CHAPTER V

MEDICAL ACTIVITIES

The medical mission was a special and new feature of the Christian work which assumed prominence in the nineteenth century. This work was associated with the spirit of Christianity whose founder was a great healer. In 1900 the Ecumenical Missionary Conference held at New York recognised medical work as an important branch of missionary activity. The International Missionary Council declared its view about it in 'The Christian Ministry of Health and Healing':

"The church exists to continue the work that Christ began. As He identified Himself with the need and suffering of the world, so must His disciples identify with that need and suffering. The ministry of health and healing should be integrated in the life of indigenous churches; by providing for all forms of medical services... We realise that the ministry of health and healing belongs to the essence of the Gospel and is therefore an integral part of the mission."

The task of evangelism through its medical wing gets its nature and scope determined by the humanitarian work it performs in the hope that the missions' cordial end may be achieved through this process. In a country where the conditions are unfavourable or less favourable for preaching the Gospel freely by an ordinary evangelist due to political, religious, idealogical or other reasons the medical wing proves to be very effective. In situations where Government and other institutions are opposed to evangelical work and do not provide medical care to backward classes and aboriginals, the medical work is a great

source of inspiration and security to the missionaries. As soon as the confidence of the local people is gained by the missions through medical services to the needy, the real work of a mission becomes somewhat easier. The missionary is tolerated, his presence is welcomed, his work is appreciated and he is heard by the people. A service to the needy has its own rewards. The process to achieve the other and more important end gets going irrespective of the quantum of actual achievements. Hence this auxiliary unit of the evangelical mission played significant part in promoting the evangelical cause by making its presence felt for fulfilling the social and humanitarian responsibility. Its impact on the people was deep and abiding. As a means to an end the medical wing of the mission always occupied a subordinate place in the mission establishment and its spiritual venture. In this way the scope and nature of the medical undertaking of a church becomes well defined and quite evident. Undoubtedly the medical work of a mission was started as a supporting agency to evangelism and continued to be so almost as an indispensable organization; for through it a social responsibility is fulfilled particularly towards those who have been brought into the Christian fold by conversion as well as towards the humanity in general.

As a matter of fact, the missions of the nineteenth century were not concerned basically with the social medicine. Their work has to be viewed and evaluated in the context of the medical requirements of the people. An important reason for the growth of the social medicines was that the lady missionaries, who visited local women, highlighted the special need for their medical aid. S.V. Patade writes, "It was observed that the women missionaries and those equipped

with special competence in .... nursing, medicine etc. were needed to promote their work and that mere educationists or pastors would no longer be adequate.¹ It was the time when great development was taking place in the modern medical science in the West and an increased attention was being paid to the matter of hygiene. This development made the missions more conscious of the need for medical services. The frequent occurrence of famines also motivated the medical services. Many epidemics in the wake of famines took a huge toll of human lives. The missionaries took care of the remaining sufferers marred by the spectacle of death and disease. Thus, the ministry of healing functioned primarily for performing humanitarian duty as a moral and social obligation to the society. Its function as an aid to conversion was only secondary.

This sense of disseminating the moral obligation through medical work had been entirely in accordance with the long Indian tradition of service to humanity. Many legends of ancient India reveal the establishment of hospitals and dispensaries supported by the generous gifts of the kings and other pious and rich people.² The Christian missions working in India continued this age old tradition. They used Allopathic medicines instead of the traditional Ayurvedic prescriptions with which they were not familiar. The excellent Indian medical system and knowledge were then in a declining state.³ Some of the Mughal Emperors had sought aid of the surgeons of the East India Company in the seventeenth and eighteenth centuries. The mission hospitals and dispensaries established in the nineteenth century proved to be of great help to those Indian people suffering from various diseases and epidemics.

¹ Pahade, S.V. in Golden Jubilee Commemoration Volume, p.81.
³ Ibid ; p.247.
who made use of them without prejudices. Every western missionary sent abroad was well equipped with the knowledge of first aid. He carried the necessary medicines with him wherever he went and made use of them for alleviating the sufferings of others also.

Establishment of Dispensaries and Hospitals

In Nagpur the medical work was started by Rev. Hislop, the pioneer missionary of the Scottish Church, in 1848 subsequently it was systematically reorganised by Dr. Robertson in 1887 with the assistance of Dr. Ratan Singh, an Indian Christian. A three-roomed dispensary, opened in the city, was inaugurated by the Commissioner A. L. Fraser. The building was enlarged with a 'Granny Home' which was built out of a donation of £ 100 given by Mrs. Roberts Lumsden in 1900. Another dispensary was opened in 1893 at Temple Bazar, Sitabaldi under the charge of Dr. Jenny Wells with the assistance of Dr. Martin and a nurse, Agnes Ball. Dr. Agnes Henderson, a very prominent lady physician of the province, set up a mobile dispensary to reach the villages of the Nagpur region. Miss Steen, a nurse, started the medical centres at Dhapawara and Alipur where Miss Brown was able to induce half the population to be inoculated. At Kalseshwar a dispensary was started under the charge of Dr. Iouvant Misal, another convert, in 1894. The Scottish Mission received a gift of tents from the children of Sabeat School Scotland for mobile dispensaries, which were pitched at Dhapawara, Saoner and Rautek to reach the smaller villages where the doctors visited the patients in their homes and treated on an average about 2000 patients yearly in one camp project.

Medical work was conducted in Bhandara District by Dr. J. Sandilands ever since the establishment of dispensary of that mission station in 1888. He was assisted by a nurse Mrs. Anandrao who was trained in the Dufferin Hospital, Nagpur. This dispensary was enlarged when Mr. Lawrie, the Deputy Commissioner of Bhandara, allotted a site and a donation of £1000 was received from friends abroad for upgrading the dispensary into a hospital. From Bhandara Dr. Sandilands visited the neighbouring districts of Balaghat, Seoni, Raipur and Chanda, and treated 5000 people in 544 villages which were beyond the reach of the government dispensaries. Wardha was one of the mission stations of the U.F.C.S. where the medical work was commenced by Dr. and Mrs. Revie in 1890 with the support of J.T. Morton. In the beginning a dispensary was opened in two out-houses. In 1892 a private house with two verandas and a cowshed was secured for the purpose until the dispensary was moved to the mission bungalow in 1895. In the following year a sum of Rs. 5500 was granted by the mission for erecting hospital buildings. That hospital is now known as 'the Red Dispensary'. The small medical aid centres were started at Ashti and Powner villages where 844 patients were treated annually. The weekly dispensary at Salod and Powner treated on an average of nearly 5000 cases, conducted operations on 95 pauper patients and visited 101 villages yearly. In Chhindwara District Rev. James Dowson of the Scottish Mission opened a dispensary in 1874. On the withdrawal of the Scottish Mission from that place, the dispensary was taken up and operated by the Swedish Mission.

Among the great contributions of this mission to the

1. Letter from J. Sandilands to C. Smith dated Bhandara, July 30, 1900.
medical service of the people was the establishment of 'Mure Memorial Hospital' for women at Nagpur. A plan of this hospital project, strongly supported by the Commissioner and Deputy Commissioner, was sent to the Home Board for approval. In 1894 the Chief Commissioner sanctioned the sale of seven acres of land to the mission for this purpose. The appeal for funds was generously responded to by Mrs. Mure of Perserton Argyshire, who instantly offered £2000 for the buildings. The hospital was formally opened in 1896. It consisted of a main block with three wards, a maternity ward, an isolation ward, an operation room, a store room, a mortuary, a kitchen with store room, a children's ward, several nurses quarters, and a bungalow. Dr. A. Henderson was made its superintendent and Miss Steen took charge of the nursing section.

The Church Missionary Society set up a dispensary at Jabalpur in 1882. It was opened by a converted Christian until Gill and S. R. Morse took over charge in 1897. Miss L. Deauble opened a small dispensary in 1897 at Katni Murwara in Jabalpur District. Much attention was paid in it towards the tribal people. In Mandla District Dr. W. Johnson started a medical mission in 1884 for the permanent work among the Gonds. In the beginning he made tours for some months and was able to alleviate the sufferings of many people and also performed some minor operations. Rev. F. P. Herbert established a dispensary at the sub-station of Patpara and T. Law opened another one at Deori in Mandla District in 1898.

Along with his evangelistic work Rev. Oskar Lohr, the pioneer missionary of the E.S.M.A. who had a considerable knowledge of

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2. U.F.C.S.: Dr. Agnes Henderson of Nagpur, p. 22.
medicines, rendered medical aid to people at Birsampur in Raipur District. In 1871 he trained some of his helpers to go into the villages to treat the sick. A Government grant was sanctioned to him for the erection of a hospital building in 1897. Rev. A. Hagenstien started the medical work in the temporary dwellings as dispensary at Parsabhad where a large number of patients came to seek medical help and advice from him. A small dispensary at Ganeshpur was opened by Dr. Trimnell who received a grant of Rs. 50 per annum for medicines. When the Chief Commissioner visited that place in 1882, he was apprised of the requirement of a dispensary. He was pleased to sanction a sum of Rs. 2000 for the construction of hospital buildings on the proposed site freely given by the Malguzar of Dhakona. Some local subscription was also raised for the medical work at Bilaspur and Simga village of that district.

The medical work of the Friends Mission was started in Hoshangabad by Charles Gayford by establishing a small dispensary and treating many cases of sickness. In 1876, when Samuel Baker reached there and took over its charge, he renovated the dispensary and added new blocks to it for cooking and bathing. With the increasing pressure of general medical work, Charles Gayford was sent to England in 1879 to study medicine. During famines other dispensaries were opened at the sub-centres of Bankheri, Sohagour and Itarsi out of which the latter was developed into a very big hospital in the subsequent years, providing all sorts of medical facilities both for indoor and outdoor patients.

   Folder 82-17 ch. 42(I) E.S.N.A. Archives.
The Methodists also contributed to the medical work. Dr. T. S. Johnson started the work at Jabalpur. Dr. Felt, whose work was valuable, came in 1895. He started a dispensary at Khandwa in 1896. Dr. (Miss) Earnsberger began medical work in the temporary thatched huts at Sironcha in 1897. From Jagdalpur the medical missionaries made tours of 200 kilometres marching over jungles and hills for distribution of medicines. John Lampard opened a dispensary at Khursipur in Balaghat District for the aboriginals and the tribal people.

During the famines the Disciple Mission opened dispensaries in their mission stations. Dr. Sampson Powers and Dr. John Panna, the latter being a converted Christian, started medical work at Harda and Timarni in Hoshangabad District. Dr. and Mrs. Drummond constructed the hospital buildings at the former place at the cost of Rs. 39990. Dr. Drummond was much loved and remembered as the 'old family physician' of Harda who had never a day without operation and responsible medical work. Dr. Baldwin started a dispensary with three blocks at the place purchased from Wazir Khan at Bilaspur in 1891. Dr. E. C. Miller and his wife Dr. I. B. Miller developed it into a hospital. During the famine of 1896-97, Dr. Anna Dunn Gordon started a hospital at Mangeli which is now known as Jackman Memorial Hospital. At Damoh Dr. Mary T. MacGavran set up an emergency dispensary in grass huts and began her career in 1896. She was assisted by a government hospital assistant and a compounder named Jeremiah. She also started a dispensary for women.

In 1899 Dr. W. B. Page of the American Mennonite Mission

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5. Ibid; p. 31.
set up a small dispensary at Dhantari in Raipur District in a single but sizable block giving relief to the sufferers of every common disease. By 1900 it was developed into a big hospital which served as the main hospital of the town for several decades. Dr. Page gained high reputation and became a popular figure. During the famine of 1899 the government offered him the position of a Civil Surgeon, which he humbly declined but accepted a gift of medicines from the Government. Rev. M.C. Lapp always carried his bag of medicines while he was on tour and treated many village patients with considerable sympathy.

Special arrangements for the treatment of women and small children also engaged the attention of the Christian missions in the Central Provinces, as among the victims of diseases their number was by far the largest, and due to social or religious customs they lived in seclusion. The missionaries felt that of all the God's world that called for redress the women in India called most pitiously, numerously and loudly. Therefore the ladies of the missions volunteered themselves instantly for the heroic and loving service in the hospitals and dispensaries established specially for the ladies. Their house visits for treatment of ailing women and their small children proved to be a boon to those who were kept strictly in purdah. By this voluntary service the doors of Indian homes were opened for the lady missionaries whose impact, though slow, was by and large salutary on the thinking and ways of life of the Indian women. Their age-old prejudices were gradually softened to some extent. In this way the success of the medical mission for ladies, though belated, was assured. Because of the work of the sister missionaries in medical work, nursing as a career gained

2. Ibid; p. 45.
reputation and respectability and it began to attract Indian women to enter into this profession. By the end of the nineteenth century the Indian nurses were however predominantly Christian.

In the initial stage, almost all the mission dispensaries contained small space, scanty furniture and medicines to treat only ordinary pains and fevers. With the limited resources beyond providing relief from ordinary ailments and diseases, nothing more was possible. The hospital establishments, where better facilities were available, were very few in number. The later phase of the nineteenth century had the same ratio. The opening of small dispensaries was easier. Their expansion required space, money, expert personnel, time and systematic plan for execution. The entire affair was time consuming. So in the beginning the number of hospitals was less but the existing ones were fully equipped, yielding better output and result. The well developed hospitals had outdoor patients department and also the facilities for the indoor hospital treatment after admittance. During epidemics when the number of patients was very large, they had to spread their beddings on the floor. Only a few hospitals had a surgical section. The surgical equipments were expensive and were not available in India. They had to be imported from Europe or America, and the procedure for their import was complicated and time-consuming. Their availability was also not certain. Hence the dispensaries were necessarily small, medicines ordinary and hospitals few. The supply of medicines was sometimes done by the Government.

The entire medical service was rendered by the missions on a philanthropic basis. Income from hospitals and dispensaries had never been their motto. On the contrary, the patients coming from the low

1. Firth, C. S. : An Introduction to Indian Church History, p. 208.
income groups were not only treated free of any charge but dietary provision for them was also made by the missions. Others were required to pay nominal charges. Sometimes the liberal Indians belonging to the well to do class donated land and money to the hospitals, but in the light of the enormous undertakings, their help was very meagre. Therefore, like other social services of the missions, their hospitals and dispensaries depended on their mother organisations for financial help. The expenses on medicines and medical equipments were borne by them and donations for hospital buildings had to be procured from abroad or within India. Thus almost the entire expenditure was met out by the foreign resources in the form of subsidy from the mission funds. The foreign donors channelised their donations in cash and kind through the mission organisations. Gifts in cash or kind from friends and patrons in India, Europeans as well as Indians, were thankfully accepted. The gifts in kind generally consisted of beds, bed linen, clothes, pillows, towels, weighing machine, books, toys, pictures and wooden furnitures.

The efficiency in medical service depended largely upon the ability of the physicians and surgeons and their sense of social service. In the nineteenth century there had been always a scarcity of good doctors. Even the Government felt this problem. In the initial stage when the church had to look after the physical security of its converts, the problem of supplying doctors to the mission hospitals was very acute. But the greatest optimistic feature was perceived in the last quarter of the nineteenth century when able doctors who had the zeal for mission work were available.

In the nursing and compound sections, the same problem of dearth was seen. The mission hospitals, therefore, undertook the work of

1. Ingham, K. *Reformers in India*, p. 113.
2. Lapp, J.A. *The Mennonite Church in India*, p. 113.
training nurses, midwives and compounders and issuing certificates. Several foreign ladies trained in the nursing profession offered their services and migrated to India as the lady missionaries. They trained Indian ladies for the nursing profession and brought them in the field for service. They were mostly drawn from the families of the Indian Christians. By the end of the century this vocation became quite attractive and a good source of employment for the female converts. Nagpur became the pioneer centre for nursing, midwifery and qualified personnel for class II medical services to the missions as well as to government hospitals and dispensaries. This gave impetus to the medical work and impetus to medical service. The dearth of trained nurses and compounders soon disappeared and the hospitals and dispensaries began to function more efficiently. Thus the training of personnel for health services was another contribution of the Christian missions. Excellent work was done in the training of nurses, midwives and compounders. The Mure Memorial Hospital at Nagpur provided higher training to the compounders and nurses. The Central Provinces as well as the whole of India owes the nursing profession to the devout women evangelists.

In the medical establishments of the various missions, the work was carried on in a regulated manner strictly in accordance with a set of rules and regulations and the personnel employed therein created no problems which confront the institutions nowadays. Under the superintendence, direction and control of the person-in-charge and the Medical Board designated for the purpose, a systematic working was assured and every employee discharged the duties assigned to him with dedication. They had to keep daily records of all the patients, make the tickets for the patients after having enquired the symptoms of their

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2. E.S.N.A. Rules for the Medical Staff in India (Manuscript). E.S.N.A. Archives.
ailments, give the prescribed medicines and carry out the treatment prescribed to him by the doctors. They had instructions not to prescribe any treatment to any patient without consulting the in-charge doctor. The doctors too were required to observe a certain code of professional conduct. Private practice was strictly prohibited to them except in special cases with prior permission from the competent authority. Medicines, instruments and other equipments were supplied to the hospitals on the approval of the Mission Medical Board.

Generally speaking, the mission hospitals provided treatment for all kinds of physical diseases. Multitudes of people went there from the urban and rural as well as from the asylums set up by the missionaries. Dysentery, scarlantine, fevers of all kinds, conjunctivity, venereal diseases, skin diseases, obscure and ulcers were the most common diseases. During the famines and epidemics special care was taken to treat the diseases caused by them. Famine mouth was one such terrible disease which comes from want of proper nourishment. The ordinary cases of illness were treated at the dispensaries set up for outdoor patients and the serious cases were sent to the hospitals. Typhoid and malaria were the most common diseases which used to take a heavy toll of lives. Cases of snake and scorpion bite were not rare. Bowel complaints of various kinds, nose, throat and minor eye diseases were quite common. For quick disposal of cases ready made charts containing names of common diseases and their treatment were made available to all the dispensaries. The following table shows the maximum number of patients treated in the mission hospitals and dispensaries during the last decade of the nineteenth century.

1. Figures of the unlisted medical centres of the missions are not available.
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**Eradication of Epidemics.**

The missionaries did their best to face the problem of epidemics. Besides the normal medical work carried on in the hospitals and dispensaries, the missions rendered valuable medical service during the epidemics. The Central Provinces was frequently visited by several fatal epidemics during the nineteenth century, which caused deaths in large number. The first of these most dreadful epidemics was cholera. It often came in the wake of famines and was one of the most fatal diseases. The missionaries built large isolation sheds where cholera patients were sheltered. The mission hospitals were full of emaciated
children and 'living skeletons'. The affected houses were either burnt or thoroughly cleansed, white washed and disinfected in order to check the epidemics from spreading further. Some precautionary measures were suggested to the people how to be scrupulously clean in their personal habits and way of living, how to keep camphor handy to smell and eat a little bit of it. Samuel Baker of Hoshangabad suggested that the people must not eat unripe or over-ripe fruits nor eat them on an empty stomach, nor eat a great quantity of melon or cucumber, and drink a great quantity of water and go out in the sun.

Small pox was another fatal disease. Large number of deaths occurred due to it in the years 1881, 1891 and 1901. The ignorance of medicine coupled with superstitions made it difficult to control the speed of this epidemic. The small pox was considered the curse of the goddess 'Mata'. Generally it was not treated medically. For getting rid of this epidemic different modes of worshipping the goddess and performing animal sacrifices were enjoined and practised.

The missionary approach to eradicate the disease was quite different and scientific. They tried to make the people understand its real causes and medical cure. Although it was a tedious job for the missionaries to remove the age-old beliefs and prejudices, yet they did their best to give scientific explanation of the occurrence of the dreadful ailment and tried to help the people by free distribution of medicine. In September 1897 when small pox, chicken pox, and measles broke out in the town of Hoshangabad and Khandwa, Samuel Baker and Brother Vardon helped the sick. Dr. Revie vaccinated the people in Wardha District where an epidemic of small pox made many homes desolate. Gradually the enlightened people began to understand the usefulness of vaccination but it could not become popular.

Plague was the third fatal disease. It broke out at Harda in 1897. Dr. Drummond laboured hard to remove the distress and sufferings of the plague stricken people. His work was called the 'Work of God'. The British Government also recognised his services during plague and honoured him. In 1899 there was a severe and widespread outbreak of plague in the districts of Nagpur, Jabalpur, Nimar and Wardha. It caused enormous devastation. Thousands of persons became its victims and children became orphans. Missions came forward to look after them. At Nagpur 380 children fell under their care, out of whom 130 were brought up at Nagpur and the rest sent to Bhandara. Miss Brown of Nagpur suggested the necessity of inoculation of all the children and deputed Shyamnath, a compounder, on plague duty in consultation with the municipal committee. In 1899-1900 another bubonic plague ravaged various parts of the Central Provinces. Dr. Johnson of Jabalpur wrote:

"The people became panic-stricken and great numbers—probably half the population—left the city. The daily death rate reached 120. Thousands of houses were closed, whole streets were forsaken and business was quite paralysed. The great anxiety and fear which prevailed can be better imagined than described." 2.

At Wardha Dr. Revie appointed Nuyardi and three catechist helpers to take care of the patients who were suffering from plague. At Nagpur Dr. Henderson opened an office in the city dispensary where the patients were given medicines. All the doctors were watchful and every precaution was taken to save the city from the scourge.

2. Scott, J.E.: History of Fifty Years of Methodist Church, p. 192.
Leprosy and Leper Asylums

The census reports of the Central Provinces recorded 6614 lepers in 1891 and 5098 in 1901. The leprosy is a contagious disease caused by the lack of proper sanitation, over population and unhealthy moist climate. In Nagpur district and Chhattisgarh regions the lepers were six times more than in the Narmada valley and Sagar territories. In Raipur and Bilaspur Districts they were quite large in number, but the largest number was in Nimar District, being four per thousand, mostly belonging to the socially and economically backward and handicapped classes. In the nineteenth century the Government did nothing to alleviate their sufferings beyond opening a leper asylum at Nagpur under the Act of 1898.

The Christian missions did comparatively more work for the welfare of the lepers than the official agencies. Inspired by the noble ideals of Jesus Christ, who himself had miraculously healed many lepers, they showed great sympathy and concern for them and rendered humanitarian service to them by providing medical aid to these helpless, outcasts from society and dependent upon others for everything, in the asylums opened for them at various mission centres. Dr. C. S. Durand of the D.C.I.M. was much moved to see the condition of the lepers. He made special arrangements for their healing and built a leper asylum of seven blocks at Harda in 1897. He asked the people in a public meeting to take steps for the care of these unfortunates and provide a modicum of comfort to them. In response to his appeal, a subscription was raised.

2. Ibid, p. 57
3. Christian Standard, Vol. III, No. 27. D.C.I.M. Archives. Dr. Durand contributed a sum of Rs. 500, Ganesh Seth Rs. 500, P. M. Greany Rs. 100, Rev. J. G. Mcpavan Rs. 100, W. P. Thomas Rs. 50, Agirna Rs. 50, Nandram Sadaram Rs. 25, Raoji Govind Rs. 20, Ramcharan Rs. 20, Burjorji Navroji Rs. 20, and other natives Rs. 161
Europeans as well as Indians made contributions. This amount was used for opening a leper asylum at Mangeli in 1897 with 45 inmates under the care of Dr. Gordon.

Dr. Revie of the Scottish Church opened an asylum at Wardha in 1895 in an old sarai given by the municipal committee along with two acres of land. The Commissioner A.H.L. Fraser added ten acres of rent free land to it for the use of 40 inmates. The American Mennonites found at Dhamtari several poor and needy lepers among the famine stricken people. They were collected and fed in a separate kitchen. The mission received a grant of Rs. 400 from the town and a gift of land from the mughal of Dhamtari to build up a ten-roomed asylum where 160 inmates were given medical care and the children of lepers were separated from them and looked after properly.

The C.M.S. opened a temporary asylum in 1897 at Patpara in Mandla District with 70 inmates. A new building was donated to it in 1900 by the 'Missionary Pence Association'. Rev. H.J. Molony sent some helpers to minister some relief to the poor lepers. The mission had been always in touch with the scattered lepers and distributed medicines among them. During famine nearly 30 lepers got asylum around the mission compound at Patpara. They were kept in thatched huts to be segregated and later transferred to two rows of buildings erected with bamboo and mud to dwell in. They were maintained by the 'Mission to Lepers' and the 'Missionary Pence Association' with Wellesley C. Baily as an assistant.

Rev. J. Jost of the E.S.N.A. had been dealing with lepers since 1884. For them he built small huts in a corner of the mission

compound at Chandkurhi in Raipur District. Rev. K.W. Nottcott also
wanted to open a leper asylum for which he received a grant of $120
for the erection of temporary sheds with the aid of the 'Mission to
Lepers'. During the famine of 1897 the Duchess of Groton donated
£300 for the care of 125 inmates and for the erection of buildings.¹
In the following year the number of lepers in the asylum rose to 267
excluding 60 untainted children. The village Chief first objected to
the idea of an asylum, but later consented to sell a plot at Bailalpur.
A spacious premises was built up at the request of the donor and was
named 'The Claire Leper Asylum'. At an asylum at Raipur town run by
the municipal committee, Rev. J. Gass was appointed as manager and
secretary in 1893 and continued to manage its affairs for 26 years.²

The F.F.M.A. also opened an asylum for lepers in
Hoshangabad District with an average of 25 inmates. This asylum did
not lag behind in the care of the helpless disabled.

All the leper asylums run by the Christian missions made
best use of the funds allotted for the purpose and they were well
managed. The selfless missionaries shouldered the burden of general
supervision of purchase and distribution of food, clothes and medicines
as well as of planning and construction of buildings. The lepers who
could do some work were given work in the garden, farm or small
industrial workshop attached to the asylum. Moral and religious
instruction in Christianity were imparted to them in the form of tales
and popular Christian sayings. In other asylums run by the Government,
municipal committees or other institutions Christianity had no place.
In the initial stage of the mission asylums nothing was done to violate

the caste principles or privilege of anyone. But later on when a clause was added saying, "There shall be likewise nothing done in the way of rewards or punishments to prevent anyone voluntarily adopting any religion he chooses." The alleviation of the leper's ailment was accompanied by the preaching of the Gospel.

Thus the medical wing was automatically linked up with the evangelical body. Despite this constraint the service of the lepers was a special contribution of the Christian asylums. Hundreds of lepers owed their relief and comfort to them. More important was the sociological impact which affected the Indian mind. While those benefited developed respect and admiration for the Christian missions, those who saw the service rendered to the lepers were moved by the sympathy for the forsaken sufferers. The information about the leprosy—its causes, prevention and cure—given by the experts, educated the Indian mind. The example set by the missionaries in the leper asylums was considered worth evaluating by the country.

Several Christian missionaries working in the Central Provinces such as Dr. Agnes Henderson, Rev. Ruthquist, E. Meyer, Miss Mary Thompson, Kodak Penn, Cyril Modak and others have recorded their

3. Henderson, Dr.A.: Medical Mission in Annual Report of U.F.C.S. 1900, p.35. "That the work is bringing us into contact with an increasing number of women and children."
4. Letter from Rev. J. Montelinos to the Secretary of E.N.M.S.S. dated Amarwara (Chhindwara), December 6, 1888. "He tried to induce the natives to apply for help at the hospital at Chhindwara, but generally without success."
5. Meyer, E.: Parsabhader, p.1. E.S.N.A. Archives. "For some times people were afraid that (he) would forcibly convert them, and thus they were even afraid to take medicine."
6. Thompson, Miss M. in Report of Board of Managers D.C.I.M. 1899, p.261. "The Patel of our village was very anxious for me to go to his brother's house and help cast a devil out his brother's wife. I had been in the women's house and knew that she was sick, but others had decided that she had a devil."
observations and experiences depicting the Indian reaction to the mission hospitals and condition of the indigenous medical aid to the people. Several difficulties came in the way of the philanthropic medical work such as inadequate funds, space, equipment, and medicines, lack of adequate number of experts in medicine and surgery, and trained persons for subordinated health services, orthodox and caste prejudices of the upper classes, opposition to the introduction of western therapy by the local vested interests—vaids and hakims, ignorance of the people and propaganda against the mission hospitals, greater belief in superstitions, charms and witchcraft than in the medicines and loathsomeness of the people to observe medical advice. Many Indians dreaded the mission hospitals as an instrument of conversion and never entered their portals. Due to these things the mission hospitals in the initial stages were as unpopular in the Central Provinces as elsewhere in the country. Many patients preferred to die than to expose themselves to the western treatment.

During the famine and epidemic years the mission medical establishments were invariably so hard worked that the medical personnel hardly got time to look to their own personal and domestic comforts. To meet the requirement of medicines, sometimes the doctors studied the feasibility of using indigenous medicines drawn from the classical works on Ayurveda. But this could not be a fruitful experiment due to lack of knowledge of Indian medicines, difficulty in understanding the application of the methods given in the Sanskrit texts and working knowledge of the scientific properties of the various herbs. For treating leprosy the doctors in the mission asylums applied the use of 'chailmoogra' but it did not yield laudable results because of its own limitations and the handicaps of the doctors in making the use of the Indian medicines properly with the required combinations. Nursing and
midwifery were considered as menial professions in India. Hence only the Anglo-Indians, Indian Christians and orphans offered themselves for these services.

The establishment of the medical missions was a prominent feature of the missionary activities. It increased the number of the mission institutions and also absorbed their funds. Notwithstanding the difficulties confronting the medical personnel, their work was considered as an excellent enterprise in a philanthropic sphere. When the evangelists saw an urgent need for medical work, they did not wait for sophisticated buildings and equipments but started the work immediately with their limited resources. The pioneer medical work was thus described by H.G. Frund:

"The local missionary distressed at the sight of so much sickness and sufferings, laid a modest supply of simple drugs and medicines, and used the verandahs of his bungalow as treatment room and dispensary. Some dispensing of medicines was done by pioneer missionaries and practically in every case some method, more or less systematic, for the ease of sick was soon instituted."

Later on the missions developed these small dispensaries into well equipped hospitals with moderate buildings.

The missionaries introduced the modern western set up in medical work and set an abiding example of social service through medical aid. This laid the foundation of the modern concept of public health and hygiene in India. The medical work in the long run promoted better understanding of the missionaries. "It has been said", wrote Dr. Anna Gordon, "that through love, patience and skill, the people began to understand better of the missionaries and their purpose in coming."

2. Gordon, A. *They went to India*, p. 21.
By the frequent village visits with mobile dispensaries the missionaries could reach the most needy people and gain their confidence. This made them more willing to go to the mission hospitals for treatment. In course of time the mission hospitals became so well known that the patients went there from distant places. Dr. John Dixon reported in 1892 that some patients came hundreds and fifty kilometres to consult him and obtain medicines which were preferred to those of the Government dispensaries. In the mission hospitals they received greater kindness and felt that their medicines were more efficacious. The medicines which the people received from the mission hospitals and dispensaries were often acknowledged as boons. Effie William often heard patients remarking with satisfaction, "You pray to God to make us well." Many liked the godly atmosphere in the mission hospitals. Rev. C. B. Ward of Baster reported that the medical work was a source of great encouragement, for by that time people had begun to understand the causes of diseases with reasoning than tradition and superstitions. Rev. G. W. Jackson said of this time that the best medicines available had been supplied.

The missionaries were very zealous in their service to humanity. Dr. Arabella Merrill wrote:

"They are pains-taking physicians...... You have no idea what a comfort and blessings they are to the poor suffering people. There is nothing that they will not do with their own hands even in the most revolting cases and do it with tenderness and love."

The great contribution of the mission hospitals and dispensaries was acknowledged by the Government. A. H. L. Fraser wrote:

3. Ibid., p. 31.
4. Merrill, A. in They Went to India, p. 20.
Of late years, when the country has been visited with plague and famine, the government has been under special obligation to the missionaries for the efficient and devoted work which they have done; and in not a few cases the value of that work has been publicly recognised by the government of India and by the reigning sovereign.¹

In the mission hospitals, dispensaries and leper asylums the patients found themselves in Christian atmosphere. Their walls were decorated with the pictures of Jesus and his work. The patients and those who looked after them were entertained with Christian songs and tales. They were invited to the Sunday worship held in the hospital premises. The doctors, compounders, nurses and other Christian inmates and workers related to the patients the stories from the life of Christ as a routine. Thus the patient's ears and eyes heard and saw only things Biblical, and blessing from Jesus invoked for their recovery. For those who were literate, Biblical literature was freely available in the regional languages as well as in English. In spite of this Christian set up and available medical services rendered to the patients, the number of persons who felt attracted towards Christianity and formally embraced it, was by no means large. Unlike Islam, conversions to Christian orders were wholly by willing consent, not by force. During the years of famines and epidemics the number of conversions was comparatively large and the services of the missionaries were highly appreciated.

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¹Fraser, A.H.L. Among the Indian Rajahs and Ryots, p.270.