CHAPTER FOUR
Chapter- IV

Social Service

Social service means any welfare work intended to promote the well being of those who are regarded as socially disadvantaged in the society. Acts of Evangelistic work could not meet the physical needs of the people and answer their deep-rooted problems of poverty and illiteracy. In addition to the evangelistic works, the Tinnevelly Diocese focuses its attention on rural areas to offer social service to the poor and the needy. Its notable rural programmes were adult literacy campaign, rural uplift campaign, rural reconstruction work, improvement of agriculture in rural areas, rescuing the poor from moneylenders, food, and famine and fire relief measures.¹

Services during cholera epidemics, rescue measures from liquor addiction, starting Village Libraries, introduction of Village Societies and self-help projects, running orphanages, homes for the destitute, women prisoners, aged people and children, and Women Welfare Centre are the important services initiated by the Diocese. The missionaries tried hard to remove the stigma of untouchability that rested upon them for generations. The Diocese also continued the service of the missionaries and strove for personal dignity and equality of persons. It has taken efforts against the practice of the caste system and dowry system.²

The Christian Missionaries recognized the need for and importance of medical work. They met the physical need of the people by establishing dispensaries and hospitals in rural

---

areas. Poverty and filth were the main factors which caused disease and deaths. The main task of the mission hospitals were educating the people towards modern medicines and the importance of physical welfare of the family. It took a long time for getting faith and confidence on modern medicines.

Sometimes, the hard-earned reputation was crushed to dust by a single death in the missionaries’ medical service. It easily diverted the minds of the illiterate rural people. Many cases that could be cured in the early stages were dragged to chronic stages, due to ignorance.³

In rural areas, pregnant women had to utilize the service of the old women called quack midwife during the labour. Hence, the cause became highly delirious. The women missionary doctors met the physical needs of the women folks. In the beginning, the dedicated service of the missionary doctors melted their hesitation. The Christian missionaries did not neglect the local medicines completely. In 1848 Sankaranligham, a supporter of Christianity in Surandai area established a hospital called Nattu Vaithiya Salai at Bungalow Surandai with the help of Rev.J.G.Barenbrook. This hospital offered medicines prepared mainly from herbals. In the 1890 as there was a scarcity for the well-qualified mission doctors to render their service in rural areas.⁴ In order to avoid language problem, the foreign missionary doctors had gone to language schools for several months to learn the Tamil language. After completing their language study, they entered the mission hospital and began their service.⁵ The language study helped them to

---

⁵. Tinnevelly Diocesan Council Report, 1930, p-39
easily interact with the people and to know their sickness accurately. One of the main aims of the medical service of the mission hospitals was propagation of Christianity. The missionary Doctors were able to open the closed doors for the Gospel work through their medical and social services.

**Rural Upliftment**

The Social welfare Department, which comes under the management of the standing committee for Social and Economic work, has been administering the rural upliftment programmes to improve the condition of the people in the village. The rural work standing committee of the Diocese administered these development works. It appointed rural workers in villages. In order to educate the people, lectures were arranged on Literacy, Hygiene, Social work, Mother union work, Co-operative Societies, improved methods of agriculture and cottage industries.

Village surveys were conducted to get a thorough knowledge about all the villages and their conditions. On the basis of the surveys, the rural work standing committee drafted the schemes. In order to equip the rural workers the rural work committee made arrangements to publish booklets on rural work. Dr.Appasamy’s book on rural work was published in Tamil. The American consolate sent books on rural uplift. The rural worker’s utilized these books for improving their knowledge.

---

7. Rural Work Standing Committee 22nd meeting 28th February 1947, p-4
The Circles of the Diocese met the expenditure for the rural development works in their areas. The rural work committee gave suggestions for scare the income of the people to meet the expenses. The circles began to exact shops and daily markets. The income from these sources helped the circles to continue the rural uplift works.

**Cholera Relief Work**

In the last part of the 19th century and also in the beginning of the 20th century the disease Cholera, considered as a plague spread everywhere. People lost their work due to famine and floods. In the year 1832 the Tirunelveli District particularly in the part of Tirunelveli town, there was a great famine. Due to Cholera 40 to 70 people died every day in this town. Even though many people died, Christians were saved by the grace of God. In the year 1832 January 23rd Rev.Rhenius gave a great massage in the Tirunelveli Town church with the spirit of God and prayed for the removal of Cholera and for rain. When he conducted the prayer many non-Christians participated were cured.8

Rev.John Thomas prepared tablet for cholera. He prepared a Kalomal with one grain wheat and added Abin. This tablet gave some relief to cholera. But the people suffered with the cholera frequently. In 1875 the L.M.S. missionary, Emily Lewis after the death of her husband, obeyed the call of Bishop Sargent, came to Tirunelveli and worked for the welfare of women. She worked with great enthusiasm. She stayed in the villages and worked. She built one “Resting inn” in Tirunelveli Town. This wonderful lady died in the year 1884 due to cholera.9 Her death

8. C.M.S Record, April 1833, p-76
was a great loss to women. But many women bear a witness after this woman.

In the years 1895, 1897, 1900, 1908 cholera caused many damages in Tirunelveli Town. Many people died. They didn’t take immunity injection or capsules. In those days there was no medicine for cholera, attracted by the love of Jesus Rev.G.T.Selwyn served for the people. In 1917 cholera spread furiously in Tirunelveli largely, in big street. There were no medicines.

G.T.Selwyn with his students gave potassium permanganate capsules to sick and prayed for them. They worked day and night without taking care of their own health. Many people joined with him. After 4 months of hard work the people got cured and thanked them. They called him “Cholera Doctor” and selected him as “Tirunelveli Municipal leader”. Many students joined him in the social work. During cholera they informed the people to avoid Palayamkottai channel water. They encouraged the people to put immunity injection. He served as the captain in the scout movement. He protected the patients like a mother. So people called him “Thaumanavar”. They praised his social work and on the birth day of chakkaravarthy in the year 1943 they gave the little “Keister I hind”. The Christianity came to Tirunelveli saved the people from the dreadful disease and also from superstitious beliefs. From the relief works of Christians there was a great path opened for the people’s awareness.

**Famine Relief Work**

In 1870 cholera broke out in the southern part of Tirunelveli district. Caldwell helped the

---

10. Hentry Packianathan, op.cit, p-10

people enthusiastically risking his own life. Thus he won the affection of all the people and brought around 24,000 Hindus and Muslims into Christianity. In the years 1877-1888 at Tirunelveli a great famine occurred and Caldwell indulged in relief work along with evangelists. The Madras government appointed Buckle (previous collector) to work out some relief measures. Caldwell joined him. He started dispensary at Idaiyangudi in 1870 which later blossomed into Immanual Hospital, Idaiyangudi. The numbers of natives connected with SPG confirmed by Caldwell were 8336. The number of persons ordained by him during the same period had been 31 deacons, and 23 priests. Of these three were Europeans. By 1890, 1681 persons connected with CMS were confirmed by him. The total numbers of persons in both the SPG and CMS missions were 10,017 from 1877 to 1891. Some of the newly converted Christians were left entirely to themselves without any guidance, strength and consolation, they so urgently needed. They were unable to read Christian books and they knew little of the prayer and blessings and as a result the great number of converts relapsed to the worship of their ancestral demons. At the same time some remained steadfast. While comparing the census of 1881 with that of 1871, we understand that the members of the congregation nearly doubled.

**Ooliyasthanam**

One of the remarkable services done to the cause of the upliftment of women by Tirunelveli pastorate was starting Teacher Training school at Ooliyasthanam. The Sarah Tucker institutions were started for the memory of Miss.Sarah Tucker. Miss. Sarah Tucker was the sister

---

12. J.L.Wyatt., *Reminiscence of Bishop Caldwell*, Madras, 1894, p-166
of Rev. John Tucker who was the secretary of C.M.S. in Chennai. Miss. Sarah Tucker collected fund with the aim that the Indian women got education. To build a Teacher Training Institute in Kadachapuram in the year 1843.\textsuperscript{13} She sent twenty pounds. But unfortunately this wonderful Lady entered into the eternal home on December 18, 1857. In the next year after her death, a teacher training institute was started in Palayamkottai. Her friends from other lands sent their donations for Sarah’s name continuously. This Sarah Tucker Training Institute trained women teachers and sent teachers to Chennai state, Srilanka and Morious.

Till the year 1867 this Sarah Tucker institutions were under the control of Rev. Mrs. A.H.Lash (C.M.S missionary).\textsuperscript{14} In the year 1878 this teacher training institute was divided into two courses as Elementary lower grade and Elementary higher grade. Those who passed 8\textsuperscript{th} std got admission in Elementary higher grade. The students after passing 5\textsuperscript{th} std got admission in Elementary lower Grade. They got one year training. During 1904 secondary grade training was started. In that class only one student studied. Students passed 10\textsuperscript{th} std got admission in the Secondary grade course. In year 1910 the Elementary Lower Grade was abolished. In the year 1932 for the first time the teacher training course was recognized as two years course. The Elementary Higher Grade classes and the adjoined model school were transferred to Palayamkottai in the year 1934.\textsuperscript{15}

\begin{flushleft}
\begin{enumerate}
\item Paul Appasamy, \textit{Centenary History of the C.M.S. in Tirunelveli}, p-100
\item Paul Appasamy, Op. cit, p-163
\item Narpothagam, May 1934, p-5
\end{enumerate}
\end{flushleft}
In Palaya Pettai there was a training centre for C.M.S. church catechist. That training centre was transferred to Tirumaraiyur near Nazareth. This place was named as “Ooliyasthanam” because it formed missionaries. Miss. D.M. Labrooy the C.M.S. missionary was transferred to Ooliyasthanam and took charge of the Elementary Higher Grade and was also appointed as principal. On September 3rd 1947, for this training school one separate there arranged committee. In the year 1948 the rules for the school was revised. For the new rules and regulations the managing committee gave their approval in 12th October 1948. To get training in teaching the students went to Tirunelveli Town. Miss. D.M. Labrooy worked 24 years as an Ooliyasthanam head and incharger, skillfully.

Even though this institution situated in the border of Tirunelveli Town, it was under the direct control of Tirunelveli Diocese. Teachers were appointed from the seniority list of Tirunelveli Town pastorate. But the retired headmaster or the high officers were appointed as a correspondent from the Diocese. There was a residence for the principal inside the campus. For the memory of Miss. Laboory a building was constructed inside the campus. Now-a-days the Ooliyasthanam campus is looking beautiful with new buildings and natural settings. The training centre Laboory started grow day by day and today it many girl students are getting their teacher training though this institute. By these social services Tirunelveli pastorate church stands as an indigenous congregation the first of its kind in Tirunelveli Diocese.

16. Bicentenary of the Tirunelveli Church (1780-1980), Commemoration Souvenir, p-17
17. Report of Education standing committee, of Tirunelveli Diocese Tirunelveli, 1948, p-4

182
Social Problems and the Diocese

Caste distinctions and dowry systems prevailed in the society, and these poisoned and spoilt the minds of young men. From the beginning of the church, the missionaries fought against the evil of caste distinctions. It was a severe hindrance to the peaceful atmosphere in the church and the church growth. They faced heavy opposition when they arranged marriage for the church members from different castes. CMS boldly ordered for forbidding the use of the caste titles with the names of person. All the efforts of the missionaries considerably reduced the severance of the evil of caste distinction in the Church but failed to eradicate them from the minds of the people. The Diocese of Tinnevelly also continued the effort of the early missionaries of the Diocese and tried hard to eradicate these evils from the church. The Executive Standing Committee of the Diocesan Council appointed a Sub-Committee to analyze the problems and asked the Sub-Committee to prepare a report. In the meantime, the second Synod of the Church of South India passed a resolution on social problems and raised its voice against the two evils- caste distinctions and dowry system. It pointed out that the caste system was a negation of the fundamental Christian belief that the Church is one family. The dowry system was an evil, harmfully affecting the socio-economic and religious life of the Christians. The Sub-Committee accepted this resolution.

The members met at the Diocesan Office, Palayamkottai held discussions on Social problems. At the meeting, the members prepared a report after closely analyzing the impact of these evil practices. It insisted on taking steps to eradicate the social problem and made some suggestions for them. They were:

i. The Bishop, the presbyters and the laymen of the Diocese of Tinnevelly should do vigorous propaganda against this evil.

ii. Intercaste marriage should be encouraged by giving freedom of choice to young people with the co-operation of the parents.

iii. All caste titles attached to the names of persons should be omitted in Church Registers, reports and notices.

iv. In the appointment of Church Workers, no consideration should be shown on the basis of castes.

v. People belonging to all castes should be permitted to use public wells, wear sandals, hold umbrellas and use chariots during weddings, and also sit anywhere in the church.

vi. No church should be built for a particular caste.

vii. No distinction should be followed in Holy Communion on the basis of caste.

viii. The name ‘Indian Christian’ should be used wherever the Government requires the mention of caste.

ix. Special scholarships should be provided for economically backward pupils irrespective of caste considerations.
Again the report recommended the following suggestions against the Dowry System.

i. The parents of young men and women should not encourage the dowry system by receiving or giving dowry.

ii. Young men and women should be discouraged from following this system.

iii. Conferences for Christian parents and young people should be held in order to educate them against the evil of the dowry system.

iv. The custom of engaging marriage brokers should be avoided.

v. Wearing too much of jewels and extravagant expenses should be avoided.

vi. In the distribution of property, parents should give equal rights to their sons and daughters.

The Executive Committee accepted the report and decided to translate it into English and distribute it to all Circles and Pastorates in the Diocese. The Committee published it in the Diocesan magazine also. It had its own impact on the society. Thus the Tinnevelly Diocese was not only conscious of the many evils prevalent in the society and also took bold, pioneering steps to overcome them.

Social Concerns

The Diocese of Tinnevelly is concerned more about social problems and other important things of human life and analyzed them with full involvement and tried to find solutions to eradicate the problems. Hence, it formed an Interdenominational Council of Action on Social and Economic concerns. It invited about forty delegates from different denominations and
missions for its first session. They discussed the following subjects:

1. The Role of women in the plan of economic development of Christian Community.

2. Faith in Palmistry, Astrology and other superstitious beliefs.

3. Problems of Caste system.

4. Dowry system.

5. Study classes for Presbyters and leaders.

The Interdenominational Council submitted its report to the Diocesan Council. Then the Diocesan Council created a Sub-Committee of seven members with a view to encourage the study of social and economic questions within the Diocese and to reorganize the social and economic uplift work in the Diocese. According to the recommendations of the Sub-Committee, the Diocese formed a Study Group, an Editorial Committee and a Survey Committee. They Study Group studied various social questions and forwarded the suggestions to the Diocesan Rural Work Standing Committee. The Editorial Committee introduced a regular feature of social concerns in the Diocesan monthly magazine. The Survey Committee studied the needs of different parts of the Diocese and made recommendations to the Rural Work Standing Committee. These steps helped the Diocese in doing social work very well.20

**Girl’s Guilds**

The Girl’s Guilds was a Christian association of young girls. They function under the control of the women missionaries. In 1850 these Guilds functioned in educational institutions.

---

20. Rural Work Standing Committee, 48th meeting, 8th October 1959, pp-1, 6-8
The members of the Guilds helped the local church by washing the church linen and stitching the old linen of the church. They also helped the orphans in their marriage ceremonies. In the long run, they received no importance in the Church. Hence, the Diocese decided to reintroduce the Old Girls’ Guild in the Church and started a movement for the girl of above twelve years until marriage in the name of ‘Diocesan Girl’s Guild’ in 1944. The Diocese opened several branches of this guild with the help of Miss Dora David of Sarah Tucker College, Palayamkottai. The Diocese educated the members of the Guilds through special meetings to do social work in villages. The members also helped the Diocese in its Adult Literacy programmes. They trained the rural girls in stitching. They also prepared the minds of the rural adult girls to have education in the Diocesan night schools. The Diocese merged the Girl’s Guilds with the Youth Movement of the Diocese of Tinnevelly.  

Mother’s Union

The Mother’s Union of the Diocese of Tinnevelly also took part in the adult literacy campaign of the Diocese in rural areas. The Secretary of the Mothers’ Union was the Convener of Diocesan Night Schools. She looked after these Schools with the assistance of the workers of the M.U. The M.U. workers handled the Night Schools for grown-up girls. Hence the Diocese gave special training to these voluntary workers through Summer Schools and Annual Conferences for enriching their knowledge in doing social service in rural areas. In the annual conferences of Mother’s Union, the Diocese screened the films of ‘Life with a Baby’ and ‘The

22. Ibid., 30th meeting, 12th September 1947, p-1

187
Growing Child’, ‘Rules of Hygiene’. It also arranged a Home Exhibition to explain the beauty of Home. The M.U. conducted sewing classes and lace work classes for the rural women and girls.\(^{23}\) The trained women began to earn money and met small expenses of their family maintenance. Thus the Diocese successfully introduced self-employment among the rural women through Mother’s Union.

**Children and Women Welfare Centers**

The Diocese also wanted to help poor mothers and children in rural areas because their poverty did not allow them to take the needed nutritious foods and medicines during pregnancy. Moreover, it decided to give them special training in self-employment projects to make ways for getting permanent income for their family maintenance. Hence it opened six, Children and Women Welfare Centers at Nagalapuram, Tuckeramalpuram, Reddiarpatti, Surandai, Mengnanapuram and Karungulam. Spinning, basket making, practical training on health and sanitation, distribution of milk, butter oil, vitamin tablets and other nutritious food and medicine, antenatal and prenatal care and weighing of children were the activities done in these centers. These centers also offered nursery education for infants aged two to five. The women of this centre manufactured fans and baskets in a small scale. They got a little income from the sale of their products to maintain their family and children.\(^{24}\)

**Poor Fund**

In February 1833 Rhenius formed a poor fund to show the Christians that it was the

\(^{23}\) Ibid., 37\(^{th}\) meeting, 20\(^{th}\) February 1951, p-2

\(^{24}\) Tinnevelly Diocesan Council Report, 1958-1959, p-42
responsibility of the Christians to take care of the poor. From the poor fund, help reached the poor and sick irrespective of their caste or Creed. All the married Catechist were made to subscribe to this fund during the period of their service and this proved invaluable. Each district had a separate collection, which was not merely in money (articles like rice, cotton, jaggery, being sent) and which was devoted to the poor and sick widows. On January 5th 1835 there were 158 rupees in treasurer’s hand.

The Widow’s Fund

In 1834, we hear of the ‘institution of widows’ fund and ‘Gospel fanam’. The head catechist reported on the proposal of Mr. West, “They have established a friend-in-need society for poor widows”. In 1850, Petit wrote of the fund, “The widow’s fund still continues to prove invaluable even in the following years”.

Devadasi system

The social and religious customs of Hindus warranted a large number of dedicated girls to the service of the temples as ‘Devadasis’. Mostly, they belonged to hereditary caste of weavers who bound their first born girl to the temples. They were dedicated to the temple services for various reasons, in case of illness in the home parents sometimes vowed to give one of their children to the Gods so that the sick one might recover, in certain families one of the children was dedicated to the Gods, in cases of unhappy marriage a man may get rid of his wife.

25. J.Rhenius, Memoir of Rhenius, p-473
and dedicated his child to the God, a poor widow or a deserted wife would marry the child to the God for economic reasons, a baby abandoned by its parents would be adopted by the Temple women if she is fair to look at and likely to be intelligent. Sometimes lack of money and a woman in a bid to be the mother of many children promised to sacrifice her-born daughter to God. Everywhere it seemed there were men and women on the watch for this children.

These girls were donated in their infancy itself. When the little girl was married to the God of the temple, first they would anoint her with oil, and then bathe her with water drawn from a special well. Later, she would walk to the well wearing a mantle of neem leaves that would barely hide her young body. Then she would return home where the local Devadasis or Temple women gathered to partake feast. later dressed in new clothes and finery, she would be taken in procession to the temple. A priest performed the Puja and finally blessed the girl in her new profession. A garland of pink flowers would be fastened around her neck which would be the tale, symbolizing the girl’s marriage to the God. Since then she became the property of the temple. When she attained puberty, she would be sold to a rich patron unless the priest himself coveted her. Every full moon, scores of young girls was dedicated to various deities all over the country.

Duties of the Devadasis

The dedicated girls were taught in early childhood to read, sing, dance and excel in every art of seduction. Their business was to light the temple lamps and keep them trimmed to sweep and mop the floor and attend to the visitors in the temple. They were professional singers and dancers. They had to perform night worship and sang in the service of their Gods at different places and earned their living. So long as they were young they were called, but once old they were left as destitute. These girls were common property of the priests. Later, these professional girls lead a life of prostitution. There were 11,573 women dancers in the Madras Presidency in 1900.

Amy Carmicheal and Devadasis

Miss. Amy Cramicheal (C.M.S. missionary) along with other ladies went to houses to preach the gospel. On such occasions she came to know that girls were offered to Gods. Moreover, she over-heard that some girls refused to go. At that time they were either beaten or brought to the temples forcibly by telling different lies. One girl escaped from the temple was captured by the temple woman was punished severely. The first such girl who revolted from such atrocious practice was Preen who escaped from a nearby temple, Perumkulam and sought shelter in the Mission bungalow at Pannavilai. She was taken under the protection of Amy Carmicheal on 7th March, 1901. She told what had happened in the temple under Deavdasi system. In the beginning she never believed and searched the truth of it. In one instance, she

dressed like a Brahmin lady and smeared the coffee powder over her body and sat down among the flowers selling women in the temple festivals. For example, one temple women told another that a child was going to be getting married and immediately she sent native women to that child’s mother. Mother hesitated to give her child and later she realized that it was better to be with the missionary lady Amy Cramicheal rather than in the temple. Often Amy’s group women mingled with the priests or pilgrims, listening their talks here and there and picking up a clue for redeeming such kind of children by giving money. There is a proverb “Say money and a corpse will open its mouth”. The elder sisters who lived with Amy known as Accals looked after that children. For such girls, she stretched forth her hand and embraced them and gave shelter in Dohnavur. She gave useful training for rehabilitation. A number of foreign and natives often called these women as ‘Child-Catching missies’. They were not paid salary.

Miss.Amy Carmicheal called these children as “Lotus Buds”. One day while Amy and her group travelling near Kalakkadu (Joyous City) temple, they saw a rectangular pool surrounded by stone walls with full of beautiful lilies. While they stopped to feast their eyes on the beauty of the flowers, someone in her company suggested picking up few flowers. But a servant of the temple reminded them that “these flowers are not for you, they belong to the temple”. In a flash, Amy saw the picture of “little buds”, lifting innocent faces to the light, but “sacred to whom?” and then the tremendous words, “All souls are Mine” reassured her.

33. Thiyagaraj Ananda, Thamarai Mottukalai Nesi (Tamil) Dohnavur, 1950, pp-131-133
34. D.Amy Carmichael, Lotus Buds, London, 1923, pp-3&4
She saw the temple children as “Lotus buds gathered by a hand that has no right to them and crushed underfoot” and she consecrated herself again to gather some of these flowers and offer them to their true owner.\textsuperscript{35} When these girls were saved by Amy, the relatives plotted to kidnap them. Their compound was opened to attack from all sides, surrounded only by a low mud wall. The temple women threatened the rescue party on charges of kidnapping. She had no choice but to give up the child. Because the charge carried a penalty of upto seven years imprisonment. In 1904, she saved seventeen children including six from temple.\textsuperscript{36}

Miss. Amy constructed a number of small houses which were scattered within the Dohnavur Fellowship. Many of them planted shrubs and luxuriant creepers which gave the idea of a neatly kept garden village.\textsuperscript{37} She made Dohnavur a Christian oasis. For educating the growing children, she built one school at Dohnavur in 1908. Before that, children were sent outside the fellowship for education. For Dohnavur children and for the whole of Tinnevelly she constructed one small hospital. The reason was the patients had to go to Neyyoor, Kanyakumari District for treatment in bullock carts. It will take one and a half days journey. During cholera time many people died. But of course to hire a car for everyone who was ill enough to go to Neyyoor was out of question. She had converted a cow-shed into a dispensary at Dohnavur. Here she tended the sick children and those from the village who had sufficient courage to risk foreign medicine. In many ways it helped the people.\textsuperscript{38}

\textsuperscript{35} Frank Houghton, \textit{Amy Carmichael of Dohnavur}, London, 1953, p-131


\textsuperscript{37} Madras and Tinnevelly Diocesan magazine, September 1912, p-287

\textsuperscript{38} D.Amy Carmichael, \textit{Tables in the Wilderness}, Madras, 1923, p-111
She is well-known as a talented writer. ‘Lotus Buds’, ‘Windows’, ‘Though the Mountains Shake’, ‘Gold by Moonlight’ were some of her masterpieces. Her books revealed her rescue operations and other welfare activities. One thousand and eight hundred copies of her work ‘Things as they are’ were sold in England, at a cost of six shillings each. ‘Things as they are’, ‘Lotus Buds’ are her beautiful work in rescuing and caring for “Temple Children”. She wrote thirty two books including a biography entitled “Walker of Tinnevelly”.  

**Improved Agriculture Scheme**

The Diocese of Tinnevelly introduced scientific way of cultivation in villages. The formers worked hard but earned a little yield through the old method of agriculture. Therefore the Diocese allotted separate plots for growing different kinds of vegetables for demonstration work at the Diocesan Rural Reconstruction Centre, Mavidupannai. It taught the rural people of the surrounding areas of Mavidupannai in kitchen-gardening by practically demonstrating the possibility and methods of growing nutritious and healthy vegetables such as brinjal, tomato, lady’s finger, ribbed gourd, bitter gourd, cluster beans, pumpkin, sabre-bean, snake-gourd, chillies and different varieties of greens. It engaged the students of the local school in fieldwork and enhanced their interest in agriculture. Book I and II on agriculture by P.M.Mudaliar, published by C.Coomaraswami Naidu & Sons, Madras were the guides recommended by the Diocese in teaching agriculture in rural areas. A small flower garden was also maintained in Diocesan School farm. Owing to the effort of the Diocese, the rural people enthusiastically

---

indulged in kitchen gardening in their farms and back yard of their houses and met their extra expenditure through the income from the kitchen gardens. Some people began to involve in kitchen gardening in large scale and became models to others.\textsuperscript{40} This centre also advised the rural people to adopt modern scientific farming by the following four main steps: better ploughs, better seeds, better manure and better rotation of crops. The Rural Worker educated the rural people about the importance of these four main steps in scientific agriculture through personal interaction and group discussion. Moreover the Diocese also arranged an agricultural exhibition with the help of a touring van of the Government Agricultural Department. A demonstrator explained the great gain in the modern agriculture through the four main steps. Thus, the Diocese propagated all needed information about modern and scientific developments in agriculture and the need for adopting new methods in agriculture among the villagers form time to time through the rural workers.\textsuperscript{41}

The Diocese also opened a rural centre at Christianagaram, where it possessed nearly 8.50 acres of land under cultivation. It used this farm for demonstration service about the improved agriculture. The main occupation of the people at Christianagaram and the surrounding areas was betel vine plantations. The Diocese advised them to follow the scientific way of doing agriculture, the best method of eradicating fungus disease prevalent in and around Christianagaram. It also advocated the need for applying lime for improving the poor lands and the importance about the rotation of crops. The Diocese took some steps in a list of vacant lands

\textsuperscript{40} Tinnevelly Diocesan Council Report, 1938, pp-64-65

\textsuperscript{41} Tinnevelly Diocesan Council Report, 1938, p-66
in the Diocese of Tinnevelly. It converted all these lands in villages into farmlands. It also demonstrated the possibility of carrying cultivation with modern methods to the village people on the Diocesan farmlands.42

**Grow More Trees Scheme**

In rural areas the people got no income from their lands owing to failure of rain. Hence they cut more trees and sold in towns to earn their bread. In urban areas, the high growth of residential areas and industries were responsible for removing of more trees. The high growth of population extended the boundaries of urban areas and shrunk the forest areas. Thus the deforestation led to failure of monsoon and famine. The growing of more trees scientifically led to more rains. Therefore, the Diocese implemented a “Grow- more- trees” Scheme to plant more saplings in every areas of the Diocese of Tinnevelly. To achieve its target, the Bishop in Tinnevelly issued a circular before the rainy season for planting trees and growing more vegetables. The Diocese supplied a variety of plants and seeds to people in different places of Tinnevelly Diocese through the rural workers. The Rural Work Standing Committee also opened a Diocesan Nursery Garden at St.John’s Middle School compound to supply plants and seedlings.43

**Dohnavur Fellowship**

Missionaries played a significant role in moulding the society. They were a great source of strength to the unprivileged women of Tinnevelly. In those days, women subjected to hardship

---

42. Tinnevelly Diocesan Council Report, 1944, p-2
43. Rural Work Standing Committee, 23rd meeting, 16th September 1947, p-3
and most of them were leading a miserable life. Those were the days of Sati which forced women to mount the funeral pyre along with their husbands. A widow was looked down by everyone in the society and she had to live in seclusion till her death. Her presence in social functions was considered inauspicious. Besides, the girls were given in marriage at an early age. Usually female infants were either killed at birth or sold to the temple. The western women missionaries were greatly shocked to see the cruel treatment meted out to the women. So they committed themselves to the task of improving the miserable lot of the women. They worked for the upliftment of the civilized and uneducated women. Among them, Miss. Amy Carmichael who dedicated herself to the abolition of ‘Devadasi’ system founded the Dohnavur Fellowship.

**Diocesan Institutions and Social Service**

The Diocese utilized the service of the educational institution in its propagation work for the rural reconstruction programmes. It also cultivated the needs of the rural society in the young minds from their early stage. The young student’s involvement in Social Service attracted the rural people easily. During the holidays, the staff and selected students of the Tinnevelly Diocesan Trust Association (T.D.T.A.) Higher Elementary School, Mavidupannai visited any three villages in the surrounding areas and educated the people by singing songs about health and delivering lectures on sanitation, cottage industries like poultry culture, bee-keeping and kitchen-gardening. Mainly, they introduced borehole latrines and explained the need for maintaining healthy atmosphere thoroughly. A college professor and the high school students of Palayamkottai had an one-month village camp for social work at Sakanathanputhur in the

44. Tinnevelly Diocesan Council Report, 1936, p-57
Pattalpatti circle. They conducted day and night schools for illiterates and instructed the rural people on hygiene through street lectures.45

The Boys’ High School, Mengnanapuram sent the students in batches to the adjoining hamlets every Saturday for rural uplift work such as cleaning the streets and explained the rural people about cleanliness, sanitation and rural economy. They newly introduced trench latrines in the rural areas. Owing to their efforts, many people in Mengnanapuram and the surrounding villages built trench latrines in their compounds. Thus the diocese cultivated the importance of maintaining their houses in hygienic condition in the minds of the rural people.

**Rural Reconstruction Work**

The diocese launched a Rural Reconstruction programme to improve the status of the rural people by improving their own profession and introduced profitable employment opportunities with the locally available resources and materials. The Diocese systematically trained the rural students in this work with the aim to spread the ideas in all surrounding rural areas. The Centre gave special training to the students of the Mavidupannai School in gardening by introducing new method of growing garden crops and vegetables in the school compound. The centre ordered for selected seeds of tomatoes, chillies, pumpkins, cucumbers, ladies finger and beans of different kinds from Poona. It tried these seeds in the school farm on an experimental basis. They yielded good result. Thus the centre gave practical training to 280 students from the rural areas and educated them about the need and importance of high breed in

45. Ibid, 1938, p-15
agriculture and horticulture. The Rural Reconstruction programme offered additional income to the villagers.

In the poultry farm, the Rural Reconstruction Centre kept white leghorn and mixed breed fowls. It taught the students the best way of keeping a poultry farm by practical demonstration and encouraged them to keep a few leghorn fowls in their houses. It distributed more than fifty white leghorn eggs and Rhode Island Reds to the surrounding villages. Nearly one dozen ducks were kept in a Duck-pond. There was a canal called ‘Athoor Kalvai’ within fifty yards of the school, which was used for rearing ducks. Through these training programmes, the Centre taught the students in duck keeping.\textsuperscript{46} It demonstrated the pigeon chicks maintaining and pigeon rearing practically to the students. There was a fish-pond in the centre with a few kinds of fresh water fish for close observation and study. The centre maintained a rabbit-home with a dozen rabbits and trained the students in rabbit rearing. The centre kept a pair of good Surat goats, a Kangeyam bull and a Sindhi Stud bull for teaching the advantages of keeping these high breed cattle. The centre also maintained Guinea grass, Sudan grass, Agathi, Korrukapuli and Mulmurungai in the compound to enable the feeding and keeping of goats and bulls. The management newly introduced Guinea grass and Sudan grass in this place as fodder crops for cattle. The rural people also began to grow such crops for their cattle. It considerably reduced the fodder problems in the dry rural areas.

\textsuperscript{46} Tinnevelly Diocesan Council Report, 1936, p-65
Bee-Keeping

Bee-keeping is one of the best occupations for the rural people because it consumed a little time and money for maintenance. Moreover the apiarists earned permanent income. It opened an apiary and introduced Bee-keeping in the farm of Rural Reconstruction Centre at Mavidupannai. The bee-keeping became a very profitable cottage industry in these places Nazareth, Mukuperi, Jerusalem, Eral, Servaikaranmadam, Pannaivilpuram and Sawyerpuram. The centre taught the fourth standard students of the local school about apiculture and the scientific way of bee-keeping. The Christianagaram areas were noted for betel vine plantation. These were enough pasturage for the bees from the months of February to July in these areas. Hence the people accepted this bee-culture as the best cottage industry. The local church at Rajaputhukudy in Pannikulam involved itself in bee-keeping for the benefit of the local people.\(^\text{47}\)

Poultry Farm

The Rural Reconstruction Centre maintained a record to explain the progress of the programme. There were 20 white leghorn hens and two cocks in the compound. One leghorn hen laid 260 eggs per year. But the highest yield of an average Indian hen was only sixty per year. The centre distributed more than 200 leghorn eggs in all surrounding villages. The centre introduced the modern poultry farm. It trained the rural people in poultry farming, cleaning, feeding and caring of birds. It taught the eighth standard students from rural areas and the

\(^{47}\) Tinnevelly Diocesan Council Report, 1943, p-26
orphans of the local orphanage about practical scientific poultry keeping. They propagated the new method of poultry keeping of their family members. This centre introduced Surat goats in these areas. The Circle chairman also taught the village people the value of goats’-milk.\textsuperscript{48} These humble beginnings of the organized rural reconstruction service gained great momentum among the rural people in the succeeding years.

**Medical and Relief Work**

The year 1832 was marked in Tirunelveli by a terrible drought and a dreadful famine as a result of it. Cholera too made ravages in the district with a severity. The ‘Pallars’ dug out a species of grass, which yielded a grain which they ate having nothing else. The poor people made a kernel of tamarind. Others made some sort of a soup of some white earth. The poor fund started to deal with the situation. Between 150 and 200 very poor people, of all the classes have rice once in every week at which time they were also instructed in religion.\textsuperscript{49} But they seemed to rejoice only in the food that perishes. When the Cholera broke out the Catechists were trained to take care of the patients. Many Catechists lost their lives while taking care of the sick. The medical help and famine relief measures were taken out of Christian concern.

**Immanuel’s Hospital, Idaiyangudi (1841)**

Moved by the plight of many thousands who died of Cholera and other infectious diseases, Rev.Dr.Caldwell and Mrs.Caldwell started a small Hospital at Idaiyangudi in 1841. To

\textsuperscript{48} Tinnevelly Diocesan Council Report, 1938, pp-66-67

\textsuperscript{49} Paul Appasamy, *Centenary History of the C.M.S. in Tinnevelly*, p-54
Mrs. Caldwell treated all sorts of simple cases. Even this was a great boon to the people in and around Idaiyangudi. But, the destructive fire broke out on 3rd August 1890 at Idaiyangudi destroyed the buildings of the hospital. Therefore, it was reconstructed which later became the Immanuel Hospital in 1896.\textsuperscript{50} Mrs. Caldwell was the moving spirit behind her husband in managing this hospital and in treating the patients in a very hygienic manner. Native men who were trained to dress the wounds were called as Dressers. The hospital got a liberal supply of medicines, plasters and clothes for bandages from the home mission, England. In those days the mid-wives who attended the labour cases were illiterate and did not practice any hygienic method. Therefore Mrs. Caldwell also introduced a good nursing system. As a result the death rate of both mothers and children was brought down. In 1906, the total numbers of patients treated were 935, of whom 392 were non-Christians.\textsuperscript{51} Up to 1916 many qualified doctors served in the hospital with missionary spirit.

In 1930, a patient, after getting cured completely, donated a well to the hospital for the kind service rendered to him. Rev. V. Manuel, the manager of the hospital dedicated the well for the public use.\textsuperscript{52} Then the local people frequently visited the hospital to take water from the well and began to know directly the dedicated service offered by the hospital for the poor sick people. They voluntarily came forward to support the hospital and began to offer donations for the

\begin{enumerate}
\item \textsuperscript{50} The Madras Diocesan Record 1890-1892, p-153
\item \textsuperscript{51} Society for Promoting Christian Knowledge (SPCK), Annual Report, 1906, p-350
\item \textsuperscript{52} The Statistics of the C.S.I. Diocese of Tinnevelly, 1980, The North East Church Council, Sawyerpuram Pastorate, p-82
\end{enumerate}
development work. The hospital met the large portion of the expenditure for the construction work of the Doctor’s House in 1931, from the public subscriptions.\textsuperscript{53}

The medical staff of the hospital gave special health addresses in the Hospital on some simple subjects such as worms, fevers, cough and headache on Fridays. The local school children also participated in these classes during their holidays. The hospital conducted “Health and Baby Week” every year and offered special lectures on Maternity and Child Welfare. In this week, the hospital conducted a Baby Show and awarded prizes to the mother’s of healthy babies and encouraged them through follow up work. The heads of the hospitals advised the people to avoid local old women for labour cases and encouraged seeking for better midwifery in the hospital.

The poor villagers innocently adopted a superstitious method; called Parvai which means the look of a sorcerer for any sickness. The sorcerer exercised enchantment for money and cheated the uneducated people. After spending many weeks with the sorcerer, the people took the patients to the hospital in the last moment. The medical staff of the hospital took much effort to save the poor lives and also instructed them about the importance of modern medicine.

The hospital opened a new branch hospital with a resident compounder at Thisayanvillai in 1932, which gave treatment for minor ailments only. The doctor paid three visits a week to the hospital. The hospital also utilized the service of the other nearby well-equipped hospitals for its medical service. It sought the help of the doctors of the London Mission, Neyyoor in South Travancore for all major surgical works. St.Luke’s Hospital, Nazareth, supplied its hospital instruments for the laboratory work in the Immanuel’s Hospital in times of need.\textsuperscript{54}

\textsuperscript{53} Tinnevelly Diocesan Council Report, 1930, p-41
\textsuperscript{54} Tinnevelly Diocesan Council Report, 1933, p-42
The hospital maintained an offertory-box in the hospital. After getting treatment, the people put coins or money according to their wishes and ability. In the long run, the people began to think that the offertory-box collection was compulsory. It was not possible for very poor to pay for the offertory-box. Hence they hesitated to visit the hospital. Therefore the hospital abolished this system in 1936 and began to offer treatment entirely free for the poor. The hospital also treated lepers in the hospital. Initially, it informed the leprosy persons that they had only a skin disease. Thus it carefully persuaded them to the hospital. Mostly, the hospital rendered medical treatment and medicines free to the poor people. The local people also offered their support to the hospital to meet its expenses. In 1938, some rich people of Idaiyangudi came forward to supply rice regularly for the poor in-patients. This help encouraged the hospital in its dedicated service.

For the first time, the hospital observed “Hospital Day” in 1939 with an aim to gather the village people in one place to educate them about the need and importance of modern medicine. The hospital sent an invitation to all the neighbouring villages for inviting them to the celebration. On that day, the medical staff gave special lectures on modern medicine, hygiene and sanitation in the campus of the hospital. The rural people welcomed this new step of the hospital and requested the hospital to conduct such programmes every year. On seeing their enthusiasm, the hospital opened a branch Hospital at Pettaikulam, a village about four miles west of Idaiyangudi. This change led to gradual growth of the hospital and greatly benefited the poor people.

55. Tinnevelly Diocesan Council Report, 1936, p-57
St. Raphael’s Hospital, Sawyerpuram (1854)

Sawyerpuram was the venue of the S.P.G.’s first experiment in its Medical Evangelism. Rev. Henry Constantine Huxtable founded St. Raphael’s clinic at Sawyerpuram in 1854. During the outbreak of epidemics following the famine of 1877-1879, the clinic served a lot to the poor people. It functioned with one doctor, one nurse, one compounder, two attendants and two nurses. The local Christians, Hindus and Mohammadans patronized the hospital well. The hospital conducted evangelistic work through conversations and reading Gospel portions and Bible stories for the non-Christian patients. The doctor’s wife conducted evangelistic work regularly among the women patients and in the homes of sick people. This service created self-confidence among the patients and healed their pain in mind. Personal interaction and friendly approach made the sick to feel a homely atmosphere.

The mission visited the nearby rural areas and slums and met the people personally to study their urgent needs. Then the mission again visited these places for conducting social and medical service to the poor. The local circle came forward to offer financial help to modernize the hospital. It granted Rs. 2000/- for purchasing medicines for the hospital which reduced a heavy levy on the poor patients. Mr. Buckle Ponniah, a Retired Inspector helped the hospital to build a maternity ward at a cost of Rs. 4000/- in memory of his wife, Mrs. Grace Ponnu Thayammal. It enabled the hospital to offer its antenatal care to poor mothers during the time of pregnancy and postnatal care after childbirth.  

56. Tinnevelly Diocesan Council Report, 1931, p-45

205
In 1957, the hospital added a microscope for the laboratory. It increased the incoming of outpatients to the hospital. The hospital electrified the wards and the hospital premises in 1957. It brightened the service of the hospital in day and night. The hospital started a library of religious books in 1960 for the use of the in-patients. It offered a temporary relaxation to their painful mind and body.\(^{58}\) From the beginning of the year 1960, the hospital experienced severe financial Strain. The Governing Board of the hospital arranged a fancy sale to raise the amount of hospital fund in 1960. In 1969, the Diocese took over the hospital administration and permitted a private doctor to run the hospital. But this experiment proved no success. Hence the Diocese allotted Rs.10,000/- for the hospital to enrich the medical facilities.\(^{59}\) This step considerably improved the function of the hospital.

But the Governing Board of the hospital failed to find a way for getting permanent income to the hospital and to find a solution to eradicate the financial crisis. Hence, the hospital purchased medicines through St.Luke’s Hospital, Nazareth.\(^{60}\) It conducted minor operations only. Though it experienced heavy financial strain, it continued its service to the poor free. The hospital earned good name among the people of Sawyerpuram and its surrounding areas through its dedicated service.

**St.Barnaba’s Hospital, Nagalapuram (1869)**

Nagalapuram is a rural area in Vilathikulam Taluk of the newly formed Chidambaranar district. Previously it was a part of Tinnevelly district. Dr.J.M.Strachan, a S.P.G. missionary

---

\(^{58}\)Medical Work Standing Committee, 89\(^{th}\) meeting, 12\(^{th}\) October 1960, p-4
\(^{59}\)Executive Standing Committee, 128\(^{th}\) meeting, 21\(^{st}\) October 1971, p-13
\(^{60}\)Finance Sub-Committee, 163\(^{rd}\) meeting, 7\(^{th}\) March 1970, p-23
visited Nagalapuram in 1860. During his visit he came to know the sufferings of the people due to contagious diseases and lack of proper medical care. Further this area was prone to frequent natural calamities. People had to depend upon local methods of treatment. Realizing these difficulties, Dr. Strachan established a S.P.G. mission hospital in the mission church campus at Nagalapuram in 1869.\(^\text{61}\) In his strenuous work, he was ably assisted by Mrs. Harriet Nicholson Strachan. She went along with her husband while visiting the houses and distributed medicines to the women and children. Her service during the natural calamities received great appreciation. This dispensary was later named as St. Barnabas Hospital. In the beginning, it functioned in a thatched house. It offered medical assistance to the people of Nagalapuram and the surrounding villages. This hospital worked hard to alleviate pain and physical suffering of the village people of this backward area. The Zamindars of Pudoor and Attankarai voluntarily offered their financial help to the hospital. The hospital maintained a charity box to collect voluntary offerings from the public for the medical service.\(^\text{62}\)

The local people began to realize the great work done by the hospital for their welfare. Hence, they came forward voluntarily in a body to offer an annual grant of Rs.50/- from their Common Village fund called “Magamai”. This little help greatly encouraged the management and staff of the hospital in their social service. A serious outbreak of epidemic disease like cholera affected most of the villages in the Nagalapuram and the surrounding areas. Moreover, a virulent type of typhoid broke out at the same time. During this period, the villagers adopted some superstitious customs of Poojai and Pongal to their village deities in order to relieve from

\(^{61}\) S.P.G. Report 1870-1874, p-72

\(^{62}\) Tinnevelly Diocesan Council Report, 1929, p-33
such epidemics. But they lost so many lives and looked for a Good Samaritan. The hospital came forward to serve them free and took more efforts to save their life by visiting all the nearby villages time. It explained the need of inoculation and intravenous medicines and offered modern medicines and treatment to the cholera affected people and saved most of them from death. The doctor’s wife regularly visited the homes of the patients to encourage them and utilized this opportunity to deliver the healing message of Jesus Christ. The hospital extended its social and medical service to the nearby villages also. The hospital selected a small village, Thappathi, situated seven miles away form Nagalapuram for social work and medical service. The staff of the hospital conducted meetings and attended to some minor cases of illness, comforted the sick and offered some needed medical advice in the village.

St.Barnabas Hospital met the most part of the financial expenses of the dispensary. There was a wide outbreak of cholera and typhoid fever during the year 1953. During this emergency period, the hospital supplied medicines to everyone through local area leaders who carried on house to house visit. The Government Health Department appreciated the meritorious service of the hospital during this period.

The hospital constructed a clinical laboratory in 1962 with the help of the National Christian Council, New Delhi. Before that, the local people had to go to towns for clinical tests. The hospital began to carry out blood transfusions and operations from the year 1969. In 1969, the hospital was not in a good position to meet its huge expenses in the medical service from its

63. Tinnevelly Diocesan Council Report, 1936, p-58
64. Medical Work Standing Committee, 70th meeting, 12th October 1954, p-2
low income. It felt that it was very difficult to maintain the laboratory, the operation theatre and the branch dispensary without any outside help.

In this crucial situation, the Diocese came forward to offer its financial help to the hospital. It declared 9th February 1969 as a ‘Hospital Sunday’. All the diocesan churches observed the Hospital Sunday and collected special offerings for the Diocesan medical service. The diocese handed over the whole collection of that day to St. Barnabas Hospital, Nagalapuram. According to the advice of the Diocese, the hospital appointed a lady doctor in 1970. The appointment of a lady doctor sharply raised the number of in and outpatients in the maternity ward. The hospital opened a sub-centre at Ragurampuram, three miles away from the hospital in 1975. These improvements and developments enabled an effective functioning of the hospital.

The Hospital at Megnanapuram (1869)

A hospital was started in 1869 at Megnanapuram by the C.M.S. Mission. This was the only hospital looked after the C.M.S. in this district. Established during the pastorship of Rev. Thomas, it did useful work under the charge of medical pastors. He became an excellent doctor by study and practice. He was ably assisted by Mrs. Thomas. After him, his son Rev. J.D. Thomas took charge of this hospital till 1904. The medical pastor was provided with a salary of Rs. 15/- in the beginning. Later it was decided to raise it to Rs. 35/-. As the hospital had no separate building of its own, it functioned in one of the High School buildings. Therefore, a plan for building the dispensary was prepared which was approved by the district Medical and

65. Proceedings of the C.M.S. Conference, Tinnevelly, July 1918, p-1

209
Sanitary Officer. During the attack of Cholera, Mrs.Thomas and her daughter Miss.Francis Thomas nursed the Cholera patients. They gave necessary medicines, kept the patients clean, rubbed them with turpentine and lend them their own blankets or coats. Miss.Thomas and Miss.Graziani served as midwives and helped so many people. They often visited the homes and gave medicines to the sick people. However, this dispensary was closed during 19th century due to financial problems.

**St.Luke’s Hospital, Nazareth (1870)**

Dr.J.M.Strachan started a dispensary at Nazareth in 1870 and named as St.Luke’s Hospital on St.Luke’s Day in 1892 by Rev.Canon Margoschis. The frequent outbreaks of Cholera turned the attention of the missionaries the need for organizing medical relief. It was established to serve the growing needs of the then infant church in these parts, to establish a living contact with the non-Christians living around, and to help the many educational institutions in the locality. During the year 1871 about 40,000 people were given treatment and most of them came from a distance of forty to eighty kilometers. Mrs.Louisa Shepherded, the daughter of Rev.Caldwell was sent to Nazareth to assist Dr.Strachan. In addition, two dressers were appointed as helpers. The annual salary of the two dressers was Rs.440/- and that of three servants Rs.108/-. The annual expenditure for medicine was Rs.800/- and Sunday expenses Rs.150/- total expenditure was Rs.1498.

66. Proceedings of the C.M.S. for the year 1914-1915, p-161


68. S.P.G. Report 1870-1874, p-73
Mrs. Louisa Shephered always took great interest in the medical service and closely attached herself with the patients. She collected some funds from the natives and supplied diet to the patients daily. However, no gift in cash or in kind was accepted by any member of the staff. Her sudden demise in 1872 caused a great sorrow among the natives and the Europeans. Later this hospital was developed by Canon Margoschis, the father of Nazareth.⁶⁹

The scarcity of women doctors to treat women patients was overcome by missionary women doctors like Mrs. Louisa Shepherd, Mrs. Strachan and native trained nurses. The S.P.G. sent Miss. N.E. Parsens as the Medical Superintendent to the hospital at Nazareth in 1909. She was the first women medical missionary whose work was remarkable. In 1912, she planned to construct Gosha Hospital for the women of harem. But it ended in failure.⁷⁰ After her departure, Dr. Frank Wells, the medical superintendent of Sawyerpuram was appointed as its supervisor. For the help of Wells, Miss. Miller, an English nurse was appointed in 1914. A leprosy clinic was also attached with it which functioned on Mondays and Thursdays. Europeans were in charge of the Medical institutions until 1917. The hospital felt the need for appointing trained men in villages for treating the poor. In 1932, the hospital opened a medical training centre for Dispensers. It conducted classes in the hospital premises. It sent qualified students for Government examination. In addition to the medical lessons, the hospital offered special training to students to fulfill the need for evangelistic work through their medical services.⁷¹

⁷¹. Tinnevelly Diocesan Council Report, 1932, p-42
The hospital offered special treatment to liquor addicts. Owing to its great effort, the hospital was able to make them give up their habit of drinking. They became gentle and orderly persons in the society after getting special treatment in the hospital. The Doctor delivered lectures on “The evils of liquor” at a village of Manalkadu, at the request of the people and also visited the nearby villages for this purpose.\textsuperscript{72} The hospital had greater concern for the rural people. The doctor of the hospital visited the local areas and also the neighbouring villages for educating the rural people on the preventive methods in medicine and treatment, antenatal care, some practical hints on “The rearing of infants in their first year of life” and ‘The disease caused by the house flies’. The hospital spent Rs.15,000/- per year for rendering free treatment for the poor.\textsuperscript{73} The hospital staff attended the regional conference of the Christian Medical Association of India, held at Vellore in December 1938. It reiterated the urgent need of preventive work of the mission hospitals in rural areas. Hence, the hospital decided to concentrate more in propagating disease prevention methods in rural areas and invested a sum of about Rs.500/- for this propagation scheme.

The main subjects dealt with in the lectures were hookworm, pulmonary, tuberculosis, leprosy and cholera. This program created great interest in health affairs in the minds of illiterate villagers. The village folk showed more interest in attending the meetings till as late night as 10.30 p.m. In some places, the villagers themselves requested for such programmes in their

\begin{footnotesize}
\textsuperscript{72} Tinnevelly Diocesan Council Report, 1933, p-49

\textsuperscript{73} Tinnevelly Diocesan Council Report, 1935, p-41
\end{footnotesize}
villages. As a result of this special campaign, the leprosy clinic of the hospital was the best attended one in the district with a daily average attendance of over twenty-three.\textsuperscript{74}

This charitable institution gradually developed into a first class hospital. Its benefits were enjoyed by the Christians and non-Christians of this district. Now it stands famous in the annals of the Tinnevelly church as the model of a Medical Mission and a monument of Christian love and charity.

**St. Luke’s Leprosarium**

When Dr.Vedabodaham was the Medical Superintendent of St.Luke’s Hospital, Nazareth, he used to conduct his valuable medical service in the neighborhood. He spotted Peikulam, a highly endemic area, with 3\% of the population affected with leprosy. In the beginning, six lepers of Peikulam area visited St.Luke’s Hospital frequently for getting treatment. They came to the hospital by walk for twelve miles. In the period of famine, they could not walk such a long distance due to their poverty. Hence, they stopped to visit the hospital. Dr.Vedabodagam enquired about them and their problem in visiting the hospital through the medical staff. Suddenly, he started a permanent Leprosy Mission in the hospital. He and his medical assistants began to visit the Peikulam village twice a week and offered medical treatment and medicine free. It raised the total number of patients, who came from the surrounding areas. The hospital bought a land of thirty cents and allotted it for the Leprosy Mission.\textsuperscript{75} Owing to lack of accommodation, the hospital treated the affected lepers twice a

\textsuperscript{74} Ibid, 1939, p-25

\textsuperscript{75} Narpothagam, September 1968, pp-206-207
week as outpatients. In October 1937, the Diocese opened a separate leprosy clinic and named it “Dark Granite Silver Jubilee Leprosy Clinic”. It was thoroughly walled off from the rest of the structures to ensure freedom from infection. Then the hospital added six kitchen rooms and four other little rooms for the clinic which accommodated twelve families to cook their food and keep their belongings safe. It began its service with a daily average attendance of twelve. The clinic offered two annas for every poor patient and the patients who came from a distance of over eight miles for their noon meals at the local hotel on the clinic days.\textsuperscript{76}

The hospital discharged the leprosy-cured persons and put their names in a separate Register as “Leprosy arrested”. It instructed them to report to the clinic once in six months for checking any fresh symptoms of leprosy. The hospital staff visited all the nearby villages for conducting a leprosy survey. Out of 196 houses visited and individually inspected, they found 70 cases of leprosy. They found 31 cases of leprosy in one village called Panaikulam. These people were unconsciously spreading the infection. The patients in the distant villages were not able to utilize the facilities of the leprosy clinic due to their poor financial and physical condition. Hence, the management began to run a leprosy clinic twice in a week and treated 50 patients on an average. The hospital offered all the treatment free, as they were too poor to pay.\textsuperscript{77}

In 1954, St.Luke’s hospital started an out-post service for lepers at Peikulam. It attended about 90 patients twice a week with a help of a jeep ambulance to that road less sandy area. The

\textsuperscript{76} Tinnevelly Diocesan Council Report, 1938, pp-57-58

\textsuperscript{77} Medical Work Standing Committee, 70\textsuperscript{th} meeting, 12\textsuperscript{th} October 1954, p-3
Executive Secretary of the Mission to Lepers, London, appreciated the leprosy mission of St.Luke’s hospital and offered a grant of Rs.1080 for six months in aid of the anti-leprosy service at Peikulam. Again they spent Rs.2, 200 as maintenance grant of the Leprosy Clinic. The District Collector offered a free site of a one and a half acre from the government poramboke at Peikulam and also sanctioned Rs.5, 000 for the construction work.\textsuperscript{78}

In the beginning, the staff of St.Luke’s hospital conducted their medical service for the lepers under the tree for two years at Peikulam. Then the hospital constructed a separate well-equipped clinic at a cost of Rs.12, 000 and opened it in 1956. It contained a laboratory, an operation room; two wards each accommodating three beds for men and three beds for women.

Every month the hospital spent over Rs.280 to run this clinic. St.Luke’s hospital supplied drugs, rice, wheat, maize, cereals, milk powder, butter oil and cheese for the clinic.\textsuperscript{79} The Tinnevelly district Welfare Association presented a microscope and laboratory equipment for the clinic costing Rs.1, 500. The Diocese declared 2\textsuperscript{nd} September 1956 as a Day of Eradication of Leprosy Sunday and deposited the offering collections of all Diocesan churches on this special Sunday to the Leprosy Mission of the Diocese.\textsuperscript{80}

The medical team used an old jeep for visiting the nearby villages to instruct the people about the early signs of leprosy. Every Sunday, the hospital conducted leprosy education work in the infected areas with a motive to eradicate leprosy from the area by means of slides, film

\textsuperscript{78} Tinnevelly Diocesan Council Report, 1954-1955, p-42
\textsuperscript{79} Ibid, 1955-1956, p-40
\textsuperscript{80} Tinnevelly Bishop’s Letter, Narpothagam, September 1956, p-338

215
and lectures. The rehabilitation centre extended the area by building some special sections for weaving, tailoring, carpentry, shoe-making and agriculture, dormitory for men patients and quarters for caretaker and attendants was constructed with the help of the German Leprosy Relief Association. The Leprosarium appointed an incharge of the rehabilitation centre. The Executive Standing Committee of the Diocese appointed a Sub-Committee with four members to study the function of the Leprosarium and the rehabilitation centre and to advice the Medical Officer of the hospital in the administration. All developments made the Leprosarium a great social welfare centre in the State of Tamil Nadu.\(^{81}\)

**Sarah Tucker Hospital (1892)**

As early as 1892 Sarah Tucker hospital was started by Miss. Florence Swainson with the help of Miss. Askwith. When Lord Wenlock, Governor of Madras visited this hospital in October 1892, he called it as “a little gem”. Florence Swainson, a fully qualified nurse from England was affectionately called as ‘Lady Doctor’ by the girls of the Sarah Tucker institution.\(^{82}\) The sick children were longing to see her bright and cheerful face daily. Though it was established for the pupils of the Sarah Tucker institution, it also treated the patients in and around Palayamkottai. It was a great boon to thousands of people.

The nurses looked after the sick very carefully and helped them even at midnight.\(^{83}\) It had a head nurse namely Morton who stayed in the hospital and was assisted by two nurses Annal

---

81. Executive Standing Committee, 150th meeting, 28th & 30th October 1978, p-4

82. Proceeding of the C.M.S. 1893-1894, p-158

83. C.M.S. Sarah Tucker College Report, 1908, p-5
and Naomi. Morton was a fully qualified nurse who not only took care of the hospital but trained the Indian nurses. Her services were found inevitable, for this area witnessed frequent outbreaks of influenza, malaria, measles, mumps, small-pox and cholera.\(^{84}\) Between 1894 and 1895, 296 children were treated and 1822 outpatients from forty six villages were administered medicines.\(^{85}\) Whenever necessary they invited the doctor from the Municipal Hospital. When Nurse Morton went outside the hospital to treat the patients, the six people besides receiving medicine and nursing got the healing of their souls. Thus they carried the good news of healing the soul as well as the body. Besides, Morton treated seventy one confinement cases and 1398 other patients in their own homes. During 1894-1895, Nurses Annal and Naomi treated twenty six confinements and 1215 patients suffering from various diseases.

Bessie, the head native nurse did invaluable work in this hospital. She carried out all that Miss. Swainson taught her. The native girls like Ponnammal, Mary and Martha proved themselves as good and capable nurses under her training. When Bessie was married to a schoolmaster in Ceylon, she left this hospital.\(^{86}\) Paripuranam, a native trained nurse under Miss. Askwith helped the patients of the hospital. She had much experience in children’s diseases and took charge of the medical cases like fever, and dysentery and treated three hundred girls. The Sarah Tucker hospital bears ample testimony to the range of vision of the missionaries and their selfless service for healing the sick and promoting health and hygiene among the needy and the suffering especially of the women.

\(^{84}\) Ibid, 1897, p-11
\(^{85}\) C.M.S. Sarah Tucker Institution Report, 1894-1895, p-7
\(^{86}\) Ibid, 1896, p-12
St.Antony’s Hospital, Christianagaram (1898)

St.Antony’s Hospital ministered to the sick and the suffering at Christianagaram and the surrounding villages. It was also one of the oldest hospital of Tinnevelly districts. The Society for the Propagation of the Gospel founded this rural medical centre as a hospital in 1898. In the beginning, it functioned in a single tiled room which was once used as a village Post Office. In 1907, the hospital extended its area to offer treatment to more patients. The dispensary had the facility to conduct minor operations also. After the formation of the Diocese of Tinnevelly, the S.P.G. mission handed over the hospital to the Diocese of Tinnevelly. Then the hospital became a well-equipped hospital. The local people also helped the hospital in its service. The hospital constructed new in-patients’ ward with eight beds, a centre hall having verandas on all sides. The local people met the major portion of the expenditure for the construction work. It encouraged the hospital well in its dedicated service to the people. The hospital extended its medical service to the nearby rural areas by sending its medical staff.

The midwife of the hospital attended most of the labour cases in the homes of mothers. The hospital offered free treatment and medicines to bedridden patients in the poor families by visiting their homes. The people of Periyathalai requested the doctor to visit their village twice a week for medical service. The Diocese of Tinnevelly was not able to fulfill their request due to its low medical staff in hand. As a result of that, the villagers started a hospital of their own in

87. V.Henry Packianathan, op.cit, p-62
88. Tinnevelly Diocesan Council Report, 1932, p-41
89. Tinnevelly Diocesan Council Report, 1935, p-45
1937. It did not affect the service of the Diocesan hospital. The medical staff of the hospital conducted periodical medical examination in the local school at Christianagaram and gave regular addresses on prevention of diseases. The parents welcomed the effort of the hospital in educating the young minds and in preparing a healthy society.

To avoid rush in the hospital, it began to use veranda of the hospital to accommodate more patients. This change considerably increased the income of the hospital from Rs.20 to Rs.200 per month. Moreover, the local Panchayat Board offered Rs.250 as Hospital Grant to the hospital every year. From 1951, the Board increased its grant from Rs.250 to Rs.500. these income was not enough for running a medical institution. On account of the severe financial strain, the Diocesan hospital was not able to meet the need of sick people by providing free treatment. This critical position reduced the incoming of patients day by day.

The fifteen beds of the hospital were vacant the whole year of 1955. Hence, the Circle Committee decided to close down the hospital because the Circle was not able to pay the doctor and the medical servants from its little income. This experiment also proved no success. In this critical situation the Diocesan Medical Work Standing Committee came forward to run the hospital as a Diocesan Institution and employed a full-time Doctor. It also asked the Christianagaram Circle to help St.Antony’s Hospital financially for one year.90 Owing to these efforts, there was a busy outpatient practice in the hospital from 1965 with a few inpatient admissions. The diocese earned a good name among the people of Christianagaram for its help in time.

90. Medical Work Standing Committee, 90th meeting, 28th February 1961, p-2
In addition to the evangelistic works, the Tinnevelly District focused its attention on rural areas to offer social service. They carried on Evangelistic work also which was their main concern besides Social and Educational.