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Title of thesis Community and Identity: A case study
of Luso-Indian Participation in the Medical
Profession in Nineteenth Century Bombay M. Phil
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Abstract

This thesis examines the hypothesis that a pioneering group of Luso Indian medical doctors played a role in legitimating western medicine among indigenous elites in nineteenth century Bombay. The term Luso Indian is used here to refer specifically to indigenous Portuguese speaking Indians primarily from the populations known today as being East Indian and Goan.

Chapter 1 of the thesis discusses definitions of 'community' and 'identity' in relationship to 'caste,' 'race' and 'religion.' The notion that our community formed a single and segregated entity is explored, using both official categories derived from the *Census* reports and ethnographical accounts and unofficial categories examined through an analysis of the popular Catholic press. Chapter 2 examines the role of Grant Medical College in providing a springboard for entry into the medical services of colonial Bombay. While the majority Hindu and Muslim population were constrained from embarking on a career in medicine by cultural and religious taboos, a number of Luso Indians availed themselves of opportunities offered at the college. The chapter also explores the medical groups and associations which attempted to create a professional medical community. The third chapter provides a study of the intellectual milieu in Bombay during the nineteenth century and a case study of ten prominent Luso Indians involved in the medical profession. Two of the sample are women, both of them were the wives of medical men included in this study, one was a doctor in her own right. A database of biographical material relating to a larger sample of Luso Indians in the medical profession is presented in the Appendix. The thesis concludes by suggesting that these Luso Indians played an important role in legitimising western medicine in India.

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Community and Identity:
A Case Study of Luso Indian Participation in the
Medical Profession in Nineteenth Century
Bombay

Shirley Louise Gonsalves

School of Oriental and African Studies
University of London

M.Phil

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Abbreviations

BMU	Bombay Medical Union
DNB	Dictionary of National Biography
DPI	Director of Public Instruction
FRCP	Fellow of the Royal College of Physicians
FRCS	Fellow of the Royal College of Surgeons
FRCPS	Fellow of the College of Physicians and Surgeons
GD	General Department Volumes, Maharashtra State Archives
GMC	Grant Medical College
GCMS	Grant College Medical Society
J.J. Hospital	Jamsetjee Jejeebhoy Hospital
LM	Licentiate of Medicine
LM&S	Licentiate of Medicine and Surgery
LRCP	Licentiate of Royal College of Physicians
LRCS	Licentiate of Royal College of Surgeons
MSA	Maharashtra State Archives
MB	Bachelor of Medicine
MD	Doctor of Medicine
MRCP	Member of the Royal College of Physicians
MRCS	Member of The Royal College of Surgeons
n/a	not available/ unknown
<i>TMPSB</i>	<i>Transactions of the Medical and Physical Society of Bombay</i>

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Introduction

This thesis explores the relationship between Luso Indian medical professionals and Western medicine in Bombay in the nineteenth century.¹ Studies have argued that Western medicine in India was initially regarded with suspicion by the majority of the population. Often regarded as a point of interference by Colonial authorities allopathic medicine was often met with resistance and mistrust.² Furthermore, due to cultural and religious taboos many high caste Hindus and Muslims were barred from entering the medical profession. However, for Luso Indians, the medical profession was regarded as an acceptable profession for the sons of the elite. It is argued that Luso Indians rather than merely accepting Western traditions, which they mainly used to serve members of their own communities also adapted and augmented Western knowledge and practices with a combination of indigenous beliefs. As intermediaries, Luso Indians in Bombay, many of whom were migrants from Goa, raise a number of interesting issues in relation to 'identity' in relation to 'race,' 'religion,' 'caste status and 'professional status.' Many of them spoke Portuguese and English in addition to their ancestral dialect of Konkani or Marathi. As well as belonging to professional groups and associations they were also involved in religious and church organisations. A number retained their links with ancestral villages in Goa. As Roman Catholics they had an ambiguous relationship with the 'Anglican' Colonial State and with the Catholic ecclesiastic authorities.

During the nineteenth century Bombay experienced significant growth in both population and wealth as the city became an important commercial centre, with numerous migrant, ethnic minority groups. By 1860 it had become the largest cotton market in India. At the end of the American Civil War in 1865 cotton prices crashed and Bombay suffered a huge set back; however, the opening of the Suez Canal in 1869 insured the continued prosperity of this growing urban centre. During this period a number of educational museums, libraries, cultural, scientific and literary institutions began to thrive.³ This thesis explores the growth and formation of two separate Luso Indian minority communities from which an indigenous elite emerged through the development of the medical profession.

¹ For the purpose of this study Luso Indian refers to indigenous Indians from the west coast of India whose ancestors were ruled for a period by the Portuguese and converted to Roman Catholicism. This largely refers to people from Bombay and Goa.

² David Arnold, *Colonising The Body: State Medicine and Epidemic Disease in 19th Century India*, Berkeley, 1993.

The first chapter of this thesis seeks to locate aspects of 'religion,' 'race' and 'language' in relation to Luso Indian 'identities' and 'communities' in nineteenth century Bombay. Recent historical debates relating to ethnography, language and intellectual ideas during the nineteenth century are discussed in relation to issues regarding 'race,' 'caste,' 'religion' and 'community.' Further the introduction of new occupations such as the medical profession, gave rise to numerous categories relating to social status. Official documents such as Census data locate the way in which official records categorised this community. Finally the chapter concludes with non-official self perceptions of 'identity' and 'community' as articulated by members of the various Luso Indian communities in a popular Catholic newspaper of the time. This material questions the existence of one single community or identity and shows some ways in which diverse Luso Indian identities and communities developed. The chapter concludes that Luso Indians did not exist as one separate and segregated community. They were made up of a variety of communities, divided by religious, political, cultural, social and linguistic factors.

Chapter Two focuses on the role of Grant Medical College in institutionalising Western medicine in Western India. In the early years of the College a significant number of students were drawn from the Luso Indian population. As well as exploring the early history of Grant Medical College, this chapter seeks to identify the type of training and medical career that Luso Indians had at this medical school. Institutional attempts to create a professional community of Western trained Indian medics potentially were undermined by the fact that most of the medical men trained at the College were expected to work in remote and dispersed areas of the Colonial administration. This chapter also discusses the medical and professional groups and associations that were set up to bring medical men together. Initially indigenous men were barred from joining these groups, but later, they were accepted into these organisations and became more involved by participating in meetings, contributing to journals published by the various professional associations and eventually taking up positions within them.

Chapter three explores the intellectual milieu of Bombay in the nineteenth century. It consists of a more detailed analysis of a small number of individuals by means of case studies exploring the life and work of nine members of the medical

³ *Encyclopaedia Britannica, Macropædia* 15, pp.169-172, 1992.

profession from the different Luso Indian communities. These individuals were prominent members of the community and are the most visible in the historical record as they wrote books, became involved in politics or community and civic affairs. While this sample is too small to be necessarily representative, the chapter provides some interesting information on social, political and cultural structures and changes. A database of information on a larger sample of Luso Indian medical practitioners is presented in the Appendix.

In its Conclusion this thesis argues that the Luso Indian medical men of the nineteenth century emerged from a network of distinct communities. Although treated as a single entity by the Colonial administration, they were in fact segregated groups. They used a range of social, political and cultural identities in order to support their medical careers in Colonial Bombay. Some of their writings have been analysed and give some insights into our understanding 'identity' in relation to 'religion,' and to 'race,' and the creation of 'community' and 'professional status' in nineteenth century Bombay. The concluding chapter also explores a number of issues in relation to the changing perceptions of the medical profession in nineteenth century Bombay, and raises some questions in relation to the way in which these members of the medical profession were used as role models in early 'Goan' Nationalist literature. They remain important figures to those living in the Goan diaspora today and have featured in a number of publications written largely by and for the diaspora.

The remainder of this introductory chapter is concerned with a survey of the literature. Despite the numerical significance of Luso Indian groups living and working in Bombay during the nineteenth century, academic literature on the history of the city has largely neglected minority, mainly migrant communities such as these. Since this thesis is primarily about the creation of professional community and ethnic identities amongst minority migrants in nineteenth century Bombay, it covers issues of race, religion, caste and community in relation to British and Portuguese colonialism in Western India and reflects a number of themes which span current academic literature. Mariam Dossal's work shows how British institutions in nineteenth century Bombay formed an imperial icon for other parts of India and indeed other parts of the Colonial Empire. She examined the process in which the urbanisation and reorganisation of Bombay was based on current ideas being promoted in Europe and argued that urban planning became recognised as a vital part of economic transformation and social

conflict within a given society.⁴ Benedict Anderson considered the role of professional training provided by the Colonial state. Anderson linked the influence of institutions, and of 'functionaries' who act through them, to the creation of a class, (as lawyers, doctors, and journalists) which provided the antecedents of the rise of nationalism.⁵ Though the scope of this study does not extend to an examination of the involvement of these medical men in early Nationalist causes, it is clear that a number of those featured in this study did have an interest in Nationalist causes and certainly later writers in the diaspora have used their writings as examples of early protagonists of nationalism and to be emulated by those living in the diaspora.

Studies on minority groups in Bombay have focused on elite groups for example, John Hinnells has researched on the contribution of the Parsi community in Bombay.⁶ There has also been some investigation into the various Jewish communities that existed in Bombay during the nineteenth century.⁷ Previous studies on communities in Bombay in the nineteenth century such as that by Thomas A. Timberg,⁸ Christine Dobbin and Jim Masselos focus on particular groups. Dobbin's work on urban leadership in Bombay identifies how the business classes, the 'Shetias' or 'Merchant Princes' created large and successful communities dominated by Hindu, Parsi and Muslim groups traditionally connected with business and internal trade.⁹ The work of Jim Masselos, on the political implications of numerous religious and ethnic factions that had emerged in the late nineteenth century shows how these politically and socially diverse communities coalesced.¹⁰ A number of Indian Christians in Bombay, many of who were migrant workers from Goa, were excluded from such elite trading and business groups. Although members of Luso Catholic communities in Bombay were often not generally regarded as an elite group, research by Rochelle Pinto on print culture has found that sectors within these communities were considered as elites within their own communities.¹¹ This work raises some interesting questions in relation to

⁴ Mariam Dossal, *Imperial Designs and Indian Realities, The Planning of Bombay City 1845-1875*, Delhi, 1991, pp. 1-5.

⁵ Benedict Anderson, *Imagined Communities, Reflections on the Origin and Spread of Nationalism*, London, 2000, pp. 114-116.

⁶ John R. Hinnells, *Zoroastrian and Parsi Studies, Selected works of John R. Hinnells*, Aldershot, 2000.

⁷ Shirley Berry Isenberg, *India's Bene Israel A Comprehensive Inquiry and Source Book*, Bombay, 1988.

⁸ Thomas A. Timberg, *The Marwaris, from Traders to Industrialist*, New Delhi, 1978.

⁹ Christine Dobbin, *Urban Leadership in Western India: Politics and Communities in Bombay City, 1840-1885*, London, 1972.

¹⁰ Jim C. Masselos, *Towards Nationalism, Group affiliations and the politics of public associations in nineteenth century Western India*, Bombay, 1974, p.2.

¹¹ Rochelle Pinto, *The Formation of a Divided Public: print, language and literature in Colonial Goa*.

elites within minority groups sub-divided by differences of language and religion. Work by Teresa Albuquerque on the contribution of Catholics to new professions and the institutions they set up in shows that such groups played an important role as intermediaries in a Colonial setting.¹²

Much of research on social structure in South Asia has focused on caste, but there are significant difficulties in locating caste differentials among Christian groups. Older research was largely reliant on the writings of Protestant missionaries in India who were fundamentally opposed to caste differentials and claimed to have eradicated caste amongst their converts. Catholic missionaries, by contrast, have been thought to have worked within the caste system maintaining caste differentials.¹³ Recent work such as that by Susan Bayly, has acknowledged the existence of caste groups amongst South India Christians where Syrian and Mar Thomite Christians predominate.¹⁴ M.D David has contributed greatly to our understanding of the history and development of Christianity in Western India; again according to him caste has played an important role in shaping Christianity in India.¹⁵

Such research leads to question whether Indian Christians had a common group identity or if they existed in smaller clusters of groups with shared yet segregated identities based on religious denomination and 'caste' or 'community' identities. Recent anthropological studies seem to support this latter notion. Elsie Baptista makes a strong argument that prior to the arrival of the British, Indian Catholics were divided into communities and groups on the basis of their race, religious affiliation, caste status and occupation. There is evidence that the Portuguese used existing structures in order to yield and maintain power.¹⁶ Rowena Robinson in an article concerning the development of Catholic communities acknowledges that different Christian communities belonging to different denominations emerged from conversions that took place in different areas at various times. She argues that each group constructed its own identity and that regional variations had an effect on such identities. One example being the marked differences in the way Catholic and Protestant missionaries considered the

PhD. 2003, SOAS.

¹² Teresa Albuquerque, *Bombay A History*, Bombay, 1992.

¹³ Nicholas B. Dirks, *Castes of Mind, Colonialism and the Making of Modern India*, New Jersey, 2000.

¹⁴ Susan Bayly, *Saints, Goddesses and Kings, Muslims and Christians in South Indian Society 1700-1900*, Cambridge, 1989.

¹⁵ M.D David, *Missions: Cross-Cultural Encounter and Change in Western India*, Delhi, 2001.

¹⁶ Elsie W. Baptista, *The East Indians: Catholic Community of Bombay, Salsette and Bassein*, Bombay, 1967, p.1-28.

issue of caste. The relationship between the state and missionaries also effected the development of various Christian communities.¹⁷ However, there has been considerable scholarly debate on the relationship between caste and occupation, and whilst research has focused on sectors of the working classes very little has focused on elites.

Other historians of South Asia have used the concept of community in very different ways. Crispin Bates, for example, discusses the idea of 'community' in terms of 'communalism,' a term invented by Colonial rulers in the nineteenth century to "refer to the use of and manipulation of religious and or ethnic differences for 'political' ends." He argues that 'communalism' is based on a non-local notion of community, which developed through the political processes of the late period. It was a result of the undermining of the older communities by the rapid economic and social changes taking place at the time. He argues how this ultimately led to the division of movements that were encouraged by the Colonial authorities and that these factions became the "hallmark of Indian politics and social life in the late Colonial period until Partition in 1947." Bates discusses the links between Nationalism and racism and how contemporary scholars emphasise the way in which ethnic identities are socially and politically constructed.¹⁸ Whilst this has been useful to scholars examining wider political and global issues there are limits to the extent such theories can be applied when examining the process of identity formation and community creation from within communities themselves.

Fredrik Barth has noted that ethnic identity organises interactions with members of other groups whereas Nathan Katz has suggested a more dynamic and interactive model, where ethnic identity conditions are conditioned by social interactions.¹⁹ Katz refers to a model put forward by George De Vos, who observed that identity is created out of orientations based on the present, future and past. He understood this time orientation as a choice between political, religious or ethnic identities. He argued that ethnicity can relate to place in the social system and to the internal conflicts over priority given to past, present or future oriented forms of self-identity.²⁰ Masselos refers

¹⁷ Rowena Robinson, "Fluid Boundaries Christian 'Communities' in India," in Bidyut Chakrabarty (ed.) *Communal Identity in India Its Construction and Articulation in the Twentieth Century*, New Delhi, 2003, pp.287-305, esp. pp. 288-300.

¹⁸ Crispin Bates, (ed) *Community, Empire and Migration, South Asians in Diaspora*, Palgrave, UK, 2001, Introduction, esp. pp.1-5.

¹⁹ Katz N., in Katz, (ed) *Studies on Indian Jewish Identity*, Introduction. Manohar, 1995.

²⁰ Ibid.

to Georg Simmel's phrase of, "multiple group affiliations."²¹ He uses an example of hereditary criteria; an individual was not only a member of particular kin and caste group but also part of a network of other castes ranked on a similar position to their own. Other criteria considered could be concerned with linguistic groups and or belonging a particular religious community. This view does entail further investigation when examining Indian Christian groups many of which had migrated to Bombay in search of improved economic and political conditions. Whilst they retained their hereditary and religious identities they adopted new occupational identities.

Kenneth Ballhatchet's work on Catholicism in India shows that the relationship between the East India Company, missionaries and Indian Catholic converts varied from one of mutual interdependence to one of animosity and conflict.²² The focus of this chapter is on the latter attitude. It is argued here that the perceived power struggle between Catholics and the state was later used to retain division among the communities, the segregation of denominations and to instill conflict and discord. This served to replicate the existing social order, support British interests in India, and legitimate the position of the ruling elites. The availability of Portuguese records and ecclesiastic records and the growing use of church records in research has enabled scholars to research critically into a range of other issues in the history of Catholicism in India, and a growing body of literature has begun to focus on issues of identity, community and diaspora.²³

The contribution of minority groups to the formation of the medical profession does require further investigation. Whilst there were a large number of minority groups in Bombay during the nineteenth century very little academic research has considered the role of elite members of society in either supporting or undermining traditional or Colonial medical structures. Whilst academic literature on the Luso Indian involvement in Western medicine in Bombay remains limited, more general studies in the history of medicine can provide some understanding of the various roles assigned to the introduction of Western medicine in maintaining British Colonial rule in India. The notion of medicine as a form of social control has engaged theorists such as Irving

²¹ Jim C. Masselos, *Towards Nationalism, Group affiliations and the politics of public associations in nineteenth century Western India*, Bombay, 1974.

²² Kenneth Ballhatchet, *Caste, Class and Catholicism in India 1789-1914*, Richmond, 1998.

²³ See, for example Délio de Mendonça, *Conversions and Citizenry, Goa under Portugal 1510 -1610*, New Delhi, 2002; Teotonio R de Souza, (ed) *Indo-Portuguese History, Old Issues, New Questions*, Concept Publishing Company, New Delhi, 1984; Norman Dantas, (ed) *The Transforming of Goa*, The Other India Press, Goa, 1999.

Goffman.²⁴ In works such as Michael Foucault's *The Birth of The Clinic*, led to a range of studies in the history of medicine and empire.²⁵ Daniel Headrick interpreted Western medicine as one of the colonising 'tools' of empire in controlling indigenous populations and bringing Western civilisation to hostile lands.²⁶ Studies examining medical institutions have emphasised relationships with society as one of control and subsequent resistance. Sanjiv Kakar's work on patient unrest in leprosy asylums shows a degree of resistance to Colonial authorities.²⁷ Similarly Colonial intervention in cases of fatal epidemic diseases such as plague, small pox and cholera emphasise resistance by indigenous populations and controlling powers exhibited by Colonial authorities.²⁸ Sanjoy Bhattacharya's work on smallpox eradication has contributed to our understanding of the relationship between scientists, Colonial authorities and the indigenous population.²⁹ Work by Mark Harrison has focused on medical care and sanitation provided for the British Army in India, and also the ideological shift in attitudes towards health and race in relation to British rule in India.³⁰ Scholars such as Biswamoy Pati have taken a different approach and asserted the importance of religious observances in relation to Colonial intervention during the nineteenth century.³¹

Reform movements in India during the nineteenth century encompassed organisations aimed at improving the status of women.³² The role of women in the medical profession has also been explored by a number of scholars. Western women were amongst the first medical professionals to provide health care to Indian women in India. Rosemary Fitzgerald has explored the role of women in medical missions in

²⁴ Erving Goffman, *Asylums, Essays on the Social Situation of Mental patients and other Inmates*, Penguin, London, 1961.

²⁵ Michael Foucault, *The Birth of the Clinic*,

²⁶ Daniel R. Headrick, *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century*, Oxford, 1981.

²⁷ Sanjiv Kakar, "Medical developments and Patient Unrest in the Leprosy Asylum, 1860 to 1940," in Pati B & Harrison M (eds.) *Health, Medicine and Empire Perspectives on Colonial India*, New Delhi, 2001, pp. 188-216.

²⁸ David Arnold, *Colonising The Body: State Medicine and Epidemic Disease in 19th Century India*, Berkeley, 1993.

²⁹ Sanjoy Bhattacharya, "Re-devising Jennerian Vaccines?: European Technologies, Indian Innovation and the Control of smallpox in South Asia, 1850-1950," in Pati B & Harrison M (eds.) *Op.Cit.*, New Delhi, 2001, pp. 217- 269.

³⁰ Mark Harrison, *Public Health in British India: 'Anglo-India' Preventive Medicine 1859-1914*, Cambridge, Cambridge University Press, 1994; M. Harrison, *Climates and Constitutions: Health, Race, Environment and British Imperialism in India, 1600-1850*, OUP, New Delhi, 1999.

³¹ Biswamoy Pati, "'Ordering' 'Disorder' in a Holy City: Colonial Health Interventions in Puri During the Nineteenth Century," in B.Pati and M. Harrison, (eds.) *Op.Cit.*, New Delhi, 2001, pp.270-298.

³² Geraldine Forbes, *Women in Modern India*, The New Cambridge History of India, IV.2, CUP, Cambridge, 1996.

India.³³ During the nineteenth century there were a growing number of Luso Indian women doctors, but unfortunately there were not enough sources available enable us to cover these people in the thesis. However, two women have been included in the data base, one from the Luso Indian community from Goa and the other part of the Luso Indian community from Bombay. Both these women were the wives of prominent Luso Indian medical men and made a contribution to scientific and community activities.

Fatima da Silva Gracias has contributed to our understanding of Western medicine in Colonial Goa from 1510 to 1961.³⁴ Her study of the development of medicine in Goa presents some information on medical doctors originating from Goa who worked in Bombay and in Portuguese colonies. A more critical analysis has been put forward by Cristiana Bastos.³⁵ Her study of doctors trained in the medical school in Goa and their subsequent careers in Portuguese colonies raises some interesting issues regarding the tentacles of Colonial power and the role of the colonised in building empire. Mridula Ramanna's research focuses on the rise of the medical profession and training offered at Grant Medical College.³⁶ Shubhada Pandya provides valuable analysis into the work of two graduates of Grant Medical College in the nineteenth century who worked on leprosy and germ theories.³⁷ However, neither of these scholars addressed the role of the Luso Indian communities in their work.

This thesis argues that Luso-Indians readily availed themselves of opportunities to train in Western medicine and that they formed an important element of the Western medical profession in Bombay. Luso-Indian medical practitioners made some valuable contributions to medical theory and practice, both in India and internationally and that they played an active role in professional societies.

³³ Rosemary Fitzgerald, " 'Clinical Christianity': The Emergence of Medical Work as a Missionary Strategy in Colonial India, 1800-1914," in Pati B. & Harrison M. (eds.) *Op.Cit.* New Delhi, 2001, pp. 88-136.

³⁴ Fatima da Silva Gracias, *Health and Hygiene in Colonial Goa 1510-1961*, New Delhi, 1994.

³⁵ Cristiana Bastos, "The Inverted Mirror: Dreams of Imperial Glory and Tales of Subalternity from the Medical School of Goa," *Etnográfica*, Vol.VI (1), 2002, pp. 59-76. "Doctors for the Empire: The Medical School of Goa and its Narratives," *Identities*, Vol 8(4), 2001, pp. 517- 548.

³⁶ Mridula Ramanna, *Western Medicine and Public Health in Colonial Bombay 1845-1895* New Delhi, 2002.

³⁷ Shubhada Pandya, "'Regularly brought up Medical Men': Nineteenth - Century Grant Medical College graduates, medical rationalism and leprosy," *The Indian Economic and Social History Review*, 41,3 SAGE, New Delhi/ Thousand Oaks/London, 2004, pp. 293-314.

Chapter One

Religion, Race and Language : Luso Indian 'Identities' - and 'Communities' in Nineteenth Century Bombay.

This chapter examines the creation of a Luso Indian 'identity' and 'community' in nineteenth century Bombay. Although a body of literature exists on Colonial influences on categories of 'race,' 'caste,' 'religion' and 'community,' much of this work largely relates to the wider population. Little information is available on minority groups, such as Luso Indians. Even though this group were not a powerful or influential group, they had a significant presence in Bombay and made a contribution to public and community services. Current academic writing relating to these categories is mainly limited to discussions that apply to society today and using the concepts derived from this work for the past is problematic as a number of key categories changed in meaning over time due to political, religious and cultural reasons. This chapter examines the official definitions and the effect of these in the creation of 'identity' and 'community', as well as some of those applied by Luso Indians in Bombay in the nineteenth century.

A.P. Cohen has emphasised that by definition 'boundary' marks the "beginning and end of a community;" it embodies the identity of a community.³⁸ He suggests boundaries are marked because communities interact in some way or other with entities from which they are or wish to be distinguished. Cohen stresses the importance of 'symbol' in the expression of community, and argues that people construct the notion of community symbolically:³⁹ "The symbols of community are mental constructs: they provide them with the means to express the particular meanings which the community has for them."⁴⁰ This chapter considers the imposition of boundaries, such as 'race, religion caste,' and 'community' and on Luso Indians through a range of early ethnographic accounts, official documents and Census data. It is argued that these categories had some impact on self-categorisation by Luso Indians. This is demonstrated through a study of a well know Catholic newspaper the *Bombay Catholic Examiner*.

This chapter is divided into three sections: The first section explores the language used, multiple definitions created and attitudes towards the formation of

³⁸ Anthony P. Cohen, *The Symbolic Construction of Community*, Chichester, 1985, p. 12.

³⁹ *Ibid.*, p.118.

⁴⁰ *Ibid.*, p.19.

categories of 'race,' 'caste,' 'religion' and 'community' in relation to the various intellectual and scientific arguments prominent in nineteenth century India. It discusses the issue of mixed race identity as Luso Indians were considered mixed race. The second section examines official definitions as represented in the Bombay Census Reports from 1864-1881 considers the extent to which a Luso Indian community was constructed by Colonial administrators. Those involved in compiling Census data were aware of the difficulties of categorising Indian Christians and those of mixed race identity. As a result Luso Indians were assigned multiple categories based on their 'national,' 'racial,' 'religious,' and 'caste' groups. It is argued that these boundaries contributed to and influenced the creation of community and also individual identities. Members of the various Christian communities, as other Colonial subjects, used some of these categories created by the construction of 'Colonial knowledge' to differentiate and define themselves.⁴¹ By contrast, the third section of the chapter examines the unofficial definitions as created by the Luso Indian community themselves.

The origin and development of the term 'race' and its application in nineteenth century discourse has been explored in some depth by a number of historians. In India, as elsewhere, during the early nineteenth century terms such as 'caste,' 'race,' 'tribe,' 'nation,' and 'religion' were used interchangeably.⁴² In the second half of the nineteenth century these terms become more clearly defined and applied by the British Colonial administration.⁴³ Some of these categories had different applications depending on the context in which they were used. As Susan Bayly has shown, the term 'race' entered Colonial ethnography through material on regional and caste systems generated in particular by the need to construct categories for the Indian Census. Bayly emphasises the importance of scientific theories in explaining and in defining the 'races' of India, asserting that the aim of Victorian ethnology was to use a rigorous scientific methodology to "define and rank all humankind, white and non-white."⁴⁴

Christopher Pinney's research on the early nineteenth century history of British ethnographic and anthropological photographic representations of Indians shows the importance attributed to physical characteristics in the categorisation of groups and

⁴¹ See Bernard Cohn, "The Census, Social Structure and Objectification in South Asia." *An Anthropologist among the Historians and Other Essays*, Delhi, 1990, pp. 224-54.

⁴² Rajat Kanta Ray, *The Felt Community, Commonality and Mentality before the Emergence of Indian Nationalism*, Oxford University Press, 2003, p.6.

⁴³ Nicholas B. Dirks, Op.Cit., New Jersey, 2000.

⁴⁴ Susan Bayly, "Caste and 'race' in the colonial ethnography of India," in P. Robb (ed.) *The Concept of Race in South Asia*, New Delhi, 1995, p.172.

communities. These constructions were later used in the compilation of the Census reports. Pinney demonstrates that scholars, government officials and amateur photographers were keen to capture on film the subjects of British Colonial India for exhibitions, private collections, scientific research and ethnographic quantification, and that these anthropometric data, including photographic and pictorial material produced by Colonial officials, were taken seriously in scientific circles.⁴⁵ Thus pictorial representations served to identify and to categorise people from all over India into regional, tribal, occupational and religious groups.⁴⁶ Pinney discusses ethnographic data collected by Herbert Risley in Bengal, E. Thurston in Madras, William Crooke in the North West Provinces, and William Johnson's work in Bombay. The work of Nicholas Dirks has shown how this information was used by the Colonial authorities. For example, to recruit defined social groups into the army, the 'martial races' such as Sikhs and also to identify supposed, "criminal races." Dirks also argues that during the nineteenth century categories of 'religion,' 'race' and 'occupation' were created through the 'Orientalist' construction represented in ethnographical material, scientific theories and the Census reports. This entailed the incorporation of European categories and imposed definitions based on physical characteristics, such as colour, complexion and distinguishing features as well as personality traits, occupation and factors relating to social and cultural practice such as, religion, marriage rites and customs, dress, food, and death rituals.⁴⁷

Both Dirks and Pinney refer to the popular anthropometric investigations that were used to support theories of race. Data collected from the colonies added to the development of this 'science.' Herbert Risley, the most prominent categoriser of racial characteristics in Colonial India, argued that due to the preservation of a rigid social structure in India categories of race there had remained intact. The large variety in the population also served as a wide field to test and prove theories of race. Crispin Bates has explored some of the most popular debates at this time regarding this topic.⁴⁸ It is evident that those of mixed race, Indo European and Portuguese, and Indian Christians were largely absent from this body of ethnographic material. It may be that these groups were less supportive of Risley's work. However, as scientific theories developed

⁴⁵ Christopher Pinney, *Camera Indica, The Social Life of Indian Photographs*, London, 1997.

⁴⁶ The Indian Amateurs Photographic Album, 24 parts Dec 1856-Oct 1858, Costumes and Characters of Western India in Christopher Pinney, *Camera Indica*, p. 28.

⁴⁷ Nicholas B. Dirks, *Op. Cit.*, New Jersey, 2000, p. 200-215.

⁴⁸ Crispin Bates, "Race, caste and tribe in Central India: The early origins of Indian anthropometry" in P.

and theories of acclimatisation became replaced with those of degeneration, notions of race and mixed race became more significant.

Although the arguments outlined above have been widely accepted, more recent work by Heather Streets provides compelling evidence that ideas about colour were not always integral to discussions regarding race, and that race theories were not entirely dependent on scientific thought. This may be significant for this study as Streets provides a number of examples to show how 'class' 'occupation' and even 'religion' had a role to play in categorising and ranking racial and ethnic groups. She also shows how language was manipulated to denote and rank religious and ethnic groups for example, categories such as 'Irish' or 'Catholic' were regarded negatively by some social classes.⁴⁹

Lionel Caplan's work on the Anglo-Indian perspective - largely an anthropological study with an historical perspective - is useful in the discussion of definitions regarding 'community' and 'boundaries.' Caplan rejects definitions of community in terms of "essential structural and cultural characteristics which define its limits in a fixed and enduring manner," which he argues apply only to those who conform to the characteristics that fall within the boundaries of the community, in favour of approaches such as that of Benedict Anderson which regard community as existing primarily in the minds of the people who experience and give meaning to it.⁵⁰ In this view, communities are 'constructed' or 'imagined.' Although Caplan's work relates to later developments of this community in South India it is suggested here that there are a number of similarities with the development of the Luso Indian community and that some of these arguments could also be applied to this community in nineteenth century Bombay. Another interesting stance has been put forward by John Tosh, he suggests that in the past social identities were regarded as fixed and enduring whereas now they are seen as more fluid and contingent.⁵¹

As Christians, Roman Catholic Indians were initially favoured by the Colonial administration: however, as Catholics, some of whom still pledged allegiance to the King of Portugal, they were also regarded with suspicion. It is interesting that they were

Robb (ed.) Op.Cit., New Delhi, 1995, pp. 219-257.

⁴⁹ Heather Streets, *Martial Races: The Military, Race and Masculinity In British Imperial Culture, 1857-1914*, Manchester University Press, 2004, pp. 168-169.

⁵⁰ Lionel Caplan, *Children of Colonialism, Anglo-Indians in a Postcolonial World*, Oxford, 2001, p.106. See also Benedict Anderson, *Imagined Communities, Reflections on the Origin and Spread of Nationalism*, London, 1991.

⁵¹ John Tosh, *Historians on History*, Harlow, 2000, p.13.

treated by the Colonial state as a single community, 'Indian Christians,' yet in reality they were made of a range of different backgrounds, divided by their ethnic group, caste status, denomination and communities. In the same way, South Asian Christians living in multi-cultural Britain today are diversely represented, a Tamil Methodist preacher in Scotland, a Goan Roman Catholic priest in South London and a Church of England Pakistani Bishop in Rochester would be sympathetic to the challenges each of their Christian communities face, but would not necessarily consider themselves as part of one Indian Christian community.

Categories relating to race did not remain static in Bombay during the nineteenth century: meanings changed considerably over the course of time. For example, previous to the use of the term 'Eurasian,' to denote those of mixed race, terms such as 'Indo Briton,' 'Anglo Indian' or 'East Indian' were used. In some instances members of the Luso Indian community were categorised using their nationality, listed as 'Portuguese.' In other instances, they were referred to by a religious identity and termed as 'Indian Christian,' or 'Roman Catholic.' The term 'East Indian,' which was originally applied to Europeans living and working in India associated with the East India Company, later became a self designated community term used by a Luso Indian community in Bombay to refer to themselves and their historical association with the Company as opposed to the migrant "Portuguese Christians" from Goa.⁵² Categories such as 'Eurasian' or 'Goanese' that referred to a perceived mixed race identity were used in the early nineteenth century, but later became unpopular with these communities as they implied a mixed race identity and the negative associations that developed, such as the degeneration of those of mixed blood, dubious lineages and a low caste status.

Issues relating to those of mixed race identity have been largely neglected by scholars. However, recent work by Christopher Hawes has explored the political, social and economic-dimensions of mixed race communities in Colonial India.⁵³ He suggests that those of mixed race were differentiated depending on who their parents were, leading to the creation of a complex set of terminology ranking subjects according to race, colour, education, accent, occupation, caste or class, sex and a number of other social and cultural indicators. Hawes argues that Eurasians identified themselves with European ideas and modes of living because of the educational and work opportunities

⁵² Elsie W. Baptista, *The East Indians: Catholic Community of Bombay, Salsette and Bassein*, Bombay, 1967, pp.1-28.

⁵³ Christopher John Hawes, *Poor Relations The Making of a Eurasian Community in British India 1773-*

offered by the Colonial state. Many were initially employed by the East India Company and later served as clerks in the Colonial administration. A number were recruited to work for the railways, the army and many became medical subordinates. In some instances those of mixed race, identified themselves with the British. They expected rights and privileges from their employers, such as housing and travel allowances, and medical expenses. Initially the Colonial authorities were indifferent to, or accepting of mixed race relationships, but later such affairs were treated with contempt and deep prejudice. By the late nineteenth century British attitudes towards the Eurasian community had become markedly hostile, and insistent on giving them separate and segregated identities. Hawes attributes this change in attitude to the burdens of financial responsibility incurred by the British to children born of English fathers, including legal and property rights, the costs of an education abroad or relocation.

Another contributory factor to such a shift in attitude towards those of mixed race was connected to scientific and intellectual ideas of the time. Historians such as Mark Harrison have identified a marked shift in attitude towards those of mixed race in nineteenth-century India. Through a study of medical and scientific ideas among the British scientific elite, Harrison argues that initial beliefs stemmed from religious biblical interpretations of the world, a monogenetic theory, rested on the belief that Europeans living in the tropics would become black and adopt Indian features in order to survive and resist disease. The belief was that European constitutions were unable to survive for more than three generations in India, therefore staff and soldiers had to be imported from Britain. The prevalence of disease among Europeans in India and high death rates were used as examples of degeneration. Later theories regarding race supported notions of racial superiority and inferiority. Religious, behavioural and cultural aspects of indigenous people began increasingly to account for the perceived degenerate state of health and lack of progress in India. Harrison linked these ideas to the increase in reform movements such as health and sanitation projects and the justification of British Imperialism.⁵⁴

The development of concepts of race became pivotal in institutionalising these theories, and the language and images evoked in climatic theories were still prevalent in the mid to late nineteenth century. The implication for those of mixed race were they

1833, Richmond, 1996.

⁵⁴ Mark Harrison, *Climates and Constitutions, Health Race and Environment & British Imperialism in Indian 1600-1850*, New Delhi, 1999.

were more likely to withstand the climate and be less prone to disease, however, they would also be prone to degeneration and the fear was they would rebel as they had done in Portuguese colonies where the policy in accordance with a medical theory, had once been to encourage intermarriage.

Within Goa and the other Portuguese territories a similar discourse about mixed race became established. It has been well documented that when the Portuguese arrived in India they encouraged intermarriage between Europeans and indigenous people. Dominant theories of acclimatisation had led the Portuguese Government to believe that children of mixed race unions would survive longer in the tropics. Mixed race marriages were also regarded as a means of propagating religious and cultural heritage. Research has shown that such marriages were not popular with the indigenous population and converted communities preferred to remain in their caste groups and observe caste practice which included the avoidance of inter-caste or mixed race marriages. According to Larry Pereira, when whole villages converted to Catholicism it was much easier for them to retain their traditional practices.⁵⁵

As scientific theories of acclimatisation became replaced with those of degeneration, those of mixed race heritage began to be regarded negatively. Richard Burton's work provides a useful example of how categories of race filtered into the intellectual arena.⁵⁶ It is clear in his account, *Goa and the Blue Mountains* that he was influenced by the theories of acclimatization. He wrote about the varying levels of degeneracy experienced by the various Portuguese descendents in Goa, then Portuguese India. White settled families were known as, 'Castissos,' their descendants, 'Mestici,' which later became a derogatory term connected to mixed race. According to Burton, the non mixed-population, ('The Goanese,') where he argued that although there had been no intermarriage, the air and climate had resulted in the same. Burton's descriptions were detailed and focused on lifestyle and habits of those settled in Goa. According to him these people manifested the worst qualities of Europeans. He highlighted negative characteristics associated with degeneracy, such as idleness, gambling, poverty, smoking, excessive eating and drinking. In Burton's description the production of a vulgar hybrid served as a warning to Britain. He recalled the policy of intermarriage by the Portuguese, who as mentioned earlier believed the amalgamation

⁵⁵Larry Pereira, "The East Indians," *Communities of Bombay: Early Settlers*, (papers of the Annual Bombay Local History Society Seminar), Bombay, pp.3-10.

⁵⁶ Richard Burton, *Goa and The Blue Mountains or Six Months of Sick Leave*, London , 1851, reprint

between the races would enhance survival and ensure loyal descendants fully acclimatised to local conditions.

Another powerful argument that circled the intellectual arena earlier in the nineteenth century was the continued presence of Aryan lineage in Indian society. The emergence of 'Aryanism' in India has been examined by Thomas Trautmann.⁵⁷ Although a large body of academic literature exists in this area very little of it considers the implications for those of mixed race identity and Indian Christians: however, this movement had an influence on some learned members of the Luso Indian community. For example, Dr. Gerson da Cunha - produced literature using geographical, linguistic and archaeological evidence to demonstrate the Luso Indian community were of Aryan descent and thereby placed them among those of high caste status. In 1877, he published in Sanskrit a version of a Hindu mythological text which he later translated into English as *The Sahyâdri-Khanda of the Skanda Purâna*.⁵⁸ This text attempted to locate the ancestors of Luso Indians as Aryans. His main work on Konkani language and literature, published in 1881, made an attempt to locate Konkani language originating from Indo European as opposed to being a dialect of Marathi.⁵⁹

During the early nineteenth century members of the various Luso Indian communities in Bombay were considered 'mixed race.' In some cases this suited their economic and social situation. However, it is argued here later that the shift in attitude towards those of mixed race identity resulted in an assertion of a non-mixed background. A number of derogatory references can be found with regard to those of mixed race. This may have accounted for why Luso Indians began to assert their own categories rather than adopt categories assigned to those of mixed race, such as 'Indo Portuguese' or 'Goanese' since these categories implied a mixed race-identity. It is interesting that many from this community emerged as professionals, such as doctors, lawyers, teachers and journalists who were increasingly regarded as elite members of the wider community.

Like race, caste was also a contested category of identity for Luso Indians in Colonial India, who were often assigned to stereotypical occupational categories. As

New Delhi, 1998, pp. 85-95.

⁵⁷Thomas Trautmann has examined the emergence of 'Aryanism' in India. Trautmann examined the history and development of British Orientalism and argued ethnographic collections sought to identify 'Aryanism' in Indian religion, race and language. The Census incorporated these categories and sought to reinforce these identities on groups and communities that it defined.

⁵⁸J.Gerson Da Cunha, *Sahyadri-Khanda, A mythological, historical and geographical account of Western India*. First edition of the Sanskrit text with various readings, Bombay 1877.

James Mackenzie Maclean, the author of popular guide to Bombay in the 1880s, pointed out “ most of the Native Christians in Bombay are Indo Portuguese, descendant of inter marriages between the first European settlers in Western India and the natives. They dress in the European fashion and wear the tall black hat instead of a turban. They are not a very active or progressive class of the community and seem to be content to provide Europeans with clerks, cooks and butlers.”⁶⁰ Indeed, many Luso Indians did work as domestic servants for Europeans, Parsis and for other Luso Indians living and working in Bombay. Additionally, large numbers from this group were recruited to work on the ships and in the merchant navy as ship stewards, later known as ‘Shippies.’ They were also employed as waiters in the growing number of restaurants and hotels in the city. However, statistics and evidence collected in this thesis show that the newly set up medical profession in Bombay attracted large numbers of Luso Indians who had been influenced by metropolitan Portuguese culture rather than British Colonial stereotypes. As in Continental Europe, professions in law, medicine or the clergy were considered with great esteem in Goa. There were no religious or cultural bars of being in contact with bodily fluids such as blood or urine or having to come into physical contact with other castes. Unfortunately, the broader question of whether the association of specific occupations, such as in medicine, with Catholic groups and communities in India more generally still remain largely unexplored.

Although Indian Christians were not Hindus, many embraced the social and cultural confines of the caste system, and this was certainly true in Goa, as Adelyne D’Costa has shown.⁶¹ D’Costa argues that here ideas of stratification imported from Europe merged with the existing indigenous framework of the caste structure producing a caste system among Luso Indians linked to a number of rules relating to hereditary membership, hierarchical arrangement of different groups, segregation and the concept of pollution, and caste occupation and endogamy. Further more, it is clear that some Indian Catholics were aware of the importance of assigning a caste identity to themselves, and began to adopt and assign terms such as, ‘Christian Brahmin’ or ‘Saraswat Brahmin’ in referring to elite members of Luso Indian society.⁶² The

⁵⁹ J.Gerson Da Cunha *The Konkani Language and Literature*, Bombay, 1881.

⁶⁰ James Mackenzie Maclean, *A Guide to Bombay Historical, Statistical and Descriptive*, (14th edition) Bombay, 1889, p.96.

⁶¹ Adelyne D’Costa, “Caste Stratification Among the Roman Catholics of Goa,” *Man In India*, Vol. 57, 1977.

⁶² Pramod Kale, “Tiatr: Expression of the Live, Popular Culture,” in Norman Dantas, (ed) *The Transforming of Goa*, Goa, 1999, pp. 141-4.

significance of this being terms such as 'Brahmin' or 'Saraswat' are Hindu terms denoting caste status and thus incompatible with Christian teaching of equality. However, in this case it seems caste status linked with historical and social attitudes rather than religious affiliations. One distinctive feature of Goanese society was that there seems to have been an "absence of caste-linked occupations for the higher caste groups"⁶³ and D'Costa identifies a predominance of higher caste Catholics in the professions. This raises some questions in relation to the medical profession. According to traditional Hindu teaching doctors were considered low caste, however, it could be argued, when 'high caste' Luso Indians entered the medical profession this removed the low caste status that the profession was thought to have had. The various occupations in the medical service may have become associated with particular caste groups. Ultimately, it could be argued traditional caste groups merged and become absorbed into new professions and occupations introduced by the Colonial state. D'Costa's study supports the well-established theory that the caste system may have its roots in areas of social and cultural significance other than religion as previously argued. However, some of the findings of this research show that initially Luso Indians were able to access opportunities in British India that did depend on their religion which in turn reinforced their original caste status. Furthermore, the medical profession itself served to encourage and reinforce the attributes connected to those of a high caste despite its connections to pollution.

Under the terms of the Papal Bulls of the fifteenth and sixteenth centuries the Portuguese crown was given certain revenues and privileges within Portugal and overseas. In return they had to finance and support the missionary activity in its colonies, termed the *padroado*, or patronage. Goa became the centre of the Catholic Church from an area extending from the Cape of Good Hope to China. Since Bombay was occupied by the Portuguese, a number of Catholic churches, congregations and missions were set up there. However, problems in recruitment and retention of priests led to neglect. After the establishment in Rome of the Congregation for Propaganda in 1622 a number of Catholic missionaries were sent to remote areas that had been overlooked by the Portuguese. Local Portuguese clergy resented this interference.⁶⁴ Further, the Archbishop, based in Goa had retained jurisdiction over some congregations

⁶³ Ibid., p.290.

⁶⁴ M.N Pearson, *The New Cambridge History of India Vol.I: The Portuguese in India*, Cambridge, 1987, p.118-9.

in Bombay. This came under the *padroado*, which caused great division and conflict amongst the Roman Catholic hierarchy, clergy and congregations.

There were political and economic reasons for the British Government to encourage Catholic missions in India. As Kenenth Ballhatchet has pointed out there were early historical links in Madras and Bombay between the East India Company and the Portuguese.⁶⁵ Portuguese influence was dominant among the local merchants and clerks in both places, and the British later supported a French Capuchin mission in Madras and an Italian Carmelite mission in Bombay. In 1780 the East India Company government responded to the criticism that the ministry in London was neglecting England's historic ties with Portugal in the interests of a new commercial understanding with France, by supporting the position of the Archbishop of Goa in Bombay and the Bishop of Mailapur in Madras.⁶⁶ However, whilst the authority of the Portuguese Bishop of Mailapur was recognized by the Madras government, the Bombay government felt threatened by a strong Goan influence which it was believed to be spread by the Archbishop and his clergy. The government suspected "constant communication with and looking to Goa. Goanese Catholics were said to be proud of their Portuguese culture. They were like a 'separate caste.' They thought of their rulers as 'merely English heretics.'"⁶⁷ Such attitudes brought mistrust and fear since most of the priests in the Bombay Presidency were of Goan origin or had been trained in Goa. The government concluded that the Carmelite Bishop should be helped to train priests in Bombay and finally the Court of Directors were persuaded to finance a seminary to train priests in Bombay. When the British had taken control of Bombay a split occurred between Catholic ecclesiastic authority. One community continued to show allegiance to the King of Portugal who appointed Bishops through the Archbishop of Goa and the other community was aligned to the British who allowed the appointment of Bishops through the Holy See. As a result two separate Catholic communities developed in Bombay. Neither of them would accept each other in their churches for baptisms marriage or burial.

The Census was one of the main ways in which the rulers of Colonial India created categories for the organisation, management and governance of their Indian subjects. Using information mainly collected from the Census Reports for Bombay for

⁶⁵ K. Ballhatchet, *Op.Cit.*, 1997, pp. 13-22.

⁶⁶ *Ibid.*, p.15.

⁶⁷ *Ibid.*, p15. (Pub. Letter from Bombay, 1 Nov,1819 para. 91.)

the years 1864, 1872, 1881 we can now consider the various definitions given to 'Luso Indians' in the context of Indian Christians in nineteenth century Bombay. The first part of this section considers issues relating to 'caste,' 'race' and 'religion.' This statistical evidence also throws light on aspects of migration, social status, occupation and literacy which are dealt with in the second part of this section on the Bombay Census. The growth in the population of Bombay was partly due to the increase in Luso Indian economic migrants many of whom were attracted to the City by the newly created occupations that were introduced by the British. The urban setting required a large increase in a professionally trained workforce. Education was a key factor in this process. This section briefly investigates the background of the Luso Indian migrant workers and their opportunities for education and employment. These themes are explored in the final section of this chapter where it is argued that information, including inaccuracies and misrepresentations recorded in the Census Reports, contributed to Indian Catholic self perception and the formation of 'community identity.'

Christopher Baker's analysis of the Madras Census, in the context of changing government strategies in its administration of land revenue and the collection of taxes, argues that the nature of the Census reveals much more about the character and motivation of the Colonial state than about the nature of Indian society.⁶⁸ However, in this essay Baker did not attempt to examine the effect of the process of the creation of the Census on Indian society. Kenneth Jones has analysed the role of the 1872 *Census* in constructing 'religious' identity in the Punjab.⁶⁹ Jones suggests that the detailed and considered notes contained in this Census report on various groups and communities served to give these groups a sense of legitimisation in the form of quantifiable evidence. Further, he writes, "religious communities became mapped, counted and above all compared with other religious communities." He argues that in the "last two decades of the nineteenth century educated Indians became aware of the Census and turned to it for an official view of their world."⁷⁰ The Census thus provided a platform for competition between elites belonging to different religious communities.

In his study on Christians in the Census in South India, G.A Oddie found a number of ambiguities in defining 'Indian Christians' especially in relation to caste

⁶⁸ Christopher J. Baker, "Figures and Facts: Madras Government Statistics 1880-1940," in Christopher J. Baker and David A. Washbrook, *South India: Political Institutions and Political Change 1880-1940*, Delhi, 1975, pp. 204.

⁶⁹ Kenneth W. Jones "Religious Identity and the Indian Census," in N. Gerald Barrier (ed.), *The Census in British India: New Perspectives*, New Delhi, 1981, pp. 73-101.

categories.⁷¹ He also acknowledges difficulties with issues of categorisation according to race. Oddie points out that both Central and Provincial governments were keen to collect statistical data in relation to religious affiliation. In relation to Indian Catholics, he found evidence that this was partly due to the fact that the civil authorities were being drawn into settling disputes between the majority of Catholics who owed their allegiance to the Vicar Apostolic and the minority who continued to be under the control of the Portuguese priests.⁷²

The introductory notes to the 1864 *Census* showed that it categorised the population according to age, and by castes and races.⁷³ The *Census* reported the number of 'Indian Christians' as 19,900. The place of birth given for 14,200 of these were the Portuguese territories of Goa, Daman and Diu.⁷⁴ The number of Indo Europeans was 1,890 and Europeans, 8, 415.⁷⁵ The background notes on various religious traditions were brief: the defining factor of each tradition was based on belief in God. For example, Buddhist and Jains were categorised as having no personal God, the Brahminical tradition had many gods, the belief system of Zoroastrianism was regarded as duality and monotheism for Muslims, Jews and Christians. Hindus were defined as having a system based on caste which determined commensality and marriage. It noted that the population was separated in religious and social matters. They did not eat together, apart from Christians that made up three and three quarter percent of the population.⁷⁶

The 1871 *Census* divided the population according to the categories of 'sex,' 'age,' 'religion,' 'caste,' 'race and nationality' and 'occupation' and 'education.'⁷⁷ The problematic nature of collecting much of this information is reflected. For example, the term 'caste,' was seen as being only applicable to Hindus. Though Jains were considered Hindu by 'race,' they were not to be entered as Hindu. By contrast, Muslims were seen to have emerged from a number of 'races,' but it was argued that they should be grouped under one 'religion.' It suggested, Indian Christians were to be classified by their 'religion' or not at all. It was argued that it was impossible to enter the categories of

⁷⁰ Ibid., pp.84-5.

⁷¹ G.A Oddie, "Christians in the Census: Tanjore and Trichinopoly Districts, 1871-1901," N. Gerald Barrier (ed.), *Op.Cit.*, 1981, p.119-49.

⁷² Ibid., p.120.

⁷³ *Census 1864*, pp. (vii) – (ix).

⁷⁴ Ibid.

⁷⁵ Ibid.,p. (xi).

⁷⁶ Ibid., pp. (xxi) - (x).

⁷⁷ *Census of the Bombay Presidency*, Part 1, Government Central Press, Bombay, 1875.

'race' and 'caste' together, since "Sonthal or a Cole may be a Muslim or an Indian Christian." Further, it argued that problems would arise if- they were entered as an Indian Christian because then the category 'race' would be lost; if entered as a Sonthal, being an 'Indian Christian' or a 'Muslim' would not be recorded.⁷⁸ Guidelines regarding column six which covered 'Class or Caste' suggested that the enumerators had "nothing to do with caste classification, this was to be completed afterwards by the compilers." The enumerator's job was to simply enter the caste or class given to them for each individual. This was not required for European Christians but only in the case of Indian Converts. It was recognised that whilst Christians were supposed to have relinquished their 'caste' identity on conversion they still continued to use them. It stated, "the original caste must invariably be given although it has been lost."⁷⁹

In comparison to the notes provided on Jews, Parsis and Muslims, the notes on Indian Christians were limited. However, definitions of the various communities continued to elude the Census compilers. It was suggested that the categorisation of Christians should be confined to, "(t)hose who believe in the divinity of Christ." They would then be entered as the sect or church to which they belonged. However, it may be significant that it is stated, "Native Converts to Christianity must be shown as Native Christians." It was made clear that in these cases the term 'Protestant' was to be avoided. "Christians may be divided into those who acknowledge the Pope's supremacy and those who protest against it." A note refers to the fact that though eight different denominations or sects of Christians were shown, they could be broadly classed as, "Papist, or Protestants but unfortunately our native converts have been returned as converts merely, without further distinction, so a third class has been created... ." ⁸⁰

A diverse range of Christian denominations existed in Bombay. The *Census* showed the categorisation of Christians was as follows; Armenian, Baptist, Episcopalian (Church of England), Greek, Presbyterian, Roman Catholic, Wesleyan and Native Christian. Table 1:1 shows the range of Christian denominations in Bombay Presidency and Bombay City in 1872. There were eight Christian religious denominations, including one termed as 'native converts.' However, it is clear that in both Bombay Presidency and Bombay City the largest Christian denomination was Roman Catholic.

⁷⁸ Ibid., p. 60.

⁷⁹ Ibid. p. 97.

⁸⁰ Ibid., pp. 76-86.

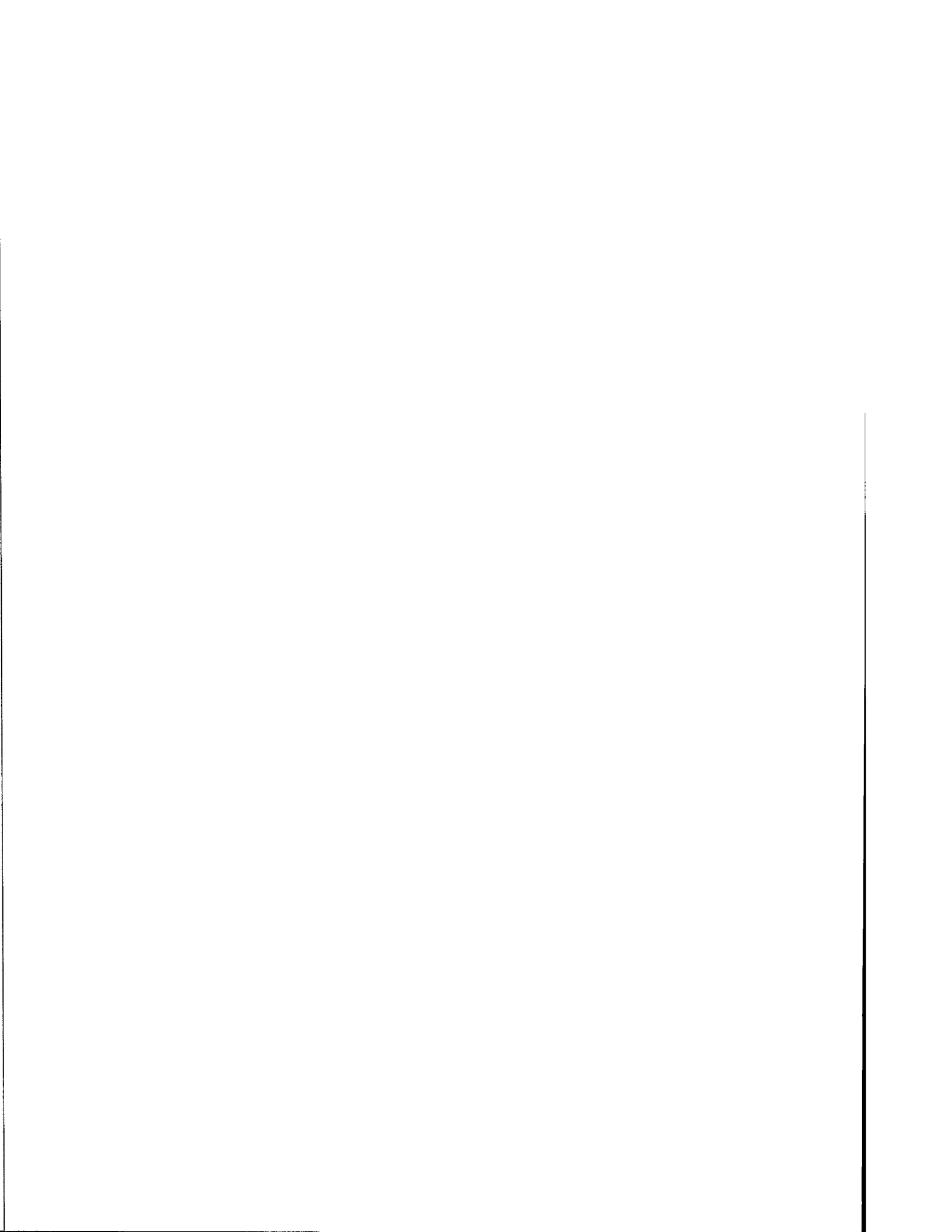


Table 1.1 Christian Denominations in Bombay Presidency and Bombay City, 1872 ⁸¹

Denomination	Bombay Presidency	Bombay City
Episcopalian (C of E)	9,683	6,780
Baptist	426	214
Wesleyan	124	43
Presbyterian	2,326	804
Greek	89	46
Armenian	136	25
Total	12,784	7,912
Roman Catholic	75,000	25,337
Native Converts	18,287	1475
Total	106,071	34,724

The 1872 report on the *Census* of Bombay Presidency reflects the problematic nature of collecting information. There is also evidence that categories of race were created. For example, the categories of 'Caste, Race or Nationality' were divided into 'Asiatic,' 'Non-Asiatic' and 'Mixed Races,' which were further divided into 'Indo Portuguese' and 'Eurasian.' Under the statement for "Nationalities, Races, Tribes, Castes" were Mixed Races: Eurasians, Indo Portuguese and all others. Muslims and Indian Christians were considered as being made up of many races that could "all be grouped under one religion" and had to be "classified by their religion or not at all." Though divisions were acknowledged among the various communities, other categories were created, for example, "Persons of Hindu origin not recognising distinction of castes such as Sikhs and native converts." ⁸² The 1881 *Census* divided Christians into four categories, 'Europeans,' 'Eurasians,' 'Native Christians' and 'Negro Africans.' It showed an increase in the Christian population from 25,100 recorded in the 1871 *Census*, to 30,700. This resulted in a marked increase of 21.95% in the number of Christians in the population. They made up 5.50% of the population and 75.90% were Roman Catholics of whom it was said, "their organised strength is seen and manifested in the Society of Jesus." ⁸³ There were 10,450 Europeans enumerated in 1881 compared to 7,250 in 1872. The report suggested an increase in the European population was due

⁸¹ *Census of the Bombay Presidency*, Op.Cit. 1875, p.96.

⁸² *Ibid.*, p.181-2.

⁸³ *Census of the City and Island of Bombay*, February 1881, p. 49.

to Eurasians having been enumerated as Europeans. It also pointed out the decrease in Eurasians may have been due to a “more careful discrimination between Eurasians and Native Christians.”⁸⁴

A comparison between Table 1:2 and Table 1:3 below shows a change in categorisation, 'Native Christians,' and 'Indo Portuguese,' became classed as 'Native Christian' and 'Goanese' and the term, “Hindu Origin who were returned as Native Christians,” is ambiguous as it could refer to those recently converted by Protestant missionaries or to those Christian groups that still retained traditional Hindu social customs.

Table 1:2

Christian Population as shown in the *Census of the City and Island of Bombay*

Feb 17 1881⁸⁵

	Indian Christian	Indo Portuguese	Armenian	Hindu origin who were returned as Indian Christian	Baghdadi
Males	17,222	16,278	14	922	8
Female	7,897	7,256	8	622	11
Total	25,119	23,534	22	1544	19

Table 1:3

Proportion of each Race or Class to the Population as Ascertained by the *Census*

of 1872 and of 1881⁸⁶

Classes	1872	% of each class of the total population	1881	% of each class of the total Population
Indian Christian & Goanese	25,119	3.90	30,708	3.97
Eurasian	2,352	0.36	1,168	0.15

⁸⁴Ibid., p.50.

⁸⁵Ibid., p.29.

⁸⁶Ibid., 40.

In a similar way the 1881 *Census Report* when referring to “classes” introduces the terms “Goanese” and “Native Christian”⁸⁷ when quoting information from the 1871 *Census Report*, whereas in the 1871 *Census Report* this category are reported as part of the “mixed race” population as “Indo Portuguese.”⁸⁸ Additionally, in the 1881 *Census Report* the term 'Eurasian' was introduced.

Compared to the *Census Report* of 1872 the *Census Report* of 1881 was more streamlined and succinct.⁸⁹ It contained meticulous recordings of the location of various communities that lived in Bombay. Indian Christians were said to be segregated living in communities termed 'Portuguese' in areas near churches. It mentions the existence of separate burial grounds in Matunga for Christians that were under the jurisdiction of the Archbishop of Goa. Since the previous Census the population had expanded by 128,800 to 773,200. The increase was accounted for by the rise in “immigration.” It also noted the growth in the number of female immigrants to the City. The total number of Christians had increased by 22% and formed 5.50% of the population. The Christian denominations recorded had increased from the previous Census by three to include Lutheran, Syrian and Congregationalist. They were divided into racial categories termed 'European,' 'Eurasian,' 'Indian Christians' and 'Africans.'⁹⁰ The total number of Indian Christians was 30,800; the population had risen by 22.25% from 1872 by 5,600. In contrast, the number of Eurasians had decreased by 1,180. In 1872 the number of Eurasians was recorded as 2,350 and in 1881 the figure was 1,170. Under the category 'Indian Christian and Goanese' that totalled 30,680,⁹¹ out of which 29,980 were enumerated as 'Roman Catholic.'⁹²

The range of different denominations shows various mission activities in India. However, it emerges that some Indian Christians did not consider their denomination as an important factor. In an enclosure in papers belonging to the General Department regarding the Census, Mr. J Robson of Aberdeen commented on discrepancies in the numbers of Indian Christians represented by the 1891 *Census* with regard to Christian denominations. He commented that, “The Methodists in the last two or three years of the Census introduced the practice of multitudinous baptisms baptizing persons who had not been adequately instructed, who did not break with their castes who remained as

⁸⁷Ibid.

⁸⁸*Census 1871*, p.96 & p.101.

⁸⁹*Census 1881*.

⁹⁰ Ibid., p.49.

⁹¹ Ibid., p.24-8.

they were.” He argued that such a practice, resulted in people sending in returns which showed them as belonging to their former castes and not as Christians. Robson gave an example of where a Methodist mission claimed they had thirty to forty converts yet in the Government Census only three were reported. He accounted for this problem by claiming that “...the missionaries do not consider it part of their work to instruct their converts in the distinction between the different “isms “of Christianity. A Native Christian, if asked whether he belonged to the Presbyterian Church, would very likely not know what that means. If asked if he belonged to the Church of England, he would know that Christianity was the religion of the English and therefore return himself as belonging to it.”⁹³

⁹² Ibid., p.49.

⁹³GD, Volume 36, no. 451, Enclosure (2), 1894, p. 8.

**Table 1:4 Faith and Sect of Indian Christian and Goanese, Eurasians, Europeans
shown in the 1881 Census⁹⁴**

Religion or Sect	Indian Christian and Goanese	Eurasians	Europeans
Armenian	0	17	7
Baptists	15	3	86
Congregationalist	30	8	24
Episcopalian (C of E)	223	540	4184
Greek	0	1	19
Lutheran	0	0	69
Methodist Wesleyan	40	26	407
Presbyterian	225	91	1278
Roman Catholic	29974	297	1852
Syrian	0	2	0
Other sects	0	0	19
Unspecified	201	183	2501
Protestant Christians			1
Unitarians			5
Positivists			
Theosophists			
Total	30708	1168	10451

⁹⁴*Census 1881*, p. 49.

The statistical evidence in the Census Reports points to a much higher ratio of men to women in the population of Bombay City.⁹⁵ This was probably due to the migrant nature of the population. In the *Census* of 1864 the population was 816,562 of which 530,450 were male and 286,112 were females. A ratio of 185.4 men to 100 females.⁹⁶ According to the 1872 *Census* the population of the City of Bombay including the Harbour was 644,405, these figures showed a decrease of 172,157 people from the *Census* in 1864 and it suggested that this was due to large numbers of migrant workers that returned to their villages after becoming unemployed as a result of the economic crash in Bombay.⁹⁷ Table 1:5 below shows that in 1871 the proportion of males was 224.33 to 100 females.⁹⁸ According to the *Census* figures for 1881, under the category 'Indian Christian and Goanese' were 19,900 males and 10,780 females totalling approximately 30,680.⁹⁹

Table 1:5

The Number and Proportions of Male to Female among the Mixed Race Population and the Percentage ratios of the Total Population¹⁰⁰

Mixed Race Population	Number	Proportion of males to 100 females	% of the Total mixed raced population	% of the Total Population
Eurasian	2352	106.67	9.09	0.36
Indo Portuguese	23534	224.33	90.91	3.65
Total	25886	165.05	100.00	4.01

The 1881 *Census* sought information on the birth place of Indian Christians. It is clear from these figures that the majority of Indian Christians were born outside Bombay. It is likely that this was because many of these were migrant workers who had emerged from Christian communities elsewhere in India. For example, many originating from Goa worked on the ships and therefore they would have been a transient population leaving their families behind. Over a period, a number of migrants brought their families and settled in Bombay, whilst retaining some ancestral ties in Goa.

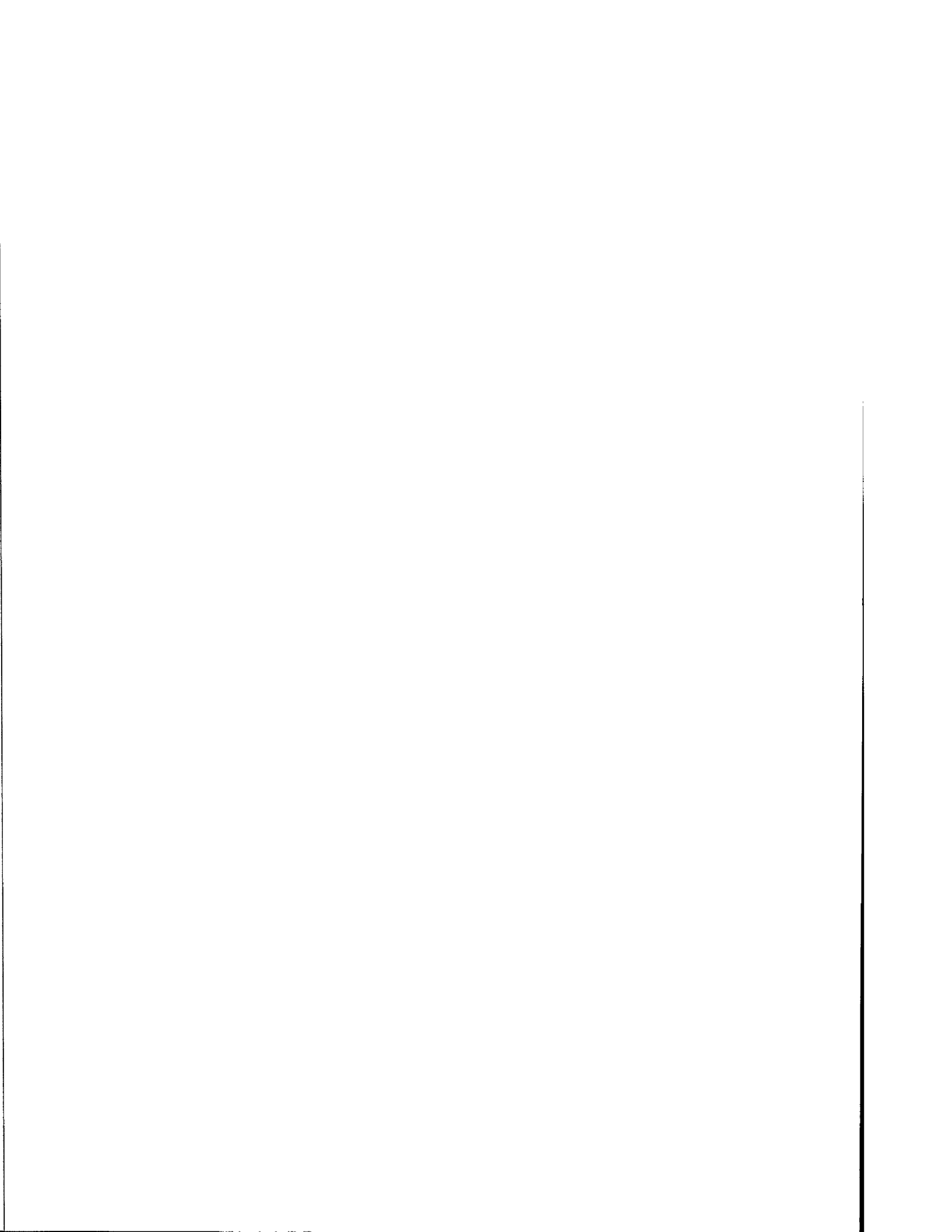
⁹⁵ *Census of the Bombay Presidency*, February, 1872, Table 23, p. 28.

⁹⁶ *Census 1864*, p.(vi).

⁹⁷ *Census 1972*, p.9.

⁹⁸ *Ibid.*, Table 23, p. 28.

⁹⁹ *Census 1881*, pp.24-8.



John Baptist Pinto argued the origin of Goan emigration into Bombay could be traced from the time of the French Revolution. In 1779 the British Indian Government stationed their naval fleet in Goa against a feared attack on their Indian possessions by the French. According to Pinto, the British required workers to supply the needs of large navel personnel and found the Goans, "i.e. the Christians, just the sort of people they wanted to work for them owing to the mode of their Western dress, food, drinks, social customs etc." As a result the Goans became an important source of labour supply and undertook a range of employment associated with the Colonial enterprise. Pinto commented that, "Goan cooks, butlers, pantry boys, dhobis, bakers, tailors, shoes makers, musicians, clerks, ayahs, were given exclusive monopolies throughout the length and breadth of the then undivided India." He noted that the exodus of Goan emigrants was at first confined to the "labouring classes" and to musicians only, while the Goan elite, known as "Batcars" i.e Landlords and the "Decendentes" the counterpart of the British Indian "Eurasians" or Anglo- Indians, described above, remained in Goa and looked upon the migrants with "scorn" and "sneers" and nick-named them "Bombaistas" or Mumoicares."¹⁰¹

According to Rajnarayan Chandavarkar migration occurred within the framework of caste, kinship and village connections. Migrants to the city of Bombay lived with their co-villagers, caste-fellows and relatives and sought work with their assistance. In times of distress, these social connections provided support. Chandavarkar argues that caste and kinship appeared to form indivisible social units in the city's working class neighbourhoods. He also emphasises the importance of rural migration as a source of labour supply to Bombay.¹⁰² Further Jim Masselos shows how hereditary connections were of importance in making business connections and he argues that migrants were quick to use existing bonds of kinship which led to a reinforced awareness of regional district and village loyalties.¹⁰³

A table in the 1864 *Census* provided the occupation of people of different "castes" and "races" in Bombay at the time the Census was taken. In the category of 'Native Christian,' 218 were listed as medical men and 47 were categorised as 'Indo

¹⁰⁰ *Census 1872*, Table 23, p.23.

¹⁰¹ John Baptist Pinto, *Goan Emigration*, Goa, 1953, Preface & pp.2-3.

¹⁰² Rajnarayan Chandavarkar, *The origins of Industrial Capitalism in India: Business strategies and the working classes in Bombay 1900-1940*, Cambridge, 1992, p. 124.

¹⁰³ Jim C. Masselos, *Op.Cit.*, Bombay, 1974. p. 7.

European¹⁰⁴ In comparison the 1881 *Census* arranged the population according to “class” and “sex.” The descriptions of various occupations in Bombay were quite vast and it is argued that this reflected a rapidly expanding City. They were presented in ‘classes’ that were sub-divided into an order which implied a strict hierarchy.¹⁰⁵ Table 1:6 below provides statistics showing the number of 'Indian Christians and Goanese' and 'Eurasians' in medicine. It also provides information on female mid-wives and nurses.¹⁰⁶ Eric Stracey suggested that, 'Anglo- Indian' women dominated both civil and military nursing services until women from other communities “overcame aversion to bodily discharge.”¹⁰⁷

Table 1:6 Indian Christians in Medicine in Bombay, 1881¹⁰⁸

	Total number	Indian Christian & Goanese	Eurasian
Male Physicians and Surgeons	107	20	2
Male Medical Assistants & Hospital Servants	339	145	4
Male Chemists and Druggists	327	47	n/a
Female Mid-wives and Nurses	384	82	5

Opportunities for employment arose for these sections partly due to the expansion by the British. Work linked to the railways, roads, engineering, public institutions and administration opened up new occupations. Additionally, there were some occupations that remained taboo for orthodox Hindus. For example, travel abroad, the preparation of food, such as the handling of meat, alcohol or utensils that had been used by other castes were prohibited. Indian Catholics arriving from outside the city did not share these religious prohibitions. The number of Indian Christians entering the medical services was significantly high compared to the number in the population.

The category relating to literacy spanned religious groups and castes.¹⁰⁹ The figures show the literacy rate among Indian Christians was recorded as much higher

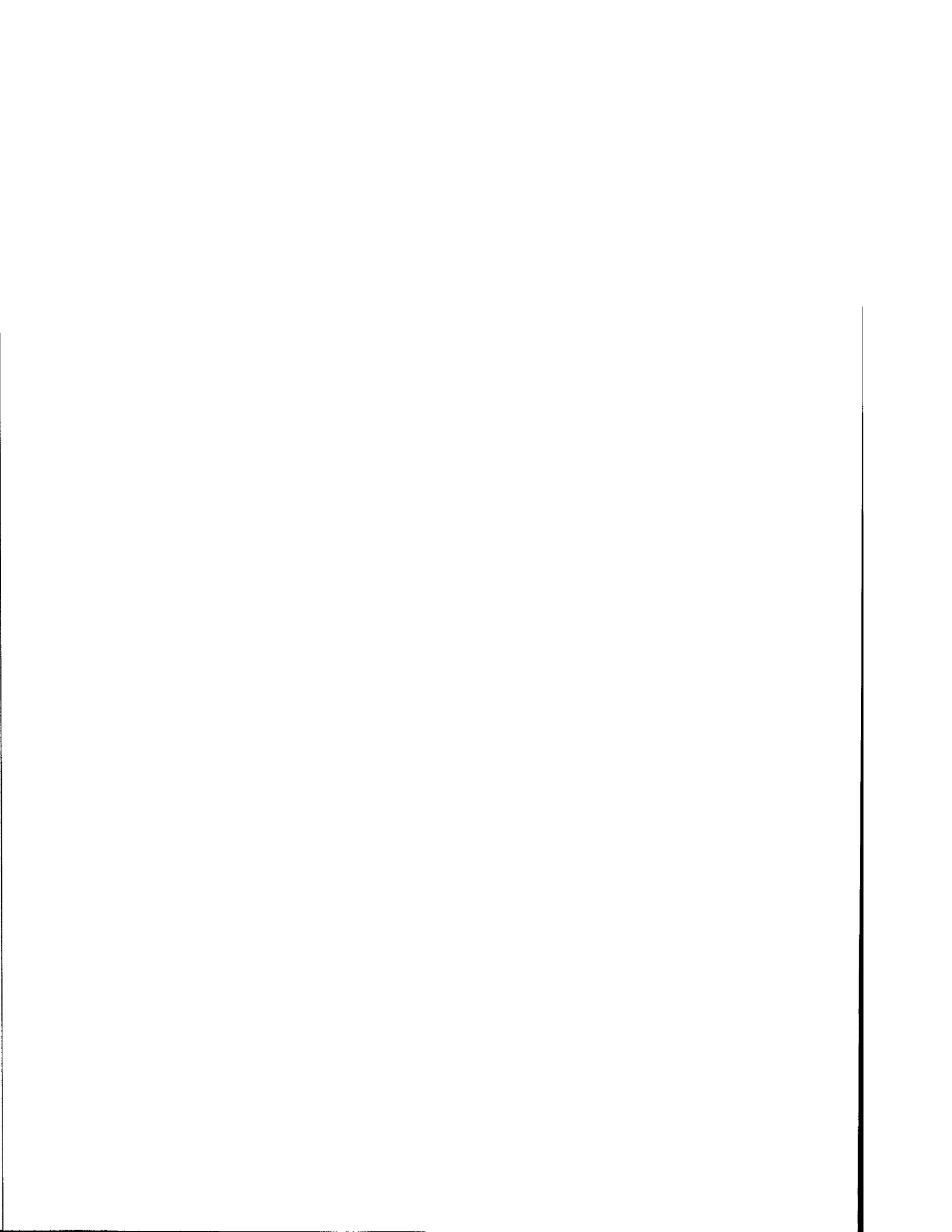
¹⁰⁴*Census 1864*, p.87. (Table LXI)

¹⁰⁵*Census 1881*, p.174.

¹⁰⁶*Census 1881*,p. 174. (Table 124) and p. 179.(Table 125)

¹⁰⁷Eric Stracey, *Growing up in Anglo-India*, Madras, 2000, p. 24.

¹⁰⁸*Ibid.*,p. 174. (Table 124) and p. 179.(Table 125)



than for Hindus.¹¹⁰ These figures were used as an example of how progressive the Christian community were. Literacy rates among women were particularly regarded as an issue. Education amongst various Christian groups in Bombay has been cited as an important factor in the progress of these communities; for example, the following information relies on work by Teresa Albuquerque on early Catholic education in Bombay.¹¹¹ She argued that education formed a way to social advancement for Catholic communities in Bombay and Goa. The emphasis on education by Catholic missionaries ensured that schools and colleges were set up in Bombay and Goa at an early stage of their missionary work in India. Western education had been introduced to Bombay as early as the 16th century by Roman Catholic missionaries from Portugal. Colleges and orphanages were established in the areas of Bassein, Thana and Chaul to provide an education and training in agriculture and industry. Elementary schools attached to churches were set up to provide instruction in Portuguese and Latin. Due to their familiarity with the Roman script it is thought, in the later part of the seventeenth century, the East India Company employed a number from this community as clerks, assistants and secretaries. However, due to political unrest and the expulsion of the Portuguese in the area of Salsette by the Marathas many of these educational institutions were destroyed. Internal factions, such as the Padroado-Propaganda controversy, as explained earlier in this chapter, also hindered the progress of Catholic education in Bombay.

The evidence presented in the next section demonstrates that indigenous professionals had access to material in the Census Reports, and as well as being influenced by it, they augmented and contributed to the current debates of the time. Further, the way in which knowledge was created, communicated and shared among professional, medical and scientific groups could also be an interesting factor in understanding the creation of categories of 'community', 'race' and 'religion.' Rather than merely accepting the imposition of categories or knowledge passively, members of various communities in Bombay interacted with, negotiated and manipulated definitions and categories to suit their own interests and needs. There is some evidence that these categories altered and absorbed different meanings depending on the social, cultural and political climate of the time.

¹⁰⁹*Census 1872*, Part II, 1872, p.197.

¹¹⁰*Ibid.*

¹¹¹Teresa Albuquerque, *Op.Cit.*, Bombay, 1992.

In September 1850 there were three English language Catholic newspapers in Bombay; the *Bombay Catholic Laymen*, *The Bombay Catholic Standard* and *The Bombay Catholic Examiner*.¹¹² The *Anglo-Lusitano* was in both English and Portuguese. It is argued that these papers may have influenced and or legitimised the way in which the communities defined and perceived themselves. They covered ecclesiastic matters such as historical differences between various denominations, theological and philosophical perspectives. They showed the differences and similarities in social and cultural practice from other religious and denominational groups. It is argued here that information gathered and subsequently published for the Indian Census Reports contributed to internal community debates over the creation of categories to define themselves and show a growing awareness of self identity amongst the various Luso Indian communities in Bombay. Some of these are articulated through a popular Catholic newspaper of the time, the *Bombay Catholic Examiner*. This paper attempted to unite Roman Catholic communities not only in Bombay but throughout the world, and there is evidence that it did have a readership amongst members of the various Indian Roman Catholic communities in Bombay. Material consulted in the Roman Catholic press highlights the conflict, tension and cohesion between various Luso Indian communities in Bombay. There is also evidence of tensions between Roman Catholics and the perceived 'Protestant' Colonial State.

The *Bombay Catholic Examiner* was the mouthpiece of the Catholic Church in Bombay and fostered the growth of a sense of a Catholic community which was encouraged to coalesce and to campaign against the Government on various issues. It highlighted the way the community sought to define itself as distinct from other groups and communities. Attitudes to social issues such as the treatment of women, health and education and political issues such as opinions towards the State can also be found here. This discourse may be a useful tool to discern how the Indian Catholic identity emerged during the nineteenth century.

Father Charles Cooke, originally from Brighton in England was sent to India by the General of the Jesuits in 1858 and he was appointed editor of *Examiner*, a post he held until 1882. During his editorship in April 1859 the monthly paper became a weekly publication.¹¹³ The paper adopted an anti-government stance and took a number of opportunities to condemn the actions of the State, which was perceived as Protestant.

¹¹²J.H Gense, *The Church at the Gateway*, Bombay, 1960, p. 221.

¹¹³*Ibid.*, p. 251.

For example, the *Examiner* highlighted complaints about the lack of provision of Catholic services for British soldiers and their families. Historically, the Freemasons were prominent in Bombay and since the Catholic Church were vehemently opposed to Freemasonry, the paper constantly criticised members of the Government, Protestant clergy and prominent members of the community for their involvement with the Freemasons. Global issues relating to Catholics including conflict in Northern Ireland were also reported and often used as examples of how the “Protestant State” was oppressive in dealing with Catholics. Protestant missionary literature of the time reflected the notion that Hindu society was dominated by a Brahminical system which was rigid and corrupt.¹¹⁴ This was often compared to pre-reformation Europe with tyrannical priests, a strict hierarchical order and corrupt Catholic papists. These attitudes created resentment from the Indian Catholic clergy and communities and continued to cause friction well into the late nineteenth century.¹¹⁵

A number of articles that featured in the *Bombay Catholic Examiner* highlighted ancient Christian links with India and separated these Christian groups from English Anglicanism. Historical conflicts between the State and the various communities also featured in the paper. One article referred to the demolition of a Portuguese Church in 1755 for the strategic placement of a marine battalion. The main contention was that the Court of Directors did not fund a replacement of the Church. They claimed this was, “in contravention of the express provision of the marriage treaty under which Bombay was ceded to the crown.”¹¹⁶ It complained that the Government were perpetually interfering in ecclesiastical matters. The way in which readers were constantly being reminded of historic conflicts seemed to serve in preserving the antagonistic relationship between the existing Protestant-State, the Roman Catholic Church and its adherents.

The tone of these attacks can be gauged from a letter, which was reprinted in the *Bombay Catholic Examiner* in March 1891, having previously appeared in the *Irish Catholic*. The author, an ‘Indian Missionary Father’ made a vehement attack on the way he believed British rule had suppressed Roman Catholicism in India. Issues of religion, race and caste were addressed. The letter referred to the Indian ecclesiastic statistics of 1857, 1884 and 1899 and argued the steep decline in the number of Catholics in some dioceses in India was due to Catholic suppression under British rule. The author

¹¹⁴Susan Bayly, “Caste and ‘race’ in the colonial ethnography of India,” in P. Robb (ed.) *Op.Cit.*, New Delhi, 1995, pp. 175-79.

¹¹⁵K. Ballhatchet, *Op. Cit.*, 1997.

complained those converted in the English provinces, “were falling away into heathenism.” In contrast, he argued, when the Portuguese brought Christianity to India they had offered conversion free from caste and had elevated converts, “materially and spiritually from the surrounding heathens.” He argued, that if the Portuguese had continued to rule for a century longer, “all India would be converted.” It was only, “through the great perseverance and zeal of the native Goanese priests that the Catholic religion was kept from dying out.” He claimed Christianity had suffered under the British, as under English missionaries the economic and social status of Christians had deteriorated as people failed to progress or work for the improvement of their conditions. According to him the term, ‘Christian’ had become one of reproach and was synonymous with “a menial,” which he argued had frightened the high caste Hindus from converting. Further, the religious, moral and financial conduct of the English in India had corrupted the indigenous people morally and spiritually. He claimed the English policy was, “a mean and lucrative one and not worthy of a Christian.” The blame was put on Government policies of non-interference. Further, according to Government regulations of 1814, Indian Christians were debarred from filling any public offices of responsibility. It was the educated Brahmins who held the high appointments in the Government services who were evilly “imbued with he spirit of atheism and materialism and having joined the fraternity of Masonic Lodges and initiated the ‘National Congress.’” He complained, “..good and God fearing” European officials that had previously ruled the districts were now replaced with Brahmins under which the poor suffer. He cited a recent article which claimed it was the “Babu”, not the English that ruled India.¹¹⁷

As well as taking an anti-British stance, the author accused Protestant missionaries of antagonising Hindus against all Christians for having bribed all the outcastes that served them with money which had made them “proud.” He claimed the English encouraged the manufacture of alcohol and opium that he considered unsuitable for the hot climate and they made the “Hindus degenerate and short lived and blame is laid on religion.” He argued that for the first two hundred years England had forcefully resisted the propagation of Christianity in India. Further, he warned that the conduct of the English, “brings on disgrace on their religion and the educated Hindu does not fail to note this.”

¹¹⁶*The Bombay Catholic Examiner*, Vol. 46, Feb 1, 1895, No. 5, p. 81. (From now on footnoted as abb. BCE)

¹¹⁷*BCE*, Vol.51, March 31, 1900, no. 13, p.247-48.

However, in the same issue editorial staff commented on the letter. They accused the author of being both ignorant in mathematics and history and questioned the identity of the author as an "Indian-priest."¹¹⁸ It was argued that the statistics he used were a misrepresentation and that the arguments presented unfounded. In defending the claim that the number of Catholics were dwindling, they stated this was because the Syrian Vicariates had been removed from the Varapoly figures in the recent *Census*, also that in 1886 Poona and later Belguam were separated from what was called 'Bombay.' Taking this into account, the adjusted figures gave an increase of nearly 70% in forty years.

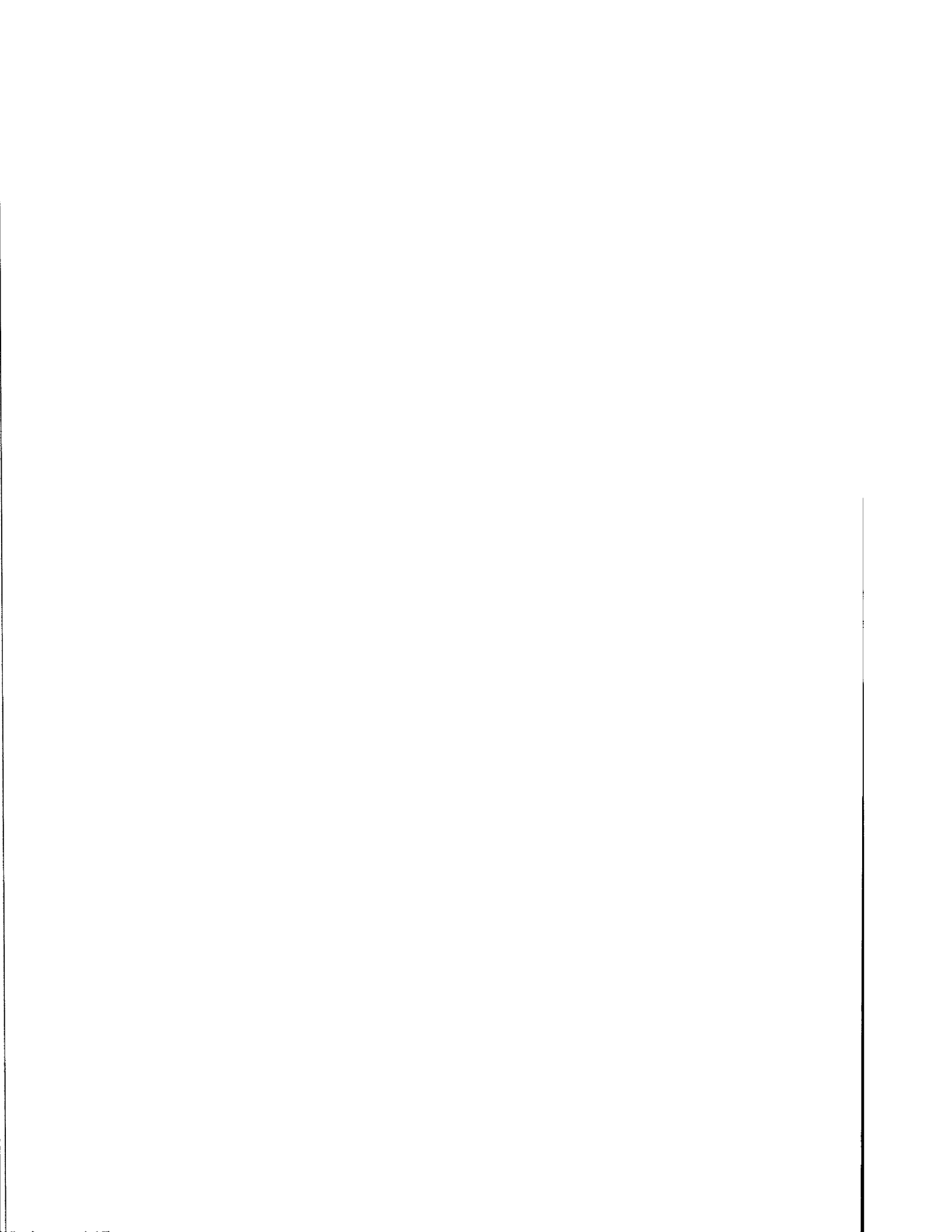
Interestingly, not all missionaries were considered opponents of Roman Catholic interests, readers of the *Bombay Catholic Examiner* were able to read the text of a presentation by Rev. T.E. Slater of the *London Missionary Society* decrying the effects of secular education.¹¹⁹ The newspaper seemed sympathetic towards British Catholic soldiers and regularly covered issues dealing with their plight, but not all readers were supportive of them. Correspondence to the editor, signed, "A Catholic," revealed animosity towards such soldiers who, it was claimed, had showed, "a spirit of opposition to the constituted ecclesiastical authorities." The author of this letter complained that Irish soldiers had showed disrespect to those "superiors who are not natives of their own country." The author further claimed that after the appointment of Bishop O'Conner, British laymen and clerics condemned the conduct of the "Goanese rebels for maintaining that unless appointed through the Court of Portugal, Bishops could exercise no jurisdiction." He claimed by challenging the authority of the Pope for not choosing a British Bishop of Bombay they were guilty of behaving like the "Goan schismatics," and suggested these objectors were taking orders from London rather than from Rome. The author concluded that it was not in the Catholic spirit to make any distinctions of "nation and caste."¹²⁰

In 1888, another Catholic newspaper, the *Anglo-Lusitano*, reported that "the native Catholics of Bombay, Salsette and Bassein are quarrelling amongst themselves regarding the name by which they should be known."¹²¹ The descendents of the early Christians of Bombay were determined to set themselves apart from other Catholics, such as those continuing to call themselves 'Portuguese Christians' and the 'Goans' whom they considered as having Portuguese connections, socially, racially and

¹¹⁸*BCE*, Vol.51, March 31, 1900, no. 13, p.244.

¹¹⁹*BCE*, Vol.46, Nov 1895, no. 47, p. 923.

¹²⁰*BCE* Vol. 1, no.10, p.154.



politically. They also wanted to be differentiated from other 'Indian Christians' such as recent Protestant converts that were considered as deriving from low caste communities. An Indian Catholic doctor, Paul Francis Gomes [45], was involved in establishing *The East Indian Association* and was its first president. The group campaigned for the formal recognition of the 'East Indian' community. The term had been used to refer to those with British and Indian connections and had implied mixed race. However, in this case the name was adopted to denote the group's early association as employees of the 'East India Company.' The new category implied allegiance to the British rather than to the Portuguese. It was reported later, at a meeting held by the *Bombay East Indian Association* held at the De Monte Reading Room and Library in Bandora where there were total of 1,128 members, the group wrote letters to the General Indian Peninsular Railway to ensure that 'East Indians' would receive the same pay as 'Eurasians.'¹²²

Social reform issues were regarded with particular interest and importance. The position of women in society, was seen as an important factor within the community. An article in the *Examiner* in November 1895 entitled 'Indian Social Reform' questioned the commitment and enthusiasm of the majority of Hindus towards social reform. The article claimed that conservatism and dislike of Western ideals would not succumb to a handful of reformers. He claimed they clamoured in the interest of a class representative government to have a larger share in administrative appointments. However, he argued this thin veneer of Western influence was insufficient to embrace the ideals of Christianity and that they neglected the cause of female education, tolerated infant marriages and enforced widowhood. The article claimed that only Christianity could humanise barbarianism and raise women from degradation. Further, it argued progress depended on moral advancement and history demonstrated that social improvement could only be brought about through Christian teaching.¹²³

In a letter from 'A Mangalore Catholic' reference was made to the tradition of dowry. It referred to the initiatives taken by the Parsi community that had attempted to the custom of marriage dowry. The author considered the system as socially and morally evil. He appealed to the "representative organ of Catholics," (the newspaper) to take up the cause against the dowry system persisting among Indian Roman Catholics

¹²¹ *The Anglo Luistano*, February 9, No.84, 1888, p.4.

¹²² *BCE*, May 1894, Vol.45, No.19, p.365. This term 'East Indian' is still used today to refer to this group of Indian Catholics in Bombay. It is also evident that the Catholic Eurasian community were covered by the Catholic press and some became amalgamated with other Indian Catholic communities. Today these Catholic Eurasians are referred to as, 'Anglo Indian.'

especially in Mangalore where he claimed, “this custom of dower prevails.”¹²⁴ The following week a reply acknowledged the existence of dowry among Roman Catholics. A suggestion was put forward for the leaders of the communities to meet and discuss ways of how to remove the dowry evil as it was too wide a question to be dealt with in the public press. The author continued that as jewellery was another term for dowry and that women should limit the amount of jewellery worn on festive occasions. The author went on to say that with regard to the East Indian Community, the “sari ladies in the community should limit their articles of jewellery to ear studs, one head ornament (or none if possible)” - and that jewellery worn by the “English dressed ladies” should be left to the discretion of individuals.¹²⁵

Health issues were of prime importance to Indian Roman Catholics. Ideas which linked Christianity, Christians and healing were supported through the pages of the Catholic newspapers. For example, in an article entitled, ‘The Christian Origin of the Hospital’ the unknown author attributed the founding of hospitals to early Christians. The article claimed that the Romans and Greeks with all their ‘enlightened minds’ did not have public institutions for the sick, wounded, elderly or poor neither did they consider taking care of the suffering of their fellow citizens as a ‘humane’ and ‘ennobling’ act. Further, the author claimed that hospitals were a “mark of civilisation,” and the outcome of “that love which Christ has brought upon this earth.” The historical growth of hospitals was linked to the work of various Bishops and Christian saints and he claimed that under Christian rulers, such as Constantine and King Ina of Ireland, institutions for the sick began to thrive. He wrote, that it “must not be forgotten that the hospital is a tree that was first grown on Christian soil.” The author reminded readers that these were some of the blessings that Christianity had “enriched the world with love and liberality.”¹²⁶

Religious intolerance featured in the pages of the *Bombay Catholic Examiner*. Derogatory remarks about other religious traditions, especially of Hinduism and Hindus were frequent. An editorial note covered a lecture that was given by a Bengali “Brahmin convert,” who denounced the “idolatry” and the inequalities that existed in Hinduism.¹²⁷ One issue printed an article from a weekly paper in Calcutta, entitled

¹²³*BCE*, Nov 1895, no. 48, p.941-2.

¹²⁴*BCE*, Jan, 1893, Vol. 44, no. 2, p. 28.

¹²⁵*Ibid.*, no. 3, p. 48-9.

¹²⁶*BCE*, Dec. 1897, Vol.48. p.949.

¹²⁷*BCE*, Vol. 8, Nov 12,1897, No.45, p.882.

“Hindu Hatred of the Christian Religion, which pointed out that Indian Christians were aware of the “abhorrence and hatred they are looked upon by their Hindu fellow country men.”¹²⁸ The response from a Bombay Catholic journalist compared these sentiments to that of the Roman hatred of the early Christians who were persecuted by them. He attacked the Hindus for not recognising the ethical values of Christianity. Further he accused Hinduism for the toleration of crimes for centuries, such as thuggee, infanticide, and human sacrifice. He stated that Hinduism was “a religion which degrades women deprives her of every liberty, treats her more like a servant and slave than an equal. A religion which denies widowed girls the right to remarriage and thus often drives them to a life of sin and social misery cannot claim to be a superior religion.”¹²⁹ Another article titled 'A Gospel of Hate,' referred to complaints about the, “...aggressive tactics of a certain class of sectarian missionaries.” They were accused of spending their time vilifying the Catholic Church instead of converting others to Christianity.¹³⁰

Conclusion

In examining the multiple definitions applied to Luso Indians this chapter has reviewed the work of Nicholas Dirks and others which argues that artificial constructions of ‘race,’ ‘caste,’ and ‘religion’ were imposed on communities in India through Census Reports and in other official records. Further research shows early nineteenth century ethnographic and scientific theories also shaped official perceptions of various ethnic, community and religious groups. The introduction to the chapter discussed the various terminology applied and their changes of use over time. It examined recent historical research and understandings of the fluid nature of terms such as ‘race,’ ‘caste’ and ‘religion.’ Additionally, the significant shift in Colonial attitudes towards those of mixed race identity have also been identified. The conclusions of this discussion has important implications for the formation of Luso Indian communities who were considered mixed race.

It has been argued that both their religion and mixed race status enabled Luso Indians to access opportunities offered by the Colonial Government. However, when attitudes to those of mixed race changed, these groups were more inclined to disassociate themselves from their ‘mixed race’ identity or heritage. In contrast to

¹²⁸BCE, Vol. 44, June 16, 1893, No. 24, p.462.

¹²⁹Ibid.

¹³⁰BCE, Vol. 46, Nov. 22, 1995, No. 47, p.921.

British governance the Portuguese had initially a policy of assimilation and forcible conversion to Catholicism by their subjects. When the British acquired Bombay from the Portuguese, due to ecclesiastic and political divisions the Roman Catholic community became divided and this caused considerable conflict amongst Luso Indians from Bombay and those from Goa. It is argued that this contributed to the creation of a religious identity amongst the two factions of the Roman Catholic community in Bombay. One group that continued to consider themselves as 'Luso Indian' aligned to the King of Portugal and another group under the jurisdiction of the Pope. They formed a community called the 'East Indians,' showing their early connection to British East India Company. Cultural, social and economic factors, such as migration also contributed to the formation of Luso Indian identity and community in late nineteenth century Bombay. Our study has shown that a number of Luso Indians in Bombay were migrant workers from nearby Goa. Bombay offered this community a range of occupational positions that traditionally the majority Hindu population were barred from due to religious taboos.

The second section of the chapter examined the official constructions of Indian Catholic communities through a study of Bombay Presidency *Census Reports* of 1864, 1872 and 1881. It discussed the way in which categories of 'race,' 'caste' and 'religion' were constructed. Both the statistical evidence and more discursive material presented in the Census Reports raises the question of whether or not one community existed. A range of terms were used in an attempt to define different religious denominations. Although there was a single category of 'Roman Catholic,' evidence suggests that Luso Indians lived in separated and segregated communities. It is interesting that although 'religious' identities were an important factor in the formation of community groups traditional categories based on family and village groups were still an important factor among Luso Indian groups in Bombay. It is argued that in this way, occupation may have also contributed to community identity. Later research has shown that social categories related to new occupational structures began to form, making questions of class perhaps an important element of group identity.

Finally, an examination of official records, such as General Department and Ecclesiastic records, shows that while the Colonial authorities had a responsibility to British Catholic soldiers to provide facilities and clergy to meet their religious needs, they were also suspicious of factions of the Luso Indian community for retaining ties with Portugal. When the British had appointed their own Catholic Bishop in Bombay,

some factions believed this went against Papal authority and this created a schism among Luso Indians in Bombay. Evidence collected from journals and local Catholic newspapers, demonstrates that those indigenous professionals with access to official reports and material concerning them were influenced by this, and they augmented and responded to this material in the current debates of the time. Rather than merely accepting the imposition of categories or knowledge, the members of the various communities in Bombay interacted, negotiated, and manipulated the definitions and categories created by Colonial knowledge to suit their own interests.

In conclusion this chapter argues that while Luso Indian communities continued to be influenced by traditional identities they also imposed categories of their own to form new identities, for example, over education and the treatment of women. Categories of 'race,' 'religion,' 'caste' and 'class' were central to the formation of Luso Indian groups in nineteenth century Bombay. Although Luso Indians did not access other religious groups and associations they did form their own groups and associations. These aspects are explored further in the following chapter that examines the association Luso Indians had with Grant Medical College and the specific medical training offered there.

Chapter Two

Institutionalising Western Medicine: Grant Medical College and Medical services in Bombay.

As we have seen in the previous chapter, a high proportion of Luso Indians and those of mixed race were linked to the medical services in Colonial Bombay. A medical college - the Medical Surgical School of Novo Goa was set up in Goa in 1842 to offer medical, surgical and pharmaceutical training to some elite members of the population. However, graduates could only take up Government posts in Portuguese colonies and were unable to pursue a medical career either in Portugal or Goa without receiving further training in Portugal.¹³¹ By contrast, in the first half of the nineteenth century employment regulations in the British Colonial medical services favoured groups such as the Luso Indians, the army stipulating that apothecaries and warrant medical officers in the Medical Subordinate Department be Eurasian or European.¹³² As well as carrying out their duties in hospitals these men were required to attend courses at Grant Medical College for three years; after qualifying they became eligible for a promotion to the grade of Assistant Apothecary. A government order in 1851 made it necessary for existing Stewards, Assistant Apothecaries and Hospital Assistants, many of whom were Luso Indians and Indo Europeans, to attend the College in order to qualify for promotion.

British reformers intent on 'improving' India in the early nineteenth century had high hopes that Western medicine would attract local elites intent on serving their countrymen: as Charles Morehead, the first principal of Grant Medical College, wrote in 1838, "the medical profession, was the only one of which an early footing in India could be anticipated."¹³³ However, by 1860, these aspirations remained unfulfilled, and Morehead commented that in India, "little progress had been made by European Medical Science."¹³⁴ Initially Morehead and other staff held an underlying belief that scientific and medical knowledge imposed at the college would elevate the mind and would produce a community of professionals who would embrace Christianity and abandon their caste prejudices: however, in reality it seems that graduates of the College

¹³¹This may have been why a number of Goans sought a medical training in Bombay. Cristiana Bastos, "The inverted Mirror: Dreams of Imperial Glory and Tales of Subalternity from the Medical School of Goa" *Etnográfica*, Vol. VI (1), 2002. pp. 59-76.

¹³²Mridula Ramanna, *Op. Cit.*, New Delhi, 2002, pp.218-9.

¹³³*The Transactions of The Medical and Physical Society of Bombay*, 1838, p. (i).

resorted to combining traditional methods of healing with Western forms; this enabled them to gain authority and acceptance from the indigenous population. Such practice led to an emergence of a parallel body of knowledge where Western medicine and community identities were reconciled through the incorporation of indigenous interests with Western systems of knowledge. This plurality of medical and scientific knowledge may have encouraged the development of a set of plural identities among Indian medical practitioners, which included the creation of a professional, urban identity. The chapter concludes with a discussion of the careers and professional development of the Luso Indian graduates of the College and medical workers in Bombay and the creation of a professional identity among them.

Historians of notions of 'benevolence,' 'enlightenment' and 'improvement' in nineteenth-century India have neglected one strong important conduit for such ideas, especially in the field of medicine - that provided by the activities of the Freemasons.¹³⁵ Membership of the society was certainly prominent within the British community in India. Many Masons supported the aims of Grant Medical College, especially the founder of Scottish Freemasonry in Bombay, Sir James Burnes, (1801-1862). He later set up a Masonic Lodge for indigenous men to join. Though it is not known whether Morehead was a freemason, it is clear that he had connections with the Burnes family.¹³⁶ Burnes was invited to perform the first public Masonic ceremony performed in Bombay when the northeast cornerstone of the Jamshedji Jijibhai Hospital was laid with full Masonic honours.¹³⁷ The ceremony included leading members of Bombay society, prominent council members, magistrates, and secretaries to the government and the Governor. In total forty masons in their ornate gowns formed a procession and performed an elaborate ritual in front of a large gathering of "every class and denomination." The gathering included, Sir Jamshedji Jijibhai, a wealthy Parsi and his son. The influential Parsi provided substantial financial support for building a hospital intended for treatment for the sick poor and providing training in Western science and

¹³⁴ *Annual Report Grant Medical College*, 1860-61, p. 40.

¹³⁵ Erwin Acherknecht has pointed to the lack of serious historical analysis into social and intellectual influences of freemasonry in society. See Erwin H. Acherknecht, "Great Doctors and Scientists as Freemasons," in *Clio Medica* Vol.17, no. 2/3, pp.145-156, Amsterdam, 1982. The Luso Indian community did not contribute to this movement directly, as during the nineteenth and twentieth centuries Catholics have been prevented from joining the Freemasons through a Papal edict.

¹³⁶ James Burnes served as the president of the *Medical and Physical Society* (set up by Morehead) for a number of years. They both served on the Board of Education and were members of the *Bombay Branch of the Asiatic Society*.

¹³⁷ A. Finan, *History of The Grand Lodge Of All Scottish Freemasonry in India, 1837-1924*, Bombay, 1928, pp.28-35.

medicine, in return the hospital was named after him.¹³⁸ By this symbolic act the elite Europeans of Bombay society reinforced the Masonic principles of benevolence and commitment to charitable work within the community. A short booklet provides an account of the ceremony of laying the foundation stone for the College. It was laid on the 30th March 1843, by Daniel, Lord Bishop of Calcutta, assisted by the Lord Bishop of Bombay and Captain Goodfellow civil architect.¹³⁹

Another strong influence on notions of improvement in India was the Clapham Sect - a group of English social reformers most active between 1790 and 1830. Sir Robert Grant (1780- 1838) Governor of Bombay from 1834 to 1838, regarded as the founder of Grant Medical College, was the second son of Charles Grant, an influential and important member of the Clapham Sect. Robert Grant was born in Kidderpore, Bengal: after his father had served in Bengal for eighteen years, the family returned to England in 1790 where Robert studied at Magdalene College, Cambridge and became a lawyer in 1807. In 1826, he became a member of Parliament for Inverness and in 1831 a Privy Councillor. He was appointed Judge Advocate General in 1832, and was knighted in 1834. He returned to India to be Governor of Bombay in 1834 and remained in that post until his death in 1838. He was buried at St Mary's Church in Poona. As Governor it is said he promoted the intellectual and moral advancement of the inhabitants of Bombay. He supported the construction of roads and schools, and promoted the development of steam navigation, agriculture and a free press. After he died in 1838, his obituaries praised him for his "liberal and enlightened principles," and mentioned Grant's belief that medical facilities in the Presidency promoted "discoveries of science for enlightening the mind or relief of the body."¹⁴⁰

Charles Morehead, who became the first principal of Grant Medical College in 1845, and remained in charge until 1858, came from a similar intellectual and moral background to Robert Grant.¹⁴¹ He was born in Edinburgh in 1807: although he was not a missionary he did have a religious background, as his father was a minister. After he attended Edinburgh High School, Morehead read Moral Philosophy at Glasgow. This was said to have influenced his later interest in promoting natural philosophy both in India and in Britain. He went on to study medicine in Edinburgh and completed his

¹³⁸ David Arnold, *Op.Cit.*, Berkeley, 1993, p. 271.

¹³⁹ Daniel, Lord Bishop of Calcutta, *Ceremony of the Laying of the Foundation Stone of the Grant Medical College*, by and Metropolitan of India, Bombay, 1843, pp.1-19.

¹⁴⁰ *Bombay Gazette*, Friday, 20th July 1838, p.1; *The Bombay Courier*, Tuesday, 31st July, 1838, p.1.

¹⁴¹ Brown G.H., *Lives of The Fellows of the Royal College of Physicians of London 1826-1925*, Munk's

medical training in Paris. He graduated from Edinburgh University in 1828 and a year later entered the Bombay Medical Service as an assistant surgeon where he spent two years as a medical officer attached to a regiment. He was then appointed to the personal staff of the Governor of Bombay, Sir Robert Grant.¹⁴²

Morehead's interest in educational matters mirrored dominant social theories which at the time hinged on the belief that education would improve social and moral welfare. He played an active role in establishing various associations for the improvement in health, education and welfare of Europeans and their families occupying Bombay and later for the benefit of the indigenous population. He also joined scientific and medical societies intended for the improvement in intellect. He was a member of the *Bombay Branch of the Royal Asiatic Society* and was a founder member of the *Medical and Physical Society*.¹⁴³ He encouraged the formation of the *Grant College Society*. These societies were the intellectual and cultural hub of Bombay elite society. They provided a centre of social networks for prominent medical men in India. After the death of Sir Robert Grant in 1838, Morehead was appointed as an assistant surgeon and Storekeeper to the European General Hospital.¹⁴⁴ In 1840 he was appointed Secretary to the newly created Board of Education.

The initial aims and objectives of Grant Medical College were to provide an education for "native men so they may hold employment in public service" and to qualify a class of practitioners of medicine to "displace the hakims and vaidis," who were considered evil and a danger to society.¹⁴⁵ In contrast to the medical schools of Calcutta or Madras, Grant Medical College developed into a central meeting point for the European intellectual elite of Bombay. Set up for the provision of medical education to indigenous men on similar lines to medical training in Europe, it emerged as a site of intellectual, liberal and benevolent intervention. A high number of staff were trained at medical schools in Scotland, which was not unusual since the Scottish universities were the first to offer course in medicine and were open to students of all religious denominations, at a time when only members of the Church of England could attend the universities at Oxford or Cambridge. Medical historians have cited the Scottish medical

Roll Royal College of Physicians, London, 1955, p.129.

¹⁴²Hermann A. Haines, *Memorial of the Life and Work of Charles Morehead*, London, (n.d) p.4.

¹⁴³*Bombay Almanac* 1842, p. 29.

¹⁴⁴Hermann A. Haines, *Op.Cit.*, London, (n.d) p.20; *Bombay Almanac* 1842, p. 29.

¹⁴⁵*Annual Report Grant Medical College*, 1855-56, pp.21-31. As we will see, however, the official attitude towards *hakims* and *vaidis* changed fundamentally in the 1880s when the first College graduates campaigned for a Medical Registration Act to restrict the right to practice medicine in Bombay.

schools as the hub of Enlightenment thinking and have linked them to the dissenting traditions.¹⁴⁶ A significant number of graduates from the Scottish universities proceeded to India to establish their careers.

The first annual report of the College reported ten successful candidates; these included one Parsi, three Hindu, and six Portuguese students, five from Bombay and one from Goa. Morehead noted that the three Hindu students came from families in which medicine was hereditary. He suggested a new generation of traditional practitioners were sent to the College to continue in the profession of their father but according to a more superior system, as they sought, "solid instruction of a systematic and scientific school." He stated the "seed of this great social improvement is already sown."¹⁴⁷ Admittance to the college was open to all, there was to be no bar to caste or religion. Candidates were expected to present a certificate of good conduct, be between the ages of sixteen to twenty years and of respectable connection. They were expected to have general intelligence, which was assessed as: grammatical knowledge of a vernacular language, arithmetic, and a thorough knowledge of English including an ability to write with fluency. Training at Grant Medical College was initially only conducted in English, following the policy set out in Macaulay's minute on education in 1835.¹⁴⁸ Later, courses in the vernacular were introduced, which proved to be quite popular.

The student roll recorded in the annual reports listed student names, their ages, the school they attended, their caste and home town. It is interesting to note that the full array of categories used in the Census Reports explored in the previous chapter was reflected in the Annual Reports of the College. Between 1855 and 1856 the term 'caste' was used to denote nationality and students with Portuguese surnames were recorded as 'Portuguese;' however, by 1860-1861, the category 'race' was used instead of 'caste' to denote nationality, caste or religion. Thus non-Hindu students were listed by their religion, such as 'Parsi' or 'Israel', and Hindus by their caste, viz. 'Brahmin' or 'Sonar.'

¹⁴⁶ Roy Porter (ed.) *Medicine in the Enlightenment*, Amsterdam; Atlanta, Ga. Rodopi, 1995, and Lawrence, Christopher. *Medicine in the Making of Modern Britain 1700-1920*, Routledge, London and New York, 1994.

¹⁴⁷ *Annual Report Grant Medical College*, 1849-50, pp.10-11.

¹⁴⁸ Macaulay was intent in creating, "a class of persons, Indian in blood and colour, but English in taste and opinion, in morals and in intellect." In 1836, he wrote, "No Hindu who has received an English education ever remains sincerely attached to his religion. It is my firm belief [so they always were] that if our plans of education are followed up, there will not be a single idolater among the respectable classes in Bengal thirty years hence." Quoted in Benedict Anderson, *Imagined Communities, Reflections on the Origin and Spread of Nationalism*, Verso, London 1991, p.90-91.

Between 1845-1860, 40% of the students were Parsi mainly from Bombay and educated at Elphinstone's Institution, 32% were Hindu, 17% were of Portuguese decent, 3% were Anglo- Indian, Indo Brit or East India, 2% Armenian, 2% Muslim, 1% were Jewish. It is significant that in 1845, the majority of the students were listed as Portuguese and Parsi, whereas by 1859 there was only one Portuguese student, one Parsi and the majority were now Hindu and one Muslim.¹⁴⁹ It is clear from reading through the student roll lists in the annual reports of the College that though many Portuguese, Parsi and other students continued to sit the admittance exam they did not meet the required standard to be admitted to the College. Later as the profession became more acceptable and recognised the number of students from all religious denominations began to increase. Although incomplete, statistics collected from the *Report of the Director of Public Instruction in the Bombay Presidency* demonstrate that the number of students did increase quite dramatically over a period of fifty years. However, these figures are small considering the population of Bombay during this period.

The following tables have been constructed based on information represented in these reports. Table 2:1 shows the number of students that attended Grant Medical College between 1853 and 1900. Table 2:2 provides the religious denomination or caste of the students attending the College, and it is clear that a high proportion of Christian students entered the College.

¹⁴⁹ *Annual Report Grant Medical College*, 1860- 61, pp. 14-15.

Table 2:1

The number of graduates and under graduates studying medicine at Grant Medical College from 1853- 1900.

Date	No. of students on the roll
1853	27
1863	88
1873-74	113
1874-75	179
1883	289
1893	183
1896	266
1897	290
1898-99	311
1899-1900	428

Table 2:2

The Religion /Caste of Students at Grant Medical College between 1853- 1900

	Christian	Portuguese	Hindu	Parses	Indian Christian	Muslim	Jews	Total
1853	0	6	3	1	0	0	0	10
1863	n/a	n/a	1	6	n/a	n/a	n/a	n/a
1893-94	51	-	85	41	-	3	3	
1894-95	43	-	97	50	-	3	1	
1897-98	65	-	118	96	3	5	3	290
1898-99	60	n/a	126	110	n/a	10	5	311
1899-1900	57	n/a	137	124	n/a	16	7	341

Source: Information for the above tables has been extracted from *Report of the Director of Public Instruction in the Bombay Presidency*, Government Central Press, Bombay. (From the years specified)

Stipends formed an important part of the College's attractiveness to potential students. The College was heavily subsidised by scholarships and prizes set up in memory of former Governors of Bombay, and wealthy local figures also contributed to the cause. The Anderson, Reid, Carnec and Farish funds yielded an annual income of Rs.2,582, and scholarships ranged from 10 to 25 rupees a month. The JJ Book Fund yielded an annual income of 500 rupees which was distributed among student to purchase textbooks required for their course. In 1853, the Willoughby prize of Rs.300 for the graduate of the College who presented the best report of Medical and Surgical practice was awarded for this first time. The Masonic Brethren in Bombay offered the Burnes prize in honour of Dr. James Burnes to the most proficient Student Apprentice. Venayuk Gungadhur Shastree donated a prize for the greatest knowledge of Indian plants and materia medica.¹⁵⁰ Medical students were required to study a minimum of four years before they were entitled to sit an examination for a qualification to practice medicine and surgery. The Government also offered stipends for students that proved worthy of entering the profession and a limited number of free places were available for those without financial means. The stipendiary students received a monthly allowance from the Government between seven to twelve rupees per month. Those who did not meet the required standard could continue with their studies if they supported themselves. Stipendiary students who failed to pass the final examination in six years would then cease to receive their stipend.

In 1856 the College had received recognition of the Royal College of Surgeons of England as one of its affiliated schools for medical instruction, and also from University College London.¹⁵¹ In 1860 the College became affiliated to Bombay University. Despite this recognition, the annual reports after 1860 show a growing discontent amongst the staff at the College. There were increasing difficulties in the recruitment and retention of students. In 1861 a medical course in the vernacular was introduced as a direct response to the failure to attract students to the college. Later, references can be found pointing out that students were seeking more lucrative careers than the poorly paid and low status occupations available to them in medicine. Religious and cultural taboos have often been used in explaining the difficulties in attracting students into the medical profession; however, the professors at the College considered that it was a combination of factors involving education, financial, student

¹⁵⁰ *Annual Report Grant Medical College, 1849-50, p.14.*

¹⁵¹ *Annual Report Grant Medical College, 1855-56, p.4.*

ability and culture that underlay the failure of the College to attract, recruit and train enough indigenous doctors to serve the local population. It was argued the Government stipends which attracted mainly poor students acted as a barrier to other recruitment, as the wealthier elite classes did not want to mix with the poor. Herbert John Giraud (1817-1888) commented that in an “attempt to raise the character of the College students should not be bribed to study medicine;” rather instruction should be imparted to “those willing and able to pay apart from exceptional poor and deserving scholars.” Professor John Peet (1818-1874) commented that though many Hindu students applied and succeeded in gaining a place in the College they withdrew due to the lack of funding as others had received the stipends and free places. Further, in 1860, Henry Lacon Anderson (1807-1879) Government examiner of Grant Medical College, stated that he, “regretted that medical education is not yet appreciated by the bulk of the population.” He commented that the result of the examination would have been more satisfactory if there had been some Hindus or Muslims among the successful students. Although the lack of ability of the Indian students was regarded as a problem in recruitment and retention it was further acknowledged that the teaching resources used were relevant to Britain and not to India.¹⁵² The difficulty in recruiting and retaining staff was also regarded as problematic.¹⁵³

Once qualified the Sub-Assistant Surgeons were employed in public dispensaries and civil hospitals in the large town in different parts of the presidency. The rules of the Bombay Medical Code published in the appendix to the Annual Report of 1851 outlined the career structure for the first graduates of the college. There were three classes of Sub-Assistant surgeons: the Third Class received one hundred rupees a month and after seven years were eligible for promotion to the Second Class, who received one hundred and fifty rupees a month; after a further seven years of service they could apply to be considered for the First Class and received two hundred rupees per month. Many Grant College graduates were in fact sent to distant posts in the Presidency towns where their promotion prospects were limited. It is unlikely they had the means available in order to set up private practice to supplement their incomes, and so many worked long hours for little remuneration. They were expected to provide half yearly reports on dispensaries that included the medical topography of the locality, and information relating to

¹⁵²*Annual Report Grant Medical College, 1859-60, pp. 8-9.*

¹⁵³DPI, 1881-82, Appendix D, pp.v-vi.

sanitation and housing.¹⁵⁴ In Bombay City some were allocated dispensaries set up by the donations from wealthy elite.¹⁵⁵ The database presented in Appendix Two contains some examples of these medical men. For example, both Sebastião Antonio de Carvalho, [21] and Jose Camilo Lisboa [49] were employed at Grant Medical College to teach the warrant medical officers and hospital assistants of the medical department, and were also allocated ward duties.¹⁵⁶ Antonio Manuel Constancio Coutinho [6] was in Medical Charge, Gogo.¹⁵⁷

Table 2:3 below has been taken from the 'Administration and Progress Report On the Civil Hospitals and Dispensaries under the Government of Bombay,' compiled by the Surgeon General of the Civil-Medical Administration for 1880-81. This report shows the staff at hospitals and dispensaries in Bombay in 1880.¹⁵⁸ As well as providing information on the name, rank and background of the person in charge This table provides the name and type of hospital or dispensary and the collectorate where it was situated. A range of medical institutions existed in Bombay, such as grant in aid dispensaries, civil hospitals and endowed dispensaries. The table shows out of thirty six people in charge of these institutions, five were listed as Portuguese and belonged to one of the Luso- Indian communities in Bombay. Five were listed as Parsi, two as Muslim, one as Eurasian, and ten were listed as European. A number of those in the report have Scottish surnames. A rigid hierarchical order had emerged. Those with the highest ranks as Surgeon Major were all European. They were given charge of the larger civil and government hospitals. The highest rank for a non- European was Assistant Surgeon. Many of them had qualified at Grant Medical College. They worked in remote areas and in smaller grant in aid or endowed dispensaries where they were given sole charge. Out of the twelve Hospital Assistants, at least three of them had distinctly Jewish surnames and one was listed as Muslim. Out of the three apothecaries, one was listed as European and the other one as Eurasian, both were in charge of civil hospitals in the Presidency. Ten out of thirty six, approximately one third of the staff, were trained and obtained their qualifications from Grant Medical College.

¹⁵⁴ *Annual Report Grant Medical College*, 1851-52, p 128.

¹⁵⁵ *Ibid.*

¹⁵⁶ *Bombay Almanac and Directory* 1857 p. 520.

¹⁵⁷ *ibid.*, 1853, p. 454.

¹⁵⁸ The following table has been compiled using information provided by the Surgeon General of the Civil- Medical Administration in Bombay, T. B Beatty contained in the *Administration and Progress Report On the Civil Hospitals and Dispensaries under the Government of Bombay* For the year 1880, Government Central Press, Bombay, 1881, pp.1-9.

Table 2:3 The Staff at Hospitals and Dispensaries in Bombay in 1880 ¹⁵⁹

	Name of Hospital/Dispensary	Collectorate	Type of Institution	Person in Charge	Rank	Background
1	Alibag Hospital	Kolaba	Hospital	M.F Pereira	Assistant Surgeon	Portuguese
2	Bandra Dispensary Cawasji Jehangir	Thana	Grant in Aid	J.F Gonsalves	Assistant Surgeon	Portuguese
3	Bassein	Thana	Unknown	D.B Valles	Assistant Surgeon	Portuguese
4	Bhiwandi	Thana	Unknown	Balkrishna Sadmjec	Assistant Surgeon	Unknown
5	Byculla Schools Hospital	Bombay City	Unknown	Patridge	Surgeon Major	European
6	Chinchni	Thana	Grant in Aid	Bhimji Yadow	Hospital Assistant	Unknown
7	Cowasji Jehangir Ophthalmic Hospital	Bombay City	Unkown	G.A. Maconachie	Surgeon Major	European
8	Dapoli Civil Hospital	Ratnagiri	Civil Hospital	J.Kinlock	Apothecary	European/Eurasia n
9	European General Hospital	Bombay City	Civil Hospital	J. Pinkerton	Surgeon Major	European
10	Gokuldas Tejpal Hospital	Bombay City	Civil Hospital	H.V Carter	Surgeon	European
11	Haliyal Dispensary	Unknown	Grant in Aid	Vinayek Sakharam Kelkar	Hospital Assistant	Unknown
12	Honavar	Kanara	Grant in Aid	Ramchandra Balaji	Hospital Assistant	Unknown
13	JJ.Hospital	Bombay City	Civil Hospital	Cook	Surgeon Major	European
14	Kalyan Dispensary		Endowed	Pestonji Bamorji	Assistant Surgeon	Parsi
15	Karwar Hospital	Kanara	Unknown	F. Davies	Surgeon Major	European
16	Kelva Mahim	Thana	Grant in Aid	Burjorji Ardesir	Assistant Surgeon	Parsi
17	Kumta	Kanara	Grant in Aid	Ramchandra Shridhar	Apothecary	Unknown
18	Kurla	Unknown	Endowed Dispensary	Coerji Dorabji	Assistant Surgeon	Parsi
19	Mahad	Unknown	Grant in Aid Dispensary	B.R Kadam	Hospital Assistant	Unknown

¹⁵⁹The following table has been compiled using information provided by the Surgeon General of the Civil- Medical Administration in Bombay, T. B Beatty contained in the *Administration and Progress Report On the Civil Hospitals and Dispensaries under the Government of Bombay* For the year 1880, Government Central Press, Bombay, 1881, pp.1-9.

	Name of Hospital/Dispensary	Collectorate	Type of Institution	Person in Charge	Rank	Background
20	Mahim	Bombay City	Grant in Aid	Nusservanji Jehangierji	Hospital Assistant	Parsi
21	Matheran	Thana	Government Dispensary	H.Day	Surgeon Major	European
22	Mundgod	Unknown	Government Dispensary	Narayan Dhondu	Hospital Assistant	Unknown
23	Panvel	Thana	Grant in Aid	Aaron Sampson	Hospital Assistant	Unknown
24	Pen	Unknown	Grant in Aid	Jacob Daniel	Hospital Assistant	Jew
25	Ratnagiri Hospital	Ratnagiri		H.Mc Calman	Surgeon	European
26	Ratnagiri Leper Hospital	Ratnagiri		H.Mc Calman	Surgeon	European
27	Rustomji Wadia's Dispensary	Thana	Endowed	Ramji Bapuji	Hospital Assistant	Parsi
28	Savantvadi Hospital	Ratnagiri	Endowed	D.G Dalgado	Assistant Surgeon	Portuguese
29	Shahapur Hospital	Thana	Grant in Aid	Moro Nilkant	Hospital Assistant	Unknown
30	Siddapur Dispensary	Unknown	Grant in Aid	Dhanji Hira	Unknown	Unknown
31	Sirsi Dispensary	Unknown	Grant in Aid	A.M Rozario	Assistant Surgeon	Portuguese
32	Supa Dispensary	Kanara	Grant in Aid	Isaac Aaron	Hospital Assistant	Jew
33	Thana	Thana	Civil	R.Boustead	Surgeon Major	European
34	Uran	Thana	Endowed	Shaik Abdul Karim	Assistant Surgeon	Muslim
35	Vengurla Hospital	Ratnagri	Civil	R. Crawford	Apothecary	European
36	Yellapur Dispensary	Unknown	Grant in Aid	Abrahham Shallum	Hospital Assistant	Muslim

A profile of the a number of those in this can be found in the database presented in the Appendix. M.F Pereira, [58] Assistant Surgeon (LM) Alibag Hospital, Kolaba; Jeronimo Francisco Gonçaves [48] Assistant Surgeon, Bandra Dispensary; Cawasji Jehangir, Thana, Grant in Aid Dispensary; Domingos Bras Valles [66] Assistant Surgeon, Bassein, type of institution not specified, Thana; Daniel G. Dalgado, [19] Assistant Surgeon (LM) Sanatvadi Hospital, Endowed Dispensary, Ratnagiri; A.M Rozario, [63] Assistant Surgeon (LMS), Grant in Aid Dispensary, Sirsi.

The short summaries of the condition of hospitals and dispensaries in the Presidency given in the Administrative and Progress Reports provide an insight into the conditions in which medical assistants were working, the name and rank of the medical officer in charge, some information pertaining to the local area, the medical facilities available, the health of patients, and various common diseases in the locality and the

treatments. Until 1878 medical facilities in Bombay Presidency were divided into four administrative regions, The Presidency, Poona, Northern and Sind Divisions;¹⁶⁰ this was changed in 1879 and the divisions renamed as Konkan, Deccan, Gujarat and Sind.¹⁶¹ Since this thesis is concerned with Bombay City, which came under the Presidency or Konkan Division, it will confine the analysis mainly to this area. The summaries in the report show that local committees ran hospital and dispensaries. They varied in size and location; some were given a grant in aid by the government and others endowed by private donors. The reports commented on the state of the buildings, sanitation and the water supply, which latter was often a source of criticism. They also provided information on the general state of health in the area, the cases admitted to the hospital and treatments. Many catered to the needs of the “mendicant” population. The ebb and flow of patient intake depended on the climate and corresponding needs of the transient population. Many of those who resorted to medical assistance were suffering from conditions that still cause difficulty to medical science, such as malaria, cholera and sexually transmitted diseases. Lepers also sought hospitals and dispensaries particularly in the wet weather. Though the majority of the reports given were favourable, the evidence shows in a number of cases indigenous practitioners had to work in difficult conditions. Often hospital and dispensaries were contained in dilapidated buildings; they suffered from poor management, a lack of basic facilities and inadequate living conditions for the workers.

Observations by the inspectors of hospitals and dispensaries in Bombay quoted in the Administrative and Progress Reports give a good idea of the conditions in which medical officers often worked.¹⁶² These show that staff often endured poor working conditions, for example, for the dispensary in Sirsi managed by assistant-surgeon A. M. Rozario, “the assistant surgeon at present lives some distance from the dispensary pending alterations in his quarters.” Poor management was also cited as a hindrance to the development of dispensaries: as one inspector noted, “the committee did not meet during the year and are said to take no interest in the progress in the institution;” furthermore, “the hospital is described as gloomy, cheerless and inferior building.” As for the Bandra Dispensary, a grant in aid dispensary managed by assistant surgeon J.F

¹⁶⁰ W.G Hunter, *Administration and Progress Report On the Civil Hospitals and Dispensaries under the Government of Bombay*, for the year 1878, Government Central Press, Bombay, 1879. Index.

¹⁶¹ T. B Beatty, *Administration and Progress Report On the Civil Hospitals and Dispensaries under the Government of Bombay*, for the year 1879, Government Central Press, Bombay, 1880. Index.

¹⁶² T. B Beatty, *Administration and Progress Report On the Civil Hospitals and Dispensaries under the*

Gonsalves, "the building has been found unsuitable for a dispensary." For the Civil Hospital in Dapoli, it was reported, "the sanitary arrangements are in a very backward condition." In Uran, run by one of the few Muslim assistant surgeons to be trained at Grant Medical College, "the buildings were old and dilapidated."¹⁶³ At Thana Hospital in the Thana collectorate "the want of servants quarters and of a dead house are much felt. Post mortem examinations are still conducted under a tree on the burning ground."¹⁶⁴ A number of dispensaries were reported as lacking a morgue. These comments are a stark contrast the comments made about the European General Hospital: "the hospital buildings are in excellent order and the accommodation ample," leading to the conclusion that "the hospital is now probably as complete as it can be made and there can be no doubt that it fulfils its purpose most efficiently."¹⁶⁵

The observations drawn from the Administration and Progress Report show that indigenous men working in the medical profession during this period had a number of challenges to face that their European counterparts did not. They worked under difficult circumstances, were under funded and had little prospect for promotion or fair remuneration for their work. They were expected to compile reports and feedback any information on the location where they were working, and to report unusual patient cases to the Medical Board. Although subject to regular inspection and reports made by the Board, little change in their situation seems to have occurred throughout this period.

Scientific and medical groups and associations formed an important point of contact for Europeans in Bombay. A number of members of the College staff were involved in setting up these groups and associations. They acted as presidents, vice presidents and secretaries on the committees of these groups and contributed to the society journals, the libraries and attached museums and attended regular meetings. In this way medical men, apothecaries, professors and clergymen contributed to medical, geological, agricultural, cultural, literary and political debates at the time. Later, indigenous men were allowed to join and they contributed to the journals and attended regular meetings. *The Grant Medical College Society* began the campaign to introduce a Medical Registration Act; the *Bombay Medical Union* also served to bring together medical men and brought a number of issues pertaining to the medical profession to

Government of Bombay, for the year 1880, Government Central Press, Bombay, 1881, pp.1-9.

¹⁶³ Ibid., p.6.

¹⁶⁴ W.G Hunter, *Administration and Progress Report On the Civil Hospitals and Dispensaries under the Government of Bombay*, for the year 1878, Government Central Press, Bombay, 1879. p.4.

¹⁶⁵ Ibid., p.1.

attention of the Government of Bombay. They also maintained networks with other professional, scientific and medical groups and organisations. Since Bombay was largely made up of pockets in which religious communities lived it is thought that these medical men worked in areas that served their own communities.

The premier intellectual association in Western India was the *Bombay Branch of the Royal Asiatic Society*. Initially set up in 1804, as the *Literary Society of Bombay*, by James Mackintosh on similar lines to the *Asiatic Society of Bengal*, it later became known as the *Asiatic Society of Bombay*. Reverend John Wilson (1804-1875) a prominent Scottish Missionary who served as President of the *Bombay Branch of the Royal Asiatic Society* for twelve years,¹⁶⁶ was a supporter of Morehead, praising his influence in promoting the “great cause of religious and moral enlightenment,” and referring to him as his study companion in Edinburgh.¹⁶⁷ Wilson also ran the Free General Assembly Institution School from where many students of Grant Medical College emerged. His wife Margaret Wilson nee Bayne (1795-1835) was also involved in Scottish missionary work in Bombay. She was well known for her contribution to promoting female education and set up the first girl’s boarding school in Western India.¹⁶⁸ She also translated textbooks into Marathi.

The founders of Grant Medical College were keen for those with a medical training to play an active part in the intellectual life of the Presidency. Robert Grant had urged medical officers in Bombay to form a medical association to foster a “spirit of enquiry” to “elevate the character of their profession,” and to collectively co-operate in philanthropic ventures.¹⁶⁹ perhaps in response the *Medical and Physical Society* was formed in 1835.¹⁷⁰ In 1851 the first medical society for indigenous medical men, the *Grant College Society*, was set up. In the Annual Report of the College for 1851-52 Morehead reminded the graduates that when they entered active life and associated with others who had not enjoyed the advantages offered by the College, “the temptation will be too great to lapse into idleness.” He commented that in “European countries the institution of societies had done much in developing and

¹⁶⁶Vaswati Ghosh, *The Dynamics of Scientific Culture under a Colonial State: Western India 1823-1880*, Thesis 1999, SOAS, p.133.

¹⁶⁷*Journal of Bombay Branch Royal Asiatic Society*, Letter to Rev. J. Wilson, Dowgate, 1843, pp. 4-7.

¹⁶⁸Rosie Pipers, et.al, (Eds), *Biographical Dictionary of Scottish Women*, Edinburgh University Press, Edinburgh, 2006. pp. 378- 79.

¹⁶⁹*Annual Reports for Grant Medical College for the Years 1845-46, 1846-7, 1847-8*, No I, II, & III, Bombay, Bombay Education Society Press, 1849, contained in the *Report of the Board of Education for the Years 1847-1848* No. VII, Bombay: American Mission Press T. Graham Printer, 1850. p.1.

¹⁷⁰*Bombay Gazette*, 1855, p. 573.

maintaining a spirit of scientific co-operation and friendly professional intercourse,” and he hoped that the same would happen in India. Thus he encouraged the creation of the *Grant College Society* to offer the “means of self- improvement of its members and of advancing medical science and practice.” Without continued academic activity, he warned, “these graduates will never become enlightened cultivators and practitioners of medicine.”¹⁷¹

The involvement of indigenous men in various scientific groups and associations gave them a voice and a platform to share their research and to publish in the medical field. It assisted them in keeping up to date with the latest medical techniques and treatment. They used their articles to transmit their knowledge and expertise of indigenous knowledge to Europeans. Presentations given at the society meetings consisted of medical topographies of various localities to which the graduates were posted to as Sub-Assistant Surgeons. Medical data for patients who attended the hospital or dispensary in which they worked were also discussed. Some of these papers were later published in the *Journal of the Medical and Physical Society* and can give some insight into the intervention of Western medicine into Indian society. But as well as explaining the medical treatment of patients, these contributions also provide clear evidence that these medical men were reluctant to break away totally from traditional indigenous medical knowledge. They showed an interest in Indian medicinal plants and their uses.¹⁷² They also used indigenous herbal remedies and some of them wrote and edited books on the subject, adding the English and Latin names.¹⁷³ These graduates eventually joined and some played an important role in other societies, such as the *Natural History Society*, the *Bombay Anthropological Society* and the *Geographical Society*. Later, their research was published in the journals of these societies. Papers which some of them presented at society meetings show their interests were wide ranging.

Members of the *Grant Medical Society* were keen to make suggestions on how to overcome objections to Western practice made on the grounds of religious and cultural beliefs and on how to assist in the dissemination of Western medicine to the indigenous population. Their contribution to journals contained information on

¹⁷¹ *Annual Report Grant Medical College*, 1851-52, p.18- p.20.

¹⁷² Bhau Daji, “Notes on some Native Medical Drugs used in the Nagdevi Dispensary” *Grant Medical College Annual Report*, 1855-56, p.105 & “Native Remedies used in the Treatment of Poisons by Venomous Serpents” in *Annual Report Grant Medical College*, 1855-56, pp.87-105.

¹⁷³ Mridula Ramanna, Op. Cit., New Delhi, 2002.

indigenous knowledge and practice that may have been passed on to European doctors working in India. However, there was little tolerance for such an open-minded approach in more mainstream intellectual circles. Morehead, who was the founder of the *Medical and Physical Society*, its Secretary for ten years, Vice President for five and President prior to his retirement in 1858, dissociated the society from any eclectic understanding of science.¹⁷⁴ Adopting an orthodox empirical approach he encouraged members to produce more narrowly 'scientific' articles, and indigenous science, literature and philosophy were not included in the Society's journal, *Transactions of the Medical and Physical Society of Bombay* that showed little interest in Hindu culture and ideas. Morehead was eager to separate 'Hindu traditions' from Western medical and scientific knowledge.

Though not eligible to join the *Medical and Physical Society*, the Indian medical graduates published articles in the *Transactions* on cases they had treated. These papers were mainly on medical cases they dealt with as students at Grant Medical College and had presented at the *Grant College Medical Society* meetings. Once they had graduated they were invited to give presentations on their work in their newly acquired posts as Sub-Assistants in dispensaries in the Presidency. In this way graduates of the College maintained contact with each other and shared and discussed their medical work.

The *Bombay Medical Union* was another organisation in which indigenous doctors including Luso Indians, were active. Founded in 1883, the Union played an important role in promoting the professional status of indigenous practitioners.¹⁷⁵ They campaigned for equal opportunities in obtaining municipal and government posts, on sanitation issues in the city, and to champion the need for the Bombay Medical Registration Act. A Medical Registration Act had been proposed to the Government of Bombay in 1881 by Cooke, the Principal of Grant Medical College.¹⁷⁶ Cooke argued that medical titles and degrees were being used by men who had not earned them; he reported that the matter had been discussed in detail by the *Grant College Medical Society*, many of whose members were Luso Indian graduates of the College, and which was considered the representative body of the indigenous medical profession of Bombay. The official response came in a reply sent from the Bombay Surgeon General to the Secretary of Government of Bombay in April 1882 which gave a number of

¹⁷⁴*The Transactions of the Medical and Physical Society, 1838-1851 & Bombay Almanac, 1860.*

¹⁷⁵Mridula Ramanna, *Op. Cit.*, New Delhi, 2002. p. 31.

¹⁷⁶GD 1882, Vol. 76, number 430 of 1881/82, p.3. From the principal of GMC to Secretary to

reasons of why the “time has not yet arrived for the introduction of such an Act.”

Firstly, the proposed legislation was for the benefit of a small section of the community; secondly, the general public had not expressed the wish for any changes; and thirdly, the privileges the Act would give to those registered would lead to the harsh treatment of many deserving men such as the retired members of the subordinate medical department, who although unqualified had a considerable knowledge of medicine and provided an important service to a large body of the community. Finally, it was felt that it was not right to prohibit the vaidyas and hakeems from practising as they were regarded highly “amongst the large and influential portion of the people.”¹⁷⁷

The introduction of the Medical Registration Act was also seen to have a number of legal implications, which were addressed the Surgeon General.¹⁷⁸ He argued that such an act would only be in the interest of a few qualified medical men rather than for the majority of the population. He claimed that the reason why a Medical Registration Act had been introduced in England was to ensure that properly qualified men held appointments in public institutions; this was not necessary in Bombay as officers appointed by government had their qualifications scrutinised as part of the process. Later the *Bombay Medical Union* followed up the issue led by Jose Camilo Lisboa [49] the President of the Union and Jeronimo Accacio da Gama, [15] the Honorary Secretary. They referred to Cooke’s original arguments adding their own arguments for such an Act¹⁷⁹ However, this was to no avail and the Government were reluctant to interfere: no statutory regulation of the medical profession was introduced in Bombay until 1912.¹⁸⁰

Conclusion

In conclusion, though one single ideological inclination that motivated the entire Colonial establishment in India to run Western styled institutions in Bombay cannot be identified, there are a number of intellectual themes that underpinned the justification for introducing Western ideals into the Bombay Presidency. Movements such as the Freemasons who promoted ideals of fraternity and community spirit reinforced the notions of benevolence and philanthropy that emerged from Christian beliefs, and the ideas of the Enlightenment, such as liberty and freedom. The founding of Grant

Government General Department, Bombay, 22 December, 1881, p.2.

¹⁷⁷ GD 1882, Vol. 76, number 1841 of 1882, p.13.

¹⁷⁸ GD 1882, number 131 of 1882 (p.35), Bombay, 20th January 1882.

¹⁷⁹ GD 1890, Vol. 5, pp.11-15.

¹⁸⁰ Mridula Ramanna, Op. Cit., New Delhi, 2002, p. 211.

Medical College was a key part of this planned programme of improvement.

This chapter has shown that the original aims and objectives set out by the founders of Grant Medical College were not realised. Indigenous men did not take to the profession easily and the majority of the population had little interest in resorting to Western medicine. However, the College formed the basis of a medical training for a number of Luso Indians from Bombay and migrant workers from Goa. Traditional attitudes including prejudices and taboos to medicine, were not shared by these Christian groups, who were regarded as naturally attracted to the noble and benevolent profession of medicine. A significant number of them trained as surgeons, apothecaries and medical officers at Grant Medical College where initially they were used as examples of how indigenous men could become 'enlightened' and benevolent beings. Later, paradoxically, when theories of inferiority of race and degeneration became popular it was argued these indigenous men were unable to achieve the standards required of them.

The original aims of the College were to provide an education for indigenous practitioners which would remove the need for practitioners of indigenous systems of medicine which were regarded as a danger to society.¹⁸¹ However, later when the first graduates of the College campaigned as part of the *Grant Medical College Society* in 1881, and later as members of the *Bombay Medical Union*, for a Medical Registration Act to prevent unqualified medical men or those claiming to have qualified at the College from practicing, their pleas were rejected by the Government which claimed that graduates of the College were attempting to create themselves as an exploitative, elite body of professional medical men. Additionally, the Government now claimed that indigenous practitioners provided a useful service to society and it was unfair to bar them from practising.¹⁸²

It is interesting that though a career in medicine had firm caste taboos. Due to its polluting nature it was considered an occupation for lower castes, yet, of those that qualified, as explored in the final chapter, they went on to rise socially and politically. They established professional organisations and groups; they dealt with issues related to society and thus may have contributed to a change in perception of the profession. It seems that dual or even plural identities emerged and co-existed. Western medicine was negotiated and Indian concepts amalgamated. Low pay, lack of career structure and the

¹⁸¹ *Annual Report Grant Medical College*, 1855-56, pp. 21-31.

low status associated with much of the medical profession and institutional discrimination resulted in the formation of associations by these medical men to fight for fairer pay and career structure and some early graduates of the College became involved in creating social and reform movements that later became associated with groups involved in Nationalist movements. Such professional discrimination from higher medical posts made reconciliation with other systems necessary for indigenous medical workers. It is significant that a number of those who had received Western training in India as medical practitioners used indigenous medicine in their treatments. This may have been as a result of patient preference and a way they could gain acceptance from indigenous people. The Luso Indian medical practitioners of Bombay may not have been incorporated fully into British Victorian social, cultural and intellectual ideologies. Notions arising from the influence of the Enlightenment of improvement, benevolence, as well as interest in natural and moral philosophy, religious beliefs, and the medical debate regarding acclimatization are examples of this. However, they did develop a parallel intellectual system of their own which incorporated a combination of the theories and practices of traditional indigenous medicine and Western medicine into their work. We will explore these ideas further through the series of intellectual biographies presented in the final chapter. Using information gathered from a variety of sources the next chapter explores some findings of a database presented in the appendix. The database was compiled in an attempt to locate Luso Indian medical men in nineteenth century Bombay.

¹⁸² GD 1882, Vol. 76, No. 1841 of 1882, p.15.

Chapter Three

Biographical Survey: Methodology and Sources

The database presented in the Appendix comprises of seventy profiles of principally Luso Indian medical men and women working in the medical profession between 1845 and 1904. In this sample fifty were based in Bombay and trained at Grant Medical College, thirteen trained at Goa Medical College and mainly developed their medical careers in Portugal or elsewhere in Portuguese colonies. Nine doctors in this sample obtained their qualifications in medical schools in Europe other than Portugal mainly in the United Kingdom, two of which had a combination their studies in Bombay and Europe. This chapter will discuss the primary and secondary sources consulted in completing the database, as well as discussing problematic issues related to the construction of the database itself. The conclusion will consist of some methodological issues raised and some general comments on some of the key findings of the study.

Ten Luso Indians deriving from the three main Luso Indian communities in India during the nineteenth century have been selected for a more detailed case study in the final chapter. This sample should not be regarded as a representative sample though they do have the most information gathered in the database and have therefore been selected for a more detailed case study. These include: Luis Francisco Gomes [47] (1829-1869) and Claudio Gama Pinto [16] (1853-1945) who were both born in Goa later developed their careers in Lisbon, Portugal. The others were born in Goa and then migrated to Bombay where they trained at Grant Medical College. These were José Gerson Da Cunha [14] (1844-1900), José Camilo Lisboa [49] (1823- 1897), Julia Lisboa nee Rodrigues [50] (1840 -1926) and Acacio Gabriel Viegas (1856-1933) [68]. Four Luso Indian doctors from Bombay, include Paul Francis Gomes [45] (- d 1888) and his son, Lewis Paul Gomes [46] (db1860-), Dominic A. D' Monte [24] and his wife Cecilia D' Monte [25] (db1875-).

Section one: Sources

In creating this database contemporary, primary and secondary sources have been referred to. Each primary and contemporary source consulted has been allocated a number and each secondary source has a letter. These sources are listed in the Appendix and can be found at the end of each entry in the database. In most cases more than one source has been used to verify information collected. The following section describes the various primary sources that were consulted in compiling the database. Primary sources include the annual reports of Grant Medical College found in the *Report for the Director of Public Instruction in Bombay*. The early reports provided a list of the students who applied for admittance to College, as well as yearly student rolls and in addition the *Bombay University Calendars* between 1894 and 1897 were consulted.

Government records such as the General Department and the Administration Reports on hospitals and dispensaries in Bombay have been invaluable in locating a number of medical men in the database. Information related to appointments, promotion and salary provided a useful source in locating Luso Indians involved in the medical profession. Those with Portuguese surnames were selected, however, one of the drawbacks was identifying which of the communities they emerged from. At that time, Luso Indians may have been from a number of places that the Portuguese had any influence such as Ceylon, Goa, Bombay, Mangalore or Karwar. Arguably, a sense of 'community identity' had not yet developed amongst these groups in Bombay. Other primary and contemporary sources were used to provide further information on these medical men. Information on medical professionals were found in membership lists of professional groups and associations, including *Grant Medical College Society* and the *Bombay Medical Union*. The journals published by professional societies such as the *Medical and Physical Society of Bombay*, the *Bombay Branch of the Royal Asiatic Society*, the *Bombay Natural History Society* and *The Journal of the Anthropological Society of Bombay* were also a source of information regarding membership and contributors to their journals.

Various biographical directories also have provided information on medical men including the directory of *Surgeons in Bombay* and *The Bombay Almanac*. Local Catholic newspapers, such as *Bombay Catholic Examiner*; a bilingual Portuguese and English paper, the *The Anglo Luistano* were also consulted. Other sources include a family memorial in the cemetery of Saint Thomas's Catholic Church, Aldona, Goa. Wherever possible the work of these medical men has been consulted. However, most

of these were prominent members of the medical profession and their biographies have been expanded further in the final chapter. Since this study has largely been confined to the medical community in Bombay, English sources have been consulted.

Secondary sources are mainly made up of short biographical profiles on prominent members of the community. This information was found printed in: centenary publications, such as the *Journal of Grant Medical College* which recorded short profiles of former prominent students at the College; chapters in books; centenary publications for village feasts and associations, printed by community organisations and biographical dictionaries. Additionally as Nationalist literature emerged in Goa, some of it contained biographical information on prominent Goans. Those belonging to the medical profession were featured in this material, particularly if they were involved in politics or community service. Research by Goan scholars using material published in Portuguese has also been drawn on. Writers living in the diaspora have further developed this work. A number of these medical men were regarded as symbols of success; they have been regarded as role models and as examples of successful migrants who maintained links with their place of origin. Writers of Nationalist propaganda and those writing for the Goa Diaspora have used them as examples in the creation of identity in a post Colonial setting. Such material has further reinforced and even enhanced their social status within the community. This literature not only served to record and remember the past, it also acknowledged the achievements and contributions made by prominent members of the community.

Recent academic interest in Colonial medicine and its role in India has resulted in the publication of academic work on the medical services in Bombay and Goa. Although these have made an important contribution to our knowledge of medical men, as previously stated they focus mainly on Hindus and Muslims doctors. Very little information can be found on minority groups, such as Parsis, Jews and Indian Christian groups who had no religious bars on entering the medical profession.

Section Two: The Database

a) Construction of the Database

The categories selected for the database provide a route into the background of Luso Indian medical men. The task involved completing as much information possible for each category drawn from both primary and secondary material. For prominent doctors where more information is available a more detailed analysis is presented in the following chapter. However, in some cases it has only been possible to enter a name, qualification and place of work or address. Further research into parish records may have provided information on the occupation and status of their parents and give a clearer indication of the community which they belonged to; however there was limited access to such material.

b) Categories in the Database

Each subject has been entered into the database located by their Luso Indian surname, apart from four Hindu doctors who have been included because they were originally from Goa. Information presented in the database consists of each subject's full name, surname and first name or their initials. Each entry appears in alphabetical order. Where possible the date and place of birth, origin and death are provided. If known, parental names and marital status and the address where they worked have been entered. Their early schooling and where they obtained their professional training has been included. Career and any academic and civic positions held have been recorded. Any travel experience abroad for work or study and any publications they wrote have been listed as has membership to professional societies, groups or associations. Caste background, religion and political interests have also been noted. A high number of those found received scholarships for their studies and later public recognition or awards for their contribution this information has been entered.

There have been a number of problematic issues in dealing with the categories used for the database. A number of Luso Indians had surnames with the prefix 'de' or 'da' sometimes this was further shortened to d apostrophe d' This is similar to Scottish surnames like 'mac' or 'mc.' Though it is thought that some East Indians dropped the prefixes to their names to differentiate their identity and some shortened their names to sound more British, for example, Fernandes, became 'Ferns.' One suggestion for these differences has been that the Luso community from Bombay were more likely to use the form D apostrophe Souza (D'Souza) and those from Goa use, "de Souza,"

though there has been no evidence to suggest that this is the case. When relying on primary data cross-references have also been necessary as a number shared identical surnames and initials. In some cases it has been difficult to differentiate and medical men emerging from this category have not been included in the database.

Amongst Catholics from Goa, traditionally, the eldest male in the family inherited the name of their grandfather on their father's side; often their father's name was also attached. Hence many had more than one name and they tended to use their full name rather than just their initials so as not to get confused with others of the same surname or from the same extended family. This practice also helped differentiate family members from each other, such as father and son or brothers. Some dates of birth have been calculated using the dates provided in the admission lists of Grant Medical College, however these figures are unreliable as it is well known that the birth dates were fabricated in order to gain admission into schools and colleges and that pupils were often a few years younger than that stated. This is often why some ages and birth dates differ in the sources.

The 'place of birth' has been provided to indicate whether they were originally from Goa or from Bombay. Traditionally mothers may have returned to Goa to their family home to give birth and often children whilst growing up would travel between Bombay and Goa during holiday periods. The category 'place of origin' denotes the area where the doctors were originally from. There is a pattern of migration in that many originally from Goa later lived and worked in Bombay. It is unlikely they lost their connections to Goa and there is evidence that shows they maintained contact with their extended families in Goa. The directories consulted provided an 'address' for where the doctors practiced. In most cases these were areas in which a high proportion of Luso Indians lived. Those in private practice lived in or very near to their practice. Those posted in Government hospitals tended to remain there for fixed periods of time, unless they were transferred to another post or promoted. Those from Bombay were likely to be part of the East Indian community though in many cases this has been difficult to verify.

In Bombay communities tended to live in clusters, often the doctors lived and worked in the communities from which they emerged. Though in many cases the location of where the medical doctors lived or practised has been found, it cannot be simply inferred that this will lead to a direct connection to the local parish church. Evidence suggests that many of these doctors were instrumental in supporting their

local parishes and as community/ family doctors relied on their community for support in their political and civic campaigns.

If known, the date and place of death has been given. This provides some useful information into migratory patterns amongst Luso Indians. Secondary sources have given some information on this, as well as obituaries in local newspapers and society journals sometimes mentioned the death of a prominent member. Personal information such as parental names and occupational status have also been located where possible. The wives of two prominent doctors have been included in these profiles due to the contribution made to science, medicine or civic affairs in their own right. Both these woman came from prominent families in Goa and in Bombay.

In theory, Luso Indians as Christians should not have an overt caste status. The highly complex and problematic nature of defining caste status has already been discussed in Chapter One. The continued existence of caste amongst Christians seems to legitimate social status than perform any religious function. In the majority of cases in this sample it has not been possible to ascertain caste status. Some biographers of prominent medical men have attempted to locate the original caste status and they were shown to have emerged from aristocratic families with high caste backgrounds. In this sense they belonged to an elite within Luso Indian society.

As already discussed in Chapter One education performed an important role for Roman Catholics in Bombay. Out of those listed from Bombay, twelve had their early education at Elphinstone's Institution, two were at the Free Church Institution, one at the American Mission Institution, one educated at Mr Mainwaring's School, one attended St Xavier's College, Four were educated in Poona, two at Poona College, one at Poona Free Church and one at 22nd Regiment School. In terms of medical training, fifty out of the sample of seventy were based in Bombay and trained at Grant Medical College. Thirteen trained at Goa Medical College and in Portugal. Their medical careers were developed in Goa, Portugal or elsewhere in Portuguese colonies. The main reason for further studies in Portugal was because the Portuguese Government stipulated that only those obtaining a medical degree in Portugal could obtain employment in Goa. Those holding medical degrees from Goa were sent abroad to work in posts in the Portuguese Colonies. In this sample out of those who obtained further qualifications in Lisbon at least six worked in Portuguese Colonies including, Guine, Macau, Timor, Angola and Mozambique. Some of these pursued further studies in Portugal and then

later returned to gain high positions in Goa or elsewhere in the Portuguese colonies.¹⁸³ According to Fatima da Silva Gracias in 1881 at least forty three graduates of Goa Medical School worked outside Goa in Portuguese colonies. She also found that at this time the medical school in Goa was the only medical school in Portuguese colonies.¹⁸⁴

After their studies in Portugal four returned to Goa where they gained high positions within the medical department, these were mainly at the Goa Medical School. Two remained in Portugal where they made a significant contribution to medical science both of these have been included in the next chapter which provided more detailed biographical information. Nine doctors in this sample obtained their qualifications in medical schools in Europe other than Portugal.¹⁸⁵ Twenty in this sample of seventy had initial training in the medical schools in Bombay or Goa and then completed their studies in Europe.

Those qualified in Bombay were more likely to take up Government posts as Sub Assistant Surgeons in civil hospitals and dispensaries grant in aid dispensaries and endowed dispensaries. Many would also have had their own private practice. Those studying in Goa and or in Portugal tended to end their careers teaching, writing or in politics. Of those qualifying in Goa many worked abroad as doctors in Portuguese colonies. Many travelled widely, this would have still been taboo for a number of orthodox Hindus. A large number wrote articles and contributed to local newspapers and journals. As well as having medical and scientific interests a few published books on a variety of topics. Traditionally doctors hardly ever involved themselves in politics, however, in Bombay, Goa and Portugal a doctor was highly regarded and accepted as an educated, elite member of society and were as such expected to be involved in political, municipal and community affairs.

Further, it is well known that traditional forms of healing in Goa were eradicated by the Portuguese. As a result Luso Indians being Catholics showed reluctance to resort to Aryurvedic or Unani medicine due to their connections with Hinduism and Islam. It has also been noted that Luso Indians were involved in the pharmaceuticals trade in Bombay and many trained and worked as apothecaries. Traditionally medicine in India

¹⁸³ Joao Vicente Santana Barreto [2] in Guine, Jose Camilo Aires da Conceicao Sa [12] worked in Macau and Timor, Francisco Antonio Wolfango da Silva [18] worked in Angola, and Pedro Paulo Ferniario De Souza [30], Miguel Caetano Dias [37] and Jervis Pereira [56] spent time working in Mozambique.

¹⁸⁴ Fatima da Silva *Gracias, Health and Hygiene in Colonial Goa 1510-1961*, New Delhi, 1994. p. 181.

¹⁸⁵ These include Matthew Lorenz Bartholomeusz [3] Gerson da Cunha [14] L.D'Almeida, [10] Froilano de Mello [23], Alterto Caridade De Souza [29], P. Lisboa, [51], Jervis Pereira [56] C.J Rodrigues [62] Jeronimo Caetano Saldanha [64]

was a hereditary profession. Knowledge and practice was handed down from father to son. This practice still continues amongst traditional healers. The database shows one father and son and two Hindu brothers. Whilst this is by no means enough to suggest a similar pattern occurred with those involved in Western medicine in India. There is also evidence to suggest that later a number of children of medical men entered the medical profession.¹⁸⁶

One of main reasons that many Luso Indians joined Grant Medical College may have been due to the high a number of prizes and awards offered by the college.

Scholarships and prizes were set up in memory of former Governors of Bombay, and wealthy local figures also contributed to the cause. In this sample the known number of doctors that had received awards from the College totalled twelve. In comparison to the doctors trained in Bombay more of those trained in Goa received public recognition. Many of them received awards for their work and contribution to society that often went beyond the sphere of medicine. The Portuguese Government made several awards and some received Papal medals and royalty honored them. Of those who trained in Bombay apart from scholarships and prizes related to their medical studies they did not gain any awards from the government or receive any royal recognition. However, two doctors originally from Bombay were rewarded for their work amongst the Catholic community in Bombay by the Pope. D A D' Monte [24] , the first East Indian member in the Legislative Council, and Paul Francis Gomes [46], founder of the *East Indian Association*, were made Knights of St. Gregory the Great by the Pope, in 1888 and 1925 respectively. Celia D'Monte [25] won the Lady Reay Medical Scholarship in 1893 and the Bai Hirabai Pestonji Cama Gold Medal in Midwifery in 1897.

Acacio Gabriel Viegas [68] a doctor from Goa, who lived, trained and worked in Bombay received recognition for his community work and for his contribution to the medical services in the 1896 epidemic. He was the First Indian Christian to be elected to the Municipal Co-operation in 1888, the first Catholic President of the Municipal Co-operation in 1906 and President of Bombay Municipal Council from 1906 to 1907. He served in Municipal Co-operation until 1933. A life size statue of him was erected in Dhobi Talao.¹⁸⁷

¹⁸⁶ J. Clement Vaz, *Profiles of Eminent Goans, Past and Present*, New Delhi, 1997.

¹⁸⁷ Teresa Albuquerque, *To Love is to Serve, Catholics of Bombay*, Bombay, 1986 and Alexandra Furtado nee de Sa, "A Great Goa Doctor, Dr Acacio Gabriel Veigas," *Contact*, March 2006, Vol. 17 Issue 1, A

Of those who trained in Goa and Portugal, Pedro Joaquim Peregrino da Costa [13] was awarded with *Ordem de Avis* and *Benemerencia* by the Portuguese Government. Francisco Antonio Wolfango da Silva [18] was given several awards by the Portuguese Government for his work to eradicate smallpox epidemics in the island of S. Tiago, cholera in Salcete (Goa) and in Daman. Sebastião Antonio de Carvalho [21] was awarded by the Portuguese for his services with a medal Order of Christ in 1873. Froilano de Mello [23] was honored with the *Grau de San Martin* from the President of Cuba and Pope Paul IV and Queen Juliana of Netherlands awarded him medals of honour. Alberto Carlos Germano da Silva Correa [17] is said to have been awarded medals by the Portuguese Government and by the Pope. Jose Caetano Pereira [57] was rewarded by the Portuguese King as honorary doctor of the Portuguese Court.

Conclusion

Whilst it is acknowledged the database is not a representative sample of members of the Luso Indian community involved in the medical profession, it does provide a collection from a variety of sources of medical men in the nineteenth century. Some Hindu medics and some that trained at Goa Medical College were also included to allow for some comparison in the development of medical careers. One of the main methodological problems was collecting data on the Luso Indian community from Bombay. Very little has been researched on this community and hardly any information on individual doctors could be found. In comparison, there is a small body of literature in Portuguese on doctors from Goa, information presented here relies on translations of this material.

The shortcomings of the categories in a database has been discussed. In spite of these, it is hoped that this is a start into further investigation and analysis of the development of the medical profession and nature of community and identity amongst Luso Indians. Of those that trained in Bombay, it is clear that many of them availed of educational opportunities offered by the various Christian denominational schools in Bombay, though a large proportion went to Elphinstone's Institution and then trained at Grant Medical College. Of those that trained at Goa Medical School their careers had to be developed, in one of the Portuguese colonies outside of Goa unless they pursued further training in Portugal after which they were able to gain prominent positions in Goa, elsewhere in the Portuguese colonies or in Portugal. Another distinct difference

between the Luso Indian medics from Goa and Bombay is the public recognition for their work. Those under the Portuguese were more likely to receive public recognition for their contribution to medical science. Whilst those who trained under the British in Bombay may have received scholarships and prizes to complete their medical studies, no formal awards were given. The study found at least two Luso Indian doctors originally from Bombay were awarded by the Pope.

Studies such as Rochelle Pinto's have shown Luso Indians from Goa were divided by language. Portuguese, the language reserved for the Portuguese ruling elite and members of the higher echelons of Luso Indian society and Marathi the language of the Hindu elite.¹⁸⁸ This study shows that English increasingly became the common medium for Luso Indian communities in Bombay during the nineteenth century. Whilst it is clear from the previous chapter through their membership of various professional groups and organisations Luso Indians in Bombay began to form a medical community. There is some evidence that Luso Indians based in the Portuguese colonies exchanged medical and scientific knowledge with the Bombay Luso Indian professionals.

It is possible to conclude that in the nineteenth Bombay may have offered increased opportunities for a medical education and a career based in India. Due to the colour bar in British India, higher career posts were dominated by Europeans. Under the Portuguese, medical training and career were reserved for the elite members of society. Those trained in Goa were sent to other Portuguese colonies where they developed their careers to a senior level, including one becoming a member of the Portuguese Parliament and another running a specialist eye clinic in Lisbon, the capital of Portugal. Many Luso Indians who gained their medical degrees in Bombay later proceeded to Europe, mainly to Britain, to pursue further medical qualifications. Hereditary membership of the medical profession has been difficult to ascertain from the data collected. Evidence suggests that a number of children of medical men also entered the medical profession many of whom trained abroad. A detailed investigation of this aspect would shed some interesting insights into the nature of occupation, migration and social status amongst Luso Indian Catholics in the twentieth century. The final chapter explores those involved in the medical profession that took an active interest in professional, political, civic and community activities.

¹⁸⁸ Rochelle Pinto, *The Formation of a Divided Public: print, language and literature in Colonial Goa*. PhD. 2003, SOAS.

Chapter Four

Adapting Colonial Knowledge: the Luso Indian Contribution to the Intellectual

Life of Bombay Presidency.

This chapter provides some background to the intellectual and cultural Catholic milieu of Bombay in the nineteenth century. A brief critical analysis of the uses of biographical data in informing us about the historical setting will be followed by the presentation of case studies in the form of intellectual biographies. The information has been gathered from a range of sources on Luso Indian medical doctors. It is clear that as well as practicing medicine many of these doctors had other intellectual interests and were also involved in other social, political and cultural activities. It is argued in this way medical and scientific knowledge was imported into other areas of cultural and political life. These doctors are not intended to be representative of all medical men in India, neither are they a random selection. Many are figures that featured in later 'Goan' Nationalist biographies and by writers in the recent 'Goan' diaspora. The biographies are split into three main sections, firstly a brief description of their life history focusing on their careers and writings and secondly, where possible an analysis of their work and finally their presence in Nationalist literature created amongst the Goan diaspora.

It is interesting to note that each subject encapsulates strands of scientific, medical or intellectual interest of the nineteenth century. The exploration of 'oriental' literature and language still held much scholarly interest. Investigations in botany, pharmaceuticals and indigenous medicine continued. Medical conditions such as leprosy and plague were investigated with great systematic interest. New fields of science such as ophthalmology, phrenology and evolutionary theories were gathering momentum. Biological theories of race and anthropology were beginning to form. There were several social, cultural and intellectual, scientific and medical ideas that may have motivated the Colonial establishment in Bombay to run Western style institutions. A range of often-linked intellectual themes underpinned the intervention of Western ideals into these institutions. Philosophical, political and ideological notions were linked to Enlightenment ideals of improvement and benevolence. The Masonic movement was prominent in Bombay. Scientific and medical theories such as those of climate and race were also influential in intellectual and social spheres. As shown in chapter three the presence of these ideas were contained in the aims, objectives and ethos of Grant Medical College and Jamshedji Jijibhai Hospital Bombay. During this period there was also a growth in scientific and medical groups and associations. These were a response

to the need to continually improve intellectual and moral worth which were closely connected to ideas of improvement and benevolence. The extent to which, and if any of these ideas filtered into indigenous society is debatable. Though it is argued that graduates of the College had access to some of this material and did use similar language in their work, however, it is also clear that medical men also used ideas from traditional Indian thinking and a more eclectic model emerged in their work.

Medical and scientific societies, groups and associations established in Bombay formed an important point of contact for Europeans living and working there. Several members of staff at Grant Medical College were involved in these groups and associations. They acted as presidents, vice presidents and secretaries on the committees of these groups. They attended regular meetings and contributed to the society journals, and supported the libraries and attached museums. In this way medical men, apothecaries, professors and clergymen contributed to the medical, geological, agricultural, cultural, literary and political debates of the time. Initially many professional groups and associations were not open to Indians. However, they were encouraged to establish similar societies for their own intellectual improvement. Later, indigenous men were allowed to join these professional societies. They contributed to the journals and attended regular meetings. In 1851 the *Grant Medical College Society* was established and run by graduates of the College. They held society meetings, presented papers and maintained networks with other groups and organisations.

Freemasonry was set up in Bombay and open to indigenous men. However, Catholics were and are still barred from membership. The first chapter outlined some of the negative attitudes shown towards Freemasons by Bombay Catholics, whilst the second chapter shows how influential and powerful this movement became in Bombay during the nineteenth century. None of the Luso Indians in the data base or in this final chapter showed any affiliation to the Freemasons, though at this time the masons were a closed and secret society and membership would not have been stated even if they did join them. Luso Indians seemed to have created their own community groups and associations and doctors did take an active role in developing them in Bombay.

Eric Yonke examined the role of middle class Catholics in the Rhineland in relation to Germany's economic modernisation.¹⁸⁹ This study showed how a large middle class Catholic population transcended their parish boundaries and created

¹⁸⁹ Eric Yonke, The Problem of the Middle-Class in German Catholic History: The 19th Century Rhineland Revisited, *The Catholic Historical Review*, Vol:88, April 2002, No.2, pp.263-280.

organisations that fostered a modern civic life influenced by the Rheinisch Catholic identity. His study found this was through the establishment of Catholic groups and organisations that encouraged moral cultivation and self-improvement. He argued the Catholic milieu was represented through cultural and charitable work. Middle class Catholics found a niche in the community developed a subconscious identity that by the 1850's was manifested in social clubs and reading circles where they met and socialised outside the parish. The voluntary association Catholic social clubs mirrored a concern for the cultivated society and social distinction, they also played a significant role in local politics. In this way Yonke argued a religious identity was formed.

As well as the local church community he identified the growth of cultural and charitable organisations. Catholics supported voluntary organisations, orphanages, a poverty relief fund and a Catholic Reading Circle which focused on literature and debates on current issues: for example, the Association for the Promotion of Good Literature, which he suggests provided a literary synthesis combining Catholic life and national culture. Such groups provided alternatives to secular and Protestant literature. Another important conduit of religious charity and civic concern was the Catholic Association, which formed reading circles and lending libraries. This organisation provided Catholic literature and consciously promoted the value of reading good books as a means to self betterment, moral fortification and self discipline. Further, he argues that Catholic citizens continued to develop charity work and civic engagement in their parish. Such activities he argues led to combining a religious identity with civic-minded voluntarism. Middle class initiatives in the Catholic Revival can be found in the missionary societies, associations and organisations. Voluntary charitable associations became mediators between the Church and State at the local level and influenced local communities.

It is suggested that in a similar way religious and cultural identity evolved amongst the Catholic community in nineteenth century Bombay. Involvement in communal activities took place for the benefit of others or self-improvement. The following section drawn mainly from the *Bombay Catholic Examiner* provides some examples of how a Catholic identity may have been reinforced through the growth of various community groups and organisations in Bombay. It is argued here that this publication served as an agent for encouraging a civic and Catholic identity in Bombay during the period under investigation.

In addition to being members of church congregations there is evidence that

other Catholic groups and societies formed and people met on a regular basis. Many of these groups and associations were focused on exchanging information. Networks were formed at reading rooms, libraries and debating clubs and their activities were reported in the Catholic press. Given the type of news and information that it published it is likely that the Catholic newspapers were available here and would be read by the members of the various groups, providing a community network and opportunity for people to exchange news and information. The following give some examples of the Catholic groups that had formed during this period. In 1886 the Catholic Bishop Dr. L.Meurin was invited to be patron of and to open a new hall for the Catholic Library and reading room in Cavel.¹⁹⁰ The funds raised at third anniversary celebrations of *The Eurasian and Anglo-Indian Association of Western India* were donated to a school that had recently been established by Dr. Thomas Blaney and the President of the Association.¹⁹¹ Mr. Freeborn of the *Bandora Literary and Social Club* received donations from Dr. Domingos Bras Valles [66] and Dr. Jeronimo Francisco Gonçaves [48] for the reading-room and library of the club.¹⁹²

The Dadur Literacy Association was formed in 1885 with the objective of encouraging the young men of the 'Native Portuguese Community' in Dadur "to mutually encourage each other," and to improve their knowledge of English literature.¹⁹³ Subscriptions were two annas a month and meetings were held on a monthly basis at Dr. Antonio Da Silva's School. They had a debating club and the association subscribed to a number of "high-toned" magazines including the, *Irish Monthly, The Lamp, Chambers Journal, Leisure Hour and Cassel's Magazine*. They also suggested that other young Catholic men in other areas followed their example. They argued that there was no reason why "native Catholics" could not have, "...the refining influences of literature to elevate us from the dross of things material." The author mentioned of reports in the English Catholic papers on Literary Societies which had existed in England as "...valuable adjuncts to the Catholic Men's Associations which spread like a network through the Catholic Church." These, he claimed, were encouraged by the Catholic Clergy and press.¹⁹⁴ However, not all Catholics were convinced. A letter from 'A Catholic Layman' warned of the dangers regarding some material available in the

¹⁹⁰ *BCE*, Dec 1886, vol. 37, no.9, p.201.

¹⁹¹ *BCE*, April 1886, vol..37, no.18, p.415.

¹⁹² *BCE*, June 1886, vol. .24, no .37, p.559.

¹⁹³ *BCE*, Feb 1886, Vol.37, No.9, p.199.

¹⁹⁴ *Ibid.* p.200.

Dadar Literary Association Library. He was concerned that, “younger members of their respective communities,” had access to the work of Gibbon, Hume and Robertson who were influenced by the 'French School' and writers such as Voltaire and Montesquieu who had shown hostility to Catholicism. Macaulay was also considered having an “unfriendly spirit towards Catholics.” Additionally he referred to readily available, “sensational unchristian and naturalistic novels which had done too much to de-Christianise Catholic youth,” He suggested such material should not be placed in the hands of inexperienced Catholics since it was perilous to both their faith and morals. Instead they should be provided with that less anti-Catholic material. The following week a reply to the letter claimed that the texts were gifted to the library and that great care was given to whom they were issued to. Only those with “previous training” were allowed to read them.¹⁹⁵ However, the Association seems to have gained in strength and numbers. It was reported that in 1887 the *Dadar Literary Association* had eighty six members attending their weekly debating club, reading room and library.¹⁹⁶

An interesting reference to the notion of ‘community’ in relation to the founding of this association was reported in 1887. The motivation of the original founders of the association stated, “the very root of the inferior social status of their community lay in the inferior intellectual attainments of the people...” it went on to suggest, “Like true reformers they began with themselves...however much their efforts would be ridiculed to raise the condition their community.”¹⁹⁷ In 1893 a reference was made to *The Bombay East Indian Literary Society* which had branches in Salsette and Bassein where thirty five members would meet on a regular basis to discuss literary and social subjects.

Intellectual Biographies

The following sections are made up of brief intellectual biographies of a selection of medical men that emerged from Luso Indian migrant communities in Bombay in the nineteenth century. They have been selected because they have left a body of literature that may be examined in the context of the social, cultural, intellectual, scientific and medical milieu of the time. The case studies presented here cannot be seen as representative of either the medical profession of the time or of the communities they were from. It is acknowledged that during this period only those with significant personal finance and social connections could publish material, nevertheless,

¹⁹⁵ *BCE*, Dec 1886, Vol. 37, No.50, p.1186-87.

¹⁹⁶ *BCE*, March 1887, vol. 38, no. 12 p. 275.

¹⁹⁷ *Ibid.*

they have provided insights into the historical setting of the time and given some background in the creation of specific ethnic, religious and community identities. Another interesting dimension has been how these professional men have become community icons. In the case of the doctors originally from Goa, though they never lived or worked in Goa, they showed they were proud of their ancestral links with Goa and wished to maintain these. Some of these figures have become examples of community ideals and their published work has been used to form a notion of 'Goan' identity in recent discourse by Goans living in the diaspora.

Out of the ten biographical accounts mentioned in this chapter, six were of Goan origin and four were from Bombay. Two women have also been included, one was a medical doctor originally from Bombay and the other, from Goa, assisted her husband and researched and published on botany. Two doctors included here were originally from Goa, trained at Goa Medical School and then proceeded to Portugal where they continued their careers and never returned to India. These were Luis Francisco Gomes [47] (1829-1869), who had a prolific parliamentary career in Lisbon, and Claudio Gama Pinto [16] (1853-1945), who became a renowned ophthalmologist. The other doctors were born in Goa and then migrated to Bombay where they trained at Grant Medical College. These were: José Gerson Da Cunha [14] (1844-1900), who had an avid interest in Oriental Studies and published a number of texts on history, language and numismatics; José Camillo Lisboa [49] (1823- 1897), who wrote on leprosy and became a well known botanist; Julia Lisboa, [50] (1840 -1926) not a medical doctor, his wife, who had an interest in natural history and assisted her husband in his botanical research and also published in her own right; Acacio Gabriel Viegas [68] (1856-1933) was the first doctor to diagnose plague in the epidemic outbreak in Bombay and made a significant contribution to municipal affairs. The four Luso Indian doctors from Bombay, comprise Paul Francis Gomes [45] (db - 1888) one of the first graduates of Grant Medical College. He later founded the *East Indian Association* for the Luso Indian community from Bombay and his son Lewis Paul Gomes [46] (db.1860-). Dominic A. D' Monte [24] (dates) who gained his MD in England and his wife Cecilia D' Monte [25] (db.1875-): both played an active part in community and municipal affairs.

Whilst these doctors belonged to a range of Luso Indian communities represented in Bombay they wrote and presented papers and speeches to the wider European community in Bombay and Portugal. Many of them had developed strong

linguistic skills and spoke and wrote in a number of languages. Some of their work consulted in English showed they attempted to reconcile their religious, racial and community interests with their professional and occupational aims. Various aspects of Western scientific, philosophical and medical thought developed in the nineteenth century was reflected in their work. Although they used Western knowledge and frameworks as a basis of their studies they also had access to indigenous knowledge. Their work shows how European knowledge may have permeated indigenous literature, ideas and thought and how information flowed through Colonial powers and across boundaries of race and religion. These men and women demonstrated their ability to access indigenous knowledge and networks which remained largely unknown or inaccessible to Europeans. Their work may be regarded as contributing to the construction of Indian scientific knowledge by Europeans. They also show they kept up to date with current literature and had access to European social, cultural, literary and medical networks. As members of learned societies, in Portugal and Bombay, a number were later members of affiliated societies elsewhere in Europe. They also used religious communities groups and networks.

It may be significant that these doctors contested and in some cases refuted Western theories in relation to India. These doctors were working using the 'scientific method' and so would be expected to participate in debates regarding various contemporary theories. Whilst it is clear that the basis of their work incorporated Western models of science and philosophy in some cases it could be argued their 'indigenous knowledge' was used as a form of resistance in direct opposition to 'European knowledge' being applied to India, in other instances their knowledge augmented scholarly literature of the time. Much of their work does not seem to have been examined in any great detail.

After a short biographical account of each doctor, a brief outline of some of their writings will be presented. This has been obtained from library collections in the UK from the British Library, Cambridge University Library, University of London Library, Wellcome Library and at SOAS Library and in India from the University of Bombay Library and archives in Goa held at Panjim Central Library and the Xavier's Historic Institute. Interviews were conducted with descendants of doctors used in this study. The two main Luso Indian Communities in Bombay were each represented by a single doctor. One descendant of each doctor was interviewed. These interviews failed to add new findings to this study, they did however confirm much of what had already been

collected in the archives and secondary sources. As previously mentioned discrepancies in the sources have been encountered both in the spelling of names, dates of birth and death, locations, and in the details listing the achievements of the subjects included in the study. Wherever possible additional data has been used here to cross check biographical information so reducing the chances of errors occurring.

Francisco Luis Gomes (1829-1869)

Biography:

Francisco Luis Gomes is one of the most highly regarded figures in recent historical accounts of Goa. Literature relating to his life and work can be found in the form of short articles and chapters in souvenir issues on eminent Goans. His work encapsulated the social, political, religious and economic climate of the mid-nineteenth century. His writings provide us with some interesting insights into British and Portuguese Colonial attitudes. The following account explores through his speeches and writing his ideological and philosophical ideas regarding race, religion, social class, caste and identity in the context of the nineteenth century.

Francisco Luis Gomes was born on 31 May 1829 in Navelim, Salcete in South Goa. He was the second son of Francisco Salvador Gomes and Adeodata Francisco Furtado. His father was a physician and an administrator of Salsete and his elder brother Joao Miguel do Rosario also became an administrator of Salsete.¹⁹⁸ This region was heavily influenced by the Jesuits who are renowned for their emphasis on education. Another eminent doctor, Dr. Froilano D'Mello (1887- 1955) [23] a former Portuguese Ambassador to Brazil was also from this well known seat of Jesuit power in South Goa. At school Gomes learnt a number of languages including French, Italian, English, Latin and Marathi.¹⁹⁹ From an early age he had a keen interest in politics, economics, philosophy and history.²⁰⁰ He attended Goa Medical School and obtained a Diploma in *Medico-Cirurgao* in 1850. He was then appointed Assistant Surgeon of the Second Battalion in Ponda. In 1853 he became lecturer at the Medico-Surgical School of Goa where he worked until 1860. In addition to his medical duties he was elected to the

¹⁹⁸ C.B Khairmoday & VT Gune, in Dictionary of National Biography Vol.II (E-L) S.P Sen, Institute of Historical Studies, Calcutta, 1973, Sree Saraswaty Press Ltd., pp. 77-79. (From now on cited as DNB).

¹⁹⁹ George Evagrio, *Eminent Goans*, Goa Cultural and Social Centre Panjim, (Souvenir published 31/5/1970 on occasion of 96th death anniversary of Dr Bhau Daji Lad, 141st birth anniversary of Dr Francisco Luis Gomes and 214th birth anniversary of Abbe Faria,) p.5.

Junta Genral do Disrito (District Board.)²⁰¹ He regularly contributed articles to local periodicals and Portuguese newspapers, such as, *Gazeta de Portugal* in Lisbon and *Boletim Official* in Goa.²⁰²

In the twelfth election for deputies that took place in Portuguese India on 12th August 1860, forty years after the introduction of the parliamentary form of government in Portugal, Gomes was the only Indian to be elected unanimously to the Portuguese Parliament; his constituency was in South Goa, Salsete and Canacona. He left for Lisbon in November 1860, never to return to India. The first speech that he delivered in Parliament was in defence of the right of the colonies to representation.²⁰³ Between 1861 to 1869 he was elected three times as a member of the Portuguese Parliament in Lisbon from Portuguese India. In February 1861, the opposition chose him to support the statesman, Fontes Pereira de Mello. Bardez, in North Goa, elected him again to represent them in the Portuguese Parliament. He was selected by the opposition to open the debate on the tobacco monopoly. The constituency of Margao in Goa elected him and for the third time he represented the interests of the people of Goa in the Portuguese Parliament. After spending sometime in Madeira for health reasons he returned to Lisbon in 1865. When he resigned from government service he joined the political party *Regenerador* which is said to have stood for the gradual transfer of political power from the classes to the masses in Portugal and in its Colonies.²⁰⁴

Gomes travelled widely and in 1867 he visited Paris and London. He visited the Universal Exhibition held in Paris and at a dinner given in his honour French philosophers and economists congratulated him on his contribution to the Political Economy. Napoleon III, the French Emperor was also said to have congratulated him on his work. It is said that his work on political economy impressed John Stuart Mill, a well know economist of the time, who offered a dinner in his honour when he visited London in 1867.²⁰⁵ He was honoured with diplomas of various cultural and scientific societies such as *the Society of Political Economy of Paris*, who made him an Associate Member, which he shared with four others, Gladstone, Mungueti, John Stuart Mill and Cobden. He was a member of the *Society of Medical Sciences*, Lisbon, a Fellow of the

²⁰⁰ DNB, p. 78.

²⁰¹ George Evagrio, Op. Cit., Goa, 1970, p.5.

²⁰² DNB, p. 78.

²⁰³ George Evagrio, Op. Cit., Goa, 1970, p.5.

²⁰⁴ DNB, p.78.

²⁰⁵ George Evagrio, Op. Cit., Goa, 1970, p.12.

Royal Academy of Sciences, Lisbon, member of the *Economic Society of Cadiz*, Portugal, and a *Member of the Society of Political Economy of Paris*. The University of Louvain conferred on him the honorary degree of Doctor of Political and Social Sciences.²⁰⁶

In 1869 he went to Madeira for health reasons and then returned to Lisbon. On the 18th of September 1869 he published *Revolucao de Setembro* and farewell letters in various Portuguese journals. Soon after, on his return journey to Goa via Bombay, on SS Masselia P&O he died in the Mediterranean Sea on the 30th September 1869.

Philosophical, Ideological and Political Writings

Gomes wrote in English and French and he was one of the first Goans of his time to study economics and philosophy. He was influenced by thinkers such as Ruskin. In Gomes's *Essay on Political Economy*, it is said, he considered economics not only a science of wealth but also as a branch of ethics. According to Gomes the basic principles of economics involved the free working of economic laws which would encourage private enterprise. Social justice was to be established by encouraging both individualism and yet also collectivism of a form that would result in a more equal society. This provided a strong moral basis to his economic theories.²⁰⁷

He worked as a writer and a journalist. He was a correspondent of two French newspapers, *La Presse* and *Le Moniteur Belge*.²⁰⁸ In 1861 he published his first book entitled, "*De la Question du Coton en Angleterre et dans les Possessions de l'Afrique Occidentale*." In 1862 he published a book on Goan economy entitled "*A liberdade da Terra e a Economia Rural da India Portuguesa*." In 1863 he published a booklet, *Os Brigadeiros Henrique Carol Henriques e Joaquim Jose Xavier Henriques*. Many of his ideas are contained in a short romantic novel he wrote in French which was published in 1866, *Os Brahmanes*, which was translated later into English, entitled, *The Brahmins*.²⁰⁹ Using classical models of the French and Portuguese novelists he sets the story in India: the central plot is written on the conflict between a white and a brown 'Brahmin' and was an insight into the prevailing inequalities of race and class in society. Through the characters Gomes explored the Hindu caste system and the European system of social class. He asserted the ideas of equality contained in

²⁰⁶ DNB, p.78.

²⁰⁷ Ibid.

²⁰⁸ Inacio P. Newman Fernandes, *Dr Francisco Luis Gomes, 1829-1869*, Avedem, Goa, 1968.

Christianity, qualities which ultimately prevailed over pride, jealousy, revenge, through forgiveness, justice and unity. He was critical of the British Empire for its racial and exploitative form of governance and was sympathetic towards the Portuguese Christian influence in India which he believed provided an opportunity for social change regardless of race.

Gomes argued that the real Brahmins were the foreign white conquerors of the country and that the political caste system they had imported was superimposed on the Indian caste system. Some of his writings are now regarded as examples of an early 'Nationalist.' In a despondent letter that he wrote to his friend, the French poet Lamartine, on 5 January 1861 has been quoted in a number of Nationalist writings as evidence of Gomes's affiliation to early Indian Nationalist thought. However, it could be argued that Gomes lived before any significant movements in the rise to Indian Nationalism.²¹⁰ He was also someone who had lived and worked most of his life in Portugal and was highly regarded in Portuguese society. It does pose an interesting question as to why he may have opposed British Colonial rule in India and yet supported Portuguese rule in Goa and elsewhere.

Another large area of Gomes's work was on a biography of the Marquis de Pombal, (1699-1782). Henry Scholberg, has made an analysis of the biographical text Gomes wrote.²¹¹ Pombal was considered a ruthless leader, infamous for expelling the Jesuits. But Pombal had also been intent on promoting racial equality amongst the Portuguese subjects in their colonies, and this was one of the reasons that Francisco Gomes was able to rise to the level he did exemplifying how an indigenous elite could enter and represent a colony in parliament.

Diaspora and Identity

It is interesting that even though in his words he was "born and bred" in Goa, the bulk of his working life was spent in Portugal. A number of biographers have used his life and work as a example of a model 'Goan.' Fernandes hoped that his account of

²⁰⁹ Gomes Francisco Luis, *The Brahmins*, (Translated form original Portuguese) Sindhu, Bombay, 1971.

²¹⁰ "I was born in Oriental India-the cradle of poetry, of philosophy and of history and today their grave. I belonged to that race which composed the Mahabharata and invented chess-two achievements which carry in them something of the Eternal, and the Infinite. But this Nation, which recorded her Laws in poem and formulated her politics in the rules of a game exists no longer. Here she lies, chained in her own country, exhausted of all her fecundity, and in obscurity amidst the dazzling brilliance of her own glory I demand liberty and light for India."

²¹¹ Henry Scholberg, 'The Writings of Francisco Luis Gomes,' in Teotonio R de Souza, (ed) *Indo-Portuguese History, Old Issues, New Questions*, New Delhi, 1984.pp. 203-215.

Gomes would encourage Goans to “study and imitate Dr Francisco Luis Gomes and after having a clear image of him they will try to incarnate his ideal in their lives and regard him as a model to others.”²¹² Other writers have used his writings to support nationalism. They regarded Gomes as one of the first Indian Nationalists. Dr. Luis de Menezes Braganza, (1900-38) a well known Goan journalist and freedom-fighter described what Dr. Gomes did for the freedom of Goa and India in an issue of his newspaper, *The Pracasha* of 29 May 1929, “he saw the rising of the masses emancipating themselves by breaking the fetters of economic enslavement;”²¹³ George Evagrio, wrote of Francisco Luis Gomes, who sat for nine continuous years in the Portuguese Parliament, as “easily our greatest parliamentarian.” He praised Gomes as a “powerful orator, a brilliant writer, a great scholar and in short a multifaceted genius.”²¹⁴ The Indian Dictionary of National Biography says of Gomes, “He used his ability in journalism to educate the Goans and to awaken a national consciousness among them.”²¹⁵ More recently, Lino Leitão, writing on issues of Goan identity quoted Francisco Luis Gomes on an internet site for Goans living in the diaspora. “The land of one's birth isn't one's Nation, but certainly it lies in the family images that one carries in one's mind, in the early reminiscences of one's youth, in the heredity of our forefathers, and indeed it lies in all these infinite bonds of love.”²¹⁶

²¹² Inacio P Newman Fernandes, Op. Cit. Goa, 1968.

²¹³ DNB, pp. 77-79.

²¹⁴ George Evagrio, Op. Cit., Goa, 1970.

²¹⁵ DNB, pp. 77-79.

²¹⁶ <http://www.colaco.net/1/leitaoDiaspora.htm> (Translation by Leitão)

Claudio Gama Pinto (1853-1945)

Biography:

Most of the information on Claudio Gama Pinto was found in a short though detailed biography written by a retired priest, Nascimento Mascarenhas who used family archives and letters, archives in Portugal and in Goa and family history records to piece together much information about this Luso Indian doctor who lived and worked in Portugal for most of his life. The following account is based largely on this biography.²¹⁷

Claudio Gama Pinto was born at Cotula, Saligao on 30th April, 1853. He was the son of Francisco Salvador Zeferino Pinto and of Camila Mariana Tereza da Gama, both from prominent families of the village of Saligao. His great grand parents were Manuel Pinto from Saligao and Ana Joaquina Pinto from Candolim. His grand parents both came from Saligao, Caetano Antonio Pinto and Ana Mix Perpetua da Gama Pinto, who had five sons and two daughters.²¹⁸ His mother Camila da Gama was the daughter of Jose Caetano Gama and of Rosa Maria Pereira. His maternal uncle and Godfather Raymundo Pinto was a medical doctor in Coimbra, Portugal. He married Herculana da Silva e Veiga and had a step daughter, a poetess Amelia Jenny. Gama's paternal uncle Fr. Joaquim Vicente Frederico Pinto, was ordained in Macau in 1855 and made an Honorary Canon of *Sé de Macau*. He came from a well respected and powerful family: the Gamas belonged to the 2nd *Vangod* (clan) and the Pintos to the 9th *Vangod* of the *Comunidade de Saligao*. His father, known as Salu Pinto, was involved in public life and was at one time leader of the *Partido Progressista*, (Progressive Party), of the Council of Bardez, Goa. He was eventually elected Mayor of Bardez. He also gave his services in the construction of his the village church, *Mae de Deus*, (Mother of God) built in 1873.

Gama Pinto who was baptized, Claudio Caetano Antonio Julio Raymundo da Gama Pinto, had another brother named Julio. Having completed his primary education in Saligao, he wrote, "My father, all absorbed in politics, sent me to study at the *Colegio de*

²¹⁷ Nascimento J. Mascarenhas, *A Paeon to an Ophthalmologist Prof. Dr. Gama Pinto*, Goa, 2002.

²¹⁸ They were Pedro Manuel Sebastiao Caetano Pinto, Francisco Salvador Zeferino Pinto, Marcelino Caetano Fortunato de S. Ana Pinto, Joaquim Vicente Frederico Pinto, Lactancio Rogaciano Pinto, Matildes Pinto and Maria A. Pinto.

Corjuem.”²¹⁹ Based in Aldona, Bardez, the college was run by Father Francisco Luis Gonzaga de Ataide of Salvador do Mundo. He continued his preparatory courses including French and Latin for a year and Mathematics and Sciences for two years. He then sat and passed the Lyceum examination which gave him entrance to the Mathematical and Military School in Panjim where he achieved the highest mark in his year. In June 1865 Gama’s name was entered in the Book of the *Saligao Comunidade*. At 12 years of age became a member of the ninth *Vangod*, under the title *Matricula de Jonos*, this gave him entitlement to *zon*, his share of the annual surplus of the village agricultural income. Evidence shows that Gama retained this connection with his village after he left, at the age of thirty, although based in Europe, he exercised his right to *zon*, through a power of attorney.⁴ At the age of fourteen, in February, 1867 Gama gave an inaugural speech at the foundation ceremony of the neo-gothic Church of *Mae de Deus*. He was said to have given a confident address in Portuguese in front a large crowd gathered from the surrounding villages of Saligao, members of the Bardez Municipality, the government and police officials were also present. However, after the successful completion of his studies he wrote,

“Then I spent more or less two years at home playing bridge and observing it being played. But when the neighbours and relatives began to murmur about my idleness, my father thought of sending me to Portugal. It was an act of despair and relief for him.”²²⁰

Finally, he went to Lisbon in 1872 here he lived with his paternal uncle and god father, Raimundo Pinto. He was a well known physician and well established in important cultural and social circles in Coimbra, Portugal. Here, however, it seems Gama’s arrival was not particularly welcome.²²¹ Between 1872-1873 he attended the *Academia Polytechnica*, (Polytechnic Academy) in Porto where he gained high marks in Botany and Zoology. Afterwards he joined the *Escola Medica de Lisboa*, (Medical College of Lisbon,) where he completed his course in April 1878. He obtained three awards and five prizes after defending his thesis *Tosse Convulsa*, (Whooping Cough.)²²² He described his life as a student as working fourteen hours a day and living

²¹⁹ Nascimento J. Mascarenhas, Op. Cit., Goa, 2002, pp.1-4.

²²⁰ Nascimento, Op. Cit. Goa, 2002, p.55. Letter dated 10-9-1922.

²²¹“My uncle (maternal) Raymundo was very upset with the shrewdness, making him in charge of the education, life and health of his nephew, without any consultation or notification At first my uncle wanted to send me to a boarding school but later on at the behest of the family, he took me to his house; he had therefore to buy another bed and sleep with me in the same room due to the scarcity of space in his house.” Ibid.

²²² Ibid,p.12.

as a pauper in various boarding houses. In a letter to his relative in Saligao he wrote, "I ate the minimum of food to give me strength and wore the simplest clothes and shunned all entertainment. I did not want to burden my father with unnecessary expenses." However, he spent his holidays with his uncle Raymundo, where he wrote that he "found love and affection in plenty."²²³ It seems his uncle took a keen interest in Pinto's academic studies and progress, which encouraged him to study. Once he qualified as an ophthalmologist he set up a medical practice in Coimbra in Portugal. He wrote, that he saved his earnings because his, "heart was set on further research in the great Universities of Paris, Berlin, Munich and Heidelberg."²²⁴ He described his move to Paris, where he studied Ophthalmology with Professor de Wecker as, "the first step in my pilgrimage of learning." Louis de Wecker (1832- 1906) coined the term 'filtering,' a method developed for using intraocular pressure to heal the eye. He then went to Vienna where he was attached to the clinics of the eminent ophthalmologists Arlt and Jaeger. The university eye clinic in Vienna was the first of its kind in the world and was closely connected with Georg Joseph Beer (1763- 1821). Gama Pinto assisted in writing a classical work on the lens for the *Handbuck* in 1875 and in 1883 he wrote a book on anatomy of the normal and diseased lens.²²⁵

Gama Pinto visited the Universities of Munich, Leipzig and in 1879 he went to the University of Heidelberg where he studied under Professor Kuchne and Professor Arnold who worked on the Histology and Pathology of Eyes. Apparently his work and dedication to research in the subject impressed his professors so much that he was rewarded with a doctorate, without the customary *Colloquy*. In 1880 he declined the offer of professor at Goa Medical School choosing to remain in Heidelberg University as a, *Privat Docent*, (Free Lecturer). He worked as an Assistant Professor in the Ophthalmologic Clinic under Professor Otto Heinrich Enoch Becker. Gama Pinto was placed in charge of teaching Surgery and Ophthalmologic Examination and he gave theoretical and practical courses in Ophthalmology. Becker became well known for anatomic-pathologic studies in Heidelberg and the department was one of the most successful in Germany. Gama Pinto was one of Becker's thirty assistants. He was accepted as a member of *The International Society of Ophthalmology of Europe*.²²⁶

²²³ Ibid, p.56. Letter dated 10-9-1922.

²²⁴ Ibid., p.22.

²²⁵ Peter C. Kronfeld, 'Glaucoma' in Daniel M. Albert, Diane D. Edwards, (Eds), *The History of Ophthalmology*, USA, 1996. p. 217.

²²⁶ Nascimentio J. Mascarenhas, Op. Cit., Goa, 2002, p.1.

Whilst he was in Germany, he wrote a number of publications. In 1880, Gama Pinto wrote a report on literary ophthalmic work in Portugal which was published by *Archivio oftalmologico de Lisbon*, edited by Fonseca. In 1886, *A Historico-Pathological study on the Occurrence of Kariokynesis in the Inflamed Conjectiva in Men* and also *On the intraocular tumors in Retina*. In collaboration with Professor Becker and Dr. Herman Shaefer he wrote, *Contribution to the Study of Normal and Pathological Lens*.²²⁷ In 1886, after ten years he returned to Portugal. There are some discrepancies in the sources, in one it is suggested that when he returned to Portugal on holiday, he was approached by the President of the Council of Ministers Jose Luciano de Castro, who promised to create a specialist post on ophthalmology; in another it is suggested that he returned with the intention of setting up a college. Either way this proposal took time to materialize and so he returned to teach in Heidelberg. Gama Pinto also published the monograph *Retinal Glioma* in 1886. In 1887, he married Emma Wonderleuce Helena O'Brien in Heligoland, Germany.

Eventually, with the support of King Louis I, the Lisbon Institute of Ophthalmology attached to Lisbon University was founded by Professor Gama Pinto, the first chairman of ophthalmology in Lisbon in 1888.²²⁸ The institute had one hundred beds. It is documented that he left for Brazil in 1892 after much controversy, however, it has not been possible to ascertain what the issues were. He did eventually return to Portugal.²²⁹ He attended conferences all over Europe. As a member of the *Academy of Science of Lisbon* from 1897 he presented scientific papers on Ophthalmology. He also presented at conferences in Germany, France, Austria, and USA. Some of his papers are still available in the main library in Panjim, Goa. In 1906 he wrote two treatises for the *Encyclopédie Française* on glaucoma and sympathetic ophthalmia. In 1911 Gama Pinto officially became Professor of Ophthalmology in Lisbon.

He is said to have expressed a desire to return to his home in Goa, however he never did, though he continued to write to his family there.²³⁰ In some of these letters he referred plants sent to him Portugal from the family garden in Cotula, where

²²⁷ George Gorin, *History of Ophthalmology*, Delaware, 1982, p. 219.

²²⁸ J. Ribeiro Da Silva, 'The Lisbon Institute of Ophthalmology Instituto de Oftamologica Dr Gama Pinto Its Founding History' in H.E Henkes (ed) *Documenta Opthamologica* 71:203-4,1989, The Netherlands CL Zrenner, Kluwer Academic Publishers, Netherlands, p. 204.

²²⁹ George Gorin, pp.219.

²³⁰ Nascimento J. Mascarenhas, *Op. Cit.*, Goa, 2002, p. 28.

they are apparently still growing.²³¹ Pinto died in Lisbon on the 26th of July 1945 at the age of 92. At his Centenary in 1953, The Portuguese Government honored him by issuing a postage stamp that depicted him. A museum was opened in memory of him at the institute he founded.²³²

José Gerson Da Cunha (1844-1900)

1. Introduction

The following biographical account is of one of the earliest students that attended Grant Medical College in Bombay, however, after failing the final exams he proceeded to London, where he continued with his medical studies. After he passed his exams, he returned to Bombay and had a successful career. Much of what is presented here is information collected from primary sources which are texts published by Da Cunha. Whilst this author wrote so much, there is surprisingly little available in the form of secondary sources. The information presented below is largely extracted from the author's original work found in various libraries in India and the UK, the Dictionary of National Biography and research by historian George Mark Moraes.²³³

During his life José Gerson Da Cunha was a medical man of quite exceptional talents in many different areas outside the strict remit of medicine. He thus provides an outstanding example of a Luso Indian doctor who made many important contributions to the life and thought of his community. These contributions, which also received international recognition, in turn enhanced the standing of Western trained medical men in Bombay and thus contributed to an acceptance of their profession within the indigenous elite of that city. He will therefore be given more extensive biographical treatment than the other doctors included in this study.

José Gerson Da-Cunha was born in Arpora, Bardes in Goa on 22 of February 1844. Da Cunha was born into an aristocratic family members of which had served in the Portuguese military and had been involved in politics. His family had married into the Pinto family who had led a rebellion against the Portuguese. The Pinto's were descendents of Santu Sinay, a *Shenvi*, who was baptised in 1585. Da Cunha was the eldest of the twelve children of Francisco Caetano Da Cunha and Leopldina Marina Gonsalves. His aristocratic roots may be traced to Cortalim in Salsete, a village community that was once made up

²³¹ Ibid., p. 62. (letters)

²³² Ibid.

²³³ George Mark Moraes, "Dr. José Gerson Da Cunha 1844 - 1900, Historian of Bombay," *Reprinted*

of Sarasvat Brahmins. The Da Cunha's claimed their ancestry to Balkrishna, a well known Sinay, *Shenvi*.

Da Cunha's grandfather Jose Maria Da Cunha had married Josepha Agostinha Pinto the sister of Jose Joaquim Pinto who had served in the Maratha army and had risen to the rank of Major under the Peshwas. The younger brother of Da Cunha, Fernando Claudio Da Cunha, succeeded to the family estate of Jose J Pinto. Jose Antonio Pinto, the cousin of Jose Joaquim Pinto, had taken part in the French Revolution of 1789 and had later joined the Maratha army on his return to India and had attained the rank of a Lieutenant Colonel of the artillery under the Peshwas. Da Cunha's father served in Portuguese military. In 1835 he opposed the removal of Goa's liberal Governor General Bernardo Peres da Silva, for which his family were persecuted. He escaped to Damen where he lived in exile but later regained his military post and returned to Goa.

When Jose Gerson Da Cunha had completed his studies in Goa in Portuguese, Latin and French, he proceeded to Bombay in 1860 and continued his studies in English at Elphinstone's Institution. In 1862 he won a scholarship for Grant Medical College. However, in 1866 after failing his finals his father sent him to London where he studied medicine at St. Mary's School and Hospital. Finally, at the age of twenty four he obtained an MRCS (London) LRCP (Edinburgh) He practiced in London under Burk Ryan and returned to Bombay in 1868 where he set up a private practice.²³⁴ Whilst he worked privately he also had research interests in medicine, epidemics, history, archeology, numismatics and anthropology. He had built up a large and valuable collection of coins. He belonged to the *Bombay Medical Society*. He was a member of the Committee of Management of the *Bombay Branch of the Asiatic Society* and acted as Vice President. He was also a founder member of the *Bombay Anthropological Society* where he served as Vice President, President and Honorary Secretary. In 1889 he was listed as a member of the *Bombay Medical Union*. He was a Fellow of the *Geographical Society of Italy*; Corresponding Member of the *Adriatic Society of the Natural Sciences of Trieste*; Member of the *British Medical Association*; the *Medical and Physical Society of Bombay*; Member of the *I.R Zoological and Botanical Society of Vienna* and Fellow of the *Royal Geographical Society of London* and of the University of Bombay. He presided over the 19th Oriental Conference in Rome in

from the *Journal of the Asiatic Society of Bombay*, Vol. 39-40, 1964-1965.

²³⁴Ibid., p. 19.

1889.²³⁵ In 1899 he was awarded a Knight of the Crown of Italy, St. Gregory the Great and of the Literary and Scientific Order of St. James of Portugal. One of his daughters graduated in Medicine at the University of Bombay and later obtained a diploma in bacteriology in Florence. The second daughter graduated from Bombay University and his son studied Medicine at Owens College in Manchester.²³⁶

The Writings of Da Cunha

José Gerson Da Cunha wrote on a wide variety of subjects. As well as making a contribution to medical knowledge Da Cunha had an avid interest in history, archeology, numismatics, linguistics, and anthropology all of which he approached using the 'scientific method.' His work combined prolific references to both Eastern and Western knowledge in the form of philosophy, science and history. He quoted both classical and contemporary work in a number of European languages such as French, Italian and Latin. He presented the scholarly work of others and provided his own thoughts on some current scientific ideas of the time, these included: evolutionary theories, ideas relating to 'orientalism' with reference to languages, the links between Aryan culture and Sanskrit and Anthropological theories concerning issues of race. The following sections provide a brief synopsis of his work presenting some of his arguments drawn from various sections of his work. His contribution to history, archeology and numismatics are immense and though referenced here are not covered in any detail. In addition to publishing a number of books, he, as an active member of the *Bombay Anthropological Society*, also presented a number of papers to its members at society meetings and some of these were later published in the society's journal. He also belonged to the Luso Indian association, *Instituto Luso-Indiano*, his lectures were later published in the newspaper the *Anglo-Lusitano*.²³⁷

2. Medical Writings

Da Cunha's early work was of a medical nature. However, very little of this material remains except for a few references to the fact that it existed. Da Cunha was said to have read several papers to the *Medico-Physical Society*. He wrote an article on the *Use of Chloral in Obstetrics* which was published in an English medical journal and was quoted by Professor Schröder in his work on this

²³⁵ DNB, Vol. I (A-D), 1972, pp. 322-23.

²³⁶ Obituary extracted from the *British Medical Journal* 15-9-1900.

²³⁷ *The Anglo-Lusitano*, 26th January, No.82, Vol. II, p.4.

subject.²³⁸ He also published an essay on *Dengue, Its History, Symptoms and Treatment with Observations of the Epidemic which prevailed in Bombay during the years 1871-72*, which was referred to in the *Lancet*.²³⁹

Historical Writings and Works on Archaeology

Some of Da Cunha's papers printed in the *Journal of the Bombay Branch of the Royal Asiatic Society* contain evidence obtained from rare historical documents. As well as documenting some valuable historical artifacts connected to the Infanta, he wrote about the marriage treaty and the acquisition of Bombay by the British from the Portuguese.²⁴⁰ In the same issue, his research on a French physician and traveller born in 1649, M. Dellon and his claim to being held captive by the brutal Goan Grand Inquisitor during the Inquisition are explored. The article gives an interesting account in a period in Goan history that has been largely unexplored due to the lack of historical documentation.²⁴¹

His best known work on history, is his much quoted book, *The Origin of Bombay*, published in 1900.²⁴² He wrote, *Notes on the History and Antiquities of Chaul and Bassein* which is illustrated with seventeen photographs, nine lithographic plates, and a map.²⁴³ In 1875 he wrote *An Historical and Archaeological Sketch of the Island of Angediva*.²⁴⁴ His work on, *The Portuguese in South Kanara*, was published between 1895-1897.²⁴⁵ These were re-printed in 1997 for their value to Islamic representations in European travel accounts. A historical text that dealt with religious matters included the *Memoir on the History of the tooth- relic of Ceylon*. This included a study of the life and

²³⁸ J.Gerson Da Cunha, "On Cholral Hydrate in Labour," *Lancet IL*, 1870,p. 432.

²³⁹ *Lancet*, Volume 101, Issue 2584, March 8, 1873, p. 365.

²⁴⁰ J.Gerson Da Cunha, "On the Marriage of Infanta D. Catharina of Portugal with Charles II. Of Great Britain, her Medals and Portraits" *Journal of the Bombay Branch of the Royal Asiatic Society*, Vol:XVII, 1887-1889, Part I, Art.VI, pp, 137-146.

²⁴¹ J.Gerson Da Cunha."M. Dellon and the Inquisition of Goa," *Journal of the Bombay Branch of the Royal Asiatic Society*, Vol:XVII, 1887-1889, Part II, (read18th December 1888) pp.53 – 62.

²⁴² J.Gerson Da Cunha, *The Origin of Bombay*, *Journal of the Bombay Branch of the Royal Asiatic Society*, Bombay, 1900, pp. 368,xv.

²⁴³ J.Gerson Da Cunha, *Notes on the History and Antiquities of Chaul and Bassein*, Thacker, Vining & Co., Bombay 1876.

²⁴⁴ J.Gerson Da Cunha, "An Historical and Archaeological Sketch of the Island of Angediva," and "The Portuguese in South Kanara," in *Mughal India according to: texts and studies*, vol. 3. Frankfurt am Main; Institute for the History of Arabic-Islamic Science at the Johann Wolfgang Goethe University, 1997, reprinted from the *Journal of the Bombay Branch of the Royal Asiatic Society*, Bombay, 11 pp. 288-310.

²⁴⁵ J.Gerson Da Cunha "The Portuguese in South Kanara," In *Mughal India according to: texts and studies*, vol. 3. Frankfurt am Main; Institute for the History of Arabic-Islamic Science at the Johann Wolfgang Goethe University, 1997, Reprinted from the *Journal of the Bombay Branch of the Royal Asiatic Society*, Bombay, 11 pp. 288-310.

teaching of Gautama Buddha, and it was translated into French.²⁴⁶

Indo-Portuguese Numismatics

Da Cunha was an expert in the field of numismatics. In 1880 he wrote *Contributions to the study of Indo-Portuguese Numismatics*.²⁴⁷ Oliver Codrington also mentioned him in a book, on rare coins.²⁴⁸ He also presented papers at the Anthropological Society of Bombay, on *Numismatic notes on the Fanam of Southern India*.²⁴⁹ He wrote on the *The Primitive and Autonomous Coinage of India*.²⁵⁰ He had an in-depth knowledge of Indo-Portuguese coinage and of other Portuguese mint cities in Diu, Damaun, Bassein and Chaul. Da Cunha believed that there was a close affinity between the sciences of numismatics and medicine. He quoted the physician and renowned Portuguese numismatist, Dr. Teixeira de Aragão, who wrote, "If the archaeologist studies on the inscribed stone and metal the history of the generations gone by, the medical man investigates the working of the organisation, inquiring minutely on dead bodies into morbid causes."²⁵¹ Da Cunha claimed that his interest in Indo-Portuguese numismatics had stemmed from a personal desire to make a contribution to the history and archeology of the Portuguese in India. According to Da Cunha Indo-Portuguese numismatics had not been dealt with using the scientific method which had been used in the study of other branches of Indian archeology. Due to the difficulty in obtaining examples and documentation his investigations were hampered and he had to resort to consulting his own private collection of various specimens and "authentic documents."²⁵² A reference was made to his name regarding a collection sold at a Sotheby's auction.²⁵³

As a linguist, he had a knowledge of five European and six Oriental languages

²⁴⁶ J.Gerson Da Cunha, *Memoir on the History of the Tooth-Relic of Ceylon, with a preliminary essay on the life and system of Gautama Buddha*, Bombay, 1875.

²⁴⁷ J.Gerson Da Cunha, *Contributions to the Study of Indo-Portuguese Numismatics*, Education Society's Press, Bombay, 1880.

²⁴⁸ Oliver Codrington,, *Some rare and unedited Arabic and Persian coins : some in the collection of Dr. J. Gerson da Cunha and some in the writer's own cabinet*, Hertford, 1889.

²⁴⁹ J.Gerson Da Cunha, "Numismatic notes on the Fanam of Southern India," *The Journal of the Anthropological Society of Bombay*, Volume II, No. 1, 2nd April, 1890, pp. 155-160.

²⁵⁰ J.Gerson Da Cunha, "The Primitive and Autonomous Coinage of India," *The Journal of the Anthropological Society of Bombay*, Volume II, No. 1, 24th September, 1890, pp. 212-19.

²⁵¹ J. Gerson Da Cunha, *Contributions to the Study of Indo-Portuguese Numismatics*, 1880. p. 5.

²⁵² Ibid.

²⁵³ Sotheby, Wilkinson & Hodge (Firm) Catalogue of the highly important and valuable collection of oriental coins, in gold, silver, and copper, &c. formed by J.Gerson da Cunha, of Bombay ... : which will be sold by auction by Messrs. Sotheby, Wilkinson & Hodge ... at their house ... on Wednesday, the 20th of November, 1889, and three following days, at one o'clock precisely. ([London]:Sotheby, Wilkinson and Hodge, 1889.) V 10961 (h).

as well as a knowledge of Latin and Sanskrit.²⁵⁴ In 1877, he published in Sanskrit a version of a Hindu mythological text, *The Sahyâdri-Khanda* of the *Skanda Purâna*, which he later translated into English.²⁵⁵ His main text on language was *Konkani Language and Literature* which was published in 1881.²⁵⁶ *Savitri; an Indian dramatic idyl* was a short play his friend Count Angelo de Gubernatis had written which Da Cunha translated from Italian into English.²⁵⁷

The following section examines his influential work on Konkani language. Recently issues over language in Goa have been highly politicised and have had a central role in debates amongst Goans living in the diaspora. Long after Goa was liberated from the Portuguese issues regarding language escalated when the State decided that Marathi should be the official language of Goa and Konkani was replaced with Marathi. Later the plan was reversed. These debates had manifested during the nineteenth century and historical studies such as Cunha's throw much light on the topic.

During much of the nineteenth century European scholars were immersed in the study of 'oriental' languages. Sanskrit was thought to have been the root to the Indo-European group of languages. It is not surprising that Da Cunha also took an interest in this area. In his work on the Konkani language, Da Cunha asserted the early influence of Aryan culture in Goa. He provided an immense amount of detailed linguistic and historical evidence for his argument that claimed the Konkani language had linguistic ties with Sanskrit. He obtained and pieced together parts of an ancient Sanskrit manuscript the *Sahyadri Khanda*, which contained the story of the inhabitants of the Konkani speaking areas in Goa and which pointed to an early migration of people of Aryan lineage. The main text on language was commissioned by the *Bombay Gazetteer*; the monograph titled *The Konkani Language and Literature*, was published in 1881. The book covered the influence of Portuguese missionaries and of 'oriental' scholars in defining and locating the Konkani language. This book challenged the notion that Konkani was a mere dialect of Marathi, as the title of the book suggested, he believed empathically that it should be considered a language in its own right. On a number of occasions his work refuted and was often critical of this European knowledge.

²⁵⁴ Obituary extracted from, *British Medical Journal*, 15-9-1900.

²⁵⁵ J.Gerson Da Cunha, *Sahyadri-Khanda, A mythological, historical and geographical account of Western India. First edition of the Sanskrit text with various readings*, Bombay 1877.

²⁵⁶ J.Gerson Da Cunha, *The Konkani Language and Literature*, Bombay, 1881.

²⁵⁷ Gubernatis, Angelo de, Count, *Savitri; an Indian dramatic idyl*, translated from Italian into English by J. G. Da Cunha, Mahabharata, 1882.

According to Da Cunha, the language Konkani was spoken by an estimated one and a half million speakers. It could be found spoken throughout a narrow strip of land which was bounded on the north by Malvan on the south by Karwar, on the east by the Western Ghats and on the west by the Arabian sea. Though his study was limited to the natural boundaries of a linguistic region he acknowledged there were a number of speakers of the language dispersed elsewhere. In addition to a small community of *Senvis* and nearly twenty five thousand Goan Christians in Bombay there were pockets of the *Konkanis* in Honavar and Mangalore. He also pointed to evidence of the language found in Devanagari characters as far as south as Cochin. The book discussed the influences on the language by Portuguese missionaries in 16th and 17th centuries who designated the language spoken in those parts, *lingua canarim* or *canarina* or *Kanarese language* which he argued was “evidently a misnomer.” Though it was likely the original language did have its own name it had now been lost. He also pointed to the current debates among Western scholars of the languages in India as to whether the language was a dialect of Marathi or a language within itself.

The debate, he argued, stemmed from the confusion that Marathi was in fact divided into two main dialects. These were made up of , *Deahi* or *Dakhani* spoken in those parts of the Deccan northward and eastward of Puna and the *Konkani* spoken throughout the Northern Konkan as far south as Malvan or southern districts of Ratnagiri Collectorate. He based his arguments on the *Sahyadri Khanda* of the *Skanda Purana*, The work is said to have originally written by the Madhyadeshgas or Brahmins who inhabited the area from Nasik to Belgaum and over time eventually migrated to Konkan. Da Cunha, pieced together some fragments of the text which he reproduced in Sanskrit, translated and published in 1877.²⁵⁸ He argued that even though the text had consisted of more mythology than history and contained more fiction than truth the Brahmins of the Konkan considered it to be of great importance. Although the entire text is in Sanskrit, the explanatory notes and introduction are in English. The book was dedicated to the memory of his brothers.²⁵⁹

He claimed that the subjoined text of the *Sahyadri-Khanda*, part of the *Skanda Purana*, had been drawn from fourteen manuscripts from various parts of India, each manuscript marked with an initial syllable in *Devanâgarî*, indicating the sources it had

²⁵⁸ J.Gerson Da Cunha, *Sahyadri-Khanda, A mythological, historical and geographical account of Western India*, (First edition of the Sanskrit text with various readings,) Thacker, Vining & Co., Bombay, 1877.

been derived from. He maintained apart from correcting clerical errors he had not taken “any conscious liberty with the text.” He thanked a number of indigenous Sanskrit scholars who assisted him in the task and also those who loaned him their manuscripts in the restoration of the text. The front pages contain two quotes from prominent Oriental scholars who argued strongly that Sanskrit has an important role to play historically. One was the well known scholar in Bombay, Dr. John Wilson.²⁶⁰

Da Cunha drew on the text which he presented in English in *Konkani Language and Literature*. He went into the background of the origins of the Brahmins of Konkan. An appendix to the text contained an extract from his *Materials for the History of Oriental Studies amongst the Portuguese*, which was read before the International Congress of Orientalists held in Florence in September 1878. In this he claimed that one of the most difficult and noble enterprises in Portuguese India was to convert the high class Brahmins to Christianity and then to employ them as missionaries. He found that even when two religious orders of Theatins and Oratorians were originally introduced to Goa by Italian missionaries, only the converted Brahmins were admitted to the exclusion of all other classes. These Brahmin-Christian missionaries became well known not only as zealous missionaries but also as writers. Especially the Oratorians who were appointed to the mission of Kanara and the Island of Ceylon and who wrote several works of considerable merit in Tamil and Sinhalese. He also listed the large number of the works written by the Brahmin Christians, most were of a Christian religious nature, such as a history of the Bible and on lives of saints.²⁶¹

In 1890 Da Cunha presented a short paper to the *Bombay Anthropological Society* that covered similar ground to his text on Konkani language and literature written ten years earlier,²⁶² as it showed that his views had not altered, again he pointed out that the question whether the vernacular tongue of the Konkan, was a distinct language or a mere dialect was still a disputed point. He now introduced an evolutionary theory to the development of the Konkani language. He wrote that, careful study was needed “in order to determine the geographical distribution or to speak of the boundaries of a linguistic zone and to sketch its history and gradual development or decay- whether it is in a course of evolution towards a more perfect state or is

²⁵⁹ Joaõ Innocencio Agostinho Da Cunha and Victor Bernardo Da Cunha.

²⁶⁰ J.Gerson Da Cunha, *Sahyadri-Khanda*: Introduction.

²⁶¹ J.Gerson Da Cunha, *Sahyadri-Khanda*: Appendix E, p. 49.

²⁶² J.Gerson Da Cunha, “Notes on the Vernacular Language of the Konkan,” 30th July 1890, *The Journal of the Anthropological Society of Bombay*, Volume II, No. 1, 1890, pp. 193-201.

declining.” The major difficulty with this complex process of tracing its “successive phases of advancement” was the decided lack of sources relating to the language. It was also difficult to ascertain whether it still preserved the elements and forms which origins could be easily traced back to the Aryan stock of languages or whether the importation by repeated foreign invasions of exotic vocables and corrupted modes of speech were modified or “degenerated it to the conditions of a mere patois.” Western scholarship disputed the origins of the language and the subject embraced a vast amount of literature which posed difficulties in representing it all. Hence he divided the subject into a series of papers and considered this paper a preliminary step towards subsequent and successive contributions. He argued one way to discover the process of evolution the language had undergone and the corruption that had crept in through several historical incidents was to examine pre-Portuguese material. However, in the first half of the sixteenth century the Roman Catholic missionaries believed that every work in indigenous languages and characters were full of idolatrous matter and consigned them to the flames. The large-scale destruction of all forms of the language meant a great void in the historical documentation of the language.

Da Cunha claimed that it was impossible to discern any changes that occurred in the language prior to the conquest of Goa and until the missionary activity of Francis Xavier. This marked the time when the Christian missionaries decided to proselytize through the vernacular languages. They needed to have a thorough knowledge of the language and so they wrote down grammars, vocabularies and dictionaries, some of these were published and still existed though a number remained in manuscript form and were probably lost. In any case Da Cunha argued that these would only have provided information on the later phase in the progressive development of the language. He argued that however good their literary merit being the, “works of foreigners do not surpass or even equal the genuine purity of the indigenous authority and possess those nuances which only a native is apt to impart to his language.”

3. Anthropology

On the twenty fifth of January 1888, Da Cunha showed his rare and unique private collection of amulets and talismanic cups for a paper that he presented to the *Anthropological Society of Bombay*.²⁶³ He argued that all the stages of human progression could be illustrated with a series of amulets, talismans and which he

²⁶³J.Gerson Da Cunha, “An Address on Amulets and Talismans,” *The Journal of the Anthropological Society of Bombay*, Volume II, No. 1, June 1887, pp. 378-91.

described in his paper. He suggested that each stage represented the “intellectual and moral progress of mankind.” He connected the ancient use of objects that embodied the belief they had the power to ward off evil spirits, and to protect the wearer from sickness to the evolutionary progression of the human mind in the worship of one God. The highest form was reached when the amulets were Christian in nature. The following account is drawn from his ideas contained in this paper. Da Cunha provided some detailed historical evidence from the time of the Assyrian and Babylonian Empires, the Greco-Egyptian period and well as providing information about the use of these objects in Islam, Judaism and Christianity. He showed that he had an in-depth knowledge on the history of Hindu amulets and medals some of which he displayed. He argued the instinctive belief in man to ward of evil, “modifies itself in harmony with the progressive enlightenment of mankind.” He argued as man reached a more advanced stage, his thought turned to pictorial representations which could represent ideas. This change in belief from “fetishism to polytheism, and from this, by slow steps, to the higher sense of one’s moral responsibility and the worship of one God”, he described as the “simultaneous ethnic and psychological evolution in man.” He asserted that in time man would cease propitiating idols and would accept a Christian doctrine. He wrote, “... it is at least essential that our religious ideal should be raised to the belief in the unity of Godhead the fatherhood of God and the brotherhood of man with corresponding obligations.” He claimed that though this stage was well represented by Islam, it still needed to go one stage higher which he claimed was represented by the Christian form of amulets.

Da Cunha asserted the Christian amulet assumed a new and different form in which the “primitive” ideas of amulets endowed with superstitious prophylactic power was greatly modified and that there was no belief in the charms themselves which were replaced with medals, crosses and relics of saints which carry the believer from earth to, “those regions where God and His elected believed to dispense protection, less against the ordinary evils of this world than against he temptations of the world itself obstructing ones’ way to eternal bliss in the next life.” He described these new form of Christian amulets as “the noblest idea yet reached by man.” He explained in addition to a religious view there were social aspects represented in the range of souvenirs and mementoes collected and displayed, “in every civilised assembly of ladies and gentlemen where sympathy and affection act as charms and play the part of amulets possessing in the abstract all their virtues against the evils of this life.” A range of

beliefs could be found in Bombay City. A place where he claimed civilisation seemed to overlap barbarism. The streets were filled with people displaying charms from different religious traditions, as well as the “the elegantly dressed individual with emblematic devices on his rings, watch guards or chains.” It is interesting that he used Western geological, philosophical and sociological representations to support his argument.

The final paper that Da Cunha delivered to the *Bombay Anthropological Society* as its President was in 1892, it was on, *The Nasal Index in Biological Anthropology*.²⁶⁴ He had promised members that his last address would be on the colonisation of India, however this was replaced with a paper on the significance of the nasal index in biological anthropology. He claimed that this was in order to comply to a purely anthropological topic. His choice of topic may have been related to the fact that his successor, Herbert Risley was an ardent protagonist of such work. The following analysis is based on his paper which covered this controversial issue highlighted a number of Western scientific arguments of the time. It also showed how Da Cunha reconciled two conflicting theories regarding the origin of humans. As a scientist, he was up-to-date with current scientific theories of evolution, which were inherent with ideas concerning race. As a Catholic, he would have had to believe in a different doctrine. Through the paper he did not accept or reject either theory it is clear that he did acknowledge and encourage the importance of conducting such research especially in India, where he claimed the varied races that had existed in a homogeneous and isolated state provided an ideal field of study.

The paper covered historical and contemporary work on the use of measurements of the nasal index in determining intellectual capacity, race and caste. It is clear that he was well versed in current scientific and anthropological literature. His paper quoted both French and Italian philosophers and scientists. He referred to the work of Charles Darwin and Francis Galton. He mentioned the work of Broca, a well known anthropologist who is said to have divided anthropology into two parts, one area, biology that dealt with man as part of the animal kingdom and the other sociology, that dealt with the “progress and development or the retrogression and degeneracy of humans.” In 1872 Broca, had proposed that the measurement of the length and the width of the anterior nasal orifice indicated a transition between man and the apes. The measurements of the nasal index was used to support the theory of natural selection

²⁶⁴J.Gerson Da Cunha, “The Nasal Index in Biological Anthropology,” *The Journal of the Anthropological Society of Bombay*, Volume II, No. 1, 1890, pp.530-556.

existing in humans. The “eliminating by degeneration the weakly and perfecting by education he strong.” These theories later formed the basis for a systematic study of the nasal index which led to the five-fold classification of humans which Da Cunha described in his paper.

He also outlined the growth in the use of anthropometry, the linear measurement of man in which the nasal index when accurately measured also revealed a psychological element that could disclose racial characteristics and the workings of the mind. The collection and analysis of statistical information relating to these measurements were compared with different groups. The degrees of types represented the “fusion of diverse elements found on earth.” The structural and anatomic characters derived from the diversities of stature, complexion, features form of the skull and colour, the modifications of these structures in the different varieties of man and the moral and mental characteristics of man. Da Cunha claimed “there are no measurements so characteristic of the racial and intellectual qualities of man as the nasal and cephalic indices.” His paper contained descriptions of the current theories relating to the shape and size of the nasal index and how the measurements are taken and formula that was applied to determine the results.

He did not discuss the two major scientific debates of the time regarding the unity or plurality of the origin of man. The main arguments were between the *polygenists*, whose theory he argued led to a theory of evolution and *monogenists* belief which was not of transformation. As well as divisions based on geographical and anthropological grounds Da Cunha discussed theories regarding race. He argued the nasal index of man and of other primates pointed to a common origin. He also discussed recent studies of the jaw which connected catarrhine apes to black men. Though he acknowledged there was still insufficient information to establish the morphism of races or to bridge the chasm that separated man from the apes.

Da Cunha cited the work of Dr. Beddoe who compared the nasal measurements of French, English, Scottish, and Irish men. It was concluded “ Here blending seems to improve the race.” He also referred to Rissley’s work on the ethnology in India. The successful measurement of the nasal index had separated Anglo- Saxons from Celts was employed in India. It is worthy of note that Da Cunha made a reference to the belief that as the inhabitants of India had been isolated, the race had not been tarnished through intermarriage with different races. He claimed that their, “vitality being strong enough to hold its own against that of the foreigner in a fair field of competition and

because the European races cannot thrive and multiply here.” He warned this was a situation of “Deep political significance” which had to be addressed at some point. Da Cunha continued with the arguments relating to race and raised the issues relating to work by Risley on Aryan races. Since these studies relied heavily on the measurement of human skulls, in India, such material would have been scarce since the majority of Hindus would be cremated. Da Cunha made reference to the scarcity of human skulls available for measurement. Nasal and cranial measurements in India were largely taken from live subjects. Voluminous data was collected from intensive field work carried out though not all the data collected correspond with the theories put forward. He did make a reference to a blending of races being stronger which seemed to contradict an early paper in which he was critical of the Portuguese policy of intermarriage. He also made a number of references to ancient Hindu texts and knowledge on caste.

In his capacity as the Honorary Secretary of the *Anthropological Society*, Da Cunha presented a short review of a book written on the subject of 'vice' by V.C Lonakar, whom he described as a “middle aged Hindu gentlemen.”²⁶⁵ Da Cunha used a fusion of both Eastern and Western philosophy to describe and explain the contents in brief of this comprehensive study on vice. It is interesting how Lonakar used Western scientific terminology when dealing with the ancient Hindu scriptures to illustrate his ‘scientific’ study of the problem of vice. For example, Lonakar claimed, “I had the germ of that scientific impulse which led me to observe critically the thought and life-sphere of everyday life with the spirit of a student of science.”²⁶⁶ Lonakar described a number of manifestations of vice that occurred in various spheres of life; he included religious, educational, political commercial and industrial and lastly prostitutional.²⁶⁷ The study seemed to reconcile Western scientific thought and natural philosophy to ancient Hindu codes of behaviour. The section on religious vice claimed that “religion includes science, the Indian term *Dharma-shastra* meaning both- that is, duty and truth.” This was followed by a descriptive account of the *Dharma-shastra*, with examples from the *Bhagvad Gita*, which Da Cunha described as “that admirable work.” The last section of the book challenged the notion regarding universal injustice in the world. He refuted the claim that vice prospers and virtue suffers and supported a belief in “a scientific exactitude in justice being done in absolute harmony with the laws of

²⁶⁵ J.Gerson Da Cunha “A Note on VC Lonakar’s “Study of Vice,” *The Journal of the Anthropological Society of Bombay*, Volume IV, No. 2, 1896, pp.114-9.

²⁶⁶ *Ibid.*, p. 115.

nature to every living being, as evidenced in the working of the universal adjustment.” This does evoke ideas contained in natural philosophy regarding the fixed and unchanging laws of nature that dominated much of scientific and philosophical thought in the nineteenth century. Further, he claimed that the “*Varma Ashrama Darma* is the universal law which deals with justice to all with the unfailing integrity and severe rigidity.” After an in depth philosophical discussion on the existence of vice Lonakar prescribed various remedies, including the study of *Yoga* which was thought to bring the union of the human with the universal soul which would presumably remove any human craving for vice. Da Cunha praised the scientific basis of the work and mentioned other reviews by Western scholars that spoke highly of the work.

4. Conclusion

It will be seen that although for convenience the works of Da Cunha have been arranged into sections dealing with subjects he wrote on, in practice his publications frequently integrated his different interests. This is clearest seen in his works on the Konkani language in which linguistics were combined with his knowledge of numismatics, archeology and history. His work on the Konkani language made an important intellectual contribution to developing a Goan linguistic identity separate from either Marathi or Portuguese. The fact that his works attracted international interest may have enhanced his personal and professional status amongst indigenous elites in Bombay.

José Camillo Lisboa (1823- 1897)

Biography:

José Camillo Lisboa was born in Assagão in Goa²⁶⁸ on fifth March 1823.²⁶⁹ He left Goa to attend the 22nd Regiment School in Poona.²⁷⁰ He then went to Bombay where he was awarded with a stipend in 1845 to study medicine at Grant Medical College. He was among the first students to qualify in 1851. Soon afterwards he was employed as an Assistant Surgeon at the JJ Hospital. He also taught Anatomy and was one of the first Indians to teach at GMC. In 1854 he began private practice in Bombay. After a period of illness in 1863 he travelled to Europe. He visited England, France and

²⁶⁷ Ibid., p.117.

²⁶⁸ Fatima da Silva Gracias, Op.Cit., 1994, p. 196.

²⁶⁹ Miguel Vincente de Abreu, *Noção De Alguns Filhos Distintos, Da India Portuguesa, Que Se illustram Fora da Patria*, Imprensa, Nacional, Nova Goa, 1874,p.27.

²⁷⁰ *Grant Medical College Annual Reports*

Portugal in 1864. In 1866 he returned to his private practice in Bombay.²⁷¹ *The Royal Academy of Science* elected him fellow of the *Linnaean Society of London*. He was a member of the *Geographical and Medical Society of Lisbon*. *The Academie Internationale de Geographie Botanique* of France elected him as a corresponding member and awarded him the medal *Merit Scientific*.²⁷² He discovered a number of new plants, some of which were named after him, *Tripogen Lisboa* and *Andrapagan Odotarus Lisboa*.²⁷³

He was a member of *Grant College Medical Society* and its President for ten years. He was also President of the *Bombay Medical Association* for four years. He belonged to the *Royal Asiatic Society* and he was an active member the *Bombay Natural History Society*.²⁷⁴ Lisboa's work on grasses of Bombay, poisonous plants and Toxicology was presented at meetings held by the *Natural History Society* and some of these were published in the Society's journal.²⁷⁵ This work provides an example of how local knowledge was relayed to Europeans in Bombay. As a member of the *Instituto Luso-Indiano*, it is clear that he also had links with the Luso Indian community in Bombay which had some links with Portugal. Lisboa presented papers at the society meetings which were later published in the bilingual newspaper, *The Anglo-Lusitano*, for example he read papers on oils and ointments and on the date tree.²⁷⁶

Unlike most medical men at the time, he had an avid interest in politics. He defended *Podrova*, this was the faction of the Catholic in India which favoured accountability to the King of Portugal. He wrote for a bilingual paper, *Albelha de Bombaim Politics* and was also briefly editor. He wrote controversial letters published in *Cartas aos Portugeuses* and he encouraged the community to continue to use their language Konkani. He built chapel and maintained a primary school in his ancestral village in *Assagao*, Goa and started a Portuguese school in *Socolvaddo*, *Assagao*. An

²⁷¹ Miguel Vincente de Abreu, *Noção De Alguns Filhos Distinctos, Da India Portugueza, Que Se illustram Fora da Patria*, Nova Goa, Imprensa, Nacional, 1874. p.27.

²⁷² Fatima da Silva Gracias, Op.Cit., 1994, p. 196.

²⁷³ Camilo D'Souza, *Dr. Jose Camillo Lisboa*, GovaPuri, Bulletin of Institute Menezes Braganza, Oct-Dec 1999, M.V. Naik, Goa, Vol.1. No. 3, p. 100.

²⁷⁴ Ibid.

²⁷⁵ J. C Lisboa, "List of Bombay Grasses," Part I, *Journal Bombay Natural History Society*, Vol.V, No. 2, Bombay 1890, pp. 116-123. Part II, Part III, "List of Bombay Grasses," Part IV, *Journal Bombay Natural History Society*, Vol. VI, No. 2, Bombay, 1891, (continued from p.349, Vol. V) p. 189-219; "List of Bombay Grasses," Part V, *Journal Bombay Natural History Society*, Vol. VII, No.3, Bombay, 1892, (continued from Vol. V, p. 219); Read before the Bombay Natural History Society 29th September 1892, pp. 357-390; "List of Bombay Grasses," Part VI, *Journal Bombay Natural History Society*, Vol.VIII, No. 1, Bombay, 1893, pp. 107-119; "Bombay Grasses," Part VI, (continued from Vol.VII, p. 390).

²⁷⁶ *The Anglo-Lusitano* 22nd March 1888, no.90, p.4, & *The Anglo-Lusitano* 8th March 1888, no. 88, p. 4.

English school was founded in his name by the *Assagao Union* in 1923 which continued till 1951. He set up a prize in the Lyceum School, Goa to be awarded to the student with the highest marks in history. His wife Julia Lisboa set up a prize at GMC in his name to be given to the final year medical student with the highest marks in surgery.²⁷⁷

Lisboa died in Poona on the first of May 1897 aged seventy five. An obituary appeared in *The Journal of the Bombay Natural History Society*, of which he was a member and had contributed its journal.²⁷⁸ It noted that after a long and successful medical career Lisboa had after his retirement made grasses a special subject of study. His botanical investigations were made with the “assistance and sympathy of his amiable and accomplished wife” and these had allowed him to have “acquired a truly remarkable knowledge of the structure and affinities of that very difficult group of plants.” Unfortunately, it reported that his health started to breakdown just after he produced a *List of Bombay Grasses* which was published posthumously.²⁷⁹

As a medical man he wrote on leprosy and cataracts. Two papers he presented at the *Grant College Medical Society* on leprosy were later published.²⁸⁰ They exist today in the form of tracts relating to medical matters in India. This work has been examined and presented below. He also earned a reputation in the field of botany. The Government of Bombay appointed him to study the flora of the presidency.²⁸¹ His text entitled, *Useful Plants of the Bombay Presidency* was published in 1886.²⁸² He also published a *List of Bombay Grasses and their Uses* in 1886. His work on leprosy was particularly important. His work on this disease was originally presented to the *Grant College Medical Society* on the 14th February 1852 and at the request of his friends it was later published. The paper dealt with both chronic and acute forms of leprosy.²⁸³

Although much of medical history in relation to India focused on the political dynamics of diseases such as small pox, plague and cholera, in the mid to late nineteenth century there were also debates on the treatment of lepers and leprosy.²⁸⁴ The

²⁷⁷ Camilo D'Souza, *Dr. Jose Camillo Lisboa, GovaPuri, Bulletin of Institute Menezes Braganza*, Oct-Dec 1999, M.V. Naik, Goa, Vol.1. No. 3, p. 102.

²⁷⁸ *The Journal of the Bombay Natural History Society*, Vol XI, No. 2 Bombay 1897, p 339.

²⁷⁹ Ibid.

²⁸⁰ J.C Lisboa, “Observations on Leprosy,” *Papers on Leprosy*, Pt.1,P2, Bombay, Bombay Asiatic Printing Press, 1874.

²⁸¹ Miguel Vincente de Abreu, *Noção De Alguns Filhos Distinctos, Da India Portuguesa, Que Se illustram Fora da Patria*, Nova Goa, Imprensa, Nacional, 1874.p.27.

²⁸² J.C Lisboa “Useful plants of the Bombay Presidency 1886,” in *Gazetteer of the Bombay Presidency*, Vol.XXV, Bombay 1877.

²⁸³ J.C Lisboa, “Observations on Leprosy,” *Papers on Leprosy*, Pt.1,p.2, Bombay, 1874.

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disease had a significant amount of cultural and social stigma attached to it. Lisboa as an Indian Christian medic working on leprosy therefore presents an interesting case study in terms of how his community potentially played the role as mediators between the Colonial administration and indigenous practice.

At the present time debates concerning the evolution of treatments of leprosy are divided into two different schools of thought. The work of Jane Buckingham, suggests that the indigenous (traditional) and Colonial (Western) approaches to leprosy were significantly divergent.²⁸⁵ On the other hand James Staples favours the argument that the approaches between the two traditions converged and that there was a mixing of practices.²⁸⁶ This debate is an important one because there is evidence to suggest that during this period there was a revival of interest in the use of Ayurveda and Yunani medicine which has also been cited by modern scholars as a reflection of Indian resistance to colonialism through a rejection of Western medicine.²⁸⁷

In the case of Lisboa, whilst a Christian he clearly did not believe in the Hindu beliefs and practices associated with leprosy. He did, however, have significant knowledge and respect for indigenous medicine. Lisboa's writings reflected his dual heritage as he mentioned that leprosy featured both in the Bible and also in ancient Hindu texts. His approach to leprosy makes it apparent that he used the knowledge of indigenous practitioners and incorporated this into his medical work on leprosy. Interestingly, while writing about the potential use of a drug derived from the seed of an indigenous plant *Bauchee*, (*Psoralea Corylifolia*,) Lisboa also mentioned that a number of European botanists and medics had already recognised the healing properties of the plant in the treatment of leprosy. This incorporation of indigenous learning into a Western scientific methodology reflects the possibility that not all Western medics saw indigenous medicine as being a rebellion against the British. Indeed Grant Medical College, where Lisboa trained, encouraged the use of indigenous drugs. Therefore, Lisboa's experience seems to accord more closely with the views of James Staples than with Buckingham.

The following section examines Lisboa's treatment of leprosy in more detail. It

graduates, medical rationalism and leprosy, *The Indian Economic and Social History Review*, 41,3, (2004), London. pp. 293-314.

²⁸⁵ Jane Buckingham, *Leprosy in Colonial South India: Medicine and Confinement*, London 2002.

²⁸⁶ James Staples, Book Review, "Leprosy Colonial South India: Medicine and Confinement," by Jane Buckingham in *Anthropology Matters Journal*, 2002, <http://www.anthropologymatters.com>.

²⁸⁷ For example see Mark Harrison., "Medicine and Orientalism: Perspectives on Europe's Encounter with Indian Medical Systems," in Pati B & Harrison M. (eds), *Health, Medicine and Empire*

is based on material that he presented to the *Grant Medical College Society*. In the mid to late nineteenth century there were two central issues regarding the treatment of disease centering on the question whether leprosy was hereditary or contagious in nature. These debates between medics and within the wider social and political spheres were reflected in the discussion of and approach to the disease. Some people believed that leprosy was a hereditary disease and so was passed down through generations. Such theories have been connected to the belief in degeneration and race. Ironically, the belief that leprosy was hereditary also accorded to the Hindu belief that leprosy was a result of sin committed by an ancestor or in a previous life. Conversely other writers and practitioners believed that the disease was contagious. It is possible that this theory lost favour with the authorities largely due to the economic cost of isolating and treating patients in separate leper colonies. The controversy during this period over the use of indigenous drugs is also directly relevant to leprosy, as already mentioned, Lisboa and other medics used indigenous drugs to treat lepers as part of their practice.

The paper presented at *Grant College Medical Society* 12 May 1874, focused on three cases of leprosy in Bombay in which Lisboa used an indigenous drug *Bauchee*, (*Psoralea Corylifolia*) in the treatment of leprosy. Lisboa presented some evidence that medics worked as a community and that he had access to both indigenous scientific and medical work and European medical journals. It is also clear that patients resorted to indigenous healers for treatment as well as to Western trained indigenous doctors.

Lisboa clearly had an interest in and knowledge of indigenous plants and their healing properties. He referred to research conducted by indigenous healers and also to by Bhau Dajee [8] a contemporary of Lisboa, who had trained at Grant Medical College and had used an indigenous drug in the treatment of leprosy.²⁸⁸ The drug which Lisboa experimented with was *Bauchee*, as it was termed in Dalzell's *Bombay Flora*, or *Psoralea Corylifolia* of Linnaeus. He claimed that the drug was well known to Indians, which they are said to have used from ancient times in the treatment of scaly eruptions of the body and leucoderma. It was also well known by a number of European Botanists, both the plant and the seed was described by Ainslie in his *Materia Medica of India*.

In this paper there is evidence that his patients had sought the advice of *hakims*. Lisboa displayed some knowledge of *Yunani* medicine as he quoted from translated

Perspectives on Colonial India.
²⁸⁸ Shubhada Pandya, Op.Cit., 2004.

Islamic texts.²⁸⁹ Lisboa provided information on cases of leprosy in which he prescribed an indigenous drug to a Parsi woman, a Christian boy and a Hindu man. In each case leprosy had emerged differently and displayed a variety of symptoms which he described in detail. He provided remarks on each case. In relation to this case Lisboa referred to his previous work on this area which included the results of a post mortem examination and a preparation which he presented to the Grant Medical College Museum.²⁹⁰ It is clear that he felt that other scientists may have based their research on his findings but had not cited him. It is worthy of note that he referred to this in regarding a paper that he had read to the *Grant College Medical Society* on the 14 February 1852.²⁹¹ he wrote,

“Dr Carter notices the same fact in his paper, read before the Medical and Physical Society of Bombay, in March 1862 and gives a drawing of the bones of a foot which I presume was taken from one of my preparations in the Grant College Museum, *though no allusion is made to my paper.*”

It is interesting that Lisboa's paper contained references to knowledge derived from European doctors, Indian doctors trained in Western medicine and also from indigenous healers and texts. This provides some evidence that medical doctors in Bombay exchanged medical and scientific knowledge and worked as a community regardless of race, religion or medical ideology. The paper given by Lisboa, demonstrated that he combined both Western and indigenous knowledge. He incorporated methods, treatments and medical responses derived from two medical traditions. He used a Western system of recording the case studies and treatments and also commented on cultural and social responses to the disease.

In summary, Lisboa was one of the first graduates of Grant Medical College. He contributed to the field of botany and also to the study of leprosy. He played an active role in promoting the faction of the Catholic Church based in Goa that supported allegiance to the King of Portugal, *Podrova*. He was involved with Portuguese speaking institutions in Bombay and edited a newspaper supporting Portuguese interests in India. He was a member of *Grant College Medical Society* and its President for ten years. He was an active member of the *Bombay Natural History Society*. He had joined a number of international scientific associations and awards were set up in his name.

²⁸⁹ Lisboa's footnote p. 4. (*Grant College Students Journal*, no.6 for August 1873.)

²⁹⁰ Ibid. p.15.

²⁹¹ An abstract of it was published in the *Transactions of the Bombay Medical Physical Society*, New

Júlia Lisboã (1840 - 1926)

Very little information can be found on the wife of José Camillo Lisboã. The following information is based on information found in an entry made in a biographical dictionary.²⁹² Júlia J. Rodrigues was originally from Britona, Bardês, Goa. She was the niece of Vanâncio Raimundo Rodrigues a well known professor at Coimbra University, Portugal. Another uncle, Jóse Júlio Rodrigues, was a high court judge in Azores. She was also the niece of Antone Phillpe Rodrigues a Lycium professor, in Panjim. Julia Lisboã conducted botanical research with her husband.²⁹³

She read papers at the *Bombay Natural History Society* which were also published. Her husband named one of the plants he dealt with after her. She was a well known person in Mahableswar, Poona and Bombay. She attended horticultural exhibitions where she displayed her contributions and samples of plants. In 1883 her husband instituted two prizes in her name to be awarded for two students from Bardez, Tiswardi, Illias these are the three main districts that Goa is divided into, who excelled in History at the Lyceum Nova Goa. She travelled widely and her travel experiences were recorded in a Portuguese newspaper. She died in Bombay on the twenty fifth of July 1926. She was 86 years old.²⁹⁴

Series Vol,2. (Italics inserted for emphasis).

²⁹² Aleixo Manual da Costa, *Dicionário de Literatura Goesa*, (o-z), Macau, 2000. p.161.

²⁹³ Júlia Lisboã was mentioned in her husband's obituary in, *The Journal of the Bombay Natural History Society*, Vol XI, No. 2 Bombay 1897,p 339. It stated that José Camillo Lisboã's botanical investigations were carried out with the assistance and sympathy of his " amiable and accomplished wife." It continued that they had, " acquired a truly remarkable knowledge of the structure and affinities of that very difficult group of plants."

²⁹⁴ Aleixo Manual da Costa, Op. Cit., 2000, p.161.

Acacio Gabriel Viegas (1856-1933)

Acacio Gabriel Viegas was born on the 1st April 1856 in Arpora, Goa . He was sent to Bombay to complete his secondary education in English. He joined Grant Medical College and completed his LM&S in 1880. He developed a private practice at Mandvi, Bombay. He received recognition for his community work and for his contribution to medical services in the 1896 epidemic. He was the first Goan to be elected to the Municipal Co-operation in 1888 and the first Catholic President of the Municipal Co-operation in 1906. He was President of Bombay Municipal Council from 1906 to 1907. He was elected again in 1919. He represented the corporation on the Board of Justices for the improvement of Bombay city, in particular its drainage system. He was a Fellow of the University for over fifty years. He promoted technical education and introduced Portuguese as a second language at the University. He was an examiner in medicine and was a founder of the College of Physicians and Surgeons of Bombay. He was also a member of the *Bombay Medical Council* and campaigned for special colleges for women. He was one of the founders of the *Indian Co-operative and Navigation Trading Company*, *Associacao Goana de Mutuo Auxilio*, *Sociedade de Nossa Senhora de Piedade*, the Catholic Gymkhana and St Sebastian's School. He served in Municipal Co-operation until he died in 1933. In recognition of the contribution he made the citizens of Bombay erected a life size statue of him in Dhobi Talao.²⁹⁵

Paul Francis Gomes (fl.1840-1890)

Another well known figure was Dr Paul Francis Gomes. Unfortunately limited information is available on him. He was one of the first doctors who trained and graduated from Grant Medical College. He worked to establish a dispensary in Bandra, raising funds to purchase a building. He was involved in advocating separate community status for the Luso Indians originally from Bombay and was first President of the *Bombay East Indian Association* set up in 1887. He campaigned with other people from this community to adopt the term "East Indian," rather than the use of the term "Portuguese." On the 3 June 1888, he was awarded with the title, Knight of St Gregory the Great, by Pope Leo XIII. ²⁹⁶

²⁹⁵ Teresa Albuquerque, *To Love is to Serve, Catholics of Bombay*, Heras Institute of Indian History and Culture, Bombay, 1986 and Alexandra Furtado nee de Sa, *A Great Goa Doctor, Dr Acacio Gabriel Veigas*, *Contact*, March 2006, Vol. 17 Issue 1, A Publication of the Goan Chaplaincy, London, pp.26-27.

Lewis Paul Gomes (1860- date of death unknown)

His son Lewis Paul Gomes, was born in 1860, he also qualified in medicine in 1885 and shared a practice with his father in Hornby Road. He wrote on a number of topics central to the medical world at the time, such as quarantine and contagious diseases, these issues also had important trade and political implications. He wrote on the prevalence of fevers and on the adulteration of food in Mumbai and was a Justice of the Peace.²⁹⁷

Dominic A D'Monte (fl. 1870- 1940)

Dominic A. D'Monte acquired his medical training in Bombay and Europe. In addition to his contribution to medicine he was also involved in a number of professional groups and associations. With his wife Cecilia, also trained in medicine, they contributed greatly to civic affairs. He was one of the founders of the Bombay East Indian Association and was elected President several times. He also served as President for the Catholic Medical Association. He was Vice President of the College of Physicians and Surgeons and the Bombay St John's Ambulance Association. For over thirty years he was a Member of the Senate of Bombay University and of the municipal corporation being the first non-official President of the municipality of Bandra.²⁹⁸

D'Monte served as a Justice of the Peace and Honorary Magistrate. He was also a member of the committee of the British Empire Leprosy Association that provided relief for those suffering from leprosy in Bombay. He provided his professional services on voluntary basis to a number of charitable institutions in Bandra. He was involved in a number of governing bodies of associations connected to the health and welfare of the wider community. He was a member of a number of medical and professional associations in Indian and abroad. In 1925 D'Monte was made a Knight of St. Gregory the Great by Pope-Pius XI.²⁹⁹

²⁹⁶*The Bombay East Indian Association, Golden Jubilee Souvenir, 1887-1937*, Bombay, 1938.p. 135.

²⁹⁷Ibid.

²⁹⁸Ibid., p.47-48.

²⁹⁹Ibid.

Cecilia D'Monte nee Ferreira (3-6-1875 – date of death unknown) ³⁰⁰

Cecilia D'Monte, the wife of Dominic D'Monte, was one of the first Indian women doctors at a time when career opportunities for women were limited. However, due to cultural traditions such as purdah, Indian women required medical treatment to be administered by women so this created an opening. Initially women were recruited from Europe, but later on Indian women began to qualify in the medical field and began to extend medical care to Indian women and children.

D'Monte was awarded with the Lady Reay Medical scholarship to study medicine at Grant Medical College. Graduating in 1897, she was awarded with the Hiabai Pestonji Cama Gold Medal in midwifery. In 1898 she was appointed as house surgeon to Cama hospital and appointed 2nd physician in 1901, a post she filled for twenty six years. When war broke out in Europe, D'Monte, responded to a request from Lady Willingdon to raise funds for relief work. She formed a committee of Catholic ladies and mobilised an organisation to raise funds for this worthy cause.

She was the President of the Catholic Ladies Association and twice elected President of the *Women Graduate Union* and Vice President of the *Bombay East Indian Association*. She was made an Honorary Presidency Magistrate and a Justice of the Peace. The children of Dominic and Cecilia D' Monte, Cecil D'Monte and their daughter Beryl Moraes also followed the profession of their parents. ³⁰¹

Conclusion

This chapter gives some insight into the intellectual and cultural Catholic milieu of Bombay during the nineteenth century. Indigenous men were initially barred from joining a number of organisations and as Catholics, Luso Indians were also barred from joining the Freemasons. However, later scientific, medical, religious, intellectual and cultural groups and organisations were supported by Luso Indians and a number of these medical men played an active role in setting up and running these societies. The chapter began with some evidence supporting the role of groups and societies in building community networks. It was argued that the Catholic press may have played a role in filtering information and encouraging the notion of community. This chapter also presented nine intellectual biographical sketches of some of the most prominent

³⁰⁰ H.J. D'Penha, "The Charge of the E.I. Women's Brigade," *The East Indian Journal*, Vol. Xiii. No.1 September 15, 1986.p.1.

³⁰¹ *The Bombay East Indian Association, Golden Jubilee Souvenir, 1887-1937, Op.Cit., 1938.p. 100.*

members of the Luso Indian community that made a contribution to the scientific, medical, cultural and intellectual life of Bombay during the nineteenth century. It is argued that this was one of the ways that enabled them to legitimate Western medicine in the community in Bombay. A number of them were involved in civic affairs and held positions in the community.

Limited by material available, these nine intellectual biographical sketches have given some insight into the medical careers of some Luso Indian medical men and women. It is clear that these medical men and women having gained training in Western science and medicine continued to contribute to the development of scientific and medical groups and organisations. Their work reflected the wide range of interest in scientific matters prominent during the nineteenth century. They also took an interest in political, community and civic affairs. The evidence suggest that these groups, divided by religious affiliation, politics and linguistics never unified as one community group; rather they existed as segregated groups. However, it is argued that they did communicate as a professional body regarding their research and work interests.

Unfortunately, due to the lack of material available it has been difficult to make any analysis on the differences or similarities experienced by the doctors in this sample. However, it is clear the least amount of information was available on the Luso Indian community from Bombay even though two represented here were rewarded by the Pope. In comparison to the amount they published the migrant Luso Indian community originally from Goa have very little information available on them. Further research into their work would make an interesting study of nineteenth century Luso Indian literature amongst migrant communities in Bombay. The two doctors that migrated to Portugal have the most amount of information available on them and seem to have developed highly successful careers in Portugal. The doctors that developed their careers in Portugal seemed to have been more successful in terms of public and community recognition, in the way of awards they were presented with and literature on them.

These doctors became symbols in Nationalist propaganda and in writing by and for the diaspora. They are reflected as brilliant politicians, thinkers and scientists. As well as combating prejudices in the society in which they worked and contributing to their field, they also kept their connections to their homeland and as such are regarded as role models. Further critical analysis into their work would provide a valuable contribution to the study of Luso Indian History in nineteenth century India.

Conclusion

This thesis investigated notions of 'community' and 'identity' amongst Luso Indians involved in the medical profession in Bombay in the nineteenth century. The study examined how a pioneering group of elite Luso Indian medical men and women practiced Western medicine in Bombay. The thesis first explored the nature of 'community' and 'identity' in nineteenth century Bombay through a study of primary, contemporary and secondary sources relating to issues of 'race,' 'caste,' and 'religious' identity. The second chapter explored the establishment of Grant Medical College in Bombay and the subsequent development of a 'professional identity' amongst Luso Indian medical men and women. The thesis attempted to locate some of these men and women by entering information collected from a variety of sources on a database. This is presented in an appendix and a discussion on the construction of the data base, sources used and some of the main findings are presented in chapter three. Finally, three groups of Luso Indians from the nineteenth century taken from the population in Western India have been selected for further analysis which are presented in the form of short intellectual biographies.

Chapter 1 considered current scholarly discussion on the problematic nature of defining the socially constructed notions of 'community' and 'identity.' Some of these ideas were examined in the context of Luso Indians in nineteenth century Bombay. Government Census reports showed a range of categories were constructed, mainly relating to those of mixed race. One of the key findings was that the category 'Indian Christians' was an external imposition which was informed by ethnographical data and scientific investigations. One of the main findings was that 'Indian Christians' did not exist as one homogeneous group, rather they lived in segregated clusters, divided by boundaries such as where they originated from, 'caste,' 'community' and Christian denomination. It found that a plurality of identities co-existed, mainly based on 'community,' 'religion,' 'social status', and later a 'professional urban identity' emerged. An examination of Census material as well as government records, institutional and Annual Reports shows that a wide range of categories were used for the Luso Indian community, and that these changed significantly over time. It is argued here that, although most of these categories were imposed on the community by the Colonial power, some were created and assigned by members of the community themselves. This

provides an important insight into the way in which members of these communities identified themselves. It seems that multiple identities co-existed in response to political, social, cultural and religious entities that shaped the way in which people defined themselves.

Through an examination of a popular community newspaper, the later part of the chapter explored some self-created identities. The chapter referred to academic work on Colonial construction of categories in relation to 'race', 'caste', 'religion.' Such categories are socially constructed and changed in meaning over a period of time. The traditional interpretation of 'caste' as purely a religious category is challenged as 'caste' identities are not supposed to exist amongst Indian Christians. However interestingly it is clear that such notions continued to exist and it is argued were reinforced by new social and cultural structures introduced by the British, for example 'professional identity.'

The chapter focused specifically on those of mixed race identity. During the nineteenth century Luso Indians were considered of mixed race. However, a change in attitudes towards those of mixed race resulted in a shift of identity amongst Luso Indian groups. This shift is explored through a study of contemporary ethnographic collections, scientific debates and theories and the Census Reports. It found whilst earlier attitudes to those of mixed race were initially one of acceptance and even encouragement, later those of mixed race heritage became less socially acceptable. This change was partly due to philosophical and scientific debates of the time. For example, when scientific theories such as 'acclimatisation' were superseded by 'evolutionary' theories notions of 'degeneration' became pivotal to theories regarding race. There is evidence that the growth in interest in 'Aryanism' by British scholars also filtered through to the indigenous population. It is argued these had some influence on the creation of notions of 'community' and 'identity' as they became more defined and concrete. It seems that in nineteenth century Bombay two main Luso Indian groups emerged. One group was indigenous to Bombay and the other were made up of migrants from nearby Portuguese India, Goa. It seems that these groups maintained separate and segregated identities, divided by language and religious affiliation.

Elite members of the Luso Indian community did have access to education in both Bombay and Goa. However, due to the presence of Catholic missions in these areas education was an option for other members of the community. Portuguese language continued to be promoted in these communities, though increasingly with the

occupation of the British in these areas English was also regarded as an important language. Whilst both communities were Roman Catholic, there had been a split between them. The community from Bombay opted to be directly accountable to the Pope, whereas the community from Goa continued to honour the agreement where authority was recognised by the Pope via the King of Portugal. When this schism was eventually resolved, however, there still seemed to be some references to this split and the communities continued to be largely separate. One made up of migrant groups from Goa, who later became known as 'Goans.' The other indigenous to Bombay, later known as 'East Indians' referring to their early connections to the East India Company and confirming their allegiance to the British.

The final part of this chapter considered community self perceptions. Through the examination of a Catholic newspaper it investigated notions of 'identity' and 'community' in relation to 'caste' 'race,' and 'religion.' It found that notions of 'identity' amongst this community also referred to language, the treatment of women, literacy rates and professional status. It is also clear that 'identities' constructed around traditional structures such as 'caste' were not superseded by new identities such as 'social status,' rather multiple 'identities' seemed to co-exist and were asserted in a number of ways. This seems to support the notion that socially constructed 'identities' such as ' caste' are fluid in nature and can be negotiated and manipulated to suit the needs of a community.

The second chapter explored the development of professional status through the medical training offered at Grant Medical College where a number of Luso Indians attended. It examined the medical careers and professional participation in scientific and medical groups and organisations established in Bombay for indigenous and British professionals working in British India. Due to religious and cultural reasons a high number of Luso Indians from both communities in existence in Bombay during the nineteenth century became involved in the medical profession. Through the annual reports of Grant Medical College it attempted to discern if this institution met any of the aims and objectives its founders set out to achieve. Sir Robert Grant as Governor of Bombay promoted the establishment of the medical college. The first principal of the College, Charles Morehead was determined to introduce medical pedagogy in India similar to that already established in Europe. Research conducted both in the UK and in India showed that many of the teaching staff involved in setting up the college were of Scottish decent and were trained at medical schools in Scotland. With this in mind the

chapter explores the philosophical ethos of the College, arguably influenced by the ideals of the 'Scottish Enlightenment' prevalent at the time. This included notions such as, 'enlightenment,' 'benevolence' and 'improvement.' Significant social, cultural and political movements at the time such as the Clapham Sect, the Freemasons and 'Liberalism' were also found to have had some influence on staff members and those connected to the foundation of the College. Whilst it cannot be established whether any of these ideas filtered through to the students that attended the College, it is thought these sentiments embodied the foundation of this medical institution.

The chapter also examined the training offered to the students that attended the College and their subsequent medical careers. One of the key findings was a shift in attitude towards Indian medical students that attended the college. Initially it was thought a medical education would result in a mind that would evolve towards Christian thinking, later a more negative attitude developed towards Indians. It is argued that as nineteenth scientific debates of 'racial inferiority' influenced this shift in thought. Indian students were deemed incapable and unsuitable for a career in Western medicine. It also found that whilst in theory a professional body of indigenous medical men trained in Western medicine was promoted, in reality at this time no professional body existed to protect their rights or further their medical careers. These indigenous men trained in Western medicine worked for little pay and remuneration in remote areas and had little scope for career development in the way their European counterparts had.

Whilst it was acknowledged that the Freemasons in Bombay were an important and powerful group that influenced cultural and political life in Bombay. They also had some influence in Grant Medical College, however, Luso Indians being Catholic were barred from joining this organisation. Initially medical and scientific groups were also closed to indigenous men. Nevertheless, later, medical men did have access to a variety of scientific, medical and literary professional groups and organisations that had developed in Bombay. Not only were they members of these groups but they also contributed to the society journals and attended meetings on a regular basis. Later these medical men formed a medical body which campaigned for the passing of a Medical Registration Act in Bombay and they founded the basis of the Bombay Medical Union which later campaigned for better pay and working conditions for medical men.

Chapter 3 consists of a discussion on methodological issues and sources related to the construction of a database which is presented in the form of an appendix. The database comprises of seventy medical men and women. Five of them were Hindu originally

from Goa the rest were Luso Indians from Goa and Bombay. Some were migrants from Goa living in Bombay that had trained at Grant Medical College and others were part of the indigenous Luso Indian community from Bombay, of whom very little is known. The rest are made up of those doctors that trained under the Portuguese either in Goa or Portugal and worked in Goa or in Portuguese colonies.

The chapter discussed the advantages and disadvantages of the sources used in compiling the data base. An in-depth analysis could not be made since the database was limited by its size and there were a number of gaps in the information gathered. The chapter is thus confined to some general comments where some trends began to emerge, specifically related to education, medical training and public recognition in the form of awards. Further research would be necessary into certain aspects of this initial study but could be most fruitful.

One of the key findings was that during the nineteenth century at least five distinct Luso Indian groups emerged amongst this sample of medical men and women. Two groups gained a medical training under the British in English at Grant Medical College, one group was originally from Bombay, the other originally from Goa, who had migrated to Bombay for a medical education and remained there. The other two groups trained under the Portuguese in Goa. These were made up of those who went to work in Portuguese colonies outside of India, and those who continued their training in Portugal and remained there or worked in Portuguese colonies elsewhere to develop their careers or returned to work in Goa. The final group trained in Britain.

The final chapter focuses on three members from each of the three main Luso Indian groups. Thus nine intellectual biographies are presented of the most visible medical men and women from these Luso Indian communities. It uses some of the writings of these medical men and women as well as later biographical work and information gathered from a variety of sources.

It is clear from the final chapter that a number of these medical men conducted their own research. Rather than merely accepting Western knowledge, they challenged Western medical scientific theories and augmented them with local scientific and medical knowledge. It is also suggested that it is through professional groups and organisations that these medical men from the different Luso Indian communities formed a professional identity. It is clear that they were aware of and referred to each others medical and scientific research. Whilst the medical community from Goa and Portugal conducted and wrote their research in Portuguese there is some evidence that

their work was also shared with Luso Indians based in Bombay, though further investigation into this area would be necessary in order to assess how much their work influenced each other.

Whilst there is some evidence that the children of some of these medics also followed a career in medicine and or sciences, further research into this aspect would be required to ascertain if a pattern emerged. A number of medical men in the sample studied in Europe and returned to work in India. The difference in attitudes towards those that went abroad for a medical education and those trained in India would also be interesting. The number of descendants from this sample that migrated to either East Africa or Great Britain is also unknown.

It is also clear in the final chapter that a number of these Luso Indian medical men were involved in community and civic affairs. A number of them represented Luso Indians in civic issues as well as providing services for the wider community. Some became Justices of the Peace, conducted mayoral duties and were ambassadors abroad. A few became involved in politics, one a leading member of Parliament in Portugal and a few worked for municipal bodies in Bombay.

The final chapter also considered some of the writings of these medical men. It found in a number of cases their research interests went beyond the medical and scientific fields. Religion, language, politics and economics also featured. Whilst some dedicated a lifetime to medical and scientific research, others worked in Government hospitals and dispensaries, some had their own private practice and others followed careers other than medicine. It is clear that many made a great contribution to cultural, scientific and intellectual life and participated in community and civic affairs. It seems many of them that had left-Goa never to return continued to keep ties with their ancestral homes in Goa. One of the most interesting findings were how these elite men and women were used in later Nationalist propaganda and how they became icons for those living in the diaspora. Research would be required to investigate this aspect further. It is thought that this could provide some insights into influences and making of the 'community' living outside Goa. In summary it is clear that Luso Indians were early beneficiaries of the development of Western medicine in India and that members of this community availed themselves of the opportunities that the development of medicine brought. It can also be stated that Luso-Indian medical practitioners made some valuable contributions to medical theory and practice (in India and internationally) and that they played an active role in professional societies.

Appendix

(i) A List of Sources used to Compile The Database

(ii) A Database of Seventy Luso Indian Doctors

(i) A List of Sources used to Compile The Database

Appendix One

Sources for the Data base

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(ii) A Database of Seventy Luso Indian Doctors

1.	
Name:	Paulo Maria Baptista
Date of Birth	
Place of Birth	Assagão, Goa
Place of Origin	Assagão, Goa
Date of Death	
Place of Death	
Parents	
Marital Status	
School	Elphinstone Institution
Professional Training	Admission to GMC, 15/6/1861 (age 18) LM, University of Bombay, 1866
Career	GMC, Sub Assistant Surgeon
Travel	
Publications	
Societies/ Groups	
Caste	Brahmin
Religion	Roman Catholic
Politics	
Awards	GMC, Yr III, Farish Scholarship for proficiency in Anatomy including Practical Anatomy

Sources
[1]1863,p.153.
[6]

2.	
Name:	Joao Vicente Santana Barreto
Date of Birth	
Place of Birth	1913
Place of Origin	
Date of Death	
Place of Death	Lisbon
Parents	
Marital Status	
School	
Professional Training	Goa Medical School Later studied in Portugal
Career	Appointed to lead the committee to inquire about sleeping sickness in Guine.
Travel	
Publications	<i>A tripanossom-iaze human na Guine Portuguesa 0 beriberi na Guine Portuguesa</i> <i>Historia de Guine, Insectos Henatofogos de Goa</i> <i>Encefalite Tuberculosa e Menigite cerebral para meningocica</i> <i>Plague in Portuguese India, Estudos Epidemiologico sobre a peste na India Portuguesa,</i> <i>Os Indios e as Farpas</i> (cited in, Fatima da Silva Gracias, <i>Health and Hygiene in Colonial Goa 1510-1961</i> , New Delhi, 1994, p. 187.)
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[c] p. 187.

3.	
Name:	Matthew Lorenz Bartholomeusz
Date of Birth	15-9-1846
Place of Birth	Colombo, Ceylon
Place of Origin	
Date of Death	
Place of Death	
Parents	
Marital Status	
School	
Professional Training	MB, University of Edinburgh, 1869 Diploma in Surgery University of Edinburgh
Career	Surgeon Major Civil Surgeon Ahemdabad replaced in 1894
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources

[7]

[7] P/4657p. 8.

[14]

4.	
Name:	Alexandra Britto
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Marital Status	
School	
Professional Training	
Career	Medical Officer in charge of dispensary during a plague epidemic, 1896-97
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources

[7] V/27/8567, p.182.

5.	
Name:	Ananta Chandroba
Date of Birth	
Place of Birth	Apora, Goa
Place of Origin	Apora, Goa
Date of Death	
Place of Death	
Parents	
Schooling	Elphinstone Institution
Professional Training	Admission to GMC, 1845 (aged 16) Qualified 1851
Career	Government Hospital Vaccinator Bombay
Travel	
Publications	
Societies/ Groups	GCMS
Caste	Shenvi
Religion	
Politics	
Awards	Stipend GMC Farish Scholarship, 1847-48.

Sources

[1] 1847-48, p. 36.

[6]

6.	
Name:	Antonio Manuel Constancio Coutinho
Date of Birth	
Place of Birth	Bombay
Place of Origin	Margo, Goa
Date of Death	
Place of Death	
Parents	
School	Free Church Institution
Professional Training	Admission to GMC, 15/6/1851 (aged 19) Qualified 1856
Career	Went to work in Diu resigned and began private practice in Bombay
Travel	
Publications	
Societies/ Groups	He presented papers to GCMS
Caste	Brahmin
Religion	Roman Catholic
Politics	
Awards	

Sources

[1]

[6]

7.	
Name:	J.V Coutinho
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	355 Abdool Rehman Street
Marital Status	
School	
Professional Training	LRCP (Ed.) MRC&S (Eng.)
Career	
Travel	
Publications	
Societies/ Groups	BMU, 1889
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[4]

8.	
Name:	Bhau Daji (Full name Ganpat Ramkrishna Vithal Lad Parsekar)
Date of Birth	8/6/1821
Place of Birth	Manjre, Pernem Taluka, Goa
Date of Death	31-5-1874
Place of Death	Bombay
Address	
Parents	Father Vithal Lad known as Daji
Marital Status	
School	Central Marathi School Elphinstone Institution
Professional Training	GMC,1845 Qualified 1851
Career	Ran a free dispensary with his brother in Nagdevi - "Dharmarth Davakhana." He wrote and researched on the treatment of leprosy using indigenous plants. He was a keen antiquarian and scholar who had an interest in archaeology. He wrote on Sanskrit literature and had an interest in Jain studies. He contributed to knowledge on ancient astronomers of India and worked on epigraphy and the Gupta Era. He Interpreted numerals in cave inscriptions at Ajanta and was interested in numismatics. He also researched into Ayurvedic medicine.
Travel	
Publications	
Societies/ Groups	He was the first Indian President of the <i>Students Literary and Scientific Society</i> Member of the Board of Education Fellow of Bombay University Secretary of the <i>Geographical Society</i> and of the Victoria and Albert Museum Involved in the establishment of <i>Bombay Association</i> and the <i>East Indian Association</i> He was twice sheriff of Bombay and a member of the <i>Bombay Branch of the Royal Asiatic Society</i> of which he was Vice President,1865-1872.
Caste	Saraswat Brahmin
Religion	Hindu
Politics	
Awards	West and Clare scholarship He declined to accept monetary scholarships , awards and prizes that he was entitled at GMC

Sources

[1]

[a]Vol II, pp.382- 4.

[m]

[n]

[p]

9.	
Name:	Narayan Daji (see 6) Brother of Bhau Daji
Date of Birth	
Place of Birth	
Date of Death	
Place of Death	
Parents	
Address	
Marital Status	
School	Elphinstone Institution
Professional Training	Admission to GMC,1847 (age 16) Qualified 1852
Career	
Travel	
Publications	
Societies/ Groups	Secretary GCMS,1855
Caste	
Politics	
Awards	Stipend GMC

Sources

[1]

10.	
Name:	L.D'Almeida
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	36 De Lima Street, Mazagon
Marital Status	
School	
Professional Training	LRCP, LRCS and LM (Eng.), 1889
Career	
Travel	
Publications	
Societies/ Groups	BMU, 1889
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[4]

11.	
Name:	Philip Clement D'Souza
Date of Birth	
Date of Death	
Place of Birth	Bombay
Place of Origin	Siolem, Goa
Parents	
Marital status	
School	
Professional Training	Admission to GMC,1864
Career	He worked at JJ Hospital and was later sent to Daman dispensary hospital. He then returned and opened private practice in Mahim. He was a Medical Officer, Bandora , 1889 and worked at the Government Lock Hospital.
Travel	
Publications	
Societies/ Groups	BMU, 1889
Caste	Brahmin
Religion	Roman Catholic
Politics	
Travel	

Sources

[1]

[4]

[6]

12.	
Name:	Jose Camilo Aires da Conceicao Sa (Aires de Sa)
Date of Birth	1882
Place of Birth	Nova Goa
Place of Origin	
Date of Death	1956
Place of Death	
Parents	He was from a family of doctors
Marital Status	
School	
Professional Training	Goa Medical School , 1907. Diploma in Tropical Medicine, Lisbon. Completed his medical studies at the University of Oporto.
Career	After working in Portugal's colonies in Macau and Timor he was appointed professor at Goa Medical School. During the 1 st World War he played an active role in the plague campaign in Margao. He designed a substitute sulphur disinfection 'Clayton type' machine that could be manufactured locally. He also modified 'Willets pincers' used in obstetrics and was responsible for starting the Department of Radiology and Electrotherapy at Goa Medical School.
Travel	Portugal
Publications	His thesis entitled <i>Hygiene de Panjim</i> was published in Goa (cited in, Fatima da Silva Gracias, <i>Health and Hygiene in Colonial Goa 1510-1961</i> , New Delhi, 1994, p. 188.)
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources

[b]

13.	
Name:	Pedro Joaquim Peregri no da Costa
Date of Birth	1890
Place of Birth	Navelim, Goa,
Place of Origin	
Date of Death	1960
Place of Death	
Parents	
Marital Status	
School	
Professional Training	Medical studies in Goa 1912 and equivalent studies in Lisbon. Institute of Histology of the Faculty of Medicine Lisbon. Specialized in problems of digestion and heart in Paris.
Career	In 1916 he joined the health cadre of Macau and worked to eradicate meningitis and cholera from the area. He organised units for leprosy, tuberculosis and pediatrics.
Travel	In addition to his studies in Portugal, Paris, he attended the <i>Congress of Far Eastern Association of Tropical Medicine</i> , Tokyo, 1925, Calcutta, 1927 and Hong Kong, 1938.
Publications	He started <i>Boletim Sanitario de Macau</i> and wrote on a number of topics.
Societies/ Groups	
Caste	
Religion	
Politics	
Awards	The Portuguese Government awarded him <i>Ordem de Avis</i> and <i>Benemerencia</i>

Sources

[b]

14.	
Name:	Jose Gerson da Cunha
Date of Birth	22-2-1844
Place of Birth	Arpora, Goa
Place of Origin	Goa
Date of Death	3-7-1900
Place of Death	Bombay
Address	Trinity Church Street and Esplanade
Parents	Francisco Caetano Da Cunha and Leopldina Marina Gonsalves
Marital Status	Married
School	Early schooling, Goa Elphinstone Institution, Bombay
Professional Training	Attended Grant Medical College then later proceeded to London to complete his medical studies and he completed further studies in Edinburgh. MRCS, London
Career	As a member of a number of professional societies he contributed to the intellectual and cultural life of Bombay. He wrote on a large range of subjects.
Travel	UK
Publications	1873 - <i>Dengue, Its History, Symptoms and Treatment with Observations of the Epidemic which prevailed in Bombay during the years 1871-72.</i> 1875 - <i>Memoir on the History of the Tooth-Relic of Ceylon</i> , with a preliminary essay on the life and system of Gautama Buddha, 1876 - <i>Notes on the History and Antiquities of Chaul and Bassein</i> , 1877 - <i>Sahyadri-Khanda, A mythological, historical and geographical account of Western India</i> , 1880 - <i>Contributions to the Study of Indo-Portuguese Numismatics</i> , 1881 - <i>The Konkani Language and Literature</i> , 1882 - <i>Gubernatis, Angelo de, Count, Savitri; an Indian dramatic idyl</i> , translated from Italian into English by J. G. Da Cunha, 1875 - <i>An Historical and Archaeological Sketch of the Island of Angediva</i> , 1896 - <i>The Portuguese in South Kanara</i> , 1900 - <i>The Origin of Bombay</i>
Societies/ Groups	BMU, 1889 He was a member of the Committee of Management of the <i>Bombay Branch of the Asiatic Society</i> and acted as Vice President. He was also a founder member of the <i>Bombay Anthropological Society</i> where he served as Vice President, President and Honorary Secretary. He was a Fellow of the <i>Geographical Society of Italy</i> ; Corresponding Member of the <i>Adriatic Society of the Natural Sciences of Trieste</i> ; Member of the <i>British Medical Association</i> , the <i>Medical and Physical Society of Bombay</i> ; Member of the <i>I.R Zoological and Botanical Society of Vienna</i> and Fellow of the <i>Royal Geographical Society</i> , London and of the University of Bombay.
Caste	Shenvi
Religion	Roman Catholic
Politics	
Awards	In 1899 he was awarded a Knight of the Crown of Italy, St. Gregory the Great and of the <i>Literary and Scientific Order of St. James of Portugal</i> . ³⁰²

Sources

[1] 1862-63,p.165.

[4]

[13]

³⁰² Obituary extracted from the *British Medical Journal*, 15-9-1900.

[15] 26th January no.82 Volume II, p.4.

[a]

[d]

15.	
Name:	Jeronimo Accacio da Gama
Date of Birth	
Date of Death	
Place of Birth	1845
Place of Origin	Verná, Salcete, Goa
Address	Khoja Mohlla, Mandvi, Bombay
Parents	
Marital Status	
School	
Professional Training	GMC, 1872
Career	One of the first ophthalmologists from Bombay Chief medical officer Bombay Funded the Bombay Charitable Eyes and Ear Infirmary in 1889
Travel	
Publications	Presented papers to the <i>British Medical Journal</i> , and <i>Annales d'Oculistique</i> , Paris
Societies/ Groups	GCMS, Committee member, 1897 BMU, Joint Honorary Secretary, 1889
Caste	Brahmin
Religion	Roman Catholic
Politics	
Awards	Anderson Scholarship, 1870 Order of Christ by the Portuguese Government

Sources

[1]

[2] Bombay University Calendar, 1870-71, p. 206.

[6]

16.	
Name:	Caetano Antonio Claudio Julio Raimundo da Gama Pinto
Date of Birth	30- 4 -1853
Place of Birth	Saligão, Goa
Place of Origin	Saligão, Goa
Date of Death	26-7-1945
Place of Death	Lisbon
Family	Francisco Salvador Zeferino Pinto and Camila Mariana Tereza da Gama, (daughter of Jose Caetano Gama and of Rosa Maria Pereira.)His Great grand parents were Manuel Pinto from Saligao and Ana Joaquina Pinto from Candolim. His parernal grandparents both came from Saligao, Caetano Antonio Pinto and Ana Mix Perpetua da Gama Pinto. His maternal uncle and Godfather Raymundo Pinto was a medical doctor in Coimbra, Portugal. His paternal uncle Fr. Joaquim Vicente Frederico Pinto, was ordained in Macau in 1855 and made an Honorary Canon of <i>Sé de Macau</i> .
Marital Status	Married Emma Wonderleuce Helena O'Brien in Heligoland, Germany, 1887.
School	<i>Colegio de Corjuem</i> , Aldona, Goa and Mathematical and Military School, Panjim, Goa
Professional Training	Between 1872-1873 he attended the <i>Academia Polytechnica</i> , (Polytechnic Academy) in Porto where he gained high marks in Botany and Zoology. Afterwards he joined the <i>Escola Medica de Lisboa</i> , (Medical College of Lisbon) where he completed his course in April 1878. He obtained three awards and five prizes after defending his thesis <i>Tosse Convulsa</i> . (Whooping Cough)
Career	After his studies he went to Paris where he pursued further studies in ophthalmology with Professor Louis de Wecker (1832- 1906). He then went to Vienna where he was attached to the clinics of the eminent ophthalmologists Arlt and Jaeger. He worked under Professor Kuchne and Professor Arnold who worked on the Histology and Pathology of eyes, University of Heidelberg in 1879. In 1880 he was appointed a professor at the Goa Medical School, however, remained in Heidelberg University which appointed him, <i>Privat Docent</i> , (Free Lecturer). Here he worked as an Assistant Professor of the Ophthalmologic Clinic of Professor Otto Heinrich Enoch Becker. Da Gama was in charge of teaching Surgery and Ophthalmologic Examination and he gave theoretical and practical courses in Ophthalmology. With the support of King Louis I he founded the <i>Lisbon Institute of Ophthalmology</i> attached to Lisbon University. In 1911 Gama Pinto officially became Professor of Ophthalmology in Lisbon.
Travel	Portugal, Germany, France, Austria, USA, Brazil
Publications	Assisted in writing the classical work on the lens - <i>Handbuck</i> , 1875 Report on literary ophthalmic activity in Portugal which was published by <i>Archivio oftalmologico de Lisbon</i> , edited by Fonseca -1880, <i>A Historico-Pathological study and Occurrence of Kariokynesis</i> – 1886, <i>The Inflamed Conjectiva in Men</i> and <i>On the intraocular tumors in Retina</i> , in collaboration with Professor Becker and Dr. Herman Shaefer, <i>Contribution to the Study of Normal and Pathological Lens</i> . He wrote <i>Retinal Glioma</i> – 1886. Contributed two entries for the <i>Encyclopédie Française</i> on glaucoma and sympathetic ophthalmia – 1906.
Societies/ Groups	<i>International Society of Ophthalmology of Europe</i> <i>Academy of Science of Lisbon</i>
Caste	
Religion	Roman Catholic
Politics	
Awards	At his Centenary in 1953, The Portuguese Government honored him by issuing a postage stamp which depicted him. A museum was opened in memory of him at the institute he founded.

Sources [c] & [j]

17.	
Name:	Alberto Carlos Germano da Silva Correa
Date of Birth	1888
Place of Birth	Nova Goa
Place of Origin	Nova Goa
Date of Death	
Place of Death	
Parents	
Marital Status	
School	
Professional Training	He studied medicine in Goa and in Oporto, Portugal. He completed a diploma in Tropical Medicine
Career	He was a doctor of the military corps. Became a Professor and the Director of Goa Medical School in 1946. In 1912 he was appointed Dean of Goa Medical School in 1912. He had an interest in anthropology, history, ethnography and climatology.
Travel	He attended various medical conferences in Lisbon, London and Cairo.
Publications	He wrote more than twenty papers and several books on health and hygiene of Goa and Angola. He reached the rank of colonel in the Portuguese army.
Societies/ Groups	
Caste	
Religion	
Politics	
Awards	He was awarded medals by the Portuguese Government and by the Pope

Sources
[c] pp. 189-90.

18.	
Name:	Francisco Antonio Wolfango da Silva
Date of Birth	1864
Place of Birth	Nova Goa
Place of Origin	Nova Goa
Date of Death	1947
Place of Death	
Parents	
Marital Status	
School	
Professional Training	Goa Medical School
Career	Later he repeated his medical studies in Lisbon and gained an additional degree in pharmacy. He was the Director of Health Services of Portuguese India between 1915-1926. Before joining the Goa Medical School as a professor he worked in the health cadre of Angola. He was the first surgeon to perform operations for strangulated hernia and laparotomy in Goa. He took an active part in the campaign against plague that broke out at Ribandar (Ilhas) in the early twentieth century.
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	
Politics	
Awards	Given several awards by the Portuguese Government for his work to end the epidemics of smallpox in the island of S. Tiago, cholera in Salcete (Goa) and Daman

Sources

[6]

19.	
Name:	Daniel G. Dalgado
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	
Marital Status	
School	
Professional Training	LM
Career	Savantvadi Hospital, Ratnagiri, Endowed Dispensary
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	
Politics	
Awards	Government Scholarship, 1871

Sources

[2]BUC,1871-72, p.214.

[8]

20.	
Name:	Andre Paulo de Andrade
Date of Birth	1834
Date of Death	
Place of Birth	Parra, Goa
Place of Origin	Parra, Goa
Parents	
School	Early studies in Goa. Free Church Institution
Professional Training	GMC,1859
Career	He worked as an assistant surgeon at JJ Hospital. Assistant Medical Officer at the venereal hospital in Bandra, Mahim Infirmery. He began private practice in 1874.
Publications	
Societies/ Groups	Fellow of GCMS
Caste	Brahmin
Religion	

Sources

[1]1854-55,p.17.

[6]

[c]

21.	
Name:	Sebastião Antonio de Carvalho,
Date of Birth	
Date of Death	
Place of Birth	Bombay
Place of Origin	Divar, Goa
Parents	Son of Franscio António de Carvalho, a business man from Divar, grandson of Rogerio de Faria, a well known business man in Bombay.
School	Studied Portuguese, Latin and English in Bombay. Attended Mr Mainwaring's School
Professional Training	One of the first students at GMC. Came first in his 3 rd year exams. Taught Chemistry to the junior students. GMC, 1851
Career	Worked at JJ hospital for 3 years, later he this Government post and started private practice. He was an examiner of Portuguese language at the University of Bombay. He was the Vice-Council of Portugal.
Publications	His writings were published in the <i>Transactions of Grant Medical College</i>
Societies/ Groups	<i>Bombay Royal Asiatic Society</i>
Caste	Brahmin
Religion	
Politics	
Awards	GMC, free student / won prizes The Portuguese awarded him for Services Military Order of Our Lord Jesus Christ in 1873

Sources

[1]1847-48,pp.30-36.

1851-52, p.3.

[6]

22.	
Name:	A.P De Conceição
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Military Square
Marital Status	
School	
Professional Training	LM
Career	
Travel	
Publications	
Societies/ Groups	BMU, 1889
Caste	
Religion	
Politics	
Awards	

Sources
[4]

23.	
Name:	Froilano de Mello
Date of Birth	1887
Place of Birth	Benaulim., Goa.
Place of Origin	
Date of Death	1955
Place of Death	
Parents	
Marital Status	
School	
Professional Training	Medical studies in Goa, and he later repeated the course at Oporto , Portugal In 1910 he returned to Goa with an additional diploma in Tropical Medicine of University of Lisbon
Career	Goa Medical School, in charge of the Bacteriological Institute. Using a microscope research he discovered various types of protozoa, parasites and microbes which retain the Latin names given by him, followed by his own surname 'de Mello' as the discoverer. Published more than 200 research papers on bacteriology in Portuguese French and English journals. He was colonel in the army and was later appointed Director of Health Services of Portuguese India from 1927-1947. Dean of Goa Medical School. In 1945 he was elected member of the Portuguese Parliament Worked to eradicate tuberculosis in Goa and malaria from Old Goa Established the Leprosarium at Macasana, Salcete today known as <i>Leprosaria Froilano de Mello</i> and <i>Dispensario Virgem Peregrina</i> at St. Inez, Panjim He succeeded in opening a ward for lepers in Daman. He headed a Portuguese delegation to the World Leprosy Conference in Cuba and attended at least 37 world conferences. Responsible for introducing measures to improve urban sanitation including the establishment of Sanitary Police in the capital.
Travel	Portugal, Cuba, and attended at least 37 world conferences
Publications	His work in French entitled <i>A la veille du Centenaire</i> describes the contribution of Goa Medical School during the first hundred years of its establishment.
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	The President of Cuba honoured him with the <i>Grau de San Martin</i> . Pope Paul IV and Queen Juliana of Netherlands awarded him medals of honour. Froilano de Mello was a great orator and always in demand to raise toasts for Goan weddings.

Sources
[6]

24.	
Name:	Dominic A D' Monte
Date of Birth	
Place of Birth	
Date of Death	
Place of Death	
Parents	
Address	Bandora
Marital Status	Married Celia Ferreira in November 1900 (see no. 24)
School	
Professional Training	MD (Brux) , LRCP(Lond) LRCS., LM (Ed), FRIP II (Lon) FCPS., LM&S (Bombay) 1897
Career	He was the consulting physician to Jairaj Peerbhoy Sanitarium, Bandora, 1889. He was a member of the Municipal Corporation of Bombay for over 35 years and a non-official President of the Municipality of Bandra and was elected President in 1933. He was a Vice-President and a member of the Juhu Municipality. He was nominated by the Government as a member of the "New Local Committee" of <i>British Empire Leprosy Association</i> for leprosy relief in the Bombay Presidency. He was a Fellow Bombay University, 1897 and he represented the Medical Faculty on the Syndicate and its Dean. He was a Justice of the Peace and Honorary Magistrate. The Honorary Secretary and Treasurer of the Edalji Framji Albless Leper Home, Trombay, for over 30 years. He was also involved in voluntary work with charitable institution such as St. Joseph's Convent Bandra, St. Stanislaus Orphanage, the Bombay Scottish Orphanage, Mahim, and Mount Mary Convent, Bandra. He worked during the epidemic of plague in Bandra & in Bombay. General Gatacre's plague report stated - "I cannot speak too highly of the invaluable services rendered by Dr. D. A. D' Monte Medical Officer in charge."
Travel	Brussels, UK
Societies/ Groups	GCMS, 1897, Fellow Bombay University, 1897, BMU, 1889. Founding member of the <i>Bombay East Indian Association</i> and President several times including in 1937 the Jubilee year. Vice-President of the <i>College of Physicians and Surgeons of Bombay</i> and the Vice-President of the <i>St. John Ambulance Association, Bombay</i> , Member of the <i>Catholic Medical Association the Salsette Co-operative Land Development Society</i> and the <i>Salsette Catholic Housing Society</i> to which he donated a large plot of land known as, "Dr. D'Monte's Park." International societies include <i>Royal Society of Tropical Medicine and Hygiene, Royal Society of Medicine</i> , and the <i>British Medical Association</i> .
Caste	
Religion	Roman Catholic
Politics	He was the first East Indian member in the Legislative Council
Awards	Presented by the Secretary of State for India at the Levee of Her Majesty Queen Victoria at the Court of St. James on Monday the 15th March 1886 Knight of St. Gregory the Great by His Holiness Pope Pius XI in 1925

Sources

[e]
[r]

25.	
Name	Celia D'Monte nee Ferreira (3-6-1875 -)
Date of Birth	3-6-1875
Place of Birth	Bombay
Place of Origin	Bombay
Date of Death	
Place of Death	
Parents	
Marital Status	Married Dr. D. A. D'Monte in November 1900 (see no. 24)
Children	Dr. Cecil D'Monte' B.A., B.Sc., MRCS., LRCP., J.P. Miss Giadys D'Monte, M.A., S.T.C Dr. Mrs. Beryl Moraes, M.B. B.S.
School	
Professional Training	GMC, 1893 LM&S, 1897
Career	She was House Surgeon, Cama Hospital, 1898-1927 and 2nd physician in charge of out-patients at Jaffar Suleman Charitable Dispensary. In 1927, she was appointed the first Indian Medical Officer in charge of Cama Hospital. She retired in June 1930 after completing 32 years of service, though remained on the advisory board to the hospital. She was an Honorary Presidency Magistrate and a Justice of the Peace. During the Second World War she responded to an appeal by Lady Willingdon and formed a committee of Catholic women to coordinate fund raising activities.
Travel	
Publications	
Societies/ Groups	Vice-President, <i>Bombay East Indian Association</i> President of the <i>Catholic Ladies Association</i> Twice elected President of the Women Graduates member of the <i>Infant Welfare Society</i>
Caste	
Religion	Roman Catholic
Politics	
Awards	Lady Reay Medical Scholarship, 1893 Bai Hirabai Pestonji Cama Gold Medal in Midwifery, 1897

Sources

[e]

[f]

26.	
Name:	Louis Phillipe de Rozario
Date of Birth	
Place of Birth	Bombay
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	2 Mount Road, Mazagon Bombay
Marital Status	
School	Elphinstone Institution
Professional Training	GMC LM
Career	
Travel	
Publications	
Societies/ Groups	GCMS, Joint Vice- President, 1897 BMU, member of the managing committee, 1889
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources

[1] 1859-60, p.22.

[3]

[4]

27.	
Name:	V.F De Sa
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Girgaum Road
Marital Status	
School	
Professional Training	LM&S
Career	
Travel	
Publications	
Societies/ Groups	BMU, 1889
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources

[4]

28.	
Name:	Angelino de Souza
Date of Birth	
Place of Birth	Bombay
Place of Origin	Siolem, Goa
Date of Death	
Parents	
Marital Status	
School	Elphinstone Institution
Professional Training	Admission to GMC,15/6/1851 (aged 19)
Career	Assistant surgeon Transferred to Sind and later to Bandora Dispensary, Bandra
Travel	
Publications	
Societies/ Groups	
Caste	Brahmin
Religion	Roman Catholic
Politics	

Sources

[1] 1856-57, Appendix A, p. 14.

[6]

29.	
Name:	Alterto Caridade De Souza
Date of Birth	26-1-1897
Place of Birth	
Place of Origin	Aldona, Goa
Date of Death	10 -5-1927
Place of Death	Aldona, Goa
Family	
Marital Status	
School	
Professional Training	MRCS-(Eng), LRCP (London)
Career	
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[17]

30.	
Name:	Pedro Paulo Ferniario De Souza
Date of Birth	9-2-1860
Place of Birth	
Place of Origin	Aldona, Goa
Date of Death	
Place of Death	Fal Na Cida de de Mozambique 20-2-1889
Family	
Marital Status	
School	
Professional Training	
Career	Medico Cirugiao Pela Escola Tivo Do Quadro de Sau de De Mozambique
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[17]

31.	
Name:	Joseph Francis De Souza
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Mode- Khana Street ,Fort (Modikhana)
Marital Status	
School	
Professional Training	LM
Career	
Travel	
Publications	
Societies/ Groups	BMU, 1889
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources

[4]

[9] p. 607.

32.	
Name:	P. C. De Souza
Date of Birth	
Place of Birth	Bombay
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	
Marital Status	
School	Elphinstone Institution
Professional Training	Admission to GMC, 15/6/1859 (age 18) LM,1863
Career	
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	The Sir Jamsetjee Jejeebhoy Gold Medal for proficiency in practical Medical Jurisprudence.

[1] 1863 p.152 & p.161

33.	
Name:	L. De Souza
Date of Birth	
Place of Birth	Goa
Date of Death	
Place of Death	
Parents	
Address	
Marital Status	
School	Elphinstone Institution
Professional Training	Admission to GMC, 15/6/1859 (age 17) Qualified,1863
Career	
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	GMC Scholarship in Anatomy and Physiology, 1860-61 YR. IV Farish Scholarship for proficiency in the Principles and Practice of Medicine and Surgery,1863.

[1] 1860-61,p.5.

[1]1863,p.152, p.160.

34.	
Name:	P.J.L De Souza
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Khetwady
Marital Status	
School	
Professional Training	LM
Career	
Travel	
Publications	
Societies/ Groups	BMU, 1889
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[4]

35.	
Name:	Pedro José Lucio de Souza
Date of Birth	
Date of Death	
Place of Birth	
Place of Origin	Siolim, Goa
Address	93 Frere Road, Fort, Bombay, 1897
Parents	
Marital Status	
School	Studied English in Bombay.
Professional Training	GMC diploma L&M University of Bombay, 1865
Career	
Travel	
Publications	
Societies/ Groups	GCMS, 1897
Caste	
Religion	Roman Catholic
Politics	

Sources

[4]

[6]

36.	
Name:	Antonio Augusto T.R. do Rego
Date of Birth	1887
Place of Birth	Nova Goa
Place of Origin	Nova Goa
Date of Death	1972
Place of Death	
Parents	Father, Joao Filipe do Rego
Marital Status	
School	England
Professional Training	
Career	He was professor at Goa Medical School He took an active part in campaign against plague that broke out in Margao during the First World War.
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[6]

37.	
Name:	Miguel Caetano Dias Father of [38] and [39]
Date of Birth	1854
Place of Birth	
Place of Origin	
Date of Death	1936
Place of Death	
Family	
Marital Status	
School	
Professional Training	Faculty of Medicine University of Lisbon
Career	Joined military medical cadre of Mozambique Director of Health Services of Portuguese India and Goa Medical School Regarded as responsible for eradicating bubonic plague from Panjim in 1908
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	Medal given by Queen Amelia

Sources

[15] 16th Feb 1888, no.85, p.4.

[c]

38.	
Name:	Antonio Dias son of M.C Dias [37] brother of V. Dias [39]
Date of Birth	1898
Place of Birth	
Place of Origin	Goa
Date of Death	
Place of Death	
Parents	Father , Miguel Caetano Dias
Address	
Marital Status	
School	
Professional Training	University of Lisbon
Career	Well known surgeon and Director of Hospicio de Sagrado Coração, Margao worked on a cure for polio
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[c]

39.	
Name:	Victor Dias son of M.C Dias [37] brother of A. Dias [38]
Date of Birth	1892
Place of Birth	
Place of Origin	Goa
Date of Death	1949
Place of Death	
Parents	Father , Miguel Caetano Dias
Address	
Marital Status	
School	
Professional Training	Medicine and Surgery - University of Lisbon Additional Diploma in Tropical Medicine
Career	Joined health cadre in Angola 1923 Goa Medical School, professor of surgery, physiology, and histology Director of Health Services in late 1940's In charge of the Sanitation Scheme Old Goa
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[c]

40.	
Name:	F.A Faria
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Cavel
Marital Status	
School	
Professional Training	LRCF
Career	
Travel	
Publications	
Societies/ Groups	BMU, 1889
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[4]

41.	
Name:	Cajetan Fernandez
Date of Birth	
Place of Birth	
Place of Origin	North Kanara
Date of Death	
Place of Death	
Parents	
Address	English Hotel, Bori Bunder
Marital Status	
School	
Professional Training	LM&S, MD, Europe
Career	Incumbent Chair of Dermatology at GMC, 1909 Consultant Dermatologist to Government of Bombay Fellow of the <i>College of Physicians and Surgeons</i>
Travel	
Publications	
Societies/ Groups	GCMS, 1897
Caste	
Religion	Roman Catholic
Politics	Nominated a member of the Bombay Legislative Council, 1909 Elected to the Bombay Municipal Corporation , 1919
Awards	

Sources

[4]

[g]

42.	
Name:	F.X Ferreira
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Thakordwar Road, Bombay
Marital Status	
School	
Professional Training	LM&S
Career	
Travel	
Publications	
Societies/ Groups	GCMS, 1897
Caste	
Religion	Roman Catholic
Politics	Justice of the Peace of Bombay
Awards	

Sources

[4]

43.	
Name:	L.G Godinho
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	
Marital Status	
School	
Professional Training	LM&S
Career	Deputy Health Officer Bombay Medical Officer during Plague 1896-7
Travel	
Publications	
Societies/ Groups	GCMS, 1897
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources

[4]

[7]V/27/8567,p.182.

[8]

44.	
Name:	A.S Gomes
Date of Birth	
Place of Birth	
Place of Origin	China
Date of Death	
Place of Death	
Parents	
Marital Status	
School	Elphinstone Institution
Professional Training	Admission 16/6/1862 (age 18)
Career	
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Source
[1] 1862-63,p.165.

45.	
Name:	Paul Francis Gomes
Date of Birth	
Place of Birth	
Place of Origin	Bombay
Date of Death	25-12-1888
Place of Death	Bombay
Parents	
Marital Status	
School	Elphinstone Institution
Professional Training	GMC Admission 1845 (age 21)
Career	Extensive private practice
Charitable work	He helped to secure the running of the dispensary at Bandra by collecting Rs. 13,000, a portion of which went to purchase the then building and the rest was handed over to the Government
Travel	
Publications	
Societies/ Groups	The first President of the <i>Bombay East Indian Association</i> at the inaugural meeting on 26th May 1887.
Caste	
Religion	Roman Catholic
Politics	
Awards	Stipend GMC, 1845 Book prize 3rd June 1888, distinction of Knight of St. Gregory the Great by Pope Leo XIII. In commemoration of the event the <i>Bombay East Indian Association</i> collected 500RS out of the subscriptions for an endowment of annual prizes at schools established by the Association.

Sources

[1]
1847-48,p.37.

[e]

46.	
Name:	Lewis Paul Gomes
Date of Birth	March 1860
Place of Birth	
Place of Origin	Bombay
Date of Death	21-1-1915
Place of Death	Bandra, buried in Sewri
Parents	Son of Dr PF Gomes (See no.45)
Address	Queen's Road, Bombay, 1897 173 Hornby Road Fort
Marital Status	
School	St Xavier's College BA Bombay University , History and Political Economy
Professional Training	GMC,LM&S,1885 B.A.,
Career	Large private practice in Bombay, and also from the suburbs. He had a large number of Parsi and-other non-Christians as patients. He treated the poor free of charge.
Travel	
Publications	(1) <i>Is Quarantine of advantage in preventing the spread of communicable diseases?</i> 1885 - <i>Recent Progress in the Microscopic Investigation of Disease</i> 1887- <i>On the different varieties of fevers prevalent in Bombay: with suggestions for their treatment, prophylatic and curative</i> 1890- <i>On Adulteration of Food in Bombay</i> 1892- <i>On the influence of density of population on the health of Bombay, its causes and suggestions for its control by the Municipality</i> - which won the, Dossabhoy Hormusji Cama Prize, University of Bombay. (cited in, <i>Golden Jubilee Souvenir of The Bombay East Indian Association</i> , Printed by A.V Misquitta, Bombay, 1938,p.37.
Societies/ Groups	GCMS,1897 BMU,1889 Fellow of Bombay University,1891
Caste	
Religion	Roman Catholic
Politics	Justice of the Peace of Bombay
Awards	Lewis Paul Gomes won the Dossabhoy Hormusji Cama Prize, University of Bombay, for his work in 1892, <i>On the influence of density of population on the health of Bombay, its causes and suggestions for its control by the Municipality.</i>

Sources

[e] 1938,p.37.

47.	
Name:	Francisco Luis Gomes
Date of Birth	1829
Place of Birth	Navelim, Salcete in Goa
Place of Origin	Goa
Date of Death	1869
Place of Death	Portugal
Parents	Francisco Salvador Gomes and Adeod ata Francisco Furtado
Address	
Marital Status	
School	
Professional Training	Goa Medical School and obtained a Diploma in <i>Medico-Cirurgao</i> in 1850
Career	He was appointed Assistant Surgeon of the Second Battalion in Ponda. In 1853 he became lecturer at the Medico-Surgical School of Goa where he worked until 1860. In addition to his medical duties he was elected to the <i>Junta Genral do Disrito</i> (District Board.)
Travel	Paris, London, Lisbon
Publications	Books 1861- <i>De la Question du Coton en Angleterre et dans les Possessions de l' Afrique Occidentale.</i> 1862 - <i>A liberdade da Terra e a Economia Rural da India Portuguesa</i> Booklets 1863 - <i>Os Brigadeiros Henrique Carol Henriques e Joaquim Jose Xavier Henriques</i> Novel 1866 - <i>Os Brahmanes</i> Biography 1869 - <i>Le Marquis de Pombal</i> He regularly contributed articles to local periodicals and Portuguese newspapers, such as, <i>Gazeta de Portugal</i> , in Lisbon and <i>Boletim Official</i> in Goa. He was a correspondent of two French newspapers, <i>La Presse</i> and <i>Le Moniteur Belge</i> .
Societies/ Groups	<i>Society of Political Economy of Paris</i> - Associate Member, which he shared with four others, Gladstone, Mungueti, John Stuart Mill and Cobden. <i>Society of Medical Sciences</i> , Lisbon, Fellow of the <i>Royal Academy of Sciences</i> , Lisbon, member of the <i>Economic Society of Cadiz</i> , Portugal, and a Member of the <i>Society of Political Economy of Paris</i> .
Caste	
Religion	Roman Catholic
Politics	Was a member of the Portuguese Parliament – representing Portuguese India Now regarded as one of Goa's first nationalists.
Awards	The University of Louvain conferred on him the honorary degree of Doctor of Political and Social Sciences.

Sources

[a] Vol. II, pp. 77-9.

[k]

48.	
Name:	Jerónimo Francisco Gonçalves
Date of Birth	
Date of Death	
Place of Birth	
Parents	
Place of Origin	Mapucá, Bardês, Goa
Place of Death	
Marital Status	
School	Poona College
Professional Training	Admission GMC, 15/6/1863 aged 18 GMC, 1867 & LM, 1897
Career	Bandra Dispensary, Cawasji Jehangir, Thana, Grant in Aid Dispensary Sub assistant surgeon working in Island opposite Bombay City, Uran. Bijapur, 1897
Travel	
Publications	
Societies/ Groups	GCMS, 1897 <i>The Bandora Literary and Social Club</i>
Caste	
Religion	Roman Catholic
Politics	
Awards	Government Scholarship of RS 10 a month for proficiency in Chemistry, 1863.

Sources

[1] 1863, p. 153.

[6]

[8] 1881

[9]

[16] June 1886, vol. 24, no.37, p.559.

[e]

49	
Name:	José Camillo Lisboa
Date of Birth	5 th March 1823
Date of Death	Poona on 1 st May 1897
Place of Birth	Assagão , Goa
Parents	
Place of Origin	Assagão, Goa
Marital Status	Married to Julia J. Lisboa (nee Rodrigues) [50]
School	22 nd Regiment School [1]
Professional Training	Admission GMC 1845 (age 19) Taught Anatomy to the junior students.
Career	Assistant Surgeon at JJ Hospital. Taught Anatomy, he was the first Indian to teach when Dr Peet was in charge Began private practice 1854 The Government of Bombay appointed him to study the flora of the Presidency Worked on the treatment of leprosy
Travel	Went to Europe in 1864 England, France and Portugal.
Publications	Wrote on leprosy and cataract. Wrote for and edited for a time the bilingual paper <i>Albelha de Bombaim Politics</i> Lectured at the <i>Instituto Luso-Indiano</i> on subjects such as oils and ointments mentioned in the Bible, their composition and use, the Date Tree, illustrated with passages from the Bible, where tree is mentioned. He also spoke on similarities of Feast of the Tabernacles among the ancient Jews and Palm Sunday among Christians. (See bibliography for further details of his publications)
Societies/ Groups	Member of GCMS, BMU, <i>Bombay Asiatic Society</i> <i>Bombay University Syndicate</i> , <i>Bombay Natural History Society</i> <i>Instituto Luso-Indiano</i> , <i>The Royal Academy of Science</i> elected him fellow of the <i>Linnaean Society of London</i> . <i>The Academie Internationale de Geographie Botanique of France</i> elected him corresponding member and awarded him a medal 'Merit Scientific'
Caste	
Religion	Roman Catholic
Politics	Campaigned for the introduction of the Bombay Medical Registration Act Wrote on & defended Podrova (the faction of the Catholic Church in Bombay that had allegiance to the Pope through the King of Portugal.)
Awards	GMC Stipend,1845 Anderson Prize,1847-8 <i>The Academie Internationale de Geographie Botanique of France</i> awarded him a medal 'Merit Scientific' for his work on botany in India.

Sources

[1] 1847-48, p. 36.
1851-52, p.3.

[b]

[15] 8th March 1888 no. 88, p. 4.

50.	
Name:	Julia J. Lisboa (nee Rodrigues) Married to José Camilo Lisboa [49]
Date of Birth	1840
Place of Birth	Britona, Bardes
Place of Origin	Britona, Bardes
Date of Death	Died in Bombay 25.7.1926 was 86 years old.
Place of Death	
Parents	Niece of Vanâncio Raimundo Rodrigues professor at Coimbra University, Portugal. Jóse Júlio Rodrigues was a high court judge, Azores. Neice of Antone Phillpe Rodrigues Lycium professor, Panjim.
Marital Status	
School	
Professional Training	
Career	Like her husband she had a keen interest in botany and read papers at the <i>Bombay Natural History Society</i> Her husband named one of the plants he dealt with after her. She exhibited her contributions and samples of plants at horticultural exhibitions in Mahableshwar, Poona and Bombay.
Charitable work	In 1883 her husband instituted two prizes in her name awarded to two students from Bardez, Tiswardi, Illias. For students that would perform well at the Lyceum in Nova Goa, in History.
Travel	She was widely travelled and her travel writings were published in a Portuguese newspaper.
Publications	Bibliography -short notes on the - "Odoriferous grasses Andropogons of India and Ceylon with a description of a supposed new species," <i>Bombay Natural History Society Journal</i> , Bombay, 1889.
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources

[12]

51.	
Name:	P. Lisboa
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Chira Bazaar, Bombay
Marital Status	
School	
Professional Training	MRCS (Eng) LM (Rot) LM&S (Bombay)
Career	
Travel	
Publications	
Societies/ Groups	GCMS,1897
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources
[4]

52.	
Name:	John N.Mendonça
Date of Birth	
Place of Birth	
Place of Origin	Bombay
Date of Death	
Place of Death	
Parents	
Marital Status	
School	American Mission Institution
Professional Training	Admission 15/6/1855 (age 17)
Career	
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	
Politics	
Awards	

Source
[1] 1855-56,p.22.

53.	
Name:	M.A. Misquitta
Date of Birth	
Place of Birth	
Place of Origin	Bombay
Date of Death	
Place of Death	
Parents	
Marital Status	
School	Elphinstone Institution
Professional Training	Admission GMC 15/6/1850 (age 19) Qualified 1854/55
Career	
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	Stipendiary GMC

Sources

[1] 1853-54, Appendix B, p.19.

54.	
Name:	PAD Nazareth
Date of Birth	1850/51
Place of Birth	Goa
Place of Origin	Goa
Date of Death	
Place of Death	
Parents	
Address	
Marital Status	
School	Poona Free Church Institution
Professional Training	Admission 15/6/1856 (age 19)
Career	
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Source

[1] 1856-57, Appendix D, (p. xxiii.)

55.	
Name:	Dr J Orphino
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Family	
Marital Status	
School	
Professional Training	Dr J Orphino was admitted as a surgeon on probation to the Indian Medical Service. Passed the second examination held in London.
Career	
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources

[15] 23 Feb 1888, no.86, p.4.

56.	
Name:	Jervis Pereira
Date of Birth	1862
Date of Death	
Place of Birth	
Place of Origin	
Parents	
Marital Status	
School	
Professional Training	GMC, LM&S, University of Bombay LRCP, Edinburgh and Licentiate of the Faculty of Physicians. Licentiate of the Faculty of Surgeons Glasgow and LM, Edinburgh. Specialised in Gynaecology and Obstetrics
Career	Medical Officer in Mozambique. In 1888, studied medicine in Edinburgh and pursued further studies in medicine and midwifery in Lisbon. Medical Officer in Mozambique In charge of hospital Lourenço Marques Took an active part in the municipal life of the city occupied several posts Appointed Italian consul in Lourenço Marques and Consul for Greece in 1900
Travel	UK, Lisbon
Publications	
Societies/ Groups	Life member of <i>Medical Society of Edinburgh</i> Fellow of the <i>Royal Geographical Society of Lisbon</i> .
Caste	
Religion	Roman Catholic
Politics	

Sources

[6]

[15] 16th Feb 1888, no.85,p.4.

57.	
Name:	Jose Caetano Pereira
Date of Birth	1821
Date of Death	
Place of Birth	Divar, Goa
Place of Origin	
Parents	
Marital Status	
School	
Professional Training	1851
Career	Joined army as a chief surgeon. Worked during the epidemic of cholera and yellow fever, Lisbon, 1856-7.
Travel	
Publications	He contributed to a number of journals Argued that there is no connection between the virus causing blenorragia and cancer.
Societies/ Groups	
Caste	
Religion	
Politics	
Awards	He was rewarded by the Portuguese King as honorary doctor of the Portuguese Court

Sources
[6]

58.	
Name:	M.F Pereira
Date of Birth	
Place of Birth	
Place of Origin	Bombay
Date of Death	
Place of Death	
Parents	
Marital Status	
School	Elphinstone Institution
Professional Training	Admission GMC, 15/6/1863 (age 20)
Career	Alibag, Kolaba hospital
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	
Politics	
Awards	

Source

[1] 1864- 1865,p.51.

[8]1881

[9]

59.	
Name:	J.O Pinto
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Girgaum Road
Marital Status	
School	
Professional Training	LM&S
Career	
Travel	
Publications	
Societies/ Groups	BMU, 1889
Caste	
Religion	
Politics	
Awards	

Sources
[4]

60.	
Name:	L. J. Pinto
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Kalbadevi, Bombay.
Marital Status	
School	
Professional Training	LM
Career	
Travel	
Publications	
Societies/ Groups	GCMS, 1897
Caste	
Religion	
Politics	
Awards	

Sources
[4]

61.	
Name:	J.O Pires
Date of Birth	
Place of Birth	Goa
Place of Origin	Goa
Date of Death	
Place of Death	
Parents	
Address	
Marital Status	
School	Poona College
Professional Training	Admission GMC 15/6/1860 (age 16)
Career	
Travel	
Publications	
Societies/ Groups	BMU,1889
Caste	
Religion	
Politics	
Awards	

Sources

[1]1864-65,p.51.

[4]

62.	
Name:	C.J Rodrigues
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Chera Bazaar, Bombay
Marital Status	
School	
Professional Training	MD (Brussels)
Career	
Travel	
Publications	
Societies/ Groups	BMU,1889
Caste	
Religion	
Politics	
Awards	

Sources
[4]

63.	
Name:	A.M Rozario,
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Marital Status	
School	
Professional Training	LM&S
Career	Sirsi, Grant in Aid Dispensary,
Travel	
Publications	
Societies/ Groups	
Caste	
Religion	
Politics	
Awards	

Sources
[8] 1881

64.	
Name:	Jeronimo Caetano Saldanha
Date of Birth	16 - 6 -1897
Place of Birth	Goa
Place of Origin	Goa
Date of Death	
Place of Death	
Parents	Vitorino Saldanha
Address	Wodehouse Road Fort, Bombay
Marital Status	Married / Dr. Miss Olga Heredia
School	St. Mary's Saligao, Mangalore
Professional Training	University College London
Career	London
Travel	London
Publications	
Societies/ Groups	North London Tennis Club Played bridge
Caste	
Religion	Roman Catholic
Politics	
Awards	

Sources

[g]

65.	Augusto Souza
Name:	
Date of Birth	
Date of Death	16-4-1935
Place of Birth	Mangalore
Place of Origin	
Parents	
Marital Status	Married
School	Goa, Karachi & Bombay
Professional Training	LRCP, FRCS (Edin) DPH (Ire)
Career	Resident Surgeon, Kingston Ireland Assistant Surgeon Monmouthshire, Rhymney, UK United Provinces India 1905 – Health Officer, Allahabad, 1905-1912 Lucknow, 1912-1916 (including management of the Gumti flood 1915) First Indian to be appointed to supervise and control the sanitary arrangements for the <i>Kumbh Mela</i> , 1918 Assistant Director of Public Health Government asked him to researched and report on 'yogic culture' at the Yogic Institute, 1928
Travel	Attended conferences in London, Child Welfare, 1921 and International Tuberculosis Conference, 1924, Sanitary Conference, Japan, 1924, Zurich, toured the Europe including Rome
Publications	<i>Village Aid Scheme, Public Health Organisation in UP, Popular Hygiene, Food Primer, Report on Study of Yogic Culture</i> , various booklets on Public Health issues and he published articles in various medical journals. (cited in, Dr. Augusto Souza, In Memoriam, Tipografia Rangel, Bastora, India Portugesa, 1936. A collection of tributes and obituaries from various newspapers and journals)
Societies/ Groups	Vice- President <i>All-India Catholic League Association of Papal Knights</i>
Caste	
Religion	Roman Catholic
Politics	
Awards	Kaisar-i-hind Gold Medal, 1924 Victoria Cross, 1929 Knight of St. Gregory, 1931 Road and tuberculosis ward named after him in Lucknow

Sources

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66.	
Name:	Domingos Bras Valles
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	
Marital Status	
School	
Professional Training	
Career	
Travel	Bassein, Thana
Publications	
Societies/ Groups	<i>The Bandora Literary and Social Club</i>
Caste	
Religion	
Politics	
Awards	Farish Scholarship, 1869- 71, Carnac Scholarship, 1871

Sources

[1] Appendix B3 p. 268-269.

[2] Bombay University Calendar 1870-71 p. 206.

Ibid 1871-72,p. 212.

[8]

[16] June 1886, vol. 24, no.37, p.559.

67.	
Name:	J. C Vaz
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	Khetwady
Marital Status	
School	
Professional Training	
Career	
Travel	
Publications	
Societies/ Groups	BMU, 1889
Caste	
Religion	
Politics	
Awards	

Sources
[4]

68.	
Name:	Acacio Gabriel Viegas
Date of Birth	1- 4 -1856
Place of Birth	Arpora, Goa
Place of Origin	
Date of Death	1933
Place of Death	
Parents	
Address	Mandvi Chira Bazar, Bombay Girgaum Road, 1889
Marital Status	
School	
Professional Training	GMC 1875, LM & S, 1880
Career	The first doctor to diagnose plague in the 1896 epidemic A Fellow of Bombay University for over fifty years and Member of its Syndicate . He promoted technical education and established a scholarship of its study. Helped to introduce Portuguese as a second language at the university. An examiner in Medicine, he was a founder and Fellow of the College of Physicians and Surgeons of Bombay . As a member of the <i>Bombay Medical Council</i> he promoted special colleges for women. Chairman of the Cama and Albles Hospitals Involved in setting up faculty of Technology and the Technological Institute at Bombay University. Dean of the Faculty of Medicine in 1906.
Travel	
Publications	
Societies/ Groups	GCMS, Committee Member, 1897 Founder of Indian Co- operative and Navigation Trading Company, <i>Associacao Goana de Mutuo Auxilio</i> , <i>Sociedade de Nossa Senhora de Piedade</i> , the <i>Catholic Gymkhana</i> and St. Sebastian School.
Caste	
Religion	
Politics	First Indian Christian to be elected to the Municipal Co-operation in 1888 First Catholic President of the Municipal Co-operation in 1906 President of Bombay Municipal Council 1906 -1907 Member of the standing Committee and its chairman in 1903 Served in Municipal Co-operation until 1933
Community work	Represented the Cooperation on the Board of Justices for the improvement of the city. Improvement of drainage system Campaigned to reduce transport fares and electoral charges Advocate medical relief for the poor and for free primary education Championed the cause of municipal workers, clerks and teachers in primary schools
Awards	A life-size statue of him was erected in Dhobi Talao

Sources

- [4]
- [g] p. 27
- [h]
- [i]p.170-2
- [k]

69.	
Name:	Shantaran Vithal
Date of Birth	
Place of Birth	
Place of Origin	
Date of Death	
Place of Death	
Parents	
Address	
Marital Status	
School	
Professional Training	LM
Career	Medical Assistant
Travel	
Publications	
Societies/ Groups	<i>Medical and Physical Society</i>
Caste	
Religion	
Politics	
Awards	

Sources

[8]

70.	
Name:	Shautaran Vittut
Date of Birth	1872
Date of Death	
Place of Birth	Bombay
Place of Origin	Goa
Parents	
Marital Status	
School	
Professional Training	
Career	
Travel	
Publications	
Societies/ Groups	Member of Bombay University and GCMS
Caste	Brahmin
Religion	
Politics	

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[6]

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Ecclesiastic

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