

## CHAPTER – VI

### HEALTH CARE ACTIVITIES OF THE SWEDISH MISSIONARIES

The humanity continues to regenerate through the mother. Nature has fixed a time line for its end through the process of death. While natural death is acceptable and understandable, dying because of poverty, severe illness, disease and unhealthy living conditions is unbearable and painful. A man without money or wealth will be poor economically.<sup>1</sup> Without proper medical facilities death of a diseased person is inevitable and customarily acceptable. But the blame was usually put on their fate. People did not have the willingness or the capacity to think and believe that it is possible to change the power of nature which is not based on fate but proper treatment of bacteria.<sup>2</sup> As stated by J.D. Asirvatham, the Bishop Sandegren, the death of a pregnant lady at Coimbatore compelled the Swedish Missionaries to devote on the establishment of Hospitals and medical care centres. So this chapter deals with medical services to women done by the Swedish missionaries.

Missionaries left the comfort of their home because of their faith over their responsibility to communicate the Gospel to mankind. Gospel is good news. Good news is of a different value, a different result, a different experience hitherto unknown. It is possible and available if only someone

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1. **Christian Medical Journal of India**, Vol. 1998, pp.5-25.

2. **The Constitution of the church of Sweden Mission in India and Rules for its Missionaries**, the CMV Press, Madurai, 1953, p.2.

believes and acts upon it. For someone to believe and act upon, it is necessary that there has to be someone who is prepared to meet the person in need and tell him that it is possible and it is available now. The good news for a sick person cannot be anything but free from disease.<sup>3</sup> But the fact that Jesus heals does not make any sense simply because somebody is sitting for days together closing his eyes and praising God repeating victory through the blood of Jesus. One's spiritual capacity to confront realities of life enables him to deal with it in a practical way without losing hope. This is applicable to health considerations also.

The European Missionaries built hospitals in Madurai, Trichy, Vellore and Madras. By close observation one could see that all these places were reasonably big with larger populations. They were all mostly residents of towns and cities, in other word the urban areas. The CSM missionaries chose to work in small widely spread remote and rural areas where the working conditions were more difficult and the need was necessarily high. No wonder they chose Thirupattur in Sivagangai District as the contact point and head quarters for their medical Mission in Tamil Nadu. This was one of the most backward areas of the country at that time. Lack of proper road, lack of transportation, lack of proper drinking water, lack of residential facilities were the major problems and they did not stop them from what they wanted to do

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3. Rosemary Fitzgerald, **A Peculiar and Exceptional Measure: The Call for Women Medical Missionaries for India in the Later Nineteenth Century, in Missionary Encounters: Sources and Issues**. Richmond: Curzon Press 1996 pp. 175,177.

because the driving force was the power of the love of God. They were genuine in their commitment. They challenged all the physical difficulties which they faced in their personal lives and chose Thiruppattur as the place to build the Hospital. Such a bold decision was widely appreciated and benefitted by the local people. Way back in 1906 they started building the Swedish Mission Hospital in Thiruppattur.<sup>4</sup>

There were valid reasons why they chose Thiruppattur for their Medical Mission.<sup>5</sup> Some of them included the proximity of their Christian Mission field where they carried out religious work. They got lands when the cost of the land was heavily subsidized and the major portion of land was gifted by Raja of Sivagangai. Local donations were also received from wealthy people for this noble cause. Water facilities were more than sufficient. The area was safe and appropriate for a major health facility by the hospital. Kind hearted people from Sweden offered help in so many ways which included cash donations and arrangements to import high quality surgical instruments and medical machines from Europe. They also offered financial help at different stages.<sup>6</sup>

In the Synod meeting of CSM and ELM Missionaries held in Tranquebar in 1902 the resolution to start the hospital in Thiruppattur was

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4. Prepared By Committee on Survey, Efficiency, and Co-operation of the Christian Medical Association of India in Conjunction with the National Christian Council of India, Burma and Ceylon, Poon, India, **A Survey of Medical Missions in India**, National Christian Council, India, 1928, pp. 92-105.

5. Esther Peterson **Letters from Pattukkottai**, MT 1907, p 2.

6. **Golden Jubilee Swedish Mission Hospital Souvenir**, Thiruppattur, 1969, p.28.

passed after a long discussion. Dr. Fredrick Kugelberg came to Pattukkottai first, learnt Tamil, and carried out field research. But for various reasons Pattukkottai was rejected and Thiruppattur was chosen.<sup>7</sup>

Even though the hospital was started in a humble way only on 20<sup>th</sup> September, 1906 onwards the medical care activities were started amidst thick Palmyra trees and forest bushes. The hospital buildings were built upon proper directions, guidance and involvement of engineers, structural experts and specialists. Appropriate wards like general ward female ward and operation theatres were built one after the other in a proper way and according to the need. The first person to get treated was an old lady who received cataract operation on her eyes and received full vision back through the successful operation performed by Dr. Kugelberg. More importance was given to women in this medical ministry. Within one year from the time of starting, this hospital added a women's ward with 10 beds. Because there was a need for such a ward in the society at that time and people preferred it.<sup>8</sup> Now in this hospital the following facilities are made available. 1) Medicine 2) Pediatrics 3) Surgery 4) Ophthalmology 5) E.N.T 6) Obstetrics and Gynecology 7) Orthopedics and 8) Leprosy<sup>9</sup>.

Sickness was prevalent among women because of heavy work load and

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7. J. Sandgren, **In the Memorial Book**, 30 May 1912, p. 129.

8. Fredrik Kugelberg **One year's work in Tirupatur, Sweden** MT 1930 p. 112.

9. Olof Johansson **A Swedish Church Mission in South India in 1937, in Testimony in 1937-1938, Swedish Church Mission, Uppsala, 1938, p. 50.**

feeble body structure. Pregnancy and delivery were risky and women died more during child birth. Before the opening of the hospital women were not interested on getting systematic, scientific medical help. Women received treatment only by quacks and traditional healers along with grandma treatment and village women midwives (who obtained this title not by any training but by experience alone) which were not scientific. As a result of this right or wrong choice method of treatment people were actually playing with the lives of women who died in large numbers. In Tamil child delivery is called **Pirasavam** which if read as two syllables would be Pira and Savam. Strangely though pira means birth and savam means dead body. Women were psychologically prepared to face the chances of death right from the time of conception. This added to the psychological non co- operative condition of the women during the child delivery which could have been the reason for the higher number of deaths on this occasion. The hospital run by missionaries solved this situation in a holistic manner which was a total contrast to the experience of women in places other than the hospital. Different wards relating to maternity and child birth were planned and developed in the hospital.<sup>10</sup>

There were genuine reasons for this. Women patients hesitated to receive maternity related check up and treatments from male doctors. Cultural value was also so high where they could not allow a man to see them under any

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10. Fredrik Kugelberg **The story of Tirupattur**, Swedish Church Deaconess Board Book publisher, Stockholm, 1936, p 9.

circumstances. This almost threatened to defeat the very purpose of this hospital itself. As a result of a positive response and affectionate understanding of the situation, the missionaries decided to invite female Doctors from Sweden. Dr. & Mrs. Fredrik Ysander, Dr. & Mrs. Olof Sendel, Dr. & Mrs. Lennart Wallden, Dr. & Mrs. Arne Welber, Dr. & Mrs. Lennart Ohlse were notable among them.<sup>11</sup>

While this was continuing on the intangible spiritual and psychological side, something was needed to be done on the practical physical side. While addressing the tangible physical condition of healing the body becomes part of the prayerful Gospel work it is agreed that preaching the word of God should be followed by practicing the same. It is also accepted that this medical need is to be fulfilled by keeping the Bible on one hand and touching the sick person with the other hand. Here, touching means initiating, interacting and intercepting the process of a person's health system and bring it back to its original condition of how it should be. Much attention was provided with the situation of being sick and suffering. Bringing it back to normalcy is the situation of healing and smiling. The patient cannot do this all by himself.<sup>12</sup> Someone else has to do this on his behalf. The Christian faith declares that God loves people and he does not want people to suffer. These are empty

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11. Kerstin Wilcke **A New Path, in the Book of Tirupattur**, Swedish church Deaconess Board Book publisher, Sweden, pp. 106-107.

12. **Annual Report, Swedish Mission Hospital**, Thirupattur 1940, p.10.

rhetoric unless and until something is done pragmatically to heal the sick in the scientific way after, or along with a prayer for the sick. The missionaries executed the same thing with when they confronted the enormous quantity of the sick and suffering on account they were not ‘working’ for any organization for a salary but they were offering themselves as sacrificial service because of the love and compassion filling their hearts through the power of the Holy Spirit. This is the difference between the missionaries of earlier days and the present Priest and Church workers with pay and perks and travel allowance in these days. The missionaries from Church of Sweden Mission served as a wonderful example for the spirit filled compassionate work representing God’s love being expressed through the medical mission in Tamil Nadu.<sup>13</sup>

The personnel involved in the mission field of Tamil Nadu and those supporting them from the **Home Board** in Sweden had perfect understanding regarding the need and supply of service to the poor. Their commitment was at the highest level. Hence analysis of the situation in India, planning a project proposal to meet the genuine health needs of the area, fund raising for this noble cause in Sweden and other countries were all done with clarity of purpose, commitment to the cause and honesty before God. As a result of these activities the Missionaries established several hospitals and nursing homes and thus the Healing Ministry of the church became visibly seen. At places like

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13. David Arnold **Introduction: Disease, Medicine and Empire, in Imperial Medicine and**

**Indigenous Societies**, Manchester University Press, New York, 1998, pp. 10-11.

Muthursamipatti, Maruthipatti, Veppam Kulam, Athikaram, Kattukudipatti, Eraniyur, Thirukolakkudi and Keelasevalpatty nine health centres are run by the Mission.

The arrival of women health staff and women doctors brought cheers among the women patients. Especially the fact that these high quality medical facilities were available in their own area made them to feel happy. Word spread and hundreds of people thronged to the CSM hospital in Thirupattur. It became a cycle of cause and effect that the number of the needy people became high and the extension programmes of the hospital became widened. Because of the long term vision of the CSM missionaries, special wards for ophthalmology and another ward for Ear Nose and Throat (ENT) were established subsequently. This part of the country is covered with a certain type of throne bush called **Karuvelamaram** which is partially poisonous when burnt<sup>14</sup>. Women cut those to use as fire wood regularly. As a result their eyes and lungs started getting deteriorated. Special cells were formed in every church throughout Sweden to receive donations specifically meant for meeting the needs of the different wards of the hospital. The funds thus collected from foreign countries and through local donations were utilized to maintain these

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14. Tirupattur Swedish Mission Hospital Medical Board Report, 1970, p.7.

wards and women patients came more and more in number and respect and reliability of the CSM missionaries rose to great heights.<sup>15</sup>

On hearing this wonderful service to humanity Gandhiji visited this hospital in 1927 and registered his deep appreciation by shaking hands with each and every Swedish missionary in the hospital, and the Swedish missionary contributed a donation of Rs.400 as the personal mark of respect to Gandhiji. The Governor of Madras Presidency Stenely also visited hospital. Those two distinctive personalities met at one point at Swedish Mission hospital at Thirupattur on the ground of humanity and humane healing service.

During and after the world wars, the Indian army was used by the British Government. So, medical treatments and medicines were needed to treat the wounded people.<sup>16</sup> The American Mission hospitals were located in Trichy and Madurai. But the English people did not like to go there. They rather chose the hospitals run by Swedish Missionaries at Thirupattur. The services of various categories became a necessity. So there was a dire need for trained medical nurses all over. It was a well known fact that women are soft and gentle in their treatment of patients and hence they were believed to be more suitable to work as medical nurses and health staff. No wonder the

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15. Elsa Sydow von, Eds, Esther Peterson, **From nurses work in among Women and Children in India**, Swedish Church Deaconess Board Book Publisher, Stockholm, 1927, p 27.

16. George L. Mosse, **Fallen Soldiers: reshaping the Memory of the world wars**, New York and Oxford University Press, New York, 1990, p.63.

Swedish missionaries seized the opportunity to respond to such a need in the most suitable way by opening a School of Nursing in the Thirupattur hospital compound. Such far sighted administrative decisions carried out for the benefit the poor people of this area became a land mark in many ways. This hospital has the distinction and the right to be proud because one of the children born in this hospital, Mr. P. Chidambaram is serving as the Honorable Minister for Home affairs, Government of India.<sup>17</sup>

The following table which highlights the responses of women undertook medical care from the Mission Hospital, Thirupattur during the year 1959. This is also a honour achieved for the medical care taken up by this charitable medical institution.

One Kalyani, Mookaiyee, Karuppamal, Karuppaiyee, Anjamal, Veerayee, Veerammal, Thangachiyammal, Manikavalli, Maragatham were first women in patients admitted in the year of 1910 in women ward in Swedish mission hospital at Thirupattur. The above patients were aged about from twenty years to forty years. Hence, the aged women were treated by own traditional medicine and also the aged women they don't care about their sickness. Hence, hospital attracts young generation rather than old patient. Young generation accept and welcoming the new medical treatment and surgery.

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17. Eva Kugelberg **From our India Missionaries letter, from Tirupattur, Pictures and letters** ,Sweden: MT 1927: pp62-63.

## IN PATIENT – WOMEN PATIENTS IN 1959 (WOMEN WARD<sup>18</sup>)

Months	General	Eye	Total
January	210	26	236
February	110	33	143
March	91	15	106
April	112		112
May	113		113
June	110	20	130
July	75	25	100
August	110	70	180
September	120	40	160
October	140	70	210
November	250	40	290
December	100	40	140
Total	1411	426	1837

This table indicates number of women patients were treated by hospital and nature of treatment including special treatment for eye and other treatment. The winter session from November to January women affected more sickness than summer session.

### **The School of Nursing**

The School of Nursing at Thirupattur was known as the best school in the Madras Presidency. Thousands of women trained in this school started working as nurses and medical attendants in Government and private hospitals abroad. Some of the trained nurses worked in the SM Hospital also. Thus the School of Nursing which had its humble beginnings grew into a massive structure and offered practical training along with a wide variety of

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18. The Medical Board Report for the year 1960. ( Trichy, synod conference)

specializations which were beneficial to the women of this area. The Nursing students got opportunity to learn swimming also which kept them physically healthy and fit for long hours of strenuous work in the hospital. This training at this hospital opened up avenues for job opportunities in many places both India and abroad.<sup>19</sup> Thus it functions as a multifaceted Training Institute.

In the CSM School of Nursing the missionaries started both Degree courses and Diploma courses for the benefit of the women students. They had understood the fact that women were in a better position to offer the courtesy and warmth of kind hearted service which were the basic qualifications for a nurse. So women students joined in great numbers and the School was recognized as a number one institution in the Madras Presidency.<sup>20</sup> The school retained the good name and reputation for several years. Job opportunities came to the trainees voluntarily. The poor girls were able to upgrade their standard of life because of the new income sources through employment in foreign countries. Inter Exchange Training Programmes were arranged to students in collaboration with Christian Medical College, Vellore and American Mission Hospital, Madurai. The missionaries enhanced the standard of the school to international levels. Surgical assistance training especially in eye operations, given by the mission hospital reached a high centre mark in grade in the country. Women also excelled themselves in their interest and

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19. Ysander Frederick, **Last Hospital rounds**, Wretman, Uppsala 1951 p68.

20. **Handbook of the Christian Medical Association of India**, The Wesleyan Mission Press, Mysore, 1932, p. 114.

commitment for higher levels of educational standards. Thus for the first time in India an attempt was made to do away with the gender disparity between sexes as the weaker sex was given importance and equality when it was pertaining to physical health and medical treatment.<sup>21</sup>

Women who came to be admitted in the hospital were basically weak in health and constitution. Any ordinary hospital would normally treat them for their disease and send them away. But hospital like S M Hospital, Thirupattur would practice holistic approach in the total health of the women along with the treatment for the disease. It is amazing to observe the commitment of missionaries for their holistic approach. They supplied good quality milk and nutritious food to both in patients and also to out patients. For this purpose dairy farm was started. Hundreds of cows were purchased and the dairy farm was maintained in a hygienic manner. In order to give healthy food to the cows, they developed a fodder grass farm. The technology used for hospital waste water management was one of the first of its time in India. Through underground tunnel they collected the waste water, stored in huge tanks and treated them scientifically. The recycled water was used for irrigating the grass fields as well as the animal husbandry farms. Generally malaria and cholera spread due to the stagnation of rain water in residential areas. But because of the underground drainage facility available in this hospital, this probability of

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21. Charles Leslie, Berkeley, Los Angeles **A Comparative Study**, University of California Press, London, 1976, p. 38. and Mamata Rajawas (ed), **Encyclopedia of Dalit in India**, Anmol Publications. New Delhi, 2004, p,57.

infection was totally avoided and the hospital premises were kept clean. It is worthy to note that the underground drainage facilities were used for the first time in this hospital only. Due to such chain processes, the system became fool proof and the major benefits reached the women widely.<sup>22</sup> To provide lunch and supper, a large kitchen was established. Because of the holistic approach and concern for women's health, they were keen to have good quality ingredients in the food preparation. This led to the establishment of a large vegetable garden and farming. This cycle led to the creation of agricultural employment for women. They were able to earn some money. It is worth to note sometimes the people wanted to be an inpatient because of the quality food provided in the hospital.<sup>23</sup>

Even rich people enjoyed the medical services rendered by the missionaries meant for the poor. The rich community called Nattukottai Chettiar or Nagarathar lived and still live in and around Thirupattur area. Because of their commercial and wealthy background, and different living habits they were hesitating to take treatment along with people of the lower communities. They requested Dr. Kugelberg to start a separate ward called Chetti Ward for exclusive care for the Chettiar community. Hence a Chettiar ward was started in the year 1927. Dr. Kugelberg was practical and realistic in taking timely decisions according to the need of the hour. Because of this, the

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22. Eva & Fredrik Kugelberg's **Letter**, 8 February 1918.

23. **Annual Report of the Swedish Mission Hospital**, 1945 p.17

rich Chettiar families donated huge amount of money not only for the improvement of this particular ward but also the hospital in general.<sup>24</sup> Through the multi crore rupees of donations received from Videocon, the hospital was able to renovate its building in the year 2005. These donations were the result of the untiring efforts of Dr. P. Chidambaram, the then Finance Minister of India who was born in the Chettiar ward of this hospital. The beneficiary women of the Chettiar community were also donating liberally to the hospital.<sup>25</sup>

While the medical mission was going on in Thirupattur area, the Swedish missionaries started expanding their medical mission in the pioneer area of Coimbatore district. They observed that people working in the textile mills, ginning mills and industries, in Coimbatore, Tirupur and Palladam area were losing sight and suffering from asthma. This could have been due to the dust produced by the cotton mills. Dr. Kugelberg approached the home board in Sweden and received funds for starting hospitals in that area. In 1926 **Moses Gnanaparanam Eye Hospital** was started at Coimbatore.<sup>26</sup> Dr. Kugelberg appointed his disciple Dr. Gurupatham as the chief officer. People felt happy to have this hospital in their own area. Especially women, who would not have gone to other places for medical treatment because of the distance, utilized this

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24. Dr Frederick Kugelberg Kugelberg's **Letter**, dated 1, augusti 1928.

25. Dr. Frederick Kugelberg 's **Letter** dated 10 October 1918.

26. Ysander, Frederick, **Where everything is different, a doctor tells India**, Swedish churchDeaconess Board Book publisher, Stockholm, 1959 p.33 and Dr. Gurupatham, **Medical Reports to TELC**, 1930, pp. 20-28.

opportunity to a great extent and got themselves treated with full satisfaction. A renewed vision helped them to get back to their jobs in the mills apart from helping them to do their house hold works better. Women suffered more due to smoke from the kitchen they were more prone to vision problems.<sup>27</sup> Doctors from the medical mission walked the extra mile and reached out to the needy people in the place of their working. Special eye screening camps were conducted within the textile mills compound. All the laborers of the textile mills were invited for eye and medical check up. Even here the beneficiaries were mostly women. Women laborers were engaged in cotton quality separation, cotton cleaning, thread setting, weaving, cotton drying, cleaning the facility. All these places were filled with dust and minute flying particles. The polluted air affected their lungs and eyes. The medical camps and eye camps became a blessing for those people. The growth of the Moses Gnanaparanam Hospital was fast and it was becoming almost equal to the hospital in Thiruppattur. In this period Dr. Kugelberg and Dr. Joseph started an Eye Hospital in Trichy and General hospitals-dispensary in Mayladudurai, Perambalur, and Ariyalur as its branches. The seedling of medical mission planted by Dr. Kugelberg grew and spread vibrantly.<sup>28</sup> The medical mission was a success. Poor people in general and women in particular were benefitted to a great extent. Women got employed in those hospitals as nurses, lab assistants, office assistants, operation ward assistants etc. In the matter of

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27. Dr. Johnson Medical **Board of Report to Synod**, 1952, 25.

28. **Ibid.**, 1964, p.17.

employment opportunities women received importance and preference. And these hospitals played a major role in uplifting their social and economic status. A special fund for treating women with eye vision problems in India was created in Sweden and the funds thus raised were channelized through CSM Mission Board. Those who were wounded and those who lost their vision in the wars were treated in those hospitals. Even though India did not participate in the war directly, the British Government in India used the Indian military forces and involved the Indian sepoys directly in wars. People from the southern districts of Tamil Nadu showed great interest in joining the military services. They received respect in the villages and a decent treatment by the Government. This encouraged them to join the army with interest. There were lot of wounded soldiers and hence a great need for medical assistance which led to the establishment of more hospitals. In such hospitals job opportunities for women were high and almost women filled 100% of the vacancies as nurses and midwives. As the need for nurses was high, more nursing schools were started and more nurses were trained.<sup>29</sup>

Residential homes for married and unmarried nurses were built. The doctors quarters were built around the hospitals and their services were made readily available to the patients at anytime. Swedish missionaries built beautiful bungalows in their mission fields, and stayed in these bungalows.

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29. Eva & Frederick Kugelberg's **Letters** 13 January 1909, 21, November, 1909 and 30 May 1916.

Dr. Kugelberg built three bungalows in Thiruppattur. One among them was his residence.<sup>30</sup> Missionaries who came from Sweden stayed in these bungalows. Thiruppattur became the head quarters of the Swedish Mission. Administrative offices of the missionaries were also functioning in Madurai during normal days and in Kodaikanal during summer days.<sup>31</sup>

The Industrial revolution, world wars and scientific inventions of the 20<sup>th</sup> century turned the European countries almost upside down. There was fear and instability in the minds of Europeans. As a result the religious sentiments began to take precedence in the lives of people. In search of peace humanity was languishing.<sup>32</sup> These missionaries believed that only spirituality can give peace to the world. Hence, they went all over the world to preach Christianity. This was the reason why they came to India, especially to South India. Faith in God, religious sentiments, civilized life, well developed culture of the Indians attracted these missionaries. But organized regular education and medical systems were not available in India. It is praise worthy that the European and the American missionaries filled up this gap. The women workers who were part of the missionary activities in these mission fields were influenced by the programmes and started **Sangams** and Associations for themselves.<sup>33</sup> These

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30. Eva & Fredrik Kugelberg 's **Letters** dated 09-27- 1917, 08-02- 1918.

31. **CSM proceedings 1927** P 28, 30.

32. Frederick Ysander , **Annual Report of the Swedish Church Mission Hospital in Tirupatur, Ramnad district, 1930** p.1 and Frederick Kugelberg **Two years, 1918 and 1919**, Sweden: MT 1920, pp. 123,126.

33. Frederick Ysander "**A patient,**" **Thy kingdom come:** Yearbook, 1930, pp. 84-91.

organizations promoted unity, fellowship and strength among women which became the most significant contribution of the missionary work.

Women Christian Missionaries were physically and mentally strong. They were able to take charge of any kind of activities or responsibilities within the mission field, be it Mission Secretary or Mission Treasurer or Mission Accountant. They had the intelligence to tackle any situation with wisdom and courage. People like Esther Peterson and NordMark can be quoted as role models for such great and relevant leadership. Even Esther Peterson was called as **Lady Ziegenbalg** for her the great services rendered to the women society as a teacher and as a medical servant.<sup>34</sup>

The CSM Board decided to offer their services to the blind people in India because of the dire necessity of the situation no one else was there to take notice of the blind. The Bible talks about the blind being healed by Jesus Christ. Dr. Kugelberg was convinced about the need, and he opened a School for the blind in Tirupattur in the year 1929.<sup>35</sup> While Tirupattur CSM mission hospital was famous for its services to the women and poor, the school for the blind added to its glory because of the wonderful change that could be observed in the life of the blind people after they joined the blind school. Though some of their eye defects could not be removed through surgery, the school gave them a new hope and a new life. They were taught in their Braille

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34. **Annual report of the Blind School**, Tirupattur 1932 p 5,6

35. **Amy Lagerquist, Op.cit.**, p.8.

system itself. They were taught music and almost every one of the blind person was expected to learn at least one or more musical instruments. The blind were also trained in dancing, basket making, ladies hand bag making, and handicrafts which still they gained could be used in their later life to stand on their own legs without depending upon others due to their visual impairment. Their products were sold both within and outside India. Since among the blind students girls were more in number than boys the choice of teachers was also went in favour of women. This was followed as an important policy. In this way, the Christian missionaries brought a new value for life as they usually do. The Home Board in Sweden made special financial assistance for this blind school.<sup>36</sup> Apart from the foreign fund the school was able to approach the government and get grants for its projects and programmes at a later period. In the later part of the 20<sup>th</sup> century, service organizations like the Lion's Club, Rotary Clubs, Merchant's Associations, philanthropic individuals also offered help to these medical and educational services of the missionaries of the Church of Sweden Mission.<sup>37</sup>

Apart from treating them as patients, the missionaries looked at them as people who were in genuine need. So in the year 1930 they built a Poor Man's Chaultry (**Poor Chatram**). During the post treatment period these patients were allowed to receive not only medical assistance like tablets etc., but they

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36. The church of Swedish Mission in 1937- 1938, Testimony Roads, Uppsala, p.50  
Frederick Kugelberg "The work among the sick, Uppsala:" MT 1907: p.174 .

37. Interview with Mrs. Pushpa, Headmistress, Blind School, Tirupattur, 9.2.2010.

were offered free food and shelter also. Excellency Mr. George Stanley, the then Governor of the Madras Presidency appreciated the noble deeds of Dr. Kugelberg and requested him to continue such worthy services to the poor.<sup>38</sup>

As a mark of respect and also to commemorate the Golden Jubilee Year (25<sup>th</sup> anniversary) of Dr. Kugelberg's visit to India, yet another large building was built in the year 1932. It was named as Dr. Kugelberg Women and Children's Ward.<sup>39</sup> Once again the Church of Sweden Mission honoured the women of India by honoring Dr. Kugelberg. It will not be wrong to say that the idea to start the Stanley Medical College and Hospital at Madras was conceived because of the influence of Dr. Kugelberg's medical services through the CSM Mission Hospital in Tirupattur. As a result of this influence, Governor Stanley offered every assistance to start the Stanley Hospital to provide the medical facilities to the women and children in Tamil Nadu.

Importance was given for the treatment of women in Obstetrics and Gynecology and also for treatment of children in Pediatrics wards. These wards were completely looked after by the foreign doctors and nurses came from Sweden. Because of the presence and availability of lady doctors the number of women patients who came to the hospital increased day by day. Preference was given to women and children. As there was a separate children's ward

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38. Esther Peterson "Letters from Pattukkottai," MT 1907, p. 414.

39. **Frederick Kugelberg Dairies 1936**, p.40,42.

within the same hospital and women were able to have a medical check up and obtain appropriate treatments for their children also while they themselves were getting treated in the hospital. This was very convenient for the women and children. This combined facility in the same premises even avoided the wastage of time.<sup>40</sup>

In the year 1955 the Women's Maternity Ward was renovated and expanded. On an average about 2,000 children were born in this ward per year. The Maternity ward was fully equipped with ultra modern equipments and facilities mostly imported from Europe.<sup>41</sup> The surgical procedures as well as the surgical instruments were modern and they were handled by expert lady Doctors. Hence loss of life during child birth was totally stopped. This had enhanced the status and prestige of the hospital in the minds of the people not only in Tirupattur area but also in the whole of Tamil Nadu. Defects during pregnancy were also identified and rectified at an early stage of pregnancy. This increased the confidence level of the women in the Doctors and in the hospital. "If it is done by the Christian Missionaries, then it has to be good and it would be good for sure" was the talk of the town in those days.<sup>42</sup>

Christian missionaries attached great importance to the health of women. Due to topographical nature Ramanathapuram district received less

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40. **The Medical Board Report**, 1942, pp.25,26.

41. **The Kugelberg Dairies**, 1958, pp. 30,32,35.

42. Helena Eriksson, **Building and Living, Tirupattur**, Swedish Church Deaconess Board Book Publisher, Sweden, 1938, p. 6.

quantity of rain. So production of food grains was also less due to paucity of irrigation facilities. It was basically a drought prone area. Malnutrition was found among women and children.<sup>43</sup> Men were no better. Food scarcity was experienced all over Tamil Nadu and more so in this district. Hence the missionaries developed a plan to protect women and children from dying due to malnutrition. They arranged for milk and bread to be supplied to the women in the hospitals and children in the schools. This was implemented in places like Paramakkudi, Mudukulathur, Kamuthi and other areas through the CSM Schools. Children's health, especially the girl children's health, was protected and stabilized. It was under the care and supervision of Swedish mission hospital.<sup>44</sup>

Since the number of women patients increased to a great extent and because they were not able to bring their own food when they came to the hospital it became necessary to do something about the food problem. Recurring famine was common. The missionaries of the Church of Sweden Mission were very practical. They expanded and modernized the old kitchen in the hospital, removing the old stone stoves, and installing new steam stoves. Hygienic food was prepared for all. Though it was a minor venture it was a great intervention in maintaining the health of the women and children in appropriate ways. Women cooks were appointed in these kitchens. As steam

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43. **Ramnad District Collector's letter to the Government**, 1955, pp. 75, 115.

44. **Swedish Mission Hospital, Tirupattur**, Diamond Jubilee Souvenir of the Thirupattur, 1909-1969, p.7.

kitchen was free from smoke the women working in the kitchen were saved from sweating and smoke which could cause them to suffer from asthma and tuberculosis. Good food prepared in a hygienic method was a blessing in itself.<sup>45</sup>

Swedish Mission Hospitals based in Tiruppattur, Tiruppur and Trichy started to have satellite health centers in places like Perambalur, Ariyalur, Mayladuthurai, Sattur, Palladam and Coimbatore. The medical and health services continued blessedly in all these areas and the women praised God for all the services rendered by the missionaries of the church of Sweden Mission. More over these satellite health centers went into the interior villages in the rural areas and conducted mobile clinics. Because of this, even those who cannot afford to visit larger towns to treat themselves medically could be benefitted.<sup>46</sup> Every one especially women who were caught up in household work, agricultural field work, need to look after younger children and to take care of their older in-laws apart from cooking for their husbands were benefitted greatly. The intensive travel by the missionaries in spite of the bad roads and darkness of the night, dangers of path ways and lack of communications did yield good results. They were worshipped next only to God. The longevity of the age of women increased because of this proper and regular medical care made available to them. They were found to be showing

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45. **Tirupattur SM Hospital Report**, 1958, p.23.

46. **Report of Medical Board**, 1962, p.53.

interest in their health matters. All these health camps were conducted at free of cost. Those who were found to be in need of special treatment were brought to one of the hospitals and were offered immediately required treatment. Service mindedness was the sole reason for them to start medical institutions in rural areas, especially at a time when the government itself was having hospitals only in major towns like Madurai, Trichy, Coimbatore and Madras.<sup>47</sup>

Laboratorial services were part and parcel of the medical field. The laboratory tests were necessary to know the kind of disease which the patient was suffering from, and also to know the intensity of the affected part of the body. So Dr. Kugelberg built a huge laboratory. All the laboratory equipments were imported from Western countries. Especially Sweden and Germany sent a large number of high quality equipments. The wooden furniture including large tables was manufactured in the Mission Carpentry School in Erukkatancherri near Tranquebar<sup>48</sup>. The chemical liquids and equipments were procured from places like Madras and Bombay.

Dr. Frederick Ysander, Mrs. Martha Ysander, Mr. Adaikalam, the First Indian Laboratory Technician made important contributions. A Laboratory Training School was started in the year 1944. Rev. & Mrs. Harald Frylzholm, Dr. & Mrs. Fredrick Kugelberg, Rev. & Mrs. John Himmelstrand, Rev. & Mrs.

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47. Susan Bayly, **Caste, Society and Politics in India: From the Eighteenth Century to the Modern Age**, Cambridge University Press, Cambridge, 1999, pp. 8-9. and Swedish Newspapers Nursing 1909-1933 and Journal of Swedish nurses 1934-1950.

48. **Report of Industrial Training Institute, Tirupattur, 1952.**

Uno Alingren, Rev. & Mrs. Per Pleijel, Dr. & Mrs. Fredrik Ysander, Dr. & Mrs. Olof Sendel, Dr. & Mrs. Lennart Wallden, Dr. & Mrs. Arne Welber, Dr. & Mrs. Lennart Ohlsen, Mr. & Mrs. Olle Wikstrom and Dr. & Mrs. Rolf Barth due to their devoted services in the medical laboratory lie to its development in Swedish Mission Hospital at Tirupattur.<sup>49</sup>

A Maternity Block was built along with the x-ray Block in 1932. The founder of this Hospital, Dr. Kugelberg left India to join his wife in 1932 who had already left India in 1919, on account of her deteriorating health. St. Ketstin, Wilcke and Sr Elsa von Syndow worked upto 1948 and 1954 respectively Esther Petersan worked as a nurse in Swedish Mission Hospital at Tirupattur in a humble manner.<sup>50</sup>

Nursing is not only a profession but also a noble service. The nursing profession is the art of caring the people who are ill. This is the one and only noblest career dealing with the health of human beings. Women are the symbol of love and care. There are more women choosing nursing as their career than men. It is considered as an important unit in the medical care system. Proper treatment with love and care and medication are the two key factors in patient's cure. It is very difficult to get the positive result in health care without the service of a nurse. Nurses are the important persons, who take care of the patients in the absence of the Doctors. In the past, nurses were not appointed in

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49. J. Sandegren **Memorial Book**, 23rd March 1946, p. 129.

50. Esther Petersan, **Diary**, 1954.

regular hospitals as a full-time working staff. Many of the missionary nurses in Tirupattur received their training at Ersta deaconess.<sup>51</sup>

## **The School of Nursing, S.M. Hospital, Tirupattur**

### **I. Objectives**

The following are objectives of the nursing school started in 1929 was

- a. To provide complete training in sick- nursing in accordance with the syllabus of the Christian Medical Association in India for men and women who desire to qualify themselves as graduate nurses,
- b. To develop in the students the Christian spirit which makes them feel, that all their daily duties, great or small, are parts of the Christian life and are to be done in a spirit of service and unselfishness.

### **2. Authorization and Management**

The school is attached to the Swedish Mission Hospital at Tirupattur-Ramnad, which is hospital approved by the Christian Medical Association for training of nurses. The certificate issued after completion of the training is registrable in the Madras employment register for nurses. The school is

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51. Villa Rasch Anderson, **to be Ersta children in when love include. Ersta diakonia – groups 150 years 1851 -2001**, Stockholm: Ersta diakonia groups 2000, p.112 and Ysander, Frederick, **our Golden Jubilee, Swedish Mission Hospital Tirupattur 1909-1959**, Uppsala: Swedish church publisher 1959, p.4.

maintained by the hospital under the supervision of the hospital authorities and managed by the Nursing Superintendent of the hospital.<sup>52</sup>

### **3. Rules for Admission**

Nursing school framed rules for admission for Candidates age must be between 17 and 30 years of age. They should produce verified copies of certificates of having passed at least fifth Form (male candidates) or eighth standard (female candidates). Girls with secondary school education are preferred, as they will be able to follow the instructions if given in English.

Candidates must also produce health certificate, as well as testimonials of character and ability. No one should reflect upon taking up sick-nursing as a profession, unless feeling a real vocation for this self-sacrificing work.

Normally the application for admission should be made on forms supplied by the school and should be submitted to the Nursing Superintendent before April 1<sup>st</sup> of every year and that should be accompanied by a letter in the applicant's own handwriting, stating the reasons for the application and true copies of the required certificates Because admission was made under pure church recommendation and the poor condition of candidate.

### **4. Period of Training**

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52. Arvid Bäfverfelt **The Swedish Church Mission Board Yearbook, 1945, (India)**  
Swedish Church Mission, Sweden, 1945 p. 126 and Journal of Public and Private Health  
Care, 1917, pp.211-214 .

The training in general nursing covers a period of three years, devoted to practical training in the various departments of the hospital and theoretical studies in classes, conducted by members of the hospital staff.<sup>53</sup>

After having completed two years of training, the students are allowed to sit for the next Junior Examination, arranged by the Nurses' Auxiliary of the Christian Medical Association, which is held once in a year in September.

One year after a successful junior examination the students are allowed to sit for the Senior Examination which, if passed, qualifies for the Diploma. Both these examinations are conducted by an examiner, elected by the Nurses' Auxiliary of the C. M. A.

## 5. Stipend

During the course of training the students are granted the following stipends and advantages, under conditions mentioned below:-

<b>Male student</b>	<b>Female student</b>
1 <sup>st</sup> year Rs. 15/-	1st year Rs. 10/-
2 <sup>nd</sup> year Rs.16/-	2nd year Rs. 12/-
3 <sup>rd</sup> year Rs. 17/-	3rd year Rs. 15/-
4 <sup>th</sup> year Rs. 18/-	4th year Rs. 16/-

Free quarters, hospital uniform and text books are supplied both for

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53. **The Swedish Church Mission Board Yearbook**, "Missionary Stations and Mission Workers", 1950, p. 174.

male and female students. They have to pay a moderate boarding fee.<sup>54</sup> The nurse training was well programme and with hospital all the facilities provided by school of nursing authority.

The above stipends are granted only to students who execute a bond that they will complete the courses and serve as graduated nurses in the Church of Sweden Mission for at least three years or else refund half the stipends received, if they withdraw from service on their own accord.

Female nurses may be exempted from this rule after one year of service on grounds of marriage. During the period of training no regular holidays are given, Casual leave may be granted in exceptional cases by the Nursing Superintendent.

## **6. Discharge from the School**

Students may be discharged from the school at any time with one month's notice, if they do not make satisfactory progress in their studies or else are considered unfit for sick-nursing. Stipend is paid till the end of the last month of service together with an extra allowance, corresponding to the one month stipend, without previous notice, if they were found guilty of grave misconduct or serious break of the hospital or school rules. In such case stipend is paid to the end of the running month, but no extra

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54. The Swedish Church Mission Board Yearbook 1956, India, "**Missionary stations and Mission workers**", p.174.

allowance is given<sup>55</sup>. The discharge order was issued jointly by the Medical Superintendent and the Nursing Superintendent.

Students, who want to discontinue their training, shall have to give one month's notice in writing to the Medical Superintendent. Stipend is paid till the end of the last month of service against signing a document stating the amount to be repaid to the hospital in accordance with the bond mentioned above.

The employment part of the students as nurses after the completion of their training will be left to the discretion of the Managing body. Authority of the Admission to the training courses does not imply any guarantee for employment after graduation.

### **Additional Training**

All candidates admitted for Nurses' training are expected to undergo an additional training in Compounding, qualifying for the Diploma, issued by the Government.<sup>56</sup>

The elementary training in Compounding will be given in the S. M. Hospital Tirupattur. The final training will be arranged by the hospital in an institution, where the Diploma could be gained. During this

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55. **Medical Reports of TELC**, 1945, p.10.

56. **Annual Report of School of Nursing**, 1945, p.17.

latter part of the training the students will be given stipends according to the rule, referred to above, but no other advantages.

If part of this compounder's training is taken after the graduation, this time will not be counted as included in the three years of service mentioned above.

### **Female Students Nursing Students**

After having completed the training for the Nurses' Certificate, students are given, at their own wish, an additional training in Midwifery, qualifying for the Diploma issued by the Government. The duration of this training is for six months and it will be arranged in a hospital where the required special facilities are available.<sup>57</sup> During the course of this training the nurses will be granted a stipend to cover the actual expenses, but are not entitled to draw any salary, even if previously employed as graduated nurses. The Midwifery training is not included as a part of the years of service mentioned above.

### **Nursing Home**

Under the management of the S. M. Hospital, Tirupattur and within the hospital compound, adjacent to the European Nurses' Bungalow, a Nurses' Home is built where the female students and nurses are accommodated. The Home is under the supervision of the Nursing

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57. Interview with J. Kayalvezh, **Old student of the school of Nursing**, 1980-1982.

Superintendent. An experienced Indian Matron is living in the Home and will take the responsibility of the parents with regard to the students and nurses, admitted in the Home. The students are requested not to bring jewelry with them to the hospital.

### **Salary for Nurses and Compounders.**

- I. Nurse-Compounders 1 Rs. 30 — 1 — 50 (annual increment) Nurse-Midwives and free quarters.
2. Nurses Compounders Rs. 25 — 1 — 45 (annual increment) Midwives and free quarters Tirupattur, Ramnad Dt., the 26th February 1931.

Thus the Nursing Training School of the S.M. Hospital was turning out a tremendous task in the field of medical services. To add up its glories the S.M. Hospital was running other institutions and executes many programmes relating to health.

### **The Laboratory Technicians Training School**

With the inclusion of the Clinical Laboratory in the S.M. Hospital Tirupattur, Mrs. Marth Isander, the first Laboratory Technician of the hospital who was responsible for the initiation of the Laboratory Technicians Training School in 1930<sup>58</sup> up to 1944 the training course was only for six months and from 1945 it was further extended to six more months i.e., one year duration. Up to 1954 both men and women were trained; but after that only men alone were

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58. **Technical Training Register, S.M. Hospital**, 1930-1945, Tirupattur.

given training. Two trained Technicians and four staff technicians were there. Now only six students were selected for this training<sup>59</sup>.

### **Comparative Community Health Programme<sup>60</sup>**

This programme was implemented through a three tier system to deliver the health services to the total population of 2, 00,000 of the Tirupattur Taluk.

1. Base Hospital (S.M. Hospital)
2. Ten Health Centres
3. Three Community Health Field Workers (CHFW)

Through the first consultative and investigative medical and surgical services were offered in the form of training. Though the second one simple and inexpensive treatment was given and immunization is provided to all infants and expectant mothers. The Health workers identify the health problems and educate the mass to take up the relevant treatment. In 23, August 1987 Bishop Rt. Rev. Dr. Jeyaseelan Jacob inaugurated the programme. The following health centres located at Kummangudi, Tirukkoshtiyur, Tirukolakudi, Muthusamipatti and Sevaripatti contributed much to this programme in the following activities were carried out in between August and December 1987.

By comparative community health programme 5458 patients were given

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59. S.M. Hospital Silver Jubilee Souvenir, Tirupattur, 1956, pp.27-28.

60. **Tirupattur S.M. Hospital Annual Report**, 1987-88. pp.6-7.

general treatment, 482 Expectant mothers were identified for various illness and sickness. Pregnant women were given preference for their confinement. They were given good nutritious food and given good care. By this programme 43 pregnancies were conducted.

And children health care and prevention of disease were treated totally 554 Children were immunized. Totally 7770 Houses were surveyed and 27165 rural people were screened, in a mass level health care was undertaken in the Thirupattur Taluk level.

This community health programme was a grand success because of the efforts of S.M. Hospital, Tirupattur.

### **Leprosy Eradication and Control Programme**

Tirupattur Taluk is one of the hyper-endemic pockets for leprosy in the country with an estimated prevalence rate of 13 per 1000<sup>61</sup>. Nearly 40 persons are admitted as inpatients in the S.M. Hospital itself. As a part of this programme Road side Clinics were established from 1962 onwards. Except Tuesdays and Sundays those clinics functioned. Three Paramedical workers, one Physiotherapist, two technicians, a shoe maker, a clinical staff visit the clinic regularly. Nearly 9408 patients were treated between 1962 and 1987 for the period of twenty five years.

Thus the Swedish Missionaries render all help to leprosy control work

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61. Tirupattur S.M. Hospital Annual Report, 1991, P .9.

and by that they endeavour to save the society from that dreadful disease and to eradicate it from our land.<sup>62</sup>

### **Transitional School for the Polio handicapped children<sup>63</sup>**

This school was started in September 1990 in the S.M. Hospital with one year grant sanctioned by the Social Welfare Department of the Government of Tamil Nadu. At the initial period 88 children from nine districts of Tamil Nadu were admitted into this school. Nearly 24 children are discharged by making them to walk with calipers. They are also enrolled in regular schools.

In this school the children are provided formal education with the assistance of three full time teachers. Physiotherapy is given by a trained physiotherapist. The general health is maintained by a part time Doctor appointed exclusively for that purpose.

Boarding, Lodging and schooling are all provided freely. One warden, three attenders and two cooks working there and they look after the daily care of the children. The S.M. Hospital is also providing free medical service to the children of the school. One member deputed from the S.M. Hospital in holding the executive responsibility of the school.

The following statement will give the breakup of students during in the year 1991.

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62. **Tiruppattur S.M. Hospital Annual Report**, 1991, pp.11-12.

63. **Ibid.**, pp.16-18.

Sl. No.	Name of the District	No. of Admissions	Children Discharged	Present Strength
1	Sivagangai	27	10	17
2	Pudukottai	20	3	17
3	Ramanathapuram	15	6	9
4	Tirunelveli	8	-	8
5	Madurai	6	-	6
6	Viruthunagar	4	1	3
7	Kanyakumari	7	4	3
8	Dindigul	1	-	1
9	Tuticorin	-	-	-

The inmates were provided with free clothing and dinner by the Lions Club of Arumuganar on 17<sup>th</sup> March 1991, the World Disabled day. On that day some children of that school participated in the World Disabled Day programme at the district level arranged at Salaigramam<sup>64</sup>. Play ground and recreational facilities are provided in the school. The District Social Welfare Office had provided four free tricycles to four children.

This was a new venture in the Triple Ministry in the T.E.L.C. The affected children are below 12 years. They were from the remote areas. The following are the procedures adopted during their stay in the school.

1. One Orthopedic Surgeon assesses the child at the time of admission.
2. Surgical procedures are followed.

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64. Tiruppattur S.M. Hospital Annual Report, 1988, p.45.

3. Rest for a period of three weeks
4. Physiotherapy including active and passive exercises are given.
5. Walking aids such as calipers and proper training are granted.
6. Tricycles are provided to those whose condition was beyond operation.
7. Lessons are also taught as per the regular school syllabus during the period of their stay in the school.
8. After they are discharged they are absorbed in normal schools.

This school instills confidence to face the society and to overcome the defects of the deformity. The physical conditions of the children is improved<sup>65</sup>.

Thus the Swedish Mission Hospital founded in 1909 by Dr. F. Kugelberg has now become a remarkable medical care centre with multidimensional approaches. They have done their best in alleviating the poor and wretched souls of the Tirupattur region. Much importance is assigned to preventive care and health education.

### **Karunagarapuri Medical Dispensary**

In Karunakarapuri a medical dispensary was managed by Swedish missionaries and they serve in and around areas such as Kinathukadavu Pollachi, Palladam, Tirupur, Arulpuram, public and particularly women society. Trained Nurses and Pharmastist work under the supervision of doctor. In

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65. **Tirupattur S.M. Hospital Annual Report**, 1989, p.15

Karnagarapurai Old age women centre, widow centre, girls boarding get treatment and good food at their own home compound it and near by public particular sick persons regularly come to the dispensary for treatment. Miss. Anne Irbe took many efforts to purchase medicine and other medicine articles from Coimbatore and Madras.<sup>66</sup>

Doctors attend the dispensary twice a week and refer the severe cases for further treatment to the nearby hospitals at Kinathukadavu, Pollachi and Coimbatore. Due to first aid given by the dispensary life of many snake bitten people and injured person were saved. The local people always helped the dispensary in all possible ways. By the reciprocal method between the dispensary and the people it developed rapidly and mutually. The dispensary's expenditure was met out by the Board of Swedish Mission. The critical cases were referred to Moses Gnanavaram hospital Tirupur for the further treatment. The dispensary conducts Rural Medical Camp even in the remote village and women and physically challenged women were benefited very much by this medical camp. All the medical treatments were given free of cost at the medical camp. The women and girls were identified and admitted in the Kinathukatavu women centre and were given them good food, cloth and sheltered by the Swedish missionary.<sup>67</sup>

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66. Anna Irbe, **Karnagarapuri memories**, Karunakarapuri, 1969, pp. 5, 6.

**Karunakarapuri Report to Synod, 1947**, p.7.

67. Medical board of TELC **Dispensary report 1960** pp. 48-49 and .Ruth Wallden **India Daily Life (From a Mission Hospital Horizon, SCM, Uppsala,1962.**

Thus the health care activities of Swedish Missionaries are commendable because they maintain the wealth of health among the ailing and suffering poor mass, women and children. It is also obvious that the Swedish Missionaries were known for their multidimensional services in the upliftment of not only women but also the society by and large.

Five tamil women with Azhiyar dam in background.jpg 1,600 Å— 1,200; 343 KB. Girls Tamil Nadu.JPG 2,304 Å— 1,728; 801 KB. HiH - SHG Meeting - 08-08-21 - 01 (6322002464).jpg 3,264 Å— 2,448; 3.31 MB. HiH - SHG Women 08-10-16 - 02 (5184560448).jpg 3,264 Å— 2,448; 3.04 MB. Villuppaattu.jpg 1,216 Å— 912; 206 KB. Women at a missionary school in Madurai,.jpg 648 Å— 460; 75 KB. Women Harvesting Rice Paddy.jpg 3,264 Å— 2,448; 4.48 MB. Women in Saris - Kanyakumari - India.JPG 3,072 Å— 2,304; 3.03 MB. Women making pongal.jpg 640 Å— 480; 145 KB. à®ªà®¼à®Ÿà®Ÿà®; à®`à`à®®à` à®ªà`†à®`à®° à`à®ªà`à®ªà®; à®`à`à®®à`.jpg 3,264 Å— 2,448; 2.12 MB. Groups of women in India by state or territory. Navigation menu. Personal tools. Contributions. Create account. Log in. One significant aspect of Tamil Nadu's rich culture is its traditional clothing, which symbolizes the cultural essence of this south Indian state. Sari finds immense significance in the traditional clothing for women in Tamil Nadu. The traditional dress of Tamil men is as elegant as the dress of women. Lungi is the most common bottom-wear for men in Tamil Nadu. Located in the southernmost part of India, Tamil Nadu is a state famous for extravagant temples, delectable food and rich culture. One significant aspect of Tamil Nadu's rich culture is its traditional clothing, which symbolizes the cultural essence of this south Indian state. A wide variety of materials like cotton, chiffon, silk, crepe silk, organza, georgette, micro silk and pattola silk is used in the dresses of Tamil Nadu.