I(a). GENERAL SCENARIO

Health is essentially a matter for the individual in the sense that no matter how extensive and efficient the health services in a country are, its people cannot be healthy unless the individual members are alive to their health needs\(^1\). A healthy environment, personal and environmental hygiene, is crucial for the health and well being of individual and communities. The medical researches have shown that all the diseases that occur to mankind are on account of lack of personal hygiene and environmental hygiene. The diseases that occur on account of personal hygiene are those of skin diseases, leprosy, trachoma and conjunctivitis, where as the diseases that occur on account of environmental hygiene are those of water borne, air borne and insect borne diseases. The water borne diseases include viral hepatitis, polio, cholera, typhoid, diarrhoeal types, etc. and the airborne diseases are those of tuberculosis, diphtheria, plague, wooping cough, bronchitis and meningitis etc. The insect-borne diseases are malaria, filaria, guinea worm diseases, etc.\(^2\)

Among these, there are several diseases such as plague, cholera which cause sure death if proper and immediate treatment is not administered, but the most feared and most dreaded disease is the leprosy which does not cause immediate death but allows the patient normal life for a prolonged period. But due to the permanent disadvantages the leprosy disease causes such as the nerve damage, loss of sensation, and disfigurement to

\(^1\) Park, J.E., K. Park Text book of Preventive and Social Medicine, Banarasidas Bhanot, 1971, p. 9.
the human bodies, the society by and large has stigmatized this disease to such an extent that the very idea of leprosy disease has become more burdensome to the patients than the disease itself\(^3\).

The leprosy is exclusively human disease and the only source is the patient. It is sometimes puzzling to know how leprosy has come to occupy a unique position that it has throughout the centuries. Leprosy is not a disease that causes sudden death and the mortality is very low. It is essentially a disease of the peripheral nerves and hence it won’t cause much pain either. The diagnosis of the disease depends on the demonstration of Microbacterium Leprae caused by it in cutaneous or in peripheral nerves. It allows its sufferers a considerable degree of normal activity and apparently allows normal health. It characteristically removes the sensation and pain to the peripheral nerves and so allows the patient to damage and deform himself by way of aberations, burns, cuts and wounds. In this context it may be noted that the horror and dread of disease is rooted in its deformity. To the average person the mention of the word ‘leprosy’ conjures up the images of missing fingers, and toes, open sores and of a deformed face.

In addition to the disease’s physical effects, patients historically have suffered severe social stigma and ostracism from their families, communities, and even health professionals to such an overwhelming extent that leprosy has been known as “the death before death” or “living death” since ancient times.\(^4\) Although much remains unknown

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\(^4\) Ibid, p. 62.
about the disease transmission and pathogenesis, tremendous advances have occurred in the understanding and treatment of the disease. In the past decades, there has been marked success of combined efforts from the Christian missionary organization, the Leprosy Mission (TLM), the World Health Organisation (WHO), local governments, health professionals, and non-governmental organizations (NGOs) in identifying patients with leprosy and providing effective treatment to them\(^5\).

There has been substantial debate as to whether leprosy originated in Ancient Eastern Africa or India centuries ago; however, the origins still not known even to day, with any degree of certainty. Early written records giving clinical descriptions generally accepted as being true leprosy date from 600 BC to possibly as early as 1400 BC in India, where a disease called Kushta was distinguished from vitiligo\(^6\). Chinese documents from about 500 BC that mention skin lesions, numbness, and loss of eyebrows attest to the spread of the disease eastward to China and subsequently to Japan\(^7\).

The disease was thought to have spread to the Middle East and Westward to Greece by conquering armies or traders. The return of Alexander the Great’s armies from his India’s campaign of 327-325 BC is noted as a likely event for the spread of the disease to Greek country and hence mentioned by Greek physicians as a novel disease called

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\(^7\) Trautman, J.R., **A Brief History of Hansen’s disease**, The Star (50) 1990, PP. 3-16.
Elephantiasis Graecorum\(^8\). The disease might have also spread to the Mediterranean basin and to Western Europe by the Romans, during their Crusades\(^9\).

European explorers and the slave trade might have introduced leprosy to Western Africa and to the Western Hemisphere within the past 500 years. A comparative genomics study evaluating rare single-nucleotide polymorphisms of leprosy supports the historical evidence of transmission of the disease through successive migrations of populations, as well as the migration of the disease from the Far East to the Pacific Islands and America as recently as the 18\(^{th}\) century\(^10\).

**Cultural Attitudes**

Due to the potential severe deformities and disfigurement associated with untreated disease, there has been a history of fear, stigma, and revulsion toward victims afflicted with leprosy throughout time and across cultures\(^11\). Since ancient times, there has been a link between leprosy and sin. In Jewish tradition and in the regions of ancient Mesopotamia, there is an association between chronic skin disease and ceremonial uncleanness requiring ritual purification and quarantine. Shintoism in Japan uses the same word for both leprosy and sin\(^12\). China linked the concept of personal guilt to the presence of repulsive skin diseases. Leprosy as the embodiment of evil forces also comes from the theory of Feng Shui, which held that individuals with leprosy needed to be

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\(^8\) Brownie S.G. op.cit. PP. 1–14.  
\(^9\) Trautman J R, op.cit. PP. 3-16.  
\(^12\) Scollard D.M., et.al. op.cit. p. 349.
buried alive to prevent spread of the disease to other members of the family and community\textsuperscript{13}. In ancient Benin, the darkest forces of nature were considered the source of the disease that was given to its victims as a punishment\textsuperscript{14}. The Hindu belief was that the disease was contracted as a form of divine punishment for the sins committed by him in his previous life\textsuperscript{15}.

Although much evidence today suggests that Hansen’s disease, or true leprosy, is not the condition of concern in Leviticus and other Biblical passages, the connection of the word lepra to leprosy was a major influence in Western attitudes about the victims of the disease being unclean and the subsequent segregation, shunning and isolation of the victims from the rest of society in a leprosarium\textsuperscript{16}. In medieval times, leper masses were held in which diseased people were declared “officially dead” as far as the church and society were concerned, and were banished and forced to wear distinctive clothing and announce their presence as ‘unclean’ with “bells or clappers”\textsuperscript{17}.

**Social Attitudes**

Unfortunately, the social stigma, the alienation, and the violence against sufferers of leprosy are attitudes that have continued through the ages upto the 20\textsuperscript{th} century and still exist even today. Fenny gives a number of examples of persecution

\textsuperscript{13} Fenny P., op.cit. P. 126.
\textsuperscript{14} WHO, op.cit.
\textsuperscript{15} Brown. W., Can Social marketing approaches change community attitude towards leprosy ? Leprosy review (77), 1989, PP. 89 – 98.
\textsuperscript{17} Browne S.G. op.cit. P. 13.
within the past century. In the U.S., a man was left alone to die of exposure and starvation in a cattle truck; in China in 1937, 80 victims with leprosy, including women and children, were shot and thrown into a lime pit; and in Korea in 1957, a mob beat 10 patients from a leprosarium to death\(^\text{18}\) Stigmatizing attitudes have even been incorporated into modern law, as demonstrated in India where the Motor Vehicles Act of 1939 forbade the granting of drivers’ licenses to leprosy sufferers and, until recently, the Indian Christian, Muslim, and Hindu marriage acts indicate leprosy as one of the grounds for divorce\(^\text{19}\).

Hence, the society at large has attached a very great stigma to this disease and hence always treated the leprosy affected persons with aversion and contempt. Though there are numerous reasons for this stigmatization, the significant factors which according to Littman\(^\text{20}\) may have been “a) a long-unknown source of infection, b) the belief that leprosy is a punishment for sin, c) the fact that the disease is set apart because it produces intensively rather than pain and can lead ultimately to hideous disfigurement, and d) the belief that leprosy is incurable”. To these can be added the misconception that leprosy is highly contagious and also hereditary. However, much one may attempt to ridicule the non-sensical nature of these reasons for stigma, one cannot get away from the fact that it is ever increasing and deep seated.

**Religion and Tradition**

\(^{18}\) Fenny, P. op.cit. P. 49.
\(^{19}\) Brown, W. oppo.cit. p. 94.
As a consequence of sociological stigma, there is usually a polarization between the leprosy patient and the religious community. This alienation is not merely deduced as the possible outcome of social stigma but is attested to by general observation. The common sight of many leprosy affected persons at the gateway of churches and temples as beggars might serve as an example to demonstrate this alienation between the religious community and the leprosy affected person.

It cannot be denied that religious tradition and interpretation in India have had a role to play in contributing to this social stigma and religious alienation. For while those who fall under the Christian heritage may have been influenced by the reference to leprosy as unclean as per the Biblical reference and sin as per Islamic beliefs. The Hindus and Buddhists on the other hand generally viewed leprosy as the consequences of sins committed in this life or in a previous incarnation – perfectly in accordance with the cycle theory of birth and death that governs their theological thinking\(^{21}\). The world leading religions thus gave validity to the social and religious stigma to leprosy disease instead of repudiating it.

**Economic Attitudes**

Though it may be true that leprosy is no respecter of persons on the basis of class, caste, colour, religion, region and nationality, it is quite certain that the disease is more prevalent among the economically disadvantaged. Also, since the side effects of leprosy causes disfigurement and loss of limbs, many patients are forced to give up their

respective occupations and struggle to earn a living for themselves by resorting to begging. This is particularly true among majority of the leprosy affected persons because due to ignorance, negligence and delay they take treatment only after the disease has affected their normal functioning capacity.

**Christian Missionary Attitude**

In this connection, it may be noted that the word compassion is mentioned in the Bible frequently with various interpretations. In most instances, it is pity but also ‘mercy’, ‘kindness’ or ‘consideration’. It is the capacity to feel for a sufferer with another, in its highest form, it is an expression of love.

In the Old Testament, it is written of God that ‘his compassions fail not. They are new every morning’.\(^{(22)}\) God’s chosen people of old world were expected to display this virtue and hence the Christian missionaries showed the divine example of love and compassion in Lord Jesus Christ.

The compassion of Jesus was evident not least in His attitude to those afflicted by leprosy, a disease especially dreaded in those far-off days. The victims of leprosy were regarded as unclean, incurable and outcastes from society. Yet Jesus desired to visit and cure leprosy patients as recorded several times by Synoptic Gospel writers. Jesus also visited and shared a meal with one named Simon\(^{(23)}\) and his touch brought healing to several others and also Simon.

\(^{(22)}\) Holy Bible (Old Testament) Lamentations 3:22-23.

\(^{(23)}\) Holy Bible (New Testament) Mark 14:3.
It is the spirit of compassion that motivated those missionaries in the late 19\textsuperscript{th} and early 20\textsuperscript{th} centuries in different parts of World and India to start several leprosy hospitals, asylums and homes. They treated all the patients alike irrespective of the caste, colour, class, creed, religion and region and showed the love of God not only to all but also to the leprosy affected patients. Their efforts in doing all these is only to reflect the redeeming love of Christ. In some places, it is only by their actions the love of Jesus is communicated while in some others, they also took the opportunity for Evangelism and Christian witness.

The leprosy programme taken up by the missionaries of different missionary denominations all over the world, also in India and Andhra Pradesh is a fascinating story. They poured their love and affection immensely upon the leprosy patients who were disgraced by society including their own kith and kin by inculcating in them a new hope and vision about their future life. The missionaries treated the leprosy patients whose damaged parts discharge puss and blood from which eject millions of micro bacterium bacilli, the missionaries felt that it is their God given blessing to serve them. In the process a couple of missionaries contacted leprosy and suffered a lot and also died on account of the disease, they did not lag behind in treating the leprosy patients with utmost care and affection. Their significant contribution for treating and eradication of leprosy by establishing leprosy homes and colonies in India in general and Andhra Pradesh in particular has brought far reaching consequences in their life styles.
During the course of meetings and field visits undertaken by me for this study, I was frequently asked by leprologists and social workers alike how it was that I have become interested in so remote and complicated subject. In fact my interest in leprosy topic arose in 2000. During the course of my study of the biography of Mother Teresa and her world of destitutes, I chanced upon to see the situation of leprosy patients and their families living in Booth Leprosy Asylum and colony at Bapatla of The Salvation Army and Bethesda Leprosy hospital at Narsapur of Godavari Delta Mission. This however gave me an opportunity, to study different facets of leprosy, the etiology, the social problems, control measures, and the rehabilitation aspects taken by several Christian organizations which were – presented to my conscience to do research on the topic and to bring out to light various aspects of Christian missionary activities which were prompted by the Biblical concept of love and compassion towards the Leprosy affected in Coastal Andhra.

While studying the subject of leprosy the Present writer has encountered two different aspects. They are both medical and sociological aspects. Since the main theme of the present dissertation mostly deals with the sociological aspect, emphasis is made on this aspect without neglecting the medical aspect altogether. Hence a kind of balance is made on the two aspects in the present dissertation by giving the required inputs on the Christian missionary attitude towards leprosy where ever it is required.

The words “Leprosy affected” is used in most parts of this Dissertation for several reasons. The use of the word “leper” has been banned by international medical
agreement in early 1950’s. Further, the word acquired a prejudicial meaning and except in some specific references such as Lepers Act of 1898 etc. the words ‘leper’ or ‘leprosy’ are not used. Some papers and books have relied on the use of the term “leprosy patient”. But with such usage, a distinction needs to be drawn between “patients” and “ex-patients”. Persons with leprosy deformities are still considered by society as “patients”, when in fact many are cured from the disease and non-infectious and not undergoing treatment at all. With the controlled use of drugs such as Rifampicin, non-infectivity of the disease rendered sometimes in a matter of a week or two. Nor does this term take into consideration the plight of family members, who while they may not themselves suffer from the disease, also share its socio-economic consequences and stigma. For all these reasons, in the present dissertation the use of the word “Leprosy affected” is preferred as a summation of a particular socio-economic as well as clinical condition.

In compiling the dissertation, it is to be confessed that the writer has failed to collect the information on leprosy disease and its spread in India and Andhra Pradesh during the later Ancient period and medieval periods inspite of a detailed research in the epigraphical and literary sources of the period under consideration after its mention only in Charaka Samhita datable to 6th Century B.C. But during the rule of India by British Government during the modern period a detailed information is available from the census reports it has collected in 1872 from different parts of India. The author tried to present the available data on the subject in the present dissertation. Only it is hoped that the

future researchers may give more information about its availability during ancient and medieval periods in their works.

I(b). AIMS AND OBJECTIVES

As already mentioned earlier that the leprosy is one of the oldest and dreaded diseases that has tormented the man kind, its origin, etimology, etiology incubation period, spread still remain unanswered questions. Whether the disease is contagious or hereditary is also not properly understood till to date. But the deformities it produced has stigmatized it as a loathsome disease and hence those who are affected by it are being segregated by their own kith and kin and also by the society.

The Christian missionaries who came to India and Andhra Pradesh during 19\textsuperscript{th} and 20\textsuperscript{th} centuries for proselytization were very much moved by the plight of leprosy affected people and tried their best to eradicate the disease and keep them comfortable by establishing leprosy hospitals, asylums and homes at different parts of India and Andhra Pradesh. Hence the dissertation is proposed to

1. To find out various aspects of leprosy disease such as its origin, spread, epidemiology, etiology mode of transmission, immunology, pathology, preventive and curative measures taken by public and Governments globally before the Christian organizations set to take up the problem.
2. To find out the spread of leprosy in India and the curative and the rehabilitation measures taken by the British Government, Christian organizations and the philanthropists to combat the disease.

3. To bring to light the means and measures taken by the Christian missionary organizations which were prompted by the Biblical love and compassion by constructing the leprosy asylums, hospitals in India and Andhra.

4. To identify various issues involved in the establishment of leprosy asylums and hospitals by Christian missionaries in Andhra Pradesh at Salur, Vizianagaram, Ramachandrapuram, Narsapur, Bapatla and Koduru and the measures taken to relieve the suffering of the leper patient by providing boarding and lodging facilities free of cost at times and also appointing the doctors, nurses, paramedical staff to treat them.

5. To identify the financial problems faced by the missionaries for constructional works, medicines, establishments etc. and how they solved them.

6. To assess the valuable services rendered by the Leprosy Mission both financial and men and material to the Christian leprosy medical hospitals in Andhra besides their own organized leprosy asylums.

7. To estimate the beggar mentality developed by the leprosy affected people as they loose employment and earning capabilities on account of bodily deformities and stigma attached to them by the society. Under these circumstances, the leprosy
affected people were given vocational trainings such as carpentry, weaving, tape making, gardening, bee keeping etc., by the hospitals and asylums run by Christian missionary organizations to provide economic substance and alternative earning methods, after they were cured from the disease and discharged from the leprosy asylums.

8. To assess the impact of Christianity and the spread of gospel among different groups of leprosy affected and the conversions if any among them on account of the compassion and love shown to them by the Christian missionaries.

9. To estimate the impact of the reconstructive surgery and rehabilitation models provided to the leprosy affected by the missionaries in India in general, and Andhra Pradesh in particular.

I(c). SCOPE

Besides providing overall picture of leprosy disease world wide and India, the main scope of the present study is a bold attempt confined to the leprosy asylums and hospitals established by different denominations of Protestant Christian Churches at several places of coastal Andhra such as Ramachandrapuram, Vizianagaram, Pithapuram (CBM), Narsapur (GDM), Salur (AELC) Bapatla (SA) and Koduru (SALC) located respectively in East Godavari, Vizianagaram, West Godavari, Srikakulam, Guntur and Nellore Districts. The present study not only provides the various medical aspects of leprosy disease but it also provides the construction of hospitals / asylums, the boarding
and lodging facilities, the appointment of medical and paramedical staff, the medicines and rehabilitation and vocational training programmes provided to the leprosy patients.

Besides these, the scope of the dissertation also provides information on several of the roadside dispensaries which were established by these missionary societies in the rural areas for the benefit of those patients who cannot afford to travel longer distances to take treatment.

These hospitals / Asylums were established mostly on the donations from different Christian organizations worldwide and the friends of the missionaries of America, Canada and European countries and were run for several years on free treatments and or on partial payments. A detailed study of all these aspects also come under the scope of the present study.

The scope of the dissertation not only limited to the constructions of Hospitals, wards, Asylums and medical treatments provided by the missions to leprosy affected, it is also aimed to focus the effectiveness of the medical and non-medical missionaries to leprosy patients in gospel preaching and proselytization and the method of conversion, taken place on account of the healing ministry.

Further, this dissertation is also aimed to study the impact of the hospitals / asylums on the leprosy affected, who were stigmatized by the family members and society. This has forced the patients to develop begger mentality. To promote respectable socio-economic life after the patients are recovered symptom free from leprosy, the missionary hospitals and the asylums instituted several vocational trainings such as
carpentary, tailoring, tape, basket and brick making, agriculture, automobile trainings, etc. to provide self respect and self dependency and to have economic independence to them.

I(d). METHODOLOGY AND SOURCE OF INFORMATION

The source of information for compilation of this work is two fold, i.e. the primary source and secondary source. The primary source of information for the present work include Gazetters, Manuals, Census records, the monthly annual reports of different missions which were prepared as a source of information to the respective mission organizations. Besides these, several of research journals provide different articles on various aspects of the subject which are also utilized for the purpose the secondary sources also provide valuable information on the subject which are available in the form of books, journals, magazines, souvenirs, which provide detailed information on different aspects with possible commentaries.

The Manual of Krishna District25 the Manual of Nellore District26, the Manual of Godavari district27 and the Manual of Visakhapatnam28 of Madras Presidency provide useful information on different medical aspects of Coastal Andhra during colonial rule in the last quarter of 19th century. The manuals of administration of Madras Presidency Vol.I29, II30 and III31 are contemporary reports and provide accurate information on the

26 Bosewell, A.C., Manual of the Nellore District in the Presidency of Madras, Madras, 1873.
prevalence of different diseases and the measures taken by the Government and public to combat the situation. Besides these, the census reports\textsuperscript{32} also provide valuable information on the mortality rate of the people on account of epidemics which frequented the areas under present study.

The reports and magazines published by different missions also provide valuable information on the developmental activities undertaken by the missions annually, besides the number of treatments conducted by medical missionaries for the in-patients and out-patients of these reports, the Canadian Baptists have preserved very good annual reports when compared to other missionary societies. The annual report of the Canadian Baptist Church was initially started as “Annual report of the Baptist Foreign Missionary Society of Ontario and Quebec”. But in course of time, the title of the report was changed as “Report of the Canadian Baptist Telugu Mission”\textsuperscript{33}; Report of Canadian Baptist Mission; Report of the Canadian Baptist among the Telugus, Oriyas and Savaras”\textsuperscript{34}; “Our work among the Telugus, Oriyas and Savaras and with the Bolivians”; “Among the Telugus and Bolivians etc.”\textsuperscript{35} All these reports were published annually and refer to the work of Canadian Baptist Church in northern Coastal Andhra. These reports provide detailed information of various aspects of CBM leprosy work in asylums at Ramachandrapuram and Vizianagaram and in different village clinics and road side temporary homes.

\textsuperscript{31} Manual of Administration of Madras Presidency (Vol.III), Madras, 1902.
\textsuperscript{32} Census Reports of Madras Presidency (1871, 1881, 1891, 1911, 1921, 1931, 1941)
\textsuperscript{33} Report of Canadian Telugu Missions 1890-1936.
\textsuperscript{34} Report of C.B.M. Among the Telugus, Oriyas and Savaras, 1939, 1940, 1942.
The American Evangelical Lutheran Mission published from USA annual report known as “The Foreign Missionary”\(^{36}\), the monthly report, “Lutheran women’s work”\(^{37}\) and from India, The Gospel witness\(^{38}\), ‘The Lutheran’, ‘Andhra Lutheran’ (in Telugu)\(^{39}\). Besides these are published reports which give valuable information on different aspects of leprosy work done at Salur.

The Godavari Delta Mission published monthly magazines known as Rayabari (Ambassador) and Sakshi (witness)\(^{40}\) in Telugu which provide valuable information of its leprosy work at Narsapur. But the important aspects is that these magazines provide valuable information on the contemporary aspects of the activities of Medical missionaries of GDM Mission.

The Salvation Army published several magazines and monthly reports such as the War Cry\(^{41}\) in English, Yovana Veerudu and Yudha Dwani in Telugu. The special feature of Salvation Army is that it published yearly reports from London since 1904 which provided valuable articles on its leprosy activities globally, among which valuable information of leprosy activities in India at places such as Bapatla, Adur etc. The books which provide graphic information of Canadian Baptist Church include Orville E.

\(^{36}\) The Foreign Missionary (Monthly) October, 1878-1942.
\(^{37}\) Lutheran Women’s work (Monthly) January 1902-Dec., 1942.
\(^{38}\) Published from Philadelphia.
\(^{39}\) Published as Monthly Magazine in Telugu from Madras from 1928 and later from Guntur upto 1998.
\(^{40}\) Sakshi is a Telugu Publication of Godavari Delta Missions from Narsapur since 1939.
\(^{41}\) War Cry is Salvation Army’s international Publication from London from 1892. Aso published from India also.
Daniel’s “Moving with the times”42; Orchard M.L. and K.S. McLaurin’s, ‘The Enterprise’43 John Craig’s “Hand to the plow”44 Clarke’s “Sisters from Canada and India”45, etc. The books produced by the missionaries of American Lutheran Mission include Dolbeer’s (Sr). The Andhra Evangelical Lutheran Church, A Brief History46 Dolbeer’s (Jr) The History of Lutheranism in Andhra Desa47, Swavely’s two books – ‘One hundred years in Andhra Desa’48 and ‘The Enterprise’49, Drach and Kuder’s, ‘The Telugu Mission’50 provide valuable information on the activities of leprosy work of American Lutheran Mission Society. The Godavari Delta Mission published several books through Jeevan Jyothi Press. The books of G.D.M. which provide valuable information are Great clouds of Gospel witness and Goppa Sakshi Samuham51 (Telugu), the Salvation Army Publications include Maldrid Mackenzie’s The Mud Bank52, Solveig Smith’s “By Love compelled”53, Frederick Lee Coutt’s “The History of the Salvation Army 1883-1953)”54

43 Orchard M.L. and K.S.McLaurin, The Enterprise (The Jubilee Story the Canadian Baptist Missions in India 1874-1924) Toranto, 1924.
44 Carder, W.G. Hand to Indian Plough, Kakinada, 1983.
45 Clarke, F. Sisters from Canada and India, Toronto, 1925.
Besides these books, directly connected with their respective church histories, there are several other medical journals on Leprosy world wide and the books which give brief information. The general books which provide some information on the subject include Titus Virghese’s Glimpses of the History of Christian Church in India\textsuperscript{55}, Fishman’s two books, ‘For this purpose’\textsuperscript{56} and Culture change and under privileged\textsuperscript{57}; Firth’s ‘The Introduction to Indian Church History’\textsuperscript{58} etc.

\textbf{I(e). PLAN OF WORK}

The dissertation is divided into seven chapters as detailed below.

The first chapter is introduction. It provides a brief idea on how the leprosy has become one of the oldest and the most dreaded disease that has tormented the human beings throughout the history, leaving impressions on religion, literature and art. The chapter also provides a brief idea on how the Christian missionary organizations in India and Andhra Pradesh started the leprosy asylums and tried to alleviate the sufferings of the leprosy patients in 19\textsuperscript{th} and 20\textsuperscript{th} century. The chapter further deals with the aims, objectives, methodology, scope of the subject besides providing the data categories and division of chapters.

The second chapter deals with different aspects of leprosy disease such as its symptoms, etymology, distribution, sex distribution, mortality, transmission, incubation

\textsuperscript{56} Fishman, A.T. For this purpose, CLS, Madras, 1958.
\textsuperscript{57} Fishman, A.T. Culture Change and under Privileged, CLS, Madras, 1941.
\textsuperscript{58} Firth, C.B. An Introduction to Indian Church History, ISPCK, Delhi, 1961.
period etc. The chapter also deals with the socio-economic aspects of leprosy, stigma attached to the disease and various aspects of rehabilitational measures that are prevalent in the present day society.

The third chapter deals with the global situation of leprosy. It provides various aspects such as its earliest evidence, its spread to different parts of the world, its religious concepts, different medical, social and cultural measures taken by the world population to its eradication. The chapter also deals with the laws and Government orders promulgated by different Governments for the segregation of leprosy patients and to keep them in the homes, asylums specially constructed for the purpose.

The fourth chapter deals with the presence of leprosy in India since the vedic times to the present day. The chapter also provides information on how leprosy was identified as a dreaded disease during Aitereya times and how the Charaka Samhita identified its etymology and growth and the successful activities of Baily in establishing the Leprosy Mission which has grown to international agency in eradication of the disease, the work of Christian missions which primarily came to India for the spread of Christianity also showed their compassion on the plight of leprosy affected patients and established different leprosy hospitals / Asylums and homes at different parts of India to redeem the suffering of leprosy affected.

The fifth chapter is the core chapter of the entire dissertation. It deals with Christian missionary societies from Canadian Baptist Mission, American Lutheran Mission, Godavari Delta Mission, the Salvation Army and South Andhra Lutheran Church who came to Andhra desa primarily to establish their denominational activities and saw to
the plight and problems faced by the leprosy patients showed similar compassion and love of Jesus Christ towards them and established leprosy Hospitals at Ramachandrapuram, Vizianagaram, Salur, Narsapur, Bapatla and Koduru. The chapter also provides data of medical and rehabilitation facilities to the leper patients by the missionaries. The chapter also provides valuable information on how the leprosy patients were given medical treatments in reconstructive surgery, ophthalmology, in the leprosy hospitals and how they are given vocational trainings in carpentry, tape making, carpet making, poultry, cultivation to promote economic sustainability to those patients who were discharged from the asylums, symptom free.

The title of Sixth Chapter “The Leprosy Assylums, Segregation, Medical treatment and Rehabilitation” itself is self explanatory about which it deals with. It provides detailed aspects of leprosy patients and why the disease is so little understood and indeed misunderstood from times immemorial. The chapter also details the measures taken by Christian organizations, The Leprosy Mission, voluntary organizations and local governments to control, eradicate and eliminate the disease. The chapter further deals with the social stigma attached to leprosy patients and the consequences there on. It also deals with the rehabilitation measures and the vocational trainings given to the leprosy affected so as to provide them economic viability and to lead a meaningful and respectable life in the society.

The seventh chapter deals with the Summary, Conclusion of the dissertation.

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