CHAPTER V

INSTITUTIONAL HEALTH CARE

Hospitals were few in Goa during the colonial period. They were situated in urban areas and mainly in the city of Goa in the early centuries of Portuguese rule. Hospitals were established to cater primarily to the needs of the ruling class. They were run usually by social agencies and missionaries. In this connection, it must be mentioned that Christian missionaries played an important role in the medical field in Goa.

The standards of the hospitals were low as a rule. These hospitals were small in size, very often with less than fifty beds. They were housed in unsuitable buildings and inadequately staffed. Hospitals had few or no facilities for special care and lacked proper equipment as well as trained technical personnel. Their dispensaries and kitchens were poor. They had no running water, septic tanks or electricity for a long time. Medicine and all equipment had to be imported from Portugal, Spain, China, British India and other parts. They were not easily available in Goa and because of
long journeys many drugs reached Goa in adulterated conditions.

In rural areas, the inhabitants depended on local medicine men and quacks. Many could not avail themselves of hospital facilities in urban areas because the distance was a formidable barrier on account of inadequate or non-existent transport facilities.

Specialized hospitals were even fewer in number. They were established by the Government in the twentieth century for lepers, tuberculosis patients and the mentally ill. All these hospitals were situated in Old Conquests. These hospitals were places for detention of persons considered dangerous to the community, rather than institutions for the treatment of the sick.

Maternity homes and private nursing homes were non-existent before this century. When they were established, women even in urban areas were reluctant to avail themselves of the facilities. Superstitions, ignorance, easily available cheap quacks may have contributed to this attitude. Majority of the nursing homes were established between 1930-1948 in Salcete and Bardez. Isolation wards were also established in Margão, Marmagao, Colem and Reis Magos for the victims of epidemics.
Hospitals in Goa had limited number of trained doctors in western medicine. Portuguese physicians who came to India were inexperienced in tropical diseases. Besides, Goa did not attract the cream of Portuguese medical profession. The great paucity of specialists and surgeons made it difficult to get competent treatment but for routine ailments. Lack of proper facilities led the patients to seek medical facilities at faraway Vellore, Bombay and Miraj.

Indigenous practitioners of medicine were allowed to practise in the Royal Hospital in the early seventeenth century when physicians trained in western medicine were banned from practising in the hospital. The ban was imposed due to high mortality. This high mortality was the result of incompetence on the part of Portuguese physicians. Pyrard, a French traveller, who visited Goa during this period remarks that 1,500 patients died every year in the Royal Hospital. The mortality rate was high taking into consideration the fact that the hospital catered only to the needs of the Portuguese. Then again between 1782-1801, Goa had no trained doctors on account of their scarcity in Portugal. The establishment of Goa Medical school helped to meet the need of doctors at least in the Old Conquests.
Until the twentieth century Goa had no trained auxiliary personnel, including nurses. The shortage of trained nurses and consequent reliance on poorly qualified persons or relatives of the patients for nursing services often meant that the rules of hygiene were not observed. Since toilet facilities were inadequate and wards were overcrowded, infections quickly spread from one patient to another. Because of these and other conditions, the case fatality ratio was high, lending substance to the popular belief that hospital was the place where one is bound to die. Hospitals in Goa suffered from financial and physical limitations.

The two hospitals situated in Ilhas taluka, namely Hospital Regimental and Hospital de Misericordia were always overcrowded with patients. To prevent such situation the Government issued orders in 1906 to all taluka administrators other than of Ilhas to avoid sending patients from their jurisdiction to the above mentioned hospitals.3

A total of 2,879 patients were treated in various hospitals and homes for the aged in 1927. In 1942 the number of patients in various hospitals rose to 4,439.4

Goa had four full-fledged hospitals in this period. All these hospitals, excepting one were run by private institutions aided by the State. At the fag end of the Portuguese
regime there were few regional or cottage hospitals in some talukas with a strength of 40 beds.

This chapter has two parts. The first is concerned with institutional care in urban and suburban areas, that is, in the city of Goa and the surrounding areas. The second part considers the institutional care in rural areas.

HOSPITAL FACILITIES IN URBAN AND SUBURBAN GOA

The Royal Hospital

The first European hospital in India was the Royal Hospital (Hospital Real) in the city of Goa. The hospital was founded by Afonso de Albuquerque and it provided relief to the Portuguese soldiers wounded in the expeditions and those who were victims of various diseases prevailing in the city.

The Royal Hospital existed in 1511. We know of orders issued by Albuquerque to the Factor of the city of Goa, directing him to supply the hospital with a bale of sugar. By another order issued on 14th October 1511 the hospital received 135 barganis, spent on six patients between 22nd September and 13th October 1511.
To begin with, the Royal Hospital was a single-storied building near St. Catherine's gate. It was Albuquerque's favourite institution in India. The successive governors ran the institution effectively.

In 1520 statutes were framed for the hospital placing it on firmer basis and providing systematic rules for its efficient management. It directed the Factor to provide funds for the monthly expenses of the hospital. The daily requirements of the hospital were bought by a Purchaser (comprador) in consultation with the nurses after checking the surplus left over from the previous day. The Purchaser was responsible to the Factor of the city.  

To avoid pilferage of medicines from the hospital, all medicines prescribed by the physicians and surgeons had to be entered in a register and signed by the clerk. It appears that the boticario continued to sell medicine to persons outside the hospital despite the restrictions imposed on such activity. In 1524 Dr. Pero Nunez, Superintendent of Public Exchequer issued fresh orders to the Factor not to allow sale of medicine outside the hospital.

Two years later in 1526 a more detailed regulation was issued to end irregularities, indiscipline and to introduce new amenities. The regulation made it clear that the Royal
Hospital was to cater to the needs of the Portuguese working on the ships. The Portuguese suffering from incurable diseases were to be treated in the Hospital de Misericordia run by Holy House of Mercy in the city of Goa.9

Patients seeking admission in the Royal Hospital had to comply with certain formalities. For instance, they had to supply the hospital their personal case history. Every patient was provided a bed and clean linen. Soon after admission the patient was washed with water that had been boiled with certain herbs.

Linen and items of the clothing were supplied to the hospital by the Factor at the expense of the Royal Treasury. In case of an emergency, the regulation empowered the clerk to directly buy linen with the hospital funds. Old linen could not be discarded. It was used to clean and tie the wounds.

The regulation of 1526 created a post of a clerk (escrivão). This clerk was responsible for supervision of the hospital and for maintenance of accounts. The staff and patients were banned to carry away live fowls from the hospital kitchen to their homes.10 It also forbade women and slaves to visit the sick. It was noticed that they often carried food to the sick from outside the hospital. The slaves of the Purveyor (Provedor) and those of the clerk had
their meals in the hospital. The regulation banned such abuses.

A diet of meat and bread was provided to the sick. Much bread was wasted. Therefore, in 1526 the number of loaves supplied to the patients was reduced to four. Each loaf weighed six ounces. Edible commodities such oil, butter, honey, sugar and rice were bought at wholesale prices.

The cleanliness of the hospital and care of the patient was attended to by nurses, barber, washerman, servants and slaves. The barber had to be present daily at 8 a.m. to bleed the sick on the advice of the physician. Servants were paid 8 leaes a month. The slaves who worked as scavengers were owned by the State. They received no salary for their work but only food. The hospital was provided with a native cook and assistant cook. Both were given free meals in addition to their salaries.

This hospital catered to the needs of the ruling class in the city of Goa. In 1542 the hospital was given a pauta das mezinhas (price list of medicine) which was valid for 30 years. The Royal Hospital run by the Factor of the city faced serious problems of mismanagement and corruption. The subsidy of 3,500 pardaos from the Government was misused by the hospital authorities. Consequently, the Government per-
suaded the Holy House of Mercy to manage the institution. The offer was accepted with much reluctance and an agreement was signed under the following terms. 12

1. The hospital would receive from April 1543 an annual grant of 3,697 *parados* to be paid quarterly out of Royal revenues from the island of Jua and Chorão.

2. The hospital was exempted from Royal and ecclesiastical control.

3. The administrator and the members of the Holy House of Mercy would have free hand in the appointments of personnel in the hospital.

4. In case the assigned funds were insufficient, the Holy House of Mercy would have to spend from its own funds. The extra expenditure would be reimbursed later by the Government.

5. In addition to the above, the hospital would receive annually (114 gallons) of wine, one barrel of vinegar and a quarter barrel of oil from Portugal all free of Custom duties.

The conditions in the Royal Hospital greatly improved under the new management. A distinguished *fidalgo* (nobleman) was elected every month by the members of the Holy House of Mercy to run the Hospital. This post of Superintendent (*mordo-
mo) was honorary. He was responsible for buying the supplies for the hospital at proper time.13

The Royal Hospital had a capacity for 40 beds. Their number would go up in June with the arrival of the annual fleet. Around 1545 the doctors working in the hospital neglected their duties and left the sick to the care of the slaves.

After a span of 30 years the Royal Hospital was granted in April 1573 a new pauta. The earlier pauta had not been changed for 30 years, except for minor changes at the time of the Viceroy Dom Constantino. The new pauta was approved by the viceroy in April 1573. Baltazar Rodrigues the boticario (in-charge of the pharmacy) of the hospital had asked for this revision.14

Between 1565-1584 the Royal Hospital received at least two sets of statutes. Viceroy D. Antão de Noronha provided a standing order in 1565. This regulation increased the subsidy from 4,000 pardaos to 6,666 pardaos, 200 reis to face the increased cost of living. The subsidy was to be spent on the diet of the patients, payment to the staff, oil, wine and olives from Portugal. The Purveyor, purchaser and the nurse were paid 1,000 reis each.
Around 1570 the conditions in the Royal Hospital began to deteriorate. Poor medical care, lack of hygiene and scarcity of funds were responsible for the situation. The Jesuits who were asked to manage the hospital often carried beds full of bugs to clean them up at the sea. They went around collecting clothes for the patients in the hospital. It appears that the Government had lost interest in the institution, probably because it was preoccupied with the political situation in the land. Furthermore, the hospital was too small to accommodate the growing number of patients. About 500 patients were treated annually. Many times due to lack of space the sick were accommodated in verandahs and adjoining houses. In addition to the sick, Portuguese men who lacked sufficient means of livelihood also sought shelter in the hospital. This was contrary to the orders issued earlier by the Viceroy D. Vasco de Gama permitting admission only to the sick.

In 1583 when the Jesuits were about to take over the Royal Hospital they were asked to prepare a new regulation for the same. The regulation approved in 1584 was a lengthy one. It defined the functions of the members of the staff and specified the time for the purchase of various commodities. It laid much importance on spiritual well-being of the staff and the patients. The legislation also laid stress on cleanliness as an important factor in the maintenance of health.
The staff as well as the patients were ordered to attend Mass daily at 5 a.m. Soon after the Mass, the physician accompanied by Superintendent (mordomo), nurse, boticario, escrivão (clerk) and helpers had to pay a visit to the wards. Prescriptions of the physicians were to be entered in a book by boticario. Medicine to the sick was dispensed by the nurse. At the same time the surgeon paid a visit to the ward of wounded patients. Finally the staff gathered at the admission counter to admit new patients.  

It was believed that confessions were necessary to cure various illnesses. Therefore, no patient was admitted unless he confessed to a priest. For this reason the patient was kept in a verandah until he confessed. However, these rules did not apply to patients in serious condition or the high officials. They were directed to confess the following day.

Breakfast was served at 9 o'clock. After breakfast the sick rested till one o'clock, that is when the physicians and surgeons paid their second visit to the sick. Patients who recovered were discharged in the afternoon. When the dinner was served to the patients at 5 p.m. the nurses had to tidy up the wards. Three servants and a room boy spent the night with patients. All nurses on duty had to report to the hospital in the early hours of the morning.
The regulation laid stress on cleanliness as an important factor in the maintenance of health. Bed linen was changed once a week on Saturdays, and if necessary more often. Table linen and clothes of the patients were changed on Sundays and Thursdays. Clothes from the surgery ward were washed and dried separately by mainatos (washermen). Any loss of clothing had to be reported to the mordomo by the nurses. The wards were cleaned thrice a week. Drinking water was carried in vessels from Banguenim spring. The hospital was whitewashed thrice a year when the sick were due to arrive from Portugal, for Christmas and at Easter time.

Purchases were made when commodities were cheap. In the months of September and October the hospital was provided with goods from Portugal such as barrels of xelgal or caparica wine for the sick, oil, vinegar, olives, saffron, paper, pens, preserved food and pisspots. Goods were imported from Ormuz in October and November including dry fruits, saffron, bottles of rose water and dates. In April and May the mordomo bought goods from China, Maluco and Malaca such as China roots for venereal diseases, condiments and porcelain. From Bengal the hospital received rice for ward boys and the sick. Apparently, the ward boys were given cheaper quality rice. Finally, in July the hospital had to be prepared with things necessary for the sick due to arrive in the ships of carreira.
The *mordomo*, chosen for his good character, was the main official of the hospital. He performed several duties including purchasing of goods, maintenance of accounts, cleanliness and discipline. It was his duty to arrange for best doctors and to see that their instructions were implemented. No staff in the hospital could be appointed without his recommendation. The *mordomo* very often neglected duties, possibly because he was elected monthly, which did not allow sufficient time to implement changes. Nurses had to reside within the hospital since they had to report for duty very early and leave the wards late. As the health of the patients greatly depended on the care of the nurse, the nurse had to follow the instructions of the doctors carefully and maintain cleanliness as important factor for the good health. The regulation of 1584 was valid up to mid eighteenth century subject to minor changes at the time of Ayres de Saldanha (1600-1603).

In 1595 the Viceroy Mathias de Albuquerque issued some instructions to the Royal Hospital. It was stated that these instructions had the same powers as regulation issued by the crown. The purpose was to end many ills resulting from the visit of the relatives and friends to the sick. Apparently, the visitors still carried food to the patients and fire-arms inside the institution without the knowledge of the authorities.
Visits to the sick were restricted to the father and brothers. Any other visitor who tried forcibly to enter the premises was to be arrested and detained by the doorkeeper. After he was charge-sheeted by the clerk he was to be sent to the Ouvidor Geral do Crime. The guilty would be exiled to Daman for two years. Ward boys who were found carrying food to the wards were to be warned for the first time and then sent to the galleys. In case they were below 15 years of age they were to be beaten up. Letters from women other than from mother or sisters were not allowed. Even letters from mothers and sisters were censored by the nurses. Any other women sending letters were to be fined 10 pardaos. These precautions were followed in order not to disturb the sick. It was feared that letters could disturb the recovery of the patient by making him depressed and restless. The doorkeeper who failed in the performance of his duties was to be exiled to Daman for two years.

The Jesuits managed the hospital since 1579. They tried several times to give up the administration due to differences with the Government over financial and administrative matters. Jesuit superiors wished their men to give up in 1583, but the Portuguese King would not agree to it as he was satisfied with their work. Nevertheless, they gave up the administration offering various excuses. In 1591 they took up the task again.
at the request of the King. At this time a the hospital was sanctioned a grant of 11,630 pardaos. Five years later the Jesuits severed their connection with the institution, because the Government had stopped providing them with necessary funds for the expenses of the hospital. The institution was again handed to the care of the Santa Casa de Misericordia.

Viceroy Mathias de Albuquerque proposed a new building for the Royal Hospital. The proposal was accepted in 1593 by the Portuguese King with a recommendation that the new building should be built on the grounds of the existing one and if necessary adjoining land should be acquired. However, the plan could not be implemented immediately.

It appears that the Government was running short of funds to spend on the proposed hospital building. This prompted the Portuguese king to grant license to some merchants to undertake a trip to China. The money realized from this license was to be used for the new building. Finally, when the trip materialized the hospital was granted only 4,000 xerafins. Since the funds were insufficient another trip to China was proposed by the local Government.

The new building of the Royal Hospital was completed in 1609. The Jesuits once more undertook the administration of the hospital in 1597 as they received assurances of great
punctuality in the payment of the grants required for its maintenance.

Jesuits made the Royal Hospital famous. Foreign travellers who visited Goa in the late sixteenth century and early seventeenth centuries were full of praises and considered the hospital better than some good hospitals of Portugal, Rome and Malta. Linschoten, the Dutch traveller speaks in flattering terms about the hospital. He says that "these Hospitals in India are very necessary for the Portingals, otherwise they should consume away like miserable men, but by ye meanes they are relieved, whatsoever they have, eyther sickness, secrete diseases, pockes, piles, or such like, there they are healed".20

By far the most detailed and interesting account of the hospital is the one provided by Pyrard, a French traveller. In 1609, Pyrard was a patient in the hospital. He states that the hospital was the best in the world. The new building occupied a large area with courtyards and pleasant gardens where the sick could breath fresh air. The corridors were decorated with pictures, portraying scenes from the Bible.

The hospital had separate wards for various illnesses. Each patient was given a bed placed at a certain distance from
one another. Cotton mattresses were piled one on the top of the other. Bedsteads were low, painted in different colours. Sheets were made of fine white cotton or silk. Pillows were of white calico. Bed linen was changed daily. Patients were also provided with pajamas, towel, handkerchief, bedside table, paper fan, jug of water, chamber pot and other articles.

The hospital was a model of cleanliness. Every room was swept, cleaned and fumigated with incense twice a day and the walls were white-washed twice a year. The nursing facilities were highly praised. Immediately after admission the patient was shaved and given a bath. Physicians, bleeders, barbers, apothecaries and priests visited the sick twice a day. The apothecary lived on the premises and his shop was well-stocked. Servants were obliged to treat the patients with courtesy and appear before them in clean clothes.

The diet in the Royal Hospital was of a high standard, consisting of variety of viands, fish, vegetables and sweets. Breakfast consisted of bread with raisins, aivo (a sweet dish made of wheat) and canjee. For lunch patients were served a full or half boiled or roasted chicken and sweets. Dinner at five p.m. consisted of meat, soup, vegetables such as lady fingers and rice. In addition, the patients were served on doctor's prescription a variety of fish, eggs, fruits and
bread. Patients could dine with their visitors for whom extra food was provided. Food was fresh and none of the left-over were served again.

Bleeding was a panacea for all kinds of fevers. Fevers, dysentery and syphilis were common in the hospital. The hospital had no running water. Water was brought by slaves from the springs of Banguenim. Convalescents were shifted to a convalescent ward. The hospital had a separate room for those on the verge of death so that their death throes did not upset other patients. Priests stayed with such patients until their end to provide spiritual care. 21

The Royal Hospital was endowed by the Portuguese rulers with 25000 pardaos. It received also gifts from the Viceroy and Archbishop. These funds were large, considering the fact that the expenses were not high and food was cheap.

In spite of good food, comforts and hygiene, the mortality rate was high in the Royal Hospital. As mentioned earlier more than 1,500 patients died every year. The mortality rate was high due to the dearth of competent physicians and this continued for a long time. The situation led the Government to forbid the Chief Physician from practising in the hospital during 1607-1613. 22
This famous hospital began to decay in the second half of the seventeenth century. Tavernier, who visited the hospital during this period complained of negligence, corruption and high mortality rate. The sick were given little meat. Helpers demanded payment even to bring a glass of water. Tavernier adds that besides the above factors, the system of bleeding the patient was responsible for the decline of the hospital. Dr. Fryer, an English traveller, corroborates the statement of Tavernier. Patients were bled as many as forty times during their stay in the hospital.

An unusual practice followed in the Royal Hospital was to make the patient drink three glasses of cow's urine for twelve days after an operation. This was meant to recover the lost colour and to strengthen health. It was believed that the urine of a cow had medicinal value. A patient had to stay in the hospital for twelve days even if he drank no urine.

In 1645 the hospital was granted 1,000 xerafins for its expenses on the patients. The Jesuits who managed the hospital collected 12,000 xerafins from medical care provided to the patients. In 1667 they were forbidden to accept patients other than soldiers.
The Jesuits decided to give up the administration of the hospital by the end of the seventeenth century on the grounds that it was not proper to their ministry. By a royal letter dated 1688 the hospital was handed over to the missionaries of St. John of God. After some years it was handed back to the Jesuits who had proved to be good in the field of medicine. The Customs House (Alfandegas) contributed to the Hospital with two thirds of its revenue brought from Maluco, China, Pegu, Bengal and Ceylon.\textsuperscript{27}

The Jesuits took over once again the Royal Hospital in the early eighteenth century. During this period the hospital had no trained doctors. Whenever someone was sick, regardless of the illness, his feet were burnt with glowing iron till the flesh was raw. The patients were bled by making a deep cross-wise incision on their backs with a knife. Brother C. Matter who managed the hospital did not succeed in getting rid of these practices. However, he was successful in his fight against the custom of giving a purge of whole and half-a-pint which caused either strong vomiting or the loosening of the bowels. He prescribed only 3 to 4 ounces and recommended gentle sweating potions.\textsuperscript{28} In 1730 the chief physician and the surgeon were deprived of their food and house rent allowances at the instigation of Jesuit administrators.\textsuperscript{29} The hospital received an annual income of 1,300 xeratins from the Government.
In 1759 the Jesuits were sent away from Goa. The hospital was taken over by the Government and renamed *Hospital Militar* (Military hospital). It was first shifted to St.Rock College in the city of Goa and from there to Old *Palacio Casa de Polvora* at Panelim on suggestion of Viceroy Conde de Ega. The hospital was moved out of the city because the city of Goa had become a very unhealthy place. Many times seven to eight patients died daily in the hospital.

A sum of 22,000 *xerafins* were spent in 1765 to set up this hospital at Panelim. It appears that besides providing care to the sick and selling medicine to private *boticas*, the hospital also gave loans to the local merchants. Altogether 235 servicemen died in 1786 in the Military Hospital including 22 native soldiers of Goa.

The Military Hospital was mismanaged by the staff appointed by the Government. They appropriated for themselves what had to be spent for the care of the patients. The staff was also involved in vices like gambling. The hospital had no trained doctors for a long period. Drugs imported from Europe reached Goa in adulterated state for several reasons. European manufacturers often sold drugs banned in the country. Some
drugs reached Goa after the expiry date, while others were affected by long journeys and the weather. 34

No discipline was observed in the Military Hospital. Patients were free to eat whatever they desired and cooked according to their taste. Food was served from 3 a.m. to 10 p.m. There were no restrictions on the movement of the patients. Visitors could carry alcohol for the sick and spend the nights with them. Nurses were incompetent. They left their work in the hands of many ward boys. Patients were seen moving around in dirty clothes. The hospital lacked hygiene. The Government did not implement any measures to end these undesirable activities and enforce discipline until the beginning of the nineteenth century. The Military Hospital was handed over to an Administrator and a Director. This Director was also the Chief Physician of the State. As per the orders of the home Government complete hygiene in the hospital was to be maintained by cleaning the wards and toilets twice a day. Patients were bathed on admission, except those suffering from fevers. They were forbidden to carry arms or play cards in the wards.

Patients with sores and suffering from leprosy were not admitted in the hospital. The regulation asked every physician to maintain a case paper for the sick. A prescription of medicine had to be kept on the bedside table. Physicians were
permitted to ask for second opinion. Autopsy could be carried out if necessary. Every ward had a nurse, two ward boys and a Negro slave to care for the patients. The chief cook was responsible for the diets. In case mistakes were repeated by the cook more than two times, the cook was to be dismissed. No staff and patients could leave the hospital without prior permission of the Director. Food from outside was not allowed inside the hospital. The changes improved the conditions of the hospital. A table given below provides a comparative study of number of patients who died from 1801 to 1805 with those who died between 1791-1795.

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<th>Year</th>
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It seems that the Chief Physician often interfered in the administration of the Military Hospital. In an order dated 8th February 1821 the Governor Conde do Rio Pardo asked the Chief Physician to refrain from such activities. Any complaints against the lower staff had to be brought to the notice of the Administrator for necessary action.
In addition to food and clothing the patient in the hospital were supplied with free shaving cream and soap. Their relatives who kept them company were provided with food and soap. It is not surprising that the expenses exceeded the income. From January to March 1828 about 4,925 xerfins, 1 tanga, 3 1/2 reis were spent on food and other items. Expenses varied according to the season. For instance, just before the monsoons expenses were high as provisions were made for rainy season. In 1827 a total of 2,153 patients were treated in the hospital.

Military Hospital continued to face serious problems in the third decade of the nineteenth century due to corruption, mismanagement and multiplicity of regulations. The government decided to reorganize the hospital. A committee was appointed to study the problem and to recommend new regulations. The outcome was yet another set of rules in 1830 covering various aspects of the administration.

A Medical Board consisting of Chief Surgeon and other staff was constituted to improve the service conditions. The Board had to meet weekly to appoint lower staff on the advice of the Chief Physician and to check that the staff received their salary in time. Military personnel proceeding on sick leave had to appear before the Board. The decision of the Board in this matter was final and binding even on the Central
Government. For instance, in 1833 João de Souza, Captain of Garrison of Mozambique was sick in the Military Hospital of Goa. He was ordered by the Portuguese king to return to Portugal immediately in a ship known as Princesa Real. The captain who could not undertake the long journey approached the Board to declare him unfit. The Medical Health Board upheld the request and issued him the necessary certificate declaring him unfit to travel.41

The Military Hospital was run by an administrator, a distinguished official who was paid in addition to his salary, a gratuity of 120 xerufins. The regulation of 1830 made provisions for the following staff: One Chief Physician, one Assistant Physician, one Chief Surgeon and one Assistant Surgeons who were helped by nurses.42 The Chief Physician recommended and checked medicine imported from Europe and other parts of Asia. He had to maintain a journal describing the illness and treatment prescribed to the patients. Physicians were bound by the regulation to visit the wards daily in the morning. One of them together with the surgeon had to be on duty for six hours. Cleanliness and maintenance of surgical instruments was the responsibility of the Chief Surgeon.

The Military Hospital had different wards for fever, surgery, V.D. and convalescence. Interestingly fever ward was isolated from the others. The fever ward had a nurse for every
30 patients. Attached to the ward was a bathroom. The beds were arranged four feet apart from each other. Bed linen was changed weekly. Each ward was provided with separate linen that could not be interchanged. The walls of the wards were white-washed every six months. Its floor was swabbed with lime every fortnight. Wards were fumigated with nitric acid.

The dead bodies of the patients were kept in a mortuary until they were certified dead by the Chief Physician. Their clothing was disinfected. In case a patient died of a contagious disease, his mattress was destroyed.

Diet for the patients was prepared by the Chief Physician. Officials had better diet then the soldiers. The hospital had eight types of diets. The records of the hospital indicate that food was also provided for the lower staff. Physicians could prescribe upto 4 ounces of fenny and Portuguese wine to the patients. Food was tested before it was served to the patients.

The Military Hospital catered to the needs of the armed forces. The civilians employed in the Government agencies could also avail themselves of the facilities. From January to October 1830 a total of 2,089 military men and 175 civilians received treatment in the hospital. In the year 1832 about 59 patients died in the hospital and of these thirty
The income and expenditure chart for the 1838 shows that income was 20,819 xerafins and reis. The expenditure for the period was 19,985 xerafins and 9 reis. The income for the following year was 27,348 xerafins, 3 tangas and 56 reis and the expenditure 23,673 xerafins, 3 tangas and 56 reis.

The regulation of 1830 made it clear that the hospital was primarily for servicemen and ex-servicemen. Others including the natives could be admitted with prior permission from the Government. The number of different classes of patients who availed treatment at the Military Hospital is given in the appendix.

Medical care at this hospital continued to be poor leading to high mortality rate. The situation forced the government to appoint a committee to investigate the complaint made by one Alferes Xisto Antonio Barata Feio regarding poor care on the part of the staff. Among others the warden Fr. Mariano de Maria Santissima is mentioned. The committee felt that Fr. Santissima being a missionary should have shown greater zeal and dedication. The verdict of the inquiry was against the warden. He was dismissed from the job and his superior was informed. Two nurses, Fillipe Jose da Silva and Antonio Sebastião Carvalho, were also dismissed for neglecting their duties.
The physicians and the surgeons in the hospital blamed the military authorities for the high mortality rate. They argued that military authorities sent patients in serious conditions to the hospital. Many were admitted only to die, while others had to undergo prolonged treatment resulting in extra expenses to the public treasury. Therefore, they made a plea to the Government to stop such practice.\textsuperscript{54}

Subsequently, in January 1840 the Government passed yet another regulation for the Military Hospital. The main purpose of this regulation was to control expenses, define the duties of the hospital staff and provide better care to the soldiers. However, these changes increased the expenses of the hospital.\textsuperscript{55}

A Council for Military Health replaced the existing Medical Board. The new Council consisted of Chief Physician, Chief Surgeon and one assistant surgeon of the hospital. It had to manage the hospital and supervise the teaching of medicine in the hospital. Besides government subsidy, the hospital received income from a farm. The hospital still lacked many facilities including operation theater, running water, drainage system and a morgue. Perhaps these facilities could not be introduced due to paucity of funds.
In 1842 the Military Hospital was shifted from Panelim to the residence of Dom Joaquim Christovam de Noronha in Panjim for reasons of convenience. It is here that formal teaching of medicine was started. The building still exists and houses one of the departments of Goa Medical College.

The hospital had capacity for 90 beds distributed in seven wards. All wards except two were on the first floor. The two wards on the ground floor were reserved for natives and prisoners. Interestingly, there were separate bathrooms for Christian and Hindu patients. It had no running water and drainage system. Drinking water was brought to the hospital from a spring in the city.56

Between 1840-1844 a total of 9,016 patients were admitted, of these 7,189 left the hospital cured and 185 died of various diseases including dysentery and fevers.57 During the second semester of 1849 about 300 patients were treated for all kinds of fevers.58 The hospital experimented with different types of herbal medicine. Salsaparilha was used for skin problems, venereal diseases and rheumatism.59

The Hospital Regimental/ Escolar/Central

Hospital Militar was handed over in December 1851 to Conselho Administrativo de Regimento d'Artilleria and was
renamed Hospital Regimental. From 1863 to 1867 a total of 20,938 patients were admitted in Hospital Regimental. The death rate amounted to 240. About 115 patients were treated in June 1864 for malarial fevers. Their number went up in August of the same year.

Venereal diseases were common in Goa at the end of the nineteenth century particularly among the soldiers and prostitutes. A clinic was started for such victims in 1896 attached to the Hospital Regimental. The clinic was managed by a doctor, nurse and servants. Nearly 25 people were treated for syphilis at the clinic in the first year.

A report from the Health Services dated 1920-1921 states that the hygienic conditions of the Hospital were poor. By the third decade of this century Hospital Regimental was known as Hospital Central or Hospital Escolar. This institution was always overflowing with patients from Goa and neighbouring areas. The hospital had facilities for 75 beds but many a time it accommodated even 115 patients at a time. They had to sleep on the floor due to lack of beds. A total of 1,817 patients were treated in the hospital during the year 1945. This number in 1959 had gone up to 2,950 patients.
ST. LAZARUS HOSPITAL

Lepers were seen moving in the streets of the city of Goa in the early sixteenth century with no one to take care of them. In those days leprosy was an incurable disease. Persons suffering of the disease were ostracized by the society. This state of affairs forced the authorities to start in 1530 an isolation hospital dedicated to St. Lazarus. The hospital was subsidized by the Goa Municipal Council (Senado de Goa) and the Holy House of Mercy. Later patients suffering from other contagious diseases such as smallpox were also isolated in the hospital.64

HOSPITAL FOR THE POOR (Hospital dos Pobres)

Institutional medical care of the native inhabitants of the city of Goa was organized by missionaries and social agencies.

Fr. Paul Camarte of the Society of Jesus opened a Hospital dos Pobres. This was the first institution to cater to the needs of the native inhabitants of all creeds. The institution was well organized and clean. It could accommodate 40 patients at a time. There were separate wards for men and women. Fr. Camarte was helped by other Jesuits and eight servants.
No hospital existed outside the city of Goa. The Jesuits who were given the charge of Salcete in south Goa, shifted their *Hospital dos Pobres* from the city of Goa to Margão. This shift took place after 1568. There are differences of opinions about exact date. Later it was moved to Rachol, a village in Salcete.

The inhabitants of Salcete and other neighbouring areas flocked to the hospital to find cure at the hands of Bro. Afonso, a well known practitioner of western medicine. The 30-40 bed hospital was renowned as charitable institution. When the armies of Adil Shah overran Salcete, they burned and destroyed churches and schools but left the hospital intact. In 1630 the subsidy of 300 *pardaos* was raised to 600 *pardaos* on account of inflation.

The Jesuits had also an infirmary attached to their College of St. Paul in the city of Goa. At the start of the eighteenth century the College infirmary consisted 17 single rooms and one hall. Each patient had his own special Indian attendant. An average of 20 to 24 patients were housed in the infirmary. To cover the great expenses they started a coconut plantation.
Hospital of all Saints (Hospital de Todos os Santos)

Hospital of All Saints for the Poor commonly known as Hospital de Misericordia was started by Holy House of Mercy (Santa Casa de Misericordia de Goa). The hospital catered to the needs of the Portuguese mestíços and the native Christians who suffered from incurable diseases. The subsidy it received from the Government was too small to meet the expenses.

Hospital the Misericordia was shifted to a new building in the city of Goa in the early seventeenth century. In 1612 the hospital was presented with a set of regulations to improve the condition of the hospital. This regulation of 1612 made provision for a Superintendent, physicians, surgeons, nurses, chaplains, barber, bleeder and clerk. The Superintendent had to manage the hospital, procure provisions and maintain the accounts. The physician who was paid 15 xerais a month had to examine the patients before admission and provide treatment during their stay in the hospital. The dispensing of medicine was supervised by the physician. The surgeon was paid 12 xerais a month. He did not have much work as very few operations were performed. However, the surgeon had to reside within hospital premises.
Nurses were expected to be cordial. Their duties included the maintenance of cleanliness and supervision of the lower staff. Servants on night duty were asked to sleep in the wards so that they would be available in an emergency. The staff of the hospital was expected to seek prior permission of the Superintendent to leave the premises. Visitors were allowed during the day time. They were strictly checked in case they carried alcohol into the wards.

The overall supervision of the *Hospital de Misericordia* was entrusted to a Board consisting of Superintendent, Director of the hospital and the assistant physician. The Board met on 5th of every month to discuss the problems of the institution and to appoint the lower staff whenever required. Some of the personal needs of the sick were taken care of by the barber who visited the hospital once a week and by a washerman who came every 10 days.

There were separate wards for male and female patients. Women were not permitted to visit male ward and vice versa. The legislation of 1612 banned rearing of pigs, hens and pigeons in the hospital compound. It appears this was the practice earlier. It was considered unhygienic.

In 1630 the hospital received new set of statutes. According to this order, the Superintendent was elected every
month. The Fidalgos resented the nature of the appointment. The Superintendent was now obliged to accompany the physicians and the surgeons on their rounds of the wards.

He was entrusted with several duties such as buying provisions to the hospital, making payment to the staff, keeping accounts and issuing instructions to the apothecary and the cook. The Superintendent was instructed to use only old bedsheets to cover the dead bodies.

Food served to the patients was wholesome and clean. No patient was allowed to carry food, cash or any other article inside the hospital. Any belongings were to be deposited at the reception. The new regulation forbade the admission of Portuguese and the slaves in the hospital. The former had a hospital exclusively for themselves in the city of Goa. Slaves who found their way in the hospital were to be returned to their master by the Superintendent. The statutes fixed the salary of the hospital staff. Male servants were paid 4 bazarucos each in addition to food. The doorkeeper received 8 xerafins and a bleeder was paid 5 xerafins a month.

In 1681 Hospital de Misericordia was merged with Hospital de N.Sra. de Piedade. Few years later Hospital de Misericordia faced several problems due to paucity of funds. Expenses exceeded the income. To stop extra expenditure the
hospital stopped providing the patients with bread, chicken, confectioneries and tobacco. The strength of the hospital beds were reduced to 12 beds with only a male and female nurse for respective wards. The post of the sacristan was abolished. These changes were effective from 1775.

In the year 1851 Hospital de Misericordia was shifted from the convent of Santa Barbara in the city of Goa to Ribandar. The building still exists and a hospital is run by the Government. The hospital was shifted from the city of Goa as the place had become unhealthy. The building in the city of Goa was surrounded by thick trees. It could accommodate only eight patients. The hygienic conditions of the hospital were poor as the staff took no interest in the cleanliness of the place. Besides many malpractice took place in the institution. For example many times the apothecary would replace drugs in good conditions supplied by Santa Casa with adulterated ones bought at low prices so that he could resell at higher rates. The hospital spent a total sum of 5,555 xerafins annually with just eight patients.

Another regulation was introduced in the Hospital de Misericordia in the early twentieth century. The regulation of 1902 made arrangements for the treatment of 40 patients. Twenty of these patients would receive free treatment if they submitted a certificate issued by the Parish priest or Rege-
stating that they were economically backward. The rest of the patients were to be charged 10 tangas daily, besides a deposit of Rs. 30 at the time of admission. A concession was made to the members of the Holy House of Mercy and their families. The regulation provided for two wards for surgery, one for medicine, one for contagious diseases and one for the mentally ill. One of the two private rooms reserved for women from the two institutions run by Holy House of Mercy namely Recolhimento de N. Sra. de Serra and Santa Maria Magdalena.

A case paper was attached to every bed. This system does not exist even today in many hospitals in Goa. Besides their routine duties the nurses had also to dress the corpse and ready it for burial. The cook of the hospital had a rather odd duty of carrying the dead to the cemetery. This was probably in case of destitute patients. To meet the needs of the increasing number of patients a post of assistant physician was created. This physician was responsible for maintaining case papers of the patients. He could ask for a second opinion on critical cases or cases requiring surgery. The assistant physician had to reside in the hospital premises or in the Recolhimento de Serra. Earlier physicians used to stay away from the hospital and could not reach the sick in time due to poor transport facilities. In 1902 the hospital had a housekeeper directly responsible to the Director. The house-
keeper was helped by a number of servants. The hospital had a chaplain and a sacristan who worked as doorkeeper.

In the early twentieth century a ward Enfermaria Aníbal Mendes was opened in the Hospital de Misericordia. The ward was established to treat patients suffering from tuberculosis. It was under the care of a doctor and four nurses. A total of 1,149 patients were treated in the Hospital de Misericordia during the year 1941.74

Hospital of Our Lady of Piety (Hospital de N. Sra. de Piedade)

Conde de Linhares, the Viceroy of Goa (1629-1635) started this hospital. The hospital was run by Carmelite missionaries. For reasons of economy and convenience this hospital was merged with Hospital de Misericordia in 1681. This institution received a sum of 840 xerafins from the Municipal Council of Goa. This came from the interest on 12,000 xerafins left behind by Conde de Linhares by way of an endowment to the Hospital of our lady of Piety. In addition the hospital received a rent from the houses occupied by tailors in the city of Goa. These houses belonged to the State.75

There are also references to two other hospitals in the city of Goa. One was managed by the Dominican missionaries.
It was established in mid seventeenth century to help destitutes suffering from the effects of the famine of 1630. A list of medicine and expenses in the Goa Archives indicates that there was hospital attached to the Convent of St. John of God in the city of Goa between 1732-1733.76

Lady West who visited Goa in December 1824 along with her husband Sir Edward West (King's judge under the East India Company) mentions in her diary a hospital on the way to Cabo. This hospital according to her was kept in repair by the English East Company. Further she writes that many soldiers were treated there 7 years earlier. No other information to support this statement has been found so far.77

INSTITUTIONAL CARE IN RURAL GOA

Rural Bardez had few Hospices aided by private individuals. Franciscan missionaries established Hospices in some villages of Bardez. These hospices were probably established to provide care to the old missionaries of the Franciscan society.

One of the Hospices known as Hospicio dos Desamparados was situated at Monte de Guirim. There was a Hospice for the deaf and needy at Pomburpa. Hospice of O.L. of Health, Valverde, was maintained with donations left behind by Baltazar
de Souza. The hospice existed as late as 1797. In 1804 this hospice run by Franciscans was used as convalescent home for the Friars of St. Francis Friary and St. Bonaventura's College. Franciscan missionaries had another Hospice at Penha de França run with the funds kept by Ana Azavedo which in 1776 amounted to 444 xerafins. It appears that the Franciscans also managed the Hospice of O.L. of the Angels at Rachol an old garrison town of Salcete. This hospice existed in mid-eighteenth century. In January 1829, the hospice had only one inmate Bro. Jeronymo de S. Francisco.

Asilo dos Milagres

Perhaps the first institution in Mapuca in the nineteenth century to offer free treatment to the poor was Asilo de N. Sra. dos Milagres. The institution established in 1875 by some priests was housed in two buildings. One for the invalids and the second one situated in an isolated locality housed the lepers, and later tuberculosis patients. In 1915 the Leprosarium of Asilo dos Milagres had 40 patients. Attached to the Asilo was the Dispensario Dr. Daniel Gelasio in this clinic the needy received free medicine. The foundation stone of Asilo Hospital was laid on 16th April 1923. Asilo was maintained with the help of lotteries.
Hospicio do Sagrado Coracao

Hospital for the Poor in Salcete run by the Jesuits ceased to exist after the Jesuits left Goa in 1759. It appears there was no other hospital in Salcete, except the Hospicio of O.L. of Angels until 1867.

In the year 1867 Fr. Antonio Joao de Miranda started a 10 bed Hospicio do Sagrado Coracao in Margao. In course of time the 4 room Hospice was expanded with the help of lotteries. A total of 1,172 patients received treatment in 1941. The right to issue lotteries was discontinued in 1947.

In 1959 the Hospicio revised the fees charged to the patients. A patient in a first class room was charged 18 escudos in addition to the expenses incurred on medicine, food, doctors and surgeons. A patient admitted in room was charged 12 escudos besides the above mentioned expenses. Similarly patients in the wards with reserved bed paid 3 escudos and 50% of expenses incurred on medicine and food. Poor patients were charged 3 escudos but were provided with free food, medicine, surgery and facilities for testing blood.

Women admitted for delivery were charged extra. In a first class room they paid 30 escudos in a second class room.
and in a third class room 12 escudos. Fifty percent of this income was paid to the midwife as allowances.

Asilo de S. Francisco Xavier da Ilha de Divar

This Asilo was set up on 13th January 1884 by Simão Vicente Quadros with the help of the donations collected from British India and a lottery. This institution was closed down by 1930.86

Asilo de N. Sra. de Piedade

Asilo de Sra. de Piedade was situated at Quepem. It was established to take care of the poor patients of Quepem taluka. In 1930 the institution had a fund of Rs. 1,500 and was managed by a committee consisting of Fr. Luís Filipe Ataide, Abílio Sousa, Anastasio Mascarenhas and Manuel de Piedade Monteiro.87

Hospicio do Clero

The foundation stone of this Hospicio at Margão was laid on 15th November 1925.88 It came into existence due to the initiative of Fr. Manuel João Socrates de Albuquerque who was concerned about the plight of the old priests. The idea came to him when he visited an old priest at Albergue in
Margão and saw its conditions. Hospício do Clero was provided with rules on 18th October 1928. This institution had rooms for the aged priests who wished to live there, holiday room for those priests who wished to have a change of environment and a ward for the sick. It is situated opposite Hospício do Sagrado Coração.

**ISOLATION HOSPITALS**

In the early twentieth century Goa had no special hospitals to isolate and treat patients suffering from tuberculosis, leprosy and mental illness.

Tuberculosis was a disease rare in Goa till the end of the nineteenth century. The rapid spread of the disease after the beginning of the twentieth century was due to emigration of Goans to British India and the introduction of railways in Goa.

The disease prevailed in Bardez and Salcete. The disease accounted for a large number of deaths. Tuberculosis was incurable in those days. In the absence of an isolation hospital, patients were isolated in their homes in a room away from family quarters or in an out-house. Santa Casa de Misericordia de Goa had a ward Enfermaria Anibal Mendes for T.B. patients attached to its hospitals in the early years of the
present century. This ward catered mainly to the needs of the mestiços and the Portuguese. It was situated behind Hospital de Misericordia. The ward had a 24 bed accommodation which was later years increased to 40 beds. The ward was always overcrowded.

The first sanatorium was established in the early 1940s at Margão. This sanatorium dedicated to S. Jose was attached to Hospicio do Sagrado Coração. A second sanatorium was started in 1949 at St. Inez, Panjim. However, another source states that it was started as early as 1947. This sanatorium was run by Provedoria de Assistencia Publica with the help of two doctors, 3 nurses, one mechanic to look after X rays machine and 3 servants. The dispensary was only one of such kind in Ilhas. The dispensary Virgem Peregrina is today a full fledged T. B. Hospital with separate wards for men, women and patients in advanced stage of the disease.

The mentally ill in the nineteenth century, were either treated at the Military Hospital or sent to special institutions in British India. Many times as late as 1922, due to lack of accommodation at the Military Hospital the mentally ill were jailed. The British Government in India demanded exorbitant sums from the Portuguese Government to provide treatment for mentally ill from Goa in their institutions.
This factor prompted the local Government to help two institutions in Goa namely Hospital de Misericordia and Hospicio do Sagrado Coração to start two wards for the mentally ill. These wards were too small to meet the needs of the inhabitants. Hospital Misericordia could accommodate only 8 patients. Furthermore, the mentally ill patients disturbed the peace of other patients in the above mentioned institutions. This problem forced the Government to plan for an Asylum in the island of Rats. But the plan could not be implemented due to paucity of funds. Finally, it was not until 1930 that the Government set up an Asylum for the mentally ill at Chimbel (Ilhas).

Asilo dos Alienados

Asilo dos Alienados (Asylum for the Mentally ill) was started at old Recolhimento of Chimbel to accommodate 20 patients. Sixteen beds were reserved for the economically backward classes. The institution was managed by Santa Casa de Misericordia.

Asilo dos Alienados received its first statutes in November 1930. The institution was maintained with a grant of Rs. 4,000 from the State and a subsidy from three Institutions of charities: Santa Casa de Misericordia de Goa, Hospicio de Sagrado Coração, Margão, Asilo dos Milagres, Mapuca. The first
two contributed with equal share of Rs.10,000 each and the last one Rs.1,000. The expenses could not exceed Rs.25,000.

In those days no trained psychiatrists were available in Goa. The treatment in the Asylum was poor. The staff often resorted to physical force as a means to treat and control the patients. Even though the regulation of 1930 specified that great cleanliness should be maintained in the institution little attention was paid to such details. The need for female nurses to care for female patients was satisfied in 1935 with the creation of two posts of female nurses. In November 1947 the Asylum was handed over to Provedoria de Assistencia Publica.

The Mental Asylum received another set of rules in 1948. The number of the staff was increased. Doctors were instructed to visit the patients daily. Maintenance of cleanliness, supervision of food and dispensing of medicine was the responsibility of the warden. He was in charge of opening and closing the cells at fixed times. In those days the mentally ill were kept under lock liked caged animals. A special watch was kept on those with suicidal tendencies.

The staff of the Asylum was paid a fixed salary and a monthly pension in case they were injured by a patient. This
pension was transferable to their families in the event of death. 96

In the early 1950s the facilities at the Asylum continued to be unsatisfactory. Patients were given bare minimum. They slept on the floor with a mat and a pillow. The Asylum lacked sanitation, running water, drainage system and bathrooms. The patients had their bath by the well side. The diet varied in accordance with inmate's status. The Europeans were given a better diet. The natives were given rice curry and fish. Tea was served without milk. Besides medication, no other treatment was provided to the sick.

In 1958 Asilo dos Alienados was renamed Hospital Abade Faria and handed over to the Health Services. 97 The Asylum was shifted to Panjim. A neuro-psychiatrist Dr. Adelia Costa was given the charge of the institution. Under her many changes were introduced to meet the needs of 250 patients. Hygiene and general sanitation was greatly improved. Patients were now provided with a bed, mattress, pillows and linen. Bed linen was changed as often as necessary. Patients were given baths more frequently. Their families were encouraged to take home those patients who had improved in health and were capable of leading a normal life. To help these patients an out-patient department was opened so that they could come for consultations and treatment. The out-patient department was
open thrice a week and on average 70 patients have attend to every week. Electroencephalograph was introduced to treat those patients who did not respond to medication.

The hospital in its new premises had five sections: occupational therapy section, asylum section, dispensary, section for infectious diseases and a section for neurological patients. The hospital received a total sum of 6,60,000$00 in 1959 from the exchequer. During this period additional staff was appointed including 3 assistant doctors, 2 male nurses, 2 female nurses, 2 assistant nurses and a technician in charge of encephalography.

The year 1930 marked the establishment of another isolation hospital for the victims of leprosy. Earlier leprosy patients were sheltered at Asilo de N. Sra. dos Milagres. The Leprosaria Central at Macazana, in Salcete was the brain child of Dr. Froilano de Mello, a distinguished Goan doctor who was the Director of the Health Services. The institution was started with funds provided by the State to the tune of Rs. 27,677 and donations collected by Dr. de Mello through various cultural activities. Expenses on food were to be met by Santa Casa de Misericordia and Hospicio de Sagrado Coraçã. These two institutions had the privilege of issuing lotteries. Three blocks with 3 wards each could accommodate a total of 150 patients. Surprisingly, Hindus suffering of
eprosy refused to share a ward with Christian patients. Therefore a separate ward was started for the Hindus. Because the iepers were shunned by the society and stigma was attached to the disease the patients preferred to stay in the institution often cured. In 1959 the Health Services took over this hospital.

Private Nursing Homes

Private nursing homes mushroomed in Salcete and Bardez in the third and fourth decade of the present century. Some of these nursing homes were situated in villages. They were the outcome of enterprising efforts of some Goan doctors.

The first maternity home in Goa was started by Dr. Luis Alvares in Margão. Dr. Alvares a graduate of Grant Medical College, desired to set up a hospital similar to the ones existing in Bombay. On account of financial constraints he had to be content with a modest maternity home. In those days Goan women, even of upper strata were reluctant to avail themselves of the hospital facilities for their deliveries. On account of this attitude Dr. Alvares Maternity Home was limited to perform minor surgeries for many years.

This Consultorio Dr. Luis Alvares de Cirurgia e Obstetricia was founded in 1924 with 3 private rooms and a ward to
accommodate nine patients. It was expanded in 1942 with a new ward for men and the appointment of additional staff. The nursing home was renamed *Casa de Saude do Dr. Luis Alvares* and still exists under the same name.

In the early 1930s Dr. Simon T. Paul hailing from British India started a nursing home at Gogoi (Margão). Dr. Paul with a team of two doctors and an untrained anesthetist and two untrained nurses performed surgeries in the branch of Gynecology. In 1941 *Centro Maternal Miguel Gracias* was started in Margão by Dr. Antonio Gracias with 15 beds. Today the rebuilt nursing home has a capacity for 30 patients.

Probably the first nursing home in a Goan village was started by a husband-wife team of doctors, João Costa Pereira and Adeline de Souza, both graduates from Grant Medical College, Bombay. They established their nursing home in 1931 at Sirlim in Chinchimim (Salcete) with 10 beds. The nursing home was shifted to Margão in 1961. The new premises could accommodate 32 patients. It had six private rooms and four nurses. E.N.T. and eye surgery were performed. Incidentally Dr. Costa Pereira was one of the first Goan E.N.T. surgeons to practice in Goa.
Orlim in Salcete had two nursing homes in late 1930s. The first was opened by Dr. Silvano Rebello in 1937. This nursing home closed down within ten years. The second nursing home Hospital de N.Sra. de Conceição was started by Dr. Samiro Vas. The hospital was housed in three cottages close to one another and could accommodate 35 patients.

Soon after World War II rural Salcete had one more nursing home at S. Jose Areal. It was started with only 8 beds. Later the number was raised to 30 beds. Dr. Feleciano Reis Falcão, the founder of this home was assisted by two untrained nurses and a servant. A special feature of this Casa de Saúde was that both major and minor surgeries were performed with local anesthesia.

It is clear from the information gathered that there were at least four nursing homes in Bardez during the last decade of the Portuguese rule in Goa. However, Anuario Estatistico da India Portuguesa (1956) states that Bardez had only 2 nursing homes. One of these was a nursing cum maternity home.

Perhaps the first private maternity home in rural north Goa was the one established by Dr. Antonio Menino Machado at Saiigao (Bardez). This maternity home named Clinic Ave Maria had four private rooms and a ward. Dr. Machado worked in his
clinic until his death on 8th March 1965. The clinic remained closed for several years. The nursing home is now sold to another doctor and is under renovation.

Dr. Olencio da Gama Pinto started in mid 1930s a four bed nursing home at his residence at Anjuna (Bardez). In a tiny village of Porvorim, Dr. Antonio Pinto do Rosario started a maternity home with 10 beds and a single nurse. The following year Dr. Olavo Ribeiro opened a hospital to accommodate 20 patients. Remanso was another nursing home established soon after by Dr. Francisco Correia at Mapusa. These institutions continued to function up to 1961 and many of them still exist.

Panjim had only one nursing home in 1957. The nursing home was established by Dr. Bhandari with 15 beds. Apparently this was the first private nursing home in Ilhas taluka.

Most of the nursing homes in Goa were small in size. They lacked proper equipment, trained nurses and auxiliary personnel. They had no running water, proper drainage system and electricity. These nursing homes received no aid from the Government. In 1920 a demand was made through a local newspaper Vidiaprassar to establish nursing wards in all talukas of New Conquests. No measures were taken in this direction by the state authorities.
A government order dated October 1959 granted a sum of 6,000$00 to the two regional hospitals at Ponda and Sanguem. Similar hospitals existed at Pernem, Satari and Canacona.

EXTENSION SERVICES

Extension medical services were those available outside hospitals in the form of Health Services, apothecaries, dentists, midwives and others. This facilities left much to be desired and barely met the needs of the majority of the local population.

Soon after the Portuguese captured Goa, they introduced the western system of medicine. This medicine was available to the ruling urban class. From the beginning the Portuguese rulers appointed a Chief Physician. However the Portuguese doctors who came to Goa were few and inexperienced in tropical medicine. Goa as mentioned earlier did not attract the cream of Portuguese medical profession. This set of professionals held a complete sway over the health services. At the same time the colonial rulers created conditions that led to the decay and degeneration of the traditional native health practices, particularly the ayurvedic medicine that prevailed in Goa when the Portuguese arrived. Scarcity of doctors forced the Government to grant licenses to various individuals.
with some experience to practise as doctors and during later period graduates Bombay, Calcutta and Madras Universities were permitted to practise in Goa.

Various factors compelled the Portuguese to start formal education in medicine in 1842. Physicians who graduated from this school were general practitioners. There was acute shortage of specialists. Majority of native population resorted to indigenous medicine. The sick were treated at home.

Apothecaries and male nurses often practised as doctors due to dearth of trained physicians. They were in great demand and are reported to have cured complicated diseases. There were constant conflicts between them and the existing physicians, probably because the former encroached on latter's field of activity, thus contributing to damage their material interest. This resulted in many injunctions from the Government against apothecaries, evidently at the instigation of the physicians. Shortage of apothecaries around 1864 forced the Government to grant permission to certain individuals to open drugstores (boticas) in the villages.

New Conquests had no trained doctors, in the first half of the nineteenth century excepting the military surgeons at Ponda, Bicholim and Pernem. In mid nineteenth century Goa had
a total of 135 doctors. The medical personnel clustered around towns. A number of factors contributed to the lack of physicians in rural areas. City life was more attractive. Rural areas lacked amenities of city and towns. Due to the growing shortage of trained doctors in Goa graduates from Bombay and Calcutta universities were permitted to practise in Goa. This measure did not solve the problem. In fact the situation deteriorated after 1850 when the Portuguese Government stopped granting license to the native practitioners.

In 1895 a post of *Delegado de Saude* (Health Officer) was created for every taluka. They had a number of functions to perform, such as to provide free medical treatment to the poor, submit monthly reports about the health conditions in their taluka, inspect pharmacies and restaurants from time to time and carry out preventive measures work against diseases that erupted in an epidemic form.

Embarracem with 26,000 inhabitants had only one doctor. Goa had 186 doctors and out of these 178 practised in the Old Conquests and only 8 in the New Conquests. In 1921 Sanguem had two trained doctors for a population of about 20,000 whilst Satari during the same period had one doctor for 17,313 inhabitants. The situation did not improve much in the early 1930s in Sanguem taluka. It had only 3 doctors — one
Health Officer, one *Medico de Partido de Curpem* paid by Communidades and another private practitioner.

By 1945 Velhas Conquistas with a population of 2,98531 inhabitants had 312 doctors who practised privately. It meant 948 inhabitants per doctor. New Conquests had 36 doctors for a population of 2,06,750. That is about 5,743 inhabitants per doctor. The number of physicians and pharmacists went up.

The Health Services were looked after by a Director who was assisted by an Inspector of Medical Services, two pharmacists, the teaching staff of the medical school and the health officers. Medical school was linked with Health Services right from its inception. In 1945 the school was separated from the Health Services. It became an autonomous body.

There was a shortage of trained nurses and midwives for a long time. Girls from higher classes hardly ever joined this profession. Work outside the home was commonly regarded as unsuitable for any women other than those of the lower classes. Fortunately this attitude changed in course of time. Between 1917-1926 a total of 50 women were trained as midwives. Nursing was not well developed under Portuguese rule. The conditions of the nurses were deplorable. They received low pay. Nurses were usually drawn from low class because of the nature of their work. In the later part of the Portuguese
regime eight sanitary posts in charge of male nurses were opened in mining and of New Conquests. Trained midwives were posted at the headquarters of some talukas of New Conquests to help women at times of delivery.

Just before 1961 Goa was divided into twenty sanitary jurisdictions namely the Port Health area of Marmagao, 15 Delegacias de Saude (Health Centers) and 3 Sub-Delegacias (Sub-Health Centers). The capital town had a Health Center as well as sub-Health Center. The Health Center looked after the Health Services of Ilhas and sub-Health Center took care of inspection of ships and the Sanitary Police. Although urban areas were provided with some medical facilities, rural areas were completely neglected by the Government. There was still paucity of doctors and other medical facilities.

There were four general hospitals, one in Panjim and the remaining in Ribandar, Margão and Mapuça. The Goa Medical School was attached to Hospital Central in Panjim. In addition there were regional hospital at Ponda, Sanguem, Satari and Pernem, a TB hospital in Margão, two TB dispensaries, a Mental Hospital in Panjim and a Leprosy Hospital with 150 beds at Macazana.

Since 1961 the medical scene has changed. The number of trained doctors has increased and almost every village has a
REFERENCES

(1) Viagem de Francisco Pyrard de laval, ed., Magalhães de Bastos, Porto, 1944, p. 15.

(2) HAG: MR. 177 A, fls. 211-212.

(3) HAG: CD. 10471, fl. 55.

(4) Appendix 5-A.


(6) R.A. de Bulhão e Pato, Cartas,seguidas de documentos que as elucidam, Tomo VI, Lisboa, p. 465.

(7) HAG: Ms. 3027 -- Provisões, Alvaras e Regimentos, fls. 98v-99.


(9) HAG: Ms.3028 -- Provisões, Alvaras e Regimentos, fl. 119.

(10) Ibid., fl. 201.

(11) Ibid., fl. 201.


(13) Ibid., p. 204.
   (A.P.O.).


(16) A.P.O., Fasc V, fl. 1007.


(18) A.P.O., Fasc III, p. 333.

(19) Ibid., p. 433.


(21) Pyrard, op. cit., p. 11.

(22) Nicolau Manucci's Storia de Mogor, ed., W. Irwine,
    London, 1906-1908, p. 269 writes that after the death
    of a patient a special auction was held within the
    hospital of all the belongings of the deceased. They
    were sold for much less than they were actually worth.
    The Jesuits sent the goods to the north so that they
    could be sold for higher prices.

(23) Jean-Baptiste Tavernier Travels in India, vol. I, ed.,

(24) HAG: MR. 185, fls. 17v-18.

(25) Antonio Bocarros, Livro das Plantas de todas as
    Fortalezas Cidades e povoações do Estado da India
    Oriental, p. 154.
(26) HAG: Ms. 782 -- *Cartas e Ordens*, fl. not numbered.

(27) HAG: MR. 93 B, fl. 408.


(29) HAG: MR. 102 A, fl. 131.

(30) HAG: MR. 133 B, fl. 435.

(31) HAG: MR. 114, fl. 284.


(33) HAG: MR. 164 B, ffs. 297-603.

(34) HAG: MR. 185, fl. 17v-18.


(37) HAG: Ms.91 -- *Cartas, Ordens e Portarias* fl.82.

(38) HAG: RDA Ms. 974, fl. 17.


(40) HAG: MR. 204 A, fl. 234. *Appendix 5-B*
(41) HAG: MR. 209, ffs. 297-297v.

(42) Appendix 5-C.

(43) HAG: Ms. 1836 -- Regulamento do Hospital Militar de 1830, fl. 61; HAG: Ms. 646 -- Regulamento para Hospital Militar de Goa e Botica anexa, 1830, fl. 70.

(44) Appendix 5-D.

(45) HAG: MR. 207 B, fl. 306v.

(46) HAG: MR. 209, fl. 235.

(47) Ibid., fl. 247.

(48) HAG: RDA Ms. 951 -- Livro de apontamento de medicamentos vendidos ao publico no Hospital Militar, 1831, ffs. 67-84.

(49) HAG: MR. 209, fl. 236.

(50) HAG: MR. 212 A, fl. 208.

(51) Ibid., fl. 1131.

(52) Appendix 5-E.


(54) Boletim do Governo do Estado da India, no. 18, 1839, p. 82. (Henceforth B.G.)
(55) HAG: Ms. 1836 -- Regulamento do Hospital Militar 1840, fls. 5.

(56) Jornal de Pharmacia e Sciencias Médicas da India Portuguesa, Nova Goa, 15 de Novembro 1862, p. 53.

(57) B.G. 11th January 1845, p. 3; HAG: Ms. 1224, Estrangeiros, fl. 12v-13: refers to the expenses incurred with an American sailor Howard Horsely during his stay at the Military Hospital.

(58) B.G. no. 10, 8th March 1850, pp. 73-74.

(59) B.G. no. 14, 3rd Abril 1847, p. 93.

(60) B.G. no. 51, 19th December 1851, p. 365.

(61) B.G. no. 9, 31th January 1865, p. 56.

(62) Appendix 5-D.

(63) Relatório Anual do Chefe dos Serviços de Saúde relativo ao ano 1920-1921, Nova Goa, 1925.

(64) HAG: Ms. 921 -- Cartas, Ordens, Portarias, fl. 18; HAG: Ms. 7740 -- Senado de Goa -- Accordações e Assentos, fls. 58-58v: gives a list of patients in the hospital of St. Lazarus as well as the date of death of patients who died in the hospital between 1694-1709. Majority of the patients were slaves. Many of them stayed in the hospital for a long period of time.

(65) Francisco Souza, Oriente Conquistado a Jesus Christo, 11 parte, p. 29; Josef Wicki, ed., DI, VIII, pp. 314-318; Caetano Francisco Sousa, Instituições Portuguezas
Chapter VIII gives some details about the Holy House of Mercy.

HAG: Ms. 10425 -- *Regimento do Hospital da Santa Casa Misericordia*, fl. 1.

Ibid., fl. 8.

HAG: Ms. 10426 -- *Regimento do Hospital da Santa Casa Misericordia para gente da terra e outros 1630*, fl. 3.

Ibid., fl. 3.


Ibid., p. 77.


HAG: Ms. 831 -- *Livro da receita e despesa de medicamento do Hospital do Convento de S. João de Deus, 1733-1737*

Achilles Meersman, *The Ancient Franciscan Provinces in India*, Bangalore, 1971, p. 139. In 1784 Dom Manoel de S. Catharina, Archbishop of Goa was of the opinion that the Friars of Goa should have a place where they could go in the hot months. Hence he recommended that the Hospice of Valverde should be repaired and used for this purpose.

C. C. Nazareth, *Clero de Goa seus serviços à Religião e a Nação*, Nova Goa, 1927, p. 139

The *Asilo* was started by three priests Frs. Sebastião Zeferino Gabriel Botelho, Antonio Reginaldo de Mendonça and Conego Tomas Nunes de Serra e Moura.

The *Asilo de N. Sra. dos Milagres: Relatorio e Contas 1921-1922, 1924-1925*.


*Anuario do Estado da India* 1930, p. 196.


(91) HAG: Ms. 11668 -- Correspondencia diversa fl. 207; HAG: Ms.1224 -- Estrangeiros, fl.65: A Goan patient was admitted in a Mental Asylum in Dharwar.

(92) HAG: Ms. 10552 -- Administracao Civil - Saude e Beneficiencia, fl. 26.


(94) B.O. no. 58, 22 de Julho 1930.

(95) LREI, 1935, pp. 357-358.

(96) LREI, 1948, p. 510.

(97) B.O. 2 de Abril 1959. Silvia Noronha in "Economic Scene in Goa 1926-1961" op. cit., states that a Mental Asylum was established in Goa as late as 1948.


(99) Gazetteer, op. cit., p. 713.

(100) Gazetteer, op. cit., p. 715.
HEALTH FACILITIES IN GOA
1961

1. GENERAL HOSPITAL
2. REGIONAL HOSPITAL
3. MATERNITY WARD
4. SPECIALISED (ISOLATION)
5. HEALTH CENTRE
6. T.B. HOSPITAL
7. SUB HEALTH CENTRE
8. MEDICAL SCHOOL
9. PHARMACY SCHOOL
10. X RAY CENTRE

SCALE 1:375,000