A. The General Scenario:

Health is a common theme in almost all the cultures. In fact, all communities have their concepts of health, as part of their culture. Among the definitions still used probably the oldest is that health is the “absence of disease”. The ancient to modern societies shared this concept and attributed disease to disturbances in bodily equilibrium.

Health continues to be a neglected entity by human being from times immemorial. At the individual level, it cannot said to be that health occupies an important place, rather it is usually subjected to other needs defined as more important, such as wealth, power, prestige, knowledge, and security. Health is often taken for granted and its value is not fully understood until it is lost.

The World Health Organisation (WHO) has viewed three aspects as important dimension of health. They are physical, mental and social. A person who is physically healthy, mentally healthy and socially healthy is said to be in a state of optimum or positive health. Optimum health or health of the highest degree should be the goal of every human being to achieve.¹

Hence the WHO defined health in 1948 as “… a state of complete physical, mental and social well-being, and not merely an absence of disease or infirmity.”²

Personal hygiene must be inculcated so as to enable the people of the land to live free from intestinal parasites and other ills, and to improve food, clothing and housing.³

² Ibid.
³
Physical health is an important component of total health of an individual. It includes different parts of the body such as the skin, hair, teeth, eyes, ears, hands, feet and other parts of the body. Hence, one must know not only the structure and functions of the different parts of the body, but also how these can be maintained in a state of optimum health.\(^4\)

A healthy environment and personal hygiene are crucial for the health and well-being of an individual and the communities. The disturbance and dislocation of health of a community result on account of lack of personal and environmental hygiene, the latter leading to contamination of water, food, soil, and so on.

The diseases that occur on account of lack of personal hygiene are those of skin diseases, leprosy, trachoma, conjunctivitis, etc., while the diseases that occur on account of the lack of proper environmental hygiene are those of water-borne, air-borne and insect-borne diseases. The water-borne diseases are those types of viral hepatitis, polio, cholera, typhoid, diarrhoea, etc., while the air-borne diseases are those of tuberculosis, diphtheria, whooping cough, bronchitis meningitis, etc. The insect-borne diseases are malaria, filaria, guinea worm diseases, etc.\(^5\) Among these there are several diseases such as plague and cholera which cause certain death if proper and immediate treatment is not administered. The most feared and most dreaded disease is leprosy which allows the patient a normal life for a prolonged period, but causes permanent nerve damage resulting in the loss of sensation to the fingers, eyes, toes, hair, and ultimately cause disfigurement of the

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\(^4\) Ibid., p. 7.
body. In fact, the society by and large has stigmatized this disease to such an extent that this attitude has become more burdensome to the patient than the disease itself.\(^6\)

In this context, it may be noted that Health in a large measure is the result of many good habits and practices, which is related to eating, sleeping, physical exercises, cleanliness and recreation.\(^7\) Health cannot be given by one person to another. But it is not the case with illness and disease, as they go well with the socio-economic conditions of an individual. The socio-economic status is reflected by the level of education, per capita income, family size, birth rate, population growth and the cultural practices prevalent in the community.\(^8\) Unless socio-economic development takes place, the standard of living and the health status cannot improve.

The rise of European powers and the greed of territorial expansion between the French and English Powers during the 17\(^{th}\) and 18\(^{th}\) centuries paved the way for far reaching consequences in the socio-economic and cultural life of the people of Andhra Desa. Till 18\(^{th}\) century, the mills and factories were quite unknown to the masses in Andhra and hence majority of the people were depending on agriculture and also on cottage industries which were fulfilling their daily needs. Although the society was divided into four-fold castes such as Brahmins, Kshatriyas, Vaisyas and Sudras with innumerable sub-castes, every caste had its own function to perform and although, the serfdom existed among

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\(^8\) Ibid., p. 82.
untouchable communities (Dalits), people were at harmony within their own sphere of existence. The traditional diseases that existed in those early days were different types of fevers, stomach problems, quite often cholera, dysentery, water-borne and arthropod-borne diseases. These were very common to the people and the indigenous medical practitioners such as Ayurveda and Unani medical systems were sufficiently used them to combat the traditional diseases successfully.

But the emergence of mills and factories and consequent resultant of market economy in Andhra desa during the British rule had bought about several changes. The rapid industrial development on account of establishment of more mills and factories in Andhra resulted in innumerable changes in the climate and rainfall and on account of depletion of natural resources, forest cover and spread of enormous amounts of garbage and waste resulted in the pollution of air, water and soil. As a consequence, it threatened the existence of living organisms including human beings. Further, these factors did result in the rise of new diseases such as, cancer, diabetes, hyper tension vascular and cardiac diseases, etc., in India in general and in Andhra in particular, for which no remedy was available in the traditional medical practices such as Ayurveda, Unani, etc., in Andhra Desa.

Much of ill-health in India/Andhra was due to poor environmental sanitation such as unsafe drinking water, polluted soil, unhygienic disposal of human excreta and refuse, poor housing, insects and rodents. Pollution of air also was a growing concern. The high death rate, infant mortality, sickness and poor standards of health were largely due to defective environmental sanitation. Since
more than 84 per cent of the population of Andhra lived in rural areas, the
problem of diseases was attributed more to rural conditions.

The British Colonial Policy was responsible for the lack of proper medical
facilities in the Madras Presidency in general and Andhra Desa in particular in the
first quarter of the 18th century. Its policy of exploitation did create a widespread
disruption in the ways of the life of people and further led to their impoverishment
and pauperization. The Western system of Allopathic medicine introduced by the
British in the beginning of 19th century to combat new diseases in Madras
Presidency was mainly intended to serve the British Army, Civil servants and the
European trading community. A very small fraction of Zamindars and rich people
who were identified with Colonial rule were however, enjoyed similar benefits,
while the majority of ordinary masses were denied such medical facilities.9 The
British were callous and indifferent to the health needs of the vast masses of
population and hence, several old and new diseases literally thrived under such
conditions.

Till the establishment of the Indian Medical Department in 1786 in the
Madras Presidency,10 there was no organised system of public health services in
Andhra Desa. A few Municipalities managed small hospitals in their jurisdiction,
while small dispensaries were established by the local Boards at different places.
However, only a few affluent and influential people were benefitted out of those

Clinics and Dispensaries, while a large number of poor and downtrodden communities were literally denied of the medical facilities.

The priests of the Hindu religious tradition and native *vaidyas* were highly superstitious and the natives were in some ways the microcosm of the more general process. Smallpox and cholera were considered to have been caused by the wrath of goddesses and hence no treatment was given to the patients. In such a situation, people used to perform *jataras* and festivals to appease the goddess which instead of reducing the bad effects of the disease and often increased the mortality rate. A Hindu woman at the time of child-birth, according to the tradition becomes polluted and hence, was left high and dry to suffer ostracism.11 The native priests and medical practitioners dissuaded the people from going to the medical Missionaries of foreign origin, proclaiming that they were ceremoniously unclean. Further, the women did not prefer to take treatment from the opposite sex,12 and as a consequence, the diseases were more rampant during the period under consideration.

The dawn of 16th century witnessed the arrival of French Jesuit missionaries who started the first sowing of the Roman Catholic mission in the ceded and coastal districts of Andhra Desa.13 The establishment of the American Baptist Mission at Nellore in 1836,14 the Godavari Delta Mission at Narspur in

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1840, the Church Missionary Society at Machilipatnam in 1841,\textsuperscript{15} the American Lutheran Mission at Guntur in 1842,\textsuperscript{16} the Canadian Baptist Mission at Kakinada in 1872,\textsuperscript{17} the Salvation Army at Vijayawada in 1892\textsuperscript{18} ushered in a new beginning of ‘Protestant Movement’ in the coastal districts of Andhra. Subsequently, more missionaries started pouring into Andhra Desa from different Missions such as the London Missionary Society, Seventh Day Adventist Church, the Mennonite Brethren Mission, the Pentecostal Mission, etc. Although the main focus of these missionaries of these Churches was the spread of Christianity in Andhra Desa, they also established several institutions, such as schools, hospitals, orphanages, vocational training institutes as channels to promote peaceful means to share the Gospel of Jesus Christ.

The American Lutheran Mission which was started by Father Christian Frederick Heyer in 1842 had gradually developed as a big Church organisation and spread to Prakasam and Guntur districts as well as East and West Godavari districts of coastal Telugu country. The lack of proper medical treatment to the masses which led for large number of deaths especially among women and children also gave much scope for the Lutheran Missionaries to realize the need for extending the medical facilities to the people of Andhra Desa. Hence, they set forth a new feature of Missionary work known as the ‘Healing Ministry’ in the coastal districts of Andhra Desa in the later part of Nineteenth century. No doubt,

\textsuperscript{16} Dolbeer, M. L., Jr., \textit{A History of Lutheranism in Andhra Desa: (The Telugu Territory of India), 1842-1920}, New York: Board of Foreign Missions, the United Lutheran Church in America, 1959.
Attempts of a non-professional kind of medical treatment was made available to the people by the Lutheran missionaries in the beginning to treat sickness but they in course of time realised the need to send trained Doctors to India/Andhra to relieve the people from their distress by establishing hospitals, dispensaries and clinics. Thus during the later part of 19th century, the development of modern medical service has taken its roots in Andhra.

Against this backdrop, the American Lutheran Missionaries had established in Guntur, Prakasam and, East and West Godavari districts four women and children hospitals such the Kugler Hospital (Guntur), Baer Hospital (Chirala), Woerner Hospital (Rajahmundry) and Lutheran Hospital (Rentachintala), and two general hospitals such as, the Augustana Hospital (Bhimavaram) and Lutheran Hospital (Tarlabadu) to cater to the medical needs of the people. Added to these, Philadelphia Leprosy Asylum (Salur) and Arogyavaram Tuberculosis Sanatorium (Rajahmundry) also came into existence to help the people in the areas of Tuberculosis and Leprosy. In these hospitals patients were provided with equal care and treatment irrespective of their caste, creed, gender and region. Besides these, the Lutheran Medical Missionaries have established several dispensaries, road-side clinics wherever they were useful to treat the sick patients and to relieve them from their physical suffering.

While healing the body, the Lutheran missionaries did never forget their basic aim of preaching the good news of Jesus Christ. They arranged the Bible Women for preaching and praying to the patients in hospital wards and out-patients in the dispensaries. They also distributed Gospel tracts and Bibles to the
attendants and relatives of the patients who had shown interest in knowing more
about Christianity for free of cost. Thus the hospitals became the centres of
Christian activities to proclaim Jesus Christ as their personal Saviour. The
hospitals also provided chapels within their premises so that the needy might pray
to God seeking relief from their decease, comfort and peace. Thus the Lutheran
hospitals in Andhra Desa became the hub of Christian activities and programmes.

In this connection, it may be noted that that the doctors, nurses and other
hospital workers acted as facilitators to the poor and sick to see that the Biblical
truths alone were catalysts for change of faith, rather than the personnel of the
Institutions. In such situations, conversions and Baptisms were taken care by the
Missionaries of Evangelism and Pastors and as such there existed a greater
coherence and harmony between these two in God’s ‘Healing Ministry’. Added
to these, the hospitals also became Centres of employment generation to the poor
Dalits and downtrodden sections of the society as nurses, ayahs and para-medical
workers as these jobs were not favoured preferred by the upper caste Hindus and
as a consequence, they became a boon for the people at the lower-rungs of the
society. The medical missionaries also used their knowledge and skill to dispel
the superstitious beliefs that were prevalent in the society with their medical
services and thereby the reduction of suffering of the sick people.

This situation led the Lutheran Medical Missionaries to realise the need for
extending medical facilities which were denied to the masses and hence they
setforth the following aims and objectives for the medical missionary work in India.¹⁹

1. To exemplify, the spirit of the Gospel to the Indian masses and to show compassion and equal treatment to all classes.
2. To realise the ministry of healing as an integral part of the gospel message.
3. To care for the sick at a high level of professional excellence.
4. To avoid extravagance and to carry on the medical missionary work with the least possible expenses.
5. To encourage the payment of nominal fee by the patients without causing inconvenience for evangelistic and philanthropic activity.
6. To organise hospitals with the equipment that is required with well-qualified technicians, staff of nurses, doctors who were motivated by the love of Christ.

Thus a new feature of medical Missionary work known as the ‘Healing Ministry’ came into prominence in India and also in coastal districts of Andhra Desa in the later part of the Nineteenth century. No doubt, attempts of a non-professional kind of medical treatment were made available to the people by pastors, catechists and local physicians to treat sickness. The Mission Organizations had even sent trained doctors to India to cure the sick people of their diseases. However, the organised medical missions were a phenomenon of

the nineteenth and twentieth centuries. It is of course, during this period that the
development of modern medical service had taken its roots in Andhra.20

The ministry of healing is an essential part of the work of the Christian
Church whose mission is to represent God as revealed in Jesus Christ. It is
believed that the ministry of healing the body is an expression of the attitude and
mind of God towards human being and has its source laid in the compassion and
love of God. This was accomplished in the spirit of Christ, who served men and
women for the love of them and who, as evidence of His Messiaahship, drew
attention to the work He was doing: “The blind receive their sight, the lame walk,
the lepers are cleansed, the deaf hear, the dead are raised and the poor have good
news brought to them”.21 From this conviction, it has become the duty of the
Church to develop Healing Ministry as an essential part of her work. It has two-
fold purpose and an integral part of evangelistic work, that is, 1). to lead people to
Christ and to organise them to develop self-propagation, self-support and self-
government; and 2). to alleviate the suffering of the body and removal of
superstitious beliefs with regard to the causes of diseases.

Against this backdrop, it is to be understood that the system of treating
physical ills employed in the Western medicine was very different from that
which was already in practice in coastal Andhra, viz. Ayurveda22 and Unani.23
The Ayurveda and Unani were practiced by the village physicians at their homes
on the basis of their traditional learning of preparing medicines from herbs and

21 Mathew 11:5, Holy Bible (Revised Standard Version)
22 Hymavathi, P., History of Ayurveda in Andhra Desa, A.D. 14th c. – 17th c., Warangal: Bhargava
23 Ibid., p. 43.
leaves. The use of traditional medicines was not also effective to treat certain new
diseases that erupted because of market economy that was introduced in coastal
Andhra. Further, the medicines of the village physicians are not sufficient to treat
all the sick and suffering. Hence, the missionaries were advised by their
respective Mission Boards to have elementary knowledge in medicines while they
were out on the field. Fr. Heyer,\textsuperscript{24} the first missionary from American Lutheran
Mission who came to Guntur in 1842 used to carry a ‘surgical kit’ about the size
and complexity of a modern High School student’s dissecting outfit. He provided
medicines to all the sufferers with his limited knowledge, wherever he went on
evangelistic work. Further, several missionaries mention that they distributed
medicines to their workers and their family members for fever and other simple
diseases either on tour or at their homes. They used to carry with them quinine or
cinchona of Indian manufacture for the treatment of malaria. The medicines also
included quantities of Perry Davis’ Pain Killer and Chamberlain’s Cough
Remedy.\textsuperscript{25} They also mentioned that the Chamberlains in Des Moines, Iowa
continued to donate largely, the medicines, free of cost for the benefit if Indian
patients.\textsuperscript{26} Fr. Heyer of the American Lutheran Mission, from the initial stages of
his Evangelistic work introduced a pain killer to Telugu bazars and that ranked
almost as a cultural change.

When the Seminary was opened at Luthergiri in Rajahmundry for the
training of preachers, the health-care of students made such a heavy demand on

\textsuperscript{24} Fishman, A.T., \textit{Culture Change and the Underprivileged: A Study of Madigas in South India


\textsuperscript{26} Fishman, A.T., op. cit, 1941, p. 58
the Missionaries’ time, and therefore a native Indian doctor was given some training in the Western medicine and employed as the Campus Doctor. However, neither he nor the male missionaries could attend on Indian women and as a consequence an American woman physician was called into service in 1886.27

B. Aims and Objectives:

In the absence of a systematic Public Medical Department provided by the Colonial Rule, many diseases thronged in the coastal Andhra, so with a view to provide relief to the sick, the missionaries from different Denominations and Mission Societies established general hospitals, leprosy asylums and sanitaria to relieve the suffering of the sick and other health problems of the people. Hence the proposed aim and objective of the research in the dissertation are:

1. To find out causes for the spread of diseases in coastal Andhra and the preventive and curative measures the Government and the people took prior to the introduction of Western medicine and establishment of Mission Hospitals.

2. To examine the impact of superstitious beliefs prevalent among the public and the damage if any done to the sick and sufferer on account of the procedures adopted to appease the Spirit.

3. To enumerate the real stories of the healing ministry, the establishment of hospitals, the construction of building, wards, equipment, the technical personnel, doctors, nurses, treatment, etc.

27 Ibid.,
4. To analyse the financial problems faced by the Lutheran Medical Missionaries for the construction of buildings, payment of salaries to the hospital staff, purchase of medicines, cost of free treatment provided to the poor and the needy, and the upkeep of the hospital, etc.

5. To focus special attention on the establishment of leprosy asylums/hospitals and Tuberculosis Sanitaria in the area under the present study and various aspects connected to it.

6. To highlight the salient features of the treatment given by the doctors for different diseases and the impact of hospitals on the sick, the sufferers, and their families and relatives in particular and public in general and the spread of the glad tidings about the medical missionary activities.

C. Scope and Limitations:

The present study is a bold attempt to trace the activities of the Medical Missionaries of the Andhra Evangelical Lutheran Church in coastal Andhra. Initially started by the American Lutheran Missions of Pennsylvania Synod through Fr. Christian Friederick Heyer in 1842 at Guntur, and Northern German Mission by Rev. Valet Munroh at Rajahmundry Mission in 1845, these two Lutheran missions with their ups and downs functioned as separate missions until 1927, and merged and formed as a single Church today known as the Andhra Evangelical Lutheran Church. (Map:I) Between 1842 and 1927, these two Missions established three women and child hospitals at Guntur, Chirala and Rajahmundry and one general hospital at Rentachintala. After the merge of these Missions as AELC, three more hospitals have been established at Bhimavaram, Tarlupadu and Ankalagudem. Besides these, AELC was also instrumental in
running Visranthipuram Tuberculosis Sanatorium at Rajahmundry and Philadelphia Leprosy Asylum at Salur. (Map:II) Added to these several dispensaries and road-side clinics were also established by the AEL Church as per the need and request of the local congregations.

Besides these, AEL Church also established 3 Nursing Schools at Guntur, Chirala and Rajahmundry to train nurses in mid-wifery and Royal Nursing for the benefit of the different hospitals in AELC, and hospitals run by other denominations and Government hospitals. Further, couple of these hospitals offered training opportunities for Para-medical staff such as Pharmacists, Physiotherapists, X-ray and Blood-testing technicians. The study of the growth and development of all these, Nursing Schools, training of the Para-medical staff come under the scope of the present work. These Hospital Superintendents did never forget the basic purpose in establishing these medical institutions that is the sharing of the Gospel message to the local people who prefer to take medical treatment in these institutions. Hence, they arranged the services of Bible Women in the Hospitals who stood as pillars in explaining the basic principles of Bible to the patients and to their relatives and attendants. These aspects also come under the scope of the work. Finally, the impact of the Mission Hospitals on masses also comes under the scope of the present dissertation.

D. Methodology:

Research in Social Sciences such as History is a difficult undertaking as logical and systematic techniques should be employed. For the study of the present topic such as the Medical Ministry of AEL Church and its contribution for
the relief of physical and spiritual healing requires enormous data both as primary and secondary sources. As the data available in the Primary sources such as magazines, periodicals and souvenirs proved the daily routine of the activities of Medical Missionaries and that to in bits and pieces, much care must be taken in compiling and bring analysis out of it is found very difficult. The secondary data such as books, articles, etc., also do not provide continuous history of Lutheran Medical Missionary activities and hence, the need for focussing of much more care in compiling these bits into a book-form.

Therefore, important principles such as internal and external criticism are utilized to present a comprehensive historical treatise of the activities and results of Lutheran Medical Missionaries without ambiguity and generalizations.

E. Sources of Information:

The sources of information for the compilation of this work are two-fold, that is, the Primary Sources and the Secondary Sources. The Primary Sources of information for the present work includes Gazetteers, Manuals, Census Records of Madras Presidency, and the Monthly/Annual Reports of the Lutheran Missions which were prepared as information to the respective Mission Organizations. Besides these, the Secondary Sources also provide valuable information on the subject which is available in the form of books, journals, magazines, souvenirs, etc. These materials provide detailed information on different aspects with possible commentaries.
The *Manual of Krishna District* in the Madras Presidency by Gordon Mackenzie, the *Manual of Godavari District* and the *Manual of Visakhapatnam*\(^2^8\) provides useful information on different medical aspects of Coastal Andhra during colonial rule in the last quarter of the 19th century. Vols. II and III of *Manuals of Administration of Madras Presidency*\(^2^9\) are contemporary reports and provide accurate information of the prevalence of different diseases and the measures taken by the Government and the public to combat the situation. Besides, these the Census Reports also provide valuable information on the mortality rate of the people on account epidemics which frequented the areas under the present study.

The Reports and Magazines published by the Lutheran Organizations also provide valuable information on the developmental activities undertaken by the Missions annually, besides information on the amount of treatment provided by these Missionaries for the in-patients and out-patients.

Among the Telugus, Bolivians, etc., all these Reports were published annually and refer to the work of the Canadian Baptist Church in the Northern Coastal Andhra with an exception to the work at Bolivia which was incorporated only 1940s. These Reports provide detailed information of various aspects such as Education, Medical ministry, Evangelism, etc., with each aspect in connection to their Mission Stations.

The American Evangelical Lutheran Mission published several monthly Magazines either from India or America. They include *Lutheran Women’s Work*,


In addition to the above Records of different Lutheran Missionary Societies and the Government Records, which provide deep insights into the subject, as a primary record, there are several books, articles and souvenirs that were published in due course also provide important information. In this aspect also, the Canadian Baptist Church provided more data when compared with the other Missionary Societies. The books which provide graphic information of the Canadian Baptist Church includes Orville E. Daniel’s Moving with the Times, M. L. McLaurin and K. S. Orchard, Enterprise, John Craig’s Forty Years among Telugoos, Gordon Carder’s Hand to the Indian Plough, etc. These provide all the aspects of the mission in a systematic and chronological order. The Books that provide valuable information on hospitals, dispensaries, leprosy asylums and Tuberculosis Sanatoriums of the Lutheran Church are, Martin Luther Dolbeer’s The Andhra Evangelical Lutheran Church: A Brief History and A History of Lutheranism in the Andhra Desa; Swavely’s two books, One Hundred Years of Lutheranism and The Enterprise; Drach and Kruder’s The Telugu Mission provide
valuable information on the activities of Medical Missionaries of American Lutheran Mission Society. The Godavari Delta Mission (GDM) had also published several books through Jeevan Jyothi Press, Narsapur in West Godavari District. The books of the GDM that provide valuable information is the *Great Gospel Witness* and *Goppa Sakshi Samuhamu* (in Telugu), etc.

The books that provide information on the activities of the Salvation Army including its medical activities comprise of Frederick Booth-Tucker’s *Muktifauz*, R. A. Mackenzie’s *Booth Tucker, Sadhu and Saint*, Matilda Hatcher’s *The Untouchable*, Maldrid Mackenzie’s the *Mud Bank* and Salving Smith’s *By Love Compelled*, etc.

Besides these books, directly connected with their respective Church histories, there are several other books which give brief information such as V. Titus Varghese’s *Glimpses of the History of Christian Church in India*, Alvin T. Fishman’s two books, *For this Purpose: A Case Study of the Telugu Baptist Church and Its Relation with the South India Mission of the American Baptist Foreign Mission Societies in India* and *Culture Change and the Underprivileged: A Study of Madigas in South India Under Christian Guidance*; C. B. Firth’s *Introduction to the Indian Church History* also provide valuable information on the subject.

**F. Plan of Work:**

The dissertation is divided into Nine Chapters as detailed below:
The First Chapter is Introduction. It gives a brief introduction about the nature of work, the scope and the methodology used in the present study. It also provides information on the medical facilities available during the Colonial Rule in Andhra during the 19th and 20th centuries and the need for the establishment of hospitals and dispensaries especially to the women and children. Further, the Chapter also provides a brief description on the data categories on the topic and the division of chapters.

The Second Chapter provides a bird’s eye-view of the landscape, physiography, climate and rain-fall of Andhra Desa besides providing information on the political, social, economic, cultural and religious aspects of the people to provide more information about the society, during the Colonial rule of 18th to 20th centuries to give a clear understanding about the need for such study. It also gives information on the religions of the area and beliefs and customs of the people besides their vocation, etc.

The Third Chapter deals with the origin and growth of Christianity in Andhra Desa. Although the prime objective of Missionaries was sharing the Gospel and spread of Christianity, they also did yeomen service to the people of Coastal Andhra in the fields of Education, Medical and Sociological aspects and showed equal respect to all the communities irrespective of their caste, colour, creed, region and denomination, etc. A brief description of all the above aspects during the Roman Catholic churches and Protestant churches is given in the chapter to provide overall picture of the missionary activities in the Andhra Desa in general and coastal Andhra in particular.
The **Fourth Chapter** deals with the growth of Andhra Evangelical Lutheran Church (AELC) in coastal Andhra. This chapter also provides the information how Lutherans from Europe were migrated to America in the early part of the 16th century and formed as a General Synod and sent Fr. Christian Frederick Heyer as the first Missionary for the propagation of Lutheranism in Guntur as well as the West and East Godavari Districts of Andhra country in 1842. This chapter also provides on how the several missionaries both men and women belonging to different walks of life such as Evangelists, Educationalists, Sociologists, Engineers and the Missionaries from medical and vocational backgrounds came to Andhra for establishment of Schools, Colleges, Mission fields, Hospitals, Vocational Training Institutes, Orphanages, etc. The chapter also describes and methods and modalities adopted by the Lutheran Missionaries for conversion of people to Christianity, how the native converts stood as pillars for the spread of Christianity among their own kith and kin of their community and how the Lutheran Church was finally established in different districts of Andhra Desa.

The title of the **Fifth Chapter**, ‘The Beliefs, Customs and Medical Practices in Coastal Andhra during British Rule’ itself is self-explanatory. It provides a graphic description of the socio-cultural aspects and the supernatural beliefs of the people which were considered as one of the reasons for the spread of several diseases. This Chapter also gives a detailed account of the physical suffering faced by the women folk of Andhra on account of seclusion and Purda system which was prevalent among them and that which was understood as another reason for their reluctance to take medical treatments from the physicians.
of opposite sex that resulted in high mortality, especially during the pregnancy and delivery time. The Chapter also deals with the Missionary concept of spiritual and physical healing and the process of combining them in hospital atmosphere. The financial aspects that were involved in the maintenance of the Hospitals are also discussed in this Chapter.

The **Sixth Chapter** deals with the establishment of Lutheran Mission Hospitals for women and children such as the Kuglar Hospital (Guntur), Baer Hospital (Chirala), Woerner Hospital (Rajahmundry) and Augustana Hospital (Bhimavaram) and General Mission Hospitals at Rentachintala, Tarlupadu and Ankalagudem. The Hospitals for treating the contagious diseases such as Visranthipuram Tuberculosis Sanatorium (Rajahmundry) and Philadelphia Leprosy Home (Salur) in Srikakulam district were also set up. In addition to these, this Chapter also deals with the establishment of Dispensaries and road-side Clinics at different parts of the Lutheran Mission area for treating the physical suffering of the people. Besides these, the Chapter also provides information of how these Hospitals provided for preaching the Word of God by appointing Evangelists and Bible Women and also by establishing churches the Hospital premises. Different diseases that were frequently occurred and the medical treatment given are also discussed in the Chapter besides different methods used for raising funds such as collection of fees and donations from different categories of people for the payment of salaries, construction of wards and maintenance of the Hospitals.
The **Seventh Chapter** deals with the training activities provided by these Hospitals to the Nursing and Para-medical staff. It also provides detailed information on how the trained Nurses from America came to these Hospitals and rendered their valuable services not only to the in-patients but also opened the Nursing Schools at different Hospitals to provide nursing training to the indigenous Christian women as the women of the other communities showed apathy for nursing training. The Chapter also provides information on how these Hospitals provided training to the Para-medical workers in the fields of Pharmacy, Physiotherapy, Laboratory and X-ray technicians.

The **Eight Chapter** provides information on the impact of Lutheran Missionary activities, especially the healing ministry on the masses. The Chapter provides information on how the Hospitals gave equal preference to all the patients, the rich and the poor, irrespective of their caste, colour, creed, gender and regional variations and paved the way for the communal harmony and reduction of social inequalities. The Medical Missionaries’ approach did create health consciousness and raised personal and community hygiene among the patients. It also dispelled the superstitious beliefs among the masses, especially the women folk and created awareness about the causative factors about different diseases. The Chapter also provides information on how the downtrodden women who got employment as nurses and ayahs in different Hospitals and thus the improvement in their economic stability. Further, the Chapter also deals with how the Medical Missionaries acted as catalysts and bridged differences among the masses especially, the Upper castes about Christianity and thus paved friendly relationships between the Missionaries and the native people.
The **Ninth Chapter** provides Summary and Conclusion.

After presenting the content of the research through Nine Chapters beginning with the Introduction to Summation and Conclusion, appendices, line drawings and maps, and plates that are relevant to this Research were enclosed as supportive documents which, the Researcher hopes would offer more credence to this particular research.