A. DEVELOPMENT OF MEDICAL MISSION WORK IN INDIA:

Modern Medical Mission work in India dates from the early part of the eighteenth century, when the Danish Halle Mission was established in Tranquebar by Rev. Zingenbalg and Pultich.¹ The Lutheran Church, therefore, inaugurated the Medical Mission work of the modern times, but allowed others to carry it forward. In 1783 John Thomas, a surgeon, who went from England to India under the East India company, and later was associated with William Carey in mission work². Krishna Lal, the first convert in North India was the first fruits of the labours of John Thomas.

Early in the nineteenth century the interest in medical work extended to America and in 1819 Dr. John Scudder, of New York, gave up his private practice and was sent out by the American Board. His children and grandchildren labored in the Arcot Mission of the Dutch Reformed Church³. Among the other pioneer Medical Missionaries, mentioned may be made of Dr. A. Ramsay, who under the London Missionary Society commenced the medical work in Travancore in 1838⁴. Rev. Christian Frederik Heyer, who worked in the Guntur and Godavari districts of South India, studied medicine at the age of 55 during his first furlough in America and started healing mission work in Guntur Dt. In 1847.⁵ Dr. John Newton of the American Presbyterian Board, who was born in the

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² Ibid.
⁴ Ibid.
Punjab in 1838, returned there in 1858, and labored as a Medical Missionary until his death in 1880. Rev. Edward Chester of the American Board, who before going out in 1859, worked for forty three years in Madura District in South India. Of the two Medical Missionaries - Dr. Shoolbred and Valentine, from the America Baptist Mission to Southern Bengal in 1840, one doctor came to Ludhiana in Punjab in 1842 to start Medical Mission Evangelism. While Dr. W. Robson, of the Free Church of Scotland began work in Calcutta in 1862, Dr. J. Elmslie, of the Church Missionary Society, began work in Kashmir in 1864. Likewise, the Basel Mission on the west coast and North Karnataka from 1885 onwards set up Hospitals at Calicut, Betgeri and Udipi. From 1889, the American Presbyterians developed an important Medical Center at Miraj in the Western Deccan, where Missionaries labored in India. Even without proper equipment, that too without even dispensaries, during the days of the East India Company, as well as during and soon after the terrible mutiny of 1857 the Missionaries contributed to the Medical ministry.

In 1870 the Women’s Foreign Missionary Society of the Methodist Episcopal Church sent Dr. Clara Swain to Bareilly, North India, and with the sending of the first women physician, marked a new era in Medical Mission work. The Women’s Union Missionary Society sent its first woman Medical Missionary, Dr. Mary F. Seelye to Calcutta in 1871.

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7 Ibid, P. 7.
8 Firth, C.B.
9 Kuglar, op.cit., p. 7 – 8.
Dr. Fanny Butler, the first fully qualified medical woman sent from England to the Orient was appointed in 1880 to North India by the Church of England Zanana Missionary Society. The work thus commenced was gradually taken up by other Societies in America and England, and at the close of the Nineteenth century, the position of medical work was recognized to that of an essential part of a well-organized Mission. Hospitals for men, women and children were established as a result of the medical missionary work\textsuperscript{10}.

On behalf of the Church Missionary Society two missionaries continued the medical work of William Elmsli in Kashmir\textsuperscript{11}; and developed medical work which in size and character rivals that of some of the large hospitals of Great Britain. In western India Dr. Manless built a hospital at Miraj with money given by Mr. John Converse, of Philadelphia, in which his major operations compare very favorably with those of some of the famous surgeons of America. The large hospital in Madura was built with money given by the native Rajahs, and was being endowed by them. This was the result of Dr. Van Allen’s labors\textsuperscript{12}.

The Ludhiana School of Medicine for Christian women, established in 1894 was intended to train young women as physicians, midwives, nurses and compounders. The work in Travancore was grown in to a large Central Hospital, with many branch hospitals and dispensaries and a Medical School. The Lady Dufferin Fund for medical education and the medical relief of women was

\textsuperscript{10} Ibid.


established in 1885, and existed as a fruit of Medical Mission work, and indirectly witnessed for Christ and relieved thousands of sufferers every day. One of the outcomes of a meeting of Medical Missionaries held in Calcutta at the time of the Indian Medical Congress in 1894 was the starting of a quarterly Journal, known as Medical Missions in India\textsuperscript{13}.

An important event of the first decade of the Twentieth century was the organization of the Indian Medical Association, with Dr. Husband of Ajmere, as its first President. In connection with this, the Branch Organizations in the various provinces did much to keep the Medical Missionaries in touch with the best scientific work of the day, and helped them to keep united in their common object of presenting Christ as the healer of the bodies and souls of men and women. This latter purpose was also assisted by the use of Prayer Cells for all Medical Missionaries in India\textsuperscript{14}. Hospitals for lepers were also established and the largest was that of the Gossner (Lutheran) Mission at Purulia in Chota Nagpur of North India\textsuperscript{15}.

Among the most noteworthy factors that contributed to the growth of medical work may be mentioned as the felt need on the part of the Missionaries in the field who, though not possessing full, sometimes not even partial qualifications, was the obligation to treat many cases of sickness, both for men and women as a responsibility of medical work\textsuperscript{16}. The memory of many noble

\textsuperscript{13} Ibid, P.P. 8 – 9.
\textsuperscript{14} Ibid.
\textsuperscript{15} Leprosy -
\textsuperscript{16} Kuglar, op.cit., p. 8.
men and women, who, though they were not prepared medically, pave the way for the medical work of to-day, should be revered.

Another factor was the specialization of work in the Western world that influenced the Mission Boards and led them to discontinue sending unskilled men and women with the expectation that they will do efficient service in every line of the work. The clearer vision of Christ as the Redeemer of the whole man resulted in the establishment in the Home Lands a number of institutions for the relief of suffering humanity, and that was an important element in the extension and development of the medical work of the Orient. So far as is reported, very little, if any, the medical work for women by women has was undertaken in any of the Lutheran Missions in India, other than those of General Council and General Synod in Guntur and Rajahmundry areas for the first time17.

B. LUTHERAN HOSPITALS IN ANDHRA DESA:

Guntur and Godavari Districts of Andhra Desa are located on the South Eastern part of India on the Coromandel Coast. The area essentially is of tropical and sub-tropical climate with moderate and high temperature during winter and summer seasons respectively. While it has moderate and heavy rainfall during rainy reason, it is also susceptible for frequent heavy storms on account of its location on the Bay of Bengal shoreline18. On account of the tropical and sub-tropical climate and rainfall, and high temperature during summer, the area is

17 Ibid.
prone for frequent eruptions of deadly diseases such as Cholera, Malaria, Plague and Smallpox besides many a type of seasonal fevers and contagious diseases on large scale\(^{19}\).

To combat diseases and bring relief from their evil effects, the people practiced three important types of medical systems from the time immemorial such as Ayurveda, Yunani and Taboo\(^{20}\) in different parts of the country by the services of the Medicine Men and those who practiced these systems were available only to the royals as well as also to a few wealthy and influential sections of the society. Further these systems were not updated by the researches to cater to the growing medical needs of people and as such their efficiency was uncertain in many cases during the modern period.

The rural masses of the times on the other hand depended mostly on the usage of herbs and simple home remedies prepared at home or sometimes administered by special drug physicians called as *Mandulavallu*\(^{21}\), meaning Medical Men in vernacular Telugu. These Indigenous Practitioners administered purgatives like calomel, rose water, lime juice, turpentine and practiced medicines composed of Black Pepper, borax, asafetida, aniseed, ginger, cloves, Indian cloves and others\(^{22}\). These medical practices by the rural Practitioners gradually gave rise for the quack doctors in the rural areas who made no special study of medicine but pretended as if they know everything from physiology down to anatomy and

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\(^{21}\) Gangaiah

\(^{22}\) Ibid.
medical remedies to all types of diseases. The first thing the quack doctors did was to put the patient on *Lankanam* and administered *Kashayam*\(^\text{23}\) (Pepper Liquid). *Lankanam* means, forcing the patient to refrain from eating the desired food of any sort except water and some sort of *Kashayam* for a couple of days as a remedy. *Lankanam* sometimes, even continued for more than twenty days making the patient invariably weak. There were instances, where it was said that certain weak patients were starved to death. At times, the quack doctors also administered mercury poisons which also formed the chief ingredients of their medical chest. This was administered through mouth and in certain cases though the patients recovered, the mercury administered ate away parts of cheeks and maims\(^\text{24}\).

In addition to the prevalence of quack doctors in the area under consideration, there were certain antiquated ideas prevalent among the people for the cause of disease. The people followed superstitions beliefs that the diseases such as cholera, small pox and chicken pox were caused by the wrath of certain village goddesses known as Poleramma, Ankalamma and Nukalamma who were believed to be the guardian deities. In this circumstances, the people instead of seeking for medical remedies to prevent the incidence and spread of these diseases, resorted to appease these goodness by conducting festivals, fairs special worships and certain rites. These rites were often accompanied by the sacrifices of buffaloes, goats, pigs, etc., in order to appease these deities and drive them


\(^{24}\) Francis, W. *Vizagapatnam Gazetteer*, Madras, 1907, P. 156.
away from the village\textsuperscript{25}. These rites naturally increased the mortality rate among the people than reducing the diseases and their causes. Some of the physical ailments such as hysteria were considered as the evil effects of the ghosts possessing the unfortunate victims. Instead of administering the proper medicine to the victims, the sorcerers or ghost busters, locally known a ‘\textit{bhutavaidyudu}’ are called. The treatment of ghost busters varied from person to person, depending on the age of victim and the severity of the affliction. The treatment was very harsh and quite often was inhuman which caused more suffering than relief to the patient\textsuperscript{26}. This practice was more prevalent among women and Kandukuri Viresalingam, a great pioneer of social reform movement in Coastal Andhra during 19\textsuperscript{th} Century referred to the fact that his mother used to visit such ghost busters for relief at times of ill health\textsuperscript{27}.

More than the diseases, pregnancy and child birth used to be the other factors of the high rate of mortality among the women, especially the rural poor. Pregnancy was considered a gift of God, but many a time, the delivery of the child was an ordeal resulting in the loss of life of the child or mother, and at times both\textsuperscript{28}. This was due to the ignorant and untrained midwives of rural areas who were popularly known as \textit{Mantrasanis}\textsuperscript{29}. These untrained women who stupidly handled the patients during delivery were the only people available for such occasions. Further the superstitious beliefs among the masses also prevented

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\textsuperscript{25} Whitehead, \textit{The Village Gods South India}, Asian Book Publishers, New Delhi, 1988, p. 16.
\textsuperscript{26} Ibid, P.P. 142 – 44.
\textsuperscript{28} \textit{Papers on Indian Reform The Woman of India and what can be done for them} (No another) The Christian Vernacular Society, Madras, 1891, PP. 82 – 85.
\textsuperscript{29} Kuglar, A.S., op.cit., P.P. 70 – 75.
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proper nourishment to the mother and child after delivery and that also caused more mortality. The medical review for the year 1939, pointed out that nearly three million women in India were disabled temporarily or permanently every year as a result of pregnancy or labour or post natal care. The tragedy, the Report revealed, was that 80% of these deaths were preventable.\footnote{Indian Medical Review, 1939, p. 73.}

Besides the above factors, the unhygienic practices prevalent among the people were also considered as a root cause for the spread of various diseases. Practices such as open air defecation by the roadside, canals and tanks; keeping heaps of dung and water pools close to homes where the surroundings became breeding grounds for mosquitoes; and washing of clothes close to the wells, tanks and water canals\footnote{Fishman, A.T., op.cit., P.P. 63 – 64.}. Further, in the rural areas, most of the houses were not provided with windows for fear of thieves. This led to dark rooms without any proper ventilation facilities, which caused the growth of diseases such as Tuberculosis and other forms of lung diseases\footnote{Boag, G.T. The Madras Presidency, 1881-1893, Madras, 1933, P.P. 126 – 128.}.

Besides the above practices, change of rural economy to market economy during the British rule\footnote{Mackenzie, Gorden, Manual of Madras Presidency in the Presidency of Madras, Madras 1883, P. 82.} in the modern period was another reason for the spread and increase of more diseases including new diseases which are unknown to the people hitherto. The rise of European powers such as the Portuguese, Dutch, French and the English after 16\textsuperscript{th} Century gave rise to the construction of different factories on Indian soil especially on the seashores and river banks which
resulted in the air, water and land pollution. The British rule which eventually prevailed in India and Andhra Desa in the course of time gave more and more importance for the construction of more factories, railways, and mining activity including extraction of coal and other minerals. This eventually resulted in the change of rural economy and gave rise to city culture resulting in the growth of slums in cities and industrial establishments. The rise of pollution and enormous slum dwellings in the country and among people naturally resulted in the growth of new diseases such as Hypertension, Blood Pressure, Diabetes, Cancer, Tuberculosis, Plague, etc., to an alarming levels which naturally required scientific and sophisticated medical treatment other than Ayurveda, Yunani and Taboo systems which were prevalent in the country.

In this situation, it is not wrong to assume that the Colonial policy of British Government was also responsible for the lack of medical facilities to the people in the first quarter of 19th century. Its policy of exploitation and market economy created widespread of disruption in the ways of life of the people and further led to their impoverishment and pauperization. The Western system of medicine popularly known as Allopathic medicine introduced by British in the beginning was intended to serve the British army and European Trading community. A very small fraction of native population who were also identified with colonial rule, however, could also get similar benefits. The British were

35 David Arnold, Imperial medicine and Indigenous societies, Delhi, 1989, p. 262.
callous and indifferent to the health needs of the vast masses of population and hence diseases literally thrived under such conditions\textsuperscript{37}.

Till the establishment of Indian Medical Department in 1786 by British government, there was no organized system of public services in Madras Presidency\textsuperscript{38}. The Guntur Municipality however, managed a small Hospital in its jurisdiction in the beginning of 19\textsuperscript{th} century, while small dispensaries were established by local Boards at Chirala, Dachepalli and Vinukonda in 1874; Narasaraopet, Repalle, Sattenapalli in 1879; Addanki, Gurazala and Macherla in 1880-81; and Bapatla and Tenali between 1887-89. These dispensaries were very small and hence they were not good enough to combat the medical needs of the people and hence the mortality and morbidity was higher in those days. Vaccination was the only form of medical aid provided by the British government whenever any epidemic broke out in virulent form\textsuperscript{39}.

L.L. Uhl, an American Lutheran Missionary of Guntur wrote that the untouchable communities such as Malas and Madigas were least cared for in the Government hospitals and dispensaries in Guntur District as all the Physicians working in these hospitals were from the upper caste and as such did not make full examination of the patients\textsuperscript{40}. These depressed classes were also deprived of the privilege of vaccination on account of social prejudice and pollution when the

\textsuperscript{37} David Arnold (Ed), \textit{Imperial medicine and Indigenous societies}, Delhi, 1989, p. 43-46.
\textsuperscript{40} Uhl, L.L., Report of Third Decennial Missionary Conference held at Bombay, (1892-93) Bombay, 1893.
epidemics such as cholera broke out in virulent form which often resulted in the deaths of large numbers among these communities.

Against this back drop, the work of Medical Missionaries in Guntur and Godavari districts in the last quarter of 19th century was worth remembering. The Missionaries starting from Fr. Heyer to Rev. Unangst though were not professional medical practitioners, they utilized their medical knowledge to redeem the masses of their physical sufferings. In this connection, it is to be noted that Fr. Heyer obtained a medical degree during his first furlough from Pennsylvania University at the age of 53 and returned back to India in 1848 with the degree of Doctor of Medicine. He practiced medicine in Palanadu area of Guntur district where no government dispensary was in existence. Fr. Heyer wrote, “We must not forget to mention that in addition to our regular mission work, I am getting into quite extensive medical practice. Patients are coming from different villages around; I have attended to nearly a hundred cases since my arrival here”. Rev. Unangst used his skill and knowledge in serving the medical needs of the people to certain extent. It is said that “during the long years of his Indian Career, though not as a regular Practitioner, made great use of healing art to preach different classes and his treatment of common diseased of the country has been successful as to ensure his great popularity in the district”.

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B.I. Kugler Hospital, Guntur:

Anna Sarah Kugler (Plate:IB) was born in Ardmore, Pennsylvania on April 19, 1856 to Charles and Harriet Sheaff Kugler. Her father, a prominent Lutheran Layman, was instrumental in establishing the first Publication Society for sixteen years and served for a time in the Pennsylvanian State Legislature.

Kugler received her secondary education at Friend’s Central High School and graduated from the Women’s Medical College, Philadelphia with honors. In those days, it was still unusual for a woman to become a practicing Physician and after completing her medicine, she was appointed as First Assistant Physician at the State Asylum for the Insane, which was newly established at Norristown, Pennsylvania in 1880 and served it for two years. It was an innovation during that time as no other woman in Pennsylvania and for that matter scarcely any one in the whole USA held such post previously.

Anna Kugler was always a serious-minded child since her childhood and sensitive to impressions. So it was not strange that when a Baptist Missionary who on furlough made an appeal for the need of Medical Women Missionaries to work in India among the secluded women, she decided to go to India. In 1882, she received a letter form Rev. Adam D. Rowe, a Missionary of the General Synod serving in India, in which he conveyed to her the urgent need for medical

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care for the Indian women of the General Synod. This was resulted Dr. Kugler’s application to the Board of Foreign Mission for appointment as a Medical Missionary. Her application was referred to the Executive Committee of the Women’s Society who decided that they were not yet ready to undertake medical work, but would send her to Guntur Synod to teach and to do Zanana work.46 Even though Anna Kugler was disappointed as the Church did not call her as Medical Missionary, she agreed to go to Guntur, with conditions that she be permitted to take a medical outfit with her and she be allowed to minister to the sick wherever opportunity offers in addition to her teaching work in Zananas.47

Before leaving Philadelphia, a devout women Miss Rebecca White gave one Hundred Dollars to Kugler for instruments and medicines and this sum with an additional one hundred dollars, furnished her with simple medical equipment and reached Guntur on November, 29, 1883.48 She was not long in finding patients and her first patient was a Brahmin widow, needing an operation for cataract. The second was the wife of a Sudra Inspector of Vaccination, who was suffering with a chronic disease of the joints for more than five years. The third was a Brahmin woman suffering with chronic indigestion. It did seem that more hopeful patients than these first three could have been sufficient, but soon acute and more hopeful care appeared. Her first patients were treated on the Verandah of the Missionary Bungalow, to which they flocked when it became known that a woman doctor had arrived. During the first year, 276 patients were

46 Kuglar, A.S., Guntur Mission Hospital, op.cit., P.P. 1- 2.
47 Ibid., P. 4.
treated on the veranda and 185 in their homes\textsuperscript{49}. The latter were chiefly upper caste Hindu or Mohammedan women. It seems as if the people wanted it to prove to them that Kugler possessed some miraculous power and rather than the skill of a regular physician. It was not long before the demands upon her time and strength that left little for the regular teaching and visiting in the Zananas. In 1884 she was put in-Charge of the Hindu Girls School and served in that position until 1887 and again from 1894-95. During this period she was also in-Charge of the Girl’s Boarding School. In December, 1885, Dr. Kugler received word that she had been appointed a medical missionary and hence in August 1886 a muhammadan quarter was taken for rent for dispensary and thus the medical work was officially started after the construction of Hospital Buildings in October, 1899\textsuperscript{50}. (Plate: VI A) The wife of Rev. Nicholas who was a trained nurse and also two bible women assisted Kuglar in the dispensary and also in home visits. Later two more dispensary branches were started at Guntur and Mangalagiri but they were soon closed\textsuperscript{51}.

The realization that she was fulfilling God’s plan helped her to carry the work through those early trying days. It required no little amount of heroism to undertake to establish a work so entirely at variance with ancient Hindu customs. Many indignities had to be suffered before the mountain of superstition, prejudice and ignorance that needed to be overcome and medical work firmly established. It was not pleasant task of entering an upper caste Hindu home and to

\textsuperscript{50} Ibid., P. 5.
\textsuperscript{51} Lutheran Woman’s work, January, 1908, P.P. 10 – 11.
be reminded in the court yard as she was considered by the traditional hindus that she was ceremoniously unclean and defile everything she touched. Sometimes, a very sick patient was even removed form bed and carried into the courtyard, the doctor being considered too unclean to be permitted inside. Neither was it pleasant to reach and stoop for her own instruments and medicines, as the doctor was considered being too unclean to receive them from the hands of a traditional Hindu. She must always place the medicine bottle on the ground, because no Brahmin could take it from her hand. But Kugler “learned, too that love was stronger than caste”. Many lasting friendships were born in homes where lives were saved and health restored by her services.

In the beginning of the work, all medical attention as well as medicine was graciously given for free of cost. However, later, a small fee of two cents for a bottle was charged for medicine. Where the patient was very poor, no charge was made. Dr. Kugler discovered also that a call to the home of a patient was more greatly appreciated so that a small fee could be charged.

Hookworm and Beriberi, malerial fever, amoebic dysentery, leprosy and other tropical diseases were also encountered by the people. Bubonic plague was never been common in Guntur district but there was an outbreak in 1919 and 1922. Several thousands of inoculations were performed in the hospital to combat the disease.

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54 Ibid, P.P. 10 – 11.
55 Ibid, P.P. 73 – 75.
Relapsing fever appeared in 1922 and Dr. Bear suffered a lot with it. Tuberculosis and influenza prevailed in the district at different times. The eye diseases especially inflammatory diseases were very common. A fair amount of general surgeries were conducted in the hospital for tumors, amputations, abscesses, etc. Maltreatment of fractures which resulted in gangrene was very commonly treated in the hospital. Gore wounds were very common among the patients, on account of attacks by buffaloes, goats and cows\textsuperscript{56}.

Super public operations for vesicle calculus were frequently performed on little children. Besides these, abdominal surgeries were very commonly conducted in the hospital. In certain cases appendicitis operations were conducted on women folk wherein the hair of two feet length was removed from certain patients. This was due to the swallowing of the hair of husband by the wives with a view to bring longevity of his health, a superstitious belief that was prevalent in Guntur and its adjoining districts\textsuperscript{57}.

Maternity work was always a challenge and was given top priority in the hospital. As per the statistics of 1927 there were 4,590 births in the hospital since its opening in 1899\textsuperscript{58}. Due to the ignorance of native midwives and the superstitious beliefs which were prevalent among the people, quiet a large number of Caesarian operations were conducted in the hospital to save the mother or the baby and many a times both. To thousands of expectant mothers, pre and post natal care was given both at the Dispensary and Hospital. Many times the

\textsuperscript{56} Ibid, P.P. 110 – 111.
\textsuperscript{57} Ibid.
\textsuperscript{58} Medical Missionary, June, 1900, P. 12.
maternity ward overflowed with patients. All cases of the pregnant mothers came to the hospital in their hour of need including the wives of Missionaries and European Officials, upper caste Hindus and Mohammedans. The upper caste Hindus and Mohammedan women were highly conservative but they also cooperated with the treatment given in the hospital\textsuperscript{59}.

The work in the Maternity Ward offered many opportunities to the hospital staff to see the inner life of Hindu beliefs and customs. One such custom was that the Hindu husband must not see his wife and baby until she had her ceremonial bath. This rule was observed at home but not in the hospital\textsuperscript{60}.

All castes and classes availed themselves of the services of the doctor – Brahmins, Vysyas, Sudras, Mohammedans, Pariahs, coolies, outcastes, Parsis and Christians, besides Anglo Indians. (Plate:IX,A) Some of them were chronic patients and were brought to the Hospital from a distance of 20 to 30 miles for treatment.

A few women especially the lower caste patients who came to Doctor were difficult to treat because of their ignorance. Since most of them could not read a strip of paper with notches cut in the side to mark the size of doses was pasted on the side of the bottle. When powdered tablet was given the patient was likely to swallow the paper and all. Priests and evil Doctors often delayed the

\textsuperscript{59} Lutheran Women's Work, April, 1922, P.P. 136 – 137.
\textsuperscript{60} Kuglar, A.S., Guntur Medical Hospital, Op.cit., p. 111.
coming of the Doctor till their incantations were proved of no avail. Yet many cures were wrought and little by little the confidence of the people was won

In order to perpetuate the Hospital functioning, the following objectives were laid by Kugler for her medical work in Guntur which in the course of time became the guiding principles for medical work in all of the Lutheran Mission Hospitals of Andhra Desa. These principles include:

1. That the medical work of a Mission Hospitals should be carried on in accordance with the best and latest scientific teaching of the day.

2. Everything, savoring of extravagance, should be avoided and that the main object should be to carry medical work with the least possible money.

3. That a Mission Hospital is both Philanthropic and Evangelistic in its object and hence the medical work should not be entirely gratuitous but payment of fees should be encouraged.

4. That the regular religious teaching, and most effective teaching in the Wards of a Mission Hospital should be done by the doctors and nurses in their daily ministrations, so that actions speak louder than words.

5. That the Hospitals should have well-furnished facilities with a well-qualified staff, Physicians and Nurses.

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6. The workers should aim for self-support and actuated by a love for Christ and desire for winning souls.

7. That if such Hospitals/Dispensaries are placed in the midst of a Hindu and a Mohammedan community they will attract patients and if properly used will make the most powerful Evangelistic agencies of Christian work.

In the early years visitors were allowed to enter the hospital at all times. But in the course of time the visiting hours were reduced and only women visitors were permitted to visit the patients for an hour during the mornings and evenings and the men visitors were permitted only during afternoon. This made it possible to have a routine hospital work by Doctors and Nurses in an easier way. Very sick patients were permitted to keep a relative to remain with them and in the Children’s Ward either the mother or grandmother was always allowed to stay with the child.\(^{63}\)

Diseases such as mumps and measles, chickenpox and smallpox, pneumonia and entric fevers such as typhoid and malaria, diphtheria, syphilis and cancer were very common diseases treated in the Hospital. Vaccinations were compulsorily performed all though many people tried to avoid it.\(^{64}\) During the epidemics, all the ordinary work in the Hospital was suspended for the time being and the Missionary Doctors assisted the Government Officials in vaccinations. Cholera always prevailed in one form or the other in the district but many lives

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\(^{63}\) Ibid, P. 62.

\(^{64}\) Ibid, P. 42.
were saved by the missionaries through the improved methods of treatment and sanitation\textsuperscript{65}.

Dr. Baer from 1896 and Dr. Eisle Mitchell form 1903 assisted Dr. Kugler in her medical ministry. In 1903 the first Outpatient Dispensary was opened at Chirala. While on Furlough in 1904-1905, Anna Kugler raised funds for the Children’s Ward and the Hospital Chapel. She also began to raise funds for the opening of medical work in Rentachintala\textsuperscript{66}.

In 1909, a dispensary was opened at Tenali and Dr. Baer was placed in-Charge of the medical work both at Chirala and Tenali\textsuperscript{67}. In April 1911, Dr. Kugler made a tour of Guntur District to raise funds for the erection of a Maternity Ward and Operating Room. The Guntur district Board granted Rs. 5000 toward the buildings. The Nurse’s Training School building began in Guntur in July 1911 and the Chirala Hospital building was completed in 1912.

In the early days, patients were reluctant to come to a hospital and fearful of ‘foreign medicine’. Gradually that fear was overcome and the fame of the Hospital became widespread. Dr. Kugler’s name became a common word spoken with love and respect in thousands of homes. The Gospel was also brought to the sick persons for the healing of souls. The Hospital’s Bible Women and Evangelists were the instruments of leading many people to Christ.

\textsuperscript{65} Ibid, P. 31.
\textsuperscript{66} Ibid, p.p. 66 – 68.
In the first 25 years, the Hospital served 25,531 in-patients, and 86,296 Dispensary patients, and 9,677 private patients. Of the in-patients, one fourth was Christians, 19% Brahmins, 34% Sudras, and the rest were from the other castes and outcastes. Dr. Kugler never made an apology for telling about Christ, even though the majority had to go to the Mangalagiri Temple to be purified after their visit or stay in the hospital.\(^{68}\)

Anna Kugler writing in 1920 of her work speaks of the deep discouragement with which the year began. Dr. Kugler herself had a complete physical collapse in June.\(^{69}\) Dr. Eleanor Wolf and Miss Hoffman were gone on Furlough and the bulk of the work was fallen upon Dr. Paru, a lovely Indian Christian from Malabar who gave a total of twelve years of service with Kugler (1911-1924). Dr. Kugler recovered sufficiently to carry on till 1927, before she returned to America. She returned at the age of retirement and her health was such that she was not expected to return. However, her heart being in India, in 1928 she was given permission to return to her beloved work and her death in July 1930 at the age of 71 ended a great carrier of service, for 47 years in all.

Recruits for the work did not fail. Miss M.K Blair and Miss. B E. De Remer came in 1920. From 1922-24, Dr. Irene Smedley and Dr. Mary Fleming gave short periods of service. Miss Lottie Martin in 1923 and Miss. R. Brummer in 1924 joined the Nursing staff. Dr. Arline Beal (Plate:II.B) arrived in 1925 and served as an Assistant to Dr. Kugler for a while and was in-Charge from 1927-29

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\(^{69}\) A. S. Kugler, op. cit., pp 53-56.
and 1932-37. In 1928, Dr. Nellie Cassel arrived and served till 1943\textsuperscript{70} and she was in-Charge of the Hospital after the death of Dr. Kugler. Indian assistants of L.M.P. grade were also on the staff notably Dr. Danamma Joshua 1922-35. Dr. Gladys Morgan (Plate:II.D) arrived in May 1935 and was in -Charge from 1937-39. Additional missionary nurses who have served at Kugler were Miss. Verna Lofgren, Miss. Nan Lidhal, Miss T. Neudoerffer and Miss. Sarain Snyder. Dr. B E De Remer (Plate:II.C) was the physician in-Charge since 1940\textsuperscript{71}.

The Hospital was expanded into a General Hospital by the construction of a small ward for the male patients\textsuperscript{72}, And Dr. K. K. Titus was the first male Physician attached to the staff from 1937-42. As a rule there were atleast three Indian Women Doctors on the staff. An X-Ray plant was installed in 1933 and a ward for T.B. Patients was also added. The main building was extensively repaired from the Kugler – Woerner Memorial fund. The Medical HOME was remodeled and a fine residence for the Indian women doctors was built in 1942 and a Chatram of 3 lines for Christian Patients was built in 1936. The regular weekly dispensary visits to Tenali were continued and funds were on hand for the extension of the Nurses Home\textsuperscript{73}.

The history of Kugler Hospital would be incomplete of a mention of several doctors who worked in the hospital and among which a Indian woman doctor by name P. Paru L.M.P. of Cannanore is not made Dr. Paru came to Guntur

\textsuperscript{70} Ibid, p. 39.
\textsuperscript{71} Ibid., p. 36.
\textsuperscript{72} Ibid., p. 72.
\textsuperscript{73} Ibid., p. 64.
from the Madras Medical School in 1910. During her association with Dr. Kugler she converted into Christianity and ever remained an earnest Christian. As a surgeon and obstetrician she made a mark. After twelve years of faithful service, she left for Cannanore at the desire of her parents to serve her own people in her home town. Dr. Kugler herself wrote in 1923 that “the Guntur Hospital owes so much, for but for her devotion and faithful service the work at that time could not have gone on”. Another Indian woman Doctor wrote the mention in the life and work of Dr. Kugler was Dr. Davamina Joshua, a member of the First Class of students (1922) of the Vellore School of Medicine. She was the First Telugu Lutheran doctor who joined the staff.

Recognising the total medical services of Dr. Kugler among all castes and classes, the Viceroy of India awarded her the silver ‘Kaizer-I-Hind” medal (Plate:X.A) in 1905. Later the Indian Government again honoured her by adding a bar to the medal as an additional award. In a couple of decades the name and work of Dr. Kuglar became known throughout the country. Patients from all parts of Andhra and even as far as Madras came to be treated by Dr. Kugler. Other Medical missionaries in the country visited Guntur to study Dr. Kugler’s exemplary work was no other than Dr. ida Scudder, a famous medical missionary of Vellore who started “Union Medical Mission School for Women” in 1918 at Vellore. Some of the lady doctors who came out of the Medical School served the

74 Ibid, P. 8.
Kugler Hospital. Rarely there is an institution anywhere else like ‘Kugler Hospital’ which has received support from different nationalities, races, castes and creeds. The Americans, the English, the Dutch, the Swedish, the Hindus, the Parsees, the Muslims and the Christians have a share in different ways in the origin and growth of the Premier Mission Hospital for women in South India.

Sri Manthripragada Rajah Bhujanga Rao Bahudur popularly known as Jamindar of Eluru was a Sanskrit scholar and a Telugu poet and a devout worshipper of Shiva. He was greatly impressed with the personality and self-sacrifice of Dr. Kugler when he has witnessed his wife Rani Chunamma was on the death bed, Kuglar restored her health and since then his family often came to the treatment to the hospital. He also named his youngest daughter was Annamma in honour of Kuglar. After the acquaintance with the hospital, his family regularly prayed every morning and evening in the name of Lord Jesus, and meditate on some passage or other. His family did not convert to Christianity in strict sense of the term, they did not feel ashamed if the people called them Christians and mock at them. He also translated the new testament into chaste Telugu verse thereby added to the rich lore of Telugu language and Christian literature. He also constructed a Chowltry (Inn) near hospital in 1905 for 13 families for providing lodging facilities to the attendants of patients taking treatment in the hospital. And again finding the accommodation was inadequate, he extended it in 1913-14 for 27 families and named it after the name of his wife Rani Chinnamma, who was

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77 Margaret, R. Seebach, Indian Goddess, the story of Anna S. Kuglar, Student Volunteer Movement, New York, P. 5.
78 Ibid.
treated by Dr. Kugler as daughter during her serious sickness\textsuperscript{79}. The land on which the Chowltry (Inn) built was a gift from Mallalavari Family\textsuperscript{80} - a reputed Kamma Family of Rayapudy Village. To meet the maintenance expenses of the Inn, Rajah Bhujanga Rao Bahadur donated a building at Vijayawada so as to appropriate rents.

Observing Dr. Kugler’s sincerity dedication and Christian way of life Sri Challapalli Jangaiah the headman of Revendrapadu village became a Christian and remained faithful till his death\textsuperscript{81}. Due to his influence several kammas of the village became Christians during that period. As Rani Chinnamma Satram has been used only by Hindu patients, Sri Jangaiah felt the need for an Inn for the use of Christians and hence he raised funds and got a chowltry constructed for 12 families just opposite the Hospital. With his own funds he also constructed a portion of a block for the installation of X-Ray plant\textsuperscript{82}. Mr. Kota Lakshmaiah Naidu, a tobacco business magnet of Guntur out of gratitude for his wife’s life, K. Savitramma donated a bed at an annual cost of Rs.150/- for several years\textsuperscript{83}.

Since the introduction of Donation Day\textsuperscript{84} which was a unique feature for hospitals in India, a sum of Rs.15,000/- was collected. This amount included subscriptions on. Other special days both from rich and poor. This include

\textsuperscript{79} Kola Isaiah, Builders behind, in \textit{Kuglar Hospital, Centenary Celebrations, Nov. 27-29, 1983, Souvenir, Guntur, 1983.}
\textsuperscript{80} Ibid.
\textsuperscript{81} Ibid.
\textsuperscript{82} Ibid.
\textsuperscript{83} Ibid.
\textsuperscript{84} Ibid.
Rs.500/- from a rich English lady from Guntur, the wife of a rich railway contractor and Mrs. J. Samuel, R.P.Gill etc.

The list of donors of America was endless. To name some, Mrs. Jeremiah Zimmerman’s contribution for construction of Zimmerman Memorial Chapel\(^85\), the widow painting in the sanctum sanctorum representing Christ healing the sick, and the money to build a passage connecting the chapel with the hospital deserving worth mentioning.

Mrs. Mary C. Hencken of New York donated money in 1910 for the construction of ward for the children which was named as Hugh Hencken ward for children. In 1910 the Maryland synodical society contributed money for the construction of attractive Home for Nurses. The Women’s convention at York, penna, contributed Rs.25,000/- for the maternity and Surgical Block.

The total cost for the upkeep of the Hospital during the first twenty five years was Rs.4,77,073 ($ 1,59,024); of this amount Rs.2,67,858 ($ 89,000) were local receipts and Rs.209,858 ($ 69,000) were from the mission funds and friends from America. In this Sum, the money spent on the construction costs of the building is not included. Though the drive to collect funds locally was stopped by 1912, the American Lutheran Church never ceased to extend its helping hand whenever need arose.

The medical people, who served the hospital during the time of Dr. Kugler and after include Dr. Mary Baer, Dr. Elsia Reed Mitchell, Dr. P. paru,

\(^85\) *The Foreign Missionary*, 1932, p. 22.
Dr. Ch. Danamma, Dr. Elennor B. Wolf, Steward (daughter of Dr. Wolf), Dr. Mary Fleming, Dr. Mary W. Griscom, Dr. Anline Beal, Dr. De Rumer, Dr. Titus, Dr. Danamma Lazarus, Dr. V. Samrajyam, Dr. K. Kanthaiah, Dr. Paul F. Durkee, Dr. Elizabeth Oman, Dr. K. Rajaratnam, Dr. David Ratnam, Dr. David Chigurupati, Dr. K. Ananda Rao, Dr. Ivy Arthur, Dr. T.M. Hilda, Dr. Sarala Elisha as doctors where as messors Katherine Fah’s, Miss L.L. Martin, Miss Helma Levine, Miss T.K. Neudoerffer, Miss. Alice Zacharaiah, Miss Soubhagyam, Miss Alice Mary and Mrs. N. Shanti Devi as Nursing Superintendents.

The Kugler hospital has celebrated its centenary in 1983. At this time it has 150 beds and the medical services of the hospital include General Medicine, General Surgery, Orthopaedic Surgery, Gynecology & Obstetrics, pediatrics, Ophthalmology, Denistry, physiotherapy, community Health & Family Welfare, and Artificial Limb center etc. under keen care of Dr. Sarala Elisha the Medical Superintendent. After Dr. Sarala Elisha, as its Superintendent the hospital gradually lost its glitter for several reasons such as (1) the heavy compilation from private practitioners in the city (2) the rise of super speciality hospitals every where (3) the free medicine given in the Government general hospitals and PHC’s (4) the rise in the expenditure and other aspects connected with the administration of hospitals affairs etc. So by the end of 20th Century, the Kugler Hospital which has glorious past has lost its credibility and virtually closed down.

Statistics for the Year 1982

| Inpatients | 4,917 |
Out patients - 39,974
Deliveries - 939
General operations conducted – 1447
Eye operations - 1108
Lab Tests conducted – 67,865
X-Rays - 2905

**B.2. Woerner Hospital, Rajahmundry:**

Lydia Woerner, (Plate:I,D) Daughter of Rev. Guttlob F. Woerner and his wife Frederica Neo Woerner was born on September 28, 1860 at Spring Station, Texas where her father at that time was serving as a Pastor of a congregation. Later he moved to Roxborough near Philadelphia, Pennsylvania where Lydia Woerner received her education and studied medicine at the Women’s Medical College in Philadelphia in 1899. She was called and commissioned by the Board of Foreign Missions of General Council and supported by the women’s Missionary society and reached Rajahmundry, India on 6\textsuperscript{th} Dec., 1899\textsuperscript{86}.

Lydia Woerner arrived in India in the year when Dr. Kugler opened her great hospital in Guntur in 1899. But since 1883, Dr. Kugler was already working for this goal in India. Great and good things move slowly, particularly, so in India. If Dr. Lydia had her way, the Rajahmundry Hospital would have been there in 1901 itself, but it was not before 1902, that she was able to start her dispensary and that the much desired hospital was finally accomplished and

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\textsuperscript{86} The Foreign Missionary, September, 1930, Vol. L(9), P. 2.
opened in 1911\textsuperscript{87}. Hardly had she begun his work in the new Building when she contracted in the operation room a serious infection and became dangerously ill in 1912 which obliged her to go to USA not return to India after that.

Her arrival to Rajahmundry came to pass at an unfortunate time and period of the history of the Lutheran Mission. Miss. A. Schade a very efficient Girls School Superintend of Rajahmundry was forced to take her furlough and there was no one to take her place during the year 1901. It is to be known that there was nothing that Dr. Woerner was not always ready to tackle whole heartedly when help was needed. Dr. Edman returned the preceding year and it was with his help that she succeeded and Dr. Woerner took charge of the school and did her best for its growth. During this busy year of 1901 she served a site and house in Hallketts garden outside of Rajahmundry, a place which was to be a future home for women doctors and close to the present hospital.\textsuperscript{88}

In the following year of 1902 Lydia Woerner was enabled to start and open her Dispensary in a rented house located two miles away from the medical home in the center of the town was no doubt ideal, but it was a comparatively small and insignificant building and yet it was here that Lydia did her real God-appointed work, where she could established and developed her efficiency and fame. A Record says that in the year 1904, nine thousands patients were treated through her hands. She was much beloved by the people. The patients had placed confidence in her and yet it was uphill task at the first. The first year the hospital

\textsuperscript{87} Ibid, P.P. 2 – 3.
\textsuperscript{88} Ibid.
was open, it had 738 in-patients\textsuperscript{89}. Dr. Lydia Woener was always cheerful and kind hearted, never ceasing in readiness and prompt to help. She always followed the principle, ‘the first come, first served’ and as such, she did not give priority even to the wives of English Officers and Judges.

In April 1903, the Issacrons and Dr. Edman left India, the later not to return. Before the year came to a close the Mission succeeded with a bargain and purchased eight acres of additional ground a Hallketts garden in front of the Medical Home. On April 4, 1906, Dr. Woerner left for America and during her stay there she made an extraordinary and successful effort on behalf of her hospital in her home country to raise funds and came back with funds for the construction of the Hospital\textsuperscript{90}.

In 1905, Dr. Julia van Der Veer, and in 1908 Dr. Amy Rohrer and Dr. Betty A. Nilsson (Plate:II,A) came as Doctors. They acquired good name for themselves as well as to the dispensary through their services. The Mission acquired a site in January 1910, to construct a hospital, the same as the present site of the Mission Hospital which was formally opened and dedicated in July 1911. The cost of the hospital construction is $ 27,200; cost of the site $ 4,500; furniture, $ 2,284 and the grand total as $ 34,084. All the amount spent on the construction and infrastructure was paid by different Lutheran Missionary Organisations of USA. In 1915, Miss Anna Roher, Miss Christina Erikson and Miss Hilma Levine came to Rajahmundry as Missionary nurses. Miss Anna Roher was remembered

\textsuperscript{89} The Annual Report of the Foreign Missions of the United Lutheran Church in America for the year 1934, Baltimore, p. 16.
as the founder of the Nurses’ Training School in 1918, which was opened on the premises of the hospital and was recognized by the Government of Madras and by all the Mission Hospitals.\footnote{Ibid, p. 281.}

In 1920, Dr. Betty A. Nilsson was Physician in-Charge of the Hospital. Dr. Nilsson reported that there were 1,299 inpatients that year, the average being forty patients per day.\footnote{Lutheran Woman’s Society, Nov., 1924, p. 61.} Dr. Reese Wilkins arrived in 1921 (resigned 1923) with nurses Steigerwalt (Mrs. Irschick), Meissner and Whitteker. Miss Lofgren arrived in October 1923 to begin a lifetime of service. In January 1927, the Von Gerber Chapel- Gloria Dei- was dedicated.\footnote{The Foreign Missionary, Oct., 1923, p. 16.} This beautiful chapel is in daily use and a source of great spiritual power. Dr. Grace Moyer who was associated with Dr. Nilsson was moved to Augustana Hospital, Bhimavaram. Dr. Moyer’s unfortunate illness compelled her early return to America, and therefore, Dr. Nilsson returned to Rajahmundry, for the period 1938-40.

Rajahmundry Hospital (Plate:VI,C) along with other Lutheran hospitals was made a general hospital in 1939 by admitting male patients also.\footnote{Lutheran Woman’s Society, June, 1939, p. 61.} Dr. V.E. Zigler was appointed Physician in-Charge in1940, to become the first male Physician to head one of the former purely women’s hospitals. During his two terms here, Dr. Zigler won his way to the affection of both Hindus and Christians in this area. Dr. Nilsson served gain in 1947-48 during which time Dr. Zigler went on furlough. In 1948, she completed forty years of missionary service, and most of it in this hospital and suitable celebrations were held in her
honour. Rajahmundry hospital stands very much as a monument to her life-time devotion and sacrificial service\textsuperscript{95}. Since her retirement she continued to serve in various hospitals, wherever her services were required, until her return to the United states in 1950.

Assistant doctors who gave excellent services were, Dr. Jessie Muthiah, 1924-36; Dr. W. Wilson, 1936-39; Dr. I. M. Samuel, 1935-50; Dr. M. J. Simon, 1939-47; Dr. C.S. Sivaswami 1947-48; Dr. Grace Visrantham, 1944-1950; Dr. A. Sylvester Burger, 1948-60; Dr. Doris Isaacs 1950; and Dr. Victoria Vedamani 1951.

Plans for the greatly needed improvements and new buildings were made in 1940, but were held up due to world war conditions. After the war came to close construction work again resumed. Two wings were added to the main building in 1946 and an assistant doctor’s house was built in 1949. The Medical Superintendent’s Bungalow was remodeled in 1950, along with the renovation work of the Indian Doctors’ quarters. As well as Nurses line and servants’ quarters was carried out. A spacious nurses Home costing around Rs.1,20,000 was also constructed and the Men’s ward was also improved with an extension by a second story. A bit of land opposite to the hospital was secured for a Satram site.

An X-Ray was installed in 1936 as well as an improved Laboratory with a trained technician in 1940. The Augustina women of USA has gifted an Ambulance to the hospital work in 1935\textsuperscript{96}. It was a Ford Station Wagon. It was used for road side dispensaries as far as Gonagudem, 18 miles north of

\textsuperscript{95} \textit{The Lutheran Mission Worker}, Philadelphia, 1950, p. 11.
\textsuperscript{96} \textit{The Lutheran Mission Worker}, 1940, p. 61.
Rajahmundry. The Ambulance has become a boon to the missionary hospital both for Medical treatments and evangelistic work where the Bible Women also traveled all along with the medical staff and imparted the Biblical activity to the natives upto Ankalagudem and Gonagudem areas\textsuperscript{97}.

**B.3. Baer Hospital, Chirala:**

**Early Life of Dr. Baer**

The Lutheran missionaries after their experiences at Kuglar Hospital, Guntur has came to the conclusion that medical work was a good means to reach the high caste woman in India to give them Gospel message. Accordingly the Lutheran mission of General Synod has decided to open second medical station for women and children at Chirala, and planned to send Dr. Mary Baer (Plate:I,C) as its first doctor from Kuglar Hospital\textsuperscript{98}.

Mary Baer was born on a farm near Canal Dover, Ohio on November 1, 1863, into the family of Philip and Sarah Welty Baer, faithful Lutheran Christians of German-Swiss ancestry\textsuperscript{99}.

Mary Baer was constantly influenced to seek higher education. While at College she answered the call of God to spend her life in overseas mission work. After teaching a year, she entered Woman’s Medical College, Philadelphia, where she received her M.D., in 1894 and served one year as interne in the

\textsuperscript{97} Ibid.
\textsuperscript{98} Lutheran Woman’s work, January, 1914.
\textsuperscript{99} Margaret E. Coleman, *The Church is planted*, The Division of World Mission and Ecumenism, NewYork., 1987, p. 28.
Women’s Hospital. Dr. Baer enjoyed surgery saying that she would rather operate than to eat her meals\textsuperscript{100}.

In the last decade of 19\textsuperscript{th} century formal commissioning of missionaries was unknown, but with the blessing of the pastors, the Rev. S.S. Kauffman and Rev. L.S. Keyser, Dr. Mary Baer left form Philadelphia harbor to sail for India in a small steamer on October 19, 1895 and reached Guntur, on December, 15, 1895\textsuperscript{101}. Dr. Baer after her arrival assisted Dr. Anna S. Kugler for 13 years. The medical work in those days was viewed as a good means to reach people of different faiths and castes in India and to offer them the Gospel message. Accordingly, the Indian Conference wanted to start a second medical station for women and children at Chirala which is 40 miles south of Guntur.

In 1909 Dr. Mary Baer was appointed to Chirala to build a new medical center. At first, Chirala seemed like living in a desert. There was nothing but pure sandy soil, near the Bay of Bengal. Moreover, in that vicinity once a community of thieves lived. There the medical work was developed in two thatched sheds, (Plate:VII.A) for three years, and that too with very little equipment.

These sheds were used for handling the great crowds of both out-patients and in-patients as well as treatment room. Although these sheds were not beautiful, many lives were saved in them. The sheds also served as a good

\textsuperscript{100} “Mary Baer, M.D., \textit{How Her dreams were Realised}” – A true story about a very determined little girl, believed to be written by her sister, Emma Baer, Date & Place unknown, P.P. 1 – 2. 
\textsuperscript{101} Ibid.
opportunity to the local people to know about the principles of sanitation also. For every two days the floor of the sheds made of sand was removed and a fresh layer of sand was spread to keep the floor clean and tidy. All categories of people mainly women attended the hospital in large numbers including the upper caste people and Paradha Muslims. During the 11 months preceding the closing of the work in sheds, 4,280 out patients and 205 in-patients were treated. Many operations were performed, much suffering relieved and the Gospel was presented to all.

In 1912 the English Government granted thirty acres of land to the hospital. But there was no approach road to it from the highway. A wealthy merchant Utukuru Ramaiah who owned seven acres of land which lay in between the highway and the hospital site refused to sell it in the beginning. But when he became severely ill, by the grace of God and Dr. Baer’s untiring faithfulness and efforts, in a terribly hot season, the time during which the missionaries take refuse in Nilgiri hill-stations for rest, Dr. Baer stayed back to give treatment. As a result the patient fully recovered, and out of gratitude he donated the seven acres to the Hospital. As a result, a fine and winding road was built to reach the Hospital site from Chirala and Janarapeta Road. But soon afterwards, in a very difficult forceps case, Baer was afflicted with an infected hand, and after several surgeries and painful treatment, she became invalid and left for home land (USA) for further treatment and surgery. She claimed that she died a thousand deaths with

102 Mary Baer, Beginning of Medical Work in Chirala – 1909-192, Treatments and Surgeries in Shed – 1912.
103 Lutheran Women’s Work, 1914, p. 87.
104 Mary Baer, M.D., How Her dreams were Realised, op.cit., P. 3.
that hand. But she was thankful to God as it was her left hand which did not incapacitated her for doing surgery. She was also thankful that many large gifts of money were made to the new Hospital by her friends who heard about her hand\textsuperscript{105}.

In 1914, just before the First World War was started, Dr. Mary again reached India. She again conducted daily clinics in the sheds, but at the same time put up some small buildings and foundation for the Hospital. (Plate:VII,B) The East Pennsylvania Ladies provided US$ 10,000-00 to build the Hospital for in-patients and a nursery for the orphans and low caste children. A bungalow for the use of the Missionary in charge and the Doctor was built by the New York Ladies and a home for the Bible Women and native nurses by the East Ohio Ladies\textsuperscript{106}. All the buildings were built of stone to provide protection against the white ants.

As the Hospital provided accommodation only for the in-patients, the Ladies of Maryland Synod provided funds to build Dispensary for the great crowds of out-patients of nearly 75 to 150 who used to throng the doors of the dispensary daily\textsuperscript{107}. The dispensary erected a large waiting room for the patients, where the Bible Women were at work all the afternoons and presented Gospel to the waiting patients and their relatives through singing of hymns, reading passages from the Bible, explaining and presenting the tenets of Christianity\textsuperscript{108}. Verandas on either sides of the building were constructed of which the back side veranda was used to handle infectious cases.

\textsuperscript{105} Ibid.
\textsuperscript{106} Lutheran Women’s Work, op.cit., p. 87.
\textsuperscript{107} Ibid.
For many years, Dr. Baer worked with only one Compounder, one registered Indian nurse, and with nurse’s aides. Training in nursing was not popular in those days and only in 1925 an American nurse Miss Rose Brummer joined the staff, and as soon afterwards, she opened a Nurses’ Training School for Telugu students. By then the Hospital added a ward and afterwards more beds were installed for the many in-patients who were taken care of by student nurses.\(^{109}\)

From early childhood Mary Baer loved plants and flowers. And therefore, every year she used to bring the flowering plants and trees from the Horticultural Gardens of Madras to beautify the hospital compound. And during the years was transformed as a garden of beauty. Gardening was not only one of her hobbies, but also a recreation.\(^{110}\)

For Dr. Baer, ministering to the people came first, both to their bodies and souls and hence she opened a Girls’ Boarding school in 1918\(^ {111}\) with 40 pupils. There was neither a hostel nor a dormitory, and as a consequence, the forty girls slept in two rows on mats spread on the stone floor of the nursery veranda, just outside the doors of the Doctors’ Room which she shared with her Bible woman.

Dr. Baer’s other hobby was rearing the orphan babies of hospital, most of them unwanted and destitute. She lived in the same building with them about

\(^{110}\) Ibid, P. 99.
\(^{111}\) *The Foreign Missionary*, op.cit., P. 62.
ten years, until the Medical Bungalow was constructed. She loved them and raised them according to their native customs. Dr. Baer used to say that her children filled her heart and emptied her pocketbook. During her forty-seven years in India, she cared for forty seven children. One of her best investments in adopted children was John, a little boy of outcaste origin, who was given into the care of Dr. Baer. He was an obedient lad and an apt student who after passing the Matriculation Examination became the Headmaster of Chirala Boys’ Boarding School, and the Organist of the Church. Several other children of the Orphanage became teachers, two chauffeurs and one Laboratory Technician. Neela, a teacher, became the wife of Pastor B. Moses, and Katherine the wife of K. Isaac, the Deputy Inspector of Schools. The youngest son, David Livingstone, who set his goal for medical service, after studying M.B.B.S at the Government Medical College in Madras, was employed in the Tuberculosis Sanatorium near Rajahmundry. The youngest girl of the Nursery, Sarah Welty, became the adopted daughter of Dr. Mary’s sister.

Dr. Baer was kind to widows as well as to orphans. Widows were without any protection in villages of India. If a village teacher died his widow would find a refuge and work on the Hospital compound, as a ward ayah, or a teacher or a Bible woman.

She also spent one of her summer season vacation in Calcutta, studying to qualify herself to examine eyes for glasses, after which she fitted glasses to

\[\text{\footnotesize \textsuperscript{112} Lutheran Women’s Work, Oct., 1932, P.P. 44 – 45.}\]
many poor Christians free of charge\textsuperscript{113}. Years later, having reached the age of retirement, she left her beloved Chirala and from 1935 onwards, resided with her sister who was transferred to Rentachintala. Only two weeks as a patient in Kugler Hospital where she first began her medical work, she breathed her last on 11\textsuperscript{th} July, 1942, and was mourned by hosts of friends, Christians, Hindus and Muslims and was buried in Guntur\textsuperscript{114}.

Dr. Mary Baer has given her entire time, energy and skill to the medical work at Chirala for women and children since 1909, she deserver the title “Pioneer Medical Missionary”. Dr. Baer declared that “I loved the place even though in the hot season it was simply awful”. Several in-patients and out-patients were treated here. Think of what that means an opportunity for “the cure of sin-sick souls”\textsuperscript{115}.

After Dr. Baer, Dr. R.N. Matthew, 1945-46; Dr. S.J. Gross, 1946-48; Dr. J. Ramarao, 1948-50 and Dr. I.N.Joseph (Plate:III,D) rendered their services at the Hospital. During their stewardship the reputation of the hospital has grown to new heights and continued the spirit for which it was started.

A large hospital development plan was carried out by Dr. J.C. Finefrock as the Mission Builder. A fine dispensary was completed in 1946, and hospital extension in 1949. Baer hospital grew to be the largest hospital in Chirala and a number of patients attended and administered to. The local community gave

\textsuperscript{113} Ibid, Mar, 1929, p. 39.  
\textsuperscript{114} Margarett E. Coleman, op.cit., p. 28.  
considerable support to the hospital, the dispensary being the gift of a local Hindu friend.

**B.4. Mission Hospital, Rentachintala:**

Rentachintala is located in the Palnadu taluq of Guntur District where Fr. Heyer started the medical ministry of Lutheran Church for the first time\(^\text{116}\). But it was Dr. R.M. Dunkelberger that actually laid the foundations for organized medical work in the Palnad\(^\text{117}\). Soon after taking charge of the district work in Palnad in 1914, Dr. Dunkelberger arranged with the doctor at Gurazala, Dr. Krishnasagram to pay weekly visits to Rentachintala and look after the sick people in the compound on a payment of Rs.25/- per month. This arrangement did not give fruitful results and hence in the year 1916 he planned to appoint a full time doctor.

Thus in 1916, Dr. Jabaratnam Pillay, a retired sub-assistant surgeon was appointed as a full time doctor by the mission at Rentachintala. Mr. N. Narasaiah was arranged as the first compounder to assist Dr. Jabaratnam Pillay. The first hospital unit known as Hencken Maternity ward was built in 1916\(^\text{118}\) (Plate:VII,A) in memory of Heneken of Pennsylvania. In the very next year Dr. Dunkelberger built a wall around the hospital establishment and separated it from

\(^{118}\) Ibid, p. 137
the other establishment of mission compound. A month after working in the new building Dr. Jebaratnam Pillay left the mission in 1917 on health reasons\textsuperscript{119}.

The later part of the year 1917 was memorable in the medical work in Palnad as Dr. Pfitsch, a graduate from John Hopkins university arrived to Rentachintala hospital along with his wife\textsuperscript{120}. Mr. I.Jubilee served Dr. Pfitsch as compounder and interpreter while Dr. K. Sundaram and Dr. Geoffrey as assistants to Dr. Pfitsch under whose help the medical work flourished at Rentachintala. An out patient dispensary at Durgi, 16 miles away from Rentachintala was opened and Dr. Sundaram was asked to look after it and Dr. Geoffrey as an assistant in Rentachintala. Dr. Pfitsch worked in Rentachintala Hospital upto 1924 after completing one term left for America\textsuperscript{121}.

Miss Elizabeth Szember was the first American nurse, from 1921-25. She opened a Training School for both male and female nurses in 1922. But since the hospital was too small to receive recognition as a Training Center, this was discontinued. Since then the necessary nursing was done by graduate nurses, both men and women\textsuperscript{122}.

Dr. Dvaid Athisayam was in-Charge from 1924 to 1929 and continued as Assistant doctor till 1939. The main hospital building was begun in 1924, and

\textsuperscript{119} Ibid.
\textsuperscript{120} Ibid, P. 138.
\textsuperscript{121} Dolbeer (Sr), op.cit., p. 128.
\textsuperscript{122} Ibid.
completed the following year. It was erected by Dr. and Mrs. J.E. Miller of Philadelphia, in honour of Dr. Miller’s parents\(^\text{123}\).

In 1929, Dr. & Mrs. V.E. Ziegler (Plate:III,B) arrived to give the greater part of two terms of service to Rentachintala Hospital, that is, from 1930-35 and 1937-40. Dr. Ziegler developed medical service in the nearby villages and the people all over the Palnad and from Nizam dominians beyond the Krishna river flocked to Rentachintala and had the satisfaction of having the attention of an able “white doctor” and careful nursing as well. The local panchayat Board was good enough to give a liberal contribution every year as a mark of appreciation of the services of the hospital for the people of the village\(^\text{124}\). Not only the medical work, Dr. Zigler also collected the Gift of “ULC Epiphany” fund for construction works while he was at USA during his furlough.

In July 1935 Dr. Ziglar opened two new dispensaries in connection with the hospital work at Adigopala and Oppicherla\(^\text{125}\) and used to visit them on every Tuesday and gave medical treatments to nearly 2000 new cases in that year. The medical work at Rentachintala and also at dispensaries by Dr. Ziglar and his team has brought changing attitude of caste hindus towards missionary activities. During the Cholera epidemid spread in 1934 in palnad region, the hospital staff inoculated anti cholera vaccine to nearly 3000 people\(^\text{126}\). He also gave valuable service to the Boys Boarding Schools of the Guntur side as well. He also served

\(^{123}\text{Ibid.}\)
\(^{124}\text{Swaveley, One Hundred years, op.cit., p. 278.}\)
\(^{125}\text{The Annual Report of the Foreign Missions of the United Lutheran Church in America for the year 1935, P.P. 32 – 33.}\)
\(^{126}\text{Ibid for the year 1934, p. 27.}\)
as the advisory Physician to the Chirala Hospital for some years. During the absence of Dr. Zigler while on furlough between 1935-1937, Dr. David Athisayam faithfully carried the responsibilities of the medical officer with the help of dedicated group of nurses and compounders to the hospital. Dr. Ch. S. John was in-Charge from 1940-42 and since then Dr. J. Ramarao and Dr. I.N. Joseph served in this Hospital.

Missionary Nursing Superintendents also served as Business Managers of the Hospital and were Miss Szember, who was already mentioned earlier, Miss Viele, from 1925-26; Miss Blair from 1927-30 and 43-47; Miss Martin, 1935-37,38-39 and 41-42; and Miss Brosius 1947-50.

The Epiphany Appeal Fund for 1937 was assigned to the Rentachintala Hospital and with that amount the Administration Block was built and opened in October 1940. Dr. Moll, Secretary of the Board was present for the dedication. This building contains an Operation Theatre, Pharmacy and Office Rooms. Dr. Finefrock was the builder. In 1941, a Dispensary Building, a Nurse’s Home and a Tuberculosis Ward were erected. In 1949 while a lovely Chapel with Palnadu marble was built through the efforts of Miss A. Brosius, Electric power and lighting were installed, and an X-Ray Plant was also added. In 1950, the staff comprised of one Indian doctor, one American Nurse, six Indian men and eleven Indian women staff nurses, two male compounders and technicians, and thirteen men and thirteen women as ‘other’ employees.

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127 Dolbeer, M.L. (Sr) op.cit., p. 228.  
128 Ibid.  
129 Ibid, P. 131.
B.5. Andrew Kleiding Dispensary, Ankalagudem:

Latest development in medical service started with a small hospital on the edge of Polavaram Agency area. Dispensary work in this section was carried on for years by Missionasry R. Cole at Vegeswarapuram and Koyyalagudem\textsuperscript{130}. In 1948, a small but substantial building was erected on the Church’s Higher Elementary School site at Ankalagudem. This was a gift of Mr. and Mrs. Andrew-Kleiding of Milwaukee. The Kleidings were present in person for the dedication of the Hospital in February 1949 and Dr. K. S. Hirams was first assigned to work there since November 1949 and Mr. Cole continued as a compounder. As the need in this area was great and this work grew from strength to strength in due coarse\textsuperscript{131}.

B.6. Augustana Hospital, Bhimavaram:

Bhimavaram is a flourishing town in the West Godavari District of Andhra Pradesh. It also acquired important center for the growth of Lutheran Church by the dedicated activities of Lutheran missionaries from America. In those days, there was no medical facilities in Bhimavaram and its surroundings and hence when Mrs. Evlad of American Lutheran mission was in India in 1928, the local Christians and hindus requested her to construct a medical home for them at Bhimavaram.

\textsuperscript{130} Ibid, p. 128.
\textsuperscript{131} Ibid, P.P. 128 – 129.
Initially the medical work at Bhimavaram was started in 1929 in a thatched roof-sheds constructed for the purpose in school premises. The Indian doctor was given accommodation at one end of the thatched roof-shed and the other end was used as a dispensary. Dr. Betty Nelson was the moving spirit in the development of the hospital and for some years. She went to Bhimavaram once a week to attend the dispensary which she conducted in one of the High School rooms. In those days there were no proper transport facilities to Bhimavaram and hence the journey from every week by train as far as Tadepalligudem and then 30 miles by car to Bhimavaram every week and starting Rajahmundry, in the early morning and returning at midnight was in fact a very strenuous one. She used to bring with her the required medicines and instruments along with her. There were an average of 15 in patients and 30-40 out patients per day. The thatched sheds were used up to the cyclone of 1938 has damaged the sheds and a permanent stone building was to be constructed for hospital doctors nurses and compounders. Hence for the purpose, some land was purchased in Bhimavaram adjoining the Girls school compound with the sincere efforts of Miss Kron and Miss Brothwick.

The Women’s Missionary Society of the Augustana Synod graciously granted Rs. 45,000 for the construction of permanent buildings for the Hospital in 1932. As a result the permanent buildings were erected for the hospital (Plate: VII,C) and dedicated in 1934 and was given the name as Augustina.

132 Silver Jubilee of Augustina Hospital, 1929-1954, P. 2.
133 Ibid, P. 3.
134 Ibid.
Hospital. The hospital was originally intended that it should be used for women and children only, but the plea for Christian medical work among the men was so insistent that this service was also added. In ten years from 1931 to 1941 the income from India’s share of the receipts from the Boxes of Blessing has paid for all the buildings and equipment in the Augustina Hospital compound at Bhimavaram\textsuperscript{135}.

Dr. Mary Moses a Lutheran Christian has been incharge of the work for the greater part of the time except between 1935-1937 when Betty Nelson was kept incharge of Augustina Hospital. Dr. Mabal Samuel was the assistant to Dr. Nelson for one year. Again in 1937 Dr. Nelson was sent to Rajahmundry hospital to take its charge as Dr. Moyer (Plate: III,A) had to leave the hospital work on health grounds and Mary Moses once again sent to Bhimavaram. In 1936, the dispensary block was constructed and in 1938 Nurses quarters and in 1939 electrical plant was installed.

She remained there until 1935 until Dr. Nilsson took her place. Dr. Mary Moses then returned to the Rajahmundry Hospital. Miss Ada Kroon was the Nurse in-Charge until the spring of 1935 when she went on furlough. Miss Verna Lofgren was there for a short time and then Miss Levine until July 1937 when Maida Meissner came. On October 1937 when the doctor in-Charge in Rajahmundry left because of illness, Dr. Nilsson was called back there and Dr.

\textsuperscript{135} Augusta Highland (compiled) \textit{India, Programme for Congregational Life and Growth}, Board of Foreign Missions, Philadelphia, 1940, P.P. 26 – 27.
Mary Moses came again to take charge at Bhimavaram who worked there for several years\textsuperscript{136}.

The Christian spirit in the hospital was quickly caught by the patients. “Let me kiss those hands. Those are the hands that took care of me when I was an object of loathing even to myself”. Thus spoke a patient to a nurse. “I felt the presence of God all the time I was in the hospital” said a Christian patient. “Are you praying for that patient who just went in to be operated?” This was a question of a Brahmin lady to the doctor. “They say that the reason so many people are cured in this hospital because of the prayers done in the hospital” was the general opinion of the patients\textsuperscript{137}.


\textsuperscript{137} Augusta Highland, op.cit., p.p. 27 – 28.
AVERAGE STATISTICS OF AUGUSTINA HOSPITAL (1944-1954)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>2</td>
</tr>
<tr>
<td>Nurses</td>
<td>14</td>
</tr>
<tr>
<td>Compounders</td>
<td>2</td>
</tr>
<tr>
<td>Office Staff</td>
<td>2</td>
</tr>
<tr>
<td>Bible Women</td>
<td>2</td>
</tr>
<tr>
<td>Other workers</td>
<td>23</td>
</tr>
<tr>
<td>Out patients</td>
<td>40,460 per year</td>
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<tr>
<td>In patients</td>
<td>1,311</td>
</tr>
<tr>
<td>Maternity patients</td>
<td>554</td>
</tr>
<tr>
<td>Major operations</td>
<td>361</td>
</tr>
<tr>
<td>Minor operations</td>
<td>2,680</td>
</tr>
</tbody>
</table>

B.7. Mission Hospital, Tarlubadu:

A small hospital, popularly known as a ‘Miniature Hospital’ was started through the effort of Dr. J.C. Pinefrock while he was a Missionary in the Markapur and Cumbum field. Looking at the plight of the sick and suffering who did not have a dispensary run either by the Government or Private agencies in Markapur and Cumbum field, Dr. Pinefrock felt the necessity of establishing at least a small hospital. Hence while he was on furlough, to the United States, he raised funds in Ohio Synod for the construction of a small hospital unit at

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138 Silver Jubilee of Augustina Hospital, Bhimavaram, 1929-1954.
139 Swavely, C.H., One Hundred Years, op.cit., p. 284.
Tarlubadu. He brought with him the necessary funds in 1920 and built a Doctor’s House and a small Hospital building (Plate:VIII,B) with a ward accommodation for eight beds, and necessary office, and a dressing and drug room.

Dr. Ch. S. John (1922-25) was the first resident doctor at this hospital who brought wide reputation during his stay especially for surgeries. Patients from far off places such as from a distance of 20 or more miles used to visit the hospital to take the necessary treatment from the staff. But after John’s transfer to Nidadavolu hospital in 1925, the Hospital saw many up and downs. There were long periods without a Resident Doctor, but only a compounder and nurse working. At times, the Mission thought of closing down the hospital either due to the lack of funds or for lack of personnel. Further, the hospital was situated in an isolated part of the mission area and far from other medical centers. Hence the doctor was more or less cut off from professional associates. However, the Tarlupadu Mission Hospital was continued by the AEL Church with special care and concern as it was the only Medical Centre in the southern part of its fields.

Although there was no missionary nurse or doctor at the hospital, the hospital continued to treat the minor ailments and diseases with an arrangement to send the seriously sick patients either to the Kugler Hospital at Guntur or the Bear hospital at Chirala.

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140 Ibid.
141 The Foreign Missionary, December, 1939, p. 24.
Though the Hospital was housed in two small buildings, it was adequately planned. That is to say, that a house for the doctor, accommodation for eight beds with a necessary office, dressing and drug rooms, etc., and to accommodate the relatives and attendants of the patients a Satram (an inn) was also constructed with the funds provided by Finfrock family members which was known as ‘Finfrock Memorial’\textsuperscript{143}. In 1946 the hospital was enlarged with eleven beds and could be increased to six more without much crowding. In 1946 Dr. Jacob, another old man who retired from the service of S.P.G. Mission (Society for Propagation of Gospel) acted as the Resident Doctor. During his time, he did good evangelistic work and spread the message of God to the heathen with great enthusiasm and commitment. Dr. Jacob was also a good surgeon and brought fame and name to the hospital\textsuperscript{144}.

After Dr. Jacob left the hospital in 1948, the Medical Board of AEL Church tried to revive the work and appointed Dr. V. Danamma Lazarus as in-charge. But Dnamma’s sudden death in 1951 once again hampered the mission activities and for many years, the Hospital was without a Resident Doctor but run only with the help of a compounder and a nurse until such time Dr. Samson was appointed in the early part of 1960s. He was an able and efficient doctor who brought name and fame to the Hospital till he stayed in the hospital until the middle of 1980s\textsuperscript{145}.

\begin{flushright}
\textsuperscript{144} The Foreign Missionary, Dec., 1939, P.
\textsuperscript{145} My personal interview with Prof. B. Sunil Banu, the Moderator Bishop of AEL Church on 15-6-2010.
\end{flushright}
C. SUMMARY:

The Medical Work of The Andhra Evangelical Lutheran Church In 1950

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Hospitals</td>
<td>7</td>
</tr>
<tr>
<td>Tuberculosis Sanatoriums</td>
<td>1</td>
</tr>
<tr>
<td>Leprosy Assylum</td>
<td>1</td>
</tr>
<tr>
<td>Nurses Training Schools</td>
<td>3</td>
</tr>
<tr>
<td>American Doctors</td>
<td>2</td>
</tr>
<tr>
<td>Indian Doctors</td>
<td>16</td>
</tr>
<tr>
<td>American Nurses</td>
<td>8</td>
</tr>
<tr>
<td>Indian Staff Nurses</td>
<td>109</td>
</tr>
<tr>
<td>Student Nurses</td>
<td>28</td>
</tr>
<tr>
<td>Compounders and Technicians</td>
<td>28</td>
</tr>
<tr>
<td>Other Employees</td>
<td>243</td>
</tr>
<tr>
<td>Hospital Beds</td>
<td>786</td>
</tr>
<tr>
<td>Inpatients</td>
<td>13,385</td>
</tr>
<tr>
<td>Outpatients</td>
<td>54,869</td>
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<tr>
<td>Dispensary Treatment</td>
<td>2,04,445</td>
</tr>
<tr>
<td>Surgical Operations</td>
<td>14,535</td>
</tr>
<tr>
<td>Finances in Receipts</td>
<td>Rs. 5,67,233</td>
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<tr>
<td>Subsidy from the Church</td>
<td>Rs. 1,02,211</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>Rs. 6,69,444</td>
</tr>
</tbody>
</table>

D. MISSION HOSPITALS FOR CONTAGIOUS DISEASES IN COASTAL ANDHRA:

Besides the establishment of Mission Hospitals by different Denominations at a number of places in Andhradesa some of them also
encouraged their respective Churches to construct separate asylums/homes for treating the patients suffering with Leprosy and Tuberculosis. Even before the sources of the Government hospitals made available to treat these contagious diseases, the Mission Hospitals rendered valuable service to the people without any discrimination of caste, colour, creed, religion, etc.

D.1. Leprosy Hospitals/Asylums:

Of all the physical sufferings that besiege the humanity, the plight of the lepers is surely the worst. Shunned by follow men and his family members, he is regarded as a human waste. The disease which eats into the very bone and flesh mars and disfigures the unfortunate victim, making him a grotesque sight form which others turn away with aversion. The incidence of leprosy was high in the northern coastal districts of Andhra and more so among the depressed castes. Lack of hygiene, leading a life of ignorance and poverty were the primary causes of this much dreaded diseases among the people. The missionaries were seized of this problem too146.

D.1.1. Philadelphia Leper Home, Saluru (AELC):

A Leper Asylum came up at Saluru in 1906, with the help of the Schleswig Holstein Mission, where the spiritual services were rendered by AELC on their request. Ultimately, the Institution once managed by the former, was handed over to the latter and continued to be managed since then by the AELC147. However, today it is under the Management of The Leprosy Mission India Trust.

146 Ibid.
147 Annual report of the Foreign Missions of the United Lutheran Church in America, Baltimore, 1932, P. 53.
The financial assistance came from America and Mission to Helpers and the property to construct the homes and the equipment was donated by local bodies and government. Opened in 1906, it was called the Philadelphia Helper Home. (Plate:IX,B)

The Asylum with its spacious grounds and a poor landscape was transformed into a well-landscaped with large gardens under cultivation is being converted into delightful gardens by the inmates. The work was done by the inmates of the Home who also do all kinds of hand work needed in the upkeep of the Asylum. Besides, there were also facilities for handicrafts and by the sale of these articles, the Asylum received some income for its upkeep.\(^{148}\)

Besides the Mission to Lepers, the Government also made funds available for the maintenance of the hospital. Few small gifts from interested friends also were accounted for from time to time. The Government grant in 1950 was at the rate of Rs. 9/- per head, per month for the inmates, who were about 150 in number.\(^{149}\)

The Asylum gained reputation as one of the best Leprosy Asylums in south India through its introduction of several innovative programmes to give self-confidence and self-respect to the leprosy patients such as rope making, gardening, basket making, brick making, household duties, tailoring, weaving, carpentry, etc., with a view to train the lepers economically independent without depending on their own kith and kin who usually look at them with stigma.\(^{150}\)

\(^{148}\) Ibid, P.P. 54 – 55.
\(^{150}\) Ibid.
D.1.2. Visranthipuram Sanitarium (AELC):

Tuberculosis spread alarmingly in the first quarter of the Twentieth century, which prompted the American Lutheran Mission to take up some urgent steps in arresting its spread and to treat the affected patients. Patients who were hitherto sent to the Arogyavaram Sanitarium showed progress of recovery at a very fast pace. As a consequence, the local Christian community of Rajahmundry recognized that fact and came forward ‘to exhibit their love to God in a practical way in serving others by way of starting a sanitarium on the lines of the one mentioned above’. The idea of a Sanitarium for the care of Tubercular patients was first presented to the Church Council of the St. Paul’s congregation in October 1925 and the proposal was accepted unanimously as their project. In January 1926\textsuperscript{151}, the congregation meeting was attended by 123 members, who passed a unanimous resolution to devote the Harvest Festival offering, which was about to come in the next month for the raising of the sanitarium. The amount of offering in that year was Rs. 1,000 which was never more than Rs. 250/- in the previous years. With the first contribution of the Rs. 1,000/-, the work on the Sanitarium was begun\textsuperscript{152}.

G.T.H. Bracken, the District Collector of East Godavari granted twenty one acres of land, on which the construction of the Sanatorium was taken up. Besides, he used to make an annual contribution from his personal funds till he left the country. The Sanitarium was ready on May 1, 1926 and was officially

\textsuperscript{151} Swaveley, C.H., \textit{One Hundred Years}, op.cit., P. 239.
\textsuperscript{152} Ibid.
declared opened with two patients. Samuel John, who was in the Medical Service of the Church hospital, attended the Sanitarium, temporarily till a qualified physician in Tuberculosis treatment was secured from Arogyvaram. Initially, it was housed in a few thatched sheds without any equipment and with that name. Added to that, a severe cyclone in May 1930 swept away the temporary sheds. Thereupon the AELC began to build permanent buildings (Plate: VIII.C) for the Sanitarium, which started to register amazing progress, since then\textsuperscript{153}.

The Sanitarium was managed with the unreserved co-operation of the local people, of whom (late) Venkatchalam Pantulu deserves a special mention. He was coopted by the Board from the public, who took keen interest in its growth and progress. Gradually several general wards, a fair number of private wards, residences for Doctors and Nursing Superintendent were built. The capacity grew rapidly from ten beds in 1930, to eighty in 1940 and 170 in 1950\textsuperscript{154}.

In 1936, the control of the Sanitarium was transferred from St. Paul’s Church of the AELC, which began to manage by means of a Board consisting of twenty members. In 1937\textsuperscript{155}, the Selma Anderson Memorial Chapel was completed as an important appendage to the sanitarium. It was equipped in 1940, with the Nursing Superintendent’s Bungalow, which was a gift from the Women’s Missionary Societies of the ULCA.

\textsuperscript{153} Ibid, P. 240.
\textsuperscript{154} The Foreign Missionary, June, 1951, P.P. 19 – 23.
\textsuperscript{155} Swaveley, One Hundred Years, Op.cit., P. 238.
With the ending of World War II, building work was again resumed and work on a large number of wards. A grant of Rs. 72,000 by the Committee on Post-war Reconstruction of the Madras Government came as a great support in the construction work. It was used to erect a ward for ex-military patients and two staff quarters. In 1950 the construction work was begun on a two-storied Administrative Block and the surgical ward. They were planned at an estimate of Rs. 2,25,000 of which Government promised, one-half of the amount as grant\textsuperscript{156}.

Besides the fees collected for treatment, the Sanitarium received an annual maintenance grant from the Government and gifts form public. Several District Boards, Municipalities and many individual donors, mostly the patients, who were successfully treated in the Sanitarium made such gifts. Shortly, in the course of time, the Sanitarium acquired residential quarters for the Doctors, Superintendent and nurses, as well as the equipment needed in treating the patients. An annual subsidy from the national Church and various special building grants from the Church in America were continuously received.

Following are the details of Finances for the year 1950:

<table>
<thead>
<tr>
<th>Receipts</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees and Grants</td>
<td>Rs. 89,483</td>
</tr>
<tr>
<td>Donations</td>
<td>Rs. 24,109</td>
</tr>
<tr>
<td>Church Subsidy</td>
<td>Rs. 27,398</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Rs. 1,40,990</strong></td>
</tr>
</tbody>
</table>

\textsuperscript{156} Ibid.
The sanitarium consisted of a total of 57 buildings on the ground in the year 1950 with some thirty more planned for future development mainly as private wards.

E. THE RISE AND FALL OF LUTHERAN HOSPITALS

The Lutheran healing ministry is a gift of the Church to Andhra Society. One cannot deny the memorable services rendered by the missionaries in the medical ministry of the Church. Along with the missionaries, native Christian doctors as well as trained physicians from other Lutheran Faiths also offered great services to the diverse groups of Andhra people. As long as the missionaries were at the helm of the administrative affairs of the medical ministry, because of their impeccable style of leadership all the hospitals run by the church were patronized by the general public.

Most of the American Lutheran medical missionaries whether they were doctors or nurses or administrators, they remained unmarried throughout their life in order to concentrate their resources, sacrificial, tireless and dedicated services more to people without any encumbrances. The medical missionaries also gave much priority to learn native language in order to communicate with the sick and their attendants directly to understand their health problems, needs, requirements and aspirations. The skill, commitment and patience of the medical missionaries and the methods adopted by them to relieve the suffering and restoring health by providing equal treatment to all the sections of the society attracted many people to the Lutheran Hospitals. The presence of chapels in the mission compounds, the availability of Pastors, Catachists and Bible woman at the
disposal to offer counselling and prayers has provided greater solace to the patients at the time of their distress.

Besides that the continuous flow of funds from the Mission Boards, though the income from the local sources were meager, the Hospitals continued to function without any problems in terms of payment of salaries to the staff, purchase of medicines, medical equipment, maintenance of buildings, etc. In other words, one can say that the Lutheran missionaries owned the ministry and did not work like paid employees rather as the providers of health care to the people – a selfless and dedicated service to welfare of the people without seeking any fruit of their labour.

In spite of this commitment, there is slow and steady decline of the growth of the Church-run hospitals to the extent of their non-function and ultimate closure in the last quarter of 20th century. The reasons for this kind of unfortunate situation are several but a few important reasons may be mentioned here under.

First, many of the Lutheran missionaries adopted India as their home and preferred to spend their expertise and resourcefulness until their last breathe in India. However, first, with the policies of the successive Governments at the Centre in Independent India, Christian missionaries, in spite of their impeccable track record of dedicated service and contributions to both education and health sectors were forced to leave the country.
Second, with the leaving of the Missionaries, the A.E.L. Church run hospitals encountered there unanticipated developments – i.e. 1) because of certain policies of the Central Government, the flow of funds to the Church and Church-administered institutions from the Home Boards, was curtailed and as a consequence, the hospitals faced financial crunch and crises. 2) From the beginning of the medical ministry, the A.E.L. Church run its hospitals with a ‘service-motive’ – while medicines were given freely, other hospitalization charges were kept at a minimum. If at all any money is collected from patients, it is only token charges from those who can afford and all other Hospital costs of people from the poorer background were borne by the Hospital itself. Thus the A.E.L. Church-run hospital were never run on the principle of ‘no loss no gain’ but on the policy of ‘help the poor and the needy at the expense of the church’s resources’. 3) With such a view in mind, the AEL Church with its hospitals never wanted to became a commercial agency and it never even thought of meeting all the expenses to run the hospital from the exorbitant fee collected from the patients irrespective of their financial affordability. Hence the financial problem has become a big problem to the hospitals in coarse of time. Further, the patients who were used to free treatment or accustomed to pay the minimum or subsidized costs and were not willing to meet the demand of the hour of enhanced actual costs of the services provided.

Thirdly, As long as there was continuous and unending supply of trained medical missionaries – doctors, nurses, administrators, technicians, etc. from the foreign lands there was no dearth of personnel to run the hospitals and
offer medical services. However, with the ban was imposed on the entry of the medical missionaries, there arose dearth of trained Indian specialists to fill the vacancies in different departments of the hospitals to run them as full-fledged medical institutions.

Fourthly, except those Indians who associated themselves with the medical missionaries and those who imbibed the spirit of selfless and dedicated service to the Society, from the exemplary life of the missionaries, all other personnel recruited under the Indian leadership, left the service of the Church-run hospitals for greener pastures as the emoluments and other benefits offered by the mission hospitals were quite disappointing in comparison with those slowly and steadily mushrooming corporate hospitals.

Fifthly, the fact that the local, State and Central Governments after declaring the institutions offering Health Services as an Industry and thereby levying taxes became crude shock to the Lutheran Church-run hospitals. Because of this development, the hospitals, though they were labeled as charitable institutions, and exempted from certain taxes, were required to pay some other taxes. The Church-run hospitals which were already under financial constraints and crises, did not have any other means except to reduce its working staff as they have to pay their share of employees’ benefits as well as to conform with the minimum wage policies of the Government. This in fact, has resulted in a self-imposed ban of not recruiting adequate personnel when the exiting staff retired or left, to run a full-fledged hospital.
Sixthly, financial crises also resulted in the negligence of the maintenance of the existing buildings, especially to keep the wards cozy and comfortable, purchase of new and advanced medical equipment and to employ specialist doctors. In fact, for the Church, the huge hospital campuses, in terms of maintenance have become a white elephant.

Finally, lack of vision on the part of Church leadership sealed the fate of the Church-run hospitals forever. Unable to find resources to pay the mounting taxes dues, and salary arrears of the former employees of the hospitals, which were running into crores of rupees, and attracted to earning easy money, these hospitals were either leased out to private players which happened in the case of Kugler hospital, Baer hospital and Visranthapuram Sanitorium or left for the illegal occupations of unscrupulous elements of the society, one can see in the case of the hospital at Rentachintala.

F. A RAY OF HOPE

It’s in fact, painful to see the death of the famous hospitals of the Andhra Evangelical Lutheran Church. Every hospital which had served the downtrodden masses of the society for about 100 years i.e. from the last quarter of 19th century to the last quarter of 20th Century may be yesterday’s history, but those wonderful foreign missionaries and Indian doctors and other medical personnel who became an integral part of the healing ministry of the AEL Church remain in the annals of that history of the Church as great men and women reminding the Church of its work and witness to the Church and society.
It is evident, the ‘Healing Ministry’ of the in quality of its services and contributions as well as commitment and dedication, in fact, exceeded the imagination of any one who come across the history of the Church. In the Medical Mission work, the visionary Missionaries were creative and farsighted, and one such innovative programme was the establishment of Nursing Schools and introduction of Para-medical Training to train the personnel not only for the Mission work but also for the secular agencies, and this is discussed in the next Chapter.