Chapter-V

THE PROTESTANT MISSIONARY HOSPITALS IN
COASTAL ANDHRA

The purpose of the medical mission can rightly be understood only in terms of the ministry of Jesus Christ. Spiritually the theologically medical work is not at all a different enterprise from the gospel work but it is rather an integral part of the gospel enterprise. Jesus Christ said, "Son of man come not, to be ministered unto, but to minister".1 Jesus Christ not only preached the gospel but also healed the sick. He openly declared that he came for the poor, sick and the despised but not for the rich. If the healing ministry is omitted in the ministry of the Church, the gospel is not preached in its fullness. In order to fulfil this object the missionary Hospitals and its schools of nursing have chosen the motto "preaching and healing".2

The churches in India are well known for their health and medical work. This is part of the heritage and commitment of the church where many hospitals, health centres and dispensary were involved in some sort of relief and medical care. The running of nursing schools, hospitals, paramedical training courses, rehabilitation centres for the blind, polio victims, leprosy patients and even two Christian medical colleges have become part of the life and witness of the church in India. Today most of the hospitals are essentially Indian staffed, self-managed and even financed.

1 Holy Bible, St. Mark 10: 45.
In the process, the Missionaries gave properties, educational institutions and hospitals which they thought would help best to express the love of Christ. They not only preached but practised the gospel in the form of helping the people in various ways which were turned as "Institutions of the Church".

It was the vision of the early Missionaries that good and adequate medical care should be given to the poor and downtrodden and that was the main reason which led to the opening of so many Christian hospitals. Most of the people were treated in these hospitals either as free patients or they had to pay a very minimal amount. A well run Mission hospital stands as a loving witness to the healing ministry of the Church. The very word "Mission Hospital" has a special connotation. This is the place which would do charitable work in the areas of its location.3

A.B.M. CHURCH

Baptist Christian Hospital, Nellore (ABM)

The history of Baptist Christian Hospital at Nellore is dealt with under three headings: (1) Medical work, (2) Nursing School, and (3) Physical structure.

On the request of Rev. David Downie, the station Missionary of Nellore, the Woman’s American Baptist Foreign Mission Society sent in 1890 Dr. Ida Faye with Miss Beatrice Slade to start medical work in Nellore. Dr. Faye began medical work after her arrival at the mission bungalow and later on in a rented house. Miss E.J. Commings, who came to India in 1886 gave a clear vision of the medical ministry in India. Rev. Downie

secured the site and built the main part of the present hospital building in 1895 with the
gift of the woman's A.B.F.M.S. and the building was officially dedicated in February,
1897. The W.A.B.F.M.S. had three objects in view in establishing the hospital.

1) Medical treatment for women and children.

2) Training of native nurses and midwives.

3) To provide medical and religious instruction for Zenana women.

Dr. Faye continued her medical work until 1898. During that time, Dr. Faye
married Rev. H.P. Livering and left for Secunderabad with her husband.

After Dr. Faye's departure, the hospital was run with only one trained nurse
namely Mary Faye upto 1900. It was closed from 1900 to 1904 until Dr. Lena Benjamin
arrived. Dr. Lena Benjamin reopened the hospital in 1904. She developed the hospital
year by year, and out-patient department and the in-patient wards were opened. Along
with Dr. Lena, Miss Catharine Jerow and two Telugu girls, one as a nurse and the other
as compounder, had served in the hospital. Mrs. Billa Mary worked as a matron for a
number of years.4

Nursing School

In the year 1904, Miss Catherine Jerow opened the nursing school in Nellore
town. But it was regularised in 1908 by Miss Annie Magilton, an able Director of
Nursing School. One Kodamala Achamma was the first graduate and the first graduation
of the school took place in 1910. Only girls with low educational qualifications enrolled
in this school in those days because the nursing profession then was treated as having a

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lowly status in Society. The nursing school of the Baptist Christian Hospital was the first Vernacular School. Miss Annie Magilton was the founder of the nursing school of the Baptist Christian Hospital. Miss Catharine Jerow, Miss Gladis Dorris, Miss Elsie Lorson and others helped her in developing the school. Miss Magilton worked as the Director of the School and as Nursing Superintendent of the hospital until she retired in 1940. Miss Helen Benjamin became the Director of Nursing School after retirement of Miss Annie Magilton. She was both powerful and able administrator and greatly contributed towards the building project of the hospital. Miss Dorathy Asplund (1942-1953) and Miss Elsie Larson (1931-1942) who were staff in Nursing School, helped her very much in administration. She also retired in 1961.

Until 1914, the examinations were conducted by the School of Nursing only. But from 1914, the South India Medical Missionary Association of India began to conduct examinations to the students. The Government recognised the Nursing School in 1930 and the students graduating from the school became eligible for government registration. This system continued upto 1958.

Physical Structure

The major part of the present hospital was completed in 1895, and the building was dedicated to medical services in February, 1897. The general ward, diet kitchen were built in 1911 mainly with the gifts of the Woman’s American Baptist Foreign Mission Society. The gifts from the Indian Government and Rockefeller Foundation Fund were granted in 1917. The maternity wards and nurses quarters were built in the same year. The operation theatre, dispensary, medical ward and some more new buildings were added in 1927 and 1928 with “The New England Jubilee Gift”. The New
England Jubilee gift organisation also subscribed funds for the new hospital building construction in 1930.

The nursery and an extension to medical ward and children’s ward were completed in 1937 and 1938 with the contributions of Miss Helen Benjamin, who was the Director of the School of Nursing and the Nursing Superintendent of Hospital and Tikkavarapu Rami Reddy, a donor of the hospital. Many patients and other Indian friends contributed to build more wards in 1943 and 1944. Electricity was installed in 1935. In 1937, with the gift of Reba Lakshmi Narasa Reddy, four satrams (rest houses) were constructed. In 1945, four new private wards and the extensions of doctor’s residence were constructed. In following years many additions were made to the existing buildings. Later on this hospital grew in the number of staff, workers, patients and buildings. More modern techniques of surgery and therapy technology and different medical innovations were gradually introduced. This hospital has been serving and catering to the needs of both the poor and needy in and around Nellore. Innumerable number of people received medical aid either free or with minimal charges.⁵

In course of time, the Missionaries of American Baptist Telugu Mission have realised the need for both the educational and medical services in addition to the evangelistic work. Later on, qualified doctors have come to India as Medical Missionaries. The Missionaries have also realised the fundamental causes of the epidemics in Andhra Pradesh and tried to serve the people by providing the necessary medical aid.

The auxiliary work done in a Christian Hospital in teaching, sanitation, banishing cruel treatment of patients preventing or stamping out epidemics and saving life cannot be over-estimated. It is good and worthwhile, apart from any religious value. In view of the above facts, the Missionaries have taken much care to start auxiliary dispensaries in almost all the Mission stations. Later on they have constructed pucca hospitals in important mission stations.6

**Etta Waterbury Memorial Hospital, Udayagiri**

The Etta Waterbury Memorial Hospital was another medical centre of ABM which was started in 1904. It had humble beginnings. The persons who were responsible for starting the hospital were Rev. F.W. Stait and Mrs. Stait. They were missionaries working at Podili and later in due course of their work they were transferred from Podili to Udayagiri. Rev. F.W. Stait and Mrs. Stait worked for the success of the Medical Mission at Udayagiri. Mrs. Stait, being a doctor, was able to do the much needed work for the sick people of Udayagiri and the surrounding area. The Staits transformed the Udayagiri compound from a jungle to a garden.

They next turned their attention to the medical work. A small dispensary was opened in a native house. A famine was then causing much suffering to people all over. Mr. Stait took charge of the government relief work like digging wells, making bricks and cleaning the site, etc. The bricks thus made were used for the construction of a new hospital at Udayagiri. Finally, the Etta Waterbury Hospital was completed and dedicated in 1904. The hospital was named after Miss Etta Waterbury who contributed liberally toward the building. Dr. Stait performed some very remarkable cures both medical and

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6 Barret, M.H. “Following Sun Rise, India the Budder of Asia, Madras, 1950, p. 126.

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surgical. Mr. Stait, also having some medical study at home was able to extend very efficient support to his wife in her medical and surgical work.\(^7\)

Ever since the hospital was opened because of the untiring efforts and selfless dedication of the Staits the number of patients who came to the hospital increased appreciably.

Mrs. Stait treated different kinds of diseases and cured them all successfully. Many cases of burns, malignant tumours, cataracts were operated and cured. Many poor and diseased patients were treated and cured freely or with minimum medical fees.\(^8\) The total number of out-patients which was 6,782 in 1905 increased to 7,164 in 1906.\(^9\) For the first time in the history of A.B.T.M. in 1924, His Majesty, the King, Emperor of British Empire was pleased to bestow the ‘KAISER-I-HIND’ gold medal upon Mrs. M. Grant – Stait M.D., CM., of the Etta Waterbury Hospital, Udayagiri for doing a fine bit” of medical work.\(^10\) The District Medical Officer also praised the work of the E.W. Hospital. He commended the sincere services rendered by the talented doctor. As the Government Officials extended full cooperation to the Hospital its usefulness increased rapidly. There was new equipment of surgical instruments. The number of inpatients was steadily increasing.

The Victoria Memorial Hospital, Hanumakonda (ABM)

Rev. J.S. Timpany was transferred to Hanumakonda as a Station Missionary in 1896. Even though he was a medical missionary there was no mission hospital to utilise

\(^7\) David Downie, op. cit., pp. 180-182.
\(^9\) Ibid., 1906, p. 60.
\(^10\) Ibid., 1924, p. 39.
his medical services. So shortly after his arrival he started medical work for a year or two in his verandah. Dr. Timpany was available not only in his own hospital but occasionally for advice and operations in government hospital. The Muslims and Hindus took a deep interest in the Missionary Hospital, when Mr. Timpany wanted to open the Mission Hospital with the aid of the local people, the Muslims and Hindus contributed liberally to its funds. Pooling the contributions and the fees received for medical service, the Victoria Memorial Hospital was completed and dedicated in 1902. That year there were nearly two thousand dispensary treatments, one thousand new cases and seven hundred major operations.\textsuperscript{11}

The important departments of the hospital work was the training school for nurses, which was supervised by Miss Wagner. In the beginning, five young women were admitted to the training school. The nurses training was given according to the western method. It was due to the very gratifying visits of friends from American like the Secretary Dr. Barbor of the A.B.F.M.S., The Victorial Memorial Mission Hospital progressed satisfactorily.\textsuperscript{12}

The Mission Hospital at Hanumakonda was named ‘The Victorial Memorial Hospital’ in honour of the late Queen Empress Victoria. The work of each day begins with reading and exposition of the Bible and prayer. Medical work will be carried out through out the year.

\textsuperscript{11} David Downie, \textit{op. cit.}, p. 285.
\textsuperscript{12} Report of the A.B.T.M. for the year 1902, pp. 63-64.
In the dispensary of Hanumakonda over 5,000 new cases were treated and a total of about 11,000 treatments were given in 1908. People had come from many and distant villages. The gospel continued to be preached to them as usual.  

In 1908, a branch dispensary had been conducted at Pedapalli 70 miles from Hanumakonda. A friend of the patient in England had been pleased to offer to send a consignment of medicines for use in the hospital. The year 1911 was the best year in the history of ward work of the hospital. During that year, the Timpany's foregoing the annual rest continued their medical work at the hospital.

A number of amputations of arms and legs besides many minor operations were performed. Many hopeless cases even from the fellow missionaries and patients in the mission field came to Hanumakonda Hospital and they were cured.

Three epidemics and broke out in and around Hanumakonda in 1918. They were plague, cholera and influenza. As soon as plague struck part of the town houses were vacuated, many people fled to other places, many shops were closed. It kept the hospital staff busy with the inoculations.

On some days, more than 200 people were inoculated as a preventive from plague and choleara and the people who were already attacked by those deadly diseases, were treated for cure. Influenza which creates horror in the people, has visited Hanumakonda whole families were laid low in such swift succession that there was no one to care for or even to cook food or give water or medicines to the sick one. In some villages there were

13 Ibid., 1909, p. 43.
14 Ibid., 1908, p. 40.
none left with strength to dig graves and the bodies of the dead were thrown into the wells. The doctors and the nurses took necessary steps from the very beginning and were able to combat the disease. Sometimes they used motor cycles to respond to the calls from all parts of the country and bring relief to many. Besides the great amount of extra medical work, the regular work in the hospital continued uninterruptedly. Patients from 1,101 different villages came to the hospital for treatment.\textsuperscript{16}

During 1925, Hanumankonda Hospital started child welfare centres in three outside villages. Mrs. Manely, Miss Gulban and the nurses had undertaken to visit these centres once in a week and talk to the mothers and children. Thus, the health and welfare work provided a wonderful Evangelistic contact.\textsuperscript{17}

\textbf{Dr. Clough Memorial Hospital, Ongole, (ABM)}

One of the important works in Ongole done by the then Missionary, Mr. Baker, was to establish a memorial hospital in the name of Dr. Clough who worked devotedly in the Ongole Mission until his retirement. The other missionaries too had the same idea but insisted that it should be in a place other than Ongole. At that time, there was a government hospital functioning in Ongole which made the missionaries take a different stand and Nellore also was not considered for the same reason. The missionaries ignored the fact that the main aim of the Mission Hospital was to take care of both body and soul whereas government hospitals care only bodily cure. Mr. Baker who left on furlough had got the permission from the Board of solicit funds to the extent of $ 40,000. Without much effort he succeeded in getting the money. His visit also culminated in settling the

\textsuperscript{16} Ibid., pp. 42-43.
\textsuperscript{17} Ibid., 1926, p. 69.
question as to the location of the hospital. It was finally accepted that the hospital should be in Ongole but there was difference of opinions regarding its location. Some of the Missionaries suggested a place outside the town but was met with serious objections from many. Finally, this question was left to decision of Ongole Missionaries with the understanding that efforts would be made to overcome the objections raised. One of the objections was that a police bungalow and compound prevented a proper entrance to the hospital site. The Missionaries Mr. Baker, Dr. Stenger and Dr. Downie invited Governor of Madras and Members of Council in Ootacamund and presented the case and after much opposition and delay the Government finally ordered the sale of police bungalow along with compound to the mission. This settled the matter once for all. After the death of Mr. Clough, it was named 'The Clough Memorial Hospital'.

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In 1916, Dr. Jesse W. Stenger and his wife were transferred to Ongole to take charge of medical work as well as to supervise the erection of the hospital buildings. In 1917, Dr. and Mrs. Charles Manely and Miss Sigrid Johnson a trained nurse joined the medical staff at Ongole.18

The first of several dedications in connection with the Clough Memorial Hospital took place in January 8, 1917. The cornerstone of one of the S.F. Smith Memorial Gates

18 David Downie, op. cit., pp. 126-128.
was laid by Mrs. A.H. Strong, while Dr. Strong, former President of Rochester Theological Seminary made the address. The Collector of Guntur District presided over the meeting. Mrs. Stenger read the poem, 'Shine on Lone Star', through which Dr. Smith had once saved the mission. Dr. Strong’s subject was “Personnel Memories of Dr. Smith”. The money for these two great gateways.

One opening from the trunk road and East side of the compound and one from the municipality road on the north, had been given by a grand son of Dr. Smith and fellow members of the Calvary Baptist Church of Minneapolis. The next dedication was that of the Pasadena Dispensary. With the completion of this building the hospital was able to move into its permanent compound in 1918. In December 1919, the memorial tablet in the administration building of the hospital was laid by right honourable Sir F.T.D. Willingdon, the Governor of Madras Presidency.19

There were 232 inpatients during 1920, 24 of whom were confinement cases. 5,318 outpatients were treated. Total number of treatments for that year was 16,588. The village people were very ignorant and superstitious, and they could not understand the value of the hospital treatment. Those who had come to hospital, joined the hospital as a last resort. Many serious cases were cured.20

In 1922, 20 buildings, large and small, besides some small out buildings and a stone wall around the 23 acres of hospital compound were constructed. Foundations were laid for engine room and for a machine shop along with the foundations for the water tank tower. Dr. Stenger was indisposed of a sharp attack of appendicites but the

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19 James M. Baker, “Contending the Grade in India”, pp. 165-166.

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medical work went on with the help of the Indian assistance. The number of patients treated in the dispensary during the year 1922 was 10,712 and the total number of treatments was 16,379. It was of great interest to note that more than half of these 321 inpatients, were women and girls because the hospital had several good women nurses. The following serious cases have been treated during this year.

Tetanus contracted of child birth; a young man with typhoid fever, a caste woman from chronic gastritis, a Christian girl with typhoid, a Mohammedan girl with huge Tonsile and adenoids. Two Missionaries’ children with typhoid were treated and cured. Many women who came here completely cured. They received Bible teachings while doctors and nurses were doing medical service, the hospital evangelist and Bible women had been preaching the gospel to the patients and their followers.\(^{21}\)

In 1923, the number of inpatients and the receipts from fee increased considerably. One of the outstanding features of the year had been the relapsing fever epidemic. Three hundred nineteen cases were treated in the wards and almost all recovered. Those who treated in the wards and almost all recovered. Those who came to the hospital late in the course of the disease were also saved from that. Many people died of it in their villages. Intravenous injections were given in the beginning of the epidemic to prevent the disease. Many cases were brought in an unconscious state with high fever but were saved and sent home. Many would have died but for the care given in addition to the medicine. Blood was examined before treatment was given. Patients were treated in the light of blood test and were rapidly cured. Dr. Boggs with his fine training and

skill had done most of the operations. Majority of people thought that operation was meant to butchering people. In order to remove such false impressions, they were educated by keeping them for sometime in the hospital itself. They were operated on as and when they gave their acceptance.²²

In 1924, the dispensary patients numbered 6,302 against that of 5,903 in 1923. The number of patients increased because of nursing care and definite cure. The people were impressed with their relief from bodily disease and they were preached the gospel. So this clinic served the patients both physically and spiritually.²³

In 1925, the work of the training school for nurses, both male and female, had been organised in a better way. Cleanliness of the compound, installing drainage system and septic tank, replacing a gasoine engine and pump in the place of old pump were worked out. The hospital had been exerting a real spiritual cure on many people who would otherwise not come directly under the influence of the gospel.²⁴

During the last half of 1926, all the wards were filled to overflowing with the verandahs occupied and every bed in use. At one time, there were 70 patients and a large proportion were surgical. Dispensary patients numbered 8,397. Operations in the hospital and dispensary numbered 812. Out of total budget of Rs.14,000/- for current expenses of Rs.5,000/- was derived from indigenous sources and the remainder from the American contributions. Evidently the attainment of self-support was still in the future.

²² Ibid., 1923, pp. 124-125.
²³ Ibid., 1924, p. 40.
²⁴ Ibid., 1925, p. 24.
The Nurses’ Training School had a high degree of success in the examination given by South India Medical Association. The nurses both men and women who were graduated had been serving as head nurses.\textsuperscript{25}

The Clough Memorial Hospital at Ongole had the services of two American doctors and an American nurse besides a good Indian staff. An Indian lady doctor was added as there was no lady doctor for women patients. The X-ray unit was given to the hospital by the Rockefeller Foundation and the lighting plant by a friend of the hospital. These gifts were secured for the hospital by Baker the Station Missionary.\textsuperscript{26}

Thus the growth of the Clough Memorial Hospital had been from the beginning not sudden and spectacular but gradual and substantial.

By 1928, the hospital attained complete self-sufficiency. This hospital mainly concentrated on the diseases of lungs, heart and kidneys. Tuberculosis, eye diseases, cases of leprosy, cholera and influenza were the other diseases that were also treated in this hospital.

The three great diseases plague, cholera and influenza were frequent. The treatment for cholera with saline solution proved to be effective.\textsuperscript{27}

Medical Relief

The A.B.T. Missionaries in addition to their selfless and dedicated service in the hospital also concentrated on medical relief work. This medical relief work mostly related to the services rendered by them when there were famines and epidemics.

\textsuperscript{25} Ibid., January 1927 to April 1928, p. 30.
\textsuperscript{26} Ibid., 1928, pp. 23-24.
\textsuperscript{27} Ibid., pp. 51-52.
The two curses namely: Famine and epidemics which were prevalent in India were the main causes for the disabilities like poverty, insanitation and natural disorders. The main occupation in India is agriculture which depends on the periodic rains. When the rains fail crops also fail, consequently great famines arise. The after effect of the famine, cyclone, draught and floods was the outbreak of epidemic diseases. In addition to these, over-population and meagre lands for tillage were root causes for the spread of epidemics. There was also the occurrence of some infectious diseases namely small-pox, chicken-pox and measles. There were also fevers like malaria, typhoid and forest fever.

Cholera was the chief epidemic that visited Nellore, Gurazala, Narasaraopet, Ongole and Podili, between 1905-1929, thousands of people were victims of this epidemic. During this period, the medical mission and staff of A.B.T.M. took up the challenge and served the people at the risk of their lives while serving the distressed people.

A number of the Christian died and some Mission workers also died. The Missionaries distributed cholera medicines to every mission agent throughout the field. Hundreds of victims from every class and caste recovered from the disease and they were thankful to Christian Missions in their midst.

The Christians held prayer meetings in the villages. Cholera was in all the villages around Narasaraopet and was very severe in the town but no case occurred in the Christian compound.

28 Ibid., 1905, p. 9.
29 Ibid., 1906, p. 46.
30 Ibid., p. 52.
31 Ibid., p. 55.
The Missionary teaching and preventive work was continued with seal and sincerity. Some of the hospital staff wrote several booklets on prevention of diseases and on sanitation. They had been translated into the vernacular and it was hoped that they might accomplish something in the villages towards raising of health standards. Some graduate nurses were appointed in the villages to do health work and give health talks and demonstrations. They prayed for God’s blessings and left for the next town where the same programme was carried out. Cholera stopped almost upon inoculation.32

A.E.L. CHURCH, GUNTUR

Father Heyer was a graduate in medicine and did a good deal of casual medical work during his first two terms in India.33 But medicine was definitely ‘accessory’ to his real work of preaching and teaching.

When the first woman doctor, Dr. Anna S. Kuglar arrived in 1883 she was not sent out for ‘medical’ work, but as an ‘educational missionary’ to work in zanana, since the Home Board at that time was not convinced of the necessity of distinct medical work on the mission field.34 She also declined to make any appropriation for medical service. Dr. Kuglar began in a quiet way with dispensary work, treating 60 patients in her first year while doing her official duties of school and Zenana work. On account of the inflow of patients from different quarters especially from Muslim and Brahmin communities, the medical work gradually acquired comprehensiveness. In 1885, she was granted permission to rent a house for dispensary work on self support basis i.e., from without

32 The Sixty-Second Annual Story of the Work at Ongole for the year 1928, p. 10.
34 Kuglar, A.S. Guntur Mission Hospital, Guntur, India, Connecticut, 1928, pp. 2-5.
any financial burden on the part of mission. By February 1892, plans and estimates were ready for a hospital and dispensary buildings, Dr. L.L. Uhl strongly supported the project and through his efforts, Rs.45,000 were raised in America. The cornerstone for the dispensary was laid in April 1892, and the building opened in 1893. In July 1893, the cornerstone of what is now the main hospital building at Kuglar Hospital was laid. The formal opening of the Hospital with different wards such as children ward, maternity ward, female ward and general ward took place on June 22, 1897. The Medical Home, residence for the doctors, was built in 1894-1896.

It was not till 1895 that Dr. Kuglar was finally released from other Mission works which were entrusted to her to devote full time to medicine. She was joined in December, 1894 by Miss Katherine Fahs, R.N., the first missionary nurse, and the Training School for Nurses was opened in 1899, the first class being graduated in 1901. As the nursing profession in these early days was not at all approved of by the Indian Community either and hence initially Hindu or Christian women did not join for Nurse training. Hence, the first candidates were drawn from the Anglo-Indian Community.

KUGLAR HOSPITAL, GUNTUR (AELC)

The Medical work of the Church was in its mere beginnings in 1900. It is true that Dr. Kuglar had built the Guntur Hospital, opened in 1897, and training of Nurses had been begun, but the first class of nurses did not graduate till 1901. The first class was of Anglo-Indian girls only. Not until 1905 did an Indian woman enter Nurses Training. Dr.

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36 Kuglar, A.S., op. cit., p. 15.
Baer, from 1896 and Dr. Eisle Mitchell, from 1903, assisted Dr. Kuglar. In 1903, the first outpatient dispensary was opened at Chirala. While on furlough in 1904-05, Dr. Kuglar raised funds for the Children’s ward and the hospital Chapel. She also began to raise funds for the opening of Medical Work in Rentachintala.\(^{39}\)

In 1909, the Tenali Dispensary was opened, and Dr. Baer was placed in charge of the Medical work in both Chirala and Tenali.\(^{40}\) In April 1911, Dr. Kuglar made a tour in Guntur District to raise funds for the erection of a Maternity Ward and Operating Room. The Guntur District Board granted Rs.5,000/- toward these buildings. The Nurses Training School building, Guntur was begun. In July 1911, The Chirala Hospital building was completed in 1912.

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

The first twenty five years, the hospital served 25,531 inpatients, 1,86,296 dispensary patients, 9,677 office or private patients. Of the inpatients, one fourth were Christians, 19% Brahmins, 34% Sudras and the rest from the other castes and outcastes.

\(^{39}\) Ibid., pp. 66-68.

\(^{40}\) Haris, E.C. The Genesis of Chirala Station of Guntur, India, 1918, pp. 9-10.
Dr. Kuglar never made an apology for telling about Christ, even though the majority had to go to the Mangalagiri temple to be purified after their visit or stay in the hospital.\(^{41}\)

Dr. Anna Kuglar, writing in 1920 of her work, speaks of the deep discouragement with which the year began. Dr. Kuglar herself had a complete physical collapse in June.\(^{42}\) Dr. Eleanor Wolf and Miss Hoffman had gone on furlough. The bulk of the work had fallen upon Dr. Paru, a lovely Indian Christian from Malabar who gave a total of twelve years of service in Kuglar (1911-24). Dr. Kuglar recovered sufficiently to carry on till 1927, when she returned to America. She had reached the age of retirement, and her health was such that she was not expected to return. Her heart was in India, however, so in 1928 she was given permission to return to her beloved work. Her death in July 1930 at the age of 71 ended a great career of service, forty-seven years in all.

Recruits for the work did not fail. Miss M.K. Blair and Miss B.E. DeRemer came in 1921. Dr. Irene Smedley (1924-22) and Dr. Mary Fleming (1921-24) gave short periods of service. Miss Lottie Martin, 1923, and Miss R. Brummer, 1924, joined the nursing staff. Dr. Arline Beal arrived in 1925, served as an assistant to Dr. Kuglar for a while and was in charge 1927-29; 1932-37. In 1928, Dr. Nellie Cassel arrived and served till 1933.\(^{43}\) After Dr. Kuglar’s death she was in charge. Indian assistants of L.M.P. grade were also on the staff, notably Dr. Danamma Joshua, 1922-35. Dr. Gladys Morgan arrived in May 1935 and was in charge 1937-39. Additional missionary nurses who have

\(^{41}\) Drach, George. Kingdom of Pathfinders; Biographical Sketches of Foreign Missionaries, Philadelphia, Muhlinbarg, p. 56.

\(^{42}\) Kuglar, A.S. op. cit., pp. 53-56.

\(^{43}\) Ibid., p. 39.
served in Kuglar are Miss Verna Lofgren, Miss Nan Lindahl, Miss T. Neudoerffer, Miss Sarain Synder. Dr. B.E. DeRemer has been physician in charge since 1940.44

The hospital was enlarged as a General Hospital by the construction of a small ward for male patients.45 Dr. K.K. Titus, M.B.B.S., was the first male physician attached to the staff 1937-42. As a rule, there have been at least three Indian women doctors on the staff. A X-Ray plant was installed in 1933. A ward for T.B. patient was added also. The main building was extensively repaired from the Kuglar-Woerner Memorial Fund. The Medical Home has been remodeled, and a fine residence for the Indian women doctors was built in 1942. A satram of three lines of Christian patients was built in 1936. The regular weekly dispensary visits to Tenali have been continued. Funds are on hand for an extension to the Nurses Home.46

KUGLAR'S NURSES TRAINING SCHOOL

Miss Katherine Fahs who founded the Training School in 1899, continued in charge until her retirement in 1927. The Nurses Home, erected in 1912 was enlarged with dining rooms and kitchens in 1927. Plans are in hand for an extension to the Home and Rs.30,000 on hand for this purpose.

Standards of entrance requirement in the beginning less than Eighth Standard, were raided to conform to government examinations and registration requirements, first to III Form passed; then in 1935, the School became Higher Grade, admitting only candidates who held S.S.L.C. certificates.47

44 Ibid., p. 36.
46 Ibid., p. 64.
Following Miss Fahs, the following have been in charge of the School Miss L. Martin (1927-28; 30-32), Miss H. Levine (1928-30), Miss V. Lofgren (1932-36; 39-44), Miss M. Meissner (1936-7), Miss N. Lindal (1937-39), Miss T. Neudoerffer (1944-48; 49-) and Miss S. Snyder (184-49). Miss Neudoerffer is the present Nursing Superintendent.

The nursing profession has expanded much in the last half century. It has grown in favour with India’s people, Hindus as well as Christians. The Government is doing much to encourage Nurses Training and increase facilities for it. A few Hindu and Moslem girls have received training at Kuglar, but the great majority have naturally been Christian. The alumni of the school are holding positions far and wide; well trained Christian nurses have many doors of opportunity for service. During the war years many entered military service.

Nurses in Training 1950 46
Total expenditure Rs. 123,575. Included in figures for the Hospital, above.

WOERNER HOSPITAL, RAJAHMUNDRY (AELC)

Dr. Lydia Woerner, founder of medical work in the Rajahmundry Mission arrived in 1899. A dispensary was opened on March 26, 1902 in a rented house. The first year’s work reported 2026 patients, 432 visits to homes, and 84 surgical operations. A temporary hospital was opened in 1904 in a rented building in Innespet.

Medical Service at Rajahmundry was started, slightly later than at Guntur in 1899, by appointing Dr. Lydia Woerner. Rev. Dr. Emmanuel Edman, who came as the resident

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48 Ibid., p. 286.
49 Kruder, op. cit., p. 129.
missionary to the Rajahmundry field commended for a hospital at the place, repeatedly in his letters. He was born in Sweden in the year 1857 and emigrated to USA, where he studied medicine, before taking up missionary job. He reached Rajahmundry on January 18, 1890 and found that his medical education proved to be of a great advantage. In support to his repeated suggestions, the success of medical missionary at Guntur, namely Dr. Miss Ann Sarah Kungler must have convinced the authorities of the home mission, BEMGS who took a decision to open a dispensary and sent Dr. Lydia Woerner to the field. In February 1902, the mission acquired a site and built a dispensary in March 1902. In the month of December, Miss Wahlberg came as the first trained nurse and joined Dr. Woerner, in the dispensary work.  

In 1905, Dr. Julia van Der Veer, and in 1908 Dr. Amy Rohrer and Dr. Betty Nelson came as Doctors. They acquired good name for themselves as well as to the dispensary by their services. The Mission acquired a site in January 1910, to construct a hospital, the same as the present site of the Mission Hospital which was formally opened and dedicated in July 1911. In 1915, Miss Anna Roher, Miss Christina Erikson and Miss Hilma Levine came to Rajahmundry, as Missionary nurses. The first mentioned is remembered as the founder of the nurse training school in 1918, which was opened on the premises of the hospital. It was recognized by the Government of Madras and by all Mission hospitals.

In 1920, Dr. Betty A. Nilsson was physician in charge. Miss Hilma Levine was Nursing Superintendent, and teaching the first class of four girls in the Training section,

50 The Foreign Missionary, op. cit., p. 33.
51 Swaveley, Ch. pp. 281-283.
opened in 1918, Dr. Nilsson reported 1299 inpatients that year, the average being forty patients per day. Dr. Reese Wilkins arrived in 1921 (resigned 1923) with nurses Steigerwalt (Mrs. Irschick), Meissner, and Whitteker. Miss Lofgren arrived in October 1923 to begin a lifetime of service. In January 1927, the Von Gerber chapel – Gloria Dei – was dedicated. This beautiful chapel is in daily use and a source of great spiritual power. Dr. Grace Moyer was associated with Dr. Nilsson in her first term (1928-33) and became physician in charge (1935-38) when Dr. Nilsson removed to Augustana Hospital, Bhimavaram. Dr. Moyer’s unfortunate illness compelled her early return to America, so Dr. Nilsson returned to Rajahmundry, 1938-40.

Rajahmundry Hospital along with other hospitals was made a general hospital, 1939. Dr. V.E. Zigler was appointed physician in charge, 1940, to become the first male physician to head one of the formerly purely women’s hospitals. During his two terms here Dr. Zigler has won his way into the affection of both Hindus and Christians in this area. Dr. Nilsson served again in 1947-48 during Dr. Zigler’s absence on furlough. In 1948, she completed forty years of missionary service, most of it in this hospital. Suitable celebrations were held in her honour. Rajahmundry Hospital stands very much as a monument to her life-time devotion and sacrificial service. Since her retirement she continued to serve wherever needed in the various hospitals until her return to the United states in 1950.

Assistant doctors who have given excellent service are Dr. Jessie Muthiah, 1924-36; Dr. W. Wilson, 1936-39; Dr. I.M. Samuel, 1935-50; Dr. M.J. Simon, 1939-47; Dr.

52 Swaveley, 1942, pp. 10-12.

Missionary Nursing Superintendents have been Miss Levine, 1916-23; Miss Lofgren, 1924-27; 37-39; 45-50; Miss A. Brosius; 1936-37; Miss L. Martin, 1939-40; Miss Meissner, 1922-27; 40-15; Miss Blair, 1944-45; Miss E. Hartig; 1947-50.

Plans for greatly needed improvements and new buildings were made in 1940, but were held up by war conditions. Two wings were added to the main building. 1946; an assistant doctor’s house built, 1949. The Medical Superintendent’s bungalow was remodelled, 1950. Renovation of Indian doctor’s quarters. Nurses; line and servants’ quarters was carried out. A commodious Nurses Home costing Rs.1,20,000 is under construction. The Men’s Ward is also to be enlarged by a second story. A bit of land opposite to the hospital has been secured for a Satram site.

An X-Ray was installed in 1936; an improved laboratory with trained technician in 1940. Dispensary work continues at the Reading room, at Gonagudem and at Ankalagudem.

**NURSES TRAINING SCHOOL**

The first class of four nurses graduated in 1921. Since then the school has trained a total of 121 in nursing and 17 in midwifery. The school has suffered from the lack of a

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suitable Nurses Home. The nurses were housed in a line of rooms behind the hospital till 1945, when they were removed to the old Medical Home. Ground for the new Nurses Home was broken in November 1948. The ground story is finished and being occupied, 1951.

The school is of vernacular grade, lower, and is recognized by Government. It has been in charge of the following Nursing Superintendents, Miss Levine, seven years, Miss Lofgren, 13 years, Miss Meissner, ten years, Miss M.H. Meyer has recently arrived from furlough to supervise the school.

BAER HOSPITAL, CHIRALA (AELC)

The Chirala hospital became the Baer Hospital officially in 1937, in honour of Dr. Mary Baer, the founder of the hospital, 1908, and in charge as physician till her retirement in 1934. Dr. Baer began her work in a couple thatched sheds. Ground was then secured, 25½ acres from Government and 7 acres from Hindu friends as a gift. The hospital building, in part, was erected in 1912-14. The east wing, and the second story were added later. Dr. Baer and the American nurses lived for years in the ‘Nursery’, until the doctor’s bungalow was completed in 1924. Miss Rose Brummer opened the Nurses’ Training School in 1925.

Just before her retirement, Dr. Baer built the lovely hospital chapel, dedicated in 1935. This was a gift of the Maryland Synod. On her retirement she resided at Rentachintala and Kotagiri until her death at Guntur on July 11, 1942. She was succeeded by Dr. DeRemer, 1934-38; then Dr. and Mrs. Thomas Kuruvilla, 1941-45; Dr.

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56 Ibid., p. 289.
57 Report AELM, 1926, p. 35.
R.N. Matthew, 1945-46; Dr. S.J. Gross, 1946-48; Dr. J. Ramarao, 1948-50. Nursing Superintendents have been Miss Brummer, Miss Levine, Miss Meyer, Miss Onsrud. Mrs. R.B. Covington since her return to India in 1947 has been Business Manager.58

A large Hospital Development plan has been carried out by Dr. J.C. Finefrock, as Mission builder. A fine dispensary was completed in 1946, a large hospital extension, 1949. Baer Hospital has grown to be the largest hospital in the Church in number of patients; administered to. The local community has given considerable support to the hospital, the dispensary being the gift of a local Hindu friend.

NURSES TRAINING SCHOOL, CHIRALA

Miss Rose Brummer came to Chirala in 1924, and opened the first nursing class in 1927. The first class graduated in 1930. After the medical home was built the 'Nursery' became the dormitory for the nurses. This was also inadequate, and in 1939 a wing was built for staff nurses. Recently a new Nurses Home has satisfied a long felt need.59

Superintendents in charge have been Miss R.E. Brummer, 1927-30, Miss Mabel H. Meyer, 1930-33; 35-40; 44-49; Miss Hilma Levine, 1933-35; 40-44; Miss Myrtle Onsrud, 1949-50. In 1950, the total missing students on the roles are forty six.

MISSION HOSPITAL, RENTACHINTALA (AELC)

Medical work at Rentachintala was began as a small dispensary on the Mission compound, served by the Gurzala Government doctor. The first Hospital unit built was

58 Ibid., 1952, p. 23.
59 Swaveley, 1942, p. 283.
the Hencken Maternity Ward, 1916. The staff consisted of an Indian sub-assistant surgeon, Dr. Jabaratnam Pillay, a compounder and a Bible woman. Dr. Alfred Pfitsch, the first American doctor to serve there was also the first male American doctor to come to our Church. He arrived in May 1918 and continued for one term. Dr. K. Sundaram, LMP, and Dr. Godfrey, were his assistants. Miss Elizabeth Szember was the first American nurse, 1921-25. She opened a training school for both male and female nurses in 1922. But since the hospital was too small to receive recognition as a training center, this was discontinued. Since then the necessary nursing is done by graduate nurses, both men and women.

Dr. David Athisayam was in charge from 1924 to 1929 and continued as assistant doctor till 1939. The main hospital building was begun in 1924, and completed the following year. It was erected by Dr. and Mrs. J.E. Miller, of Philadelphia, in honour of Dr. Miller’s parents. In 1929, Dr. V.E. Zigler arrived to give the greater part of two terms of service to Rentachintala Hospital, 1930-35; 1937-40, Dr. Zigler developed medical service in nearby villages and gave valuable service to the Boys Boarding Schools of the Guntur side. He was also advisory physician to Chirala Hospital for some years. Dr. Ch. S. John was in charge, 1940-42; since then Dr. J. Ramarao and Dr. I.N. Joseph have served here.

Missionary Nursing Superintendents have also served as Business Managers of the Hospital in recent years. They have been Miss Szember, already mentioned, Miss

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60 Dolber, M.L. (Jr.), op. cit., p. 329.
61 Swavely, op. cit., p. 282.
62 Ibid., p. 283.
Viele, 1925-26; Miss Blair 1927-30; 43-47; Miss Martin, 1935-37; 38-39; 41-42; Miss Brosius 1947-50.63

The Epiphany Appeal Fund for 1937 was assigned to the Rentachintala Hospital and an administration block was built and opened in October 1940. Dr. Moll, Board Secretary was present for the dedication.64 This building contains an operation theatre, drug rooms and office rooms which were greatly needed. Dr. Finefrock was the builder. In 1941, a dispensary building, a Nurses Home and a tuberculosis ward were erected. In 1949 a lovely chapel of Palnad marble was built through the efforts of Miss A. Brosius, Electric power and lighting have been installed, and an X-Ray, 1949. The Staff, 1950 consists of: One Indian doctor, one American Nurse, six Indian men and eleven Indian women staff nurses, two male compounders and technicians; and thirteen men and thirteen women, 'other' employees.

MISSION HOSPITAL, TARLUPADU (AELC)

This smell hospital was started through the effort of Dr. J.C. Pinefrock while missionary in the Markapur-Cumbum field. Returning from furlough in 1920, with the aid of funds raised in Ohio, Dr. Finefrock built a doctor's house and a small hospital building with ward accommodation for eight beds, and necessary office, dressing and drug rooms. In 1925, a 12 room Satram for hospital patients was built, but subsequently this was allowed to fall to ruins.65

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63 Ibid.
64 Ibid., p. 286.
65 Doleber (Jr.), op. cit., p. 327.
Dr. Ch. S. John, 1922-25, brought a wide reputation to the hospital during his stay, especially for his surgical work. But after Dr. John's removal to Nidadavole in 1925, the hospital has had many ups and downs. There have been long periods when there was no resident doctor, but only a compounder and a nurse.66 In 1948, the Medical Board decided to revive the work and sent Dr. V. Danamma Lazurus to be in charge. Dr. Danamma's unexpected death occurred in June 1951. Once again brought change in the reputation of the Hospital. However, the appointment of medical missionaries and technical staff brought new life to the hospital and revival to the medical work in Palnad field.

AUGUSTANA HOSPITAL, BHIMAVARAM (AELC)

The youngest major hospital of A.E.L. Church is the Angustana Hospital in Bhimavaram, the gift of the Christian women of the Augustana Synod. The work was started in 1929 in thatched sheds. Land was secured adjoining the Bethany School compound and by 1938 a hospital plant was completed consisting of a main building, dispensary, doctors houses, and nurses quarters.67 Dr. Betty Nilsson was the moving spirit in the development of this project. Dr. K. Mary Moses, LMP, who had been an assistant in Rajahmundry for a year 1928-29, was put in charge of the new work in Bhimavaram from 1930. Dr. Nilsson served from 1935-37. In 1941 Dr., B.J. Ratnam was assigned to the staff when the Nidadavole Hospital was closed. The Nidadavole work had been conducted by Dr. Ch. S. John from 1925-40. Except for short periods

66 The Foreign Missionary, op. cit., p. 10.
when Dr. Nilsson was serving at Bhimavaram, the hospital from the beginning has been in charge of Indian doctors, Dr. Mary Moses and Dr. B.J. Ratnam.68

One American Nursing Superintendent served the work from 1931-35, Miss Ada Kron. Since then, till 1948, Dr. Mary Moses served in this capacity. Since 1948, Miss Agnes S. Gopal is Nursing Superintendent.

A men's ward was completed in 1946. A chapel was also constructed. An X-Ray plant, also the gift of Augustana women is being installed.

THE KEIDING DISPENSARY, ANKALAGUDEM (AELC)

The latest development in medical service in this small hospital started on the edge of the Polavaram Agency. Dispensary work in this section has been carried on for years by Mr. R. Cole, at Vegeswarapuram and Koyyalagudem.69 In 1948, a small but substantial building was erected on the Church H.E. School site at Ankalagudem. This was a gift of Mr. & Mrs. Andrew Keiding of Milwaukee. The Keidings were present in person for the dedication in February 1949. Dr. K. Hirams MBBS has been assigned to the work since November 1949, Mr. Cole continuing as compounder. The need in this area is great and this work will no doubt grow in the years to come.70

69 Swaveley, 1942, p. 17.
70 Gospel Witness, op. cit., p. 47
SUMMARY

THE MEDICAL WORK OF THE ANDHRA EVANGELICAL LUTHERAN CHURCH 1950

Number of Hospitals: 7
Tuberculosis Sanatorium: 1
Nurses Training Schools: 3
Number of American Doctors: 2
Number of Indian doctors: 16
American nurses: 8
Indian staff nurses: 109
Student nurses: 28
Compounders and Technicians: 28
Other employees: 243
Number of beds: 786
Inpatients, 1950: 13,385
Outpatients: 54,869
Dispensary treatments: 204,445
Surgical operations: 14,535
Finances, receipts: 567,233
Church subsidy: 102,211
Total expenditure: 669,444

GODAVARI DELTA MISSION

The Godavari Delta Mission was founded by Mr. Beer and Mr. Bowder in 1836 at Narsapur in West Godavari District. During their field visits for Evangelistic work the missionaries observed that the people living in the Delta were uneducated and were suffering from many diseases. Many became the victims of cholera, sun stroke, leprosy, viral fevers, diarrhea, malaria, typhoid, lung infections etc. Due to improper medical facilities in the area, many suffered. The pioneering missionaries also suffered. Hence, the mission wanted to relive the suffering by establishing mission Hospital at Narsapur. The credit for starting a mission hospital in Narsapur goes to Dr. Charlette Pring.

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CHRISTIAN MISSION HOSPITAL (NARASAPUR)

Dr. Charlotte Pring was living in Chettipet during 1914. She was consumed with the desire of starting a mission hospital in Narasapur. Since the first world war was about to begin, the time was not amenable for missionary enterprise but inspite of the difficult situation, Dr. Pring opened a hospital in Narsapur in 1915.\(^{72}\) It was a very small establishment with only three rooms – one room for consultation, one for giving medicines and the third room was big enough to have two beds for patients. Trained assistants and required facilities were not available at that time. The superstitious beliefs of the people posed a bigger hurdle to Dr. Pring in her medical work. Fortunately, she was able to acquire the services of Miss Hampton who was a nurse.

Gradually, the work progressed. The much needed ward, dispensary and the operation theatre were constructed, the doctor made home visits for deliveries. In 1940, the construction of maternity ward was started. This hospital came to be called as Gosha Hospital or Mission Hospital. Miss Sibyl Taylor assisted Dr. Pring since 1928. She started the Service “through the Boat” in 1931, became in those days the communication or transport facilities were not well developed and the ‘Boat’ was very useful to reach many places by the river.\(^{73}\)

Dr. Pring was physically handicapped and she used a walking stick throughout her life. But this physical weakness did not lessen her enthusiasm and she proved to be a very strong instrument in the hands of God. She had the strong support of Dr. Miss

\(^{72}\) Job Sudarshanam, *Great Crows of Witness*, Narsapur, 1986, p. VII.

\(^{73}\) Ibid., p. 236.
Better D. Holt. Dr. Pring retired in 1946. The responsibility of the hospital was taken over by Dr. Better Holt.

Dr. Holt was the medical superintendent of the hospital in Narsapur for 30 years and she was able to develop the hospital to a great extent. The people began to have more faith in the treatment of the mission hospital and hence, the number of patients coming to the hospital greatly increased. The dispensary was not enough to treat the increasing number of patients, so some land was bought on the east side of the road and in 1956, 'Outpatients Block' was constructed. The clinic was run for 4 days in a week and at least 400 patients living within 80 miles of Narsapur came to the clinic for treatment. In 1957, another maternity ward was constructed. The 35 beds in 1944 were increased to 150 beds by 1965. At present, there are 206 beds and 60 beds for children in the mission hospital.

Miss Dorris Yates worked from 1931 as a nursing superintendent in this hospital until her retirement from service in 1967. She learnt the "braille" and translated the Christian literature into it. She was instrumental in organising Nursing School in the hospital. After Dorris death, Sister Aseerwadam came as the Director of School of Nursing. Notable doctors such as Dr. Sivamanamma, Dr. Kanthayamma were associated with the medical service of the hospital. Miss Brodslay looked after the patients with great care and concern.74

Dr. Irene Leeser worked in this hospital for 14 years and then she went to Ambajipet to start a hospital there. Dr. Dorathymaas worked in the hospital from 1953

74 Ibid., p. 18.
and from 1963 Miss Erid Waghaad worked in the General ward. From 1968, Miss Helen Thompson worked in the Maturity ward. Dr. C.R. Prabhakar and his wife Mirian dedicated their life to serve in this hospital in 1974. Dr. Kalyani Thomas has been looking after the maternity ward from 1973. She is the sister of Dr. C.R. Prabhakar who worked as Superintendent of hospital from 1975.

A prayer hall was constructed near the gate of the hospital for nurses and patients in 1960. Prayers are conducted every morning and special meetings also are organized. On every Saturday night, through the ‘Film show’ the gospel is imparted. Tracts and Gospel literature are being distributed liberally. The Bible women tell about Christ to the lady patients of the hospital.

Vasa Ebenezar, Boola Yohaw Kantipati Dharyaveshu, Chadalawada Malaki, Didha Sundararao, Mailabathula Benzamin worked as the Evangelists of the hospital during various times. The nurses of the mission hospital started the Sunday school program in Rustumbadha, Sriharipeta, Pechupalem, Kappalapeta, Yedlapallivari thota.

The hospital is self-reliant and many patients come to the mission hospital from the surrounding areas of Narsapur for treatment. In recent years, many private hospitals have been established in Narsapur and it has resulted in the decrease of patients but however, the department of Gynaecology and ophthalmology are doing commendable service.\textsuperscript{75}

\textsuperscript{75} Ibid., p. 237.
WOMEN’S HOSPITAL, AMBAJIPETA (GDM)

In 1920, Mr. & Mrs. Brown bought land at Ambajipet and put up a tent and lived there. Afterwards, they began the construction of a prayer house and a hospital building. Mrs. Brown used to give medicines to the sick and while doing so did the preaching of the Gospel. Boola Reddy and Daniel from Amalapuram assisted her in the evangelistic work.

THE KEIDING DISPENSARY, ANKALAGUDEM (AELC)

The Missionary activity of the AELC heralded by her medical service spread to the Agency Areas of the East Godavari District, in recent times. It was in the form of a small dispensary at Ankalagudem, in Polavaram Agency area. The dispensary work was carried on for years by a compounder, Mr. R.Cole, at Vegesvarapuram and Koyyalagudem. In 1948 a modest, but substantial building came up on the grounds of the H.E. School site at Ankalagudem. This was a gift of the philanthropic couple. Mr. and Mrs. Andrew Keidling, who were present in persons at the time of dedication of the dispensary in February 1949. Dr. K. Hirams has been attending the work since 1949.

CANADIAN BAPTIST MISSION

Since the very beginning of proclaiming the gospel of Jesus Christ in India, Canadian Baptist missionaries were also involved in social ministry. This social ministry has always included medical work in one form or another. Over the last 125 years, Canadian Baptist ministries have established six Hospitals at Yelamanchili, Pithapuram,
Akividu, Srikakulam, Vuyyuru and Sarango and also collaborated in the establishment of several Clinics at Gudlavalleru and Amudalavalasa.

The above mentioned Hospitals were not only Institutions where excellent and loving medical care was given but it was also within these hospitals that countless men and women came to have a persona faith in Jesus Christ. Nursing was established in Pithapuram for Auxiliary Nurse Midwives. This School was upgraded to Higher Grade Nursing in 1952. Likewise in 1954 an Auxiliary Nurse Midwife School was started in Vuyyuru, which ran until 1973, when it was discontinued.

**YELLAMANCHILI (CBM)**

Dr. E.G. Smith was the first medical missionary of the Canadian Baptist Mission\(^\text{77}\) who came to Vizianagaram in January, 1894. Later, he was put in charge of the evangelistic work in three fields i.e., Yellamanchili, Narsapatnam and North Tuni. Besides the evangelistic work he also attempted to do medical work on tour and at his bungalow in Yellamanchili where he was able to set apart a little room measuring eight feet square for a dispensary. During 1895, the first year of his service at Yelamanchili, Dr. Smith reported that over twenty-five hundred persons have received medical attention besides several patients got teeth extracted.\(^\text{78}\) Dr. Smith was mainly a field missionary but he also gave as much of his time as possible for medical work. Whenever he was at home in Yellamanchili there was always a congregation of sufferers waiting for treatment at his bungalow. The next year, i.e. 1876, he reported that 1,917 patients were treated, 622 teeth were extracted and successfully conducted 43 and 8 minor and major


operations. Interesting aspect from his report was the large number of females got treatment from him notwithstanding the prevalent belief that the Indian women prefer treatment from only women doctors.

In 1898, a neat dispensary building was constructed. The total amount spent for the construction of dispensary was $300.00 and of which $250.00 were donations from the Friends of Dr. Smith at home in response to his personnel appeal. The construction of dispensary has relieved Dr. Smith of the great inconvenience occasioned by the former cramped quarters. The patients have contributed over 240 rupees toward the cost of medicines. Thus, the new building with a large verandah has provided enough space for the patients and their accompanys.

During the years 1898-1890 two persons were given compounder training by Dr. Smith, who in course of time rendered great service in medical and much evangelistic work among the patients. In the year 1901, Dr. Smith went on furlough and Dr. A.W. Woodburne took charge of medical and evangelistic work at Yellamanchili field. He involved more in the evangelistic work than in the medical work. In 1904, Dr. E.G. Smith returned from furlough and started new medical work at Pithapuram, Tuni and Narsipatnam. Although he was very busy with his new stations, he gave equal importance to Yelamanchili field where he gave 5,547 treatments. In those years very few medical facilities were available in the villages of Andhra. Patients came to Yellamanchili from distances of fifty, hundred, or even two hundred miles. Mrs. Smith was a trained nurse. Her presence in the hospital removed the difficulties felt by the

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79 Report CBTM, 1897, p. 21.
80 Report CBTM, 1898, p. 48.
81 Report CBTM, 1904, p. 47.
women for being treated by a male doctor. In 1904, Dr. Smith reported 3,023 patients, of whom 58 were inpatients, mostly of surgical cases. During these years, Smith has conducted thirty-four major and thirty-three minor operations, besides the lancing of many abscesses, extraction of 813 teeth and conducted sixteen cataract operations.\footnote{Report CBTM, p. 48.}

These are only figures, but great stories lie behind each patient. Each represents pain and distress of mind coupled with fear and anxiety. The figures also represent relief and joy when the minister of Christ was able to send the patient away healed and well doing. The Yellamanchili area was unique in the Canadian Baptist Mission work in the sense that from 1895 to 1908 the evangelistic work was conducted by the medical doctors.\footnote{Craig, J. Forty Years among Telugoos, Toronto, 1908, p. 102.} In 1909, Mr. James Walker, a person without medical training was put in charge of the field. He noted that the field afforded an excellent opportunity to judge the value of medical work in the service of the gospel. He wrote:

\"... before this kind of work started, there were very few Christians and when next to nothing was known of Christ in the vast majority of the two hundred towns and villages on the field, Doctors Smith and Woodburne, who worked the field for years, and ministered so acceptably and skillfully to the sick and diseased, had opened many hearts and many doors for the entrance of the lord. Their services in the hour of sickness and suffering are gratefully remembered everywhere.\"\footnote{Report CBTM, 1909, p. 47.}
After 1909, the dispensary at Yellamanchili was not provided with a resident medical missionary. Mr. N. Benjamin, a compounder trained by Dr. Smith, continued the dispensary till his death in the year 1933.85

STAR OF HOPE, AKIVIDU (CBM)

The second medical missionary to join the CBM was Miss Pearl Smith, M.D. who after her arrival in India in 1895 married Rev. J.E. Chute. Both of them served unsparingly on Akividu field.86 The medical facilities in Akividu field were almost nil by the time Mrs. Pearl Smith took up her work and in 1896 and in spite of the fact that she was studying the language, she treated 1,642 patients.87 Two years later a small hospital was built in the mission compound consisting of two rooms. The cost of the construction was Rs.700/- which was raised by private subscriptions. It was opened in 1898 and named as ‘The Star of Hope’. It accommodated 33 inpatients, and 3,593 treatments were given in that small hospital by the end of the year. Within a year, Mr. Chute realised that the healing ministry was an important aid for the Evangelistic work in the villages. He acknowledged that many became the friends of the mission through the hospital work. The attitude of the caste people changed and gladly received the missionaries when they are on tour in Akividu field. They have began to realize that the missionaries were their friends but not their enemies.88

In 1908, the whole of Akividu field was affected by cholera and several people died including the wife of Ratnam, the compounder of the hospital. Although there were

85 Report CBTM, 1934, p. 120.
86 Akidu is presently known as Akividu, here after it will be mentioned as Akividu.
87 Report, CBTM, 1896, p. 12.
no proper facilities such as vaccine and medicines to give to the patients, Mr. & Mrs. Chute toured almost all the villages of Akividu field to alert the people about the dreaded nature of the disease and need for improvement of hygienic conditions. He also gave to the acute sufferers the succor and vaccinations for more than 4,500 people. The situation so demanded the necessity of nurses and hence a Christian girl Bollarapu Rosina who was a trained nurse from ‘Lutheran’ Hospital, Guntur was appointed in Akividu hospital. In the next year, D. Andrew Paul, a trained compounder joined the hospital. These two in due course married and served the hospital to a greater extent.

During the furlow of Mrs. Chute, between 1911 to 1914 the hospital work suffered to a great extent. During that period, Mr. D. Andrew Paul, the Telugu compounder served the hospital to certain extent and was able to relieve much suffering. After Mrs. Chute returned from furlough in January 1914, once again the hospital attained its original activity. During this period, a new dispensary was opened at Gunnapavaram, a large village and an important centre twelve miles from Akidu. During the year 1914, Mrs. Chute was able to conduct 4,000 treatments and of which 52 were inpatients. She also extracted 279 teeth.

Although there was tremendous response from the patients, the facilities were not improved on account of financial constraints and lack of trained personnel. During the rainy season, the small hospital was inconvenient than ever. The shade of wayside tree served as kitchen for patients and visitors. There was no waiting room from caste women and hence the ladies were made to wait by the road side or in their ox carts.

89 Report CBTM, 1909, p. 29.
90 Ibid., pp. 15, 16.
91 Craig, op. cit., p. 89.
Hence, Mrs. Chute made several unsuccessful attempts to secure a site from the government for a new hospital. Finally in the year 1916, a site of six acres was purchased for two thousand rupees and permission was obtained from the Zamindar to build hospital in 1918 with the donation of $5,000 (Rs.15,000/-) from the family members in the name of their parents Mrs. & Dr. Elmore Maria, foundation was laid in 1919 for the erection of hospital building which was opened on April 22, 1926 in the name of Star of Hope Haris memorial Hospital.\footnote{Clarke, F., Sisters from Canada and India, Maritime Press Ltd., Toronto, 1939, p. 314.}

The building funds for expansion of the hospital gradually increased. In 1920, Dr. Wolverton in Canada provided funds for building new wards and thus Dr. Chute’s Silver Anniversary memorial ward, The Edna Cornig Memorial ward, and a small Tuberculosis wards were constructed.

The work continued and expanded. A new dispensary was opened at Gudlavalluru, a growing town about 30 miles from Akividu during the year 1927-28. Dr. Chute reported that the Hindus came forward voluntarily and organized a committee which agreed to provide Rs. 800/- for drugs and Rs.500 for instruments and furniture besides suitable quarters for the doctor and the dispensary.\footnote{Report, CBTM, 1928, p. 4.} Dr. Lucy S. Issac acted as first medical practitioner at the centre.

Soon the dispensary became the Gudlavalluru hospital with the help of Government and other Philonthropic agencies. In 1930, Mrs. Chute left India on retirement. No missionary doctor was available at that time. Dr. E. Benjamin who was

\footnote{Clarke, F., Sisters from Canada and India, Maritime Press Ltd., Toronto, 1939, p. 314.}
\footnote{Report, CBTM, 1928, p. 4.}
the first C.B.M. 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.\textsuperscript{94}

During this period, the McTavish Tubercular ward was opened in January, 1932. In addition to these, three other small wards were much constructed for septic and infectious cases from the money received from Canada in 1936. A children’s ward named after the Dorothy Wolverton Memorial was opened in 1947.

Another dispensary connected with the hospital was opened in 1944 for the treatment of lepers in the Colair Lake area.\textsuperscript{95} Dr. Wolverton had observed that there were many lepers in the villages and on the islands in the lake and that nothing was done for them. This work was aided by the mission to lepers who supplied special funds and medicines. A compounder was kept in charge of the dispensary who treated the patients very well. He taught Bible stories and verses to the patients while he was giving them treatment and medicine.

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 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 made in charge. 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{94} Orchard, M.L. & McLurin, The enterprise, Toronto, p. 300.  
\textsuperscript{95} Ibid., p. 301.
When Walker came as a Canadian Baptist missionary in 1900, there was no mission compound at Pithapuram and hence he lived in a small rented house. Efforts were made to secure land for a mission compound but many difficulties came in the way on account of organized opposition from the traditional brahmins in the town who prevented any one from selling land for such a purpose.

In 1901, on Mr. Walker’s invitation, Dr. Smith spent several days at Pithapuram. During his stay at Pithapuram, he treated fifty patients daily. Many relatives and friends of the patients who were benefited from the treatments came forward to secure land to the mission establishment. Ultimately, a site was purchased in Agraharam on the outskirts of the village and Dr. Smith constructed a well furnished hospital with two wards, operation theatre and officer in 1906 with the fund of $1500 given by two Canadian sisters. A shady verandah was also constructed for the benefit of patients and the visitors. In accordance to the wish of the donors, the medical centre was named as “Bethesda Hospital”. The same sisters who had sent money for the hospital building, also provided funds in course of time for a maternity ward, which was completed in 1908. During 1909 one nurse and two compounders were in service. In 1909, another building consisting of two wards for Gosha patients were built with the money given by Mrs. Churchill built in memory of her husband Rev. George Churchill of Bobbli. In 1910, another private ward of one room similar to the Churchill ward was

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97 Orchard, op. cit., p. 248.
erected with a gift of Rs. 1,000 given by Dewan Bahadur D. Seshagiri Rao, Chairman of Cocanada Municipality.\textsuperscript{99}

In the same year, one of the sisters of Toronto, made another gift for the erection of a ward near the bungalow for the use of missionaries and other European patients. This building contained two wards with bath rooms 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 Vizagapatam) specially constructed for other than native patients.\textsuperscript{100}

Thus within the short period of five years a great hospital arose on the gravelly hill in Pithapuram. But the hospital soon became very congested as thousands of patients pressed in for treatment and with a view to combat rush, Dr. Smith opened a dispensary in the town and in 1915 two other dispensaries, one at Gollaprolu and another at Kottapalle and kept under the charge of trained compounders.

In 1920, another dispensary was opened in Samalkot\textsuperscript{101} and carried on for some years. The compounders for these dispensaries and the hospital were trained by Dr. Smith. In addition to the supervision of the dispensaries and hospital, Dr. Smith used to go to Yellamanchili for treating patients there also. In 1920, Dr. A. Jarvis, a Telugu Physician who got training in missionary medical college at Miraj jointed the staff of the hospital. He was the first Indian Doctor who assisted Dr. Smith for nearly eight years. In

\textsuperscript{100} Report CBTM, p. 41.
\textsuperscript{101} Report, CBTM, 1921, p. 29.
the year 1921, numerous building projects were carried on. A Christian choultry, a Tuberculosis ward and compounders houses were built.

The medical work so increased that finding accommodation to 30 to 50 inpatients a day, became problem. In the report of 1922, Dr. Smith mentioned that the inpatients for the nine months have far exceeded the number for the whole of the previous year. "We do not know how we should compass the work without the tireless assistance of Miss Sanford and Mr. Jarvis. As usual, a great many of our cases are ophthalomic. Recently three lads were brought. They had been making fire works when the mixture exploded, severely burning their faces and heads, and particles of chemicals were forcibly embedded in their eyes. They were in a pitiable condition and for a time it seemed as if they would be permanently blind. However, our efforts were rewarded by perfect restoration in one case, and the recovery of good vision in one eye, in each of the others."102

By this time, a terrible flu epidemic had become much less serious. Dr. Smith noted: "We have had more cases of influenza, but fewer facilities than last year. There have been a few operations for the removal of cancer. We have been pleased to meet two patients recently, who have passed ten years and twelve years respectively without recurrence... Malaria is very commonly present. So, alas! are venereal diseases. Our little tuberculosis ward has been almost continuously occupied and we have had the satisfaction of seeing cure, or marked relief in several cases. Many patients have listened very attentively to the message of love... a few have made a decision for Christ. The

102 Report CBTM, 1921-22, p. 56.
Medical Evangelistic work certainly affords wide opportunities for the dissemination of the Gospel."\textsuperscript{103}

The work continued to grow, the next year funds came from Canada to erect two new wards. The work of the hospital was busy as ever in 1924, but the work was much more difficult for Dr. Smith. During May, he suffered “from a severe attack of sceptic absorption which almost completely sapped his strength”.

In spite of weakness during much of June he made daily visits to the Rani of Kirlampudi who had been brought to Kottapalle in order that she might receive treatment from the missionary doctor.

Also during the year Dr. Smith supervised the construction of new dispensary buildings at Kottapalle and in the town of Pithapuram. Dr. Smith noted at the time that this building work proved to be the ‘last straw’ and that now he was compelled to take furlough in the hope of regaining health for the future.\textsuperscript{104}

Dr. H. Wolverton took over the field and hospital work in February 1925 when Dr. and Mrs. Smith went on furlough in March. Dr. Smith never gained sufficient strength to be able to return to India and ultimately died in Canada in September 1927. A memorial service was held for him in Pithapuram on the day of his funeral in Canada. Christians and Hindus alike united in paying tribute to his medical skill, to his marvellous memory, to his friendship, kindness and love. Dr. Wolverton noted, “He was our pioneer

\textsuperscript{103} Report CBTM, 1922, pp. 56-57.  
\textsuperscript{104} Report CBTM, 1924-25, p. 53.
medical missionary and how wonderfully the Lord used him during the thirty-four years of his service, he has given his life for India.”

Dr. H. Wolverton, like Dr. Smith was a dedicated medical evangelist. He carried the field and medical work of both Pithapuram and Yellamanchili on equal footing. He planned in such a way that he visited the dispensary in Samalkota on every Thursday morning, that in Kottapalle every Friday afternoon and with every Tuesday for Yellamanchili and the rest of the time in the week to Pithapuram Hospital. He always thought that it was his “privilege to be able to show the love of our Master in the healing of bodies and to tell of his marvellous healing of the soul.”

The gift of an electric plant was made to the Bethesda Hospital in 1929 by Canadian friends. Then they were able to have lights all through the hospital. A set of five powerful lamps were provided for the operating room. A special ‘Hammer’ lamp for the use of eye operations and large ceiling fans in the wards were also made possible. Dr. Wolverton reported: “All of this equipment as well as new eye instruments and a splendid new operating-table is making our work more efficient and helpful and is enabling us to serve and influence many.”

During furlow of Eaton, Dr. Howard Elliott took charge from Dr. Eaton. After his return in 1938, Dr. Eaton noted his appreciation of Dr. Elliott – the medicine stock had been improved and some new equipment introduced into the operating theatre, treatment room and laboratory increasing the efficiency and service of these departments.

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Then in a few weeks, all the staff of the hospital suffered an epidemic of dengue fever\(^{107}\) including Dr. Eaton. The only one to escape was the nurse Miss Sanford. Dr. Eaton noted that probably she did not sit at one place long enough for the mosquito which carries the disease to the others. However, a year later she became ill and had to retire in 1940, after twenty years of service in the hospital.

In 1943, a new additional section of the hospital was opened which was called the skin clinic. It was a separate section devoted to the treatment of leprosy under the special care of Dr. A. Jarvis.

During the war years, staff and supplies were in short supply. Dr. Eaton had to go on furlough in 1946. Dr. Ben Gullison was given part time charge of Pithapuram as well as the Somepta hospital. After the return of Dr. Eaton in 1948 plans began to be made for the amalgamation of the two hospitals into one large General Hospital. But Dr. Eaton died in the midst of the work at Pithapuram before the plan became reality.

**ALLYN HOSPITAL FOR WOMEN AND CHILDREN, PITHAPURAM (CBM)**

On October 21\(^{st}\) of 1920, a son was born to the Rajah of Pithapuram. Dr. Allyn and her nurse Miss North were called in for the delivery. In appreciation of their services, the Rani made a gift of Rs.10,000 for the erection of a hospital for women. This is the beginning of the women’s hospital at Pithapuram.\(^{108}\)

Land was acquired adjoining the Bethesda Hospital compound. A building for clinical in-patient ward and a nurse’s home were built first. The nurse’s home was

\(^{107}\)Report CBTM, 1939, p. 56.  
opened on December 4th of 1911 by Mrs. Sathianandam. The Rani was present and gave an extra gift of Rs.1,500 to provide the nurses with wall almirahs and to improve the style of the roof. Six hundred rupees of the gift was used to level the compound.

During the year 1911, the young prince of Pithapuram was seriously ill with pneumonia. There was much anxiety in the palace. The prince’s life was spared and the Rani in gratitude made another gift of Rs.10,000, 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 and was opened in February, 1914.\textsuperscript{109}

In 1915, the Maharani made another gift of Rs.20,000 for surgical wards, private wards, and a stone wall around the hospital. There is also to be a series of Gosha wards. The three sets of buildings to be constructed with the money given by the Rani. In appreciation of the gift, the Rajah requested that the buildings be considered a memorial to his mother.

These new additions to the hospital were completed just before Dr. Allyn went on furlough in 1917. Dr. Marjorie Cameron, who had come to India in October 1915, took charge of the hospital. During the year 1920-21, some other wards for the European patients were built. 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.

\textsuperscript{109} Report, CBTM, 1915, p. 28.
In the year 1927, the hospital had grown to a capacity of seventy-five beds. In the year 1928, the Jubilee Children’s wards were completed and opened on December 4\textsuperscript{th} by Dr. A.M. MacPhail of Madras. These wards were the gift of the Baptist women of British Columbia. The hospital was entirely self-supporting with the exception of the staff salaries. There were no large fees received from hospital patients. The greatest income for the hospital was from the Doctor’s attendance on wealthy patients in their own homes.\textsuperscript{110} During the year 1920, 679 inpatients were treated entirely free of cost.

In the year 1932, the Maharani made another magnificent gift for the erection of a Maternity Block. It was constructed and opened on March 3\textsuperscript{rd}, 1933. It gave accommodation for twelve patients. Dr. Jessie Allyn wrote: “On the opening day the whole twelve beds were full. Now nineteen beds have been crowded in by using the surgery and the bathrooms as wards.”

The Maharani of Pithapuram made a huge contribution to the healing ministry in Pithapuram. Ralph Smith, a Canadian Baptist Missionary editor wrote as follows: “All the buildings of the Women’s Hospital have been the gifts of the Maharani, except the European Ward, the Jubilee Children’s Ward, the Lena Aloa choultry and the Prayer Hall. Her name therefore will always be honoured and treasured in connection with our ministry of healing in Pithapuram. The hospital itself had its birth with the birth of her first born.”\textsuperscript{111}

In 1937, the staff of the hospital reached its highest number. There were two missionary and three Indian doctors, three missionary and four Indian staff nurses. The

\textsuperscript{110}Report CBTM, 1921, p. 27.
\textsuperscript{111}Report CBTM, 1937-38, p. XIX.
cost of maintenance apart from the missionaries, salaries was approximately 35,000 of which only 3,500 was supplied from Canada.

Dr. Allyn retired in 1942 after 35 years of great service. She died in 1945. Mary McLaurin wrote about her as follows: "During her years she had built up a ministry of healing that had brought a blessing in many. Her name had become a household word in towns and villages many miles beyond Pithapuram. After a rest at home she returned to become the General Secretary of the Christian Medical Association, the medical branch of the National Christian Council. She served but a short time in her new sphere of labor and in 1945 she entered the presence of the great physician. In her memory the women's hospital was given the name “Allyn Hospital”.

After Dr. Allyn's retirement 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.

The year 1950 is important in Pithapuram hospital history. In September of that year, the Surgeon-General of Madras State visited the hospital and approved the plans for a higher grade nurses' training course.

THE AMALGAMATION OF BETHESDA AND ALLYN HOSPITAL, PITHAPURAM

Also in the year 1950 after much planning and effort the two separate hospitals men and women were joined in one administration to become a General Hospital. Miss

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112 Mary Mc haurin, op. cit., p. 110.
Eaton supervised the first group of three Allyn Hospital nurses to ever work in the men’s wards. Miss Evelyn now 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.113

GOOD SAMARITAN, CHICACOLE, SRIKAKULAM (CBM)

Rev. I.C. and Mr. Archibald for many years were field missionaries at Srikakulam. Neither of them had medical training but they felt keenly the need of the sick and the suffering in the whole area. Thus Mr. Archibald took definite action for the founding of a hospital at Srikakulam by the purchase of an abandoned military station along with the Military Mess House, a large substantially built building with massive wooden doors. It was repaired in 1896 and opened for hospital on June 23rd, 1899114 with a lady apothecary in charge. The lady apothecary proved unsuitable to the place and after four months the hospital was closed.

After a nine months in term the mission succeeded in securing an efficient Anglo-Indian lady doctor, Miss Florence D’Silva who worked as a doctor in the hospital from August, 1900 until 1902 when she left hospital to join government service. During the year 1902, the average attendance of women and children was reported to be 24 with total treatments of 8,023, 40 in-patients and 70 operations.

Miss Eliza Game took charge of the hospital in the middle of July 1903, but she was not found suitable to a mission hospital hence Miss Constance Dee took charge on

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113 Report, CBTM, 1951, p. 38.
December 20th, 1903. She did good work and remained till May 1st, 1907. During her first year she reported as follows:\textsuperscript{115}

\begin{align*}
\text{Daily average number of patients for the year} & \quad 242 \\
\text{Total number of cases attended by midwife} & \quad 33 \\
\text{Number of operations} & \quad 41 \\
\text{Total number of in-patients} & \quad 24 \\
\quad \text{out-patients} & \quad 8867 \\
\quad \text{cases treated at home} & \quad 110 \\
\quad \text{cases treated in and out of hospital} & \quad 9001
\end{align*}

After that the hospital was again closed and remained so till December 1st, 1908. When Dr. Zella Clark, who had come as a missionary doctor from the Atlantic Baptist convention’s took charge. She enlarged the hospital by purchasing the bungalow adjoining the mission property and making it over for hospital use. In May 1911, Dr. Clark and her sister, a nurse in the hospital were transferred to Sompeta to open the new station there. Hence, the hospital work suffered a lot until such time she returned back to the hospital in 1915. But Dr. Clark had to return to Sompeta in October 1917 and again the hospital was closed. It was re-opened in May 1918 with the appointment of Miss Susan J. Alley, a graduate of the Ludhiana Mission Medical School.

In 1915, the old hospital was given over for a residence for the lady missionaries, and the large military building, bought for a hospital in 1912, was remodelled and rebuilt. A three room out building was constructed. The King Memorial Block was constructed with the donation given by the king family of Chipman, New Brunswick. During 1918, a

\textsuperscript{115}Report CBTM, 1904, p. 67.
Block was built for a Maternity Ward at the cost of Rs.22,443 which are gathered as donations by King family of Chipman.\footnote{116 Report CBTM, 1918, p. 30.}

Dr. Marjorie Cameron came to Chicacole in March 1919 after two years in charge of the Woman's Hospital at Pithapuram. She made an amazing success of the work within a very short time opened a dispensary at Srikakulam Road, near railway station. Each day Dr. Cameron gave treatments for nearly 140 patients and all the patients waited for her personal examination. But however, Dr. Cameron suddenly felt sick and died of heart failure on 11th June, 1921.\footnote{117 Report CBTM, 1921, p. 29.}

Again the hospital work suffered until such time, Dr. Cook and Miss Evelyn Eaton took charge in 1927. The doctor again being a woman, there was an increase in women patients. At this time, Dr. Joyce Solomon, a graduate of Vellore joined the staff, also a staff nurse, and two nurses in training from Pithapuram. Thus Chicacole hospital co-operated with Pithapuram giving nurses' training. The number of patients steadily increased.

In November 1930, Dr. Cook and Miss Eaton fell seriously ill. The dispensary work had to be closed. Dr. Bennett took charge of the hospital but was unable to leave her family to go to the villages. An Indian doctor, Mabel Ehenezer was also a great strength to the hospital work. In 1931, Dr. Ilo Bennett left the hospital and Dr. Elliott, with language study still incomplete, took over the hospital and remained in charge till he went to Pithapuram in 1936. 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 12th, 1937. At the end of the year, she reported that 309 in-patients and 4,863 out-patients were treated.\textsuperscript{118}

During all these years, they used only the ordinary kerosene lantern and petromax lights. But in 1938, the electricity came. In the same year they received the Glidden Memorial funds. With this amount they were able to electrify the whole hospital.\textsuperscript{119}

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 2,186 treatments, did 147 operations and 29 maternity cases.

As there was no missionary doctor to take her place, Dr. Alie Roy, a married woman who had been the assistant, looked after the 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 cirkurs (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 only able to give part of her time to the work of the hospital. A few years later, it was agreed that the hospital plant be

\textsuperscript{118} Report CBTM, 1937, p. 23.  
\textsuperscript{119} Report CBTM, 1939, p. 32.
handed over to Dr. Alice Roy on a rental basis and that she operate it as her private concern. The hospital continues to operate on this basis.\textsuperscript{120}

**BETHEL HOUSE OF GOD, VUYYURU (CBM)**

John Craig was appointed to Vuyyuru field in 1883 and did medical work by supplying some tablets and ointments to the people while he was accompanied by the native workers. But there was no professional medical service available in the area. Many felt the necessity of a doctor to minister to the medical needs of the people of some crowded villages. In 1890, a Christian man from Vuyyuru was sent to Yellamanchili where Dr. Smith taught him some compounding. After two and half years of training, the compounder returned to Vuyyuru in July, 1899. He began the work with a small supply of medicines and instruments. This was the inauguration of medical work in Vuyyuru. At the end of this year, he reported that 540 people were given medical aid and Rs.125 worth of medicines sold. This work was entirely self-supporting.\textsuperscript{121}

Dr. Gertrude Hulet came to India in 1900 and after her language study she worked for two years with the lepers in Ramachandrapuram. The missionary conference assigned her to Vuyyuru in 1904. She was to do both medical and evangelistic work in this crowded town.

In 1906, a small hospital was built and formally opened on December 24\textsuperscript{th}. This new building was a personal gift of Dr. Hulet and some of her friends.\textsuperscript{122} This building has “one large central room and two small ward rooms, one on each side of the main

\textsuperscript{120} Mary McLuriar, *op. cit.*, p. 114.

\textsuperscript{121} Report CBTM, 1899, p. 46.

\textsuperscript{122} Report CBTM, 1906, p. 51.
room, and a wide verandah which runs the whole length of the front affording a splendid place for the patients to sit for preaching gospel.”

Dr. Hulet went to Canada on furlough in March 1908 and Dr. Jessie Allyn still at language study took charge. Besides the medical work, each morning she conducted preaching service for the hospital patients. The out-patients also came and attended these services. One old woman patient said that “It would be like heaven to be able to live always at the hospital and hear these good words”. During the year 1909, Dr. Allyn gave 9,087 treatments, performed 245 operations and had 51 inpatients.

After Dr. Hulet returned to India in 1910 and after her strenuous efforts, land was secured in 1911 for enlargement of hospital where construction work took place for five wards besides a maternity ward, a dispensary and counselling room for women. It was opened in April 1912. Then they used the old building – one room for stores, one for gynaecological work, and the large middle room for operations. With this enlargement, it was made possible to accommodate many more in-patients. Dr. Hulet reported for the year 1912, 9,010 treatments, 5,148 outpatients and 103 inpatients. Further, the three-quarters acre was purchased by a layer and he built a choultry on it for the use of patients attending the hospital.

In course of time, the building was enlarged with a large two storey structure making a hospital of about fifty beds. The number of patients gradually increased but the staff remained as before. There were two qualified nurses for day duty and one for night to care for an average of ninety in-patients and dispensary patients per day. This situation

123 Report CBTM, 1908, p. 64.
124 Report CBTM, 1911, p. XXIV.
was somewhat relieved when Miss Sanford was appointed as nursing superintendent in the year 1928. In the same year 1928, a new maternity block was constructed. Much of the money to build this was given in India by friends of the hospital. The work throughout the year has been the heaviest, averaging 64 in-patients for every day with 258 confinements annually and quite a number of major operations.

The Vuyyuru was established on self support basis and hence depended mostly on its daily earnings from patients fees for running expenses. Seven-eights of its income came from its service in the public. The economic depression of the 30's made this support more and more difficult. The growing financial burdens and advance in age made her fall sick but however she always relied on her work. Ultimately, the typhoid fever became very fatal and as such she died on May 22nd, 1933 at the scene of her twenty-eight years of glorious medical service. She was the founder of the hospital and for years the centre of its dynamic Christian service. The institution was known in the Krishna countryside as Dr. Hulet’s Hospital. She created a glorious record of selfless medical service coupled with evangelistic fervour.

Rev. R. Bennett and his wife were the Vuyyuru field missionaries at the time of Dr. Hulet’s death. Mrs. Bennett was a medical doctor and was at once put in charge of the heavy work of the hospital. Death had also just come to the Bennett home by the loss of their baby boy. At the same time, a cholera epidemic struck the area. The hospital staff

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125 Report CBTM, 1925, p. 106.
126 Report CBTM, 1925, p. 106.
127 Mary S. McLurin, op. cit., p. 100.
answered the call for help of the health authorities and in two months gave 16,000 inoculations, in addition to the maternity and other work of the hospital.128

In 1934, Dr. Bennett gave the charge of the hospital over to Dr. Sarah Cook who had been serving in Pithapuram. At the same time, Miss E. Eaton became nursing superintendent. These two made a talented medical team that made for effective service in the Vuyyuru hospital for many years.

Miss Eaton started a school of practical nursing129 to help the work of the hospital. In 1937, there were eight girls in the course. A private gift in 1937 provided a new sterilizing room and improvements in the quarters of the Indian doctors.

In the same year, a dispensary was opened at Kolavenu, eight miles from Vuyyuru. The work of building for this dispensary was done by the Christians of the village, on the land given by the caste people. A nurse was placed in charge while Dr. Cook made visits twice a week. Thus the hospital reached out to bring medical aid to more people.130

A change in missionary medical personnel took place in 1930. Dr. Cook and Miss Eaton went on furlough. Dr. Aileen Vining and nurse Miss Grace North took over the management of the hospital. By 1940, more patients than ever were coming to the hospital. During the year, they looked after 1,158 in-patients with 276 maternity cases. The hospital also increased its services by the establishment of a school of training for midwives which was granted government recognition in 1941.

129 Report, CBTM, 1938, p. 45.
Dr. Cook and Miss Eaton took over the work again in 1942. The demand for the service of the hospital continued to grow. Finally, materials were gathered and building work began again in 1947. Thus hospital was enlarged to 100 beds. Modern electrical lighting and equipment were installed. Vuyyuru has become the second largest hospital of the Canadian Baptist Mission in India.\footnote{Mary S. McLurin, \textit{op. cit.}, p. 102.}

**AROGYAVARAM HOSPITAL, SOMPETA (CBM)**

A mission station was opened at Sompeta in May 1911 with Miss Martha Clark and her sister Dr. Zella Clark. It was reported that there were 332 villages in the field with a population of 1,01,869. At the time, there was no medical help available to women nearer than Berhampore, thirty miles travel for many, and over fifty for others. To cater the needs of sick and sufferers a dispensary was opened in the middle of July 1911 in a house purchased from an Indian layer. This house contained only two tiny rooms 8' x 8' and of which one was used for consultation and the other for any other medical work. During the first three months, Dr. Clark and her staff treated an average of 65 patients a day in the new tiny centre.\footnote{Orchard, \textit{op. cit.}, p. 301.}

For years the work at Sompeta was very irregular. Dr. Clark went on furlough in 1913. After her return in February 1915 she was allocated to Chicacole. Dr. Clark did not return to Sompeta till 1918. During all these years, the hospital was closed. The evangelistic work of the area was looked after by Rev. Gordon Barss.
Dr. Clark again took up the Sompet medical work in 1918. A small house was purchased for dispensary and was used until the year 1920. During these years, Dr. Clerk was able to open a dispensary at Jandipudi and several other roadside treatment centres. She wrote in her annual report that the traditional Hindu communities are coming to the treatment centres, Dispensary... the proud Brahmin and the humble outcaste were there and both alike spoke words of appreciation of the help which was offered to their women and children".\textsuperscript{133}

The wayside dispensary at Jandipudi not only served as a centre for treatments, it was also utilised as a centre for selling gospels and distribution of tracts. Dr. Clark reported that she sold 32 gospels in fifteen minutes one day at this clinic.\textsuperscript{134} Dr. Clark left the Sompet work in 1935 after many years of faithful service. After her departure, Dr. and Mrs. Gullion came as medical missionaries and development of hospital took in a faster rate. Within the first year, he noted: “We are in the midst of a sever epidemic of malaria and these are busy days. She reported that “we treated seventy-two patients yesterday and to-day we have sixty-five”.\textsuperscript{135}

By the end of next year with the same buildings and equipment, there were 121 inpatients and 8,800 outpatients, twice as many as the year before. The number of patients doubled again the next year. Dr. Gullion had to erect two large tents to use as wards on the hospital grounds.\textsuperscript{136} He prayed for money for a new hospital building. The old one was really a dispensary hardly a hospital. Finally, a Canadian legacy of $ 5000

\textsuperscript{132} Report, CBTM, 1924, p. 85.
\textsuperscript{133} Ibid., p. 85.
\textsuperscript{134} Report, CBTM, 1936, p. 84.
\textsuperscript{135} Report, CBTM, 1937, p. 82.
was given and Dr. Gullion constructed hospital building which was named as Arogyavaram and was opened in November 1939.

Dr. Gullison had a small staff of young people as helpers. Paramanandam, the compounder, just 24 years of age was one of them. He had passed the Government test in compounding and also was a trained nurse. Another nurse Karunamma was also a graduate of Miss Allyn’s training school at Pithapuram. She has also served as an honorary Bible women. The two male dressers were of twenty years of age with two years experience and were reliable workers.

Because of the co-operation and hard work of the staff they were able to treat 102 inpatients. 4,350 out patients and conducted 210 operations and attended 130 maternity cases during the year 1939-1940.137

Dr. Gullison went on furlough in 1941. Another missionary took over the evangelistic work but there was no doctor for the medical service for many years during his furlough. Dr. Ben Gullison was not able to return to Sompeta as he had planned because of war travel restrictions. During this period, Mr. Premanandam, the compounder kept the hospital running for three years.

At the end of the war early in 1946, Dr. Gullison and his family returned to Sompeta after an absence of nearly five years. The Church and village people welcomed him at the railway station and the village. Dr. Gullison wrote: “The joy of that meeting will always remain among our happiest of memories”.

137 Report, CBTM, 1942, p. 50.
Again the hospital soon proved inadequate for the people who crowded in for attention and treatment. Within two years Dr. Gullison started to plan and appeal for a new in-patient building twice as large as the former buildings. A beautiful new design was created and the Concrete Association of India agreed to cooperate and supervise the construction.

In 1952, Dr. Gullison announced: “It is with deep thanks giving that we announce the completion of our new hospital buildings”. These were dedicated to the Glory of God and the ministry of the great physician. Dr. Gullison now considered that a new era of service now could begin. He wrote: “Thus in the history of our mission medical service in Sompeta we come to the end of another chapter and we are turning over the page to start a new one”.138

In 1954, a new Indian colleague Dr. John Coapullai joined service in Sompeta, Dr. Coapullai had a special interest and talent for eye treatment and operation. Hence ophthalmological work began to develop extensively at Sompeta Hospital. Dr. Coapullai went to Europe for further training in eye diseases. On the retirement of Dr. Gullison in 1968 Dr. Coapullai had full charge of hospital which attained the status as one of the leading eye treatment centres in India.139

SERANGO HOSPITAL, SARANGO (CBM)

Serango is a village about three thousand feet above sea-level. The area is located in deep forests of Eastern Ghats. It is an abode of primitive tribe ‘Savaras’ whose

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religion is demon worship. Sickness means the displeasure of Gods and the sacrifice ranging from a chicken to an ox are offered to appease them. The primary reason for opening a hospital in this area was to reach the primitive hill people called ‘Savaras.’ In the year 1906, J.A. Glendinning the field missionary of Parlakimedi, made a tour of the Savara, agency area 30 miles into the hills from Parlakimedi. He gave out many pills and other medicines to Savaras. He saw the great need of the people for medical attention. He wrote that there is a “magnificent chance for medical work among the hills”.

Next year Miss E.E. Gaunce took charge of the Parlakimedi field. In her report for 1910 she wrote: “In every village visited there have been calls for medicine and dressings. In Serango for over a week I had an average of 30 patients a day”.

In 1913 Miss E.E. Gaunce returned to Canada because of illness. While there she took training as a nurse and returned to India in 1917. In 1918, a small building for use as a dispensary was built in Parlakimedi. Miss Gaunce was able to do a number of dressings and dispense medicine for minor diseases.

In 1919, Dr. J.H. West came as a medical missionary to the Parlakimedi field. In 1922, the Canadian Baptist Missionary Conference decided that the Savara Medical station should be located in the hills where the Savara people lived and not at Parlakimedi. Serango was chosen as the site. The work of mission station construction was begun in February 1923. The building operation was very difficult because the place was almost in wilderness and inaccessible for bullock carts and motor

140 Orchard, M.L., op. cit., p. 299.
141 Report, CBTM, 1910, p. 103.
cars. It was isolated from Parlakimedi by 20 miles of broken hills. Thus the obtaining of building materials and workmen was very difficult. A given amount of work required more labourers and the supply of men was, not often, not adequate. The isolation of the place also enhanced the difficulty of getting skilled masons and carpenters from outside. Most of the work was done by unskilled labourers under an inexperienced foreman. It was almost a case of the blind leading the blind.143

In spite of the difficulties, before Dr. West went on furlough in 1926, the staff quarters, a store house, and a stable were built. Also the foundation of the hospital was laid and was completed and opened in March 14th, 1929. The hospital consisted of three rooms well lightened and well equipped for the agency area.

Dr. West after returning from furlough also acted as physician for the Parlakimedi Government Teacher Training School and for the policemen stationed in the small outpost police station of Serango. He also performed the medico-legal work required by the local police. For these services the Government paid a yearly fee of rupees one thousand. Government also gave a yearly supply of medicines for the eradication of hook-worm, which was very prevalent in this area. In 1930-31, 12,000 cases of sickness or injury were treated.144

Three additional wards were completed in 1933. Nine hundred dollars (Rs.3600.00) was spent on the construction of these wards. This amount was given by some Sunday Schools in Canada. These new wards accommodated eight beds but the capacity for in-patients was not adequate for the number of beds. Hence, many more

143 Mary S., Mo Lumin, op. cit., p. 116.
144 Orchard, M.L., op. cit, p. 299.
patients were accommodated on mats on the floor. Dr. West brought with him from Canada a steam sterilizer and some surgical instruments for the hospital which were donated by a lady in Nova Scotia whose husband was a doctor.

In the year 1940, a new work was added with the establishment of a special Leper clinic. From 1938, the Serango hospital had treated lepers as out-patients with the special medicine and accommodation was available for this work at Sarango hospital, the leprosy treatment has taken up vigorously. Also a new clinic was opened for the treatment of yaws, a peculiar tropical disease found mainly among primitive tribes. Government also 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 private practice. When Dr. West returned from his third furlough, he found himself handicapped by a small and insufficiently trained staff. In 1948, the Government District Medical Officer visited the hospital and remarked on the insufficient number of beds, the scarcity of lines and the inadequate staff.

Also in 1948, Dr. and Mrs. A. Macdonald, came from Canada. They went to Serango to learn the language and gave what medical assistance they could. The statistics for 1950, the last year of Dr. West's missionary life in India showed that about 350 in-patients and almost 11,000 out-patients were cared for.

145 Report, CBTM, 1940, p. 34.
146 Report, CBTM, 1948, p. 87.
After Dr. West, other Canadian missionary Dr. Mac Donald continued to volunteer for service in Serango. Also since 1950, a dedicated Anglo-Indian lady doctor has given her life to the work of this hospital. Recently the hospital has been renewed and enlarged. A fine new operation theatre was built. An adequate and trained nursing staff new work in the hospital. A missionary nurse gives leadership in Public Health Teaching in the villages. This hospital continues to give dynamic effective service to the tribes in the hills as well as to many Oriya people who now live in the area.

These Mission Hospitals came under the autonomous Indian Baptist Church convention organised in 1947. But with a view not to have reflections of the church politics on these hospitals five of these hospitals viz., Akividu, Pithapuram, Vuyyuru, Serango and Sompeta were made members of autonomous Medical Council in India. This Council of Christian Hospitals was registered as a new Society in India on April 13, 1973. It is proposed that the President of CBCNC have a place on the council along with other representative. But the hospitals now administer their affairs independently of CBCNC organisation. Most of the hospital staff are active members of local churches. The hospitals seek to be at the service of the whole of the Indian community, both Christian and non-Christian.\(^{147}\)

**MEDICAL WORK OF SEVENTH DAY ADVENTIST CHURCH**

**GIFFORD MEMORIAL HOSPITAL, UZVID (SDA)**

The Rajah of Telaprole as a young man started to build the Nuzvid hospital in 1912. But when the European war broke out, he stopped building activities in 1915,

\(^{147}\) Gorden Carder, *op. cit.*, p. 147.
owing to the difficulties, he faced in procurement of building materials such as teak wood etc. Only often seven years, i.e. in 1922, when Dr. Flaiz came into contact with him who reactivated the construction works and completed the hospital. Thus the Seventh Day Adventists came in possession of the Nuzvid Hospital. However, it is Dr. Coyne who was one of those 'old-fashioned'. Adventists, who never complained about his salary, or grumbled about the amount of work placed upon him started medical work first at Narsapur and later at Nuzvid after completion of the medical Hospital there.148

In November 1925, Dr. Coyne wrote in the "Tidings" that patients had already begun to come to the new hospital at Nuzvid. In November 1925, 1,514 patients had been treated and Rs. 316.00 in cash received. The Zamindar was pleased with the hospital work and added another five thousand rupees to his original cash gift of Rs.10,000. In January 1926, Brother G.C. Joseph was transferred to Nuzvid to do evangelistic work in connection with the hospital.149

When Dr. Coyne and family left on furlough, Dr. Clark took over the Nuzvid hospital. In response to an urgent call for a nurse, Miss Emma Binder was appointed to Nuzvid and arrived on March 25, 1932 and she carried the brunt of the burden of the nursing services and teaching in the nursing school. After the Bobbili hospital closed, Miss Gore also came to Nuzvid, and between the two of them, they lifted the nursing service to where it should be. Dr. Clark and family left. Nuzvid hospital in 1932 and

149 Prasada Rao, M.S. Last We Forget, Andhra Section of Seventh Day Adventist Publication, Hyderabad, 1966, pp. 59-61.
returned to America during which period. Dr. D.W. Semmens, who had arrived a little earlier, took over the hospital.\textsuperscript{150}

All these doctors and their helpers took a deep interest in the evangelistic work around the hospital. Besides the hospital evangelist preaching in the wards, and talking to patients and their relatives about the truth, groups of hospital workers would go out Sabbath afternoons and conduct Sabbath Schools. The overseas doctors and nurses also would go along on these exploits. As a direct result, it can be said that several churches came into being around the hospital. The influence of the hospital is far-reaching. Patients that were given up by other doctors came to Nuzvid as a last resort, from beyond Vizag, beyond Madras and beyond Hyderabad. The doctors would offer prayer before undertaking an operation; this had a profound impression on the patients and their relatives, and on even Hindus.\textsuperscript{151}

In the August 15, 1928 issue of the "\textit{Tidings}”, Flaiz reported that “A nurses' and compounders’ class has been started at the hospital at Nuzvid with an enrolment of eight to ten young people. From these modest beginnings this training programme has grown, as the Division training school for nurses, therapists and technicians.\textsuperscript{152}

Dr. E.J. Hiscox first arrived in Nuzvid in 1938 to fill the need for a lady doctor. She wedded to her work from early morning till late at night. She is kind and sympathetic and has won the respect and affection of her patients. She has given her whole life to service at this hospital. After the end of II world war, Seventh-day

\textsuperscript{150} \textit{Ibid.}, p. 60.
\textsuperscript{151} \textit{Ibid.}, p. 63.
\textsuperscript{152} \textit{The Year Book of Seventh Day Adventist Church}, Review & Herald Pub., USA, 2001, p. 310.
Adventist Dr. John B. Oliver came to India with Mrs. Oliver to become the medical superintendent of the Nuzvid Hospital in 1946. He has been at Nuzvid all these years, except for brief periods on furlough, and when studying for the American Board in Surgery. He worked just as hard as ever for the development of the hospital. From time to time, the following were in charge of this hospital. Dr. H.G. Hebard, Dr. T.R. Flaiz, Dr. Dunbar Smith, Dr. Eden Smith, and Dr. Philip S. Nelson. \(^ {153} \)

**NARSAPUR HOSPITAL (GDM)**

One of the missionaries of the Plymouth Brethren (Baptist Mission) in Narsapur, negotiated with Dr. Long a doctor in England, and started a hospital in Narsapur town, on a private basis. Dr. Long was an eminent surgeon, and the hospital was doing very well, in patronage, and in profits. But however, there arose differences between Dr. Long and the management on the collection of hospital fees from the patients. This issue led Dr. Long for his resignation from Narsapur hospital and returned to England.

In response to the need for a doctor for this hospital, Dr. and Mrs. A.E. Clark answered the request Dr. Clarke took a course in tropical medicine at Calcutta and went on to Narsapur in November 1925. \(^ {154} \) Inspite of difficulties, the hospital work progressed. The attendance during the early months of the year averaged thirty to forty patients daily, but this figure has grown rapidly and raised to 100 patients. The average number of in-patients in November was twelve. It keeps the doctors very busy attending to the rush of patients.

\(^ {153} \) Prasada Rao, M.S. *op. cit.,* p. 63.
Some of the early workers in Narsapur Hospital 155 were B. Solomon, N. Isaiah, L.B. Devasikhamony, O. Israel, T. Prakasam, O.B. Devasahayam, Kota Joseph, and Sister Tharabai Alice. Pastor Prakasam was the evangelist and Brother Ch. Samson was the registrar.

For some time, Dr. Nelson conducted a successful clinic in Narsapur town, in conjunction with the hospital. Since at one time, there were three hospitals in the Telugu field, while in the rest of the Division there were practically none, it was decided to close down the Narsapur and Bobbili hospitals in order to spread Seventh Day Adventist medical service throughout the Division.

BOBBILI HOSPITAL (SDA)

During her first term of service at the Nuzvid Hospital, Dr. Emma Hughes was called at least twice to treat the mother of the Rajah of Bobbili, each time spending more than four weeks there. She did so well in taking care of her charge that her loving and efficient service was soon recognized, and the Bobbili Samsthanam were calling for a hospital. They also made available a large guest house the Rajah had, to serve for a hospital, and another large building to the staff.156

Upon the return of Dr. Hughes to India from furlough, during the middle of 1933, proceeded to Bobbili with a few helpers to start the hospital there. After things got started and the institution had been in operation for about a year. The progress of the hospital was recorded in the "Tidings" of May 1, 1934. "Our hospital at Bobbili, where Dr. Hughes is in charge, is thriving, though she is at work alone without even a qualified

155 Ibid., p. 68.
156 Ibid., p. 69.
nurse to assist her. The building is not well adapted to hospital work. Dr. Hughes and her staff are due much credit for the good work they have done under these circumstances. Among the early workers at this institution are P. Jacob, A.V. Jesudas, Mrs. Cole, Mr. and Mrs. Dakshinamurthy, P.S. Johnson, and R. John Charles. Later on Brother G.C. Joseph joined as the evangelist.157

Miss Beatrice Gore arrived on June 14, 1934, and proceeded to Bobbili to take charge as the Nursing Superintendent. Dr. and Mrs. Brownsberger also joined the hospital. Since there are many people around Bobbili suffering from eye diseases that the Drs. Brownsberger treated successfully, their fame spread quickly and soon eye patients were coming from many distant places.

Because of the lack of trained medical helpers in the hospital, even the hospital evangelist was drafted into the medical work. Brother Jesudas took special interest in eye surgery, and spent quite a bit of time helping Dr. Brownsberger who patiently taught him some eye work.158

Later on when the Mission decided to close the hospital in Bobbili Brother Jesudas stayed back to continue the medical work on a self-supporting basis. The Lord blessed him from the beginning, and slowly and patiently he built up a good practice through the years as he gained the confidence of the people around. Today his children are still carrying on this work as Brother Jesudas and his family have been the only Adventists in Bobbili for many years, they let their light shine and shared their faith with

157 Eastern Tidings - op. cit., p. 29.
158 Prasada Rao, op. cit., p. 70.
all that they came in contact with and as a result of their witnessing several churches were started around Bobbili.159

KATHERINE LEYHMANN MISSION HOSPITAL, RENIGUNTA (SALC)

The Hermannsburg Evangelical Lutheran Mission Society (HELMS) of Germany could not start Medical work, even though the missionaries considered it as necessary, due to lack of funds and the unwillingness of the medical personnel to come to India to serve.160 However, the Ohio synod of America which took the HELMS work on account of the departure of German Missionaries to their native land on account of I World War wanted to establish a Mission Hospital on the strong recommendations of Commissioner Sheatsray.161 Hence, the Katherina Leyman Mission Hospital was started at Renigunta in 1927 as a means to reach people and Preach Gospel.

The ladies society, Christ Church, Columbus, Ohio sent $ 775,000. A site of 26 acres was purchased for the proposed hospital between Renigunta Town and Gajulamandyam village162 in the year 1927. In 1929, Dr. Floyd B. Kantzer returned to India from his medical studies and took charge of the construction of the building. By the year 1931 the construction had advanced to a point where some medical work could be started. In 1932, the dispensary was opened to the public. In 1933, the hospital itself was opened and a great tradition of healing was established which continued for a long.163

159 Ibid., p. 71.
160 Sheatsley, C.V. Our Mission field in India, The Lutheran Bok Concern, Ohio, 1921, p. 98.
161 Ibid., p. 122.
163 Ibid., p. 90.
Dr. Kantzer, the Chief Medical Officer was aided by two missionary nurses, Miss Friedo Adler and Miss Lilli Prange. The first hospital had 32 beds with adequate room for overflow of patients on the verandah. In 1935, a total of 7,936 patients as inpatients and 5,916 patients were treated in the dispensary.

Dr. Kantzer acquired a talented medical assistance in the person of Dr. Charles Muthiah who later became the Chief Medical Officer in 1934 and served such till 1964.

Under Dr. Muthiah the hospital developed rapidly and acquired x-ray apparatus, an air-conditioned modern surgery, a laundry and a laboratory under Miss Hermina Mayer, Laboratory Technologist which offered a course of training for laboratory technicians.

Dr. Muthiah was succeeded by Dr. M. Rajanna, MBBS, Dip. In Surgery (USA). In 1977, Dr. Rajanna was relieved and Dr. Muthiah took over from him. Dr. Sarma, MS succeeded Dr. Muthiah. Dr. David E.R. Muthumani, MS, SM. Took over from Dr. Sarma and he relinquished his office in February 1983. From February 1983 to December 1987 several medical officers served for short periods and finally the hospital had to be closed on 10th December 1987 due to slur in both earnings and standard of treatment.

In this situation, the National Lutheran Health & Medical Board under the initiation of Dr. Kunhala Rajaratnam came forward and took over the management of the hospital with effect from 1st June 1988. The hospital is now slowly improving and shall surely regain its lost reputation.

164 Ibid., p. 94.
EVANGELINE BOOTH HOSPITAL, NIDUBROLU (S.A.)

There is an acute need for a medical hospital at Ponnur and its surroundings in the early part of 20th century. When in the 1930s Colonel H.B. College, Territorial Commander, Madras and Telugu Territory, was considering extending the medical work in the territory, Mr. P.V. Krishnaiah Chowdhury, local member of the legislative council, persuaded a local farmer, Pamulapatti Paranthamiah, to give a five-acre site from his banana field for the purpose. The site was at Nidubrolu, 15 miles from the Army's leprosy hospital at Bapatla. The name of the hospital was to be The Jubilee Hospital for Women and Children to celebrate the first 50 years of Salvation Army service in India. Lieutenant and Mrs. Albert Sena Putra were appointed to an empty shell of a hospital, the Lieutenant as business manager and Mrs. Sena Putra, RN, as nursing sister.165

With the arrival of Captain and Mrs. Clesson Richardson from America, both qualified surgeons, the hospital was declared open on 29 November 1935 by Lord Erskine, Governor of Madras. When General Evangeline Booth visited the institution a year later the name was changed to The Evangeline Booth Hospital.

Extensions, both in land and buildings, brought the 30-bed hospital up to a 92-bed general hospital with facilities for surgery, general medicine, obstetrics and paediatrics and a rapidly developing public health outreach programme. Whereas before one or two doctors covered every aspect of the work, there are now specialist doctors for each department. The two-year course, leading to the qualification of auxiliary nurse/midwife, has been upgraded to a RN/RM four-year course.

165 Solveig Smith, By Love Compelled (The Salvation Army's One Hundred Years in India and adjacent lands), Salvationist Publishing and Supplies Ltd., London, p. 144.
The hospital report for 1975 quotes that 'Development is for the whole man, it is not only concerned with man's economic status, but with the social, cultural, moral and spiritual being as well . . .' The latest change at Nidubrolu Evangeline Booth Hospital is the transfer of quadrangle as a constant reminder that the most important aspect of development is the spiritual dimension.\(^\text{166}\)

The hospital stood for the legacy of Army people for their social service and conducted several surgeries on different aspects and gave treatments for ordinary and contagious diseases to the poor and rich alike not withstanding to the caste, creed, colour, region etc. The hospital is still in good condition inspite of the competition from the private and corporate hospitals in Andhra. It is still surviving the poor and down trodden with the same vigour and stood like a rock for the evangelisation for His Kingdom.

Among its rightful activities, the medical arm conserve the health of the oncoming generation of India's Christians, giving them better bodies than those of their neighbours; it likewise attends to the ills of all mission workers; it would educate many of them to undertake medical work for themselves and for many others; it reaches a helpful hand in true Christian spirit to many a sufferer, irrespective of his caste, age, creed, colour or it replaces, finally opposition with a friendly gratitude. In such ways, God is glorified, peace is initiated, goodwill among men is fostered; and thus cometh the King into His Kingdom.

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\(^{166}\) Ibid., p. 145.