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Contesting Colonial Authority

*Medicine and Indigenous Responses in
Nineteenth- and Twentieth-Century India*

Edited by Poonam Bala

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Dedicated to my father (late), Raghubir Narain, for inspiring in me a passion for history, and my mother, Sharda, for her love and support at all times.

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—Poonam Bala
Cleveland
February 2012

Chapter Two

**Teaching European Medicine in
Nineteenth-Century Goa**

Local and Colonial Agendas¹

Cristiana Bastos

INTRODUCTION

The Medical School of Goa is depicted in a variety of twentieth-century sources as a Portuguese-founded institution that trained physicians who had an important role in the African and Asian colonial health services. Further research among nineteenth-century sources shows that things were not so simple and that the Medical School had a complex history that owes much to the local initiatives and to social and political engagements. In this chapter, I will argue firstly, that the Medical School of Goa was less a product of the colonial administration than an outcome of the agency of some local groups who adopted European medicine as part of a repertory of references that strengthened their own political agendas; secondly, students and graduates learned European medicine and surgery at the Medical School, but were often familiar with other healing traditions; thirdly, the Portuguese administration gave little support to the Medical School of Goa throughout the nineteenth century with repeated attempts to abolish it; fourthly, the route to Africa made by some of the graduates of Goa in the nineteenth century did not correspond to programmatic decisions of the Portuguese colonial administration, but to individual, familiar, and career choices; and finally, the idea of using the Medical School of Goa to raise a colonial health force was endorsed by the Portuguese administration only in the beginning of the twentieth century.

TEACHING MEDICAL HISTORY IN GOA

In the mid-1940s and the 1950s, students of the Medical School of Goa were offered a course on the history of medicine in India. “India” stood for *Estado da Índia*, the Portuguese-administered Western coastal enclaves of Goa, Daman, and Diu; “medicine” stood for European medicine; and “history” stood for the tale of the pioneering actions of the Portuguese in the overseas context.

The course was created and taught by Dr. Alberto Carlos Germano da Silva Correia, popularly known as Germano Correia (1888–1967); on a second offering, it was taught by Dr. João Manuel Pacheco de Figueiredo (b. 1901). Differing less than one generation, both doctors were born in Goa, had studied at the local medical school, and had improved their training abroad. They were also self-made historians and prolific writers on a variety of topics in the humanities and the sciences. Germano Correia had a passion for physical anthropology and anthropometry. He used the racialist concepts of those disciplines for his own agenda of race and purity.² João Pacheco de Figueiredo combined his medical specialty in hematology and gastroenterology and a passion for research essays on Goa’s medical history.³

Both Correia and Figueiredo regarded the creation of the Medical School of Goa as the apex of the Portuguese contribution to the development of medicine and medical teaching in India.⁴ A third author, Goan doctor Pedro Joaquim Peregrino da Costa, produced an encyclopedic compilation of the deeds and actions of the graduates of Goa in the African Health Services.⁵ All three of them seemed as keen about appraising Portuguese agency in the history of medicine in Goa as much as about erasing other healing practices and influences from the scenario. Why and how they did so leads us to the next sections.

HISTORY WITH AN AGENDA: GERMANO CORREIA

Born in 1888 in Panjin, Goa, Germano Correia defined himself as a “Luso-descendant.” “Luso-descendants,” or *descendentes*, regarded themselves as the upper crust of the local society, right next to the Portuguese viceroys and the other high ranking members of colonial governance. In the mid-nineteenth century, *descendentes* comprised less than 1 percent of the population and their influence was in decline. The large majority of the population of Goa, although baptized into Christianity with Portuguese names, was Asian; “Luso-Asians,” in the words of ethnographer Lopes Mendes in his 1886 book, *A Índia Portuguesa*.⁶

The census of 1864 counted 555 Europeans, 2,440 descendants of Europeans, 252,203 native Christians, 127,746 “gentiles,” 1,637 “moors,” 356 Africans, and 197 African descendants for the *Estado da Índia*.⁷ Not too long before, Captain Kol’s 1848 figures for the same territories, organizing the data by race with a category for sub-territories and no category for religion, counted only 346 Europeans and 1,842 European descendants against 481,536 Asians, 1,096 Africans, and 516 African descendants, for the *Old Conquests*, that is, the Christianized core of Goa; in the New Conquests there were only 18 Europeans, 75 European descendants, 176,909 Asians, 38 Africans, and 21 African descendants.⁸

The minoritarian “Luso-descendants” were sometimes described as an extra caste in the dynamics of local society, whose majority was composed of groups that had converted to Catholicism in earlier generations. For the landowners, conversion had been the only way to remain on their land and keep their properties.⁹ While some had fled to the outer circles and brought with them their deities and built new temples,¹⁰ whether or not ceasing to engage in the economy of Goa,¹¹ many remained in the core of Goa and adopted the Portuguese ways – language, religion, diet, clothing, in sum, culture—without necessarily erasing the caste references.¹² At times, the converted Asians were the ones who perpetrated the order of the Inquisition, supported the interests of the colonizers, and enacted their very persona.¹³ Differences and tensions between Goan groups in the nineteenth century were many;¹⁴ one may highlight, however, the tension between two elite groups—the vanishing minority of “Luso-descendants” and the steadier elite of Catholic Brahmins, which contributed to the overwhelming majority of students.¹⁵

A strong component of Germano Correia’s work is all about promoting the visibility of his own group: whether making racialist arguments about the purity of “Luso-descendants” in Asia or Africa,¹⁶ whether writing the history of Portuguese colonization in India,¹⁷ or in his own way of writing medical history—which was mostly about Portuguese viceroys and physicians—he set the tone for a style of narrative that was followed by João Pacheco de Figueiredo, a 1923 graduate who completed his studies at Coimbra and became the school’s last director.

WRITING EUROPEAN HISTORY IN INDIA

Both Germano Correia and Pacheco de Figueiredo regarded their alma mater as the culmination of a long sequence of actions and interventions promoted by the Portuguese in India ever since the sixteenth century.¹⁸ In their view, the very precursor of the endeavor had been the Portuguese-born physician and naturalist Garcia d’Orta (1501?–1568), who moved from Portugal to

India in 1534 as a medical assistant to the head captain, Martim Afonso de Sousa. Orta was one of the very few prominent figures of the European Renaissance with a Portuguese background. He was born to a Jewish Spanish family escaping from the Inquisition; his own move to India was probably a preventive escape from further prosecutions, something he achieved when alive—although the Inquisition still prosecuted him posthumously and symbolically burned his bones.

While in India, Garcia d'Orta had the chance to compile what became a masterpiece of the Renaissance and one of the earliest volumes of science ever printed: the *Colóquios dos simples e drogas da India*, a commented catalogue of local remedies and knowledge about the properties of plants.¹⁹ While *Colóquios* can be interpreted today as local knowledge brought into mainstream science, or as a translation from one system of knowledge to another,²⁰ from Correia's and Figueiredo's perspectives Orta was the lone hero who simultaneously discovered all of these things from nature, brought civilized tools of knowledge from Europe, treated pandits and rajas, and instructed the locals on the healing arts.²¹

The next landmark in the slow path for the creation of the Medical School, after Orta's passage through India, would have been the 1687 letter from Counselor Cristovam de Sousa Coutinho to the king of Portugal asking for master physicians that could teach medicine to the local population. Coutinho argued that many lives of Portuguese subjects could be spared this way, instead of succumbing to the deadly fevers and stomach diseases that ravaged the place. To strengthen his demand, he claimed that locals were talented and prone to learning medicine and could easily provide assistance to the Portuguese, if properly trained.²²

Germano Correia and Pacheco de Figueiredo read the document as an attempt to create an indigenous body of physicians via a Portuguese-sponsored program. The program was to be put into law in 1691 but took a long while before any action followed. Supposedly, the first response to Cristovam de Sousa Coutinho's request came from Dr. Cipriano Valadares, who taught a class in medicine at the Royal Hospital of Goa from 1702–1703.²³ Chroniclers have repeatedly referred to this "class" without offering detail regarding its contents, impact, or students. It may have never been other than what happened almost everywhere: that whoever was in the position to treat, cut, bleed, purge, and prescribe would share their knowledge and techniques with their aides and assistants and train some of them in the process. Walker argues this situation was a bed for the growth of a "hybrid medicine."²⁴

The next reference to medical teaching in Correia and Figueiredo's narrative leaps to the year 1801, when António José Miranda e Almeida moved from the University of Coimbra to take the position of head physician of Estado da India and designed a new teaching curriculum for local use. The curriculum supposedly followed Coimbra's, but there is no evidence that

formal teaching was ever provided on a regular basis. Most likely, the pattern of previous centuries remained: those practicing at the hospital could teach or learn from one another. Medical licenses could be obtained after ad hoc exams with the Portuguese head physician. Some of those who later helped strengthen the Medical School, such as Afonso do Rosário Dantas, achieved their credentials in this manner.²⁵

Nothing suggests that the Portuguese government ever supported the initiatives of António Miranda e Almeida. On the contrary, he seemed to act on his own and without guidance from Lisbon.²⁶ At that time, Goa was somehow adrift from the imperial cement, purpose, or coherence, if there was one.²⁷ And yet, life went on in the Indian enclave, and meanings, purposes, agendas, social arrangements, and negotiations took place. Some local groups took prominence; among other things, they had an influence in the developments that led to the creation of the Medical School. But that was not what Germano Correia was after—he was busy highlighting the Portuguese side of Goan medical history.

A DIFFERENT NARRATIVE

A critical approach to the very sources of evidence Correia and his followers used may lead us to a very different interpretation of history and suggest that the foundation of the Medical School was something other than a long series of actions the Portuguese promoted toward developing medical teaching in India. The episodes Germano Correia refers to may be better described as examples of a wider practice in the colonies: the teaching of clinical procedures during the course of actual treatment, and indeed, part of a continuum of exchanges between streams of knowledge that actually flowed both ways. European physicians in the colonies, either formally stationed there or just passing by, often shared their knowledge with their local aids in hospital and barracks. The occasional students eventually developed enough skills and status to replace their masters, a convenient thing given the scarcity of European physicians in the colonies. This sort of replacement even occurred at higher levels: historians have reported that there were indigenous head physicians in the seventeenth and eighteenth centuries.²⁸ Knowledge also flowed the other way around—from indigenous practitioners to their European counterparts.²⁹ But that fact was not worth mentioning in Correia's Lusocentric history of medicine, which jumped from a memo dated 1678 into the foundation of the Medical School in 1842, as if little existed in between—ignoring an intense flow and circulation of knowledge in bits and pieces of treatments, prescriptions, pharmaceutical compounds, practices, gestures, and acknowledgments.

THE MEDICAL SCHOOL: ITS EARLY YEARS

What was, then, the official description for the foundation of the Medical School of Goa? The authors mentioned above highlight the foundational role of Head Physician Matheus Moacho and the governor, the count of Antas.³⁰ However, both of them were only passing by; they had arrived recently and were about to leave. We should look somewhere else to understand what happened. There were other faculty members involved since the beginning: the Portuguese army surgeon João Frederico Teixeira Pinho; António José da Gama, the first Goan to graduate from the Medical and Surgical School of Lisbon (on a scholarship); and António Caetano do Rosário Afonso Dantas, described as a hospital physician whose only training was an informal apprenticeship at the hospital where he had entered with another sort of function.³¹ More importantly, there were the students.

The first group of students of the Medical School of Goa, the cohort who graduated in 1846, included Agostinho Vicente Lourenço (later widely known for his research in chemistry), Bernardo Wolfango da Silva (whose descendants remained among distinguished Goan doctors), Felizardo Piedade Quadros, Luís Francisco Fremiot da Conceição, Pedro Gonzaga Augusto de Melo, Joaquim Lourenço de Anunciação Piedade Araújo, Francisco Xavier Lourenço, and António Luís Moreira.³²

Students were required to be at least sixteen years old, with formal education in Latin grammar, rational and moral philosophy; they should also be able to read French—French was the language of most textbooks used in Portuguese institutions at the time. In the absence of certificates regarding previous education in those subjects, candidates could show their proficiency through ad hoc exams. Once admitted, students would go through a four-year program covering six major disciplines: in the first year, they would study anatomy, taught by the first lecturer; in the second year they would take physiology, taught by the same lecturer as anatomy, as well as *Materia Medica*, pharmacy and hygiene, taught by a second lecturer with the assistance of the chief pharmacist; in the third year, they would study surgical pathology, taught by a third lecturer, and internal pathology by a fourth lecturer; in the fourth year, they would take surgery and obstetrics, taught by the surgical pathology lecturer, and internal medicine, taught by the internal pathology lecturer. Their progression of knowledge was tested via regular dissertations on assorted topics, oral exams, and practical exams on patients.³³

Students financed a portion of the school expenses. Students paid three xerafins upon enrollment, plus one xerafim for fees, and the same amount at the end of their courses. If they repeated courses they were charged twice as

much; and no one could repeat a course more than once. The best student received an award of twenty xerafins. To receive their diplomas, they had to pay eighty xerafins.³⁴

Further support to the school came from the budgets of other institutions—such as the Military Hospital and Health Services. The faculty was recruited from among the Health Services staff; teaching became a part of their required duties and their salaries did not burden the school's expenses. The school was to pay only “substitute lecturers” with a salary of twelve xerafins directly—but that never happened. The administration was also allocated to the faculty at no extra cost. The building belonged to the hospital and was therefore rent-free. Everything functioned with a low budget. In the early years there were hardly any teaching aids or even books. In the 1840s and 1850s more than once the head physicians ask Lisbon to send over a number of medical textbooks and other learning materials.

From then on, so say the narratives, the school became an important institution, not only for Goa, but also for the Portuguese empire: many of its graduates helped fill the chronically vacant positions of the colonial health services in Africa. After 1868, the graduates of Goa were granted, by law, two-thirds of the second tier positions in the colonial health services. That they were second tier should be emphasized, although it became conveniently erased from some of the later apologetic narratives.³⁵

It is somehow remarkable that the overall account of the Medical School of Goa as a benign effect of Portuguese initiatives persisted almost intact even after the colonial era, which lasted until 1961. In spite of the expanding number of critical works examining Portuguese colonialism and local resistance,³⁶ the tale of the Medical School, as manufactured by Germano Correia and followers, remains largely unexamined. The reference to the pioneering character of the Medical School of Goa among its counterparts has even been incorporated into local lore: it is still possible to hear that it was “the oldest in Asia.”³⁷ Many still share the belief that it was a great school, or at least that it produced great doctors in spite of its difficulties.³⁸ The extensive analysis of health and hygiene in Colonial Goa by historian Fatima Gracias restates without further examination that the Portuguese founded the teaching of medicine as early as 1842.³⁹ It has been taken for granted that, for better or for worse, the Portuguese administration was responsible for developing the Medical School, whether as a benevolent transfer of skills from Europe to India or as a device of colonialism to strengthen its influence. Only Meneses de Bragança, an early twentieth-century author with anticolonial positions, wrote that local efforts were the pillar of the School, which was basically ignored by the Portuguese state for several years.⁴⁰ Indeed, in the 1840s, Lisbon had little to say about what was going on in Goa. Portugal was amid political turmoil and factionalism; the government of the colonies changed rapidly and with no apparent direction. The “founding hero” of the Medical

School, Matheus Moacho, lived in Goa for a short time and returned to Portugal in 1843. Lisbon did not even acknowledge the existence of the school until 1847.⁴¹ What comes out of the analysis, instead, is that the school was the outcome of complex negotiations between the colonial administration and local groups, whose agency was the most important element in the process.

THROUGH THE PRIMARY SOURCES: A MULTITUDE OF PRACTICES

Portuguese support for the newly founded institution was erratic and minimal. Forthcoming yearly reports from the Portuguese coordinators of the health services were filled with complaints about the lack of resources and conditions available to provide adequate teaching. In many instances, these reports also reveal that local populations held on to their own beliefs and resources regarding health and healing. Whether in a derogatory manner or in a show of curiosity about local practices and beliefs, the Portuguese officers in the colonial health services understood that their own medicine was only a part of a larger picture in which they were one option among others. There was no shortage of patients who went to the healers instead of going to the certified medical doctors. Even certified medical doctors themselves went to the healers, complained the head surgeon in 1853,⁴² leaving almost no clientele to their colleagues, complained the head physician in 1856.⁴³ That fact brought an income problem even to the head physician: nobody ever paid for his services, as the only people who consulted him were either his own colleagues from the Medical School, the Portuguese, to whom he had the mandate of not charging, or the rare “*mestiços*” who brought in dying patients about whom the healers could no longer do anything—subject to the rule that calling a doctor in a near death situation freed the client of payment. The practice of medicine was therefore like an act of charity and hardly a lucrative job.

Whether trained in Europe or in India, physicians could not make any money from their practice in 1850s Goa. They all got jobs in the administration: of the seventy-three Medical School graduates and, together with the seventy-seven who had previously obtained their licenses directly from the head physician, all were absorbed by the state health services. On top, there was not much demand for their services, as everyone was going to healers for treatment.⁴⁴

While the curriculum was designed beyond and against indigenous knowledge and techniques, failing to incorporate any of its aspects, students of European medicine were exposed to other sources of knowledge and heal-

ing practices. When in need they went to the healers; also, physicians and students learned from the healers. Head physicians coming from Portugal expressed dismay with what seemed a major contradiction: that Goan doctors were not only clients of local healers (*curões*), but sometimes they were the providers of traditional healing (*mezinheiros*). Also, students at the Medical School showed resistance to some of the requirements that were part of medical-surgical training, that is, anatomic dissection.⁴⁵

Despite the formal curriculum, however, some head physicians did reveal curiosity about the potential contribution of local knowledge on the healing properties of plants. Francisco Maria da Silva Torres, who came to India in 1844 to replace Matheus Moacho, dedicated considerable energy not only to making the hospital suitable for those sensitive to caste restrictions, and also wrote vehement letters to Lisbon asking for appropriate teaching materials to improve the quality of teaching. He was also impressed by the local plants and attempted to conduct some sort of backyard clinical trial with them, using soldiers as his subjects.⁴⁶ As Garcia d’Orta had done centuries earlier, he aimed to use existing local knowledge about plants and incorporate it into mainstream medical knowledge. His efforts to promote medical teaching in Goa did not get much support from above. In 1849 he returned to Portugal and the hospital physicians and army surgeons kept the school going.⁴⁷

José António de Oliveira, the head surgeon who assumed the interim leadership a number of times, also compiled an extensive list of books required for the proper teaching of medicine and asked the authorities in to have them shipped to India. The list included Portuguese and French works as well as a French-Portuguese dictionary. Writing in 1853, he listed many recent editions and displayed updated information about medical textbooks.⁴⁸

Oliveira acknowledged that European-style doctors were one among several other types of health providers in Goa. Together with those who had received formal medical training, either in Goa, in Portugal, or elsewhere, there were also those who had obtained their license in the old manner, that is, directly via an examination by established doctors, either after having taken some private lessons at the hospital or through more obscure processes. Along with those, there was an undefined, albeit large, number of “gentile” doctors, in addition to village healers and illegal pharmacists who kept their herbal stores open in spite of the state regulation.⁴⁹

Under these circumstances, some head physicians argued, one could not expect students to embrace European medicine in full. Moreover, argued Eduardo Freitas e Almeida, who took the job between 1853 and 1871, the academic background of the students was of a type that did not help the true experience of knowledge.⁵⁰

In many cases the school seemed like a hopeless venture, with little support from Portugal; it was hardly the colonial instrument Germano Correia and followers describe. But it appears differently if we move beyond the narrative of the head physicians in charge and cease to think of it as a colonial instrument—and see it instead as a device to help create status and differentiation via educational degrees, a resource that helped them getting jobs and achieving a higher rank and prestige in a colonial society. In other words, it was in the interest of the Lusified Catholic elites—mostly the Catholic Brahmins—to have such a device for distributing titles and honors in the form of academic degrees. That did not necessarily imply the adoption of European medicine in exclusion of all others. It implied the adoption of medicine in combination with other practices, although their coexistence was not formally acknowledged.

During the mandate of João Stuart Fonseca Torrie (between 1871 and 1884), the colonial state was less and less present in the daily life of Goan health institutions. However, his reports do not exhibit the same degree of frustration as those of his predecessors—maybe due to his more realistic expectations, as he was more intertwined with Goan society and had not simply landed there from elsewhere. He nonetheless had to cope with enormous challenges, including, at times, of having to teach the entire School curriculum by himself. This fact is remembered for good and bad, both as a reminder that there had been heroes who shouldered all of the work and as evidence of the fragilities of such teaching.⁵¹

Portuguese support for the Medical School was verging on nothingness during Torrie's mandate. That pattern remained under his successor, Rafael Pereira, the first Goan-born director of the Medical School, trained in Goa and in Lisbon. Worse: inspections from Portugal condemned the institution and threatened to close down on grounds of low pedagogic standards. It seems clear that there was little investment in it on the part of the colonizers. We can speculate whether it would have remained as a local institution, in spite of, and eventually against, the colonial administration, serving local agendas, eventually allowing for the combination of different streams of knowledge. Rafael Pereira was himself quite sympathetic toward combining different streams of medical knowledge: during an outburst of smallpox, for instance, he argued that traditional inoculation was as good as vaccination.⁵²

THE AFRICAN ROUTE

However, something occurred outside Goa that had an irreversible impact on the fate of the Medical School. The push toward empire building in Africa gave a new purpose to the school and its graduates. Joining the colonial

health services in Africa had been their routine for decades. There, they could find one thing that did not abound in Goa: real jobs with real pay and real titles. Whether their training was qualified and their clinical practice was appreciated at the time is another story. Comments from some of the Portuguese sources for Mozambique regarding the Goan physicians and nurses who served there were quite derogatory.⁵³

While until late in the nineteenth century, the Portuguese had not been very involved in occupying and administering the African territories they claimed to rule, since the 1880s, the mounting pressure of other European nations and the competition for influence—the “scramble for Africa”—changed everything. The remnants of the slave trade and assorted freelance enterprises were not enough to prove control over a territory; additional things were required, including military actions and the development of health services—for the troops, but also to lure and control the local populations. Eventually, Goan doctors became handy for this purpose, as some of them had already been traveling the route to Mozambique in eastern Africa.

It was precisely the “handiness” of Goan doctors for the health services in Africa that became the leading argument for the survival of the Medical School of Goa in times of adversity. Goan doctor Rafael Pereira, who headed the health services between 1884 and 1895, was probably the first who articulated the thesis in full. In his words, who, other than the Indian physicians, would be more qualified to practice medicine in Africa? Pereira used a combination of racist and cultural arguments favoring the route from India to Africa as a way of saving European civilization. He suggested that Indian physicians were better equipped and more familiar with tropical ailments and environments than European doctors were; from that, Indian doctors should be the intermediary force between the Europeans and the Africans.⁵⁴ Rafael Pereira developed this argument at a time when the Medical School of Goa was on the verge of collapse; it had not improved from previous periods, and it still had little or no support from Portugal. It was under threat of being closed down—even though it continued to survive on its scarce resources, limited faculty, and a consistent demand from the local society, enrolling some student every year.

On his own initiative, Rafael Pereira developed the idea that the Medical School of Goa could be a tool for empire building. The Portuguese authorities, however, paid no heed to his ideas. In fact, in the following years, the prestige and shape of the school sank even lower. In 1897, the inspection conducted by the Portuguese doctor Cesar Gomes Barbosa concluded that it would better to close its doors permanently.⁵⁵

Although Rafael Pereira had stepped down from office, his arguments prevailed. At that time, Portuguese territorial claims in Africa were challenged by Britain and Germany; as a response, the country rushed into military campaigns in Angola and Mozambique. The African colonies, which

were not a popular concern until then, became a matter of national pride. Finally, in 1902, when the parliament voted whether or not to continue the Medical School of Goa, the deputy and doctor Miguel Bombarda made a speech in which he used – although he did not explicitly quote the Goan author – the very same arguments Rafael Pereira had used earlier: that the Medical School could become the ideal place to train doctors for the colonies.⁵⁶

DOCTORS FOR THE EMPIRE

It was only then, in my understanding, that the Portuguese government truly began sponsoring the Medical School of Goa prior to which it was tolerated, but hardly supported by the central government. It served the interests of groups who valued education and praised degrees, and whose intimacy with the interests of the Portuguese corresponded to what has been depicted by postcolonial theorists as the colonial condition.⁵⁷ This interpretation of the role of the Medical School of Goa in the nineteenth century equips us to overcome the contradictions between the celebratory narrative fashioned by Germano Correia in the 1940s and the crude reports of the head physicians and surgeons Francisco Torres, Freitas e Almeida, José António de Oliveira one century before that.

In the twentieth century, due to the overall dynamics of empire building in Africa and the internal dynamics of Goan society, there was a shift in the orientation of the Medical School and Goan health services. The turning point coincides with the mandate of Miguel Caetano Dias, who, was also a Catholic but not from the higher status groups which had most profited from the existence of the Medical School. A man who had progressed in his military-medical career through personal effort and merit, Miguel Caetano Dias was a strong supporter of everything that could be modern and European about medicine. His anti-plague campaigns were conducted ferociously. His reflections on epidemics mirrored the most up-to-date understanding of infections; his medical language was permeated by military concepts.⁵⁸ His sanitary policies were the very epitome of colonial biopolitics. From then on, with the combined support of the Portuguese colonial government and local doctors, European medicine was on its way to achieving hegemony in Goan society. In the 1940s, its position was solid enough to allow the rewriting of the complex, multi-source history of medical teaching in Goa, now fashioned as an Eurocentric-Lusocentric tale, as was the one proposed by Germano Correia in his idiosyncratic history of medicine in Portuguese India.

NOTES

1. This chapter results from the project “Empires, Centers and Provinces: The Circulation of Medical Knowledge in the Nineteenth Century” (PTDC/HCT/72143/2006), funded by the Fundação para a Ciência e Tecnologia; previous research results from the projects “Medicina Tropical e Administração Colonial: Um estudo do império a partir da Escola Médico Cirúrgica de Nova Goa” (PLUS / 1999 / ANT / 15157), “Medicina colonial, estruturas do império e vidas pós-coloniais em português” (POCTI/41075/ANT/2001). I am very thankful to Laurent Pordié and Harish Naraindas for their comments on early versions of the chapter.

2. Germano Correia, *Os “Luso-Descendentes” da Índia*. Estudo antropológico e histórico-demográfico (Nova Goa, 1920); *Os Eurafricanos de Angola—Estudo antropológico* (Lisboa, 1925); *Os Luso-Descendentes de Angola* (Contribuição para o seu estudo Antropológico), 3º Congresso Colonial Nacional. *Actas das Sessões e Teses* (Lisboa: Sociedade de Geografia de Lisboa 1934); *Os Eurafricanos de Angola. Comunicação ao Primeiro congresso Nacional de Antropologia Colonial* (Porto: Edição da 1a. Exposição Colonial Portuguesa, 1934), I: 300–30; *A necessidade dos estudos antropológicos das populações coloniais*. Trabalhos do 1.º Congresso Nacional de Antropologia Colonial. Sep. Actas do Congresso (Porto: Ed. 1a. Exposição Colonial Portuguesa, 1934), I: 157–83; “Os Luso-Descendentes da Índia” *Boletim Eclesiástico da Arquidiocese de Goa II* (1945–1946): 60–71, 177–85, 235–43, 283–89. See also Cristiana Bastos, “Um luso-tropicalismo às avessas: colonialismo científico, aclimação e pureza racial em Germano Correia,” in *Fantasmagorias e Fantasias Imperiais no Imaginário Português Contemporâneo*, edited by Margarida Calafate Ribeiro and Ana Paula Ferreira (Porto: Campo das Letras, 2003), 227–53; “Race, Medicine and the Late Portuguese Empire,” *Journal of Romance Studies* 5, no.1 (2005): 23–35.

3. J. M. Pacheco de Figueiredo, “Escola Médico-Cirúrgica de Goa: Esboço Histórico,” *Arquivos da Escola Médico Cirúrgica de Goa*, serie A (1960) fasc 33:119–237; “Contribuição de Portugal para a Medicina no Oriente nos séculos XVI, XVII e XVIII,” *Arquivos da Escola Médico Cirúrgica de Goa*, serie A (1960) fasc 33: 36–112; *A vida acidentada do Físico-mór Lima Leitão, mestre de medicina em Goa e em Lisboa* (Porto: Tipografia Sequeira, 1961).

4. Correia, *História do Ensino Médico na Índia Portuguesa* (Nova Goa: Imprensa Nacional, 1918); *História da Colonização Portuguesa na Índia* (Lisboa: Agência Geral das Colónias, 1948–58); Figueiredo, “Escola . . .”; “Contribuição. . .”

5. P. J. Peregrino da Costa, “Médicos da Escola de Goa nos Quadros de Saúde das Colónias (1853–1942),” *Boletim do Instituto Vasco da Gama* 57 (1943): 1–43, and 58:1–66; *Escola Médico-Cirúrgica de Goa (1842–1957)* (Bastora: Rangef, 1957).

6. A. Lopes Mendes, *A Índia Portuguesa* (Lisboa: Imprensa Nacional, 1886).

7. Mendes, *A Índia Portuguesa*, 35–36.

8. Captain Joaquim Jose Cícilia Kol, *A Statistical Report on Portuguese India*, extracted in 1950 from official documents. Reprinted in *Selections from the Records of the Bombay Government* no. 10 (Delhi, Asian Educational Services, 1995), 328–29.

9. Teotónio de Souza, *Medieval Goa*, translated as *Goa medieval* (Lisboa: Estampa, 1979. Translated in 1994). *Essays in Goan History* (Delhi: Concept, 1989).

10. Paul Axelrod and Michelle A. Fuerch, “Flight of the Deities: Hindu Resistance in Portuguese Goa,” *Modern Asian Studies* 30(1996): 387–421.

11. Pratima Kamat, “Goa Indo-Portuguesa: The ‘Engineering’ of Goan Society through Colonial Policies of Coercion and Collaboration, 1510–1777,” *Portuguese Studies Review* 9, no. 1–2 (2001): 433–65.

12. For further analysis on conversion, see Roweena Robinson, *Coverision, Conitnuity, and Change* (Sage, 1998), and Angela Barreto xavier, *A Invenção de Goa* (Lisboa: Imprensa de Ciências Sociais, 2007).

13. Angela Barreto Xavier, “Power, religion and Violence in Sixteenth-Century Goa” *Portuguese Literary and Cultural Studies* (201) 17/18 (*Parts of Asia*) pp 25–50.

14. Rochelle Pinto, *Between Empires: Print and Politics in Goa* (Delhi: Oxford University Press, 2007).

15. Cristiana Bastos, "Medicine, Colonial Order, and Local Action in Goa," *Crossing Colonial Historiographies*, edited by A. Digby, W. Ernst, and P. Mukharji (Newcastle: Cambridge Scholars Publishing, 2010): 185–212.

16. Correia, "Os 'Luso-descendentes' da Índia"; "Os Luso descendentes de Angola"; "Os Eurafriicanos de Angola."

17. Correia, *História da Colonização*.

18. Correia, *História do Ensino Médico; O Ensino de Medicina e Cirurgia em Goa nos séculos XVII, XVIII, e XIX. História do ensino médico-cirúrgico no Hospital Real de Goa, antes da fundação da Escola Médico-Cirúrgica de Nova Goa* (Bastorá: Tipografia Rangel, 1941); Figueiredo, "Escola Médico-Cirúrgica . . ."; "Contribuição. . ."

19. Garcia de Orta, *Colóquios dos simples e drogas da Índia* [Goa, 1563], dir. e nota por, Conde de Ficalho, 2 vols (Lisboa: Imprensa Nacional, 1891–1895). See also C.R. Boxer, *Two Pioneers of Tropical Medicine: Garcia d'Orta and Nicolás Monardes* (London: Wellcome Historical Medical Library, 1963). M. N. Pearson, "First Contacts between Indian and European Medical Systems: Goa in the Sixteenth Century," in *Warm Climates and Western Medicine*, edited by David Arnold (Amsterdam: Rodopi, 1996), 20–41. Mark Harrison, "Medicine and Orientalism: Perspectives on Europe's Encounter with Indian Medical Systems," in *Health, Medicine, and Empire: Perspectives on Colonial India*, edited by Biswamoy Pati and Mark Harrison (Delhi: Orient Longman, 2006), 37–87.

20. Richard Grove, "Indigenous Knowledge and the Significance of South-West India for Portuguese and Dutch Constructions of Tropical Nature," *Modern Asian Studies* 30 (1996) 121–43.

21. Correia "O Ensino"; Figueiredo "Escola."

22. Figueiredo, "Escola."

23. Germano Correia, "Os precursores do ensino da medicina e cirurgia em Goa," *Arquivos da Escola Médico-Cirúrgica de Goa*, série A, fasc 20 (1947): 38–67; Figueiredo, "Escola," 121.

24. Timothy Walker, "Remedies from the Carreira da Índia: Asian Influences on Portuguese Medicine during the Age of Enlightenment" *The Portuguese Studies Review* 9 (2003): 1–21

25. Bastos "Medicine, Colonial Order," 203.

26. Fatima Gracias, *Health and Hygiene in Colonial Goa (1510–1961)* (New Delhi: Concept Publishing House, 1994). Bastos, "Medicine, Colonial Order."

27. As Patrick Wilden explored in *Empire Adrift* (2005), somehow resonant of Saramago's "Stone raft," the trope "adrift" appropriately depicts some of the moments of the Portuguese colonial venture. Sadly, there is little analysis of nineteenth-century Goa, except for E. Carreira, "India," in *Nova História da Expansão Portuguesa. O Império Africano, 1825–1890*, vol. 10, edited by V. Alexandre e J. Dias (1998) and the recent Rochelle Pinto, *Between Empires*, as well as the older ethnographic works of Lopes-Mendes, *A Índia Portuguesa* (1886) and Bragança Pereira, *Etnografia da Índia Portuguesa* (1921). That absence is most remarkable since the nineteenth century is of the utmost importance for understanding imperial power. For the history of Portuguese colonialism, nineteenth-century Goa may provide enough evidence for an original interpretation of the nature of relations between centers and colonies, between the rulers, the ruled, and the in-between. From our own projects, some articles have been putting out preliminary analyses: Bastos "Doctors for the Empire: The Medical School of Goa and its Narratives," *Identities* 8, no. 4 (2001): 517–48; "The Inverted Mirror: Dreams of Imperial Glory and Tales of Sub-alternity from the Medical School of Goa," *Etnográfica* VI, no. 1 (2002): 59–76; "Um Luso Tropicalismo"; "O Ensino"; "Race, Medicine"; "Medical Hybridisms and Social Boundaries: Aspects of Portuguese Colonialism in Africa and India in the Nineteenth Century," *Journal of Southern African Studies* 33 (2007): 767–82; "Borrowing," "Medicine, etc"; R. Roque "Sementes contra a varíola: Joaquim Vás e a tradução científica das pevides de bananeira brava em Goa, Índia (1894–1930)," *História, Ciências, Saúde -Manguinhos* 11 (2004): 183–222; M Saavedra, "Percurso da vacina na Índia portuguesa—séculos XIX e XX," *História, Ciências, Saúde-Manguinhos* 11 (2004): 165–82

28. Pearson "First Contacts" (1996); Walker "Remedies"; Bastos "Medical Hybridisms."

29. Along the same lines of interpretation, Walker "Remedies" has documented the interactions between European and Indian medical systems up to the eighteenth century. Ines Zupanov—"Drugs, Health, Bodies, and Souls in the Tropics: Medical Experiments in Sixteenth-Century Portuguese India," *The Indian Economic and Social History Review* 39 (2002)—analyzes how healing was embedded in the practices of the different social actors. Further evidence about the families of those who became the first formal students at the Medical School of Goa suggests that there was some overlapping between local medical knowledge and the institutional medical teaching that the Portuguese reportedly promoted. The older Peregrino da Costa, who graduated in 1850, is depicted as a good clinician and a master of the local *segredos* (literally "secrets" for botanical remedies) by his own descendant, later a chronicler of the Medical School. The younger doctor describes the older one as "a clinician of great reputation, who also used indigenous medical plants that, according to the mindset at the time, were so-called 'secrets,' and one who, by genial clinical intuition, was the first to prescribe a salt-less regimen for edema and hydric retention, cardiac or renal, fifty years before the works of Widal; a clinician who, due to the faith of the people in his therapeutics, was admired throughout the boroughs of Goa" (Costa *Escola*, p. 28).

30. Costa, *Escola*, 14.

31. Bastos, "Medicine, Colonial Order."

32. Costa, *Escola*.

33. Francisco Maria da Silva Torres (Físico-mór do Estado), José António d'Oliveira, (Cirurgião-mór do Estado), and António José da Gama, *Regulamento para a Escola Médica de Goa*, ms. Nova G6a, 18-8-1845, AHU, s 12, m. 1987.

34. Silva Torres, d'Oliveira, and da Gama, *Regulamento*, 12.

35. Costa, *Escola*.

36. Axelrod and Fuerchs, "The Flight"; Souza, *Medieval Goa*; Pratima Kamat, *Farar far Crossfire: Local Resistance to Colonial Hegemony in Goa, 1510–1912* (Panaji: Institute Menezes de Bragança, 1999).

37. Bastos, "Doctors"; "Inverted."

38. Recently collected internet clippings confirm it; in a posting to the article "Goa's pathetic public health system," where Dr. Nadkumar Kamat deprecates the public health institutions of Goa (Dr. *Navhind Times*, 7 April 2003), an anonymous author argues that the lamentable state of things nowadays contrasts what had been a matter of excellence for Goa's former medical school hospital, which had been founded by the Portuguese and was the oldest in Asia. www.colaco.net/1/nanduGoa'sPatheticPublicHealthSystem.htm, accessed on 11/11/2003. Even more recent clippings re-state the belief: abemdanacao.blogspot.com/2008/09/266857.html, accessed September 9, 2008.

39. Fatima Gracias, "Quality of Life in Colonial Goa: Its Hygienic Expression," in *Essays in Goan History*, edited by T. Souza (Delhi: Concept Publishers, 1989): 185–203.

40. Menezes Bragança, "A Educação e Ensino," *Índia Portuguesa* 2 (1923): 145. The day may come when the founding of the Medical School may be celebrated as a local act and in a way, evidence that the Portuguese did not entirely rule Goan agendas. The Medical School of Jakarta, founded in 1857 by the Dutch colonial rulers, is today celebrated as a breeding ground for nationalism, for the roots of the nationalist movement began there. See Lisbeth Hesselink, "Crossing Colonial and Medical Boundaries: Plural Medicine in Java 1850–1910," *Crossing Colonial Historiographies*, edited by A. Digby, W. Ernst, and P. Mukharji (Newcastle, Cambridge Scholars Publishing, 2010): 115–41.

41. Bastos "Doctors"; "Inverted Mirror."

42. José António d' Oliveira, *Relatório do Estado das Repartições de Saúde do estado da Índia* (11/7/1853), AHU, s12, m1987.

43. Eduardo de Freitas e Almeida, *Ofício de 8-2-1856* AHU, s 12, m 1987

44. Almeida, *Ofício*, 12.

45. Almeida, *Ofício*, 12.

46. Francisco Maria da Silva Torres, *Ofício de 21-4-1846*, AHU, s12, m 1987.

47. C. Bastos, "O Ensino"; "Corpos, climas, ares e lugares: autores e anónimos nas ciências da colonização," *A Circulação do Conhecimento: Medicina, Redes e Impérios*, edited by C. Bastos and R. Barreto (Lisboa: Imprensa de Ciências Sociais, 2011): 25–58.

48. José Antônio d' Oliveira. *Relatório do Estado das Repartições de Saúde do estado da Índia* (11/7/1853), AHU, s12, m1987.
49. Oliveira, *Relatório*, 12.
50. See Eduardo de Freitas e Almeida. *Ofício de 11-7-1854; Ofício de 8-2-1856 Ofício de 4/6/1861*. See also Bastos, "O Ensino."
51. It deserved a satirical portrayal in the famous chronicles "Farpas" by Portuguese nineteenth-century writer Ramalho Ortigão, as quoted by Peregrino da Costa (*Escola*, 22–23) and became a sort of a legend and inside joke for the Medical School.
52. Rafael Antônio Pereira. *Relatório do Serviço de Saúde, Referido aos Anos de 1897–99. 2a. Parte Epidemia de Variola: Ataque Infecioso; Defeza Organica e Immunidades* (Bastorá. Goa: Rangel, 1900). Bastos, "Borrowing, Adapting, and Learning the Practices of Smallpox: Notes from Colonial Goa," *Bulletin of the History of Medicine* 83 (2009): 140–62.
53. In 1893, the Portuguese doctor José Serrão de Azevedo, while heading the health services of Mozambique and supervising a number of physicians who had graduated in Goa, produced very negative comments about the quality of their training. He acknowledged that while the Portuguese schools could not guarantee the excellence of every one of its graduates, the School of Goa produced "extraordinary specimens," which, in his view, indicated that their school was not up to the level of what a medical school should be (*Relatorio do serviço de saude da provincia de Moçambique 1893*, Arquivo Histórico Ultramarino, Serviço de Saúde do Ultramar, maço 2817). He further argued that the impossibility of practicing in Portugal as evidence of that poor quality; but the fact that they were allowed to practice in Africa created a double standard situation. In his opinion, the school should either be improved or shut down. For further discussion see Bastos, "Race": "Medical Hybridisms."
54. Rafael Antônio Pereira, *Relatório do Serviço de saúde da Índia* (30 October 1889). AHU, m12, no. 1988.
55. César Gomes Barbosa, *Relatório da Inspeção ao Serviço de Saúde do Estado da Índia, 1897*, AHU, s12, m1988.
56. Miguel Bombarda, "A Escola de Nova Goa," *A Medicina Contemporanea—hebdomanario portuguez de sciencias medicas*. Série II- tomo V, XX, no.12 (1902): 93–95.
57. Homi Bhabha, "Of Mimicry and Man." (28 October 1984):125–33.
58. Miguel Cactano Dias, "Relatorio do Serviço de Saude, Referido ao anno de 1902," *Arquivo Historico Ultramarino*. For a discussion see Bastos "Germ Theories in a Colonial Setting: Medical Theories and Military Practices in a Late Nineteenth-Century Goa, India" *EASST Review* 17, no. 4 (1998): 9–12.