

THE INVERTED MIRROR: DREAMS OF IMPERIAL GLORY AND TALES OF SUBALTERNITY FROM THE MEDICAL SCHOOL OF GOA¹

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In this paper I will analyze the identity narratives of Goan doctors under Portuguese colonial rule. Such narratives account for two contrasting styles of self-presentation: first, they emphasize the connection between Goan doctors and the colonial endeavor, portraying military physicians as a kind of civilizing hero in Africa; second, the narratives point to the marginal and subaltern role of Goan medical school graduates within the Portuguese colonial system. I will explore the relationship between these two opposing styles and suggest how identity-building efforts crystallized in a set of narratives about the history of medicine in India that highlights colonial links and obscures native contributions to medical knowledge. Data will be drawn from interviews with elderly Goan doctors, trained before 1961, from published historical accounts of medical teaching in India, and from documents written either to celebrate the existence of the Medical School of Goa or to analyze and intervene in the situation of Goan doctors serving in the colonies.

The main characters of this paper are the product of a peculiar institution, the Medical-Surgical School of Nova Goa.² Formally, it existed between 1847,³ when the Portuguese government issued a legal decree approving it,

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² Nova Goa, Pangim, or Panaji, is the capital of the enclave of Goa, today a state of the Indian Union. It is located in the western coast, between 14° 53’ and 15° 48’ north of the equator and between 73° 45’ and 74° 24’ east of Greenwich. Together with Daman and Diu, Goa constituted the Portuguese colony of *Estado da Índia* until 1961. The three enclaves had remained under Portuguese administration as a result of a number of military conquests and trading procedures in India between the late 15th and 18th centuries. From a colonial history perspective, celebrated by Portuguese and pro-Portuguese Goan historians at least until 1961, the *Estado da Índia* was a pale reminder of a broader area of Portuguese influence in India and Ceylan in the 16th century (e.g. Quadros 1945). From a multiple-view perspective, the presence of the Portuguese was one political and cultural element among others, supported on colonial and religious violence (the Inquisition in Goa was ended only in 1812), in a predominantly Hindu society that at some historical moments had been under Muslim military and political rule. The territory of Goa was under flux until the 18th century, when the inland districts known as *Novas Conquistas* (New Conquests) were included in the Portuguese administration. As late as the 1890s there was resistance against the Portuguese on the part of native Maratha leaders from Satary, one of the northeastern territories of *Novas Conquista* (see Ourem 1900, Cabral 1912, Costa 1939).

³ The first Portuguese legal efforts to institutionalize medical teaching in the colonies – India and Africa – are expressed in the decree of September 14, 1844 (see *Boletim do Conselho Ultramarino* 1867: 382-385, Silva 1843). Those efforts were never really implemented (see Bastos 1999, 2001). In 1847 the first explicit mention to the Medical-Surgical School of Nova Goa is made (*Boletim do Conselho Ultramarino* 1867: 551-558, Silva 1844: 128-135). However, in 1842 local Goan authorities had already created the Medical School through a *portaria* (see *Boletim do Governo do Estado da Índia* 1842, # 32, 34, 45, 50, 56), and this was related to a tradition of teaching medicine in the hospitals. The Medical School of Goa’s faculty, students and alumnae always refer to 1842 as the founding date (see also fig. 1). For a detailed discussion, see Bastos (1999, 2001).

and 1961, when Goa became a part of the Indian Union and the School became a regular Medical College, which was later integrated into the University of Goa. During its existence as a colonial institution, the Medical School of Goa provided basic medical, surgical and pharmaceutical training to some among the local population.⁴ The physicians licensed by this School were entitled to practice throughout the Portuguese colonies in Africa and Asia. They were not, however, entitled to practice in Portugal, to teach medicine in their own institution, or to reach the top of a standard medical career in the colonies.

Many of the documents produced by Goan doctors show resentment about their experience of subalternity towards the physicians trained in Portugal. Places of leadership, coordination, and medical teaching had to be handled by Portuguese doctors or by colonial doctors who had pursued their studies in the mainland. For that purpose, many Goa-trained doctors would seek further education in Portugal, often at the Medical School of Porto.

As a counterpart to those expressions of subalternity, Goan doctors produced another set of documents that emphasized their unmatched role in the building of the Portuguese empire. In official speeches, in historical accounts, in narratives about their professional ancestors and role models, Goan physicians stressed their pride in the role that many of them had in what they saw as helping to civilize populations military campaigns in Africa.

I will argue that the emphasis of Goan doctors on their identity as empire-builders and as heroes of civilization is directly related to their own assertion of subalternity within the Portuguese colonial system.⁵ I will further argue that their need to state their role in the colonial endeavor extends towards their representation of the past and contributes to the making of a history of medical teaching in India that highlights its colonial links and ignores the contribution of native medical practices and bodies of knowledge.

Echoes of an imperial imaginary – “a great school indeed”

Although the Medical School of Goa fell mostly into oblivion in current generations which exhibit little knowledge of its history, for those who lived under the Portuguese colonial regime (which lasted until 1974-75 in Africa) the school is recalled as meaningful. Not only do people remember it as an institution that trained physicians in Portuguese-ruled India, but they com-

⁴ While it is clear that the students came from the local elites, the proportion of elite subgroups (upper strata christianized Hindus, luso-descendants, etc.) in the student body over the decades is under research.

⁵ Elsewhere I have argued that understanding the subjugated condition of Goan physicians extends beyond this assertion and includes the perception of an overall subalternity of the Portuguese empire in the late 19th and 20th centuries to the larger imperial systems (Bastos 1999, 2001).

monly praise the high quality of the doctors trained there.⁶ “That was a great School”, people often say, even if they actually know little about what the school was. Such comments account for a number of ideas and emotions. There is nostalgia – somehow distinct from plain colonial nostalgia – the longing for something that once played an important role but is no longer there. There is pride about something from the past – much like the praise of a perhaps obscure dead ancestor, or of a sports team that no longer plays –, something that was special and has not been praised enough, the memory of which should be kept alive and re-stated. There is also an appraisal of originality: the acknowledgement that the Medical School was quite original, albeit bizarre, and that it might be taken as a distinct mark of Portuguese culture at the time of colonialism.

However, data also evidence the opposite of the nostalgia/pride/appraisal nexus. There are various notions regarding the Medical School of Goa and the outcome of its existence that express contempt. The teaching was mediocre; the training was incomplete; the medical degree conferred was not even fully acknowledged by the Portuguese authorities. Goan doctors were supposed to complete their training in Portugal if they wanted fully acceptable degrees, and if they did not want to remain confined to secondary positions within the colonies – a status that lasted until the end of the colonial rule, until as late as 1961. Those who recall the Medical School of Goa in the Portuguese colonies also admit it may not have been a full-scale medical school, as its graduates were not really licensed doctors; they had to repeat their courses in the mainland.

The paradox of the commendable/pitiable school dichotomy was spelled out to me during a brief field trip in 1998 by a Goan acquaintance of mine, an educated woman in her mid-fifties:

you are doing research about the Medical School of Goa, so explain this mystery to me: on the one hand, everybody knows it was a terrible school, with poor *curricula* and lousy teaching; on the other hand, everybody says that doctors who came out of the Medical School were excellent physicians! How do these two go together?

I timidly ventured to interpret the paradox, pointing out the difference between scholarly knowledge, which in this case was reputedly poor, and clinical expertise, which was renowned for its productivity, creativity and versatility. I ventured some speculation about how need and scarcity sometimes help the development of clinical creativity. But what I was really thinking was how thankful I was for her having so clearly phrased this paradox, one that I had confronted since I had started to research this institution. Goan doctors

⁶ Data comes from formal and informal interviews with Goan doctors either in Goa or in Lisbon (1998-1999).

were seen both as excellent and dreadful. Being simultaneously good and bad mirrored another duality enacted by the Medical School of Goa: it was simultaneously at the core of the colonial project and at its margins. The narrative emphasis on Goan physicians' achievements was proportional to their understanding of their own powerlessness, or, to use a term both shared by contemporary theory and by the Goan doctors of the past, their subalternity. The more their marginalization was experienced, the more flamboyant became their emphasis on their positive contribution to empire building. Appraising their excellence while acknowledging their deficiencies was one way of synthesizing this contradiction.

Imperial dreams: the Goan physician-soldier civilizing Africa

The role of Goan physicians at the core of the colonial project was expressed most fully in the writings that emphasized their participation in the “campaigns to civilize” Africa. This was one of the most consistent topics in their identity narratives, explicit in the words of Peregrino da Costa:

in a time when Africa devoured human lives with epidemics and other diseases called endemics (...), when doctors trained in the metropolis were barely sufficient for the needs of the country, as part of the colonies were without medical assistance at all, some of the men of this land, the doctors of the Goa School, were unafraid and left for hostile overseas lands. They challenged the deprivations and dangers that awaited them, all in service to the Nation (Costa 1943: 3).

Goan doctors had been, for this author, “the obscure builders of the Portuguese Colonial Empire”:

While in the Overseas Health Services, doctors of the Goa School were, since 1850 on, the pioneers and main proponents of that crusade of valuing the native. In all the reports that they presented, one can see clearly the interest and concern these doctors had in getting close to the natives, gaining their trust, giving them the best possible medical assistance through frequent appointments, through first aid and ambulances, through health centers and hospitals (Costa 1943: 11).

This quotation expresses a wider belief in the destiny of Goan doctors to work assisting the practice of medicine in the colonies. In a report signed in 1902, the coordinator of the Health Services in India, Miguel Caetano Dias, points out that

The Medical Surgical School of Nova Goa, situated in a country where the reigning diseases reflect the tropical climate, acts to foster the training of

colonial doctors in such conditions, and so assists with the demands of African colonization at little cost for the treasury. Having once been understood as a significant element in assisting progress, no one ignores that this school has been useful not only for Portuguese India, but also to the remaining colonies of our overseas rule (...). (...) when there was only horror of migrating to Africa, it was the offspring of the Nova Goa Medical Surgical School that bolstered the paucity of doctors in the overseas provinces.⁷

Yet, the school was then going through major problems. It was nearly shut down by the Portuguese government (see Correia 1917: 301-305); and arguments were needed to persuade those in power to leave it open. That same year, in 1902, the prominent Lisbon physician and politician Miguel Bombarda took on the cause of Goa's School in parliamentary debates. Some of his arguments matched Miguel Caetano Dias' point that physicians from tropical climates like Goa were more familiar than others (that is, Europeans) with tropical disease, and therefore were better suited to serve the empire in its overseas locations. Bombarda's main line of argument was about the value of the Medical School of Goa as a colonial institution. He described it as both a mark of Portuguese culture and a place where the physicians needed to guarantee the good health of the Portuguese in the colonies would continue to be educated. In a parliamentary session remembered by Goan doctors even to the present, Bombarda claimed that

The Medical School of Goa has profound reasons to go on: first, it represents one of the most powerful institutions of influence for the Portuguese name in that possession; and it is also a prominent element of civilization in those places... (Bombarda 1902: 93, *apud* Figueiredo 1960: 178).

He referred to the general contribution of medicine to culture and civilization. In another argument in favor of the continuation of the school, he said that one of its consequences would be to re-assume Portuguese dominance in India. The school was irreplaceable for other educational strategies, such as training locals in Portuguese Medical Schools, or sending Portuguese doctors to India:

There are not, in this domain, local conditions [in Goa] that might be attractive to the physicians educated here [in Portugal], a fact that is made worse by the distance that separates us. Also, it is pure utopian thinking to believe that the education of Indians in the continent [Portugal] will ever replace the existing school, first because the distance does not allow for easy migration, second because those who have lived here and have become used to the

⁷ Estado da Índia Portuguesa, "Relatório do Serviço de Saúde referido ao ano de 1902", ms., signed by Miguel Caetano Dias, Head of the Health Services. Arquivo Histórico Ultramarino, Índia, Serviço de Saúde, maço 1988.

amenities and pleasures of a relatively advanced civilization will find it most difficult to return home (Bombarda 1902, *apud* Figueiredo 1960: 178-79, Correia 1917: 303).

But above all, according to Figueiredo, Bombarda understood the complexities of the colonial situation, and of the unique role that the Medical School of Goa might take in supplying the necessary health professionals to staff the medical needs of the overseas possessions. In the parliamentary debates Bombarda suggested that

our colonies cannot stand just as monuments of glory and brilliant traditions. Maybe some day there will be some action taken to actually colonize our possessions. In this sense, a developed knowledge of local pathology, of the climatic conditions, and other issues, should not be disregarded, and should be the subject of intense study, one that only locally can be pursued. It is not through the superficial reports of European doctors that merely touch upon our colonies that a serious study of regional pathologies and local climatology, necessary for colonizing attempts, can ever be made (*apud* Correia 1917: 303).

This point was developed into another argument for the continuation of the Medical School of Goa – an argument that gave credit to local efforts of which the benefits might not be seen immediately but nonetheless had great importance in the long run. Bombarda was a republican liberal under a monarchist regime, a fact that made his arguments less persuasive. Yet, the School of Goa was not to be closed in that period. The other existing medical school abroad, in Funchal,⁸ that trained health practitioners for the island of Madeira, would suffer a different fate. It was closed in 1920 and never re-opened again. That “everything worked to condemn the School of Funchal, and everything worked to save the School of Goa” became the favorite quote of Bombarda recalled by Goan doctors even until the present. It was probably repeated to exhaustion during their medical training.⁹

Historical evidence of the predicament of Goan doctors in Africa was

⁸ Funchal is the capital of the Atlantic islands of Madeira, which never had the status of colonies but that of an extra jurisdiction. Besides Goa, Funchal was the only setting abroad where there was a combination of local and national procedures that resulted in formal medical teaching. In order to discipline the action of the popular barbers and bloodletters who practiced apocryphal surgical acts throughout the countryside of Madeira, the head of the *Misericórdia* of Funchal suggested in 1815 that those practitioners should learn medicine and surgery at the hospital. The class of medicine and surgery was formally approved in 1819 and continued intermittently throughout the coming decades. After the 1836 legislation re-structuring Portuguese medical schools, the School of Funchal grew, also intermittently, teaching practitioners, nurses, midwives, and pharmacists. Its graduates, however, were given second-rate status in medical jobs (Silva 1945). The School was nearly closed in 1868 (Ribeiro 1884) and was finally closed in 1910.

⁹ Senior Goan doctors interviewed in 1998 and 1999 in Goa also repeated this *ad nauseum*. Bombarda was an arbiter in a neutral position and his choice for the Goa School, simultaneous to the rejection of Funchal's school, meant there were substantial qualities about medical teaching in Goa that enabled it to continue despite the continuous threats about closure.

provided by Pacheco de Figueiredo (1960) and Peregrino da Costa (1943), who describe in detail the particulars of African campaigns throughout the 19th century and into the 20th. They also point to important medical discoveries accomplished by some of the doctors, like Socrates da Costa, who described the sleeping sickness in Cape Verde for the first time (Figueiredo 1960: 185).

The accomplishments of Goan doctors in the Portuguese colonies became a central part of their identity in such a way that throughout the 20th century every celebratory and glorifying speech would have some reference to it. In 1942, during the commemoration of the hundredth anniversary of the School,¹⁰ Dr. Francisco Barreto addressed the audience in such vivid colors and in such a baroque style that his words barely translate into English:

Watch nevertheless, from the top of this temple, the embassies that from here depart. Offspring of this School go from here to the metropolis, like our ambassadors, nourished here, and whom, with the spark of their genius, honor and honored the Goan name outside the borders. Offspring of this School build, on a solid basis, the Portuguese mark in the lands of Africa, clearing the bushes, sanitizing hostile zones, organizing health campaigns, creating medical-social institutes and, oh how many times, sealing with their own blood the noble Indo-Portuguese alliance that cements the African empire! Offspring of this School, in lands of the Orient, from British India to Timor, water with their science, long at the heart of this School, so many regions where they leave a piece of its soul and an aura of gratitude surrounding its name. Offspring of this School finally compose the large army of rural clinicians, pilgrims of Good, whose feet bleed against the road stones in order, one day, to rest in a common yard, under a forgotten grave, having fulfilled their mission of peace and goodness.¹¹

The fragility of the glorious, and the tale of subalternity

In order to interpret this discourse of valor and heroism, one that provides the Medical School with its key element of identity as a mediator of empire-building, one should confront these narratives with the actual facts related

¹⁰ That the centennial was celebrated in 1842 expresses Goan perception of their own role in the founding of the School, which was only officially acknowledged by the Portuguese authorities in 1847 (see note 3).

¹¹ “Do alto deste templo contemplei porém, as embaixadas que daqui partem. Filhos desta Escola vão daqui à metrópole, como nossos embaixadores que aqui beberam e que com a fâsca do seu gênio honram e honraram o nome goês fora das fronteiras. Filhos desta Escola implantam, em sólidos alicerces, o padrão português em terras de Africa, desbravando matas, saneando zonas inóspitas, organizando campanhas sanitárias, criando institutos médicos-sociais e, quantas vezes selando com o seu próprio sangue a nobre aliança indo-lusa, que cimenta o império africano! Filhos desta Escola, em terras do Oriente, da India britânica a Timor regam, com a sua ciência, há muito haurida no seio desta Escola, tantas regiões em que deixaram um bocado da sua alma e uma auréola de gratidão à volta do seu nome. Filhos desta Escola por fim vão constituir o grosso exército dos clínicos rurais,romeiros do Bem, cujos pés sangram de encontro às pedras dos caminhos, para, um dia, descansarem na vala comum, sob uma lousa esquecida, cumprida a sua missão de paz e bondade” (AAVV 1955).

to the circulation of Goan doctors throughout the Portuguese-ruled African colonies. Preliminary research indicates that in fact Goan doctors were assigned to many jobs in the colonial health services during the 19th and 20th centuries, served in widespread posts and seemed to be a convenient resource for colonialism. In my interpretation, the school can be described as a “subaltern center”¹² in the health administration of the so-called Third Portuguese colonial empire.¹³

Facts gathered with empirical research should be confronted not only with the narratives of glorification but also with those about the eminent catastrophe that threatened to close the school. In the “catastrophist” trope the School was presented as a place of institutional frailty, tainted by despair about its own survival, its lack of resources, the absence of minimal conditions necessary to guarantee quality teaching and medical research, and filled with complaints about the poor equipment of the labs and about the disregard with which Portugal considered the school.

Were the “catastrophist” texts taken literally, we would believe that the school was constantly on the verge of closing its doors. In 1897, for instance, Health Inspector Cesar Gomes Barbosa reported to the Minister of Navy and Overseas Affairs:

unable to meet the proper conditions, a situation that has crystallized since its founding in 1865, I believe that it might be better to close the Medico-Surgical School of Nova Goa, and financially support a group of students that may wish to take courses in the Medical School of Bombay every year. Portuguese India would have nothing to lose, and would probably only figure to gain (Barbosa 1897: 14).

However, despite these shaky moments, the school was consistently functional, and regularly graduated the colonial doctors that served in the spaces of empire. They were, however, no more than colonial doctors. They were subaltern by definition, which leads us to the trope of subalternity.

One of the reasons why I so easily adopted this concept to refer to the

¹² We expect data to provide us a better definition of the so far blurry concept of *delegated subalternity* (see Bastos 1999, 2001). Some of the questions that guide the research include: what were the priorities and job descriptions in the Colonial Health Services? To what did they actually correspond? What were the rules to integrate and upgrade careers for graduates of the Goa School? How was their ban from reaching the top of the medical profession, a mechanism of keeping subalternity, managed and negotiated? What other obstacles did they face in making progress in their careers? What is the record about their interaction and influence in African, Timorese or Macaese settings? What were the possibilities for other colonial natives, from Africa or Asia, to be allowed into the school and progress in medical careers?

¹³ In brief, references to the “first” Portuguese overseas empire refer to the 16th-17th centuries, when India was the center of imperial trade and military efforts, whereas the “second” corresponds to the 18th and early 19th centuries, when Brazil was the main provider of wealth (gold, sugar plantations) and the destiny of the African slave trade. The “third” empire refers to the late 19th century efforts to re-build the colonial splendor by systematically colonizing Africa (for more on this period, see Clarence-Smith 1985, and Alexandre and Dias 1998).

¹⁴ The double message passed on by Goan doctors about their condition requires multiple research questions. Whereas

Goa School relates to the fact that there was an acknowledged and developed concept of subalternity among Goan doctors in Portuguese medical careers. They did not wait for Gramsci or the Subaltern Studies group (e.g., Guha and Spivak 1988, Guha 1997) to use what is actually a quite common word in Portuguese language to refer to their own condition, for they were treated as second rate even in the colonial health services, the one career they were meant to fulfill better than all others. Their narratives are filled with expressions of bitterness about how they always ranked lower than the Portuguese. Goa's graduates were taken as good enough to practice in Africa and Asia, but not good enough to do so in Portugal, or to coordinate the health services, or to teach in their own school. Against this trope, we may interpret the insistence on their participation in colonial "glories" as a means to emphasize the unfairness of their institutional subalternization.

One emblematic document of this theme is 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*), by Dr. Socrates da Costa (1880), a Goan physician serving in Cape Verde. The "clamor" was addressed to the Minister of Navy and Overseas Affairs, and complained about the injustices found in the overseas medical careers, the unequal treatment given to the graduates of Goa when compared to those of Portugal. The author compares the situation to that of Britain and British India, claiming that the medical graduates of Bombay were treated equal to those trained in England. Socrates da Costa makes a point about the fact that medical teaching in Goa had been too informal in the past, its students poorly trained, and it had evolved into a structured curriculum, its teaching as good as that provided in Portugal; unequal treatment might have been fair in the past, but it was quite unfair in the present (Costa 1880).¹⁴

I suggest that the extreme character of this lament has its counterpart in an extreme embellishment of Goa School's identity, one that is extended towards its past as if the history of the school is re-written.

we analyzed more thoroughly the discourse on valor and heroism in the colonizing endeavor, we will leave the full analysis of the discourse on subalternity open to further research. The ideology contained in the complaints should be studied together with the analysis of the actual politics of allocating Goan doctors throughout the empire, which requires a number of variables that are not accounted for in the Goan doctor's statements to be studied. We can predict the complexity of the weaving of heterogeneities and differentiations – based on class, race, ethnicity, place – that permeated the injustices and unequal treatment given to the Goan doctors, from *above* and *below*. Who were they within the highly stratified local society? Who were they within the multi-layered colonial establishments run by the Portuguese in Africa and Asia in the late 19th century and early 20th century? How were they seen by local populations and displaced colonials? What were their assignments, their actual duties, their accomplishments, and their interactions with various local populations? How did that interact with their management by the imperial authorities? These, and a few other questions, will help me sort out the meaning of Goan doctors self-representation and their role in empire-building.

¹⁶ One should note that the Spanish and Jewish components of Orta's identity are conveniently edited out of the pic-

Pioneers in history: the glory of “the oldest in Asia”

One of the narrative expressions of the originality of Goa’s Medical School was the reference to its pioneering character. Statements of this kind suggest it was the first and the oldest in Asia. It was a pioneer: a much heard trope in the context of colonial celebrations when referring to the role of the Portuguese in overseas expansion and “knowledge of the world”. The statement about the seniority of the Medical School of Goa in the teaching of medicine in Asia comes recurrently from an inner loop of former students and doctors trained before 1961, either residing in Goa, in Portugal or somewhere else. In their words, Goa’s School was the “oldest in Asia.” This statement has been quite often repeated and printed as factual (see Fig. 1).

Yet, whether we define the School’s beginnings in 1842, when it locally took off, or 1847, when the Portuguese government acknowledged its existence (see note 3), the fact of the matter is that there were already other medical teaching establishments in India. From 1824 on there was the Native Medical Institution of Calcutta, intended to supply the army with local sub-assistant surgeons, apothecaries and dressers (Arnold 2000: 62). In 1935 the Institution turned into a Medical College (Arnold 2000: 63). As for Bombay, its original Medical Institution was founded in 1826 and was later replaced by the Grant Medical College in 1845 (Arnold 2000: 62-63).

The fictionalization of the seniority of the Medical School of Goa in Asia may be related not only to the need to emphasize its uniqueness as a device for hiding its fragilities, but to the need to define a particular understanding of medical teaching within the Portuguese empire. Seniority did not refer factually to an actual chronology of the Medical School of Goa but rather to another tale about medicine in Asia and about the role of the Portuguese there. In order to understand this we may go directly to some of the sources produced by the Goan doctors who wrote their own history. In the illustration caption in Fig. 1, there is a reference to the year of 1821 as the beginning of hospital-based medical teaching. However, Goan historians of medicine try to push the beginnings of that practice farther and farther back in time to the roots of the local Medical School.

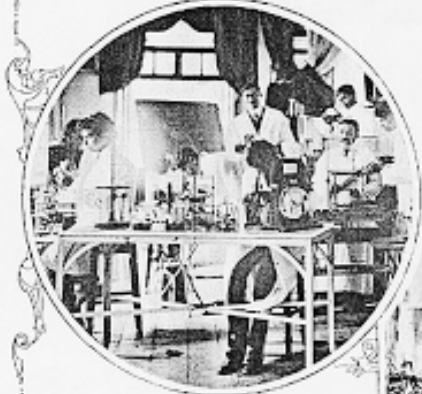
Time and again, historians of the Medical School of Goa (e.g. Correia 1917, 1947, Figueiredo 1960) refer to a founding episode, dated as far back as 1687, as the origin of medical teaching in Portuguese India. It was when local authorities asked Portuguese royalty to send someone to teach medicine to the locals and train them to be physicians. The Portuguese in India were dying at an alarming rate, either with generic fevers or from the so-called chamber disease. Malaria, cholera, other infections and gastro-intestinal disorders brought death to many, including viceroys, generals, and high priests.



FIG. 1 - "The oldest Colonial Medical School" (source: *Ilustração Portuguesa*, série 2, volume 17, 1914).

ção do Governo da República, os professores e alunos da Escola, com a cooperação do chefe da provincia e da classe medico-farmacéutica do paiz, festejaram brilhantemente o 71.º anniversario d'aquelle glorioso estabelecimento. Os festejos duraram dois dias e o programma foi dos mais variados. A exposição e discurso inau-

ral de Souza, a saudação á bandeira Nacional em 1 de Dezembro pelo professor Pinto Cordeiro, o cortejo academico com figuras e cartos allegoricos, dirigido pelo professor Amorim, o lançamento da pedra fundamental da Maternidade e discurso do estudante A. de Miranda e a festa noturna onde mais de 3000 convidados admiraram os numeros tão seletos do programa, desde o orfeon, dirigido pelo professor A. Tinoco, até os quartetos de musica, desde os solos de violino até a saudação aos medicos já formados feita pelo estudante J. Machado, são symptomas evidentes da vitalidade d'essa Escola e são para todos os cidadãos portuguezes motivo de legitimo orgulho por se vêr que tão hem medrou a semente que foi Portugal a primeira nação a lançar em terras colonias.

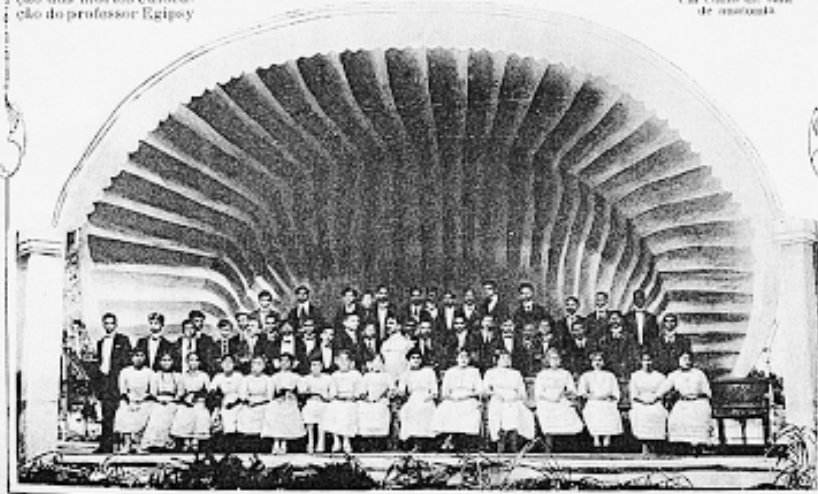


1. A sala da bacteriologia. O professor Proffitt fazendo demonstrações practicas.

gural do professor J. Barreto, as demonstrações de bacteriologia applicadas á clinica pelo professor F. de Melo, o Congresso medico-farmacéutico com memorias variadas e saudação á classe pelos professores A. do Rego e Rocha Pinto, a conferencia com propeções luminosas do professor C. Correia, o banquete de confraternisação, a comemoração dos mortos e alocução do professor Egeyoy



Um canto da sala de aula.



Orfeon academico de que fazem parte alguns alunos das Escolas Medica e Normal e Liceo. Ao centro o professor F. Tinoco. (Clichés dos distintos fotografos sr. Souza Lobo, Irtuboa)

In scarcely more than a century ten viceroys had already died: Goa was a graveyard for the Portuguese troops, up and down the ranks. The prolific physician-anthropologist-historian Germano Correa, who authored a *History of Medical Teaching in Portuguese India* (Correia 1917, 1947), suggests that the deaths were mostly caused by fevers that should not have been lethal (Correia 1947: 52). If there had been doctors assisting the patients, not so many would have died. The picture was so bad that the entire city of Goa had been relocated to another place, after a massive death toll in the 16th and 17th centuries. The population had decreased from 400,000 to 40,000, according to Correia (1947: 53) and Figueiredo (1960a: 74).

The 1687 letter was addressed to His Majesty the King of Portugal and signed by Counselor D. Cristovam de Sousa Coutinho. It was not the first complaint about the scarcity of doctors assisting the Portuguese in India. In 1644 there had also been complaints – interestingly enough, not quoted by the official historians of the Medical School – about the lack of doctors and about the fact that the *fisico-mor* was a “Negro,” that is, a Goan (Pearson 1996: 28). In 1687 the lament about the inexistence of European doctors turned into something more positive: why not train locals under the supervision of qualified Portuguese doctors?

If two or three masters were to come to this state, they should teach physics [medicine] to many natives who are quite acute and would learn it with ease, and they would not be among the worse at the hospital remaining with many physicians to assist the diseases of your Majesty’s vassals (Coutinho, apud Correia 1947: 55-56, and Figueiredo 1960a: 74).

Only in 1703 was there any action replying to Governor Sousa Coutinho’s demands. The Aula de Medicina started then, as a sort of incipient form of hospital-based medical teaching. There had also been some rudiments of medical teaching by the Jesuits in the S. Paulo College, which had become secularized in that time (see Thomaz 1994: 255). A few years later, in 1716, the instruction was augmented with the addition of a surgery class.

Authors like Luiz Thomaz (1994: 255) refer to that period as the “embryonic” stage of medical teaching. I suggest that it is probably the moment referred to by chroniclers, historians and alumnae of the Medical School of Goa when they make their claims for seniority. Some narratives and contemporary reminiscences go even farther back in time, suggesting that medical teaching in Goa started with Garcia de Orta. João Pacheco de Figueiredo also emphasizes the role of the Jesuits, for they had been in charge of training the missionaries in the East in the principles of medicine: “Already by 1550, Father Francisco Cabral, Rector of the College of São Paulo, had taught medicine from 7 to 9 a.m.” (Figueiredo 1960a: 70).

The references to Garcia de Orta deserve further mention. As a physician, botanist and man of science, and as someone who used the principles

of empirical observation and experimental proof, he is one of the very few references of scientific and humanistic Renaissance culture in Portugal. His extensive botanical-pharmaceutical compilation *Colóquio dos Simples, Drogas e Coisas Mediciniais da Índia...* (1563) was one of the first books ever printed in Goa (Bagchi 1917: 118, Figueiredo 1963, Pearson 1996: 33, Thomaz 1994: 255). Its Latin translation was to become an important source for later European humanists. Orta benefited from a previous compilation of botanical specimens in Asia by Tomé Pires, who authored *Suma Oriental* (Cortezão 1944). Pearson suggests, however, that Orta's role in the development of science should be given a caveat, as his description of cholera demonstrates a less than advanced medical knowledge, and even though he had extensive contact with local Hindu *vayddias* and Muslim *hakims*, "he had no inkling of the vast and ancient body of Ayurvedic theory" (Pearson 1996: 33).

Orta's journey to Goa is probably linked to his Jewish origins and to the persecutions that were faced by new-Christians in 16th century Iberia. Originally born in a Spanish Jewish family that had escaped to Portugal (where for a period persecutions were less intense than they were in Spain) Orta must have been escaping persecution upon its increasingly aggressive practice in Portugal when he moved to India in 1534 as the personal physician for Governor Martim Affonso de Sousa. Even though he was able to escape the Inquisition until his death in 1568, inquisitors went after the remainings of his body and in 1580 exhumed it so that they could burn his bones. Orta is today celebrated as a Renaissance hero, yet the details of his persecution (that explain why Iberia fell to the margins in the history of science) are seldom recalled.

It is against this backdrop that we should interpret references to Orta for the origins of medical teaching in Goa. I suggest this connection reveals the need to associate formal medicine with the colonial endeavors of the Portuguese.¹⁶ At once, the link praises the Portuguese and their "role in civilizing populations", and silences one very important component of medicine in India: the fact that there was already a body of local medical practices and that they were, at many levels, acknowledged as relevant by colonizers and natives alike. Rather than a vehicle for the expression of nativism, the self-accounts of Goan medicine linked to its Medical School came very close to praising the colonial presence of the Portuguese.

The unspoken ones

In other occasions (Bastos 1999, 2001) I suggested analyzing narratives about

ture.

¹⁷ Fatima Gracias (1994), a contemporary Goan historian, tries to compensate for this gap by compiling (in spite of the

the beginnings of medical teaching in Goa not only in what they show, but also in what they hide. The plot that involves the praise for the locals ability to learn medicine stands on three types of social actors: those who are present, those who are absent, and those who are hidden, or obscured.

The social actors that are present are all Portuguese, either dignitaries, military officers of higher ranks, or common soldiers. They are the ones succumbing to diseases that are otherwise treatable. They are the ones to be rescued, either by doctors imported from outside, or doctors trained by them *in situ*. The ones who are absent from the tales are precisely the locals, as if their vulnerability to the diseases was irrelevant. We get to know very little or nothing about illnesses suffered by natives, their ability to cope with them and the way they respond to them with structured practices.¹⁷ Natives remain unmentioned, whether unseen, disguised in other forms, concealed by devices of rhetoric, or just taken for granted as outsiders to the scope of the writings. The obliviousness of the Portuguese to local culture is illustrated by their ignorance of the existence of the Sanskrit language even as late as the end of the 16th century (Gaitonde 1983: 28). It is not until much later, in the 19th and 20th centuries, that Goan doctors included the local population in their writings. When they did include them, however, it was mostly to complain about the local inability to cope with sanitary campaigns, as if they enact otherness, resistance and backwardness to the rationality and logic of sanitation.

In the much quoted letter of Sousa Coutinho asking for the implementation of local medical teaching, native Goans are mentioned only in references to them as potential students of medicine. I suggest that this status is a disguised form of recognizing that there were, in fact, local medical practices that, if adjusted to the Portuguese manner, might be acknowledged as medicine.¹⁸ Native medical specialists had not only been recognized in earlier colonial times, but they had also been seen as efficient healers; even the viceroys turned to the *panditas* or *vayddias* and *hakims* for help. Figueiredo (1960a: 56, 78), Patterson (1978: 120-121) and Pearson (1996: 33) point out that

scarcity of references in Portuguese sources) the different non-European healing practices and bodies of knowledge – Hindu, Muslim, and village ritual practices.

¹⁸ Non-European medical practices in India are well documented. See, for instance, Bagchi (1997), Leslie (1998), Patterson (1978), Zysk (1991, 1996). Among them there were two prominent traditions: the Ayurveddic and Unani medicines, respectively based on Hindu and on Arab literary culture. Ayurveddic medicine was supposedly related to the first Upavedda (Ayurvedda); it was practiced by the *vayddias* (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 should be exclusively proffered by higher castes). Ayurveddic medicine accounted both for a wide range of knowledge about the medical use of plants and natural substances, anatomy, physiology, and a number of ritual procedures. Interpreters discuss whether the Ayurveddic body of knowledge has part of its sources in the Greek-based Galenic medicine or is rather a development of compiled empirical observations (see 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).

Orta in the 16th century learned about and discussed pharmaceutical drugs with the *vayddias* and *hakims* from Goa. According to Germano Correia, the interchange went the other way: Portuguese doctors were the ones celebrated by Sultans and Radjahs, preferred to their own *hakims* and *panditas* (see Correia 1947, Figueiredo 1960a: 78). Whatever the case, *vayddias* and *hakims* were driven underground as they became a target for the Portuguese authorities, in part due to the “jealousy of Portuguese doctors” (Gracias 1994: 155-156) – by the end of the 17th century they were no longer visible in Portuguese India. M. N. Pearson (1996) suggests, however, that they unofficially kept their practices.

My own suggestion is 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. The consequence of this suggestion is that the history of medical teaching in Goa is also the history of the transformations of native practitioners into European-type doctors. I do not mean finding individual *hakims* and *vayddias* and making European-style physicians out of them, but rather that the bodies of knowledge and practices provided by Ayurveddic and Unani medicines might have been taken as a prime matter for the development of medical teaching – without this ever being spelled out.

Current findings of historian Timothy Walker (2001) confirm this perspective: European and Ayurveddic physicians were in constant interchange during the early centuries of Portuguese colonization in India. What we arrive at, in the 18th and 19th centuries, is already the result of such interaction, one that was mutually beneficial and resulted in the development of Goan medical practices and knowledge that reflected a “mature hybrid medicine”, according to Walker.

However, when we go through the narratives produced by Goan doctors about the origins of medicine and medical teaching in Goa, all that is described is a highlight of the Portuguese role: their heroes, their actions, their letters, their initiatives. The contribution of local bodies of knowledge and practices towards the maturing of medicine in Goa is erased from the picture. In extreme cases, like that of Germano Correia (1917, 1947), it is annihilated; in moderate cases, like that of Figueiredo (1960), native contribution is only acknowledged once it is made part of an authenticated Portuguese contribution – that of Garcia de Orta.

In sum, the literature produced by Goan doctors emphasized their links to the colonial project and erased their affiliation with native sources, as if fulfilling the need of feeling a part of the colonial project by stating their role and denying what might be taken as an element of native identity.

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O ESPELHO INVERTIDO: SONHOS DE GLÓRIAS IMPERIAIS E CONTOS DE SUBALTERNIDADE DA ESCOLA MÉDICA DE GOA

Neste artigo são analisadas as narrativas identitárias dos médicos de Goa durante o domínio colonial português. Estas narrativas desenvolvem dois estilos contrastantes de auto-representação: por um lado, enfatizam a ligação entre os médicos de Goa e a empresa colonial, retratando os médicos militares como uma espécie de heróis civilizadores em África; por outro, revelam o papel marginal e subalterno dos médicos formados pela Escola Médica de Goa no contexto do sistema colonial português. Explora-se no artigo a relação entre estes dois estilos opostos e sugere-se que essa construção identitária se cristalizou num conjunto de narrativas sobre a história da medicina na Índia, na qual os laços coloniais são realçados e as contribuições nativas para o conhecimento médico são ocultadas. Esta reflexão tem por base dados relativos a entrevistas com médicos de Goa formados antes de 1961, registos históricos publicados sobre o ensino da medicina na Índia e documentos produzidos com a intenção de celebrar a existência da Escola Médica de Goa ou de analisar, para nela intervir, a situação dos médicos de Goa que prestavam serviço nas colónias.

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