British military and colonial authorities built hospitals across a global empire, most of them in coastal trading cities, but British missionaries established the interconnected chains of hospitals that extended into the interior, served the native population, and endured as models of modern health care through independence and beyond. The Church Missionary Society (CMS), the Africa Inland Mission (AIM), and similar religious organizations built far more hospitals than the colonial authorities, right through the last years of British rule. Moreover, colonial medical officers and their Public Works Departments, with limited budgets, designed their own health-care systems as strategic complements to missionary hospitals and collaborated formally and informally with their missionary peers. As Benjamin Bronnert Walker points out in his recent study of Ghana, missionary medicine, with its “network of hospitals, clinics, and dispensaries formed the core around which the rest of health provision would grow over the rest of the century.”[1]

Sara Honarmand Ebrahimi directs our attention to the mission hospitals in Persia and northwestern British India built between the mid-nineteenth century and the end of the Great War. Drawing on the extensive (and recently digitized) collections of the Church Missionary Society Archive at the University of Birmingham, she explores a dozen hospitals that provide “an essential lens though which we can explore architectural and medical histories of British imperialism” (p. 159). She brings these spaces to life through first-hand accounts by missionary physicians and nurses, documents of European visitors, prints, photographs, and architectural plans, many sketched by the mission doctors themselves. She shows how much these designs diverged from contemporary British pavilion practice and how much they borrowed from local architectural traditions and construction techniques. Seeking to understand “how patients encountered and evaluated spaces [for healing]”—the smells, tastes, sounds, and ambience of the wards—she looks to
connect architectural history to recent literature on the history of emotions (p. 16).

Medical missionaries first set up mobile dispensaries and temporary clinics in converted houses, caravanserais, or even mosques, literally meeting patients and potential converts where they were and thereby earning their trust before trying to establish permanent hospitals. Mission hospitals later incorporated local architectural features, most notably the layout of a traditional caravanserai with its enclosed courtyards able to accommodate large numbers of visitors. The mission hospital in Yazd opened in a converted caravanserai, but purpose-built medical missions often followed a similar layout, one familiar to local patients and entirely practical in cultures where extended families were expected to accompany patients on long hospital stays and take on the work done by nurses, orderlies, and cooks in British hospitals. Very few mission doctors had any architectural training themselves, and so they routinely employed local contractors. In Peshawar, a mission doctor and a local builder collaborated on a hospital designed around a traditional Persian four-part garden, making a potentially intimidating space of healing more inviting for its patients and their families. In the same spirit, hospital administrators relaxed the strict discipline imposed in British hospitals back home and allowed patients and their families to enjoy tea parties and even listen to gramophones. For missionaries, a captive audience during long periods of recuperation meant not only free labor but also additional opportunities for evangelization.

A “practical Christianity” of healing had to make architectural concessions to prevailing religious practices by designing separate wards for Hindu and Muslim patients in the Multan hospital or by respecting purdah in the layout of the Islamabad hospital. Ibrahimi identifies the “purdah hospital” as a distinct building type, often designed by women for women, whether as additions to existing hospitals or as standalone hospitals for women. “Medical missionaries,” she writes, “sought to teach new ideas about health and hygiene through a pre-existing architecture that was meaningful for women” (p. 165). Female missionaries served not only as doctors, nurses, and educators but also as “amateur architects” (as did their male counterparts). “They contributed to the built environment by drawing plans, supervising building construction and renovating existing buildings solely and jointly with their male colleagues” (p. 149). While female missionaries have been largely written out of the official histories of these hospitals, Ibrahimi devotes her best chapter to recovering “women’s work among women,” crediting them by name whenever possible. She suggests that male and female missionaries, much like male and female patients, experienced hospital life differently, an intuitively convincing proposition though one notoriously difficult to pin down given such fragmentary evidence.

Mission hospitals could directly serve imperial ambitions. Ebrahimi recounts the fascinating career of Dr. Theodore Pennell, whose Bannu hospital and decades of work among the Afghan people helped secure a contested frontier against potential Russian aggression. A “chain” of missions and mission hospitals offered less provocation than a chain of forts, and at no cost to the British military. Pennell went further than other missionary doctors in embracing native dress, diet, customs, and languages, which made him a more effective physician and unofficial ambassador.

The CMS archives offers a rich trove of sources for historians of architecture and medicine, and Ebrahimi has made the most of it. Among the gems she uncovered were a cut-and-paste model of the Kerman hospital; a tableaux vivant of a medical mission court staged by the CMS as a virtual visit for potential patrons and the curious public; dozens of exterior and interior photographs of the hospitals, showing medical staff, patients, and their families; ground plans, ar-

H-Net Reviews

2
chitectural sketches, and drawings; and maps. If the book never quite delivers on its promise of a history of emotions, it does recapture what Roy Porter famously called the “patient’s view” as well as any hospital history yet written.[2] It is not only a valuable contribution to a growing literature on missionary medicine and hospitals but also a field guide for how to study them.

Notes


If there is additional discussion of this review, you may access it through the network, at https://networks.h-net.org/h-sci-med-tech


URL: https://www.h-net.org/reviews/showrev.php?id=59570

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 United States License.