

London Missionary Society and the Progress of Health Care in Colonial Travancore

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Abstract

The Christian Missionaries always stood for all especially for the emancipation of the poor, lower castes, women etc. Even though they had the aim to propagate their religion, the missionaries of various societies like L.M.S.(London Missionary Society), C.M.S.(Church Missionary Society), Salvation Army, Lutherans etc. did tremendous work in the field of education and Health care. There is no doubt that the missionaries were the pioneers to start better education, better health care to all the people without any kind of discrimination. The medical missions entered the Indian subcontinent during the late 18th century. The earliest among them was the London Missionary Society which started work in 18th century in the Travancore State. To help the ignorant men and women out of the vortex of sickness and ailment the London Missionary Society started its medical service. In the field of medical care, LMS did a considerable amount of work in Kerala after 1838. The hospitals of Christian Missionaries brought all castes together, thus providing a new concept about man in a traditional society like that of Kerala. The Protestant women Missionaries contributed a lot for the medical and health care of the people in the Mission stations. They provided medical help to all patients whether rich or poor, high or low caste.

Key words: Christianity, Health Care, London, Missionary Society, Medical Missionaries, Travancore.

Introduction

Medical work came to occupy an outstanding position in the work of almost all the Christian Missions which landed in India as well as of the Indian Church. The terrible inadequacy of medical facilities in India induced Christian agencies to start hospitals and dispensaries both in cities and villages. In India, Kerala's geographical location facilitated Christianity and

Islam to enter into it early in its history. Before Christianity began an organised religion in the 4th century CE, it has entered in to Kerala in the first century of the CE. Since south India was maintaining its Dravidian identity, culturally religiously, i.e., it was not Aryanised or Hinduised, it allowed Christianity to enter and expand. The rulers of Travancore gave its patronage to Christianity; from the beginning of the Christianity in Travancore (CE 52).Kerala is proud of having a continuous history of Christianity from the 4th century A.D. onwards. According to tradition, it was St. Thomas, one of the apostles of Jesus Christ himself, who brought Christianity to Kerala. The ancient Christians of Kerala are generally known as the Syrian Christians. From 17th century onwards it divided in to several denominations like, Syrian Catholics, Jacobite Catholics, apart from these there were Roman Catholics and they were more active in South India. The protestant Christians started their activities during the 19th century. This protestant Christianity was new to the region. By 17th century, most of the South India came under the influence of Aryan Brahmanism so was Kerala. Christian Missionaries were coming in organised way with a defined purpose. After schism and reform and counter-reform Catholic Christianity was drastically different from itself earlier self. It adopted science not only justify Christianity but also as a tool of offering services to the people in need. Service to God is defined as service to human. For a religion with such an objective, science has been an effective revitaliser. It has offered the lost strength and it has paved the way for spread of Christianity into Asia, Africa, and America. Medicine is no doubt as a tool of relieving human from pain and suffering. The third and the fourth are the hunger and knowledge, along with religion these two were also provided simultaneously. Medicine and medical care came in hand to address the problems of the untouchables who were kept outside the India medicine for reasons of purity and polluted bodies. The London Missionary Society (LMS) started its activity in Travancore only by CE 1806.

The people of Travancore were immersed in grave superstitions and their mind was not set in favour of any kind of scientific treatments. On the other hand, they attributed the causes of diseases to the curse of some supernatural elements. Due to illiteracy and superstition, the people of the caste dominated Travancore society believed that the epidemics like cholera and small-pox were due to the wrath of God, Bhadrakali.¹ All non-Brahmin castes offered human and animal sacrifices to propitiate her, and thereby to escape from the afflictions. Small-pox was a common disease but the Nadars felt that this epidemic occurred on account

of the wrath of Mutharamman or the Mother of pearls.² It took a long time for the people to understand the real reasons for diseases. The credit for creating a logical scientific outlook towards disease goes to the Medical Missionaries deputed by the L. M. S. Consequently, a shift took place in the system of treatment from indigenous medicine to English medicine.

Western medical missionaries expressed the opinion that prevalence of superstitions as well as unflinching faith in quack remedied had led to heavy loss of lives in different parts of India. In their own analysis, overpopulation, lack of proper diet and poor sanitation facilities had been responsible for the high incidents of mortality resulting from tuberculosis and small pox.³

The establishment of Christian medical missions, barring some instances of local opposition was made easy by the Maharaja's positive attitude towards western medicine. The favourable attitude of the Maharaja towards Western medicine partly explicates the reason behind the decision of administration to support Christian medical institutions. The Christian medical missions made significant interventions in the spheres involving medical relief to the lower castes.⁴ The lower castes such as the Pulayas, hardly had much access to government hospitals and their only lay in seeking the help and support of the medical missionaries.

LMS Medical Mission Activities in Travancore

Rev. Charles Mead brought the idea of Medical Mission for giving aid to the poor and the uncared. So he is known as the founder of Medical Mission in Travancore State.⁵ The London Mission Doctors were pioneers in introducing western medicine, western method of medical and surgical treatment in Travancore. The first hospital at Neyyoor was established in 1838. Even before that, Rev. Ringeltaube provided western medicines to the sick free of cost. Besides he also introduced the vaccination to the members of his Congregation in 1814; whereas the Government opened the Vaccination Department to the public in the Capital at Trivandrum only in 1865. The Government opened its first Hospital in Trivandrum in 1865.⁶

The first medical missionary sent to Travancore was A. Ramsay. In 1838, he began medical work at Neyyoor. There are two accounts concerning the establishment of medical mission in South Travancore. One account says that the medical mission was started first at Nagercoil, but the other account says that Medical Mission was started first at Neyyoor. Rev. I. H. Hacker who was a missionary in Travancore says in his book, 'A Hundred Years in

Travancore', " In 1838 Ramsay a medical men came out to Nagercoil and in three months had treated 1500 cases".⁷ Lovett writes in his book, 'The History of London Missionary Society', "In the year 1838, Mr. Ramsay a duly qualified medical man opened a medical mission at Nagercoil". John, A.Jacob says in his book, 'A History of London Missionary Society in South Travancore', "Dr. Ramsay came to Nagercoil from Quilon and constructed a hospital at Nagercoil".⁸ S.V. Immanuel a native at Neyyoor mentions in the 'Pastorate Centenary Souvenir, Home Church Neyyoor', Dr. Ramsay started his work at Nagercoil and built a small hospital there."⁹ From the above sources we can find out that the medical mission was started first at Nagercoil. But according to another account the medical mission was started first at Neyyoor. G. H. Agur in his writings says, "Dr. Ramsay the medical missionary commenced a medical mission at Neyyoor."¹⁰ Again Mr. Martin quotes Rev. Samuel Zachariah who was an eye witness says: "Living with Rev. Miller at Neyyor, Dr. Ramsay commenced the medical work."¹¹ The medical mission doctors welcomed all patients irrespective of caste, creed and sex and treated them free of cost. The hospital Neyyoor is the oldest private one in the State having been established in 1838. In 1842, Ramsay resigned his post and returned back.

Rev. Dr. Charles Leitch sent by the London Missionary Society, at the request of the Rev. Mead for a Medical Missionary, and reached in 1852. He gave general treatment to over two thousand patients and surgical treatment to over eighty patients within a short period. But unfortunately, in 1854 he drowned in the sea.¹² On the demise of the Dr. Leitch, Rev. Baylis took up the additional responsibility of the medical Ministry.

LMS at the beginning stages ordained medical personnel and then sent them to the stations as Medical Missionaries; accordingly Dr. John Lowe came here and commenced his medical ministry in 1861. He treated forty thousand patients and twelve thousand were vaccinated. Further, a medical school was started with eight students with the aim of establishing medical centres in every District. In this training class, a Hindu student called Govindan received medical education. He was supported by the Travancore Government after he had finished the course.¹³ Hospitals were opened in Aattoor, Agasteeswaram and Santhapuram under Neyyoor, Kottayam and Nagercoil Districts.¹⁴

In the late 1860s, the 'untouchable' communities, comprising mostly of the Pulayas, were the major beneficiaries of the LMS medical mission work. The medical missionaries made the

attempts to rid of all sorts of hatred regarding caste and religion under the care and protection of Medical Officers. A Brahmin boy with his mother stayed in the same in- patient hall and got treatment without discrepancy of friction or hatred whatsoever.¹⁵ Many patients belonging to various castes came for the treatment. Dr. Lowe writes: “that a much larger number of high cast patients now come to the hospital. Among the patients assembled in the waiting room may always be seen a number of Brahmins and Sudras with Shannar and Puliars.”¹⁶ The medical facilities of the maternity hospital at Trivandrum were improved to meet the demands of the socially and economically deprived sections of the society.¹⁷ In 1864, there were broke out an epidemic of small pox in South Travancore. Dr. Lowe at this time gave a special training to Daveedu (who was later on admitted as one of the students of the medical class) in vaccination and sent him chiefly among the lower caste people.¹⁸ By that time the LMS had many branches at different parts of Travancore. John Low instructed that a youth each from each district should be selected to undergo the medical training in his newly formed school. He was assisted by Mr. Bayliss who taught the students essential Latin, Chemistry etc. The course was for three and half years. Each student was given enough instructions in medicine, minor surgical procedures including orthopaedics. The students became the medical assistants or dressers at different branches. The effectiveness of their training was demonstrated when Low left in 1869, these trained persons could carry on the work by doing amputations, difficult obstetrical operations, reducing fractures and dislocations etc.¹⁹ In 1868, Dr. Lowe left for homeland and under the leadership of Rev. Baylis and others, the medical ministry went on well till the arrival of Dr. Thompson in 1873.

Dr. Thompson reached Neyyoor in 1873 and took up the entire responsibility. He started the Second Batch of medical classes and then to build a new hospital building, he planned ways and means to raise sufficient funds and as the first step, submitted the donation- list to Maharaja AayilliamThirunal Ramavarma through Diwan; Travancore kings always greatly appreciated the Missionaries for their Medical Ministry as well as for their Ministry in Education. Seeing the ‘list’, the King gladly took care of the full construction – cost of the Hospital building which came to Rs. 2,000 and the Neyyoor Hospital building was completed in 1875.²⁰

Patients were also visited at their own homes. The 1881, the L.M.S. Neyyoor hospital report says: “7,537 patients were treated here during the year and of those 1900 were visited at their homes...”²¹ Anyhow day by day the number of patients increases.

Table : The number of increases of patients within twenty years

Year	Protestant Christians	Heathens	Roman Catholics	Mohemmdians	Total
1863	2481	1619	510	134	4744
1883	14021	13103	1807	502	29,433

Source: L. M. S. Report, 1881.

Dr. D. Edward Sargod Fry arrived at Neyyoor in 1886 and took in charge of medical mission. The most important aspect of Dr. Fry’s period was the beginning of the work among lepers. The leprosy was considered very serious and the lepers were considered untouchable by the Indian society. Dr. Sargod Fry pleaded the matter very seriously. The LMS mission responded immediately and gave permission to build a separate ward for the lepers in which they could be admitted.

Under the scheme of ‘Forward Movement’, LMS planned to delegate one hundred Missionaries additionally around the LMS Missionary fields in 1891. Dr. Fells took responsibility of Medical Mission in 1893 and was applauded as an efficient Physician. He constructed a maternity ward and he also started medical training. Dr. Fells was an efficient cancer surgeon, he was so kind with patients that the number of patients rose up from twenty thousand to seventy five thousand and the yearly medication expenses increased from Rs. 6,000/- To 20,000/-; and branch hospitals too rose up from seven to thirteen. He had successfully performed more than five thousand surgeries and during his time and Neyyoor Hospital got the name ‘Largest Medical Mission in the world’.²² To minimize the expenditure, Dr. Fells selected intelligent natives and trained them and placed the efficient as nurses, medical personnel, compounders, painters and tailors.

Dr. William Charles Bentaal was medical missionary from 1902 to 1907. During his time, the fifth batch of the medical class was commenced. Dr. James Davidson was the medical missionary from 1905 to 1914. He was the pioneer to establish an Ophthalmic Unit here. He was followed by Dr. H. C. Orrin, Dr. O.H. Bullock and Dr. Stephen Horatio Pugh (1912 to

1926). As Nurses were meagrely paid, nursing – profession was considered ‘low’ and of mediocre status that none opted for Nurses’ training; Dr Pugh, after analysing this matter, tried to bring up the status of this profession by raising their salary, which gave him success, besides, quite conscious of the need for funds for running the medical ministry superbly, he brought in thrift measures like collection of fee from rich patients for consultation as well as for surgery.²³ But they gave free medicine and treatment to the poor people. During these periods, Miss Davidson, Miss. Schafer, Miss Ferguson and Miss Hacker had served as Nursing Superintendents.

In the history of Neyyoor Medical Mission the year 1923 was a turning point because, Dr. Somervell, a dedicated missionary came and started his medical service in 1923. During his time, Neyyoor Hospital gained a name of renown in the International Medical Field; in-patients record rose from eighty to Two hundred; in 1924, a Special Female Ward was constructed for privacy within the campus itself.

The medical mission continued to expand. In 1902 it had 17 out-stations. The Neyyoor Hospital was one of the largest Hospitals in Travancore. In addition, it offered a high standard of treatment with up to date equipment. The first X-ray machine was, installed in 1923 and it was the only one of its kind in South India other than the one in Madras. In 1930, the radium treatment for cancer disease started for the first time in India.²⁴ That time, cancer patients were more in Travancore, most of the people got cancer in the mouth.²⁵ As a result, the hospital often accepted cases which the government hospitals were unable to treat. When Harlow came, the medicine, tablets and toothpaste were made by themselves in the hospitals under the leadership of Dr. Somervell. E.A. Harlow, a medical missionary, wrote in 1931 that ‘the death rate of our surgical cases is substantially less than it is in the large hospitals in London and in the Presidency towns in India.’²⁶

At the time when cholera epidemic was widespread in 1928, Dr. Somervell, with his medical team tirelessly visited the patients from village to village and provided medication and preventive vaccination, which was greatly applauded even by the Government. Wounded warriors during the World War II were treated in Neyyoor Hospital. The period of Dr. Somervell (1923 – 1945) was known as ‘Somervell Regime’ and the Hospital as Somervell Hospital.²⁷ By 1930, the Neyyoor hospital had 2 European Doctors, 16 Indian Doctors, and 16 unqualified assistants, 17 Indian nurses, 190 beds, 3525 inpatients, 111948 outpatients.

Medical Services and Women

The effort of the Missionaries as part of the liberation programme for the uplift of the low and the underprivileged was of tremendous value. The Lady Missionaries of the L.M.S. rendered yeoman service in the medical field also.²⁸ As the Medical Mission grew the doctors found it difficult to take care of the women patients without the help of trained nurses.²⁹ So efforts were made to bring trained nurses and dressers from Europe. In building up the Neyyoor Medical Mission, the wives of the Missionary doctors played an important role. At the time of the spread of cholera in 1872 Mrs. Jessie Thomson took keen interest in consoling the afflicted people at Thalakulam, Eraniel, Colachel, Tharavilai, Thuckalay and around Neyyoor.³⁰

Miss Margarette Elisa McDonnell was sent to Neyyoor as Nursing Superintendent who arrived in 1892 and excellently performed her duties from 1892 to 1902 and then from 1907 to 1911. Her performance was so dedicated, so diligent and so devoted, that she was affectionately known as 'Mother of Nurses' by all.

Miss. Shaffter had been steering the nursing department from 1916 in an efficient manner. Miss. Ferguson, a European nurse volunteered to serve the hospital for a period of two years.³¹ Miss. Edith Annie, Hacker the daughter of I.H. Hacker trained in medicine in London and took charge of the nursing section in 1923. The benefits of her work from 1923 to 1927 became well appreciated by the Mission. She gave training to fresh men and women in Nursing; her efficiency in training nurses was highly spoken of by the doctors.³² In 1936, Dr Miss John Thompson, a highly qualified English woman and the first Lady in Neyyoor Hospital appointed as doctor, brought larger number of women- patients to this hospital especially for maternity and for gynaecological disorders.³³ In the initial stages, the services of nurses were not utilised in Hospitals; but the services of midwives were of use during delivery times. Dr. Thompson gave special training to Bible women – Rebekka, Devai, Paripooranam and Arulayi and used them as nurses.

Development of Medical Work

In 1880s and the 1890s, the medical mission expanded. The missionaries received requests from the upper caste educated Hindus to expand their activities in new localities and they received great deal of support from the medical department of the Travancore government.

They established hospitals in Attingal, Trivandrum, and Vaikkam. In 1897, the Travancore authorities instituted a system of Grants-in-aid for the medical institutions. The government only disbursed funds for the Neyyoor hospital, since the other hospitals did not have the person with requisite qualifications. One of the convictions of the medical missionaries was that the medical work should be done among the villagers those who were not able to get medical facilities. It was a recognised policy to maintain a well-equipped central hospital and to establish branch hospitals or dispensaries in the smaller town. This is illustrated by Neyyoor in Travancore. So missionaries wanted to extend the medical work into very difficult places, where people never reached before. They followed three methods of medical work in the rural area.³⁴ They are: Medical work at patients' home, Medical tour in villages, and the Medical work after Sunday worship.

In 1930, the LMS had 23 medical mission stations which treated 372,410 patients worldwide, while the medical mission in Travancore alone treated 163,121 patients. This means that it treated 43.8 per cent of the total number of patients treated by all the medical missions of the LMS.³⁵ The Directors of the LMS were sent well qualified medical missionaries to Travancore. In addition to the efforts of the LMS itself, another and more important reason for the development of medical work was that the medical mission received considerable help from the Maharajas and their government. They gave large sums in subscriptions and grants to the mission received.³⁶

In the 1890s, the missionaries received requests from the upper caste educated Hindus to expand their activities in new localities. Dr. Fells, a LMS medical missionary, with the help of European nurses, made elaborate arrangements for the training of Indian nurses and midwives. The Marthandapuram Hospital in Quilon also served as a training centre for the Indian dressers.

Missionaries selected students those who are fluent in English and gave them medical education for four to five years and then posted them as Assistant Medical Officers. This medical education followed the same syllabus of Edinburgh School of Medicine in England: Biology, Chemistry, Physics, Anatomy, Physiology, Surgery, Hygiene, Pathology, Bacteriology and Mid-Wifery. Annual examinations were conducted and evaluated by eminent Medical Officers all over India. After Dr. Lowe, classes were conducted by Dr. Thompson and after that, Dr. Fry trained fourteen students in 1889.³⁷

The mission hospital at Neyyoor, which was one of the largest hospitals in Travancore, supervised 20 branches. At the same time, Indian medical assistants were trained in larger numbers to extend the benefits of Western medical science to a large humanity exposed to quackery. By 1915, the medical mission opened 17 branch hospitals in Pareychaley, where the Pulayas and upper castes were involved in bitter struggles. In 1921, the LMS hospitals and dispensaries treated 81,151 patients, of which 30,902 were surgical cases. There were about 2,738 gynaecological cases.³⁸ The number of leper patients in the Leper Asylum also increased. In 1930s, the medical mission in Travancore was the largest of its kind set up by the LMS in India. In 1930, the LMS had 23 medical mission stations which treated 3, 72,410 patients worldwide.³⁹ The Directors of the LMS were determined to develop this work and qualified medical missionary were constantly sent to Travancore.

The Travancore medical work resulted in some social changes in the society. Superstitious beliefs, caste system, illiteracy were common, untouchability and economic problems were severe among the people. But the medical missionary's work brought a new awareness at this evil society. The medical mission created employment opportunities. The poor and intelligent students were selected for training in the Para- Medical course and nursing training. The trainees who had completed these courses successfully were appointed as medical assistants and received sufficient salaries. The medical missionaries gave free medicine for poor people and it created employment opportunities for the educated poor students by starting medical school and nurses training. Thus, through the various lines, medical mission succeeded to alleviate the suffering of the people.

When the medical work started in South Travancore, those who affected by diseases came to the mission hospital. When Dr. Leitch opened his first dispensary at Neyyoor in the year 1852, he found a large number of people coming to him for treatment. Dr. Ramsay wrote, "the people of every caste even Brahmins, flock to me for advice. I have free access to all and have great reason to believe that good will be done."⁴⁰ Sometimes the high Hindus also helped the missionaries with money or things. The people of South Travancore were often affected by the diseases like Cholera, Malaria and other kinds of diseases. The medical mission intervened to develop the public health and to remove sufferings. Since Christian medical missionaries had been involved in the development of public health, the Maharajah considered it as social work of Christian Missionaries. It indirectly helped the Maharajah

because the Govt. Had a responsibility to remove the diseases from the community, this was being done by the Christian Missionaries.⁴¹

Conclusion

The missionaries made a significant contribution to the development of medical facilities in Travancore. Of the missionary societies, the LMS had the most substantial medical mission in Travancore. The medical mission in Travancore was by far the largest mission of its kind setup by the LMS. Throughout the 19thcy, Medical Mission occupied a rather subdued position in the realm of missionary enterprise in India. The onset of famine and the heavy loss of human lives did bring about a change in the attitude of the missionary organizations. The large-scale human despair and misery convinced them of the utility of medical missions. It came to be recognized that Christian medical institutions were powerful adjuncts to the missionary enterprise in India. Medical missionaries were seen as agents who would not only broaden contacts with non- Christian communities, but also provide a momentum to the preaching of the biblical teachings. To the common poor man, the leper and the wounded, as to the rich high caste sick men and women, the health ministry of the church represented by the Missionaries was a boon that the church had bestowed on all alike. The effort of Lady Missionaries also paved the way for the women to come to the hospital for treatment and their service to the womenfolk was really appreciable. The hospitals of the medical mission brought people of all castes together.

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