1920. *Journal of Social History* 41(3): 691–716. <https://doi.org/10.1353/jsh.2008.0047>
- Hardiman, D. 2006. Introduction. In *Healing bodies, saving souls: Medical missions in Asia and Africa*, ed. D. Hardiman, 5–57. London: Brill.

- Harun Mat Piah. 2017. Kitab Tibb Melayu: The tradition and its scope. In *Malay medical manuscripts*, eds. Mohd Affendi Mohd Shafri and Intan Azura Shahdan, 1–18. Kuala Lumpur: Akademi Jawi Malaysia.
- Jennings, M. 2008. Healing of bodies, salvation of souls: Missionary medicine in colonial Tanganyika, 1870s–1939. *Journal of Religion in Africa* 38(1): 27–56. <https://doi.org/10.1163/157006608X262700>
- Jensz, F. and Acke, H. 2013. The form and function of nineteenth-century missionary periodicals. *Church History* 82(2): 368–373. <https://doi.org/10.1017/S0009640713000036>
- Jewson, N.D. 1976. The disappearance of the sick-man from medical cosmology, 1770–1870. *Sociology* 10(2): 225–244. <https://doi.org/10.1093/ije/dyp180>
- Johnson, H.S.B. 1906. Upper Rejang April report. In *Sarawak Gazette*, 5 June. Sarawak: Government Printing Office.
- McDougall, H. 1992. *Sketches of our life at Sarawak*. Singapore: Oxford University Press.
- Mohd Affendi Mohd Shafri. 2017. The medicinal river of Aceh. In *Malay medical manuscripts*, eds. Mohd Affendi Mohd Shafri and Intan Azura Shahdan, 73–88. Kuala Lumpur: Akademi Jawi Malaysia.
- Nagy, P. 2019. History of emotions. In *Debating new approaches to history*, eds. M. Tamm and P. Burke, 189–201. Great Britain: Bloomsbury.
- Porter, A. 2004. *Religion versus empire? British Protestant missionaries and overseas expansion, 1700–1914*. Manchester: Manchester University Press.
- Reid, K. and Paisley, F. 2017. Introduction. In *Sources and methods in histories of colonialism: Approaching the imperial archive*, eds. K. Reid and F. Paisley, 1–10. London: Routledge.
- Saint, M. 1992. *Twenty years in Sarawak 1848–68. A flourish for the Bishop and Brooke's friend Grant*. Kuala Lumpur: S. Abdul Majeed & Co.
- Shah, M.H. 2007. Historicising rationality: The transmission of rationality and science to the Malay states under British rule. *Asian Journal of Social Science*, 35(2): 216–241. <https://doi.org/10.1163/156853107X203441>
- Shankar, S. 2006. The social dimensions of Christian leprosy work among Muslims: American missionaries and young patients in colonial Northern Nigeria, 1920–40. In *Healing bodies, saving souls*, ed. D. Hardiman, 281–305. London: Brill.
- Smith, S. and Watson, J. 2001. *Reading autobiography: Interpreting life narratives*. Minneapolis: University of Minnesota Press.
- St John, S. 1994. *The life of Sir James Brooke, Rajah of Sarawak: From his personal papers and correspondence*. Kuala Lumpur: Oxford University Press.
- Stanley, B. 1990. *The Bible and the flag: Protestant missions and British imperialism in the nineteenth and twentieth centuries*. Leicester: Apollos.
- Stoler, A.L. 2009. *Along the archival grain: Epistemic anxieties and colonial common sense*. Princeton: Princeton University Press.
- Taylor, B. 1983. *The Anglican church of Borneo 1848–1962*. Sussex: New Horizon.
- Templer, J.C. 1853. *The private letters of Sir James Brooke, K.C.B. Rajah of Sarawak narrating the events of his life from 1838 to the present time: Volume 1*. London: Richard Bentley.

Wilks, L. 2011. Missionary medicine and the “separatist tradition”: An analysis of the missionary encounter with leprosy in late nineteenth-century India. *Social Scientist* 39(5/6): 48–66. <https://doi.org/10.2307/41289407>