Social Work in the Portuguese Empire

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Many historians, especially those who are not Portuguese but rather write from "outside" about the Portuguese colonial empire, have been very critical of many aspects of this empire. They complain of religious intolerance, or the attempt in the sixteenth century to monopolise the trade in spices in the Indian Ocean, using very harsh methods to try to achieve this. These depictions (I have been responsible for some of them myself!) often are based on careful research, and are hard to deny. However, there are other less sanguinary elements in the Portuguese colonial story. In the area of social work they must be seen as pioneers who put into effect policies which were innovative and which provided care for Portuguese who were ill or in distress. Local people, especially if they were not Christian, were not catered for. In this short article I will sketch two areas of social work in sixteenth-century Goa, that is hospitals, and the Santa Casa da Misericórdia, in English the Holy House of Mercy.

Hospitals

State concern with helping ill people, and secular involvement in financing hospitals, seem to have been quite new ideas in both Europe and Asia at the beginning of the early modern period. In earlier times in Europe it was religious authorities who sponsored most health care, sometimes it is true prompted by pious rulers.[1] This also applied in Hindu India; some houses for treating the sick were attached to temples, while others may have been provided by pious individuals.[2] The first people to provide what we today would call hospitals were Muslim rulers. We have accounts of what seem to be very advanced Muslim hospitals in Baghdad, Damascus and other cities during the Abbasid period (750 to c. 1000). Others were found in other parts of the Muslim world: in the Maghreb, in Egypt, and from the fourteenth century in Ottoman Turkey. These were financed by endowments provided by the state (that is, waqfs) or wealthy individuals, had large staffs (including physiologists, oculists, surgeons and bonesetters), and seem to have provided, at least for the élite, an excellent service.[3]

Europe lagged far behind. It seems that the move from the "traditional religious role of the hospital" was prompted by ideas from Renaissance humanism, as seen in works by, for example, Erasmus and Sir Thomas More.[4] By the end of the sixteenth century monarchs and municipalities, that is secular authorities, became more prominent as compared with religious authorities. Stroppiana has pointed to a "hospital crisis" of the sixteenth century, to do with attempts to centralise and amalgamate smaller less efficient hospitals, and with the battle for control between secular and religious authorities.[5] More generally, it was only after the French Revolution that hospitals assumed the central place in medicine that we are familiar with today. To this time, hospitals were created either for religious or for charitable motives,

and had on them a stigma of charity. They were not, therefore, places where the well-to-do went to be treated, nor were they until the twentieth century.[6]

Before the middle of the fifteenth century in Portugal there were some hospitals maintained by religious Orders, and two set up by Prince Henry in the early fifteenth century to cure "African" diseases, but apart from this only asylums and places of seclusion, especially for lepers. But under João II and Manuel in the late fifteenth century the state in Portugal began to interest itself in health care. Hospitals and a House of Mercy were established, notably the splendid hospital of All Saints, founded in Lisbon in 1492, and completed ten years later.[7]

We also find in Europe increasing difference in the matter of professionalism. Over the fifteenth and sixteenth centuries in Portugal pharmacists became quite closely regulated and had to be certified to be able to practice as druggists. They had to have five books on drugs available, and three particular measures.[8] Physicians and surgeons had in theory been licensed since 1338, though until a reform in 1448 this was poorly observed. From this year certificates of proficiency were issued, and matters were further tightened up in 1515 by D. Manuel.[9] In other countries also professional bodies appeared to regulate and give solidarity to particular occupational groups. The consequences of this growing exclusiveness were two-fold: on the one hand, harmful quacks were gradually weeded out, but on the other so were non-members of the exclusive group, such as midwives once obstetrics became "professionalised."

While this was happening in Europe, in India the situation as regards regulation and state concern with medicine remained unchanged. Indeed some Europeans, reflecting this increasing state concern in Europe, were by the late seventeenth century surprised at the lack of regulation in India. Dr. John Fryer especially noted how things were still different in Surat in 1675, for medicine there was a craft, not a profession. "Physick here is now as in former days, open to all Pretenders; here being no Bars of Authority, or formal Graduation, Examination or Proof of their Proficiency; but every one ventures, and every one suffers; and those that are most skilled, have it by Tradition, or former Experience descending in their Families; not considering either alterations of Tempers or Seasons, but what succeeded well to one, they apply to all." [10] Similarly, a little later Ovington noted how medicine was really still a craft, and governed by caste rules. Brahmins were meant to do theology, but they also did arithmetic, astrology, and physic. "But such as addict themselves to the Practice of Physick, are bound to pay an Annual Fine to the rest of their Sect, because Physick is both Advantagious and Foreign to their Profession." [11] And Fryer in Persia again commented how "Here is no precedent License of Practising, but it is lawful for any one to exercise this Function who has the impudence to pretend it." [12]

We can now turn to the situation in the first large European settlement in India, the port city of Goa, for here we seem to find a reflection of the changes we noted occurring in Europe. Goa was conquered by Afonso Albuquerque for the Portuguese king in 1510, and was their main town and capital during the sixteenth century and later. The town's population at 1600 was about 75,000. Of these about 1500 were Portuguese or

mestiços, 20,000 were Hindus, and some 50,000 were local Christians who had been converted during the sixteenth century. In the countryside the population was still predominantly Hindu. [13]

Portuguese Goa was generally considered to have a very high mortality rate. One estimate finds that no less than 25,000 Portuguese soldiers died in the Royal Hospital between 1604 and 1634; by repute 500 a year died from syphilis and "the effects of profligacy." As a proverb had it, "Of the hundred who go to India [from Portugal], not even one returns." [14] Linschoten noted of the Royal Hospital that "every yeare at the least there entered 500 live men, and never come forth till they are dead." [15]

In most medical matters, such as diagnosis and healing, the newly arrived Europeans had no decisive advantage as compared to their Hindu subjects. [16] The only area where the Portuguese were more advanced was in the matter of state concern with medical matters, and the provision of hospitals for their Christian population.

By late in the sixteenth century there were several hospitals in Goa, but we do not yet have a definitive list of which hospitals existed when and where.[17] There was, for example, the Leper Hospital of St. Lazarus, which had been founded in 1529. Another was a hospital for Indian Christians. This was run by the Jesuits. It was envisaged in the official regulation of the Jesuit college of St. Paul in 1546. It was noted that the Jesuits needed to cure, or if they died bury, local converts, and so the hospital was decreed. It was to have a native doctor, the best available, and also a barber whose duties included bleeding and shaving the patients.[18] The work of this hospital was clearly intricately and inextricably tied up with the conversion drive run by the Jesuits and others. It had several meanings. On the one hand it was a pious attempt to provide for fellow Christians, even if they were Indian. It also constituted a carrot with which to encourage conversions. In 1564 Goan Hindus brought their sick children to the hospital, and promised that they would allow these children to be converted if St. Paul gave them life and health.[19]

In an Indian context the famous Royal Hospital of the Holy Spirit was very innovative. Pyrard, who was a patient in 1608, has left an extended and glowing account of it. The building looked like a grand palace. Even the beds were splendid, with mattresses and covers of silk or cotton. The meals were luxurious and ample, the plates, bowls and dishes of China porcelain or even silver. On admission the patient got a hair cut and wash, and was provided with bed clothes. [20] It had been founded by the conqueror of Goa, Afonso Albuquerque, to cater for Portuguese soldiers. Its main role was always to service soldiers and sailors, though some indigent Portuguese civilians were also admitted. Mestiços, let alone Indians, were not catered for. State concern with its progress remained a constant from the time of its foundation, despite various changes of administration. [21] Individuals also helped: Pyrard noted how "Sometimes [the patients] are visited by the archbishop, the viceroy and many lords, who make gifts to them of large sums of money." [22] Indeed this seems to have been a genuine community effort, as Linschoten noted, albeit sourly as usual. He found not only Jesuits but also gentlemen (officials of the Misericórdia) involved, "whereof every month one of the

best is chosen and appointed, who personally is there by them [the patients], and giveth the sick persons whatsoever they will desire, and sometimes spend more by foure or five hundred Duckats of their owne purses, then the Kings allowance reached unto, which they doe more of pride and vaine glorie, then for compassion, onely to have the praise and commendation of liberalitie." [23]

Why such a lavish establishment, apparently in advance of European equivalents at the same time? It seems that the context is important here. This grandeur had a symbolically reassuring function. The hospital catered mostly for Portuguese soldiers, single men isolated in a precarious frontier society. In Portugal they could expect to be cared for by their families, but not in India. To maintain their loyalty (for many in fact "deserted" and sought greener pastures in neighbouring Indian states) it was important for the state to reassure them that they would be cared for if they were sick, and also could die well.

Regulation was close; thus the Indian Christian servants were very closely supervised by their Portuguese superiors. Similarly, each ward had its own officer in charge of food. This officer "keeps the key, and puts into writing the account of the contents, whereof he gives a memorandum to the principal writer, who keeps an inventory of everything, even of the sick, their names, and the days of their arrival and departure." [24] The Portuguese colonial state also intervened to licence doctors and pharmacists.[25]

Yet even so mortality in the hospital was appalling. This was partly just the fact that medical knowledge at this time was obviously far inferior to what we have enjoyed over the last century or so. Perhaps equally important was a matter of patronage. Most governors brought their own doctors out with them from Lisbon as part of their vast retinues of relatives and hangers-on, all of them hoping to make a fortune in India during the three-year term of their patron.[26] These newcomers knew little of "Indian" diseases and often used inappropriate "European" methods in their treatments.

Santa Casa da Misericórdia

Mortality in the Royal Hospital reflected all too faithfully the problems of contemporary medical knowledge in both India and Europe, yet in both an Indian and a European context it was quite innovative in its organisation. It was paralleled by another state-supported institution involved in social work, that is the Santa Casa da Misericórdia, or Holy House of Mercy. Like the Royal Hospital, the Misericórdia reflected a transfer to Goa of a new sort of institution from Portugal, for the Goa one was closely modelled on the mother house in Lisbon, which had been founded under royal patronage in 1498, the very year of da Gama's voyage. The Goan version was established by Albuquerque, probably in 1510. This charitable brotherhood grew rapidly. The number of brothers rose from an initial 100 to a maximum of 600 in 1609. These brothers administered the work of the Misericordia, and raised its funds, which came mostly from private charity and legacies.

In both Lisbon and Goa this organisation did excellent work. Indeed, they played an important role in the whole colonial empire. Laurinda Abreu's excellent empire-wide study details their work in providing charity, in trying to uphold or enforce "morality," as

important foci of power in colonial society, and as bodies which to an extent ensured a certain commonality all over the far flung empire.[27] There were seven secular tasks, which read very much like the obligations of such modern bodies as the Red Cross. They were to give food to the hungry, drink to the thirsty, clothing to the naked, shelter to the homeless, and burial to the dead. Brothers were also asked to visit the sick, and prisoners, and ransom captives. However, it was only Christians, indeed nearly always only Portuguese, who were served by this body.[28] The President, or Provedor, of the Board of Governors was usually a very eminent person, such as even a governor or viceroy, or archbishop. Even ordinary membership of the Board of Governors was a very high honour; only those who could demonstrate "purity of blood" (that is, no Moorish or Jewish "taint") were eligible. The Goan élite often rotated between service on this body and on the Municipal Council.[29] Many of them also participated informally in the other arena of social work in Goa, that is the hospitals, as was noted above. Yet this close tie with the apparatus of the state had one negative consequence. In times of crisis the state would raid the ample coffers of the Misericórdia and take forced loans to provide ships and other military necessities.

The Estado da India was, in sixteenth-century terms, innovative and progressive in its attitude to social work and looking after the ill and those who needed assistance. Yet this was limited. The notion of an enclave best sums up the Portuguese provision of social work in Goa in the sixteenth century. Several hospitals were financed and regulated by the state. The dispensation of charity to Europeans was organised by a body, the Misericórdia, which while private had strong connections with the state. The Portuguese brought with them quite new ideas about the role of the state in health care and the provision of charity to those in need, but applied these, by and large, only to the European population of Goa, and to a lesser extent to local converts to Christianity. In this as in other areas the majority Hindu population was left alone to provide its own health and social security, which was provided by the family and the community.

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