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# Race, medicine and the late Portuguese empire: the role of Goan colonial physicians<sup>1</sup>

Cristiana Bastos

## Abstract

This article discusses the production and diffusion of racialist theories within the Portuguese empire by focusing on a particular group of colonial subjects: the Indo-Portuguese physicians trained at Medical School of Goa. Not fitting into the colonizers/colonized duality, those physicians held important roles in the health services of the Portuguese colonies but were excluded from leadership. Their contribution to the production and reproduction of the racialized views of the world needed to run the empire adds complexity and substance to the arguments against the lusotropicalist ideas about race relations in the Portuguese empire.

**Keywords:** Portuguese colonialism; Goa; medicine; race; empire; lusotropicalism; colonial physicians

## Euphemisms of a late empire

Portuguese colonialism is known for having lasted longer than its European counterparts. Until the end of the Salazar/Caetano regime in 1974, official representations of the nation included the 'overseas territories', a euphemism for the colonies. Consistent with Salazar's slogan 'Portugal não é um país pequeno' ['Portugal is not a small country'], maps hanging in classrooms brought together Portugal, the Azores and Madeira, a number of colonies in Africa (Angola, Mozambique, Guiné, Cape Verde and São Tomé e Príncipe), East Timor, Macao (a trading and gambling spot that remained under Portuguese administration for the convenience of mainland China), and the *Estado da Índia* (Goa, Daman and Diu). Even after the 1961 peaceful transition to the Indian Union (called an 'invasion' by the Salazar regime), the *Estado da Índia* remained on the national map as a symbolic token of diversity in the narrative of the 'multi-continental nation'. As a reminder of Vasco da Gama's and Camões's voyages to India, it provided a link between an obscure present and a glorious past. For, in a claim to entitlement that seems fashioned after medieval notions of conquest, the Portuguese were fed the idea that their nation's grandeur was an effect of their ancestors' pioneering 'discoveries'.

## Lusotropicalism and racism

The notion of a transcontinental Portuguese identity resulting from the 'discoveries' went together with the belief that racism was absent from Portugal's imperial project. According to this view, Portuguese colonialism had been more benign than any other,

on account of a Portuguese gift for amicable interaction with other peoples. This belief shaped, and was shaped by, images of an early overseas expansion in which the route to India played a central role. The interracial marriages promoted by Viceroy Afonso de Albuquerque in sixteenth-century India symbolized Portuguese pro-miscegenation policies.<sup>2</sup>

In their attempt to rewrite Portuguese history by glorifying the early 'discoveries' and linking them to the colonial present, regime ideologists came to draw on Gilberto Freyre's concept of lusotropicalism, which was consolidated after his 1951–2 tour of the Portuguese colonies sponsored by the Salazar regime (Freyre 1953; Bastos 1998; Castelo 1998; Leonard 1999; Almeida 2001). Earlier, in his socio-anthropological study of the Brazilian north-east, *Casa Grande e Senzala* (1933), Freyre had re-interpreted the history of Brazilian society by crediting the Portuguese colonizers with a special facility for miscegenation. Freyre saw this as a great human achievement, contrasting with the racial segregation and racism he had witnessed in Texas in the 1920s. In 1930s Brazil, when the nation carried a stigma of degeneration associated with hybridity, Freyre's arguments may have been revolutionary.<sup>3</sup> But his later articulation of his concept of lusotropicalism (for example Freyre 1961) proved convenient for the conservative and increasingly isolated imperial regime of Salazar, who adopted it with some adaptations. Freyre's emphasis on inter-racial eroticism was replaced by notions of Christian fraternity resulting in a 'multi-racial and pluri-continental' nation. However, in the 1960s and 1970s the colonial order was supported not by fraternity and love but by military intervention in Angola, Mozambique and Guiné, where nationalist movements contested colonial rule. To mobilize the tens of thousands of young Portuguese soldiers needed to fight in Africa, the regime made use of the rhetoric of a national harmony embracing the 'overseas territories'.

Disregarding the evidence of conflict, racism and nationalist movements in Africa, official ideology stressed the 'Portugueseness' of all the peoples and territories under Portuguese rule; the point of this inclusiveness was to erase opposition and difference. 'Otherness' was reserved for 'political subversives', 'agitators' and 'terrorists'. Race, colour and nationalist claims were edited out of the picture, except where they supported a carnivalesque attempt to depict a supposedly multiracial, pluri-continental nation. The elimination of 'race' from critical discourse was accompanied by a profusion of images of a multiracial nation – as in the colonial exhibitions of 1937 and 1940 (Corrêa 1943; Thomaz 2002).

The regime's endorsement of lusotropicalism was a largely successful piece of ideological engineering. Its residues are everywhere, obstructing the development of a critical anthropology of Portuguese colonialism. Critical analysis of key issues such as the workings of the colonial machine, its co-option of colonial groups, the use of racial categories for purposes of governance, the understanding and production of racial categories by colonial groups, remains largely to be done. Only recently has critical work started to show that study of the particularities of Portuguese colonial formations does not have to reinforce lusotropicalist myths but can contribute to current theoretical work on the anthropology of colonialism (Feldman-Bianco 2001; Santos 2001; Bastos, Almeida and Feldman-Bianco 2002; Thomaz 2002; Ribeiro and Ferreira 2003).

Why was the adoption of lusotropicalism so easy? Some authors (e.g. Almeida 2001; Leal 2000) have recently argued that a sort of proto-lusotropicalism existed among Portuguese intellectuals before Freyre, which may have paved the way for the Salazar regime's successful ideological engineering. In practice, however, this earlier phenomenon went hand-in-hand with beliefs that were the very opposite of lusotropicalism's central tenets. Although there were some humanistic writers who set out to demonstrate the inclusiveness of Portuguese colonial interactions, the dominant views in Portugal, as elsewhere, were informed by racist theories based on a belief in white supremacy. Medical doctors and physical anthropologists wrote a number of articles that contributed to the theorization of racism. Racialized and hierarchized views of the world informed most research on human subjects and provided the prevailing backdrop for social theories and colonial policies. That is, before lusotropicalism was officially adopted, and still after its adoption, the idea of a transcontinental Portugueseness was permeated by an explicit racism that was anything but absent. Lusotropicalism, imposed by a authoritarian state with a weighty propaganda apparatus, would coexist throughout the colonial system with racist practices, ideologies and even theories.

In this article, I aim to show the complexity of this situation by examining how racist theories were handled by a particular group of colonial subjects: the Indo-Portuguese physicians trained at the Medical School of Goa. I will discuss two examples: Arthur Gama, a Goan physician who served in nineteenth-century colonial Mozambique, and Germano Correia, also a physician and a physical anthropologist who, in the first half of the twentieth century, published a number of works on race and adaptation to the tropics. Their manuscript and printed works show a racialized society where hierarchies were naturalized on the basis of physical differences (Bastos 2003; 2004b).

The personal identity of these two men was a crucial contributing factor to the emotional tension that sustained their writing. Like the many Indo-Portuguese who served as colonial officers and doctors, Gama and Correia occupied an ambiguous, floating position in the hierarchies they described. Invited to participate in the inner circles of power and ideological formation, they were at the same time excluded from those circles as second-class citizens. As a group, they epitomized a feature of Portuguese colonialism: the production and segregation of particular groups that were allocated a key role in the colonial administration and at the same time banned from its upper echelons. Goan physicians illustrate the complex mutual constitution of colonizers and colonized, as the latter embrace the colonizers' political project and refine its ideology while serving as subordinate 'colonials', producing and reproducing from their limbo the racialized views of the world needed to govern empire. For Arthur Gama, the Goan physician who served in nineteenth-century Mozambique, this meant relegating the Africans around him to the lowest level of human existence. For Germano Correia, the twentieth-century Goan doctor and physical anthropologist who worked in many colonial locations, dedicating his chief efforts to measuring luso-descendants in Asia and Africa, it meant the explicit endorsement of ideals of white supremacy. Both, as should be obvious, were far removed from the

allegedly spontaneous lusotropical love of other races that had supposedly united the many peoples touched by Portuguese colonialism.

### Goan physicians in a wider empire

Goan physicians are a colonial group mostly linked to the Medical School of Nova Goa, India, even though some of them were trained in Bombay or Portugal. The Goa Medical School had existed since 1842, was formally recognized by the Portuguese authorities in 1847 and operated until 1961.<sup>4</sup> During that period, over a thousand students graduated in medicine and pharmacy, the vast majority of them native Goans.

**Table 1: Place of Birth of Graduates of the Goa Medical School, 1846–1956<sup>5</sup>**

Salcete ( <i>Velhas Conquistas</i> ), Goa)	442
Ilhas ( <i>Velhas Conquistas</i> ), Goa)	202
Bardez ( <i>Velhas Conquistas</i> ), Goa)	268
<i>Novas Conquistas</i> , Goa	98
Daman and Diu	8
Others in India	17
Africa	22
Macau	3
Others in Asia	1
Portugal	2

Nearly ninety per cent of the Goans at the medical school were born in the *Velhas Conquistas*, the Christianized core of Goa. Only in the twentieth century is there a significant contribution from the *Novas Conquistas*, which were annexed to Goa only in the eighteenth century and therefore not subject to the forced adoption of Catholicism and Portuguese culture.

I have elsewhere analysed the identity constructions of Goan physicians and their claims about their role in the Portuguese empire (Bastos 2001; 2002a; 2002b). Expressing contradictory views on the glories and weaknesses of their *alma mater*, most of their narratives emphasize the pioneering character of medical teaching in Portuguese India and the importance that Goan doctors had in the wider Portuguese empire by serving in the many locations where colonial doctors were needed.

At first glance, the Goa Medical School could be interpreted as an ‘instrument’ of colonialism, and Goan doctors as the colonial handmaidens of a system emanating from Lisbon with branches throughout Africa and Asia. This appears to be a story of colonial biopower, imperial medicine in the tropics, the control of natives’ lives and bodies through the use of Western medicine and sanitary principles, as has been extensively documented for British India (e.g. Arnold 1993; 2000).

Yet the picture that emerges from the study of primary sources is that of a weakened imperial project, if one can call it a structured project at all. Reports on the early years of the Medical School are filled with complaints about its poor quality. During its early period, the Goa Medical School was directed by the colony’s *fisicomor* (Head Physician) and teaching was offered by the senior medical officers responsible for most of the health services throughout the several districts of

Portuguese India. The annual reports note the difficulty of carrying out this massive brief; sometimes, one person had to teach all the courses. The reports also reveal a continued lack of resources: insufficient funding, equipment, personnel, books, corpses for anatomical dissection, and other items considered fundamental for the teaching of medicine and related sciences. An official inspection in 1897 declared that the school would be better off closing its doors and sending its students to learn medicine in Bombay, British India or Portugal (Barbosa 1897). The school portrayed in these documents seems on the verge of collapse due to the lack of resources and apparent neglect by the colonial authorities. The reports also articulate a parallel set of complaints about the secondary role given to graduates of the Goa Medical School in the colonial health services (Costa 1880).

Those complaints illustrate the Portuguese administration's lack of interest in exercising 'colonial biopower' in India during this period. This contrasts with the British hands-on approach to imperial domination via the disciplining of medical teaching and sanitary measures. One should not forget that British and Portuguese power in India relate to two quite different cycles of empire. While in the mid-nineteenth century Britain was at the height of imperial dominion, Portuguese colonial history was at a low ebb, having passed the peak of its 'first' and 'second' imperial cycles (relating respectively to trade with Asia and the south Atlantic triangle), but not yet having engaged fully in its 'third', African cycle. In this colonial interlude, Goan institutions developed, free from a top-heavy imperial agenda, making it possible to perceive the complexity of local processes and the interaction between local structures and the colonial venture.

Even in this low-key, weak and perhaps inefficient form, the Goa Medical School was still an instrument of colonial power and authority. It privileged European medicine and pharmacy over their Indian counterparts; European knowledge over Indian knowledge; European-style doctors over Indian *vayddias*; European concepts of public hygiene, urban management and population control over local custom. But if we take a local perspective, through a close reading of the facts and biographies relating to the Medical School, we get a complex picture of interwoven agendas rather than a simple statement of European biopower. This complex picture includes local strategies of power; local tensions and ideologies; intra-colonial stratification and its relation to colonial dependency. Regardless of whether Lisbon put money and political energy into the Goa Medical School – which it did not until the twentieth century, producing an altogether different institution – Goans nurtured and implemented a project that served various local agendas. These included the conferment of degrees leading to higher-level employment and prestige, and control over certain resources; in short, strategies pertaining to the delicate balance of power between the different groups that made up the world of Goan doctors, cutting across lines of caste, class, race, religion and proximity to inner circles of power.

These strategies relied on rhetoric and on the endorsement of a colonial project that did not really have much support from the metropolis until much later. Only when the Portuguese administration developed an active Africanist colonial policy, in the aftermath of the Berlin Conference (1884–85) and the European 'scramble for

Africa', did the Goan doctors acquire visibility on the map and in the ideological project of Portuguese colonialism. From then on, service in the colonial health apparatus became the *raison d'être* and legitimization of the Medical School's existence. Such arguments were advanced as early as the 1880s by Rafael Pereira – the director of the Goan health administration and the first Goan doctor to head the Medical School – who claimed that tropical doctors were best suited to treat tropical diseases among tropical peoples in tropical places (Pereira 1889). This view was endorsed in Lisbon by the distinguished doctor and member of parliament, Miguel Bombarda, who in 1902 made public statements of support for the Goa Medical School (Bombarda 1902).

Goan doctors provide evidence of a colonial structure that hierarchized peoples, places and functions. Elsewhere (Bastos 2002a), I have proposed the concept 'subaltern centre' to describe Goa's position within the health administration: central enough to train doctors and produce officials, and yet peripheral enough to remain subaltern to Lisbon in most instances. My analysis was based on narratives produced by those involved directly or indirectly with the School. Now I wish to go beyond the level of narration to ask who these doctors were in the context of their local society, what did they represent for colonial society as a whole, what was their actual role in the colonial health administration, and how did they express and perform difference in the racialized and stratified colonial settings of the late nineteenth century and first half of the twentieth century.

Within that set of questions I will privilege race; my aim is not to provide the last word on the subject but rather to offer a more nuanced perception of its complexity. What was the role and involvement of Goan physicians in the conceptualization of race and the enactment of racial relations within Portuguese colonialism? I will discuss this question by analysing the references to race in the writings of the two Goan doctors previously mentioned: Arthur Ignacio da Gama, who served in northern Mozambique in the late 1870s and produced at least one lengthy manuscript report for the health services; and Germano Correia, who served in Angola in the 1920s and published dozens of titles on colonial subjects, with particular reference to race and adaptation to the tropics.

### **Arthur Gama, an Indo-Portuguese physician in East Africa**

The young Arthur Ignacio da Gama, who was born in 1851 in Verná (Salcete), Goa, and graduated from the Goa Medical School in 1875, held his first African post on the island of Chiloane, capital of the Sofala district of Mozambique. It was there that, in 1882, he met a premature death from malaria. Thanks to this young physician we have a lengthy report on Chiloane for the year 1878 (Gama 1879).

Responding to the government's request for a detailed naturalist's report, Gama apologizes for his lack of competence in this area, being a clinician who would rather be at his patients' bedside. And yet he provides the reader with a detailed description of the island's natural resources, noting which land was or was not under Portuguese control. He always refers to the Portuguese as 'we' and 'us'. Gama also comments that, despite the current poverty of the natural environment, if civilization were restored

everything would be transformed into an Eden of happiness and abundance (Gama 1879: 5–6). The potential of the land – that of the African continent as a whole, at least – was after all immense, it had a healthy climate and, with adequate labour, the land could be cultivated. The problem, he claimed, was the local population, which had ‘habitos selvagens’ [‘savage habits’] and lived ‘na estupidez e no vicio’ [‘in stupidity and vice’] without ever thinking ahead (Gama 1879: 6–7).

In sum, a good land wasted on bad people. Gama was quite judgmental about the natives’ way of life, condemning a mode of production where men occasionally hunted and fished while women, practically enslaved and enduring the ills of polygamy, were responsible for all agricultural labour (Gama 1879: 7–8). His animosity towards healers and witch-doctors (*inhamissoro*), or towards the natives’ reliance on quack soothsayers, does not prevent him from providing a rich account of their healing ceremonies. Further comments include his disapproval of the natives’ incontinence with regard to carnal pleasures, which he attributes to their backward moral state (Gama 1879: 14); and his distaste for their wood-and-mud housing (unhappily for him, even the hospital and government offices were housed in mud buildings).

Gama’s recipe for Africa was to save the natives from themselves by interbreeding them with ‘more civilized’ races:

Poderão então estabelecer uma corrente d’emigração das raças dos outros paízes, que encruzadas com a indígena, e trazendo-lhe os costumes civilizados, habito do trabalho, as artes, regenerem esta parte da humanidade tão abatida e grosseira. (Gama 1879: 17–18)

[Immigration of races from other countries can then be established so that, by interbreeding with the natives and giving them civilized customs, working habits and skills, they can regenerate this abject and uncouth part of humankind.]

Gama’s prejudice was not idiosyncratic. It conformed to acceptable standards of expression in official documents of the time, such as health reports. Fellow Portuguese health officers serving in Mozambique described the natives as useless savages whose habits were lazy, uncivilized, irrational and wasteful. Often described as ‘os pretos’ [‘the blacks’] or as ‘o preto’ [‘the black’] in the singular, Africans were the ultimate ‘other’. They embodied otherness for those who wrote the reports and for those who read them. Most of the colonizing endeavour in such places was about making them habitable and profitable for Europeans. Hilltops and rivers might be good places from which to start to fight the wasteful effects of the climate. The local population might also benefit from such settlements.

We should note here that, when referring to Asians, Portuguese colonial documents of the same period adopt a different tone, not unrelated to the fact that many of the reports were authored by Indo-Portuguese or Christianized Asians. In these reports, otherness was not attributed to the local population and culture as a whole; only the lower classes and castes were seen as ‘other’, decadent and unhealthy. The expression of racism and prejudice varied over time. In earlier texts, Asian

traditions were seen as orientalist exoticisms that might be a source of valuable knowledge for the botanical and pharmaceutical sciences, and thus for clinical medicine; this tendency continued throughout the eighteenth century (Walker 2002). However, in the late nineteenth and early twentieth centuries, which concern us here, the cultural context and political agenda of those involved in the health administration in Asia had changed. Most of those involved in the health service in India were Asian-born and suffered from the stigma that lingered over colonial peoples: they thus had to prove their identity as true Western-style doctors. Cultural and political fractures were not defined along a clear dividing line between colonizing Portuguese and colonized Indians. Goan doctors were often positioned in an intermediate zone in which identities had to be negotiated, some of them being from the Christianized Hindu elites and others defining themselves through Portuguese ancestry.

In Africa things were different. Whether written by serving Portuguese or Goan doctors, health reports were unambiguously racist, expressing all manner of derogatory comments on the natives. Gama's report was not the only one to present Africans as the debased other, or to attribute the evils of the continent to the poor quality of the indigenous human stock. Positioned in between the colonizers and the colonized, Goan doctors reinforced stereotypes about the natives, thus legitimizing themselves as European-style doctors. Africans were fated to embody otherness in a plot they had not authored.

### **Germano Correia, the cosmopolitan luso-descendant**

Germano Correia's writings on race are entirely different. Gama epitomized the obscure Goan physician who served in Africa at a time when the European presence was relatively subdued, before the Berlin Conference and its aftermath changed the terms of European domination. Correia is the product of another era. Having graduated from the Goa Medical School in 1909, he continued his studies at the Medical School in Oporto. At the time, a degree in medicine from the Goa Medical School did not qualify one to practise medicine in the mainland and hold a senior position in the health service. Those who were not content to practise in India or take up secondary posts in Africa had to undertake further medical training in Lisbon, Oporto or Coimbra. Correia graduated from Oporto in 1911, with a doctoral thesis on 'health cities' in the tropics (Correia 1914). He completed his studies in Tropical Medicine in Lisbon and in Physical Anthropology in Paris.

He started publishing early in life, on a diverse range of topics – from biomagnetism and psychotherapy (Correia 1910) to acclimatization and climotherapy (1914; 1921b; 1948), scientific colonialism (1934c), epidemics (Correia 1921a; 1922), race (1920; 1925; 1930; 1931; 1934a; 1934b; 1934c; 1945–6), the history of the Portuguese in India (1918; 1941; 1948–58) and many other issues. He presented papers at major international scientific meetings, and was a member of leading learned societies (Sociedade de Geografia de Lisboa, Academia de Ciências, International Council of Anthropological and Ethnological Sciences). He directed the Goa Medical School between 1946 and 1948, where he was

responsible for a course on the history of medicine in India. His works are too many to discuss here; I will focus on the essays he produced after a brief stay in Angola in the 1920s (Correia 1925; 1930; 1934a; 1934b). In these papers he elaborated his theories on race and acclimatization and produced a number of recommendations for a successful scientific colonization process. In so doing, he conveyed his views on race, science and colonialism, some of them in total opposition to commonplace lusotropical depictions of Portuguese history and culture.

As a Goan who was already subalternized by the empire of which he was a part, Correia went out of his way to endorse the views of the colonizer. As a physical anthropologist and medical doctor, he wanted to provide tools for planning and evaluating the scientific basis of the colonization process. He insisted that many in Portugal believed that colonization was the stuff of poetry and literary prose – while he knew that what really counted was scientific planning. The French experience in the Guyanas was, in his view, an example of failure due to the lack of a scientific approach: they had simply landed Europeans in a hostile climate, who had then had to deal with the consequences of widespread disease and death. The right sites needed to be selected, and so did the right people. Southern Angola was a good site, since its tableland had a European-style climate. But early attempts to colonize the area had failed because of the kind of settlers they had mobilized – mostly prisoners and other unfit types. The only successful settlements had been those of the 1880s, involving hardy farming families.

During his period in Angola from 1922 to 1924, Correia used the instruments of physical anthropology to measure a small sector of the population which he termed *luso-angolenses* [Luso-Angolans]. They were third-generation descendants of the white colonizers who, in the 1880s, had formed endogamous communities on the high Moçâmedes plateau. Correia's aim was to evaluate the group's degree of adaptation to the tropics and to assess their fitness and racial purity. If the results were positive, this proved that life in the tropics was possible for Europeans and, in turn, that white colonization of Angola was viable if conducted scientifically.

Although Correia himself acknowledged the limitations of study – based on a mere twenty-three subjects – he waxed lyrical about the results, which indicated to him that Luso-Angolans were fit, robust and pure white. They were even more robust and pale than the population of Portuguese descent he had studied in India and to which he himself belonged: the luso-descendants of Goa (Correia 1920, 1945–6). He gives a number of explanations for this difference, including climate and diet. But what really matters for my purposes are his brief comments in the final section of his memorandum on luso-descendants in Angola, where he recommends that race should be kept as a distinguishing category for this group since otherwise they risked being absorbed into the category of the 'native-born'. That, he recalled, was what had happened with the luso-descendant population in India who, independently of their race, education, level of knowledge and ethnic or family background, has been classified simply as Asian natives (Correia 1934a: 57).

There is an emotional quality to Correia's conclusions that refers back to his personal perceptions of race, class and power in colonial India, and that is grounded in

his ambiguous identity as a colonial subject. He expresses his distaste for the fact that luso-descendants in India were lumped together with ‘qualquer marata pé descalço, analfabeto, comendo arroz e bebendo canja’ (Correia 1934a: 57) [‘with any barefoot, illiterate, rice-eating and canjee-drinking Maratha’]. As a luso-descendant, a group whose existence he helped to reify, he considered himself to be of genuine Portuguese culture and race, and to support this he compiled an impressive amount of data on the origins of this sector of the Goan population (Correia 1947; 1948–58).<sup>6</sup>

For Correia, it was offensive not to take race into account. The category of race meant the possibility of making visible whiteness and European ancestry, while its erasure meant a loss of prestige and entitlement for some, including himself. Were Angolan whites to suffer the same fate, this would, in his view, make the attempts at European colonization in Africa a waste of time. Race mattered, in this singular approach to the theme of Portuguese adaptation to the tropics.

### **Racism – the inverted lusotropicalism of a Goan luso-descendant**

Does Correia represent a unique racist voice or a widespread view of his time that contrasts markedly with the inclusive credo of post-1950s luso-tropicalism? My research suggests that his views were shared and stemmed from a tradition of medically trained Portuguese intellectuals who advocated the scientific colonization of Africa (for example, Ribeiro 1890). By this they meant the white colonization of the continent undertaken under sanitary surveillance, demonstrating the possibility of European acclimatization to the tropics. The subjects of this scientific knowledge and these colonization policies were Europeans.

Correia combined his theories of acclimatization, which assumed a degree of adaptability in human bodies, with a more fixed racist belief in white supremacy. The result is almost the opposite of the lusotropicalist version of Portuguese history and culture. Correia’s concern was to establish clear boundaries, to separate in order to segregate and keep the potential dangers of hybridity at bay.<sup>7</sup> His ideas are typical of a particular period in European colonialism and a sad example of the role that medicine and physical anthropology have played in the development of racism. But the vehemence of his arguments are unique, marking out his singular identity within the context of Portuguese colonization. As a *lusodescendente*, he had a floating identity that risked being ranked lower than the members of his ethnic group considered proper. For the higher castes of the Hindu elites of Goa, they had a mixed, hybrid nature which did not sit too well in the caste ideology. For the colonial authorities, they were simply natives of India. Much of Correia’s efforts are directed towards rescuing the dignity of his ethnic group, his obsession with racial purity being a guiding principle. Not only did he take physical anthropological measurements of the luso-descendants in India, but he also gathered historical evidence for his arguments, showing that the early Portuguese colonizers had not interbred with native women, as was popularly believed. This interbreeding would be highlighted by the proponents of lusotropicalism as a positive source of pride and originality. But Correia was writing at the high point of prejudice against the supposedly degenerate, hybrid nature of the Indo-Portuguese. His

strategy of self-defence was the very opposite of that adopted by Freyre: the denial of hybridity by claiming purity of Portuguese blood for luso-descendants.

Correia's six-volume *History of Portuguese Colonization in India* (1948–58) was his last attempt to prove his point. But by the time he published these volumes, the Second World War was over, racialism was no longer a dominant discourse among scientists and physicians, science had turned to more humanistic pursuits and, in a supreme irony, the Salazar regime had taken a different ideological turn.

## Notes

1. Research for this paper had support from the projects 'Tropical Medicine and Colonial Administration – The Medical School of Goa' (FCT, PLUS/ANT/15157/1999) and 'Colonial Medicine, Imperial Structures and Post-colonial Lives' (FCT, POCTI/ANT/41075/2001). I also thank the Instituto de Ciências Sociais, Universidade de Lisboa for institutional support as well as my research assistants Monica Saavedra and Ricardo Roque and the many librarians, archivists and friends who helped me gather the information. I am equally thankful to the anonymous reviewers for their useful suggestions, some of them too rich to develop here.
2. See, for example, Andrade (1953) which cites many documents related to promiscegenation policies, notably those of Albuquerque.
3. Whether Freyre introduced a radical change in Brazilian self-perception or contributed to a more nuanced field of understanding of race has been the subject of much scholarly discussion; see, for example, Medeiros (1984), Ortiz (1985), Stepan (1991), Maio and Santos (1996).
4. I have described the process in detail elsewhere (Bastos 2004a).
5. Source: Costa (1957).
6. The reliability of this data was challenged by Boxer (1969), who noted flaws in Correia's arguments in his enthusiasm to get his ideas across.
7. Further discussion of the convergence of Correia's views and those of eugenicist, pro-white Brazilian physicians and anthropologists – whose views were challenged by Freyre – deserve a separate discussion. Correia's points partly coincide with those of the well known racist Oliveira Vianna, but the Lamarckian frame of reference found in the work of Brazilian scholars (Stepan 1991) is not fully articulated in the case of Correia, whose theoretical position on the inheritance of acquired traits is not consistent.

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