Chapter-VI
MISSIONARY HOSPITALS FOR CONTAGIOUS DISEASES IN COASTAL ANDHRA

Besides the establishment of mission hospitals by different denominations at a number of places in Andhra desa some of them also encouraged their respective characters to construct separate asylums/homes for treating the patients suffering with Leprosy and Tuberculosis. Even before the sources of the Government hospitals made available to treat these contagious diseases, the mission hospitals have rendered valuable service to the people not withstanding to the caste, colour, creed, religion etc.

LEPROSY HOSPITALS/ASYLUMS

Of all the physical sufferings that besieges the humanity, the plight of the leper is surely the worst. Shunned by the follow men and his family members, he is regarded as unclean. The disease which eats into the very bone and flesh mars and disfigures the unfortunate victim, making him a grotesque sight from which others turn away with aversion.1 The incidence of leprosy was high in the Northern Coastal Districts of Andhra and more so among the depressed classes. Lack of hygiene, leading a life out of ignorance and poverty were the primary causes of this much dreaded diseases among the people of the depressed classes. The missionaries were seized of this problem too.

Among all the missionary denominations that established lepers hospitals in coastal Andhra, the Canadian Baptist Mission was the pioneer and took lead in establishing leprosy Asylums at Ramachandrapuram, Vijayanagaram and clinics at

Pithapuram, Kollair lake, Gollaprolu and Kothapalle. The A.E.L. Church established leprosy hospital at Salur while Godavari Delta Mission at Narsapur and clinics at several places in Godavari Delta. The South Andhra Lutheran Church, Tirupathi and Salvation Army also established leprosy homes respectively at Kodur and Bapatla.

**Leprosy Hospital: Ramachandrapuram (C.B.M.)**

In 1898, Miss Hatch's attention was drawn to the sad condition of lepers in the Ramachandrapuram field. To her surprise she has discovered that her own servant was a leper and the survey conducted by her brought to light that among the Christian community alone there were twenty of these unfortunates and in twenty four villages within the radius of 15 miles, one hundred and four lepers. As per the committee recommendations, Leprosy Mission was started by Canadian Baptist Church taking Ramachandrapuram as a central point for construction of leprosy hospital and asylum. Miss Hatch faced so many hardships and sufferings but, however, she could overcome the difficulties successfully and in 1899 she purchased 2 acres of land. By 1900 a few dormitories with mud walls and thatched roof were erected and about 25 lepers, mostly men were admitted into the asylum for treatment.

Dr. D.L. Joshee, a Telugu man who took special training at Agra in leprosy treatment got appointed of Ramachandrapuram leper asylum. With splendid preparation, Dr. B. Joshee carried the treatments which was wholly missionary in spirit and influence. He in capacity as medical officer did wonders in the way of putting heart and hope into

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3 John Craig, *op. cit.*, p. 149.

this poor stricken patients, besides conducted a very valuable experimental work in the scientific treatment.\(^5\)

Besides the treatment, Miss Hatch faced so many problems for the construction of permanent structures to the asylum. A total of $ 7000 was required and her sincere efforts fetched her to collect the money in the form of donations from different Homes. While $ 130 was the first draft received in 1899. Mrs. Kollock of Canada contributed $ 2000 for this work in memory of her late husband Dr. Kollock. It was utilised for construction of Dr. Kollock Home.\(^6\)

The second home with a cost of $ 700 was built to accommodate leper children. The amount was donated by Sunday school teachers of Great Britain in memory of Dr. Phillips.

The third home at Ramachandrapuram was constructed in three acres of land with the handsome contribution given by Mrs. Albert Bartler, of Fort Conlange, Canada in memory of her husband. This asylum was reserved for women lepers.

Money for the support of boarding to the leper patients and medicines was another problem faced by the missionaries as the estimated expenditure for 100 lepers was around $ 2000 per annum. This problem was solved when the Canadian Baptist Mission agreed to provide about two thirds while the remaining was collected as contributions from different philanthropists from India and Europe.\(^7\)

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\(^7\) *Ibid.*, p. 139.
The inflow of leper patients has increased to a greater extent by 1906. Although there was accommodation for about 140 inpatients, on account of demand and rush, 205 patients with serious ailments were admitted in the asylum in 1906 while many more were denied admission. To accommodate more patients, permission was granted to wealthy patients from nearby districts to built their own little houses each for Rs.200/- within the hospital premises. Besides that, the hospital had established 5 clinics in the nearby villages under supervision of compounders. Nearly 1000 patients were treated as out patients. Besides these, the mobile doctors units were sent to different villages on weekends for the benefits of out patients. Further, the hospital gave training in use of medicines to the symptom free patients so that when they go to their native villages, they can administer treatment to the needy.8

For the benefit of the children who are in prolonged sickness, a boarding school9 was established at Ramachandrapuram. As per the statistics of 1946 there were 36 students in the school and the schools inspector gave excellent report on the progress of the school. Besides the regular lessons, carpentry was also taught in the school under a qualified teacher. These students who were fully recovered from sickness were admitted in government training schools.

The older patients of Ramachandrapuram were given vocational training in gardening, masonry, carpentry, sewing, lace making and bee keeping with a view to equip the patients after recovery the alternative income generation by themselves as it

9 Among Telugoos – Canadian Baptist Report for India and Bolivia for 1946-47, p.68.
was evident that they were not accepted by the society for employment. 19 patients who were in adult literacy programme\textsuperscript{10} acquired the skills in learning and writing as well.

Taking into consideration, the yeoman services rendered by Miss Hatch to the leper patients in Ramachandrapuram leper hospital, the Government of India has honoured her with ‘Kaisar-I-Hind’ medal in silver in 1910 and again in gold in 1918.\textsuperscript{11} This was one of the rare honour “rendered to these persons irrespective of race, sex, position or occupation, who have done good services in India by personal devotion, by large minded charity or by ameliorating the sufferings and improving the conditions of their fellow creatures.

Vijayanagaram Leper Home (C.B.M. Church)

The Vijayanagaram Leper Home was founded by Miss Flora Clarke, a missionary of Canadian Baptist Mission. She had obtained one hundred acres of land from the late Rajah of Vijayanagaram in 1901.\textsuperscript{12} In the beginning a home was constructed of a few mud huts and accommodated nine lepers. But by 1910, five large stone buildings, two good houses for helpers and four cook houses were constructed. By 1991, there were 175 inmates all in dreadful condition taking treatment in the asylum. The field of service covered by the home was large and effective. By 1910 nearly 1000 lepers were sent from the asylum in symptom free condition. Of these eight were given employment as mission workers and three have settled in teaching profession.\textsuperscript{13}

\textsuperscript{10} Ibid., p. 69.
\textsuperscript{11} Orchard, M.L., \textit{op. cit.}, p. 300.
\textsuperscript{12} Report, CBTM, 1919, p. 12.
\textsuperscript{13} Orchard, M.L., \textit{op. cit.}, p. 254.
Besides the physical treatments, the Vijayanagaram leprosy home has also started a school for the benefit of children who either carry leprosy symptom or the children whose parents are in the hospital for a prolonged treatment. These children were given training both in general subjects but also in vocational skills such as carpentry, masonry, lace making by skilled persons.\footnote{Ibid., p. 254.}

Parker Memorial Leprosy Clinic, Pithapuram (C.B.M.)

The leprosy work in Bethesada’s memorial hospital was carried on the cooperation with the International Christian Leprosy Mission, Postland, USA. The work was designed to serve leprosy patients and hence a separate ward, away from the main hospital was constructed. Dr. Jarvis after obtaining special training at Tropical Medical School, Calcutta, was entrusted the leprosy work. A field ambulance was also procured for leprosy work. Rural clinics at Gollaprolu and Kothapalle were started to provide treatment to the patients who are not afford to come to Pithapuram. Great healing activity took place at Parker Memorial Leprosy Clinic at Bethesad hospital and clinics.\footnote{Report, 1922, p. 132.}

Leprosy Dispensary at Kollair Lake (C.B.M.)

In course of time to treat the leprosy patients at Kollair lake area, a leprosy dispensary was started in 1920 under a compounder, Mr. Prabhakar. He has given hundreds and hundreds of injections of Hydrocorpus Oil and was treating 42 cases in 1947. Of these patients, 12 patients condition was very much improved while 28 were in preliminary stage of improvement.\footnote{Among Telugoos, Report, 1946, p. 53.}
Kodur Leprosy Hospital – Krupapalle (A.E.L.)

Rev. Nikolsus Wittman, belonging to Hermannsburg Mission, became interested in the treatment of lepers in the region of Kodur. In 1905, he started an asylum for them. He obtained a site from the government and raised 5 buildings on it. Wittman went to England to receive specialised training in leprosy care at the Livingstone House in London. Friends of the mission in America and Germany became interested, and aided it financially. Wittman not only served the asylum with his additional knowledge of medicine, but also setup a clinic and treated about 3000 individuals in the course of one year. He christened the asylum 'Krupapalle' meaning village of Mercy.17

Bethesda Leprosy Hospital – Narsapur (GDM)

Another hospital for lepers established in the first quarter of 20th century was Bethesda Leprosy Hospital, Narsapur. This came into existence in 1923, as result of the painful concern that J.N. Boyd had developed towards the leprosy patients of the Godavari Delta. He wrote home many letters and shared his burden with friends in England and was able to purchase three acres of land. Another 17 acres of land was added to the property in 1935. All the buildings were raised gradually over the years. After Dr. Byod, Dr. Pring looked after the lepers in the hospital for the 40 years. Several lady Missionaries – Hampton, Shimton, Black, Heads, Osborne, Bardslay, Sheela white xeomen service to the persons with the most despicable disease known to man.18

18 Jeeva Ratnam, op. cit., p. 56.
Bethesda Leprosy Hospital took up the novel method of ‘Survey, Education and training’ programme (SET). Under this programme, trained paramedical workers were assigned to different regions to survey the incidence of leprosy and to give medicines to the patients. Mobile clinics were also sent to villages for the benefit of those patients who could not travel to Narsapur. The villages benefitted by this scheme were Palakollu, Karleru, Tadepalligudem, Attili, Relangi, Polamoru, Aredu, Upprolur, Ardhavaram and Pangidi. In this connection, the one missionary that deserves mention is Mrs. Hampton. She used to keep awake all night, trying to figure out how best she could help to cure patients.

Philadelphia Leper Home, Saluru (AELC)

A leper asylum came up at Saluru in 1906, with the help of the Schleswig-Holstein Mission, where the spiritual services were rendered by AELC on their request. Ultimately, the institution once managed by the former, had been handed over to the latter and continues to be managed since then by the AELC.

The financial assistance has come from America and Mission to hepers and the property to construct the homes and the equipment was donated by local bodies and government. Opened in 1906, it was called the Philadelphia heper home. The grounds are spacious, well landscaped and large gardens are under cultivation. The work is done by inmates of the Home who also do all kinds of hand work needed in the upkeep of the Asylum.

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Besides, the Mission to Lepers, the Government also made funds available for the maintenance of the hospital. Few small gifts from interested friends also are accounted from time to time. The Government grant in 1950 was at the rate of Rs. 9/- per head, per month for the inmates, who were about 150 in number. The asylum has spacious grounds where a poor landscape is being converted into delightful gardens by the inmates. Besides, there are also facilities for handcrafts and by the sale of the articles, the asylum receives some income for its upkeep.21

Leprosy clinics (GDM)

Miss Hampton started these leprosy clinics being inspired by Dr. Short. Leprosy was spread throughout the Godavari region. The patients could not make use of bus or other modes of transport. Hence, Miss Hampton herself treated the patients through these clinics established in different areas. She along with Miss Heds lived in Tanuku and they conducted the clinics in Palakol, Mareru, Tadepalligudem, Attili, Relangi, Paalamuru, Aaredu, Uppuluru, Ardhavaram, Pangidi etc.22 They toured the areas regularly with the help of a station wiagon van. Miss Hampton took much effort to ameliorate the condition of the lepers. She was concerned about the welfare of each and every leper. Some night she just used to walk around thinking about how but to treat and look after the lepers. The honorary secretary of "Hindu Leprosy Prevention Sangh" (Hindu Kusthu Nivaarana Sangam). Mr. T.N. Jagadisan remarked that Miss Hampton did her utmost to help and serve the lepers. Miss Hampton handed over the leprosy clinics to Dr. Short in 1963

21 Dolbeer (Sr), op. cit., p.132.
(except the clinics of Koyyila Guduru and Pangidi). Because of the overburden of the Bethesda Hop these clinics could not be continued.23

Till 1970, Miss Hampton looked after the clinics in Tadepalligudem and Pangidi. Around 1500 patients received treatment in these clinics everyday. Mr. Chetti Samuel helped/assisted Miss Hampton in this ministry. In 1970, Miss Hampton gave up the work of the clinics and went to Chettipeta. She was to brought to Narsapur by Miss Taylor. In 1971, Miss Hampton died and until 1975, Miss Heds conducted the clinic in Tadepalli Gudem centre.

Leprosy Asylum, Kodur (SALC)

The Hermannsburg Mission was rather late in starting medical missionary work, the main reason being lack of funds and unwillingness of Germans to come to India for medical mission.24 For example in 1896, the government opened a hospital at Tirupati with two blocks, one for women and one for men, but could not continue the work due to lack of medically trained personnel. In 1897, the local government doctor by name L. Singh had approached the mission for a German doctor to help in the hospital, which in turn was willing to give the buildings and financial assistance to the mission. Nevertheless, this offer had to be rejected, because no doctor and nurses were ready to come to India.25 On the other hand, the German missionaries felt that, since the British government was ruling the country, it was the responsibility of the government to establish the medical hospitals and to take care of the sick in their colony.

23 Ibid.
25 Ibid., p. 57.
It was only on March 11, 1906, that the Hermannsburg Mission had established a leprosy asylum at Kodur and that too on a small scale. It was missionary Wittman that started the work with a two fold aim;

- to minister to the spiritual needs of the lepers
- and to take care of the physical needs of the inmates.

He heard the reports that there were many people suffering from this disease and people used to burn them alive in a hut or bury them alive by giving them opium. This made the missionary very sad and he explored possibilities to start an asylum for such people. He approached a society in Scotland and received help from them to open an asylum and the government also offered its help by giving free land. It should be noted that missionary Wittman was not a trained medical doctor and by no means a specialist in leprosy. It was only during his furlough that he spent time in England and studied medicine and human anatomy and started real medical work at Kodur.

**EVANGELINE BOOTH LEPROSY HOSPITAL, BAPATLA (S.A.)**

Salvation Army service to leprosy suffers has been started in 1928 when Powell responsible for Leper home of Baptists appealed to the Salvation Army to take over the home founded in 1903 by J.A. Christian. On account of the death of a key missionary and increasing difficulties to continue the ministry by Baptists, they made the proposal to Salvation Army.

Commissioner Muthaiah, then incharge of the territory sent the proposal tot he Salvation Army Head quarters at London. Owing to the financial stringency and lack of

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27 Ibid., p. 5.
proper medical trained persons in leprosy, the Headquarters initially refused the offer, but however agreed to take the Leper Asylum from the Baptists on account of the constant pressure put forth by Muthiah on a condition that two thirds of the funds will be raised locally and the remaining one-third by the Head Quarters. This was agreed and the Army took over its first Leprosy hospital in India. In the beginning, the accommodation available in the hospital was for 80 patients, but however on account of the pressure from the Leprosy Patients it was raised to 100 and ultimately to 180.

The Hospital gained reputation as one of the best leprosy asylums in South India. It has introduced several innovative programmes to give self-confidence and self-respect to the leper patients such as rope making, gardening, basket making, brick making and household duties tailoring, weaving, carpentry etc. With a view to make the lepers economically independent without depending on their own kith or kin who usually see the lepers with stigma.

**Visruntipuram Sanitarium (AELC)**

Tuberculosis was alarmingly spreading in the first quarter of the Twentieth Century, which prompted the American Lutheran Mission to take up some urgent steps in arresting its spread and to treat the patients. The patients who were hitherto sent to the Arogyavaram Sanitarium, who showed progress of recovery at a very fast pace. As such, the local Christian community of Rajahmundry recognized the fact and came forward “to exhibit their love to God in a practical way in serving others by way of starting a sanitarium on the lines of the one mentioned above.” The idea of a sanitarium for the

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29 David Raju, B. *op. cit.*, p. 159.
care of Tubercular patients was first presented to the Church Council of St. Paul's Congregation in October 1925. The proposal was accepted unanimously as their project. In January 1926, the congregation meeting was attended by 123 members, who passed a unanimous resolution to devote the harvest festival offering, which was about to come in the next month for the raising of the sanitarium. The amount of offering in the year was Rs. 1000 which was never more than Rs. 250/- in previous years. With the first contribution of the Rs. 1000/-, the work on the Sanitarium was begun.

G.T.H. Bracken, the District Collector of East Godavari granted twenty one acres of land, on which the construction of the Sanitorium was taken up. Besides, he used to make an annual contribution from his personal amounts, till he left the country. The Sanitarium was ready on May 1, 1926 and was officially declared opened with two patients. Samuel John, who was in the medical service of the Church hospital attended the Sanitarium, temporarily till a qualified Physician in Tuberculosis treatment was secured from Arogyavaram. Initially, it was housed in a few thatched sheds and had no equipment, with the name. Added to that, a severe cyclone in May 1930 swept away the temporary sheds. The AELC had thereon began to build permanent buildings to the sanitarium, which started to register amazing progress, since then.

The sanitarium was managed with the unreserved co-operation of the local people, of whom (late) Venkatachalam Pantulu deserves a special mention. He was co-opted by the Board from the Public, who took keen interest in its growth and progress. Gradually several General Wards, a fair number of private wards, residences for Doctors

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30 Swavely, C.H. *op. cit.*, p. 239.
and Nursing Superintendent were built. The capacity grew rapidly from ten beds in 1930, to eighty in 1940 and 170 in 1950.33

In 1936, the control of the sanitarium was transferred from St. Paul's Church to the AELC, which began to manage by means of a Board consisting of twenty members. In 1937,34 the Selma Anderson Memorial Chappel was completed as an important appendage to the sanitarium. It was equipped in 1940, with the Nursing Superintendents bungalow, which was a gift from the Women’s Missionary Societies of the ULCA.

With the close of the World War II, building work was again resumed and a large number of wards. A grant of Rs. 72,000 by the Committee on Post-War Reconstruction of the Madras Government, came as a great support in the construction work. It was used to erect a ward for ex-military patients and two staff quarters. In 1950 the construction work was begun on the two storeyed administrative block and the surgical ward. It was planned at an estimate of Rs. 2,25,000 of which Government promised, one-half of the amount as grant.35

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

34 Swavely, op. cit., p. 238.
35 Ibid.
Financial Statistics in the year 1950.\textsuperscript{36}

\begin{align*}
\text{Receipts, fees & grants} & : 89,483 \\
\text{Receipts & Donations} & : 24,109 \\
\text{Church Subsity} & : 27,398 \\
\hline
\text{Total} & : 1,40,990
\end{align*}

The Sanitarium consisted, a total of 57 buildings on the ground in the year 1950, with some thirty more planned for future development mainly as private wards.

\textsuperscript{36} Ibid.