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Hospitals in Iran and India, 1500–1950s

Edited by
Fabrizio Speziale

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CONTENTS

List of Illustrations .................................................. vii
Acknowledgments ..................................................... ix

Introduction ........................................................... 1
   Fabrizio Speziale

Hôpitaux et médecins avicenniens en Iran à l'époque safavide ........ 27
   Hasan Tadjabkhsh

Hospitals in Safavid and Qajar Iran: An Enquiry into Their
   Number, Growth and Importance .................................. 37
   Willem Floor

Des particuliers au service du peuple. Le rôle des vaqf dans la
   fondation d'hôpitaux en Iran au début du XXe siècle ............. 117
   Omid Rezai

Together and Apart: Catholic Hospitals in Plural Goa ................ 133
   Cristiana Bastos

Tradition et réforme du dār al-ṣifā au Deccan ........................ 159
   Fabrizio Speziale

Healing the People and the Princes: Hospitals, Hakims and
   Doctors in Bhopal .................................................. 191
   Claudia Preckel

Hamdard, How to Share Pain in a Muslim Way ....................... 215
   Anna Vanzan

Glossary ................................................................... 231
List of Abstracts ....................................................... 233
Index ...................................................................... 237
Among the wonders and evils of the exotic places depicted in the *Voyage of Pyrard de Laval to the East Indies* (1600–1601), the Royal Hospital of Goa stands in magnificence and grandeur. After a long journey through the world, the French traveller François Pyrard arrived in Goa in 1608 feeling ill. Together with some of his shipmates, he was taken to the Royal Hospital. Its grandeur mesmerized them: “We could hardly believe that this was a hospital, when seeing it from the outside, as it looked like a grand palace, except for the inscription ‘Hospital do Rei Nosso Senhor.’”

The high quantity and “quality” of the people (gens de qualité) who looked for the hospital services impressed Pyrard, for many of them had arrived in palanquins, a means of transportation typically used by the rich and influential.

Pyrard’s travel memories contain many laudatory remarks about the layout and functions of the hospital. The stone stairwell was high and quite magnificent (fort magnifique), leading to an upper floor where, in normal times, the patients were lodged. There were also times when demand was exceptional, such as when the caravels arrived filled with hundreds of people suffering from all kinds of ailments picked up at sea and on land, from scurvy to assorted fevers and stomach disorders. On
those occasions, the hospital reportedly lodged up to 3,000 at once.\textsuperscript{3} When François Pyrard was there, he estimated that the occupation was of 1,500 patients.\textsuperscript{4}

Those numbers are extraordinary when compared to today's hospitals occupancy, rarely over a thousand beds, and to the main hospital of Lisbon at that time (Todos os Santos), which had capacity for a few hundred—or, in the most generous speculations, up to a thousand. We should also note that only about 1,500 Portuguese and their descendants lived then in the city of Goa, out of a total of 75,000 people (about 20,000 Hindus and 50,000 local Christians).\textsuperscript{5} Clearly, the hospital served more than the local population, and as we shall see, not the local population.

The hospital furniture and decorations were described in detail by Pyrard. The esquifes (or catres, hospital beds/stretchers) were finished in red lacquer or in golden or multi-colour polish. Beds were made with fresh mats and linen on the arrival of new patients. The bedding, which was changed every three days, consisted of cotton sheets, cotton-filled pillows, mats and covers in cotton and in silk that were decorated with assorted figures and colors. Everything was a true wonder.

The services provided there were also depicted as remarkable: on arrival a barber shaved the patients thoroughly; a servant washed them with warm water, and gave them appropriate clothing and room equipment, including a clay jar, a chamber pot, and a handkerchief. When leaving, they would get a change of clothes suitable for life outside. The patients' needs were thoroughly accommodated by the staff, among whom the upper echelons were Portuguese and the subordinates were "Brahmins or Christian Goa Canarins."\textsuperscript{7}

Pyrard referred to the hospital as "the most beautiful in the world", not only for the quality of the building and annexes, for its orderly cleanliness, the very good care provided to the patients' needs and demands, but also "for the doctors, drugs and remedies used for the recovery of health [...] as well as for the spiritual support provided at any time and moment."\textsuperscript{8}

Even more interesting for our purposes are his descriptions of the internal organization of the hospital. The head was a Jesuit priest, who supervised a number of Portuguese officers. Servers and slaves were Christian Indians. The officers had different tasks, as in a big monastery; they readily reprehended the patients who did not abide by the rules. The servers, however, would not dare to do so. The slaves did the menial jobs of laundering and washing, scrubbing the floors, emptying the chamber pots and cleaning the latrines, for which Pyrard used the term "secret places."\textsuperscript{9}

Twice a day there were visits from the physicians, surgeons, pharmacists, barbers, and phlebotomists. The pharmacist and some domestics resided in the hospital, while the physicians and surgeons lived outside.\textsuperscript{10} The patients were almost exclusively soldiers from Portugal or from other Christian nations. This is a point that should be emphasized—at that time, these were services for Europeans only, and only for certain Europeans. Women and non-Christian men were not allowed in the Royal Hospital. Native Christian men could enter the premises as secondary staff: they could serve there, but not be served. For treatment, noted Pyrard, they had to seek support in the other hospital that existed in the city, one that had a separate building for women.\textsuperscript{11}

In sum, to be taken in as a patient of the Royal Hospital one had to be a high status male and a Christian of old stock. Jews and recent converts (Cristãos novos) had to pass for old-Christian Portuguese in order to be attended there. On Pyrard's account, "it was for gentlemen and endowed soldiers that those hospitals were established in India."\textsuperscript{12}

Non-medical amenities were abundant for the few who could use the place. Water was brought from Banguenim and given to the patients with no restrictions. Incense and other aromatic scents were brought by the

\textsuperscript{5} Although it is hard to estimate the number of beds, we know that in 1672 there were fourteen wards in the All Saints Hospital of Lisbon. Four of them were for people with fevers (three for men and one for women) and then a pair of each (male/female) for the wounded, for the bed-ridden, the ill, the alternates, the convalescent, Santos 1925, p. 54.
\textsuperscript{6} Pearson 2001, p. 404.
\textsuperscript{7} Pyrard 1998, Vol. 2, pp. 524-525. The term "Canarins" was frequently used by Europeans to refer to the locals in a derogatory manner. Sometimes it was used specifically for local Christians, other times for the Hindus, also referred as "Gentios", which corresponds to "heathen" or, to keep the tone, "Gentile". Goa scholars have argued that the term "Canarin" should not be taken as derogatory, as it meant, literally, "inhabitant of Kanara" (Kanada, or Kannata), the region south of the Konkan (Goa) and north of the Malabar; it had been mistakenly used by the Europeans to refer also to the peoples of Goa—who, in turn, would better see themselves as "Konkan", a regional and linguistic distinction that is used today as an identity reference for Goa, see Dalgado 1995, vol. I, pp. 197-198.
\textsuperscript{11} Pyrard 1998, Vol. 2, p. 527. We shall further on that there were several other hospitals, and their names and number varied along the years.
servers who followed the physicians in their visits. Food was rich and plentiful; regular meals consisted of a whole roasted or boiled chicken—or half a hen—and rice from Surat or Cambay boiled in milk, with jams for dessert; supper included a mutton or chicken soup. Outside visitors could bring food to the patients, if compatible with their prescribed diets, and could share their meals in the hospital. Small bread rolls were one of the most popular items they brought in. Wine—contrary to what happened in Iberia at the time—was rare and by prescription only. Meals were served in Chinese porcelain.

Different diseases were lodged in different rooms. The most recurrent illnesses were the fevers, the dysenteries and the venereal diseases that, according to Pyrard, were rampant in Portuguese India while non-existent elsewhere in the subcontinent. In his estimation, about 1,500 dead bodies left the hospital per year, and "an infinite number" entered. Occupation varied from a minimum of 300-400 to a maximum of over 3,000.

Pyrard was hosted in a brand new hospital. It had not always looked like that—if it ever did—or would it remain as he described—if it ever was. Lischoeten, who stayed in town from 1583 to 1588, refers to a Spital d'el-rey (Royal Hospital), on the grounds of Santa Catarina—marked as n°35 in the map reproduced in Figure 1—but there is no mention of the magnificence with which Pyrard depicts it. In a recent academic work about the old hospital, Victor F. Silva estimates its capacity in a few hundred beds, based on the recorded expenses.

The hospital had evolved from a mere row of houses build right after the conquest of Goa by the troops of Albuquerque in 1510. The original setting was meant to be a place where soldiers could restore their health at the expenses of the state and with the assistance of "a nurse, drugs, potions and other needed supplies." As an accommodation for soldiers, the hospital kept some of the elements of the campaign barracks: flexibility, expansion, and contraction. The piled stretchers could easily be turned into beds in order to receive, literally, shiploads of sick soldiers;

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19 Lischoeten 1526, p. 813.
21 Saldanha 1928, p. 283.
the headquarters could be expanded with the construction of annexes. Apparently, it was reformed already in 1520. In 1524 people would use any lousy excuse, like wounds achieved in street quarrels, or nothing at all, just to get the free amenities given within the hospital.

The construction or renovation that Pyrard came across had reportedly been funded by the revenues of a commercial journey from China in the early 17th century. At the time, the hospital was directly sponsored by the King of Portugal and had the support of the viceroy, of other powerful lords and the archbishop. All of them gave money to the endowment of the hospital. Even if for only a brief period, the hospital was a locus of pomp and grandeur, a good match for the city of Goa, remembered as "the Rome of the Orient."

Yet, while the churches of old city of Goa—now known as Old Goa, as opposed to Goa, the state and former colony, and Nova Goa, another name for Pangim when it became the capital in 1841—are in very good condition today and receive many thousands of Christian pilgrims and tourists every year, there is little left of the grand building of the hospital visited by Pyrard. There is an image (see figure 2) that is sometimes mistakenly used to refer to old Goa Royal Hospital, but in fact it refers to a palace (Casa da Pólvora) where the Royal Hospital was temporarily relocated towards the end of the eighteenth century, in Panjim, a few miles west of the city of Goa. It is a magnificent, whitewashed palace against backdrop of lush green, with the legend "Hospital Real Militar."

We do not know for sure what the grand hospital looked like: all we can find now in the St. Catherine shore in Old Goa are the remains of some of its walls, covered with ivy and overgrown with grass and coconut trees, surrounded by barking dogs, buzzing insects and silent reptiles. We can wonder where did all its riches (and walls) go, and we will attempt to answer the question further on in the text.

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22 Saldanha 1926, p. 183.
23 Saldanha 1926, p. 184.
25 Reprinted in Carta 1996, p. 29, who correctly refers to the building as Casa da Pólvora. The building is also represented in a lithograph in the volume by Mendes 1886.
26 Many thanks to Loudes Bravo da Costa Rodrigues for the visit to Old Goa in January 2009.
Beyond the Royal Hospital

The Royal Hospital was not the only one in town. There were a few charity-based hospitals that competed with the local practitioners in providing health care. They also worked towards the conversion of the patients, and catered to a wide number of people. While the Royal Hospital hosted only the military and the gentry of the male European kind, who often were not at all sick, the other hospitals cared for women, non-Europeans, the poor, lepers, the pariahs and the lower status groups in general. Their number is uncertain today; they are depicted either for their function (e.g., leprosy) or for the pious names of Todos os Santos, Piedade, Misericórdia, or merely City hospital.

Father Saldanha’s História de Goa (1898) and Ferreira Martins’ História da Misericórdia de Goa (1912) help us in sorting some facts and dates. Saldanha refers to the hospital of Saint Lazarus as a beautiful building that was founded in 1539–41 to treat leprosy but accommodated many other poor people as well—including S. Francis Xavier. In 1551 another hospital for the poor was founded by priest Paulo Camerte in the annexes of the S. Paul’s church, and was later transferred to Margao and from there to Rachol. The most famous non-military hospital at the time in Goa was that of Todos os Santos (All Saints), founded in 1547; in 1681 it annexed yet another hospital, the one of Piedade (Piety). Still according to Saldanha, those two merged into what became known as the Hospital of the Poor, run by the Misericórdia, or the order of Mercy. This helps to explain the confusing indistinct references to hospital of Misericórdia, or the Poor, of All Saints, or City hospital.

According to Martins, the Hospital of Piedade had been supported by the city, thus the frequent reference to as City hospital (da cidade), while the hospital of Todos os Santos had been supported by the Misericórdia, thus the unofficial name of Hospital da Misericórdia. This was also known as hospital “dos pobres” (of the poor), or “gente da terra” (natives), for it treated the poor and the local people. The official name of Todos os Santos came in 1590 with Fr. Aleixo Meneses. Still according to Martins, there were attempts to merge this hospital with the city hospital since 1680. The actual merging only took place in 1706, when the official name became Hospital de Todos os Santos e de Nossa Senhora da Piedade (Hospital of All Saints and of Our Lady of Piety).

The proliferation of hospitals for local Christians shows the importance of medical assistance in the process of bringing the local population into the Catholic Church. In her analysis of 16th century Goa triad hospitals—charities-Catholicism, Angela Barreto Xavier notes that this happened not only in the city, where several Catholic hospitals catered for the poor as a means to expand conversion and guarantee the assistance to the converted, but also in the less studied hinterland of Salcete and Bardez, where medical and spiritual assistance went hand-in-hand in the conquest of native bodies and souls. The role of the Jesuits—who also run hospitals in Cochin, Punnakkayal and Hormuz—in the process of assisting ailing bodies and rescuing the natives’ souls in Asia at the time is analyzed by lines Zupanov’s works.

Hospitals provided care for the ailments and wounds of the bodies, captured the souls, and supported those in need. Ferreira Martins writes that people who were not sick tried to get into the Misericórdia just for the free room and board. The Royal Hospital provided more than mere food and shelter: it gave luxury and grandeur to those who saw themselves dispossessed from the goods and positions they might have previously held. They could find a place to live without losing face in a society like Goa, known for vanity and opulence, even if fake—where, for instance, low-rank soldiers would make a five or six person group subscription of status symbols such as an umbrella, a servant or a velvet outfit, that they used in turns, one at the time, to exhibit a wealth and status they did not own.

The splendor and immensity of the Royal Hospital should thus be seen less a sign of its importance as a healing institution, but a direct effect of the other social purposes it also served: on the one hand, stating the grandeur of those who ordered it—the king, the crown, the state—and, on the other hand, providing high-quality room and board, at the expense of the state and donors, to the Portuguese officers and soldiers who could

27 See Gracias 1994, pp. 181–196, and Pearson 2001, pp. 405–408. The latter suggests that the complete list is still to be established.
30 Saldanha 1926, p. 132.
no longer support themselves in the colony. Along those lines, we could suggest that the hospital was a device to prevent downward mobility and social disgrace among the Portuguese passing by, or stationed for a while. That—more than the development of medicine in Goa—should explain the size, luxury and splendor of the Royal Hospital of Goa.\[37\]

**Splendor and Fall: Revised**

With room for 3,000 patients, lacquered beds with fine linen and soft pillows, great food in awesome china, unlimited drinking water and aromatic incenses, the hospital thus portrayed seems more of a legend than a reality. Was Pyrard’s description affected by the vapors of the French tavern where, by the fireplace, he told his stories to the scribes who wrote down his travel memoirs? Or, to adopt contemporary canons of interpretation, was the story framed along the lines of the “Golden Goa” mythology, the proto-orientalist tale of a city of unbeatable splendor that once fell from grace?

One thing we know: if the Royal Hospital ever was the wonder depicted by François Pyrard, it was so only for a relatively short period of time; its decline came rapidly, as the depictions provided by international visitors a few decades later report a different reality. In his analysis of state medicine in Goa, Pearson quotes the description of the hospital expressed by Jean-Baptiste Tavernier and Francesco Gemelli Careri, both from the second half of the seventeenth century. Tavernier claimed that since his first visit the quality of services had declined dramatically, and that “many Europeans who enter it do not leave it save to be carried to the tomb”; some patients suffered terribly from thirst, cried out for help, and begged for a little water to drink, only to find avaricious servers—here Tavernier shows his prejudice against the staff of “blacks and Mestifs”—who would “not give a drop without receiving something, that is to say, unless some money is placed in their hands, and to give color to this wickedness they give it only in secret, saying that the physician forbids it.”\[38\]

Nicolo Manucci, who was in Goa just a few years after Tavernier, made very critical remarks about almost anything he came across. The Portuguese, once pious, honest and fearless, had turned, in his words, into a bunch of shameless deceivers, forgers, envious cowards and other terrible things.\[39\] The Jesuits who ran the hospital were no better, and their greed was the cause of much evil. Patients under their care were more likely to die than to survive, as the priests were after their goods and belongings—and would auction them, purchase them for next to nothing and resell them at a big profit soon after.\[40\] The five-star reception on arrival experienced by Pyrard was now reported as dreadful by Manucci. The soldiers might well expect to be treated by charitable Jesuits in the hospital, only to find, to their disappointment, that they were to deal with greedy “Canarese or Topasses [native or half caste Christians], who frequently demand payment for even the water they [the patients] require.”\[41\] Patients without the means for bribery had to do without the water and food they were entitled to; on top of that, says Manucci, they were treated as if they had chosen to disobey their dietary prescriptions. As a punishment, the deprived patients were put in one of the damp underground cells and, quite likely, died in just a few days. Manucci estimates that only 1/8 of those who got into the hospital would get out alive.\[42\] In the time he was there, about 25 dead bodies were brought out of the hospital every day, which makes the estimate six times bigger than that of Pyrard.

Manucci had his reasons to be angry. He had been himself confronted by the authorities and put in prison, on the grounds of practicing medicine without a license. Many of his complaints were about the monopolization of healing by the head physicians; he illustrates his points with the tale of a woman who had cured a friar’s pains and swollen testicles and, instead of being rewarded, was put in prison.\[43\] Another story was about a Hindu healer who knew the cure for scrofula; he was jailed as a means to force him to give away his secret—but he preferred to die rather than give it to the Portuguese.\[44\]

Reading through Manucci’s and Tavernier’s narratives of decline—which represent the perspective of European travelers—we can envisage that the balance of power between groups within the walls of the hospital was going under a profound change. Tavernier depicts the services

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\[37\] Isabel dos Guimarães Sá shows a parallel case with the Misericórdias in the East, Sá 1997.


as lousy; we can add that the hospital was no longer organized around the wellbeing of people like him, and that the first-class services reportedly administered to François Pyrard a few decades earlier, or to Tavernier himself a few years in between, were no longer available to European travelers of old Christian stock. Or, in other words, the hospital had ceased to be a European enclave in the tropics; it did not cater solely to Europeans nor was it run by Europeans alone. An important part of the staff was indigenous, up to the higher ranks. Recent historians report the existence of "black" head physicians in the seventeenth century.45

Whether the Royal Hospital went into shambles and became a hunting ground for the greedy, as Manucci suggests, or evolved, silently, as the site where a hybrid medicine matured, as historian Timothy Walker proposes, or was both of them at once, remains a subject for more research. What we know is that the hospital went through profound transformations and that Goa diminished its importance within the scope of the Portuguese imperial and commercial networks, routes and actions. It is likely that by the end of the seventeenth century the hospital was very different from its earlier version. What was it like, then?

We can attempt to answer that question by re-interpreting some of the evidence used in the narratives about European medicine in Goa. There is a widely quoted 1678 memo written by the Portuguese Counselor in India Cristovam Sousa Coutinho to his king which has been interpreted by historians of medicine in Goa as the founding moment for the establishment of the teaching of (European) medicine. The governor commented on the lack of physicians and asked the king to send over a couple of teachers who could train the locals, who were talented for medicine. The answer would come slowly, paving the way to the foundation of a local medical School in 1842—such is the master narrative of the Medical School of Goa.47

My suggestion is to reverse that foundational narrative: where the pro-Portuguese authors see the prominence of the colonizers, we can see, precisely, their absence and lack of control regarding the dynamics of healing. The Portuguese staff had diminished dramatically and, on the ground, the Christian native staff that had previously assisted the Portuguese physicians was now in charge of much of the action.

As for the actual building where this action took place, we still know little. We know it was not the palace portrayed in figure 2, with the legend "Hospital Real Militar." That was the Casa da Pólvora (thus named due to its proximity to a gunpowder factory), a palace located in Panemim where the governor resided until 1759 and to where, afterwards, the hospital was temporarily re-located. That relocation happened during a time when the city of Goa, reportedly plagued by fevers, was itself under the process of relocation to "healthier places."48 The location of the future capital of the state was yet to be decided.

We know that in 1759 the Jesuits who had been running the hospital were expelled from Goa, and that the building was considered as in very bad shape—indeed, in risk of collapsing. Under those circumstances, and because the governor moved his own headquarters to Pangim, further west, the palace of Casa da Pólvora in Panemim became a candidate for hosting the hospital. It had a few annexes that accommodated passing companies of soldiers.49

The architect Francisco Tosi Colombina was given the task of planning the conversion of the Casa da Pólvora into a hospital. He expressed his objections about taking care of the sick next to a gunpowder factory and suggested that building a new hospital from scratch in a better and cheaper solution. He also suggested several other accommodations for the temporary hospital and referred to the College of S. Roque as a viable one, at no cost. Nonetheless, and referring to

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47 See Correia 1947, pp. 55-96; Figueiredo 1969, p. 74; for a critique, see Bastos 2001, 2002, 2005. A few other streams of tradition contribute to a picture of past glory for Goan medicine: the efforts to promote the teaching of European medicine in India in the early centuries of Portuguese colonization, either linked to Garcia de Orta (d. 1568), or the Jesuits; the acknowledgment of the notoriety of Goan physicians outside Goa in later periods, either as scientists in Europe, like Agostinho Vicente Lourenço (1681-1693), or famous specialists in Portugal, like the ophthalmologist Caetano da Gama Pinto (1853-1945) or the surgeon and obstetrician Alfredo da Costa (1899-1940); and the actual contribution of many Goans as the workforce in the colonial health services in Africa. See Costa 1945, and Bastos 2001, 2002, 2005. For the persistence of that narrative, one can find daily evidence in internet postings, such as that who opposed Dr. Nadkumar Kamat to Mr Colaco regarding the glorious past of Goan medicine (see Kamat, N., "Goa's Ethicist Public Health System", Naval Times, April 7, 2003, and http://www.colaco.net/r/nanduGoa/GoaEthicistPublicHealthSystem.htm, last accessed in 08/04/2001).
48 Fatima Graças notes that at that time Old Goa had become a very unhealthy place, in which 7-8 patients died every day in the hospital. Graças suggests that the option of moving to the hospital to the palace of Casa da Pólvora came from the recommendation of the governor Count of Ego. Graças 1994, p. 108. Although Germano Correia holds to the prevailing notion that the bad airs of Goa would necessarily lead to decay and hence to the transference of the city to healthier places, he also accounts for a parcel of sociological motives—too much ambition, rivalry, envy, competition, see Correia 1941.
49 See Saldanha 1966, and Colombina 1759.
himself as a "poor architect", meaning with it that he could work with small budgets, he used his best skills to draw a map with the minimal and less expensive adaptations possible in the Casa da Pólvora.\footnote{Colombina 1759.}

Colombina's plan allowed for the accommodation of four hundred and eighty people, and costs would be limited to about 30-40 thousand xerofins, as the stones, woods, doors, windows, tiles and other materials (worth about 50 thousand xerofins) would be brought from the ruined older hospital. He planned separate rooms for the pharmacy, for the different services, and appropriate infirmaries for the "frenetic insane", for the "galicados" (syphilitic), for the sick, for the wounded and for the convalescents.\footnote{Colombina 1759.}

There are strong indications that even the minimalist plans of Colombina were not followed in full, and not immediately. According to Father Saldanha, the demolishing of the old hospital occurred in 1770 and the patients were temporarily lodged in the college of S. Roque.\footnote{Saldanha 1926, p. 191.}

Whatever the Royal Hospital might have been like at the time of François Pyrard, in the early seventeenth century, in one and a half centuries it was at the verge of ruin and asking for an urgent relocation. Goa, too, was no longer the shining star within a network of wealthy routes. The riches were gone. The most inexpensive plan for the relocation of the hospital was chosen—it was one that counted on the recycling of the stones, woods and tiles of the old building, and that partially explains why there is so little left of it.

Research on the hospital sources for that period carried by historian Fatima Gracias emphasized a picture of unruly chaos and corruption within the hospital: "mismanaged by the staff appointed by the government", whom channeled to their own pockets the funds of the hospital and indulged in gambling, the hospital had "no trained doctors" and "no discipline was observed". Nurses were incompetent, there was no hygiene. Patients cooked for themselves, ate freely, and walked around in dirty clothes. Visitors brought them alcohol and often spent the night there. Medicines coming from Europe were adulterated. This picture of decay lasted until the turn of the century.\footnote{Gracias 1994, pp. 126-127.}

Yet, it was in that shifting scenario that much of the interactions between streams of knowledge had occurred. Both Pearson and Walker...
suggest that from the early moments of Portuguese administration in India there was some experimenting with drugs and remedies and some transmission of medical knowledge that went both ways between the Portuguese and the local vaidyas. Walker describes the Hospital as a bed of experimentation where pharmaceutical products from the East and West came together, producing a hybrid medicine. What we should add to their views is that those interactions did not always take place in a glamorous setting that one depicted by Pyrard for the earlier period, but in later moments, in decaying buildings and temporary locations.

It was probably to an unruly hospital in the annexes of the Casa da Pólvora that Antônio José Miranda e Almeida arrived in 1801. Goa had been without a Portuguese head physician for a while, and, according to the chroniclers, much was expected from this one. He had been a lecturer at the University of Coimbra and was in charge of governing the health services in India and organizing regular teaching. We know that things did not flow easily and he tried to return to Portugal from the start of his time in Goa—a wish he was granted only in 1814. In the meantime, he actually trained a few people in medicine and awarded them a certification. This included Bernardo Peres da Silva, who became famous in the political arena and joined the parliament in Lisbon as a representative of India.

The first half of the nineteenth century was for Portugal and most of the related colonies a time of serious political unsettled that included Napoleonic wars, a move of the capital from Lisbon to Rio de Janeiro (1808-1820), the independence of Brazil, the civil wars in the mainland, a new Constitution and a parliamentary regime. Part of the action in India involved factions, parties and loyalties that related to that level of politics. Some doctors were relocated for political reasons, like the Goan Bernardo Peres da Silva or the Portuguese Lima Leitão, who held the post of Head Physician in India between 1819 and 1822.

Macro politics added another dimension of dissent to the already complex micro politics within the hospital. Although we cannot draw the picture in full, we know that the nineteenth century was a time of drastic changes and remodeling within the health services. We also know that we have to read through, and in spite of, some of the narratives written in the twentieth century about those changes. As I showed in other places, it was only at the beginning of the twentieth century that Goa became strategically important to the late imperial moment lived by the Portuguese administration, one in which Africa was the main target. Throughout the nineteenth century, Goa and its hospitals were the setting for a rich dynamics of local life that we can only partially grasp.

In 1845, the capital of Estado da Índia moved to Pâmã, temporarily renamed Nova Goa, and the military hospital was relocated in the building of the Maquinzes Palace, formerly a part of the Jesuits’ estate, by the river Mandovi. It became known as the Military Hospital of Nova Goa. In 1851 it was renamed the Regimental Hospital of Goa. There were other two regimental hospitals in Daman, and Diu, the other territories that composed the Estado da Índia.

The military hospitals of the mid-nineteenth century were no longer the multi-function establishments that in the past had provided room, board and symbols of status to the colonizers. They were actual hospitals with the main mission of providing treatment to the soldiers. More importantly, they were no longer catering to the Portuguese alone. The military hospital of Nova Goa was supposed to accommodate far more than a small group of Portuguese, and also beyond the larger group of Christian natives; it was supposed to also welcome the non-Christians who at the time served in the Portuguese army.

The society, the power relationships within it, and the interweaving of groups and their interests had changed dramatically from the setting where the original Royal Hospital existed. Nineteenth-century Goa was no longer a place where the Portuguese went to look for riches and distinguished positions, as in the early centuries of their presence on the subcontinent, but was a site of tensions, dissensions and misunderstandings between different groups who had different shares of power and agency over their own destinies. As far as medical institutions show, Goan politics and society were entirely different in the early seventeenth century, when the great Royal Hospital existed, and in the mid-nineteenth century, when the medical school was founded. In the sixteenth and seventeenth

34 Pearson 1996.
35 Walker 2001. According to Correia, the hospital practices had suffered too much the influence of indigenous beliefs; this took to the ban on dietary products like meats and broths and the adoption of native remedies like the panchagavya, a mix of five liquids (milk, butter, curd and the two excreta) produced from the cow, see Correia 1948.
36 Gracias 1914.
37 Riquelme 1964.
38 See Bastos 2007a, 2009.
39 Pinto 2007; Bastos 2007b.
centuries, a luxury hospital catered to the Portuguese and excluded the locals (apart from the tasks of servers and assistants); with the decline of the role of Goa within Portuguese colonialism, the relative positions of social groups changed. Local Christians got more control over material and symbolic resources and, in the end, adopted the medical institutions of the Portuguese for their own purposes and with their sui generis adaptations.

The health reports coming from Panjim in its two first decades as capital (1840s-50s) are quite revealing of the tensions that existed there. With the help of those reports, together with legislation and assorted memos from the health services of the Portuguese colony Estado da Índia, we are in a position not only to move away from the semi-fictional generic representations of Goan colonial hospitals and to break with the lines of continuity that Germano Correia and Pacheco de Figueiredo trivialized.

The testimonies of head physician Francisco Torres, head surgeon José António de Oliveira, and head physician Eduardo de Freitas e Almeida bring us into a reality that contrasts sharply with the oral and written tradition of a generic golden past, with the glow of Pyrard’s depictions, or the evil plots portrayed by Manucci; the reports of the directors bring us the real stuff of infirmaries, pharmacies, latrines, kitchens, diseases, patients, bodies, remedies, prices, laws, regulations, order and chaos.

The Portuguese physicians in charge complained about the limitations and malfunctioning of both hospital and medical school. They also provide details and comments that call for further interpretive efforts in the relationship between medicine and colonial politics in the context of political interactions revealed by the close analysis of the source.63 Moreover, those in charge of arresting and punishing the healers did not engage in the task, for prosecutors and prosecuted were bound together by the ties of kinship, vicinity, reciprocity, and other social obligations.64 In sum, the picture of a politically imposed supremacy of European medicine annihilating indigenous healing practices and other associated forms of knowledge does not really come across in the sources; reality was far more complex and chaotic, to the despair of some of the directors of the health services.

Amidst such diversity, the military hospital was one of the few bounded enclaves that provided consistent European-style medical care to the soldiers. But while the treatment followed universal principles, its delivery was mediated by the complex rules of segregation. First of all there was a military hierarchy; there were separate wards for the different ranks. Then, more complex and less explicit, there were the issues of religion and caste. Faced with the reluctance of the non-Christian soldiers regarding admission, as the practices of the hospital might jeopardize their ritual principles of separation and religious observance, the Portuguese head physician Francisco Torres tried in the 1840s to implement a religious-sensitive ward policy that segregated different religions and rites.

Francisco Maria da Silva Torres arrived in Goa in 1844 to hold the post of head physician and to face a number of challenges. Upon arrival he

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60 Torres 1846b.
61 Oliveira 1853; Almeida 1854, 1856a.
62 Almeida 1856b, 1857.
63 Oliveira 1855.
64 Oliveira 1853.
had to respond to outbreaks of cholera and smallpox. He had to organize a hospital where there was medical teaching but no didactic materials like books or scientific instruments, or even corpses for dissection. The hospital building was in dire need of repair. According to his 1846 report, the surgical wards had no ventilation or light; the skin infirmary was in a humid place and a long way from the bath-house; the drug deposit was in a wretched and damp place, causing numerous and costly losses; the pharmacy was a grubby slum; the kitchen in filthy chaos; and the so-called bath-house was a miserable and petty place whose only entitlement to its name was having two copper basins within its walls.65

More interesting for our perspective, though, were his comments on the ways the hospital could, or could not, serve those requiring different religious rites. In his perception, the “Gentiles” could not tolerate being inpatients at the hospital. Many things offended their beliefs and practices. And while at certain moments Francisco Torres indulged in elaborating on the backwardness of the natives, when it came to soldiers—who should be in the care of the hospital—he tried to (or he was forced and pressured to) provide equal treatment for all the different groups. In order to treat the “Gentiles” and “Moors”, he created separate infirmaries fit to accommodate their ritual needs. Whether this came from his initiative, was inspired elsewhere, or resulted from competent lobbying from the constituency we can only speculate. But it is a fact that he was able to implement a model of segregated infirmaries under the rationale of providing better treatment.

In his words, he was able to accomplish what “had been considered impossible since the beginning of our domain in Asia”, that is, to bring the indigenous patients to the infirmaries. As proof, he confirmed that the infirmaries were filled up with non-Christians and that they were quite happy with the strict care and respect for their varied “beliefs and races”. In a memo dated 29 October 1845, after a ceremony that included a procession and a visit by the governor-general to the on-going renovation works at the military hospital, he elaborated on the issue.66 The purpose of the work was to accommodate the “Gentile and Moorish soldiers”, who, in spite of the existence of a regular hospital, would stay and treat themselves at home rather than enter a place that could threaten their ritual practices. Torres mentioned how he was sorry for the fact that, for religious reasons, some of the patients would go home and be left on their own without the good care that the hospital could provide them, thus putting their health and their very existence at unnecessary risk. For him, appropriate accommodation, cleanliness, ventilation, diet and remedies—just like in the military hospital in Lisbon—had direct effects on the process of healing. Plus, there should be some amenities that could produce peace of mind, which was vital for a thorough healing. Therefore, for the Hindu patients, there was a room where the pavement was properly dunged, where they had leaf-dishes for their meals, where they could find the appropriate equipment for their ablutions, and where each of them could find a nurse of compatible caste. Francisco Torres was even more emphatic with one detail he considered important for the well-being of the patients: that he was planning to hang on the walls “the images of their idols”, and that “Brama, Visnu, Sevi and the Ganczes were going to help Medicine with their moral influence.”67

We don’t know whether those pictures were ever hung on the walls. We know that the segregation of Christians and non-Christians prevailed in infirmaries, toilets, kitchens, and prisoner-infirmaries.68 But the interest in local customs that Torres showed so openly did not have close followers—nor did his optimism regarding reform. When Francisco Torres left India in March 1849, the head surgeon José Antônio de Oliveira took charge and, as early as April 19th, he produced a report that contained pessimistic remarks about the military hospital and the medical school. They contrast in tone with the early years of Francisco Torres in India. Oliveira complained about the lack of resources, the carelessness of the employees, and what may be understood as widespread corruption. As for the hospital pharmacy—about which Torres had been so enthusiastic—Oliveira noted how it was going downhill, with no appropriate personnel, and decreasing demand for its services.

Besides the military hospital, where most of the reported action took place, in the mid nineteenth century there was, just outside Panjim, another hospital that catered to the poor and civilians and was administered by the Misericórdia. As I mentioned above, it had evolved from the merging of several smaller hospitals. According to Torres, in his memo of 12 March, 1846, “If there is in Goa an establishment that is poorly governed, and that fulfills the least of the purposes for which it was created, it is the

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65 Torres 1846a.
66 Torres 1845b.
67 Torres 1845b.
68 Oliveira 1853.
Hospital of the Poor, run by Santa Casa da Misericórdia.  

The place was described as worthless and a third of its patients died there—a contrast with what he reported on other occasions for the military hospital, where, in his words, they were fortunate enough to have a very low number of deaths.  

A few years later, Almeida commented along the lines of Torres about the Hospital of the Poor, which, in his view, should be moved to Pangim and placed next to the Regimental (Military) Hospital. Almeida’s arguments added to the previous ones the fact that the students would benefit much from the observation of a more varied kind of patient.

CONCLUSIONS AND PERSPECTIVES

If the layout of the Royal Hospital of Goa in the early 1600s matched the organization of a colonial society with small European enclaves and a number of connections with the local groups that included using their workforce while excluding them from the healthcare services, the developments and transformations of the health institutions in Goa indicate that the society changed into something entirely different from the early colonial society. When we get to the nineteenth century, the hospitals that inherited the tradition of the Royal Hospital were very different from it. No longer catering for the colonizers alone, they organized the care of the sick and provided a basis for medical teaching that did not reflect the rationale of imperial governance. Portuguese delegates expressed their puzzlement and sometimes impotence regarding the prevailing order—which they saw as lack of order. Something else was at play—a set of local interests that included the learning and use of European medicine in ways that did not exclude local healing knowledge.

We can see the nineteenth century military hospital as a reflection of the colonial order, but not as the ultimate enclave of empire that followed an idealized rationale of European dominance: here, as in the governance of the colony, the materiality of power was one of several streams that did not melt into a single system, whether homogeneous or plural, but co-existed in peculiar arrangements of differences and tensions. Whether we consider them as hybrid formations, half-lives, subaltern arrangements, equivocally compatibilities, or institutionalized misunderstandings, they represent not the clear-cut picture of a colonial order idealized by historians on both sides, but the more realistic colors of colonial disarray.

BIBLIOGRAPHY


—. 2002. "The inverted mirror: dreams of imperial glory and tales of subalternity from the Medical School of Goa". Etnografica, VI, 2, pp. 59-76.


Colombina, Francesca Tosi da. 1979. "Hospital" (Letter to the Governor about the adaptations need to turn the annexes of Casa da Felvora into a hospital). Ms. Lisboa, Biblioteca da Ajuda, Av. 54-X-20, n.º 64.


Linschoten, Jan Huygen van. 1596. A ilha e cidade de Goa metropolitana da India e partes orientes que esta em 15 graus da bonda do norte, engraved by Baptista van Doetichum, Amsterdam.


Sancho, Sebastiao da Costa. 1929. A Escola de Cirugia do Hospital Real de Todos os Santos, 1565-1775. Lisbon, Faculdade de Medicina.

Silva, Vitor Freire da. 1998. O Hospital Real de Goa, tese de mestrado em historia de arte, Lisbon, Faculdade de Letras.


Torres, Francisco Maria da Silva. 1845a. Oificio de 10-7-1845. Lisbon, Arquivo Historico Ultramarino, Sala 12, Servico de Saude da India, Maço 1845, Oificio dos empregados, 1840-1868.


---. 1846a. Oficio de 12-3-1846, a Bernardino Antionio Gomes, Presidente do Conselho de Saude Naval e Ultramar. Lisbon, Arquivo Historico Ultramarino, Sala 12, Servico de Saude da India, Maço 1847, Oificio dos empregados, 1840-1868.