CHRISTIAN MEDICAL CARE IN TAMIL NADU, 1947 TO 2000: A PRELIMINARY EXPLORATION

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MASTER OF PHILOSOPHY

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CERTIFICATE

This dissertation entitled "CHRISTIAN MEDICAL CARE IN TAMIL NADU, 1947 TO 2000: A PRELIMINARY EXPLORATION", is submitted in partial fulfillment of six Credits for the degree of MASTER OF PHILOSOPHY of this University. This dissertation has not been submitted for any other degree of this University or any other University and is my original work.

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We recommend that this dissertation be placed before the examiners for evaluation.

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CONTENTS

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Looking back with Gratitude

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Here I would like to remember the metaphysical compositions of Illayaraja, which journeyed with my moods making me fresh and energetic.

Everything never always goes perfect if there is any shortcoming in this work I alone am responsible.

R. John Suresh Kumar

LIST OF TABLES

Introduction

INTRODUCTION

The aim of this research study is to briefly account the history, nature, and the present status of 'Christian Medical Care' in Tamil Nadu. There are several reasons to undertake a research study on 'Christian Medical Care' institutions.

As far as India is concerned, Christian medical missionaries were the first in bringing 'Western Medicine' and it's institutional set up together with the Portuguese and English on which the present health system and health care delivery system is largely modeled. During the mid-18th century the British introduced allopathic medicine to India, essentially to cater to their military population. The medical missions entered mainly those regions, which were directly under British rule.[1]

Secondly, the role and the contribution of Christian Medical care institutions may not be significant at all if we juxtapose with the health needs of the entire country and the way in which it is distributed across the states. But this cannot be the only right analogy to judge the importance of "Medical Missions". As T. K. Oommen says

> "There is one area in which Christians dominate in India, not withstanding their small size and economic disabilities, and that

[1] Baru, Rama (1999), "Missionaries in medical care" Economic *Political Weekly,* Vol. XXXIV No.9, February 27.

is in the area of service institutions particularly in education and health"[2]

Thirdly the 'Medical Missions' draw our attention just for the reason that they have more than 450 years of historical legacy in serving the people. For instance, Father Henry Hendricques built the first hospital in 1550 at Punaikayal (Tamil Nadu) for the benefit of the poor.[3]

Fourthly, investigation on missionary medical care is essential in the spirit of academic fairness and understanding their service empathetically in the context of attacks on minorities especially Christians. Finally, for a different reason apart from all these macro level approaches, it is essential to consider the response of the "people" who benefited out of the services of medical missions.

But this long tradition of medical missions providing medical services is now facing several problems. The problems have led to the degeneration of Christian hospitals. The problems are following,

In the mid-sixties specialized assistance to social projects (SASP) of World Council of Churches conduced a survey in 1967 to find out the whole

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[2] Oommen TK & Hunter P. Marby (2000), *The Christian Clergy in India* Vol. I. Sage, New Delhi.

[3] Thekkedath, Joseph (1982), *History of Christianity in India* - II, Theological Publications in India, Bangalore.

range of the Christian involvement in health in India. The survey found out the following problems.[4]

1. Hospitals and Dispensaries are mostly offering only curative oriented service programmes to take care of the sick.
2. Nearly 80 per cent of these hospitals are approaching obsolescence.
3. Lower salary structure resulting in shortage of personnel.
4. These hospitals, though meant essentially for the poor, cannot serve the poor alone and maintain themselves financially.
5. A number of hospitals are being managed as business concerns, trying to make enough money to meet day-to-day expenses.
6. Almost all hospitals and dispensaries are operating as individual entities.

Apart from these problems there is a growing inter-state distribution of hospitals, clinics and dispensaries and community health projects within the Protestant and Catholic medical services. For example, the Catholic Church is emphasizing more on community health projects but Protestants still want to either sustain their existing hospitals or to built more hospitals, which they find very difficult to do. One of the objectives of this research is to understand the nature and the problems, which have inflicted decay of quality, and the quantity of medical care provided by Protestants in post-independent India.

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[4] The Whole Survey is summarized in few pages see Jacob, Chandy (1970). Rethinking the

Medical missionaries and 'medical missions' brought western medicine to India and started giving medical care to the native people from 1550. Changes in the socio-political scenario within India forced the missionsmade it difficult for them to continue with the same zeal. Consequently indigenous churches have taken up the responsibility to run these hospitals. Missionaries and missions are one of the important components of any proselytizing religion of which Christianity is one. An understanding of medical missions and Christianity must be prefaced by an explanation of term "missions".

Missions - "as it is officially understood in the Romish Church, because that meaning is essentially different from the one given to the term in Protestantism"[5] Apart from other distinctions, the objective of missions is completely different. For Protestantism, the whole non-Christian world; for Roman Catholicism the whole non-Roman Catholic world[6]

Mission is not a biblical word; it is a fairly late arrival among the technical terms of Christian faith and Church practice; and the study of missiology as a nameable aspect of theology begins only with the great 'missiology' expansion of the late 18th century.[7] Missionary movements are organized efforts by religion bodies to send forth men and women to propagate their faith. The term 'missionary', derived from the Latin verb mittere

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Healing Ministry of the Indian Church, CISRS, Christian Literature Society, Madras-70.

[5] Warneck Gustav, (1906), *Outline of a History of Protestant Missions from the Reformation to the Present Time*, Oliphant Anderson & Ferrier, Edinburg & London, 153-168.

[6] Op.cit. Warneck and Gustav (1906).

('to send'), refers to one sent forth on an errand. Missionaries have usually been sent out only by those religions that have a personal founder anda claim to universal validity. For some Christians, mission is still very much associated with 'going out' with the work of 'missionary societies' or closer to home with particular campaigns or events.[8] Thus mission has long tended to be associated with foreign fields. So it is fairly clear to most Christians (especially in India) who think missionary is one who comes here from abroad to help, heal and preach. Hembrom, a missionary and a Church planter at Patna, Bihar, said, 'a missionary is 'a sent' person to do a particular job for someone else'. This meant that if a sending body wanted something, the missionary had to fulfill the wishes of his sending body to whichhe was financially responsible. Thus the sending body kept a hold on the missionary

The way mission is defined, of course, reflects the way it is conceptualized. *Webster's Collegiate Dictionary* defines mission as "a ministry commissioned by a religious organization to propagate its faith or carry on humanitarian work." *The New Encyclopedia Britannica (1989)* is even more succinct: "mission, in Christianity is an organized effort for the propagation of the Christian faith". The term 'medical missions' appeared in the middle of the 18th century and is secondary to that of the 'medical missionary'. Of course, Christians, Roman Catholic religious people as well as Protestant missionaries

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[7] Naish, Tim (1999), "Ways forward in Mission studies: Theory or Image?" *Missiology an International Review*, vol. XXVII, No.2, p.166.

[8] ibid., p.166

did attend to the bodily needs of the native population in a compassionate caring manner before that time. There have been medical practitioners, doctors and nurses like other personnel in the service of missions; and as far as Protestant missions are concerned we know for certain that these people were sent out primarily as a stewardship measure for the safety of the other missionary personnel, like in the Danish Halle Mission for instance in 1730. The significant new phenomenon which became known but the technical term 'medical mission' appeared first in the person of the first medical missionary Dr. Peter Parker (1804-1881) who underwent a full-fledged theological as well as medical study, graduating in both and receiving ordination from the Presbyterians in North America. On the whole, after analyzing various definitions of mission, we may define 'mission' in the following way,

Mission is a process by which the message about salvation in Jesus Christ is introduced to a society by 'foreign' agency with the purpose of inviting people to become disciples who form a distinct socio-religious group within the larger society committed to encourage personal and social transformation in continuing response to the reign of God.

Having defined the words 'mission' and 'medical mission' the researcher makes a conscious attempt to differentiate mission from indigenous Church. As missionary era got over immediately after independence, the indigenous Church took the responsibility of running the mission hospitals. When the transfer of ownership took place the name of the

'mission hospitals' also changed into 'Christian Hospital' These Christian Hospitals belong to various denominations of Protestant Church in India. These Christian Hospitals are different from Catholic Hospital, Which come under Catholic Health Association of India (CHAI). Thus the term 'Christian Hospital' refers only to those hospitals, which identify themselves withany of the denomination of Protestantism.

Scope of the Study

As far as the scope of the study is concerned, the study takes only Christian Hospitals located in Tamil Nadu. The study does not include those Protestant Christian hospitals, which are not members of Christian Medical Association of India (CMAI). The study does not look into the contribution and nature of Catholic hospitals located in Tamil Nadu. The study relies on secondary materials collected from various journals and books. The Journal of Christian Medical Association has been used largely to trace the nature and status of Protestant Hospitals after 1947.

Objectives of the Study

The first objective of the study is to explain the nature, characteristics and problems of Protestant Hospitals in Tamil Nadu.

The second objective of the study is to elicit the history of medical mission and issues associated with Christianity in general and missions in particular.

Methodology of the Study

The study analyses the nature and problems of postIndependent Christian Medical Care in Tamil Nadu. To do this, the researcher has relied on secondary materials like journals and books. To understand the problems the researcher has used extensively many journals relating to medical care, including Christian Medical Journal of India.

Chapterization

The study has three chapters. Chapter one explores some of the issues associated with Christianity in general and missions in particular. It also details the history of Protestant medical missions in Tamil Nadu.

Chapter two basically answers following questions: What is purpose for missionaries to provide medical services? What is the general political discourse on conversion and using medical services for converting people? By answering these questions the chapter describes the theological base for medical services and how generally the process of conversion discussed among some of the scholars

Chapter three looks into the nature and problem of Christian medical care in Tamil Nadu after independence.

Chapter four is conclusion.

Chapter - 1

Chapter I

A BRIEF HISTORY OF CHRISTIAN MEDICAL MISSIONS IN TAMIL NADU

The landmarks in the history of Christianity in India are now a well established fact, thanks to frequently expounded and dynamically annotated works of historians. The 'arrival' or 'rising presence' of Christians in India[1] was neither sudden nor simple. The spread of Christian belief and congregations within the Indian subcontinent is still an ongoing and uneven process. This process is believed to have begun nearly two thousand years ago, stretching from 52 AD to the present. No single arrival marks a clear starting point[2]. Nevertheless it is generally believed that the advent of Christianity in India dates back to as early as the first century AD and that St.Thomas, one of the Apostles, visited India and preached here[3].

The purpose of this chapter is to bring out a brief history of Christian Medical Missions, which have been one of the cardinal services along with educational services of the Church. While tracing the history of medical

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[1]The word 'India' or 'Indian', according to Frykenberg, anything lying within the continent-commonly also called a subcontinent, that totally includes countries now known as India, Pakistan, Bangladesh, Nepal, Sri Lanka and Afghanistan: everything south of Himalayas, South and East of the Hind Kush, and west of mountains separating Assam from Burma. 'India' is about as precise a concept as 'Europe' 'Indic' denotes what is confined to Indo-European Languages. 'Asia' is so imprecise as to be useless. For details, see Frykenberg RE, (1999), *India* in *A World History of Christianity*, Edited by Adrian Hastings Cassell London 147-191.

[2] ibid., P.147

[3] Oommen TK & Hunter Marby P (2000), *The Christian Clergy in India* Vol.I Sage New Delhi

missions, the researcher sticks to those medical missions, which came to Tamil Nadu.

Though there are evidences to show that the Church has been an important institution providing health services from early times[4], our aim here is not to trace its two thousand-year linkages with the practice of healing. Because in India as mentioned earlier that Christianity has a long history, which is longer than the history of Christianity in European countries where it came much later.

The concept of mission has not been a domain of any specific denomination or congregation. They vary greatly. The types of missionary groups range from Catholic to non-Catholic and British to non-British. In Tamil area alone, one witnesses the presence of innumerable number of congregations and denominations working in the field of health.

Probably the first hospital in India by any missionary was built by Catholics during the mid of 16th century. Other than Catholics, various Protestant missionaries and medical missions did remarkable services. Richter (1908) listed some of the missions and denominations served in India in the latter half of the nineteenth century. These included the Church Missionary Society, the Wesleyan Methodists, the Baptists, the American Presbyterians the Church of Scotland, the Irish Presbyterians, Danish

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[4] The following two articles can give a candid information on the linkages between Church and the practice of healing as an important activity of the church, Gary B. Ferngren (1992), "Early Christianity as a religion of Healing", *Bulletin of History of Medicine* 66 P.1-15, John Wilson & Thomas Janoski (1995),"The Contribution of Religion to Volunteer work" *Sociology of Religion* 56:2, pp.137-152

Missionaries, the Protestant Synod of America, the English Quakers, the Swedish Protestants, the Canadian Baptists and Women's Missionary Societies. Also to be noted are the Society for the Propagation of the Gospel, the Hermansbury Mission, the Scheswig-Holstein Missionary Society, the South Australian Baptists, the Danish American Baptists, Leipzig Tamil Mission and the Disciples of Christ. In addition, there were members of male orders, and of Sisterhoods and the Salvation Army, all of which came in that period.[5] Even this listing is incomplete. It omits for example, the American Arcot Mission of the Dutch Reformed Church of America to which Dr.Ida Scudder, founder of the Christian Medical College Vellore belonged.[6]

Among these missionary groups in Tamil Area, all did not work, only some of them ventured in to Tamil region and engaged in some form of medical services in the beginning. They are, apart from various Catholic congregations Church Missionary Society, Church of Scotland Mission, Danish Lutheran Mission, Free Church of Scotland Mission, Leipzig Lutheran Mission, London Missionary Society, Society for Propagation of Gospel, Wesleyan Missionary Society. Some American Societies like Board of Commission of Foreign Mission and Reformed Church Arcot Mission were also functioning in the Tamil area.[7]

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[5] Richter, Julius (1908), *A History of Missions in India* translated by Sydney H. Moore London pp.211

[6] Meera Abraham (1996), *Religion, Caste and Gender : Missionaries and Nursing History in South India* ,BI Publications Pvt. Ltd, Madras

[7] this separation according to the region has been categorized in Sherring(1875), *The history of Protestant Missions in India 1706-1871* Trubner and co., Ludgate Hill London

Even the efforts and initiatives of these missionary societies are not a continuous one. The socio-political changes in Europe, its subsequent conflicts, frictions and inter as well as intra-denominational struggles resulted in abandoning the good works done by the earlier missionaries. For example, it would be interesting to look at the fate of the first initiatives of Fr. Henry Henriques. Likewise only an extensive research work could tell us the continuity between the medical services missionaries of early 18th century and that of early 19th century. This contention submits that it is ineluctable that we cannot overcome at least for time being, the fact of a rather discursive account of the events in the field of Christian medical services at different points of time. This discontinuity made its impact on the work (services) of missionaries.

The first effort in this direction in Tamil soil was taken by the successor of St. Francis Xavier, Fr.Henry Henriques who came to Tinnelvely District once Francis Xavier left for Malacca in August 1545. Fr.Henriques started his mission work, despite his illness and depression, remained in Tuticorin for the next fifty years and became the first European missionary to make substantial contributions to Tamil, Sanskrit and Telugu literature. Although it does not appear that the Jesuits sent out a few qualified doctors to act as medical missionaries, it often happened that some of their

missionaries possessed a serviceable knowledge of medicine, which they used to good effect.[8]

Joseph Thekkedath in his volumes on history of Christianity writes in the following way, which would give us some insight on the nature of earlier efforts of the Jesuits,

> "As early as the year 1550 Fr. Henriques set up a hospital for the benefit of the poor. Rodriques Couinho, the Portuguese captain of the Pearl Fishery coast at that time, was very helpful towards this project. The hospital was maintained by the alms of the Christians and the fines, which were imposed on various offenders. The captain collected these fines and gave them to the administrator of the hospital. This hospital was the object of the enthusiastic admiration of all the people of that area, whether Christians or Hindus, since they had never seen anything of the kind before. Fervent Parava couples, who were observing continence in order to be freer to devote their time for this work, served the hospital. The Jesuits of Punnaikayal also went now and then to help in the hospital and to see about the cleanliness of the place. Since the amount collected from alms and fines was not always enough for the upkeep of the hospital, Fr. Henriques ordered that a collection should be made once a week for the expense of the hospital. Later more hospitals were established on the Fishery coast. Some of them were founded by well to-do Christians. By the year 1571 there were hospitals at the following places. Mannappad, Virapandianparnam, Punnaikayal, Tuticorin and Vaippar. Those of Tuticorin and Punnaikayal, were larger than the others. The Jesuits were in charge of the administration of the hospitals. The Christians furnished the money for the expenses. At each pearl fishing a contribution was made in proportion to the number of boats which took part in the fishing operations. This money was deposited with a reliable person who would later spend it in accordance with the instructions of the Jesuits borrowed money from elsewhere for the upkeep of the hospitals, on the understanding that the chiefs of the paravas would repay the loan at the next successful pearl fishing. These hospitals took care not only of the Christians but also of the Hindus from the interior parts of the country. When the members of the confraternity of charity met together every week for their conference, two persons were chosen to serve the hospitals during that week. This method worked well"[9]

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[8] Robinson, Charles Henry (1915), *History of Christian Missions*, Edinburg T&T Clark

[9] op.cit., Thekkedath, Joseph (1982)

Dwight appreciates these efforts of early Catholic mission.[10] To quote, "the Roman Catholics of the 16th and 17th centuries used medicine largely as aid to mission work. It is to them chiefly that we owe the use of Cinchona which has rendered mission work possible in fever-stricken lands; as well as Ipecacuanha and many other remedies which we probably should not have known so soon had it not been for their labours". With this introduction on Catholic medical care initiatives we move on to the medical activities of protestant missions.

Before going into the medical service history of Protestant missionaries, it is necessary to make a few points associated with Christianity in India. What is the place of caste in Indian Christianity? What is the relationship between missions and colonial government? What was the motive behind mass movements? Finally, What was the perception of the missionaries on indigenous medical or healing practices? The following section will answer these questions.

I

The biggest and most ceaseless and continuous of all ongoing arguments and conflicts, bringing about divisions, and mutations among almost all Christian groups in India, regardless of whether they were Indians or Westerners, Catholics, or Evangelicals, Anglicans or Dissenters, Mar Thoma or Syrian, conservative or liberal, continued to swirl around issues of

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[10] Dwight et al (Eds.) (1904), *The Encyclopedia of Missions*, Funk & Wagnalis Company NY p.445

caste, culture and acculturation.[11] Indeed, since it is difficult to find any time in the history of Christians in India when this has not been a burning issue, still it remains to be an enduring problem for all Christians in India. It is one, which has never gone away, and one, which is still bringing dissension and strife. Its dimensions are both historical and theological, with intermingling and intricate permutations which remain because every single Christian group which remain because every single Christian group whichhas ever existed in the subcontinent continues to exist, sometimes in a fossilized form but more often in some revitalized and altogether new form.[12] The strategies of conversion pursued by Catholics and Protestants seem to have been different. The former usually attempted mass conversions, which also meant converting predominantly lower castes and Scheduled Tribes, whereas the latter converted individuals and families as well as castes and tribes. This in turn meant that the Protestant population was more heterogeneous.[13]

St. Francis Xavier landed in India in 1542, and soon left for the Malabar Coast, where he met with success among the fishermen. Thousands of Mukkuvars and Arayars were converted in a matter of months thus laying the foundations of a Latin Catholic Church composed of the lower castes; this Church continued to exist alongside the Syrian Church in Kerala.

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[11] Frykenberg RE (1999), *India* in Adrian Hastings edited *A World History of Christianity* Cassell London pp.147-191.

[12] ibid. P.183.

[13] Oommen T.K. & Hunter P. (2000), *The Christian Clergy in India*, Vol.1, Sage, New Delhi p.52.

The Tamil Church, for its part, reproduced the divisions of a Hindu society. But this Church was seen strongly associating with Parangi (foreigners)[14]

Once Xavier left the scene, the next great missionary who came to India was Robert Di Nobili. His work is deserving special attention in as much as the principle he adopted by recognizing and accepting the Indian caste system which has been accepted to a greater or lesser extent by nearly all the Roman Catholic missionaries who have since labored in India. Having determined to make himself an Indian, adopted the dress and the sacred thread of a Brahman, and painted the sandalwood sign on his forehead. He kept aloof from men belonging to the lower castes and only allowed Brahmans or men of high caste to have access to him. After more than fifty years work, Nobili died at Milapur in 1656. After his death the Jesuit missions in South India carried on the lines he had inaugurated.[15] De Nobili did not set out to eliminate caste differences; he argued, instead that, caste was an essentially secular institution. This had resulted in construction of two Churches in Madurai - one for De Nobili's converts and the other for low-caste worshippers.[16] Bayly brings out this accommodative nature of missionaries,

> "Both of the 'conversion religions', Islam and Christianity, were shaped and molded to fit into the South Indian religious environment and into the social normative system, to the extent that the shifting religious identity did not

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[14] Forrester D (1980), *Castes and Christianity: Attitudes and Policies on Caste of Anglo-Protestant in India*, Curzon Press, London pp.11

[15] Robinson, Henry Charles (1915), *History of Christian Missions*, Edinburg T&T Clark.

[16] Deliege, Robert (1999), *The Untouchables of India*, Berg publishers, Oxford New York.

signify a sharp break between orthodoxies but rather a form of syncretism".[17]

This recognition of caste made things difficult for evangelical missionaries who were against the castesystem and determined not to allow this inside the Church. Robinson says, 'Their recognition of caste rendered it extremely difficult for the Danish and German missionaries to do otherwise than follow their example'.[18]

Rev.C.T. Rhenius was one of the earliest missionaries to make a decided stand against the observance of caste. Bishop Wilson of Calcutta, who visited India in 1833, issued a pastoral letter in which he said, "The distinction of caste must be abandoned decidedly, immediately, and finally". He further described caste as "eating as doth a cancer into the vitals of our infant Churches". When his pastoral letter was read in Vepery Church Madras, the Sudra Christians rose and left the Church, and for the time being renounced their membership of the Christian Church. In Tanjore the reading of the pastoral caused a similar upheaval and produced but little permanent result".[19]

At social level, caste drew a lot of criticism from the missionaries. Nevertheless it was accepted and accommodated.This accommodative nature influenced the field of Tamil literature also where the Catholics and

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[17] Bayly, Susan (1988), *Saints, Goddesses and Kings. Muslims and Christians in South Indian Society 1700-1900*, Cambridge.

[18] Robinson, Henry Charles (1915), *History of Christian Missions*, Edinburg T&T Clark, p.87.

[19] ibid., p.87

Protestants differed. For example, Ziengalbalg's translations did not meet the approval of his contemporary Jesuit adversaries. The learned Father CJ Beschi in Madurai derided Ziegenbalg's work as poor and even ridiculous. This criticism was more profound than it seems at first and was a significant example of the differences between the Catholic and Protestant use of printed works in the mission. Beschi did not criticize Ziengenbalg for not knowing enough Tamil; he criticized him for using a 'lower-class' Tamil instead of a 'high-class' or classical Tamil. In the eyes of a Jesuit missionary, this was a serious mistake, because it confirmed the converts and the would-be converts in their conviction that the missionaries were low-caste or unclean people who brought defilement and loss of caste on the Indians among whom they worked.[20] This brief analysis shows how historically caste was accepted and rejected and subsequently accommodated into Catholic Church and Protestant Church respectively.

The next important aspect of the Church is the relationship between Missionaries and colonial British Government. In India, the periods of European colonialism and Western Missionary movement coincided. Both the Roman Catholic and Protestant missions followed the colonial flag and Christianity was closely interwoven with imperialism and commerce. The extent and the nature of this relationship between missions and colonialism varied from one colonial power to another. But the relationship between the

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[20] Bugge, Henriette(1994), *Mission Tamil Society, Social and Religious Change in South India (1840-1900)*,

missionaries and Colonial State was neither congenial nor inimical. The quality of relationship varied according to the need of the two parties. The English East India Company till the middle of the 18th century was not adverse to Christian mission work wherever possible. In South India, a cordial relationship existed between the Company and the Tranquebar Mission and in several cases the company aided the Mission materially. But towards the 18th century with the annexation of territories, there was a change in the Company's policy. The new policy was one of non-interference in traditional cultures of the people.[21]

The East India Company was a commercial organisation. Its primary motive was trade and profits. Although it helped missionaries to a certain extent, neither did it take keen interest in the conversion of the people, nor did it encourage the missionaries to do any kind of evangelistic work.[22]

Even the Directors of the Company got a resolution passed in England that any adventurer or missionary should receive the license of the Company to enter India. An unlicensed adventurer or missionary was liable, on discovery, to expulsion from the Company's territories.[23] In 1813, at the periodic renewal of the East India Company's Charter, heated discussion

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Curzon Press, Richmond Surrey

[21] Kooiman, Dick (1998), "Mass Movements, Famine and Epidemic A study in Interrelationship", *Indian Church History Review* Vol. XXII, No.2 pp.109-131.

[22] Latourette, Kenneth S. (1939), *History of the Expansion of Christianity Vol.III*, New York and London: Harper and Row Bros, p.227.

[23] Neil, Stephen Charles (1970), *The story of the Christian Church in India and Pakistan*, Grandrapids, Erdmans Publishing, p.51.

occurred over the question of the propagation of Christianity in India. The officials of the government feared that 'over-enthusiastic' missionary activity could eventually cost British India. The 'missionary lobby' on the other hand, disagreed profoundly and maintained that Britain was far more likely to lose India, if there was no common religion to bind together rulers and ruled. They argued that it would be a national sin if Christian Britain did not ugently embark upon the conversion of its Indian subjects.[24]

Lord Wellesley, who had been Governor General of Bengal from 1798 to 1805, told the House of Lords that he had allowed the Scriptures to be translated into Indian languages but had not ordered their dissemination because this would go beyond what a British Government should do. But the missionary lobby had maintained for some time that the East India Company had been inconsistent, even godless, in its attitude towards the propagation of Christianity. This was somewhat an unfair accusation as on the whole, Company officials had been helpful to the missionaries resident in their territories.[25]

Over all, the British Government officials had a friendly attitude towards Christian missions and no doubt thatsuch friendly relations between officials and missionaries were considered important because each partner got tangible benefits out of it. As long as the missionary movement did not

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[24] Carson, Penelop (1990), "An Imperial Dilemma the Propagation of Christianity in Early colonial India", *Journal of Imperial and commonwealth History*, 18,2 p.169.

[25] ibid., p.170

pose a threat to the colonial occupation, the officials served to reinfoce the missionary efforts particularly through the system of grants inaid to educational institutions and other humanitarian or philanthropic works. This benevolent paternalism often served as an effective means for legitimisation of their rule. On the other hand, so long as the government support helped the Christian missions in achieving their main aim- the propagation of the Christian faith, the missionaries also extended an unstinted help to the government. Such being the attitude of the two partners,stress and strains as arose between them tended to be compromised and solved for the sake of maintaining the system.[26]

Thus, the type of mutual relationship that existed between the officials and the missionaries was based on the temporary process of conditional reciprocity. It did not germinate from their ideological confluence, but grew out of necessity and expediency. The moment the missionary movement threatened political stability, the government did not show any least hesitancy to control such mission movements. At the same time, whenever the missionaries realised that the government was interfering in their religious instruction, they were ready to de-link their relationship with the government.[27]

Another important issue is the linkage between the rise of Christianity, famines and the role of missionary services. It is believed that the economic

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[26] Dena, Lal (1988), *Christian Mission and Colonialism*, Vendrame Institute, Shillong, P.117.

changes of the 19th century had a serious impact on the social and economic conditions in the south Indian villages. The question here is whether the converts wanted to become Christians in order to gain economic advantages (the so called 'rice Christians') or the converts become Christians in order to raise their status or to get a social 'uplift'.

Mass Movements, with whole villages becoming Christian, a phenomenon which had occurred at the end of the 18th century and again in the late 19th century, among both Evangelicals and Catholics became a focal point of nationalist opposition in the 20th century. Such movements were severely criticised by higher-caste Hindus, including Mahatma Gandhi. Gandhi went so far as openly to chastise India's first native Anglican Bishop, Vedanayakam Azariah accusing him of betraying the nation for his leadership of mass conversions in Dornakal.[28] But untouchable communities, who were denied access to temples, common wells or other facilities enjoyed by clean-caste peoples, hitherto never counted as Hindus. Indian Christians refuted the charge that such converts were only motivated by material considerations. Advocates of mass conversions argued that all human motives are mixed and that imperfect motives need not nullify the genuineness of conversions. For despised people to desire a fuller life for

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[27] ibid., P117

[28] op.cit., p.187, Frykenberg RE (1999)

themselves and their children would hardly be considered something unworthy, ignoble or unpatriotic.[29]

In 1850, after a severe drought, the people were exposed to great hardship and real famine-conditions. In addition, smallpox and measles were ubiquitous throughout the region, carrying off numerous victims. During this year the missionaries reported that the number of people under Christian instruction had increased considerably. This seems to indicate an increase of conversions under famine conditions;[30] but we should make the reservation that we lack sufficient circumstantial evidence. Firth observes that most missions in the South were concerned in some way or other with famine relief during the crisis of 1876-1878; but relief work of itself did not create mass movements. To quote, 'Nor were mass movements only the product of famine or other relief...moreover they continued long after 1878 and by no means always at famine times, though other famines did occur and had a similar, through smaller, effect'.[31]

It must be admitted that such movements of natives into Christianity are prompted by a variety of motives. Perhaps the predominant one is the desire for social betterment and a conviction that the Christian agencies are interested in them and can help them. There are genuine instances of individual *bhakti* and where emotional revivalism and religious excitement

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[29] ibid., p.187

[30] op.cit., p.117, Kooiman, Dick (1988)

have also played its part. There are also instances of the mere hope of some material gain.[32] The characteristic of a mass movement is that people come to the faith in tribal or caste groups, whether large or small, and that the movement spreads to other groups of the same caste or tribe. When this happens, it is inevitable that many persons are included whose knowledge of Christian teaching and interior experience of Christian faith may be little. They come with the rest of their group as the result of a communal, not a personal, decision. They consent to what is being done; it is not a question of compulsion; but the element of conscious religious conviction in their action may be very small.[33] To quote Kooiman,

> 'the groups involved in conversion of religious identity to be an important factor in their attempts to improve their position in society... at the same time conversion movements are never completely devoid of considerations of material advantage. Apparently, material considerations were not the only, and maybe even not the dominant motive, in the decision to change their religion'.[34]

Two propositions emerge from this discussion: First, there is a strong linkage between the growth of Christianity and famines. These suggest that the missionaries by doing relief work during famine years brought a lot of souls to Christianity but the whole incident lacks circumstantial evidence. Second, the motives of the converts were many, out of which material motive is one.

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[31] Firth, Cyril Bruce (1976), *Mass Movements: Medical and Technical Missions An introduction to Indian Church History*, Chapter XXII Christian Literature Society, p.201

[32] ibid., p.201

[33] ibid., p.202

[34] op.cit., p.109, Kooiman, Dick (1988)

In fact, the converts who adopted another religion had their own reasons for accepting a new religious tradition. Thus, adoption must be seen in the context of the wider socio-economic changes and developments that follow upon increased contact with the Western world.

It is also necessary to look into the perception of missionaries over the indigenous healing practices as their view takes decisive stand in favour of western biomedicine. Little is known about how missionaries viewed the well established medical systems like Siddha, Ayurveda and other herbal treatment processes prevalent in India.

This following section attempts to bring out the missionary perception over the indigenous 'ritual healing' practices. Though the missionaries showed greater interest in learning the native languages and adapting to the native culture subsequently contributing in several ways for its regeneration and growth, they were not able to appreciate the good part of indigenous medical practices and the way people understood diseases.

One probable reason could be, these medical missionaries were trained in western medicine emphasised more on biomedical aspects and techniques of biomedicine, which is based on science, and laboratory based experiments. On the other hand the indigenous healing practices were done more like an art. The conflict might have arisen for missionaries here.

Missionaries had their reasons to serve the needy population. First, they were bound by theological principles. Second, the appalling condition of the people forced them to think from a humanitarian angle. Dr. Fore says,

> "In view of the immense suffering of heathen people and their almost complete ignorance of medicine and surgery, it would seem to be the divine will that the healing of the sick and the proclamation of the kingdom of Heaven should still be closely associated".[35]

Even the missionaries were against the pilgrimages, which take place at Kasi. They thought that the reason for the germs to scatter was due to the big crowd in these pilgrimage places. They repeatedly pressurised the British Government to ban such pilgrimages, though the Government was unwilling to adopt such an extreme measure. The missionaries never had great opinion on native customs, marriage systems, healing practices etc., Angelyn Dries when commenting on Anna Dengel's says,

> "Dengel noticed that medical problems that affected who came to the mission hospital in Rawalpindi were exacerbated by Hindu and Muslim social customs, which prohibited women being seen by male doctors. Women were prevented from having fresh air, light and clean surroundings. This, led to tuberculosis, bone diseases and death in childbirth. Unsafe obstetrical practices frequently maimed women. Consequently, lifelong suffering for women resulted from improper care during pregnancy and childbirth".[36]

This is the perception almost all missionaries had towards Indigenous medical practices and customs. The missionaries, particularly, had great contempt towards the midwifery system of the native people. The missionary used to say that the native women, who suffered terribly from dirty and

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[35] op.cit.,Thomson and Johnson (year not available) *British Foreign Missions 1837-1897*, Blackie and Son, Limited London 170-187, p.170.

[36] Dries, Angelyn (1999), "'Fire and Flame':Anna Dengel and the Medical Mission to Women and Children", *Missiology An International Review*, Vol. XXXVII, No.4

incompetent midwives, yet shrink from the public hospital and treatment from men. They are willing to die in unmitigated agony, but they will not submit to what they and their husbands think far worse.[37] Sharrock tells his experience,

> "in my time, at a small hamlet near Sawyerpuram consisting of fifteen heads of families, the medical man was not called in till fourteen persons died! The people will not believe that there is death in the foui water that they drink, or take our advice when we urge them to boil it. It is the goddess Mariammai that sends Cholera and smallpox and the only to stop the mischief is to cut a cock's head off at her shrine!"[38]

Warner also accuses the ignorance of the people,

> 'the average Indian patient is interested only in the treatment of his disease. He does not understand about the need for accurate diagnosis first. As a consequences he will object usually to paying consultation fees or fees for X-rays or laboratory work. If he can pay at all, he will pay for medicine or for surgical operations".[39]

Immanuel David narrates the way the missionaries were shocked by the way the indigenous practitioners healed the people,

> "Missionaries were repeatedly shocked by the type of treatment people received from their own quack practitioners. Ida Scudder reported a case where a girl with facial paralysis was being treated with blood dripped on her head daily from a newly killed pigeon. Another patient was dragged from house to house due to the belief that some evil spirit haunting the house was preventing recovery. Inspite of these local customs, which were the greatest hurdles for the missionary enterprise the missionaries continued to bandage wounds, drain sores, set bones, pull teeth, remove eye cataracts, exercise tumorous growths and nurses patients affected with fever. Gradually they overcame the distrust of the people and persuaded a few Indians to simple if effective, operations."[40]

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[37] Sharrock (1910), *South Indian Missions*, SPG, Westminister, p.263

[38] ibid., p.264

[39] Warner (1938), *Moving Millions*, The central Committee on the united study of Foreign Missions and The missionary Educatrion movement of the US and Canada p.108.

[40] David, Immanuel (1986), *Reformed Church in America Missionaries in South India 1839-1938*, Asian Trading Corporation, Bangalore, p.155.

Even the missionaries criticised the way medical profession is taught traditionally and transferred to the next generation. 'A man simply followed the profession of his father and when the father died the son took his place. Such a context of ignorance, and the neglect of the health, the well being of the people was at stake.' [41] To quote Soloman Duraisamy's passage, "the medical work of the missionaries started at a time when superstition and disease killed people like flies. The ignorant rural people, not only suffered and died due to utter poverty, but they were also decimated village by village, by Cholera, Malaria, Smallpox, Tuberculosis and much worse with sexually transmitted diseases...so, the village quack ruled, priest craft flourished the astrologer dictated the life and death of people.[42]

As pointed out earlier, the rationale for missionary's involvement in medical work was not merely a humanitarian motivation- a desire to help needy people. Nineteenth and twentieth century missionaries who established hospitals and schools saw these institutions as aids in saving souls for Christianity.[43] The experience and force of circumstances made the missionaries realise more and more that the saving of souls must be accompanied by the saving of bodies. Medical work, for missionaries, one of the most effective means of destroying the traditional world-view and belief-

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[41]Margoschis, Arthur (1893), "Christianity and Caste", *Indian Church Quarterly Review* vol. V1.

[42] Doraisamy, Solomon (1986) *Christianity in India! Unique and Universal Mission*, Christian Literature Society, Madras p.198.

system, which was essentially supernaturalistic. For instance, the traditional view attributed sickness or misfortunes to malignant and hostile spirits.[44] On the contrary, the missionaries were purveyors of a naturalistic worldview as opposed to this supernaturalistic one. In other words, the naturalistic beliefs formed the organising basis for the missionary's comprehension of the vast majority of day-to-day events and experience.[45] Thus, the missionary's understanding of illness involved making proper diagnosis, which in turn depended upon proper training and obtaining the required remedies.[46] They used advancement in technology to their own advantage, worked with a highly naturalistic views of disease and medicine which accelerated the breakdown of traditional worldview thereby acting, directly or indirectly, as an effective agent for conversion. Given the basic conceptual difference of disease between naturalistic and supernaturalistic, missionaries played a very crucial role in breaking down the traditional resistance to medical aids, bringing the sick to hospital and by insisting upon the proper use of prescribed remedies. This continuous process has to be seen how it facilitated the Christinization in the Tamil area. For a missionary once the effectiveness of a even small tablet is experienced, it becomes a great factor in winning the hearts of the people. The choice now is for the natives to

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[43] Foster, George M(1973), *Traditional Societies and Technological Change*, Allied publishers, New Delhi p.247

[44] ibid., op.cit., p.105

[45] Miller, Elmer E (1970), "The Christian Missionary, Agents of Secularization" *Anthropological Quarterly*, No.43, p.15

[46] ibid., p.20

choose between his/her traditional form of remedy, that is, killing of pigs, fowls, etc., as sacrifice, and the missionary's remedy through administering of liquid or solid medicine. Even though, the missionary's action was determined by naturalistic world-view, the missionary would inevitably invoke divine help by saying prayer, which gave the impression that God was acting through human agency and medicines.[47]

Missionaries also believed that when the people accepted Christianity, they gave up such superstitious habits and practices. It might happen at times that a Christian would be tempted during some severe illness to have resource to pagan customs and offer worship to the spirits. As a whole, however, the Christians came to see the power of medicine and medical treatment for wounds inflicted by wild animals, for smallpox, fever and sickness of all kinds. Thus, even the faith of the pagans in their empty practices was shaken. In fact they tried to reconcile the old with the new in the practices of medicine.

So the missionary aim is clear now. They by making people to break away from their traditional practice made them to accept western medicine and most importantly prepared them to be a 'better Christian' who believes in science, rationality and superior nature of Western medicine.

The following section describes the history of some of the missions and the nature of their medical service.

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[47] ibid., p.21

Danish Mission

The East India Company never had an 'official policy' on missionaries. The maxims that emerged during its stay in India were pragmatic responses to circumstances. Initially, the Company had to come to terms with the large numbers of Roman Catholic residents in its territories. In an attempt to foster the loyalty of its Roman Catholic 'subjects' the Company adopted a policy of toleration and to some extent, support of Catholicism. In Bombay, the company had a legal requirement to ensure that Roman Catholics retained the full enjoyment of their privileges and religion under the Treaty of Cession from Portugal to Britain. Roman Catholic priests and missionaries were therefore permitted to operate.[48]

However, their activities were not unrestricted. They were not allowed to work in British territory without the permission of the company and had to take an oath swearing 'implicit obedience to his Britannic Majesty.[49] In a way, a pragmatic policy of religious neutrality or 'toleration' for all Indian religions was followed. The company wanted trade to be carried on as smooth as possible. It was against this background that Protestant missionary activity began in India in 1706. A mission was started in Tranquebar under the patronage of the Danish king Frederick IV. The Society for the Promotion of Christian Knowledge (SPCK) in London provided some support and the

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[48] Carson, Penelope (1990), "An Imperial Dilemma The Propagation of Christianity in Early Colonial India", *Journal of Imperial and Commonwealth History*, 18, 2 pp 169-190.

[49] ibid., pp.170-171

company, encouraged by its own Chaplains, granted free passages, a free mail service, allowances for performing divine services for running charity schools and asylums. The Company also helped with land and buildings. This financial and other material assistance to missions had continued roughly for two hundred years. This was one of the major reasons for the medical missionaries to provide either free service or subsidised service to the people.

Although it is true that Protestants were in India as early as 1596, it is also equally true that they did not preach their religion to the natives until more than a century later.[50] Among the Protestant nations in Europe the Danes have the honour of first conceiving the idea of conveying the Gospel to the people of India.[51] The formation of the SPCK in 1698, Society for the Propagation of the Gospel in Foreign Parts (SPG) in 1702 (Historically SPG had medically qualified men upon its staff[52]) and Royal Danish Mission (supported by the SPCK) were the precursors of the modern missionary movement which gradually proliferated and then circled the globe. These agencies carried with them the latest ideas about education and the most advanced forms of scientific thinking and technology. It was an unwritten rule that every missionary should have some useful manual skill - combining

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[50] op.cit.,Robinson CH (1915), History of Christian

[51] James S. Dennis (1899), *Christian Missions and Social Progress A Sociological study of foreign Missions*, vol. II Fleming H. Revell company New York

[52] Thomson & Johnson (year not available), *British Foreign Missions 1837-1897*, Blackie &son, Limited London 170-187

library and laboratory, with microscopes and telescopes.[53] It was in the year 1705 at the investigation of Dr. Lutchens chaplain to the king of Denmark, two young men of learning and ability, Bartholomew Zigenbalg and Henry Plutchau were sent forth as missionaries to Tranquebar in South India.[54] Though this mission gained its first foothold in India in July 1706, they were sent after two decades[55]. Within twenty-five years of their arrival in India Zigenbalg and Plutchau established themselves in the Tranquebar areaand worked vigorously among the natives. They gradually won the favour of the local people. But they found that the medical facilities were urgently needed to save masses from diseases and epidemics.[56] In the year 1730 and 1732 the Danish mission sent out medical missionaries.[57] After this the Danish mission sent out quite a number of Doctor - Messers. Schlegemileh, Cnoll, Konig, Martins and Klein. However these early efforts of the Danes did not result in the permanent establishment of a medical service. Itmay be truly said that it is hardly more than an ordinary lifetime since the majority of

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[53] op.cit., Frykenberg RE (1999)

[54] Sherring (1875), *The History of Protestant*, for more details on the history of Christianity look in to Hough History of Christianity in India from 1849-60 5vols, G Smith The conversion of India from Pantaenus to the present time London 1893, The Church Mission Atlas 8th Ed., London 1896 India. Pasco CF (1901), Two Hundred years of the SPG, Westminister.

[55] Op.cit., Frykenberg RE (1999)

[56] Vijayavardhan K.Percy (1975), *An Examination of the Pastoral Ministry in Christian Hospitals in India with special Reference to the CMC Hospital* Vellore United Theological College Bangalore Unpublished B.D thesis

[57] Sherring (1875), The History of Protestant; though there are references to say that Danish mission sent medical missionaries in 1730 and 1732, Julicus Richter (1908), in his book A History of Missions in India (Oliphant Anderson & Ferrier Edinberg) says that "from the first there have always been some doctors in the ranks of the missionaries who have practiced medicine to a greater or less extent. The first we read of was Justus Heurnicus a Dutchman (1624-1638) who practiced medicine".

medical missionary pioneers entered the fields.[58] But certainly they (Danish missionaries) paved the way for other missionary agencies, to spearhead the medical cause and streamline it through the establishment of a network of medical institutions all over India.[59]

American Mission

With the way showed by the Danish mission the other missionary organizations built things upon it. One of such missions was the American Board of Commission for Foreign Missions (ABCFM), which sent out its first little band of missionaries in 1813 and was then looking for a doctor to go out with the second group in 1819.[60] The ABCFM headquartered at Boston, Massachusetts, became the pioneering American Protestant Missionary body. It sent eight persons (three couples and two men) to Calcutta in 1813. The East India Company did not allow them to land in India. They therefore went to Bombay on 11 February 1813 but they were not allowed to stay thee as well; Governor Sir Evan Napean asked them to leave for England. Just before they were ready to leave in December 1813, they received the news of the Charter Act of 1813 legalizing the coming of missionaries to India. They became the founders of American Protestant missionary work not only in Bombay but in India as a whole.

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[58] James, Dennis (1899), *Christian Missions and Social Progress A Sociological study of Foreign Missions*, vol.II, Fleming H. Revell company New York.

[59] Jeffry Pauline (1951), *Ida Scudder of Vellore* ,Wesley Press Publishing House, Mysore P.6

[60] op.cit., p.11 Jacob Chandy (1970)

Even though the Western medicine was not developed - the formulation of germ theory of disease had to wait till 1819, Anaesthesia for operating was unknown. Yet the American Board had the courage to recognise this form of service (health) and sent Dr. Scudder in 1819 to Ceylon. Afterwards Dr. Scudder came to India and spent thirty-six years as a medical missionary. He returned to North America in 1854.[61] He took his young wife Harriet Waterbury with him when he went for mission work; he worked relentlessly and with undaunted enthusiasm in Ceylon, in Madura, in the neighbourhood of Madras and in around Arcot preaching and healing– was a true pioneer, especially of the Arcot Mission.[62] At this time the American Board was far ahead of all other Societies working in India in sending out thoroughly trained medical men. In Madura Arcot Mission had Dr. Samuel Green and Dr. Steele (1837-1842) Dr. Charles Sheldon (1849-1856) Dr. Lord (1853-1867). In the Arcot District, Dr. Henry Scudder was working together with his father Dr. Scudder.[63]

Before going further, it is necessary to differentiate the features of American Missionaries from British Missionaries. The British missionaries were privileged, as they were indirectly involved in helping the government in making certain policy decisions, especially in matters of education. The British officials depended upon missionaries in understanding the local

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[61] he died in 1855, op.cit., Richter (1908)

[62] Ibid.

[63] Ibid.

situation because the missionaries knew the local language and culture. However, the American missionaries did not have this privileged relationship. The American missionary attitude towards the Indians was far more friendly and democratic, while the British missionary attitude tended to be contemptuous as they looked upon the Indians as 'conquered' and 'inferior people'. The American missionary attitude was paternalistic toward the Indians while ecclesiastical imperialism marked the British attitude.[64]

Moreover the process of indigenisation and the transfer of power to Indians was initiated by the American missionaries much earlier than the continental missionaries. The American Young Men Christian Association (YMCA) missionaries were also responsible for establishing at Madras the first physical educational college in Asia. It was Back, an American YMCA missionary who was given the responsibility by the Indian Government to train and lead the Indians to the Olympic games held in Paris in 1924. The American missionaries took keen interest in developing agricultural, industrial and vocational training courses for Indians. They set up the Allahabad Agricultural Institute, the first agricultural college in India.[65]

Coming back to the life of Dr. John Scudder, we should remember the services of his children, as it stands out to be an inspiring as well as model to other missionary work. His nine children (seven sons and two daughters)

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[64] David M.D. (1995) "American Missionaries in India: A Difference", *Indian journal of American Studies*, vol.25, No.1 pp. 39-45.

[65] Ibid., pp.40

also followed their parent's footsteps and returned to India. The youngest of the sons Dr. John Scudder II, married Sophia Weld,a Welsh American and both set sail for India and landed in Madras on June 26, 1861. To this couple were born five sons and their illustrious prodigy was concerned at the end with the arrival of another child, this time a girl. This girl later came to be known as Ida Scudder who naturally breathed medicated air even in her early years before becoming a medical doctor herself. It was Ida Scudder, who later shaped the destiny of the medical mission centered in and around the Arcot area. As it is mentioned earlier that Dr. John Scudder came over to the North Arcot District and in 1851, he was joined by his father and his brothers, Rev. William Waterbury Scudder and Rev. Joseph Scudder. Together they established the Arcot Mission in 1853. All three were members of the Reformed Protestant Dutch Church and Missionaries of the American Board of commissioners for Foreign Missions, " a society which looking upon the world as its field, has sent forth preachers and teachers to almost every land."[66]

In 1886, the Ranipet Hospital and Dispensary were opened under Dr. Silas Scudder. This was the result of coordination between Dr. Scudder and the Madras government. Dr. Scudder was permitted to run the Government General Hospital at Ranipet in 1868 with all its plant, and a geat of more than RS. 2,000 per year. As far as missionary society taking up the in charge

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[66] Immanuel, David (1986), *Reformed Church in America Missionaries in South India 1839-1938*, Asian Trading

of government hospital, people were against it in the initial stage. Meera Abraham says "there was considerable local resistance to the mission take over of the Ranipet hospital in 1866, on the grounds that the motives, were conversion, and the destruction of caste by employing low-caste servants and diluting medicines with unclean water...but after a while the hospital was crowded with patients. Scudder appears to have made special provision for the treatment of upper-caste patients. Other than Ranipet, the hospital in Punganur and the Missionary Medical School for woman Vellore were the important places of health services of Arcot Mission.[67] From 1899 onwards that hospital became a strictly mission hospital although still in 1913 receiving a grant of Rs. 2,000. In 1913 that hospital had grown to accommodate three departments, one for the more numerous male patients, another the women's and children's department and the third a maternity department.

The Missionary Medical School of Vellore was from 1918-1922 known as the Medical College, Vellore. In 1923-1926 it was the Missionary Medical College for Women, Vellore and in 1926-1927 it was the Missionary Medical School for Women, Vellore and during 1928-1948 it became the Missionary Medical College, Vellore. Now it is known by the name Christian Medical College, Vellore.

Corporation, Bangalore, pp. 152-171.

[67] Op.cit. Abraham, Meera (1996).

Thus, a small beginning started some years ago now stands out to be a well-known model of Christian medical work, perhaps the greatest joint enterprise of the Christian Churches in the East.

Society for the Propagation of Gospel

Strachan introduced medical care very late in the Tinnevelly District and Margochis who were trained doctors.[68] In Sawerpuram Rev. H C. Huxtable introduced the medical work as early as in the mid 1850s[69] by utilising the native medicine.[70] This was of great benefit to the sick, particularly the poor.[71] The commencement of a regular Medical mission by Rev. Dr. Strachan at Nazareth in 1870.[72] In 1870s Strachan opened a small hospital in Nazareth, which due to the efforts of Margochis grew to become the only large hospital in the district. The efforts of Margoschis equipped the hospital well to treat thousands of out patients and several hundred in-patients every year.[73]

In 1880 small medical dispensaries were opened in Edaiyangudi, Christianagaram, Radhapuram and other mission districts. By 1896, there were eight hospitals or dispensaries run by the SPG mission.[74] In

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[68] Samuel Jayakumar (1999), *Dalit Conciousness and Christian Conversion Historical Resources for a Contemporary Debate Regnuna International Oxford,* ISPCK, Delhi.

[69] Pasco CF (1901), *Two Hundred Years of the SPG,* Westminister, SPG.

[70] Op.cit. Samuel Jayakumar (1999)

[71] op.cit p. 214 Pascoe CF (1901)

[72] Ibid., p.216

[73] Ibid., p.216

[74] Ibid., p.216

Christianagaram the dispensary was opened in 1885 with the financial aid of Tinnelvelly Local Funds Board.[75] Edayangudi and Radhapuram served the sick, particularly during the time of epidemics such as Cholera, Typhoid and other diseases. An important service established was to povide care for women at the time of childbirth where, until then, there had been nothing available. The missions in some districts provided midwives who could visit the woman, to give much-needed medical advice. It seems that Nazareth, Sawyerpuram and Edaiyangudi had midwives, but it is not clear whether Christianagaram, Radhapuram and other districts had such personnel.

London Missionary Society (LMS)

LMS had been working in many places of Tamil speaking area. Some of them were part of the then Travancore state for instance Neyyur. In fact LMS first started its medical activity in Neyyur, one of the mission stations in South Travancore. The first medical missionary sent to Travancore was A.Ramsay. In 1838, he began medical wok at Neyyur. But he left the mission in 1842 to take up another job in India, and the medical mission work was discontinued.[76] Then another medical missionary, Dr. Charles Leitch, was sent to Travancore in 1852. He restarted the work at Neyyur but it was discontinued again, after Leitch drowned, while bathing in the sea near

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[75] Ibid., p.216

[76] Koji Kawashima (1998),S *Missionaries and a Hindu State Travancore 1858-1936* OUP Delhi p.88

Neyyur.[77] In 1801 Dr. John Lowe was sent to Travancore and other was a substantial increase in medical work after his arrival.[78]

Other than Neyyur, LMS had worked in Salem, Attur ,Coimbatore and Erode, but they did not have medical mission all the places. The medical work was concentrated at Erode. The LMS had a hospital for women and for Christians living there. But in other places, although there were no hospitals, the LMS Christians, officially or unofficially in their individual capacities and in collaboration with other agencies including the government, were able to render medical assistance.[79]

Since the Medical Mission in the Tamil Field was first started at Erode, we begin from there. Originally an outstation ofthe Coimbatore work, Erode became a residential in 1902.[80] The Erode Medical Mission owes its origin to the first resident Missionary, Antony W. Brough.[81] Brough after coming to Erode, won respect and attention on the public life of the district as well as amongst thousands of panchamas (dalits). The Medical work at Erode began in the year 1909 with Brough taking the initial as well as sustaining interest in it. In the initial years the Medical Mission, without any hospital facility rendered service to women and children. In 1919 the hospital at Erode was

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[77] Ibid., p.89

[78] Ibid., p.89

[79] for a detailed analysis medical work of LMS in Erode and in other places refer Rev.Dr Franklyn J. Balasundram (1995) *Dalits Christian Mission*, Asian Trading Corporation, Bangalore, as it explains topics like Medical Mission and the Dalits purpose of the Medical Mission in the Tamil Field, consequences of the Medical Mission to the Dalits

[80] Goodall Norman (1954), *A History of the London Missionary Society 1895-1945*, Great Britain, OUP p.82

opened, after the arrival of the Medical Missionary, Dr. Hilda M. Pollard. In 1919 Dr. Pollard guided the hospital with professional competence single-handed until 1923, in the same year Miss Edna Baker was appointed as Nursing Superintendent on the recommendation of the Deputation.[82] That year, a nurses training course for Indian women was started.[83]

Until 1926, Dr. Pollard, with meager local resources and fees and Mission fund, carried on the work, not only in the hospital, but also in the surrounding villages. In 1926, the LMS decided to maintain the Erode hospital more efficiently both with respect to staff and equipment, and therefore made an increased contribution.[84]

Medical Activities of the Salvation Army

The Salvation Army had a big hospital in Nagercoil and dispensaries in other places. There is no doubt that its medical institutions contributes considerably to the development of medicine in Travancore, and the Maharaja and the government supported them generously, as in the case of the LMS medical mission.[85] The Salvation Army first established its headquarters at Nagercoil in November 1892.[86]

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[81] Ibid., p.83

[82] op cit Franklyn J. Balasundaram

[83] op cit Franklyn J. Balasundaram

[84] Phillips GE (1926), *Doings and Dreams*, The Livington Press, London.

[85] op.cit., Koji Kawashima (1998), p.133

[86] Joseph Chacko (1979), *The History of the Salvation Army in Kerala* UTC p.24-39 an unpublished B.D Thesis

A man called Henry Andrew, initiated the Medical activity of the Salvation Army in Travancore.[87] He was sent to Nagercoil at the age of seventeen where he began to use the 'healing virtues', which he possessed from 1813.[88]This attracted a number of people and suggested the idea of a medical mission to the leaders of the Salvation Army. Andrew was ordered to take a dresser's course at a hospital in London. A year in 1895 he returned to Nagercoil and set up the Catherine Booth Dispensary. The Dispensary soon developed into the Catherine Hospital largely due to the efforts of Dr, Percy Turner.[89]

Unlike Harry Andrew, Percy Turner was highly qualified doctor when he first came to India. He was born in 1870 and was brought up in the Church of England. He became familiar with the activities of the Salvation Army in his student days and joined the movement.[90] Dr. Turner sailed for India in November 1900 and took charge of the dispensary in 1901. Soon after his arrival, he sought to transform the Catherine Booth Dispensary into a general hospital and on 27th April 1901, the stone - laying ceremony of the Catherine Booth Hospital took place. The hospital continued to develop under Turner's supervision.

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[87] Muktifauj or Forty years with the Salvation Army in India and Ceylon (year not available) Marshall Brothers LTD, London

[88] Ibid., in this personal account the author refers to Henry Andrew as the 'born doctor'

[89] Koji Kawashima (1998), p.133

[90] Ibid., p.133

Thus, different societies carried out their medical activities in different places. One of remarkable development, which took place in the third decade of the last century, changed the whole organisational set up of the Protestant medical missions. A Medical Missionary Association formed in 1905 to bring together medical missionaries from all parts of the country for common counsel, blossomed in 1926 into the Christian Medical Association of India whose membership is open to all Christian medical practitioners, whether in church or mission service or not, who held a recognised qualification and are in sympathy with its aims. It acts as the medical committee of the National Christian Council.[91] From 1925 to 1927 the Association carried a valuable survey of medical missions, the results of which were published in 1929 and formed the basis of the handbook 'The Ministry of Healing in India' (1932). The CMAI is the central consultative and advisory body for the Christian medical enterprise in this country.[92] The point of view advocated by the CMAI is that, 'the ministry of healing is not a mere adjunct of mission work, adopted perhaps as a conversion, but itself as essential part of the work of the Christian Church'. Just as the earthly ministry of our Lord included the healing of sick people, so the care of the sick is part of the ministry he committed to the church. It is one of the ways in which the Christian*dharma* expresses itself.

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[91] Jacob Chandy (1970), *Rethinking the Healing Ministry of the Indian Church*, CISRS, CLS, Madras 1-45

Table 1.1: Hospitals and Dispensaries in Madras Presidency, 1937 & 1947.

Year	Institutions		Bed Strength	
	Hospital	Dispensaries	Hospitals	Dispensaries
1937	62	26	2833	20
1947	38	31	2901	na

Note: na – not available.
The data includes those hospitals and dispensaries, which were under the network of Christian Medical Association of India.

Source: Records of the Christian Medical Association, New Delhi 1997

The Nurses' League is an important part of CMAI work. In India, in the past it was the foreign missions which took a leading part in promoting the training of nurses, particularly the training given Indian languages. Even as late as 1930, the colonial government did not conduct training programmes in the vernacular languages. Training of Indian nurses in the Indian languages was almost a mission prerogative.[93]

It may look conspicuous as very little has been said so far about the medical services of the catholic institutions. The reasons are more than one as it is mentioned in the very beginning of this chapter. Properly published and analysed accounts of catholic medical mission is very much lacking. Though we have variety of materials published as well as archival sources to analyse Protestant institutions, we do not find anything visible for Catholics. It does not mean that there is no history at all of Catholic institutions on their

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[92] Firth CB p.211

[93] op.cit., p.17Meera Abraham (1996)

activities. Only a research of exclusive and complete search of archival resources would bring out the history of catholic institutions.

Though the Interpretative statistical Survey of the World Mission of the Christian Church (1938) shows statistics for 43 catholic mission hospitals, 264 dispensaries, 9 leper homes, 312 orphanages and 60 old peoples homes, still the Golden Jubilee document of CHAI says,

> "It was recorded in a newspaper in 1944 that CHAI was formed 'out of nothing' that is when there were hardly any catholic hospitals." [94]

Nevertheless it is important to keep the words of Firth on Catholic Hospitals and other health services.

> "Medical work has not been neglected, though perhaps major medical institutions are less conspicuous than in Protestant missions. Roman Catholic hospitals and dispensaries have been largely staffed by various women's orders. In days when the government nursing services were less developed than they are now nuns were to be found nursing in civil hospitals also. They have indeed busied themselves with a great variety of useful activities some of which may be indicated by the following description of convent settlements in South India,[95] 'enter the compound of a convent and you find there the residence of the nuns a training house for novices, a neat chapel, halls where orphan girls do needle or lace work, perhaps a weaving establishment, further on a thatched, mud-wall structure, the refuge for old, helpless men and women, a foundling's home and sheds or verandas for pounding rice, making altar bread, rolling wax candles and doing other useful works.[96]

Coming to the history of CHAI- it was started on the 29th of July 1943 by a group of sixteen sisters involved with medical work in different parts of

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[94] Seeking the Signs of the Times A Discussion Document for Study and Action arising out of the CHAI Golden Jubilee Evaluation Study, Community Health Cell, Bangalore, 1992 p.8

[95] op.cit., Firth CF p.225

[96] op.cit., Firth CF p.225

India. This was before Independent during the period of the Second World War.[97]

The sisters, all medical professionals, had already been working for many years in remote parts of the country. Some of them had been pioneers in initiating the medical apostate of the Church during the 1920's. In those days, they had to get special permission from the Vatican to practice medicine and conduct deliveries, as members of religions congregations. Several sister nurses also worked in Government hospitals in the early half of the century.[98] Inspired by the teaching of Pope Pius XII to 'organize the forces of good' and by medical associations in India and abroad, the Sisters formed the Catholic Hospitals Association(CHA). This was after a few years of groundwork with the Bishops, Superiors of Congregations, Catholic medical institutions and religious medical personnel working in government hospitals.[99] The Association was registered as a Society in 1944. During the early years all the office bearers had full time medical nursing responsibilities as well. The Association covered India, Burma, Sri Lanka (and Pakistan after partition) till 1956. They had annual meetings, and since 1944 a regularly published in-house bulletin named 'Catholic Hospital.[100] Over the years, the number of Church related medical and health institutions and consequently

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[97] op.cit.,Seeking the Signs p.4

[98] ibid.,p.4

[99] ibid.,p.4

[100] Ibid p.4

the membership of CHA also grew. The bulletin was renamed as 'Medical Service'. Much work was done towards the framing of a new constitution, which was registered in 1961 and to establish sound procedures of functioning.[101]

In 1969, an important meeting of Christian health leader in India was held. The Christian Medical Commission, Geneva, sponsored it. Community Health was identified as a major priority and also the need for working together. As a follow up, the ecumenical Co-ordinating Agency for Health Planning (CAHP) was jointly set up the CMAI and by CHAI in 1970. State level Voluntary Health Association began to be formed from 1970 onwards, with Bihar taking the lead. This resulted from an understanding by CHAI and CMAI that the voluntary health sector must work together in a coordinated and more decentralised way. Since health was a State subject, it was considered appropriate to have state level associations. In 1974, these were federated at the National level into the Voluntary Health Association of India (VHAI). The Executive Director of CHAI, who had been in that position for seventeen years, was very involved in all these developments. Thus CHAI had a role to play in the creation of VHAI, which now networks more than 4000 NGOs in India.

The next chapter will give some idea on why missionaries involved themselves in medical care service, what were the theological motives,why

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[101] Ibid p.5

did they use it as one of the means for conversion and what was the reaction of the people from different quarters. It will also look into the fact whom did they serve most? Answers to these questions subsequently will explain some unique features of Christianity in general and Christian services in particular.

Chapter - 2

Chapter II

UNDERSTANDING MISSIONARY IDEOLOGY

The Christian Church has been administering its concern for the sick in a twofold manner: both by healing the sick and by expressing concern and caring for them. The fact that the practice of healing had retreated into the background in modern times need not discredit the fact that healing played a decisive role and it was also important in the missionary apologetics of the church.

Irrespective of any church whether it was Roman Catholic Church, Eastern Orthodox Church or Protestant Orders the history of charismatic healing remained as a characteristic attribute of the faith and activities of the church. The development of exorcism is characteristic in this respect: the office of the lower levels of ordination, which finally led to the priesthood i.e., the young priests for the healing purpose, should learn exorcism to become a priest. Actually the Roman Ritual contains numerous liturgical formulas for different cases of demonical possession.

Only the Enlightenment in the 18th century repressed the practice of exorcisms within the Roman Catholic Church.[1] Thus the influence of enlightenment church had to part with what was not scientific and not shared by rational thinking. The influence and agenda of Enlightenment called the missions to educate and civilize the "natives". Due to this missionaries built schools and hospitals alongside churches and saw science as essential a part

of the curriculum as the gospel.[2] Because of the neglect of healing in most institutional churches, mainly since the Enlightenment during the second half of the 19th century one church has stood out in this respect in North America. Mary Baker Eddy (died 1910) the founder of Christian Science, referred particularly to healing through the spirit as her special mission.[3]

Besides healing the sick, , care for the sick was another concern of the church. When the monasteries took over the care of the sick they created a new institution, the hospital. The growing number of pilgrims to the Holy Land and the necessity of care of their numerous sick who had fallen victim to the unfamiliar conditions of climate and life, led to the knightly hospital orders, the most important one of which was the Order of the Hospital of St. John of Jerusalem (later called the Knights of Malta).[4] The Counter-Reformation brought a new impulse for caring for the sick in the Roman Catholic Church, insofar as special orders for nursing service were founded, for example monk run-hospital (1572) and nun-run hospitals (1668). Inspired by these two orders, a great number of new orders came into existence. Protestants orders such as Methodists, Baptists, Free Church and so many others founded numerous hospitals throughout the world, supplying them with willing male and female helpers.

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[1] Brittanica (1987), 'Christianity', *The Encyclopedia of Britannica* P.304

[2] The fact is that Christianity originated in Asia but it was followed and taken to different part of the world by the western powers. This historical process gave a 'western' image to Christianity, this unnecessary equation of the gospel with Western civilization made gospel alien in other cultures and many missionary with western rationality and superiority saw little good in the people's cultures this un contextualised perspective towards other cultures resulted in radical displacement of other religions and culture.

[3] Brittanica op cit., P.305

This chapter sets its eyes on answering three important questions. These questions are,

- What was the purpose of providing health services?
- Why healing services (along with educational service) and not others?
- Was healing linked to the ultimate purpose of conversion?

The first question is what was the purpose behind providing healing as well as health services? The purpose is twofold. The first one is to convert people, secondly, to show the Christian love to the mankind. Let us elaborate these points. The methods followed by the Christian missionaries of seeking converts are well known. Having chosen a particular area as the center of their activity they virtually adopted it and try to impose the basic quality of life with the focus on health and education. The sheer scale of their endeavor resembles a kind of enterprise, which was holistic in its approach. Their attempts at conversion have to be seen in the light of these meaningful reforms. The cumulative effect of their methods were so gratifying that the recipients felt obliged to embrace Christianity and that too without fear of loosing their cultural and even religious autonomy, for apart from going to the church the tribals who constituted the main target group, would also worship the family god which was central to their existence. In this process of converting people the question of forcing people in Indian context is not empirically proved.

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[4] ibid.

Conversion, a religious process has become the central issue of number of political-religious discussions and debates in pre as well as post Independent India. The general outcry against conversion and subsequent debates vehemently took place twice in free India. First it was immediately after Independence and second in the late 90s. In this context, itbecomes an imperative to analyze and understand the discourse on conversion and how missionaries and Christian hospitals use medical services as means of conversion. It would not be inappropriate to start with the contention of Arun Shourie eminent journalist and ideologue of Rightist politics. Basically his arguments are based on the popular opinion of Gandhi. Gandhi says,

> "I hold that proselytizing under the clock of humanitarian work is, to say the least, unhealthy. It is most certainly resented by the people here. Not unless you isolate the proselytizing aspect from you education and medical institutions are they of any worth... why should not the service be its own reward? ... It is a conviction daily growing up in me that the great and rich Christian missions will render true service to India, if they can persuade themselves to confine their activities humanitarian service, which has not the slightest touch of self in it, is itself the highest religion...conversion and service go ill together".[5]

Those who criticize missionaries have now used this much-quoted as well as debated passage written by Gandhi as a weapon. Arun Shourie also bases his thesis on this opinion. His controversial book[6] talks about following things.

First, missionaries should give up conversion altogether as "it is the deadliest poison that ever sapped the fountain of truth".

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[5] Quoted from various portions of The Mahatma and the Missionary in Scherer J.A 1964 Missionary, Go Home! P.179

[6]Shourie, Arun (1994), *Missionaries in India Continuities, Changes, Dilemmas*, Viking, New Delhi.

Second, direct your conversion efforts to those who can understand your message and not to the illiterate and downtrodden.

Third, let the non-Indian missionaries return to their own countries and attend to the moral and social evils there.

Fourth, complement the faiths of the Indian people do not destroy it.

Fifth, live the life of Jesus.

In these five fold advice except those first three the fourth and fifth advice need theological understanding of Hinduism and Christianity to initiate and debate. So it would be appropriate to restrict this discussion within the parameters of first three main criticisms. For doing the same the researcher has taken the views of three different personalities. Downs a theologian as well as a missionary, Sumit Sarkar a historian and Dr. Ambedkar crusader of dalit liberation and emancipation.

First let us start with the missionary perception to conversion through philanthropic services or humanitarian services as Gandhi calls it. Downs in answering Gandhi says,

> "we can never describe service in itself as the 'highest religion': we cannot describe evangelism as an ulterior objective because it is our primary objective-if anything it is the humanitarian element that is ulterior; we do not regard the conversion of others as gaining something for ourselves; and we regard conversion as the highest form of service to an individual".[7]

He goes further and answers following questions, should a missionary send back to his respective country? Can a missionary or a Christian doctor use

[7] Downs FS (1967), "Is there any Future in Christian Medical work?", *The Journal CMAI* ,P.6

medical services as the direct weapon to pressurize the patient to opt out his religion exploiting his vulnerability? Downs says,

> "Christians must not allow their strategy to be dictated by others, however reverse simply to protect themselves from criticism or in the case of missionaries, expulsion from country. He who seeks to save his life at the expense of the Gospel shall lose it. This prophecy is just as valid for medical institutions as it is for individuals. We cannot expect non-Christian to be happy about our evangelistic work-not, that is, until they come to know Christ as a result of it. In the eyes of the Hindu in Particular, any kind of Conversion is 'unfair'. At the same time it is obvious that true evangelism does not mean practicing a kind of 'spiritual blackmail' by which we take advantage of a person's gratitude for services rendered or make 'conversion', like paying the bill, a condition that has to be met before a person is released from the hospital".[8]

Few things become very clear from this passage. First, for missionaries conversion is not a hidden agenda of medical services. Secondly medical services are the means to make conversion a meaningful process. Third, missionaries assure that medical services never used as the tool to blackmail those who avail the services, instead it will be used as a tool to show the Christian love to the society.

Ambedkar also has answered to the criticism put forth by Gandhi. He summarizes the position of Gandhi on conversion in four propositions in the words of Gandhi himself.

> "My position is that all religions are fundamentally equal. We must have the same innate respect for all religions as we have for our own. Mind you, not mutual toleration but equal respect".[9]
>
> "All I want them (the missionaries) to do is to live Christian lives, not to annotate them. Let your lives speak to us. The blind, who do not see the rose, perceive its fragrance. That is the secret of the Gospel of the rose. But the

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[8] ibid.,P.6

[9] op.cit Dr. Ambedkar writings and Speeches Vol.5 Education Department Government of Maharashtra 1989 P.446

> Gospel that Jesus preached is more subtle, much less does the Gospel of Christ need agents".[10]
>
> "The social work of the missions is undertaken not for its own sake, but as an aid to the salvation of those who receive social service...while you give medical help, you expect the reward in the shape of your patients becoming Christians".[11]

As to the Untouchable he says-

> "I do maintain... that the vast masses of Harijans and for that matter of Indian humanity, cannot understand the presentation of Christianity, and that, generally speaking, conversion, wherever it has taken place, has not been a spiritual act in any sense of the term. They are conversions of convenience. They (the Harijans) can no more distinguish between the relative merits (words omitted?) than can a cow. Harijans have no mind, no intelligence, and no sense of difference between God and no-God.[12]

Ambedkar after succinctly putting the propositions of Gandhi, he gives his comments on the same propositions. He comments thus,

> "This hostility of Mr. Gandhi to Christian Missions and their work is of very recent origin. I do not know if it can be traced beyond the Yeola Decision. It is as recent as it is strange. I do not know of any declaration made by Mr. Gandhi, expressing in such clear and determined manner opposition to the conversion of the Untouchables to Islam. The Muslims have made no secret of their plan to convert the Untouchables. The late Maulana Mohamed Ali gave out the plan openly from the Congress platform when he presided over the annual session of the Congress held at Coconada in 1923."

Here by Ambedkar has brought out Gandhi's opinion on people converting to Christianity and Islam. Though he discusses this in his writing elaborately what is interesting is his answer to the four propositions of Gandhi mentioned above. He says,

> "Have Mr. Gandhi's arguments against Christian Missions, which I have summarized, any validity? They are just clever. There is nothing profound about them. They are desperate arguments of a man who is driven to the wall. Mr. Gandhi starts out by making a distinction between equal tolerance and equal respect, what distinction he wants to make thereby is difficult to recognize. But the new phraseology is without significance. The old phrase 'equal tolerance' indicated the possibility of error. "Equal respect" on the other hand postulates that all religions are equally true and equally valuable. If I

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[10] ibid.,p.446
[11] ibid., p.446
[12] ibid., P.446

> have understood him correctly then his premise is utterly fallacious, both logically as well as historically. Assuming the aim of religion is to reach God- which II do not think it is-and religion is the road to reach him, it cannot be said that every road is sure to lead to God. Nor can it be said that every road, though it may ultimately lead to God, is the right road. It may be that (all existing religions are false and) the perfect religion is still to be revealed. But the fact is that religions are not all true and therefore the adherent of one faith have a right, indeed a duty, to tell their erring friends what they conceive to be the truth."[13]

Following this argument he takes up Gandhi's opinion on Untouchables. He says,

> "That Untouchables are no better than a cow is a statement which only an ignoramus, or an arrogant person, can venture to make. It is arrant nonsense. Mr. Gandhi dares to make it because he has come to regard himself as so great a man that the ignorant masses will not question his declarations and the dishonest intelligentsia will uphold him in whatever he says. The strangest part of his argument lies in wishing to share the material things the Christian Missions can provide. He is prepared to share their spiritual treasures provided the Missionaries invite him to share their material treasures "without obligation"(what he minds is an exchange)"

Ambedkar also denies Gandhi's charge that Missionaries use services as means of temptation to convert people. He expresses why he is puzzled,

> "It is difficult to understand why Mr. Gandhi argues that services rendered by the Missionaries are baits of convenience. Why is it not possible to believe that these services by Missionaries indicate that service to suffering humanity is for Christians an essential requirement of their religion? Would that be a wrong view of a person is drawn towards Christianity? Only a prejudiced mind would say, yes".[14]

Sumit Sarkar the historian views Gandhi's opinion. He writes,

> "In an interview dated 22 March 1931 given to the *Hindu*, Gandhi apparently stated that 'if in self-governing India missionaries kept on 'proselytizing by means of medical aid, education etc., I would certainly ask them to withdraw. Every nation's religion is as good as any other...' The crunch comes when we look at the entire article, which was first published in *Young India* 23 April 1931. Here Gandhi began with this passage, but went on to add that 'This is what a reporter has put into my mouth... All that I can say is that it is a travesty of what I have always said and held' ".[15]

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[13] ibid.,P.449

[14] ibid.,P.450

[15] Sarkar, Sumit (1999), Hindutva and the Question of Conversions in KN Panikkar edited *The Concerned Indian's Guide to Communalism*, Viking, New Delhi, P.76

Sumit Sarkar by bringing the subsequent corrected version of Gandhi's statement notes,

> "He (Gandhi) offered a corrected version, where he explained that, 'I am then, not against conversion, but I am against the modern methods of it. Conversion nowadays has become a matter of business, like any other,' ".[16]

For Sumit Sarkar this change of statement brings interesting twist to the whole issue. He takes up the statements of Gandhi to counter the interpretation of Hindutva ideologies, which protects its arguments through the statements of Gandhi.

> "Every nation considers its own faith to be as good as that of any other. Certainly the great faiths held by the people of India are adequate for the people. India stands in no need of conversions from one faith to another".[17]

Interpreting the above statement Sumit Sarkar says observes,

> "As striking and utterly in contrast to Hindutva tenets, is the list he went on to offer of India's 'great' and 'all-suffering faiths: 'Apart from Christianity and Judaism, Hinduism and its offshoots, Islam and Zoroastrianism are living faiths". The article indeed with a Characteristic plea for 'living friendly contact among the followers of the great religions of the world and not clash among them...".[18]

Let us also see the contention of the Nyogi Commission Report[19] on conversion. The Niyogi Commission report introduced an argument, which said that conversion should be banned legally because the poor who converted to Christianity lost their control over their free will due to their weakness, ignorance and poverty. This argument indirectly means that the poor are disabled and incapable of distinguishing between different motives and that they do not have any experience in exercising their own judgement.

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[16] ibid.,P.76
[17] ibid.,P.76
[18] ibid.,P.76
[19] The Niygoi Commission was set up in 1954 chaired by justice Niyogi in Madya Pradesh to investigate the role of foreign misssionaries.

That is, conversion is construed as a form of mental violence no less severe than bodily assault. The Niyogi Commission's landmark report set the lines of an argument that have continued to the present day, blurring the boundaries between force and consent and giving very little credence to the possibility that converts change over to another religion because they choose to.[20] Interestingly, in charging that Christian missionaries take advantage of the weakened will of the poor and the disenfranchised, the Report confirmed an elitist view of free will and autonomy as the privileges of the economically advantaged classes.[21]

II

The second purpose for the missionaries to provide health services is to demonstrate Christian love to humanity. In other words, becoming a witness to Christian love. Invariably in all Christian literature we are told that among the various services of which medical services is one, which is rendered to proclaim the sense of Church's responsibility and the duty of the missionary towards the neglected people. The services are conceived synonymous with the love for humanity, which is based on the theory of doing 'His will'[22] on earth. The god-man relationship of Christianity greatly influenced the social world through the commitments of its adherence to remake that world in

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[20] Viswanathan, Gauri (2000), "Literacy and Conversion in the discourse of Hindu nationalism", *Race and Class*, Vol.42, No.1 1-20.

[21] ibid., p.6

[22] This particular belief actually became the moving force behind the act of proselytization as well as inspired larger social service. Wherever they worked they commonly worked by preaching and teaching their faith. Closely related to that effort is writing, translating, printing and social service.

accord with the divine plan. This is where the belief of missionaries get strengthened that the basic principle of Christianity differs from some of the Oriental religions that motivated "adjustment to" the immanent order of the non-empirical universe.

For missionaries the Christian concept of love is also different from other definitions of love. They believed that 'Man does not live by bread alone' and that the soul as well as the body requires attention. For them the Christian idea of love is different i.e. respecting an individual in his own right and loving him for his own sake. This is in contrast to all other concepts of love and purely rationalistic concepts of love as gratification of the lover and even excels the highest stage of 'object love' as studied by psychoanalysis.[23] For missionaries this is the sort of love God has for man and such embodies his guaranty of the freedom of the loved one. There are also some Biblical incidences where Jesus is seen healing people with different diseases from which missionaries usually draw their inspiration for themselves to involve in healing services. For instance, when the disciples of John came to ask Jesus Christ, they asked him "are you the one John said was going to come or should we expect someone else?" He answered John's messengers:

> "Go back and tell John what you have seen and heard: the blind can see, the lame can walk, those who suffer from dreaded skin diseases are made clean, the deaf can hear, the dead are raised to life, and the good News is preached to the poor".[24]

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[23]Loomis, Earl A (1950), "Fundamental Relationships between Religion and Medicine for Medical Missionaries", *The Journal of CMA*, Vol. XXV, No.5 p 270-275

[24] Luke:20-22

One of the former General Secretaries of CMAI stated, "it is important for us to remember that our Lord commissioned each one of usall Christians-to preach, teach and heal in His name".[25]

He further says,

> "In our understanding of the Healing Ministry of the Church, Jesus-rather than a person, a congregation or an institution-is always the healer. We are convinced that a Biblical faith calls us, indeed commands us, to the Healing Ministry of the Church. God's gift of salvation in Jesus Christ means that the healing outreached should be central to the Church's mission, for it flows from the heart."[26]

Downs a theologian explains the reason behind the provision of health services. He starts with a question,

> "We must not ask; is Christian medical work maintaining a high scientific standard? We must rather ask, is our medical work proclaiming the Gospel of Jesus Christ? The Christian understanding of the relationship between healing and the proclamation of the Gospel antedate modern medical science that is hundreds of the medieval monasteries had hospices and with various healing rites of the Church healed the sick. But Christian healing began the first time that Jesus stretched forth his hand to cure a sick person... for Jesus, healing was a form of preaching...through the healing of the body he sought to heal the spirit-not only of the individual involved but of all those who witnessed it".[27]

Along with hospitals and dispensary Christians run a lot of old age homes, homes for the terminally ill etc One may wonder at what is the use of evangelizing a terminally ill who is expected to die at any moment? Christians as well as missionaries actually draw their inspiration to serve the terminally ill and dying-from the Bible. This we can understand from the interpretation of Downs.

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[25] Mukarji S (1986), in CMAI Twenty-ninth Biennial Conference and Diamond Jubilee, A Report
[26] ibid., P.10

Downs says,

> "Why did Jesus bother raising Lazarus when in a few years he was going to die again anyway? More important, from the humanitarian point of view, why did he complicate the medical problem and cause anguish to those who loved Lazarus by waiting until he was good and dead before going to him? This incident...Christ's healing miracles- illustrates rather well his understanding of the purpose of healing. All healing is to some extent resurrection, but it was quite clearly such. Through the resurrection of the body of this act Jesus proclaimed another exceedingly more important resurrection the resurrection from the spiritual death."[28]

The healing of the sick seemed to the missionary a proper exercise of Christian benevolence and the example of Jesus was constantly cited as furnishing a spiritual basis for medical missions. The missionaries seemed to have believed that when the people had been relieved from pain by the kindly touch of the Christian doctor, they were not as likely to be hostile to his teachings. Especially if they were able to realize that the real motive in the heart of the doctor is to follow the example of Christ, the great physician. In 1851 H.M. Scudder wrote:

> "When convinced that he desires their good, they are prepared to listen respectfully to what he says about religion. By his kind attentions he has won a personal regard...they respect him highly as a physician, and so are less unwillingly to be brought into contact with him as a preacher. He has come to proclaim to them truths to which they have an intense aversion. He aims at nothing less than the complete overturning of their religion and of establishing upon its ruins the heaven-born institutions of Christianity. How happy is it then, that while appearing among them as the promulgator of a new faith, he can also appear as an acknowledged benefactor, and can encompass them with the arms of a wide and well-appreciated charity."[29]

Floyd and Hazel Banker in their book *From Famine to Fruitage* narrate an incident where a missionary doctor answers a patient, the patient asks the

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[27] Downs FS (1967), "Is there any Future in Christian Medical work?", *The Journal CMAI* P.6

[28] ibid.P.8

[29] Letter from Mr.H.M. Scudder, November 26, 1851, "The Missionary Herald"XLVII

doctor, 'why he is doing this service even though it is painful to him'. The patient asks,

> "How is it that you will treat with such loving care a wound which is so repulsive that a cannot bear to remove the bandage myself? Our doctors would not touch such a case even if you paid them five rupees".
>
> "Of course it is offensive to me also," replied the doctor. "But there is one who stands between you and me and enables me to perform this service to you."
>
> "I do not understand", said the patient. "I do not see anyone standing between us".
>
> "I speak of my Saviour, Christ, who has promised to be with us all of the time and help us in every service for Him. I love Him, He loves you, and makes the bone between us which enables me to do this very obnoxious task for Him".[30]

Missionaries always felt that medical work would provide an excellent opportunity for communicating the Gospel. Using it was justified on the ground that "the medical missionary tries to win souls through healing bodies"[31] But there were also among the early missionaries those who held the view that the primary purpose of medical work was to obtain a hearing for the Gospel, or to effect conversion of the people. They based their view on the principle that "the end of missions and missionary work, is to bring souls to Christ... all means leading to their end are legitimate..."[32]

> ...the great aim which every medical missionary ought to have in view, is the bringing of souls to Christ and his success as a missionary will depend, not upon the number of limbs he cuts off, or better cures without cutting off-not upon the number of the patients he registers in his dispensary or hospital book- but upon the manner he uses all means at his disposal in bringing sinners to a knowledge of the truth as it is in Jesus[33]

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[30] Floyd and Hazel Banker (1960), *From Famine to Fruitage*, Wesley Press Marion Indiana P.144-145

[31] Andrew F. Walls (1981), *British Missionaries Ideologies in the Imperialist Era: 1880-1920 papers from the Durham consultation* Ed Turban Christensen & William R. Hutchinson, Denmark. P.38-48

[32] op.cit. ibid., P.43

[33] op.cit. ibid.,p.43

What becomes clear from this discussion is that the missionaries used medical service as one of the means to bring Gospel to the people as well as to convert them to Christianity.

But in the last century there has been a shift in the way the Christian Church justified medical services. The changed perception is; the Church no longer aims at converting people through services rather it renders services to prove the Christian witness. That is, a hospital cannot be called a Christian hospital even if it is completely financed by the Church and staffed by Christians until and unless each and every member of the staff realizes his or her responsibility of being a witness for Christ[34]

Any medical worker is expected to have professional skill in his particular branch, be kind and gentle in his behavior toward his patients, and be honest and sincere in his dealings. A Christian medical worker enjoys a unique place in having all these qualities, plus the right relationship with God. He is unique in being the means by which the patient might see God and reach Him. He is unique in having faith in God and thus being able to impart this faith to those in great pain and suffering, or to those who are suffering from an incurable disease, or to those who are dying.

This Christian witness is not bound within the precincts of Christian hospitals. J.A Christian says,

> "Whenever may be his sphere of work, the Christian medical worker can be an effective witness. Whether in Christian hospitals, Government hospitals, other secular institutions, or in private practice, the Christian medical worker

[34] Christian (1961), "Christian Medical Work in Changing India" *The Journal of CMA*l Vol. XXXXVI P.171

> has many opportunities... Christian doctors doing private practice might be able to get together and start a private hospital on a partnership basis but sticking by strictly to Christian principles and not forgetting the Christian hospital has a witness to give".

Thus we see a clear shift behind the provision of health services. During the early years of medical missionary work the dominant motivation was clearly evangelistic but now this has become a source of considerable criticism, not only in India but also by governments in many other developing countries. Their concern is that medical work, like other socially oriented mission activities, has often appeared to be a device for 'proselytization'. The modern justification, therefore is to say that we engage in Christian medical work to show Christ's love and because we are following Christ's example. Such statements go back into early mission thinking but they have taken on increasingly humanitarian overtones as a means for gaining secular respectability.

Coming back to the debate on conversion; one may tend to ask this question-if a missionary wants just do serve and love people, where is the need for him to convert people? For a missionary, whatever he/she does it is only for the purpose of salvation of humankind. Salvation is possible only when the humankind could walk on the path laid by Jesus Christ. As it is explained elsewhere in this chapter the basic premise of any proselytizing religion is to evangelize and convert people; Christian missionaries also believed that their goal should be to bring people in to the ambit of the Christian faith. And that process cannot take place in vacuum. They should prove and show things in reality. For the same purpose they choose health

and educational services. Missionaries always felt that for a man to understand the basic premises of a religion or its philosophy he/she should be mentally and physically upright. In other words, people should be rational enough to understand the profound meaning of the gospel. So it is very essential that he/she should be a literate and healthy. To do that one has to educate him/her to understand God's plan healthy enough to practice it in real life to attain salvation. Missionaries assumed that it is their responsibility to give those educational opportunity and health services to the people.

Another question that is thrown at the missionaries is why is it that they always targeted those at the bottom of the social ladder? First, it should be made clear the Church as well as Missionaries did not work only among the people of low socio-economic status; they also worked and preached among backward castes and 'high castes' people. The truth is that they worked more with dalits and tribes than with people of other community. In fact it is not that only missionaries worked for dalits, there are other agencies [35] that also worked for dalits and tribal communities. All these agencies, including missionaries, worked with their own vested interests. The vested interest of the missionaries was to 'evangelize' dalits. But this word 'evangelize' should not be understood in the way it is ordinarily understood. This term is a comprehensive term and connotes much more than an attempt to convert

[35] Agencies like The Brahmo Samaj, The Arya Samaj, Depressed Classes Mission, The Indian National Congress and Gandhi, Justice Party, Periyar with his Self-Respect Movement etc have worked with dalits for their emancipation.

people.[36] Actually the image and anguish of the dalits and tribes in the process of interaction between Christian churches and the depressed classes became the image and anguish of the church.[37] The missionaries and the church officially took upon itself the hopes and aspirations of the downtrodden and the dalits and determined to uplift them. In Tamil country missionaries have been working with dalits for several centuries. St.Xavier in the early decades of 16th century worked with parava community of Nagarkovil and Kanyakumari district. Later, in different places at various points of time mass conversion of dalits have taken place. The primary motive of the early converts was not economic benefit but social and psychological benefits.[38] They wanted a chance to move up by moving out of the caste system, and a new sense of their own worth, dignity and self-respect that came along with conversion.[39]

Right from the beginning the Christian Church was interested in the depressed classes, as most of the converts came from them. But the questions remain why were the Christian Missions interested in dalits? Why did they go to the outcastes? Was there an ideology, which prompted the Christian Missionaries to go to and work among the dalits? These questions need to be answered. One cannot simply say that they were attracted by the religion of the Missionaries.

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[36] Balasundram, Franklin J (1997), *Dalits and Christian Mission in the Tamil Country*, Asian Trading Corporation, Bangalore

[37] Philips GE (1912), *The Outcastes' Hope* London Young Peoples' Missionary Movement, Preface p.V

[38]Balasundram, Franklin J (1997), *Dalits and Christian Mission in the Tamil Country*, Asian Trading Corporation, Bangalore

Oddie in his book *Social Protest in India* points out that Missionaries were concerned about the deplorable conditions within India, which made the task of spreading Christianity difficult, and that they were also moved by ordinary humanitarian considerations.[40] But assertions of this nature do not answer our questions completely. James Alter notes those many of the early 19th century Missionaries came to India with a heritage of social activism particularly in the struggle for liberty.[41] He goes on to say,

> "Their forefathers had fought for religious and civil liberty and they themselves had taken part in campaigns to abolish the slave trade and to emancipate Negro slaves. They conceived of the Missionary Movement as a great liberating force, called into being by God to rescue man and woman through the power of the Gospel from sin, ignorance, false religion and oppressive social customs and practices. Their chief object in India was evangelism, but they combined with this zeal a to reform and regenerate Indian society."[42]

He also points out that the Biblical and revolutionary principles of liberty, equality and fraternity were of fundamental importance to the British and American Protestant Missionary Movement.

Warren also points out that the Christian Missionary Movement was influenced by the evangelical revival, Industrial Revolution and the French Revolution. Thus, the background of the Missionary movement was such that Missionaries when they came to India, were predisposed to interest themselves in the dalits. Thus while all missionaries came with zeal to convert

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[39] Webster John CB(1976), *The Christian Community and Change in Nineteenth Century North India*, Delhi, Macmillan, p.60-64

[40]. Oddie GA(1979), *Social Protest in India*, New Delhi, Manohar, p.246-247

[41] James P. Alter(1974), "Liberty, Equality, Fraternity (Themes in Anglo-Saxson Protestant Missions and the Church in Northern India 1800-1914) *Indian Church History Review* Vol.VIII June 1974 P.38

[42] ibid., p.38

the 'heathen' they also involved themselves with the attempts to improve the condition of the downtrodden.[43] The conviction of the missionaries is that God is concerned about the worth and wholeness of every individual whatever may be his/her worldly condition. As children of God, all men and women are equal in his sight. With one God as Father, all men and women are brothers and sisters and co-equals. Hence, wherever man's worth is not recognized, wherever his equality and brotherhood is denied, their conversion should take place. Conversion here does not mean converting. God's love and His concern for the lowest of the lowly should be established here and now.[44] This seems to have been the theological understanding of the Missionaries who came to India. The missionaries especially Protestants never felt ease with caste. They always felt caste incompatible with Christianity. This is evident from Tranquebar Mission, which at its inception made efforts to bring all caste people into one fold through Church and model schools. But the rigidity of the caste system, which we saw in the first chapter, was bitterly against these reformist tendencies of the missionaries and finally they had to jettison this idea resulting in the dilution of their ideology and religious principles.

But having discussed the arguments of different scholars on the issue of conversion we should ask ourselves, is conversion the real issue?

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[43]Balasundram, Franklin J (1997), *Dalits and Christian Mission in the Tamil Country*, Asian Trading Corporation, Bangalore

[44] Philip P.O says that "....it is the over mastering sense of the love of God, having as its objective the bringing of all men and women into the fellowship of love and brotherhood as revealed by Jesus Christ, that has impelled Christian Missionaries to go to the ends of the earth and preach Gospel.

Christianity in India has a history of about 2000 years, beginning almost at the time of its inception. But the increase of Christians has never shown a phenomenal growth. K.N. Panikkar tracing the growth of Christianity says,

> "The colonial rulers, influenced more by expediency than by principles, chose to desists from interesting in religious matters. Until 1813, the East India Company kept Christian missionaries away from its territories. Several British officials however, believed that Christianisation was both a religious and a political solution, as it was likely to ensure the permanence of the Empire. As result, Whether to Christianize or not was a widely debated issue. In the aftermath of the Revolt of 1857-seen by many as a response to British interference in social and religious matters- the colonial rulers reaffirmed the policy of non-interference... No mass conversions to Christianity took place the aegis under of the colonial rulers. State patronage was not a decisive factor in conversions".[45]

He also points out the reason for mass conversions, he says, "Mass conversions have often been of a caste as a whole for which the internally oppressive system of Hinduism has been responsible, rather than any external agency".[46]

Though the historical confirm the growth of Christianity to mass conversion, there are also a few individual conversions that have taken place in the philanthropic institutions. When one compares the conversions propagated by the mass movements to the individual conversions the difference is huge i.e. the amount were significant in the earlier one.

Even in the issue of conversion, Christians in India have shown an increase by a little over half a percent between 1921 and 1991, indicating that conversions are insignificant in the long-term demographic transition of

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[45] Panikkar KN (1999), Towards a Hindu Nation, *Frontline* Feb 12 p.20
[46] ibid.,P.20

Christians in India. This is substantiated through the demographic data of Christians in the 20th century.

Table No. 2.1 Population by Religion in India, 1921-91 (percentage of total population)

Census Year	Hindu	Muslim	Christian
1921	84.4	9.57	1.79
1931	84.34	9.86	2.11
1951	86.89	9.09	2.35
1961	83.51	10.7	2.44
1971	83.00	10.84	2.59
1981	83.09	10.88	2.45
1991	82.41	11.67	2.32

Source: Census of India 1991, Tables on Religion cited in Frontline, December 10.1999.

Further in the later decades of the century, the census data shows the decline in the numbers of Christian converts. One of the main causes is attributed to the reclining phase of the mass conversion movements. Taking into considerations the decline in the efficiency and efficacy of the service provided by the Christian philanthropic institutions, its contribution for the reduction in the number of converts cannot be ruled out.

The following chapter attempts to study the problems and changes that impinged on the effective functioning of the medical services rendered by the Christian institutions which ultimately had an impact in its ability to bring masses to follow the Christian faith.

Chapter - 3

Chapter III

THE NATURE AND PROBLEMS OF CHRISTIAN MEDICAL CARE IN TAMIL NADU

'Dying Mission Hospital!' 'Present Problems in Christian Hospitals', 'Christian Medical work in Changing India', 'Whither Our Hospital?' and 'Rethinking the Ministry of Healing'- these are some of the titles of the articles published in *Christian Medical Journal of India* in the fifties and sixties. These above rubrics fairly explain the post-independent missionary medical care in India. The mid of twentieth century brought several changes with process of de-colonization. Rulers changed. Perceptions changed. Politically people became independent. The boom of the medical missionary movement occurred in the second half of the nineteenth century when a wide range of international activities. These international developments in several ways changed the missionary medical institutions also.

In the field of public health, the first signs of internationalism become manifest in the International Sanitary Conferences held in the period 1851-1897. These conferences were the initiatives of Western governments; private organizations, including missionary societies and Churches, were not represented. The later had their own channels for interdenominational communication, and mission doctors tried to construct a strategy for medical work within the mission field.In the last few decades of the nineteenth century,

there was a respectable series of missionary conferences, some with a national character as in India, China, Japan, and Indonesia: others were continental. An International scope was presented by the Liverpool Conference on Missions (1880) the general conferences on Foreign Missions in London (1870) and the centenary conference on the Protestant Missions of the world in London (1888). At the last their conferences several mission doctors delivered papers and discussed the status and policy of medical missions. However, promoting "international health" in the global world was beyond the scope of nineteenth century medicine, of which missionary medicine was a part.

Since the end of World War II, the medical mission movement has had to face a great transformation in the field of health care in what would later be called the Two-thirds world. Quite dramatic was the impact of the rapid process of de-colonization upon the health services in the independent states in Asia and Africa. All the former colonies appeared as members at the international forum of the World Health Organization (WHO). By joining this organization, they express their will to develop their health care according to international guidelines. Their new governments, having insufficient financial resources and skills, tried to build their own governmental medical services with the aid of international donor agencies.[1]

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[1] Jansen, Gerard (1999), "The Tradition of Medical Missions in the Maelstrom of the International Health Arena", *Missiology: An International Review*, Vol. XXVII No.3

In the context of India the medical missions underwent a process rapid transformation. In 1947 there were 197 hospitals, 195 dispensaries and 13651 beds in the hospitals alone under CMAI. At present there are only 250 institutions having 7642 beds. In 1947 in Tamil Nadu there were 38 hospitals, 31 dispensaries and 2901 beds but according to 2001membership list of CMAI there are only 52 institutions (both hospitals and dispensaries) having 4398 beds. This decline in the number and quality of care providers in Protestant hospitals is due to various factors. Dr. Cherian Thomas former general secretary of CMAI list out following factors for the decline,

> "The departure of the missionaries, shortage of personnel, the paucity of funds and lack of vision. The growing private health care also creates severe competition. Whereas Christian health care personnel were once the sole providers of health care, they now have to compete with private practitioners, Clinics and hospitals offering health care that is more personalized, quicker, modern and often cheaper. Salaries and technology in the Christian hospitals have lagged behind, with the result that the hospitals find it difficult to recruit and retain".[2]

He tends to substantiate his arguments through various studies carried outby CMAI to assess the reasons for the decline. He notes,

> "the CMAI has conducted a number of studies on the problems being faced by Christian hospitals in the country, and the findings have been published. A major problem is the loss of the original vision. Second, is the lack of committed Christian professionals? And third is the failure to keep pace, and respond to the changing needs of the community. Lack of money, building and equipment are less important factors." [3]

He goes further comparing Catholic hospitals " the Catholic Church in India is also going through this introspection, and as a part of the Golden Jubilee of the Catholic Hospitals Association of India, it has embarked on a three year

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[2] Cherian Thomas (1998), "The Church and the Healing Ministry".*Christian Medical Journal of India,* Vol.13 No. 1 Jan-Mar P.7-9.

[3] ibid., p.8

evaluation of its 2, 500 health outlets. Only 100 of themare hospitals while the rests are primary health centers, usually run be a single nun in remote areas. They believe their new role lies in the areas of greatest need, often neglected by private and government agencies in rehabilitation, the care of the aged, in substance abuse, in the care of dying, in caring for AIDS patients and promoting awareness about the disease, in promoting healthy life styles, in counseling and in Primary Health Care. This chapter attempts to answer the following questions: What factors underlie this transformation in Protestant medical care institutions? Secondly, what sort of care is provided in the state of Tamil Nadu? How are they distributed geographically?

The period that followed Independence was a difficult period for Christian medical work in India as a whole. The sudden change from foreign rule to Independence has had its repercussions on Christian medical work as in other spheres. Vinod Shah a doctor in a missionary hospital says,

> " The period from 1947 till 1965 can be called the dark ages for medical missions. There were one thousand Christian hospitals in the country in 1947 and now roughly only three hundred are functional. They closed mainly because of lack of leadership".[4]

A Serious practical problem is the increasing need for adjusting the Church's medical work to the rapid growth in national health services. After gaining independence, most developing countries quickly established the general principle that health care is a public right and that the government has responsibility for providing appropriate services. Since curative care continues

to be an important element in total medical care activities, which is against the vision of the Church's health activities must think over their emphasis. Along with this, the mushrooming growth of locally trained specialists and qualified medical practitioners also made severe impact on these Christian hospitals. Often these doctors set up their own private hospitals for their inpatients. Thus many Christian hospitals find themselves in the embarrassing position of having to compete for clientele with these governmental and private institutions and to share with them in supplying medical care for the public at large. In order to cope with this competition the Christian hospitals have found it necessary to raise the professional standard of service to the level that is comparable to the best found in other private hospitals and public hospitals, only then they are able to maintain their standing in the community.

The course of independence movement forced the missionary leaders to hand over the medical institutions to native leaders. The process of change of leadership started in the early decades of twentieth century. Though there were several discussions and debated took placefor and against this move, ultimately with considerable pace the ownership changed from foreign missionaries to native leaders. Wilkinson a missionary personnel who surveyed medical institutions expresses his apprehension strongly,

> "Political, social and cultural disruptions are disturbing many previously simple patterns of life throughout the world. Inevitably, the Church with all its forms of social expression is caught up in this process of rapid change... the spirit of the age has taught us that a foreign missionary autocracy is an anachronism.

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[4] Shah, Vinod (1996), *The Church in India its Mission Tomorrow* edited by Hrangkhuma & Sebastian C.H Kim ISPCK 152-156.

> However devoted and skilful such missionaries may be in an institution, a persistent paternalistic attitude forces it into a cul-de-sac, an ever-narrowing road with a blind end, a process which is involutionary rather than evolutionary, both for the individual and the institution".[5]

Though the new political and social developments forced the mission leaders to press for self-support of mission hospitals, the ideas was not appreciated by many health personnel and second rank leaders who were not in favor of transferring the mission hospital to native leadership. Chellappa (a medical superintendent of Mission Hospitals in the fifties in the Madurai region) observed

> "Speaking of our resources, there is a dangerously wrong idea in some quarters that because India is now an Independent country the Indian Church should stand on its own legs from now on, and should not look for leadership and financial help from foreign missions as before. There was no time when the Indian Church (and the Indian Government too!) needed more help in personnel and money from better placed countries like America than the present. Foreign missions have, through the course of years, built up institutions large and small, whose maintenance costs a great deal of money, and it is not fair to expect them to suddenly to become self-supporting".[6]

But against this, there were other views supporting the change of leadership. Vedabodakam, of St. Luke Hospital Nazareth, presented his views at article in Regional Conference of the CMAI at Thirupatur Ashram on 22nd Feb 1947

> "In order to endear ourselves to the mind of non-Christian India, the policy and practices of our medical missions, need certain changes. The foremost of these changes is that our hospitals must be not only thoroughly Christianized in their staff but also Indianized in their leadership. In one word, we ought to center our thought on 'Indianize, Christianize our hospitals and medical institutions".[7]

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[5] Wilkinson L (1968), "Present Problems in Christian Hospitals", *The Journal of Christian Medical Association India* Vol. XLIII No.3 105-106

[6] Cheppappa ES (1950), "The Health of the whole Man: Rethinking the Ministry of Healing with special Reference to the Report of the Health Survey and Development Committee", *The Journal of the CMAI* Vol. XXV Sep 1950 No.5 P.261-269

[7] Vedabodakam (1947), "Medical Missionary Work in New India", *The Journal of CMAI* Vol. XXII No.2 P.37

Vedabodakam also expressed his apprehension over the fact that Christian Hospitals depending on foreign missionaries and resources for their survival. He observed:

> "Aim and achieve at an early date complete financial independence of foreign help. Our financial dependence on the West has always been a hindrance to the non-Christians in correctly understanding our work. They have come to look down upon any Christian activity related to the West with disfavor...I do not affirm that we can run our hospitals without foreign support and consequent control if certain principles are followed".[8]

There were thus two views regarding shift of leadership from foreign hands to native hands. Ultimately, and rapidly the Christian Hospitals were taken over by Christians of Indian origin. In terms of financial dependence, the mission hospitals were not completely dependent on foreign resources. Even during the late 19th century, 51.3 percent of financing in mission hospitals was maintained through self-support, in the form of user fees.[9]

Even the reduction of financial support from foreign countries is not the sole reason for decay. There were other reasons, like ever reducing arrival of foreign missionaries who out of commitment, came to India to serve the people without looking for economical benefits.

Throughout the world costs of medical care have been rising more rapidly than most parts of the cost of living. Even the most affluent countries face economic crisis in their health care systems because of inability to keep up with the price increase. This has resulted flow of financial assistance to the Christian hospitals. Indeed medical missions and religious institutions in the

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[8] ibid P.39

[9] Baru,Rama (1997), "Missionaries in Medical Care", *Economic Political Weekly*, Volume.XXXIV No.9 Feb

West were themselves faced with problem of lack of funds and personnel even as the flock appeared to desert them. At the same time, western secular aid, never very significant, also showed a secular decline. Claire P. Thomson notes, on how mission hospitals washed away the propoor policy, due to the financial burden,

> "During the last ten years a number of hospitals have changed their names and are called 'Christian Hospitals'. But can a hospital really be called 'Christian' when patients are refused treatment because they cannot pay? When this happens surely it is time either to close the hospital or hand it over to another Church body, or to a secular interest".[10]

Cherian Thomas, former General Secretary of CMAI observes,

> " The cost of running a hospital is rising everyday. To meet these costs, hospitals normally have only one source of income- patients' fee. Established with the aim of providing low-cost medical treatment to the poor, they are now forced to levy charges and thus, involuntarily begin to cater to the middle class. The middle class, with its increasing demands, expects a higher level of service. The hospitals are thus caught in a quandary - if they are true to their original mission of serving the poor, they cannot make ends meet, but if they try to meet costs by charging the middle class and the rich, they are moving away from their original purpose".[11]

Although there are many Christian justifications for serving the wealthy, much of the motivation of trying to follow Christ's pattern of service leads to a compulsion to focus on the problems of the humble and poor. Even though some of the Christian hospitals resort to the 'Robin Hood approach' of soaking the rich to serve the poor, they still have to face the frustrations of being able to make only a very small dent in the mass of medical need.

In the last century Christian hospitals have in general thrived in the competition of fee for-service private medical care. The obvious dedication

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[10].Thomson, Claire P (1964), "Whither Our Hospitals" *The Journal of CMAI* Vol.XXXXIX No.1 P.5

[11] Thomas, Cherian (1998), "The Church And the Healing Ministry", *Christian Medical Journal India* Vol.13 No.1 Jan-Mar P.9

and service motivation of the personnel has a drawing power which people seem to be glad to pay for. The constant strain however, of feeling that their Christian love is being bought is however difficult for some Christian health personnel to cope with.[12] Actually in the early days, treatment was generally free, as the whole programme was supported by funds from overseas Mission Boards. Of late, however, the whole situation has changed. Christian hospitals, which did not have administrative control by, or financial support from the local church and had direct relationship with foreign mission boards, are being handed over to local Churches. These Churches have neither the financial resources nor the technical personnel to take over additional responsibilities, but nevertheless they are eager to obtain and control the accompanying assets and enjoy the prestige and the power. [13]

Till the 1950s Christian hospitals obtained dedicated, qualified medical and nursing personnel from overseas for service in mission hospitals without monetary involvement along with financial support from Mission Boards to run these hospitals. But once the native leaders and personnel took over the responsibility of running these hospitals, the number of missionaries coming to India drastically got reduced and virtually stopped. The teaching hospitals like Christian Medical College, Vellore along with two other teaching hospitals in north India and number of nursing schools started training medical personnel.

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[12] Taylor, Carl E. (1969), "A Christian Medical Commission's Role in Health Planning", *International Review of Missions*, Vol. LVIII No. 230 P.181-194

But the qualified doctors and nurses were not ready to serve in these hospitals. This situation continues even now. Since Christian hospitals and dispensaries are mostly offering only curatively oriented service programs, they need specially personnel who were hard to come by as they do not find Christian hospitals as a platform for better career growth and opportunity as well as a institution which fetch handsome salary. As result these hospitals do not find appropriate health personnel to run its service. A staff of a Christian hospital noted:

> "Today missionary doctors with Christian zeal are few and for between. Lack of staff and dwindling financial help from the West has resulted in the closure of many renowned Christian hospitals. Medicine is advancing so rapidly that doctors feel they will degenerate if they continue to stay in mission hospitals since many do not provide modern equipment and facilities for treatment".[14]

Basically Christian hospitals give specialized curative service for which continuously they need trained personnel-doctors with postgraduate degrees, highly trained nurses and allied health professionals. Sometimes it is difficult to get and retain good staff, especially medical staff.[15] Generally the Christian hospitals do not allow their staff to practice in private. Neither is they given respectable salary.

Most of the medical institutions are at least seventy-five years old. The phenomenal expansion of Christian medical work come at a time when construction costs in most countries permitted the building of what were

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[13] Chandy Jacob (1970), *Rethinking the Healing Ministry of the Indian Church*, CISRS Christian Literature society Madras-70 P.12

[14] Fenn AS (1996), "Restarting Mission Hospitals", *Christian Medical Journal India* Vol.II No.3 July-Sep P. 20-21

[15] ibid., p.20

considered beautiful and elaborate institutions at that time. All Christian institutions now face the problem that their buildings and facilities are obsolete. Because of financial restrictions, maintenance has often been inadequate. Construction costs have increased so new building plans are severely restricted. For example it would be interesting to read a brief article written on how Danish Mission Hospital situated in the rural town of Thirukoilur in Villupuram District, revived during 1998 after its tragic close down in 1996.[16]

Christian hospitals, though meant essentially for the poor, cannot serve the poor alone and maintain themselves financially. They have to cater to the rich as well, for whom better facilities in buildings, equipment and personal are needed, obviously increasing the maintenance cost. As a result only a relatively small proportion of the poor, who comprise the vast majority of the Indian people, can be taken care of. [17]

A number of hospitals are being managed as business concerns trying to make enough money to meet day-to-day expenses.[18] Almost all hospitals and dispensaries are operating as individual entities, all decisions being made by the Director or Superintendent, without any reference to or understanding of the work of other mission or Government hospitals, or any regard for the

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[16] see Raju Asirvadam (1998), "Danish Mission Hospital", *Christian Medical Journal India* Vol.13 No.3&4 Jul-Dec P.43-44

[17] Chandy Jacob (1970), *Rethinking the Healing Ministry of the Indian Church*, CISRS Christian Literature society Madras-70 p.3

[18] ibid P.3

need of community, or any regional planning.[19] The same pattern of individual decision-making is seen in the methods, which are used to seek capital funds from overseas donating agencies. Each hospital determines its own priority need, and submits its application with the approval of the concerned ecclesiastical authority, either to the Mission Agencies historically related to the institution or to the Division of Inter-Church Aid of the World Council of Churches. A few institutions posses direct ties and influence with foreign institutions, and this often renders ineffective whatever coordinating action the mission or inter-Church agencies could initiate. The priority need is determined often by the desire to increase income, consequently catering more and more to the rich. This chaotic system, which benefits very few people, is the antithesis of Christian stewardship.[20]

II

As it is mentioned in the beginning of the chapter that there were 69 medical institutions (both Hospitals and Dispensaries) on the eve of independence belonging to various Protestant denominations and it declined, now the number of Christian hospitals is 52 (both hospitals and dispensaries).

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[19] ibid P.3

[20] *The Future of Christian Medical Work in India*, Report of Bangalore Consultation: 13-17 January 1969

Table: 3.1 Distribution of Hospitals and Dispensaries in Christian Medical institutions in Tamil Nadu.

Type of Medical institutions	Frequency	Percentage
Hospitals	44	84.62
Dispensary	7	13.56
Not known	1	01.92
Total	**52**	**100.00**

Source: Christian Medical Association of India (CMAI)

The above table (Table: 3.1) shows the number of hospitals and dispensaries. There are forty-four hospitals against 7 dispensaries. When we compare this data with that of 50 years back, the difference we see is huge. In 1947 there were 38 hospitals and 31 dispensaries. The discussion on the problems of Christian Hospitals could very well explain why there is a huge difference and decline of dispensaries on the other hand slight increase in the number of hospitals. Even though it is found out that sustaining big hospitals is more difficult, still the number of hospitals has increased. The reasons could be: first, the greater emphasis on fee for service, second, creating more private beds (shown in Table 2) thirdly, the change of policy in serving the middle class population and less from poor class. Moreover it also suggests the fact running dispensaries is not an easy endeavor to do and sustaining

them is also a complex process which is the reason why the number of dispensaries have declined.

Table: 3. 2 Rural and Urban Distribution of General and Private Beds in Christian Medical Institutions in Tamil Nadu

Types of Beds	Urban	Rural
General	2422	885
Private	345	304
Not described	442	-
Total	3209	1189

Source: Christian Medical Association of India (CMAI)

Table 3. 2 shows us the rural and urban distribution of General and Private beds. There are 2422 general beds in urban area against 885 general beds in rural area, This once again reveals the factthe inclination to cater to the needs of the urban population which is lower middle class and middle class. As far as private beds are concerned, the rural and urban distribution is almost equal. There are 442 beds in urban area for which there is no information available.

Table: 3.3 Rural and Urban Distribution of Christian Medical Hospitals and Dispensaries in Tamil Nadu

Area	Hospitals	Dispensarie	Total
Rural	15	2	17
Urban	29	7	34
Total	44	7	51

Source: Christian Medical Association of India (CMAI)

Note: Total number of hospitals and dispensaries 51and that does not include un- described one

Table 3.3 depicts rural and urban distribution of hospitals two dispensaries. In rural area there are 15 hospitals and two dispensaries. In urban area there are 29 hospitals and 5 dispensaries. In total there are 34 urban areas. The shocking fact is that even among the very few dispensaries, out of seven, five are located in urban area. This information only explains the disparity of rural and urban distribution of hospitals and dispensaries in favor of urban population. The actual reasons for the Christian Church to base their hospitals are several. Like, they can run their institutions only in urban area serving the middle class population. Secondly as specialty services are availed more the urban based middle class population, these hospitals choose their base in urban area. Thirdly the ever decreasing number of Christian doctors, no longer ready to take their career in rural area as these rural settings do not give them better career prospects.

Table: 3. 4 Christian Medical Hospitals and Dispensaries Under Various Denominational Churches in Tamil Nadu

Name of the Church	Hospital	Dispensaries	Total
Ecumenical Church India	0	5	5
Salvation Army	1	0	1
Lutheran Church	6	0	6
Church South India	20	2	22
Inter Denominational	2	0	2
Leprosy Mission	2	0	2
Others	13	0	13
Total	44	7	51

Source: Christian Medical Association of India

Note: Total number of institutions does not include 1 hospital, as its denomination is not available. Others include other Protestant denominations.

The above table shows the hospitals and dispensaries belonging to various denominational Church. Lutheran Church one of the pioneers in providing medical services in Tamil Nadu now runs 6 hospitals. The surprising as well as encouraging fact is that 5 out of 7 dispensaries belong to Ecumenical Church of India. The Church of South India in this way runs the highest number of hospitals more than any other Church. This table also shows the change of ownership from foreign missionaries to Indian Church and various denominations.

In the old volumes of the *International Review of Missions*, Ruth Young, stated boldly in 1927 that, "preventive work must become part of the declared

policy of medical missions before any considerable progress can be made".[21] Ellis Hudson writing about the emphasis on rural health, was aware of the prejudices against the recognition of the proper place of prevention medicine in the medical missionary program and advanced the following thesis: "Of all doctors the missionary ought to be the apostle of disease prevention and health education".[22] He referred to one of the most progressive boards that had observed the steadily increasing attention to "the public health-preventive-medicine-idea," but complained of having no full-time, public health officer. In any case, the need to work towards the public health approach in missionary programs was identified long back. Contradictorily, from the beginning Christian missionary medical work had been mainly in the sphere of medical relief. Benjamin observes,

> "This was only natural as the need of suffering humanity was so compelling it could not be ignored. Further, this piece of work was less costly than Public Health work as in many instances hospitals could be made self-supporting... it must be admitted that clinical work is more satisfying; the saving of lives and repairing of broken bodies are more thrilling than giving vaccinations or educating an illiterate or unresponsive group of people. A successful operation or the curing of a serious illness brings forth appreciation, gratitude and even praise... while we all admit that prevention is better than cure we are still so much immersed in curative work that we have no time to give adequate attention to this admittedly all-important work".[23]

It is thus very clear, how Christians working in health care institutions perceive their work. The immediate satisfaction and success that they receive by curing severely sick people is greater than involving themselves in preventive work. It

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[21] Young, Ruth (1927), " Preventive Medicine and Medical Missions", *International Review of Missions* 16:556-566

[22] Hudson, EH (1931), "A modern Equivalent for Medical Itineration", *International Review of Missions* 20(2): 413-421

would be interesting to know what these health personnel mean by preventive work. It is nothing more than health education and health promotion. For them ensuring better sanitation basic food, safe drinking water etc do not come under preventive health care. Though some of them say clinical work is more satisfying, there are also other views criticizing the emphasis given for clinical work in the Christian hospitals.

Dr. Chellappa a Christian doctor criticizes the trend existing in Christian hospitals. He argues,"The missions have turned their attention away from preventive work to the care of the sick, partly because curative work produces more immediate and tangible result. Curative work does nothowever tackle the problems of health and disease in a basic way.[24]

The reason the Christian hospitals continue with clinical medical service, apart from theological reasons, lies in the tradition of Western medicine and in the way the medicine was brought and taught in Indian soil. Buildings, institutional emphasis on biomedicine etc are some of basic features, which have traditionally molded Western medical care. Christian hospitals started on the same features during the 19th century still not able extricate themselves from those elements. This is one of the reasons for the inflexibility of Christian hospitals, which has also hampered the Christian

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[23] Benjamin PV (1952), " The Christian Medical Work in India and its Future", *Christian Medical Journal of India* Vol.XXVII January No.1 P.1-7

[24]Cheppappa ES (1950), "The Health of the whole Man: Rethinking the Ministry of Healing with special Reference to the Report of the Health Survey and Development Committee", *The Journal of the CMAI* Vol. XXV Sep 1950 No.5 P.263

hospitals and subsequent policy decisions. Cherian Thomas also expresses the same view. He puts forth his argument on why and how the nature of Christian hospitals started its service more on the premises of Western and Clinical medical knowledge not able disassociate themselves from curative medicine to lay more emphasis on preventive care. He says,

> "Since the majority of Christian doctors and nurses at the turn of the century in India were trained in Western medicine, the hospitals and clinics they founded were also based on the Western tradition. The unfortunate result was the marginalizing the Indian system of medicine that has been practiced in India for thousands of years and has benefited millions of people. Over the centuries... the term Primary Health care was first introduced by WHO in 1978. Unfortunately, the Churches in India remained immune to the new concepts of health care that was sweeping the world. Christian hospitals continued to put most of their resources into curative care, viewing primary health care as the responsibility of the government.[25]

So it goes without saying that the curative and clinical nature of medical work of Christian hospitals, is one of the reasons for the accelerating cost of medical work and its highly technical nature make these hospitals financially weak finally forcing them to close down their hospitals. The discussion shows us that the Christian medical work is highly curative relying on hospitals. The building and structure are one of the reasons why they still remain very inflexible that is they are not able to come out of the institutions to serve the poor who are in the bottom line of the social ladder very much in need of preventive health care. Most of the mission hospitals suffer from a limited vision of this role.

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[25] Thomas, Cherian (1998), "The Church And the Healing Ministry", *Christian Medical Journal India* Vol.13 No.1 Jan-Mar P.8

They accepted themselves as peripheral actors on the national stage doing well on a small scale in a few localities and doing it repetitively without evaluation.[26] They are more interested in alleviating immediate suffering than in dealing with underlying causes. They have no coherent idea of where their little piece of valuable work fit into the national situation. The medical care services thus started by the medical missions serve the poor. Most of the institutions have become elite oriented: there is hardly any service orientation left in them. These institutions were originally meant to serve the poor.With the arrival of independence the state in India assumed the responsibility of providing educational, and health facilities to the poor. This led to the elitization of Christian institutions. But this does not mean that the needs of poor is met completely the public health institutions. Still large section of the population is deprived of even the basic health services. Though the number of Christian medical care institutions are very few who cannot cater to all the needs of the population. Still there is a space to rethink and reform these institutions thereby they should identify their place in the national scene.

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[26]Shah, Vinod (1996), The *Church in India its Mission Tomorrow* edited by Hrangkhuma & Sebastian C.H Kim ISPCK 152-156.

Conclusion

Chapter IV

CONCLUSION

The presence of Christianity has a remarkable and epochmaking history in Tamil Nadu. In the history of Christianity, the presence of missionaries is just an episode with which the Church carried out its evangelization process. The missionaries for doing the same determined to show Christian way of serving the people. The missionaries started medical services in the mid of 16th Century, still that legacy continues. On the other hand, the Protestant missionary medical care, which started in the year 1730 by the Danish Missionaries following that other Protestant medical missions, continued their medical services till the Independence of India. This long and glorious period, which saw some of the great missionary medical efforts, had to face its declining phase in the early decades of the 20th century. The reasons are many, swinging from lack of leadership to loss of vision. The study outlines the nature of Christian medical services provided by these institutions and the main reasons for their decline over the years.

The history of Christian medical work across the country, especially in Tamil Nadu is one of the remarkable stories of human compassion and enterprise. Owing to changing socio-economic and political scenario, this initiative met with severe crisis. The indigenisation process of training native missionaries for Christian hospitals and transferring the leadership from foreign mission to native leaders were the starting point of the crisis. However,

this transfer of power proved crucial,as the Christian hospitals no longer relied on foreign missions for their leadership as well as medical care personnel to carry out their medical services. At this crucial period, the arrival offoreign missionaries also stopped after Indian Independence. The Christianhospitals, which were once called 'mission hospitals' tried to become native in every sense, and attempted to develop their own manpower. They trained Christian doctors and sent them to other sponsoring Christian hospitals. Since the Christian hospitals failed to provide adequate career prospects for these medical graduates except in teaching institutions, the purpose of training the Christian doctors and their motivation got eroded. Thus, the majority of the sponsored candidates developed the tendency to complete the bondperiod and went on to do a post-graduate course, but finally opted out Christian hospitals for a 'better' career prospects. This has resulted in acute shortage of manpower in Christian hospitals. Even now the same trend continues and the future looks bleak.

The growth of public health care institutions in providing basic health care to the people led Christian hospitals to lose their monopoly in hospital-based Western medical care. The unprecedented development of specialization also made medical care costly and become inaccessible to the poor. The consequence is, Christian hospitals become secondrate, unable to compete with the free service offered in public health institutions and with the

so-called quality care being provided in private nursing homes and super-specialty hospitals.

The reduced financial assistance from foreign mission boards forced the Christian hospitals resort to fee-for-service for their sustenance. This had hampered the image of the Christian hospitals. This method had systematically marginalized the poor from accessing medical care services in Christian hospitals. In this process, the Christian hospitals became elite oriented and serving largely the middle class population.

As far as the kinds of Christian medical institutions are concerned, the hospitals outnumbered the dispensaries. In Tamil Nadu, the numbers of dispensaries are very few compared to hospitals i.e., 43 out of 51 institutions are hospitals. The geographical distribution of Christian medical care institutions shows that majority of hospitals (29 out of 51) are located in urban area. Even the availability of general beds is found mostly in urban area, i.e., out of 3209 beds, 2422 are in urban area. This shows the disparity in favor of urban middle class population.

The nature of care provided in Christian medical care institutions is also curative, giving no space for preventive health care, which is the need of the hour. This undue emphasis on curative health care has led to many problems. Modern medicine is primarily concerned with the empirical method of observation and experimentation. In this method, the human body has been analyzed and understood mechanically, and disease has been increasingly

overcome through bio-medical means of treatment. The sophistication to replace some of the organs with machines has reduced the importance of one's spirit. The emphasis upon observation leaves little room for the elements of the spirit, causing spiritual danger to the Christian vision and Christian way of Salvation. This particular development has brought some reservation among some of the Christian leaders who increasing see this as a threat to the Christian ethics from modern medicine.

The present reality is that the Christian medical care insttutions cannot rely on foreign Churches, mission boards and other secular bodies for personnel as well as financial assistance. The Christian medical care institutions can no longer serve the poor, as the nature of curative care is costly. Native Christian health personnel also hard to come by to these institutions further accentuating the manpower problems. How to break the riddle in this situation? The solution lies in policy, the leaders of the Christian medical care institutions have to seriously thinkover. A shift from curative care to preventive care may reduce the financial burden and concomitantly it may also fulfill the vision to serve the poor. To complete the mandate of healing, these institutions can think beyond hospitals, considering other cheaper options that are more effective in the long run: health promotion, non-medical models of health intervention and community based health programmes.

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Appendix

APPENDIX

List of Christian (Protestant) Hospitals & Dispensaries in Tamil Nadu, 1999.

Sl No	Name of the Hospital	Church	Location		Type		Bed Strength		
			Rural	Urban	Hospital	Dispensary	General	Private	Total
1	Agape Health Centre	ECI	√			√	7	no	7
2	Ashirvad Christian Concerned for Child Care	Inter Denominational		√	√		na	na	na
3	Bethany Medical Centre	Para Church Organisation (Tribal Mission)	√		√		30	10	40
4	Bethal Hospital	Na		√	√		na	na	100
5	Bathesda Hospital	Lutheran Church in India		√	√		na	na	172
6	Bishop Walsh Memorial Hospital	Na	√		√		na	na	na
7	CSI Hospital	CSI		√	√		95	25	120
8	CSI Hospital	CSI		√	√		125	79	204
9	CSI Hospital	CSI	√		√		30	30	60
10	CSI Hospital	CSI		√	√		na	na	na
11	Christian Hospital Mini Health Centre	Morris Memorial Churches of Christ	√		√		40	5	45
12	CSI Hospital	CSI		√	√		150	no	150
13	CSI Hospital	CSI		√	√		50	25	75
14	CSI Hospital	CSI		√	√		15	10	25
15	CSI Hospital	CSI		√	√		80	no	80
16	Christian Medical College Hospital	CSI		√	√		na	na	na
17	CSI Kalyani General Hospital	CSI		√	√		150	10	160
18	CSI Medical and Leprosy Centre	CSI		√	√		20	no	20
19	CSI Rainy Multi-Speciality Hospital	CSI		√	√		297	53	350
20	CSI St. Lukes Hospital	CSI		√	√		120	no	120
21	CSI Welfare Centre	CSI		√		√	na	na	na
22	Christian Fellowship Community Health Centre	Christian Fellowship	√		√		178	142	320

			Location		Type		Bed Strength		
23	Christian Fellowship Hospital	Inter Denominational		√	√		170	100	270
24	Christian Mission Hospital	CSI			√		316	10	326
25	Comprehensive Medical Services	Trust				√	na	na	na
26	CSI Village Health Centre	CSI		√		√	5	3	8
27	Danish Mission Hospital	Arcot Lutheran Church		√	√		na	na	170
28	Danish Mission Hospital	Lutheran Church in India			√		70	6	76
29	Deenabandhu Medical Mission	na	√		na	Na	na	na	na
30	Dohnavur Fellowship Hospital	na	√		√		na	na	na
31	Immanuel Blind Relief Society	Para Church Organisation (Tribal Mission)	√		√		145	10	155
32	Grace Kennet Foundation Hospital	na		√	√		50	no	50
33	Joseph Eye Hospital	Lutheran Church in India		√	√		176	24	200
34	Jothi Nilayam Rural Hospital & Leprosy Control Centre	CSI	√		√		22	1	23
35	Kanykumari Medical Mission CSI Hospital	CSI	√		√		150	10	160
36	Kaarunya Rural Community Hospital	Para Church Organisation (Tribal Mission)	√		√		30	no	30
37	Kothagiri Medical Fellowship	na		√	√		54	22	76
38	Leprosy Mission Hospital	The Leprosy Mission	√		√		54	6	60
39	Madras Medical Mission	Malankara Orthodox Syrian Church		√	√		111	89	200
40	Mt.Tabar Medical Mission	Malankara Orthodox Syrian Church		√	√		115	35	150
41	Navjeevan Seva Mandal	Ecumenical Missionary		√		√	na	na	na
42	PCC Health Centre	CSI	√			√	4	no	4

			Location		Type		Bed Strength		
43	Schieffelin Leprosy Research & Training Centre	The Leprosy Mission	√		√		120	10	130*
44	Scudder Memorial Hospital	CSI		√	√		242	23	265
45	Snega Deepam	Ecumenical Missionary		√		√	na	na	na
46	St Luke Leprosarium	CSI	√		√		75	no	75
47	St Martin's Hospital	CSI		√	√		39	1	40
48	St Raphel's Hospital	CSI	√		√		4	6	10
49	Swedish Mission Hospital	Tamil Evangelical Lutheran Church		√	√		175	21	196
50	The Leprosy Mission Hospital	Lutheran Church in India	√		√		na	na	na
51	The Salvation Army Catherine Booth Hospital	Salvation Army		√	√		173	38	211**
52	Van Allen Hospital	na		√		na	10	3	13

Note: (*) - it excludes 20 non-leprosy beds; (**) - data excludes 65 ICU beds

Source: Christian Medical Association of India