CHAPTER – VII
MEDICAL ENTERPRISE OF THE CBM
The medical enterprise of the CBM

Medical work has long been recognized as one of the best handmaids of direct evangelistic work. Medical mission was an important aspect of different denominational enterprise in South India which tried to alleviate the suffering of the sick and the poor. It was felt that it was necessary to show the people in some way that the medical missionaries were their friends when they approach them with a new religion¹.

Therefore, medical mission was launched with an intention of extending their work among the poor and the sick and ultimately to bring them closer to Christianity. Though the CBM started its Evangelistic activities very late², it was one of the earliest organisations to start medical mission in coastal Andhra. The commitment and enthusiasm of the C.B.M. missionaries with regard to the prevailing conditions of diseases in Andhra led to the establishment of several hospitals. It established 7 General hospitals and numerous dispensaries in the urban and rural areas of Coastal Andhra. Another outstanding work of CBM on the Coromandel coast is the establishment of two Leprosy hospitals and roadside clinics to relieve the suffering of leper patients³.

¹ John Craig, op.cit., 1908, P. 106.
² The CBM started activities in Andhra in 1874 only. By that time, in Andhra Several missionary organizations such as LMS (1835) ABM (1838) CMS (1840) AELC (1892) have already started evangelistic work at different parts of Coastal Andhra.
The healing act under the inspiration of a loving heart, works wonders on the Mission field. The Medical endeavor melted the opposition like magic.

The doors that were shut for a very long time were open for the doctor. The missionaries were convinced that people who are sick should be taken care of and medicine for the body was to be given along with the medicine for the soul. Hence the Christian medical work of C B M became an integral part of the missionary enterprise in Andhra⁴.

The missionaries of different societies, boards and denominations primarily came to India to win souls for Christ and the methods adopted by them to reach the masses were varied. Medical service was perhaps one of the most important instruments used by the missionaries to reach the masses⁵, especially the 'unreached' or the 'untouchables'.

In the beginning of the nineteenth century there was no proper public health system, and the local boards and the municipalities were not in a position to help and relieve the suffering of the people by establishing hospitals and dispensaries⁶. The funds were meager. The suffering of the people was great, especially the plight of the poor. There was widespread of seasonal diseases and epidemics such as Cholera, smallpox, plague, fevers, malaria etc., and many people lost their lives because of the lack of proper medical facilities. Rural

⁴ Ibid, P.43.
⁵ Firth, C.B., op.cit., p. 198.
⁶ Grover, B.L. British Policy towards Indian Nationalism, 1885, p. 57.
masses of the time depended mostly on the conventional usage of herbs and
drugs, sometimes admitted by a special class of drug physicians called 'mandula
vallu' meaning medical men in vernacular Telugu. They were a primitive tribe of
the country, whose expertise in the use of drugs was a hereditary affair. Their
social status was of very low esteem in the society.

Due to prevailing superstitious beliefs among the masses, many
diseases such as smallpox, cholera, plague were believed to have been caused by
the wrath of some goddess such as Poleramma, Maremma etc. Malaria prevailed
throughout the whole of agency of Northern Coastal Andhra. If the people
contacted this disease, they took no medicines, but fasted and offered sacrifices to
the local deity, in the form of fowls, pigs, goats and buffaloes until the fever left
them or they realized that it is their fate to have to bear it. Thus the superstitious
beliefs, witchcraft and inhuman methods adopted by the people worsened the
situation.

Deadly epidemics as well as many types of seasonal diseases erupted
frequently. These diseases and epidemics claimed many lives every year. The
native system of medicine namely the 'Ayurveda' and 'Yunani' existed but the
service of the physicians who practiced those systems were available to only a
few wealthy and influential people in some urban centers but mostly the rural.

7 Thirston, E and K. Rangachari, op.cit., P.188.
8 Francis, W. Vijayanagaram Gazetteer, P. 156.
poor and the downtrodden were neglected. Further, these systems of treatment were not updated by researches and hence their efficiency was questionable in most of the cases.

The colonial policy of British\textsuperscript{10} was partly responsible for lack of medical facilities to the Indian people which has created wide spread disruption and pauperization. The western system of Medicine introduced by the British was only intended in the beginning to serve the British army, civil servants and European trading community. A small fraction of native population who were identified as the supporters of the colonial rule, however, got similar medical facilities. The British were callous and indifferent to the health needs of the masses of population and hence diseases have literally eaten away millions of human lives.

The medical policy of British Government was not much different as elsewhere in India and hence there existed a variety of diseases in Coastal Andhra. Till the establishment of the Indian medical department in the Madras Presidency in 1875, there was no organized system of public health services in Coastal Andhra. The municipalities managed small hospitals in their jurisdiction while small dispensaries were established by the local boards\textsuperscript{11}. They were inadequate to cater to the tremendous demand of the people. Whenever any epidemic broke out in a virulent form, medical aid was made available only

\textsuperscript{10} Grover, B.L., British Policy towards Indian Nationalism, 1885-1905, P.57.
\textsuperscript{11} Ibid, p. 61.
through the 'Village Vaidya' whose training was a hereditary affair. Often the religious rites or mantras and charms also played vital role in the practice of medicine. The Hindu religious priests and village vaidyas were highly superstitious and so the locals were in some ways microcosm of the more general process. Small pox was considered to have been caused by a goddess and hence no treatment was given to the patient. On the other hand different ceremonies were performed to appease the goddess\(^\text{12}\).

A Hindu woman at the time of delivery according to tradition, becomes polluted and hence she was left high and dry to suffer ostracisation. Even the lady doctors were not allowed to examine the ailing patient. The native vaidyas and Priests dissuaded the people from missionary doctors proclaiming that the latter were ceremoniously unclean. Even if the doctors were allowed to treat the patients on certain occasions, they were not allowed to touch the patients nor the medical bottles as it was considered contamination. Added to that the Caste ladies preferred to suffer than to receive treatment from the male doctors\(^\text{13}\).

In addition to the lack of medical facilities and the superstitious beliefs prevailing in the northern coastal Andhra, the condition of untouchables and down trodden was more precarious. They were least cared for, since all the hospitals and dispensaries were under the control of high Caste men who would not at all

\(^\text{12}\) Henry Moris, Descriptive and Historical Account of Godavari District in Presidency of Madras, London, 1878, pp. 32-34.
\(^\text{13}\) Kuglar, A.S. Guntur Mission Hospital, Connecticut, 1928, P. 120.
examine the unprivileged people on account social prejudice. These people were deprived of the privileges of vaccination in majority of cases, for even if the vaccinator himself was willing to go among them, he was restrained from doing so by the high Caste Hindus\textsuperscript{14}. From the hygienic point of view their condition was worst possible. They fell victims to cholera and small pox and died in large numbers. These people frequently became the victims of guinea worm as they were forced to work in shallow water pits and wet fields.

In the wake of the medical facilities enumerated above, the efforts of Canadian Baptist missionaries in eradication of diseases among the Caste Hindus in general and untouchables and down trodden in particular was noteworthy. Although the primary object of the CBM Medical missionary work in Northern Coastal Andhra was Evangelism, the missionaries also saw to it the eradication of ill framed ideas & customs and superstitious beliefs among the people by their devoted and selfless service. In such a situation, the missionaries felt that the eradication of ill framed beliefs in the people was possible only through sending out theologically trained medical missionaries who would render regular medical services to the people and proclaim the gospel message in the streets and homes of all the towns and villages during their leisure time\textsuperscript{15}.

But in the complicated society of India with its factions and caste divisions it was soon evident that actual communication with various sections of

\textsuperscript{14} Ibid, p. 68.
the society was exceedingly difficult matter. Many minds were closed to the Christian message and Christian way of life by centuries of inherited tradition. In the face of these conditions medical work was developed as an important service of the Canadian Baptist Church.16

Medical Service of the CBM Missionaries:

The CBM missionaries who came to work in the coastal region of Andhra, had to work under conditions that were very primitive compared to the developed countries such as Canada from which they arrived. All the missionaries were compelled to carry a box of pills to alleviate the suffering of the people among whom they were working although they were not trained doctors. Hence the missionaries carried the pill-boxes, pain killers and quinine liquids while on tour and did what they could. They also made frequent references to Family Medicine Book and had fervent hope that the Mother Nature would do the rest.17

Touring was an important activity of the missionaries which enabled them to know the life of the people better. Usually, the people who met the missionaries were with loathsome sores and wasting diseases, disfigured and scarred with unsuccessful attempts on the part of well-meaning but ignorant relatives; sometimes things became aggravated by the efforts of 'unmerciful'

16 Ibid.
17 Orchard, M.L. and McLaurin, K.S., op.cit., p. 25.
cocksure quacks; people were beaten, burned or otherwise browbeaten out of them the devil that was to be causing the trouble.

In such circumstances with the limited knowledge, the missionaries made free use of the medicines to the people of the mission and the workers. For Malaria, they provided a dose of caster oil mixed with quinine and for Cholera, a tumbler full of weak solution of potassium permanganate every morning. Likewise small tips were administered by the missionaries to protect the Christian followers from epidemics and diseases from the beginning.

In this context, it is important to mention the efforts of the pioneering CBM missionaries. Rev. A.V. Timapany's heart was very touched when he looked at the physical suffering of the people and while on furlough, he prepared himself by taking required medical training at Canada. After his return to India, he treated several patients every day. He wrote "we have to do much of medical work here, besides preaching. I have more cases of sick to attend to than an ordinary doctor."

He treated or attended on sick people from his boat while he was on tour.

Miss Simpson in Cocanada:

The idea of medical service was not taken seriously by the CBM until the arrival of Miss Simpson, a trained nurse who was appointed to do the Zenana

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18 Swaveley, Ch. (ed) One hundred years in the Andhra Country, Madras, 1942, p. 279.
19 Orville, E. Daniel, op.cit. P. 43.
work in Canada in 1888. During the whole of her first term until 1897, she treated the sick and the suffering besides looking after her normal duties as Zenana worker. She was busy for a part of almost every morning treating the sick people on the back verandah of her bungalow. She had a cupboard for medicines and other supplies. About one thousand people were treated by her every year. She was in those days the only woman with any medical knowledge. She had many great opportunities to do service to people. Her skill and her message went hand in hand\textsuperscript{20}. Many doors were opened to her that would otherwise have remained sealed against the entrance of medical missionary. Her noble service inspired people to follow her footsteps to get relief from the sickness and the suffering.

**Yellamanchili Hospital**

In 1893, Dr. Everett Smith was sent by the Board of Ontario and Quebec to Andhra as the Canadian pioneer doctor with his wife Mary Chamberlain Smith. Mary Chamberlain Smith was a trained nurse and prepared herself for the medical work among the heathen people along with her husband\textsuperscript{21}. He was a strong evangelist and came to Vizianagaram in 1894. To him, the practice of medicine and the preaching of Gospel went hand in hand. He inaugurated medical evangelism in the mission field by preaching everywhere he went and healed, and probed with his instruments even into people's souls.

\textsuperscript{20} Report, CBTM, 1889-90, p. 38.
\textsuperscript{21} Craig, John, op.cit., P.106.
In 1895, he went to Yellamanchili which was the CBM's fourth mission field opened by Mr. Laflamme in 1891. Dr. Smith traveled far and wide and hundreds of sufferers sought him out. Mrs. E.G. Smith's skill as a trained nurse attracted many female patients. A hospital was built here in 1898. A unique feature about this hospital was the distribution of Out-Patient Department cards with a Bible passage from the Scriptures printed on one side. These OPD cards were used by the patients for the number and date of each prescription. The Bible passage on the O.P. Cards were read either by patients or their relatives. In this manner medicine for the soul went with the medicine for the body. Hundreds were treated in the hospital. In 1905, there were nearly 3000 patients; those who were healed spread the Good News because they took tracts and Gospel portions from the hospital. It was also customary to the hospital workers or Bible women to read and explain a tract to the patients and then distributed the copies. The patients listened with interest and accepted Christ in many cases.

The Yellamanchili area was unique in the Canadian Baptist Mission work because from 1895 to 1908, the evangelistic work was conducted by the medical doctors. In 1909, Mr. James Walker, a person without medical training was put in charge of the field. There was an excellent opportunity to judge the value of medical work in the service of the Gospel. Before the starting of the

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23 Report of CBTM, 1934, p. 82.
24 Orville, E., Daniel, op.cit., p. 129.
medical ministry in the area, few Christians were there who knew or appreciated the love of Christ. With the consistent services and gospel preaching by Dr. Smith and Dr. Woodburne, many hearts were opened and many accepted the Good News. This became possible also because of the hard work that was put in by the medical missionaries in skillfully treating the sick and the diseased.26

After 1909, there was no resident medical doctor in the dispensary at Yellamanchili. Mr. N. Benjamin who was trained as a compounder by Dr. Smith continued the good work of the missionaries in the dispensary till his death in 1933.27

Bethesda Hospital: Pithapuram

The greatest work of the CBM was done in Pithapuram where the missionaries wanted to open a stronghold for a long time. But they could not do so because Pithapuram was a stronghold of the orthodox Hindu (Brahmin) faith. They put up a strong and organized opposition to prevent the "unholy no-caste-recognizing" Christian missionaries from getting an entrance.28 Two years before the coming of Dr. Smith to India, the missionaries tried to get a site there but their efforts were foiled by the orthodox Brahmins. Hence, for 10 years, they could not get a piece of land in Pithapuram for establishing mission station.

27 Report of CBTM, 1934, p. 120.
In 1901, Dr. Smith spent several days at Pithapuram with Mr. Walker, a CBM missionary. Mr. Walker worked on the Peddapuram field on which Pithapuram was situated. Everyday around 50 sick people came to see Dr. Smith along with their friends and relatives and at times twice that number. They got relief for their ailments, and heard the Gospel. When Dr. Smith left the field, they did not forget him. When sick, they longed for him. Opposition broke down before the urgency of suffering. The great rusty, tight-closed door of caste prejudice swung open.

A young man told Mr. Walker that he knew a man who would sell him land. It was then decided by the CBM to open a mission station in Pithapuram for medical as well as evangelistic service. Land was bought and two sisters from Canada sent money for construction of hospital and after completion, it came to be known as "Bethesda Hospital". Thus within a short period of five years, a good hospital was established on a gravelly hill at Pithapuram.

Between 1904 and 1910, Missionary wards and separate maternity wards were constructed. Mrs. Churchill built a Memorial Ward for her husband whom Dr. Smith had attended in his last illness; Dewan Bahadur D. Seshagiri Rao of Cocanada, an English friend, gave another ward. In 1910, one of the sisters of Toronto, made another gift for the erection of a ward near the mission bungalow for the use of missionaries and other European patients. This building contained

29 Ibid, p. 249.
two wards with bathrooms and a room for medicines. The donors sent funds for the purchase of furniture as well. This was opened in 1910 by Mrs. John Firstbrook, another Canadian visitor. Dr. E.G. Smith wrote in his report that the Pithapuram hospital was probably the only hospital between Madras and Calcutta (with the exception of Vizagapatnam) specially constructed for other than native patients\textsuperscript{30}.

In 1907, Dr. Smith moved to Pithapuram leaving the medical commitment of Yellamanchili to Dr. Woodburne who had come to India in 1900. When Dr. Woodburne went on furlough to Canada and never returned, the work was in the charge of a compounder, an Indian assistant, who was one of Dr. Smith's own trained men. Besides the treatment of the sick, another very important phase of Dr. Smith's work in Yellamanchili and Pithapuram has been the training of compounders or medical assistants\textsuperscript{31}. These men have gone out to carry hope and healing and the Good News to other more isolated mission fields and heathen towns, thus reproducing many items, to the best of their ability in the service of "Bethesda Hospital".

But with the ever increasing number of patients, the hospital became congested. To overcome this problem, Dr. Smith opened a dispensary in the town. In 1915, two other dispensaries, one at Gollaprolu and another at Kottapalle were also opened and kept under the charge of the trained compounders.

\textsuperscript{30} Report of CBTM, 1910, p. 41.

\textsuperscript{31} Orchard, M.L. and McLaurin, K.S. op.cit., p. 249.
In 1915, another dispensary was opened in Samalkota\textsuperscript{32}. The compounders of these dispensaries and hospital were trained by Dr. Smith. In addition to the supervision of the dispensaries and the hospital, Dr. Smith used to go to Yellamanchili for treating the patients there as well. In 1920, Dr. A. Jarvis\textsuperscript{33}, a Telugu Physician, who was trained in the Missionary Medical College at Miraj joined the staff of the hospital. He was the first Indian Doctor who assisted Dr. Smith for nearly eight years. In 1921, numerous building projects were taken up. A Christian choultry, a Tuberculosis ward and Compounders' houses were built\textsuperscript{34}.

There was very good progress of the medical work. Finding accommodation for 30 to 50 patients a day was problematic. In the report of 1922, Dr. Smith mentioned that the inpatients for the nine months during the year has far exceeded the number of patients of the whole of 1921. Majority of the cases were ophthalmologic. In many cases the healing was cent percent, and the efforts of the medical missionaries were rewarded by the recovery of good vision\textsuperscript{35}. Several cases of influenza were treated. Few operations for the removal of cancer were also performed. Two patients did not have the recurrence even after ten to fifteen years have passed. Malarial cases were also dealt with so also were the venereal diseases. Patients with tuberculosis were treated and in many cases there was either cure or a marked relief to the patients. The patients who came to the

\textsuperscript{32} Report of CBTM, 1921, p. 29.
\textsuperscript{33} Report of CBTM, 1919-20, p. 47.
\textsuperscript{34} Report, 1920-21, p.66.
\textsuperscript{35} Report, 1921-22, p. 56.
hospital for treatment listened attentively to the message of love of God and a few made a decision for Christ.  

The work continued to grow. With the funds from Canada in 1923, two new wards were constructed. The year 1924 was a very busy year for the hospital but it was a difficult year for Dr. Smith. During May, he suffered "from a severe attack of sceptic absorption which almost completely snapped his strength." In spite of weakness during the month of June, he made daily visits to the Rani of Kirlampudi. She was brought to Kottapalle in order that she might receive treatment from the missionary doctor. 

During the same year, Dr. Smith also supervised the construction of new dispensary buildings at Kottapalle and in the town of Pithapuram. This kind of hectic work had its toll on the health of Dr. Smith and he was compelled to take furlough in the hope of regaining health for the future.

When Dr Smith and his wife went on a furlough, Dr. Wolverton took over the field and the hospital work in February, 1925. Dr. Smith did not become fit enough to return to India and he ultimately died in Canada in the month of September, 1927. A memorial service was held for him in Pithapuram on the day of his funeral in Canada. He had touched many people, Hindus Muhammadans and Christians alike and there was an outpouring of emotion and a rich tribute was

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37 Report, 1924-25, p. 53.  
38 Report, 1924-25, p. 54.
paid to his medical skill, his memory, to his friendship, kindness and love. He was 
CBM's pioneer medical missionary and the Lord used him wonderfully during the 
thirty four years of his service in India.39

Dr. Wolverton was also a dedicated medical evangelist like Dr. Smith. 
He took up the field work and the medical work of both Pithapuram and 
Yellamanchili. He did his work in an organized manner and according to a plan. 
He visited the dispensary in Samalkota on every Thursday morning, and the one 
in Kottapalle every Friday afternoon and Yellamanchili every Tuesday.40 He 
spent the rest of the time in the Pithapuram hospital. He felt that it was his 
"privilege to be able to show the love of the Master in the healing of bodies and to 
tell them His marvelous healing of the soul."41

The Canadian friends made a gift of an electric plant to the Bethesda 
Hospital in 1929. This enabled the office staff to have lights in the hospital. A set 
of powerful lamps were provided for the operation theatre as well. A special 
'Hammer' lamp for the use of eye operations and large ceiling fans in the wards 
also became a reality. All the new equipment and the new eye instruments and a 
splendid new operating table made the work in the hospital more efficient and 
helpful and as a result, many were rendered services and many were influenced 
positively for Christianity.42

40 Report, 1924-25, p. 58. 
41 Ibid, p. 59. 
Dr. Eaton and Dr. Howard Elliott were also connected to the work in Pithapuram field. During the furlough of Dr. Eaton, Dr. Howard Elliott took charge. Dr. Elliott did appreciable service. The medicine stock had been improved and some new equipment was introduced into the operating theatre, treatment room and the laboratory, thereby increasing the efficiency and service of these departments.

Dr. Eaton returned in 1938. In a few weeks time, all the staff of the hospital suffered from an epidemic of dengue fever including Dr. Eaton. The only one to escape from the dengue fever was the nurse Miss Sanford. However, a year later she became ill and had to retire in 1940 after serving for twenty years in the hospital.

A new additional section of the hospital was opened in 1943 which was called the skin Clinic. It was a separate section devoted to the treatment of leprosy43 under the special care of Dr. A. Jarvis.

During the war years (1939 to 1945) staff and supplies were in short supply, Dr. Eaton had to go to Canada on furlough in 1946. Dr. Ben Gullison was given part time charge of Pithapuram as well as the Sompeta hospital. In 1948, Dr. Eaton returned and plans were made for the amalgamation of the two hospitals in Pithapuram known as Bethesda Hospital and Allyn Hospital into one

43 Report, 1944-45, p. 32.
large General Hospital. But Dr. Eaton died in the midst of the work in Pithapuram before the plan could be realized.

**Allyn Hospital for Women and Children : Pithapuram**

There was a need for special medical aid for women. The female mortality at the time of pregnancy and child birth was more alarming than the epidemics\(^44\), which were mostly seasonal. In addition, several types of diseases and ailments of women were rampart. But the Indian women, out of modesty and inhibition, could not approach male doctors. Their lives were deplorable under the prevailing inhygienic conditions, ignorant social customs and superstitious beliefs.

In 1910, Dr. Jessie Allyn arrived in Pithapuram to do medical work for women what Dr. Smith was enabled to do for the men\(^45\). Soon after her arrival, she was called to attend on Rani, the wife of the Rajah of Pithapuram, who was seriously sick at the time of her delivery. A son and heir was born on 21\(^{st}\) Oct., 1920. To mark this great event, and also in appreciation of Dr. Allyn's services, the Rani presented her Rs.10,000 for a Women's Hospital and Home for the Nurses at Phithapuram\(^46\). Land was acquired adjoining the Bethesda Hospital compound. A building for clinical in-patient ward and a Nurses' Home were built.

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\(^{44}\) Kuglar, p. 9.  
\(^{45}\) Report, 1911-12, p. XXIV.  
\(^{46}\) Gordon Carder, op.cit., p. 145.
first. The Nurses' Home was opened on 4th of December, 1911 by Mrs. Sathianandam.

In October, 1911, money was received from Mr. and Mrs. John Morton of Vancouver for the erection of Pithapuram Ladies Bungalow. Building preparations were commenced at once. Mr. Morton died shortly after the money was received and so the bungalow was named as "The Morton Memorial"\(^ {47} \). These buildings were completed and the Women's Hospital was opened in December, 1912.

During 1911, the young prince of Pithapuram became ill with pneumonia. The prince's life was spared with the constant treatment of Dr. Allyn and the Rani, in gratitude, made another gift of Rs. 10,000\(^ {48} \) for the erection of a choultry exclusively for the use of the relatives of patients who come from longer distances. The foundation was laid on the day when King George V was crowned Emperor of India and hence it was named as the Coronation Choultry\(^ {49} \) and it was opened in the month of February, 1914. Dr. Allyn also completed a bungalow for lady missionaries. The Rani proved herself a most generous benefactress.

In 1915, the Maharani made another gift of Rs.20,000 for the erection of surgical wards, private wards and a stone wall around the hospital. The Gosha wards were also constructed. The three sets of buildings were constructed with the

\(^{47}\) Report, 1912-13, p. 49.
\(^{48}\) Report, 1912-13, p. 47.
money given by the Rani. In appreciation of the gift, the Rajah requested that the building be considered a memorial to his mother\textsuperscript{50}.

These new additions to the hospital were completed just before Dr. Allyn went on furlough in 1917. Dr. Marjorie Cameron who came to India in October, 1915, took charge of the work of the hospital.

On October 21\textsuperscript{st}, 1920, a son was born to the Rajah of Pithapuram. Dr. Allyn and her nurse Miss Morse were called in for the delivery\textsuperscript{51}. In appreciation of their services, the Rani made a gift of Rs.10,000 for the erection of wards in the hospital for women.

There was marvelous development of the medical work at Pithapuram hospital. By 1924, Caste wards and Wards for European patients were added. Rani also made an extra gift of Rs. 1500 to provide the nurses with wall almirahs and to improve the style of the roof. During the furlough of Dr. Allyn, the hospital suffered a lot on account of lack of doctors and other supporting staff. In 1926, Dr. Allyn and her sister Miss Allyn returned from furlough and resumed the hospital work.

By 1927, the hospital has grown to a capacity of seventy-five beds. In 1928, the Jubilee Children's wards were completed and opened in December by Dr. A.M. Macphail of Madras. These wards were the gift of the Baptist women of

\textsuperscript{50} Report, 1915-16, p. XV.
\textsuperscript{51} Report, 1920-21, p. 41.
British Columbia. Except for the staff salaries, the hospital was entirely run on self-supporting. Large fee was not collected from the patients. The Doctor attended on the wealthy patients in their homes and they in turn, contributed liberally to the hospital, which was the largest income of the hospital. But at the same time, the poor and needy persons were treated free of cost. In 1929 the number of sick patients treated free of cost was 679.

In the year 1932, the Maharani made another magnificent gift for the construction of a Maternity Block. It was constructed and opened on 31st March, 1933 which accommodated twelve patients. More maternity patients were accommodated later by making adjustments such as using the surgical wards and bathrooms as wards.

Hence, in this manner, the Maharani of Pithapuram proved to be the most generous benefactress of the Pithapuram Hospital. Her contribution to the healing ministry in Pithapuram was noteworthy. Ralph Smith, a Canadian Baptist missionary wrote "All the buildings of the Women's hospital have been the gifts of the Maharani, except the European ward, the Jubilee Childrens ward, the Lana Aloa Choultry and the prayer hall. Her name was always honoured and treasured in connection with the ministry of healing in Pithapuram. The hospital itself had its birth with the birth of her first born".

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52 Report, 1928-29, p. 28.
53 Report, 1932-33, p. 15.
54 Report, 1937-38, p. XIX.
A Training School for nurses was established in 1934 under the leadership of Dr. Allyn. The staff of European and Indian assistants contributed to the carrying on of a most effective and far reaching medical evangelistic service\(^55\). A new feature introduced by the hospital was the 'Car – Dispensary' which provided a change from the Hospital routine and the medical missionaries along with the Indian assistants toured the surrounding areas. After singing a hymn, and on preaching service, the assistant doctor, the nurses and Dr. Allyn dispensed the medicines, dressed ulcers and extracted the rotten teeth. The women of the Hindus, the Mahammadans and the Indian christians were benefited by this new type of medical service.

In 1937, the staff of the hospital reached its highest number. There were two missionary and three Indian doctors; three missionary and Indian Staff nurses. The cost of maintenance, apart from the missionaries salaries, was approximately 35,000/- of which only 3,500/- was Canadian mission's Contribution. This shows how the hospital has grown as a self supporting hospital under Dr. Allyn.

Dr. Allyn retired in 1942 after 35 years of great service and died in 1945. But through her medical ministry she touched many lives. Her name has become a household name in many villages and towns, even beyond Pithapuram. In her memory the Women's hospital was named as Allyn Hospital\(^56\).

\(^{56}\) Mary, McLaurin, op.cit, LBFMB, Toronto, p. 110.
After the Death of Dr. Allyn, Dr. Aileen Vining and Dr. Dorothy Timpany were the missionary doctors. During the war years, the service of competent national doctors and nurses was hard to find. Yet the work of the hospital increased at times to 175 inpatients.

Labouring side by side in their splendid hospitals in Pithapuram, Dr. Smith and Dr. Allyn showed the unconditional love of Christ. People who believed that sickness or other medical problems were because of their 'Karma' and did not come forward for treatment in course of time changed their mindset and responded for the treatment of the medical missionaries. Hinduism, with its cruel beliefs and customs received a severe set back and Christianity was widely proclaimed in the works and deeds of these missionaries.

Amalgamation of Bethesda and Allyn Hospital, Pithauram:

In 1950, after much planning and effort, the two separate hospitals for women and men were joined in one administration to become a General Hospital. Miss Eaton supervised the first group of three Allyn Hospital nurses to work in the men's ward. Miss Evelyn became nursing supervisor with greatly enlarged responsibilities for the higher grade nursing school with nursing duties in the men's as well as the women's wards.

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57 Report, CBTM, 1951, p.38.
Star of Hope Hospital, Akidu.

Dr. Pearl Smith was the second medical Missionary of CBM Church and came to Akidu area in 1895. She proved to be another leading medical missionary of the CBM in the Telugu region. She married Rev. J.E. Chute in the same year and both started the medical and evangelistic work at Akividu in 1896\(^8\). It was an ideal field for pioneering medical work because there was no other hospital with in a radius of forty miles, and hence Dr. Pearl Chute was kept busy. Quite frequently, Dr. Chute had to go at night time also to distant villages to attend to the emergency of urgent cases. She often had to attend the patients without hospital equipment. She had the assistance of an European matron of the mission school in Akividu, who had some knowledge of nursing\(^9\).

In 1898, a small hospital was built with the dispensary and two rooms for the in-patients, at a cost of Rs.700/- raised through private subscriptions. It was opened in the same year and was named as 'The Star of Hope'. 33 inpatients were accommodated and by the end of the year, 3,593 treatments were given. It was realized by the missionaries, especially Mrs. Chute, that many were drawn to Christ through the hospital work and that the Healing ministry was an important aid of the Evangelistic work in the villages\(^6\) and many became friends through the hospital work.

\(^8\) Present name of Akidu is Akividu in West Godavari Dt.
\(^6\) Report, CBTM, 1899, p.13.
An Indian assistant, by name Ratnam and trained in pharmacy by Dr. Smith, was secured and the medicine for the body and soul were most convincingly administered to a large contingent of needy people. Many were benefited through hospital work. All those who could afford to pay were charged. The poor were given free medicines and sometimes food as well. The attitude of the caste people was changed and they gladly received the missionaries when they were on tour on the Akividu field. They realized that the missionaries were their friends and not enemies\(^{61}\).

In 1908, the whole of the Akividu field was affected by Cholera and several people died including the wife of Ratnam, the compounder of the hospital. At that time, there were no proper medical facilities for the patients. But, Mr and Mrs (Dr.) Chute toured almost all the villages of the Akividu field to alert the people about the dreaded nature of the disease and the need for the improvement of hygienic conditions. Succor was given to the acute sufferers and vaccinations for more than 4500 people\(^{62}\). As there was a need for nurses at the hospital, a Christian girl by name Bollarapu Rosina who was a trained nurse from "Lutheran" Hospital, Guntur, was appointed in Akividu hospital. The next year, a compounder by name D. Andrew Paul joined the staff of the hospital. Miss Rosina and Andrews Paul got married in the course of time and served the hospital to a great extent.

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\(^{61}\) Ibid.

\(^{62}\) Report, CBTM, 1909, p.29.
The hospital work suffered to a great extent during 1911 to 1914 when Mrs. Chute was on furlough. During that period, Andrew Paul, served the hospital to certain extent and was able to relieve much suffering. In January, 1914 Mrs. Chute returned from furlough and once again the hospital attained its original activity. During this period, a new dispensary was opened at Gunnapavaram, a large village and an important commercial center, 12 miles from Akividu. In 1915 Mrs Chute treated 4000 patients and 52 of them were inpatients. She also extracted 279 teeth63.

On account of financial constraints and lack of trained personnel, the facilities of the hospital could not be improved. It was especially inconvenient during the rainy season. The patients and visitors cooked their food under the shady trees by the roadside. The Caste women did not have a waiting room and they had to wait in their ox carts64. Besides that, there was a need for a better hospital premises. Mrs Chute made several unsuccessful attempts to secure a site from the Govt. for the construction of a new hospital. Finally, in 1916, a site of 6 acres was purchased for 2000 rupees and permission was obtained from the Zamindar to build hospital. In 1918 with the donation of $ 5000 (15000 rupees) obtained from the family members of Mrs. and Dr. Elmore Marie of Canada, foundation was laid in 1919 for erection of hospital in the name of their parents.

The foundation for the erection of hospital building was laid in 1919 which was

63 Ibid, pp. 15-16.
64 Craig, op.cit. p. 89.
opened on April 22, 1926 in the name of "Star of Hope Harris Memorial Hospital". Building funds gradually increased. In 1920, Dr. Wolverton raised donations in Canada for building new wards. Thus, 'Dr. Chute's Silver Anniversary Memorial ward', the 'Edna Corning Memorial ward' and a small 'Tuberculosis wards' were constructed.

The medical enterprise in Akividu progressed steadily. A new dispensary was opened at Gudlavalleru which was a growing town about 30 miles from Akividu during the year 1927-28. It is very significant that the Hindus of Gudlavalleru came forward voluntarily and organized a committee which agreed to provide Rs. 800/- for drugs and Rs. 500/- for instruments and furniture, in addition to the suitable quarters for the doctors and the dispensary. Dr. Lucy S. Isaac was the first medical practitioner at Gudlavalleru dispensary.

In 1930, Mrs. Chute left India on retirement. At that time there was no missionary doctor. Dr. E. Benjamin, who was the first CBM girl to graduate L.M.P. from Vellore, took charge of the hospital. In 1932, Dr. Wolverton again took charge of the hospital and served the hospital until his retirement in 1949 with utmost dedication and sincerity.

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65 Clarke, F., Sisters from Canada and India, Toronto, p. 34.
Dr. Wolverton and Dr. Eaton successively carried on both the hospital and the Evangelistic work at Akividu. About 3000 patients received treatment in each year in the hospital and this was a witness to the love of God\textsuperscript{68}.

In January, 1932, the McTavish Tubercular ward was opened in hospital. Three other small wards also were constructed for septic and infectious cases from the money received from Canada in 1936. A Children's ward named after Dorothy Wolverton Memorial was opened in 1947.

In 1949, Dr. Wolverton went to Canada on furlough and retirement. The hospital welcomed Dr. Dorothy Timpany who was sent to take charge. Mrs. W. Penner was appointed as the Superintendent of the nurses. Her husband was in-charge of the field work in the area. After Dr. Wolverton retired in 1949, Dr. K. Janaki was given the charge of the hospital. She was a Brahmin convert and a capable doctor dedicated to Christian service. She was assisted by a staff of three Indian doctors and a Canadian missionary nurse\textsuperscript{69}.

**Care of the lepers:**

Dr. Wolverton observed that there were many lepers in the villages and on the islands in the Kollair lake and nothing was being done for them. Hence, in 1944, another dispensary connected with the hospital was opened for the

\textsuperscript{68} Ibid, p. 301.  
\textsuperscript{69} Mary S. McLaurin op.cit. pp. 96-97.
treatment of lepers in the Kollair lake\textsuperscript{70}. This work was aided by the 'Mission to the lepers' who supplied special funds and medicines. A compounder was kept in charge of the dispensary who treated the patients very well. He also taught the Bible stories and verses to the patients while he was giving them treatment and medicine.

\textbf{The Good Samaritan Hospital, Srikakulam(Chicacole)}

Rev. & Mrs. I.C. Archibald were zealous missionaries-in-charge of the Chicacole field from 1881-1923 until their retirement. One of their long-cherished dream was to have a hospital in the region to take care of the medical services of women and children. Chicacole was at one time a military station of British Army. In 1892 the British military contemplated to shift the Military base to other convenient place and hence they wanted to dispose it. Hence the Maritime missionaries of CBM church purchased the military Mess house, a large substantially built buildings with massive wooden doors in August 1896 and made necessary repairs and opened it for hospital on the 23rd of June, 1899, under the supervision of Rev. I.C. Archibald and a lady apothecary was in charge of the hospital\textsuperscript{71}. She could not manage the hospital and hence, after a period of four months the hospital was closed. From August 1900, an efficient Anglo-Indian lady doctor Miss Florence D'Silva worked as a doctor in the hospital. After her sincere work for 2 years she left the hospital to join government service in 1902,

\textsuperscript{70} Orchard ML and McLaurin, op.cit. p. 301.
\textsuperscript{71} Report, CBTM, 1899, p. 62.

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the average attendance of women and children to the hospital was reported to be 24. Every month 8,023 patients were treated as out patients and there were 40 in-patients and 70 operations were performed\textsuperscript{72}.

Miss Eliza Game took charge of the hospital in the middle of July, 1903. But she too was not suitable to work in a mission hospital and hence, on December 20th, 1903, Miss Constance Dee took charge of the hospital work. She did good work and remained in the hospital till May, 1907. During her first year of work in the hospital, there were 242 patients, the total number of cases attended by the midwife were 33, number of operations performed were 41, the total number of in-patients were 24, no. of out-patients were 8867, number of patients treated at home were 110, and the number of cases treated totally were 9001\textsuperscript{73}.

As there was no resident doctor in the hospital after Miss Constance Dee left, the hospital in 1907 was again closed and remained so till December 1st, 1908, when Dr. Zella M. Clark came as missionary doctor. She took charge of hospital and she was the first medical missionary in the region from Atlantic Baptist Convention. She enlarged the hospital by purchasing the bungalow adjoining the mission property and making it over for hospital use. She greatly endeared herself to the people and brought a kind and sympathetic interest to the work.

\textsuperscript{72} Report, 1902, p. 61.
\textsuperscript{73} Report, 1904, p. 67.
In May, 1911, Dr. Clark and her sister, a nurse in the hospital, were transferred to Sompeta in order to open a new station there. The work in Chicacole was well cared for by Ms. Ivy Gibson. But she got married in 1913 and this led to the closing of the hospital until the return of Dr. Clark in 191574.

In 1915, the old hospital was given over for a residence for the lady missionaries and a large military building, which was bought for the hospital in 1912, was remodeled and rebuilt. A three room out-patient building was also constructed. With the donation given by the family of Chipman, New Brunswick, another ward by name the King Memorial Block was constructed. In 1918 it was opened which greatly increased the efficiency of the Chicacole medical equipment. The cost of this building was more than $4000. During the same year, a Block was built for a Maternity Ward at the cost of Rs. 22,443, the amount being collected as donations by the King family of Chipman75. Dr. Clark worked in the hospital till 1917 with a limited and untrained staff and then she returned to Sompeta.

Dr. Clark's service in Sompeta in the medical field is creditable. She came to this place along with her sister Ms. Martha Clark in 1911. Through her touring of the surrounding area, Dr. Clark made many friends and through her medical endeavor, many came to know Christ76. She also opened a dispensary in

75 Report, CBTM, 1918, p.30.
76 Craig, John, op.cit p. 301.
Baruva, five miles away from Sompeta and a third one at Tellantur. She received many home calls from the in town and nearby villages. Through “the best benevolence in the world, the doctors gained for CBM missionaries the confidence and love of the people and it also gave them an opportunity to sow the seed of Christian love.

With the appointment of Miss Susan J. Alley, a graduate of Ludhiana Medical School, Chicago, the hospital work was re-opened in May 1918. Another significant aspect of the hospital was the arrival of Dr. Marjorie Cameron to Chicacole in March 1919, who worked in the Women's Hospital in Pithapuram. Nurse H.E. Day, though she was studying the language, went with her to assist in operations. Dr. Cameron made an amazing success of the work. She re-organized the work and opened “out-patient dispensaries” as feeders for the Hospital77. Within a very short time, a dispensary was opened at Srikakulam Road, near the Railway station. This dispensary was very popular. Each day, Dr. Cameron treated nearly 140 patients and all the patients waited for her personal examination. These out-patient dispensaries, long distance calls, and the rapidly growing work at the hospital, filled her life exceedingly busy. Hard hearts were softened and race hatred was dissolved when the people saw the selfless service of the doctor. She gave herself unreservedly for all sorts and conditions of her fellow men.

She also did incalculable service in linking up East and West. While she was on a holiday in Kodaikanal, she suddenly became very sick while going for a walk. Drs. Smith and Wolverton attended on her but to no avail. She died on the 11th of June, 1921 and was buried in the burial ground in Kodaikanal.\textsuperscript{78}

After sudden demise of Dr. Cameron, the work of the hospital again suffered till 1927 when Dr. Cook and Miss Evelyn Eaton took charge. Because of the arrival of a lady doctor, there were increasing number of women patients. At this time, Dr. Joyce Solomon, a graduate of Vellore, joined the staff along with a staff nurse, and two nursing trainees from Pithapuram. Thus Chicacole Hospital co-operated with Pithapuram in giving nurses' training. The number of patients steadily increased.

In November 1930, Dr. Cook and Ms. Eaton fell seriously ill. The dispensary work had to be closed. Dr. Ilo Bennett took charge of the hospital but was unable to leave her family to go to the villages. An Indian doctor, Mabel Ebenezer was also a great strength to the hospital work. In 1931, Dr. Ilo Bennett left the hospital and Dr. Elliot, with her language study still incomplete took over the hospital and remained in charge till he went to Pithapuram in 1936.\textsuperscript{79} During his time, the hospital was greatly improved. Dr. Zella Clark returned to the scene of her first service and took charge of the hospital on January 12\textsuperscript{th}, 1937. At the

\textsuperscript{78} Report CBTM, 1921, p. 29.
\textsuperscript{79} Report, CBTM, 1936-37, p. 23.
end of the year, she reported that 309 in-patients and 4,863 out-patients were treated.

During all these years, they used only the ordinary kerosene lantern and petromax lights. But in 1938, the electricity came. In the same year the hospital received the Glidden Memorial funds. With this amount they were able to electrify the whole hospital. In 1944, Dr. Clark left the hospital on permanent retirement. During her last year, she was able to treat 169 in-patients, 775 out-patients, gave 2186 treatments, did 147 operations and attended 29 maternity cases.

As there was no missionary doctor to take her place, Dr. Alie Roy, a married Indian woman who had been the assistant, looked after the hospital work. Mrs. O. E. Daniel, a trained nurse stationed in Vijayanagaram with her husband, helped whenever possible. Later they lived in Chicacole and Mrs. Daniel was in complete charge while Dr. Roy was away on maternity leave.

From 1947, the work of the hospitals came under the supervision of the Board of Medical Work of the Convention of Baptist Churches of the Northern circars (C.B.C.N.C). The question of closing the hospital at Chicacole was under discussion at that time. Finally in 1949, it was resolved to continue the hospital even though the buildings were in poor condition and Dr. Alice Roy was only able to give part of her time to the work of the hospital. A few years later, it

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81 Report, 1943, p.121.
was agreed that the hospital plant be handed over to Dr. Alice Roy on a rental basis and thus she operated it as her private concern\textsuperscript{82}. The hospital continued to operate on this basis for several years.

**Bethel House of God : Vuyyuru :**

In 1883, John Craig was appointed to Vuyyuru field. Accompanied by the native workers, he did limited medical work by supplying some tablets and ointments to the people. But there was no professional medical service available in the area. There was a need for a doctor who could minister to the medical needs of the people of crowded villages.

In 1890, a Christian man from Vuyyuru was sent to Yellaman-chili where he learnt compounding from Dr. Smith. He returned to Vuyyuru in July, 1899 after sufficient training and he began the work with a small supply of medicines and instruments. This was the inauguration of medical work in Vuyyuru. By the end of 1899, he gave medical treatments to 540 patients and medicines worth Rs.125 were sold. This work was entirely self supporting\textsuperscript{83}.

In 1900, Dr. Gertrude Hulet came to India. After her language study, she worked for two years with lepers in Ramachandrapuram. In 1904, she was assigned to Vuyyuru by the Missionary Conference. She was assigned both medical and evangelistic work in this crowded town.

\textsuperscript{82} Report, CBTM, 1949-50, p.62.
\textsuperscript{83} Report, CBTM, 1899-1900, p.36.
In 1906, a small hospital was built and it was formally opened on the 24th December of the same year. This new building was a personal gift of Dr. Hulet and some of her friends. This building had one large central room and two small ward rooms. One on each side of the main room, a wide verandah running the whole length of the front, gave enough place to patients to sit during gospel preaching.

In 1908, Dr. Hulet went on furlough to Canada and Dr Jessie Allyn took charge of the hospital. She treated the patients and also preached to the hospital patients. The outpatients also came and attended these services. These services were much appreciated by the patients. One old woman patient said that, it would be like heaven to be able to live always in the hospital and hear those good words. During 1909, Dr Allyn treated 9,087 out patients, performed 245 operations and had 51 in patients.

In 1910, Dr Hulet returned to India and after her dedicated efforts, land was secured in 1911 for enlargement of hospital. Five wards were constructed besides a maternity ward, a dispensary and counseling room for women. It was opened in 1912. The building was also put to good purpose. One room for stores, one for gynaecological work, and the large middle room for operations. Many more patients were accommodated with this enlargement. In 1912, Dr. Hulet

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85 Report, 1908-09, p.64.
86 Report, 1909-10, p.69.
87 Report, 1911-12, p.47.
reported that 9010 were treated and there were 5148 outpatients and 103 inpatients\textsuperscript{88}. Further, a benevolent lawyer purchased a three quarter acre of land in which he built a choultry on it for the use of the relatives of the patients attending the hospital.

The hospital was further enlarged with a large two storey structure making a hospital of about 50 beds in the due course of time. There were two qualified nurses for day-duty and one for night to care for an average of ninety inpatients and dispensary patients per day. In 1928, Miss Sanford was appointed as nursing superintendent and the situation became better\textsuperscript{89}.

A new maternity block was constructed in 1928. Friends of the hospital contributed much of the money for this construction purpose. Throughout 1928, heavy work was reported with an average of 64 inpatients for every day with 258 confinements annually and a number of major operations\textsuperscript{90}.

The Vuyyuru hospital was established on self-support basis and so depended mostly on its daily fee collected from patients and thus, seven eighths of its income came from its services in the public.

Dr. Hulet fell sick due to advancing age and financial stress. On account of economic depression of 30's, she always relied on her work. On 2\textsuperscript{nd} May, 1933, she died of typhoid fever after 28 years of glorious medical service\textsuperscript{91}.

\textsuperscript{88} Report, 1911-12, p.XXIV.  
\textsuperscript{89} Report, 1925-26, p.106.  
\textsuperscript{90} Report, 1928-29, p.38.  
\textsuperscript{91} Mary S. McLaurin, op.cit. p.100.
She was the founder of the hospital and for years the center of its dynamic Christian service. The institution was known in Krishna District as Dr. Hulet's Hospital. She rendered selfless service along with evangelistic fervour. Rev. R. Bennet and his wife were the Vuyyuru field missionaries at the time of Dr. Hulet's death. Mrs. Bennet, being a medical doctor, was put in charge of the work of the hospital. Bennet's family was also affected by death of their baby boy.

A Cholera epidemic struck the area during 1933. The hospital staff responded to the appeal of the health authorities and gave 16000 innoculations in two months, besides attending maternity and other works of the hospital92.

In 1934, Dr. Bennet gave the charge of the hospital over to Dr. Sarah Cook who was serving in Pithapuram. At the same time, Miss F. Eaton became the nursing superintendent. These two ladies made a talented and dedicated medical team and did effective service in Vuyyuru hospital for many years. A school of practical nursing was started by Miss Eaton to help the work of the hospital93. In 1937, eight girls took the course. In the same year, a private organization provided a new sterilization room and improvements in the quarters of the Indian doctors.

A dispensary was opened in 1937 at Kolavenu, 8 miles from Vuyyuru. The Christians of the village did the construction work of the dispensary on the land given by the caste people. A nurse was placed in-charge while Dr. Cook

92 Report, 1933-34, p.92.
93 Report, 1936-37, p.49.
made visits twice a week. This enabled the hospital to reach out to more sick people in the surrounding area\textsuperscript{94}.

In 1940, Dr Cook and Miss Eaton went on furlough. During their absence Dr. Aileen Vining and nurse Miss Grace North took over the management of the hospital. By 1940, more and more people sought medical aid at the mission hospital. During the year, 1,158 inpatients and 276 maternity cases were dealt with.

A school for the midwives was established by the hospital and it was granted Govt. recognition in 1941\textsuperscript{95}. This gave an impetus to the services rendered by the hospital. In 1942, Dr Cook and Miss Eaton took over the work again. There was growing demand for the services of the hospital. Steps were taken to expand the building of the hospital and in 1947, the hospital was enlarged to 100 beds. Modern electrical lighting and equipment were installed. Vuyyuru thus became the second largest hospital of the CBM in India\textsuperscript{96}.

\textbf{Serango Hospital}

Located in the deep forests of Eastern Ghats, Serango is a village about 3000 ft above sea level. The primitive tribal people called ‘Savaras’ inhabit the serango. They were demon worshippers. They believed that people became

\textsuperscript{95} Report, 1941-42, p.96.  
\textsuperscript{96} Mary S Mc Laurin op.cit. p.106.
sick due to the displeasure of God. In order to appease their God, they offered sacrifices ranging from a chicken to ox\(^97\).

In 1899, with a view to spread gospel among the Savaras Miss De Prazer of Visakhapatnam donated 1000 rupees to work among the hill tribes of Serango( Savaras). This was received with much joy and encouragement by the CBM missionaries\(^98\).

In 1906, J.A. Glendenning the field missionary of Parlakimedi, made a tour of the Savara agency area 30 miles into the hills from Parlakimedi. He gave many pills and other medicines to the Savaras. He realized that there was a great medical need and it provided a good opportunity to the CBM to do the medical evangelism in the area.

In 1907 Miss E.E. Gaunce took charge of the Parlakimedi field. She wrote in 1910 that in every village she visited, there were calls for medicines and dressings. During her stay for one week at Serango, she had attended on an average of 30 patients a day and gave medicines to the needy\(^99\).

In 1913, Miss E.E. Gaunce returned to Canada due to illness. During her furlough she took nurse training and returned to India in 1917. Immediately,

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\(^98\) Summary of Minutes of the 23\(^{rd}\) Annual Meeting of the Canada Baptist Missionary Conference held at Cocanada, January, 1900.
\(^99\) Report CBTM, 1910, p. 103.
after her arrival she built a small dispensary at Parlakimedi in 1918. Miss Gaunce gave number of dressings and gave medicines for minor diseases.

In 1919, Dr. J.H. West came as a medical missionary to Parlakimedi field. In 1922, the Canadian Baptist Missionaries decided that the Savara Medical station should be located among the hills where the Savaras were living instead of far off place like Parlakimedi\textsuperscript{100}. Hence Serango was chosen a site for construction of a hospital. In February, 1923, the construction work of the mission station began. The building work was very difficult because the place was almost in wilderness and inaccessible for bullock carts and motor cars. It was isolated from Parlakimedi by 20 miles of broken hills. It was thus very difficult to procure building materials and workmen. The isolation of the place enhanced the difficulties for getting skilled masons and carpenters from outside. Inspite of all these difficulties, most of the work was done by unskilled labour under an inexperienced foreman\textsuperscript{101}. In 1926, inspite of the difficulties, the staff quarters, a store house and a stable were built before Dr. West went on furlough. The foundation of the hospital was laid and the construction was completed and opened on 14\textsuperscript{th} March, 1929. The hospital consisted of three rooms, well-lighted and well equipped for the agency area.

Dr. West, after returning from the furlough, he not only served the hospital as Physician and also helped the Parlakimedi Govt. Teacher Training

\textsuperscript{100} Report CBTM, 1923, p.99.
\textsuperscript{101} McLaurin, Mary, S., op.cit. p.116.
School and the policemen stationed in the small outpost police station of Serango. He also performed the medico-legal work required by the local police. He was paid a yearly fee of rupees 1000/- by the Govt. for the services that he has rendered. The Govt. also supplied a yearly supply of medicines to the Serango hospital for the eradication of hookworm disease prevalent in this area. In 1930-31, 12000 cases of sickness or injury were treated by him.102

In 1933, three additional wards were completed and Rs. 3600,00 ($ 900) was spent on the construction of these wards. This amount was given by some Sunday Schools children in Canada. These wards accommodated eight beds but the capacity for in-patients was not adequate for the number of beds. Hence, many more were accommodated on mats on the floor. Dr. West had brought with him from Canada a steam sterilizer and some surgical instruments for the hospital. These instruments were donated by a lady in Nova Scotia whose husband was a doctor.

In 1940, a special leper clinic was established.103 From 1938 onwards, the Serango hospital was treating lepers as out-patients but with the special medicines and accommodation that was made available, leprosy treatment was also taken up more vigorously. A new clinic was also opened for the treatment of 'Yawa', a peculiar tropical disease found mainly among the primitive tribes.104

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102 Orchard, M.L., op.cit, p.299
103 Report CBTM, 1940, p.34.
104 Report CBTM, 1941, p. 83.
The Govt. gave a grant of Rs. 546 per annum towards the cost of the injections used in this treatment.

In 1941, Dr. Jaipaul, an Indian assistant who had been working in Serango for nearly seven years, left the hospital to set up a private practice. Dr West was handicapped by a small and insufficiently trained staff and strove hard to continue the service. In 1948, the Govt. Medical Officer visited the hospital and noted the insufficient number of beds, the scarcity of lines and the inadequate staff\textsuperscript{105}. In 1950, about 350 inpatients and almost 11000 outpatients were cared for by Dr West.

In 1950, Dr West retired from service and left for Canada. After him, other Canadian missionary namely Dr McDonald continued to volunteer for service in Serango. Since 1950, a committed Anglo-Indian lady doctor dedicated her life to the work of this hospital. The hospital has been recently renewed and enlarged. A fine new operation theatre was built. An adequate and trained nursing staff were appointed for work in the hospital. A missionary nurse also did Public Health teaching in the village. The hospital continued to give the much needed services to the tribes in the hills as well as to many Oriya people who now live in the area\textsuperscript{106}.

\textsuperscript{105} Report Among the Telugus, 1949, p. 121.
\textsuperscript{106} Report, Among the Telugus, 1950, p. 132.
INDIAN CHRISTIAN DOCTORS

An important feature of the medical program of CBM was the development of national staff in the hospitals. Indianization began with the appointment of Dr. A. Jarvis in 1919 as assistant at Pithapuram. He was a graduate of the Miraj medical school near Bombay. In addition to his service as doctor, his spiritual ministry was so effective that it extended beyond hospital confines.\textsuperscript{107}

Two Hindu doctors were converted at Vuyyuru. In 1951 a medical missionary relayed this good news: "Dr. Janaki Krishna Murthy, a Brahmin who came to Vuyyuru as Doctor in 1950 converted and followed her Lord in Baptism in 1951. Eighteen years later i.e. in 1969 Dr. K.K. Susheela made a similar public profession of her faith.\textsuperscript{108}

After 1950's in every hospital established by Canadian missionaries, the superintendency has been transferred to Indian doctors.

Dr. Janaki became Medical Superintendent of the Star of Hope Hospital at Akividu in 1956. An evidence of her popularity among the public was the demonstration accorded her when she left temporarily in 1962 for advanced studies in Scotland. One missionary report concluded: "It was heartening to see

\textsuperscript{107} Orville E. Daniel, op.cit. p. 131.
\textsuperscript{108} Report, 1951-52, p. 128.
the multiple expressions of affection and honor showered upon her by the citizens of Akividu - Christian and non-Christian alike.109

Dr. Ben Elisha was made Superintendent of the Christian Medical Centre at Pithapuram in 1966, after having served intermittently on the staff during twelve previous years. Besides his regular medical training, he took postgraduate courses in three institutions, including the University of Edinburgh. That he upholds the long-established purpose of the hospital is seen in the keynote of the public address which he gave when the Outpatient Administration block was opened: "The aim of this hospital is to cater to the needs of the body, mind and soul of each who comes seeking help..... The emphasis is on Christian service, Christian friendship and Christian witness.110.

Dr. John Coapullai was appointed Medical Superintendent of Arogyavaram Hospital at Sompeta in 1968, after continuous service of more than twenty years. During that time, because of his outstanding skill in treating eye diseases, the Sompeta institution became a specialized hospital.

Mrs. Coapullai was also a doctor who shared her husband's special concern for those suffering from eye ailments. Declining invitations to accept lucrative positions elsewhere, Dr. Coapullai has remained at Sompeta because of his strong Christian motivation.111
Dr. K.K. Susheela became the Head of Bethel Hospital at Vuyyuru in 1970. Her appointment followed many years as staff member and post-graduate studies in Scotland\textsuperscript{112}.

An Indian Christian was made the Director of the Nurses Training School at Pithapuram. Among her qualifications is a bachelor of Science in Nursing degree. After accepting the appointment, Miss Y.N. Vinodini's first report took the form of a strong testimony of telling of her conversion and Christian aims. At Bethel Hospital in Vuyyuru also an Indian Christian Miss P. Jayamani, became Director of Nursing Education on January 1\textsuperscript{st}, 1974\textsuperscript{113}. Thus Indian Christians and Hindu doctors and Nursing staff became Superintends and Directors to many Hospitals run by CBM Church. Some of them also accepted Christ as their Saviour.

These Mission hospitals came under the autonomous Indian Baptist Church Convention organized in 1947. But with a view not to have reflections of the church politics on these hospitals, five of the hospitals located at Akividu, Pithapuram, Vuyyuru, Serango and Sompeta were made members of autonomous Medical Council of India\textsuperscript{114}. This Council of Christian Hospitals was registered as a new Society in India on April 13\textsuperscript{th}, 1973. It is proposed that the President of CBCNC has a place on the Council along with other representatives. But these

\textsuperscript{112} Report, 1972-73, p. 11
\textsuperscript{113} Report, 1974-75, p.23.
\textsuperscript{114} Report CBTM, 1948, p. 87.
hospitals now administer their affairs independently of CBCNC organization\textsuperscript{115}. Most of the hospital staff are the active members of the local churches. The hospitals seek to be at the service of the whole of the Indian community, both Christian and non-Christian\textsuperscript{116}.

**Leprosy hospitals of the CBM**

The incidence of leprosy was high in the Northern coastal districts of Andhra and more so among the depressed classes. Lack of hygiene, leading a life out of ignorance and poverty were the primary causes of this dreaded disease among the people of the depressed classes.

Among all the missionary denominations that established leper hospitals in North coastal Andhra, the CBM is the pioneer and took lead in establishing leprosy hospitals at Ramachandrapuram, Vijayanagaram, and clinics at Pithapuram, Kollair lake, Gollaprolu and Kothapalle.

**Ramachandrapuram**

In 1898, Miss. Hatch's attention was drawn to the sad condition of lepers in Ramachandrapuram field. To her surprise she discovered that her own servant was a leper. Through her survey, it was made known that among the Christian community alone there were 20 of these unfortunates and in 24 villages within the radius of 15 miles, there were 104 lepers\textsuperscript{117}.


\textsuperscript{116} Gorden Carder, op.cit. p.147.

\textsuperscript{117} John Craig, op.cit., p.149.
Compelled by the need to improve the condition of the lepers, a Leprosy Mission was started by the Canadian Baptist Church with Ramachandrapuram as the Central Point for the construction of leprosy hospital and asylum. Against all odds and difficulties, Miss. Hatch purchased two acres of land in 1889. By 1900, a few dormitories with mudwalls and thatched roofs were erected and above 25 lepers, mostly men, were admitted into the asylum for treatment.  

To take care of the medical needs of the lepers, Dr. D. L. Joshee, a Telugu man, specially trained at Agra in leprosy treatment was appointed at Ramachandrapuram Leper Asylum. With good preparation, Dr. Joshee treated the patients in wholly missionary spirit and influence. In the capacity of a medical officer, he brought hope into the lives of leprosy stricken patients in addition to conducting very valuable experimental work in the scientific treatment.  

The coming of more leper patients to the asylum has created a situation of a need to construct permanent structures to the asylum. Miss. Hatch struggled hard to raise money for that purpose. She needed a total of $7000 and through her sincere efforts and dedication she succeeded in collecting the money in the form of donations from different homes. In 1899, a sum of $130 was received in the form of a draft, $2000 contributed by Mrs. Kollock of Canada in  

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118 Ibid, p.150.  
119 Orchard, M.L., op.cit., p.252.
memory of her late husband, Dr. Kollock. This amount was utilized for the construction of Dr. Kollock Home\textsuperscript{120}.

With a cost of $700 a second home was constructed to accommodate the leper children. The amount was donated by Sunday School teachers of Great Britain. The third home at Ramachandrapuram was constructed in three acres of land with the money contributed by Mrs. Albert Bartlar, of Fort Conlange, Canada, in memory of her husband. This asylum was reserved for leper women.

Providing medicines and boarding facilities to the lepers was another big problem faced by the CBM missionaries. The estimated expenditure for 100 lepers was about $2000 per annum. The CBM agreed to provide about 2/3rd of the amount while the remaining was collected as contributions from different philanthropists from India and Europe\textsuperscript{121}.

By 1906, the number of leper patients seeking treatment was increased. There was accommodation for about 140 inpatients. But on account of demand and rush, 205 patients with serious ailments were admitted in the asylum and many were denied admission due to the lack of accommodation. To accommodate more patients, permission was granted to wealthy patients from nearby districts to build their own little houses each for Rs. 200/ - within the hospital premises. In addition to that, the hospital established five clinics in the

\textsuperscript{121} Ibid, p.139.
nearby villages under the supervision of compounders. These new arrangements had the missionaries to treat nearly 1000 patients as outpatients. ‘Mobile doctor units’ were also arranged to different villages on weekends for the benefit of outpatients. Further, the hospital gave training for the symptom free patients in the use of medicines so that when they go to their native villages, they administered treatment to the needy.¹²²

The CBM missionaries also strived to promote education among the children of the leprosy affected patients. A Boarding school was established at Ramachandrapuram for the benefit of the children whose parents were admitted in the asylums for prolonged sickness. As per the statistics of 1946, there were 36 students in the school and the schools inspector gave excellent report on the progress of the school. Besides the regular lessons, ‘carpentry’ was taught in the school under a qualified teacher. Those students who were fully recovered from sickness were admitted into the Govt. training schools.

The older patients of Ramachandrapuram were given training in vocational skills such as gardening, masonry, carpentry, sewing, lace-making and bee-keeping with a view to equip the patients after their recovery, the alternative income generation by themselves as it was evident that they were not accepted by the society for employment. Nineteen patients who were in adult’ literacy programme ¹²³ acquired the skills in learning and writing as well.

¹²³ Ibid, p.69.
Recognizing the humanitarian services rendered by Miss Hatch to the leper patients in Ramachandrapuram leper hospital, the Govt. of India honoured her with 'Kaiser-i-Hind' medal in silver in 1910 and again in gold in 1918\textsuperscript{124}. This was a rare honour that was given by the British Government to those who have done selfless service in India by personal devotion by large-minded charity or by ameliorating the suffering and improving the conditions of their fellow creatures.

\textbf{Vijayanagaram Leper Home:}

The Vijayanagaram Leper Home was founded by Miss Flora Clarke. She obtained one hundred acres of land from the late Rajah of Vijayanagaram in 1901\textsuperscript{125}. A Home was constructed for the benefit of a few lepers in that area. This Home consisted of mud huts and 9 lepers were initially accommodated. By 1910, five large stone buildings, two good houses for lepers and four cook houses were constructed. By 1919, there were 175 inmates, all in dreadful condition and were taking treatment in the asylum. The field of service covered by the Home was large and effective. The leper home succeeded in treating the patients effectively and 1000 lepers were sent home in symptom-free condition. Of these 8 were given employment as mission workers and 3 have settled in teaching profession\textsuperscript{126}.

\textsuperscript{125} Report of CBTM, 1919, p.12.
In addition to physical treatment, the Vijayanagaram Leprosy Home started a school for the benefit of children who were either carrying leprosy symptoms or the children whose parents were in the hospital for a prolonged treatment. These children were given training in both general subjects and in vocational skills such as carpentry, masonry, lace-making by skilled persons\textsuperscript{127}.

**Parker Memorial Leprosy Clinic, Pithapuram:**

The leprosy work in Bethesda Memorial Hospital, Pithapuram, was carried on with the co-operation of the International Christian Leprosy Mission, Portlsand, USA. The work was designed to serve the leprosy patients and hence a separate ward, away from the main hospital was constructed. Dr. Jarvis, specially trained at Tropical Medical School, Calcutta, was entrusted with the leprosy work. A field ambulance was also procured for leprosy work. Rural clinics at Gollaprolu and Kothapalle were started to provide treatments to the patients at their home, as they were not able to come to Pithapuram. Great healing activity took place at the Parker Memorial Leprosy Clinic at Bethesda Hospital and clinics\textsuperscript{128}.

**Leprosy Dispensary at Kollair Lake:**

In order to provide treatment to the lepers in the Kollair lake area, a Leprosy Dispensary was started in 1920 under the care of Mr. Prabhakar. He

\textsuperscript{127} Ibid, p.254.
\textsuperscript{128} Report of CBTM, 1922, p.132.
gave hundreds of injections of Hydrocorpus oil and treated 42 cases in 1947. Of these patients, 12 patients’ condition was much improved while 28 were in preliminary stage of improvement\textsuperscript{129}.

The missionaries were convinced that the medical service among the people, especially among the downtrodden, would enable them to bring ‘Good News’ to their doorsteps leading to a significant change in their living. It would also help them to have access into the non-Christian communities. Hence, they considered the medical mission to be an integral part of their enterprise\textsuperscript{130}. They believed that the ministry of healing the body is an expression of the attitude and mind of God towards man and has its source in the compassion and love of God. The missionary had a conviction that the Christian should concern himself with the care of the sick whether or not others are carrying on this work. From this conviction, it became the duty to develop Christian medical work as a part of essential work of the church in India\textsuperscript{131}.

The churches in Europe and America have come to accept more fully the definition of the Gospel as meaning not only the message of spiritual salvation, but also the practical exhibition of love and mercy of their Master\textsuperscript{132}. Compelled by the situation of the people without medical care and the physical

\textsuperscript{129} Report of 1946, 'Among the Telugus', p.53.
\textsuperscript{130} Salmon Doraiswamy, Christianity in India, p. 197-199.
\textsuperscript{131} Ibid.
\textsuperscript{132} Chandran paul Martin, op.cit., p.183.
illnesses, which killed many, the missionaries started the medical missionary work.

The aim of the medical missionary's work is two fold namely to alleviate physical suffering of the people in the countries, where conducive facilities were not available and to co-operate with the catechist or the pastor by interpreting the divine compassion and breaking down the prejudices of those who could not otherwise be willing to listen to the Gospel. Several missionaries undertook several months of medical instruction as part of their preparation. Getting in touch with the masses of humanity suffering from all sorts of diseases in India, the missionaries made abundant use of medical knowledge, though it was limited.

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133 Ibid, p. 301.