

Crossing Colonial Historiographies:
Histories of Colonial and Indigenous
Medicines in Transnational Perspective

Edited by

Anne Digby, Waltraud Ernst
and Projit B. Mukharji

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P U B L I S H I N G

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(1994): 89-102. Tilley's work while tackling the interdisciplinary construction of the scientific knowledge, failed to break free from the nationalistic historiography on the British Empire. Tilley, Helen, "Ecologies of Complexity: Tropical Environments, African Trypanosomiasis, and the Science of Disease Control in British Colonial Africa, 1900-1940", *Osiris* 19 (2004) 21-38.

⁸³ Ballantyne, Tony "Introduction" In *Orientalism and Race: Aryanism in the British Empire*, NY, Palmgrave, 2002, 3.

⁸⁴ Dr José Alberto Faria, "Letter 5/2/45 and 17/3/45" in folder MPDS 126B,5-5°. Some of Diamang's the sources of knowledge were "The African World", "African Affairs", "Le Courier D'Afrique", or newspapers "A Província de Angola", "A Voz", "Diário de Notícias", even "Reader's Digest". See folders MPDS 126B,5-1°; 126B,5-6°; 126B,5-7°. It is also important to note that Diamang did its own research and had foreign investigators working locally in a myriad of scientific related areas. The company also 'exported' fauna, flora, art, ethnological, medical, biological knowledge, and colonial representations of its colonisation via exhibitions or mainly via its own journal the *Publicações Culturais da Diamang 1946-1977* (Cultural Publications of Diamang) which was sent free of charge to universities around the world and also some governments. See also Porto 2009.

⁸⁵ Moreover, in addition to these networks there were medical journals from the USA, France, Britain, Spain and Portugal, as well as other literature that were important sources of knowledge. Dr David, interview 22/01/2004

⁸⁶ Ballantyne, 2002: 2-3.

CHAPTER TEN

MEDICINE, COLONIAL ORDER AND LOCAL ACTION IN GOA

CRISTIANA BASTOS

Politics, Society and Medicine in Colonial Goa

If we begin with the conquest of Goa by the Portuguese troops under Albuquerque in 1510 and end with its integration in the Indian Union in 1961, the Portuguese colonial rule of the territory lasted for four and a half centuries. We have plenty of literature regarding its early years; during the sixteenth and part of the seventeenth centuries Goa was a central hub in world maritime trade and a place of wealth and power. Many chroniclers narrated its glories. Historians have critically examined, discussed and contextualized its society, economy, art and culture.¹ Less has been written about the period of decline that followed, until Goa's uniqueness caught international attention again in the twentieth century, but for very different reasons: the Portuguese administration persisted in the territory against the winds of nationalism and independence, as — in the expression attributed to Nehru — an "imperialist pimple in the face of mother India". In 1961, Goa became a part of the Indian Union, after its liberation (or, for some, invasion) by the Indian Army. In 1967, Goans voted against joining the state of Marahastra and Goa was finally acknowledged as a state in 1987. The local idiom Konkani became an official language of India. Portuguese is now spoken by very few people, and the connections between Goa and Portugal have become secondary in the public image of the territory, which is now more famous for its beach resort tourism, rave parties, trance music, immigrant hippies, liberal drinking policies and Catholic pilgrimages.²

This chapter will address the lesser known periods of Goa's colonial history, not merely for the sake of filling in the gaps, or to bring one more national-colonial experience (Portuguese) into the picture of comparative

studies of colonial medical history, but because I believe that those middle centuries in general, and the nineteenth century in particular, provide a key to understanding the complexity of interactions and social dynamics that supported the development of colonial medical institutions. As we shall see the picture that emerges is not about the opposition between the colonizers promoting European medicine and the colonized forced into accepting it.

Recent contributions to a nuanced history of medicine in Goa present it as a place for early encounters between European and indigenous medicine³ and suggest that by the eighteenth century medicine in Goa was a “mature hybrid” as a result of persistent interaction between the European and indigenous systems of knowledge.⁴ These perspectives account for the role and agency of several participants in the process, Portuguese and Indian, whether people, plants, remedies, procedures or elements of knowledge.

These are crucially important contributions that bring Goa into general discussions about colonial encounters and their impact on medicine and pharmaceutical knowledge. But there still remains more to ask and understand about the sociology of those encounters and about the political uses of medicine by the different social groups – otherwise we may run into the conceptual traps of reifying the Portuguese variety of colonial experience as an essentially hybridizing one, as the theorists of Lusotropicalism have proposed.⁵

Thus, I suggest focusing on the groups that continued with their lives and gained influence in several fields, including medicine, at a time when news from Lisbon took up to a year to arrive and local representatives of Portugal were often more eager to amass their own fortunes, networks and personal power than to pursue the cause of empire. How different groups accommodated each other mutually in those years, and the subsequent entanglement of different goals, purposes and spheres of influence have yet to be fully analysed.

My hypothesis is that the developments in the field of health in Goa in the seventeenth, eighteenth and nineteenth centuries, including the foundation of the Medical School in 1842, were an effect of an interplay between local initiatives and colonial rules in which the former were far more important than the latter. Local initiatives were to be erased from collective memory by the twentieth-century, pro-Portuguese official historiography. It is time to re-situate their role in the history of colonial health and medicine. In the next section I will analyse the ways in which European medicine became a sought-after element of prestige for local

groups that adopted it for their own purposes, whether with, without or against Portuguese support.

A Royal Hospital for a Golden Goa – Its Rise and Fall

In the 1500s and early 1600s, Goa was reputedly a gorgeous and wealthy place, referred to as “Golden Goa” or “Rome of the Orient”. There were convents, cathedrals, palaces, harbours, brothels and one hospital so exclusive that only old-stock Christian men could attend it, as well as other hospitals that catered for the “natives”, the poor and women.⁶ There was wealth, vanity, competition and the Inquisition; there were forced and voluntary conversions;⁷ there was a society where the upper segments spoke Portuguese and prayed in churches, keeping their land and their status, while others fled the place, keeping their names and their Hindu religion.⁸ There were numerous lines of division, some related to caste and place, others to wealth, to land, to occupation and to proximity to the Portuguese rulers.

One of the central icons of Portuguese medicine in India was the Royal Hospital. It had been built in the 1500s to provide assistance to the Portuguese who often arrived sick or became sick in the Subcontinent.⁹ From a few precarious barracks, the hospital evolved into solid buildings that went through several renovations. In the early 1600s, it was depicted by travellers like François Pyrard de Laval as a palace of luxury and grandeur.¹⁰ The quality of the majestic building, its polished furniture, silk-and-cotton bedding, fine chinaware, the quantity of food and water provided and associated amenities became legendary through the words of Pyrard.

The hospital was owned by the Portuguese Crown and its administration was delegated either to the *Misericórdia*, which also took care of its own hospital (*Todos os Santos and Piedade*) and a leprosarium (*S. Lázaro*), or to the Jesuits, or to a group of distinguished men in Goa who took responsibility of the institution in turn.¹¹

When François Pyrard got acquainted with the care of the hospital, he described it as run by a strict hierarchy with the Portuguese at the top and local Christians assisting them and doing the menial jobs.¹² In fact this was the only way in which local people could enter the hospital; services were strictly for European-born Christians. We should also note at this point that the services were not solely for healing: there are references to people who were admitted to the Royal Hospital with no visible sickness,¹³ with the same occurring at the less elitist hospital of *Misericórdia*, which also admitted Indian Christians.¹⁴ People asked and paid bribes to be admitted

for no clear health-related reason; they used the hospital as a means of preventing poverty and loss of social status, something that could easily happen in places like Goa. In other words, the hospital also served as a grand hotel, where the upper strata could acquire free food and shelter when falling from grace, at the expenses of the state, without having to beg for charity.¹⁵

Several authors address the circulation of medical, surgical and pharmaceutical knowledge in that context. Depending on who is writing to which audience, the transmission of knowledge has been depicted either as a formal *Aula de Medicina* in which a Portuguese lecturer taught the eager local students,¹⁶ or, conversely, as the effort of Portuguese physicians, who knew little about local diseases and remedies, to learn about the healing and curing practices of their indigenous counterparts.¹⁷ Garcia de Orta has been portrayed on both sides, either as the European who taught medicine to the locals or who learned from them.¹⁸

In the 1600s, the structural position of Goa within Portuguese maritime networks shifted from its core to the margins. The highest profits in the world markets no longer came from eastern spices, but from gold, silver, stones and sugar from the Americas and human slaves from Africa. The Portuguese maritime trade moved to the South Atlantic, and their administration in India loosened; only a thin layer of Portuguese-born officers remained in Goa. The influence of local-born groups increased, although divided by fractions that juxtaposed and intersected claims of caste, race, religion, class, education. The city of Goa (now "Old Goa") slowly lost its glamour, its wealth and, finally, its people — who, reportedly, fled town following epidemic fevers and plagues. Governors settled in neighbouring towns. Some monuments were kept up, while others decayed.¹⁹

With the decline of the colony and the concomitant shortage of funds, the hospital could no longer maintain its standards. Travellers who came to Goa after Pyrard, complained about the poor quality of its services, which hardly matched what they had supposedly been before.²⁰ Also, the racial hierarchies within the hospital gave way to other arrangements: without any Portuguese physicians present, the influence of indigenous Christians increased, and there were times when some of them held the post of Head Physician.²¹ "Native" influence also made itself felt in relation to certain practices in the hospital. Germano Correia claimed that it was because of the influence of indigenous beliefs that some foods like meat and broths were banished from the diet of the hospital, and Indian-inspired treatments were adopted, such as the *panchagavia*, a drink composed of five liquids of bovine provenience, with urine at the top.²² Correia described such

practices, in a derogatory way, as signs of the "surreptitious triumph of Hinduism over Western civilization", as the "Hindu vaidyas and pandits imposed their beliefs and practices not only on the European physicians and surgeons but also on the Jesuits".²³ All this, together with the enduring European practice of excessive bleeding, would lead, so Correia suggested, to a dramatic mortality in the hospital.²⁴

By the mid 1700s, the hospital was in complete decay. In 1730, a report by Head Physician José Henriques Sequeira denounced the bad practices of the priests in charge, who did nothing but commerce and business at the expense of the hospital, with the help of the pharmacist and the nurse-aids, while antagonizing the physician and surgeon. The priest administrator had fallen so low as to raise pigs and sell the local wine, *urraca*, in a tavern — all inside the hospital.²⁵

In 1759, the Jesuits were expelled from Goa, and the state took charge of the hospital again. The building was about to collapse and needed urgent relocation, but the means to do so were scarce. The architect Francesco Tosi Colombina designed a relocation plan at the lowest possible cost. He suggested making a few changes to the annexes of the Panelim palace known as the *Casa da Polvora*, so that it could receive patients. The palace had previously lodged the governor, who in the meantime moved to Pangim.²⁶ The annexes had previously been used to house troops on a temporary basis. Materials from the older hospital, including the stones of its walls, were to be recycled in order to reduce the costs of the operation. Colombina also suggested that the least expensive solution was to lodge the patients in the college of S. Roque, a recommendation that was followed for a few years.²⁷ Gradually, the institutions that once contributed to the glamour of Golden Goa gave way to the palm groves.

Cultural Diversity, Power and Knowledge

Although we do not know much about the interactions between different interest groups, streams of knowledge, and schools of practice during that period, we can surmise that this was not a time of authoritarian implementation of European medicine. There were several decades when not a single Portuguese physician was present in Goa.²⁸ But life went on, with or without the Portuguese, and health care was provided by healers, vaidyas, hakims, or by a new character in the Goan medicine: the self-fashioned "native-Christian" physician who emerged in the Portuguese hospital. My argument is that this tradition, rather than the Portuguese initiatives, led to the development of medical teaching in Goa.

Local groups should not be presented as immutable identities – as they arose partially from interactions that varied in form and intensity through the centuries.²⁹ Under Portuguese rule, there were periods of harsh violence against the local population and strong political control of most areas of society; there were other times when the Portuguese were hardly in charge – their role an *opera buffa* or comic opera, in Pearson's words.³⁰ There were several groups and organizations beyond the state that were powerful and influential in Goan society: religious orders (Jesuits, Franciscans), charities (*Misericórdia, Recolhidas*), clubs, associations, printing houses, trade networks.

Upper-strata Goans had adopted Portuguese names and the Catholic religion without intermingling with the Portuguese more than was strictly necessary.³¹ Some of the core elements of the social structure remained as before, and landowners, meanwhile renamed as Braganças, Meneses, Noronhas, Mascarenhas, Pinto, Sousa, kept their land, ancestral place, titles and status. Two groups appeared along caste lines: the Chardós, who claimed Kshatrya descent, and were influential in the fields of journalism and education,³² and the Brahmins, who, among other things, had an influence in the field of medicine.³³ Groups of lesser social status also engaged with Catholicism in different ways, some of them occasionally reverting to Hinduism. Others rejected conversion to Catholicism and, in order to keep their faith and their Hindu deities and temples, had to move from the core of Goa to the nearby Marathi districts, which in the eighteenth century were integrated into Goa as the "New Conquests". Over time, some distinguished Hindu families regained control of important trade businesses.³⁴

Initiatives: The Portuguese and the Local Elites

The conventional narrative about medical institutions in Goa is oblivious to the social complexity and cultural diversity and the role of local initiatives in Goa's development. Most credit is given to the Portuguese colonial administration and much of the historiography is dedicated to demonstrating the primacy and "Portugueseness" of Goan medical institutions. The Royal Hospital had been a wonder of the world; if the Medical School was no such wonder, it was at least, supposedly, the first of its kind in Asia.³⁵

The history of medicine in Goa is thus conventionally presented as a list of pioneer interventions led by the Portuguese: the Portuguese conqueror Albuquerque arranged for a temporary hospital for his soldiers in the 1510s; the Portuguese Viceroy D. João de Castro founded the Royal

Hospital in the sixteenth century; the King of Portugal expanded its grandeur in the early seventeenth; the Portuguese physician Garcia d'Orta wrote the *Colloquio dos simples* about Indian medicinal plants; the Portuguese counsellor Cristovam de Sousa Coutinho wrote to the king in 1687 asking for physicians who could train the locals in the arts of medicine; the Portuguese physician Cipriano Valadares came to Goa in 1703 and lectured medicine at the Royal Hospital; the Coimbra lecturer António Miranda e Almeida came to Goa in 1801 and also taught medicine and surgery at the Military Hospital; the Portuguese head-physician Mateus Moacho founded the Medical School in 1842.³⁶

When we take a closer look at those events, however, inconsistencies emerge. Moacho, for instance, did not stay in Goa for more than two years: there is a major gap between his symbolic and his actual role in the founding of the medical school. The reverse happens to the non-Portuguese members of the founding committee. While Mateus Moacho and the Count of Antas, the Portuguese governor of the *Estado da Índia* at the time, are cited everywhere, little is said of the other core faculty members who designed the curricula for the medical school and taught there. Of them, only the military head-surgeon João Frederico Teixeira Pinho was born in Portugal.³⁷ António José da Gama, who had studied medicine in Portugal, was an upper class Goan, belonging to the influential Christian Brahmin families whose connections went beyond the small territory of Goa.³⁸ He was father-in-law to the prestigious Bombay physician and intellectual Gerson da Cunha.³⁹ Afonso do Rosário Dantas, who held a more discrete but steady position in the faculty for the coming years, was also a born-and-bred Goan who had joined the hospital in a lower-ranking job in 1819, and became a hospital surgeon soon after, in 1823. In 1837, he was named hospital physician by a temporary government.⁴⁰ In 1842, Mateus Moacho referred to Afonso Rosario Dantas as having "no scholarly degree; his title of physician was given arbitrarily in 1837 by a temporary government without a single man from the (medical) Art! But he has natural talent: he is very curious and diligent in his work: he studies and helps: and his conduct is honourable".⁴¹

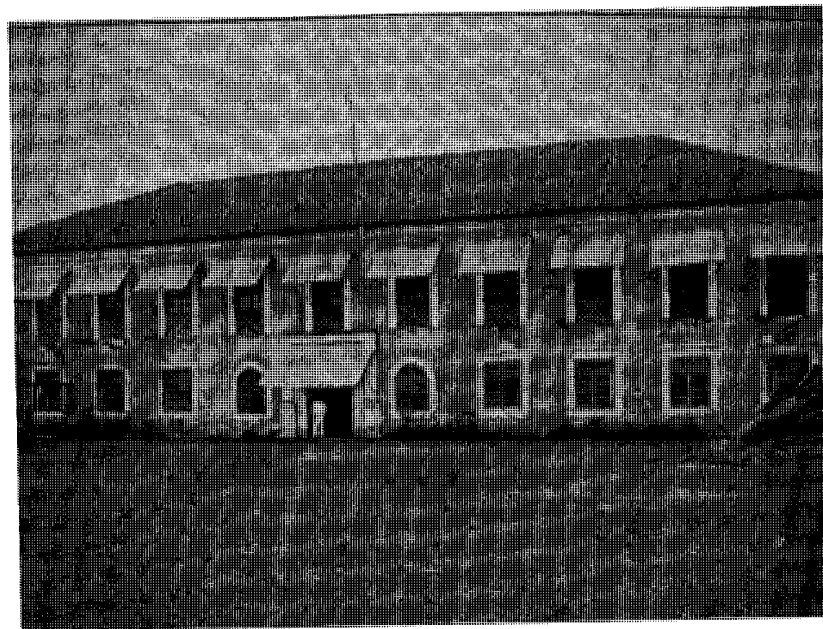
Over the generations, almost all of the students came from Goa. The first cohort (1842-46) was not just Goan, but belonged to a particular Catholic Brahmin community. Pedro Gonzaga Augusto de Melo, Luís Francisco Fremiot Conceição, Joaquim Lourenço da Anunciação Piedade Araújo, Felizardo Piedade de Quadros, Francisco Xavier Lourenço, Agostinho Vicente Lourenço, António Luís Moreira, and Bernardo Wolfango da Silva, were all born in Salcete, except for the latter, who was registered in Ilhas.⁴² Like Antonio Gama, they held Portuguese names and

citizenship, shared much of the colonizers' lifestyles, professed Catholicism, and at the same time kept a social status that was consistent with their Brahmin descent.⁴³ And while they had to cope and struggle with the Portuguese administration, which favoured the Portuguese and their direct (white) descendents, a practice that is still remembered today, the administration had to collaborate with Indian elites and their vast local and extra-local networks in order to implement any plan or procedure.

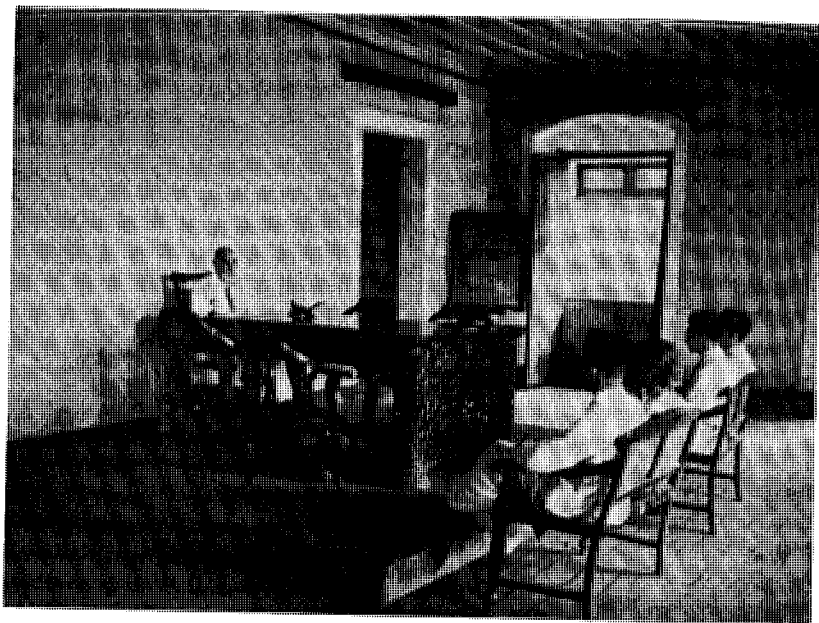
Local Competition

There were multiple groups lobbying for influence. At the high end of society, factionalism and divisions created opposing constellations such as Portuguese-born vs Indian-born, Portuguese and Portuguese descendents vs Christian Brahmins and Chardós, Brahmins vs Chardós, Catholics vs Hindus, and other contrasting yet shifting and fluid group identifications. Back in Europe, Portugal itself was also a fractured place: to escape the French republican troops, the royal family had moved the capital to Rio de Janeiro, and nothing ever remained the same as Brazil became independent and Portugal got involved in civil wars. Within this context, Goa mattered almost only to those who lived there. The different factions interacted among themselves and with the Portuguese, lobbied, tried to attain their goals, to defeat their adversaries, and to gain a greater share of power and influence. There was a moment in 1834, when the Goan Bernardo Peres da Silva, who had supported the winning political faction in Portugal (the liberal party of King Pedro), was appointed to the position of governor or mayor.⁴⁴ But he only lasted three weeks in the job: although he represented an important majority, a minority of Portuguese and Portuguese-descendants opposed him locally. Fractions remained in struggle for most of the century, fighting one another both openly and discreetly by publishing pamphlets and numerous newspapers.⁴⁵ It was within this context that some in Goa struggled to have a medical school of their own.

In my view, it was primarily the Catholic Brahmins who fought for the establishment of the Medical School in 1842 and gave it its shape and life, and co-opted Portuguese representatives, like Moacho (the head physician) and the Count of Antas (the Governor), into supporting it.⁴⁶ They created an establishment that almost ran itself at the expense of the state-owned military hospital, which had evolved from the original Royal Hospital. Fees also helped support the costs of the school.⁴⁷



Photograph 1: *Medical School of Goa: Main Façade (circa 1915).* Photograph by Souza & Paul (Central Library, Rare Books on Indo-Portuguese History, Panaji, Goa)



Photograph 2: *Medical School of Goa: Class of Social Hygiene by Director Francisco Wolfango da Silva (circa 1915).* Photograph by Souza & Paul (Central Library, Rare Books on Indo-Portuguese History, Panaji, Goa)



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Photograph 5: Page from *Ilustração Portuguesa* (1914) with a notice on “The Oldest Medical School in Asia” (Biblioteca Nacional de Portugal, Lisboa)



Photograph 6: Page from *Ilustração Portuguesa* (1914) with a notice on “The Oldest Medical School in Asia” (Biblioteca Nacional de Portugal, Lisboa)



Francisco António Wolfango da Silva
Médico, pelas Escolas de Nova Goa (1857) e de Lisboa (1870)
Lente Director da Escola Médico Cirúrgica de Nova Goa.
Director dos Serviços de Saúde e Higiene.

Photograph 7: Dr Francisco Wolfango da Silva, son of Bernardo Wolfango da Silva, from the first cohort of students (1842-46) of the Medical School of Goa. Photograph by unknown author included in Pedro Joaquim Peregrino da Costa, “A Escola Médica de Goa e a sua projecção na Índia Portuguesa e no Ultramar”, in *Escola Médico Cirúrgica de Goa 1842-1957* (Bastorá: Rangel, 1957). P. 19-34.



Photograph 8: Dr Indalêncio Froilano de Melo, a distinguished researcher in parasitology and microbiology, who graduated from the Medical School of Goa in 1908 and repeated his exams in the Medical School of Porto in 1910. Photo kindly provided by his son, Alfredo Froilano de Melo.

Fighting for Acknowledgement – Careers in Africa

The founding of the Medical School in 1842 was however only a partial success. Lisbon did not acknowledge its existence until 1847, that is, five years after its establishment and graduation of its first cohort of students.⁴⁸ Moreover, Portugal did not fully acknowledge its graduates. They could only hold first rank positions after repeating their exams at the medical schools of Lisbon or Oporto. Otherwise, they had to take subordinate positions in remote outposts in Africa, where no Portuguese physicians wanted to go, earning little and exposing themselves to many risks. Furthermore, higher-ranking Portuguese officers often looked down upon them.⁴⁹

Serrão de Azevedo, for instance, who headed the Mozambique health services in the 1890s, complained that most physicians in the colony, except for the four trained in Portugal, had come from the Medical School of Goa, which he considered second rate, as its graduates were not allowed

to practise in Portugal. Letting them practise in Africa was nonsense, Serrão de Azevedo thought: “as if the patients here [Africa] were affected by illnesses whose cure required just the assistance of a second-rate doctor!”⁵⁰ We should be cautious of over-interpreting Serrão’s words as a humanitarian plea for the health of the African people. He probably referred to the European soldiers who were under his care, for he also complained about the Indian nurses, who he considered as indolent, unsuited for training, unable to care for the patients, incapable of administering medicines, untidy, careless and without appropriate bedside manner.⁵¹ His view was that they would never be able to make themselves “respected by the patients, all the more so when those patients are of European origin”.⁵²

Towards the end of the nineteenth century, within the wider context of the European “scramble for Africa” that followed the Berlin conference (1884-5) and the British ultimatum to the Portuguese in Southern Africa (1891), the Portuguese administration engaged in turning its loosely administered African territories into competitive colonies. Goan doctors, who had previously merely been tolerated in the health services in Africa, now became needed and useful – although they were still not granted the same positions as their colleagues trained in Portugal.⁵³ When, in the twentieth century and in the context of a pro-colonialist regime, the history of the Medical School of Goa was re-written, the participation of Goa-trained doctors in the African services was presented as a preconceived strategy, one that proved their “Portugueseness” and their commitment to empire.⁵⁴

Goa, whose importance in Portuguese colonial politics had consistently declined since the seventeenth century, became relevant once more at the turn to the twentieth century. Goa mattered again, but not for its riches, its commercial potential, or its territory; it mattered for its symbolic capital and its human and institutional resources, which included its highly-educated, Christian, Lusophone community and also its Medical School. What the Portuguese authorities had dismissed in the past was now seen from a new, instrumental perspective. In Lisbon’s parliament in 1902, Portuguese physician and politician Miguel Bombarda pleaded for government support for the Medical School of Goa.⁵⁵ Bombarda used an argument that a former director of the Medical School, Rafael Antonio Pereira, the first Goan to hold the position, had advanced in 1889: that Goan doctors could be good intermediary agents between the Europeans and the Africans and therefore a precious tool for properly developing the colonization of that continent.⁵⁶ And what had been a career step in the second half of the nineteenth century that could not really be described as

the first choice for many of the Goan graduates – a job in the military health services in Africa – was now presented as the institution's core vocation and the goal for its graduates, the main argument for its existence, and, later, inscribed into its history and eulogized as an element of heroic distinction.

The Writing of a Portuguese History of Goan Medicine

The author who most explicitly inscribed the "Portugueseness" of Goa into its medical history was probably the physician-historian Germano Correia. Himself a Luso-descendent, he expressed some degree of resentment for being treated as a colonial by the Portuguese authorities.⁵⁷ Sometimes he indulged in racism to prove the pure "Europeanness" and "aryanism" of his group in response to the prejudice that prevailed in British India about Goans being of mixed race, a theme about which Sir Richard Burton indulgently wrote in the nineteenth century.⁵⁸ Most of Germano Correia's work seems to be about claiming the "Portugueseness" of himself, Goa, and the Medical School. It is not surprising that he rooted the existence of its medical school in early Portuguese attempts to develop medicine in India, and highlighted the role of the famous Royal Hospital.

The "Correia template", which was based on a reading of Goan medical institutions as the offspring of Portuguese pioneer intervention, influenced many other twentieth-century authors. The government celebrated empire and nationality and co-opted Goans into the process. In 1914, the Portuguese periodical *Ilustração Portuguesa* published an article about the Medical School of Goa with the headline "the oldest medical school in Asia" – giving a printed materiality to that claim and painting an image of Goan doctors as ambassadors of Portugal's good name in the African interior that was reputedly a graveyard for Europeans.⁵⁹ Later, during the centennial celebrations of the Medical School in Goa in 1942, that tone was kept and expanded – as if the whole purpose of the existence of the medical school had always been to be a tool of the Portuguese empire. The centennial celebrations were redolent with imperial ideology – but so was the moment in Portuguese politics, which in the 1930s-40s struggled to steer clear of the escalating international conflict by focusing on its own imperial history.⁶⁰

One should not be mystified by what seems a widespread adherence to colonial ideology in Portugal and among Goans. There were severe limitations to the expression of political choices during the period of Salazar's regime in the 1940s, '50s and '60s. Some Goan intellectuals were against the regime and were prosecuted for their sympathies with

Indian nationalism.⁶¹ Others tried to pursue an agenda of dignified self-determination by negotiating with the regime – as was the case with Dr Froilano de Mello, a graduate of the Medical School, who held a mandate at the parliament in Lisbon and defended the idea of a confederation of Portuguese colonies.⁶²

The Medical School centennial festivities in 1942 included seemingly heartfelt speeches that emphasized the role of Goan doctors in the making of empire in Africa – either by keeping the soldiers alive or watching over the health of the African populations. Dr Peregrino da Costa compiled an extensive list of all Goan doctors who had served in Africa and published it later.⁶³ Speakers at the event included Drs Francisco Barreto, Wolfango da Silva, Froilano de Melo and Germano Correia. They shared their experience of serving in the colonies and produced truly literary pieces celebrating the braveness, courage and engagement of the unknown Goans who had assisted in the preservation of the health of the African populations and the Portuguese soldiers battling their enemies.⁶⁴

Later on, Dr João Pacheco Figueiredo, also an historian of medicine, compiled more data and re-stated Germano Correia's views.⁶⁵ And even the clearly anti-colonial perspective of Goan historian Fatima Gracias⁶⁶ on health and the colonial state in Goa, while shifting from a laudatory perspective to a critical one, still did not break away from Correia's template. It persists even today, in oral lore or on the internet. In 2003, the Goan paper *Navhind Times* published an article that heavily criticized the state's health institutions, calling its public health system pathetic and lamentable, and extending its criticism to the hospital connected to the Medical College.⁶⁷ One internet posting that followed claimed that the decay of the health institutions in Goa was even more lamentable because it had not always been the case, for the Medical College and its hospital had previously been institutions of excellence; they had "inherited and thus far maintained their excellent reputation as an excellent Medical School from the Escola Medica Cirurgica established by the Portuguese in 1842", one that "was indeed the first Allopathic Medical School in Asia".⁶⁸

Beyond the Mantra of Identity and Empire

On other occasions I analysed these claims as identity boosters of sorts, repeated like mantras, and seldom related to the actual evidence in the primary sources. In the confidential memos of the head physicians, head surgeons and health directors, and the official yearly health reports of *Estado da Índia* from the second half of the nineteenth century, we read

how persistently the Portuguese colonial delegates at that time referred to the Medical School of Goa as an inferior establishment. In the official documents, we read that the central government did not acknowledge the Medical School of Goa until five years after its existence; that there was very little provision of adequate means and resources for it to operate properly. In the 1850s and '60s, Head Physician Eduardo de Freitas e Almeida and Head Surgeon José António de Oliveira lamented that European medicine did not really have much chance in the place; that healers were more popular than physicians; that local physicians also consulted the healers — if they did not turn into healers themselves; that students rejected an experimental, hands-on type of learning and were really more interested in getting jobs in the administration than in practising medicine in all its facets.⁶⁹ In the 1870s, head physician Fonseca Torrie had to handle the entire teaching by himself, so depleted of means was the school. In the 1890s, there was an inspection that called for the closure of the school.⁷⁰

In other words, the school does not appear in the sources as a “tool of empire” that the administration created and cherished to inculcate European values, techniques, forms of knowledge among “natives”, or to prepare them to serve in Africa to strengthen the empire. Reports and memos provide a sense that this was an institution that existed somehow in the interstices of colonial power: together with it, but also in spite of it. It was not a direct creation of the colonial administration, but an indirect one, that served the interests of the colonizers, but only partially so, and often escaped its rationale, its control and its purpose. There were other agendas to be served: those of local groups competing with one another. Medical education became one more device at work within that competitive arena, for it could potentially provide symbolic and material gains.

In its initial decades, the Medical School was less an instrument for moulding Goans into European-trained doctors to serve the interests of European dominance in Asia and Africa, than one that could better be described as an “almost, but not quite” European institution that equipped its students with symbolic capital for the purposes of local competition. It was a medical school, but it was other things as well and the administration tolerated it but did not really applaud its performance as a medical school. Although subject to deprecation on the part of the Portuguese, it had meaning within the context of Goa’s internal politics. It was a place where Goans could learn medicine, but also earn credentials and access scarce public jobs.

Concluding Remarks

I have analysed the medical institutions of colonial Goa and how they reveal a complex arrangement of different structures, agencies, projects, alliances, divisions and negotiations. As a whole and in its different parts, the picture that emerges from my analysis departs from the conventional depictions of colonial societies in general and of Goa in particular. The dynamics of the Medical School developed not so much along the interests of the colonial administration, but *in spite of them*; not so much along with the efforts of the colonial administration, but *somehow against them*. Rather than as a device of imperial governance, it arose from within Goan society in order to fulfil certain local agendas, including those of getting a higher education, being closer to power and attaining a greater share of political control.

I have emphasized the role of the “Lusified” elites in the development of the Medical School. This group shared the language, names, religion and much of the Portuguese culture, and in many instances considered itself equal to the Portuguese. But, these elites were not taken as equals by the Portuguese, who kept most privileges for themselves and their descendants. There exists a great variety of conceptual tools that can be applied to the Lusified elites of Goa, ranging from the older Marxist concepts of “false consciousness”⁷¹ to the trendier post-colonial notions of “mimicry”.⁷² In my understanding, though, we should look at them as subjects of agency who found a way to cope with an administration they had to abide by and whose ultimate word came from Lisbon: they could therefore be considered as “subaltern elites.”⁷³ During the nineteenth century, they pursued their agendas in parliament, the public sphere and medical education, acting “as if” Portuguese — but the Portuguese reminded them of their “not quite” status by relegating them to subordinate positions and only partially acknowledging them. Upon entering the twentieth century, due to the needs of the colonial administration, the Medical School of Goa became re-conceptualised and re-imagined as a symbol of empire, and many Goan doctors contributed to that perceptual re-assignment by writing and publishing a version of their history in which the Portuguese took prominent credit. As we enter the twenty-first century, I suggest that we are ready to review this history and re-assign the credit for the existence of the Medical School to its Goan constituents, students, graduates, and faculty.

Notes

¹ There are a number of reference works that address Goan society within the wider context of maritime trade, and mostly focus on the early modern period: Charles Boxer, *The Portuguese Seaborne Empire, 1415-1825* (New York: Knopf, 1969); *From Lisbon to Goa, 1500-1750: Studies in Portuguese Maritime Enterprise* (London: Variorum, 1984); M.N. Pearson, *Coastal Western India: Studies from the Portuguese Records* (Delhi: Concept, 1980); *The Portuguese in India* (Cambridge: Cambridge University Press, 1987); Vitorino Magalhães Godinho, *Os Descobrimentos e a Economia Mundial* (Lisboa: Presença, 1981-1983); Luís Filipe Thomaz, *De Ceuta a Timor* (Lisboa: Difel, 1994); Sanjay Subrahmanyam, *The Portuguese Empire in Asia, 1500-1700: A Political and Economic History* (New York: Longman, 1993); Francisco Bethencourt and Diogo Ramada Curto, eds, *Portuguese Oceanic Expansion, 1400-1800* (Cambridge: Cambridge University Press, 2007). There is another group of works that address the dynamics of Goan society: Teotónio de Souza, *Medieval Goa* (New Delhi: Concept, 1979); G.V. Scammell, "The Pillars of Empire: Indigenous Assistance and the Survival of the 'Estado da Índia' c.1600-1700", *Modern Asian Studies* 22 (1988): 473-489; Rowena Robinson, *Conversion, Continuity and Change: Lived Christianity in Southern Goa* (Delhi: Sage, 1988); Pratima Kamat, *Farar far (crossfire): local resistance to colonial hegemony in Goa, 1510-1912* (Panaji: Institute Menezes Braganza, 1999); Paul Axelrod and Michelle Fuerchs, "Flight of the Deities: Hindu Resistance in Portuguese Goa," *Modern Asian Studies* 30 (1996): 387-421; "Portuguese Orientalism and the Making of the Village Communities of Goa," *Ethnohistory* 45 (1998): 439-476; Alexander Henn, "The Becoming of Goa. Space and Culture in the Emergence of a Multicultural Lifeworld", *Lusotopie* (2000): 333-339; Ângela Barreto Xavier, *A Invenção de Goa* (Lisboa: Imprensa de Ciências Sociais, 2008).

² For an anthropological approach to Goan society, see Robert Newman, *Of umbrellas, goddesses, and dreams: Essays on Goan culture and society* (Mapusa, Goa: Other India Press, 2001).

³ M.N. Pearson "First Contacts between Indian and European Medical Systems: Goa in the Sixteenth Century," in David Arnold, ed., *Warm Climates and Western Medicine* (Amsterdam: Rodopi, 1996), pp. 20-41.

⁴ Timothy Walker, "Remedies from the *Carreira da Índia*: Asian Influences on Portuguese Medicine during the Age of Enlightenment", *The Portuguese Studies Review* 9 (2001): 170-193.

⁵ See, for instance, Gilberto Freyre, *The Portuguese and the Tropics: Suggestions Inspired by Portuguese Methods of Integrating Autochthonous Peoples and Cultures Differing from the European in a new. Or Luso-Tropical Complex of Civilisation* (Lisbon: Executive Committee for the Commemoration of the Vth Centenary of the Prince Henry the Navigator, 1961); for a discussion, see C. Bastos "Race, medicine and the late Portuguese colonial Empire", *Journal of Romance Studies* 5 (2001): 23-35; "Medical Hybridisms and Social Boundaries:

Aspects of Portuguese Colonialism in Africa and India and India in the Nineteenth Century", *Journal of Southern African Studies* 33 (2007): 767-782.

⁶ See M. J. Gabriel de Saldanha, *História de Goa, Vol. II, História arqueológica* (Nova Goa: Livraria Coelho, 1926); Fátima Gracias, *Health and hygiene in colonial Goa, 1510-1961* (New Delhi: Concept Publishing House, 1994); M.N. Pearson, "The Portuguese State and Medicine in Sixteenth Century Goa", in: K. S. Mathew – T. R. de Souza - P. Malekandathil, eds, *The Portuguese and the Socio-Cultural Changes in India, 1500-1800* (Telicherry, Institute for Research in Social Sciences and Humanities, MESHAR, 2001): 401-419; C. Bastos, "Together and Apart: Catholic Hospitals in Plural Goa," in F. Speziale and F. Ghassemilou, eds, *Hospitals in Iran and India (1500-1950) - Nouvelle revue d'étude iraniennes* 3 (2010).

⁷ Robinson, *Conversion and continuity*; Kamat, *Farar far*

⁸ Axelrod and Fuerch, "The flight of deities"

⁹ Germano Correia, «O Hospital Real de Goa nos Séculos XVI e XVII», *Arquivos da Escola Médico-Cirúrgica Série A* (Goa: s.d.); Vitor Freire da Silva Gracias, *Health and Hygiene*; Pearson, "The Portuguese state"; Bastos, "Together and apart"

¹⁰ François Pyrard, *Voyage de Pyrard de Laval aux Indes orientales, 1601-1611*, (Paris: Chandeigne, 1998).

¹¹ Goan physician-historian Germano Correia, in his article "O Hospital Real" places the *Misericórdia* administration of the Royal Hospital between 1542 and 1584 (pp. 15-16) or at 1591 (p.18).

¹² Pyrard, *Voyage*

¹³ Pyrard, *Voyage*

¹⁴ José F. Ferreira Martins, *Historia da Misericórdia de Goa 1621-1910*, Vol. 2 (Nova Goa: Imprensa Nacional, 1912).

¹⁵ Isabel Guimarães Sá elaborates on the wider topic of declining status in *Quando o rico se faz pobre: misericórdias, caridade e poder no império português 1500-1800* (Lisbon: Comissão Nacional para as Comemorações dos Descobrimentos Portugueses, 1997)

¹⁶ In his early work *História do Ensino Médico na Índia Portuguesa* (Nova Goa: Imprensa Nacional, 1917), Germano Correia suggests that Garcia d'Orta was the first lecturer of medicine in Goa, as teaching was part of the distinguished physician's job in any circumstance. In his more mature *O ensino de medicina e cirurgia em Goa nos séculos XVII, XVIII e XIX* (Bastorá: Tipografia Rangel, 1941), after solid archival research, Correia locates the beginning of that teaching when the head physician Cipriano Valladares came to Goa in 1702; in between, Correia had suggested that it had been the Coimbra physician Manuel Roiz de Sousa who came to Goa in response to Governor Rodrigo da Costa's 1691 request. Whatever the case may have been, in the late seventeenth and early eighteenth centuries the hospital was clearly in decline («O Hospital Real», pp. 87-88).

¹⁷ Pearson, "First Encounters"

¹⁸ *Ibid.*

¹⁹ Germano Correia (*O ensino de medicina e cirurgia*) provides arguments for a long-held belief in the insalubrity of the city of Goa, whose bad airs and poor sanitation inevitably led to disease and decay, hence the irreversible move to other locations. Occasionally, Correia allows for a sociological explanation for Goa's poor sanitation — fights and vanity, petty noblemen of unlimited ambition running the city instead of wisemen; also, there was a noticeable disregard and lack of acknowledgement of the role and word of physicians during the early modern period in Goa. Teotonio de Souza's *Medieval Goa* (New Delhi: Concept, 1979) offers a more developed socio-economic explanation for the slow decline of the city of Goa.

²⁰ N. Manucci, *Storia do Mogor, or Mogul India (1653-1708)*, transl. and notes by W. Irvine, (London: John Murray, 1907); J.-B. Tavernier, *Les six voyages de Jean Baptiste Tavernier qu'il a fait en Turquie, en Perse et aux Indes* (Paris: Gervais Clouzier/Claude Barbin, 1676) ; Pearson "Portuguese state "

²¹ Germano Correia suggested that "the first of a series of native Goans" holding chief positions in the health services was Inacio Caetano Afonso, at the end of the eighteenth century (and only as an interim director, after Luis da Costa left for Portugal, in 1782 (*O ensino de medicina e cirurgia*, pp.323-324). Pearson points out that already in 1644 there was a notice that the head physician was a Goan («First Contacts», p.28).

²² Correia, "O Hospital Real", p 79.

²³ Correia, "O Hospital Real", p. 81.

²⁴ Correia, "O Hospital Real", p.81.

²⁵ Correia, "O Hospital Real", p.89.

²⁶ Francesco Tosi Colombina, "Hospital" (Letter to the Governor about the adaptations needed to turn the annexes of Casa da Pólvora into a hospital), 1759. Lisbon, Biblioteca da Ajuda, 1593. [1745-1760], Ms. Av. 54-X-20, n.º 64.

²⁷ Saldanha, *História de Goa, Vol. II*.

²⁸ This is acknowledged in the widely quoted 1687 memo of Cristovam Sousa Coutinho to the King of Portugal, in which the former noted that many high-ranking Portuguese had died due to lack of assistance, and suggested that the king should send over a master physician to teach medicine to the locals, who were talented to learn; see João Manuel Pacheco de Figueiredo "Escola Médico-Cirúrgica de Goa: esboço histórico". *Arquivos da Escola Médico Cirúrgica de Goa*, A, 33 (1960): 119-237, p.121. According to Germano Correia, the absence of physicians and the unnecessary deaths due to lack of healthcare were acknowledged much earlier. In his *O ensino da medicina e cirurgia* he expressed the view that such shortage could partially be explained as an effect of the Inquisition, for many of the Portuguese physicians in the modern period were either Jews or New-Christians.

²⁹ See Susan Bayly, *Caste, Society and Politics in India: From the Eighteenth Century to the Modern Age* (Cambridge: Cambridge University Press, 1999).

³⁰ Pearson, *The Portuguese in India*

³¹ Probably in consequence of the double influence of prejudice articulated by Richard Burton in *Goa and the Blue Mountains* and the eulogy by Gilberto Freyre

in works like *The Portuguese and the Tropics* (Lisbon, 1961), Goans are often represented as being of mixed descent and Indo-Portuguese culture is seen as the creole culture of mixed ancestry. The fact that cultural hybridism was hardly accompanied by actual mixed unions is poorly understood outside Goa. For some reflections, see M. A. Couto *Goa: A Daughter's Story* (Harmondsworth: Penguin, 2005).

³² M.A. Couto, *Goa*; Rochelle Pinto, *Between Empires: Print and Politics in Goa* (Delhi: Oxford University Press, 2007).

³³ In an earlier article, I had mistakenly suggested that the more vocal luso-descendants were also more important in number (C. Bastos, "Doctors for the Empire: The Medical School of Goa and its Narratives," *Identities* 8 (2001): 517-548). Later, I carried out a quantitative analysis of all students who graduated in the nineteenth century and I estimate now that over 80% of them were Christian Brahmins. The analysis was assisted by Goan colleague and librarian M. Lourdes Bravo da Costa. It was based on a compilation of students' birth place and family name provided by P. J. Peregrino da Costa's *Médicos que concluíram na Escola Médico-Cirúrgica de Goa desde a sua fundação até o ano lectivo de 1955-1956* (Bastorá: Rangel, 1957).

³⁴ Couto, *Goa*

³⁵ For more detail see: Bastos "Doctors for the Empire " and "The inverted mirror: Dreams of imperial glory and tales of subalternity from the Medical School of Goa," *Etnográfica* VI (2002): 59-76.

³⁶ See G. Correia, *História, O Ensino*; J. Figueiredo, *Escola*; F. Gracias, *Health and Hygiene*

³⁷ Governo do Estado da Índia, *Boletim do Governo do Estado da Índia*, nº 45, 3/10/1842, pp. 267-8; Correia, *História*

³⁸ For example, Eduardo Freitas Almeida, José António d'Oliveira e António José da Gama, *Repartição de Serviço de Saude do Estado da Índia - Informação referida ao anno de 1868* Arquivo Histórico Ultramarino, sala 12, Índia - Informações Anuais 1856-1907, # 2070

³⁹ Filipa Vicente, *Outros Orientalismos* (Lisboa: Imprensa de Ciências Sociais, 2009)

⁴⁰ Matheus C. R. Moacho, físico-mor do Estado, director do Hospital Militar, *Mappa nominal dos empregados do Hospital Militar de Gôa*. 30-06-1842, Arquivo Histórico Ultramarino, Sala 12, Direcção Geral do Ultramar, Correspondência Geral - Índia, n.º v. 11.

⁴¹ *Ibid.*

⁴² P.J. Peregrino da Costa , "Médicos que concluíram o curso da Escola Médico Cirúrgica de Goa, desde a sua fundação até o ano lectivo de 1955-1956", in *Escola Médico-Cirúrgica de Goa, 1842-1957* (Bastorá, Goa: Tipografia Rangel, 1957), pp.188-246

⁴³ Much has been written and discussed about this overlapping of apparently contradictory belongings. Some recent books provide personal memoirs on the actual experience of being a Christian Goan: Maria Aurora Couto's *Goa: A Daughter's Story* (2005), Teotonio de Souza *Goa to me* (2004) and Alfredo de

Mello *From Goa to Patagonia* (2008). See also Goan forums like “Goa Research Net” and “GoaNet”.

⁴⁴ Bernardo Peres da Silva also held the title of doctor, supposedly achieved in 1800 as a “Certificate of the Majesty”, after an exam and a payment. He went through that exam again in 1804, under the new and most prestigious head physician Antonio Miranda e Almeida, supposedly after having studied under his direction. He exhibited a licence of the “medical school”, a fact that has been at the centre of a dispute raised in the Goan newspaper *Heraldo* in 1913; Germano Correia’s interpretation is that, indeed, Antonio Miranda e Almeida maintained a structured course of medicine with different subject matters between 1801 and 1816 (Correia, *O Ensino*). Although Antonio Miranda e Almeida did in fact plan a structured teaching curriculum, the evidence regarding its actual existence is very fragile. Correia blames the several displacements of the hospital for the lack of evidence. Even if courses were ministered, I believe — with Ismael Gracias («Físicos-Móres da Índia no Seculo XIX», *O Oriente Português* XI (1914): 255-278) — that this was too incipient to be considered a school of medicine.

⁴⁵ Pinto, *Between Empires*

⁴⁶ P.J. Peregrino da Costa, in his *Médicos da Escola de Goa do Quadro de Saúde das Colónias - 1853 a 1942* (Bastorá: Rangel, 1944) alludes to the fact that India had the glory of pushing forward the teaching of medicine in the colonies, and that the Count of Antas was brave enough to support it locally even though permission to create a school in Goa had been denied to him by the Navy Council on which the colonial health services depended (pp. 27-28).

⁴⁷ Correia, *Escola*.

⁴⁸ Conselho Ultramarino, *Boletim do Conselho Ultramarino: Legislação Novíssima*. Vol I (1834-1851) (Lisboa: Imprensa Nacional, 1867), pp.551-558

⁴⁹ A.J. Sócrates da Costa *Os Médicos Ultramarinos. Mais um brado a favor dos facultativos formados pela Escola Médico-Cirúrgica de Nova Goa* (Lisboa: Tip. Universal, 1880); for a discussion see C. Bastos, “Medical Hybridisms”

⁵⁰ For example, José d’Oliveira Serrão d’ Azevedo *Relatório do serviço de saúde da província de Moçambique- 1893*, Arquivo Histórico Ultramarino, Serviço de Saúde do Ultramar, maço 2817.

⁵¹ Serrão d’Azevedo, *Relatório*, translated from the original, “Não sabem ou sabem muito pouco; não trabalham ou trabalham mal e são em geral d’uma indolência e d’um desprendimento que não cede a estímulos nem a correcções. Não prestam aos doentes os necessarios cuidados; não são carinhosos nos seus tratos para com elles, não se affeioam ao serviço de que são incumbidos e o que é mais lamentavel e mais importante tambem é que não sabem administrar os medicamentos como é preciso e não olham com interesse pelo acieio e boa ordem das suas enfermarias.”

⁵² Serrão d’Azevedo, *Relatório*; the original words are: “não vi enfermeiro algum d’esta natureza, nem me consta que o tenha havido, pelo menos desde a minha chegada a esta provincia, que se faça respeitar pelos doentes das suas enfermarias e sobretudo sendo estes doentes d’origem europea; o que como se vê, não offerece

garantia alguma de ordem e de disciplina tão indispensaveis n’uma sala d’hospital.”

⁵³ For details, see Peregrino da Costa, “Médicos da Escola de Goa no quadro”, and for discussion see C. Bastos “Doctors for the empire” and “Race, medicine “

⁵⁴ C. Bastos “Medicina, Império “

⁵⁵ Miguel Bombarda “Escola de Nova Goa”, *A Medicina Contemporânea* 23 /March/ 1902, pp 93-95.

⁵⁶ Rafael Pereira made his point about Indians as the ideal mediators between Europeans and Africans (Rafael A Pereira, *Relatório*, 30 Outubro 1889, Arquivo Histórico Ultramarino, Serviço de Saúde da Índia, maço 1987) at a time when the school’s existence was being questioned by the Portuguese. I explored the issue in more detail in Bastos, “O Ensino de Medicina na Índia”

⁵⁷ For more details on Correia, see Bastos “Race, medicine” and C. Bastos, “Um lusotropicalismo às avessas: colonialismo científico, aclimação e pureza racial em Germano Correia,” in Margarida Calafate Ribeiro e Ana Paula Ferreira, orgs, *Fantasma e Fantasias Imperiais no Imaginário Português Contemporâneo* (Porto: Campo das Letras, 2003), pp. 227-253

⁵⁸ Richard Burton, *Goa and the Blue Mountains*

⁵⁹ *Ilustração Portuguesa*, II, 17^o vol, pp.180-181.

⁶⁰ It included two major colonial exhibits: colonial “Portuguese World” exhibition in 1940 and Oporto’s exhibition of 1934. See Omar R. Thomaz Omar, *Ecos do Atlântico Sul* (Rio: Ed. UFRJ, 2002) and C. Bastos, “Goa em 1942: A retórica do império e as ambiguidades do nacionalismo”, in M. R Sanches, ed., *Portugal não é um país pequeno: Pensar império na pós-colonialidade* (Lisboa: Cotovia, 2007), pp. 229-247

⁶¹ See T.R. Souza, *Essays in Goan History*, (Delhi: Concept, 1989).

⁶² Bastos, “From India to Brazil”

⁶³ Costa, *Médicos*

⁶⁴ *Escola Médica: comemorações centenárias* (Bastorá: Rangel, 1955); Bastos “Goa em 1942”

⁶⁵ Figueiredo, *A escola medica*

⁶⁶ Gracias, *Health and Hygiene*

⁶⁷ Dr Nadkumar Kamat, “Goa’s pathetic public health system,” *Navhind Times*, 7 April 2003

⁶⁸ <http://www.colaco.net/1/nanduGoa'sPatheticPublicHealthSystem.htm> accessed on 11/11/2003. When writing this paper, I consulted the net and found to my surprise that postings of this kind keep coming from a variety of Goan sources. A July 2008 post synthesized the same view: <http://abemdanacao.blogs.sapo.pt/266857.html>, accessed in September 9, 2008.

⁶⁹ José António de Oliveira, *Relatório do Estado das Repartições de Saúde do estado da Índia* (Julho 1853), AHU, Serviço de Saúde da Índia, sala 12, Maço 1987; Eduardo Freitas d’Almeida *Oficio* (11 de Julho 1854), *Oficio* (8 de fevereiro de 1856); *Oficio* (6 de Abril de 1861)

⁷⁰ César Gomes Barbosa, *Relatório da Inspeção ao Serviço de Saúde do Estado da Índia*, 1897. Arquivo Histórico Ultramarino, Sala 12, Serviço de Saúde da Índia, maço 1988.

⁷¹ Georg Lukács, *History and Class Consciousness: Studies in Marxist Dialectics* (Cambridge, MA: MIT Press, 1971 [orig 1923]); Herbert Marcuse, *One-Dimensional Man: Studies in the ideology of advanced industrial societies* (Boston: Beacon Press, 1964)

⁷² Homi Bhabha "Of mimicry and man", *October* 28 (1984):125-133.

⁷³ C. Bastos "Subaltern elites and beyond: why Goa matters for Theory," in C.J. Borges, S.J. and M. N. Pearson, eds, *Metahistory: History questioning History* (Lisboa: Vega, 2007), pp. 129-141.