



MISSIONARIES AND THEIR CONTRIBUTIONS TO MEDICAL NEED OF THE SOCIETY

History

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KEYWORDS

INTRODUCTION

From the beginning, Christian missionaries cared for the poor, the sick, widows and orphans. Missionaries who came to Tamilnadu were interested in ministering to the whole man – body and soul as well. For this purpose they started Sanatoria, Asylums, Hospitals and in few cases Medical schools.¹ Christian service through Medical Missions has had a visible impact on India. Medicine was at first an ancillary service of the evangelist and his wife. They took the lead in the field sharing the meagre medicine and generous compassion by founding orphanages and relief centre for the unfortunates. The Women missionaries of the early nineteenth century incorporated a medical element into their work among local women and children. Medical missions emerged as a distinct method, a phenomenon crossing denominational lines.² Missionaries operated dispensaries on the verandah of the mission bungalow or in some corner of the compound where people might gather regularly for treatment. 'The social touch' of the medical missionary was said to impact, as few other methods could, a sense of the inherent compassion of the Christian religion.³

A. Role of Medical Missionaries

Those who felt the missionaries were insensitive in their presentation of the gospel to the non-Christians could at the same time respond to the medical care of the missionaries without much hesitation. Those who were suspicious in the beginning later on by seeing the good results of their neighbours came to recognise the service of the missionaries soon. One of the CMS report says that the mission made three unsuccessful attempts to establish mission work in Kashmir (in 1854, 1862, and 1864) but had faced such violent opposition that the missionaries retreated. However, the arrival of the medical missionary Dr. William Elmslie, in Srinagar in 1865 was said to have transformed the whole situation.⁴ Though the Tamil region did not have any story of that sort was fortunate enough to have the benefit of medical mission from the time of the early Tranquebar mission. The kind deeds, missionary's care for the sick and suffering appeared to offer a palpable demonstration of "the practical humanitarian side of Christianity."⁵

I. Christian Medical Care

The 'Western Medicine' brought by Christian Medical Missionaries came to be known as 'Christian Medical Care'. The concept of integrating the medical mission with that of the missionary work of the Christian church was derived from the command of Jesus Christ himself. When Christ sent his disciples he commanded them to 'heal the sick and say unto them the kingdom of God has come nigh unto you'.⁶ The missionaries were the first together with the Portuguese, English and other Westerners who came to India in bringing 'Western Medicine' and its institutional features to India. The present day public health system and health care delivery systems are largely modelled after their approach to medical care. Following the tradition of the missionaries, in India, Christians till date, notwithstanding their size and economic disabilities, dominate in the area of health care and medicine.⁷

II. Objectives of Medical Mission

In the field of the medical mission, interestingly, as in Britain, the main sources of funding for hospitals and dispensaries were not the central government but local authorities, charitable donations and private subscriptions. In both Britain and its colonies the role of the central government was confined largely to policies and legislation.⁸ India was fortunate enough to have more number of medical missionaries working than anywhere in the world and out of that Tamil region had lion's share of missionaries working. One statistics estimates that in 1900, the estimated number of Protestant missionary at work overseas stood at 17,254, of which 9,014 came from Great Britain and Ireland,

and 4,159 from North America. In the mid-nineteenth century, more than a quarter of all Protestant missionaries (5200) were stationed in India, with the British contingent leading the field. India was fortunate to have the benefit of medical missionaries in general and the Tamil region in particular, especially the American Arcot Mission.

Medical mission had four main objects. These were (i) to give medical care to the missionaries (ii) to give medical care to the natives (iii) to aid evangelistic work by disarming prejudice and bringing the gospel to the notice of those who were not attracted by mere evangelistic methods, and (iv) to train native physicians and nurses so that the community attains a greater degree of self – sufficiency.⁹

ii. Protestant Missions

Many mission organisations were involved in medical service in Tamil region from the beginning. They are CMS, Church of Scotland Mission, Danish Lutheran Mission, Free Church of Scotland Mission, Leipzig Lutheran Mission, LMS, SPG, Wesleyan Missionary Society, American Societies like Board of Commission of Foreign Mission and Reformed Church Arcot Mission also functioned in Tamil area.¹⁰

B. Danish Mission

From the correspondence of the Tranquebar Mission, we come to know quite a lot about the medical practices prevalent in the Tamil culture. Ayurvedha, developed by Hindu-Buddhist world view was characterised by magical elements as well as alchemist's method of producing cures. In this concept of Ayurvedha health is understood as a well balanced mix of five elements in the substances that make up a human being.¹¹ Missionaries appreciated the food habits of the locals over against the foreigners, the natives had staple food and specific timing and they used plenty of waters in their food. At the same time there are reports that describe the treatments were rude and sometimes cruel. Yet it seems that the missionaries were not critical of the treatment, rather they were trying to find usefulness of the method and thus retains the possibility of extending their own horizons in the space of an intercultural encounter.¹² Mark Harrison observes that till the end of 17th century the Europeans and the Indian shared a similar view of the human body and this initial respect slowly disappeared as a consequence of development in the study of European medicine, anatomy and natural philosophy and especially William Harvey's work on the circulation of the blood. This gap became still wider with the formal medical education in the universities of Leiden and Edinburgh. This again widened greatly with abolition of Native Medical Institution (NMI) in 1835.¹³

The Tranquebar Mission, soon after its arrival, understood the importance of health and appointed a Tamil doctor in 1712 according to the model of the Halle Orphanages. In the beginning his service was sought to translate some medical books, and to get to know about the medicines from Halle. Later on he was appointed permanently. His duties consist of 1. Providing the medicine for the sick, firstly with the local medicine and if necessary with the European medicine; 2. For one hour explaining the ideas of a Malabarian author to the oldest school boys; 3. Since the school children would be taken out to the village every Monday, he would use the opportunity to teach them botany, or the knowledge of herbs; 4. Collect the herbs which are both easily available and difficult to get; 5. In the spare time collect the medical books of the Malabarians and will copy them for the benefit of the mission.¹⁴ Later they felt the need to have trained doctors and consequently doctors were sent from Halle. In 1730 and 1732 the Danish Mission sent out quite a few medical missionaries, Schlegemileh, Cnoll, Koenig, Martins, Klein. Casper Gottlieb Schegelmileh service was not remarkable one because he lived only 29 days in Tamil Nadu. He arrived in Madras on 12.7.1730, reached

Tranquebar on 11.8.1730 and died there on 30th of the same month due to tropical disease, dysentery. The labour of the second medical missionary Samuel Benjamin Cnoll worked for long 35 years from 30.8.1732 till he died on 27.2.1767.¹⁵ The third was a Dane, Dr. Koenig, Dr. Johann David Martini was the fourth who has put in 15 years of service. The next medical missionary was Dr. Johann Gottfried Klein. However, these early efforts of the Danes did not result in the permanent establishment of any medical services. But they certainly paved the way for other missionary agencies, to spearhead the medical cause and establish a network of medical institutions all over India.¹⁶

C. American Mission

Other missionary organisations followed the path of Danish Mission. One such mission was the American Board of Commission for Foreign Missions (ABCFM), which sent out its little band of missionaries in 1813 and then looked for a doctor to go out with the second group in 1819. The ABCFM head quartered at Boston became the pioneering American Protestant missionary body in sending medical missionaries.. It sent eight persons (three couples and two men) to Kolkatta in 1813. The East India Company did not allow them to land in India. They, therefore, went to Mumbai on 11th February in 1813. But they were not allowed to stay there as well. Governor Sir. Evan Napean asked them to leave for England. But before they were to leave in December 1813, they received the news of the Charter Act of 1813, legalising the coming of missionaries to India. They became the founders of American Protestant missionary work and started their work from Mumbai.¹⁷

The American Board sent Dr. Scudder in 1819 to Ceylon. Afterwards, he came to India and spent 36 years as medical missionary.¹⁸ He took his young wife Harriet Waterbury along with him when he went for mission work. He worked relentlessly and undaunted in the district of Madurai, in the neighbourhood of Madras, and in and around Arcot, preaching and healing. He was the pioneer of the Arcot mission. At this time the American Board was far ahead of all other societies working in India because they send thoroughly trained medical men. Madurai Arcot Mission had Samuel Green and Dr. Steele (1837 - 42), Dr. Charles Sheldon (1849 – 56) and Dr. Lord (1853 – 67). In Arcot district Dr. Henry Scudder was working together with his father Dr. Scudder.¹⁹

D. Origin of Christian Medical College, Vellore

Dr. John Scudder's children stood out as inspiring model for missionary work. His seven sons and two daughters also followed his footsteps and returned to India as medical missionaries. The youngest of the sons, Dr. John Scudder II married Sophia Weld, a Welsh American and both set sail for India and landed on June 26, 1861. To this couple were born five sons and a daughter. The daughter Ida Scudder became a medical doctor herself. She shaped the destiny of medical mission centred in and around the Arcot area. As mentioned earlier John Scudder came over to N. Arcot district and in 1851 he was joined by his father and brother Rev. William Waterbury Scudder and Rev. Joseph Scudder. Together they established the Arcot mission in 1853. All three were the members of the Reformed Protestant Dutch Church and missionaries of the American Board of Commissioners for Foreign Missions, "a society which looked upon the world as its field has sent forth preachers and teachers to almost every land".²⁰

In 1886, the Ranipet Hospital and Dispensary were opened under Dr. Silas Scudder. This was the result of the coordination between Dr. Scudder and Madras government. Dr. Scudder was permitted to run the Government General Hospital with all its plant at Ranipet. As regards the missionary society taking up the in charge of the government hospital people were against it in the initial stage. The medical school was known as Medical College, Vellore (1918 – 22). Later as the Missionary Medical College, Vellore (1928 – 48) and now it is known as Christian Medical College. From a small beginning now it stands as a model of Christian medical work, perhaps the greatest joint enterprises of the Christian churches in the east.²¹

It's worth to note how Ida Scudder, the towering personality behind of Christian Medical College, Vellore came to be involved in the medical missionary work in the mission. Although Ida's parents and family members served the Arcot Mission in India, it was never a desire for Ida to come to India as a missionary. While she was in America, once she visited her parents since her mother was sick. She had never planned to remain in India. On this trip in the course of one evening, the Scudder home at Ranipet was visited by three men, two high caste Hindus and a Muslim, each one of whom needed medical assistance for his wife in childbirth. Although Ida's father was the physician, his

gender restricted his access, and it was Ida's help that was sought in each case. Ida expressed that she did not any thing about childbirth and so could not help them. The following day Ida Scudder learned that all three wives had died in childbirth.²² The incident made Ida to dedicate her life for the missionary work in Vellore region.

When Ida Scudder came to India on January 1st 1900, she intended to build a hospital for women and children, along with the medical work her father had been doing over the years out of mission bungalow at Ranipet. Ida looked forward to her father's guidance, both as a professional physician and a missionary in India. The death of Dr. John Scudder within five months of her arrival was a deep blow. Her appeal to the Women's Board of Foreign Mission of the Reformed Church of America for a Women's Hospital in Vellore inspired Mr. Robert Schell, a wealthy banker to donate a sum of ten thousand dollars to build a women's hospital at Vellore in memory of his wife Mary Taber Schell.¹ Scudder began her work in India with the advantages of her father's medical practice as precedent financial assistance spurred by previous connections and easy familiarity with the local people. Her experience convinced her that there was a serious need to train medical assistance, nurses and compounders, who could facilitate the physical and practical work which could extend her ability to treat larger number. Scudder began the practice of driving out nearby villages once a week along a specified route, making several stops enroute to treat patients along the way. Later Scudder set up a route and a pattern of stopovers where villages would collect on Wednesday and wait for Ammal and her vehicle. She encountered several pockets of resistance, which involved issues of race, caste and culture. Some villagers scared away seeing her in automobile for the first time, would shrink away screaming. 'The devil is coming'. For over fifty years the Vellore Medical Project remained for Scudder the ruling passion of her life. Most of her life she lived on campus with her widowed mother, until the latter's death in 1925.

E. Free Church Mission

In 1856, Dr. D.H Peterson was sent to Madras by Edinburgh Medical mission. Although not an agent of the Free Church Mission; Dr. Peterson kept in close touch with it. Dispensaries were opened in Royapuram and in Black town and Dr. Peterson later opened a training institute in Medicine for Christians.²³ Generally the Medical mission which became the largest in the world had very humble origin and many years the missionaries were doing devoted service to meet the needs of the people and worked hard to liberate them.

The missionaries provided medical facilities to many villages in and around Madras from where the sick did not have easy access to their station. Dr. Peterson started a Medical class for a batch of intelligent Christian men, well educated in English from the mission, with a view to open dispensaries. After training for a period of three and a half years, they sent the best of them to be in charge of the branch hospitals. These medical assistants were known as 'dressers'.²⁴ The work which Dr. Peterson began was continued after his death by Dr. W. Elder who came to India in 1871. Eight years afterwards the Medical work was incorporated with Free Church Mission.²⁵ Dr. Elder was ordained in 1882. He was the founder of the church in Royapuram. When health considerations caused Dr. Mrs. Elder to return to Scotland, T. Kitty trained by Dr. Elder carried the dispensaries and evangelist work for four years. Later in 1888 the work was handed over to the Women's Foreign Mission of the church presently the facility is carried by the Rainy Hospital.²⁶

F. Society for the Propagation of the Gospel

Strachan and Margochis, who were trained doctors, introduced medical care in the Tirunelvely district. In Saveripuram medical work was introduced by Rev. H. C. Huxtable as early as the mid 1850 by utilising native medicines. This was a great benefit to the sick, particularly to the poor. The regular medical mission by Rev. Dr. Strachan at Nazareth commenced in 1870. In the 1870's Strachan opened a small hospital in Nazareth, later with due efforts of Margochis grew to become the only large hospital in the district. The efforts of Margochis equipped the hospital to treat well thousands of patients and several hundred outpatients every year. In the 1880's small medical dispensaries were opened in Edaiyangudi, Christian Nagaram, Radhapuram and other mission districts. By 1896, there were eight hospitals or dispensaries run by the SPG Mission. In Christian Nagaram, the dispensary was opened in 1885 with financial aid from the Tirunelvely Local Fund's Board.²⁷ Edaiyangudi and Radhapuram served the sick, particularly, during the time of epidemic such as Cholera and Typhoid. An important service was established to

provide care for women at the time of childbirth. Until then, there was no such facility was available. Missions in some districts provided mid-wives who could visit pregnant women and give much needed medical advice.²⁸

G. London Missionary Society

LMS had been working in many Tamil speaking areas. Some of them were part of the then Travancore State. LMS first started its medical activities at Neyyer under the leadership of Ramsey. In 1838 he began medical work at Neyyur. But he left the mission in 1842 to take up another job in some part of India and the medical mission work was discontinued.²⁹ Another Medical Missionary Dr. Charles Leitch was sent to Travancore in 1852. He restarted the work at Neyyur, but it was discontinued again after he got drowned while bathing in the sea near Neyyur. In 1801, Dr. John Lowe was sent to Travancore and there was a substantial increase in medical work after his arrival.³⁰

LMS also worked in Salem, Attur, Coimbatore and Erode. But they did not have medical missions in all its stations. However, the work at Erode slowly incorporated medical work and in 1919 during the period of Dr. Hilda M. Pollard, the hospital began to become efficient. and mission funds, carried on the work not only in the hospital but also in the surrounding villages. Later the LMS decided to run the hospital with greater efficiency.

H. The Salvation Army

Henry Andrew initiated the medical activity of the Salvation Army in Travancore. He was sent to Nagercoil at the age of 17 where he began to use the healing virtues, "which he possessed from about 1813. This attracted a number of people and he suggested the idea of a medical mission to the Salvation Army. Andrew was ordered to take a Dresser's Course at the hospital in London. 1895, he returned to Nagercoil and set up the Catherine Booth Dispensary. The Dispensary soon developed into a hospital in large measure due to Dr. Percy Turner.³¹ Unlike Henry Andrew, Percy Turner was a 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. Dr. Turner sailed to India in November 1900 and took charge of the Dispensary in 1901. Soon after his arrival he sought to transfer the Catherine Booth Dispensary into a general hospital.

I. Madras Mission Hospitals

Madras Presidency witnessed the best centre of medical care and medical education. Madras itself having four women's hospital of different kinds, the maternity, the Victoria Caste and Gosha, the Christian Rainy and the Kalyani offer the most favourable opportunity for clinical instructions and for obtaining the services of qualified women teachers and lecturers from the staff of the above hospitals and otherwise.³²

The initiation of medical work in Madras is closely bound up with history of Mrs. Scharleib, a young English woman. Mrs. Scharleib heard much from her husband's clients and clerks and from her own servants, of the unnecessary suffering of Indian women owing to lack of medical attendance, and she determined to take up a midwife's training in order to help them.³³ Later she got admitted into Madras Medical College in the year 1875. In 1878 Mrs Scharleib returned to England and entered the London School of Medicine for women. In the year 1882, she passed the final examination for the degree of M.B.B.S., with honours, and gained the gold medal and scholarship in obstetric medicine. After her postgraduate work in Vienna she returned to Madras in 1833. Mrs Scharleib started private practice in Madras, and soon had more patients than she could manage. She felt that her work could never be wholly successful unless she had a hospital. Funds were collected and it was decided to institute a Caste and Gosha Hospital under the care of Mrs. Scharleib. It was established in the year 1885.

The hospital was a success from the beginning and the work was very strenuous. The committee agreed to appoint a second medical woman, Miss Pailthorpe, as assistant to Mrs. Scharleib. In 1887 Mrs. Scharleib's health gave way, and she was obliged under medical advice to leave India for good.³⁴ After Mrs. Scharleib's departure, the Caste and Gosha Hospital moved into new quarters in Triplicane.

After her departure Medical Mission was neglected in the presidency. In 1883, Mrs Scharleib returned to Madras. Meanwhile Dr. Anna Kugler, from United Lutheran church of America, arrived in Guntur where her mission had been established since 1847, and opened work

among the women. A dispensary was begun in 1885 and a new dispensary was built in 1893. A fine women's hospital was opened in 1899. Other workers came from America, and a nurses' training school was opened for Anglo- Indian as well as Indian women. The work rapidly increased and was extended by centres in other parts of the Guntur districts—at Chirala, Tenali and other places.

In 1904, Lady Ampthill established Nurses Institute. From this institute nurses could be supplied to all parts of the Presidency where the need for skilled nursing was very great.³⁵

J. The United Church of Scotland

United Free Church of Scotland had its hospital for women established in Royapuram (1889), initially with a few dispensaries at Royapuram, Mint street, and at George Town in Madras.³⁶ Dr. Matilda Macphain began work under the Free Church of Scotland mission in 1887. A dispensary which had been opened by male medical missionaries was handed over to her and in 1891 a bungalow was acquired in Royapuram, Madras, and women's hospital of 12 beds was opened. Later, the accommodation was increased by the building of sheds in the compound, and it was possible to take in 50 patients. Meanwhile, Christina Rainy hospital was built and opened in 1914. The foundation was laid by the then governor and Lady Lawly in 1914. But the hospital was opened in January 1915 by the Governor of Madras and Lady Pentlands.

N. Subramanian, Administrative General of Madras who was a student from Wesleyan Methodist School at Nagapatnam donated a building for a purpose of a hospital for women and children in the south of the city of Madras and named it after his mother Kalyani. He presented it to the women's ancillary of the Wesleyan Methodist Mission. The Kalyani hospital was opened by Lady White on the 1st of March 1908. A hospital for women was also set up at Conjeevaram in 1912.

The mission also opened up a dispensary at Tiruchinopoly especially for Gosha women and children. A maternity ward was built in it. Through the kindness of Mrs. Wiseman, a three roomed building in Karur was used as a hospital for poor Christian women in Karur. A separate medical school for women, the lady Wellington Medical School for women was opened in July 1923 by Lady Wellington.³⁷ The government admitted ladies into the Indian medical service, so that trained European ladies contribute to the relief of the suffering humanity in India. The medical education was encouraged by grants of scholarships and prizes by the countless of Dufferin. Lady Atchison School and Gosha hospital in madras were specially opened for the training of girls. In 1900 Lady Curson established the Victoria Memorial Scholarship for improving child birth condition.³⁸ In the area of medicine, the state and the missionaries maintained a favourable relationship, because the medical activities of the missionaries were useful to the state. Missionaries sent qualified doctors; started medical classes and established well qualified and highly reputed hospitals and dispensaries. Criticisms from the higher castes against the medical mission were far less than against mission schools.³⁹

CONCLUSION

Medical work was recognised as an important way to serve the nations from the early days of the mission. Missionary literatures valorized the "ministry of healing" and mythologies circulated about missionary physicians and their work in the heathen land.⁴⁰ Missionary Medicine was not a simple humanitarian gesture promising to relieve sickness; suffering was appropriately used not only to care and cure but also to show Christ's love. Crossing the world of caste creed and religion, the missionaries entered the world of backwardness and untouchability. When there was neither proper medicine and medical facility available to treat the sick the medical missionaries not only arrived on the scene, they pioneered a great deal of medical work to the people of TamilNadu. Their gesture of love, care and concern, especially to the down trodden and untouchable paved the way for the greater success of the medical mission as the whole. Missionaries took the lead in the work and facility to the people of Tamilnadu by sharing the meagre medicines and generous compassion they possessed by crossing denominational lines. The response of this labour differed from place to place. For example in Madura, the people did not utilize the medical aid given by the American Medical Mission. It was because the missionaries had established a mission station in that region which made the people to highly suspicious of their motives in trying to help Indians. Besides they had a general notion that sickness was given by the deities who wished to avenge their anger on the patient. They felt that western medicines would not be effective in curing sickness.⁴¹ At Wallajapettah

when an epidemic broke out the people were given medical aid and proper diet that removed the suspicion from their mind. Many firmly believed that sickness was caused by the spirit which was angry with the patients, and so when one became sick they sacrificed fowls, offered food money etc., even the converts were not free from the fear of spirits. When epidemic like cholera broke out many of the new converts went back to Hinduism for they were afraid that the spirits were displeased with them because of the decision to become Christians. When people were healed they mostly attributed the cause of their healing either to the spirits who were supposed to have heard their plea and accepted their sacrifices. As such, the effectiveness of western medicine was either undermined or never understood.⁴² A medical missionary association was formed in 1905, to bring together the medical missionaries from all parts of the country for common counsel blossomed into a Christian Medical Association of India. Membership to this association was opened to all Christian medical practitioners whether in mission service or not, who held recognised qualification and where in sympathy with its aims. It acted as the medical committee of the national Christian Council. From 1925 – 27, the Association carried out a valuable survey of medical missions, the result of which were published in 1931 and formed the basis of a hand book, the ministry of healing in India (1932). The CMAI is the central consultative and advisory body for the Christian medical enterprises in this country. 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 an aid to conversion, but itself is an essential part of the work of a Christian church. Just as the earthly ministry of the Lord included the healing of sick people, so the care of the sick is part of the ministry, committed to the church. It is one of the ways in which the Christian dharma expresses itself.”⁴³

Today Tamilnadu is in the forefront of the medical facility in India. Medical tourism is one of the areas, where these hospitals attract a number of foreigners and people from other countries. In the context of these surging needs, there are all possibilities where these God given gifts to serve the people are misused. Medical profession which was considered next to god have muddled them in the filth of commercialisation of the profession. Delivering adorable health care to Indians billion plus people present enormous challenges and opportunities for the medical community. Political ideologies play a major role in determining the health policies and degrees to which health service are to be made available to the public. No health care system in the world is stable. The government of India is taken fight against HIV, TB, Tobacco, smoking etc. India's young ratio is 60% of its population below 40 years of age need a system for their health care. This paper is due to the demands a reflection on the sacrifice the missionaries undertook in the noble profession and how far the ethics and sacrifices are maintained in the present context. There life and dedication should be an exemplary and eye opener for the present generation.

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