Doctors for the Empire: The Medical School of Goa and its Narratives

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This paper studies the establishment of medical teaching in Portuguese colonial settings as a means to understand the ways of empire building. The rules and regulations regarding surgeons and doctors in the African and Asian colonies evidence a structure of subalternities within the empire. Goa, in India, emerges as the second to the metropolis within that hierarchy, and the Medical School of Goa becomes the ultimate producer of doctors for the empire. We will bring to the analysis the narratives and representations of Goan doctors about their Medical School and its role in empire building. The analysis raises a number of issues that deserve further discussion: the ideologies of colonialism and the colonial condition, the formation of hierarchies within imperial structures, the tensions between social groups defined by the empire, the interaction between different bodies of knowledge and medical practices in the context of colonization, and the ambiguous position of creole elites within a colonial system.

Keywords: Colonial, Medicine, Subaltern, India, Portuguese empire

INTRODUCTION

In this paper I analyze the establishment of medical teaching in the Portuguese colonies as a means to understand the particularities of this empire and contribute to general discussions about empire building. Facing decline in the mid nineteenth century, after its first and second cycles of power related to Asia and to Brazil, the Portuguese empire shifted its attention and efforts towards Africa. Those efforts
included attempts to regulate the health services in the colonies and plans for formal teaching of medicine in order to produce local surgeons, doctors, and pharmacists, both for Africa and Asia. A initial decree, in 1844, reveals a hierarchical structure in which a number of African and Asian colonies, while subordinated to a colonial center, were entitled to provide and administer the health services for smaller colonies. A second law, in 1845, tries to regulate the teaching of medicine in the African colonies, and a third decree, in 1847, defines in detail the establishment of a Medical School in Nova Goa, India. In fact, none of the African sites ever developed medical education, while the Goa School became prominent in the colonial health services. According to their own narratives, Goan doctors were crucial in the process of colonizing and settling in the African territories within Portuguese rule. I argue that these facts reveal a structure of empire that relies on an intermediary strata to delegate functions such as the control of health in the colonies. That intermediary strata corresponds to a colonial elite that often saw itself as subaltern to the actual colonizers. I suggest this structure is best understood as a chain of subalternities, and I will explore the ambiguous position of this "subaltern elite" through their own narratives.

MEDICINE AND EMPIRE: REGULATING HEALTH SERVICES AND MEDICAL TEACHING IN THE COLONIES

In the years of 1844, 1845, and 1847 the Portuguese government published a number of laws creating and regulating the health services in its African and Asian colonies. The opening rationale of the decree of September 14, 1844 (Boletim 1867: 382–385; da Silva 1843: 216–219) mentions the importance of organizing a health service in the "Overseas Provinces," so that "assistance could be provided to the inhabitants of the several places" (Boletim 1867: 382; Silva 1843: 216). The decree established the position of a head physician and a head surgeon (art 1º) in each of the overseas provinces of India, Mozambique, Angola, and Cape Verde, and a head surgeon in Macao, and São Tomé & Principe, a small pair of islands off equatorial Africa (art 1º) (Boletim 1867: 382–283). Every province should also have first and second class surgeons (two of each in Mozambique and in Cape Verde, one of each in Angola, São Tomé and Macao-Solor-Timor), in addition to the military surgeons that already existed on site (art 2º) (Boletim 1867: 383). There also should be a head pharmacist in Cape Verde, Angola, São Tomé, Mozambique, and India (art 3º) (Boletim 1867: 383,
Moreover, head physicians and head surgeons, together with the
head pharmacist, had a number of other duties including the teaching
of medicine (art 12°) (Boletim 1867: 384). Curricula and regulations
were to be quite flexible and defined differently for each situation
(art 12°) (Boletim 1867: 384). Although in most places the decrees
seemed to offer only a proposal for medical education, as this system
was, at one point they referred to the School of each Province Capital
(art 15°), as if medical teaching were fully institutionalized (Boletim
1867: 384).

Those “Schools of Medicine and Surgery” should produce surgeons
to practice locally (art 15°). Their sphere of action was limited.
Although they worked for the Board of Health, they could not reach
the level of head, first- and second-class surgeons. To be literal,
these were a sort of third class surgeons, created to work locally.
Only those who had been trained in the kingdom could practice
anywhere in the empire; they could rise to the top of the careers ladder,
and they could retire after 15 years of service in Africa or 20 in Asia
(art 17°) even less, in case of illness (Boletim 1867: 384–385). Those
trained in the colonies could only practice outside their homeland
within delimited African and Asia spheres. Within those spheres,
moreover, they could only practice in places that ranked below their
own place of origin in a hierarchical “pecking order” of territories
that we can sort out through the legal texts. Those trained in Angola
and Cape Verde could practice in São Tomé & Príncipe; those trained
in Goa (referred to as India) could practice in Macao, and Timor and
Solar (art 15°) (Boletim 1867: 384).

The 1844 law was an ambitious project that defined a network of
medical teaching for the entire empire. We can glean from the text an
idea of an empire with a center, the kingdom, and a number of
subordinate colonies that could handle medical teaching, to train
subaltern health workers. We can also understand that there were
some smaller colonies of a lower rank (São Tomé, Macao and Timor),
where the “second rate” doctors could practice in addition to their
home colonies (Cape Verde, Angola, Mozambique and India). But the
law was only about a project, and medical teaching in the colonies
developed in another direction. Its actual history is an important key
to understanding the ways of the empire within the Portuguese
administration.

In 1845, a second law regulated the African health services, now
with no reference to the Indian colony of Goa (Boletim 1867: 412–416;
Silva 1844: 82–85). The health services and medical teaching in India
were regulated in a new decree dated 1847 (Boletim 1867: 551–558; Silva 1844: 128–135). This was the first official reference made by the Portuguese central government to the Medical School of Nova Goa. The document detailed the school’s curriculum; delimited the tasks of professors, staff, director, and council; and defined fees, budgets, rules of selection, style of teaching, calendar, exams, dissertations, and prizes. Finally, it established that the graduates of the Medico-Surgical School of Nova Goa were entitled to practice medicine and survey anywhere in the Asian and African colonies under Portuguese administration. They should also produce detailed reports about the state of health in the province where they served.5

As a matter of fact, the Goa School was the only one that was ever developed within the Portuguese colonies in the nineteenth century. The African medical schools never came into being. Goa, in India, centralized the teaching of medicine for the colonies, and Goan doctors became a very special tool of the empire. The 1844 project corresponded to a picture of a colonial order with several subjugated centers producing health workers to work locally and in smaller colonies. The actual concentration of colonial medical teaching in Goa reveals another kind of colonial order: that of a single secondary center that produced health workers for the entire empire.

Throughout the paper I will concentrate on Goan doctors and their narratives as a way to analyze the power structure of the Portuguese empire in the nineteenth and twentieth centuries. While the literature on medicine and empire provides the theoretical background of my essay, I utilize written narratives by faculty and alumni published as monographs or by the journal Arquivo da Escola Medica de Nova Goa between 1927 and 1961, as well as interviews about that school collected during on site research in Goa in the years 1998–1999.6

GOA IN THE CHAIN OF SUBALTERNITIES: THE MEDICAL SCHOOL AND ITS ACTORS

Why was the medical school of Goa the one to develop? As we explore the reasons for the concentration of colonial-oriented medical teaching at a single site, and at this particular one, we gain some insights into the structures and processes of imperial control by the Portuguese since the mid nineteenth century.

Developing subordinate centers of medical education to serve the colonies was not the only way in which the Portuguese could have met the health needs of the colonies. Time and again, critics of the Goa
school suggested that it might be better to train physicians in the mainland and send them over to the colonies. On the other hand, advocates of colonial teaching argued that trained locals might better serve local needs; in addition, it was not easy to attract European physicians to the colonies.\textsuperscript{7} In the case of the British empire, for instance, there were native medical institutions in Calcutta and Bombay since the 1820s that turned into medical colleges in the 1830s (see Arnold 2000: 62; Bala 1991).

Yet the Goa school was more than just a local institution configured to train local people. It was the only place for medical training within the Portuguese empire, and its graduates served in all other colonies. Goan doctors would go where Portuguese doctors would rarely go, that is, Africa, Timor, Macao. I argue that the particular way in which Portuguese imperial medical services developed, with the training of colonial doctors delegated to a subaltern center, and then having these doctors deployed to sites in the empire with even lower status, reveals some of the particularities of the Portuguese empire in its relationship with the different colonies and, to a certain extent, in its relationship to other contemporary imperial powers. The organization of Portuguese colonial medicine and its use of Goan physicians provides insight into several levels of intra-empire hierarchical differentiation. The colonies not only related to the center in terms of different levels, but they also related to one another in a manner that embodied and reinforced the racial and cultural hierarchies of the empire.\textsuperscript{8}

I suggest designating this structure as a chain of subalternities, one that gives prominence to some places and peripheralizes others, one that emerged from historical processes but reflected and contributed to the logic of hierarchical governance. Goan doctors played a key role in that chain: simultaneously powerful and powerless, they served as mediators between the colonial center and the different colonial populations they assisted. On the one hand, this group personified the colonial authority in relationship to African and Asian populations; on the other hand, they could not enjoy a status and privileges equal to that of physicians trained in Portugal. The ambiguous position of Goan doctors can be described as that of a "subaltern elite." They were a local elite, either descended from European colonizers or members of Hindu upper strata. They were also a cosmopolitan elite when living in other colonies. And yet they were a subordinate group, one that would often refer to themselves as \textit{subalterno} (subaltern), meaning that they ranked second to the Portuguese and could not enjoy the career privileges of those trained in Portugal. Here,
"subaltern" is used in the pre-Gramscian, "emic" sense of subordinate, one that pre-dates contemporary and more specific theoretical developments such as those promoted by the Subaltern Studies group (e.g., Guha 1997).

The ambiguous identity of Goan doctors encompassed their double status as an elite and as a subjugated group that could only wield a small share of colonial power. They were secondary in a structure that was itself secondary to wider structures of power within the imperial systems of the late nineteenth and twentieth centuries. At that time, Portugal had already pushed itself to the status of a secondary actor within the power games of European colonial powers. In the Americas, Brazil had become an independent nation in 1822. In Africa, the territories claimed were scarcely occupied or explored. In Asia, Macao was a trade post for the convenience of China, and Goa was a remnant of another era, when the sea trade with Asia had been the center of European economic expansion, its apex having been in the sixteenth and seventeenth centuries. In the nineteenth century Goa had no longer its strategic, economic, or cultural importance in the empire, except, as I show in the paper, as a link in the chain of the organization of health services.9

By the end of the nineteenth century, the structure of the Portuguese colonial system could neither be described as a center firmly dominating its colonies, nor as an unstructured web of overseas connections. It may better be described as a structure of delegated, or surrogate, subalternities, within which some colonial groups circulated with a limited number of privileges in order to guarantee the colonial rule.

Ranking higher among those groups there were the Goan doctors, a "subalternized elite" that functioned as one of the upper segments in a hierarchized chain of delegated powers. This arrangement does not necessarily reveal a pre-conceived organizational structure: it results from a number of interactions that brought Goa to a peculiar prominence within the Portuguese colonies, one that was not separable from the actual local processes. The development of the Goa school can be traced to a complex relationship among the local processes, the racial and cultural ideologies of European colonial ventures, and the logic of subalternity that shaped the Portuguese experience. As we mentioned before, the first official reference to the Medical School of Goa in Portuguese legislation dates from 1847. However, Goans date the foundation of the school to the year 1842, when local authorities officially created it independent of the approval of the Portuguese government.10 Dissent and divergence between local and
central authorities delayed the approval of what already existed locally.\textsuperscript{11}

At some level, then, the creation of the Goa school resulted from local processes and corresponded to the expression of elite local groups. This does not necessarily indicate a typical process of nativism and anti-colonial resistance, even though it reveals some degree of independence from the Portuguese state. Rather, as I demonstrate in the next section of the paper, the creation of the medical school of Goa stemmed from a prior history of local teaching of medicine that is still positively remembered. This prior history, which provided the core of the identity strategies for the school's graduates, linked the teaching of medicine in Goa directly to the Portuguese mission of civilizing India and the colonies in general.

Ambiguity ruled. Therefore, on the one hand, the Medical School of Goa embodied the colonial endeavor, in that it produced colonial agents of a particular sort. On the other hand, it was a site for the enactment of local strategies for power and control over local society and, at some level, of resistance to colonial authority. I found evidence of the ambiguous position of the doctors not only in publications but also in manuscripts and oral sources. They include interviews, yearly reports to the kingdom by the head of the board of health in Goa, monographs, and articles in the official organ of the medical school, the *Arquivo da Escola Médica de Nova Goa*.

The *Arquivo* included articles in the different medical subdisciplines (pathology, parasitology, microbiology, epidemiology) and essays on the nature and character of the medical endeavor, philosophy of medical teaching, colonial administration, and management.

Among the articles and monographs is a genre that is of particular interest for our purpose. It consists of laudatory narratives about the origins and glories of medical teaching in Portuguese India, including descriptions of the heroic role of the Goa medical doctors in the expansion and consolidation of the colonial empire in Africa. This style is well represented in the speeches of the school's 100th anniversary (AAVV 1955), celebrated in 1942.\textsuperscript{12}

Of equal interest is a parallel genre, opposed to the laudatory style. These writings contain constant complaints and the enumeration of miseries and difficulties endured by the Medical School. They report the injustices experienced by the graduates of the school as they progressed through their medical and colonial careers, and express their feelings of catastrophe and rupture. These protests were exacerbated when the Portuguese authorities countered with a series of
administrative obstacles that threatened to shut the School's doors (see Figueiredo 1960). Even though one might expect this genre of complaint to be a disguised anti-colonial discourse, there is little evidence that the elites committed to the medical school supported nationalism against the Portuguese. The authors studied, whose writings extend to the very last years of colonialism in Goa (1961), were more advocates than critics of the colonial project than critics, and, if anything, asked for a bigger share in power. The complaints were, in my opinion, part of a strategy of identity building that combined the two extremes, the "heroic" and the "catastrophic" styles.

**GOAN DOCTORS AND THEIR IDENTITY NARRATIVE**

By analyzing six points contained in these narratives, each with its own tropes, we understand the contradictory ways in which Goan doctors and alumni perceived the history of the school and the workings of the Portuguese empire.

(1) **THE "OLDEST IN ASIA"**

One of the most prominent and recurring themes in the identity narrative of Goa's Medical School is the school's pioneering character as the oldest of the kind in Asia. Every former student of Goa's school mentioned that "it was the first, the oldest in Asia," when they referred to their alma mater. The theme also recurred in discussions with other people who had some connection to Goa. Historical monographs and articles about the school often emphasize its seniority as a distinguishing value that added originality and the weight of history to the school's identity. For example, in 1877, the Medical School secretary and future director, Costa Alvares, addressing the government and advocating reform of the school as opposed to extinction, evoked the fact that "The Medical-Surgical School of Nova Goa is the first and oldest institution of medical teaching in the European possessions of Africa and Asia" (quoted by Figueiredo 1960: 148). In 1912, Director Miguel Caetano Dias, also in a report advocating the preservation of the Medical School, asked: "would it be fair to let it [the Medical School] into oblivion, fall, collapse in rags, when, following the older Portuguese colonial tradition, England creates and develops its Indian Medical Schools, all of them subsequent to our School of Goa?" (cit. Figueiredo 1960: 163).
However, whether we date the founding of the Goa school as 1842, 1845, or 1847, formal medical training in British India had begun prior to any of these dates. The Calcutta Medical College had been founded in 1835 and was predated by native medical institutions (Arnold 2000; Bala 1991). Why, then, are the claims to historical precedent so consistent? If they do not refer to facts, but to beliefs, why did they persist as the core representations of an institution whose main claims were those of science? What did various narrators mean when they say the school was “the oldest in Asia”? I believe that the claims to the ancestry of the school refer not to the actual foundation of the school but to the background of systematic medical teaching in Goa that pre-dated the institutionalization of the Medical School.

Historians of Goan institutions locate the beginnings of medical teaching either in 1703, the date of the beginning of the Aula de Medicina (Class of Medicine), or even earlier in the sixteenth century, when Jesuits began to teach at São Paulo College. Teaching was secularized in 1703, becoming the Class of Medicine, enriched later by the Class of Surgery in 1711, which “became the embryo of the Medical and Surgical School institutionalized in 1842” (Thomaz 1994: 255). Contemporary informants tended to include that “embryonic” stage in their chronology and think about the foundation of the school as the earliest in Asia. The school developed from a number of loosely structured practices that guaranteed the transmission of the basics of medicine, surgery, and pharmacy within colonial India under Portuguese administration. In 1801 those practices were brought together under a formal curriculum of courses, or “lessons,” taught at the hospital.15

The initial Classes of Medicine and Surgery were located at the Royal Hospital, which inherited its name from one of the icons of medicine and empire in Portuguese India: the Old Goa Royal Hospital. The original building had been constructed in 1510–1511 and later moved to extravagant new headquarters. It was remembered as the world’s best hospital of the time. Chroniclers recalled the hospital as providing luxury services to its thousands of patients, feeding them the best foods, covering them with silk and cotton, and serving them on the finest china (Gracias 1994: 124; Rodrigues 1999: 132; Figueiredo 1960a: 60–61).16 Such portraits are part of the mythology of a golden age for Portuguese India in the sixteenth and seventeenth centuries, one in which the city of Goa (now Old Goa) was known as the Rome of the East. Those elements have been
uncritically repeated by one after the other of those who wrote about the origins of medical teaching in Goa. The original source for the depiction of Goa's magnificent Royal Hospital is François Pyrard de Laval, a French traveller who lived in India in the early seventeenth century (for a recent and careful edition of the text see Pyrard 1998). In the nineteenth century, Goa scholar Cunha Rivara, published a translation that was quoted for many decades without a critical examination of some of its figures, including the capacity of 2,000 beds. When asked about this large figure, contemporary Goan informants often stated that at that time patients could be more compressed in hospital settings than today and that often there were epidemics that brought everybody to the hospital at once.

Some of the narratives go even further back in time, suggesting that medical teaching in Portuguese India had started at the time of Garcia de Orta and of the Jesuits in the fifteenth century. Orta, a "new-christian" who eluded capture by the Inquisition by a prolonged in India, and Tomé Pires, who also sojourned in Asia, compiled valuable information about plants and their pharmaceutical value, and integrated that knowledge into botanical sciences. The fact that the narrative of identity produced by the medical school goes back to Orta does not necessarily imply that he ran formal classes. The reference to Orta in the narratives should be seen as an indicator of the need to associate the origins of medical teaching in Goa to the very beginning of Portuguese presence there, but not in a way that would predate the colonial endeavor. There is silence about any other practices of healing that might exist locally. Rather than a vehicle for the expression of nativism, the Goan narrative of the history of medicine in the region comes close to praising the colonial presence of the Portuguese.

(2) THE MYTHS OF ORIGIN AND THEIR ACTORS—PRESENT, ABSENT, AND CONCEALED

The narratives about the origins of medical teaching in Goa consistently refer to an episode in which a high ranked officer in India, Counselor D. Cristovam de Sousa Coutinho, asked the King of Portugal to send over doctors who could teach medicine to the locals and thereby provide the colony with its own physicians. Apparently, there had been too many human losses to local disease. Viceroyos, generals, high priests, inquisitors, and all sorts of soldiers had lost their lives to the fevers or the "chamber disease" (cholera and other
gastro-intestinal afflictions). In scarcely more than a century those
diseases had killed ten viceroyos. Coutinho observed that locals could
be trained as doctors and provide medical assistance to the soldiers
and other Portuguese.

If two or three masters were to come to this state, they should teach physic
to many naturals that are quite acute and with easiness would learn it, and
they would not be among the worse with whom the hospital would remain
with many physicians to treat the diseases of your Majesty’s vassals.
(Coutinho, apud Correia 1947: 55–56)

The assumption was that the deaths of so many Portuguese, includ-
ing noblemen, could be prevented if there were more physicians to
assist them. In its ambitious history of medicine in Goa in the sixteenth,
seventeenth, and eighteenth centuries, Goan doctor Germano Correa
(1917, 1947: 52) suggests that the deaths were caused by fevers that did
not seem lethal. Had there been doctors treating the patients, he implies,
many deaths would have been prevented. In his account, the population
of city of Goa in the sixteenth and seventeenth centuries declined from
400,000 to 40,000 because of epidemic disease, and the entire city had
to be relocated to another place (Correa 1947: 53; Figueiredo 1960a: 74).

The data should not be taken literally, but these elements—the
original source, as well as the consistent references to it, contain a
core of beliefs about the origins of medical teaching in Goa that are
enlightening in other ways. I suggest examining the origin myth by
identifying the social actors: those who are present, those who are
absent, and those who are hidden, or obscured.

The social actors who are present and in the spotlight are the
Portuguese—dignitaries, military officers of higher rank, and soldiers.
They are the ones succumbing to diseases and the ones who need
saving—either by importing doctors or by producing them locally.
The local population is, by and large, absent from the narratives—as
if their vulnerability to the diseases that killed the Portuguese was
not so relevant. We know little or nothing of the natives’ ills, practices,
or ability to cope with illness; they are just not mentioned. It is not
until later that the local population is mentioned by Goan doctors—
and then not in the monographs or articles about the origins of
medical teaching, but in the articles and monographs about public
health issues. Locals are finally brought into the picture in the memos
about health campaigns, only to show otherness, resistance, and
backwardness with respect to the rationality and logic of sanitation.
But it was not until the late nineteenth and early twentieth centuries
that the politics of sanitation included a *them* (the natives resisting sanitary impositions) versus an *us* (the Europeanized doctors). In the early accounts related to medicine and health in Portuguese colonized India, the plot was about *us*-and-*us*. If there was a *them*, it referred to the diseases. With one significant exception, natives remain unmentioned, whether unseen, disguised in other forms, concealed by rhetorical devices, or just taken for granted as outsiders to the scope of the writings.\(^{22}\)

The one reference to natives in the original myth is of a very peculiar kind: they are mentioned as potential students of medicine. Later on, in the actual course of events, Indian youth willing and able to study medicine would actually be prime-matter for imperial purposes. They were turned into colonial doctors and served throughout the empire, contributing to its expansion and consolidation. That reference stands as a projection into the past of what their identity was to be a few centuries later: potential doctors to serve the process of colonization of Africa. Yet, at that time, the reference to the natives’ “ability to learn medicine” may well refer to something else. In my interpretation, it is a veiled reference to the fact that there were medical practices and education in India—as there are until today—outside the scope of European medicine and beyond what the colonizers were willing to accept as legitimate.

Non-European medical practices in India are well documented (e.g., Bagchi 1997; Leslie 1998; Patterson 1978; Zysk 1991, 1996). Among them there were two prominent traditions: the Ayurvedic and Unani medicines, respectively based on Hindu and on Arab literary culture. Ayurvedic medicine claims as its origin one of the sacred texts, the Ayurveda, which is the first Upavedda. Ayurvedic medicine was practiced by the vaydias (knowers of the vedda), as well as by Brahmins or Kshatryia, and even by Shudra (that were only excluded from the formulation of some of the mantra that could be exclusively proffered by higher castes). Ayurvedic medicine contained a wide range of knowledge about the medicinal use of plants and natural substances, anatomy, physiology, and a number of ritual procedures. Interpreters discuss whether the Ayurvedic body of knowledge originated in part from the Greek-based Galenic medicine or from compiled empirical observations (Bala 1991). Unani medicine, linked to the Islamic-Arabic tradition, was not too distant from the Galenic medicine practiced by Europeans in the Middle Ages and Renaissance, and the links between those traditions are documented (Jacquart and Micheau 1996).
It is likely that among Goan Hindus, Muslims, and Parsis there were a range of specialists in the practice of medicine in colonial times. Portuguese documents do refer to the panditas or vayddias and hakims who supplied medical care, to whom even the viceroy turned for help, and with whom Orta learned and discussed pharmaceutical drugs (Figueiredo 1960a: 56, 78; Patterson 1978: 120–121). Yet those professions became a target for the Portuguese authorities, according to Gracias (1994: 155–156), because of the jealousy of Portuguese doctors. Other authors, like Germano Correia, prefer to emphasize the fact that Portuguese doctors were popular among Radjahs and Sultans, who would prefer them to their own Hakims and Panditas (see Correia 1947; Figueiredo 1960a: 78). More recently, historian M. N. Pearson (1996) has analyzed the complexities of a two-way system of interactions between European and Hindu medicines in the sixteenth and seventeenth centuries.

At the time of the document utilized by the chroniclers of medical teaching in Goa, by the end of the seventeenth century, the Panditas and Hakims were no longer visible or mentioned officially. I suggest that they could only be mentioned in a veiled manner, and that the reference to the "native's ability to learn medicine" was a euphemistic way to acknowledge that there were local medical practices other than European medicine.

One of the consequences of this interpretation is that the history of medical teaching in Goa is also the history of the transformation of native practitioners into European-type doctors. This does not mean that the school literally picked up individual Ayurvedic or Unani doctors and trained them into western medicine. It rather means that there was a body of medical knowledge and practices that may be seen as one element that explains the success of western medical teaching in Goa. We cannot fully document, at this point, the extent to which there were interactions between those practices and bodies of knowledge in colonial Goa. We know that there were some interactions between those different streams of knowledge in the sixteenth and seventeenth centuries, and we can speculate, based on oral history and anthropological fieldwork, that they continued in subsequent centuries.

In official terms there was silence on other than European practices. Ayurvedic and Unani practices were, with rare exception, not mentioned in the context of medical teaching in Goa. The exception occurred—and this happened only once—when one of the school's directors tried (unsuccessfully) to introduce the history of Ayurvedic medicine within the curriculum (cf. Figueiredo 1960: 171).
To summarize, I suggest that the teaching of western medicine in Goa produces its own identity devices projected to the past as myths of origin; that the documents upon which those myths rely reveal keys to the understanding of the interaction between the colonial purpose and the local society; that one of those keys is the "unofficial acknowledgement" that there were local medical practices and therefore potential doctors, and that they could serve the colonial purpose; and that the myth of origin created by the school chroniclers referred, on the one hand, to the "native vocation" for the practice of medicine, and on the other hand left out the local practices that were not European in origin.

(3) DREAMS OF IMPERIAL GLORY: THE ROLE OF GOAN DOCTORS IN EMPIRE BUILDING, AS SEEN BY THEMSELVES

One of the most prominent features in the identity narrative produced by Goan doctors is their reference to the role that they and their school had in maintaining of the empire and its colonies. They consistently focus on the so-called "pacification campaigns" in Africa—that is to say, the military raids into inland Africa, the massacres of native peoples, and the consolidation of colonial rule in places like Angola and Mozambique later in the nineteenth century. The heroic role of doctors is spelled out in the language of the colonizers. When native Africans are referred to as recipients of medical care, it is as a part of the wider purpose of "civilizing" them. Assistance rendered by doctors from the Goa School to the colonial troops throughout the empire is described in laudatory terms. One chronicler refers to the Goan doctors as the "obscure builders of the Portuguese Colonial Empire":

At a time when Africa devoured human lives with epidemics and other diseases called endemics..., when doctors trained in the metropolis were hardly enough for the needs of the country, [and] a part of the colonies remained without medical assistance, some of the men of this land, doctors of the Goa School, challenging the deprivations and dangers that awaited them, left for overseas hostile lands to serve the Nation. (Costa 1943: 3)

The author, Peregrino da Costa, praises those who served in Africa and describes the deeds of each of them, as if praising military heroes. He emphasizes the fundamental role that the doctors had in the colonization and settlement of the African continent by Europeans,
expressed in the typical patronizing, native-friendly language of the Estado Novo:

Doctors of the Goa School were, while in the Overseas Health Services, since 1850 on, the pioneers and main propagators of that crusade of valuing the native and in all the reports that they presented one can well see the interest and concern of those doctors in getting close to the natives, conquering their trust, giving them the largest possible number of medical assistance, in appointments, in first aid in ambulances, in health centers or in hospitals. (Costa 1943: 11)

In order to interpret the discourse promoting the valor and heroism of the doctors, one that identifies the medical school as central to building the empire, one must compare these narratives with the actual history of the role of Goan doctors throughout the Portuguese-ruled African colonies. Preliminary analysis of research data suggests that Goan doctors were assigned many jobs in the colonial health services in the nineteenth and twentieth centuries, that they were widely distributed throughout the various colonies, and that they were apparently a convenient resource for colonialism.23

(4) A TREMBLING GLORY, OR A SCHOOL ON THE VERGE OF COLLAPSING

The laudatory genre emphasizing the glories and deeds of the Goa school and its doctors is so extreme in its praise that it perhaps can best be understood as a reaction against an established derogatory narrative. And, in fact, there was another discourse that emphasized the medical school's weakness and institutional fragility. A litany of complaints about the school's lack of resources, absence of the minimal conditions to guarantee quality teaching and medical research, and inadequate laboratory equipment accompanied statements of despair that because of Portugal's apparent disregard for the school it would not survive. This alternative discourse, a tale of woe accompanied by announcements of the imminent catastrophe facing the school, was the second most frequent theme to appear in discussions about the medical school.

Were the "catastrophists" to be believed, the school would have been continuously on the verge of shutting its doors and sending the students somewhere else. In 1897, for instance, Health Inspector Cesar Gomes Barbosa reports to the Minister of Navy and Overseas Affairs that
[because] the Medico-Surgical School of Nova Goa is unable to fulfil those conditions, and has been frozen into its current form since 1865, I believe that it might be better to extinguish it and financially support every year a group of students who might wish to follow the courses of the Medical School in Bombay—a situation from which Portuguese India would have nothing to lose, and probably would only gain.

However, in spite of all these precarious moments, the school continued to function, regularly producing colonial doctors who served the empire. They were never, however, any more than colonial doctors. They were subaltern by definition, and that leads us to the next trope in the literature.

(5) INGLORIOUS CAREER: SUBALTERN BY DEFINITION

I have readily adopted the concept of subalternity to refer to Goa’s School because in their own text the Goan doctors both claimed and protested their subalternity as they struggled to negotiate their standing within Portuguese medicine. They were treated as second rate even within the colonial health services, although this was the location for which they had been specifically prepared. Bitterness about the way they were treated permeates their narratives, their emphasis on heroic service being mainly a device to emphasize the unfairness of their institutionalized subalternity.

Goan doctors were acknowledged by the Portuguese authorities to be good enough to practice in the difficult settings of Africa and Asia, but not good enough to practice in Portugal, to be promoted to the highest ranks in medical services, or to teach in their own medical school. Reading through their complaints and their chronicling of injustices, we get a sense that Portuguese authorities regarded the school as a second-rate institution that produced second-rate doctors to serve in second or third-rate populations. They were not seen as peers of the Portuguese, and in order to practice in Portugal or to be promoted within Portuguese medical hierarchies, Goan doctors had to enroll in Portuguese Medical Schools (Porto, Lisboa, Coimbra) for extra training and exams.

The booklet Os Médicos Ultramarinos: Mais um Brado a Favor dos Facultativos Formados pela Escola Medico-Cirúrgica de Nova Goa (Overseas Doctors: Another Clamor in Favor of the Graduates of Nova Goa’s Medical School), published in 1880, is a document emblematic of the trope of subalternity. It was written by Dr. Socrates da Costa, a Goan physician who, at the time, was serving in the health services of Cape
Verde. The "clamor" addressed the Minister of the Navy and Overseas affairs, under whom the colonial doctors served. The document complained about the injustices found in the overseas medical careers, highlighting the unequal treatment given to the graduates of Goa vis-à-vis the graduates of Portugal—contrary to what supposedly happened in Britain, where the graduates of the medical school of Bombay were not treated differently than those who had attended schools in England. The author is quite informative in that he explains to his audience the transformations the Goa School had gone through, from an informal teaching of medicine to a quasi-illiterate student body, in the past, into a formal system of teaching with a structured curriculum. He acknowledged that in its early years, three decades before, the school might have been of low quality, its products undeserving of the equal treatment that he now claimed. However, things had changed, and in his words the teaching provided in the Medical School of Goa was as good as that provided in Portugal (Costa 1880). A complex weaving of heterogeneities and differentiations—based on class, race, ethnicity, place—permeated the injustices and unequal treatment given to the Goan doctors, from above and below.

(6) THE CREOLE ELITES, THE INDO-PORTUGUESE AND THE CATEGORY OF DESCENDENTES: SOME KEYS FOR THE STUDY OF ETHNICITY IN PORTUGUESE COLONIALISM

Underlying the status of the Goan doctors, as subordinate and yet superior to other colonized populations is a claim to Portugueseessness most forcefully expressed through the trope of descendentes. Descendentes is a term applied to individuals who claim Portuguese descent. In the narratives about the medical school we find this category highlighted in the writings, Goan doctor Germano Correia,24 who was also a physical anthropologist and essayist. Germano Correia depicts this group, which includes himself, as the elite of "pure" descendents of the original Portuguese settlers in India, whose males had interbred with imported European women of "Aryan" stock. Correia indulged in racist theories supported by other physical anthropologists of the time, including Mendes Correa in Portugal, Oliveira Vianna in Brazil, and the many European Aryans who helped provide a scientific basis for Nazi ideas and politics (Monteiro 1999).25 He utilized those theories in a quite imaginative way. Far away in Portuguese India, he reinvented racism to prove that the luso-descendents were a superior breed of people.
In colonial Goa, several racial categories were utilized for stratifying and ranking the population with Portuguese descent. Those who had been born in Portugal ranked at the top, and they were the ones in charge of the higher ranks in the administration. The *descendentes* came next—still Portuguese, but born locally. The categories of *castiços* and *mestigos*, categories that evoke degrees of racial "purity," were used differently for ideological and administrative purposes at different times. In the Goan setting, this racial system of stratification paralleled that of the local Hindu society, whose higher ranks were not prone to mix and marry with the colonizers. Some lower rank Hindus, however, did intermarry, and many Indo-Portuguese were born of marriages between Portuguese soldiers and lower-caste women during the early years of colonization.26 This mixed group was assigned a low social rank both in Portuguese and in Hindu ideologies, and carried throughout history a stigma that was not always directly articulated but that reminded them of their creoleness and ambiguous status.27

I suggest that most Indo-Portuguese groups experienced that sort of stigma, whether they were children of the colonizers or could claim some distant ancestor among them. Some members of the Indo-Portuguese elite, such as Germano Correia, used racial arguments to make points, build status, and claim privileges in a battleground that evoked several local and colonial ideologies. Correia provided "scientific" arguments that categorized his people with the colonizers and whitened them, making them like or even superior to Europeans. He claimed a status that would confer more privileges and power than that of natives.

Correia’s extravagant theories emphasized the importation of women from Portugal to breed with Portuguese men in India and keep the "race" pure.28 He proclaimed the racial superiority of the *descendentes* over other groups, and their fitness for living in the tropics. Unlike Gilberto Freyre, who at the time was praising miscegenation as the distinctive and laudable quality of the Portuguese in the tropics, Correia praises segregation and differentiation (Freyre 1953a, 1953b, 1961; Bastos 1998a and Castelo 1999).

But, in my opinion, it is important to discover in his texts what he is not making explicit and to ask who Correia really was addressing as he continually reiterated his claim that the *descendentes* were racially pure. Answering this question will lead us to a better understanding of the relationship between the medical school and local politics. It is important to know whether this creole group exerted any control
over the medical school, or whether the Portuguese-sounding names of the majority of its students and teachers referred to Christianized Hindus rather than to persons claiming Portuguese-descent. It is also important to know to what extent that distinction matters. Was Correia addressing the unmentioned but ever-present caste system that in Goa, like elsewhere in India, ran local politics as much as colonializers did? Was he trying to bring his own group into a prominence locally that it did not really have? What was the role of this group in Goan society; how did it fit into the complexity of local hierarchies and interdependencies? And what was its role in the colonial system? It is important to note in the year 2001, that echoes of the past are contained within the rivalries and antagonism between the "Brahmans" and the "descendentes" for the leadership of cultural activities within the Goan diaspora. Also, long after the end of Portuguese rule in Goa, the category of "descendentes" still appears in Goan research networks that post work on the internet, even if only mentioned as a curiosity (Sequeira 2001).

These are questions that must structure the study of the medical school of Goa as a colonial institution. They will also enable us to understand better one of the more interesting issues in late Portuguese colonialism, one that remains central in the aftermath of empire and in the postcolonial reconfigurations in each society: the creole elites and their role in the empire building.

**THE PLACE OF THE MEDICAL SCHOOL OF GOA WITHIN THE PORTUGUESE EMPIRE**

It is important to place narratives of the medical school of Goa in wider contexts. These include the nineteenth century context of the Portuguese Empire in which it was legally established, the twentieth century context from which come most narratives about the school, the contemporary setting in which Goans utilize their colonial past in establishing their current status. To this end, it is crucial to ask what type of empire, real or idealized, did the laws that originally created the school reflect.

At that time, Portugal was no longer the head of a maritime empire controlling the traffic of spices and goods from India, as in the sixteenth and seventeenth centuries, nor did it live off the richness of Brazil, as in the eighteenth century. Brazil had become an independent country in 1822, had its own emperor, royal family, laws, population, bureaucracies, merchants, and slave-traders. The routes between
Africa and Brazil were no longer controlled by the Portuguese colonial system. If it were to remain a colonial power, Portugal had to look somewhere else. "Somewhere else," for Portugal as for other European colonial powers, was going to be Africa. Africa had been a supplier of slave labor for several European and South American nations, but it was yet to be settled by the colonial powers that claimed its lands. The proclamations that called for the establishment of the various medical schools were written earlier in the nineteenth century than the period in which the Portuguese actually were able to establish a firm presence in Africa.

Historians refer to the last and African period of Portuguese colonialism as the "Third Portuguese Empire," a colonial moment that is harder to characterize than the imperial cycles of India and Brazil (Gervase-Smith 1987; Alexandre and Dias 1998; Alexandre 2000). Those two had identifiable lines of traffic and agents; wealth circulated in forms of highly profitable goods and gold that were easily converted into symbols of empire and power at home. Fortunes were made that were directly associated name with colonizers within specific territories. Titles of nobility were created and new social structures developed as a consequence. When compared to its predecessors, the third cycle seems unstructured and weak, like an assemblage of intercontinental connections and flows and references to distant locations vaguely related to Lisbon. Also, there was no consistent colonial project throughout the nineteenth century; there were different ideas of empire coexisting and replacing one another decade after decade, changing with the major political changes occurring in Portugal.

Until the scramble for Africa in the 1880s, marked by the Berlin Conference on African Affairs in 1885, the Portuguese colonies in that continent were sparsely occupied and loosely administered. They represented little more than a claim, one that did not hold up against the stronger British empire, whose claims for the Cairo-Cape Town connection in 1890 defeated forever Portuguese efforts to establish a colony extending west to east in Africa. Between the coasts of Angola and Mozambique, there were no significant Portuguese settlements or alliances with local groups. Along the coasts there were occasional trading posts, fortresses and alliances, places and peoples who used Portuguese in combination with their own languages, places, and peoples that combined Catholicism with their own local religions, and that negotiated, endured, or resisted the rules sent over by Lisbon.
As for Portuguese-ruled Asia of the nineteenth century, the portrait is, to an imperialist eye, no less pathetic than that of a pseudo-occupied Africa. The Estado da Índia consisted of some small territories like Goa, on the Malabar Coast, and further north, Damão and Diu, surrounded by British-ruled lands. Within Goa, there was a distinction between the Velhas Conquistas (Old Conquests) (the coastal cluster surrounding the islands where its capital Pángim is located: the Ilhas, plus Bardez, Pondá, Salcete, and Mormugão) and the Novas Conquistas (New Conquests) (the inland areas of Pernem, Bicholim, Satary, Sanguem, and Canacona). The latter, annexed to Goa in the eighteenth century, had much less Portuguese influence. Whereas the Velhas Conquistas stand out for their strong expression of Catholicism, the Novas Conquistas remained largely Hindu in religion and culture.\(^{31}\) The use of Portuguese, quite diffused in the in the Velhas Conquistas, was much less frequent Novas Conquistas. The latter were also the setting for several revolts against the Portuguese by local Maratha rulers, the Ranes.\(^{32}\)

Further east, Macao can be described as a Chinese territory that for the convenience of China was administered by the Portuguese—and only the degree that might be convenient for the Chinese. There were also some remnants of the Portuguese adventures, explorations, and trade in Oceania, scattered across a couple of islands: some locations on Timor and on Solor. The whole eastern section of Timor was controlled by the Portuguese until 1975—again, in a manner that is yet to be fully characterized.

The general picture is one of a feeble empire, one that becomes subaltern to the European empires that were actually in the process of colonizing Africa. Portugal did little until the mid nineteenth century actually to colonize the interior of Angola and Mozambique. During the period of the Third Empire, Portugal was subordinated to other European-based powers, above all, England. The Portuguese had aimed to create a territorial link between Angola and Mozambique. In reaction, the British government, who wanted to consolidate British territory from Cairo to Capetown, issued an Ultimatum in January 1890, threatening Portugal with severe consequences if it did not abandon its plans. The Portuguese acceptance of this Ultimatum in June 1891 gave rise to a wave of unprecedented nationalism that equated the nation with the empire. In fact it can be argued that it was this position of subalternity that served to exacerbate Portuguese nationalism and turn the state’s attention toward Africa. Part of that attention involved the goal of establishing there a “new Brazil.”
When we think about the Portuguese colonial experience of the nineteenth and twentieth centuries in relationship to these developments, we come away with a portrait neither of a well-integrated empire, ruled with a strong hand from the imperial center, nor merely that of a chaotic web of interconnections. Rather we see a structure of delegated, or surrogate, subalternities, a system of domination and subordination within which some colonial groups, although clearly defined as unequal in status and power, circulate throughout the empire and enjoy a limited number of privileges as they work to guarantee the colonial rule. Examples include Cape Verdians in the public administration of the different colonies, and Goans in their health services.

In this paper I made the case for Goan doctors as a link in the chain of the empire, one that reveals the empire's structure and that contributes to an analysis of the articulation between the Portuguese empire and wider processes of structuring the world power within which it operated. The fact that Goa had a creole elite within a society that already had a clear notion of ranked status and that had established traditions of formal medical education contributed to the position historically held by Goan doctors in the empire. The structure reflected the historical layers of the empire. Some Goans, as a literate and Portuguese speaking elite—a product of the early empire—could play a particular role in the health administration of the African colonies—the territories of the late empire, that were only fully claimed in the twentieth century. The narratives of the Goan doctors, with their tropes of heroism, unrequited service, and, in some cases, racial purity, reflect the positioning of the doctors within the New State.

At this point we may ask why this peculiar empire lasted for so long, while other European colonial structures collapsed and gave way to new nations. Goa's transference to the Indian Union, in 1961, was never acknowledged by the Salazar-Caetano regime of Estado Novo, which lasted until 1974. Until that date, Portugal kept its rule over African colonies, waging wars in Angola since 1961, and in Mozambique and Guinea-Bissau shortly afterwards. The Portuguese reputation of being the last colonial power, an embarrassment in the world politics of the post WW II period of United Nations building and general decolonization, had been turned upside down and appropriated as a device by the politics of Salazar and Caetano. The colonies were declared to be overseas territories of the Portuguese nation-state. It was within this logic that the colonial wars in Angola, Mozambique-Bissau, and Guinea, were waged until 1974. The Salazarist regime employed a number of ideological devices that glorified
the empire in terms of the Portuguese heroic deeds in navigation in the fifteenth and sixteenth centuries. Portugal’s postcolonial aftermath continues to have complex and painful implications—including wars and the displacements of peoples from its former colonies. At the same time, Portuguese postcolonial officers began to invest in the former empire, now transmuted into a supranational lusophone community.

PRELIMINARY CONCLUSIONS

In this paper I suggested that the way the colonial health services were organized in nineteenth and twentieth century Portugal teach us about the ways of the empire. The analysis of Goan doctors’ narratives about their own school and the origins of medical teaching in Portuguese-ruled India display a number of processes through which a colonized elite claimed an identity linked to European colonialism while erasing references to indigenous medical practices. The chroniclers emphasize the heroic role of the Goan graduates in the Portuguese colonization of Africa in the nineteenth century and the maintenance of health throughout the empire; the unfairness of their subaltern status in the health service hierarchies; the difficulties that the school experienced at the hands of the colonial administration; and the special characteristics of a major group among its graduates—the luso-descendentes. The violence of colonization, as well as the significance of local knowledge and structures, become erased in the process. Also suppressed are the relationships between the management of health and the management of territory within the empire; the complexities between power and knowledge, between administration and teaching, between central and peripheral knowledge, between local and colonial knowledge; and the interactions between the colonial elites and the local elites.

NOTES

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1. “India” referred to a colony composed of the territories of Goa, on the Malabar Coast, and, further north, Damão and Dio. Throughout this text, following the contemporary procedure, I will more often use the name Goa; when quoting colonial sources I may use “India” in order to be consistent with the original.

2. The decree included a number of statements that concluded with the need to have medical teaching on site. Apparently the colonies were not an attractive destination for Portuguese physicians. It was necessary to offer them a fair compensation and the means for their subsistence in case they became unable to reside there, “due to the unhealthy character of the climates” (Boletim . . . 1867: 382). Secondly, it was stated that “it was quite convenient that the natives of those places could easily achieve the most needed medical-surgical knowledge, so that the people living in the places most remote from those where the designated physicians live would not perish without assistance” (Boletim . . . 1867: 382).

3. Secondary sources conclude from this reference that medical teaching was formally decreed in 1844 through the creation of four medical schools—Cape Verde, Angola, Mozambique, and Goa. Peregrino da Costa (1943: 27–30) proposes his own reading of the decree, suggesting that the four medical schools created in 1844 divided the different colonial spaces: Goa would take care of all Asia and Oceania, Mozambique and the eastern coast of Africa, Angola São Tomé and Príncipe, and Cape Verde Guinea Bissau (1943: 30). For some time I took Costa’s interpretation of the decree literally and structured the first version of this paper around it, framing an opposition between, on the one hand, the conception of a homogeneous colonial space, divided equally among the four medical schools, as spelled in the decree, and, on the other hand, the actual imposition of a hierarchy of colonial spaces, which resulted in the development of only the School of Goa. When I read the primary sources, I realized that the 1844 proclamation proposed rather than established the schools, that the 1845 law does not even mention India; that in 1844 medical teaching was not
presented as Medical Schools; and that Guinea Bissau is not even mentioned in any of them. Maybe Costa followed oral tradition regarding the foundation of medical teaching in the colonies, which in itself would be an interesting line of research to pursue. At any rate, there is a time gap of one century between his writings and the legislation to which he refers.

4. The decree included a report and a plan for the organization of medical teaching in the "Portuguese Provinces in Africa," and India was left for another moment. Medicine should be taught in the capitals of Cape Verde, Angola, and Mozambique, in establishments designed for that purpose. The plan goes into many details about classes, hospital visits, exams, student selection, fees, calendar, schedules, and rights of the graduates, who should practice under the supervision of the established physicians and surgeons and consult them even if by writing when in remote places.

5. The reports accounted not only for a number of observations regarding health, mortality, and morbidity, their causes and climate, but also zoological, botanical, and mineralogical observations. Those in charge should also "collect natural specimens, drugs, seeds, roots, and objects to send to museums and scientific collections in the kingdom" (Boletim... 1867: 384; see also Bastos 1998).

6. Albeit relatively young, this is an extensive and growing body of literature whose authors have tried—most often successfully—to analyze the institutionalization of medicine and hygiene in the tropics from a social history perspective (e.g., Arnold 1988, 1993; Cranefield 1991; Curtin 1998; Farley 1991; Lyons 1992; MacLeod and Lewis 1988; Manderson 1996). In parallel, historians of medicine in Brazil based in Casa de Oswaldo Cruz have examined the consolidation of tropical medicine in the non-colonial, yet frontier-breaking environment, of independent Brazil in the early twentieth century.

7. The difficulty in attracting European physicians to the colonies is an assumption to which most legal texts refer, including the 1844 decree that included the first plan for systematic medical teaching.

8. I will leave to another moment a more complete exploration of the nuances and complexities of the racial categories used for, and by, Goan doctors and the different colonial peoples within the Portuguese empire. As we can see from the manuscripts of the health services for Africa and for India, the references to local peoples by the colonizers appear quite differently in each of those places. Africans were recurrently described as primitive and savages, whereas Indians were described as having a culture of their own. Moreover, there were local elites in India that could easily be associated with the colonial endeavor—something that hardly happened in the African colonies. Goan elites had by and large two components, each of them with inner complexities and subdivisions: the Indo-Portuguese elite of the descendentes, and the local Hindu upper strata, either Christianized or not. Closer to the colonizers and partly identifying with them, albeit in a quite ambiguous manner, Goan elites were ideal brokers between the colonizers and colonized.

9. For an ironic picture of colonial India those days by an urban writer, see Queiroz (1927: 241–251).

10. See Boletim do Governo do Estado da India, 1842, n. 32 (July 18); 34 (July 25); 45 (Oct.3); 50 (Nov. 7); 56 (Dec. 12).

11. Figueiredo (1960: 130) provides a glimpse of the political environment that delayed Lisbon's approval of the Goan initiative, from 1842 to 1847. As for the 1844 decree, it is not clear whether it was an attempt to acknowledge the existence of the school
and an effort to regulate it within a wider project of colonial medical teaching, or if it just referred to projects that never came to existence.

12. I emphasize this date because it both confirms that the official chronology adopts the local initiative regarding the foundation of Goa’s Medical School (1842) and also because 1942 was during the peak of Salazar’s regime, when the non-participation of Portugal in the Second World War signaled a separation between what were to be Portuguese politics and the other European politics after the war. In the 1950s and 1960s, Portugal became increasingly isolated from the general tendency toward democratization and decolonization that characterized most European nations. The authoritarian regime lasted until 1974, in clear separation from world politics and in a stubborn effort to maintain a colonial regime that was presented as original, native-friendly, and as a “multiracial and pluricontinental nation.”

13. The letters between Marcello Caetano, minister of the colonies, and Prime Minister Salazar in 1940s–1950s include references to the “nationalist manoeuvres” that Goa might experience as an impact of the Indian Union nationalism. Dr. Froilano de Mello, once the Medical School’s director and a prolific medical writer with a number of contributions to parasitology (see Costa 1943a), is quoted by Caetano as expected to object/oppose those movements (see Antunes, 1994: 159). This does not mean that Dr. Mello was an ally of Salazar’s regime—in fact, after having been a deputy in Lisbon, he had to leave for Brazil for political reasons.

14. Most interviews with Goan doctors who studied in the former Medical School (before 1961) were conducted in Goa in 1998 and 1999. Some of the interviews were also conducted in Portugal with graduates who had completed their studies in Lisbon.

15. There were two quite prolific Goan doctors who had a large number of publications about the Medical School: João Pacheco de Figueiredo and Alberto Germano Correia. Figueiredo, author of numerous works on medical issues and a passionate chronicler of the Medical School (e.g., Figueiredo 1950, 1954, 1958, 1959, 1960, 1960a, 1961, 1961a, 1963, 1967), was both the last director of the Escola-Médico Cirúrgica and the first dean of the new medical college that replaced it in 1961, after Goa ceased to be under Portuguese administration. Many of his writings are the official scripture of the link between the origins of medical teaching in Goa and the highlight of the Portuguese role: in 1960, he writes: “Glory to the Portuguese Nation, the first in all Europe which, by introducing the Medical Teaching, gave its magnificent contribution to enrich even more the millenary culture of which the East is so proud” (Figueiredo 1960a: 77). As for Germano Correia, an older and even more prolific writer and scribe of the history of medicine in Goa and Luso-Indian culture, his chronology of the medical school focuses on its legal foundation—he glorifies the figures of the Count of Antas and Dr. Mateus Moacho, who were responsible for the school’s beginning in 1842 (see his inaugural lecture as Medical School’s director [Correia 1947: 47]).

16. A replica of the All-Saints Hospital in Lisbon, Goa’s Holy Ghost Royal Hospital was built for the soldiers. There were some other hospitals serving the civilians and the poor, three of them administered by the Misericórdias, Order of Mercy: the Saint Lazarus hospital for leprosy, founded in 1530; the All-Saints Hospital, founded in 1547; and the Hospital of Our Lady of Pity. There was also the Hospital of the Poor, administered by the Jesuits, founded in 1551.

17. Figueiredo also emphasizes the role of the Jesuits in training the missionaries for the East in the principles of medicine: “Already in 1550, Father Francisco Cabral,
Rector of the College of São Paulo, taught medicine from 7 to 9 a.m.\textsuperscript{a} (Figueiredo 1960a: 70).

18. Garcia de Orta's career as a physician, botanist, and man of science is celebrated as one of the most remarkable examples of renaissance humanism. His \textit{Coléquio dos Simples, Drogas e Coisas Medicinais da India}, printed in 1563 in Goa, was one of the first books ever printed there (see Bagchi 1917: 118, Figueiredo 1963; Pearson 1996; Thomaz 1994: 255). Orta probably benefited from a previous compilation of botanical specimens in Asia by Tomé Pires, who authored \textit{Suma Oriental} (see Cortesão 1944). Orta's journey to Goa may be linked to his Jewish origins and his successful escape from the Inquisition. Originally born in a Spanish Jewish family that had escaped to Portugal, Orta was probably avoiding the inquisition himself when he moved to India in 1534 as the physician of governor Martin Affonso de Sousa. Dead in 1568, the object of no known inquisitor's prosecution, he did not, however, remained untouched: his body was exhumed and burned by the Inquisition in 1580.

19. Dated December 8, 1687, this letter is one of the favorite sources for historians of Goan medical teaching (e.g., Correia 1947: 55–56; Figueiredo 1960a: 74). However, a contemporary multi-sided history shows that the issue is far more complex. Pearson (1996: 28) quotes a letter from 1644 with complaints about the scarcity of physicians in Goa and the fact that the head physician in place was a “negro,” in fact, a Goan.

20. Contemporary Goan historian Fatima Gracias (1994), who wrote many years after the end of Portuguese colonialism, compensates for this gap by compiling the different non-European healing practices and bodies of knowledge (Hindu, Muslim, and village ritual practices), even though there are so few references in Portuguese historical sources.

21. The use of cow excrement as part of the ritual cleaning of the homes was often referred as something repulsive and anti-hygienic by Portuguese authorities.

22. The obliviousness of the Portuguese to local culture is illustrated by their ignorance of the existence of Sanskrit as a language as late as the end of the sixteenth century (Gaitonde 1983: 28).

23. Quantitative data indicate that Goan doctors in fact circulated throughout the empire, validating some aspects of their ideology, which stresses their importance. The same data confirm our characterization of the school as a “subaltern center” in the administrative structure of the third Portuguese colonial empire. We expect data to provide us a better definition of the so-far blurry concept of delegated subalternity. Some of the questions that guide the research include: what were the priorities and job descriptions in the Colonial Health Services? What did they actually correspond to? What were the rules to integrate upgrade the careers for the graduates of the Goa School? How was the bar to their reaching the top of the medical career, a mechanism of keeping subalternity, managed and negotiated? What other obstacles did they face in their careers? What is the record of their interaction and influence in African, Timorese, or Macaoese settings? What were the possibilities for other colonial natives, from Africa or Asia, to be allowed into the school and to progress in medical careers?

24. Germano Correia produced an extensive corpus of work on a variety of topics including Luso-descendents, Portuguese colonization of India, and Physical Anthropology. For a study of his works see, for instance, Monteiro (1999) and Roque (2000). More research needs to be done on this point. This research will
eventually enrich our understanding of empire building at the end of the nineteenth century.

25. Mendes Correa was a biological anthropologist in Portugal (Correa 1943). He also wrote some articles about medical care and teaching in the colonies (1952, 1960).

26. Viceroy Afonso de Albuquerque, in the early days of colonization of the sixteenth century, had encouraged some local marriages, picking *mouras claras* (light-skinned Muslim women), and finally captured slaves, for the Portuguese soldiers and rewarding the *casados* (locally married soldiers). For a current account see Bouchon (1998: 259–260). For a discussion of some of the issues see Boxer (1961). Centuries later, ideologues of the Portuguese late colonial regime lauded the “ability” of the Portuguese to mix with local populations.

27. Indo-Portuguese creole groups were similar to populations created by most colonization, Portuguese or otherwise. However, the identity of these groups varied because they were assigned different social and symbolic spaces in the different colonial societies. Depending on the situation, they either categorized within the colonized population or were put into a separate into a category of mulatto or creole.


29. In 1885 European countries gathered at the Conference of Berlin to make their claims about African lands. The outcome of that conference represented the balances of power between the different imperial nations, while the conference itself also reflected the attitude of those countries regarding colonial domination.

30. This aspect of the struggle between the two powers over their imperial project is known as “the pink map episode.” For an analysis of the impact of that event see Alexandre and Dias (1998: 93–126).

31. For an ethnography of conversion to Catholicism in Goa, see Robinson (1998). For other sources on Goa, see, e.g., Borges and Feldmann (1997); Feio (1971); Mendes (1997); Pereira (1991); Rubinoff (1998); Shirodkar and Mandel (1991) and Souza (1989).

32. For direct sources on the “Revolt of the Ranes” in the late nineteenth century Satary, see, for instance, Anonymous 1896; Cabral 1912; Costa 1934.

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