CHAPTER VI

MEDICAL ENDEAVOURS

To lead a better life, maintaining good health is absolutely essential. Keeping from diseases is vital for a healthy life. The diseases can be prevented through good sanitation. But before the advent of the Christian Mission, in Agasteeswaram taluk the people were both careless and ignorant of sanitation. It is a sad fact of life that economic poverty followed by famine invariably causes certain diseases. Most of the people lived in villages. The deplorable sanitation of the rural area caused many diseases. Very often the poor villagers were ravaged by epidemics.

Epidemics

The prevalent epidemics in this area were fever, cholera and small-pox. Cholera, Small-pox, Anaemia and Diarrhoea, were very common among the lower classes of the people and were mainly attributable to the ingestion of insufficient and unwholesome food, scant

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1 T.D.C. Report of the South Travancore Mission Hospital and Dispensaries for the year 1880, p.5.
2 Ibid., 1862, p.4.
clothing and exposure to cold and the wet. Various causes contribute to produce sickness. The densely packed village system of house distribution, the scarcity of water supply, the fishing industry with its unregulated evils, the traditional uncleanness of the lower classes of the people and their general apathy and ignorance, added to certain peculiar climatic and meteorological condition, resulted in the phenomenal regularity with which cholera appeared and did its frightful havoc.

The epidemic of cholera occurred in 1869-1871 causing altogether 3,599 deaths. The next outbreak was during the years 1875-1877 in Nagercoil and it took a frightful toll of 4,833 lives. In 1890-91 cholera carried away 3,869 lives. During the years 1895-1898, there were as many as 18,982 deaths due to cholera. The year 1900-01 witnessed another serious epidemic costing 10,508 lives. In 1906-07 cholera caused a heavy mortality, viz., 10,171.

Small-pox was another disease that occurred in an epidemic form and caused terrible havoc among the people. When the epidemic began in a rather severe form and lasted for nearly a year causing a heavy mortality. It destroyed lives and livelihoods of thousands within a short span of time. In 1881-82 small pox broke out in an epidemic form. The total attacks registered in the two years were 1,868 and 1,827. It was in 1901-02 that the highest mortality from small-pox ever recorded in
Travancore, viz., 12,855 occurred. In the meantime the government could only watch helplessly. In many places there were only a very few houses not visited by death. To the caste dominated society yoked to tradition, illiteracy and superstition, English medicines and western mode of treatments were alien. They held the belief that sickness was due to the wrath of God. When illness struck, people approached a diviner and offered some poojas to their favourite deities.

**Faith on Witch Craft in Healing**

A man who was in sickness and who resolved to consult a familiar spirit would send for two magicians; the one was called the Manthravathi i.e. he who repeated the incantations; the other the Anjanam Parkeravan i.e. he who looked and who answered to the questions of the former. Manthravathi was acquainted with the proper Manthrams or incantations and had an iron rattle called Kokkara, by the sound of which he divined. “It will be revealed to him by a kind of inspiration or possession which demon it was that has caused the sickness; and he will declare who it was, and what was to be done in the particular case”.

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11 The Kokkara is formed of a plate of iron turned into a tube, the edges strongly serrated and not closely united, it is about nine inches in length and one and a half in diameter. From it hangs a chain and an iron pin, or spike, which is rubbed along the dentate edges of the iron cylinder, making a horrid noise. It is used in seeking demoniac possession in exorcising demons, in divination and in cases of sickness.
Magic and religion played a large part in the medicine of pre­
historic or primitive man. Administration of the remedy by mouth was
accompanied by incantations, dancing, grimaces and all the tricks of the
magician. Thus the doctors or “Medicine Men” were witch doctors or
sorcerers. Their knowledge of anatomy was limited. Doctors were also
not available. There was no system of diagnosis. They had knowledge
only about witchcraft for healing. They approached the witch doctors and
got treatment.¹³

If a priest was called to a house for a case of sickness, he
generally came in the evening and was first entertained with food, toddy to
drink and betal to chew. He then prepared a tender coconut, the flower of
the Areca Palm and some parched rice powdered — these he laid down and
covered over with a young palm leaf. Bringing the sick person forward,
the priest drew a circle with an iron pen and stylus round the patient, then
stuck the stylus outside the circle. This was called “Putting in fetters”, and
by this the demon was supposed to be arrested.

If death unexpectedly occurred, he would console the
bereaved and warn them that their offerings to the spirits had been
insufficient. They had no scientific thinking and they wallowed in
superstitious belief. Altogether, the life of the masses appeared

miserable.\textsuperscript{14} It was such a state of affairs that led Rev. Mead to start a dispensary to extend medical aid to the poor and the uncared.

**Public Health and Vaccination Department**

The introduction of small pox vaccination so early as 1813 within a few year after its discovery by Edward Jenner, laid the foundation of 'preventive medicine in this area. The system of medical aid in the country during the reign of Her Highness Gowri Lakshmi Bayi in the year 1811, preceded the starting of vaccination only by a couple of years. The vaccination department was put in charge of a medical officer with European qualification, who was designated Superintendent of Vaccination and placed under the orders of the Durbar physician. He had to supervise the work of the vaccination. This step marked the first stage in the progress of public health work in the state.\textsuperscript{15}

The Public Health Department started vigorous measures for its control. A Royal Proclamation was issued on the 14\textsuperscript{th} August 1878, which pointed out the advantages of vaccination as a protection against small pox. According to this Proclamation, all students in the public schools of this state whether the institutions were directly under Government management or receiving grants-in-aid were also required to be vaccinated as a condition for remaining in the institution and no new

\textsuperscript{14} Joy Gnanadhason, *op.cit.*, p.102.
pupil should be admitted unless the master was that he or she had been thus protected.\footnote{Ibid., p.780.}

A vaccination depot was permanently constructed in 1890-91. The sanitary staff working in municipalities and conservancy towns, also carried on intensive vaccination in their respective areas. As a result of this vaccination campaign, the incidence of small-pox in the state fell very low.\footnote{Ibid., pp.782 to 784.}

**Medical Mission**

The object of the medical mission was two fold. "To afford gratuitous advice and assistance to all applicants without distinction of caste or creed and to bring the missionary into close contact with all classes in the community."\footnote{Gladston, J.W., *op.cit.*, p.72.}

**Neyyoor Medical Mission**

The first medical missionary arrived as one among the largest contingent of missionaries that ever set foot on the shores of Travancore in 1838, with Rev. Mead was Dr. Archibald Ramsay. He started work in Neyyoor in a few thatched sheds and the South Travancore medical mission often known as the Neyyoor Medical Mission was born. It was founded in April 1838.\footnote{Joy Gnanadhason, *op.cit.*, p.85.} Men and women of all castes from far and near flocked to him for treatment and within 3 months he had treated more than
1500 patients. People from Agasteeswaram taluk also went to Neyyoor for treatment. He wrote “People of every caste, even the Brahmins, flock to me for advice. I have free access to all, and have great reason to believe that good will be done”. Dr. Ramsay took up his abode and gave construction to the seminary students on medicine.

Mead helped Ramsay with a thatched shed and other facilities to start the medical work at Neyyoor in 1838. Ramsay took up his abode with Miller, the Missionary and gave instruction to the Seminary students on medicine. In the meantime the seminary was shifted to Nagercoil. Hence Ramsay decided to shift his medical centre from Neyyoor to Nagercoil. To accommodate more patients Ramsay built small thatched huts with the help of Mault. Then he developed the idea of constructing a new building through public donations. Money was collected and basement for the building was completed. Unfortunately, at this stage of development misunderstanding developed between Ramsay and other Missionaries. Hence Ramsay left the mission service in 1840 and joined the government service at Trivandrum.

The indifferent attitude of Ramsay created confusion in the healing ministry. During all these years Mead was repeatedly requesting the Home Board to send a Medical Missionary to restart the Medical

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Mission. At last, after a gap of thirteen years the Home Board sent the evangelical cum medical missionary Dr. Charles Calder Leitch. He reached Nagercoil on 21 June 1852. At Neyyoor along with his evangelical work Leitch started his first dispensary on 7 March 1853. While labouring with great zeal and devotion he died on 25 August at Muttom a seashore 7 km from Neyyoor, where he had gone to spend a day.

Medical Training Class

The unexpected demise of Leitch left the Medical Mission without a medical missionary till 1861. Dr. Lowe who followed Leitch found that he could not handle by himself the ever increasing number of sick people who were coming to him. He further realised that the work of the Medical Mission would be incomplete if they did not provide medical facilities to the many villages around from where the sick did not have easy access to Neyyoor. So in 1864, he started a medical class for a batch of intelligent Christian men, well educated in English from the different districts of the Mission, with a view to open branch dispensaries in the

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24 Rev. Charles Calder Leitch was born on 31 December 1822 in Scotland. In 1850 he went to Edinburg and studied Theology and Medicine. In July 1851 the L.M.S. requested him to start India and ordained him on 4 December 1851 at Gray Friars Church, Glasgow. He reached Madras on 17 December 1851. Samuel Zachariah, A Summary of the Church in South Travancore, Vol.II, Nagercoil, 1906, pp.227-229.
27 Joy Gnanadason, op.cit., p.86.
After a training extending over a period of three and a half years, he sent the best of them to be in charge of the branch hospitals he started at Santhapuram, Agasteeswaram and Attoor. These medical assistants were known as dressers.

One of these men Thavitoo was also trained to vaccinate against smallpox. He went about vaccinating and distributing tracts on the prevention of smallpox. Outbreaks of cholera and smallpox were annual events which carried away many. During the seven years of Dr. Laowe's service in Neyyoor, over 11,000 people were vaccinated. This was the nucleus of the Community Health Programme of the Medical Mission. In 1868 the Nagercoil dispensary was established. In the same year his wife’s ill health forced him to go back to England. Hence the Nagercoil dispensary began to be looked after by native medical assistants.

The Nagercoil dispensary was put under the control of native assistants from 1868 to 1872. From 1868 dresser Massillamani looked after this dispensary till his death in November 1869. The death of Massillamani was a great loss to the Medical Mission. He was a popular and successful practitioner. Up to his death he was busily engaged in his work both at Santhapuram and Nagercoil dispensaries. After his death

29 Joy Gnanadason, _op. cit._, p.86.
30 Samuel Mateer S., _The Land of Charity_, p.312.
32 _T.D.C Report of the Nagercoil Station for 1870_, p.28.
33 _Ibid._
the Nagercoil dispensary could not function properly for want of medical men. Hence it became necessary to keep the dispensary open only one day in a week with Packianathan, the Agasteeswaram dresser in charge. In 1871 the Nagercoil dispensary received a royal donation for the supply of European medicine. Packianathan Dresser continued his work at Agasteeswaram and Nagercoil. The mission decided to continue with this arrangement till the coming of the next medical missionary. After a gap of five years following the departure of John Lowe his successor Dr. T.S. Thomson arrived in 1872.

**Extension of Medical Mission**

Dr. T.S. Thomson assumed charge in 1873 as medical missionary. In the same year he established four branches of the Medical Mission. One of them was the Nagercoil Branch which had already existed as a weekly dispensary. When Dr. T.S. Thomson served as medical Missionary, David, the medical Evangelist of Nagercoil worked as a Dresser in the Nagercoil Dispensary. C.S.I Hospital Nagercoil was started in the year 1880 by Dr. Smith Thompson. He served with true Christian spirit and missionary zeal for many years. Besides executing the dispensary work he regularly visited the patients belonging to Nagercoil.

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Home Church, Seminary and Boarding Schools.\textsuperscript{39} So far the Nagercoil dispensary did not have a suitable building. To overcome this difficulty people, under the leadership of Rev. Devadhason, collected money to build a dispensary. Finally a spacious building called the "Devadhason alm's house and dispensary of Nagercoil was built up.\textsuperscript{40} After Dr. T.S. Thompson the Neyyoor trained medical evangelist Dr. Henry was appointed in the Nagercoil Branch Hospital in 1885.\textsuperscript{41}

**Building of Nagercoil Mission Hospital**

Dr. Y. Henry was appointed as the medical evangelist after his training in the medical school at Neyyoor.\textsuperscript{42} Dr. Henry got a piece of land gifted by a Hindu friend to build the hospital. Henry collected money from the public and completed the basement work for a new building of the Nagercoil Hospital in 1903.\textsuperscript{43} Through hard work Henry promoted the cause of the Nagercoil Mission Hospital. His magnanimity enabled the completion of the building work. The hospital was dedicated in February 1904.\textsuperscript{44} The new building was reserved entirely for in-patients. The outpatients' treatment was conducted in the old building by the road-side.\textsuperscript{45} The Nagercoil Home Church liberally contributed to the development of

\textsuperscript{39} T.D.C Annual Report of the South Travancore Mission Hospital and Dispensaries, 1873, p.15.
\textsuperscript{40} Ibid., p.13.
\textsuperscript{41} Annual Report of the Neyyoor Mission District for 1887, p.4.
\textsuperscript{43} T.D.C Report of the South Travancore Medical Mission for 1905, p.17.
\textsuperscript{44} Annual Report of the South Travancore Medical Mission for 1904, p.11.
\textsuperscript{45} Ibid.
the hospital.\textsuperscript{46} The Scott Christian High School Head Master Paul Daniel donated liberally to the Nagercoil hospital.\textsuperscript{47} Dr. Y. Henry served at Nagercoil for more than half a century. The Christians and non-Christians, the rich and the poor received his unstinted attention. He was called “Prince among humanitarians” and “Kankanda Deivam” by the patients.\textsuperscript{48}

**Nursing**

During the early days of the Medical Mission much of nursing in the Mission Hospitals was done by the relatives of the patients. They being ignorant of western education and modern treatment committed great blunders which often became dangerous to the patients. Therefore missionary doctors of the early days felt the real need for trained nurses. The earliest attempt to get midwives was made by Dr. T.S. Thomson. But a new chapter in the nursing profession was opened in 1892 with the arrival of Miss. Margaret Eliza Macdonnell, the first missionary nurse to Neyyoor. She began to organise the nursing section of the medical mission and became the first Nursing Superintendent.\textsuperscript{49} In 1939 Madras Government recognised Neyyoor Medical Hospital as a centre for midwifery course. From then on the nurses were provided with midwifery training in the Neyyoor Hospital itself.\textsuperscript{50}

\begin{footnotes}
\item[49] Joy Gnanadhason, op.cit., p.90.
\item[50] L.M.S. Ten Years of Church and Mission in Travancore 1931-1940, p.61.
\end{footnotes}
With the production of fresh trained nurses every year, there were a lot of nurses available in the Central Hospital at Neyyoor as well as its various branches. Except for a few who left the mission service, the majority of the trained nurses remained in the mission and rendered valuable service in spite of the low salary they were offered. Neyyoor attained a very good name for its nursing service equal to that of its fame as a surgical centre. In 1946 the compounders, nurses, midwives, and ‘dhasis’ working in the medical mission got registered in the ‘Travancore Nurses’ ‘Midwives’ and ‘Dhasis’ council which was formed in the year 1946.

Though there was a women’s ward from the days of Miss. Macdonnell, women refused to go hospital because of the strong prejudice against being examined and treated by men doctors. The need for a missionary female doctor was keenly felt and in 1936, in response to the request of the South Travancore Medical Mission, the L.M.S sent out Dr. Joan Thompson, the only woman missionary doctor to serve in this area. Dr. Joan Thompson visited the villagers with one of the older nurses and befriended some of the women there. Then one by one the women began to come to hospital for treatment and to stay usually, in the pay wards. The work was carried on with a sense of commitment and

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51 Joy Gnanadhason, op.cit., p.92.
52 Ibid.
love. In spite of heavy odds, the men and women missionaries, followed one another undaunted till the State was ready to care for her people.

Henry was succeeded by an able physician and surgeon named Dr. G.M. Samuel. During his time, the hospital was self-supportive. He was followed by Dr. W. Samuel, Dr. J.J. Sundaram and Dr. Vethakan Henry. Due to unavoidable circumstances, the hospital was closed for a few years. It was restarted as a women and child care hospital when Dr. N.D. Jeyasekharan was the Medical Superintendent of Kanyakumari Medical Mission. At that time, the hospital showed steady progress. To meet the spiritual needs of the patients, relatives and the staff, a chapel in the centre along with extension of existing out patient block also constructed. This is the only mission hospital in the town limits of the Agasteeswaram taluk with attractive building and sophisticated instruments.

**X-Ray and Laboratory**

With the invention of X-Ray in 1895, a turning point was added to the diagnosis of diseases. The credit of bringing an X-ray apparatus to the Neyyoor Hospital for the first time goes to Dr. Somerwell. During his first visit to Neyyoor in 1922, there were no X-rays, only a small room for clinical pathology, no electricity for light or electrical aids

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for treatment.\textsuperscript{55} Therefore as soon as he decided to come over to Neyyoor as a medical missionary, he began to write to his more wealthy friends and relatives, and raised enough money to get some apparatus which included an X-ray apparatus also. He brought it with him when he came to Neyyoor in 1923 to work there. Messrs. Waston & Sons Ltd., London supplied it and it was installed in 1924 in a room specially designed for it.\textsuperscript{56} The Neyyoor Hospital was the second institution to instal an X-ray unit in South India, the first being Madras General Hospital. With the installation of the Double Twin “200” X-ray equipment at Neyyoor, the doctors were able to conduct modern investigations in diagnosis of diseases.\textsuperscript{57}

With the coming of Dr. Somervell, however, in 1923, the clinical laboratory began to be established in the Central Hospital at Neyyoor. With the further growth of the Medical Mission the need of clinical laboratory in its various branch hospitals was greatly felt. Therefore some male nurses were trained by Dr. J.R. Davidson in laboratory work and they were put in several branches of the medical mission as pathologists.\textsuperscript{58}

**Mobile Unit**

The rural population needed greater medical care. Hence the missionaries began to think of a mobile operating unit to touch the many

\textsuperscript{55} Somervell, T.H., “God Bless The New Building”, \textit{T.H. Somervell Block Souvenir, Neyyoor Hospital}, p.41.

\textsuperscript{56} \textit{Ibid.}

\textsuperscript{57} \textit{Encyclopedia}, Vol.XXX, p.825.

\textsuperscript{58} \textit{L.M.S Ten Years of Church and Mission in Travancore 1931-1940}, p.62.
unreached villages to do preventive work and the promotion of hygiene. By the proposed Mobile unit they intended, firstly to teach the importance of personal hygiene, secondly to teach elements of first aid and thirdly to use the nearest medical institution to its full capacity. Unlike the Mission Hospitals which were run under the Medical Board, the Mobile unit was administered by the Church Board of the South Travancore Diocesan Council. This was with an intention to utilise the unit as a co-operative instrument between the Church and the Medical Mission. Though the unit was run under the Church Board, all who worked in it were the staff of the Medical Mission who offered voluntary service.

The incidence of disease and sickness, was very heavy, and under-nourishment was particularly noticeable in the state. Much appreciation was shown by the patients and many walked even up to 6 miles to attend. A great improvement, particularly in the chronic skin diseases and ulcers, was soon apparent that food deficiency was responsible for much of the sickness of the people whom the mobile unit came into contact. Rice was scarce and costly in those areas but did not nourish them properly. The mobile party had often told them sadly, “It is not medicine you need, but good food”. Therefore powdered milk was supplied through the National Christian Council and this brought marked

59 Church of South India, South Travancore Diocesan Council, Reports of Boards for the year 1947-1948, p.8.
60 Church of South India: South Travancore Diocesan Council, Reports of Boards for the year 1949-50, p.10.
improvement in the health of many patients.\textsuperscript{61} The mobile unit continued to receive free powdered milk, butter oil and a few bags of beans from the National Christian Council. These were all much appreciated by the needy people, a very high percentage being sufferers from malnutrition diseases. In 1956, the Synod of the Church of South India sanctioned a grant of Rs.1,000 towards poor relief.\textsuperscript{62}

The fact that a good number of people utilised the operations of the Mobile unit showed that it received much appreciation from the people. Where there were no other medical facilities within easy reach, the number of people who utilised it had been always encouraging.

\textbf{Work among Leprosy Patients}

One of the major spin offs of the missionary work in this area was the opening of a separate home for leprosy patients on 8\textsuperscript{th} September 1888 at Alancode, a couple of kilometres to the north of Neyyoor.\textsuperscript{63} Those found suffering from leprosy were thrown out of their homes and chased out of the towns and villages. Most of them had no choice except to beg. Moved by the appeal of such helpless beggars, Dr. Fry launched this mission of mercy and courage providing accommodation for ten to twelve sufferers. Soon this Home became an asylum for men and women suffering from leprosy.\textsuperscript{64}

\textsuperscript{61} Church of South India: South Travancore Diocesan Council, Reports of Boards for the year 1953-54, p.17.
\textsuperscript{62} Ibid., p.27.
\textsuperscript{63} Report of the Neyyoor Medical Mission for 1888, p.4.
\textsuperscript{64} Joy Gnanadhason, \textit{op.cit.}, p.87.
The first block of buildings which could accommodate 20 patients was opened on 11th August 1892 when there were 22 patients. "Since then Mrs. Charles Pease, a benevolent friend of lepers from England had given the entire sum necessary to complete the whole scheme of buildings, which included separate rooms for 40 in-patients, chapel, house of attendants, dispensary, mortuary and a well.\textsuperscript{65} She made herself responsible for the whole work among lepers and their children carried on by the South Travancore Medical Mission at Neyyoor. It provided medical facilities to the many villages in Agasteeswaram taluk where the sick did not have easy access to Neyyoor.

The Dewan of the State, Shankara Soobayar who was invited to open the new building, paid high tribute to the missionaries for the work they were doing for the benefit of the poor and the oppressed and remarked that he considered the present work among the lepers as crowning all their work in the part which deserved unmeasured praise. "True Charity", he said, "could not have had a worthier object than an organised system of relief to the poor outcaste lepers.\textsuperscript{66}

A Home for the healthy children of leprosy parents was started in March 1891. The need for such segregation was brought home to the missionaries in a very painful manner by the child of the cook in the leprosy home who was allowed to lay with the patients in spite of warnings

\textsuperscript{65} Report of the Neyyoor Medical Mission for 1892, p.6.  
\textsuperscript{66} Ibid., p.7.
of contracting the disease. In this Home, the healthy children of leprosy parents grew up free from contagion along with other orphan children. Further on 1st January 1901, a separate Home was opened by Dr. Fells in Neyyoor for the women patients. This again was the gift of Mrs. Charles Pease. Greater love than this no one had shown to these miserable beings.

The number of patients increased and the accommodation was found inadequate. It was decided by Dr. Somerwell to shift the Home from Alancode to a spacious site in the village of Udayarvilai on the Monday Market – Colachel Highway – about 6 kilometres to the South of Neyyoor close to West Neyyoor where the high caste Nair lived. There was opposition from the public. But in 1933 a doctor’s house and four wards were opened by the Dewan Austin, in the midst of demonstrations and stone throwing. The 95 in-mates from the Neyyoor Home were shifted to the new Home which was most appropriately named the Charles Pease Memorial Leprosy Home after Mrs. Charles Pease who had been supporting the whole work among lepers and had provided the money for this new Home.

This Home provided with opportunities to work, play, give expression to their artistic and historical talents and lead normal lives. It helped the in-mates turn the barren land into a garden that burst with

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flowers, vegetables and fruits. It was one of the best run Homes in the whole of India and sent out annually 15 to 25 men and women completely healed. There was such a joyousness about the place that men who went in came out infected with peace and joy that pervaded the Home. Free food, accommodation and medicines were provided with care, love and concern.

In the year 1960, the first international visitor Dr. Charles Whiston, an American theologian and writer of the Episcopal Church, arrived at the Home. He was welcomed by the doctor and a few of the inmates in front of the lovely chapel surrounded by golden marigolds and fragrant roses. Dr. Whiston who was anxious "to have done" with the visit turned to the doctor and said, "Now, where are the patients?". He was utterly confused and embarrassed when he was told that the men and women standing around him were the patients! He confessed his ignorance about leprosy, loved the place and was a generous donor for years.

While men and women affected by leprosy found a home here and hoped to be healed one day, their healthy children prospered under the fostering care of missionaries and missionary wives. Freed from infection, they were educated and trained for trade. Many of them benefited by their training, occupied high position in society and were responsible, healthy, happy citizens of whom any country could be proud.

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70 Joy Gnanadhason, op. cit., p.89.
71 Ibid.
Catherine Booth Hospital

The Salvation Army Catherine Booth Hospital is a unique institution in the Medical field in Agasteeswaram taluk. This hospital has its own integrity and a glorious past with a bright future in the services of God and Humanity.\(^7^2\) It is situated at Nagercoil 16 km from Cape Comorin a great centre of world pilgrimage at the southern most corner of India. The name and fame of the hospital spread all over the world in recognition of the exceptional medical care that institution provided. The idea of serving the people, taking care of the physically suffering and ailments originated when Dr. Harry Andrews came to India.\(^7^3\) During the year 1895 he came to Nagercoil as a missionary.\(^7^4\) He with his limited knowledge of dental diseases helped the poor by taking care of their dental problems.\(^7^5\) Since he was very kind and enthusiastic, he did not loose any time to take care of the poor and helpless. This attitude induced him to do good things. Army officer Elizabeth Geikie known by her Indian name ‘Porumai Ammal’, in 1895 allowed Andrews to convert her small bathroom into his consulting room.\(^7^6\) In that room he kept a small stock of Epson salt, castor oil and quinine and such other simple medicines. This marked the beginning of the medical work of the Salvation Army in Agasteeswaram.

\(^7^2\) Brief Report, Catherine Booth Hospital, Nagercoil, 1990-1991, p.3.
\(^7^3\) Centenary of the Salvation Army Medical Service, Souvenir, 1895-1995, Nagercoil, p.7.
\(^7^4\) Brief Report, Catherine Booth Hospital, 1990-1991, p.3.
\(^7^5\) Frederick Tucker, The Darkest in India, London, 1924, p.20.
\(^7^6\) Peter, Y., An Advancing Army, Tirunelveli, 1994, pp.72-73.
taluk which culminated in the formation of Catherine Booth Hospital, Nagercoil.\textsuperscript{77}

Reports of Harry’s medical work were conveyed to the Army General, Bramwell. Bramwell decided to make Harry a medical man by giving him a dresser’s course in a London Hospital, so the General called him to London.\textsuperscript{78} In 1896 Harry Andrew returned to India as a dresser. He received a donation of fifty pounds from an Army friend for his missionary work.\textsuperscript{79} With this amount he purchased a piece of land at Puthery.\textsuperscript{80} First he constructed a dispensary with mud wall and a thatched roof.\textsuperscript{81} This dispensary was built in honour of Mrs. Catherine Booth affectionately called Army Mother. Though this dispensary catered to the needs of the depressed class people in general, people of all communities began to visit the dispensary for medicine and advice as days went by.\textsuperscript{82} Hence it needed to be upgraded into a well-equipped hospital under a fully qualified doctor. This could be materialised with the coming of the new doctor.

\textbf{Recognition of the Government grant-in-aid}

Harry Andrews, while he was undergoing dresser’s training in the London Hospital in 1896, came to know about Percy Turner. Turner

\textsuperscript{78} Ibid., p.4.
\textsuperscript{79} Peter, Y., op.cit., pp.74-75.
\textsuperscript{80} Putheri is a small village situated 2 km north of Nagercoil Clock Tower Junction.
\textsuperscript{81} Robert Sandel, \textit{op.cit.}, p.205.
\textsuperscript{82} William Noble, \textit{A Brief History of the Medical Department of the Southern India Territory} (Pamphlet), Nagercoil, 1960, p.2.
passed the MBBS Examination from the University of Durham.\textsuperscript{83} Later he was awarded the Luke Armstrong scholarship for surgery in 1899. Andrews, perceiving Turner's worth, requested him to take charge of the Catherine Booth dispensary at Nagercoil.\textsuperscript{84} At first he turned down the request but finally accepted it. After taking a special course for eye treatment he set soil for India. On 25\textsuperscript{th} December 1900 he reached Nagercoil to take charge of the Catherine Booth Dispensary.\textsuperscript{85} He was in charge of the hospital from 1901 onwards as the first qualified doctor of the Salvation Army Medical Mission in South Travancore. He enthusiastically worked and devoted himself to the welfare and growth of the hospital for 20 years.\textsuperscript{86}

His dedicated and selfless services and a humanitarian approach in every issue raised this hospital to a position so high that it proclaimed its integrity in the past and a glorious future be ahead. Soon it attained the rank of a full-fledged hospital. On 27\textsuperscript{th} April 1901 V.J. Kesava Pillai, the Diwan of Travancore, laid the foundation stone for the new Catherine Booth Hospital.\textsuperscript{87} Turner got valuable suggestions from Harry in the construction work. In the meantime Harry was transferred to Gujarat for evangelical work.\textsuperscript{88} So the entire burden of the Army's medical work

\textsuperscript{83} Miriam M. Richards, \textit{op.cit.}, p.12.
\textsuperscript{84} Robert Sandel, \textit{op.cit.}, p.205.
\textsuperscript{86} \textit{Brief Report, \textit{op.cit.}}, p.3.
\textsuperscript{87} Catherine Booth Hospital herein after to be referred as CBH.
\textsuperscript{88} Lillian E. Hanson, \textit{The Double Yoke}, New York, 1968, p.80.
fell on the shoulders of Turner. He worked round the clock and earned great reputation. So the Travancore king decided to appoint Dr. Turner as the Chief Medical Officer of the State on a pay of Rs.600/- per month. But Turner declined the offer and decided to continue as a missionary doctor in the Army.

In 1901 he applied for the grant-in-aid meant for private medical constitution. The Government stipulation was that "no institution is entitled to get grant-in-aid if it is situated within two miles of a Government Hospital or dispensary". As the Hospital is situated within two miles of the Government Hospital, Nagercoil, the request of Turner was turned down by the Government. However, due to the constant efforts of Turner the State relaxed its grant-in-aid rules in 1902. Following that Turner sent an application for aid in 1902. The Diwan Peishcar enquired into the matter and reported the wonderful work of the CBH. On the basis of the report of the Diwan the Government sanctioned Rs.50/- per month as grant-in-aid with effect from July 1902.

The initiative that Dr. Turner took has grown into such an institution of great magnitude of service that it stands as a renowned Hospital and Training Centre for many medical and paramedical courses.

89 Special Report of the Medical Department of the Southern India Territory, Trivandrum, 1960, p.27.
91 Percy Turner, The Salvation Army, CBH Hospital, June 1902 Letter to the Diwan of Travancore, Trivandrum.
Most of the people who came to the hospital were poor. They suffered much for want of hospital facilities nearer home.\[^{92}\] To alleviate such hardships Turner decided to start branch hospital in places where there were not any. Accordingly, the first branch of the Army Medical Mission was started at Chemponvilai in 1911.\[^{93}\] This was followed by Aramboly and Kothanallor branches.\[^{94}\] The formation of branches needed more qualified medical persons. To overcome that difficulty Turner started a medical class in the CBH. But financial constraints stood in the way. Hence he requested the state for assistance. With the financial assistance of Mrs. Turner started a medical class consisting of eight native girls.\[^{95}\] He conducted examination according to the English syllabus. Those who passed the examinations after four years were awarded the diploma L.M.S.M.G.\[^{96}\] The Travancore Government recognised the diploma holders as medical practitioners.\[^{97}\] Turner paid greater attention to women patients and constructed for them a separate building in 1920. Lady Wellington, wife of Lord Wellington, the Governor of Madras inaugurated the building in October 1920.\[^{98}\] Altogether Turner worked in the CBH for

\[^{92}\] Centenary of the Salvation Army, Souvenir, op.cit., p.6.
\[^{93}\] Turner, CBH Nagercoil 23 June 1911, Letter to the Chief Secretary to Government, Trivandrum.
\[^{94}\] The Salvation Army CBH Special Report 1960, p.7.
\[^{95}\] "The Catherine Booth Hospital, "One and Twenty Years" (Pamphlet) Madras, 1922, pp.27-28.
\[^{96}\] Licentiate in Medicine, Surgery, Midwifery and Gynaecology.
\[^{97}\] Miriam M. Richards, op.cit., p.41.
\[^{98}\] Inscription on the Women Patients ward, CBH, Nagercoil.
21 years. During his period the hospital was expanded with eight main buildings and four new branches. He left India in 1921.  

**Organisation of Various Departments**

Dr. William Alexander Noble succeeded by Percy Turner as the Chief Medical Officer of CBH in 1921. Under his efficient administration and coaching the hospital a meritorious marvellous growth in all aspects of medical services. His period of service was hailed by all and considered to be a golden period in the history of the hospital. In 1927 he went to his home land. He raised fourteen hundred dollars from his friends. This money was used for the purchase of essential hospital equipment. Within a short period the hospital could see the erection of a lecture Hall, a chapel and a laboratory, installation of X-ray equipment, purchase of a motor ambulance and addition of an extension of nurse quarters. He organised various departments for the treatments of different diseases. Among them the dental care department gained immense popularity.

**Dental Department**

The Dental department of the Hospital has got a unique distinction. It caters to the need of about 5,000 patients per annum. Most of the patients come for extraction of teeth, other forms of dental

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100 Brief Report, op.cit., p.3.
101 The Salvation Army Year Book, 1928, p.85.
103 Centenary of the Salvation Army Medical Service, op.cit., p.27.
treatment like fillings, Orthodontics, Prosthodontics and ortho surgical problems associated with dentistry are also attended to.\textsuperscript{104}

**Compounder Course**

The CBH grew day by day. The number of patients increased greatly. But the number of the staff in the hospital was not enough to treat the patients. To overcome this difficulty Noble started a compounder’s course for young men in the CBH. After training they helped the doctors in the Central Hospital and its branches.\textsuperscript{105} It was a milestone in the history of the hospital. It helped the Army to expand its healing ministry. Most of the trained candidate belonged to the depressed section of the society. The trained persons served among the multitude of the sick irrespective of caste and religion.\textsuperscript{106} On many occasions the so called high castes who practised untouchability against the low castes also received treatment at the hands of the oppressed. This association helped to reduce caste distinction in the long run.

**Palace Dispensary**

The fame of Dr. Noble and the name of the hospital spread far and wide. It attracted even European patients. The European patients who came for treatment did not have suitable accommodation for their comfortable stay. Therefore Noble decided to construct a building for the

\textsuperscript{104} Ibid.
\textsuperscript{105} The Salvation Army Year Book 1921, p.41.
\textsuperscript{106} Ibid., p.42.
exclusive use of the European patients in the hospital. Along with the European patients he had also the chance to treat the members of the royal family of Travancore which enabled him to become the Deputy Durbar Physician. Recognising the work of Dr. Noble, the Travancore Government appointed him Medical Officer in charge of the palace dispensaries. On certain occasions Maharani Parvathi Bai came to the CBH for treatment as in-patient. Dr. Noble and Etna, his wife, made a small room available for the Maharani in their Bungalow. On one occasion, when the two year old prince of the royal family fell ill, Dr. Noble was called to the palace for the treatment of the prince. He served as a palace physician to His Highness Sri Chithra Thirunal Maharaja to Travancore and to other members of the Royal family. The Royal family appreciated his medical work. He was honoured with the post of Deputy Durbar Physician.

Acting on the authority invested in him Dr. Noble inspected the Government hospitals as well as enjoyed the right to treat the royal family as the personal physician of His Highness. In recognition of his medical services he received many Royal favours including grants of

109 Centenary of the Salvation Army, Medical Service, op.cit., p.53.
110 Bundle No.171, File No.469/1933, L.G.A. English Record, Kerala State Archives, Trivandrum.
money. He was invited to royal celebrations like the birthday of His Highness. He used to attend such palace functions wearing the Salvation Army Uniforms. In the meantime he never forgot the need for strengthening the hospital's work among the women patients.\textsuperscript{113}

**Nursing School**

At that time women were not allowed to go out of their home for medical treatment or to be treated by men doctors. Dr. Noble understood the reluctance of Indian women to go to the hospital for delivery. They would prefer the village midwife and only in complicated cases the doctors help was sought. To overcome this barrier Noble took special care for the convenience of women patients.\textsuperscript{114} He constructed an obstetrical Block in 1928.\textsuperscript{115}

Dr. Noble thought of starting a school of nursing to give medical education and training to the native women to treat women patients. A nursing school was started in the CBH on 24 May 1938. This school was recognised by the Madras Government in 1939 through the auxiliary of the Christian Medical Association of India.\textsuperscript{116} At first a lower grade course was started. A pass in third form was the minimum required qualification for admission. After it was upgraded to higher grade course

\textsuperscript{113} Brief Report, *op.cit.*, p.16.
\textsuperscript{114} *The Salvation Army Year Book*, 1929, p.131.
\textsuperscript{115} Inscription on the Obstetrical Block CBH, Nagercoil.
\textsuperscript{116} G.O. Ms. No.5998 P.H.16 March 1939, *Madras Nurses and Midwives Council*. 
in general nursing. Both male and female candidates were admitted to the course.\textsuperscript{117}

Sri Chitra Tirunal, the Maharaja of Travancore, inaugurated the nursing course and its building on 23 December 1938.\textsuperscript{118} The main motto of the school was to impart knowledge of human anatomy, the cause and course of diseases, prevention of diseases and their treatment and modern techniques in nursing.\textsuperscript{119} The school developed considerably from a humble beginning. As the days passed by the nursing profession gained in popularity and its status was enhanced from ignoble to noble.

Trained Nurses Association of India Unit was organised. It is conducting educational and entertainment programme and collecting funds for self-denial.\textsuperscript{120} Inservice education for the staff is also conducted. Nurses have been sent for courses, seminars and workshops to up-to-date nursing in CBH.\textsuperscript{121} This school is now functioning under the care of a principal and one Vice-Principal.

Cholera Treatment

The year 1929 was a landmark in the history of the hospital. In that year cholera took the lives of more than 10,000 persons throughout South Travancore.\textsuperscript{122} In the hour of need, the hospital took up

\textsuperscript{117} The Report of the Salvation Army Nursing School, 1961, p.4.
\textsuperscript{118} Inscription on the wall of the nursing school CBH, Nagercoil, 23 December 1938.
\textsuperscript{119} The Catherine Booth Hospital School of Nursing Prospectus, 2000-2001, p.2.
\textsuperscript{120} Brief Report, op.cit., p.16.
\textsuperscript{121} Ibid.
rehabilitation work which brought it laurels. The hospitals did not have enough voluntary organisations to help the poor untouchables in the affected villages. Hence Dr. Noble himself rushed to the affected areas with a limited number of Salvationists carrying food materials, medicines and clothes in bullock carts. The doctor and the healing staff worked non stop without taking food and rest which won them the appreciation of thousands. This work continued for many days and nights.

An isolation block was needed to treat the cholera patients in the hospital. So a separate building was constructed for this purpose. For this arduous work Noble was honoured with the title of fellow of the American College of Surgeons in 1934. While serving this scourge-affected people he saw the need for a separate ward to treat Tuberculosis patients.

**Tuberculosis Treatment**

The CBH provided facilities for the treatment of the disease Tuberculosis. But there was no separate ward for the same in the hospital. Dr. Noble wanted to construct a special ward to treat this disease. But there was no money to build the same. At this hour of need help came in 1932 for the construction of a separate block to be named

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124 Thirty years of the CBH (Pamphlet), Nagercoil, 1931, p.1.
as Sankaran Thambi Block.\textsuperscript{128} Its foundation stone was laid on 15 December 1932.\textsuperscript{129} The construction work was completed in 1934. It was inaugurated on 22 August 1934.\textsuperscript{130}

**Ophthalmalic Department**

The Department of Ophthalmology is an important branch in CBH. The building for the ophthalmalic department was constructed out of the donations collected in connection with the 70\textsuperscript{th} birthday celebrations of General Bramwell Booth. The Travancore Diwan Thomas Austin laid the foundation stone for the building on 10 September 1933.\textsuperscript{131} It is functioning effectively to serve the visually handicapped people of this locality.\textsuperscript{132} Regular eye camps are being conducted in remote places in collaborations with Christoffel Blinden Mission, Germany.\textsuperscript{133} The mobile ophthalmalic team conducts free rural eye camps in villages weekly and screens the population for cataract, glaucoma, vitamin-A deficiency, refractive errors and other common ocular ailments.\textsuperscript{134} Free eye clinics are being conducted to help the poor people. The operation theatre is well-equipped with all modern equipment including operating microscope.

Intra-ocular lens implementations are done regularly. Most of the cataract

\textsuperscript{128} Sankaran Thambi was a landlord and a well wisher of the Hospital. After his death Mrs. Sankaran Thambi gave a donation to the hospital in memory of her husband. In 1934 Dr. Noble constructed a building in the CBH to treat the T.B patients out of that donation. In honour of the donor the doctor named the building as Sankaran Thambi Block.

\textsuperscript{129} Inscription on the wall of the Sankaran Thambi Block of CBH, Nagercoil.

\textsuperscript{130} Ibid.

\textsuperscript{131} Inscription on the wall of the Ophthalmalic Department building of the CBH, Nagercoil.

\textsuperscript{132} Brief Report, op.cit., p.12.

\textsuperscript{133} Ibid.

\textsuperscript{134} Centenary of the Salvation Army, op.cit., p.27.
surgeries are done here free for patients. They get free food during their hospital stay and also given free cataract glasses for restoration of vision.\textsuperscript{135} Patients are given suitable education, more on preventive ophthalmology to protect their eye sight from simple trauma malnutrition ineffective treatment for ocular diseases etc.

The region has a long mountain range on its eastern side called the Western Ghats. Malaria was epidemic in the hilly areas. Under the able management of Dr. Noble the CBH started malaria treatment centre under its malaria eradication programme. The Army selected the most backward village inhabited by poor outcastes to treat malarial cases.\textsuperscript{136} The government dispensaries denied help to the depressed people because of caste prejudices.\textsuperscript{137} The Army's dispensaries offered protection to such unfortunate sections of the society.

**Cancer Treatment**

Dr. Noble started cancer treatment in September 1934. Out of the donation of thirty five milligrams of radium in twenty one needles from a protestant missionary Dr. Long.\textsuperscript{138} The high standard of the CBH under the veteran missionary doctor won the admiration of millions and earned for it the goodwill of the government qualifying it for financial

\textsuperscript{135} Ibid.
\textsuperscript{136} The official report of the CBH, Nagercoil, 1939.
\textsuperscript{137} Surgeon General Trivandrum, 1 September 1938, Letter to the C.S. to Government, Trivandrum.
\textsuperscript{138} Annual Report of the Salvation Army CBH, Nagercoil, 1935, p.11.
help. In fact it received a grant of one hundred rupees per month in the beginning. Later, in 1957, it was raised to two hundred rupees. Dr. Noble received sixty thousand small tins of baby food from Garber company as donation. Johnson and Johnson Company gave money, surgical instruments, the much needed articles as gifts. International organisations like CARE and UNICEF helped the hospital on humanitarian ground. It also received gifts from overseas agencies and National Christian Council. Even today the Government of India allows the CBH to enjoy US grants and gifts duty free. The Noble couple left for their homeland on 31 December 1960. His compassion for the poor won for him a place in the hearts of millions in Agasteeswaram taluk.

Community Health Department

This hospital has got an established Community Health Department, which extends its function in urban, rural and tribal areas. The aims of the department are preventive, curative, promotive and rehabilitative in nature, focussing on the five elements (FIONA) in the Primary Health Care services. With the assistance from CMAI, the

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139 The Salvation Army Year Book, 1958, p.130.
141 Cooperation for American Relief Everywhere.
146 Christian Medical Association of India.
projects serve the rural community covering 10,000 population with special attention to women folk.\textsuperscript{147}

The health centre serves the local tribes called ‘Kannees’ community. Health volunteers are selected from those areas and training has been given to them to work for their own people. Daily visit by trained nurses and weekly visit by doctors are the usual course of health delivery system in these centres. Home visits and community involvements in health services are also encouraged.\textsuperscript{148} Healthy Baby show, Eye and free medical camp, film show and video programmes are being conducted regularly in the project areas.\textsuperscript{149} The theoretical study of community health has been given in the classroom to acquire knowledge and understand the basic principles underlying the techniques and methods used in Community Health Nursing, to develop the ability to think and act independently as a nurse and otherwise, to plan, implement, evaluate Community Health Services and comprehensive nursing care for individual, family and community in urban and rural areas.\textsuperscript{150}

The CBH also started free medical camps for the poverty stricken rural people. After screening the patients they are taught the facts of health and the methods to maintain good health, drugs are dispensed then and there. Those who need hospitalisation are referred to the base

\textsuperscript{147} Brief Report, \textit{op.cit.}, p.19.
\textsuperscript{148} \textit{Ibid.}
\textsuperscript{149} Centenary of the Salvation Army, \textit{op.cit.}, p.29.
\textsuperscript{150} \textit{Ibid.}
hospital. Referral cards are issued to the patients who attend the free medical camps. The card holders are given free consultation in the base hospital in all departments for a period of one year.\footnote{Hospital Rules (Standing Orders), C.B.H, Nagercoil, 1992, p.2.} 

All matters pertaining to the administration and functioning of the hospital shall be decided by the Board, whose decisions shall be final. The Administrator is responsible to the Board for the efficient functioning of the hospital and will execute and implement all its decisions and directions. He is also empowered to take disciplinary action, make appointments and purchase medicine/ incur other expenditure in an emergency and obtain the post sanction of the Board. Final orders shall be issued only after the approval of the Board.\footnote{Sisters of Holy Cross: Founded by Very Rev. Fr. Thedosius Florentini O.F.M. Cap in 1844, in Menzingen, Switzerland. They had their headquarters in Quilon and started nursing work.}

In short, the one time bathroom dispensary of Harry Andrews developed into the well-known Catherine Hospital with a large number of dispensaries. The constant work of Dr. Percy Turner took the institution from the position of bathroom dispensary into the status of the C.B.H, Nagercoil bringing shelter and recognition to the uncared for the outcaste of Agasteeswaram Taluk.

**Roman Catholic and Medical Mission**

In India the Catholic Mission had its beginning with Bishop Benziger of Quilon. He invited the Sisters of Holy Cross of Menzingen\footnote{Centenary of Salvation Army., op.cit., p.30.}
to do medical work in India. They had their headquarters in Quilon. First they took up nursing work in Kanyakumari District in the District Government Hospital, Nagercoil in 1927, even before the formation of the Kottar Diocese. The Sisters of Holy Cross Hospital worked in the municipal areas of Nagercoil with charity and mercy. They visited the sick, giving medical relief, and advising them in child care and hygiene. There they continued their work till 1952. They were also in charge of the child welfare centre and health visit under the Nagercoil Municipality. When the Tuberculosis Hospital was opened in 1945 at Asaripallam in Nagercoil, their services were required there.

The Sisters realised the need for a dispensary in the vicinity of the Christu Nagar Church. As a result, they opened a health centre at Vetturimadam in Nagercoil in 1959. Four of the Sisters who worked as municipal health visitors felt the need for a maternity and child care hospital to attend maternity cases and to save the children from various infectious diseases. Accordingly the Sisters of the Holy Cross opened a new house and hospital at Christunagar, Nagercoil in 1968. They also took care of the retired priests in the priest’s home, Christunagar,

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156 Tuberculosis Hospital, Nagercoil is located at Asaripallam 4 km. south west of Nagercoil. Now this Hospital became the Head Hospital of Kanyakumari District and raised as a Medical College.
158 Felix Wilfred., *op.cit.*, p.207.
Nagercoil. It undertakes rural medical care, visiting the outlying villages to dispense medicines.

The Lutheran did not venture into any kind of medical work in Nagercoil. The reason might be the medical needs of the people were well looked after by the L.M.S. hospital and the Catherine Booth Hospital and western medicine was not popular with the members of their mission. However the medical requirements or the MELIM were efficiently met by the L.M.S and the Salvation Army as is evident from extant records.

The Health Ministry was slowly breaking down the 'middle wall of partition' between the high and the low, the 'pure' and the 'polluted'. It was acting as a catalyst to speed up the process of levelling of society. Sickness and disease which know no barriers of caste or status were bringing people together within the hospital walls, even if it was for a short period. "There lived in the same room in the hospital for nearly two months a young Brahmin and his mother, a Sudra, his wife and brother, a Shanar and his mother besides patients of other castes who were admitted for shorter periods. For the time being, broken bones levelled their caste distinction and created a bond of sympathy". The Health Ministry removed ignorance and fear and brought about health, healing and

160 N.D.C. Minutes dated, Nagercoil, March 19-20, 1931, p.2.
161 Joy Gnanadason, op.cit., p.87.
162 Samuel Mateer, Native Life in Travancore, p.312.
hope for them. To the common poor man, the leper and the maimed and
the wounded, as to the rich high caste sick men and women, the health
ministry of the Church represented by the missionaries was a boon that the
Church had bestowed on all alike.