Chapter-VIII

SUMMARY AND CONCLUSIONS

The medical history of India during the colonial rule provides a pathetic picture. Their policy of exploitation has created widespread disruption in the way of the life of people and further led their impoverishment and pauperisation. The western type of medicine introduced by British in the beginning was mainly aimed to serve the British Army, British natives and the civil servants. The native boards, municipalities and philanthropists in the country no doubt established small hospitals, dispensaries and way side clinics for treating small ailments and when there were eruption of epidemics like cholera, plague or malaria, these hospitals were not able to combat situation and as such there occurred large scale loss of human life. The caste system that was prevailing in the country did not allow village vaidhya to give effective treatments to backward classes and untouchable communities and as such there was high mortality among them. This was the situation prevailing in Andhra desa in general and Northern Coastal Andhra in particular when the medical missionaries filled with compassion and love for sick and sufferers came to India in the later half of 19th century.

The primary aim of the Evangelistic work is the spiritual development of Christian men and women. It means ministering to the spirit as well as to the body and mind. The philosophical concept of three parts of human being is taken into consideration. The hygienic principle says, if the body is sound in health and health of the mind is well, thereby the health of the spirit will be in good condition. So, the
Missionaries viewed it necessary to keep the body healthy to make the spirit congenial for salvation.

When the Missionaries came to India they came unprepared in the medical work. They had used only some domestic medicines like quinine and pain killers for their workers. Father Heyer of Lutheran Mission has realised the physical suffering of the people on account of lack of medical facilities in Andhra studied medicine at Philadelphia at the age of 55 years during his first furlow to minister the sick and suffering in Andhra. Rev. Samuel S. Day, the first Missionary of American Baptist Church to Nellore used a surgical kit about the size of a modern high school students dissection outfit. Clough used to distribute medicines like quinine and pain killers to his workers and their families in cases of fever. When the seminary was opened in Ramapatnam for the training of preachers, the health care of students need a motive Indian doctor who was given some training in western medicine. A physician was employed. Neither he nor the man Missionaries could attend the Indian women. So an American Woman Physician was called into service in 1886. The Mission committed itself to medical service for both men and women on the modern scientific lines with the opening of work in Hanumakonda by Dr. J.S. Timpany.

Health Conditions and Habits of the People

It is useful to learn about the health conditions and habits of the Telugu people before we discuss the Missionary medical work. Many indigenous health practices were firmly rooted in the people and largely enforced by religious sanctions or deep-seated social directives. At that time, the cleaning of teeth with a green margoan twig, with
ashes or with charcoal was not considered unsatisfactory from the stand-point of oral hygiene. Nursing young children for several years with mothers milk was the habit for Indian mothers. Eating with right hand fingers and not using the left hand for eating, were the habits of taking meal. Some low castes used to eat rats and flying foxes and some people ate carrion too. These habits were disgusting and disapproved by westerners. Drinking water was a frequent carrier of disease because of insanitary conditions prevailed near the wells. Caste rules made it necessary to have many separate wells in the villages.

There were separate wells for the low caste people. As they were ignorant, careless and poverty-stricken they used the well water for all purposes. As a result, insanitary conditions prevailed near the well and the contaminated water was a frequent carrier of diseases. The native practice of defecation in the open place and the improper drainage system also contributed to pollution and diseases. These conditions prevalent in those days made a foreigner to remark that "India is a public latrine".

When the Missionaries came to Andhradesa the medical service had been in the hands of native physicians. There were no well organised hospitals. The native physicians had to go to the patient or the patient had to approach the doctor for any medical treatment. Two indigenous systems of medicines thrived in India in those days. The Ayurvedic or Hindu system based on Veda, believed to have been communicated by Brahma to the sage Bharadwaja and the Unani, Tibbi or Graeco-Arabic system introduced by the Muslim conquerors. The schools for both taught some anatomy,
physiology, pathology and pharmacology and some modern hospital techniques in a very elementary way.

As the population increased day by day in alarming rate, poverty also increased in such a horrible proportion and always kept one third of the people below the poverty line. Thus the poverty, ignorance and illiteracy led for the growth of the diseases like Plague, Cholera, Malaria, Dysentry, Smallpox, Leprosy, Hydrophobia and Kalazar and killed the people on equal proportion. The shameful case of illiterate women in Andhra was that she suffered both in seclusion and ignorance. Maternal and infant mortality find no limit, should the missionary who had been sent to heal the sick, redeem these people, did not close their eyes but on the other hand tried to provide the remedies to the sickness. So the Medical Mission has started hospitals, dispensaries, way side clinics, leprosoria, sanatoria etc., not only in the towns but also in remote rural places.

Poverty ignorance, illiteracy and superstitious beliefs are the root causes of all the social evils including the absence of health, energy and vitality of Indians which has largely risen the mortality rate even in 20th century. If this is the state of affairs at the end of the twentieth century it is any body's guess how it would have been the condition of the health of Andhras in the seventeenth, eighteenth and nineteenth centuries.

So the medical work of the missionaries started at a time when superstition and disease killed people in large numbers. The ignorant rural people, not only suffered and died due to utter poverty, but they were also decimated village by village, by Cholera, Malaria, Smallpox, Tuberculosis and much worse with sexually transmitted diseases (STD). There was no hospitals in the cities and towns meant for public and masses, not
to speak of the villages. The existence of hospitals, dispensaries and health-care centres in out of the way, remote villages with no roads of communication was not even imagined. So, the village quack ruled, priest craft flourished, the astrologer dictated the life and death of people. Worst of all the doom of fatalism dominated. The religio-politicians exploited the poverty and ignorance of the rural people, specially the untouchables and the Tribals.

In this connection, it may be noted that it was the period in which the practice of medicine is as yet untouched by Indian legislation. Every one can at any time set up as a physician, and use arsenic, mercury and any other poison, which is for sale in the Bazaar, without any limit, provided he does not kill a person, so that it can be proved that death was caused by poison. As the corpse is burnt immediately after death only very auspicious cases can receive attention.

Most Hindu doctors used roots and herbs, to treat the patients and, above all, “lankanam” and “mantrams.” By mantrams, or reciting of certain prayers and verses, it was believed that the sting of a scorpion and all sorts of injuries are cured. Lankanam is the general remedy for fevers, and consists in abstaining entirely from food, sometimes eight days and more for a time. A man once told me: “My wife had fifteen lankanams and still she died.” It was not astonishing that she died after fifteen days of starvation, but it is a wonder that some revive and recover. From the jungles and forests many roots are brought and sold as universal medicine, some even against the bite of a cobra snake.
The British Government had to provided medical aid for their troops and officers, and out of this custom they began slowly to develop a system of medical aid for all India. Since 1820 medical schools have been opened in Calcutta, Bombay and Madras. Most of the students become dressers, but some also surgeons, in the government service. They do not find it profitable to settle down as private practitioners, except a few pensioned dressers and surgeons. A few doctors of medicine have come out from England, but of such there are hardly a dozen. Of late a number of medical missionaries and lady doctors have come out, and they find plenty of work in spite of the Hindus' reluctance to submit to the art of healing and western medicine.

In some places, Government had opened dispensaries or hospitals. There is also one in Rajahmundry in charge of natives, under the superintendence of an English surgeon, who is also the Superintendent of all dispensaries in the Godavari District. All poor received free treatment, and such all those are considered who present themselves in person at the hospital, or who are admitted into the same as in-patients. Out-patients have to pay for their medicine to the Government hospital and must pay the surgeon ordresser extra in case they want payment. But as they are well paid by Government, they sometimes refused payment, especially from Missionaries. All Englishmen in Government foreign service have doctor and medicine free.

Mission hospitals are established in some places, and did good work, but the Mission was to bear the whole cost, except in case Government consents to help with building and medicine. The native refuse to pay for European treatment and medicine. Almost all Missionaries keep medicines and have to give to the sick. When I came to
India Dr. Heyer said to me: “I am doctor of medicine, but I do not take medicine myself; I do not like to give it to others, therefore it is best that you at once take charge of the sick.” Ever since then it has belonged to my almost daily duties to administer medicine, especially when out on tours. But, as I have to bear the cost myself, it is naturally very limited work. As we have now an M.D. in our Mission, we naturally expect him to became useful in this time. He is not called to start a “Medical Mission” and we do not regret that in our present scarcity of Missionaries, because the millions of souls need the healing art more than their bodies, although one hardly sees so much bodily misery elsewhere as in India.

Over the last 125 years Canadian Baptist ministries have established seven general Hospitals in northern Coastal Andhra and also collaborated in the establishment of several Clinics in the rural areas. It was in 1894 that Dr. E.G. Smith began some medical work in Yellamanchili and followed this with a small medical programme in 1904, in Pithapuram also. And in 1896 Dr. Pearl Chute began medical work in Akividu, the precursor of star of Hope Hospital. A small hospital was commenced in Serango in 1902 by Dr. Hinson West and in 1906 in Vuyyuru a hospital was established by Dr. Hulet. The beginnings of these Hospitals was followed at a much later date in Srikakulam with the establishment of The Good Samaritan Hospital in 1923.

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 personal faith in Jesus Christ. It was here also that training, both formal and informal, took place. 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.

Two other institutions bear mention within the annals of Canadian Baptist medical work in Andhra namely Gudlavalleru Hospital, started in 1929 by Mrs. Dr. Aleyamma Isaac. The second one was at Amadalavalasa opened by 1927 in the name of Cameron Memorial Hospital and was run for many years by Dr. K.M.D. Patro.

Within the whole medical and social work of Canadian Baptists, one must not forget the far-reaching effect of village work through Clinics etc. both Vuyyuru and Pithapuram established roadside Clinics and also carried on an active programme of immunizations and health teaching. This component was also a help in allowing the Schools of Nursing to fulfill their public health component for the teaching curriculum.

In 1989, under the leadership of Miss Muriel Bent, Medical Consultant with CBM, a comprehensive Community health programme was commenced, with the training of village health workers who would reside in the village. Gradually, a second component was added, in the form of income-generating activities, loans, etc. Today this very programme has evolved into a Comprehensive Community development Programme, under the overall leadership of Mr. David Sarma, CBM’s Asian Coordinator, with day to day supervision and encouragement by Mrs. M. Jasmine. Village women are uniting to learn and develop and to manage their own affairs and to have a say in the community.
The Hospital established by American Lutheran Mission at flourishing towns at Rajahmundry and Bhimavaram, Guntur, Chirala, Rentachintala and Tarlupadu and the dispensaries at Ankelagudem played vital role in relieving the sick and suffering. The Narsapur hospital established by Godavari delta Mission and dispensary specifically meant for ladies at Ambajipet are providing excellent treatments even to date.

Besides these, the leprosy asylums/hospitals of these missionary organisations established at Ramachandrapuram, Vijayanagaram, Saluru, Kollair lake, Narsapuram and Kodur speak volumes about the selfless dedication of the medical missionaries to relieve the suffering of leprosy patients whom the society and for that matter of fact their own kith and kin deserted. Knowingly pretty well the disease is an epidemic and can contact any one if having a prolonged touch, the missionaries run these homes with utmost care and dedication. With a view to create economic self-sufficiency to the leprosy patients, and not resort them for begging, vocational training in carpentry, shoe-making, gardening automobiles was given. The Tuberculosis hospital of Rajahmundry also did yeomen services to the sufferers.

The medical situation, particularly in Andhra where mission hospitals were relatively numerous. Like government schools, so also government hospitals multiplied and improved. Medical care for poor patients was provided inexpensively by the State.

Yet mission hospitals continued. And they flourished because of excellent service. Confidence in this service brought patients from long distances. Often several government hospitals were by-passed on the way. So the wards of mission hospitals were crowded.
To be free from government control, mission hospitals avoided state aid. For this reason, they escaped most of the problems associated with it — though not entirely so. Though there arose certain problems in the administration, finance and maintenance such difficulties were minimal. On the whole, the medical ministry was highly gratifying.

Indeed, the very success of this ministry gave rise to the chief problems associated with it. As patients flocked into wards and overflowed onto verandah cots, it became increasingly difficult for hard-pressed staffs to exercise personal Christian interest in them. And as medical centres were enlarged to accommodate more patients, the Mission Board was requested to provide more money. Despite competition from government hospitals and private clinics, income from patients went a long way toward covering the cost of staff and medicines.

The medical work speaks for itself. In some lands, it is quite impossible that the physical ailments of women should be treated by men. This popularly disliked the people. An educated hindu once said “What Brahmanism in India most fears is your Christian women and doctors. For your doctors are winning our hearts and your women our homes”. In the Hospital, Bible teaching is exceptionally fruitful. As a relative usually remains with a patient, the number who hear the Gospel is much increased. Many are the opportunities to relieve distress and to teach the love of Christ to the afflicted, and to all classes and castes or people. The object of the Braun Industrial Printery is not only to issue with literature as the mission publishes, but also to give honourable employment to Christian natives.
For more than a century, the medical mission had been recognised as a powerful adjunct to missionary work in India. It was not merely a key to open the door into non-Christian communities but 'an integral part of the Gospel enterprise'. Even from the humanitarian point of view, it was a Christian-like thing to 'heal the sick' and for this cause alone it was worthy of an honoured place in every missionary programme. The sight of human suffering moved the hearts of the missionaries who never willingly 'passed by on the other side'; and for this reason, the medical missions had a powerful evidential value in non-Christian lands. They imitated their Master who drew no sharp distinction between man's bodies and souls. The missionaries in India also strongly believed in the ministry of healing and reaffirmed its faith in it.

"The Ministry of Health and Healing is a self-revealing activity of our Lord through His Body, the Church. It is not a ministry which can be chosen or left. It is not an agency to supplement or support the main missionary enterprise nor is it only a means of attracting men to listen to the Christian to the Christian message—it is a part of and expression of that message itself".

Missionaries from foreign countries came to India, no doubt to proclaim the gospel of Christ, but the Gospel has the great plan to heal the body, mind and soul. The liberation of the soul has a direct relation with body and mind. No one can say 'heal the body and mind and leave the soul', since the body and soul are inseparable.

The medical missionaries, the devotees of the Great Physician did not have any hobby except service. They did not have private interests, but were only interested in any
one whom they could heal or help. They showed equal respect to all irrespective of their caste, colour and creed and treated all kinds of diseases. They won the hearts of the people and thus helped the missionary evangelists to win their convictions and their allegiance to Jesus Christ. Their distinguishing feature was their power to spend themselves utterly for the patients and relive their suffering.

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