

'It is well with the child': Changing Views on Protestant Missionary Children's Health, 1870s–1930s

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Esme Cleall observes that for nineteenth-century British missionary families ill-health was constructed as being 'reflexive of and contributory to a specifically missionary identity'. This article argues that while this was a persistent theme, a new and significantly different discourse emerged emphasizing missionary families' health. Children were central to this discursive shift. The article focuses on missionary children's health, using selected Anglo-American cases. There was an uneasy overlap of religiously motivated rhetoric that still expected illness and death to be part of missionary childhood experience, and a professionalized discourse that redefined missionary families as sites of health and well-being. This culminated in medical and academic literature within religious and missionary circles that constructed missionaries' children as a new category. Thus churches responded both to the development of the medical profession and to the development of modern child-centred thinking and practices, in the process developing a new missiological or theological response to childhood.

The archives of missionary families' lives are full of letters documenting the health or ill-health of their children. The following extract is typical, both in its occurrence and its appeal to theological language in the midst of grief. In 1895 James and Honor Newell of the London Missionary Society (LMS) reported the death from pneumonia of their infant daughter in Samoa, with these words: "It is well with the child." May her parents have faith in the Good Shepherd's love, and themselves learn in suffering how to help and comfort others.¹ Yet when we turn to scholarship this refrain is less typically heard. While illness

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¹ London, School of Oriental and African Studies Special Collections, Archives of the London Missionary Society (hereafter: CWM/LMS), Personal South Seas, Boxes 2, 11, 12, J. E. Newell Papers.

and death are common themes in both the historical details of missionaries' lives and the general historiography of the modern missionary movement, this has mainly been narrated as an adult story with little focus to date on the place, experiences and significance of missionary children's health and well-being. This article brings the spotlight to bear more precisely on missionary children, both to indicate directions for further scholarship and to argue that missionary children were central to significant shifts in wider thinking about missionary families' health over the late nineteenth and early twentieth centuries.²

Nineteenth-century missionary experiences and depictions cast a long shadow on public perceptions of a missionary's life as difficult and potentially dangerous, and illness figured largely in this respect. English historian Esme Cleall writes, with reference to British LMS missionaries in southern Africa and India, that in general over the long nineteenth century:

illness was a chronic part of the missionary experience. Sickness and health preoccupied a huge proportion of missionary correspondence as missionaries detailed their own illnesses and those of their colleagues and loved ones; applied to take leave, or to return to Britain; outlined and justified medical expenses; explained slow work, or lack of work; and suggested health risks connected with particular areas or seasons to those with little experience of their location. Chronic illness patterned everyday life. ... Illness and health shaped perceptions of the self and of others and channelled social relationships. It helped to construct difference because of its power to inscribe itself onto the body and the mind, shaping imagined worlds and social performances.³

Missionary health was a cause for increasing concern for missionary boards and, by the end of the nineteenth century, ranked highly in how they selected candidates for service.⁴ Yet as Cleall reflects further

² This article forms part of a larger research project on Protestant missionary children, with a geographical focus on South and East Asia, Melanesia and southern Africa. The selection of cases is constrained by the researcher's archival time, access, choices and sampling decisions. I acknowledge that not all the points made here will necessarily apply to all mission contexts and that the 1920s and 1930s differed greatly from much of the nineteenth century with respect to missionary experiences.

³ Esme Cleall, *Missionary Discourses of Difference: Negotiating Otherness in the British Empire, 1840–1900* (Basingstoke, 2014), 99–100.

⁴ *Ibid.* 101–2; Brooke Whitelaw, 'A Message for the Missahibs: New Zealand Presbyterian Missionaries in the Punjab, 1910–1940' (MA thesis, University of Otago, 2001), 57–60.

for the missionary context, illness had a persistent and deep-seated 'potency' as a 'formative or valid experience in its own right'. Prolonged or repeated experiences of sickness in particular acted to 'embed themselves in identity'. This apparent association of missionaries and illness over the nineteenth century led ultimately to illness becoming 'reflexive of and contributory to a specifically missionary identity' wherein 'illnesses were constructed as a specifically missionary experience'.⁵

In the longer term this accepted association was sustained through public representations of missionaries through books, magazines and newspapers, and this enduring perception carried over to representations of their children. Thus, when Ernest Burt, of the English Baptist Missionary Society (BMS), later wrote his memoir of forty years in China, in hindsight he appeared to express less surprise and grief over the death of an infant daughter (and the near-death of least one other child) than he did over the death of his wife Helena in 1904.⁶ Such views were historically persistent well into the first half of the twentieth century. Pat Booth, growing up in northern India in a New Zealand Baptist family, recounts her brother's attack of malaria in 1949 in these simple terms: 'I remember watching the sun go down; it was a brilliant orange, no doubt because of the dust in the air. John survived.'⁷ This was not solely a British or indeed Anglo-American phenomenon. From a different national perspective, but in the same vein and period, illness and death among Danish missionary families in southern India was such an issue that considerable 'emotional labour' was expended in managing parents' responses as mediated through their published communications with church audiences back home. 'Emotional labour' can be understood as work that 'requires one to induce or sustain the outward countenance that produces the proper state of mind in others' and which involves 'the management of feeling to create a publicly observable facial and bodily display'. For Danish missionaries, Karen Vallgård contends, this contributed to their public missionary identity well into the early 1900s as they worked to manage their own grief and represent

⁵ Cleall, *Missionary Discourses of Difference*, 98, 112.

⁶ Oxford, Angus Library and Archive, Baptist Missionary Society Archives (hereafter: BMS), CH/56, Ernest Whitby Burt, '[Unpublished] Autobiography of Revd. E. W. Burt (China 1892–1933)', 30–2.

⁷ Patricia Booth, *Pat's India: Memories of Childhood* (Wellington, 2017), 26.

themselves appropriately to Danish audiences who increasingly expected families and households to be companionate and safe places for children.⁸

That Danish public perception was significant. During this same period the prevailing nineteenth-century image of missionary identity began to shift, even though the sad reality was that children continued to get sick or to die. Just fifteen years after the death of baby Newell in Samoa, Commission V at the Edinburgh Missionary Conference in 1910 received a submission arguing strenuously that in mission work 'there is a morbid pride in being overworked and run down' and that 'much of the loss of health in the past and many deaths' was wasteful and increasingly preventable.⁹ The extent to which this began to be taken seriously was amply demonstrated in medical surveys and reports written for American missionaries in the 1920s and 1930s, indicating that good health was now a priority and an expectation for both adults and children.¹⁰ Thus there existed an uneasy overlap of religiously motivated rhetoric that still accepted illness and death as part of missionary childhood experience and an emerging professionalized discourse that redefined missionary families as sites of health and well-being, reflecting: a general decline of child mortality across Western societies; significant improvements or advancements in both general and children's medicine; a growing emphasis that the well-being of the child benefitted children, families and the nation;¹¹ and missionary parents' expectations in particular. This culminated in a growing body of medical and academic

⁸ Karen A. A. Vallgård, *Imperial Childhoods and Christian Mission: Education and Emotions in South India and Denmark* (Basingstoke, 2015), 12, building on A. R. Hochschild, 'Emotion Work, Feeling Rules, and Social Structures', *American Journal of Sociology* 85 (1979), 551–75; and idem, *The Managed Heart: Commercialization of Human Feeling* (Berkeley and Los Angeles, CA, 1983).

⁹ World Missionary Conference 1910, *Report of Commission V: The Training of Teachers* (Edinburgh and London, 1910), 112–13.

¹⁰ William G. Lennox, 'Wasted Lives', *Chinese Recorder*, 1 September 1920, 608; idem, *The Health and Turnover of Missionaries* (New York, 1933).

¹¹ For the British context, see in particular Harry Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol, 2003), especially 19–86, 87–98; Stephanie Olsen, *Juvenile Nation: Youth, Emotions and the Making of the Modern British Citizen, 1880–1914* (London, 2014). For broader discussions of childhood in relation to the state and medical advances during the early to mid-twentieth century, see Kriste Lindenmeyer and Jeanine Graham, 'The State', in Joseph M. Hawes and N. Ray Hiner, eds, *A Cultural History of Childhood and Family in the Modern Age* (London, 2014), 135–59; Doug Imig and Frances Wright, 'Health and Science', *ibid.* 179–94.

literature within religious and missionary circles that began to construct missionaries' children as a new category. Churches responded to advances in the medical profession and its attendant wisdom and in modern child-centred thinking and practices, in the process developing a new missiological or theological response to childhood. Thus childhood, as a category and a set of experiences, emerged as a pivotal element of wider changes in attitudes towards missionary health and well-being.

This article focuses on this transition of church and missionary organization attitudes to the health and well-being of missionary children through the late nineteenth and early twentieth centuries, utilizing selected examples from the history of Anglo-American missions, but with a particular focus on South and East Asian and South Pacific settings. The sources used are a mix of official, published and unpublished materials, with many that are adult-produced but also some that derive from children, albeit often in hindsight.¹² This reflects two things. On the one hand its wide use of such sources reflects the article's intention to articulate how childhood became a focus for official organizations, agencies and churches and therefore calls upon a range of sources written by, and intended for, adults. On the other hand, reflecting further the importance of children's voice in historical analysis, it at least introduces the sense that children were at the heart of these experiences and sometimes had something to say about them. In relation to children's experiences of death within the family, for instance, English historian John Burnett notes that the 'emotional effect of such losses on parents and surviving children is often not recorded and is incalculable'.¹³ It is interesting to note, for example, the relative lack of references to illness and death to be found in published missionary children's memoirs.¹⁴ Likewise, even though children's religious magazines contain many instances

¹² On the efficacy of, and issues surrounding, the use of adult memoirs of childhood, see Mary Jo Maynes, 'Age as a Category of Historical Analysis: History, Agency, and Narratives of Childhood', *JHCY* 1 (2008), 114–24.

¹³ John Burnett, ed., *Destiny Obscure: Autobiographies of Childhood, Education and Family from the 1820s to the 1920s* (London, 1982), 35.

¹⁴ Stephanie Vandrick, *Growing up with God and Empire: A Postcolonial Analysis of 'Missionary Kid' Memoirs* (Bristol and Blue Ridge Summit, PA, 2019), particularly 48. Wider literature on methodologies around children's voice and focusing on children's response to global crises such as the Spanish Flu pandemic is exemplified in the range of essays in Kristine Moruzi et al., eds, *Children's Voices from the Past: New Historical and Interdisciplinary Perspectives* (Cham, 2019); Charlotte Bennett, "'Now the War is

of missionary children's writing, these almost never contain references to hardship, illness or death (presumably excised or redacted by parents or editors). Overall, then, this article introduces a story with potential for much more research and reflection. It is a story of persistent problems and public perceptions (of mortality and morbidity as an inescapable childhood or mission location reality), and of changing attitudes or expectations (on behalf of both missionary parents and the denominations or societies employing them) that gradually began to shift the status quo by the 1940s.

MISSIONARY CHILDREN AND HEALTH IN CONTEXT

In Britain, publicity around the violent deaths of such missionaries as Anglican bishop John Patteson (New Hebrides, 1871) and Congregationalist James Chalmers (Papua, 1901) helped to make notions of 'heroic martyrdom' and the 'martyr hero' acceptable among late Victorian and early Edwardian supporters of foreign missions, and thus to normalize the idea that some degree of suffering was intrinsic to the missionary experience.¹⁵ Multiple literary representations of these events boosted a broader public perception that missionary life was inherently dangerous and life-threatening. This was not the same everywhere; there were, for example, demonstrable differences in context and experience between missionary settings and clear changes over time. While East Asia might be deemed less problematic by the early 1900s, parts of Africa continued to present a daunting challenge, unchanged in some settings from the early to mid-nineteenth century. This was particularly so for those missionaries in tropical zones where death rates were noticeably higher. 'In the early years', notes Norman Etherington, 'a "call" to tropical Africa or South Asia could be a death sentence'. For example, 69 per cent of missionaries sent to Sierra Leone between 1804 and 1825 died in missionary service, as did just over a quarter of all Wesleyan Methodist missionaries in West Africa between

over, we have something else to worry us": New Zealand Children's Responses to Crises, 1914–1918', *JHCY* 7 (2014), 15–41.

¹⁵ Judith Rowbotham, "'Soldiers of Christ"? Images of Female Missionaries in Late Nineteenth-Century Britain: Issues of Heroism and Martyrdom', *GH* 15 (2002), 82–106, at 85–6. See further Thorgeir Kolshus and Even Hovdhaugen, 'Reassessing the Death of Bishop John Coleridge Patteson', *Journal of Pacific History* 45 (2010), 331–55.

1835 and 1907.¹⁶ As such, missionaries in tropical Africa ‘fought a constant struggle against the ravages of disease’ and accepted that ‘missionary service involved not only a sacrifice of health, but potentially of life too’.¹⁷ Many of the pioneering ventures experienced high rates of mortality as a consequence, and illness proved to be a major and persistent drain on resources and progress. The grief of Edith and Walter Stapleton (English Baptists) in 1904, over leaving a baby boy buried ‘in the sacred piece of ground behind the church’ in the Congo Free State, was sadly typical.¹⁸ Perceptions, too, may have differed from realities, as noted by Diane Langmore for missionaries and their families in Papua, where by the early 1900s the dangers displayed lavishly and prosaically in missionary or popular fictional literature sat somewhat at odds with actual experience.¹⁹ She cites very small numbers of adult deaths in this period and a discernible improvement in death rates compared with earlier decades in both Melanesia and Polynesia. At the same time, she notes variable rates between missions, with a higher rate among single male missionaries of both the Anglican Mission and the Roman Catholic Sacred Heart Mission.

To date, missionary children²⁰ have tended to be left out of this picture, even though they were much more numerous in a range of geographical settings by the end of the nineteenth century. While these children are now more prominent in scholarship,²¹ closer

¹⁶ Norman Etherington, ‘Education and Medicine’, in idem, ed. *Missions and Empire* (Oxford, 2005), 261–84, at 277–8.

¹⁷ Michael Jennings, “‘This mysterious and intangible enemy’”: Health and Disease amongst the Early UMCA Missionaries, 1860–1918’, *SHM* 15 (2002), 65–87, at 66.

¹⁸ Jane Marshall, *Mama* (Milton Keynes, 2008), 48.

¹⁹ Diane Langmore, ‘Exchanging Earth for Heaven: Death in the Papuan Missionfields’, *JRH* 13 (1985), 383–92, at 384, 386.

²⁰ While the words ‘children’ and ‘childhood’ are used most commonly in this article, for the sake of brevity these terms cover infants, children and young people, unless otherwise specified.

²¹ Examples of recent research include Vallgård, *Imperial Childhoods*; Emily J. Manktelow, *Missionary Families: Race, Gender and Generation on the Spiritual Frontier* (Manchester, 2013); Linda Devereux, ‘Narrating a Congo Missionary Childhood (1958–1964): Memory and Meaning examined through a creative Non-Fiction Text and Exegesis’ (Ph.D. thesis, Australian National University, 2015); Joy Schulz, *Hawaiian by Birth: Missionary Children, Bicultural Identity, and U.S. Colonialism in the Pacific* (Lincoln, NE, 2017); Hugh Morrison, “‘It’s really where your parents were’”: differentiating and situating Protestant Missionary Children’s lives, c.1900–1940’, *Journal of Family History* 42 (2017), 419–39; idem, ‘Three Variations

analysis and conceptualization of their health and mortality has only just begun. Again, Langmore makes two observations for Papua that further highlight missionary children's potential significance in this regard: that missionary children's mortality statistics appear higher at the end of the nineteenth century than for the countries from which they came, thus reinforcing a public perception that they inhabited endemically dangerous spaces; and that for 'many Protestant missionaries, their most intimate experience of death was amongst their children ... [wherein their] faith did not render the missionary or his wife immune to the grief and pain of such an experience'.²²

There is a growing focus on health and death within the broader field of childhood and youth history, signified, for example, by monographs on the history of child death in Victorian Britain and on early modern English children, illness and death,²³ and further represented by at least three edited collections for the pre-modern and modern eras.²⁴ The religious contexts and contours of childhood illness and death, however, are variously and not always satisfactorily present, and deserve further examination precisely because of their interconnectedness. For example, Hannah Newton rightly argues that early modern religion and medicine were intricately linked, but notes that they have 'attracted only a limited amount of attention in the historiography'. Because 'sickness was largely a spiritual experience' for children, and 'religious acts were also a part of the preparation of death', that historiographical neglect needs to be redressed.²⁵ Likewise, Lydia Murdoch, in her discussion of child deaths during

on a Theme: Writing the Lives of Scottish and New Zealand Missionary Children, ca.1900–1950', *JHCY* 12 (2019), 199–218; David A. Hollinger, *Protestants Abroad: How Missionaries tried to change the World but changed America* (Princeton, NJ, and Oxford, 2017).

²² Langmore, 'Exchanging Earth for Heaven', 385.

²³ Laurence Lerner, *Angels and Absences: Child Death in the Nineteenth Century* (Nashville, TN, 1997); Hannah Newton, *The Sick Child in Early Modern England, 1580–1720* (Oxford, 2012).

²⁴ Gillian Avery and Kimberley Reynolds, eds, *Representations of Childhood Death* (Basingstoke and New York, 2000); Katie Barclay and Kimberley Reynolds with Ciara Rawnsley, eds, *Death, Emotion and Childhood in Premodern Europe* (Basingstoke, 2016); Kathleen Jones, Lydia Murdoch and Tamara Myers, eds, *JHCY* 8, no. 3 (Fall 2015), special issue on childhood and death. The volume by Barclay et al. lists at least twenty-six entries in the bibliography on childhood, health and death.

²⁵ Newton, *Sick Child*, 6.

the 1857 Indian Rebellion, clearly elucidates the ways in which childhood, death and its memorialization point to the complex entanglements of religion and culture (especially parental expectations about childhood death integral to British imperial culture in that period).²⁶ In similar fashion Kevin Murphy makes important links between children's literature, evangelical religion, class and race for antebellum America.²⁷ While not exhaustive, a survey of scholarship that now more specifically references religious elements in the British context reveals an emphasis on the period from about the mid-seventeenth to the mid-nineteenth centuries, covering topics such as puritan or pietistic spirituality and its influence on how children's death experiences might be conceptualized; child and parental emotions involved with illness and death; and the relationship between evangelicalism, literary production and representations of death.²⁸ Such a survey, however, further reveals little scholarship on the early twentieth century, especially on missionary children as a subset of religious childhoods defined more generally.²⁹ They are the focus of the following discussion.

Missionary children lived where they lived as a consequence of their parents' religious dispositions, motivations and decisions; albeit shaped further by their various imperial or colonial contexts.³⁰ In this regard John W. de Gruchy insightfully links parents' religious

²⁶ Lydia Murdoch, "Suppressed grief": Mourning the Death of British Children and the Memory of the 1857 Indian Rebellion', *JBS* 51 (2012), 364–92, at 380–2.

²⁷ Kevin A. Murphy, 'Providing Models of Dying: Middle-Class Childhood, Death and American Juvenile Fiction, 1790–1860', *JHCY* 11 (2018), 169–87.

²⁸ Ralph Houlbrooke, 'Death in Childhood: The Practice of the "Good Death" in James Janeway's *A Token for Children*', in Anthony Fletcher and Stephen Hussey, eds, *Childhood in Question: Children, Parents and the State* (Manchester and New York, 1999), 37–56; Alec Ryrie, 'Facing Childhood Death in English Protestant Spirituality', in Barclay et al., eds, *Death, Emotion and Childhood*, 109–28; Katie Barclay, 'Grief, Faith and Eighteenth-Century Childhood: The Doddridges of Northampton', *ibid.* 173–89; Merete Colding Smith, 'Child Death and Children's Emotions in Early Sunday School Reward Books', *ibid.* 229–44; Elisabeth Jay, "'Ye careless, thoughtless, worldly parents, tremble while you read this history!': The Use and Abuse of the Dying Child in the Evangelical Tradition', in Avery and Reynolds, eds, *Representations of Childhood Death*, 111–32. See also Anthony Fletcher, 'The Death of Charlotte Bloomfield in 1828: Family Roles in an Evangelical Household', in John Doran, Charlotte Methuen and Alexandra Walsham, eds, *Religion and the Household*, SCH 50 (Woodbridge, 2014), 354–65.

²⁹ One exception is David Maxwell, 'The Missionary Home as a Site for Mission: Perspectives from Belgian Congo', in Doran, Methuen and Walsham, eds, *Religion and the Household*, 428–55.

³⁰ Morrison, 'It's really where your parents were', 426–8.

vocation with children's health experiences, among other things, when he asks what children might have thought about their parents' motivations: 'That is surely an interesting subject for consideration and research, not least because of everything children had to endure for the sake of the missionary cause, many not surviving to tell the tale.'³¹ As overall missionary numbers surged from the late nineteenth century,³² so too did the numbers of their children. By 1925 there were an estimated 29,000 Protestant missionaries worldwide, around half from North America.³³ While there are no comprehensive statistics of missionary children, some examples give a sense of their presence. In China there were an estimated 3,800 children born to Protestant missionaries between 1868 and 1949, nearly fifty each year.³⁴ LMS records reveal some 650 children born to missionary parents in India and the South Pacific in the same period (around eight per year).³⁵ Presbyterian sources for Scotland and New Zealand show that there were at least 890 missionary children born between 1870 and 1940 (more than twelve per year), living in such diverse regions as southern Africa, China, India, the Caribbean and Melanesia.³⁶ This burgeoning child population reflected a wider trend for the imperial

³¹ John W. de Gruchy, '“Who did they think they were?” Some Reflections from a Theologian on Grand Narratives and Identity in the History of Missions', in Andrew Porter, ed., *The Imperial Horizons of British Protestant Missions, 1880–1914* (Grand Rapids, MI, and Cambridge, 2003), 213–25, at 217.

³² Kenneth Scott Latourette, *A History of the Expansion of Christianity*, 7 vols (London, 1938), 4: 2; 7: 16.

³³ Jeffrey Cox, *The British Missionary Enterprise since 1700* (New York and London, 2008), 213–15, 267; Gerald Anderson, 'American Protestants in Pursuit of Mission, 1886–1986', *IBMR* 12 (1988), 98–118, at 102, 105.

³⁴ Sarah A. Mason, 'Missionary Conscience and the Comprehension of Imperialism: A Study of the Children of American Missionaries to China' (Ph.D. dissertation, Northern Illinois University, 1978), 6.

³⁵ Calculated from CWM/LMS, 'London Missionary Society Register of Missionaries' Children up to 1940', vols 1–2; see also the *Chronicle of the London Missionary Society, 1889–1939*.

³⁶ Data for Scottish and New Zealand Presbyterian missionary families are compiled from the following sources: (1) Scotland: annual reports to the General Assemblies of the Church of Scotland, the Free Church of Scotland and the United Free Church of Scotland, 1860–1940; Hew Scott, *Fasti Ecclesiae Scoticae: The Succession of Ministers in the Church of Scotland from the Reformation*, vol. 7 (Edinburgh, 1928); John Alexander Lamb, *The Fasti of the United Free Church of Scotland, 1900–1929* (Edinburgh, 1956); (2) New Zealand: annual reports to the General Assemblies of the Synod of Southland and Otago, 1866–1901, and of the Presbyterian Church of New Zealand, 1869–1940; *The Break of Day*, a children's monthly magazine; individual missionaries' staff files; and the 'Register of New Zealand Presbyterian Ministers, Deaconesses

era. From about the 1860s, the numbers of British children in the various non-white settler colonies increased markedly. In Hong Kong the numbers of children designated 'British or other Europeans' aged under fifteen doubled between 1891 and 1906. Similar growth rates occurred in Singapore, and also in Hanoi and Saigon under the French.³⁷

ILL-HEALTH: EXPERIENCES AND REPRESENTATIONS

Stories of missionary children's illnesses or deaths, commonly couched in religious language, spanned the entire length of the modern Protestant missionary movement across a plethora of published and unpublished sources. Mary Moffat wrote to her father from South Africa in 1832 that 'our beloved and interesting child Betsy is no longer an inhabitant of this lower world. Her freed spirit took its happy flight on the night of 4th January. As parents we do feel, and it is necessary that we should feel, for He does nothing in vain who has afflicted us.' Prior to Betsy's death the Moffats had lost at least one other infant, in 1825.³⁸ A century later Dr Adam Harvie commented that 'growing up in India is no joke', when reporting on a neighbouring missionary child's battle with life-threatening dysentery.³⁹ These were real-life situations that had an impact on the parents and siblings involved, irrespective of time or place, as well as on those who read about them. As such their representations regularly combined emotional and theological elements. This was typified in the case of five-year old Lancelly Griffin, the only child of LMS New Zealanders Harry and Evelyn, who died from influenza in Samoa in 1919. His post-funeral memorial card included lines translated from a Samoan hymn: 'Anywhere with Jesus is good; / When with him I am at rest. / For any work of my Master, / I am willing, choose me.' The card noted that this hymn 'in the vernacular was often sung by Lancelly

& Missionaries 1840 to 2015', last major update 2009, online at <<http://www.archives.presbyterian.org.nz/page143.htm>>, accessed 22 January 2021.

³⁷ David Pomfret, *Youth and Empire: Trans-Colonial Childhoods in British and French Asia* (Stanford, CA, 2016), 23.

³⁸ John S. Moffat, *The Lives of Robert and Mary Moffat* (London, 1885), 165, 124–5.

³⁹ Dunedin, Presbyterian Research Centre (hereafter: PRC), Archives of the Punjab Mission (Punjab), Punjab Mission Staff Papers 1901–1930, Series 6.11, Adam Harvie to George Jupp, 26 December 1927.

and for that reason was the favourite hymn of the family at evening prayers'.⁴⁰

The public perception, promulgated through literature, that life was generally or typically difficult for missionary families, and that some parts of the world were more dangerous than others, pertained equally to depictions of children. The nineteenth-century prominence of Africa, and especially the exigencies of tropical Africa, seems to have been particularly influential in this respect, alongside pietistic elements of contemporary Protestant evangelicalism with their focus on sacrificial service.⁴¹ However, while Africa featured highly in this regard, other regions were represented similarly. Among these was the Pacific, and by the late 1800s particularly Papua and New Guinea, with many references in popular literature to cannibals, tribal violence and exigencies of climate or terrain.⁴² The biographer of LMS missionary William Lawes recorded the mission community's struggle with malaria in New Guinea, which in 1877 took the lives of fifteen 'Polynesian teachers and their wives' and also his younger son Percy, before the family evacuated to northern Australia. As a result, William and Fanny decided that she and their elder son should return to England while he remained.⁴³ Published stories of family struggles around health in such locations heightened the long-held view that children were not suited for tropical climates and bolstered missionary parents' demands that their organizations provide better support for their children's health as well as their education. Ideas about the dangers of tropical climates for the young, particularly the effect of heat on children's rate of maturation, were cemented in both scientific and popular rhetoric by the second half of the nineteenth century for a range of imperial settings, and endured

⁴⁰ CWM/LMS, South Seas, Incoming Correspondence 1919, Box 59, Harry Griffin, Lancelo Griffin memorial card.

⁴¹ See, for example, Andrew Porter, 'Cambridge, Keswick and Late Nineteenth-Century Attitudes to Africa', *JICH* 5 (1976), 5–34; Dagmar Konrad, 'Lost in Transition: Missionary Children of the Basel Mission in the Nineteenth Century', *IBMR* 37 (2013), 219–23.

⁴² See, for example, James Chalmers, *Adventures in New Guinea* (London, 1886); W. P. Nairne, *Greatheart of Papua (James Chalmers)* (London, 1920); James Paton, *The Story of John G. Paton told for Young Folks, or, Thirty Years among South Sea Cannibals* (London, 1892).

⁴³ Joseph King, *W. G. Lawes of Savage Island and New Guinea* (London, 1909), 91–4; CWM/LMS, W. G. and Fanny Lawes Papers, Box 1, Folder 10, W. G. Lawes to 'My Dear Sister in Christ', 18 September 1877.

into the twentieth century with respect to children of missionary and imperial families more generally.⁴⁴ Ironically, as statistics suggest for the LMS, the Pacific and parts of Africa had become the least dangerous regions by the early 1900s, with the lowest juvenile death rates, and a further marked decline after 1900.⁴⁵

Experiences of illness or death were not limited to the regions in which families lived. They also occurred during transition periods such as seasonal holidays in the hill stations, going to or from school, en route from mission fields to metropole and while children were in their home countries. These were simply the accepted hazards of travel or new contact: seasickness, illness at the start of a new school term, or a young child contracting the normal range of illnesses in the home country. At the same time, deeper tragedies occurred. Again in 1838, the Moffats suffered the further loss of six-year-old Jim, who ‘went to the dimly-known world about which his child-mind was already so busy’, at the beginning of a return trip to Britain. On that voyage tragedy and joy were juxtaposed, with the birth of another daughter.⁴⁶ Such health experiences could dominate the voyage itself and their impact be deeply felt, with physical illness and mental or spiritual anguish sometimes unhelpfully conflated. Six-year-old Joyce Wilkins was sick with fever for most of the voyage from India to England in 1908, and remembered vividly that while bed-bound she felt that she ‘was being punished for all my wickedness’.⁴⁷ For the LMS, of all the child deaths reported for the period 1890–1939, two occurred at sea and nineteen while the children were domiciled in England, Scotland or Australia for their education. In the 1930s, mental health issues impacted on Presbyterian children,

⁴⁴ See, for example, Elizabeth Buettner, *Empire Families: Britons and Late Imperial India* (Oxford, 2004), 29–45; Cleall, *Missionary Discourses*, 59–60, 104–7; Ryan Johnson, ‘European Cloth and “Tropical” Skin: Clothing Material and British Ideas of Health and Hygiene in Tropical Climates’, *BHM* 83 (2009), 530–60; Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley and Los Angeles, CA, 2002), 66–75.

⁴⁵ LMS missionary percentages are calculated from Norman Goodall, *A History of the London Missionary Society 1895–1945* (Oxford, 1954), 595–623; children’s deaths from announcements in the *Chronicle of the London Missionary Society*, 1889–1939.

⁴⁶ Moffat, *Robert and Mary Moffat*, 209, 211.

⁴⁷ Joyce Wilkins, *A Child’s Eye View, 1904–1920* (Brighton, 1992), 34. The larger story of the Wilkins children, involving their being domiciled in England at residential schools for missionaries’ children, is outlined in Vyvyan Brendon, *Children of the Raj* (London, 2006), 189–93.

with the apparent suicides of at least three young American college students, recently repatriated from India and struggling to adjust to their new cultural settings.⁴⁸ These kinds of experiences were not unique to missionary families. Nineteenth-century British migrants' diaries and shipping records contained regular cases of children's illness and, at times, tragically high rates of child mortality at sea.⁴⁹ At the same time, long-held fears and myths about health in the tropics lay at the heart of the Western discourse about children and shaped policies and practices of child repatriation to the metropole for education well into the interwar period. This was neatly caught in Ada Harvie's observation that, on returning to India in 1933, her children had 'lost some of their [New Zealand] colour but they are still much more rosy & healthy looking than the children here'.⁵⁰ The 'children here' were European, not Indian.

Amidst the great slew of literature that compounded public perceptions about missionary families, these children were sometimes the subject of books in their own right, wherein their tragically premature deaths were a major feature, even into the early 1900s. These included such children as Lucy Thurston in Hawai'i (1842), Charles Dwight in Constantinople (1853), Emily Lillie in Jamaica (1865), the Lee children in India (1899) and Carol Bird, also in India (1910).⁵¹ These works sat within a broader category of religious literature and also hymnody for both adults and children.⁵² In the main, this corpus reflected contemporary Protestant literary tropes of the exemplary Christian child and their death. In the Anglo-American context, these narratives had their origins in the seventeenth century, exemplified in the narration of thirteen child deaths in James Janeway's *A Token for Children*, published in many editions

⁴⁸ PRC, Punjab, Series 6.27, Thomas Riddle to William Mawson, 4 November 1934.

⁴⁹ Lyndon Fraser, 'Memory, Mourning and Melancholy: English Ways of Death on the Margins of Empire', in idem and Angela McCarthy, eds, *Far from 'Home': The English in New Zealand* (Dunedin, 2012), 99–122, at 105–9.

⁵⁰ PRC, Punjab, Series 6.10, Ada Harvie to William Mawson, 18 January 1933.

⁵¹ A. P. Cummings, *The Missionary's Daughter: A Memoir of Lucy Goodale Thurston of the Sandwich Islands* (New York, [1842]); Anon., *Charles Dwight: or, the Missionary's Son* (London, [1853]); Anon., *The Missionary's Daughter: A brief Memoir of Emily Judson Lillie* (London, [1865]); Ada Lee, *Seven Heroic Children: A Great Sorrow and a Great Victory* (London, 1903); Handley H. Bird, *Carol, 'A sweet savour of Christ': The Memoir of a Missionary Child* (London, Edinburgh and New York, 1910).

⁵² Alisa Clapp-Itnyre, *British Hymn Books for Children, 1800–1900: Re-tuning the History of Childhood* (London and New York, 2018), 227–54.

from 1671.⁵³ Prevailing evangelical thinking ‘took its authority from the Bible and deduced from Jesus’s words: “Except ye be converted, and become as little children, ye shall not enter the kingdom of heaven” (Matthew 18: 3) that dying children must therefore represent the supreme example and test of the Christian profession of faith’. From the early nineteenth century, emergent and sustained literature either about or for children ‘showed both how to elicit evidence of “the principle of faith” having taken root and how the death-bed itself could be used as a premature opportunity for exhibiting “the fruits of holiness”’.⁵⁴

This literature had at least two broad purposes, being simultaneously consolatory and didactic. As such, it endured well into the twentieth century in terms of both its appeal and its discursive impact. Alisa Clapp-Itnyre, writing about children’s hymns in a way that represents wider literature, provides helpful context in arguing that in the case of children ‘surrounded by death’, who therefore ‘struggled with the meaning of life and death’, it was ‘not morbid to present hymns to them which tackled these weighty issues head-on. Undoubtedly what hymns offered to children were consolation and clarity of a Christian kind’; they ‘offered children Christian answers to “the next chapter”: eschatological principles in the traditional Four Last Things – heaven, hell, death, and judgement’.⁵⁵

Accounts of missionary children’s illness and deaths followed this approach. The narrative of sixteen-year-old Charles Dwight’s illness and death in Constantinople, for example, showcased a boy who previously had ‘yielded to [God’s] power’, who had ‘put his trust in the Saviour’ and who ‘now entered a new life’. As a result, he exemplified what young readers should value: ‘Prayer was his delight. The Bible was a precious book. He aimed to do right and to make everybody happy.’⁵⁶ However, Dwight’s narrative also pointed children to broader horizons. Readers were told that while at peace with the prospect of death, Charles still hoped to live, so that he could ‘do good’ in his life. In particular ‘his heart was set on being a missionary’, to follow his father’s footsteps in Constantinople. ‘It was this that seemed to him even more desirable than to go at once and be with

⁵³ Houlbrooke, ‘Death in Childhood’, 37–8, 52; Ryrie, ‘Facing Childhood Death’, 112, 125.

⁵⁴ Jay, ‘Use and Abuse of the Dying Child’, 112–13, quoting William Wilberforce.

⁵⁵ Clapp-Itnyre, *British Hymn Books*, 239.

⁵⁶ Anon., *Charles Dwight*, 3.

Christ.⁵⁷ Similar accounts of other missionary children's deaths, exemplified through the posthumous accounts of the six Lee children who tragically died in a mudslide in Darjeeling in 1899, struck this same balance of mourning, eschatological hope and inspiration, encouraging their readers to live full and devoted lives here and now. What is striking about Ada Lee's account of her children, for example, is that it focuses not so much on their deaths as on their lives. Her children emerge as exemplars of Christian childhood and faith; not perfect but spiritually aware and active. Their deaths were therefore not central, but rather the *raison d'être* for representing their exemplary lives to a wider reading public. Ada and her editors made it abundantly clear that they wanted to see tangible results from the book's publication, in the form of various philanthropic projects.⁵⁸ Later newspaper reports, from such places as Newcastle in Australia, indicate that children and adults alike learnt about the events of 1899 and, moved by the immensity of the tragedy, wrote letters to the Lees and contributed financially to a range of projects over a sustained period of time.⁵⁹

HEALTH AND WELFARE: CHANGING EXPECTATIONS

Reference to the three young adults who committed suicide during their physical and emotional transitions from India to America in the 1930s forms a turning point in this discussion, anticipating a discourse that has been more dominant since 1945 and which brings children and childhood more to the centre of its concern. In 2009 an article appeared in the journal *Mental Health, Religion and Culture*, focused on understanding the struggles that missionary children as young adults reportedly have with 'repatriation' to the home culture and 'lower levels of well-being'. It sought to apply analytical rigour to the anecdotal problems accruing from the struggle of these individuals, who, while 'looking like an insider', were internally struggling because they felt 'completely on the outside ... lost in the slang or idioms', and who had 'acquired different tastes in food', struggled 'to maintain foreign customs' and were 'unfamiliar with the pop

⁵⁷ Ibid. 5–6.

⁵⁸ Lee, *Seven Heroic Children*, v–ix, 147–55.

⁵⁹ 'A Terrible Night: Darjeeling Disaster of 1899', *Newcastle Morning Herald and Miners' Advocate*, 20 August 1924, 10.

culture'.⁶⁰ The article appeared within a now well-established field of research on third culture children, with a special focus on 'missionary kids'. While the authors rightly identify the influential work of American sociologist Ruth Hill Useem in the 1960s (who coined the phrase 'third culture kids'),⁶¹ the seeds of this approach are actually to be found in changing professionally articulated attitudes during the 1920s and 1930s. Particularly important were foundational studies of missionary children's health, education and development. Herein lies the transition from accepting the status quo, outlined in the previous discussion, to new ways of thinking about missionary children as a category of concern and analysis in their own right.

This transition needs to be set against a larger canvas in at least two respects. One is the overall improvements in child mortality and morbidity in Western societies from the late nineteenth century onwards. Apparent declines in LMS children's deaths in this period (either from Britain or the settler colonies), for example, while context-specific and not everywhere the same, need to be understood within a general decline in infant and child mortality rates.⁶² Colin Heywood notes a 'rapid decline' in infant mortality from about 1895 to 1905 in most Western European nations, and the same for overall child mortality from the second half of the nineteenth century.⁶³ This varied in different British contexts during the period: while infant mortality rates in New Zealand and Australia were declining, they were higher for white infants in the Cape Colony and among Dublin's Roman Catholic families. Even in England rates were (and indeed still are) clearly differentiated by geography and class.⁶⁴

⁶⁰ Michael J. Klemens and Lynette H. Bikos, 'Psychological Well-Being and Sociocultural Adaptation in College-Aged, Repatriated, Missionary Kids', *Mental Health, Religion and Culture* 12 (2009), 721–33, at 721.

⁶¹ *Ibid.* 722–3.

⁶² LMS statistics are derived from the same sources as for n. 35. These indicate an overall decline in the death-rate of children across all LMS locations between the 1890s and 1930s.

⁶³ Colin Heywood, *Childhood in Modern Europe* (Cambridge, 2018), 221–2.

⁶⁴ See further Langmore, *Missionary Lives*, 75; David Thorns and Charles Sedgewick, *Understanding Aotearoa / New Zealand: Historical Statistics* (Palmerston North, 1997), 40–1; S. E. Duff, *Changing Childhoods in the Cape Colony: Dutch Reformed Church Evangelicalism and Colonial Childhood, 1860–1895* (Basingstoke, 2015), 17; Charles Simkins and Elizabeth van Heyningen, 'Fertility, Mortality, and Migration in the Cape Colony, 1891–1904', *International Journal of African Historical Studies* 22 (1989), 79–

The second consideration is the emergence of intersecting medical professionalization and a focus on child welfare, particularly at the state level. Medical science made noted advances through the nineteenth century and was one factor, among others, in declining rates of child mortality; in particular, significantly lower rates of infant mortality were a noted feature across a range of Anglo-American societies.⁶⁵ For this reason, British parents, for example, had much higher expectations of their children's health by the early twentieth century.⁶⁶ This expectation was increasingly echoed by missionary parents both in situ and in respect to their children domiciled at 'home' for education. Moreover, in this period children were increasingly to the fore of the evolving medical sciences, with an explicit focus on vaccines for diseases such as diphtheria and tetanus, and on paediatrics more generally.⁶⁷ As a result, children's health and general welfare were increasingly linked, both in the public mind and in state-led policies, as was reflected in the growing array of institutional responses to childhood problems across Anglo-American societies and the application of new developmental thinking in child psychology.⁶⁸ These same developments were mirrored within nineteenth-century missions, with a more concerted focus on 'medical missions' by

111, at 89; Dylan Shane Connor, 'Poverty, Religious Differences, and Child Mortality in the Early Twentieth Century: The Case of Dublin', *Annals of the American Association of Geographers* 107 (2017), 625–46, at 625–6. For infant mortality, see, for example, Alison Clarke, *Born to a Changing World: Childbirth in Nineteenth-Century New Zealand* (Wellington, 2012), 213–25; Philippa Mein Smith, *Maternity in Dispute: New Zealand, 1920–1939* (Wellington, 1986); Stephen Mintz, *Huck's Raft: A History of American Childhood* (Cambridge, MA, and London, 2004), 173–4.

⁶⁵ Lynne Curry, *Religion, Law, and the Medical Neglect of Children in the United States, 1870–2000: 'The Science of the Age'* (Basingstoke, 2019), 2–3; Heywood, *Childhood in Modern Europe*, 222–6.

⁶⁶ Siân Pooley, "'All we parents want is that our children's health and lives should be regarded": Child Health and Parental Concern in England, c.1860–1910', *SHM* 23 (2010), 528–48.

⁶⁷ Curry, *Religion, Law, and Medical Neglect*, 157; Jeffrey P. Brosco, 'Pediatrics', in Paula Fass, ed, *Encyclopedia of Children and Childhood in History and Society*, 3 vols (New York, 2004), 2: 657–61, at 659–61; Richard Meckel, 'Health and Science', in Colin Heywood, ed, *A Cultural History of Childhood and Family in the Age of Empire* (London and New York, 2010), 167–87, at 182–5.

⁶⁸ For context, see Heywood, *Childhood in Modern Europe*, 223–9; James Schmidt, 'Children and the State', in Paula Fass, ed, *The Routledge History of Childhood in Western Europe* (London and New York, 2015), 174–90; Stephen Lassonde, 'Age, Schooling, and Development', *ibid.* 219–24.

1900.⁶⁹ While medical missionaries potentially ‘acquired an outside reputation as conveyors of European medical science’ (due to the influence of individuals such as Albert Schweitzer and David Livingstone),⁷⁰ the establishment of mission hospitals and growing employment of medically qualified personnel brought medical expertise physically closer to missionary families and thus raised parental expectations of their children’s welfare.

Reflecting these broader developments, new voices emerged with respect to missionary children, especially in the years following the First World War. Their tone was not necessarily new, in that adult concerns about the particular needs of parents or children had started to be aired some years previously. At the 1900 New York missionary conference, for example, the Hon. J. B. Arnold (president of the University of Michigan) highlighted the problem that

comes upon the father and mother when that sad day arrives that they must send their children home for education when they so need the companionship of father and mother, and when father and mother even more, perhaps, need the companionship of their children. We can do something to help in this matter by caring in all ways possible to us for the comfort and help of the children at home.⁷¹

Over the long nineteenth century such concerns had been raised in different places leading, for instance, to the establishment of a variety of missionary children’s residential homes together with schools in both metropole and mission settings, a range of annually budgeted denominational funds to support children’s education, and parental costs being properly recognized in missionaries’ working conditions. At the same time, they were often piecemeal, and the fundamental dilemma – family separation or cessation of missionary service due to children’s needs – remained a key unresolved problem for many families. As Allen Parker, an educator of missionary children in India, stated as late as 1936, the ‘[o]ne great difficulty which remains

⁶⁹ Etherington, ‘Education and Medicine’, 274–84; Christopher Grundmann, ‘Medicine’, in Jonathan Bonk, ed., *Encyclopedia of Missions and Missionaries* (New York and London, 2007), 238–42; Andrew Walls, *The Missionary Movement in Christian History: Studies in the Transmission of Faith* (Maryknoll, NY, 1996), 199–210.

⁷⁰ Etherington, ‘Education and Medicine’, 274.

⁷¹ Editorial Committee, *Ecumenical Missionary Conference New York, 1900: Report of the Ecumenical Conference on Foreign Missions, held in Carnegie Hall and Neighbouring Churches, April 21 to May 1*, 2 vols (New York, 1900), 1: 320–1.

is that of the education and development of the children and the pain of separation from them.⁷² Likewise William Hocking, in his critical report *Re-thinking Missions* (1932), acknowledged family separation as a key issue, one that burdened both parents and organizations with 'the expense of tuition and travel'. In his opinion, separation often occurred 'at a time when children are going through difficult periods of adjustment to different modes of living, to different countries, and to different peoples. The anxiety and strain of these separations and the financial responsibilities incident to them are very great.'⁷³ Such voices represented a new discourse around missionary children's welfare that came from two directions, reflecting the greater professionalization of Western medicine, but also the increasing role of the state in protecting childhood, refracted through a more specifically religious and missionary lens.

In the first instance, there was a clear and explicit medical voice which by the 1920s echoed the arguments raised at the Edinburgh Conference in 1910 that losses due to death and illness were 'wasteful' and 'preventable' elements of missionary economy, especially in the light of contemporary medical knowledge. An article in the *Chinese Recorder* began: 'Dysentery has caused 19% of all known deaths of missionary children. ... This issue of the *Recorder* will reach missionaries just at the beginning of the danger season. Therefore a few facts and suggestions may be in order.' The article concluded with a list of twelve 'Rules to avoid contracting dysentery (cholera and typhoid fever)'.⁷⁴ The subtext for parents was clear: you have the knowledge, so it is your responsibility to apply it. This same message was conveyed in William Lennox's formal 1933 report on American missionaries' health, focused mainly on East Asia. A chapter on 'The Health of Missionary Children' emphasized children's health and raised their profile, yet tied their well-being to broader concerns:

In most fields children remain with their parents, and many a capable missionary has been forced to leave his assignment because of the ill

⁷² Allen Ellsworth Parker, 'An Analysis of the Factors in Personality Development of the Children of Missionaries' (M.A. thesis, University of Chicago, 1936), 1.

⁷³ William Ernest Hocking, *Re-Thinking Missions: A Layman's Inquiry after One Hundred Years* (New York and London, 1932), 297.

⁷⁴ W. W. Peter, 'Guard your Health: How to avoid Dysentery', *Chinese Recorder*, 1 July 1921, 495.

health of a child. Further, these children are an important source of new recruits. Finally, in most communities the health of the children is a barometer of the health of the community.⁷⁵

His conclusions were double-edged. On one hand, missionary children's lives in East Asia were by now thought to be no less dangerous, disease-wise, than those of their contemporaries at home, based on known mortality and morbidity statistics. On the other hand, the onus was on parents to make sure that this was sustained, urging them to be medically trained or at least scientifically knowledgeable about the basics of hygiene and prevention. He concluded: 'when intelligence and care are applied to the problem it is possible for children of missionaries ... to be reared without undue loss'.⁷⁶ The overall sense emerging in this period was that the health of missionaries and their families was seen increasingly as a 'social good', perhaps one that had economic value but which was also tied to broader goals. As such it was 'not an isolated value in life', but rather one that had 'significance and meaning only in relation to other values', including theological and spiritual ones, and which had its 'ideal in the sound mind in a healthy body fitted to carry on physical, mental and spiritual work and to meet with wholesome spirit the many crises of life. Health as an ideal implies more than freedom from disease.'⁷⁷

In the second instance, an educational voice began to assert itself, one that emphasized or echoed this more holistic view of missionary children and thus placed them more centrally as a key focus in their own right. Primarily this was articulated through two postgraduate theses from the University of Chicago, completed by past or present staff at Woodstock School, established at Landour in northern India for missionary and expatriate children.⁷⁸ To some extent, these had

⁷⁵ Lennox, *Health and Turnover*, 175.

⁷⁶ *Ibid.* 180.

⁷⁷ Reginald M. Atwater, 'What Place does Hygiene deserve in the Christian Missionary Enterprise?', *Chinese Recorder*, 1 July 1925, 421.

⁷⁸ Parker, 'Analysis'; Robert L. Fleming, 'Adjustment of India Missionaries' Children in America' (Ph.D. dissertation, University of Chicago, 1947); 'Woodstock School', online at: <www.woodstockschool.in/wp-content/uploads/2016/03/History-of-Woodstock-School.pdf>, accessed 31 January 2021. There was a third thesis presented in this period, which I have not been able to access: Louise Van Evera, 'A Study of the Problems involved in the Education of Children of Missionaries serving under the Board of Foreign Missions of the Presbyterian Church, U.S.A., as revealed in the Experience of a Selected Group of Undergraduate Students' (M.A. thesis, Presbyterian College of Christian Education, 1940).

been prefigured by slightly earlier broad survey observations about missionary children, influenced in part by eugenicist thinking.⁷⁹ What the Chicago theses contributed, however, was academic rigour and a more sustained conceptualization of what it meant to be a missionary child at that point in time.

This research presented two apparently contradictory views, with a simultaneous focus on the potential and problems surrounding missionary children. Positively the focus was on their character, the supposed advantages accruing from being in a Christian family, their broad outlooks on life from living in multi-cultural contexts and evident educational or vocational success. Negative issues revolved around perceived problems of mission location (climate, isolation and context-specific factors such as dependence on servants), family separation and cultural adjustments. Both studies also highlighted problems (and solutions) differentiated by national origins; for example, British children were deemed to need different educational solutions than those for Americans.⁸⁰ Both writers pointed to the same emphasis in the medical discourse around missionary children, namely that parents had a critical role in addressing these issues. In this respect, Parker clearly differentiated between 'faith missionaries' and those from the denominational missions, perceiving in the latter a higher quality of missionary parent due to educational backgrounds and selection processes. He differentiated further between those parents who were vaguely aware of problems, those who did not take these seriously and those who did but needed support. His findings were aimed as much at missionary 'committees and boards in America' as they were at parents themselves.⁸¹

The research projects of Parker and Fleming appear to be the first attempts systematically and reflectively to talk to, and learn from, missionary children. Here were the recorded memories, thoughts and feelings of 184 ex-missionary children, albeit from the hindsight of young adulthood. Also significant were the principles underlying or informing the research. While Fleming noted that '[o]ne should see the individual in relation to the sum total of his experience', he

⁷⁹ In particular Ellsworth Huntington and Leon F. Whitney, *The Builders of America* (New York, 1927); Ellsworth Huntington, 'The Success of Missionary Children', *Missionary Review of the World*, February 1935, 74–5; Dan B. Brummitt, 'The Fate of Missionaries' Children', *Missionary Review of the World*, January 1934, 37–8.

⁸⁰ Parker, 'Analysis', 59–60.

⁸¹ *Ibid.* 36, 39–41, 101.

proceeded to argue that two equally important principles were to '[a]pproach the individual from his own point of view' and to understand that across cohorts of missionary children '[s]everal personality types seem to exist'.⁸² It was important to him that younger people were allowed to speak for themselves without fear of being spoken for by older adults. As a result, children's lives were described not just in terms of factors such as health or education, but also more affective elements, including (among others) speech, clothing, sexuality, relationships, leisure and religious identity.⁸³ In essence the research began to add colour and diversity to public representations of missionary children's lives; it gave them an identity and allowed their experiences to be differentiated from those of adults and from one another.

A broad reading of Christian history indicates that children have always been important, albeit for different reasons or to fit particular agendas.⁸⁴ Through the nineteenth century this was epitomized in the Protestant Sunday school movement and the various educational projects and child-focused sodalities of Roman Catholicism. In the context of the missionary movement this was nowhere clearer than in the myriad educational projects among indigenous or colonized children. Missionary children emerge as one particular subset of these 'religious childhoods', but one that has often been hidden within more adult-centric discourses. This article has sought to bring to light the role that illness, death and advancing medical understanding played in slowly turning the gaze of churches towards missionary children as a distinct and influential group, within the wider trope of 'imperial children'. In that process, children's experiences and childhood as a category took on a more central role as churches and missionary organizations recalibrated their thinking about missionary well-being. Illness and death continued to be a childhood reality, but by the 1930s this was no longer the defining factor in public perceptions or representations of missionary children's lives. Or at least, it did not need to be, and that was the point. Rather, missionary children's lives, with respect to health

⁸² Fleming, 'Adjustment', 5–7.

⁸³ Ibid. 13–19, 23–4, 25–41, 44–50.

⁸⁴ The complexities of children as historical religious actors, subjects and agents are canvassed, for example, in Diana Wood, ed., *The Church and Childhood*, SCH 31 (Oxford, 1994); Hugh Morrison and Mary Clare Martin, eds, *Creating Religious Childhoods in Anglo-World and British Colonial Contexts, 1800–1950* (London and New York, 2017).

and welfare, began to be understood in more holistic terms, in a manner that more than hinted at the expectation of a new status quo. This contention, broadly explored here, now needs fleshing out for a range of comparative national contexts.