CHAPTER III

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More important than the educational institutions are the hospitals and nursing institutions set up by the missionaries for the poor and the ailing. It was not just poverty that had denied them access to medical care, but their superstitious beliefs and the prevalence of quack remedies. The medical mission was an evangelistic agency and a medical missionary an evangelistic agent. All medical missions were supervised by fully qualified medical men or women. The value of women medical missionaries is enormous in a country like India where women could be reached and treated only by women. The work of a medical mission was threefold: the out-patients in the dispensary; the in-patients in the hospital; and the work outside the mission compound, such as visits to individual cases or itinerant work.

One of the major tasks of the medical missions was to build up an efficient nursing service because of the cultural constraints of the country. To the natives, nursing was a mean and disgraceful profession. Hence it was a difficult task to have the natives trained as nurses and dressers. Further, medical missions wanted to offer their services to the poorest of the villagefolk who were the majority in the Church. The thrust of their medical service was the medical treatment at the rural dispensaries set up far from any hospital to take care of the hitherto neglected patients. They also did work among poor and needy people in big

1. Munro, 'Medical Missions', The Indian Evangelical Review, Vol. XXIV, October 1897, pp. 207-209.
cities, leprosy work, psychiatric work, work among physical cripples and the aged and maternity work.³

The women missionaries who did pioneering work in education also wanted to meet the physical needs of the people in Tirunelveli. Their main aim was to heal the sick and the suffering and also to inculcate among women the right sense of cleanliness and hygiene. This environmental cleanliness led to a decrease in the morbidity and mortality rate during epidemics. The inadequacy of medical facilities in Tirunelveli district induced the women missionaries to start dispensaries and hospitals both in cities and remote villages.⁴ The services rendered by the women missionaries in the field of medicine enabled the people of Tirunelveli to overcome their superstitions and ignorance and installed in their minds a sense of confidence.

The work of the medical mission consisted of medical aid, midwifery service, treatment of malaria, registration of vital statistics, inoculation for cholera and typhoid and school medical inspection. Medical and surgical relief were given through the hospitals and dispensaries of the S.P.G. and C.M.S. missions. A medical missionary should have completed the medical curriculum and obtained a diploma or degree in medicine or be an L.M.S. (Licentiate in Medicine and Surgery). The administration of medical services and the treatment of patients were carried out with utmost care irrespective of caste, colour or creed and against all odds. This produced salutary results in bringing different sections of

the people together and also making them gay and healthy.\textsuperscript{5} The women missionaries trained Native medical men, nurses and midwives to render medical services and some of them were known as medical evangelists. They carried their medicines and surgical instruments and travelled all the year round into the villages, offered treatment to the sick and established close contact with the high and the low classes of people. In every hospital of the mission, there was an evangelistic band. It not only provided physical relief but also cheered up the spirit. Further, they helped to remove the false and superstitious notions with regard to contagious diseases.\textsuperscript{6}

The tradition bound people of Tirunelveli had adopted conventional medicines and medical treatments. They were prone to contagious diseases due to lack of proper medical care. They could not find out the cause of their ailments, nor did they know of better remedies for them. They were so dumb that they did not even know how to swallow a pill. They knew no nursing of the sick. Little children could not be administered medicine because even the mothers did not know how to hold the babies for giving medicine. They depended upon the native physicians called the \textbf{vaithyans} (priest cum physicians) whose treatment was often worse than the diseases. To become a native doctor, no medical training was necessary. They were hereditary physicians having learned their art from their elders. They studied medical codes, which were written in verse on palm leaves and many parts were quite unintelligible. They knew nothing

\textsuperscript{5} Annual Report of S.P.G., 1875, pp.24-25.

\textsuperscript{6} Interview with G.M. Jeyabalan, Medical Superintendent, St. Luke's Leprosarium, Peikulam, 1 May 2002.
about anatomy or the quality of efficacy of the dangerous medicines which they usually administered. The ancient works, Charaka on medicine and Susruta on surgery, written in 472 A.D. had many crudities. Many people fell victim to such bad treatments. The vaithyans possessed only scanty knowledge of diseases or of scientific treatment. They generally used medicinal herbs to treat the sick. In some cases, the villages sought the assistance of devil dancers and a group of sorcerers called the magicians to get cured of any dreadful disease. A girl with epilepsy was treated by giving heavy blows with thick sticks and by fire to drive the devil. The native physicians could not find remedy to many diseases. The tradition-based methods did not cure major diseases like epidemics and leprosy.

Sanitation and hygiene were generally poor in the villages. People of Tirunelveli suffered from many contagious and communicable diseases. The uncleanliness, scarce and unprotected drinking water, famine and flood contributed largely to the outbreak and spread of epidemics like plague, cholera and small pox. From Tirunelveli district, the epidemics spread to Travancore. In the years 1895, 1897, 1900, 1908, cholera ravaged the whole of in Tirunelveli district. Unavailability of proper medical help led to deaths by the thousands. People had no awareness that the spread of deadly diseases like cholera, typhoid, plague and malaria fever was due to foul water, flies, rats and mosquitoes. They out of ignorance, attributed such incidence to the wrath of certain offended deity.

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7. Report of Dr. Strachan, Medical Evangelist, St. Luke’s Hospital, Nazareth, 31 October 1872.
or evil spirits. Therefore instead of treating the patients, they used to mollify the
gods and goddesses by offerings and sacrifices made through local magicians.
The local magicians extracted huge amounts of money from them for such
services. This made the villagers more and more indebted to and dependent on
the local magicians who performed mantras to drive away the evil spirit. At the
same time, they believed that these demons had a peculiar liking for mutton,
fowls and fruits. While the victims belonged to the lower caste, the magicians
invariably came from the upper class.9

Poverty underlies the poor health status of most of the women too. The
poor health of women affected the children also. The malnutrition was not mainly
due to lack of food but because of ignorance and misuse of available food. The
villagers were afflicted with sore-eyes from June to September due to eye flies.
These pests were tiny and almost invisible. A dozen flies always could be seen
buzzing round each human head.10 The people did not know first aid for snake
bites. Consequently as the venom rose in the blood, it paralysed the action of
the heart. Also, when women suffered from hysteria, they were declared to be
possessed with a devil. Hence, cruel and inhuman methods were adopted to
drive out demons which caused great suffering to the poor women.

The Christian medical missionaries were the first to introduce allopathic
medicines in South India. They visited the rural areas and made the people
aware of the efficacy of modern medical treatment for diseases. They also built

dispensaries and hospitals. C.M.S. and S.P.G. women missionaries, medical evangelists and the wives of catechists offered treatment to the sick people, irrespective of caste, colour, creed or language. When Tirunelveli was affected by cholera in 1879, the women missionaries did meritorious humanitarian service. Effective propaganda among the people about the mode and spread of diseases was carried out throughout Tirunelveli district. The women missionaries bought medicines from abroad and distributed them to the cholera affected free of cost. But they were unable to help the patients affected by chicken-pox, plague and virus fever directly. Therefore they started dispensaries and hospitals in different parts of Tirunelveli region.

Mass vaccination campaigns were launched in the disease affected and surrounding areas. The tremendous value of the medical work during the famine and epidemics can not be overestimated. In the meanwhile, efforts were taken to revive and propagate traditional home medicines and herbal medicines. As the people trusted the native vaidyans, Rev. T.G. Barenbruck, S.P.G. missionary, established a Tamil dispensary at Surandai in 1847 and appointed Sankaralingam Chettiyar as vaidyar. He served upto 1857. An English dispensary called Friend-in-Need hospital began to function in 1849 at Palayamkottai with the help of C.J. Bird, the Collector of Tirunelveli. The dispensary provided medical treatment to the missionaries in the Tirunelveli district and to the other Europeans. In course

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of time the Friend-in-Need Society was started in each district to take care of
the sick, the poor and other needy. This society was run out of the contributions
of the kind hearted Europeans and local Christians.\textsuperscript{15}

The women missionaries encouraged the people to visit the hospitals
and dispensaries so that their superstitious beliefs could be given up
permanently. The missionaries and their spouses offered medical aid for minor
ailments and accidents. Mrs. Eliza Caldwell, Mrs. Mary Thomas, Miss Thomas,
Mrs. Stratchan and Mrs. Lousia Shepherd were the popular women missionaries
who offered treatment to both the children and their parents until regular
dispensaries were opened. They tried modern preventive medicines.
Inoculations and vaccination campaigns against smallpox were organised.
Consequently, the spread of plague, cholera and small-pox was effectively
controlled. Midwives visited the women often in their houses to give much needed
medical advice.\textsuperscript{16}

Maternity and child welfare centres were opened. Through hospitals,
the women missionaries undertook health care, and delivery services including
maternity and child health, nutrition and family welfare. Consequently maternal
mortality ratio was reduced to a great extent. Medical inspection was introduced
in schools in order to minimise sickness among children. It improved the health
of the students by offering medical advice, hygiene instructions and instructions
in physical exercises. The women missionaries gave training to the people of

\textsuperscript{15} Proceedings of the Church Missionary Society, 1849-1850, p. cxliv.
Tirunelveli in health education to control the spread of malaria, leprosy, yaws and hookworm. Thus started the dressers, nurses and hospital assistants.\(^{17}\)

Tirunelveli diocese was a pioneer in medical missionary work. The motto of Tirunelveli Diocesan Medical Mission was "preaching the Gospel and healing the sick".\(^{18}\) The health centres were established in the rural areas to serve the people who did not have access to medical care in the town areas. The hospitals and health centres of the missionaries took care of the health needs of the poor. Free medical camps were arranged for creating awareness on primary health, leprosy, eye and dental care. The women missionaries taught the people to make good use of cheap and easily available food stuffs through nutrition demonstration classes. The hospitals were established with the generous donations from various philanthropists. Specific steps were taken to provide good health to the people through modern equipment and medicines.

Socially ostracised lepers were the ones that benefited most through the leprosy mission of the Tirunelveli diocese. Leprosy clinics were started for giving free treatment. Medical, surgical and physiotherapy facilities were made available to leprosy patients. St. Luke's Leprosarium at Peikulam did commendable service in the healing and rehabilitation of leprosy patients. For a long time, leprosy was considered as an incurable disease and the lepers were subjected to social isolation. The women missionaries proved that the disease was curable like many other diseases. Leprosy medical centres were established

18. Minutes of Executive Standing Committee, 30 March 1949, p. 15.
at Nazareth, Idaiyangudi, Megnanapuram, Sawyerpuram, Nagalapuram, Dohnavur and Palayamkottai. The Tirunelveli diocese ran the hospitals with women physicians, nurses and women medical assistants. The dispensaries were under the charge of trained native 'medical evangelists'. The first medical mission was introduced at Swayerpuram in 1854 by Dr. Huxtable and was expanded by Dr. Stratchan at Nazareth. To cater to the need of the people, the missionaries established a net work of hospitals in various mission stations and in the remote villages.¹⁹

**St. Luke's Hospital, Nazareth**

The scarcity of women doctors to treat women patients was made good by women missionaries like Mrs. Louisa Shepherd, Mrs. Harriet Strachan, Miss. Parsens and the native trained nurses. Dr. J.M. Strachan, Medical Missionary started a dispensary at Nazareth in 1870. The hospital was meant to serve the growing needs of the infant Church, to establish a living contact with the non-Christians and to help many educational institutions in the locality.²⁰ The hospital offered medical aid to thousands of sick people in and around Nazareth. Patients from Tiruchendur, Kulasakarapatanam and Srivaikundam were also benefitted. The most common diseases were fever, rheumatic affections, diarrhoea, conjunctivitis, otitis and ulcers.²¹

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Mrs. Louisa Shephered, the daughter of Rev. Caldwell was sent to Nazareth from Tirunelveli to assist Dr. Strachan. In addition, two dressers were appointed as helpers. About 40,000 people were given treatment in 1871 and most of them came from places forty to eighty kilometres away. The annual salary of the two dressers was rupees 440/- and that of three servants rupees 108/-. The annual expenditure for medicine was rupees 800/- and sundry expenses, rupees 150/- and the total expenditure was rupees 1498/- in 1873, according to the mission report.

Mrs. Louisa Shepherd took special interest in the medical service and could establish personal contact with the patients. Frequently she struck up conversations with the patients on religious topics and distributed to them religious tracts and hand bills. She collected funds from the rich people of Tirunelveli and supplied free diet to the patients. All sections of the people, Hindus, Muslims and Christians donated money for the development of the hospital. A Brahmin gentleman, a graduate in Science from the University of Madras donated rupees 900/- to provide food for the poor patients. This money was deposited in the Bank and became the nucleus of a fund. However no gift in cash or in kind was accepted by any member of the staff. Mrs. Louisa’s sudden demise in 1872 distressed both the natives and the Europeans.

Rev. A. Margoschis took charge of the dispensary in 1876. He was

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23. Ibid., 1871-1873, p. 36.
24. Canon Arthur Margoschis, a student of medicine in Edinborough. He was the Medical Officer-in-charge of St. Luke’s Hospital from 1876 to 1908. He always obtained the latest Medical papers in order to find out new remedies and improved instruments connected with the progress of medicine and surgery. (Dr. Kamali Jayaseelan, 'A Brief Historical Review and Recent Progress', Annual Souvenir of St. Luke’s Hospital, Nazareth, 1978, p. 1).
assisted by Dressers, Ganamuthu and Devapiriyan. Eventually, a new hospital building was constructed. The hospital was named St. Luke's Hospital on St. Luke's Day in 1892 by Rev. Canon Margoschis. Mr. G.S. Forbes, the Collector of Tirunelveli district presided over the opening ceremony of the new hospital building. A greater portion of the hospital expenses was met by missionary societies and friends. The S.P.C.K. gave the munificent sums of £150 and £200 for the salary of qualified surgeons. The Madras Diocesan Committee offered a grant of rupees 100/- per annum for the purchase of medicines. The Nazareth Mission District Board in 1892 contributed rupees 1000/- for the progress of the hospital.²⁵

Miss. N.E. Parsons

Miss. N.E. Parsons M.B.B.S. (London) was appointed as the Medical Superintendent of the hospital at Nazareth in 1909. She served in the hospital till 1912. She was assisted by Dr. Mathuram. She did most commendable medical work among the women. She was the first woman medical missionary, sent by S.P.G. to Tirunelveli. In 1912, she planned to construct a Gosha or Zenana Hospital for the high caste Hindu and Muslim women. Before this could materialise, she had to go to England in 1913. Miss. Walters from Ramnad was temporarily appointed in this hospital.²⁶ The Medical Missions Department of the S.P.G. through Marriott Bequest Committee for grants gave a grant of £111 to construct quarters for the lady doctors. It also allotted £89 for Medical Mission

buildings at Nazareth. In addition to this, in 1910 the Medical Missions Department of S.P.G. gave £40 for hospital maintenance and for the purchase of drug. The number of the patients swelled as years rolled by.  

Miss. Miller

Dr. Frank Wells Welsh (1914-1917), the medical superintendent of Sawyerpuram was appointed as supervisor of St. Luke's Hospital after the departure of Mrs. Parsens Weston. To assist Frank Wells Welsh, Miss. Miller, an English nurse was appointed in 1914. She showed special interest in giving treatment to the patients of Sawyerpuram. The hospital and the dispensary buildings were well designed and were located in a healthy site. The hospital became popular and is easily the best among the mission hospitals of the Tirunelveli diocese. In 1916 Bishop Walles appointed Vedabodaham as an assistant to Dr. Frank Wells Welsh. Until 1917, the institution was in charge of Europeans only.

Dr. Grace Ruby

Dr. R. Vedabodaham, M.D., became the Medical Officer-in-charge in 1917 and served up to 1958. He was assisted by his wife, Dr. Grace Ruby Vedabodaham. Surgery was done by Dr. Vedabodaham and Mrs. Dr. Grace Ruby Vedabodaham engaged in gynaecological work. Mrs. Vedabodaham

27. Letter of A. Acheson Williams, Bishop of Tinnevelly and Madura to the clergy and other Mission workers, August 1910.
30. Pastoral Work Standing Committee, 19 October 1949, p. 5.
completed her M.B.B.S. at Madras Medical College and did her house Surgency at Victoria Caste and Gosha hospital at Triplicane. She joined St. Luke’s Hospital in 1921 as an assistant to Dr. Vedabodaham.\textsuperscript{31} She served in the hospital for twenty nine years.\textsuperscript{32} Mrs. Vedabodakam was in charge of St. Luke’s Hospital in her husband’s absence, when Dr. Vedabodaham undertook a three month course study about modern developments in surgery under Dr. Somervell of C.S.I. Hospital, Neyyoor.\textsuperscript{33}

Dr. Grace Ruby taught her assistant doctor, Dr. Thomas Gnanamuthu how to attend to obstetrical emergencies with the limited facility available like she did. The ignorance of women patients about personal health distressed her. She gave lectures to men about how they should treat their womenfolk and how to bring up girls from childhood. She emphasised the need for well-ventilated houses to provide fresh air and sun light to prevent anaemia. The uniqueness of Dr. Ruby was that she had trained the nurses to work as a team. She set up a kit for taking out to villages to attend difficult obstetric cases. When she was serving in Nazareth, the road conditions were very poor and there were no ambulances or motor cars to convey patients from the villages to the hospital. So she used to go to the villages by walk with this kit to attend to the patients in their homes until a jeep ambulance was made available for the hospital in 1948. Realising the

\textsuperscript{32} Minutes of the Medical Work Standing Committee, 18 October 1949.
services of the missionary, the District Welfare Association granted a sum of Rs.4,000/- for the purchase of a jeep.\textsuperscript{34}

**Infrastructure**

The hospital has a two storied building, the ground floor having separate apartments for consultation, minor operations, dressing and nursing. The chapel, the laboratory, the store and the office functioned from the first floor. The wealthy people of Nazareth offered financial assistance for furnishing the block.\textsuperscript{35} The women out-patient block was constructed in 1934 at a cost of rupees 4500/- with the money donated by a well wisher from Mukuperi. An operation theatre and a separate men’s ward with eighteen beds were constructed at a cost of rupees 6000/- and equipment costing rupees 2,500/- was purchased subsequently. The nurses’ home was constructed with the help of donations received from Indian friends.\textsuperscript{36} Dr. Vedabodaham paid a short visit to Ceylon and appealed to the patrons of St. Luke’s hospital who had been engaged in business in Colombo to donate more money. Thus he received a gift of rupees 2700/-.\textsuperscript{37} With the money the main block of the hospital was renovated in 1947. The tiled roof was replaced with cement concrete roof. Moreover, in 1947 the diocese increased the bed capacity of the wards for women at a cost of about rupees 25, 000. This expenditure was met by the rich Hindus and Muslims of Tirunelveli. A second

\begin{itemize}
\item[36.] Ibid., 1934, p. 46.
\item[37.] Ibid., 1939, p. 25.
\end{itemize}
floor of the hospital was constructed at a cost of rupees 75,000 in 1947. It was used as store room for drugs.  

Three men were trained in dispensary work and appeared for the Government Public Examination. The training school for compounders was recognised by the government medical board in 1925. The hospital trained Indian women as nurses and midwives. Dr. and Mrs. Vedabodaham visited the hospitals at Neyyoor, Tirupattur, the government hospital at Madras and American Mission Hospital for women, Madura, in order to renew and replenish their knowledge in the different branches of their professional work. Dr. Miss. G. Slater of the women's hospital at Ramnad helped St. Luke's hospital whenever needed. In 1947, the hospital had three doctors, seven nurses, two compounders and two laboratory assistants. For free treatment and medicine, the hospital needed rupees 15,000 per year, which was liberally contributed by the foreign missionaries.

Leprosy Clinic

St. Luke's Hospital, Nazareth offered treatment to the lepers from 1923 onwards. It functioned only twice in a week, - Mondays and Thursdays. But without a leprosy clinic and a room for lodging, those who came from a distant

39. Ibid., 1933, p. 49.
43. Ibid., 1947-1948, pp. 44-45
place, the mission could only be incomplete. At the suggestion of the Collector of Tirunelveli, Dr. Vedabodakam submitted an application for a grant. The S.P.G. sanctioned rupees 650. With the money, Dr. Vedabodaham opened a separate Leprosy Clinic in the St. Luke's hospital, Nazareth in 1937. In 1939 the daily average attendance of lepers was twentythree. Dr. Vedabodham with his wife Grace frequently visited the lepers in the villages of Tirunelveli. They rendered free treatment and supplied food to the lepers without any distinction of caste or creed. The doctor and his wife attended the school of Tropical Medicine at Calcutta for a special course on the new methods of treating leprosy. As a result, improvements were made in the clinic and the number of patients increased. The hospital provided rice, eggs, milk and oranges to the leprosy patients.

Dr. Vedabodaham spotted a highly endemic area, Peikulam near Tirunelveli with 3% of the population affected with leprosy. In 1956, he founded St. Luke's Leprosarium and Rehabilitation centre at Peikulam. With grants from the Government of India and the Indian Leprosy Mission, an out-patient block and a male ward were built in 1956. An out-patient block and ward for women were built in 1963 with a grant from the American Leprosy Mission. In 1968, the Central Evangelical Agency, Madras donated money for the construction of a well equipped operation theatre and a laboratory. Modern multi-drug therapy

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45. Ibid., 1931, p. 156.
was given to the lepers by specially trained personnel. The healthy children of leprosy-afflicted mothers were very often orphaned. Such children were admitted in St. Luke’s Leprosarium’s Home for the orphans. They attended the school in the neighbouring village. Leprosorium’s Health Education team educated the community that, leprosy is curable. The hospital conducted free leprosy treatment once in a month at Melapalayam, a stronghold of Muslims where tuberculosis and leprosy were common. The outcast leprosy patients in the society were employed in the Rehabilitation Centres.

**Preventive measures for the epidemic**

The adjoining villages of Nazareth, Kadayanodai and Udayarkulam were affected severely by cholera in 1947. It was followed by severe famine and drought which led to vitamin deficiency diseases. A team of hospital staff under the leadership of Dr. Thomas Gnanamuthu visited these places and stayed with the villagers and offered treatment. Preventive measures were explained with demonstration in rural areas. Dr. Thomas Gnanamuthu conducted a weekly class on first aid and first principles in medicine at the Theological College, Thirumaraiyur, near Nazareth for the men students. Dr. Grace Vedabodagam conducted classes for the wives of the theological students on first aid, maternity and child welfare. These orientation classes helped the trainees to serve the womenfolk in the rural areas effectively. They also imparted instruction to the womenfolk in bringing up children, in caring for the sick and rendering first aid during child birth.

Dr. Grace Vedabodagam did yeomen service among the rural women through Y.W.C.A. She taught them public health and sanitation. By way of preventive work, lectures on cholera, tuberculosis, intestinal worms and leprosy were delivered at night in the hospital premises and also in the remote areas of Nazareth. The evils of drinking was taught to the Hindu villagers of Manalkadu at their request. Dr. J.T. Thomas generously offered a sum of rupees 6000/- for the purchase of a portable X-ray. It enabled the institution to render better aid to the sick. The Government of India, as a token of appreciation of the services of the hospital, gifted a van and an X-ray plant. In 1957, the X-ray plant, 150 M.A. was installed and inaugurated by the the Chief Minister, Mr. K. Kamaraj.

Immanuel Hospital, Idaiyangudi

Dr. Caldwell and Mrs. Eliza Caldwell were moved by the death of the people by cholera and other infectious diseases due to lack of proper and timely medical intervention. There was no dispensary within a distance of twenty miles. In 1841 the Caldwells started a small dispensary at Idaiyangudi. The dispensary grew to be Immanuel Hospital in 1890. The hospital was built at a cost of rupees 700/. It was thirty three feet long and fourteen feet wide, with a small verandah. Mrs. Caldwell was the moving spirit behind her husband in managing the hospital.

50. Minutes of Medical Work Standing Committee, 9 March 1950, p. 5.
52. Interview with Mr. Bhavan, Retired teacher of Caldwell Centenary Memorial Higher Secondary School, Idaiyangudi, 6 April 2002.
and in treating the patients in a hygienic manner. Free treatment was given to the poor people.\textsuperscript{54}

In the beginning, Mrs. Caldwell gave treatment for simple diseases. The native women, being ignorant, superstitious and illiterate, did not know how to use the medicine, prescribed by the European women missionary doctors. Hence the natives were educated as to how to take medicines. They were trained to dress the wounds. For treating the wounds, a pungent smelling powder called iodofirm was used. When cholera swept over the region, tracts explaining precautions and remedial measures were distributed to the villagers. In the villages, the mid-wives who attended the labour cases were aged women and illiterates and did not practise any hygienic method. The unhygienic conditions in which rural deliveries happened often led to infection in mothers and the newborns. To avoid this, Mrs. Caldwell introduced a good nursing system. She trained a group of women as nurses and midwives in the vernacular language. It had a tremendous impact upon the natives. The availability of women nurses led to an increase in the maternity cases. As a result, the death rate of both mothers and children was reduced\textsuperscript{55}.

Mrs. Caldwell helped the missionaries to start dispensaries at Kudamkulam and Radhapuram. The Immanuel Hospital got a liberal supply of medicines, plasters and cloth for bandages from the S.P.G. Mission, England.

\textsuperscript{55} Henry, G.V.S., 'A Brief History of Immanuel Hospital', \textit{Brochure on the Tirunelveli Diocesan Seminar on Health and Wholeness}, Courtallam, 18-20 October 1987, p. 9.
The dispensary helped the patients who were affected by severe flood and cholera. The blind superstition of the people and their devotion to their Hindu gods prevented them from seeking the help of the missionaries. In spite of difficulties, Rev. and Mrs. Caldwell visited the villages and offered medical assistance. The hospital gave treatment to 2,132 patients during 1870 and 7,245 sick people received medical aid in the year 1886. Lectures were delivered on matters of health related to worms, fever, cough, headache and maternity.

**Branch dispensaries**

A branch dispensary of Immanuel Hospital, Idaiyangudi was started in 1931 at Tisayanvilai to facilitate relief to poor and feeble patients from minor ailments. The dispensary was administered with a resident compounder. The dispensary was supported by the S.P.G. mission, voluntary subscriptions and a grant from the Taluk Board. Another branch dispensary was started in 1948 at Pettaikulam, a village four miles west of Idaiyangudi. There had been a tragic loss of lives due to small pox and typhoid in Idaiyangudi which made Bishop Caldwell and his wife pay greater attention to this problem.

The Immanuel Hospital witnessed tremendous growth under the guidance of Dr. Mrs. D. Solomon. She had specialised in maternity cases. Due to the ceaseless efforts of Dr. Mrs. Solomon, the number of inpatients and out-patients

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56. Letter from Rev. Wyatt to Madras Diocesan Committee, 1 July 1870.
57. Madras Diocesan Record, 1890-1892, p. 153.
59. Ibid., 1948-1949, pp. 41-42.
increased and the hospital became popular among the people.\textsuperscript{60} In 1948, the hospital had a twenty six bedded general ward, a maternity ward, an operation theatre and staff quarters. As the donations from England were stopped in 1948, the financial burden of the hospital increased.\textsuperscript{61} The Medical Work Standing Committee of Tirunelveli requested the Executive Standing Committee to constitute a Governing Board for the hospital\textsuperscript{62} and accordingly the Governing Board of the hospital was constituted on 30 March 1948 which took up the administration of the hospital.\textsuperscript{63}

**Thomas Dispensary, Megnanapuram**

Megnanapuram, a remote village in Tirunelveli district was frequently affected by cholera. The patients had to go to Nazareth for medical treatment. Hence, the missionaries found it necessary to establish a dispensary. Accordingly Thomas Dispensary was started in 1869 at Megnanapuram by Rev. Thomas and Mrs. Mary Thomas. This was the only dispensary managed by the C.M.S. in this district.\textsuperscript{64} It did useful work under the charge of medical pastors. Rev. Thomas was an excellant doctor who was assisted by his wife, Mrs. Mary Thomas. The dispensary at Megnanapuram was developed during the period, 1882-1883, under the charge of Rev. Manuel H. Cooksley, medical pastor. The dispensary functioned from 7.30 a.m. to 10 a.m. and resumed at 4 p.m. and closed at 5.30 p.m. The

\footnotesize{\textsuperscript{60} Ibid., 1944, p. 33.  
\textsuperscript{61} Ibid., 1949 - 1950, p. 57.  
\textsuperscript{62} Minutes of Medical Work Standing Committee, 11 September 1947, p. 2.  
\textsuperscript{63} Minutes of Executive Standing Committee, 30 March 1949, p.4.  
dispensary was aided by the Local Fund Board. Vaccination was applied by the medical assistants.\textsuperscript{65} The medical pastor was provided with a salary of rupees fifteen in the beginning, but later it was raised to rupees thirty five. As the dispensary had no separate building of its own in the initial stage, it worked out of the Girls High School buildings. The dispensary was approved by the District Medical and Sanitary Officer.

Dr. James Davis Thomas, son of Rev. Thomas served in this dispensary from 1869 to 1904.\textsuperscript{66} The doctor was assisted by a qualified compounder, a nurse and woman attender. Mrs. Thomas and her daughter, Miss. Francis Elizabeth Thomas nursed the cholera patients. They provided medicines free to the poor and needy, kept the patients clean, rubbed them with turpentine and offered them blankets and coats.\textsuperscript{67} Miss. Francis Elizabeth Thomas and Miss Graziani served as midwives. They often visited the houses in the villages and administered medicines to the sick. Most of the labour cases in and around of Megnanapuram were attended by qualified midwives. The natives were trained as Dressers.

An operation theatre and an in-patient ward were added to the dispensary and became functional from June 1926. Retired Doctors also served in this hospital. The staff members of the hospital gave lectures about first aid to school children at Kulasekharapatnam. Miss. Royds brought the Megnanapuram school

\textsuperscript{66} Proceedings of the C.M.S. Conference, Tinnevelly, July 1918, pp. 1-3.
\textsuperscript{67} Interview with Mary D.A. Moni, Nurse of Thomas Dispensary (1945-1955), Megnanapuram, 6 April 2006.
children for medical treatment to this hospital. Leprosy relief work was carried on and the government recognising the humanitarian aspect of work well done, supplied adequate drugs. Rice and fish liver oil were given free every-week to leper patients. The National Church Council (N.C.C.) gifts from America to the hospital went a long way in combating malnutrition which was rampant in and around Megnanapuram.

**St. Barnabas Hospital, Nagalapuram.**

Nagalapuram mission district was the largest of the S.P.G. Mission Districts in Tirunelveli. The inhabitants used muddy tank water for all purposes, which was the cause for several minor and major diseases. The people were poor, illiterate and superstitious. They were divided into twenty seven different castes, each having its own peculiar customs and habits. Though afflicted with several contagious diseases, there was no proper medical care within reach for them. The missionaries, Dr. Strachan and Mrs. Harriett Strachan were moved by the plight of the people. Since Dr. Strachan had only limited knowledge of medicines, he went to England to study medicine and received an M.D. degree from the Edinburg University. In 1869, he returned to India as a qualified doctor.

In 1869, he purchased a piece of land in Nagalapuram and constructed

68. Interview with Dhanaraj David, Statistical Officer, son of Dr. Theodore David, Megnanapuram, 15 September 2003.
St. Barnabas Hospital. In his arduous mission, he was ably assisted by his wife, Mrs. Harriet Strachan. She went along on her husband's visits to the houses of the villagers and distributed medicines to the sick. The number of patients who received medical treatment in 1894 was 4190.

In 1894, a small store room and a consulting room were added to the dispensary. The hospital offered treatment to diseases like fever, ophthalmia, ulcers, diarrhoea, rheumatism and syphilis. It functioned from 8 a.m. to 11 a.m. and from 4 p.m. to 6 p.m. According to the Tirunelveli Diocesan Council Report of 1929, the Zamindars of Pudoor and Attankarai regularly donated money to the hospital. In 1934, a branch dispensary was opened at Pudur, a village three and a half miles away from Nagalapuram. St. Barnabas hospital met the expenses of the branch dispensary. The mission doctor visited Pudur at fixed intervals and the patients received medical aid.

Health lectures were given to the people of Nagalapuram. A laboratory was established. During the famine of 1947, the hospital supplied vitamin tablets, milk powder and food cereals to people on free of cost. In 1950, a leprosy clinic was started in the Barnabas hospital. Leprosy work, eye sight testing and simple laboratory tests were done regularly. Tuberculosis patients from the neighbouring villages sought treatment in the hospital. When contagious

73. Pascoe, C.F., op.cit, p. 816.
77. Minutes of Medical Work Standing Committee, 9 March 1950, p. 3.
79. Ibid., 1955-1956, pp. 41-42.
diseases like influenza affected the area, the hospital functioned round the clock. Medicine was supplied through representatives who carried out house visit during emergency.\textsuperscript{80} The Hindus of Nagalapuram gave an annual grant of rupees fifty to the hospital from their common fund \textit{magimai}, a collection of a community tax on sales of grains and cattle.

\textbf{Infrastructure}

St. Barnaba's hospital, Nagalapuram, had an out-patient block, separate wards for men and women, labour ward, operation theatre, clinical laboratory, X-ray unit and staff quarters. Community health work was conducted through the hospital. It had twenty-five beds. Minor surgeries were also conducted. During the years 1942-1948, a general ward, compound wall and kitchen rooms and a bungalow for the doctor were built.\textsuperscript{81} A two-bed maternity ward was added to the hospital. A men's ward, in memory of Dr. D. Gnamamuthu was opened by Bishop G.T. Selwyn on 2 December 1951.\textsuperscript{82} According to the diocesan statistics of 1952, the hospital offered treatment to 25,889 out-patients and 480 in-patients and also conducted 252 minor surgeries successfully.\textsuperscript{83}

Dr. S. Maduram (1894-1920), Dr. D.D. Thomas (1922-1927), Dr. J.M. Ayyadurai (1927-1930), Dr. S.N. Philip (1930-1931), Dr. Aaron Mathew (1931-1934), Dr. Rajarathnam (1934-1941), and Dr. Gnamamuthu (1942-1948) and Dr.

\begin{thebibliography}{9}
\bibitem{80} Minutes of Medical Work Standing Committee 27 February 1947, p.4.
\bibitem{82} Minutes of Medical Work Standing Committee, 5 March 1952, p. 1.
\end{thebibliography}
J.S. Williams (1948-1966), and Dr. Aruni (1966-1967) were the popular doctors served in the hospital.  

**Parama Suha Salai Hospital, Dohnavur**

Started in 1936 by the Dohnavur Fellowship of Miss Amy Carmichael is a well-known medical centre in Tirunelveli district. Medical work of Dohnavur Fellowship has earned a great reputation in the Tirunelveli Diocese. For the welfare of the Dohnavur children and for the people of surrounding villages, Miss. Amy Carmichael converted a cow-shed into a dispensary at Dohnavur in 1906. The people of Dohnavur had to go to Neyyoor in South Travancore for medical treatment travelling for well over one and a half days by bullock carts, covering a distance of thirty-five miles. Many patients who had been affected with cholera lost their lives before reaching the hospital. So, for the children of Dohnavur Fellowship, a branch nursery was started in 1905 with the help of the medical missionaries, Dr. Fell and Dr. Bentall of Neyyoor, L.M.S. Hospital. Ponnammal was in charge of the Neyyoor Nursery. In 1906, there were fifteen babies, three nurses and five trained young girls as nurses. But it was very difficult to run it from Dohnavur. Hence, Amy Carmichael wanted to set up a small dispensary that would meet the basic needs of the sick in the villages nearby.

Miss. Amy Carmichael offered treatment to the people affected by cholera

84. Interview with Dr. Kamali Jeyaseelan, former Medical Superintendent, St. Luke’s Hospital, Nazareth, 8 May 2006.
in 1906. Though she had no effective medicines, she cared for the sick with very basic medicines. She visited the homes and dispensed antibiotics solutions to the patients to ease their discomfort. As the dispensary was situated near her residence, she visited the patients day and night and consoled them. She used to carry honey, a sugar dish and a spoon and fed them to the needy and sick people. The dispensary was developed with the help of European staff in the later times.88

The Medical Staff

Miss Mabel Wade, the first trained nurse from Yorkshire, a member of the C.E.Z.M.S. came to Dohnavur in 1907 to serve in the dispensary at Dohnavur Fellowship. The Nursery at Neyyoor was transferred to Dohnavur in 1908 and the children were given medical treatment by Mabel Wade. Mary Mills, Neela and Jessie Walker were the devoted nurses who rendered valuable service in the dispensary. Mary Mills gave nursing care to Amy Carmichael for twenty-years when she was bed-ridden with broken bone and nephrities and was affected by other diseases. Dr. May Powell of England joined the Fellowship in 1924 and worked in the hospital. Her service was a great asset to the medical mission.89 A leprosy clinic was opened in 1929. The leprosy patients were given food, accommodation and medical treatment free of cost.

A new hospital with the name, 'Parama Suha Salai' was started in 1936.

88. Interview with Miss. Arputhajeevi Carunia, member of the Dohnavur Fellowship, 7 October 2005.
Dr. Murray Webb Peploe was the founder of the hospital. The wards were designed by him in such a way that people of all religions including upper caste Hindus could stay in them. There were facilities for the sick to have their families with them all the time and for each family to cook meals in private according to its own traditions of ceremonial purity. There were four types of accommodation in the hospital: *suha vasal*, was exclusively for out patient men, *carunia salai* was for out patient women, *arokiya salai* for out patients family and *sisunesa salai* for the babies and inmates of the Dohnavur Fellowship. European missionary staff members were also responsible for training the members of the Dohnavur Fellowship as nurses, dispensers, technicians and helpers. The inmates of the Dohnavur Fellowship were sent to various medical training centres for pharmacy, nursing and auxiliary nursing studies. A few worked as honorary staff workers in the Fellowship while others were married and served in different hospitals in India and overseas. In 1936, there were three male and three female doctors in the hospital of Dohnavur Fellowship.

Dr. Somervell, Superintendent of the Neyyoor Medical Mission who was a medical adviser to Amy Carmichael and the inmates of the Dohnavur Fellowship visited the hospital from time to time. The operation theatre was designed by Dr. Marguerite Stewart and Dr. Gladys Webster. Furniture and

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91. Interview with Miss. Jeyathhai Carunia, Council member, Dohnavur Fellowship, Dohnavur, 9 April 2006.
92. Dr. Somervell served in the Neyyoor hospital from 1923-1945. During his period, the hospital manufactured drugs and allied things. He constructed a Nursing Home for Europeans at Neyyoor entirely at their own expenses and financed solely by them. He was responsible for the introduction of radium treatment for cancer in 1930. He also constructed Leprosy Hospital, Udayarvilai, near Colachel in 1933. (Martin Daniel Dhas, N., *Missionary Medical Work in Travancore, 1838-1959*, Marthandam 1981, pp. 66-71.)
instruments were supplied by the friends of England and Australia.93 The hospital grew steadily because of the tireless missionary work of Dr. Christian Rogan. In 1945, a separate dental clinic was started. Olive Fuller, a Canadian and Hillary Rogers, a Dentist from England contributed a great deal for the development of the hospital.

The people of Dohnavur and nearby villages benefited greatly from this hospital. The hospital was very homely and met the different needs, spiritual, mental and social of the people. Parama Suha Salai was basically a women and children's hospital with fifty beds and special facilities for treatment of tuberculosis and leprosy. It was also a centre for the mentally retarded and the physically handicapped-the blind and the deaf and dumb.94

**Sarah Tucker Hospital, Palayamkottai.**

The Sarah Tucker Hospital was started in Palayamkottai in 1892 by Miss. Florence Swainson with the assistance of Miss. Askwith. The foundation stone for the hospital was laid down by Rev. Lash. When Lord Wenlock, Governor of Madras visited the hospital in October 1892, he called the hospital “a little gem”. Florence Swainson, a fully qualified nurse from England was affectionately called ‘lady doctor’ by the girls of the Sarah Tucker institution.95 Though it was established for the pupils of the Sarah Tucker Institution, it also gave treatment to the patients

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94. Interview with Miss. Me Malar Carunia, Dohnavur Fellowship, Dohnavur, 9 April 2004.
in and around Palayamkottai. The medical staff nursed the sick with care and concern even at the dead of night if need be.\textsuperscript{96} The hospital had a head nurse, Morton, who stayed in the hospital and was assisted by two other nurses, Annal and Naomi.

Morton was a fully qualified nurse who not only took care of the patients but trained the Indian nurses too. Morton and her assistant nurses, Annal and Naomi, made frequent visits to the Hindu and Muslim houses in and around Palayamkottai and supplied free medicines to the sick. The reports of 1894 and 1895 show that Morton gave medical treatment to the people affected by influenza, malaria, measles, mumps, small-pox and cholera.\textsuperscript{97} During 1894-95, nurses Annal and Naomi attended twenty-six confinements and 1215 patients suffering from various diseases. Medicines were supplied to patients of forty six villages, according to the reports. Mariamuttu, the Bible woman, gave religious instruction to the patients every day in the hospital and paid visits to their homes.\textsuperscript{98}

Bessie, the native head nurse did commendable work in the hospital. Miss. Swainson trained her in medical work. Native girls like Ponnammal, Mary and Martha proved themselves as good and capable nurses under her training.\textsuperscript{99} Paripuranam, a native trained nurse under Miss. Askwith helped in the hospital. She had rich experience in treating children’s diseases and offered treatment for fever, dysentery, boils, abscesses, sores and medicines. For serious cases,

\textsuperscript{96} Annual Report of the Sarah Tucker College, Palayamkottai, 1908, p. 5.
\textsuperscript{97} Ibid., 1897, p.11.
\textsuperscript{98} Ibid., 1894-1895, p. 7.
\textsuperscript{99} Ibid., 1896, p. 12.
a doctor was invited from the Municipal Hospital, Palayamkottai. Miss. Henrys, a
dresser studied Tamil and took care of the patients. She assisted Miss.
Richards in surgical work. Articles like pillow cases, towels, bandages, cots,
garments- jackets and skirts were supplied to the patients. The blind, deaf
and dumb children too received medical care and good nursing. Mrs. Thomson
was in charge of sick blind children during the absence of Miss. Askwith.
However, the missionaries could not run the hospital for lack of women doctors
and funds and the hospital was closed subsequently.

St. Raphael's Hospital, Sawyerpuram

Medical work was introduced in the Sawyerpuram Medical District by
Rev. H.C. Huxtable in 1854 who established a dispensary at Sawyerpuram. In
the initial stage the dispensary had a doctor, a nurse, a compounder and two
attendants. In 1874 the dispensary was converted into a hospital. In 1898
Mrs. Morley, the wife of Bishop Morley, laid the foundation stone for a new ward.
Treatment for diseases like malarial fevers, skin diseases, ulcers, abscesses,
ear diseases and diseases of digestive organs was offered. Rev. G. Pitchaimuthu,
the pastor of Sawyerpuram mission district reported in 1896 that the underground
water had turned saltish at Idaiyerkadu, near Sawyerpuram and that the people
were using the contaminated water that came from Arumugamangalam tank.

100. Ibid., 1907, p. 8.
101. Ibid., 1903, pp. 8-9.
102. Ibid., 1900, p. 9.
104. Ibid., 1884, p. 6.
105. Madras Diocesan Record, July 1898, p. 119.
Consequently, cholera became rampant in the area. Raphael's hospital provided medicines and timely help for the people who were affected by cholera.

The trained midwives did nursing in the outpatient department and in the wards. They also conducted labour cases in homes. A qualified nurse was appointed in 1923. She assisted the Medical Officer during operations and in the treatment of women and children. There was a need for a separate ward during epidemics of measles, smallpox, chicken pox, enteric fever and influenza. It was materialised in 1897. Mrs. Jesudoss, Doctor's wife and the Secretary of the Mothers' Union rendered valuable help to the womenfolk in and around Sawyerpuram by giving health lectures to the women. To get a permanent income for the hospital, Mrs. Sivakami, a native of Sawyerpuram, donated paddy fields to the hospital.

Minor operations were undertaken with local anaesthesia. Only nurses attended the labour cases and the untrained barber-women who had earlier assisted in child births were not permitted to do so anymore. The report of the diocese informs that three hundred and forty-seven minor operations were performed. The District Medical Officer visited the hospital in 1935 and submitted a good report about the performance of the institution. According to the Diocesan report of 1949-1950, the hospital performed 459 surgeries and

110. Ibid., 1935, p. 44.
treated 13,649 out-patients and 340 in-patients.\textsuperscript{111} The hospital was equipped with twenty five beds, an out-patient department and a clinical laboratory.\textsuperscript{112}

The financial responsibility of running this hospital was transferred from the Diocesan Medical Committee to the local Circle Committee. The hospital was developed with generous assistance from C.S.I. Council for Healing Ministry.\textsuperscript{113} Mr. Buckle Ponniah, a retired Excise Inspector of Swayarpuram donated rupees 4,000/- for the construction of a maternity ward in memory of his wife, Mrs. Grace Ponnuthai Ammal. It was declared opened by Sri. Thanu Pillai M.P. on 30 August 1952.\textsuperscript{114} The Medical Work Standing Committee appointed a Good-Will Mission in 1949 to secure help from St. Raphael's hospital, Sawayerpuram, for conducting social work.\textsuperscript{115} The hospital was blessed with the services of well experienced and dedicated doctors. Dr. Joseph (1881-1896), Dr. Gnanasigamani (1897-1906), Dr. Cornelius and Dr. Pandyan (1907-1917), Dr. Jesudoss (1917-1934) Dr. Pandi Durairaj (1935-1971) and Dr. Manjula (1984-1989) were the eminent doctors who served in this hospital with devotion and spirit.\textsuperscript{116}

\textbf{St. Antony's Hospital, Christianagaram}

A dispensary was opened in 1874 by Rev. and Mrs. Chellammal Job,

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\textsuperscript{111} Ibid., 1949-1950, p. 56. \\
\textsuperscript{112} Minutes of the Medical work Standing Committee, 16 November 1944, p. 2. \\
\textsuperscript{113} Report of Tinnevelly Diocesan Council, 1934, pp.47-48. \\
\textsuperscript{114} Ibid., 1951-1952, pp. 26-27. \\
\textsuperscript{116} Report of Dr. T.A. Manjula, Medical Officer, St. Raphael's Hospital, 1984.
\end{flushleft}
sister of Rev. Brotherton at Christianagaram\textsuperscript{117} and christened St. Antony’s Hospital in April 1885 with the assistance of the Tirunelveli Local Funds Board.\textsuperscript{118} In the beginning, it functioned in a single tiled room which was once used as a Post-Office. The hospital served the poor free. The total number of patients who received treatment in 1907 was 5,494. The hospital had the facility to conduct minor operations.\textsuperscript{119} Y. Devapiriam, Medical Evangelist of Christianagaram dispensary reported that the most rampant diseases were those of the respiratory system, skin-diseases, ague, conjunctivitis, rheumatic and syphilitic affections, abscesses and ulcers, diseases of the ear and diseases of the digestive system. Though this place was largely populated by Mahomedans, very few Muslim women received treatment due to their religious and caste restrictions.\textsuperscript{120} Females of all classes in and around Christianagaram suffered without proper medical help at the time of child birth. Therefore, a midwife was appointed to move freely among the Hindu and Muslim women and to give timely medical advice to them. The mid-wives attended the labour cases in the homes in addition to their daily attendance on obstetrical cases in the wards.\textsuperscript{121}

The doctor of the dispensary gave lectures on preventable diseases, infectious diseases, the care of infants, health and sanitation, prevention, first aid and treatment of cholera. The danger of letting flies gain access to food

\textsuperscript{118} Letter from Mr. Y. Devapiriam, Medical Evangelist, Christianagaram Dispensary to Madras Diocesan Committee, 30 June 1886.
\textsuperscript{120} Annual Report of S.P.G., 1907, p. 215.
\textsuperscript{121} Madras Diocesan Record, 1886, p. 37.
materials was explained to them. Prophylactic cholera vaccine was inoculated to the people. Prevention and treatment for common infections and contagious diseases were taught to the public. In 1933 a “Health and Baby Week” was conducted by the Local Union Board. When typhoid, pneumonia and other diseases occurred, the doctor made frequent visit to the homes of the patients. The appointment of a doctor, a qualified nurse and an experienced compounder helped the hospital grow. This attracted host of patients from the neighbouring areas.

Muhammadans who came to Christianagaram due to the malaria epidemic in Ceylon and the Malay States got medical treatment at this dispensary. At times, to avoid overcrowding in the hospital, the hospital management used the verandha of the hospital to accommodate more patients. During the tenure of the Rt. Rev. Stephen Neill, the Bishop of Tirunelveli (1939-1945), the S.P.G. Mission handed over the hospital to the Diocese of Tirunelveli.

The European Women missionaries devoted a lot of attention to nursing. The natives appreciated and benefited from their medical and surgical treatment. Women missionaries like Mrs. Eliza Caldwell, Mrs. Anne Thomas, Miss. Thomas, Mrs. Harriet Startchan, Miss. Parsens and Mrs. Grace Vedabodaham earned

123. Ibid., 1933, p. 48.
125. Ibid., 1935, PP. 45-56.
126. Ibid., 1949-1950, P. 55.
the good will of the patients for their nursing care. They were a role model in nursing. Some of the native women who served as nurses under the women missionaries emulated them in every aspect of nursing. Having been trained by the women missionaries, the natives treated various contagious diseases with great efficiency. They helped the women doctors in maternity cases too. The medical missionary service gained momentum and popularity and encompassed a vast area. Gradually, people in the entire area became physically healthy and mentally fit. Women and children of Idayangudi, Megnanapuram, Nazareth, Dohnavur, Christianagaram, Sawyerpuram, Nagalapuram and Palayamkottai were the major beneficiaries of the women's medical mission.