A. HEALING MINISTRY AND ITS IMPACT ON MASSES:

The fact that the Christian Missionaries came to India in general and Andhra in particular with a primary object of conversion of the natives to Christianity is an accepted version and there need not be any argument or analysis on this. But the methods adopted by Missionaries to perpetuate their cause were more important. Their aim was not to fight and frighten the locals and forceable conversions among them, but adopted a reconciliatory attitude of love, service and self-appraisal.

There were many Missionary Societies which worked in Andhra Desa independently following their own missionary policies. Though the primary aim was to preach the Gospel with a goal to convert Andhras to Christ, the means to achieve this goal differed from Mission to Mission. While some Denominations laid stress on educational work as a means to achieve this goal, some on medical missions, others on social mission and some others purely on evangelistic work. But, it is a common feature that the Missionaries openly opposed the evil practices in the society and considered them as a hindrance to advance the Gospel and the upliftment of people in the process of giving them a better social status. The unsatisfactory economic conditions like the gap between the rich and poor, no permanent employment for people, evils of the caste system, natural calamities and disasters on the one hand, and on the other, the desire in some sections of the

people for an autonomous Church, were some of the issues, the missionaries had to deal with in their work.

In this context, it may be noted that the Missionaries conceived the idea that the medical work was not only a key to open the door into non-Christian communities but also they considered it as an integral part of the Missionary Enterprise³. They believed that the Ministry of Healing the body is an expression of the attitude and mind of God toward man and has its source in the compassion and love of God. The conviction of the Missionaries was that the Christian should concern himself/herself with care of the sick whether or not others are carrying on this work. Form this conviction it became the duty to develop Christian Medical Work as a part of the essential work of the Church in India⁴.

An analysis of the missionary work shows that Missionaries considered the medical work as an important area which the Lutheran Missionaries were to undertake in their Missionary Enterprise in Andhra Pradesh. The Lutheran churches in America came to accept more fully the definition of the Gospel as meaning not only the message of spiritual salvation but also the practical exhibition of love and mercy of their Master⁵. And secondly, the situation of the people, without medical care and physical illnesses that were killing many people, prompted the Missionaries to start Medical Missionary work.

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⁴ Ibid.
⁵ Hibber G. Ware. “Missionary Policy in Telugu Country,” in The East and the West, Vol. XXXIII, 1929, P. 146
The aim of the Medical Missionary Work is twofold: to alleviate the physical suffering of the people in the countries, where such facilities were not available on the one hand, and on the other, to co-operate with the Catechist/Pastor by interpreting the divine compassion and breaking down the prejudices of those who would not otherwise be willing to listen to the Gospel.6

Keeping this in mind all the Mission Agencies in Andhra founded hospitals, depending upon their financial ability and support. The Missionaries in their reports could boldly say that, many people embraced Christianity for what they had received at the Christian Hospitals.7 The American Mission right from the beginning insisted on this work because Commissioner Sheatsley reports,

Apart from the direct preaching of the Word there is no Department of Mission work that affords better opportunities as evangelizing agency than the medical work. It was profoundly impressed with the importance and opportunities of this work as I watched the sick and unfortunate flock into the hospitals at Guntur, Chirala, Rentachintala and Vellore.8

The Americans were also influenced by the resolution of the National Missionary Council, which held its meeting in November 1920.9 Of all the other Missions in Andhra and Tamilnadu, the Americans gave importance to Medial

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8 C. V. Sheatsley, Our Mission Field in India, Columbus: Lutheran Book Concern, 1921, p. 122.
9 Ibid., p. 134.
Missions right from the beginning. They basically saw the Medical Mission as an evangelistic agency. It is difficult to judge though, that, whether the Medical Mission of the American Mission was motivated by love and concern for the people in the coastal Andhra region, who lacked enough medical facilities or as an evangelistic agency to reach their goal to convert people, that too also from the upper castes. It seems that the Medical Mission was started as a means to reach people and to preach the Gospel. With regard to Germans and American Missionaries, it was purely Christian love and concern, which motivated them to start Leprosy Asylums at different parts of coastal Andhra\(^{10}\).

In Andhra Pradesh, the medical service was perhaps one of the potent instruments that the Missionaries adopted to reach the masses in the country. In the absence of Public Health System organized by the Government and the Local Boards and Municipalities, they were not in a position to relieve the physical suffering of the people by establishing Hospitals and Dispensaries with the meagre funds at their disposal, on the onset of 19\(^{th}\) century\(^{11}\). However, the Missionaries grabbed this opportunity and established several hospitals, dispensaries and clinics at several parts of the northern coastal Andhra and tried to relieve the sick and suffering and thus extended their influence among the masses. With the establishment of hospitals and relief measures the Missionaries’ work brought far reaching consequences in the area under the present investigation.

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\(^{10}\) Ibid., p.59.

\(^{11}\) C. B. Firth op. cit., p. 198.
As already pointed out the already existing Hospitals run in certain towns by the local Philanthropists and municipalities were not run on scientific methods of Western medicine. The old methods adopted by the Ayurveda and Yunani practitioners did not provide the required answers for treating diseases that were prevalent in coastal Andhra. This caused widespread phenomenon of diseases of seasonal type and epidemics such as Cholera, Smallpox, Plague, Fevers, Malaria, etc., and people were dying in large numbers on account of the lack of medical facilities. To this, superstitious beliefs, witchcraft and inhuman methods adopted by the people on account of poverty and ignorance also added the fire. Taking these aspects into consideration, the Missionaries moved with the love of Christ and established several Hospitals to receive the suffering and reform the masses\textsuperscript{12}.

The missionaries who came to India in the early days of the establishment of Mission Stations of their respective Societies were advised to have some knowledge of medicines that would be exceedingly valuable while doing their missionary work in India\textsuperscript{13}. Hence, several Missionaries undertook several months of medical instruction as part of their preparation. Contacted in India by masses of humanity suffering from all sorts of diseases, they made abundant use of medical knowledge, limited though it was. The first Missionary and the Founder of the American Evangelical Lutheran Mission in Andhra, Father Heyer who on his first furlough in 1846-47 studied medicine at the Philadelphia

\textsuperscript{12} Anna S. Kugler, \textit{Guntur Mission Hospital, Guntur, India}, Connecticut: The Women’s Mission Society, 1928. P. 8

Medical College at the age of 52 years\textsuperscript{14}. It shows that he realized the necessity of medical knowledge while he was in the field where no medical help was within the reach of the people. Thus, Fr. Heyer wrote,

I must not forget to mention that in addition to the regular mission work, I am getting into quite an extensive medical practice. The news is spreading that advice and medicine can be had at the Gurazala Mission House without money and without prices; patients are coming from distant villages around; I have been attending nearly 100 cases daily since any arrival”\(^\text{15}\).

Fr. Heyer also commented that “Besides preaching, I have more cases of sick to attend to than an ordinary doctor”\(^\text{16}\). Gunn, the\(^\text{17}\) second missionary of the American Lutheran Mission used to carry a surgical kit about the size and complexity of a modern high school students dissecting outfit. He mentioned the distribution of medicines to his workers for treating their families in case of fever. Dr. George Albuercht used to make free use of medicine to the Mission boys and workers with his limited knowledge of medicine. For Malaria, he used to provide a dose of castor oil mixed with quinine and for cholera a tumbler-full of weak solution of Potassium Permanganate every morning. Likewise small tips were administered by the Missionaries to protect Christian followers from epidemics and diseases from the beginning\(^\text{18}\).

Such was the enthusiasm and commitment of missionaries with regard to the prevailing conditions of diseases in Andhra. The enthusiasm of the missionaries was translated in construction of several hospitals.


\(^{16}\) Ibid.


Medical historians admit that Indian Medicine in Asia played the same role as Greek Medicine in the West for it spread its wings to Indo-China, Indonesia, Tibet, Central Asia and as far as Japan exactly as the Greek medicine had done in Europe and Arab countries\textsuperscript{19}. The other indigenous systems of Medicine practiced in India are Unani-Tibb and Homeopathy which were not of Indian origin. However, by the 13\textsuperscript{th} century, the Unani system of medicine whose origin is said to be from the Greeks was firmly established in India by Muslim rulers. In course of time, it also gained popularity in India as that of Ayurveda. Homeopathy which is based on ‘pharmoco-dynamics’ gained foothold in India during 1810 to 1839 and gained much popularity in India\textsuperscript{20}.

With the onset of modern age, Allopathic medicine of Modern times which was based on two branches viz., curative medicine and preventive medicine was evident at the close of 19\textsuperscript{th} century. After 1900, medicine moved faster towards specialization and a rational scientific approach to disease. The pattern of diseases began to change and the so called modern diseases such as Cancer, Diabetes, Cardiovascular Diseases, Mental Illness and accidents came into prominence and have become the leading causes on account of industrialization\textsuperscript{21}. Further, Modern Medicine and treatments led to new changes such as keeping the patients in secluded places away from their homes for proper treatment and nourishment. Thus, a new concept of Hospital and Dispensaries came to the Indian medicine to keep the patients separately in the Hospitals under regular

\textsuperscript{21} O. P. Jaggi, ibid.
supervision and specialized treatment by Doctors and Nurses day in and day out. Further the diseases in the modern period multiplied and new specializations came into existence, such as Ophthalmology, Cardiology, Nephrology, Radiology, etc., as well as new teaching methods and equipment to cope up with the situation\textsuperscript{22}. Treating patients at Mutts and Temples was no more in vague and treatment of the patients by local \textit{vaidhyas} is any more in existence in the modern period\textsuperscript{23}.

\textbf{B. HOSPITALS AND GOSPEL PREACHING:}

Hospitals are meant for the care of the seriously ill; dispensaries for those who are troubled by minor ailments; Leprosy Asylums; Sanatoriums; Insane Asylums; Institutions for the Blind and for Deaf Mutes; Hospitals of Isolation for plague; Hospitals in endemic areas or where an epidemic rages; Infant and Maternal Welfare Centers - these are the Institutions required to care of the sick. Medical Colleges of higher and lower grades; Training Schools for laboratory technology for the preparation of vaccines and specific sera; Pharmaceutical Stores; Manufacturers of instruments and hospital stores are the institutions required to supply the Agencies for treatment.

Lutheran Hospitals and Dispensaries offered good opportunities for presenting the Gospel message. Patients and their relatives of all age groups gathered at the Hospitals waiting for their turn for examination. During such times, they were left with leisure time to listen to. This opportunity was successfully seized by the Missionaries and the Bible Women who preached the

\textsuperscript{22} Ibid.  
\textsuperscript{23} Ibid.
message of Jesus Christ and his love for the poor and suffering, his purpose and redemption of sins and over above Jesus Christ’s whole life style and his attitude towards the sick and suffering to the waiting patients and their relatives. Tracts were distributed to them which contained small parables of the Bible so that the people could read and understand the essence of the Christian way of life\textsuperscript{24}. Besides these, at certain Dispensaries, these opportunities were more efficiently utilized by some Missionaries and Bibles were also distributed for a very nominal price\textsuperscript{25}. This activity paid reach dividends and a considerable numbers of patients were attracted to the Christian way of life.

B.1. Women & Children’s Hospitals:

Regular medical services by Missionaries may be said to have commence, keeping in view more of the needs of women and children. It had been mentioned earlier, that the female mortality at the time of pregnancy and childbirth was more alarming than the epidemics, which were mostly seasonal\textsuperscript{26}. In addition, several types of diseases and ailments of women were rampant. But Indian woman, out of modesty and inhibition, neither approach doctors, nor even ventured to consult a male doctor for their disorders. Their lives were more uncertain under the prevailing unhygienic conditions and ignorant social customs. So, it was recognized that Women Missionaries qualified in medical service would be of a great advantage to establish Women and Child Hospitals. Therefore, woman missionaries with medical degrees and who were trained as nurses or mid-

\textsuperscript{25} Orchard, op. cit., p. 247.
\textsuperscript{26} Kugler, op. cit., p. 9.
wives were begun to be enlisted in increasing numbers to work in India, from the last quarter of the Nineteenth century. They arrived and started Dispensaries at a number of towns, especially for women and children where the Mission Stations were functioning, a few of them having been destined to grow as full-fledged hospitals 27.

Several such Hospitals in course of time started Training Schools for nurses and mid-wives. In the beginning, Indian women especially from the caste Hindus and Paradha muslims showed apathy towards the nurse-training and hence most of the women of Anglo-Indians Christians and untouchable communities were given opportunity for training as nurses and midwives 28. This became a boon for women of these communities to seek employment and thus upliftment their socio-economic standards. Thus the seeds for service as well as study in the art of healing were sown among Indian in general and the Dalits and Christians in particular. To cater to the spiritual needs of the patients and visitors, Bible Women especially those from the destitute sections were appointed. Thus the Hospitals and Dispensaries became the places of preaching and worship also. Religious precepts make deep impression on persons, when they are suffering, especially during prolonged illness; it may be easy to convince them that the suffering was the result of their sin or their poverty and they may get recovery through the

27 Orchard, op. cit., p. 250.
mercy of God. Thus, the Hospitals became not only the Centers of employment to Indian women but also the places of worship and proselytisation.

**B.2. Out Patient Department (OPD) Cards:**

Lutheran Medical Missionaries also adopted several methods to impart the Gospel message. In certain Hospitals which were providing medical facilities to outpatients, the OPD cards were printed with the Gospel messages of New Testament. Since the OPD cards contain the details of the patient such as name, his/her serial number, medical prescriptions etc., the OPD card was being kept carefully by the patient for longer period for his/her future use and treatment. Whenever the patient carry the OPD card, he/she is likely to read the Gospel message printed on it and it might provide him/her an opportunity to understand about Christ and his mission. Similarly, a couple of Hospitals printed the Gospel message on the prescription paper, with a view to send the Gospel message across to the homes and non-Christians. Although it may appear very simple, the techniques used by the Medical Personnel, it had a far reaching consequences on the life of the masses especially, those who came from the affluent and upper caste families.

**B.3. Social Activities:**

Not only the Hospitals and Dispensaries, even the road-side Clinics became Centers for the preaching of the Gospel, the Medical Missionaries also

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29 *Lutheran Woman’s work, April, 1924, p. 42.*
30 Ibid, 1934, p. 82.
31 Ibid, 1908, p. 55.
used the Hospitals as centers to infuse in the patients the evil effects of social customs prevailing in the country. The public were made aware of the evil aspects of child marriages, marriages among their own kith and kin, and the supernatural beliefs. With their benevolence and treatment, the patients were made to realize that the causes of diseases such as Malaria, Cholera or Smallpox were the result of germs which were either visible or non-visible to the naked eye but not on account of the wrath of the village goddesses who required sacrifices, and the Missionaries were also achieved success in nullifying the superstitious notion among the people of appeasing them. The vaccination of the people was also considered as a test by the Government to identify among the public whether or not the vaccinated were friends of British or foes of the Government. After the realization of the public about the value of vaccination and its treatment process, the ignorant beliefs and practices melted away slowly and people came voluntarily to the Medical Practitioners for vaccination.

Child marriages increased widows to an alarming level in the country when missionaries were establishing the Hospitals. As per the statistics published in a book entitled *India Awakening*, it was mentioned that ‘At the last census, there were 22,73,245 wives under the age of ten; 2,43,502 under the age of five years and 10,507 baby wives under one year of age only in the last decade of the nineteenth century, and after an indignant agitation of the Missionaries, the age of

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32 Fishman, op. cit., p. 59.
33 Ibid.
marriage the was raised from ten to twelve.”

This statement was obviously published before ‘Sarada Act’ of 1927 which came into progalmamation that raised the marriage of age of girls to 15 years. Further, the book *India Awakening* also provided the statistics that ‘of the 14,40,00,000 women in India, nearly 2,60,00,000 or one women in every six is a widow’. It was obvious that the widows were forbidden to remarry as per the then existing beliefs and customs and that she was supposed to be responsible for her husband’s death and to have caused it by some sin of her own in her previous Janma. This was only an example which is quoted in this dissertation and there are several such ills in the society on account of the beliefs, custom and practices. The Medical Missionaries also took it as a challenge to explain the patients whenever a specific case came under purview. The conjugal relationships and marriage practices within one’s own kith and kin (i.e., Marrying the Sister’s daughter by her own maternal uncle) was also led to possible physical deformities and mental disorders in the children. This aspect was also highlighted by the Medical Missionaries while treating the patients who were suffering physical ailments.

**B.4. Vegetables:**

Due to vitamin deficiency and poverty, blindness was widely prevalent among the poor people especially, the outcastes. A humble beginning was made in different Hospitals located at Guntur, Bhimavaram, and Rajahmundry to cater to

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the needs of persons suffering from eye-ailments. Mrs. George Alberect did good work in this regard36.

To keep the masses especially, the Dalits healthy, Missionaries were the first persons to teach the utility of cheap vegetables and fruits. They advocated about Tomato as the most acceptable vegetable which will reduce the deficiency of Vitamin C. Fishman, recorded one incident during the course of discussion on Diabetes in Cumbum. A person reported that he was suffering from one of the diseases listed as a ‘C’ Vitamin deficiency affliction. The Missionary advised him to eat one Tomato every day. After a few days, to the astonishment of the Missionary, the sick person reported that he recovered completely. From then onwards, cultivation and use of Tomatoes increased in Cumbum of Andhra. In the same way, the medicinal aspects of papayas and other fruits were also encouraged37.

The eating of rats, flying foxes and the flesh of dead animal38 were not only unethical but dangerous. The poor Dalits and wretched human being for want of cheap food resorted to this practice. This practice rose to new know bounds during the scarcity of foodstuffs on account of failures of rains and during famine days. While the medical missionaries wanted the masses to give up the practice of eating dead animal on account of health hazards it created, the traditional orthodox Hindus also wished to discourage the flesh of dead cow on the ground that the latter was a sacred animal and eating its flesh whether alive or dead is a

36 Swavely, op. cit., p. 283.
37 Fishman, op. cit., p. 51.
38 Ibid., p. 53.
The missionaries tried to give counselling to the patients and taught them that the eating the flesh of dead animal was hazardous to their health. Thus missionaries tried to implicate healthy eating practices among the masses.

Drinking impure and contaminated water was one of the reasons for stomach disorders and different types of diseases. The medical missionaries realized that because of illiteracy, carelessness and poverty, the people were ignorant of the connection between germs and diseases, the depressed classes did not understand the necessity of avoiding contaminated water. The medical missionaries with a view to provide safe drinking water masses encouraged to sunk wells in majority of areas inhabited by Dalit communities. Another lesson taught to the masses by the missionaries was the health hazards that prevail on account of the practice of public defecation, as it was spreading filth borne diseases.

**B.5. Medical Missionaries:**

A great advantage to be derived from the Medical Mission in the coastal areas of Andhra was already opened to the Gospel. However, where women were secluded, the opportunism were to be found due to the dynamism of the Woman Physician the doors were open, while they were closed to all the others, such as to the Harems, and Zananas, and thus to share the Gospel to the

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39 P. Hymavathi, op. cit. p. 353.
40 Fishman, op. cit., p. 52
41 Ibid p. 65
most secluded, where its benign influences of Truth were most needed. Many a women were thus brought under the influence of the Gospel; many a mothers’ hearts were thus won to the Saviour; many a homes were thus made bright that would otherwise be in dark, dreary, and out of Christ; and thus was the Medical Mission work played its part in noble way of steady and gradual winning of individuals one by one who would bring the world to Christ\textsuperscript{43}.

The pre-eminent advantage of Medical Missions was to be found in the ability of the Physician, through his/her knowledge of medicine, to gain admittance to the homes and win the friendship and confidence of the people in hostile fields and lands otherwise closed to the Gospel for years, where the evangelist had apparently been trying in vain to gain a foothold. No these were open and one visit from the Physician, made Christianity as welcomed almost with open arms. Prejudices that seemed steely and hatred that seemed bred in the bones and tissues were broken and cast out by the practical Christianity that was exemplified by the Medical Missions. In many homes in the cities, where the Evangelists were excluded by legal restrictions, the Physicians would easily earn a ready welcome not only for himself/herself, but also for the ministers of the Gospel as well.

Missionaries treated the patients with compassion and selfless service. The equal treatment of the untouchables and upper and lower caste Hindus in Hospitals, though in the beginning provoked a strong resentment, later it in course of time, engendered a kind of social awareness among the latter. The caste Hindus

\textsuperscript{43} Ibid
if not all, at least a few realized that the untouchable communities were also human beings and were equally created by God as they were. This feeling in some traditional Hindus instigated a kind of social reform movement which swept in India in the later half of the 19th century. Besides these, Missionaries taught people the importance of cleanliness and infused in them an element of health consciousness44. The superstitious beliefs among the Hindus that the diseases are on account of the curse of God for sins committed in previous life was dispelled by the dedicated medical treatments given to the patients45.

Though the work of the Missionaries infusing a kind of health consciousness among the public in general and underprivileged in particular appears small by the present standards, it should be noted that they were the pioneers of a great endeavor. To beam a ray of light on the poor, ignorant and superstitious untouchables was full of pain and strain and indeed, an uphill task. The Missionaries, permeated with the Spirit of the compassionate Lord Jesus Christ, surmounted all hurdles and made tremendous efforts to usher-in a new life for the masses and depressed classes at times of distress.

People of the area under consideration, who were backward and superstitious began to slowly realize the benefits of skilled medical aid, slowly gave up their unshakable trust in the Soothsayers and the Quacks. As there were only a few ill-equipped Governmental Dispensaries, dotted here and there, and in

44 Ibid.
not a single Hospital inpatients were received. Hence, people preferred to come all the way from their houses in odd conveyances over a distance of form 20 to 30 miles to the Mission Hospitals of different Denominations spread all over coastal Andhra. Some of them even did cross rivers such as Godavari, Krishna and Kaveri in order to reach these Hospitals at great personal inconvenience. As the Hospitals usually were overcrowded, disappointment and despair can be read usually on the faces of the patients and the accompanying family members and relatives.

In this connection, the remarks made by the Minister of Public Health in the Government Madras, in one of his speeches in 1935 were worth quoting. He said, “The Mission Institutions have been in existence in parts of our country where the Missionaries have successfully maintained Mission Hospitals, with a peculiar popularity all their own. We are trying to follow their footsteps and even if possible to emulate them”\textsuperscript{46}.

**B.6. Medical Training:**

In addition to the commendable work that was being done by the Government Medical Department, the Missionary Doctors and Nurses were in the front line of service, research and training work. Many of the 200 Mission Hospitals and 661 dispensaries (10\% of total medical institutions in India) were in the villages, far away from the cities and Railway stations. Even so, the rural areas, where over 75\% of the population lives, were most inadequately served. Few private Indian Practitioners care to live in the villages. In Madras city, for

\textsuperscript{46} A. S. Kugler, op. cit., p. 36.
instance, there is one doctor for 840 persons, whereas in the whole of Madras Presidency, the proportion was one doctor for 17,857 persons\textsuperscript{47}. The Christian Staff of Mission Hospitals in India include 120 Male Doctors, 148 Lady Doctors, and 125 other members, and all these came from other countries. The Missions were also strengthened by 445 Indian qualified doctors and 2,800 trained Indian staff nurses serving in their hospitals and dispensaries – a heroic group indeed when considering the small proportion of Christians which are a mere 2\% when compared to the huge total population.

The work done by the Christian Hospitals for Indian women who would rather suffer and die than be attended by a male doctor is a long story which only they can appreciate who have seen the consecrated Christian lady doctors and nurses serve in season and out of season to relieve those who suffer so patiently and heroically, though unnecessarily behind the purdah\textsuperscript{48}. The Church and Missions have been the inspiring pioneers in supplying the students, the personnel, as well as training young women as nurses and doctors. The women’s Christian Medical College at Ludhiana (begun in 1894) had 150 students, half of who were Christians; of the 400 graduates 150 had joined Government service, 120 in Mission Hospitals and 50 in private practice.

In 1935, 85\% of all qualified nurses in the Hospitals of India were Christians. This proportion of large number of Christian females in nursing profession was due to the reluctance of the non-Christian families to allow their

\textsuperscript{47} Ibid.,
\textsuperscript{48} A. S. Kugler, op. cit., p. 42.
daughters to take up the professions. For this reason, it is difficult to carry on a widespread and intensive work of preventive medicine in villages and from home to home in the cities. The ‘Fact Finders Report’ suggests that this necessary and commendable work of visiting nurses will lag until men show greater respect for unprotected nurses whom they frequently ‘subject to improper advances’. Other hindrances were the Hindu caste system, the Muhammadan purdah custom, and child marriage of their girls. In the face of these prevailing adverse conditions, tributes were paid in a Madras Editorial to that these pioneer Christian heroines who had led the way saying, “Anglo-Indian and Indian Christians deserve well of the country. When others turned their backs on nursing, they entered the profession and brought relief and comfort to the sick and suffering.”

Most of the Asylums and Homes for leprosy patients were carried on by the Missions for the same reason. Other than Christians, others were reluctant to take up this form of service. It was estimated that there were not less than 10,00,000 lepers in India, and out of that huge number, 10,000 were cared for in 62 Christian institutions. In this great humanitarian task and in the work of saving and protecting the untainted children of the lepers, the Church was the pioneer and continues to be in the forefront of such a caring ministry. To the number of lepers in Christian Institutions must be added countless lepers who attended ‘out-clinics’

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conducted by the staff of Mission Hospitals. The British Empire Leper Relief Association is now also doing intensive work on a large scale\textsuperscript{50}.

The Medical Missionary need not only set the broken bones and serve the sick in general but also to combat firmly established popular beliefs and superstitions. There is always much unnecessary suffering and numerous preventable deaths due to false beliefs. The Hindu pantheistic conception of a God who pervades everything and the resulting belief in ‘the unity of all life’ combined with the belief in the sacredness of animals, and the sinfulness of killing them, are to a certain extent, definite obstacles in carrying on the medical work. During the past 50 years flea-carrying rats had been the prominent agents in causing 11 million bubonic plague deaths, mad-dogs and Jackals cause many deaths by rabies. Even while carrying on the ordinary rules of hygiene, one meets with wrongly interpreted or advocated religious beliefs which need to be uprooted before and effective work can be done\textsuperscript{51}.

\textbf{B.7. The Evangelistic Work:}

Some, who heartily approve of medical work, so far as it pertains to the body, hold that it is not proper to do anything to disturb the faith of the Hindus. But no apology is offered for presenting Jesus Christ to the patients as a personal Saviour. Some of the patients may have few desires beyond those of the physical life. To awaken the spiritual instinct is often most difficult. Even the most ignorant are accustomed to the worship of the household gods and goddesses

\textsuperscript{50} Ibid., p. 442.  
\textsuperscript{51} Ibid., p. 443.
who they fear; however, they do not know of a God who loves the humankind. There are also others who are very intelligent, who may not have come into contact with the Christian religion. Others may have been pupils in the Mission Schools and there they gladly hear again and again Gospel teaching which they might have heard as children in Elementary school, or later in the Zananas. In all these incidents, there may not have been practically any objection to an intensive presentation of the simple truths of the Gospel\textsuperscript{52}.

It was a common feature that devotees whose life was saved, turned a deaf ear to continue to reflect on the Bible teaching and repulsed every effort of winning their souls. It was also true that a majority of the patients, who were healed, might have continued in their original faith affiliations, and hundreds, possibly thousands, after leaving the Hospital might have gone to the nearby temples to undergo a process of purification form the defilement contracted while they were in the Hospital\textsuperscript{53}. But impressions of tender care and love made upon the minds of many will never be washed away and erased. The Scripture passages learned during the course of medical treatment and healing will be remembered by some for years. And the promise of God is, “My word shall not return unto me void.”

Some who were Bible workers in the Mission Hospitals, themselves at one time were patients in the Mission Hospitals. During the famine at the beginning of the 20\textsuperscript{th} century, a half-grown girl suffering from rheumatism, attired

in a ragged cloth and leaning upon her staff, found her way to the Hospital, and who later became the neatly-dressed wife and mother as well as the Bible Teacher one would not recognize as the same half-grown girl of the victim of famine.

Missionaries of Missions bore testimony to the value of the evangelistic work in the Hospitals. To queries like, “Where did you learn that Hymn?” ‘In the Guntur Hospital,’” would be the reply. Bible stories and the Christian songs learnt by the patients were quite often repeated. In this way, the Missionaries used several methods to arouse interest among the patients in Christian faith. The pictures on the Hospital walls were of a character to illustrate the main events in the life of Jesus Christ. As the patients lay on their beds day after day gazing upon the picture of the Christ who heals the sick and comforts the suffering, they savoured the opportunity to reflect on God’s love.

The nurses by their daily ministrations witness to the beauty of a life of service. “Come here and let me kiss those hands. Those are the hands that took care of me when I was an object of loathing to myself and others”. Thus spoke the Indian women who though taken in to die, lived to bear testimony to the care of her nurse. “Whether I live or die, I will remain here. Such care not even my sisters would give me. They even use their right hands in attending to me”, was the remark of a lovely Brahmin woman who was very ill with pneumonia at Kuglar Hospital.

\[55\] Ibid.,
\[56\] Kugler,. op. cit., p. 66.
B.8. Prayer Services:

Doctors and nurses, as they went around visiting patients during their regular rounds of visitation, did much in the way of witnessing Jesus Christ through their lives. However, direct evangelistic teaching was also very important to them. Morning prayers were held before the start of the day’s work for all the employees. At first, they were held at 6 a.m. in the General Office, after that at 7:30 a.m. in the Hospital Chapel. These prayers were conducted once in a week by the Pastors who were attached to the Hospital Chapels. The Bible Women and the Doctor/Nursing Superintendent conducted prayers during the remaining days. And this was the process and procedure with which The Hospital Staff begins their daily work. Although these prayers were primarily for the Hospital employees, the entry was open to all patients and their friends and as such, many of them availed the opportunity. During Passion Week special daily prayers were held, and for these printed Invitations were issued. Daily prayers were also held in the Office of the Superintendent of Nurses for those who spoke English, and a daily prayer service was also conducted at the dispensaries.

Every Sunday morning a regular Worship Service was held in the Hospital Chapel, conducted by either the Preachers or Pastors. This Service was open to all and therefore, many of the patients looked forward with real pleasure to attend the same. Some patients were taken in the wheel-chairs. It was a fellowship of mixed worshippers – men and women, old and young and rich and poor as well as children.
A Sunday school for women and children was conducted in all the hospital Chapels during every Sunday afternoon, and at the same time special Bible Teaching was carried on in the Wards. For those who speak English, there was a Bible Class in the Office for Nurses. A Bible Class for male employees that was held in the Chapel after the Sunday school was termed as Dr. Paru’s class, as she taught it for a number of years57.

The offerings collected in the Hospitals were utilized for different purposes. One month each year it was devoted to the Bible Society and one month offering for the Eradication of Leprosy programme, etc. There were among the Hindu patients several who contributed regularly to these programmes. There was no hesitation in telling the friends that these Hospitals were built upon the Bible and they generally responded to the appeal. Patients knew that the offerings were for God and were quite distinct from the Hospital necessities, and therefore, during the years several thousands of rupees were received. Gifts and charities were sent not only to the Bible Society, but also to the work of Pandita Ramabai, and to the Schools for the Blind and Deaf contributions were sent by the hospitals from out of the offerings of their own Hospital employees.

Hindus do not appear empty-handed before their gods, and it is entirely in keeping with their custom they gave offerings in the Chapel as well. Hindu mothers sometimes brought their new-born infants to the Chapel and after prayers

and blessings, they placed money in the hands of the new-born baby to be offered to God by placing the same in the hands of the Pastor.

All the Hospitals appointed Bible Women as part of their evangelistic work. The teaching of the Bible Women in the wards was an important part of the evangelistic work. As a good gesture, the patients were very fond of the lyrics or songs of the Bible Women and also the Bible stories. Many listened reverently when prayers were offered. In the later years many books on Bible were offered to the patients, and the Bible Teachers encouraged the patients to read the Bible lessons regularly. Scripture texts were also taught and explained by the Bible Women. Although it was impossible to estimate the amount of seed that sown in the minds and hearts of the patients, the indications were such that most of the patients showed reverence to Christianity when they left the Hospital and some of the patients used to visit the Hospital for further Bible teaching and communion whenever they found time.

It was a regular feature that the Bible Women from the Hospital visiting the adjacent villages and in many of the villages they were welcomed by the former patients. In most of the villages after an evangelistic service in Sudra homes, a number of people brought their infants to be named and prayed for, and on behalf of each child an offering was offered.

The parable of the Sower from the Bible was a favorite in the wards to the patients. In a country where farming is the chief occupation and where the methods are very primitive, it is easy to understand the story of the variety of
soils. Much of the seed of God’s Word may fall by the wayside, or among the rocks, or in the thorns, and the may spring up and choke it, but to the fact that some definitely falling on good soil, there is much evidence in the context of villages and to the agriculturists.

There were a number of baptisms in the Hospitals, both adult and infant, in the wards, and especially in the Chapel. There were some who, although not baptized were believers. Some American friends were impressed with their visit to the village of Revendrapadu, where they met the village Headman who received instruction in Mission Hospitals while he was a patient. He along with his family and others of the village community established a congregation for Christian fellowship and worship. The missionary Hospitals made wonderful contributions in serving the people and also played a prominent role in winning several villages for Christ. At different times women and children were treated at different Dispensaries and Hospitals which brought greater transformation in their hearts and minds not only due to kind and caring treatments they offered but also the meaning of life the exemplified.

The impact of the Medical work of the Mission changed the view and way of life of the people. Whoever, went to the Hospitals, Dispensaries, Clinics and Asylums came back not only with renewed vigour and restored health, but the whole outlook of their life was also affected and they had gained valuable insights into human relations, and what love and service to humanity can do, and how it transforms and enriches the life of an individual as well as a community. The rich

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contributions made by the ‘Healing Ministry’ of the Church in general, and in this case, that of the Andhra Evangelical Lutheran Church (AELC) can never be either forgotten or ignored, and erased from the memory of the people without any gratitude and indebtedness.