The State of Andhra Pradesh comprised of 3 regions such as Telangana, Coastal Andhra and Rayalaseema. Of these regions, Telangana was under the muslim rule of Nizams upto 1953, hence much church activity did not take place. The Rayalaseema and Coastal Andhra on the other hand from 18\textsuperscript{th} Century onwards were under the control of The British East India Company. Hence, much denominational activities have started even from the beginning of 18\textsuperscript{th} Century which led to not only evangelistic activities, but also to the medical, educational, philanthropic and vocational activities. Since the area of the present study of the mission activities of eradication of leprosy in A.P. is mostly confined to the Coastal districts of A.P., a brief study of socio-economic and cultural aspects of the region is given in the following pages.

**V(a). THE LAND AND THE PEOPLE**

The Coastal Andhra is a long narrow strip, an inclined plane of little width between the Eastern ghats in the West and Coast line of Bay of Bengal in the East. The vast alluvial structures of rivers such as Godavari, Krishna and Pennar form part of most of the area which is very fertile and comprised of deltaic areas, black cotton soils, saline soils and sandy soils. All along the river banks there exist marshy lands due to frequent inundation of river water and frequent rains\textsuperscript{1}. The rain fall is about 1200 mm in the Coastal regions in the East but gradually decreases in the uplands in the West. The area is also characterized by frequent occurrences of rock outcrops and

\textsuperscript{1} Wadia, D.N. 1976, *Geology of India*, Delhi, P. 286.
isolated steep hills. The hilly regions are covered by tropical deciduous forests while the plains by sub-tropical dry deciduous forests\textsuperscript{2}.

The Godavari and Krishna deltaic regions are very fertile and considered the “Rice Bowl” of India. The density of population is very high in the area. The high density of population and criss cross independent water channels such as Vamsadhara, Sarada, Gostani, Gundlakamma, Musi, Paleru etc., and also several tributaries to Godavari and Krishna rivers led to inhygienic conditions and gave way to the spread of different types of seasonal and contagious diseases\textsuperscript{3}.

**Socio – Economic conditions** :

The society in Andhra Pradesh prior to the advent of Christianity in The eighteenth century was based on the hierarchical order of castes such as Brahmins, Kshatryas, Vaisyas and Sudras and sub castes which were enjoying fixed status\textsuperscript{4}. These castes and sub-castes emerged from the original varna system on account of the geographical expansion and growth of new crafts. Besides these, there existed another endogamous group known as Panchamas who were not considered as part of four-fold caste system but were regarded as untouchables. In these endogamous groups the inter-marriages and inter dining were strictly prohibited thus, prevalence of caste system in its highest order has prevented the feeling of commonness among


the people. On the basis of the existing caste system in the eighteenth and nineteenth centuries, the population is divided into three social groups: the privileged, the underprivileged, and the unprivileged\(^5\).

In the absence of Kshatriya caste in Andhra as known in North India, the Brahmins and the Vaisyas enjoyed the status of privileged class where as the Sudras were relegated to the position of underprivileged and The Panchamas to unprivileged. The Brahmins enjoyed the highest social status by virtue of the high position in Hindu religion as priests and monopoly of traditional learning. They occupied 6.5\% of the total population in the state and exercised greater control over the land and property than any other Hindu community\(^6\).

The Vaisyas locally known as Komatis occupied a middle position between Brahmins and Sudras. Although they were allowed to the exposure of Vedas, they were not permitted to perform the sacrifices and they were not held in high esteem. The chief occupation of the Vaisyas was trade and agriculture even though many of them were money lenders and bankers. Some of the Vaisyas acted as dubasbees (translators) during the nineteenth century\(^7\).

The Sudras were a heterogenous caste standing last in the hierarchy of castes. They were composed of several sub castes each having its own caste rules. Members of each caste marry within their own caste. Though inter-dining was

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allowed with some restrictions, majority of them lived as cultivators, tenants or agricultural labourers\textsuperscript{8}.

The Reddies, Kammas, Valmas, and Rajus found the main stay in cultivation and enjoyed higher social status by virtue of their land control and economic power\textsuperscript{9}. Among the professional communities the weavers were notable from the sixteenth century onwards, many of them took to production of textiles and employed a good number of workers under them. The communities which took to these positions of weaving include Sali, Padmasali, Janagama, Kuruba and Mala\textsuperscript{10}.

The people who worked as blacksmith, (khammara), goldsmith, (Viswabrahmin) carpenter (vadrangi) pot makers (kummari), masions (tapi) were called Panchanavaru. Besides, there were also other social groups such as barbers, tailors and washerman. They kept their caste identities by making their profession as hereditary one\textsuperscript{11}.

The Patriarchal and joint family system exited in the society. The grandparents, especially the grandmother played a prominent role in domestic affairs while the financial and other matters were looked by their grandfather. Closeness was there among the family members and they dined together and lived together. No distinction was shown to the brothers and sisters. Arranged marriages by the elders was a common custom.

\textsuperscript{8} Hanumantha Rao, B.S.L. \textit{Andhrula Chattrira (telugu)} Guntur, 1983, P. 180.
\textsuperscript{9} Manual of Administration, op.cit., p. 383.
\textsuperscript{10} Ibid, p. 380.
\textsuperscript{11} Hanumantah Rao, B.S.L., op.cit., p. 51.
The last social group of Andhras is the Panchamas who are popularly known as Dalits. This social group is an untouchable community whose shadow was considered as pollution by the other endogamous groups such as Brahmins, Vaisyas and Sudras. Their entry into the temples, educational institutions was denied, and they were not even given any social status as that of slaves. They were denied all the facilities of a barber, washerman, carpenter etc. So it so happened that majority of them took shelter in the Christian religion and got mass conversions to Christianity. Although they are two endogamous groups known as Malas (weavers and agricultural labourers) and Madigas (leather workers) their social separation was very great. But they converted to Christianity enmass and chose separate denominations to protect their social identity.

V(b). GROWTH OF CHRISTIANITY IN ANDHRA PRADESH

As per tradition, Christianity was established in India in 52 AD, with the arrival of St. Thomas, one of the disciples of Jesus Christ. However, it was confined only to Malabar Coast till the advent of The Portugese missionaries in The Sixteenth century who infused a new spirit of missionary activity in India. In course of time, the Christian missionaries of Roman Catholic and Protestant missions were attracted by the people of Andhra Pradesh and it is due to the entry of these

12 Ibid, P. 58.
14 Firth, C.B. An Introduction to Indian Church History, ISPCK, Delhi, 1961, pp. 2 – 4.
missionaries in Andhra Pradesh that most of the social and religious problems were addressed.

The Jesuit missionaries of Catholic Church were first to introduce Christianity in Andhra during the 16th Century when Father Luis-El-Salvidor of Franciscan Mission first entered Vijayanagara empire in 1505 A.D. His first appointment was as an ambassador of Portuguese to Vijayanagara Empire. He tried his level best to make friendship to protect the interests of Portuguese trade and to propagate Christianity, and he had initial success in his efforts to convert the heathens to Christian fold16.

Franciscan Mana was another missionary who went through the kingdom of Golkonda in 1642 and established two churches one at Golkonda and the other at Masulipatnam with the permission of Nizam. Later at Bimilipatnam he constructed a church in the kingdom and he worked there till his death on August 14th, 1646. The preliminary work by the Roman Catholic missionaries brought initial success but in course of time, it declined in Andhra when the French East India Company lost its power to the East India Company of Britain. Thus the Protestant Church has established its roots in Andhra desa since then.

**London Missionary Society**

The British East India Company came to India in the 16th Century primarily with a motto of trade and commerce. Hence it did not allow the missionary

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activity in India under the pretext that such activity would hamper their trade activities. But in the year 1813, William Wiber Force\textsuperscript{17} proposed a resolution in the House of Commons regarding amendment of Charter Act of British East India Company for allowing Christian missionaries to do evangelistic work in India. This paved the way for several missionaries from different denominations who were desirous of going to India for gospel work.

The first Protestant Mission that came to Andhra was the London Missionary Society (LMS). It was formed at London in 1795 and ten years later it has sent its missionaries, Rev. Crain and Das Granges, to do evangelistic work at Vizagapatnam\textsuperscript{18}.

In 1833 Charter act was again revised. On account of this, many more missionary organizations came to India during the 19\textsuperscript{th} century for propagations of Gospel. As a result of this inspiration, the London Missionary Society established its second mission station at Cuddapah\textsuperscript{19} and a church was built there in 1832 by John Wands. After the death of Crain Das Granges, Mr. & Mrs. Porter were sent as a second missionary couple who did considerable work in Vizag. They opened a school in 1836 and a church in 1846. After the death of this missionary couple, Joseph Merson was appointed as Pastor in Vizag and a second school was started by the end of 1868\textsuperscript{20}.

\begin{flushright}
\textsuperscript{17} Firth, Op.Cit., pp. 158 – 159.
\textsuperscript{18} Ibid, p. 142.
\textsuperscript{20} Ibid, P. 182.
\end{flushright}
This was the first mission to establish school in Coromandel Coast. Later, the L.M.S. extended its centers to Palakonda, Srikakulam of North Coastal Andhra and second mission station at Kurnool and Nadyala of Rayalaseema region. Due to administrative and financial problems, the L.M.S. has disposed off its properties at Vizag in 1911 to Canadian Baptist Mission\textsuperscript{21} and ultimately settled at Rayalaseema region and did tremendous gospel work in the region.

**Church Missionary Society**

The Church Missionary Society was the next mission which got established in Northern parts of Andhradesa. On October 28\textsuperscript{th} 1841, its pioneer missionaries Rev. Henry Watson Fox and Rev. Robert Tunlingtom Noble began their missionary work in Machilipatnam of Krishna District\textsuperscript{22}. Rev. Noble exercised remarkable influence over high caste youth of Machilipatnam by establishing the first school for their benefit.

In 1848, John Shark and Thomas Darling came as missionaries from C.M.S. They opened schools and dormitory for girls in 1849. In 1857, they organized a church and a school at Eluru. In 1854, Noble and Fox converted many people, especially the dalits, into Christianity at Jaggayyapeta, Raghavapuram, Indupalli. They also established several village schools in Krishna District. Noble died in October 17\textsuperscript{th}, 1865\textsuperscript{23}. To perpetuate his noble memories, the CMS mission started a

\textsuperscript{21} Gibbs, M.E. *The Anglican Church in India (1600-1970)*, ISPCK, Delhi, pp. 102 – 104.
\textsuperscript{23} Ibid, p. 46.
college popularly known as “Noble College”, first of its kind in Coastal Andhra at Machilipatnam. In due course, the activities of Church Missionary Society were extended to Guntur, Krishna and West Godavari Districts. In 1947, CMS got amalgamated into Church of South India (CSI) along with other London based Anglican societies viz. London Missionary Society (LMS), the Society for Propagation of Gospel (SPG), the Society for Propagation of Christian Knowledge (SPCK), the Anglican Methodist Church, etc.

**Society for Propagation of Gospel**

Society for propagation of Gospel was established at Madras by John Henry Side in the year 1826. Initially he represented the London Mission; after working for that mission for some years, about fifty of the missionaries were separated from London Mission and formed as a Society for Propagation of Gospel. William Havell, an Anglo Indian missionary, was among them. Reverend William Wilford became pastor for this group\(^{24}\).

Society for propagation of Gospel mission was initially started in the town of Cuddapah. By the year 1834 the great missionaries like Spenser, Heggons and John Clay joined hands to spread this mission around Giddaluru, Nandyala, Jammalamadugu and Kalasapadu\(^{25}\). They established many schools and medical institutions as part of the missionary activities and by 1945, there were 50,000 members in this mission.

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\(^{25}\) Gibbs, M.E., op.cit., p. 132.
Society for Propagation of Christian Knowledge

The Society for Propagation of Christian Knowledge Mission was started in England in the year 1698 by an English evangelist Thomas Brow. They started this society on the interest of sending Gospel missionaries to other countries. By the year 1700 this society was well developed and sent missionaries even to the state of Andhra Pradesh. Bishop Bassell C Robert was the first secretary of this society.26

Godavari Delta Mission (GDM)

After the arrival of London Missionary Society in Andhra Pradesh, the Godavari Delta Mission has established its mission station in 1837 with Narsapur in West Godavari District as its headquarters. The mission was originated with A N Groves and Mr. W Bowden and George Boer who were members of British Brethren Church.27 They have arrived in India on account of continuous pressure of Sir Arthur Cotton, who was a contractor of Dowlaiswaram Annicut on river Godavari. In course of time, they established a second mission station at Palakollu. This work became known as Godavari Delta Mission.28 After the death of missionaries their sons succeeded to their position and served the Godavari Delta Mission. Their work gave fruitful results and thus the GDM established hospitals and schools and also a leprosy asylum at Narsapur in Andhra Pradesh.29

26 Ibid, p. 142.
American Baptist Mission

Baptists trace their roots to the Reformation period, when certain Bible students discovered the Biblical truths of the word of God as their Guide, the cross as the center of faith and water baptism by immersion as the external expression of inner faith. John Smith founded the first Baptist church in the British Isles in 1611. Later missionaries were sent throughout the world including India to establish Baptist Churches.\textsuperscript{30}

The pioneer missionary of the American Baptist Mission was Samuel S. Day, who along with his wife, arrived in India in 1836 and after completion of formalities, established the first Baptist mission station at Nellore in 1840\textsuperscript{31}. After the dreaded famine of 1876-78, mass conversions from Dalit Communities took place to ABMU under the leadership of Clough\textsuperscript{32} and thereafter, the American Baptist Church has grown to new heights and extended to different fields located in Nellore, Prakasham and part of Kurnool and Guntur districts. The Baptist mission established several schools, hospitals, orphanages and Industrial homes as part of their missionary activity in the said districts in Coastal Andhra\textsuperscript{33}.

American Lutheran Mission

Another mission that came to the Northern Circars was American Lutheran Mission. It was organized in 1820 in America to do evangelistic work

\textsuperscript{31} Ibid, P.P. 147-159.
\textsuperscript{33} John Craig, \textit{Forty Years Among Telugus}, New york, 1908.
among different countries in the globe. In course of time, the Mission sent its first missionary, John Christian Fredrick Heyer, who arrived in Guntur on July 31st, 1842. Initially Father Heyer started his work at Guntur area and opened three schools by October 1842, and later opened three more schools in nearby villages at Prathipadu, Nallapadu and Kottapeta. After his initial success, he started work in Palnad region of the same district. Two years later Rev. Walter Gunn and his wife came to Guntur.

In 1846, Rev. Vallet of North German Missionary Society established another Lutheran mission station at Rajahmundry while in the same year Rev. Charles Groaning started evangelistic work in Eluru. The first school at Rajahmundry was started by Rev. Ferdinand August in 1882. Raullar Bausch opened a home for Orphans at Rajahmundry in 1923 which was named as ‘Doraos Home’. The zeal and pursuance of Lutheran missionaries allowed the church to grow to new areas and several conversions to Christianity among Dalits took place. They have established several mission stations in Guntur, West Godavari and East Godavari districts. The Rajahmundry and Guntur fields under two different organizations were united in 1911 as United Lutheran Church, which in 1927 became the Andhra Evangelical Lutheran Church. It has baptized congregational membership of 1,76,068 in 1936. As part of mission work, the AELC started several village schools.

secondary schools, in these districts besides one college known as Andhra Christian College at Guntur and several orphanages, vocational institutions etc. A noteworthy feature of AELC is the establishment of 6 missionary Hospitals, several dispensaries and roadside clinics, besides a leprosy asylum/hospital at Saluru in Srikakulam district\textsuperscript{38}.

**Canadian Baptist Mission**

The Canadian Baptist Mission started its operation in 1874 when Rev. John McLaurin opened a mission station at Kakinada\textsuperscript{39}. Thomas Gabriel, who was converted to Christianity and who has established a small congregation in Kakinada co-operated with McLaurin in strengthening the mission activities.

The CBM has established 12 mission stations all along the Coromandel Cost starting from Avanigadda in Krishna District to Sompeta in Srikakulam District with Kakinada as its headquarters\textsuperscript{40}. The CBM mission has established 8 hospitals both for general and females and leprosy hospitals at Ramachandrapuram, Pithapuram and Vijayanagaram and thus gave not only body healings but also spiritual healings as well.

In the field of education, it has established educational institutions such as Primary, Secondary, Boarding and Caste girls schools for the benefit of the poor and downtrodden\textsuperscript{41}. Besides that, the mission also established Industrial school,

\begin{footnotes}
\item[38] Swaveley, Op.cit, p. 11.
\item[39] Carder, W.G. Hand to Indian Plough, Kakinada, 1983, P.P. 45-46.
\item[41] John Craig, *Forty Years Among the Telugus*, Toronto 1908, p. 90.
\end{footnotes}
Vocational schools and Normal school to provide job opportunities to the Christian converts and general public and also encouraged economic potential for womenfolk\textsuperscript{42}.

**Salvation Army**

In the year 1865 William Booth and his wife organized a small church in East London and gave them the military attire such as dress code, rank and named it as Salvation Army. From the year 1878 onwards William booth was the first Commander in Chief for this mission spreading the gospel. They sang songs in the streets and preached the gospel. Salvation Army was also established in India by Booth Tucker in 1884 and by Abdul Aziz in 1892 in Andhra Pradesh in the places like Eluru, Tanuku, Nellore, Tenali and Bapatla, Gudivada, Rajahmundry, Nidadavolu and Hyderabad.

It did yeomen service in the fields of education, medical and social service\textsuperscript{43}. The most remarkable contribution of Salvation Army was the Criminal Rehabilitation Settlements for Yerukula tribes at Sitanagaram and Stuartpuram both in Guntur District\textsuperscript{44}. The Salvation Army missionaries successfully reformed these criminals who once upon a time did not yield to police and Governmental organizations. With their motto ‘soup, soap and salvation’ they did yeomen service to the needy and downtrodden in Andhra Pradesh\textsuperscript{45}. Besides establishing several


\textsuperscript{45} Richard Collier, *The General Next to God*, William Collins Sons & Co., Glasgow (Fifth Impression) 1985, p. 175.
schools, the Salvation Army organized one hospital at Nidubrolu and several clinics at near by villages besides a leprosy asylum / hospital at Bapatla.

**Seventh-day Adventist Church**

The Seventh-day Adventist Church (SDA) is a denomination that grew out of the prophetic Millerite movement in the United States during the middle part of the Nineteenth Century. The name of the Seventh-day Adventist denomination indicates its two main distinctive characteristics. Sabbath observance on the seventh day i.e. Saturday and an expectation that the end of the world is drawing near. Seventh-day Adventist church developed very fast to be worldwide church during 1870’s and reached the shores of India in 1890. Later it was in the year 1914 that this truth reached the state of Andhra Pradesh.

Seventh-day Adventist work in Andhra Pradesh is a fascinating story. From the humble beginnings in 1913-1914, the work of the remnant church in the Telugu field has steadily prospered under the leadership of elders H.W. Votaw and G.A. Hamilton, who were instrumental in bringing Telugu men into the Adventist Church in Burma and thus were responsible for the early beginnings in Andhra Pradesh.

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Later this truth was spread among the people in East and West Godavari Districts through the labour of Vagari Jacob Joseph, Vagari Jacob Benjamin, Nalluri Bhushanam Solomon, Mathi Prakasham and Mathi Daniel\textsuperscript{48}.

The work was developed as the pioneers with the help of the missionaries had established schools, hospitals, and mission stations. Today the SDA church had grown so much so that it had scattered throughout the state of Andhra Pradesh placing a significant impact on the minds of the people of Andhra Pradesh.

**Pentecostal and Brethren Group Churches**

Almost all the Christian Churches in India are established by foreign missionaries, who came from abroad and started the work and supervised it until the responsibility was handed over to the local leadership. Unlike the other denominations, Pentecostal churches in India were established by the local Indian ministers\textsuperscript{49}.

Pentecostalism is often referred to as the third force in Christianity alongside traditional Catholic and historic Protestantism. They particularly emphasized the baptism of the Holy Spirit accompanied by speaking in tongues, divine healing and charismatic gifts of the early church\textsuperscript{50}. The actual Pentecostal movement began in the United States as the outgrowth of holiness movement of the late 1890 and early 1900.

\textsuperscript{50} Ibid, P. 17.
Foundations for the Pentecostal churches in Andhra Pradesh were laid in the year 1932 and the credit goes to Sri P.M. Samuel, who was born and brought up in the Syrian Christian group. But he was not confounded to that fellowship and instead he stepped into Andhra Pradesh by preaching the gospel of Jesus with the help of P.T. Chacko, T.K. Thomas, P L Paramjyoti and CP Thomas and established Pentecostal Mission in Andhra Pradesh. After 1940, it was developed to be a big mission and spread to Warangal, Vijayawada, Antervedipalem, Hyderabad, Secunderabad, Rajahmundry and many more places in Andhra Pradesh. After 1940, it was developed to be a big mission and spread to Warangal, Vijayawada, Antervedipalem, Hyderabad, Secunderabad, Rajahmundry and many more places in Andhra Pradesh\textsuperscript{51}.

V(c). LEPROSY WORK BY CHRISTIAN DENOMINATIONS IN ANDHRA DESA

Of the 11 prominent denominational churches that spread in Coastal Andhra Pradesh, 5 churches such as the Canadian Baptist Church, Andhra Evangelical Lutheran Church, the Godavari Delta Mission, the Salvation Army and the South Andhra Lutheran Church did tremendous work for the eradication of Leprosy. This might be due to 1) The incidence of leprosy is more on the Coastal A.P. which might be due to the Physical, environmental and unsanitary conditions prevailing in the whole area 2) The said churches alone had an opportunity to do the leprosy work on account of their spread in the area, 3) The said churches showed more concern towards leprosy patients as Jesus Christ has showed towards them 4) The missionaries felt that it was God given opportunity to them to do His work and 5) The said missionary organizations had wider network and financial back up to do it as

\textsuperscript{51} Donald Fox, \textit{The White Fox of Andhra}, Madras, P. XII.
one way of compassion as shown by Jesus Christ in Bible towards leprosy affected patients.

The Canadian Baptist Church although started late in Coastal Andhra, it was the first missionary organisation to establish Leprosy asylums at Ramachandrapuram, Pithapuram (East Godavari District) Vijayanagaram (Vijayanagaram Dt.). The other missionary organizations which started the leprosy work include Godavari Delta Mission at Narsapur (West Godavari Dt.), Andhra Evangelical Lutheran Church at Saluru (Srikakulam Dt.); the Salvation Army at Bapatla (Guntur Dt.) and South Andhra Lutheran Church at Koduru (Nellore Dt.)\(^{52}\) (Map-III). Besides these asylums / Hospitals, these churches also established several clinics and roadside dispensaries to facilitate treatment to those leprosy patients who cannot afford to travel longer distances and take treatment.

V(d). LEPROSY HOSPITAL, RAMACHANDRAPURAM (C.B.M.) (PLATE – VI : D)

Ramachandrapuram is a village situated in the rich delta of river Godavari between Rajahmundry and Kakinada in East Godavari District. It is one of the stations of the Canadian Baptist Mission which has done successful evangelistic work in the district. It is also one of the most interesting and hopeful centers of leper work in whole of India.

It was Miss Isabel Hatch (Pl. III : A) a Canadian Baptist Missionary who has taken up the cause of the lepers at Ramachandrapuram in a very hearty manner. She was the pioneer to the leprosy work and in the words of the local people she has evidently been called of God to be friend to the despised lepers of this wide district.

In a statement, Miss Hatch referred to the frequent cases of leprosy with which she came in contact in her interacting work among the villages of the district that

“...I had been accustomed to receive milk from a Christian family whose head is a leper. His toes are affected and the end of his fingers have been eaten away. His ears and face are full of blotches and unrightly”... “He carried my water for bathing and cooking, brought my supplies from long distances, helped wash my dishes etc. He complained of weakness and was saved from such heavy work as carrying supplies, but for his faithful services, I still retained him. Not until Mr. and Mrs. Davis (Plate III: C) came in 1998, did I discover that it was really leprosy he had. After a careful survey conducted by Miss Hatch, she had found that there were eleven other lepers in the Mala (or low caste) section of that one village. These circumstances brought the question of leprosy very near to her own home.

Dr. Woodburn, another Canadian Baptist Missionary, saw at a large Mela or fair, where scores of lepers, some of them with legs rotted away to the knees,

exposing their ghastly condition in order to obtain alms. On enquiry, it was found that there were twenty cases in that village\textsuperscript{56}.

In the taluq of Ramachandrapuram, there were atleast two hundred villages with a population of 2,50,000. Among the low caste people alone, of twenty five of these villages, quite one hundred and four lepers were found and there was no reason to regard these as especially leprous villages\textsuperscript{57}. What an appalling amount of misery and suffering this suggests when taken as representing the condition of twenty eight millions of Telugu speaking people among whom no leper asylum was known to have existed on the coast nearer than Madras, three hundred and fifty miles distant\textsuperscript{58}.

The terrible condition of the lepers, their helplessness and hopelessness, the great prevalence of the disease, especially in Ramachandrapuram Taluq where there was no regregation, the rapid increase had become a question of discussion among the missionary circles of Canadian Baptist Mission in 1898 and Miss Hatch after the suggestion of Mr. Davis contemplated to start an leprosy asylum at Ramachandrapuram\textsuperscript{59}.

Thus began in the latter part of 1898, that correspondence and work which has resulted under God in the establishment of a home for lepers in Ramachandrapuram, superintended by the Canadian Baptists and supported by the

\textsuperscript{56} Ibid, P. 234.
\textsuperscript{57} John Craig, \textit{Forty years among Telugus}, Toronto, 1908, p. 147.
\textsuperscript{58} Ibid.
\textsuperscript{59} John Jackson, op.cit., p. 233.
Mission to lepers in India and the East, a realization of most sanguine hopes scarcely anticipated.

So Miss Hatch with the support of the founders of the Canadian Baptist Mission has purchased 2 acres of land in the outskirts of Ramachandrapuram with an intention to start leprosy home and asylum in 1898. She initially faced several hardships and sufferings for the establishment of infrastructure such as buildings, medicines, doctors and para medical staff and other requirements for the purpose. However, she could overcome all the difficulties successfully with the untiring efforts of CBM and Mr. Davis. By March 1900, a few temporary Huts (Plate-IV : C) with mud walls and thatched roof were erected and about 25 leprosy patients mostly men were admitted into the asylum for treatment and with added dormitories, she accommodated 41 patients in the asylum by the end of the year.

These thatched sheds did not survive to the test of time due to the natural calamities such as cyclones as the site is located on the Coastal belt of Bay of Bengal and was also prone for destruction due to white ants. So she planned for permanent stone structures to the asylum for which she required $ 7000. Her untiring efforts fetched her the required amount slowly from CBM, her friends from Canada and the Leper Mission. In 1899, she received a first draft for $ 130 from her friend and surprisingly $ 2000 from Mrs Kollock of Canada. In this connection, it may be noted

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61 Ibid, P. 150.
that the contribution from Mrs. Kollock was a tantalising story. After seeing the letter of the sad conditions of lepers in East Coast written by Miss Hatch published in “Without the camp”, a quarterly Magazine of the Mission to Lepers, Mrs. Kellock of Perth, Ontario, the widow of Dr. Kollock wrote to Miss Hatch that “I have been thinking very much during the past year, of the sad and lonely condition of poor suffering lepers all over the world” “…..My heart has gone out to the poor lepers since I was a child and read the wonderful story of our Lord Jesus Christ healing them and I am now glad to have the privilege of helping them a little. It is my prayer that very many of them may come to the Lord Jesus and thank Him, for it is for His sake it is all done”.

Mrs. Kollock most generously donated to the project $2000 for the erection of the asylum and of a chapel for it in the memory of her late husband under whose name, the leprosy asylum was constructed at Ramachandrapuram in 1904.

Another interesting activity at Ramachandrapuram was the construction of a ward for little children either suffering from leprosy or healthy children of leprosy patients. It was told that many of the leprosy mothers were denied admission to the asylum as majority of them were having healthy babies. So with a view to save and segregate such babies and children, Miss Hatch planned a separate quarters Miss Jessie Bole, the Superintendent of the Home of Rest for Sunday School Teachers at Hastings, came forward and donated £127 for Home for untainted children which

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63 Ibid.
came to be known as Dr. Phillips Home in memory of devoted clerical missionary to the Sunday Schools in India\textsuperscript{64}.

The third home at Ramachandrapuram was constructed in three acres of land with the handsome donation given by Mrs. Albert Bartler of Fort Condange, Canada, in memory of her husband. This asylum was reserved for woman Lepers.

In the asylum, it has become a regular practice that the patients gathered every morning for devotions as well as for Sunday services. Miss Hatch reported in 1903 that “During the year, 18 lepers have been converted and 17 of these were baptized\textsuperscript{65}.

Rev. Dr. Davis was not only an evangelist but also a fine builder and all the buildings of leprosy asylum were constructed by him. While he was engaged in construction work, he contracted leprosy disease and hence he left for Canada in 1904. After an interim of several years on Manitoba farm, he became very weak and almost blind on account of the disease hence he was admitted to a New Brunswick Sanitorium, Canada\textsuperscript{66}.

In letters dictated with difficulty during 1915-16, he wrote “My mouth, throat and stomach are full of ulcers that continue to break and bleed. I cannot eat solid food. I have great difficulty in breathing and some times, I almost choke to death”. Even in this condition, Dr. Davis kept his belief on God and wrote “I have

\textsuperscript{64} Ibid.
\textsuperscript{66} Ibid.
come to regard my sickness as a sacred trust from God.” On 28th April, 1916, he ultimately reached the heavenly abode and thus became the first Canadian Baptist Mission martyr who did his best for the leprosy sufferers in India.67

Miss Hatch was much interested in D.L.Joshee, (Plate III : D) a young boy whom she adopted and helped him to study medicine at Agra in tropical diseases. Upon completion of his medical course, she has appointed him as a doctor in Ramachandrapuram Leper home on 31-07-1907. Later, he was united in marriage with Miss Grace Devadanam a talented gifted Christian who took deep interest in his leprosy work. Dr. Joshee is very thoughtful and devoted and showed great concern to his adopted mother, Miss Hatch.68 Dr. Joshee with his splendid preparation, carried the treatments to the leprosy patients which was wholly missionary in spirit and influence. He, in capacity as medical officer, did wonders in the way of putting heart and hope into the hearts of poor stricken patients and conducted not only the treatment and simple operations, but also showed compassion and Christian hope to the lepers.69

Money for the support of boarding to the leper patients and medicines was another problem faced by the missionaries as the estimated expenditure for 100 lepers was around $ 2000 per annum. This problem was solved when the Canadian Baptist Mission agreed to provide about two thirds of the expenditure while the remaining

67 Ibid, P. 47.
was collected as donations and contributions from different philanthropists from India and abroad\textsuperscript{70}.

The inflow of leper patients has increased to a greater extent by 1906. Although accommodation was available only for about 140 inpatients, on account of demand and rush, 205 patients with serious ailments were admitted in the asylum in 1906 while many more were denied admission on account of paucity of accommodation. To accommodate more patients, permission was granted to wealthy patients from nearby districts to build their own little houses each for Rs.200/- within the hospital premises on the condition that after cure, the patients should surrender the houses to the hospital management with a view to accommodate new leprosy patients. Besides that, the hospital had established 5 clinics in the nearby villages under supervision of compounders. These clinics provided treatments to nearly 1000 patients as out patients. Besides these, the mobile doctors units were sent to different villages on weekends for the benefit of out-patients. Further, the hospital also gave training in use of medicines to the symptom free patients with an idea that when they go to their native villages, they administer simple treatments to the needy\textsuperscript{71}.

For the benefit of the children who are in prolonged sickness, a boarding school\textsuperscript{72} was established at Ramachandrapuram. As per the statistics of 1946 there were 36 students in the school and the inspector of schools gave excellent report on the progress of the school. Besides the regular lessons, carpentry, stitching, tape and

\begin{footnotes}
\item[71] Orchard, M.L., op.cit., p. 253.
\item[72] Among Telugoos – \textbf{Canadian Baptist Report for India and Boliva for 1946-47}, p. 68.
\end{footnotes}
carpet making were also taught in the school under qualified teachers. Those students who were fully recovered from sickness started their own establishments while a few others got employment in government training schools.

The older leprosy patients of Ramachandrapuram were given vocational training in gardening, masonry, carpentry, sewing, lace making and bee-keeping with a view to equip the patients after recovery, the alternative income generation by themselves as it was evident that they were not accepted by their family members or the society for employment. 19 patients who were in adult literacy programme in 1946 acquired the skills in learning and writing as well.

Taking into consideration, the yeoman services rendered by Miss Hatch to the leper patients in Ramachandrapuram leper hospital, the then British Government has honoured her with ‘Kaisar-i-Hind’ medal in silver in 1910 and again in gold in 1918. This was one of the rare honour “rendered to those persons irrespective of race, sex, position or occupation, who have done good services in India by personal devotion, by large minded charity or by ameliorating the sufferings and improving the conditions of their fellow creatures”. She is infact the first missionary of Canadian Baptist Mission to receive the honour. She was also the recipient of Jubilee and Coronation medals. “Rambling in Ramachandrapuram “Town and Taluk” and “God walketh among women” are among the productions of her pen.

73 Ibid, p. 69.
Another important Canadian Baptist Missionary who worked in Ramachandrapuram was Dr. Rev. Stillwell. He became Hon. Superintendent in 1902 and served the leprosy sufferers up to the year 1924. Mrs. Kurda, a Canadian Baptist Missionary, and Indian Doctor Dr. Sundaram also worked in this Home for 10 years. The Leprosy control and eradication programme was started in the year 1965. The population of the project area is 2,41,643 scattered in the area of 134 sq. miles.

The dedicated Canadian Missionaries and doctors who worked in the leprosy asylum include Miss Brothers, Miss Paskal, and Miss Rigs. A glance at the missionaries from Canada who served the asylum as honorary Superintendents and the periods of their services in this Home is as given below\textsuperscript{76}.

<table>
<thead>
<tr>
<th>Name</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss. S.I. Hatch</td>
<td>1899 – 1935</td>
</tr>
<tr>
<td>Rev. John E. Davis</td>
<td>1899 – 1906</td>
</tr>
<tr>
<td>Rev. David</td>
<td>1899 – 1914</td>
</tr>
<tr>
<td>Rev. StillWell</td>
<td>1904 – 1924</td>
</tr>
<tr>
<td>Dr. Joshi</td>
<td>1902 – 1935</td>
</tr>
<tr>
<td>Mrs. Boutter</td>
<td>1906 – 1936</td>
</tr>
</tbody>
</table>

The Following are Indian Medical Superintendents and Medical Officers served in the Hospital\textsuperscript{77}.

\textsuperscript{76} The Sourvenir of one hundred twenty five years celebrations of TLM, P. 32.
\textsuperscript{77} Ibid, P. 33.
1) Dr. Joshee, Medical Officer, 1902-1935
2) Dr. Sundaram, Medical Officer, 1936-1946
3) Dr. Vedamuthu, Medical Officer 1947-1970
4) Dr. S.S. Chowdary, Medical Superintendent 1970-1972
5) Dr. J.S. Narayana, Medical Superintendent 1972-1974
6) Dr. Sundara Rao, Medical Superintendent 1975
7) Dr. David Gandhi, Medical Superintendent 1976-1982
8) Dr. Victor Babu, Medical Superintendent 1982
9) Dr. Dharma Rao, Medical Superintendent 1982-1983
10) Dr. Vijaya Lakshmi, Medical Officer 1983
11) Dr. Sunil Anand, Medical Officer 1984
12) Dr. Ratna Kumar, Medical Officer 1984
13) Dr. Nalini Easablanca, Medical Officer 1990-1992

After this Asylum was handed over to the “The Leprosy Mission (TLM), it was converted as “The Leprosy Home & Hospital. After Government of India abolished the term home, the name was changed as leprosy hospital.

Later, the hospital is headed by Dr. G. Ganeswara Rao, who took over charge as the Medical Superintendent in August 1984. The base hospital has 45 beds and a sick ward for complications like reactions, ulcers, reconstructive surgery, multi drug therapy and physiotherapy. Effective treatment is imparted to all the patients of the hospital, irrespective of caste, colour, creed and religion. Reconstructive surgery
is conducted in the hospital at regular intervals in the Operation Theatre. The Shoe Department prepares protective CBR shoes for anaesthetic feet. General Laboratory, Pharmacy, Administrative Office, and Nursing Department make the hospital, a full-fledged one.\textsuperscript{78}

**Some of the Milestones after TLM took the home**

After the TLM has taken charge the Home emerged into a Leprosy Hospital with village outreach programme and inpatient care for 45 patients. In the year 1965 National Leprosy Control Programme (NLCP) was started for a targeted population of 2,45,000 with 52 villages having 4279 patients. In the year 1984 the MDT Programme was started in Ramachandrapuram Leprosy Hospital. In the year 1987, the hospital has also started IEC/USAID Programme covering whole Godavari District to a targeted population of 40 lakhs, intensifying IEC activities through audio, video, posters, pamphlets, to educate public about the early signs of leprosy. In the year 1987, German Baptists headed by Dr. Walter Herter started helping the leprosy patients at the time of their need. They also made arrangements in spreading the Gospel to the leprosy effected, and was giving financial assistance for Pastors and Evangelists in this area since then. With the financial support of these German brothers new buildings for hospital, a kitchen and two twin-staff quarters were built during the year 1992-97.\textsuperscript{79} With their support, new Guest House, Quarters for Administrative Assistant were built. In the year 1996, Adult Education Project for the

\textsuperscript{78} Ibid.
\textsuperscript{79} Ibid.
patients, mainly from colonies and villages with the Financial help from Mrs. Beth Milne Australia was started. Many lepers were benefited by this programme. In the year 1998 Comprehensive Care of Persons Affected (CCPA) with Leprosy Project, with Financial help from the Canadian International Development Agency (CIDA) adopting entire East Godavari District for the total care of Leprosy, was started. The duration of this Project was three years period: i.e. 1998 – 2000 AD)

Besides the above, the following Projects were also undertaken by the Asylum.

a) Disability care / Prevention (Community based Rehabilitation)
b) IEC Community Education
c) Financial support to leprosy patients’ children for education.
d) Low cost houses for Leprosy patients.

An account of these programmes the leprosy problem was reduced in Ramachandrapuram compared to 1980’s and before. The present prevalence rate is 2 per 10,000 compared to 7 per 10,000 in the previous decades. But still a large number of patients, are needing treatment. Deformity care, especially Eye care and also Rehabilitation assistance has been extended to the deserving and needy.

V(e). THE LEPROSY HOSPITAL, VIJAYANAGARAM (CBM) (PLATE – V : A)

Ms. Flora Clarke, (Plate III : B) a Missionary of Canadian Baptist Mission (CBM) came to Andhra region of India in 1913. As she arrived at Vizianagaram
Railway Station, she sighted for the first time a group of persons looking physically different from others. They were begging. On enquiry she learnt that they were leprosy-affected persons. Following are the excerpts from what she wrote about them in her book *Sisters: Canada and India*.

“At Vizianagaram Railway station, as I stepped from the train, they pressed forward holding their emancipated arms and utter their pitiful wailing cry. They were seated in the dust by the side of the road moaning and crying as they stretched their stumps of arms, they foisted against me and begging in the bazaar and were constantly appearing before my eyes. Involuntarily, Shrank from them with a feeling akin to horror, not that I was afraid of contacting the dreaded disease but it was all so loathsome, so repulsive, I shrank from, in any way coming in contact with them. They were maimed outcaste from life”.

Miss Flora Clarke herself was a stranger to Vizianagarm and in conversation with Rev. H. Y. Corey and Rev. Dr. Sanford, both missionaries of CBM she said that, “surely something can be done to save the town to some extent at least from this menace, it is aweful”. Later with their assistance she approached Maharajah Sri Pusapati Vijayaram Gajapathi Raganarayana, Sultan Bahdur, the then king of Vizianagaram92 about the leprosy problem in and around Vijayanagaram. He

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81 Ibid.
was good and hospitable and generously gave living accommodation to Ms. Flora Clark in one of his bangalows (No.5), in his palace.

Further, the trustee of the Maharajah’s estate Mr. J.C.H. Fowler Esq. and the Mission representative, Mr. W.V. Higginson\textsuperscript{83} negotiated with the Maharajah for seeking a donation of 100 acres of land for the Leprosarium. The Maharaja accepted for the proposal and donated 100 acres of land near Vijayanagaram town. But Flora Clark soon came to understand that this proposed land near Jagiram village 6 miles away from the town was ideal location but was full of shrubs and bushes. Hence with the contributions collected from her friends in Canada she cleared the shrubs and bushes. Mr. Wellesly Cosby Bailey\textsuperscript{84}, the Founder of the Leprosy Mission International, has also showed interest in the efforts of Flora Clark and willingly rendered financial assistance to the project. Rev. Dr. Sanford was instrumental in clearing the land and the construction of mud houses for the accommodation of leprosy affected patients in the asylum and thus on 27\textsuperscript{th} September, 1915, Ms. Flora Clarke established a Home for the leprosy patients. She further took over the responsibility of running the Leprosarium, as Honorary superintendent. She all the time was assisted by Rev. Dr. Sanford who was then over seventy years of age but he went back and forth, twice daily in his rickshaw, sixteen miles in all and superintended all the arrangements. A large palm leaves roofed shed was built on the site to be used as a Church. The Leprosy Mission, friends in Canada, the Maharajah

\textsuperscript{83} Ibid.
\textsuperscript{84} Ibid.
of Vizianagaram and District Collectors appreciated Flora Clark for her concern towards leprosy sufferers. She made every effort to raise funds from all possible sources such as her friends from Canada, CBM Church, District Officials of Vijayanagaram including the Collector and Magistrate, the Leprosy Mission International, the maharaja of Vijayanagaram etc. to provide comfortable shelter for the leprosy affected. She also kept good relations with the wife of the District Collector, other officers and missionaries. In the year 1925, Dr. P.D.Samuel, who himself was a leprosy sufferer was appointed as a Medical Assistant to the hospital. He not only attended to the leprosy affected regularly for treating them, but also gave to the cured sufferers the systematic training in dressings the wounds with an idea that they can render the same treatment to the leprosy patients when they go to their villages. Thus medical work as well as small training programmes were also started in 1925.

There has been good progress and growth in services rendered. Within eleven years period, Ms. Flora Clark was able to build permanent wards, Dispensary, cottages and subsequently some staff quarters for emergency staff and the Business Manager. These were inaugurated on 8th December 1926.

**Buildings**

Mr and Mrs Wellesley Bailey, Indian Secretary, Mr. W.H.P. Anders, International Secretary for the Leprosy Mission at London and W.V. Higginson the

Missionary at Vizianagaram, selected the sites and formed the plans for permanent buildings, known as cottages\textsuperscript{86}, each containing four separate rooms with a front verandah and each room to accommodate a maximum of four patients. The Rajah’s estate and the district board supplied funds for one ward each while the Government gave for two and the Leper Mission for two. Four cottages for men and two cottages for women nicely enclosed by a substantial wall were constructed\textsuperscript{87}. The corner stone was laid by Mr. And Mrs. M.G.A. Souter, wife of Collector, Waltair, on Dec. 8\textsuperscript{th}, 1926. Mr.J.C.H. Fowler performed opening ceremony eleven years after the home was started. Founded by faith and returned by prayer, any one of the Leper had such a comfortable, inviting life.

Later two more new buildings were erected, one for hospital and the other for a combined storeroom and dispensary. The dispensary is known as “Kendall dispensary” was constructed with the funds provided by a young people society called Kendall, England. It was opened in the year 1927. The surroundings of the compound were greatly improved by the tree plantations and roads. Thus the work at leper home advanced rapidly.

Further two buildings were erected by the Leper Mission one as a home for the Evangelist and another for the compounder or apothecary. Government sanctioned a grant towards maintenance and with an understanding that a Medical Assistant be engaged to the hospital. Hence in 1925, Dr. P.D. Samuel of Parlakimidi

\textsuperscript{86} Ibid.
near Srikakulam was welcomed to take up the work among the lepers\textsuperscript{88}. Daily dressings to the patients used to be done by a trained leper patient\textsuperscript{89}.

With in short period there has been good progress and growth in services rendered to leprosy sufferers in Vijayanagaram. This drove a good number of Leprosy patients to call on Flora Clark at her bungalow seeking assistance and admission into the home. She used to interview them and admit the deserving persons. At times she arranged bullock-carts to bring the leprosy sufferers from their homes to the leprosy asylum as it was 6 km away from the town\textsuperscript{90}.

The lepers with only patches were more among them. Some of them were allowed to go upto Dakamarri of Korukonda with the help of bullock-cart to collect dry shrubs and bushes for fire wood. As they were individually working and cooking, slowly most of them lost all fingers and burnt one by one. Therefore six healthy lepers were engaged for cooking for all the patients. In the beginning there was no water and no electricity at the site. Hence, water from 2 wells was used for the patients and they used to go upto Mudidam, a nearby village to get water for gardening purpose. Each patient was given a piece of land to cultivate individually. There was poultry and cows to be looked by them\textsuperscript{91}.

Flora Clark also identified the need for taking care of untainted children of the patients. A Home for children was built with financial support from Canada and

\textsuperscript{88} Souvenir, Op.cit.
\textsuperscript{89} Ibid.
\textsuperscript{90} Ibid.
\textsuperscript{91} Ibid.
few other countries. This was opened on 31st October, 1932. There were about fifty leper patients’ children in the Home, learning, reading and writing by a patient teacher by name Sundara Rao. After some years the teacher died and hence these children were slowly discharged and sent to their own homes.

Miss Clark gave food supplies to the leper patients individually. They were at liberty to do their own cooking in their own choice and encouraged them a happy living in the Asylum. The lepers were encouraged to work in the fields as much as possible. As the compound itself is 100 acres of land, the lepers were also allowed at times to collect shrubs and bushes for fire wood. They were also supplied soda to wash their own clothes. In the beginning there were 84 lepers in this home, but slowly they increased in number.92

On 4th April 1936, Miss Flora Clarke retired after doing dedicated service to the home for about 21 years and handed over the charge to Miss. Mann after she conducted the last prayer service and bid them all good bye.

**Miss E.G. Mann. 1936 – 1954**

Miss E.G. Mann another CBM missionary was the next Honorary Superintendent and stayed at containment No.5 Bungalow. During the 18 years of her stay, she appointed some staff to look after the welfare of the lepers of around 150-200 staying in the home at that time.

92 Ibid.
Immediately after taking charge, she observed that there were more healthy lepers with only one patch. So they were encouraged to work individually in the fields and allowed to do cooking also. She also allotted each patient a piece of land to cultivate individually. Besides poultry cows were also given to the patients for their economic well being.

She also constructed a Home for untainted leper children within a considerable distance from the leper quarters. It was opened on October 31st, 1932 in the name of Leper Mission. Several countries including India contributed financial support for its maintenance.

The children home was designed to accommodate about fifty (50) untainted children of leper patients. A small school was also constructed with in the premises not far from the home. All the school activities including learning, reading and writing was done by a patient teacher by name Sundara Rao. Twice in a week Miss Mann used to visit this leper home and school regularly. There used to be a church service on Sunday and Miss Mann used to bring with her some special food (Palaharam), fruits, Bread, sweets to all the Lepers. New clothes were given to the students and their parents two times a year and wollen clothes once in an year during winter season. After some years, the teacher died and as such the school was closed and all the children were slowly discharged and sent to their own homes.

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93 Ibid.
Other Honorary Superintendents

After Miss. Manns, retirement 3 Canadian Baptist Missionaries worked as Honorary Superintendents of the Leprosy Home. They include Rev. Waldo Penner (1955 to 1957), Rev. R.Can (1958 to 1960) and Miss Law. After the CBM missionaries have gone to their native country, Dr. Solomon who was working from 1926 took charge of the home in 1962.

Dr. Solomon 1926-1965

Prior to 1925, there was only feeding programme in the asylum i.e. food, clothing and some available non-specific medicines. The principle in those days was actual isolation or separation of patients from their families to prevent the spread of leprosy disease. By the time Salmon took charge, there used to be around 300 patients staying in the Leper Home for various reasons from 5 years to 25 years. Slowly the symptom free patients were discharged and sent to their own homes and only 200 patients remained in the home. As there was no nurse, a cottage patient, Krishnaveni used to help the compounder Mr. Premanandam and the Doctor in their medical work. Daily dressing of feet and hand ulcers used to be done by another patient by name Krishna. Some medicine like Aspirin, Codopyrin (Antipyritic – Analgesic) were used for general complaints. For the treatment of reactions, Dr. Solomon used to give injection, such as Potassium Antimony tartrate one amp intravenously, combination injection calcium gluconate I.V. till the reaction

94 Ibid.
95 Ibid.
subsided\textsuperscript{96}. After 1962, Tab. DDS and Injection Sulphetrone came as Antileprosy drug.

\textbf{Dr. (Mrs.) E.S. Thangaraj}

In the year 1966 Dr. (Mrs.) E.S. Thangaraj took the charge from Dr. Solomon as the Superintendent of this Leper Home and Hospital. About 20-30 patients with severe reaction were staying in a separate thatched shed. In 1968 the buildings, wards and the old quarters for the staff were electrified. In the year 1969, 3 borewells were dug, which provided sufficient water to the wards, staff quarters and for cultivation of barren land. More staff were recruited to take care of the sick patients, cottage patients and the clinics in the villages. There were three cottages for the male lepers, one cottage for the female, two male sick wards for Medical and Surgical and one for ulcer patients separately\textsuperscript{97}. After Dr. (Mrs.) E.S. Thangaraj left for Salur in 1968, she used to visit Vizianagarm asylum twice in a week to see the in-patients and conduct out-patient clinic. During 1965-68 Dr. (Mrs.) Thangaraj discharged most of the cured patients. 80 patients were allowed to continue as cottage patients to look after the Agriculture works, kitchen (cooking), the poultry and sheep. Slowly the sheep rearing and the poultry were closed. Agriculture project continued. During these years there was a Medical officer Dr. B. Paramanandam and 2 nurses and one ward helper. It was very difficult to give proper nursing care to leper patients because the cottages were far way from each other. The medical

\textsuperscript{96} Ibid.
\textsuperscript{97} Ibid.
equipment was also limited and comprised of only 6 Syringes and 3 Thermometers and 12 dressing sets. During rounds day, once in a week, the Medical Officer and the Nursing staff also found difficult to visit all the patients.

**Dr. R.H. Thangaraj**

Dr. R.H. Thangaraj, the Superintendent at Salur, took charge as the Superintendent from Dr.(Mrs.) Thangaraj in 1968 and used to visit the Vizianagaram every Monday to supervise the administrative work. After Dr. Thangaraj took charge, the building construction took up momentum.

In 1970 three staff quarters were constructed. Three more big buildings one for the Occupational Therapist and one for the Rehabilitation Officer and Guest House were built. During the period from 1968 to 1975, Dr. Hagsted, Dr. B. Paramanandam, Dr. Pardasarathi, Dr. Pattabi Ramaiah, Dr. B.R. Sundara Rao, Dr. Prasada Rao, Dr. Ananda Rao and others worked in the asylum till Dr. V. Paul Jayaraj joined in this institution on 15th June, 1975.

**Dr. Paul Jayaraj**

Slowly the Cottage strength was reduced to 20 cottage patients during the period of Dr. Paul Jayaraj. Some of the cottage patients were engaged to work in the M.C.R. workshop which was opened on 7th March, 1977.

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98 Ibid.
99 Ibid.
Dr. R.H. Thangaraj continued to guide Dr. Paul Jayaraj, in administration till he moved to Delhi. Dr. Vasantha, Dr. Vijayalakshmi and Dr. V. Solomon and Dr. Surya Prakash Rao assisted Dr. Paul Jayaraj, in S.E.T., and M.D.T. work.

A new 40 bedded Hospital was built near the roadside. New tiled cottage block was converted into OP block. It was comfortable for the patients and also to the staff to carry out bed side Nursing care. Both male and female wards were attached with the bathrooms and the lavatory with sufficient water supply\textsuperscript{100}.

**Mennonite Central Committee (1984)**

In the year 1984 the Mennonite Central Committee came forward with generous grants for digging Bore-wells and establishing drip irrigation for coconut plantation in the hospital premises. Under its Forestry Programme, 60 acres of land was converted as fruit orchards\textsuperscript{101}.

The Leprosy Home founded in prayer in 1915 at Vijayanagaram with meager facilities and amenities by Miss Flora Clark for the Leprosy patients has grown up and modernized with all necessary facilities / equipment / staff / welfare programmes catering to the welfare and all the needs of the Leprosy patients.

**Vocational Residential Training School**

The Leprosy Mission Vocational Training School was started in September 1988, with 4 students and a teacher and it was enlarged by the end of next

\textsuperscript{100} Ibid.
\textsuperscript{101} Ibid.
academic year to 26 students. Government syllabus was followed in the school and the medium of instruction was Telugu. The leper students from Parvathipuram, Kurupam, Salur, Jiyammavalasa and Visakhapatnam dispensaries were given admission in the school\textsuperscript{102}. It was a residential school and accommodated 100 children with 2 hostels for 60 boys and 40 girls for several years.

The school children attended the Church service and Sunday School on every Sundays. Twice in a week students attend education classes. Unit tests and examination were conducted according to the Government syllabus.

As the school was started as a vocational training school, the trades that were introduced in the school include blacksmithy, carpentry, candle making, soap making, tailoring, sheep rearing, poultry, dairy, weaving, Agriculture, shoe making and Handicrafts, only during the school hours as per the interest of the students. The main aim of introducing the vocational training to the children of leprosy affected is to provide economic viability to them and to relieve them from social stigma\textsuperscript{103}.

\textbf{V(f). THE PHILADELPHIA LEPROSY HOSPITAL, SALUR (AELC) (PLATE – V:B)}

The history of one hundred and thirty years of Christian activity and more than 100 years of the leprosy institution at Salur reads like the script for an adventure film.

\textsuperscript{102} Ibid.
\textsuperscript{103} Ibid.
German Beginning : 1882 – 1914 :

In the year 1881 two German missionaries Rev. Herman Bothmann and Rev. Earnest Pohol set out for India from Breklum, the headquarters of the Schleswig Holstein Evangelical Lutheran Mission, Germany. On arriving in India they made contact with American Lutheran Missionaries in Rajahmundry who in turn advised them that there was no Christian work in the Bastar region to the north. Accompanied by American missionaries they made evangelical tour upto Godavari river and marched through jungle for three weeks and reached Jagdalpur. Here they asked the local Maharaja for permission to start Christian work but their request was denied. Disappointed, they travelled to Koraput, which was under British administration, and this time their request was granted. Unfortunately during their travel they suffered with black water fever, perhaps the most acute form of malaria. After spending some months recovering in Madras, they travelled northwards again in 1882, and finally they reached Salur town at the foot of the Ghat hills.  

Rev. Paul Schulze, a German Lutheran missionary who came to Salur in October, 1889, was very much moved with pity and compassion when he came to know that leprosy was a widespread disease in the area. So he wanted to do something to relieve the sufferers of leprosy and hence in February, 1903, he wrote to the “Committee of the Mission to Lepers asking for help” for “the starting of an Asylum in Salur of Srikakulam District”. Mr. T.A. Bailey, who then represented the

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Mission to Lepers in India, authorized Schulze to spend whatever sum he deemed necessary as a temporary grant to start leprosy work at Salur\textsuperscript{105}.

This temporary assistance soon developed into a deeper commitment. By 1905 with the financial assistance given by the Mission to Lepers, a Leprosy Home was constructed on 16 acres of land donated by the Rajah of Bobbili\textsuperscript{106} at Jeegiram village 3 km away from Salur. The Philadelphia Leprosy Home and Hospital (P.L.H.) was opened in 1906 under the auspices of the German Lutheran Church. Rev. Schulze became the first Superintendent of Leprosy Home which was built mainly to house leprosy sufferers, who became social outcasts because of the nature of their disease.

Leprosy work was what Schluze is best known for but his duties were much more varied than that. Apart from managing P.L.H., he ran a Boys Boarding Home and Mission Middle school. He also conducted morning and evening prayers and Sunday services, and became involved in work among the Kond tribals. He worked himself without the help of a compounder in the leprosy home. Every day in the morning he used to go to Jeegiram Asylum for dressing the patients by himself and to give them medicines and also to the other out-patients till 12 O’ clock. There were some 80 to 100 inpatients in the Asylum in the beginning\textsuperscript{107}.

\textsuperscript{105} Ibid, p. 16.
\textsuperscript{106} Ibid.
\textsuperscript{107} Ibid, p. 17.
Rev. Schulze continued as superintendent until 1908 when he returned to Germany for 1 ½ years furlough. His replacement was Rev. Cay Gimm. When Schulze returned from furlough, Gimm remained in the Salur area and continued his work at the Sambara outstation.

In August of 1914, the I World War broke out and the British Government deported all German missionaries to their native lands. Schulze returned to Germany and he did not come back until 1928, near the end of his working life.¹⁰⁸

The American Connection:

After the internment of all German nationals in 1914 the American Lutheran Missionaries of Rajahmundry region slowly began to supervise the leprosy work at Salur. In the beginning they resided at Rajahmundry and made occasional visits to the Salur area.

American Lutheran connection with Salur in those days was fairly tenuous. Missionaries used to attend to the work in the asylum only few days in a month, and day to day administration of P.L.H. was left to those who lived locally. As time passed, however this American Lutheran commitments also deepend, and strengthened by the Lutheran Church members at Salur.¹⁰⁹

As no well-qualified effective leadership was available after Rev. Schulze was deported to Germany in 1914, PLH was placed under the wing of the AELC,

¹⁰⁸ Ibid.
although its work was still carried out in the name of the Mission to Lepers. At the
general convention of AEL Church at Guntur in 1927, a resolution was taken to put
the entire work into Indian hands and $250 a year was allotted in the yearly budget of
the mission\textsuperscript{110}.

When Rev. Schulze had been interned, Mr. M.L. Orchard took over the
running of PLH for some years. In 1924 this rather improvised staffing arrangement
was altered by the arrival of Dr. Sudarsana Rao who was sent from Rajahmundry by
The Lutheran missionary Rev. A.F.A. Neudoerffer. Dr. Sudarshana Rao was only 22
years of age when he came as a medical officer to PLH, Salur, and worked there until
his untimely death in 1944\textsuperscript{111}. One of Dr. Sudarsana Rao sons was Dr. R.H.
Thangaraj, who became Superintendent of PLH when it was in danger of being
closed.

In 1926 the German missionaries were allowed back into India. In 1928
Rev. Schulze returned to Salur and worked until his retirement in 1934. He was
given the Kaiser – I- Hind\textsuperscript{112} award by the British Indian Government for his work in
the field of leprosy. In 1939 World War – II broke out and all German missionaries
were again interned.

The annual reports of AEL Church of 1939-44 period provide information
that during this period PLH sheltered an average of about 150 leprosy sufferers, of

\textsuperscript{110} The Annual Report of the Foreign Missions of the United Lutheran Church in America for the
year 1928, Baltimore, p. 55.
\textsuperscript{112} Ibid.
whom a few were healthy children. Although the quality of treatment was not available due to the then existing financial and medical facilities, Dr. Sudarshana Rao was able to discharge a few symptom-free patients each year. PLH was indeed a heaven in a hostile world to the leprosy sufferers and Dr. Sudarshana Rao acted as a fine custodian.

A Difficult period 1944 – 64

After the death of Dr. Sudarsana Rao in 1944, his wife took over the administrative duties but there was no doctor for some time. In mid 1946, Dr. Y.J. Paul, a retired army captain, worked as the medical officer till August 1964. These years were characterized by declining numbers of patients on account of lack of medical treatments and the declining employment opportunities in weaving, carpentry and building works to the leper patients.

The annual report of 1948\textsuperscript{113} provides information that a special grant was received from the Mission To Lepers for the repair work but the deterioration continued. During the early 1960’s trouble erupted in obtaining the Annual Capitation Grants from the State Government as well. Nevertheless there were a number of developments during this period. The 1946-47 Annual Report stated that a catechist and a compounder had been secured for the asylum, and that a “grow more food” programme had been started. The emphasis on agriculture continued into the 1950’s. The 1957-58 Annual Report speaks of a diesel engine-driven pump that was

\textsuperscript{113} The reports mentioned above are the Annual Reports of Philadelphia Leprosy Hospital, Salur, of different years.
obtained for hospital use and also to provide water facilities for the sugar cane and banana plantations. There were advances in medical treatment as well. The 1949-50 Annual Report spoke of “Dipsone” treatment being used on ten lepromatous patients. The 1954-55 report spoke of a twice a week clinic that was used for about 60 out patients. By 1956, DDS was being used to treat patients and determine patient’s bacillary loads. In the 1950’s and early 1960’s, visiting surgeons came to Salur leprosy hospital to do operations. Longstanding patients at the Asylum were kept occupied with weaving, carpentary, and at various times, adult literacy classes as well.

**New impetus, New Directions : 1965 – 77**

Dr.(Mrs) Thangaraj who had taken a post-graduate degree specializing in Pathology began to work at PLH from October, 1964. The first task of Dr. (Mrs.) Thangaraj was to win back the confidence of the people. The advisory committee, consisting of the Sub-Collector, Dist. Medical officer and Dist. Health officer reviewed the financial position of the hospital and this, along with the persuasive efforts of Mrs. Thangaraj, helped secure the release of the previous four years Capitation Grants from the government. Donations were also sent from the Mission to Lepers and the Lutheran Church. The combined amount was used for the renovation of hospital and purchase of equipment for various departments.

It is interesting to note that Dr. and Mrs.Thangaraj placed trust on relations with local, State and Central Governments and with the general public throughout
their entire work at Salur. This enhanced the reputation of the institution and helped to advance the leprosy work. Thus the medical work intensified and the Hand Surgery Unit started to function from July 1965. From this small beginning the Hospital pursued a policy of integrating general medical services with the specialized leprosy work.

Meanwhile, word about the revitalized PLH had quickly spread to the neighbouring areas. Requests for clinics came from almost every nearby village. Villagers even donated land for the construction of clinics in several places. In 1966, the first village clinic at Sivarampuram was begun. More clinics were started at Ramachandrapuram, Makkuvta and Chellapeta in 1966-67. To give some initiative to the Kurupam plans, clinics were also begun at Parvathipuram, Kurupam and Gumma Lakshmipuram in August, 1967. By the end of 1967, 24 clinics had also been established in the Salur-Kurupam District covering an area of 750 Sq. miles and a population of 4,00,000. An American, Miss. Martha Stoa, was placed in charge of the Control Programme at Salur in 1967.

Towards the end of 1966, Mrs. Thangaraj was appointed as Suiperintendent of Vizianagaram hospital, thus beginning the three units of Salur, Kurupam and Vizianagaram together, plans were made for the Vizianagaram unit to start an agricultural rehabilitation programme. This was to include reclamation of 100 acres of land, training of leprosy patients in modern agricultural techniques and

\[114\] Ibid, p. 20.
establishment of a rubber manufacturing unit and a workshop to produce modified farm equipment suitable for leprosy patients suffering with anaesthesia. Grants were also given by several agencies such as the Leprosy Mission, the Lutheran World Federation, the Canadian Baptist Church, the Canadian International Development Agency and the Canadian Auxiliary of the Leprosy Mission to the hospital. The Canadians had an old association with Vizianagaram. Dr. Thangaraj was appointed as Superintendent to all three units when his wife was transferred back to Salur in 1971. The work in the Leprosy Control Programme grew more systematic. Early surveys carried out under the Survey, Education, Treatment (S.E.T) programme revealed a prevalence of 28 people in 1000 population. After the completion of the reconstructive surgery, the Salur Hospital quickly became the foremost center for leprosy surgery in Southern Asia. In the peak year of 1974-75, Salur, Vizianagaram and Kurupam centres saw a combined total of 993 operations performed. Thus with the advent of the new techniques a multi-faceted attack on the ancient disease has begun.

As the work load increased in Salur during the early 1970’s, extensions to the hospital for physiotherapy, occupational therapy and class rooms were found necessary. These were completed in 1976. The number of staff also increased from five in 1965 to just under 100 in 1977\textsuperscript{116}. In fact, staff selection was another area on which Dr. Thangaraj laid great emphasis. He strove to build a team of reliable, dedicated workers and spirit of Christian community within the hospital. In a matter

of a few years, the leprosy institution at Salur, once marked for closure, had grown into one of the finest centers for treatment of leprosy patients in India.

The Momentum grows

Dr. Alexander Thomas who hailed from Kerala and after the completion of Medicine from Christian Medical College, Vellore, and Doctoral degree from Madras University was appointed as Superintendent at Salur in 1978\textsuperscript{117}. He was given the formidable task of stepping into the large shoes of his predecessors, Dr. and Dr. (Mrs.) Thangaraj. In the ensuing years he tried to continue and to consolidate what the Thangaraj’s started, and to expand into specific areas of medical care and related services. Staff training had received particular emphasis and a large number of people were trained in various aspects of leprosy work each year. In addition, number of foreign nationals came to Salur each year for periods of training or observation. The World health Organisation has recognized Salur as an institution for training leprosy workers. Many senior staff from the hospital have been sent elsewhere for further training. Various other staff members of the hospitals are also sent for periodical in-service refresher or training courses.

Spiritual input was not forgotten either. A church was constructed in the PLH premises and regular Sunday Prayers were conducted. The patients were encouraged to pray in the church whenever they feel like and the pastor used to assist them. Further the ‘retreats” for all staff and various spiritual workshops and

\textsuperscript{117} Ibid, p. 21.
conferences, were organized by the Leprosy Mission to which staff members were sent. Daily morning devotion for staff and patients are a feature of hospital life, as are evening devotions for patients and weekly Bible studies.\textsuperscript{118}

The major event of 1979 was the opening of an Ophthalmic department. This was funded by the Christoffel Blinden Mission, a German Christian group provided over 2,80,000 rupees for this extension which was opened in December, 1981. Two other agencies, WEM of West Germany, and CASA, provided equipment for the Ophthalmic department. Thus the volume of ophthalmic work had increased greatly in the Salur area.

In 1980 the hospital’s Surgical Programme was extended and two surgeons were appointed.\textsuperscript{119} Dr. David Pring, an English Surgeon, took interest in improving ulcer care. Dr. Dharma Rao, an Orthopaedic Surgeon, had also joined the department.

The various departments of the hospital had continued to grow in order to improve their services such as Routine laboratory services, haematology, blood bank, leprosy skin smears, urine analysis and parasitology.\textsuperscript{120}

In keeping with the Leprosy Mission’s policy, PLH continued to foster good relations with the local community and government agencies and with the Christian Community in Salur. These multifarious activities were beneficial, of

\bibitem{118} Ibid, P.P. 21 – 22.
\bibitem{119} Ibid, p. 23.
\bibitem{120} Ibid.
course, in addition to the day by day running of a hospital with 135 beds and six to seven thousand out patients. The result of this was particularly evident in the out patients department and laboratory department where much of the work was not leprosy related. However, a careful balance was kept up so that the primary care of leprosy patients was not undermined.

The hospital continued and is still continuing to serve the local community and leprosy patients in particular under the sincere and dedicated care of the foreign missionaries and Indian doctors. Most of the patients had completed treatment and had irreversible nerve damage or those referred from other units such as Vizianagaram, Visakhapatnam or Berhampur in Orissa. The level of awareness about the disease steadily improved and patients came forward voluntarily for treatment while the disease was in its early stages. Further the hospital had started two new programmes such as “Care after Cure” or prevention of Disability to benefit those older patients who had worsening deformities basing upon the requirements. These programmes coupled with surgical and medical treatments have drastically reduced the prevalence rate of leprosy in Saluru area from 1964 in 1983 to 409 in 1985 i.e., 10.3 per thousand in 1983 to 2.7 in 1988. Further the downfall of prevalence rate is witnessed to less than 0.5% in 1999 after the vigorous implemtation of MDT treatment in Saluru area. Thus Philadelphia Leprosy Hospital has served and is still serving as a model of Christian witness in the annals of leprosy eradication programme faithfully started by Rev. Paul Schulze of Schleswig Holstein Evangelical Lutheran Mission of Germany at Salur in 1905.
V(g). THE “BETHESDA LEPROSY HOSPITAL, NARSAPUR (GDM) (PLATE –V:C)

In the city of Dublin of Ireland in 1815, a ‘Born-again’ movement was started comprising of different Christian groups. The members had agreed to follow as far as possible, the simple Bible pattern of original church with no headquarters, or hierarchy and answerable directly only to the Lord Jesus Christ Himself. This group in course of time came to be known as “Christian Brethren” and planned to spread the Gospel to the heathen lands\textsuperscript{121}.

After the promulgamation of Charter Act of 1833 by British Parliament, the Christian Brethren group has sent two missionaries to British India known as Messrs Beer and Bowden. They came to Narsapur in West Godavari District of Andhra Pradesh and established mission station in 1836\textsuperscript{122}, which in course of time came to be known as Godavari Delta Mission.

Among this group of missionaries later came to Narsapur of West Godavari District was Mr. J.M. Boyd, (Plate – IV : A) who though not a medical man, had a heart of compassion, like his Master and after looking into the plight of leprosy patients in and around Narsapur, he wanted to do something to redeem their suffering\textsuperscript{123}. So, after much correspondence and effort and personal sacrifice, Mr. Boyd procured 3 acres of land which

\textsuperscript{122} Ibid.
included in the site of the present Women’s Compound, and constructed huts for 9 Leper patients and opened the leprosy asylum in 1923. The huts were full within a week, and more had to be built. Meanwhile, he was struck down by Typhoid in early middle life after only 8 years, But by the time Mr. Boyd died in 1931 the Hospital had grown to 100 in-patients\textsuperscript{124}.

Mr. Boyd’s death left a big gap, and the Hospital would have closed were it not for the splendid response of Dr. Pring, and her capable Nurse Miss Hampton. Dr. Pring, though crippled from her birth had started a Women’s Hospital at Narsapur in 1915, and though her hands were full already, she felt the work among lepers was a call from God which could not be refused. Over the next 30 or 40 years others too came from abroad and helped for a longer or shorter period, such as sisters Shrimpton, Black, Heads, White, and Osborne, and Mr. and Mrs. Burr, and Mr. and Mrs. Burt. Special mention should be made of Miss Osborne who laboured for over 20 years in the leprosy hospital at Narsapur despite increasing disability and pain, and stood like a shining example to patients and staff alike in her courageous fortitude, and stickability\textsuperscript{125}.

During the care of Dr. Pring, the Hospital greatly expanded. In 1935 an adjacent plot of 17 acres was purchased for the Men’s section, and in 1936 the “Silver Jubilee” Building was constructed with the help of a Grant from the British

\textsuperscript{125} Bethesda (Leprosy) Hospital, op.cit., pp. 25-26.
Government in commemoration of the Silver Jubilee of King George V. A laboratory and other buildings were also constructed by some of those in memory of loved ones and by those who were interested in the work of helping the leprosy patients.

The next doctor who came to Narsapur was Dr. E.S. Short in 1951. His great grandfather George Muller worked as an instructor in an orphanage at Narsapur. After learning Telugu and by the time Dr. Short took over the responsibilities of medical Superintendent of Bethesda Leprosy Hospital on 1st January 1953 from Dr. Pring, the Hospital was already a well organized Hospital with 110 in-patients, and 199 out-patients. The small number of out-patients reflected the mode of treatment at the time when painful injections of chemoorga oil had to be given into the patches of skin affected every week, so only those living close could afford to come. However, Dapsone treatment was also in use under trial in the Hospital which soon superseded all other treatments. This allowed patients to come from vast distances at longer intervals from an unlimited area often over 400 miles, and the number has risen to nearly 7,000 under treatment.

By 1947 Miss Hampton had started her extensive Out-patient centers, the pressures on Hospital staff increased owing to the specialized services of the Hospital and hence the village clinics were not kept up to the mark except for one at

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127 Ibid, p. 4.
Prathipadu\textsuperscript{129}. During this period Dr. D.S. Murthi despite a busy ophthalmological practice in the town, had found time to give free advice to thousands of leper patients with ocular complications. This also led him to develop a very active ophthalmological department at the Hospital, and initiated the Superintendent into this branch of surgery too, so that eye operations rank high on the list of operations.

Reconstructive Surgery was started by Dr. Paul Brand of Christian Medical College of Vellore at Narsapur in 1955\textsuperscript{130}. It, in course of time, has become the major type of surgery undertaken. Deformed and crippled hands and feet form the major group of these operations. Several of the standard operations have been modified at leprosy hospital at Narsapur to make them more successful, or to remove sangs that are encountered in the standard procedures. These include the Temporalis Transfer operation, where tendon is taken from the thigh, and grafted through the eyelids, and joined to a muscle used to close the jaw. This operation is used in paralysis of the eyelids, and thus saved many eyes from going blind. The Fowler’s operation for the hands has also been much improved at the hospital and several completely new operations have been designed, e.g. to prevent inversion of the foot in paralysis, and also to treat extreme forms of inversion\textsuperscript{131}.

In the Ophthalmological section, cataract operations in eyes diseased by leprosy, and the making of artificial pupils in blinded eyes was carried out in the hospital and thus restored sight in a number of cases.

\textsuperscript{129} Ibid.
\textsuperscript{130} Ibid.
\textsuperscript{131} Ibid, P.P. 26 – 27.
The Physiotherapy and Occupational Therapy departments received a great fillip by the presence of Miss Eileen Rogers of World Health Organisation\textsuperscript{132}. She worked in the hospital for over one year and after her departure, the hospital technicians were carrying on the good work started by her. Also a cobbler trained at Karigiri and his helpers were providing orthopaedic appliances as well as CBR chappals for those needing them.

In 1958 the Central Government gave the hospital a Grant for the construction of a special block for tendon transplant cases, and also arranged electricity for the whole hospital\textsuperscript{133}. A fine fluorescent microscope was donated by Gillett and Sibert, through Dr. Linton of Bristol also donated a splendid colourimeter which has revolutionized the Laboratory\textsuperscript{134}. The Lions Clubs of Narsapur and Palakol have donated gifts of blankets for an eye examination room, and a fine Radio for the Women’s compound\textsuperscript{135}.

A fine out-patient department comprising of consulting rooms for 2 doctors and two nurses, dispensary, Physiotherapy dept., X-Ray room, offices, ulcer bay, sterilizing room, and waiting hall to accommodate 300 patients were constructed through the generosity of the Leprosy Mission and Oxfam. The latter also contributed a 25 MA X-Ray machine to the hospital for the T.B. cases and orthopaedic work. The Leprosy Mission also provided an annual Grant of 4 ½% for

\textsuperscript{132} Ibid, p. 27.
\textsuperscript{133} Job Sudarsan, op.cit., p. 240.
\textsuperscript{134} Ibid.
\textsuperscript{135} Bethesada leprosy Hospital, op.cit., p. 27.
the running cost of the Hospital and the State Government also gave a Capitation
Grant of Rs.9/- per in-patient per month, which works out at about 9% of the cost.
All the other finances are met from the donations and fees collected from well to do
Leprosy patients\textsuperscript{136}.

There are many examples of ‘Heath Robinson” at work in the Hospital
which include revolving chairs equipped with foot rests, and shelves for sterilized
instruments to enable large number of ulcer cases to be examined and charted, and the
patients treated as a whole. Some of the wards are equipped with automatic showers
which are operated by the weight of the patient using it. This has facilitated the
patients not to bother with turning in taps. Other wards, and the doctor’s and
compounder’s houses are equipped with homemade telephones working on torch
cells\textsuperscript{137}.

The coming of Mr. and Mrs. Lilley has been a big mile-stone, in the
history of the hospital as the erstwhile desert appearance of the sandy compound has
been transformed by the construction of a huge well, and the installation of a
sprinkler irrigation system, so that the whole area was converted into a large coconut
garden, inter-cropped with many different types of vegetable and other useful
crops\textsuperscript{138}.

\textsuperscript{136} Job Sudarsan, op.cit., p. 240.
\textsuperscript{137} Bethesda Leprosy Hospital, op.cit., p. 27.
\textsuperscript{138} Ibid.
Another very happy experience is the way keen young doctors have come forward to avail themselves of the excellent experience available here, and several have already been inspired to go in for Leprosy work as the life career. Dr. Bhaskara Rao and Dr. Muniyya who have taken training, joined hospital staff. This Leprosy work offered much scope for dedicated young national doctors\textsuperscript{139}.

**Leprosy Clinics**

Influenced by the dedicated service of Dr. Short, Miss. Hampton started several leprosy clinics in East and West Godavari Districts as the leprosy disease was very rampant in that area. As there were no transport facilities available to the leprosy patients, she arranged these clinics with the assistance of Miss Heads at Palakollu, Marteru, Tadepalligudem, Attili, Relangi, Palamuru, Aredu, Uppuluru, Arthavaram, Pangidi etc.\textsuperscript{140} These two ladies used to travel on a station wagon and did meritorious service to the leprosy patients. The dedicated work of Miss Hampton was very much appreciated by several organizations including the Secretary of Hindu Kustu Nivarana Sangh, Mr. T.N. Jagadeeshwar. She used to provide treatment for nearly 1500 leprosy patients in these clinics. In this work Chetti Samuel helped Miss Hampton.

\textsuperscript{139} Ibid, p. 28.
\textsuperscript{140} Job Sudarshan, op.cit., p. 241.
In 1970, Miss Hampton gave up the clinical work and looked after only in Tadepalligudem and Pengadi and after a couple of years she went to Chettipeta and settled there until her death in 1975\textsuperscript{141}.

In Bethesda Leprosy Hospital most of the cases treated were trophic ulcers. Many patients come from poor family and depend upon agrarian labour and they cannot pull on without Land work. They come to hospital for ulcer treatment and dressings. So several operations were conducted in the hospital such as, curetting sequestrectomy and disarticulation of joints and putting plasters with the help of physiotherapy technicians. Majority of the ulcer patients were healed and several patients were given M.C.R., shoes free of cost.

By all those developments in men and material, the leprosy hospital has provided an invaluable humanitarian service to the leprosy patients since its inception. Many people who were rejected by the kith and kin as well as the society found place in the hospital. Some were destitutes and some were orphans. Many were cured of the disease and also saved from sin by accepting Lord Jesus as their personal Saviour. It is certain that hospital is still fulfilling its mission for which it was intended. Thus the missionaries of Godavari Delta Mission, both foreign and native, have shown and still showing to the leprosy patients, in and around Narsapur, the love and compassion as Lord Jesus Christ has shown to them.

\textbf{V(h). EVANGELINE BOOTH LEPROSY HOSPITAL / HOME, BAPATLA (S.A.) (PLATE – V : D)}

\textsuperscript{141} Ibid, p. 242.
Bapatla is a small municipality town located 50 km to the South of Guntur, the district head quarters, and 2 km to the west of Bay of Bengal. The area is comprised of sandy soil and marshy surfaces are found here and there. It has moderate climate and the temperature is always between 32°C to 42°C. Although, the area is healthy, it is not free from the seasonal and water borne and air borne diseases such as fevers, cholera, chicken pox, typhoid, Malaria, Plague etc. The epidemiological record also shows that due to physiographical conditions such as marshy lands, etc., the leprosy disease is also rampant in the area from times immemorial.

Out of love and compassion, it was Dr. J.A. Christian belonging to Strict Baptist Mission who has started the first leprosy colony in Bapatla in 1903, when he was working in the Madras Provincial Medical Service. The leprosy work in Bapatla continued well at Bapatla for 25 years until Rev. Powell of the same mission became the supervisor and during whose period, due to the death of a key missionary and increasing difficulties in financing and maintaining the leper colony, in addition a girls school and district work, the Baptists were unable to continue the leper ministry at Bapatla. The shortage of funds led Rev. Powell to appeal to the Salvation Army to take up the leprosy work at Bapatla, “unless the Salvation Army can take over the

\[\text{\cite{Gopal} Raja Gopal, M.V., Guntur District Gazetters, 1977, p. 67.}\]
colony, these eighty men, women and children must be turned to road again to suffer and die”\textsuperscript{144}.

Colonel Muttiah was then Territorial Commandor of the Salvation Army, knew this offer to be both a challenge and an opportunity. Hence he represented the matter to the International Headquarters, London. But the Salvation Head quarters at London refused to accept the offer initially on the grounds of men and material and the financial constrains it had at that time. Hence, Col. Muthaiah persisted and in faith promised to find locally two thirds of the money needed if London could provide the other third. This was agreed upon. It was a happy day for him when he spread the glad news that “The Salvation Army will take over”\textsuperscript{145}.

This is how the Salvation Army has started its leprosy work in Andhra in 1928 accommodating 80 patients. The first Army Superintendent of the centre which was named as the Evangeline Booth Leprosy Hospital was Major Sena Putra\textsuperscript{146}. Throughout the ensuing 28 years, additional wards were built so that by 1956, instead of eighty patients, two hundred and twenty patients were cared for in the leprosium of the Salvation Army in Bapatla of Andhra Desa. The hospital was administered in 1966 by two Australian officer nurses, Cap. and Mrs. John Vincent. The doctor who looked after the medical treatments of leprosy patients twice a week was the officer doctor of the Evangeline Booth Hospital, Nidubrolu, 13 miles away from Bapatla.

\textsuperscript{144} The War Cry, December 1939, p. 3.
\textsuperscript{145} The War Cry, October, 1940, p. 5.
\textsuperscript{146} Sidney Gauntlett, op.cit., p. 43.
In this context, the services by Brigadier Hilda Plummer is worth remembering. Her career in India began in 1926, when as young Lieutenant, she first landed on the shores of India. After studying leprosy at the Army’s Catherine Booth hospital at Nagarcoil, she spent her entire service at the leprosia, concluding with 10 years as Superintendent of Evangeline Booth Leprosy Hospital at Bapatla. She was very helpful to the leprosy patients and showed much compassion to their suffering. She wrote on one occasion that “There are seven lepers sitting at my gate waiting to be admitted. All are sick; some are from Bapatla. It was just the same yesterday, it will be same tomorrow, only perhaps more of them. With a feeling of frustration and a breaking heart, I must tell them there is no room for them. Some will sit there for days before they finally can be admitted or give up waiting.”

But even after retirement in 1960, the Brigadier Hilda Plummer has continued to serve the leprosy sufferers to whom she dedicated her life many years ago. Living in a small bungalow close to the leprosy colony other side of the railway track where more than 500 leprosy afflicted people live, she has continued using her midwifery skills, delivering many healthy babies born of leprous patients. Even to this day in 1977 after her retirement in 1960, the door of Brigadier’s home was ever open, day and night, and noon was ever turned away without receiving whatever aid and comfort she was able to give.

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147 The war cry, August 1967, p. 10.
148 The War Cry, October, 1956, p. 5.
In appreciation of the sincerity and sacrificial nature of Brigadier Hilda Plummer, the British Government awarded her with the medal of the order of British Empire (OBE) in 1977. Her faithfulness to her work and the dedication to the leprosy sufferers at Bapatla was such that she preferred to take the medal not in the Buckingham Palace, but in the grounds of the Salvation Army’s leprosy hospital at Bapatla\textsuperscript{149}.

The children attend school (the teacher himself being a patient), and this is recognized by Government. Many patients have their own gardens and grow vegetables for themselves and others; a coffee shop provides a place for moments of leisure; the necessary ingredients for daily food are purchased from another shop on the compound; the hospital dispensary meets the needs of all ailments from the common cold to sickness of a more serious nature and the resident doctor is kept busy with routine examinations and related work. Recreation is sought in various games and patients excel in presentation of skits and dramas. Salvation Army Church services are held regularly in the Chappel constructed in the Asylum premises. During their sojourn in the asylum many have sought Lord Jesus Christ as their personal saviour\textsuperscript{150}.

The Evangeline Booth Leprosy Asylum continued its dedicated services upto 1970’s and later became Leprosy Hospital. Since then, it changed its treatment and rehabilitation methods and continued its services upto 1990’s and on account of

\textsuperscript{149} The War Cry, August, 1977, p. 9.
\textsuperscript{150} The War Cry, October, 1956, p. 5.
reduction of leprosy patients due to the government attitude and improved medical
treatments and surgeries, the Leprosy asylum was converted as the Salvation Army
Multi Programmes Development Centre and providing out patient department to the
patients of leprosy, AIDS, and certain chronic diseases. The centre is also running 1)
Nursing School 2) Working Women’s Hostel, 3) Tailoring centre and 4) Notice Book
Building Centre\(^{151}\). The leprosy patients with serious condition and those who
required to take medicine life long were removed to the leprosy colony located close
to the hospital other side of railway track where more than 500 leprosy patients are
accommodated in permanent to semi permanent houses.

V(i). LEPROSY ASYLUM, KODUR (SALC)

The Hermansburg Mission of North Germany was rather late in starting
medical missionary work, the main reason being lack of funds and unwillingness of
Germans to come to India for medical mission\(^{152}\). In 1896, the government of Madras
Presidency opened a hospital at Tirupati with two blocks, one for women and one for
men, but could not continue the work due to lack of medically trained personnel. In
1897, the local government doctor by name L. Singh had approached the
Hermansburg Mission for a German doctor to work in the hospital, and on behalf of
the government offered to give the buildings and financial assistance to the mission.
Nevertheless, this offer was rejected, because no doctor and nurses from Germany

\(^{151}\) Nanda Vardhan, T., Origin and Spread of the Salvation Army – Its Socio-Economic and Religious
activities in India and Andhra Pradesh, Ph.D., Dissertation submitted to Acharya Nagarjuna
University (un published) 1913, pp. 248 – 250.

\(^{152}\) Harms, Hartwig, A History of the German Hermansburg Evangelical Lutheran Mission in India
1864-1918 (A Hand written Manuscript available at UTC Archives, Bangalore, p. 53.)
were ready to come to India\textsuperscript{153}. On the other hand, the German missionaries felt that, since the British government was ruling the country, it was the responsibility of the government to establish the medical hospitals and to take care of the sick in their colony\textsuperscript{154}.

But in course of time the ill feeling of the German missionaries melted away and came forward not only to do evangelistic work but also the medical work by establishing a Hospital at Renigunta and Leprosy work at Kodur\textsuperscript{155}.

Kodur is located about 21 miles north east of Tirupati in a hilly country and has the distinction of having the best climate in the entire S.A.L.C. mission field and it is principally due to the elevation, it is being higher than any other mission station. Besides the church, mission bungalow and usual buildings of the compound, the lace school has found temporary quarters there\textsuperscript{156}.

When Hermansburg missionary Witman heard the reports that there were many people suffering from Leprosy disease and people used to burn them alive in a hut or bury them alive by giving them opium made him very sad. He also came to understand that there were 200 leprosy victims at Kodur and its environs. Hence he explored the possibilities to start an asylum for such people. He approached a society in Scotland and received help from them to open an asylum on 17 acres of land near

\textsuperscript{153} Ibid, P. 57.
\textsuperscript{154} Ibid.
\textsuperscript{155} Souvenir of the Centennial (1865-1965) celebrated by the South Andhra Lutheran Church, February, 10-13, 1966, Tirupathi, P.P. 8-9.
\textsuperscript{156} Sheastsley, C.V. Our Mission Field in India – The Report, Pub. By Board of Foreign Missions of the Evangelical Lutheran Joint Synod of Ohio, Columbus, 1921, pp. 73-74.
Kodur given by government as free gift for the purpose. In this connection it should be noted that missionary Wittman was not a trained medical doctor and by no means a specialist in leprosy. Hence only during his furlough he spent some time in England and studied medicine and human anatomy and started real leprosy medical work at Kodur\textsuperscript{157}.

On March 11, 1906, Rev. Witman established a leprosy asylum at Kodur\textsuperscript{158} and that too on a small scale. Missionary Wittman started the work with a two fold purpose such as

- to minister to the spiritual needs of the lepers
- and to take care of the physical needs of the inmates\textsuperscript{159}.

The leprosy asylum at Kodur continued only for a short duration on account of various reasons. These include (1) On the wake of I World War, the German missionaries working in India were deported by the British Government and hence Rev. Wittman left to his native country and after him no prominent missionary showed interest on leprosy work. (2) After deportation of Hermansburg Missionaries, the mission work of South Andhra Lutheran Church was taken up by the Ohio Synod missionaries of USA and due to the paucity of men and materials, they could not show much interest on leprosy work in Kodur and (3) almost all the leprosy patients of Kodur already took shelter in the established leprosy asylum in Andhra or Tamilnadu.

\textsuperscript{157} Harmas Hartwing, op.cit., p. 65.
\textsuperscript{159} Ibid, P. 5.
Thus the leprosy work at Kodur thrived for short duration but however, Kodur stood as an important leper asylum in Southeran part of Coastal Andhra\textsuperscript{160}.

**Conclusion**

Inspite of the intense suffering of some of the patients and the stigma attached to their sickness, anyone visiting the leprosy asylums established by missionary organizations in Andhra Pradesh cannot but feel the underlying happiness of these people eventhough cut off from home and loved ones. Amongst the patients there are those of the Hindu, Moslem and Christian faiths; there are some who know that the rest of their days will be spent in the asylums but others who hope and pray that the treatment will rid them of the sickness; there are the blind, the lame, the young and the old; but all represent one happy family cared for by a staff of the asylums whose sole interest is the welfare of those under their care.

\textsuperscript{160} Ibid.