Chapter-VII

HEALING MINISTRY AND ITS IMPACT ON MASSES

From the beginning of the organised missions, the securing of converts, the organisation of churches, the preaching of gospel to pagan people have been the core of Christian enterprise in foreign lands.

The Christian missionaries came to India in general and Andhra in particular with a primary object of conversion of the natives into Christianity is an accepted version and there need not be any argument nor analysis. But the methods adopted by the missionaries to perpetuate their cause is more important. Their aim was not to fight and frighten the locals and force conversions among them, but adopted a reconciliatory attitude of love, service and self appraisal.

There were many missionary societies worked in Andhra Pradesh independently following their own missionary policies. Though the primary aim was to preach the Gospel with a goal to convert Andhras to Christ, the means to achieve this goal differed. Some denominations laid stress on the educational work as a means to achieve this goal, some on medical missions, some on social mission and some others purely on evangelistic work. But, it must be admitted that the missionaries openly opposed social evils in the society and considered them as a hindrance to advance the Gospel and upliftment of the people to give them a better social status. The unsatisfactory economic

1 Salmon Doraiswamy, Christianity in India, CLS, Madras, 1986, pp. 197-199.
2 Paul D. Wibe, Christians in Andhra Pradesh, CLS, Madras, 1988, p. 65.
conditions like, the gap between the rich and poor, no permanent employment for the people, the evils of the caste system, the natural calamities and disasters on the one hand and on the other, the desire in some sections of the people for an autonomous church, are some of the issues, the missionaries had to deal with in their work.

In this context, it may be noted that the missionaries conceived the idea that the medical work was not only a key to open the door into non-Christian communities but also they considered it as an integral part of the missionary enterprise. They believed that the ministry of healing the body is an expression of the attitude and mind of God toward man and has its source in the comparison and love of God. The conviction of the missionary was that the Christian should concern himself with the care of the sick whether or not others are carrying on this work. From this conviction it became the duty to develop Christian medical work as a part of essential work of church in India.

An analysis of the missionary work shows that the missionaries considered the medical work as an important area which the missions and missionaries had undertaken in their missionary enterprise in Andhra Pradesh. The churches in Europe and America have come to accept more fully the definition of the Gospel as meaning not only the message of spiritual salvation but also the practical exhibition of love and mercy of their Master. And secondly, the situation of the people, without medical care and the physical illnesses that were killing many people, prompted the missionaries to start medical missionary work.

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4 Ibid.
The aim of the medical missionary work is two fold: to alleviate physical
suffering of the people in the countries, where such facilities were not available on the
one hand, and on the other to co-operate with the catechist/pastor by interpreting the
divine compassion and breaking down the prejudices of those who would not otherwise
be willing to listen to the Gospel.6

Keeping this in mind all the mission agencies in Andhra founded hospitals,
depending upon their financial ability and support. The missionaries in their reports
could boldly say that, many people embraced Christianity for what they had received at
the Christian Hospitals.7 The American Mission right from the beginning insisted on this
work because commissioner Sheatsley reports,

Apart from the direct preaching of the Word there is no department of
Mission work that affords better opportunities as evangelising agency than
the medical work. It was profoundly impressed with the importance and
opportunities of this work as I watched the sick and unfortunate flock into
the hospitals at Guntur, Chirala, Rentachintala and Vellore.8

The Americans were also influenced by the resolution of the National Missionary
Council, which held its meeting in November 1920.9 Of all the other missions in Andhra
and Tamilnadu, the Americans gave importance to medical missions right from the
beginning. They have basically seen the medical mission as an evangelistic agency. It is
difficult to judge, whether the medial mission of the American Mission was motivated by

6 Wameck, G. Outline of a History of Protestant Missions, Edinburgh & London, Anderson & Ferrier,
1906, p. 198.
7 Hyper, J.L. The Economic and Social Background of Christian Mission work in villages India in
Brothern Publishers, 1933, pp. 96-97.
8 Sheatsley, C.V. Our Mission Field in India, Columbus, Lutheran Book Concern, 1921, p. 122.
9 Ibid., p. 134.
love and concern for the people in the coastal Andhra region, who lacked enough medical facilities or as an evangelistic agency to reach their goal to convert people, also from the high caste. It seems that the medical mission was started as a means to reach people and to preach the Gospel. With regard the Germans and American missionaries, it was purely Christian love and concern, which motivated them to start leprosy asylum at different parts of coastal Andhra.10

In Andhra Pradesh, the medical service was perhaps one the potent instrument that the missionaries adopted to reach the masses in the country. In the absence of public health system organised by the Government and the local boards and municipalities were not in a position to relieve the physical suffering of the people by establishing hospitals and dispensaries with the meagre funds at their disposal, on the onset of 19th century, the missionaries grabbed this opportunity and established several hospitals, dispensaries and clinics at several parts of northern coastal Andhra and tried to relieve the sick and suffering and thus extended their influence among the masses. The establishment of hospitals and relief measures the missionaries took have brought far reaching consequences in the area under present investigation.

As already pointed out the already existing hospitals run in certain towns by local philanthropists and municipalities are not run by scientific method of western medicine. The old methods adopted by Ayurveda and Yunani did not provide the required answers for treating the diseases that were prevalent in coastal Andhra. This has caused wide

10 Sheatsley, Our Mission Field in India, Columbus, Lutheran Book Centre, Concern, 1921, p. 59.  
11 Firth op. cit., p. 198.
spread of diseases of seasonal type and epidemics such as cholera, small pox, plague, feavers, malaria etc., and the people were dying in large numbers on account of lack of medical facilities. The superstitious beliefs, witch craft and inhuman methods adopted by the people on account of poverty and ignorance also added to the fire. Taking these aspects into consideration, the missionaries moved with the love of Christ and established several hospitals to receive the suffering and reform the masses.¹²

The missionaries who came to India in the early days of the establishment of mission stations of respective societies were advised to have some knowledge of medicines would be exceedingly valuable while doing their missionary work in India.¹³ Hence, several missionaries undertook several months of medical instruction as part of their preparation. Contacted in India by masses of humanity suffering from all sorts of diseases, they made abundant use of medical knowledge, limited though it was. The first missionary and the founder of American Evangelical Lutheran Mission in Andhra, Father Heyer who on his first furlough in 1846-47 studied medicine at the Philadelphia medical college at the age of 52 years.¹⁴ It shows that he realised the necessity of medical knowledge while he was on field where no medical help with in the reach of the people. Thus, Fr. Heyer wrote¹⁵ that “I must not forget to mention that in addition to the regular mission work, I am getting into quite an extensive medical practice. The news is spreading that advice and medicine can be had at the Gurazala Mission House without

¹⁵ The Missionary (1849), p. 87.
money and without prices; patients are coming from distant villages around; I have been attending nearly 100 cases daily since any arrival.” A.V. Timphany, one of the founder missionaries of Canadian Baptist Church remarked that “Besides preaching, I have more cases of sick to attend to than an ordinary doctor”. S.S. Day, in first missionary of American Baptist mission used to carry a ‘surgical kit’ about the size and complexity of a modern high school students dissecting outfit. Clough mentioned the distribution of medicines to his workers for treating their families in case of fevour. Dr. George Albuercht used to make free use of medicine to the mission boys and workers with his limited knowledge of medicine. For Malaria, he used to provide a dose of caster oil mixed with quinine and for cholera a tumblerful of weak solution potassium permanganate every morning. Likewise small tips were administered by the missionaries to protect the Christian followers from epidemics and diseases from the beginning.

Such was the enthusiasm and commitment of missionaries with regard to the prevailing conditions of diseases in Andhra. The enthusiasm of the missionaries was translated in construction of several hospitals.

Medical historians admit that Indian medicine in Asia played the same role as Greek medicine in the west for it has spread in Indo-China, Indonesia, Tibet, Central Asia and as far as Japan exactly as the Greek medicine has done in Europe and Arab countries. The other indigenous system of Medicine practiced in India are Unani-Tibb

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16 Orchard, op. cit., p. 246.
17 Fishman, A.T., op. cit., p. 60.
and Homoeopathy which are not Indian origin. By the 13th century, the Unani system of medicine whose origin is said to be Greeks was firmly established in India by Muslim rulers. In course of time, it also gained popularity in India as that of Ayurveda. The Homoeopathy which is based on ‘pharmoco dynamics’ gained foot hold in India during 1810 and 1839 and gained much popularity in India.20

The onset of modern Age, the Allopathic medicine came into prominence in which several types of medicines came into prominence because of the encouragement by the British Government.

The dichotomy of Allopathic medicine of Modern times is based on two branches viz., curative medicine and preventive medicine was evident in the close of 19th century. After 1900, medicine moved faster towards specialization and a rational scientific approach to disease. The pattern of diseases began to change and the so called modern diseases such as cancer, diabetes, cardiovascular diseases, mental illness and accidents came into prominence and have become the leading causes on account of industrialization.21 Further, the modern medicine and treatments led for new changes such as keeping the patients in a secluded places away from their homes for proper treatment and nourishment. Thus, the new concept of hospital and dispensaries came into Indian medicine to keep the patients separately in the hospitals under regular and more specialisations, supervision and treatment of Doctors and Nurses day and night. Further, the diseases in the modern period multiplied and new specialisations came into existence,

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such as ophthalmology, cardiology, nephrology, radiology etc., and new teaching methods and equipment to cope up the situation. Treating the patients at Matas and temples no more in vague and treatment the patients with local vaidhyas is no more in existence in Modern period.

HOSPITALS & GOSPEL PREACHING

Hospitals are meant for the care of the seriously ill; dispensaries for those who troubled by minor ailments; leprosaria; senatoria; sanitaria; insane asylums; institutions for the blind and for deaf mutes; isolation plague hospitals in endemic areas or where an epidemic rages; infant and maternal welfare centres—these are the institutions required to care for the sick. Medical colleges of higher and lower grades; training schools, for nurses, for midwives—these are the institutions required to supply the workers needed. Laboratories for the preparation of vaccines and specific sera; pharmaceutical stores; manufactories for instruments and hospital stores—these are the institutions required to supply the agencies for treatment.

The Hospitals and dispensaries offered good opportunities for presenting the gospel message. The patients and their relatives of all age groups gathered at the hospitals waiting for their turn for examination. They have leisure for the time being to listen. This opportunity was successfully seized by the missionaries and the Bible women who preached the message of Jesus Christ and his love for poor and suffering, his purpose and redemption of sins and over above his whole life style of Jesus Christ and

\[^{22}\text{Ibid.}\]
\[^{23}\text{Rama Rao, B. op. cit.}\]

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his attitude towards sick and suffering to the waiting patients and their relatives. Tracts were distributed to them which contained small parables of Bible so that the people read and understand the essence of the Christian way of life. Besides these at certain dispensaries, this opportunity was more efficiently utilised by some missionaries and the Bibles were also distributed for very nominal prizes. This activity has paid reach dividends and the considerable number of patients were attracted to the Christian way of life.

WOMEN & CHILDREN HOSPITALS

The regular medical services by missionaries may be said to have commenced, keeping in view more of the needs of women and children. It has been mentioned earlier, that the female mortality at the time of pregnancy and child-birth was more alarming than the epidemics, which were mostly seasonal. In addition, several types of diseases and ailments of women were rampant. But the Indian woman, out of modesty and inhibition, could not approach doctors, nor even ventured to consult a male doctor for their disorders. Their lives were more uncertain under the prevailing unhygienic conditions and ignorant social customs. So, it was recognized that woman missionaries qualified in medical service would be of a great advantage to establish women and child hospitals. Hence, the woman missionaries with medical degrees and trained as nurses or mid-wives were began to be enlisted in increasing numbers to work in India, from the last quarter of the Nineteenth century. They arrived and started dispensaries at a number of towns,

26 Kuglar, op. cit., p. 9.
especially for women and children where the mission-stations were functioning, a few of them having been destined to grow as full-fledged hospitals.\textsuperscript{27}

Several such hospitals in course of time started training schools for nurses and mid-wifes. In the beginning, the Indian women especially from the caste Hindus showed apathy towards the nurse training and hence most of the ladies from Christians and untouchable communities were given opportunity for training as Nurses and Midwives.\textsuperscript{28} This has become a boon for the women of untouchable communities to seek employment and thus upliftment of their economic standards. Thus the seeds for service as well as study in the art of healing were sown among Indian in general and the Dalits and Christians in particular. To cater the spiritual needs of patients and the visitors, Bible women especially those from destitutes were appointed. Thus the hospitals and dispensaries became the places of preaching and worship also. Religious percepts make deep impression on persons, when they were suffering, especially during prolonged diseases; it could be easy to convince them that the suffering was the result of their sin or their poverty and they may get recovery with the mercy of the God. Thus, the Hospitals became not only the centres of employment to Indian women but also the places of worship and proselysation.\textsuperscript{29}

\textbf{O.P.D. CARDS}

The medical missionaries also adopted several methods to impart gospel message. In certain of the hospitals which were providing medical facilities for out patients, the

\textsuperscript{27} Orchard, \textit{op. cit.}, p. 250.
\textsuperscript{28} Manickam, S., \textit{Studies in Missionary History, Reflections on a Culture contact}, CLS, Madras, 1988, p. 23.
\textsuperscript{29} Report CBTM, 1924, p. 42.
OPD cards were printed with the gospel messages of New Testament.\textsuperscript{30} Since the OPD cards contain the details of the patient such as name, his/her serial number the medical prescriptions etc., the OPD card was being kept carefully by the patient for his/her future verification and treatment. Whenever the patient carry the OPD card, he is likely read the gospel message printed on it and it might provide him an opportunity to understand about Christ and his mission. Similarly, a couple of hospitals printed the gospel message on the prescription paper\textsuperscript{31} with a view to send the gospel message to the homes and non-Christians. Although appear very simple techniques used by medical personnel, it has far reaching consequences on the lives of the masses especially those come from affluent families.

SOCIAL ACTIVITIES

Not only the Hospitals, dispensaries and road side clinics became centres for preaching of gospel, the medical missionaries also used the hospitals as centres to infuse in the patients the evil effects of social customs prevailing in the country. The public were made aware of the evil aspects of the child marriages, marriages among the kith and kin, and the supernatural beliefs. With their benevolence and treatment, the patients were made to realise that the causes of diseases such as Malaria, Cholera or small pox were the result of germs which are either visible or non-visible to the naked eye but not on account of the wrath of the village goddess who required sacrifices to missionaries are also achieved success to nullify the bad notion among the people that appease them. The vaccination, which was considered as a test of Government to identify among the public

\footnotesize{\textsuperscript{30} Report CBTM, 1934, p. 82.  
\textsuperscript{31} Report CBTM, 1908, p. 55.}
weather or not the vaccinated ware friends of British or foe of Government. After the realisation of the public about the value of vaccination and its treatment process, the ignorant beliefs and patients were melted slowly and the people came voluntarily to the medical practitioners for vaccination.

The child marriages has increased the widows to an alarming level in the country when missionaries were establishing the hospitals. As per the statistics published in a book entitled "India Awakening, p. 146; (author and date of publication not known), it was mentioned "At the last census, there were 22, 73, 245 wives under the age of ten; 2,43,502 under five years and 10,507 baby wives under one year of age only in the last decade of the nineteenth century, after indignant agitation of the missionaries, was the age of marriage raised from ten to twelve". This statement is obviously published before Sarada Act of 1927 came into proclamation which raised the marriage of girls age to 15 years. Further, the book "India Awakening" provided the statistics that "of 14,40,00,000 women in India, nearly 2,60,00,000 or one women in every six is a widow". It is obvious that the widows were forbidden to remarry as per the then existing beliefs and customs that she supposed to be responsible for her husband's death and to have caused it by some sin of her own in a previous existence. This is only an example which is quoted in this dissertation and there are several such ills in the society on account of the beliefs, custom and practices. The medical missionaries also took it a challenge to explain the patients whenever a specific case came under purview. The conjugal

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32 Fishman, op. cit., p. 59.
33 Kuglar, op. cit., p. 12.
relationships and marriage practices within kith and kin (i.e., marrying the sister’s daughter by her own uncle) was also led for the physical deformities and mental disorders to the children. This aspect was also highlighted by the medical missionaries while treating the patients who were suffering physical ailments.

VEGETABLES

Due to vitamin deficiency and poverty, blindness was widely prevalent among the poor people especially the outcastes. A humble beginning was made in different Hospitals located at Narsapur, Bhimavaram, Rajahmundry to cater to the needs of persons suffering from eye-ailments. Mrs. George Alberect did good work in this regard.

To keep the masses especially the Dalits healthy, the missionaries were the first persons to teach utility of cheap vegetables and fruits. They advocated about tomato as the most acceptable vegetable incident which will reduce the deficiency of vitamin ‘C’. Fishman, A.T. recorded one incident during the course of discussion on dietetics in Cumbum. A person reported that he was suffering from one of the diseases listed as a vitamin deficiency affliction. The missionary advised him to take a tomato every day. After a few days, to the astonishment of the missionary, the sick person reported that he recovered completely. From then onwards, the cultivation and use of tomato increased in Cumbum and in Andhra. In the same way, the medicinal aspects of papayas and other fruits were also encouraged.

34 John Meckinzie, op. cit., p. 125.
35 Swaveley, op. cit., p. 283.
36 Fishman, op. cit., p. 51.
The eating of rats, flying foxes and the flesh of dead animal were not only unethical but also dangerous. The poor and wretched human being for want of cheap food resorted to this practice. This practice has new know bounds during the scarcity of foodstuffs on account of failure of rains and during famine days. While the medical missionaries wanted the masses to give up the practice of eating dead animal on account of health hazards it created, the traditional orthodox hindus also wished to discourage the flesh of dead cow on the ground that the latter was a sacred animal and eating its flesh whether alive or dead is a sin. The missionaries tried to give counselling to the patients and taught them that the eating the flesh of dead animal was hazardous to their health. Thus missionaries tried to implicate healthy eating practices among the masses.

Drinking impure and contaminated water was one of the reasons for stomach disorders and different types of diseases. The Medical missionaries realised that because of illiteracy, carelessness and poverty, the people were ignorant of the connection between germs and diseases, the Depressed Classes did not understand the necessity of avoiding contaminated water. The medical Missionaries with a view to provide safe drinking water masses to encouraged the sunk wells in majority of areas inhabited by Dalit communities. Another lesson taught to the masses by the missionaries was the health hazards that prevail on account of the practice of public defecation, as it was spreading filth borne diseases.

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37 Ibid., p. 53.
39 Fishman, op. cit., p. 52.
40 Ibid., p. 65.
MEDICAL MISSIONARIES

A great advantage to be derived from medical missions in coastal areas of Andhra Pradesh already opened to the Gospel, but where women are secluded, is to be found in the power of the woman physician to open the doors (closed to all others) or harems, zenanas, and anpangs, and thus to carry the Gospel to the most secluded, where its benign influences are in truth most needed. Many and many a woman has thus been brought under the influence of the Gospel; many and many a mother's heart thus won to the Saviour; many and many a home thus made bright that would otherwise be dark, dreary, and out of Christ; and thus is medical mission work bearing a noble part in that steady winning of individuals one by one that will bring the world to Christ.²²

The pre-eminent advantage of medical missions is to be found in the ability of the physician, through his knowledge of medicine, to gain admittance to the homes and win the friendship and confidence of the people in hostile fields and lands otherwise closed to the Gospel had been closed for years where the evangelist had apparently been trying in vain to gain a foothold have been opened by but one visit from the physician, and Christianity has been welcomed almost with open arms. Prejudices that seemed iron bound and hatred that seemed bred in the bone have been broken and cast out by the practical Christianity that has been exemplified by medical missions, and at this late date many and many is the city where the evangelist is excluded by legal restrictions, but where the physician would easily earn a ready welcome not only for himself, but for the ministers of the Gospel as well.
Missionaries treated the patients with compassion and selfless service. The equal treatment of the untouchables and caste Hindus in the hospitals in the beginning provoked strong resentment, but it in course of time, engendered a kind of social awareness among the letter. The caste Hindus if not all, at least a few realised that the untouchable communities were also human beings and were equally created by God as they were. This feeling in some traditional Hindus instigated a kind of social reform movement which swept in India in the later. Besides these, half of 19th century. The Missionaries taught these people cleanliness and infused in them an element of health consciousness. The superstitious beliefs among the Hindus that the diseases are on account of curse of God for sins committed in previous life was dispelled by the dedicated medical treatments given to the patients.43

Though the work of missionaries infusing a kind of health consciousness among the public in general and underprivileged in particular appears small by the present standards, it should be noted that they were the pioneers of a great endeavour. To beam a ray of light on the poor, ignorant and the superstitious untouchables was full of pain and strain and an uphill task. The Missionaries, permeated with the spirit, the Great Lord Jesus, surmounted all the hurdles and made tremendous efforts to usher in a new life for the masses and Depressed Classes at time of distress.

The people of the area under consideration who have been backward and superstitious have begun to slowly realized the benefits of skilled medical aid, slowly

gave up their unshakable faith in the soothsayer and the quack. As there are only a few ill-equipped governmental dispensaries, dotted here and there, and not a single hospital where inpatients are received. Hence, people prefer to come all the way from their houses in odd conveyances over a distance of from 20 to 30 miles Mission hospitals of different denominations spread all over coastal Andhra. Some of them have to cross the rivers such as Godavari, Krishna and Kaveri and come to these hospitals at great personal inconvenience. As the hospitals are usually is overcrowded, disappointment and despair can be read usually on the faces of the patients and the accompanying members and relatives.

In this connection, the remarks made in one of his recent speeches by the Minister of Public Health in the Madras Government in 1935 is worth quoting: “The Mission institutions have been in existence in parts of our country where the missionaries have successfully maintained mission hospitals, with a peculiar popularity all their own. We are trying to follow their footsteps and even if possible to emulate them.”

MEDICAL TRAINING

In addition to the commendable work being done by the Government medical department, the missionary doctor and nurse are in the front line of service, research and training work. Very many of the 200 Mission hospitals and 661 dispensaries (10% of total in India) are among the villages, far away from the cities and railways. Even so, the rural areas, where over 75% of the population lives, are most inadequately served. Few private Indian practitioners care to live in the villages. In Madras city, for instance, there

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is one doctor for 840 persons, whereas in the whole Madras Presidency the proportion is but one doctor to 17,857 persons. The Christian staffs of the Mission Hospitals in India include 120 male doctors, 148 lady doctors, and 125 other members, and all these come from other countries. The Missions also have 445 Indian qualified doctors and 2,800 trained Indian staff nurses serving in their hospitals and dispensaries,—a heroic group indeed when considering the small proportion of Christians to the total population, a mere 2%.45

The work done by Christian hospitals for Indian women who would rather suffer and die than be attended by a male doctor is a long story which only they can appreciate who have seen the consecrated Christian lady doctors and nurses serve in season and out of season to relieve those who suffer so patiently and heroically, though unnecessarily, behind the purdah.46 The Church and Missions have been the inspiring pioneers in supplying the students, the personnel, as well as training young women as nurses and doctors. The Women’s Christian Medical College at Ludhiana (begun 1894) has 150 students, half of whom are Christians; of the 400 graduates 150 are in Government service, 120 in Mission hospitals and 50 in private practice.

In 1935, 85% of all qualified nurses in the hospitals of India were Christians and 95% of those in training in Mission Hospitals, also 85% of those in training in Government hospitals. This proportion of larger number of Christian females in nursing profession was due to the non-Christian families are reluctant to allow their daughters to take up the professions. For this reason, it is difficult to carry on a widespread and

46 Kuglar, A.S. op. cit., p. 42.
intensive work of preventive medicine in villages and from home to home in the cities. The ‘Fact Finders Report’ suggest that this necessary and commendable work of visiting nurses will lag until the men show greater respect for unprotected nurses whom they frequently ‘subject to improper advances’. Other hindrances are the Hindu caste system, the Hindu and Muhammadan purdah custom, and child marriage of their girls. In the face of these prevailing adverse conditions, tributes were paid in a madras editorial to that these pioneer Christian heroines who have led the way: “Anglo-Indian and Indian Christians deserve well of the country. When others turned their backs on nursing, they entered the profession and brought relief and comfort to the sick and suffering.”

Most of the asylums and homes for leprous patients are carried on by missions for the same reason. Others than Christians are reluctant to take up this form of service. It is estimated that there are no less than one 10,00,000 lepers in India, 10,000 of whom are cared for in 62 Christian institutions. In this great humanitarian task and in the work of saving and protecting the untainted children of the lepers, the Church has been the pioneer and continues to be in the forefront. To the number of lepers in Christian institutions must be added countless lepers who attend ‘out-clinics’ conducted by the staff of mission hospitals. The British Empire Leper Relief Association is now also doing intensive work on a large scale.

The medical missionary must not only set broken bones and serve the sick in general but has also to combat firmly established popular beliefs and superstitions. There

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48 Ibid., p. 442.
is much unnecessary suffering and many preventable deaths due to false beliefs. The Hindu pantheistic conception of a God who pervades everything, and the resulting belief in 'the unity of all life' combined with the belief in the sacredness of animals, and the sinfulness of killing them, are all definite obstacles in carrying on medical work. During the past 50 years flea-carrying rats have been prominent agents in causing 11 million bubonic plague deaths, Mad dogs and jackals cause many deaths by rabies. Even while carrying on the ordinary rules of hygiene one meets with religious beliefs which need to be uprooted before effectual work can be done.49

The Evangelistic Work

Some who heartily approve of medical work, so far as it pertains to the body, hold that it is not proper to do anything to disturb the faith of the Hindus. But no apology is offered for presenting Jesus Christ to the patients as a personal Saviour. Some of the patients have few desires beyond those of the physical life. To awaken the spiritual instinct is often most difficult. Even the most ignorant are accustomed to the worship of the household gods, but these they fear of a God of love they know nothing. Others there are who are very intelligent, although they have not come into touch with the Christian religion. They have learned to read and know not a little of the teachings of Hinduism. Others have been pupils in the mission schools and they gladly hear again the Gospel teachings that they had heard as children in school, or later in the zenanas. There has

49 Ibid., p. 443.
been practically no objection to what may be said to have been an intensive presentation of the simple truths of the Gospel.\textsuperscript{50}

It is a common feature that the devotees whose life was saved turned a deaf ear to the Bible teaching and repulsed every effort to win their souls. It is true that the majority of the patients may be said to be joined to their idols, and hundreds, possibly thousands, after leaving the Hospital they go to the nearby temples where they undergo a process of purification from the defilement contracted in the Hospital.\textsuperscript{51} But impressions have been made upon the minds of many that will not be washed away. The Scripture texts learned will be remembered by some for years. And the promise of God is, “My word shall not return unto me void.”

Some who are Bible workers in the mission hospitals were at one time patients in the mission Hospitals. During the famine at the beginning of this century, a half-grown girl suffering from rheumatism, attired in a ragged cloth and leaning upon her staff, found her way to the Hospital. In the nearly-dressed wife and mother and Bible teacher you would not recognize the famine waif of other days.

Missionaries of missions have borne testimony to the value of the evangelistic work of the Hospital. “Where did you learn that hymn?” ‘In the Guntur Hospital,” is the reply.\textsuperscript{52} The Bible stories and the Christian songs learnt by the patients are quite often

\textsuperscript{50} The Annual Report of the Foreign Missions of the United Lutheran Church in America for the year 1928, Baltimore, 1928, pp. 57-59.


repeated. In this way, the missionaries used several methods to arouse interest among the patients towards Christian faith. The pictures on the Hospital walls are of a character to illustrate the chief events in the life of Christ. As the patients lies day after day upon the cots gazes upon the picture of the Christ who heals the sick and comforts the sorrowing.⁵³

The nurses by their daily ministrations witness to the beauty of a life of service. “Come here and let me kiss those hands. Those are the hands that took care of me when I was an object of loathing to myself and others.” Thus spoke the Indian woman who, though taken in to die, lived to bear testimony to the care of her nurse. “Whether I live or die, I will remain here. Such care not even my sisters would give me. They even use their right hands in attending to me,” was the remark of a lovely Brahmin woman who was very ill with pneumonia at Kuglar Hospital.⁵⁴

Prayers

Doctors and nurses, as they go among the patients from day to day, did much in the way of witnessing for Christ by their lives. But the direct evangelistic teaching is very important. Morning prayers have been held from the beginning for all the employees. At first, they were held at 6 a.m. in the General office, but after that in the Hospital Chapel at 7.30 o’clock. These prayers are conducted once in a week by the Pastors who are attached to the hospital chappels. The Bible women and the doctor/Nursing Superintendent conducts prayers in the remaining days in the week three days each. That is how the hospital staff begins their daily work. Although these prayers

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⁵³ Ibid.
⁵⁴ Kuglar, A.S. op. cit., p. 66.
are primarily for the hospital employees, the entry is open to all patients and their friends and many of whom availed the privilege of attending it. During Passion Week special daily prayers are held, and for these printed invitations are issued. Daily prayers are also held in the office of the Superintendent of Nurses for those who speak English, and there is a daily prayer service is also conducted at the Dispensaries.

Every Sunday morning there is a regular preaching service in the Hospital Chapel, being conducted by the preachers and pastors. To this service all the welcome, and many of the patients look forward with real pleasure to attending it. Some patients are taken in the wheeled chair. It is a mixed audience, men, women and children, rich and poor.

A Sunday School for women and children is conducted in all the Chapels every Sunday afternoon, and at the same time special Bible teaching is carried on in the wards. For those who speak English there is a Bible class in the office for nurses. A Bible class for men employees in the Chapel after the Sunday School is spoken of as Dr. Paru's class, as she taught it for years.55

The offerings collected in the Hospitals amount is being utilised for different purposes. One month each year is devoted to the Bible Society and one month offering for eradication of leprosy programme — likewise. There are among the Hindu patients several who contribute regularly to these programmes. There is no hesitation in telling the friends that these Hospitals are built upon the Bible and they generally respond to the appeal. The patients know that the offerings are for God and are quite distinct from the

Hospital, and during the years; and as such several thousand rupees are received. Gifts and charities are being sent not only to the Bible Society, but also to the work of Pandita Ramabai, and to schools for the blind, deaf are by the hospitals from out of the offerings collected by the hospitals.

The Hindus do not appear empty-handed before their gods, and it is entirely in keeping with their custom they gave offerings in the Chapel as well. The Hindu mothers sometimes bring their new-born infants to the Chapel and after prayer and blessing places in his hands of the priest places one rupee or more as an offering.

All the hospitals appointed Bible women as part of Evangelistic work. The teaching of the Bible women in the wards is an important part of the evangelistic work. As a good gesture, the patients are very fond of the lyrics or songs of the Bible women and also the Bible stories. Many listen reverently when prayers are being offered. Of late years many books on Bible are offered to the patients; and the Bible teachers encourage the patients to read regularly the Bible lessons. Scripture texts are also taught and explained by the Bible women. Although it is impossible to estimate the amount of seed that has been sown in the minds and hearts of the patients, the indication are such that most of the patients showed reverence to Christianity when they left the hospital and some of the patients used to visit the hospital for Bible teaching and communion whenever they find time.

It is a regular feature that the Bible women from the Hospital go on tour to the adjacent villages, and in many of the villages they were welcomed by old patients. In
most of the villages after an evangelistic service in a Sudra home, a number of the people brought their infants to be named and prayed for, and for each child an offering is offered.

The Parable of the Sower from the Bible is a favorite in the wards to the patients. In a country where farming is the chief occupation and where the methods are very primitive, it is easy to understand the story of the variety of soils. Much of the seed of God's word may fall by the wayside, or among the rocks, or the thorns may spring up and choke it, but that some falls on good soil there is much evidence.

There have been a number of baptisms in the hospitals, both adult and infant, in the wards, and especially in the Chapel. There are some who, although not baptized, are believers. Some American friends were impressed with their visit to the village of Ravendrapadu, where they met the headman who got instruction in missionary hospitals when he was a patient who along with his family and others of the village community has established a congregation. The missionary Hospitals did great in serving the people and also played a prominent part in winning several villages for Christ. At different times the women and children were treated at different Dispensaries and Hospitals which brought greater transformation in their hearts on account of not only the treatments they gave but also the source they have rendered.

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