IV(a). LEPROSY IN ANCIENT INDIA

The number of leprosy patients as per the estimates of 1981 in India is approximately 4 Million (Map-II). A belt of High Prevalence i.e. 60% of case load extends all along the eastern Coast to the Southern parts of India. These include Tamilnadu, Pondichery, Andhra Pradesh, Orissa and West Bengal. The areas of moderate prevalence are found in Central and Eastern parts of the country whereas the areas of low prevalence are found mostly in the northern and western parts of the country.

History of Leprosy in India

The leprosy has been known to exist in India for at least 3,000 years, but comparatively little was definitely known regarding its localization in various parts of the country until the results of the Census of 1872 had been published by British government. With this, very important advances have been made in the acquisition of knowledge regarding the pathology of leprosy in India.

Ancient Written Records

With regard to the definite knowledge of its actual causation and its etiological aspects of leprosy was first identified by Aatreya. He was probably a renowned sage of 14th Century B.C. whose name was also mentioned in Vedas as the

---

2 Leprosy in India – Summary of Reports, Furnished by Government of Indis, Honolulu, 1886, PP. 5-7.
author of text books on law. He also mentioned the effects of leprosy as “when the seven elements of the body become vitiated through the irritation of the wind, the bile and the phlegm, the effect of the skin, the flesh, the spittle, and the other humours of the body cause respectively of the seven varieties of kusta (leprosy)”3.

The next important personality who wrote a detailed description of leprosy was Charka. He was an authority of great value on Indian medicine and supposed to have lived in 6th Century B.C. He mentioned in his medical treatise ‘Charaka Samhita’ about several diseases that were prevalent in Indian sub-continent during his times including leprosy. Manu mentions in his tretise Manudharma Sastra about Leprosy, but the recension of Manu is supposed to be not older than the 6th century B.C. Kautilyas Artha Sastra of 4th Century B.C. also makes a passing reference about leprosy4. In Susruta’s work the word Kushta, the Sanskrit name for leprosy has been used in generic sense, but from Aatreya’s descriptions quoted by Charaka it is evident the word primarily meant Leprosy.

The Charaka Samhita5 gives the following description on pathology of Leprosy. “The Kushta thus produced cause much pain and suffering. None of these varieties result, however from the vitiation of a single humour. Kushtas are of seven, or eleven, or a larger number of a kind; and these constantly irritating the system become

incurable”. We shall give a brief account of these as they are produced by the vitiation of the different humours. “The wind, the bile and the phlegm, being vitiated, they re-act on the human body. When the wind is most vitiated it produces the kapata kushta, the bile the audumbara, the phlegm the mandala, the wind and the bile the rishyajihva. The bile and the phlegm and the wind the Sidhma, and the three together the Kakanaka”.

“Excessive physical exercise after exposure to too much heat or too much cold; taking food after surfeit; eating of fish with milk; using barley with several other grains, such as haryanka, dalaka, kardusa etc. along with venison; milk, curdled-milk and butter-milk; excessive sexual intercourse; long protracted excessive fear or labour; fatigue, interruption of catarrh, etc. vitiate the phlegm, the bile and the wind, hence the skin and the three others become slackened. Thus irritated the three elements corrupt the skin and others, and they produce kushta”.

“The premonitory symptoms of kushta are as follow: want or excess of perspiration, roughness, discolouration, itching and insensibility of the skin, pain, horripilation, eruption and excessive pain on the parts that are about to fall off”.

“Some kushta eruptions are red, rough, spreading and small; they cause horripilation, slight itching, pain and discharge of matter and sanies. These are caused by wind, and are called Kapala Kushta (Scaly)”.

“Those that are of coppery colour, which discharge matter, blood and sanies, cause itching pain, inflammation and burning, and produce warms, are also caused by wind. They appear like the ripe fig, and are hence called Audumbara, (fig like)”.
“Some are cold to the touch, raised, hard, reddish-white, clameny, itching and infested with worms burning sensation, and insensibility are also caused by wind. They have the appearance of the tongue of an antelope, and hence are called *Rishyajihva*”.

“Those which are white or red, spreading and elevated; which discharge blood, puss and sanies, and produce itching are also caused by wind. They appear like the leaves of the white lotus, and hence are called *Paundarika*”.

“Those that are rough, red, thin, internally cold, sometimes reddish-white, which cause slight pain, itching, burning, and discharge of pus and sanies, are also caused by wind. They appear like the followers of the pumpkin and are called *Sidhma*”.

“Katnaka and others have all the symptoms of kushta. They are incurable, while others are curable. That which is incurable can never be cured, and those which are curable sometimes become incurable”.

“The wind causes coppery-red, roughness, pain, inflammation, shrinking, horripilation, and insensibility of the skin. The bile produces burning, perspiration pain, discharge of blood, and suppuration. The phlegm causes whiteness, coldness itching, and confluent pimple”.

“The worms that form in leprous eruptions destroy the flesh, skin, veins, muscles and bones. When affected by them, the patient suffers from spontaneous discharges of blood, insensibility, loss of sensibility of the skin, mortification, thirst,
fever, dysentery, burning, weakness, disrelish and indigestion. Then kushta becomes incurable. The man who neglects the disease at its commencement is sure to die. He, who at the first breaking out of the disease tries to get rid of it, may be sure of its being cured”.

In the imprecation of later Vedic and upto to the modern period, we are not getting any information about leprosy in India either in burial practices or in written texts except as one of the imprecation in the Epigraphical records. The reason might be due to the Vedic traditions that the adults are cremated after 2000 B.C. and in contrast to it the infants and children of below 5 years are buried which is a common feature in majority peninsular sites. But the bodies of leprosy patients are buried rather than cremated as diseased of chronic diseases are not considered an appropriate sacrifice to Hindu Gods. Probably it might be one of the reasons why we are not getting any information about the existence of leprosy disease in medieval and Ancient Texts.

IV(b). MODERN PERIOD : CENSUS REPORT OF 1881

The details regarding the distribution of the leprosy disease through out India during the modern period have been compiled for the first time from the reports of the census taken by the British Government in the beginning of the year 1881. These statistics cannot be accepted as absolutely correct, and cover whole of the India because

---

7 Leprosy in India, Summary reports furnished by Government of India, Honolulu 1886.
the registration of lepers in general census operations is liable to error for the following reasons:

a) That the census reports are only collected from Beerbhoom and Bancoora Districts of lower provinces of Bengal; the Kumaun District in North Western Provinces; the Deccan and Konkan in the Bombay and Madras Presidencies respectively.

b) That several areas in India around 1881 are ruled by several independent rulers which are not formed part of British empire where census data was not at all collected,

c) That Leucoderma is often classed as leprosy;

d) That the disease is not recognized by natives until it is at an advanced stage

e) That affected females of the houses have carefully concealed the disease in some parts of the country as they regarded it as one which entails disgrace,

f) That the Leprosy has never been made the subject of special legislation in India, and no orders have been issued by the Government of India for the enforced segregation of lepers.

Besides the above reasons, the persons affected with leprosy are without doubt regarded in most places with aversion, but this feeling is probably due rather to the disfigurement and mutilations occasioned by the disease, than to any apprehension of its infections and character. In some parts of the country as above stated, sufferers from the disease are considered to be disgraced and are consequently shunned. On the

---

8 Ibid, P. 16.
whole, however, it is believed that the medical evidence tends to show that the disease is not contagious and the available evidence tends to show that the disease is to a large extent is incurable on account of the then existing medical treatments of 19th century.

IV(c). BENGAL PRESIDENCY

Burdwan

It is ascertained that out of a population of 2,030,000 in the Burdwan9 District, inhabiting in 181 villages or towns, 4,915 persons in 1,885 villages are classed as lepers. This number gives a percentage of 0.24 of the total population. Roughly the greatest percentages of cases appear to exist in the portions of the district on or bordering on the laterite soil and jungle lands, while the smallest percentages are found in the South and East of the district comprising the alluvial lands lying between and near the great rivers. The disease is less common among Mussulman than Hindus.

The females affected with the disease were 564 out 4,915 lepers or about one to every five males afflicted.

Hooghly

Leprosy is very rare in Hoogly district10. The few cases that have come under notice are chiefly professional beggars coming to implore for alms. In the district of Hooghly, lepers are not allowed to mix freely with the rest of the community. The people shun a leper of their own accord, as they have a general belief in the contagion

9 Ibid, P. 16.
of it. There is no leper sylum in the district; in fact, it is not needed in the place, as there are very few lepers in the country.

**Bankoora**

Leprosy is a common affliction in Bankoora\(^{11}\) district. It is generally limited to the poorer classes, and is infrequently seen in the well fed and rich people. The Bowrees and Santhal castes suffer most, and the dark-skinned are more prone to the disease than the fair-skinned, but this may be due to the greater preponderance of the former over the latter. The pure Aryan, as represented by the high caste Brahmin, is least susceptible to the disease. The treatment adapted in the Bankoora Dispensary was liberal diet, cleanliness, and the continual administration of toncis and as such the progress of the disease rendered slow; but as soon as the treatment was left off, or the patient was reduced in health by fragile attack or other causes, the disease broke out afresh with renewed vigor.

**Midnapur**

The reports show that milkmen, washermen, weavers and silkspinners in Midnapur\(^{12}\) are the classes most frequently attacked by leprosy disease. Whether contagion plays an active part in disseminating the disease appears doubtful; but the vast majority of the people of Midnapur consider it contagious, and will not, as a rule, hold any communication with persons so affected.

---

\(^{11}\) Ibid, PP. 20 – 21.

\(^{12}\) Ibid, P.21.
**Gurbetta**

This disease is prevalent to a certain extent among the people of the village of Gurbetta\(^\text{13}\). The cause is, this place is comparatively crowded, and as the pilgrim road passes through it, it is the haunt of the persons from the different parts of India who bring with them the contagion of many sorts of disease. To some of them this disease was hereditary, to some it was owing to the contagion and to others, it was the effect of using mercurial medicines.

**Moorshedabad**

Leprosy exists in an unusual degree in Moorshedabad\(^\text{14}\), which stand fourth in the list of districts in the provinces of Bengal, Bihar and Orissa, as well as Assam. Beerbhum is at the head of the list. Then come Bancoorah and Burdwan, and Moorshedabad is next.

Among a total population of 1,353,626, in the year 1872, there exist 1,776 lepers, namely, 1,534 males and 242 females. As far as the lepers of this districts are concerned, the disease is more common among the Mohammadans than the Hindus. Leprosy exists to far greater extent among those who reside in that portion of the district which lies on the west of the River Bhageeruthu.

The country is undulating, and generally well-raised above the highest flood level of the river; and the soil in its composition is decidedly laterite, and resembles that

\(^{13}\) Ibid, P. 23.

\(^{14}\) Ibid, P. 24 – 25.
of the plains of upper Bengal. The surface of the country on the other side of the river is generally below high flood level, and the soil is composed of sands and sand mixed with clay, and is, in fact, identical with that of the Gangetic delta where the leprosy is very less\textsuperscript{15}. As already mentioned Beerbhum which heads the list of districts in Bengal, Bihar, Orissa and Assam, leprosy exist to our unusual extent. With a total population of 6,95,921 there are in that district 2,872 lepers, giving a percentage of 4.7 of total population.

**Dumka**

There are 515 lepers in Dumka district\textsuperscript{16} in Bihar State and out of this number, 314 lepers were from the Bengali Villages bordering the District of Beerbhum. As a rule, the Bengali Villages are crammed with houses with defective drainage and ventilation. The cow dung, house refuses and other sorts of filth are piled up close to the house in these villages. The sufferers are chiefly poor and low class people, who remain over crowded in small huts which scarcely protect from the rain and inclemency of the weather. The proportion of male lepers is a little more than three times than the females, and the anaesthetic variety of the disease is more common in the district.

**Rungpur**

The leprosy disease is distributed over the whole of Rangapur district\textsuperscript{17} and certain portions of it, in point of its prevalence, present a remarkable contrast to others. These tracts of extreme prevalence and comparatively immunity present a marked

---

\textsuperscript{15} Ibid, P. 25.
\textsuperscript{16} Ibid, P.P. 26 – 27.
\textsuperscript{17} Ibid, P.P. 32 – 34.
difference in their physical features and in the character of the people inhabiting them, as also in the circumstances under which they live. The villages where the disease most prevalent are either on the banks of a river or surrounded by marshes and old river beds. Dry and high spots whether near a river or not enjoy a marked immunity from the disease.

One cannot look into the circumstances of the origin of leprosy disease in several of these cases without believing in contagion. That personal contact alone will not cause the disease is evident; but it may be said to be contagious in the same sense as typhoid fever or cholera is contagious, though not to the same degree. There is strong presumption that malady is due to contagium or communicable germ, which take root and flourishes under favourable circumstances, and these favorable circumstances are climate, soil and other hygienic conditions. These conditions alone cannot produce the disease; as under similar circumstances the disease does not originate. Again where the hygienic conditions are good, the disease if introduced, will not spread, as it does not in some parts of the district, although so close to others infested with it. Number of cases are identified in which the leprous individual members having lived in close proximity to some one else affected, or had distant relationship with other lepers.

18 Ibid, 35.
**Backergunge**

Leprosy is chiefly found in the vicinity of Backergunge in the villages, Bugody, Sorikal, Matahar, Amanatgunge, Moolady, Burrisal and Rooparjur. It is not however, confined to these places, but scattered throughout the district. Lepers live apart from their families. They do not take food with the other members, neither do they cohabit with their wives. It is believed by the natives to be contagious, but when taken in early stage, the progress of the disease is greatly influenced by the application of gurjum ointment.

**Jessore**

Six hundred and nineteen lepers are reported in the Jessore District. The sex is not distinguished, but it appears that only 54 inherited leprosy while 565 had no idea of its cause. They believe the disease is incurable, so it is difficult to persuade them to submit to treatment, and twenty, who were treated with gurjun oil, received no benefit.

**Dacca**

In the district of Dacca, the present capital city of Bangladesh, eight hundred and fifty two lepers (723 males and 129 females), or 4.595 in every 10,000 of the population are affected with leprosy. The disproportion between males and females is probably due to a certain extent to non-registration of female sufferers. It is most prevalent in the high laterite parts of the district and in the low water-logged thauuahs.

---

19 Ibid, P. 35.
20 Ibid, P. 36.
where there is little or no natural drainage, where the soil dries by evaporation, and those districts return the smallest number of lepers which are alluvial and of medium elevation, with a comparatively free natural drainage.

**Cuttack**

The disease does not appear to prevail in Orissa\(^2\) to the same extent that it does in the Upper Provinces. It is confined chiefly to the poorer classes of localities such as poorer and other places near the Sea Coast.

**Barrh**

Leprosy exists, but not to a large extent, in the Barrh\(^2\) sub-division. The nature of the respective places in which the individuals laboring under this malady, and the conditions and circumstances under which they live, does not bear any peculiarity in its form, excepting that the majority of the persons are poor. Very few lepers are seen amongst the higher classes and well-to-do people.

**Monghyr**

Leprosy is found in Monghyr\(^3\) mostly amongst the lower order of Mohammedans than those of the Hindus. This is due to the difference in habits and the nature of the food. There is no special locality to which it is confined, but it is equally distributed over the districts.

---

\(^2\) Ibid, P. 37.  
\(^3\) Ibid, P. 40.  
\(^2\) Ibid, P.P. 40 – 41.
Gurjan oil, which has been so much used of late years, does not hold out the prospect of bringing about a radical cure of the disease. No doubt, by long continued use, there would be an improvement.

**Cooch Behar Division**

In Cooch Behar Division\(^{24}\) leprosy is less prevalent amongst the residents on the larger rivers, who drink the pure snow waters of the Himalayas, than with those who obtain their supplies from the nearest jheel. The leprosy disease is more common in the South than in the North of the State; more often met with on the borders than in the interior: more frequent amongst Mohammedans than Hindus; amongst men than women and children; and amongst the poor and badly fed than with the rich and well-to-do.

---

**Statistics of Leper patients in British India**

(As per census of 1881)

<table>
<thead>
<tr>
<th>Presidency</th>
<th>Total Population on which the leper ratios have been calculated</th>
<th>Total lepers</th>
<th>Proportion of lepers in every 10,000 (ten thousand) of the population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bengal</td>
<td>15,62,01,210</td>
<td>98,017</td>
<td>6.3</td>
</tr>
</tbody>
</table>

---

\(^{24}\) Ibid, PP. 41-42.
The Leper Hospitals / Asylums of India

According to the report published by the Secretary to the Government of British India of 1882, there existed sixteen separate lepers’ asylums in India. Of these, five were maintained partly by public funds and partly by private charity. These include Umballa and Kangra in the Punjab; Culcutta in the lower provinces of Bengal and Almorah and Dehra Dun in the North-Western provinces. Nine were entirely maintained by Christian missionary funds such as Jullundur, Amritsar, Sialkot and Rawalpindi, in the Punjab; Ratnagiri and Agra in the Bombay Presidency: Madras, Trichinopoly and Palliport in the Madras Presidency. The remaining two, Subathu in the Punjab and Bhandara, in the Central Provinces, were wholly Supported by private charity.

Missionary attitude towards leprosy

Many Protestant missionary societies of Europe and America sent their missionaries to some parts of North India, and to whole of South India primarily for conversion of natives to Christianity. Some of these missions include: Wesleyan

---

26 Ibid.
Methodist Mission; Church of Scotland Mission; London Missionary Society; the Anglican Church Missionary Society; American Madura Mission; American Lutheran Mission, American Baptist Mission, Canadian Baptist Mission, the Salvation Army, and the Dutch Reformed Church of America Mission etc. These missions in the process of Proselytization established churches, schools, colleges, hospitals, boarding homes, orphanages and vocational training institutes. Besides these, the churches also established succer homes to the destitutes at the time of famines and national calamities: The monumental and innovative work of many of the missions in different parts of India was the establishment of Leprosy Homes and Assylums to relieve the leprosy affected patients from their distress.

The missionaries maintained good understanding and cooperation among themselves so that their mission activities did not overlap each other’s areas. This was called comity. Even though they came from different mission bodies of several countries, they frequently met and exchanged views and shared their concerns.

These missions shared Good News of Jesus Christ with all people and followed the model of Jesus Christ in teaching, healing and helping all people. They also showed special concern for the poor and oppressed people as Jesus had showed such concern for them. Their ministry was holistic and paid attention to the care of the mind, body and soul. There were men and women missionaries and many of them came to India as families. Life was not so easy in those days as most of the modern facilities including medicines were not available to them. In almost every missionary family there were deaths at early age, especially of children. Cholera, malaria, leprosy
and other diseases were the frequent causes of deaths. Yet the missionaries stayed on to preach the Good News. They did not hesitate to go into the houses where people were sick or dying. They gave them medicine and cleaned their wounds and even buried the dead, and prayed and consoled the families. Good men and women in their home countries raised money to support their missionaries. More than the acquiring, they have inherited many traditions, activities and responsibilities, they tried to heal the sick, cleansed the dirty and consoled the poor in the living memory of Lord Jesus Christ.

The advent of Christian missionary effort in the early 19th century in India brought the first reasonably organized efforts as well as a humane attitude to leprosy work. This concided with the discovery in 1874 by Hansen of the leprosy bacillus as the causative organism. At about this point, hydnocarpus oil became the first specific form of treatment of the disease. Segregation, however, continued to remain the main method of control. The first known asylum in India appears to have been established in Calcutta in the early 19th Century. However, there is evidence that Raja Kali Sankar from Bengal established a Leper Asylum in Benares in 1810, which he later handed over to the Church Missionary Society to administer.

William Carry

It was William Carey (Pl. II: C) a Baptist missionary of Sirampur, Bengal has graphically recorded the inhuman treatment meted out to the leprosy sufferers in early 19th century India. Since leprosy was thought to be the sign of divine wrath, leprosy patients were regularly ousted from their families often under pressure from the
society. They were most often segregated and hence took to begging and lived separately. However, often when fear of leprosy took possession of them, leprosy victims were either buried or burnt alive. Carey the father of modern missions writes in 1812 from katwa “Last week I saw the burning of poor leprous man alive”\textsuperscript{27}. Deeply moved, Carey with the help of soldiers and administrators succeeded that inhuman and barbaric custom. Later, he established an asylum for leprosy sufferers in Calcutta and another in Allahabad. Dr. Ribbentrop of Chapra of the Gossner mission not only founded an asylum but also personally and in the most self-sacrificing way took his share in tending the lepers, binding their wounds and burying their dead\textsuperscript{28}. Another leprosy Asylum was built by J. Ramsay – the leper’s hospital in Almora which in 1850 was taken over by the London Missionary Society.

\textbf{Wellesly Cosby Bailey}

The name of Wellesley Bailey (Pl. II: A), the founder of Leprosy Mission needs to be remembered by all Indians with immense gratitude. He was a young teacher-missionary working in Ambala with the American Presbyterian Mission. In 1869 he visited a group of huts on the other side of the road from his residence and discovered the unspeakable suffering of the patients in advanced leprosy. With tireless


\textsuperscript{28} Julius Richter, \textbf{A History of Indian Missions}, Andhra & Farrier, London, 1908.
effort, three years later he founded in Dublin the “The Mission to lepers in India”, an unpretentious group of concerned Christians\textsuperscript{29}.

Bailey published a booklet drawing attention to the problem of leprosy in India and began to collect resources for furthering the work in India. Bailey had the foresight and the audacity to believe that a cure for leprosy would eventually be found and with this in mind he began to recruit medical professionals. Interest in leprosy was kindled and all the missionary doctors began to help leprosy sufferers.

Dr. Neve was one such doctor who in Kashmir\textsuperscript{30} admitted the leprosy patients and performed operations to their nerves to relieve tension even as early as 1883. Another young American missionary, Mary Reed started leprosy work among the patients at Chandag and continued to love and help them till she was 86 years old. In the process she herself contracted leprosy. The fact that she was completely cured was attested by the medical profession of her time\textsuperscript{31}.

The speciality of leprology was not a prestigious one in the days bygone. It was mainly due to the efforts of Christian missionaries that this subject has come to the fore. Christian doctors such as Sir Leonard Rogers, Earnest Muir and Robert Cochrane all made enormous contributions in the field of leprosy research. Ernerst Muir was an outstanding leprosy research worker and a teacher based in the Calcutta hospital and a

\textsuperscript{29} Ibid.
\textsuperscript{31} John Jackson, \textit{Mary Reed-Missionary to the Lepers}, Marshall Brothers, London, 1899.
worthy Christian. Said a leading Hindu Professor about him “Dr. Muir is a man most like Jesus Christ I know”.

Leprosy has been recognized over the centuries as an affliction without cure and in order to protect ‘healthy’ individuals and the community the leprosy affected persons were separated, willingly or otherwise. Isolation was the only remedy that scientific opinion could endorse as a means of protecting the interests of the ‘healthy’ from its ‘diseased’ minority. With the aim of protecting the community at large, legislation contributed directly or indirectly to the harassment faced by those unfortunate enough to be affected, by giving legal sanctity to myth and superstition already buttressed by medical opinion.

A number of countries passed legislation at the end of the 18th century and in the early 19th century. They related to some form of compulsory segregation, restrictions on use of transport and public places and affected marriages, divorce and inheritance. Sadly, some enactments equated a leprosy affected individual’s status with that of a beggar and a pauper and cast on him the overtones of criminality, which made for a separate sub-culture.

In the speech delivered at Marlborough House, London, June 17th, 1889, the Prince of Wales stated that “one of the chief centers of Leprosy is India, where there are 250,000 lepers, and that all British colonies contained unnumbered victims to this loathsome disease”32. A report of 1890 states that “a comparison of statistics regarding

lepers during the thirty years 1851-81 shows that their number has been increasing in India at the rate of about 30,000 every ten years. During the last ten years the rate of increase is supposed to have been higher”. The Rev. G. M’Callum Bullock, of the London Mission, Almora, writing 21st August, 1889, says that “It is the general opinion of residents, both European and native, that leprosy has increased in Kumaon during the past thirty years, and there are upwards of 1600 lepers in Kumaon alone out of a population of 1 1/8 millions”33.

IV(d). BOMBAY PRESIDENCY

Dr. C.T. Peters, in his report on cases of leprosy treated at Belgaum, Presidency of Bombay, dated June, 1879, says : - “Judging from Mr. M.Corkhill’s figures, there were not less than 22.8 percent of the population, in the Belgaum district alone, afflicted with some form or other of leprosy”.

The City Coroner of Bombay says that leprosy is vastly increasing in that city. The Times of India, February 21st, 1891, estimates the number of lepers at large in Bombay, at 1000. At a meeting of the Municipal Council of Bombay, reported in the Times of India, April 12th, 1889 that lepers near the public tank dress their terrible sores, scratch their ulcers against the iron railing of the Elphinstone High School, where the boys sat on coming out of school. Dr. Blaney said, “all over Bombay, in dark corners,

33 Ibid.
in gullies where rats and bandicoots had taken their abode, these lepers were hiding themselves, thrown out by their families, not to be gazed by the public”\textsuperscript{34}.

**Matoonga Asylum**

Referring to the newly opened Matoonga Asylum, Bombay, Mr. Commissioner Aeworth wrote on May 26\textsuperscript{th}, 1891 that “With accommodation for 190, I had yesterday 226 inmates, but fortunately a new ward has just been completed, and this overcrowding will temporarily cease, though only temporarily. If I had room for 500, I could fill the asylum in a week”.

The Times of India, May 21\textsuperscript{st}, 1892 stated that “While the Matoonga Asylum is seriously overcrowded with lepers, and there are besides, between forty and fifty bad cases in the Byculla Leper Dhuramsala. Unless something is done to remedy this state of things, the streets will be overrun with homeless lepers, and Mr. Acworth’s labours in the cause of these afflicted people will practically be brought to naught”\textsuperscript{35}. The Lahore Civil and Military Gazette published in 1891 observed that “A great deal has been said and written on the subject of the lepers and leprosy by people who have seen and pitied the miserable condition of native lepers, who parade their affliction before the public in streets and thoroughfares, soliciting alms from the passer-by. The majority of English ladies and gentlemen who are told such persons are lepers understand and know so little about the horrible disease that they are inclined to regard them as ordinary crippled beggars, afflicted with a disease peculiar to natives, and from which

\textsuperscript{34} The times of India, April 12\textsuperscript{th}, 1889.
\textsuperscript{35} The times of India, May, 21\textsuperscript{st}, 1892.
Europeans are happily exempt. This is far from being the case: leprosy seems to have obtained a terrible hold over white brethren and sisters in India, many of whom are hiding away, alone and forgotten, in the thickly populated slums and by-lanes of large cities and some in the last stage of the disease.36

The Surgeon General of British India, George Bidie, speaking on the subject of leprosy in 1888 said: “According to census returns the proportion of lepers amongst the population of Madras is 4.4 per 10,000, against 5.2 in Bengal, and 8.5 in Bombay; but there is reason to believe that these figures fall short of the actual extent of the disease. In Madras it is on the whole slightly more prevalent in coast districts than in inland, the ratios being 4.9 in the former, and 4.4 in the latter, per 10,000 of population. The proportion of lepers in the several districts ranges from 2.0 in Coimbatore to 10.5 in Madras city. The districts showing the highest ratios next to Madras are Nilgiris 8.0, Tanjore 7.0, and Chingleput, Malabar, and North Arcot, each 6.0 per 10,000. The disease attacks Europeans and Eurasians as well as natives, but is most common in natives. The propagation of leprosy is no doubt largely influenced by heredity, but recent observation appear to show that it is also contagious. In localities in which lepers are at large with the disease in an active state, and having open sores, there seems to be an increased tendency to fresh cases amongst the general population.37

36 The Lahore Civil and Military Gazette, 30th May, 1891.
Mr. John Jackson who was a representative of the Missionary Price Association came to India in 1899 to distribute £ 1000 as famine to various people who were very much affected by the famine of 1992. He spent 20 weeks in India and traveled not less than 7000 miles in India has also visited 27 leprosy asylums and wrote various touching aspects and detailed report of Christian missions to the leprosy victims. A graphic description of his writings is given below to provide the various works of missionaries in India.

The Establishment of Missionary Leprosy Asylums at different provinces Bombay Presidency:

The Leper Asylum, at Matunga, Bombay, gave shelter to 330 lepers of all stages of tubercular and anaesthetic types, and ranging in age from a tiny child of three or four to old men and women38. It was maintained by the joint expense of the Government and the Municipality of Bombay. Lord Dufferin described the asylum as the “open Sore of India”. Many pathetic details could be transcribed from these sad “human documents”. The leper schoolmaster who taught some thirty leper children, was very happy to do the work. He gladly accepted a copy of the New Testament in Marathi. The Institution is provided with a Hindu temple, a Mohammedan Mosque and a chapel for Roman Catholics. The Protestant Christians were in limited number. Bible women from the American Marathi Mission used to visit the female inmates at

intervals, while a catechist provided by the Mission to lepers was at work at the asylum in 1901\textsuperscript{39}.

American Marathi Mission was the oldest Protestant Mission in the Bombay Presidency, having been at work since 1813. Its special object was the evangelizing of the seven millions of Hindus inhabiting what was known as the Marathi Country\textsuperscript{40}. The missionaries of that denomination were instrumental in pushing leprosy work in the Bombay Presidency.

**Pui and Poladpur Asylums:**

Pui and Poladpur are twin asylums originated by the efforts of Rev. Bawa in 1893. Rev. Bawa was an American Marathi Missionary sent as a Christian preacher to Poladpur. “He directly began to work among the lepers, whom he found more ready to hear his message than any other class”. Soon there were candidates for baptism and from among them, the first was a lady who withstood from a bitter fire of persecution from the people of her village. The opposition to the Evangelistic work in course of time has melted away as the people of the district thoroughly understood and appreciated the work of American Marathi Mission for their lepers. They have welcomed the missionaries and their teachers much more readily since they have seen such a very practical demonstration of the character of the religion they brought. The

\textsuperscript{39} Ibid, P. 4.

\textsuperscript{40} Ibid, P.P. 6 – 7.
people also understood and appreciated the efforts of the missionaries to the lepers of the Bombay Province\textsuperscript{41}.

\textbf{Pui Asylum :}  

In 1901 there were about eighty lepers in Pui Asylum of whom all but eight or ten were Christian while the remaining were either Hindus or Mohammedans. This flourishing asylum, with several out-stations, has grown from a tiny seed sown by Dr. Abbott, nineteen years age, when he started a small school in the asylum. Among his first scholars was a very little boy who later became a successful lawyer. He openly declared that “only Christianity would alone save India, and with her various races and creeds except a strong, living faith that could unite and quicken the masses of the people. In Christianity alone the Indians see such a prospect”\textsuperscript{42}.

\textbf{Poladpur Asylum :}  

The Asylum at Poladpur is located in a beautiful location just out of sight of the village, on the bank of the river, and commanding a lovely view of the magnificent range of mountains of Mahabaleshwar. The Asylum buildings occupy only a small position of the seven acres of ground belonging to the Asylum, most of the remainder of which is cultivated. The Christian life of these leper converts is true and real and is

\textsuperscript{41} Ibid, P.P. 10 – 11.  
\textsuperscript{42} Ibid, P. 13.
clearly evidenced from time to time. They show a genuine concern that the message which means so much to them should be made known to others. Mr. C. Douglas Green (the Bombay Agent of the British and Foreign Bible Society) visited them in 1901 and from his interesting account the following may be quoted “here also, as was the case at Pui, I noticed that all the lepers looked happy and contented. It really does one’s heart good to see them. When one thinks of the conditions of the poor lepers in India, one cannot over estimate the good work which the Mission to Lepers is doing43.

**Nasik:**

Miss Harvey having been instrumental in the erection of a model hospital for animals at Nasik and regardless of risk, threw herself heartily into famine relief and plague nursing. By these gradations her service descended to the most pitiable of all sufferers, the lepers. “For years the abode of these unfortunate people had been the temples on the river side, that of Naru Shanker being the one principally occupied, on account of its proximity to the bazaars, and the dharmasalas. Some of the worst lepers used to sit in front of the Sweet meat shops, and others used to stand for hours together amongst the vegetable sellers in the Bhaji Bazar for alms”. Fortunately they found their way to a disused plague hospital on the outskirts of the town. Miss Harvey found them, suffering from exposure to the cold, and having secured them a food allowance from the famine fund, she set herself to provide them with a decent shelter44.

By 1901 there were about eighty of these wrecks in the temporary sheds. There were many cases of sad deformity, and among them were many child lepers. The lepers suffer chiefly from fever, coughs, and general debility. They apply to their sores bitter oil, and a decoction made of baked and pounded leaves. So Miss Harvey supplied them with fever and cough mixtures, bitter oil and old soft rags. They wait on each other in sickness cooking for the patient and supplying his wants with a sympathetic willingness that is encouraging to behold. Iodoform acts powerfully on lepers’ sores, but it was so expensive and hence was not introduced in the Asylum. A reference can be made to a young Parsee Christian, who forfeited family and friends on her conversion\textsuperscript{45}. Another efficient assistant was the Bible woman, who was a leper. Leprosy showed itself in her while engaged in Bible work in Ahmednagar, and she became an inmate of the temporary Asylum at Nasik.

**IV(e). CENTRAL PROVINCES**

The Raipur District was the most leprous district in the Central Provinces. The official Census Report for 1891 gives the number of lepers in this district as 5,000. The number of inmates was doubled between March, 1899, and December 1900\textsuperscript{46}. The work carried on by the missionaries represented a very comprehensive and practical type of Christian Service.

**Wardha and Raipur**

At Wardha, Central Provinces, was located a leprosy Asylum in an old Serai granted for the purpose. Dr. Revie of the United Free Church of Scotland Mission

---

\textsuperscript{45} Ibid, P.P. 23 – 24.

\textsuperscript{46} Ibid, P. 2.
looked into the temporal and spiritual needs of leprosy patients. He was the only European worker in the place, and besides his general Medical Mission work, he superintended the Leper Asylum and preached frequently both in English and in the vernacular. It was the skill of a qualified European Doctor placed freely at the disposal of the most lowly and loathsome of suffering humanity. It was one of the many practical manifestations of the Christian spirit, which witnessed in connection with Mission work in general, and with leper work in particular.

In the Leper Asylum, three-miles outside the town, two substantial ranges of good permanent buildings for men and women respectively were constructed. In these were comfortably housed 148 lepers, including twenty children. The buildings were very clean and airy. The lepers in the Asylum were divided into companies of eight or ten, each under the care of one of themselves, called a mate.

The Lepers at Raipur cultivated a considerable part of the grounds. Cabbages were grown in abundance, as well as plantains, and some other fruits. They took great pride in their gardens and the maintenance provided them pleasant break in the monotony of their existence, and offered many of them a healthy exercise. In the language of the native gentleman, who acted as Secretary. “None of them even seem inclined to give up the joyful situation they now find themselves in at the Asylum”. They are given two meals a day, at 10 am and 8 pm. Their dietary for week days

---

consists usually of dhal, rice, and a vegetable, with a little oil. One Sundays and Hindu holidays, meat and bread are added

Chandkuri:

Chandkuri is a leper Asylum located in the jungle close to Bharatpura. It was in 1897 that Rev. Nottrott appealed to the Mission to lepers for help, on the ground that destitute lepers in very advanced stages of the disease were arriving every day or two. One year later a lady of rank in England generously gave £300 to erect a permanent Asylum. She has subsequently assisted the Institution by other donations, and it is to commemorate her kindness that it bears the name of “The Clare Asylum for Lepers”\(^{49}\). The homeless and hopeless people numbering 340, including seventy untainted children, were being sheltered and cared for in the Asylum.

Mr. Nottrott had an able assistant in John, the Cathechist, who was a leper. He was by birth a Brahmin\(^{50}\), and was acting as a Christian teacher when he contracted the disease. He was faithful and conscientious in the discharge of his duties, and happy in this work. He was well cared for by his kind, pleasant little wife, herself happily untainted.

Mungeli (Leper Asylum):

\(^{48}\) Ibid, P.P. 31 – 32.
\(^{49}\) Ibid, P. 33.
\(^{50}\) Ibid, P. 37.
Mungeli leper Asylum was an outcome of the famine of 1897. The asylum was built, as well as another at Patpara (Mandla district), by gifts of farthings collected by the Missionary Pence Association, through the funds of which the inmates were also supported.

**BENGAL PROVINCE**

**Asansol (Leper Asylum)**

Rev. W.P. Byers, of the Methodist Episcopal Mission, was instrumental in getting funds from the Mission to lepers to erect an asylum at Asansol. About this time notice of a benevolent lady, who was so deeply moved by Christian’s touching story resolved to establish an asylum, which should bear His same. She donated the required funds to erect Christaram Leper Asylum at Asansol through the generosity of Georgiana, Countess of Seafield, in memory of her beloved husband James. Thus, passing over all distinctions of class, caste and race, the institution linked the names and memories of the Scottish nobleman and the Indian lepers as “one in Christ Jesus”.

**Raniganj and Bhagalpur Asylums**

Raniganj is the chief coal-field of India and the weather, too, was English like, being cool and showery. The first grant for temporary relief for the outcast lepers of Raniganj was made in 1890, but it was not till 1893 that the asylum could be opened, but for the earnest efforts of Rev. F.W. Ambery Smith, who was rewarded by the gift of a suitable site by the Bengal Coal Company. At first the lepers were reluctant to enter

\[51\] Ibid, P.P. 43 – 44.
the asylum, being very distrustful of the intentions of the missionary. But, as usual, their fears soon vanished, and by the end of five years, seventy five lepers were being comfortably housed and cared for in the asylum\textsuperscript{52}.

The work of the Raniganj Asylum was supervised for the Mission to Lepers by Rev. H.J. Bleby, of the Wesleyan Missionary Society\textsuperscript{53}.

The asylum was well planned, and consisted of seven houses, each having three good-sized rooms, comfortably accommodating, eighty-four inmates. In 1901 there were ninety lepers, viz., fifty-four men, thirty-three women, and three children and there were others waiting to come in as soon as the re-roofing of the houses was finished. Of the Seven houses, four houses were meant for men, on the left, the chapel; on the right, the hospital; and in the Centre, the well; beyond which were the women's houses, making altogether a very complete institution\textsuperscript{54}.

**Bhagalpur:**

In tracing the origin of the Christian Leper Asylum at Bhagalpur it is interesting to note that Roy Bahadur Shib Chandar Banerji, was mainly instrumental in raising of the first ten thousand rupees, while Rev. J.A. Cullen of the Church Missionary Society, had the privilege of erecting leprosy asylum, and of being its first Superintendent. He was an enthusiastic believer in Mission work among lepers, and although he was in Government service, and lost his right eye being affected by leprosy,

\textsuperscript{52} Ibid, P. 92.
\textsuperscript{53} Ibid, P. 94.
\textsuperscript{54} Ibid, P. 95.
he showed great concern, and his dedicated work among the leprosy patients has won several souls to Christ's way. The Asylum was located in a beautiful and extensive site, and there was room for considerable enlargement. A hospital was also constructed on the highest part of the ground near the men’s quarters. An old Pandit used to conduct Morning and Evening service each day at the asylum.

The inmates of the female ward appeared to be in need of a little womanly sympathy and care, and Miss Haitz of the C.E.Z.M.S, was most experienced of the Bible women, whose visits resulted in three baptisms among the lepers during the year 1900.\textsuperscript{55}

\textbf{Calcutta :}

The Calcutta Leper Asylum was originally situated in Amherst street, in the heart of the city and close to the C.M.S. settlement. The lepers in course of time were removed to a large new institution in the suburb of the city. Rev. J.A. Cullen, of the Church Missionary Society, has showed a very warm interest in the needs of these sad and suffering people, and preached and ministered to them regularly during his stay in Calcutta in the little church erected in the center of the asylum by the Mission to Lepers.\textsuperscript{56}

\begin{footnotes}
\item[55] Ibid, P. 95 - 97.
\item[56] Ibid, P. 99.
\end{footnotes}
On the subject of mission work in general, his Lordship was good. It expresses the practical view of the great work of the evangelization of India which all who know Bishop Welldon took after Rev. Cullen.  

Almora:  

The Census of 1891 gave the number of lepers in the Almora Sub division as 1039 in a population of 201,801. The establishment of a leper asylum in Almora was a great boon to the neighbourhood, as well as a very happy event for the destitute leprosy wanderers to shelter them. Sir Henry Ramsay, has erected the first buildings in 1840 and Eleven years later the asylum was transferred to the London Missionary Society, and placed under the care of Rev.J.H.Budden. He was a true friend of the lepers and continued to minister to the temporal and spiritual needs of these poor sufferers with unfailing sympathy for a period of nearly forty years.

The site of the Almora asylum is located adjacent to the town by the side of a projecting hill, the grounds are extensive and well planted with pines and other trees. The men’s quarters are on the lower ground, and the women’s next above them. The church and the hospital, with the house of the caretaker surrounding the whole, make up a very complete Institution.

---

58 Ibid, P. 122.
59 Ibid, P. 126.
Since 1864 over one thousand lepers have been received into the asylum and more than half of them have become members of the Christian church. The first of whose baptism any official record exists was Mussuwa, who spent twenty-seven years in the asylum as a Christian leper⁶⁰.

Mussuwa:

In 1864, Mussuwa, probably the first leper convert in India, was baptized by the Rev. J. Hewlett. For many years he was given spiritual guidance and consolation to many of this afflicted fellows. Although he became blind for more than twenty-four years, yet this did not detract from his power to influence others. Two days before his death, he kept on repeating how glad he was that he knew that Jesus loved him, though a leper, and that he would be permitted to enter glory whole and clean, purified from sin, and freed from corruption. Several such testimonies were also pronounced by several leper patients from Almora asylum⁶¹.

The marked success attending the spiritual work in asylum was evident from the fact that out of ninety-six inmates in 1901, ninety were Christians, because of the valuable work of the London Missionary Society in the fields of evangelistic, medical, educational and other agencies⁶².

⁶⁰ Ibid, P. 123.
⁶¹ Ibid, P. 123 – 125.
⁶² Ibid, P. 128.
**Chandag Heights:**

The Leper asylum at Chandag was opened in 1886. In 1888, Dr. Dease was the Superintendent who secured funds to increase the number of inmates from thirty to forty in 1891. Miss Budden who from her neighbouring station of Pithoragarh rendered valuable service in the work of the asylum\(^6^3\).

In 1891, Miss Reed was appointed as the Superintendent of the asylum, and in the following year she reported 38 inmates, of whom all but one had become Christian. In 1893, the work was growing rapidly, and in her annual statement, she reported several pathetic life-stories of leprosy patients of Chandag Heights\(^6^4\).

What interests Miss Reed and her work with a peculiar and pathetic interest was the fact that she herself was a fellow leprosy sufferer and accorded the distinction of ministering as a “leper to the lepers”\(^6^5\).

While working as a Zenana Missionary in Kanpore, and in very reduced health, Miss Reed was often moved with pity and treated the lepers in advanced stages of the disease. Because of her work with lepers she also contracted the leprosy. Although she was suffering from the fatigue and overstrain of an exceptionally heavy year’s work as manager of asylum and problem of leprosy, she has all along refused to take a gloomy view of her affliction. Although she was suffering with leprosy, Miss

---

\(^6^3\) Ibid, P. 150.


\(^6^5\) Ibid, P. 29.
Reed has exercised a very real faith in God for daily strength. She herself believed that this is the life of Jesus being made manifest in her body\textsuperscript{66} (2 cor. iv.10) and that God is imparting through his spirit a strength which holds in check the inherent tendencies to corruption and decay.

While the lepers were in Miss Reed’s special care, her sympathies were by no means bounded by the walls of her asylum. She was greatly concerned on behalf of the poor dark Souls in the hamlets, whose idolatrous revels often break the stillness of her nights. When the Missionary Pence Association provided £20 a year to her to secure efficient treatment for her illness, she has utilized that amount to secure an evangelist to do the evangelistic work among these neglected people\textsuperscript{67}.

**Moradabad, Rurki and Dehra Dun :**

Moradabad Leper Asylum was established by the Mission to Lepers and supervised by the agents of the Methodist Episcopal Church. It was a nice little place, pleasantly situated outside the city, and planned to accommodate thirty inmates, each having a separate room. The number in the asylum fluctuated very much as they were allowed to leave and were re-admitted at any time without any restriction\textsuperscript{68}.

The Christian teacher was a good efficient man, and took real interest in his work. There were eight Christians among the twenty-five inmates eighteen men and

\textsuperscript{66} Ibid, PP. 101 – 103.
\textsuperscript{67} John Jacson, Leper Land, op.cit. P. 154.
\textsuperscript{68} John Jacson, In Leper Land (Being a Record of my Tour of 7000 miles among Indian), London, Marshall brothers, 1901, P. 168.
seven women in 1900 and they sang a “bhajan” very heartily – one poor fellow being most-enthusiastic, and clapping his stumps together like a regular salvationist\textsuperscript{69}.

One of the lepers acted as compounder, and assisted by his wife, who was also a leper, cared most kindly for the others, and frequently binds up their wounds. They were both young, and neither of them very much affected, and it was a proof of true spiritual life to find them so helpful, and did much real service for Christ among their fellow sufferers\textsuperscript{70}.

Dr. Scott, a native Missionary of the Reformed Presbyterian church, who with the assistance of his brother, kindly cared for some seventeen lepers at Muzzafarnagar. These poor outcasts have acquired a kind of settlement in a mango grove, in which they have built huts for themselves. Daily prayers and Sunday services were held for some time, with the gratifying result that the whole of the little community have become Christians. Dr. Scott reported that there was another company of lepers located under similar conditions at Meerut, among whom he kept a teacher.

These two were specimens of a vast number of leper settlements to be found all over India where these hopeless people congregate forming little lazarettos or Leper quarters, and bound together by no bond but their common affliction. In some instances a small allowance was granted to them by the authorities, but more often they were left to subsist by begging, in which practice they became very proficient. The moral and physical condition of most of these settlements may be more easily imagined than

\textsuperscript{69} Ibid, P. 169.
\textsuperscript{70} Ibid, P. 170.
described. Without either supervision or sanitation of even the most elementary kind, they are the abodes of hopeless misery and foul disease. Untended and unrelieved, with maimed features fulfil Isaiah’s words, and under the attack of this loathsome complaint the body becomes literally a mass of “wounds, and bruises, and putrefying sores: they have not been closed, neither bound up, neither mollified with ointment”71.

Dehra Dun

The Dehra Dun Asylum was beautifully situated on the outskirts of the town. Rev. W.J.P. Morrison and Mr. Bhose shepherded the asylum for many years. They were most kind and regular in their ministrations to the lepers, for they had genuine love, and the lepers warmly appreciated their services which were voluntary and unpaid. In the grounds of the asylum, a comfortable little bungalow located the residence of the late C.W. Jackson, the first European Leper admitted to the Dehra Dun asylum, Mr. Jackson, who had been in Government service, was forty-five years old at the time of his admission in 1890, and had then been a leper about nineteen years. Mr. Padiya, the leper Catechist, who has for many years, both by his teaching and his life, exercised a most helpful influence among his fellow sufferers at Dehra Dun. He performed daily morning and evening service in the Chapel, and run a school for boys during the day time. He also visited the lepers from house to house, preached the word of God and

taught them Christian hymns. His wife was also a leper who also followed the foot
steps of her husband72.

The asylum was architecturally the best and most compact. The buildings
were arranged in blocks of two houses with a cook house for each pair, and were of
very substantial character and good elevation. There was a small dispensary as well.
Of the 146 inmates in the asylum in 1901, 48 were Christians. The financial control and
management of the Institution was carefully looked by the Civil Surgeon. The Church
was built, and the Christian work was supported by the Mission to Lepers in India and
the East73.

Saharanpur :

Dr. C.W. Forman of the American Presbyterian Mission devolved the work
of the large orphanage of 175 boys with its industrial training department, the Medical
Mission at the City Dispensary and also supervised two Leper Asylums at Saharanpur
in 1901. These asylums were located well outside the town with twenty five men
during 1901. The food allowance given to them was two and a half rupees a month per
person. Three or four lepers whose hands were somewhat less affected were appointed
to cook for those who were quite incapable of doing it for themselves74.

Dr. Forman has built a church after the Dehra mode with three sides open
near the houses. The Asylum for women is outside the town. All but two were

73 Ibid, P. 174 – 175.
74 Ibid, P. 176 – 177.
Christians, and it is to be regretted that the many rooms were vacant due to two causes;
1) that only very bad cases seemed to find their way to the Asylum and (2) that the
admission of lepers from any other than the Saharanpur district was strictly disallowed.
The leper women had a grateful recollection of Miss Dunlap, who ministered and taught
them so kindly until her removal to Jullundur. Christian teaching was given daily to
those who sought relief from bodily suffering, and waiting patients.

IV(f). PUNJAB PROVINCE

Ludhiana

The lepers of Ludhiana formed an isolated community, and were residing
just outside the town, where they have built themselves little mud huts. No allowance
was given to them by the authorities, and therefore begging was their only source.
“Without the camp” these unclean people have dwelt alone, despised, neglected and
forsaken. It was in 1899 that Dr. Edith Brown, Principal of the North India School of
Medicine, brought grant from the Mission to Lepers and erected a house and a small
dispensary. Further four Christian lepers were sent by Dr. Carleton from the Subathu
Asylum to teach and thus the nucleus of a Christian community formed among the
lepers of Ludhiana.

In 1900 Dr. Umpherstone used to visit the leper villages once a week with
medicine and dressings and was able to give the lepers considerable relief. He also
utilized the services of four Christians in dressing the sores of the other lepers. In 1902

76 Ibid, P. 181.
77 Ibid, P. 184.
the necessary land for the asylum was secured and a new asylum was built thus the Ludhiana leper village, so long neglected had its Christian section\(^{78}\).

**Ambala:**

The Ambala station has special interest in connection with work among lepers, as it was here the Mission to Lepers was said to have originated. It was here that Mr. Wellesley C. Bailey, the founder of TLM had his first introduction to the lepers of India, and received his first impulse to work among them and for them\(^ {79}\).

In view of all the benefits, temporal and spiritual, that have accrued to these stricken people as a result of that first meeting between them and the man who has proved under God to be their best earthly friend. Asylum consisted of a few rows of very simple native huts. Some of the poor people were horribly disfigured, some were quite crippled, and some were dreadful to look upon. A truly Mohammedan Ilahi Bakhsh\(^ {80}\) became a believer in the Lord Jesus Christ. He was a dreadful sufferer; the disease robbed him of everything almost. He became stone blind. He lost all feeling in parts of his body. Once when the Superintendent came to him in the morning he found that Ilahi had his foot partly gnawed by rats during the night, and had not known of it.

When the Superintendent said to Ilahi that “My poor fellow, I am grieved to see you like this; I am sorry to see you suffering so much”. To this Ilahi’s reply was “No, Sahib; no. Since I trusted Christ, nineteen years ago, I have known neither pain of

---

\(^{78}\) Ibid, P. 186.
\(^{79}\) Ibid, P. 187.
\(^{80}\) Ibid.
body nor pain of mind”. Ilahi Bakhsh lived as a Christian leper for over twenty years in the Ambala Asylum, during which period he was a faithful follower of Jesus Christ. His love for the Saviour found expression, in many hymns, or bhajans, which are to this day remembered and Sung, not only in Ambala, but in Tam Taran and elsewhere. In 1901 Rev. J. Clark, of the American Presbyterian Mission superintended the work at the Leper Asylum, along with his wife. The Asylum was built and was very pleasantly situated among well-grown trees, and sufficiently close to the road. The lepers in the Asylum were very comfortable and happy, and were evidently well-cared for. There were only twenty three in the Asylum in 1901 and of which seventeen were Christians.

The reason for the reduced number of inmates was that, owing to the high price of food Mr. Clark had been obliged to refuse admission to a considerable number of lepers. He was, however, in correspondence with the Government with a view to an additional grant to provide for fifty more inmates. Marcus, the leper catechist, whose story was a sad and touching one. As a boy, Marcus was in the home for untained children while his mother was in the Almora Asylum in an advanced stage of the disease. But poor Marcus hands became affected, and in spite of all his efforts to conceal the terrible truth, he had finally to admit that he was a leper. He was a good, Christian lad, and a year after his removal to the Asylum he wrote : - “At first I was greatly grieved at becoming a leper, but I now understand that it is God’s will, and His

---

81 Ibid, pp. 188-189.
will must be done. His desire to become a worker for Christ has been granted to this poor leper boy, as some time afterwards he was sent from Almorah to Ambala to act as Christian teacher for the Asylum there, and has for about ten years rendered faithful service in that capacity”. Mr. Clark reports that the spiritual work amongst the lepers was most encouraging and all the women and most of the men having confessed Christianity by baptism, while he was every reason to believe in the reality of their conversion⁸³.

**Tarn Taran (Punjab)**

There has long been a community of lepers at Tarn Taran among whom Christian work has been carried on for many years, supported financially by the Mission to Lepers, and supervised by Rev. E. Guilford, of the Church Missionary Society. There were about two-hundred lepers in the village of whom nearly forty were Christians. The origin and growth of the little church among the lepers has been so interestingly described from time to time by Mr. Guilford⁸⁴.

With regard to the leprosy patients at Tarn Taran, it was told that truly pathetic was the story of these poor people when they first came to Tarn Taran. At the time there was in charge of the Asylum a native doctor whose hatred of Christianity was so great that it had really become proverbial. The rage of this man when these poor people presented themselves to him, and asked for admission to the Asylum, and said that they were Christians, his anger knew no bounds. He said, ‘Away from here; this is

---

no place for you; and let me not see your faces again’. They said, ‘If you refuse to admit us into this Asylum unless we deny our Lord and Master, we are content to go and sit in the highway and die’. And out into the highway these poor people went, and there they sat for eight long days, with no shelter from the burning Sun more than the trees afforded them, and with scarcely any food to eat. This wicked man refused to allow them even to buy food from the shop in the Asylum. But on the eighth day this man became afraid of the consequences of keeping these poor people without shelter any longer, and so he admitted them into the privileges of the Asylum. “When these people once gained admittance into the Asylum, they did not allow to thank God, their light to be hidden. But by song and by speech they showed forth the glories of their Redeemer, and day by day they urged their poor fellow-sufferers to come and partake by faith from the hand of God those comforts which they themselves had received from him. Thus four or five others, have joined to confess Christ publicly in Baptism 85.

The chief event of the year 1901 has been the confirmation of eleven lepers, by the Bishop of Lahore, on November 10th. For this solemn event the people have been under instruction for more than a year. In the following year the little church has become too small for the leper congregation. The number of baptized converts has grown to forty and there are three enquirers. So a bigger church was constructed in due course 86.

---

86 Ibid, P. 211 – 212.
Orissa

In Orissa province leprosy is widespread and there existed two leprosaria and 71 treatment clinics\(^8^7\). The colony at Puri consists of 75 lepers who have isolated themselves in huts a mile from the town of Bargarh. The Cuttack asylum, with 357 inmates in 1937, is like most such institutions in India compelled to turn away many applicants – about 70 a year due to lack of accommodation is also constructed. As elsewhere, the mutilated arrested case is a problem, as they are frequently not received back by their own people. The authorities have determined to increased anti-leprosy activities and have adopted a scheme recommended by Dr. Isaac Santra, who was called as consultant; the estimated cost of Rs.36,000 has been provided by an appropriation\(^8^8\).

IV(g). MADRAS PRESIDENCY

Madras Leper Hospital (1815 – 1826, 1826 – 1856)

A public letter of 26 September 1816 indicates that an exclusive leprosy hospital existed in Madras. This, hospital formally knows as the Madras Leper Hospital\(^8^9\) (MLH), and informally the leper asylum was in washermanpet, north of Madras City. Where both male and female POLs were treated. Before MLH, POLs

---


\(^8^8\) Ibid.

were admitted into the Madras Native infirmary (MNI) along with those not suffering from leprosy. Because of the prevalent idea that leprosy is contagious the POLs at MNI are encouraged to return to their homes and those already admitted and hopeless of total recovery are shifted to a temporary building grew into a separate establishment, becoming the first hospital in Madras for treating leprosy – the MLH. However, the MLH did not survive as an exclusive facility for POLs for long\textsuperscript{90}.

Hence the Government of Madras Presidency secured land and a building for the hospital erected at an overall cost of 983 star pagodas in 1815\textsuperscript{91}. Although the facility was populated by POLs, a majority of them preferred not to go to MLH. They preferred managing their lives by begging in the streets for a living. Towards the end of 1816, the MLH Managing Committee decided to bring them into MLH by force and sought the governments’ introduction of legislature provisions to confirm them in MLH. MLH thus became a government institution and the change promoted its stability, efficiency and usefulness. Two new buildings were added in 1856. MLH included 11 wards, three accommodating 31 females and eight accommodating 100 males, with an inter-bed space of 3’. Between 1840 and 1856, the number of in-patients rose to > 100, reaching the maximum (170) in 1854 which, in high likelihood, was due to the rising popularity of MLH\textsuperscript{92}. The number of support staff rose to 14. Recognizing the value of providing healthy food to patients, MLH supplied food based on patients’ principal food

\textsuperscript{90} Ibid.
\textsuperscript{91} Ibid.
\textsuperscript{92} Ibid.
habits, treating the European and Eurasian (Anglo-Indian) patients as one category and Indians as another.

MLH remained opposite to Monegar Choultry until 1921. Freeman Thomas, Governor of Madras (1919-1924) closed MLH and shifted it to chenglepat in 1921\(^93\). The Chenglepat facility, then run and managed by a missionary organization, became the Lady willingdon Leper settlement. This settlement was taken over by the Government of India and renamed the Central Leprosy Teaching and research Institute, Chenglepat in 1955 and continues to function even to date.

The Salvation Army was first to start its leprosy work in Bapatla of Madras Presidency in 1928 following the offer given by Rev. Powel of Strict Baptist Society which he could not continue due to the death of Key missionary and lack of financial support. By the time the Army took up the leprosy work there were already 80 leprosy patients in the asylum\(^94\).

The first Army superintendent of the center, which was named as the Evangeline Booth Leprosy Hospital, was Major Seva Putra. By 1966, the leprosium gave accommodation for 200 patients and administrated by two Australian officer nurses, captain and Mrs. John Vincent. The Officer, doctor in charge of the Evangeline Booth Hospital, Nidubrolu, 13 miles away gave leprosy treatment to the patients by

\(^93\) Ibid, p. 1356.
regular visits to the leprosy hospital\textsuperscript{95}. (A detailed Bapatla leprosy work by Salvation Army is given in next chapters).

In South India, not far from Nagercoil the Salvation Army Hospitals Chief Medical Officer, Major Dr. William Noble, offered the service of the Salvation Army and in 1930, the Cochin State Leprosy Hospital was handed over to Army management, with Captain Edwin Francis, an Australian officer, as superintendent. This hospital, at one time, had 350 patients and was operated at high level of efficiency for 25 years before its handing back to the Government of Madras in 1955\textsuperscript{96}. Initially reserved solely for inhabitants of Cochin, the hospital gained reputation as one of the best leprosy centers in South India and applications for admission were received from throughout the neighbouring states as well. In the course of routine tours from the Nagercoil Catherine Booth Hospital, Noble has noted a large number of untreated sufferers of leprosy. Hence he established temporary dispensary near the village of Puthencruz, hoping to develop a leprosy treatment center in this area. Eventually, in 1936, after raising funds in America, Colonel Nobel established a leprosy colony built near Puthencruz on land purchased earlier through a grant given for leprosy work by The Salvation Army General, Brawnwell Booth\textsuperscript{97}. The leprosy Coloney was named after him and was officially opened, at the end of that year, by general Evangeline Booth. The first manager of the colony was Major Herbert Murray.

\textsuperscript{95} Ibid.
\textsuperscript{96} Ibid, PP. 44 – 46.
\textsuperscript{97} Ibid.
The buildings in the men’s section were erected by a donation of Mr. Cocil Jones, of U.K.; other colony properties have built through gifts from many sources. The patients capacity of the Puthencruz leprosy hospital in 1969 was 200\(^8\) and the Medical Superintendent Lt.Colonel K.C. Joseph a South India National, has given at this center, 22 years dedicated service. Mrs. Joseph and his wife had been actively engaged in various sections of the hospital. Between 16 and 20 patients are housed in each ward. Single rooms are provided for those who wished to pay the nominal rent.

Thus the missionaries of different denominations moved by the pitiable condition of the leprosy patients showed love and compassion as showed by Lord Jesus Christ and tried to elevate the suffering among them by establishing leprosy asylums at different parts of India. Majority of the financial and other burdens were borne by them from their parent churches or from the mission to lepers. At some places, the local Presidency Governments also came forward liberally and donated land and created other facilities.

**The Government attitude towards Missionary Leprosy Work**

Although the main purpose of the foreign missionaries in India was the conversion of the natives to Christianity, they also followed the principle of love and compassion on fellow human beings as taught and shown by Jesus Christ; the construction of asylums, providing boarding facilities and medical and para medical

---

\(^8\) The Salvation Army year Booth, 1970, p. 72.
staff for treating the leprosy patients has become part of their activities. The leprosy asylums and hospitals continued for several years, majority upto 1970’s and 80’s.

In this context it may be noted that India got independence in 1947 and since then, it has begun to discourage the conversion activities of Christian foreign missionaries. It kept restrictions on the new foreign missionaries and those who have gone on furlow, to come back to India for propagation of religion, except for a very few. Hence, the foreign investment and personnel gradually reduced and in their place, the Indian clergy and Christian natives started those activities which hitherto done by the foreign missionaries. Further, the Government of India took it as its responsibility to look after the affairs of the leprosy patients and asylums and hence, after 1970’s and 1980’s, the leprosy work has become an indigenous affair. The Government of India took greater responsibility by providing men and material for the maintenance of leprosy patients nation wide and this led to the gradual reduction of Christian activity in the asylums.

But very few missionaries like Mother Theresa, who adopted Indian citizenship and worked for the growth of Christian activities in India be remembered for the leprosy work, in this context. Hence, a brief account of activities of Mother Theresa is given in the following pages to acknowledge her sincere efforts in eradication of leprosy in India.

IV(h). MOTHER THERESA
Mother Theresa (Pl. II: D) is among the most well-known and highly respected women in the world in the latter half of the twentieth century. Born in Yugoslavia in 1910, Mother Teresa was a humanitarian who devoted her life to looking after the poor, the sick, the dying and the outcasts of Indian society\textsuperscript{99}. She founded her own order—Missionaries of Charity at Calcutta and established a home for the dying, as well a leper colony, and also authored several books\textsuperscript{100}.

Mother Theresa died in 1997 at the age of 87\textsuperscript{101}, she is a shining example of love in action. In India’s slums, huge numbers of people were infected with leprosy, a disease that can lead to major disfiguration. At the time, lepers were ostracized, often abandoned by their families. Because of the widespread fear of lepers, Mother Theresa struggled to find a way to help these neglected people\textsuperscript{102}. Mother Theresa eventually created a Leprosy Fund and a Leprosy day to help, educate the public about the disease and established a number of mobile leper clinics (the first opened in September, 1957) to provide lepers with medicine and bandages near their homes. By the mid-1960s, Mother Theresa had established a leper colony called Shanti Nagar (The place of peace) where lepers could live and work\textsuperscript{103}. Just before the Missionaries of Charity celebrated

\textsuperscript{99} Meg Green, Mother Teresa; A Biography, Green Wood Press, 2004, P. 25.
\textsuperscript{100} Ibid, P. 17.
\textsuperscript{103} The Religious Community of priests founded by Mother Theresa, Missionaries of Charity Fathers.
its 10th anniversary, they were given permission to establish leprosy houses outside Calcutta, but still within India at Delhi, Ranchi and Jhansi more soon followed104.

For their 15th Anniversary, the Missionaries of Charity were given permission to establish leprosy houses outside of India. The first house was established in Venezuela in 1965. As Mother Theresa’s Missionaries of Charity expanded at an amazing rate to different parts of the world, so did international recognition for her work.105 Although Mother Theresa was awarded numerous honors, including the Nobel Peace Prize in 1979106, she never took personal credit for her accomplishments. She opined that it was God’s work and that she was just a tool used to facilitate it107. After Mother Theresa’s death on 5th September, 1997, at the age of 87, the Vatican began the lengthy process of canonization108. On October 19, 2003 the third of the four steps to sainthood was completed when the Pope approved Mother Theresa’s beautification, conferred on her the title “Blessed”109.