A. Some Gleanings:

The History of East India Company during the Colonial rule provides an apathetic picture. Their policy of exploitation created a widespread disruption in the way of the life of people and further led to their impoverishment and pauperization. The Western type of medicine introduced by the British in the beginnings was mainly aimed to serve the British Army, British natives and the civil servants. The native Boards, Municipalities and Philanthropists in the country no doubt established small hospitals and dispensaries for treating small ailments and when there were eruptions of epidemics like Cholera, Plague or Malaria, these hospitals were not able to combat such situations when there occurred large scale human loss. The caste system that was prevailing in the country did not allow the village vaidhyas to give effective treatment to backward classes and untouchable communities and therefore, there prevailed a high mortality among them. This was the situation prevailing in Andhra Desa in general, and in the Northern Coastal Andhra in particular when the Medical Missionaries filled with compassion and love for the sick and sufferers came to India in the last quarter of 19th century.

B. Ārōgyame Mahā Bhāgyam:

In the Indian socio-cultural and religious understanding, the ancestors always considered the need of three things for the well being of the human being i.e. good habits, good thoughts and medicine. And these they were convinced possible only through a sound and perfect health and hence, the good-old wise dictum, ‘ārōgyame mahā bhagyam’.
The primary aim of the Mission of the Church is the spiritual development of Christian men and women. It means ministering to strengthen and enrich the physical as well as the spiritual welfare of the faithful. The philosophical concept of the three dimensions of human being is taken into consideration. The principle of hygienic emphasized that if the body is sound in health, then the health of the mind as well, and as a result, the health of the spirit will also be in good condition. Therefore, the Missionaries viewed it necessary to keep the health of the body to make the spirit congenial for salvation.

When the Lutheran Missionaries first came to Andhra, they came unprepared in the medical work and hence they were advised to carry some medicines like quinine and pain killers for themselves and for their workers while on tour. Father Heyer of the Lutheran Mission realized the physical suffering of people due to the lack of the availability of medical facilities in Andhra, hence, studied medicine at Philadelphia at the age of 52 years during his first furlough to minister to the sick and suffering while he was on tour in Andhra. Similarly several Lutheran missionaries used to carry with them simple medicines and surgical kit about the size of a modern High School student’s dissection outfit and used to distribute medicines like quinine and pain killers to their workers and their families in cases of fever. When the Seminary was opened in Rajahmundry for the Training of Preachers, the students demanded a Native Indian Doctor who was given some training in Western medicine, be appointed as a physician. The Indian women were more conservative and hence the male Missionaries were not allowed to treat Indian women. So an American Woman Physician was also called into service in 1886. So the Lutheran Missionaries themselves were committed to
medical service for both men and women on the modern scientific lines by establishing hospitals, Dispensaries, road side clinics all over the mission area.

**C. Conditions of Health and Habits of the People:**

It is useful to learn about the health conditions and habits of Telugu people before one discusses the Lutheran medical ministry. Many indigenous health practices were firmly rooted in the people and largely enforced by religious sanctions or deep-seated social and cultural directives. At that time, the cleaning of teeth with a green Neem twig, or with ashes or with charcoal was not considered unsatisfactory from the stand-point of oral hygiene. Nursing young children for several years with mother’s milk was the habit for Indian mothers. Eating with right hand fingers and not using the left hand for eating were the habits of taking a meal. Some low castes used to eat rats and flying foxes and some people ate carrion too. These habits were disgusting to and disapproved by the Europeans as well as the Westerners. Drinking water was a frequent carrier of disease because of insanitary conditions prevailed near the wells. Caste distinctions and rules made it necessary to have separate wells in the villages.

Consequent of which separate wells were arranged for the low caste and outcaste communities. As they were ignorant, careless and poverty-stricken, they used precincts of the well for all purposes such as washing clothes, and animals, bathing, etc. As a result, unsanitary conditions prevailed near the wells and the contaminated water was a frequent carrier of diseases. The native practice of defecation in the open place and the improper drainage system also contributed to pollution and diseases. These conditions prevalent in those days made a foreigner to remark that “India is a public latrine”.

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When the Missionaries came to Andhradesa the medical services were in the hands of the native physicians and there were no well-organized hospitals. Either the native physician went to the patient or the patient approached the doctor for medical treatment. Two medical indigenous systems of medicines thrived in Andhra in those days. They were Ayurveda or the Hindu native system and the Unani-Tibbi or Greco-Arabic system introduced by the Muslim conquerors. The Schools for both these taught some anatomy, physiology, pathology and pharmacology and some modern hospital techniques as well in a very elementary way.

As the population increased day by day at an alarming rate, poverty and unhygienic conditions increased in such a horrible proportion that it always kept one third of the population below the poverty line. Thus poverty and in hygienic conditions coupled with ignorance and illiteracy led to the growth of diseases like Plague, Cholera, Malaria, Dysentery, Smallpox, Leprosy, Hydrophobia and Kala azar, and killed the people on large proportions. The shameful case of illiterate women in Andhra was that they suffered both in seclusion and ignorance. Maternal and infant mortality found no limit.

Most native Hindu physicians used roots and herbs to treat the patients, and above all through lankanam and mantras. By mantras, or reciting of certain prayers, it was believed that the sting of a scorpion and all sorts of injuries could be cured. Lankanam is the general remedy for fevers, and consists in abstaining entirely from food, sometimes for eight days and some other times even for a longer time. As mentioned earlier, a man once narrated the experience of his wife who was made to go through the treatment of Lankanam for fifteen days for an
ailment and yet died. In fact, it was not astonishing that one survives for fifteen
days of starvation, and some even survive, revive and recover through such an
ordeal. From the jungles and forests, many roots were brought and sold as
universal medicine, and some even as remedy against the bite of a poisonous
cobra.

The British Government provided limited medical aid for their Troops
and Officers, and out of this practice, they slowly began to develop a system of
medical aid for all of India. Since 1820, Medical Schools had been opened in
Calcutta, Bombay and Madras and most of the students from these Schools
became dressers, but some also had become Surgeons in the Government service.
They did not find it profitable to settle down as Private Practitioners, except for a
few pensioned Dressers and Surgeons. Though a few Doctors of Medicine came
from England, they were hardly a dozen in number. However, a large number of
Medical Missionaries and Lady Doctors came to India, and found plenty of work
in spite of the Hindus’ reluctance to submit to the art of healing by the Western
medical interventions.

In some places, the Colonial Government had opened Dispensaries or
Hospitals. There was also one in Rajahmundry under the supervision of natives,
and the guidance of an English Surgeon, who was also the Superintendent of all
Dispensaries in the Godavari District. All the poor received free treatment, or at
least all those who admitted themselves in person in the hospital as in-patients
were considered as poor. Out-patients had to pay for their medicine given by the
Government Hospital and must pay the Surgeon or the Dresser extra in case they
demanded a payment. However, since these personnel were well paid by
Government, they sometimes refused any payment, especially from the Missionaries. All Englishmen in the Government Foreign Service were privileged to have the services of a Doctor and free medicine.

D. Mission Hospitals: A Boon to Humanity:

Mission Hospitals were established in some places did good work. However, where there was no Government’s consent to help and to subside as well as to give grants for the buildings, the challenge was to bear the whole cost of maintaining the Hospitals and the cost medicines and services that were given freely except in case government consents to help with building and medicine. The natives though could afford, refused to pay for the European medical treatment and medicine. Almost all the Missionaries kept medicines and gave it to the sick without any hesitation and reservation. When Fr. Heyer came to India he has seen the suffering of the people and when he gone on furlow he obtained the degree of Doctor of Medicine at the age of 52 and gave not only the medical treatments to the people but also asked his Missionary colleague to take charge of the sick. Ever since that time, the responsibility of treating the sick and administering medicine became a daily duty of that particular Missionary during his tours and travels, but he had to bear the cost of all the medicines and related requirements by himself. However, gradually the ‘Healing Ministry’ of the Lutheran Church had grown in leaps and bounds as more medically qualified personnel started joining the Mission Enterprise. The healing of both the body and soul had become an essential and integral part of the Missionary work in Andhra Pradesh, especially in the area where Andhra Evangelical Lutheran Church spread.
It is a strange coincidence that has brought within the compass the home-going of two great Lutheran medical pioneers in the India, already so linked together by the circumstances of their lives. In the women’s Medical College of Pennsylvania, in the city of Philadelphia, hangs a tablet in honor of Dr. Anna Sarah Kugler and Dr. Lydia Worner, “Pioneer medical missionaries and hospital builders in India”, both of whom were students in the institution; and the recipients of scholarships in the same college, given by the Lutheran woman’s League of Philadelphia.

It is worth noticing that these two doctors were called upon in the beginning of their Indian life to do a kind of work different from that for which they were prepared. It is well known that when Dr. Kugler went to Guntur in 1883, the church at home was not yet convinced that medical work was feasible in Lutheran Mission, so she had to go first as a teacher to work in Zananas. It is a strange to read the report, written two years after she reached India, “Much Credit is due to Dr. Kugler, who has taken a great interest in the first two lower primary boys schools, but with all her efforts she has to report but in different success”.

To Dr. Woerner, during her first year in India, came a like experience through the unavoidable departure on furlough of Miss Agnes schade, leaving on one else to take her place in the management of the Central Girl’s School in Rajahmundry. It was a sign of the consecration and adaptability of both doctors that they accepted the task without complaint, but were always ready and eager to return to their chosen work.

Dr. Kugler went out to India in 1883 sixteen years earlier than Dr. Woerner, and had to pass through some of the earlier experiences of the pioneer.
Being a foreigner and a Christian, she was of course considered unclean even by the people who begged her medical services. They sued to burn red peppers in the house after her departure, to drive out the evil spirits introduced by her presence. Dr. Kugler wrote of herself that “She very soon became an adept in placing the medicine bottle on the floor, for she knew that it had been defiled by her touch, and that nothing but the earth could make it fit to be handled by the ceremonially clean hand of a Brahmin”.

Both doctors had to begin work with no building and little equipment, and both had together the funds for their hospitals largely by personal effort. In either case, it was the tremendous faith of the doctor in the need for such service to the women and children of Andhra desa, and the call of God to the church at home to make it possible, that gave power to their appeal for funds. Some one has noted that Dr. Kugler’s initials spelled the word “ASK”, and she herself laughingly accepted the acrostic, saying “yes, I always was a good beggar!” But it was not of men only that they asked; both were women of prayer, and believed implicitly in the efficacy of the program, “Ask God and tell people” So, Lutheran two great hospitals in Guntur and Rajahmundry came to be.

A volume could be made of the stories of those whose lives have been touched by these two wonderful women. To Dr. Kugler was given a space of almost fifty years to leave the impress of her personality on the people of India, and some of the fruits. Greater even than the honor of the Kaiser-I-Hind medal bestowed on her by the Government, is the tribute of the Rajah of Eluru who translated the gospel into Telugu, because of his deep reverence for the “Saintly Character” of Dr. Kugler who had cared for his wife and children. But higher yet
is the honor paid her by those of many castes, unknown to us by name, who have said, “if there is a Christ then Pedamma (elder Mother Dr. Kugler) is surely His re-incarnation”.

To Dr. Woerner was granted a short space of twelve years to serve Lutheran Mission Hospital, Rajahmundry, India and then nineteen years to suffer at her home at USA. She was truly a martyr of medical missions, from the day when the terrible infection contracted in the operating room put an end to her medical career in India. But she was the missionary doctor to the end. She was a simple country doctor, willing to help day and night, white and black, people lining far and near, over a large area of sparsely populated section. Over each of these modest, unselfish, but gloriously beautiful lives may well be written the words which from the motto of Guntur Hospital i.e. “Not to be Ministered unto But Minister” (Plate:X,B).

Similar is the case of Dr. Mary Baer who survived on the Andhra soil for 40 odd years and built up a renowned hospital at Chirala popularly known as Baer hospital. Her dedication and sincerity was not only the root cause for obtaining 30 acres of land but her earnestness bestowed her to construct the hospital with several wings, dispensary, school of Nursing training, orphanage, School and Nursery for the benefit of Chirala people.

Besides these three mighty institutions some other hospitals at Augustina Hospital, Bhimavaram, Mission Hospital, Rentachintala, Mission Hospital, Tarlupadu deserve special mention.
Besides these hospitals, the A.E.L. Church also established several dispensaries at Tenali, Ankalagudem, Mangalagiri, Nidadavolu, Guntur, Rajahmundry, Dhavaleswaram, Gonagudem etc. Which though survived for short duration on account of various reasons, did great service to the people of Andhra.

In this connection, a special attention be made about the hospitals of contagious diseases such as Visranthipuram Tuberculosis Sanitorium at Rajahmundry and Philadelphia leprosy asylum / hospital at Saluru. The former was acclaimed reputation of the only one sanitorium existing on the Coramandal Coast between Calcutta and Madras to treat the Tuberculosis patients while the later acquired reputation as one of the best leprosy asylum worth its name as referral leprosy Hospital in South India.

The Lutheran Mission Hospitals continued and flourished because of their excellent quality of service and commitment. Confidence in this service brought patients even from long distances. Often several Government Hospitals were bye-passed on the way and the wards of the Mission Hospitals were crowded.

In order to be free from the Government control, the Mission Hospitals avoided State aid. For this reason, they escaped most of the problems associated with it, though not entirely so. Though there occurred certain problems in the administration, such difficulties such as finance and maintenance were at their minimal and on the whole, the medical ministry was highly gratifying.

Indeed, the very success of this Ministry also gave rise to certain main problems associated with it. As patients flocked into wards and overflowed onto
verandah cots, it became increasingly difficult for the hard-pressed staff to exercise personal Christian interest to them. And as these Medical Centers were enlarged to accommodate more patients, the Mission Boards were requested to provide more funds. Despite competition from the Government Hospitals, Private Clinics and Super Specialty Hospitals, income from patients went a long way towards covering the costs of staff and medicines.

The medical work speaks for itself. In some countries, it is quite impossible that the physical ailments of women should be treated by men. This popular and familiar dislike of the people is echoed in the expression of an educated Hindu who opined that, ‘what Brahmanism in India most fears is the Christian women and doctors as the Doctors were winning the hearts and Christian women capturing the Hindu homes’. In the Hospitals, Bible Teaching was exceptionally fruitful. As a relative usually remains with a patient, the numbers who hear the Gospel was relatively much higher. Many are the opportunities, to relieve distress and to teach the love of Christ to the afflicted, and to all classes and castes of people. The object of the Braun Industrial Printer is not only to issue literature as the Mission publishes, but also to give honorable employment to Christian natives.

For more than a century, the Lutheran Medical Missions had been recognized as a powerful adjunct to missionary work in India. It was not merely a key to open the door into non-Christian communities, but an integral part of the Gospel enterprise. Even from the humanitarian point of view, it was a Christian like-thing to heal the sick and for this cause alone it was worthy of an honored place in every Missionary programme. The sight of human suffering moved the hearts of the Missionaries who never willingly passed by on the other side; and for
this reason, the Medical Missions had a powerful evidential value in non-Christian lands. They imitated their Master, Jesus Christ who drew no sharp distinction between men’s bodies and souls. The Missionaries in India also strongly believed in the ministry of healing and reaffirmed their faith in it.

E. Ministry of Healing: A Self-Revelation of God’s Love:

The Ministry of Health and Healing is a self-revealing activity of God through his Body, the Church. It is not a ministry which can be chosen or left. It is neither an agency to supplement or support the main Missionary Enterprise nor is it only a means of attracting human beings to listen to Christ and to the Christian message – it is a part of an expression of that message itself.

There is no doubt in the fact that the Missionaries from foreign countries came to India to proclaim the Gospel of Jesus Christ, but the essence of the Gospel is to heal the body, mind and soul. The liberation of the soul has a direct relation with the body and mind. No one can say ‘heal the body and mind, and leave the soul’, since the body and soul are inseparable.

The Lutheran Medical missionaries, the devout followers and imitators of the Great Physician, Jesus Christ, did not have any other hobby except self-less and self-sacrificing service. They never did reflect on any private interests, but were only interested in people who were in need and whom they could help or heal. They treated every one with equal concern and respect irrespective of their caste, colour and creed and treated all kinds of diseases. They won the hearts of the people and thus helped the Missionary Evangelists to share the love of God and their faith in Jesus Christ. Their distinguishing feature was their power to
spend themselves completely for the welfare and healing of the patients and relieve them of their suffering.