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EUROPEAN DISEASES, MEDICINES AND PHYSICIANS IN THE
PORTUGUESE COLONY OF GOA: A HISTORICAL PERSPECTIVES

*Mumtaz Alam*¹

¹ Department of Social Science, School of Arts and Humanities, College of Humanities and
Education, Fiji National University, Fiji

Email: mumtaz.alam@fnu.ac.fj

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ABSTRACT

This research paper examines medical education in Portuguese colonial settings and its development, providing insight into how empires are constructed. Goa is the capital of India, and the Goa Medical School becomes the empire's primary source of physicians trained not only for India but also for colonization purposes in other parts of the world. The Medical School and its role in empire-building will be examined through the experiences and representations of Goan doctors, as well as the interaction with Indigenous healers. Travellers' accounts reveal the interaction of disparate bodies of knowledge and medical practices during colonization, which necessitates further investigation into colonialism and the colonial situation. Imperial hierarchies and conflicts between social groups defined by empire, as well as the interaction of disparate bodies of knowledge and medical practices during colonization, also necessitate further investigation. The accounts of European travellers, many of whom were physicians, provide an in-depth understanding of Goa's political and social history, which has long been fraught with contention and controversy.

INTRODUCTION

The Portuguese under the command of Vasco Da Gamaⁱ discovered a direct maritime route to Asia in 1498, the area surrounding the Cape of Good Hope, ushering in a new era in the history of European-Asian tradeⁱⁱ. The Spice Trade was the conduit through which the first interaction between Indian and European medical practitioners took place. Since the time of the Romans, there had been a demand in Europe for spices originating in the East. The cargo of spices always contained a high proportion of substances that were naturally occurring as medicinal substances. Beginning at the beginning of the sixteenth

century, traders from all over Europe set out to take over a piece of this profitable trade market. The Portuguese were the first Europeans to arrive in India, and by 1510, they had established themselves on the western coast, with Goa serving as their capital and centre of operations. The first significant European colony in India was the port of Goa, which was captured by Afonso Albuquerque in 1510 for the Portuguese monarch and served as their major metropolis and capital during the sixteenth and seventeenth centuries.

In 1600, the town had a population of about 75,000. Around 1,500 of them were Portuguese or *mestiros* (ethnically mixed), 20,000 were Hindus, and around 50,000 were indigenous Christians converted throughout the sixteenth centuryⁱⁱⁱ. Huyghen van Linschoten was the Dutch pioneer in discovering business opportunities in India and the east. From 1583 until 1589, he served as the secretary to the Portuguese Viceroy in India, a position he held for over a decade. The English East India Company established its first trading post in India in 1608, marking the beginning of the modern era. The success of the first English expeditions resulted in a significant increase in the importation of drugs into England: the proportion of drugs imported from outside Europe in 1588 was 14 per cent, in 1621 it was 48 per cent, and in 1669 it was 70 per cent, with the vast majority of these drugs coming from India and the East Indies [34]. Goa was a Portuguese province between 1510 and 1961, and it was the site of a spectacular and particularly intense encounter of the West and the East.

Goa was widely believed to have an extremely high mortality rate. Between 1604 and 1634, an estimated 25,000 Portuguese soldiers died in the Royal Hospital; 500 were said to die each year from syphilis and 'the effects of profligacy'. According to a proverb, 'Of the hundred who travel to India [from Portugal], not a single one returns'^{iv}. Going back in time, the challenging yet rewarding relationship between Europe and India has been a key issue in Goa's medical literature, providing critical insights and fodder for post-colonial philosophy. This may be seen as a 'tool' of colonialism, with Goan doctors serving as colonial handmaidens to a system that originated in Lisbon and had branches throughout Africa, Asia (including India). According to the available evidence, this appears to be a narrative of colonial biopower, imperial medicine in tropical regions, and the control of indigenous' lives and bodies by the application of Western medical and hygienic principles, similar to the narrative of British India^v.

European Physicians and their Interaction

It appears that medical knowledge was pretty evenly disseminated around the globe before the sixteenth century. In India, traditional healers had been practising 'tropical medicine' for thousands of years before Europeans materialized the term and seized it to describe their stumbling efforts to treat illnesses associated with 'warm climates'. There was a significant amount of contact between the traditional systems and European medicine during this period^{vi}. The contact between European nations and India resulted in the introduction of modern medicine to India^{vii}. The Portuguese, Dutch, and British traders who came here as traders brought their doctors on their ships for their factories, and the French brought their physicians and surgeons as well^{viii}. It was

during this period that several European physicians made a trip to India. Francois Bernier, Niccolao Manucci, Garcia da Orta, John Ovington, John Fryer, Hamilton, and Linschoten are just a few of the authors who have not only written extensively on Indian medical techniques but also shared knowledge they were aware of and practised themselves. Aside from that, they wrote about the weather and social conditions that prevailed during their time there. While it is worth noting that many of these 'European physicians' who travelled to India were self-taught and educated persons, rather than traditional 'men of medicine,' it should also not be overlooked^{ix}.

Tome Pires one of the most important European pioneers who tried to study Indian drugs and wrote *suma oriental* in 1512-15, mention a new disease Elephantiasis which was unknown in Europe. He also wrote a letter to the king of Portugal from Cochin, on 27 Jan 1516 describing Indian drugs, which he found there. He was appointed as "feitor das drogrian" (factors of the drugs) and in charge of a *botica* (supply of medicine). Albuquerque sent him to Malacca on May 1512. His work *suma oriental* was the first attempt by any European during the 16th century to methodically study drugs found in the Orient^x.

Garcia De Orta (1501-1568) a Portuguese physician came to India in 1534 and remained there till his death. From 1515 to 1525, he studied at the Spanish Universities of Salamanca and Alcala de Vide, graduated as a physician in 1526, and served as a village doctor from 1526 until 1532. He was employed as a Natural Philosophy instructor at the University of Lisbon, a position he abandoned in 1534 to join his young buddy Martin Affonso De Sousa to Goa. He worked as a physician under the Governors of Goa before joining the service of Burhan Nizam Shah, whose capital was at Ahmad Nagar. Antonia, his clever Konkani servant girl, supported him in his duties^{xi}. In 1563, Orta wrote his voluminous book in Portuguese whose title translates as *Colloquies on the Simples, Drugs and Material Medica of India*. The work contains chapters on fifty-seven drugs and samples and describes the effects of Cannabis (*Bhang*). It also contains the earliest report of cholera treatment^{xii}.

An abstract in Latin was written in 1567 by a Finnish botanist named L'Ecluse, who extracted the key information on the features and properties of the commercial and medicinal plants of India and published it as part of a book^{xiii}. Dimas Bosque was another eminent European physician who also features in d'Orta's colloquies. He was a Valencia de Alcantara native who arrived in Goa around 1558. His actions offer an intriguing peek into the many facets of medical professions in Goa. He was a recognized physician with a successful practise who also traded extensively. He brought products from Portugal and profitably marketed them in Goa. When he was in India, he also purchased oddities and regional delicacies and shipped them back to Portugal for sale. As a result, he accumulated a sizable wealth. At a public auction, he acquired the island of Santa Cruz (near Mormugao, now known as Sao Jacinto). Around 1570, he returned to Portugal^{xiv}.

Dona Juliana was the only woman physician of the period whose story has survived. She first practised in Goa after arriving from Portugal but eventually

moved to Akbar's court. He held her in high regard, and she married a French officer at the court, John Philip Bourbon, at his recommendation. She is claimed to have continued to favour the Portuguese at court, and it was because to her that they were able to get a footing in the Mughal court for the first time^{xv}.

After the death of Garcia de Orta, Cristova de Costa arrived at Goa as a personal physician to D Luis de Ataide, the viceroy. He was attached to the Portuguese navy and a few months after he arrived in Goa in the second half of 1569, he was working as a physician at the Royal Hospital of Cochin. He had the opportunity to treat the king of Cochin. He returned to Portugal in 1572 and from there to Burgos in Spain, where he wrote his famous book *Treatise of drugs and medicine of east India*. From his writings, it became apparent that Indian physicians were serving at the Royal Hospital at Cochin:

“In the year 1569 (when I was residing in Santa Cruz de Cochin, a physician of the royal Hospital) the king Cochin (Brahmin and brother in arms of the Christian of Portugal) fell ill with a serious disease of continuous fever when overtook him when he was weak and wasted of venereal, and wishing to be treated by me alone, without the presence of in physician. when I first called on him, a theme that he had to take both daily even if it him his life”^{xvi}

Da Costa says that the root of *Moringa*, which is equally effective in all types of poisoning including poisonous bits of cobras, is the bezoar stone and the unicorn of the poor. Several other plants with similar virtues have also been described by some authors who have learnt all this from their colleagues in India^{xvii}.

Niccolao Manucci (c.1639-1717) came to Delhi in 1656 and started medical practice at Agra after the murder of Dara in 1659 seemingly without any training or knowledge, the Aurangzeb's eldest son, Shah Alam, had him as a physician from 1678 until 1682, while he practised medicine at Lahore. Then he moved to Madras in 1686 and stayed there for the following 30 years, or until his death there in 1716^{xviii}.

He confesses that he knows very little about medicine. India's fresh chances may have enticed European "physicians" to move there. To better grasp medical knowledge as it was practised in India, they left behind their thoughts and experiences. Niccolao Manucci was of the firm view that the tabibs lacked medical understanding and were unable to treat ailments such as stones, paralysis, epilepsy, dropsy, anaemia, malignant fevers, and other difficult conditions, whereas Indian physicians were able to treat "hot complaints with cooling remedies"^{xix}.

In his account, he mentions several other European surgeons in India. An Armenian, called Sikander Beg, was surgeon to Dara's eldest son Sulaiman Shikoh in 1658^{xx}. A Venetian surgeon, Angello Legrenzi was serving at the court of Shah Alam at Aurangabad in 1679,^{xxi} he mentions a French physician, Francois de la Palisse, alias St. Jacques, as being at the Mughal court in 1666^{xxii}. John Ovington in his travels mentioned Hakim Daud, a physician in Aurangzeb's service^{xxiii}. Manucci described that the European physicians were not agreed to accept salaries at par with those of Indian physicians^{xxiv}.

In 1656, he arrived in India and made two trips to Goa. Successfully, he established a medical practice in the area. As a result of this, other physicians were undoubtedly motivated to label him a "quack" and a "wizard" for treating patients without a medical degree. This stoked the fires of jealousy in them. He was sentenced to death by the Tribunal even though he had been credited with several healings. He left Goa in a Carmelite robe and moved to northern India, where his talents and abilities were more highly regarded, after hearing about this. He finally became a doctor for Shah Jehan's son Dara Shukoh^{xxv}.

It's important to note that the most well-known Hakim in Goa during the 17th century was an Iranian named Abu Ali Hussein Bin Abdullah Bin Sina, better known as Hakim Ali, who had previously served as Akbar's physician. According to Amancio Gracias, "the great sovereign was supposed to have succumbed to his clinical mistake." Sent to Goa as an ambassador by the Mughal court, he was baptized in Goa in 1610 after being converted to Christianity in Cambay^{xxvi}.

John Fryer, a British physician, who came to India in 1673, visited the various places near the seacoast and has left behind an account of the medical practices among the Mughals. According to him, the Indian physicians neither understood the pulse nor did they treat other ailments, Indian surgery too was "in bad plight"^{xxvii}. He also remarked that:

"Physic here is now as in former days open to all Pretenders, here being no Bars of Authority, or formal Graduation, Examination, or Proof of their Proficiency; but everyone ventures and everyone suffers"^{xxviii}.

Despite their undoubted usefulness to the Indian and Portuguese societies, the Hindu physician did not obtain official recognition, any type of encouragement to improve their medicinal knowledge. On the contrary, in 1563, the same year Orta's book was published, Hindu physicians were prohibited by royal order from practising medicine and all Hindus, the physician was ordered to leave Goa within a month at that time D. Francisco Countinho Conde Do Redondo was viceroy and signed the order on 27 Nov 1563^{xxix}.

When the East India Company's physicians and surgeons arrived in India in 1675, John Fryer was characterized as the most attentive and knowledgeable of them all. To quote, he gives a good explanation of the practice of medicine as:

"Whilst magic and judicial astrology, grammar and rhetoric are held in high esteem, elocution, physick, and metaphysick are not out of their element. Their philosophers maintain an Aristotelian vacuity... Anatomy is tradition, being able to give a very slender account of the rational part thereof... They are unskilled in anatomy, thinking it unlawful to dissect human bodies whereupon phlebotomy is not understood, they being ignorant of how the veines lye, but they will worry themselves martyrs to death by leeches, clapping on a hundred at once, which they know not how to pull off till they have fulfilled themselves and drop off of their own accord. Chirurgery is in as bad a plight... pharmacy is in no better condition, apothecaries being no better than perfumers or druggists

at best, for he that has boldness in practice makes up his own medicines which are such generous draughts that if in their own energy work not yet the very weights must force an operation. They pretend to understand the pulse but the urine they will not look upon”^{xxx}.

Further, he mentions that only the wealthy and the sluggish hold high regard for midwifery. While they are working and planting, the impoverished step aside as if to take care of their necessities, deliver themselves, bathe the kid and place it in a hammock, and then return to work. Physic is now, as it was in previous days, open to all pretenders, with no barriers of authority, formal graduation, examination, or proof of their proficiency; instead, everyone ventures and prescribes based on previous experience descending in their families, not taking into consideration either changes in tempers or seasons, but instead applying what has worked well to one to all. He was perplexed by several of the highly sought indigenous treatments. Butter with a 400-year history is highly regarded by Gentiles, ranking as high as gold in terms of value, and is commonly found in old pains and painful eyes. One of these tanks was opened just for my benefit, and a gift made of its black, smelly, sticky balsam was given to me. For the treatment of distempers of the brain and stomach, the indigenous consume *hing*, which is a kind of asafoetida that makes them smell terrible. They utilize garlic and ginger, which are cooked in oil and butter, to treat all types of sluggish fits.^{xxxii}

There are similar comments like Fryer by Careri, who in his account mentioned that Indian physicians have a modest amount of expertise and can heal a variety of disorders by fasting.^{xxxiii} The European soldiers were hesitant to join the Mughal army, as they had no hospital for the wounded men.^{xxxiiii}

Francois Bernier (1620-1688) who had a formal degree of MD from Montpellier arrived in India in 1658 to Surat and served as surgeon to Dara Shikoh and then after the murder of Dara to join his brother Aurangzeb in 1665. He returned to Europe through Persia and died on 22nd September 1688 in Paris.^{xxxv} Bernier, a qualified French physician in the Mughal court in a similar fashion comment: “It is not surprising that the Gentiles (Hindus) understand nothing of anatomy. They never open the body either of man or beast... Yet notwithstanding their profound ignorance of the subject, they affirm that the number of veins in the human body is five thousand.... Just as if they had carefully reckoned them”^{xxxvi}.

When it comes to the terminology employed by these European doctors to describe their experiences in Goa, it may be difficult to tell when they are talking to Goa specifically and when they are referring to the rest of India. This may be the cause of the inconsistencies in phlebotomy and uroscopy. Because of a reluctance on the part of capable Portuguese physicians to face the perils and hardships of the lengthy trip to India, native Goan practitioners were able to maintain their dominance only for a limited period. Up until the 1530s, only people who had no practice or prospects in Portugal dared to journey out into the unknown. After several competent Portuguese physicians established themselves in Goa and were acquainted with the local language and traditions, the demand for vaidyas (gentiles or heathen physicians) began to wane^{xxxvii}.

In the late 1560s, Francois Bernier paid a visit to Goa. His findings on Indian medical practice cover a wide range of regions around the country, but they may be considered representative of those in Goa as:

“...Of Physic they have a great number of small books which are rather collections of recipes than regular treatises. The most ancient and the most esteemed is written in verse. I shall observe, by the way, that the practice of the Gentiles of Hindoustan differs from ours, and that it is grounded on the following acknowledged principles: a patient with a fever requires no great nourishment; the sovereign remedy for sickness is abstinence; nothing is worse for a sick body than meat broth for it soon corrupts in the stomach of one afflicted with the fever; a patient should be bled on extraordinary occasions and when the necessity is most obvious as whenever there is reason to apprehend brain fever or when an inflammation of the chest, liver or kidneys has taken place. Whether these modes of treatment be judicious, I leave to our learned physicians to decide; I shall only remark that they are successful in Hindoustan and that the Mogol and Mahometan physicians who follow the rules of Avicenna and Averroes adopt them no less than do those of the Gentiles, especially in regard to abstinence from meat broth. The Mogols, it is true, are rather more given to the practice of bleeding than the Gentiles, for where they apprehend the inflammations just mentioned, they generally bleed once or twice, not in the trifling manner of the modern practitioners of Goa and Paris but copiously like the ancients, taking 18 or 20 ounces of blood, sometimes even to fainting; thus frequently subduing the disease at the commencement according to the advice of Galen and as I have witnessed in several cases”^{xxxvii}. Another French physician, Dellon makes similar remarks about the Indian knowledge of medicine and its practitioners to quote:

“The *pagan* (i.e., Hindu) physicians, whom they call pandites, are a sort of people without learning or any knowledge or insight into Anatomy. All their skill is confined to a certain number of receipts, which they apply promiscuously without making the least reflection upon the different Age, Sex, constitution, or Strength of their Patients. They are very timorous, and rather will left a patient perish than run the hazards of a Remedy, which.... appears doubtful to them”^{xxxviii}.

On the other hand, he gave credit where it was due to a native physician writing in the sixteenth century:

“... Nevertheless, it is observed that by their long experience they have made such observations concerning certain distempers peculiar to those countries, that they practise with better success than the most learned foreign physicians, who upon certain, occasions must follow their footsteps if they expect to succeed, in their cures, in this climate. They allow their patients afflicted with fever in the Indies, neither meat nor eggs nor broth... They allow them no other drink but fair water and for the rest of their sustenance they give them a Cange (made of rice, salt and pepper). The Cange, besides that it nourishes well, serves also to quench the thirst. I must confess I prefer this much before our jelly broths. . . Letting of blood is much used among the Indians and that with good results; the Pandites being by long experience convinced of the usefulness of this remedy

will let blood 20 times one after another without the least reluctance to be observed in patients who never grumble here at what their physicians do but are exactly observant of their orders much beyond what is practised in most parts of Europe, where the patients, their friends and the nurses propose their own remedies before the physician's prescriptions. They let blood most commonly in the foot with extraordinary success... They prescribe leeches and cupping in those distempers where they don't think it proper to let blood. Clysters are also much in use among them as also purges. . .”^{xxxix}.

In addition, Charles Dellon has left an interesting tale of one-upmanship in Goa:

“The Pandites perceiving the urine of the patient that is afflicted with a fever to be white, they judge it to proceed from a cold cause without having the least respect to the delirium and other symptoms... for which purpose they put pepper in the Cange and which they apply to the patient's head to warm the brains, which, they say, are too cold. For the same reason, they will not let blood in such a case till they find the urine to be of a high colour. I have made it my particular observation that of all those that ever I saw who were seized with a delirium before they were let blood and whose urine appeared white in the beginning, very few escaped with life unless, by good fortune, they happened to light into the hands of some European physicians who are better acquainted with the true cause of the distemper and its symptoms... I had, sometime before, under my care the younger daughter of a certain lady of the best quality... who had fallen dangerously ill of a continual fever with a delirium. The lady, upon the persuasion of a certain Pandite who had been physician to the family for a great while, made use of his prescriptions without letting me know anything of the matter. Finding her child grow worse, she sent for me, unknown to the Pagan physician, desiring my advice concerning her daughter.

It was the ninth day when I was called in to her and finding her urine of a whitish colour and the fever very high with a violent delirium, I derived a far different indication to what the Pandite had done and having remonstrated to the mother the danger of her daughter who was not above seven years old I ordered her to be let blood immediately. The Indian physician, happening to come in at the same moment, maintained in my presence that the fever proceeding from a cold cause, the young lady would infallibly die if she were let blood. But I laughed at the weakness of the argument and my advice prevailing, she was let blood. I took from her head the pepper mixed with the Cange of which there was near half a pound, very finely beaten, upon the child's head. I let her, in all, five or six times, blood. after which the fever left her and I consummated the cure by giving her two or three purgations, contrary to the expectation of the Pagan physician, who thought death to have been infallible. . .”^{xl}.

The famous Portuguese hospital at Goa, which was constructed by Albuquerque in A.D. 1510^{xli}, was mentioned in several traveller's reports and diaries of European doctors.^{xlii} According to Tavernier, Jesuits took over the administration of the hospital in 1591 and turned it into a world-class facility. 'There were numerous patients in the hospital, most of them suffering from 'Pox' or bloody Flux, who were nursed by a priest till their death came,' writes John Albert de Mandeslo of North Germany during his journey to Goa in 1638^{xliii}.

According to Tavernier, the Royal hospital at Goa was renowned throughout India. He pointed out:

“... Since this hospital has changed its managers, patients are badly treated, and many Europeans who enter it do not leave it save to be carried to the tomb”^{xliv}. The Jesuits were given the responsibility of running the Royal Hospital. Pyrard was an inpatient for three weeks in 1608, and he has left a detailed account of his experience as :

“Viewing it from the outside, we could hardly believe it was a hospital; it seemed to us as a grand palace, barring the inscription above the gate: *Hospitale dil Rey Nostro Seignoro*. The beds are beautiful shaped and lacquered with red varnish; the sack is of cotton; the mattresses and coverlets are of silk or cotton, adorned with different patterns.

...pillows of white calico. Provided with pajamas, cap and slippers, bed-side table on which was a fan, drinking water, a clean towel and handkerchief, a chamber pot under the bed. Each patient served with a complete fowl, and the plates, bowls and dishes were of Chinese porcelain;...In the evening they brought us supper at the appointed hour, to each a large fowl roasted, with some dessert so we were astonished at the good cheer we received ... This hospital is, as I believe, the finest in the world, whether for beauty of the building and its appurts, the accommodation being in all respects excellent, or for the perfect order, regulation and cleanliness observed, great care taken of the sick, and the supply of all comforts that can be wished for It is of very great extent, situated on the banks of the river and endowed by the kings of Portugal with 25,000 perdos, let alone the endowments and presents which it receives from the lords. This is a large revenue for the purpose in those parts, seeing food is so cheap, and the management so good; for the Jesuits who carry it on send as far as Cambay and elsewhere for wheat, provisions, snuffs, and all other necessities.

It is managed and governed by the Jesuits who appoint a Father to the post of Governor. The other officers are Portuguese, all men of quality and gentleness; as for the servants and slaves, they are Christian Indians. The Jesuit Father is superior over all having his own office. There are physicians, surgeons, apothecary's barbers and bleeders who do nothing else and are bound to visit each of the sick twice a day. The apothecary is one of the household and lives in the hospital and has his shop well stocked at the hospital's expense... The sick are sometimes very numerous and while I was there, there were as many as 1500, all of them either Portuguese soldiers or men of other Christian races, of Europe, of every profession and quality. Indians are not taken in there, having a hospital apart wherein are received only Christian Indians...”^{xlv}.

Mentioning the treatment of fevers among European patients at the Portuguese Hospital at Goa, Tavernier says:

“In order to recover their colour and get themselves in to perfect health, it is prescribed for them to drink for twelve days three glasses of *Pissat de vache*, one in the morning, one at midday, and one in the evening; but, as this drink cannot but be very disagreeable, the convalescent swallows as little for it as possible,

however much he may desire to be health. This remedy has been learnt the idolaters of the country, and whether the convalescent makes use of it or not, he is not allowed to leave the hospital till the twelve days have expired during which he supposed to partake of this drink”^{xlvi}.

Jan Huyghen Van Linschoten, the Dutch traveller of the sixteenth century, sailed from Spain to Goa and in 1596, the account which he left in his, *The Itineration of Voyage of Jan Huyghen Van Linschoten to the east of Portuguese Indies*. When seen through the lens of the late twentieth century, the common illnesses in sixteenth-century Goa comprise a list that is still recognizable. According to him the Portuguese hospital (the king's hospital) at Goa was reserved for the Portuguese while the ‘Indians have a hospital by themselves’^{xlvii}. He speaks highly of the Indian doctors and said that they treated both Indians and Europeans equally^{xlviii}. He notes that Indian physicians at Goa were held in esteem and were honoured by customs^{xliv}. At another place, he mentions: “There are in Goa many Heathen physitians which observe their gravities with hats carried over them for the sunne, like the Portingales, which no other Heathens doe, but (onely) Ambassadors or some rich merchants. These Heathen physitians doe not onely cure their owne nations (and councitriemen) but the Portingales also, for the viceroy himself, the archbishop and all the monkes and friers doe put more trust in them than in their owne councitriemen, whereby they get great (store of) money and are much honoured and esteemed.”¹

Linschoten also made some observations about indigenous diseases, stating that the most prevalent were mordexijn (or cholera), the bloody flux (or dysentery), and fevers, particularly malarial fevers. The term 'fever' can refer to several different diseases that are difficult to define at the moment. Indians have numerous continuous fevers, which are scorching argues they consume men's bodies with extreme heat, to the point of death within four or five days. He mentions as:

“...The sicknesses and diseases of Goa and throughout India which are common come most with the change of the times and the weather. There reigneth a sickness called mordexijn which stealeth upon men that it weakneth a man and maketh him cast out all that he hath in his bodie and many times his life withall. The bloody fluxe is very common and dangerouse as the plague with us. They have many continuall fevers which are burning agues and consume men whereby within four or five days they are whole or dead. This sickness is very common and dangerouse and hath no remedy for the Portingales but letting of blood but the Indians and the Heathens doe cure with hearbes and other such like ointment wherewith they ease themselves. This sickness consumeth many Portingales every yeare, some because they have little to eat and less to drink of that which is nourishing and use much company of women because ye land is naturall to provoke them thereunto... Pockes and piles with other secret diseases, they are very common and not concealed...

They heal them with the root China... The plague hath never been in India... but poysoning, witchcraft and suchlike whereby some lose their lives is their dayly exercise... The stone, the gravel and rupture reigneth much especially among married men by reason of the great quantitie of water that they drink, being

given to all pleasures and riotousness, enjoying what their hearts desire, sitting always with their bellies open in their shirts in gallerie, recreating themselves with the wind that cooleth them...”^{li}.

Linschoten also believed that many Portuguese spouses were poisoned by their local wives. He said that the atmosphere fostered feminine sensuality to the point of devouring hunger.

“...The women go altogether naked onely with a cloth before their privie members, which openeth chewing all they have, which is by them ordayned to the ends that by such means it should tempt men to lust after them and to avoid the most abominable and accursed sin of Sodomie... There are among the natives those that doe sowe up the privie member of their female children as soone as they are born, leaving them but a little hole to void their water. And when she marrieth the husband cutteth open as great or as little as he will... I saw one of those women in Goa whom the surgeon of the archbishop’s house did cut open...” [26]

Linschoten remarked on the women of Goa:

“... have likewise an hearbe caled Deutroa which beareth a seed whereof bruising out the sap they give it to their husbands eyther in meate or drinke and presently therewith the man is as though he were halfe out of his wits and without feeling or else drunk, laughs and sometimes it taketh him sleeping like a dead man, so that in his presence they will and take their pleasure with their friends and the husband never know of it... The women have many devilish practices which they devise to make nature more lively... They doe use to eat those betteles, arreques and chalk and in the night it standeth by their beds. They eat whole handfuls of cloves, pepper, ginger and a baked kind of meat they call chachunde... all to increase their lechery... and they are not content therewith but give their husbands a thousand hearbes for the same purpose to eat, they not knowing, thereby to fulfil their pleasures and to satisfy their desires...”^{lii}
He also mentioned diabolical superstitions and customary practices as:

“ the bride with music is brought to the pagoda which is made of ivory and by force they make the image take the bride's maydenhead so that the blood remaineth still upon the image and then after other devilish superstitions and ceremonies bring the bride home, where she is delivered to the bridegroom who is joyful and proud that the pagoda hath honoured him so much and eased him so much labour...”^{liii}.

Linschoten discusses different ailments such as fever, cholera, dysentery, and so on, and claims that Garcia de Orta was the first European to describe the dreadful sickness of cholera in 1563^{liv}. This condition was widespread, and the Portuguese had no cures, but Indian physicians were able to treat it using herbs, sanders, and other ointments.^{lv} The bloody "flixe" (dysentery) was prevalent and deadly.^{lvi} He mentions cholera in his writing as:

“The sicknesses and diseases in Goa and [throughout] India, which are common, come most with the changing with the times and the weather, as it is said

[before]; there raigneth a sickness called *Mordexijn*, which stealth upon men [and handleth them in such sorte], that it weakeneth a man, and maketh him cast out all that he hath in his bodie, and many times his life with all. The sickness is very common, and killeth many a man, where of they hardly or never escape^{lvii}. There were hardly any Physicians in the kingdom of Carnatic, Golconda and Bijapur except those who were in service of kings and princesses^{lviii}. Manucci refers to a French gunner and surgeon M. Claude Malle of Bourges, who was a surgeon to the governor of Allahabad in 1666 and practised both surgery and medicine. Malle advised preventing the use of Ganges water because according to him it caused stomach upset^{lix}.

The ships of the East India Company first arrived in India in 1608 at the western port of Surat and immediately established their superiority over the Portuguese. The EIC moved towards Bengal in 1651 and set up their empire over there. The presence of European nations in India attracted many European physicians eastwards.

Francois Pyrard de Laval, a French seaman, reported in 1602-07 that about disease *Farangui baescour* (firangi basur) i.e., European piles and known to the people of Maldives^{lx}.

European Travellers like Thevenot, who arrived at the Portuguese colony of Diu in 1666, also mentioned bezoar later,

“In this town of Diu, the so much famed stones of cobra are made, they are composed of ashes of burnt roots; mingle with a kind of earth, which afterwards made up into a paste, of which these stones are formed. They are used against the stinging of serpents and other venomous creatures, or when one is wounded with poisonous weapons”^{lxi}.

The dominance of native Goan practitioners lasted only as long as capable Portuguese physicians were hesitant to incur the hazards and hardships of the long journey to India. Up until the 1530s, only people with no practice or prospects in Portugal dared to travel forth. As competent Portuguese physicians arrived in Goa and were acquainted with the local language and traditions, the necessity for vaidyas (gentiles or heathen physicians) decreased.

It should be noted that the Portuguese physicians aided their rise through a variety of non-medical techniques as well. In 1567, the First Provincial Council prohibited non-Christian physicians from treating Christian patients "on account of the numerous ills flowing therefrom both to Faith and to Morality,"^{lxii} even though there were no physicians among the indigenous Christians at the time. There were few indigenous Christians at the time^{lxiii}. However, An Indian Brahmin was practising as an indigenous healer at the time of the Jesuit College of St Paul's founding, and another vaidya served as the governor's (Antonio Moniz Barreto) physician in 1574. The Inquisition brought charges against Governor Manuel de Sousa Coutinho (1588-91) and his wife for employing Indian physicians and engaging in business with Hindu sorcerers^{lxiv}. In 1572/74 the Portuguese physicians “stirred themselves to such an extent that they caused the governor, Antonio Moniz Barreto, to issue a notification on 15 December,

banning native physicians from going about the city and suburbs on horseback, in palanquins and on adores (a kind of sedan chair) . . . ”^{lxv}.

As a result, the vaidyas' status suffers. (Intriguingly, the governor exempted the pundit who served as his household's private physician from this restriction.) The Senate of Goa issued a regulation on November 3, 1618, stating that no one might practice as a physician, surgeon, or bleeder without first being examined by the *fisico-mor* (chief/head physician) or *cirurgiao-mor* (chief/head surgeon)^{lxvi}. The order criticized the Hindu physicians practising in Goa for not treating their patients correctly, abandoning them while dangerously ill and absenting themselves upcountry. As a result, they were instructed not to leave the city without first receiving permission from the Senate. Finally, it was determined that only 30 infidel physicians—if they obtained the certificate of examination held by the *fisi-co-mor* (Head physician)—would be allowed to practice in the city, with the number never to be surpassed. As a result, many Hindu physicians fled to other regions of India. While the ancient Greek form of medicine, translated into the Indo-Arabic Unani, was practised in Goa, the hakims had a considerably lower influence on the local population than in the Deccan, north, and central India.

Albuquerque harboured a deep aversion to the Moors and, as a result, did not accept Muslim physicians in Goa. During the early portion of his tenure, on the other hand, he was a patron and friend to the Hindus. (He remained hesitant to include Hindu physicians on his expeditions, in whose professional abilities he had little faith.) Albuquerque's hostility toward Muslims was, of course, political. Before the arrival of the Portuguese, Asian commerce was fully controlled by Muslim Arab merchants, who dominated the North African and European markets and contributed to the spread of their faith. The Portuguese were eager to disrupt the Arab monopoly on Asian commerce and to limit the expansion of Islam as soon as possible^{lxvii}. Ibn Majid, an Arab, ironically led Vasco da Gama to Calicut^{lxviii}. According to one legend, the pilot was the renowned Arab navigator Ibn Majid, although other contemporaneous stories put him somewhere else, and he couldn't have been in the area at the time. Ibn Majid is not mentioned by any of the Portuguese historians of the period.

CONCLUSION

With the conclusion of this study, we have a better understanding of how empires are built by looking at medical education in colonial Goa. To this day, the Goa Medical School remains India's leading source of physicians. From the perspective of Goan doctors, the Medical School and its role in empire-building will be examined through their experiences and perspectives. There's still a lot to learn about colonialism, as well as about imperial hierarchies and conflicts between social groups defined by empire. According to intellectual historians, early modern medicine is rife with accounts of indigenous and European medicine being attacked or interacting. The history of early modern medicine is written from a historical perspective. On the other hand, the authorities, who were extremely sensitive to concerns about orthodoxy and its subversion, immediately recognized the ramifications of Garcia De Orta's simples and drugs. Investigating how European travellers, self-proclaimed doctors such as Manucci and other naturalists provide an ideal starting point for investigating

broader issues that are critical to the formation and legitimation of natural knowledge during this period is possible. In addition, these images demonstrate the work's reluct

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