Chapter-IV

THE TRADITIONAL BELIEFS AND PRACTICES OF COASTAL ANDHRA AND MISSIONARY ACTIVITIES

Andhra Pradesh is located on the southern part of Indian Peninsula, essentially has tropical and subtropical climate which makes it susceptible to many kinds of epidermis. The region medical practices could not combat the newly growing diseases which are erupted on account of industrialisation and growing population. The Andhra country, till the end of the 18th century, had no system of Public Health organised by the Government.\(^1\) There were frequent eruptions of deadly epidemics such as Cholera, Malaria and Smallpox, besides many a type of seasonal diseases on large scale. These diseases claimed lives in hundreds every year including a few missionaries who were although very careful and even followed western medicines. There was no doubt, the prevalence of native systems of medicine, the *Ayurveda* and *Yunani*\(^2\) in the country, but the services of the physicians who practiced those systems were available only to a few wealthy and influential people in some urban centres not to mention about the rural poor and downtrodden. Further, these medical systems were not updated by researches and thus their efficiency was uncertain in most of the cases.

Rural masses of the time depended mostly on the conventional usage of herbs and drugs, sometimes administered by a special class of drug physicians called *mandulavallu*, 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

---

1 Grover, B.L. *British Policy Towards Indian Nationalism (1885-1905)*, Delhi, 1967, p. 57.
very low esteem in the society. They make no special study of medicine and so any one can profess to be doctor and play on the credulity of these innocent folks. These quacks pretend that they know everything from physiology down to astronomy. The first thing the quack does is to put the patient on ‘Lankanam’. This means, the patient is denied food of any sort except water to drink for couple of days as a remedy for the disease. This lankanam may sometimes continue for more than twenty days but invariably it lasts a week. There have been cases, it is said that the patients are quite often starved to death. The quack also quite often administer mercury poisons, which form the chief ingredients of his medicine chest. This is administered through the mouth. Poison cases brought to the hospital are many. Even though patients recover, the poison eats away parts of the cheeks and maims them for life.

In such a territory, the people generally have certain antiquated ideas of the causes of diseases. It is a common practice in almost all the families to consult the soothsayer first, as to the cause of the sickness. The doctor is perhaps the last to be consulted, perhaps when it is too late. They believe that some goddess in the guise of Poleramma brings the disease; and the belief is very strong that the offerings to the goddess suggested by the soothsayer will cure the illness of the patient. The indigenous practitioners administered purgatives like calomel, rose water, lime juice, turpentine and prescribed medicines composed of black pepper, borax, asafetida, aniseed, ginger, cloves, Indian hemp and others. The European physicians took indigenous therapies in the hope of profiting from the treatment of a disease unfamiliar to them and unresponsive to their

---

3 Thurston, E. and K. Rangachari, Castes and Tribes of South India, Vol. II, New Delhi, 1975, p. 188.
4 Francis, W. Vizagapatnam Gazetteer, Madras, 1907, p. 156.
therapeutics. The Medical Board informed its practitioners that where western drugs were not available or seemed inappropriate, local ones could be substituted as watery decoctions of pepper and other spices and aromatics in common use among Indian doctors.

The indigenous remedies are also included the preparation of pills by a few methods. Equal parts bark root of Ak (Jilledu chettu, Mandaramu) and black pepper was powdered and was mixed with juice extracted from green ginger and made as pills of the size of a black pepper. The second remedy included the use of Sonf (pedd-jil, kurah sauf), Podina, Lovong (lavango-pu lavangalu), Gulkand which were boiled in water, cooled and used. The third method included the making of pills with seeds of Lal mirch (mirapakaya) and Mom (mainam). These were considered by the people to be very effective for treating certain common diseases like cough, cold ordinary fever etc.

CAUSES FOR THE SPREAD OF DISEASES

The Andhra like any part of the country was also very conducive to several epidemic diseases due to a number of reasons. The major reason was the neglect of protective drinking water supplies. This was most endemic in the southern coastal regions of Andhra Pradesh. The irrigation channels and distributaries, that transacted the Godavari, Krishna and Pernar rivers were used to provide water for drinking, washing, cooking and other allied activities. Through defecation along the banks or by washing contaminated clothes and vessels, the water borne vibrio was readily transmitted

6 David Arnold, Colonizing the body: State medicine and Epidemic in 19th century India, Delhi, 1993, p.159.
7 Ibid., p. 161.
8 Duke, M.L. Common Human Disease and their Treatment, Allahabad, 1914, pp. 82-83.
downstream from one village to another. The high density or rural settlement in such
irrigated areas and the exclusion of the labouring classes from high caste wells and tanks,
has facilitated the increase of several diseases.\textsuperscript{10}

The exceptional conditions caused by the famines was also a contributory cause
for the spread of different diseases. The dry conditions that prevailed during famines of
1830, 1876-78, 1900 etc., in Andhra were normally inimical to the survival of the
endemic diseases and certain aspects of the famine situation and of the human response to
it helped favour the fatal juncture. Famine had its effects on the Andhra region due to
which thousands of villagers from drought regions were removed to the deltaic regions in
search of food and relief. This was one factor in the high incidence of spread of variety
of diseases in coastal Andhra during those years.\textsuperscript{11}

Social and cultural variables were important as well. The migrant labourers who
helped transplant and harvest crops were often identified with local epidemics. Labours
were generally imported from other districts to the deltaic regions along with their
parafernelia during harvest seasons to the wet taluks.\textsuperscript{12} Thus their mobility of the
labourers made a significant link in the epidemiological chain.

**DIET**

Hindu beliefs in the sacredness of animal life seriously affects India’s food
problem and diet. They cannot eat eggs because they believe that egg contains life. A
few Hindu castes do eat fish; but most of them do not. Christian converts who wish to do

\textsuperscript{11} David Arnold, *Cholera Mortality in British India 1817-1947* in Tim Dyson (ed.). *India's Historical
so, and who live separate from Hindus do improve their diet, but when living among Hindus the raising of chickens is not tolerated, and the eating of eggs is frowned upon. One also finds that these food-taboos breed much hypocrisy.\textsuperscript{13} A few priests are known to live on the fines levied on Hindus who dare to partake of forbidden foods. Spies supply them with the necessary evidence.

The religious belief that the soul of a dying person may transmigrate into a bird or animal is a great hindrance to the use of animal food as well as to economic improvement. The elimination of useless cows in order to make more adequate provision for feeding the remainder and so to increase the yield of milk is made impossible by this belief. The average milk-yield per cow in India is only 600 pounds, whereas in Holland it is over 7,000 pounds. The insufficiency of wholesome food is a contributing factor to the reduction of the expectation of life which in this country is only 27 years whereas in the United States it is more than twice as high.\textsuperscript{14}

The prevalence of epidemics at the beginning of the year is also ascribed to the consumption of new grain, lentils and roots that are generally gathered at that seasons.\textsuperscript{15} To these causes should be added the culpable indifference and folly of the victims, who do not seek any timely aid from proper quarters during the epidemics and even tried to conceal the fact of it owing to fear of official interference.

\textsuperscript{13} Ibid., p. 233.
\textsuperscript{14} Ibid., p. 240.
SUPERNATURAL BELIEFS

The prevalence of epidemics such as cholera, smallpox and chicken pox usually believed by Andhras as the sign of disorder caused by the divine wrath. The village gods were deemed to be the guardian deities that protected the people of the respective villages from contagious diseases. Cholera was occasionally thought to be the visitation of Goddesses Ankalamma, whereas smallpox and chicken pox were caused respectively by Poleramma and Nukalamma. Whitehead writes, “When calamity overtakes the village, it is to the village deity that the whole body of villagers turn for protection. They propitiate the village deity to avert her wrath”. The onset of the disaster causes the special worship or a festival of the goddess. There were regional variations in these rites. These rites were often accompanied by the sacrifice of buffaloes, goats, pigs, pigeons etc. A blood sacrifice was thought to withdraw the goddess of her anger symbolised as the heat of the disease. There are also instances of human sacrifices most of the places and one such incident was recorded in 1816 in the Jeypore region of Vizagapatnam district.

The virulence of the epidemic drove the people to seek help in religious ceremonies rather than medical remedies.

So too, were the Hindu festivals and pilgrimages by which the epidemics spread. Fairs and festivals also increased the spread of endemic diseases on account of the unsatisfactory sanitary arrangement and crowd control.

Very serious mortality occurred in Pushkarams of Krishna and Godavari celebrated at Vijayawada, Rajamundry and other areas near those rivers.
A few districts of Andhra generally became the focus of the epidemic due to the vicinity of the road and railway junctions. The districts became susceptible to cholera and other epidemics because of the railway junction there. There have been five epidemics in the districts between the years 1927-28 and 1935-36 resulting in 1758 deaths on an average on each occasion.21

The established popular beliefs and superstitions that there is much unnecessary suffering and many preventable deaths due to false beliefs. The Hindu pantheistic conception of a God who pervades everything, and the resulting belief in 'the unity of all life' combined with the belief in the sacredness of animals, and the sinfulness of killing them, are all definite obstacles in carrying on medical work. During the past 50 years flea-carrying rats have been prominent agents in causing 11 million bubonic plague deaths. Mad dogs and jackals cause many deaths by rabies and sentiments. But however, these animals are rarely killed by the people in the name of Hindu religious sentiments. Even while carrying on the ordinary rules of hygiene one meets with religious beliefs.

INDIGENOUS PRACTICES

Food Practices:

There are several indigenous practices existing prior to the arrival of modern medicine into Andhra Pradesh. These practices continued to exist even during 19th and 20th centuries on account of the economy and usefulness and firmly rooted practices largely exposed by religious or deep-seated social sanctions.22 These include:

---

22 Fishman, A.T. Culture change and under privileged, Christian Literature Society, Madras, 1941, pp.62-64.
1) The cleaning of teeth with a green morgosa twig or with ashes or with charcoal is a common practice. This practice may be economical, convenient, sanitary but not at all satisfactory from the stand point of oral hygiene.

2) Providing mother’s milk to the new born babies for several years is another common practice in Andhra. Although, it seemingly odd to a westerner, but it provides only the accessible source of milk for million of new born babies in India. Further, it is not expensive and delays the next pregnancy.

3) Eating food with fingers is another common feature of the people. The use of right hand fingers for eating purpose is sanitary if the fingers and hand is properly washed.

4) The use of left hand for ablutions following defecation and keeping it away for use of eating food is another common practice.

5) The eating of the meat of dead animal by dalits and tribals every where and poor backward communities at certain places is another common practice. It is very cheap and affordable by them. The scientific experiments proved beyond doubt that the meat of the dead animal is not physically harmful if the meat is collected immediately after the death of the animal either by accident or other means but not on account of any disease.

These factors were recognised by some of the early missionaries, even is shown by New comb’s remarks on a case in Cumbum Taluq. According to him: “After thirty years, the majority of the people of Checherla and papial eat carrion. They swallowed
R's buffalo carcase with ease... Not a bone was left. Well what of it? They are awfully hungry".23

Ignorant, unkempt, often very far from clean, full of superstition, wondering if that foreign doctor could really help them, curious to bear more about that Jesus of whom the medical missionaries speak, those who came along with the patients usually bought the bottles from the bazaar—old vinegar and brandy bottles, soda water bottles that would not stand up, and sometimes the half of a coconut shell or a little tin jug that had been used for kerosene or castor oil. It was problem to the doctor how to mark out the dose as the patient was not always sure whether she/he will swallow the paper along with the powder. The Brahmins usually bring their own water, as the water from the Doctor was defiled because of his touch and as such they are unclean. If the medicine was given in the form of pills the patients and their relatives feel happy.24 It has became a common feature to find the number of Brahmin homes were open to the doctor, for in those days the doors of very few high caste Hindu homes were open to the missionary. Visiting the homes afforded many opportunities for the medical missionaries to acquire experience to find out some point of contact. It did not take long for the doctors to learn that the traditional Hindu families believe the missionaries were ceremonially unclean and that every object touched by them in the high caste Hindu home was defiled. Hence the doctors became quite accustomed to waiting in the court while the patient was brought out from the sick room, or if there were admitted to the ill-ventilated little room, lighted by an oil lamp, they soon learned to wait patiently while the bedding, such as it was

23 John Newcomb, Unpublished Diary, January 13, 1914, quoted by Fishman, A.T, Culture Change and Underprivileged, CLS, Madras, 1941.
carefully pushed to the side of the little cot. The Doctors very soon became adept in placing the medicine bottle on the floor, for they knew that it had been defiled by their touch and that nothing but the earth could make it fit to be handled by the ceremonially clean hand of a Brahmin. In the event of a maternity patient the defilement did not matter, for there had to be the purification ceremony when the mantrams (prayers) were chanted by the family priests and the patient was taken out into the yard and given the bath which made it possible for her again to become a member of the family. The doctors learned, too, that love was stronger than caste. In this way, doctors established a friendship with the inmates of the traditional Hindu homes that made them less strict in their observance of caste rulers.25

The women of coastal Andhra are no exception to the rule that women are more conservative than men. The women are very much influenced by the priests and the native doctors and it is not in the interest of these men to encourage the foreign doctor. Often the men of the family would want to call a missionary doctor, but instigated by the priests, the women would oppose the doctor’s entry into the house because they are unclean. The nature doctors or priests gave an impression that if a patient is suffering with acute mania, it was believed that the patient was possessed by a devil, and the devil doctors popularly known as bhutavaidyulu in vernacular Telugu were called. The practices of these men are often very cruel. They beat the patient with broomsticks or with tamarind branches to drive away the devil. At times, they contended to beat themselves and beating on the walls while beating their tom-toms and repeating mantrams.26 If their incantations were all in vain they were dismissed and the missionary

25 Ibid., pp. 9-10.
doctors were again called. In those days, the doctors won't charge the fees, and that was in their favour. As the patients improved under the more intelligent and milder treatment, there began a friendship continued through many years between the medical missionaries and the patient and their relatives. Thus, two great departments of the missionaries, educational and medical have traditional brought Hindus into touch with the Gospel.

**Drinking Water**

Water is also a frequent carrier of disease because of ignorance, carelessness, caste taboos, poverty and social practices. The people are ignorant of the connection between germs and diseases and do not understand the problems that arise on account of the contamination of water. Some of the common features of the use of water are:

1) The people are careless in taking bath in wells and ponds and even at times in irrigation canals. This is a good old practice and may not cause immediate effect but at times becomes fatal for the weak bodies.

2) The people are also careless in washing the cloths in and around unprotected wells and ponds.

3) The people are careless in defication near wells and ponds and wash their hands in the waters of wells, ponds and irrigation canals.

4) Caste rules makes separate wells to the communities even in a small village and thus make it difficult to have provision of protection to the wells.

5) Poverty of resources limit the ability to the groups to have a protected wells and inadequate fuel supply of boiled drink method of protection.
6) Another difficulty is that although according to customs are well might be used by all
the caste population of a village, two separate wells would be necessary for the two
separate wells are required to the smallest groups of outcastes, Malas and Madigas as
per the caste distinctions among themselves.27

Construction of Houses

In the house construction, the people on account of caste and social practices
adopted different methods which are not also hygienic in the standpoint of health.
Conglomagration of houses knitted very closely without proper ventilation, drainage and
sanitation facilities is a common feature. The people are very poor and as such they keep
the cattle, sheep and other domestic animals within the house where they live on is a
common feature. Although they clean the animal excretia, dust and dirt quite often, the
bad smell causes lot of inconvenience to the inmates and at times diseases as well. The
thatched houses in which they live on an usually succumbed for fire and this has led the
people homeless quite often and in such case the people loose all their properties
including the cash, clothes and useful items in the fire.

Many of the houses even in big villages are constructed without windows and the
people are afraid of having them for fear of thieves. This led for dark rooms without
proper ventilation. Consequently tuberculosis and other forms of lung diseases are
constantly on the increase.

A dung heap, or a pool of water, is a common sight before almost all of the
houses. Naturally, cholera or small-pox breaks out as an epidemic form in some part of

27 Fishman, A.T. op. cit., pp. 63-64.
the area under consideration almost every year. The people, instead of taking the necessary precautions for combating the epidemic, believe that some evil goddess has brought on the epidemic, and so they begin to perform 'Jatara', a form of festival for the goddess. This 'Jatara' consists of waking up during the night, drinking, eating unhealthy foods, offering enables to the deity and so on, which instead of decreasing the epidemic, increase it.28

Further, the houses are not commonly considered safe enough from contamination to justify doing away with dust and drawing vessels.

Separate colonies for each caste in a small village, also led for unilateral practices and hindered the cosmopolitan outlook among the people especially the women.29

Night Soil

The native practice of promiscuous defecation spreads filth-born disease and washes away valuable fertiliser. In some areas, the houses of the well-to-do are equipped with bucket latrines, but even in such cases, the night-soil is largely lost to agriculture. The scavengers are socially degraded because of the stigma that attaches to the handling of human excreta. Obviously, to people who handle their food with fingers instead of with forks or chop-sticks and have inadequate facilities for cleaning contaminated hands and fingers, there is some good purpose served by the pollution taboo.30

28 Kuglar. op. cit., pp. 54-55.
Open air Defecation

The open air defecation is a common practice in India in general and Andhra Pradesh in particular. The people usually carry a small trembler full of water for cleaning purpose. Such people usually use open places such as by the side of roads and open spaces not far off from their houses. At some occasions, people use canals, ponds for the purpose of defecation and cleaning purpose. Since the night soil is open to the sky for several hours, it is prone for germination of insects and flies which usually reach the household articles including food if it not properly covered and thus spread contamination to the articles. At times, the defecation also used by pigs and dogs as food. This way the open air defecation practice by the illiterate, down trodden poor people cause concern for spreading airborne and water borne diseases.

The intermarriage among communities, due to caste, creed and custom, results too often in weakness of body and mind. The sins of the fathers are visited upon the children unto the third and fourth generation—as revealed long before Mendel’s day. Insanity and mental deficiencies of all grades account for much suffering and economic loss also in Andhra as elsewhere in India and the world.

The health of the area is, to a certain extent, affected by the seasons. On the setting in of the rainy weather and during the rains, rheumatism and chest affections are more common than during the hot weather; and in the cold weather the inhabitants of the coastal Andhra suffer from fever and diseases of the kidneys.

31 Francis, Madras District Gazetteers, Vizagapatnam, Madras, 1907, p. 23.
Fever was the most prevalent disease in Andhra and occasions results in greatest mortality. It is endemic, but is always worse during the cold weather, and more especially during the months of December and January, when chilly winds blow from the north-east over the jungly hills.\textsuperscript{32} It is induced by the habit of the native sleeping outside their houses and exposing themselves to the influence of the wind, and it is aggravated by their practice of treating it by starvation. When attacked, they starve for several days at a time, each period of starvation being called in Telugu \textit{lankhanam}, and the disease has all the more power over them when they are thus weakened and reduced.

The fever is generally of the intermittent type. It is accompanied by ague. The hills in the north are peculiarly feverish. The disease is chronic among the inhabitants of these hills, and few persons from the low country can visit them without being attacked by this insidious enemy. It does not show itself generally while the visitor is moving about from place to place among the hills, but it comes out in all its force when he returns to the plains and approaches the sea. The most healthy season is during the hot weather, which is the very reverse of the case. The setting in of the rains brings out the malaria from the decayed vegetation, and renders the whole tract of jungle unhealthy. The prevalence of fever in the plains is not so regular and constant. Some seasons are worse than others. At the end of 1869 and the beginning of 1870, it was very bad. In the following year, the late Assistant Surgeon Wright, in whose early death the Government ordered to proceed to the coastal Andhra and to make a thorough investigation into the reasons of the outbreak.\textsuperscript{33}

\footnotesize{\textsuperscript{32} Henri Moris, \textit{Descriptive and Historical Account of the Godavari District in Presidency of Madras}, Asian Educational Service, New Delhi, 2005 (Reprint), pp. 82-84.  
\textsuperscript{33} \textit{Ibid.}, p. 85.}
It was clearly ascertained by this inquiry that this outbreak of fever was not attributable, as some had erroneously imagined, to the increase of irrigation facilities in the area, on account of the construction of anicuts on river Godavari and river Krishna. The investigation brought to light that it was entirely caused by the malarious winds which prevail during the north-east monsoon. The following are the conclusions to which the Sanitary Commissioner arrived after the perusal of Mr. Wright's Report on the subject: "My conviction is that the periodical accessions of fever in the coastal Districts are due to the geographical position of that area in respect to malarious lands to the north and west, and that the fever is due to the northerly winds of the north-east monsoon sweeping over the malarious jungles of the hill tracts of the Northern Circars before they reach the Godavary and Krishna District and further South and that the Taluks which are the most open to influences from the sea have the least fever." The results of five years' registration i.e., between 1866 to 1873 demonstrated in a very clear manner that the intensity of fever in any Taluk has no relation to the extent of irrigation of the land, but is solely due to its geographical position and its exposure to malarious winds during the north-east monsoon. In Coastal Andhra, Malaria prevailed through out the cold season whole of agency tracts of Northern Coastal Andhra. The wrest season for its prevalence is November upto the first thunderstorm of April. If the people ever contracted the disease, they took no medicine, but fasted and offered sacrifices to the local deity, beginning with fowls and going upwards through pigs, goats and ultimately to buffaloes, until such time the fever left them or they realised that it is their fate and bear it.

^ Ibid., p. 84.
35 Francis, W., Vizagapatnam Gazetteer, Madras, 1907, p. 157.
One of the principal diseases of coastal Andhra is beriberi. The Telugu name for this disease is ubbu vayuvu, or rheumatism, with dropsical swelling. Though endemic in many situations, it is frequently epidemic after the setting in of the rains. It has the same origin as fever, namely, the malarious exhalation from rank vegetation. Natives suffer from it much more than Europeans, indeed it is very rare to hear of the latter being attacked with it; and it is more prevalent on the coast than inland.\textsuperscript{36} It is a disease of middle life, and is peculiar to males, never having been observed in females. It is both chronic and acute. The acute form is usually attended by intermittent fever; and the chronic form is more frequently the sequel of rheumatism and fever.

Cholera and smallpox are sometimes very prevalent. The former is merely an epidemic, visiting the area under consideration from time to time with fearful virulence, and chiefly invading it from the north, through Ganjam and Vizagapatam. The latter is, more or less, endemic. Cholera very frequently succeeds a severe outbreak of smallpox. The sanitary condition of the houses and of the villages render these diseases more widespread and obstinate than they would be if they had not these predisposing circumstances to lay hold of.

In coastal Andhra, cholera has usually been most severe when the seasons have been most adverse. The Visakhapatnam District Gazetteer records that the death rate on account of malaria in 1866 itself numbered 11,695; in 1877, 6,923; in 1878, 4,456; in 1889, 7,065; in 1982, 3,229 and in 1897, 5,103. In 1906, on the other hand, though the season was good, the disease was particularly virulent, 9,685 deaths were recorded up to the end of August. No proper medicine was administered and the villagers have been

\textsuperscript{36} Proceedings of the Madras Government, Public Department, June 14, 1871.
known to propose the imprisonment of neighbouring wizward as the only method of checking the epidemic.37

Besides these diseases, Elephantasis was very common in Bhimilipatnam and Vizagapatnam and the Beri-beri was very rampant on all along the marshy lands and the coast. The Black water fever was very common among the European residents.38

Mortality from small-pox, as elsewhere. fluctuated violently in accordance with not very obvious principles. Vaccination was the only method adopted for checking the disease.

The climate of the coastal Districts is not healthy for cattle either. So much of the land in all the Delta Taluks is taken up for cultivation that very little has been reserved for pasturage. The ryots in these Taluks make it a practice to send their cattle during the cultivating season to graze in the inner and upland Taluks, where there is a much greater abundance of fodder for them. The grass which grows on the banks of the canals in the Delta is very prejudicial to the health of cattle. This grass, being grown on land watered from the Annicut, becomes very rank, and causes the cattle that feed on it to contract a disease called in Telugu Jelaga rogam, which generally proves fatal. Leeches are bred in the stomach of the animal, and cat into its intestines, death being occasioned by haemorrhage. The mortality among the cattle in the Andhra Desa is consequently very great. Inflammation of the throat is also another dangerous disease to which the cattle are peculiarly liable.39

37 Francis, W. op. cit., p. 158.
38 Ibid., p. 157.
39 Henri Moris, op. cit., p. 85.
Thus instead of steps to prevent their incidence and spread, by means of improving hygienic conditions and medical treatments, the people were always kept in false notions. Further, various festivals were celebrated to propitiate the goddesses, so as to drive away their evil effects which the people believed that causes diseases.

Some type of psychical ailments, such as hysteria, were considered as the effects of ghosts possessing the unfortunate victims and thus there was frequent recourse to sorcerers, or ghost-busters, locally called *bhutavaidyudu*. The treatment of ghost busters varied from person to person, depending on the age of the victim and the severity of the affliction. Children were given a talisman, but grown ups had to undergo a very harsh, and even inhuman treatment; that the treatment caused more suffering than the relief. This practice was mostly prevalent everywhere especially among the women-folk. Kandukuri Viresalingam,\(^40\) the great pioneer of social reform movement in coastal Andhra in 19th century, referred to the fact that his mother used to visit such ghost-busters for relief at times of ill-health.

Besides these unhealthy practices prevailing in coastal Andhra, the rumours spread in different parts of the country about the colonial rule also enhanced the suffering of the people. A rumour was spread at Delhi in 1861 when the vaccinators were hindered by the traditional hindus and local practitioners that children are being “tested” with sharp instrument to discover whether are not they were “born foes of the government”. If they were shown to be foes, the rumer said they would be bleed to death.\(^41\)

Further, the ignorance and the caste ridden traditional social system which was prevailing in the country in those days did not encourage scientific discoveries in the medicine that was floated by the western medicine. The Hindu patient seldom accepted the medicine either kept in the liquid bottles or rapers directly from hand from the missionary in the pretext that the hands of the latter were ceremoniously unclean and the medicines were defiled by his/her touch. Hence, the bottles should be kept on the floor and then only the caste Hindus receive them only after the purification process was conducted by way of chanting mantras and sprinkling of tamarind water. In this circumstances also, the traditional beliefs hold good among the people. Thus, the conservative attitude of women was very well influenced by priests and native doctors.

MATERNITY WORK

More than the diseases, the pregnancy and childbirth used to be the factors of a high rate of mortality among the rural women. Pregnancy was considered a gift of god, but delivery of the child was an ordeal, many a time resulting in the loss of life of the child or mother, but at times both. Even if there was comparatively an easy delivery, the post-natal care was another event of danger which lead in many a time, to the death of mothers.

The meternary patients are brought to the hospital as a last resort after having tried other crude methods of relief. Most of them when they arrive have been badly treated or are very late in coming. It is a common experience to get a call very late at night to attend to a maternity case, several miles away, and on going there, to witness the

43 Papers on Indian Reform. The Women of India and What can be done for them, (No author). The Christian Vernacular Society, Madras, 1891, pp. 82-85.
and plight of the mother who has been roughly and stupidly handled by the ignorant
*mantrasanis*, who are wrongly called nurses. Then the patient is rushed to the hospital in
the ambulance, and in spite of the best aid the doctors can give, her life may or may not
be saved, mostly because of rude handling by the ‘Mantrasani’—rural nurse.44 The
Indian Medical Review for the current year 1939 points out that nearly three million
women in India are disabled temporarily or permanently every year as a result of
pregnancy or labour, and the maternal mortality is very high. The tragedy is, that 80 per
cent of these deaths are preventable.

The maternity work increased to a greater extent in all the mission hospitals. Dr.
Kugler gave statistics in 1925 that since the opening of the Mission Hospital at Guntur
there have been 4,590 births. No part of the work makes greater demands upon the
physical strength of the doctors than hundreds of the abnormal maternity cases. Owing to
the ignorance of the native midwives (*Mantrasanis*) and the superstitions of the relatives,
many patients were infected before they were brought to the mission hospitals: In many
cases, the life of mother was saved only by a destructive operation. Caesarian operations
were also formed in several mission hospitals after 1905. It was with much pride that
many mothers went home with their little babies with pride after they were performed
caesarian operation.45

To thousands of expectant mothers prenatal care was given both at the
Dispensaries and Hospitals. This has resulted in gradual reduction of deaths during
delivery. Many husbands have learnt the wisdom of placing their wives under intelligent

---

44 Kuglar, A.S. *op. cit.*, pp. 70-75.
supervision. The women who have come from distant towns and villages for prenatal care always found space in the inns attached to these hospitals. In this connection, it may be noted that a number of child mothers have been cared for in the mission hospitals and among them many were under twelve years of age. Many times, the Maternity wards were overfilled. All classes of mothers came to the mission hospitals at the hour of need, including the wives of missionaries and of European officials, caste Christians, high caste Hindus untouchable women and Mohammedans etc. The latter were very conservative but they also came to these hospitals, especially during the time of distress. It is no surprise to know that there are many mothers in the Telugu country who would not think of having a child born except in the Maternity Wards of Missionary Hospitals. Few of them who could not come to the hospitals had their deliveries in their own homes and got similar treatment as they receive in the Hospital treatment with the help of missionary Doctors.

Since the first Caesarian operation in 1905, at Kuglar Hospital several similar operations were conducted at other mission hospitals also all over coastal Andhra. At Kuglar Hospital in two instances caesarian operation was conducted two times on the same patient. In one instance, a Brahmin woman after she had lost three children came to Kuglar Hospital, and each time took home a living child as the result of the Caesarian operation.

Work in the Maternity Wards afforded many opportunities to the missionaries to study the inner life of Hinduism. During the visiting hours, one would not dream that the Hindu husband must not see his wife until she has had her ceremonial bath. This rule is observed in the homes but not in the Hospital. It is an important aspect that a record is

46 Ibid., p. 56.
always kept of the exact minute and hour of birth, for, in the hospitals this is required for the preparation of horoscope of the child which will be used by the parents for the future of the child.

It is well known fact that the departure from the Hospital is always be counted on odd day, the seventh, ninth, etc., and on an odd day, the ceremonial bath is given to the mother after that only she is taken as part of the family member. There are the common beliefs and customs among the people and most of the missionary doctors acknowledged those rules and followed them.\textsuperscript{47}

The statistics of 1923 of Kugler Hospital shows that 1,832 inpatients were admitted in that year. The records for 25 years from 1898 to 1923 shows that there are 25,531 in-patients, 186,296 dispensary patients and 9,677 office or private patients. Of the in-patients 7,068, or more than one-fourth were Christians; 4,850, or 19 per cent, were Brahmins; 8,710, or 34 percent, were Sudras, and the remainder belonged to several other castes. There were also 321 Europeans and 227 Anglo-Indians.\textsuperscript{48} If the return visits to the Dispensary and Office are taken into the count the number is something over half a million—and if to these figures are added to the numbers of friends and relatives who have accompanied the patients, it would make not much less than a million who have come into touch in some way with the medical plant. Not infrequently a single patient usually accompanied by a dozen or more relatives. Although there existed several supernatural beliefs and customs, the curing of the ailment was considered to be the

\textsuperscript{47} Derby, W.T. (ed.). \textit{Sources of Indian Customs and Traditions}, London, Oxford University Press, 1958, p. 112.

\textsuperscript{48} The Annual Report of the Foreign Missions of the United Lutheran Church in America for the year 1923, Pub. by The Board of Foreign Missions of ULCA, Baltimore, pp. 31-35.
prime important aspect by the hospital staff. The growing patients in these hospitals dispelled all the evil practices existing in the society.

SURGERIES

All the mission hospitals conducted several surgeries. The village doctors, quakes and Bhutavaidyulu always discouraged surgery in the name of Hindu religious sentiments and practices. The patients were not allowed to go to hospitals for surgeries in the pretext that the blood loosed in the operation will be used by the doctors for some other purposes. Not withstanding to the criticism, the missionary Doctors and the surgeons considered that the operative work is full of interest. There has been a fair amount of general surgery, such as tumors and amputations. Abscesses are very common and infected wounds are frequently seen. Mycetoma, a fungous disease might force the doctor for amputation of one or two legs. Sometimes this operation has had to be performed as the result of applications to the feet. Hot poultices applied to the feet in a case of puerperal fever destroys the flesh so that both feet had to be removed.49 Such cases are not common but they do occur. This might results the patients be taken to Bombay for artificial legs.

Maltreatment of fractures has resulted in gangrene of an arm, or infection in a compound fracture of the leg. At times arms or legs are removed above the elbow because the bamboo splints improperly applied by the native doctor were too tight, resulting in the improper circulation of blood resulting the formation of septic or gangrene.

49 Hastings, op. cit., p. 16.
Gored wounds are rather common in the area as the result of attacks by buffaloes, goats, and sometimes cows. For this superpubic operations for vesical calculus are frequently conducted especially on little boys. There has been a fair amount of abdominal surgeries conducted which are chiefly confined to the pelvic organs, although there have been a number of intestinal growths and obstructions. In some cases, appendicitus operations were conducted on some children and women folk as they have swallowed the hair consciously or unconsciously. It was a custom among the ladies to swallow the hair of their husbands with a view to bring longevity of his health; a superstitious belief that existed in coastal Andhra. Although there was greater opposition, the surgery work went on well in several hospitals much against the superstitious beliefs and practices of Hindu orthodoxy. The statistical analysis of all most all the hospitals proved that the surgical operations were much more successful in the missionary hospitals when compared with Government Hospitals.

The Patients

Often one is reminded of the words, “And at even when the sun did set they brought unto Him all that were diseased.” To the Hospital established and carried on in His Name they have come—of all arm, the infant and the white-haired matron, the child wife and the expectant mother, the widow, the victim of temptations peculiar to her class.
They have come from all castes and creeds. Some of them have walked others have been carried on cots or brought to pan quins and in the ox-cart or pony jutkas even from a distance of 20 to 30 miles. Many traveled long distances by train, and it is not uncommon for the patients to the hospital treatments for from Madras. They may have heard of the efficiency of mission Hospital through friends who are employed in the Government offices or in the mission college.

There have never been any special caste ward in mission hospitals, but special respect is paid to the social position of patients. The large number of high caste Hindus that have come for treatment is proof that the observance of the Golden Rule worked well. The feeding and food for the patients has always become a problem as most of the patients would not take the food touched by a nurse or prepared by an untouchable caste women in the name of defilment. Hence, many missionary hospitals arranged kitchen rooms for the preparation of food for caste hindus. When caste gave trouble on several reasons, tact and courtesies are used by the missionary doctors in the hospitals as in other places. The patients soon learnt that every effort made by the doctors is to make them and the accompanies more comfortable during their stay in the hospital.

The Orphan Children

From the beginning children have been among the most interesting patients in the Hospitals. During the famine of 1899 and 1900, several children became orphans due to the death of parents and hence most of them from different parts of Andhra and other parts of India were adopted by the Missionary Hospitals. Some of the wards in the missionary hospitals were full of famine orphans. Of these some have been left by their widowed mothers. Others have lost their mother, and the father has brought them to the
Hospital. Some of these little ones have been sent to Dr. Baer's nursery at Chirala, and others have been adopted by Christians who have lost their children. Hundreds of little orphan children have been thus saved. During the illness many mothers have learned how to feed and bathe a sick child. One room in most of the mission hospitals was reserved for children and infants. As time went on the need for a separate buildings for children became very urgent in many missionary Hospitals. The Hugh Hencken Ward for Children at Kuglar Hospital was constructed at Kugler Hospital for this purpose only.

Of children cared for by the mission Hospitals many of them survived. Many of them got jobs in different professions including Nurses, Doctors, Bible women, ayas in hospitals or other professions etc. Of the orphans from Kugler Hospital Lydia became a pupil nurse, and Dorothy, who was married became compounder in the Chirala hospital. During their early years they brought much sunshine and joy into the lives of those who worked in the Hospital.

******