

Conversion, Illness and Possession
Catholic Missionary Healing in Early Modern South Asia

In 1611, Antonio Vico reported from Madurai that a local physician converted to Christianity because he was convinced that Christian prayers were more efficient in curing the sick than his habitual “heathen” *mantiram*. The young Italian Jesuit missionary corroborated, therefore, the “truth” of the well known Mattean formula that the ministry of a Christian, *in imitatio Christi*, is to teach, preach and heal.¹

The Jesuits missionaries such as Vico posted on the frontiers of the Portuguese *Estado da Índia*, a colonial formation comprising small territorial settlements along the coasts of India, Africa and South and South-East Asia were important cultural and political agents of the expanding early modern Catholic “empire”.² As partners of the Portuguese colonial enterprise in India, the Jesuits were employed in what today we may call “non-profit development projects”. They were skillful fundraisers who succeeded in founding some of the most vital “state” institutions in Portuguese colonial enclaves and in their continental mission territories, such as schools, colleges, dispensaries and hospitals.³ By the end of the sixteenth century, they were acclaimed as administrators of the Royal Hospital in Goa (Hospital del-Rey) and other smaller regional hospitals while some of their temporal coadjutors were reputed for their professional help as bone-setters, surgeons and apothecaries.⁴ Jesuit medical assistance was recognized by the authorities as one of the most important services for the social and health maintenance of the Portuguese empire overseas.⁵

Curing the body and offering medical assistance were intended, however, by the founders of the Society of Jesus as only one auxiliary step in the process of “curing the soul” and accomplishing the ultimate Jesuit goal: conversion to Christianity.⁶ Ignatius of Loyola (1491-1556), significantly, excluded the teaching of medicine in his otherwise famous educational institutions. Moreover, ordained priests were under canonical ban from practicing medicine. Only upon Alessandro Valignano’s direct demand in 1576, the Pope Gregory XIII bestowed a special dispensation for the Jesuit physicians in Asia.⁷ If medical practice was institutionally problematic for the Jesuits, the evidence from their prodigious correspondence attests to the centrality of healing in their missionary procedures. In fact, spiritual healing became their hallmark.

In that respect, every missionary and even every priest in Portuguese India was also called the “soul doctor” (*médico das almas*).⁸ When the future saint and the “Apostle of the Indies”, Francis Xavier arrived to Goa in the 1542, sent by the king João III, his aim was to

¹ Antonio Vico to Alberto Laerzio in 27 May 1611 in Laerzio to Acquaviva, 25 Nov. 1611, ARSI, Goa, 54a, ff. 93-129. On Matt, 4:23 and 9:35 see, COMBER (1978: 431-434). The Greek words are *didascō*, *kēryssō* and *therapeuo*. *Mantiram* means mantra in Tamil transcription.

² SUBRAHMANYAM (1993).

³ SOUZA (2000: 117-132. Some contemporary historians doubt that the rudimentary organization of the Portuguese colonial administration deserves to be called a “state”. They prefer to use “the crown”. XAVIER (2003).

⁴ A temporal coadjutor is a lay member of a Jesuit order who does not pronounce solemn vows of religion. Temporal coadjutor was, therefore, employed in various “secular” professions such as that of painters, administrators, cooks, physicians, etc. His official title is “brother”. Two famous physicians in the sixteenth century Asia were Pedro Affonso [Afonso] who lived and worked in Goa and Luís de Almeida in Japan. See NOGUEIRA (1991) and ŽUPANOV (2005: 195-231).

⁵ For Jesuit medical projects in Brazil see, GESTEIRA (2004:75) See also, O’MALLEY (1993:171-173).

⁶ On the plague epidemics in the sixteenth-century Europe and the Jesuit therapeutic program to combat them see, MARTIN (1996).

⁷ WICKI (DI X: 899).

⁸ ŽUPANOV (2005: 226) , APO (fasc. 4:176). TACCHI VENTURI (1950: part 2, 190-195)

restore to health Portuguese colonial society in which unruly desires for pleasure and riches corrupted expatriate Christian souls and jeopardized their salvation.⁹ Rapidly, as soon as the Jesuits moved to occupy territories outside Goa, along the Malabar and Coromandel Coast and inland to Madurai, Mysore and other continental missions, the major “illness” (or its cause) was identified as paganism and the worship of “false” gods or prophets.

It is in this context that the Jesuit missionary spiritual healing practices were developed and they were often combined with European medical techniques. In the course of time, they also selectively assimilated Indian traditional, ayurvedic, yunani and folk remedies, but only as far as their application was considered compatible with Christian therapeutics.¹⁰ Far from rejecting “natural” remedies, Catholic religious orders were, as is well known, experienced botanists and pharmacists. In fact, the Jesuits monopolized transcontinental market of drugs and medicines throughout Portuguese colonial empire.¹¹ In the early modern Christian world, however, both medical and religious specialists were well aware of their limitations compared to the providential powers of the “celestial healer”.

According to self-congratulatory missionary accounts, their spectacular healing acts were admired and imitated by the neophytes and converts. According to the passage quoted from Antonio Vico’s letter, Jesuit healing powers were appreciated by the local physicians to a point that they were ready to convert. As is usually the case, we have no follow-up on this story – whether or not this converted physician remained “firm in faith”, how he lived his “Christian” life and whether his Christian *mantiram* (prayers) continued to be efficient. Typical conversion stories reported by the missionaries belonged to a stereotyped genre structured as a rite of passage event, often relatively poor in biographical details.¹² On the other hand, from other “unsuccessful” conversions of local physicians, occasionally mentioned in missionary source, we know that they tend to dissociate healing techniques and remedies used by the missionaries from the complete Christian conversion “package” on offer. Since in India as in Europe, pre-modern medicine was of little efficacy, it was only rational to seek help from a wide range of medical practitioners, holy men, sorcerers and exorcists included.¹³ For Jesuit missionaries medical pluralism was a mixed blessing. On the one hand it facilitated the entry of the missionaries on the local “healing” market. On the other hand, it was perceived by them as threatening and they made considerable efforts at “standardizing” and limiting medical treatments.¹⁴

Moreover, although missionary accounts provide individual narratives of illness and healing, their thaumaturgic acts were clearly geared at building larger social bonds and establishing disciplined and obedient Catholic communities. Therefore, assisting an individual patient was always invested with hopes that the whole community to which he or she belonged would be converted. In a situation of distress, pain or affliction, the health-seekers accepted reciprocity and social relations offered by the missionaries in order to solve their existential predicaments. The illness and healing episodes are therefore mostly reinterpreted

⁹ SCHURHAMMER (1973-1982).

¹⁰ Literature on ayurvedic practice is vast. For excellent scholarly introduction see WUJASTYK (1998). On a philosophical and anthropological approach to Indian classical medicine see inspiring works by Francis ZIMMERMAN (1982, 1989, 1995).

¹¹ This was Timothy Walker’s argument in his lecture given in EHESS in Paris in June 2007.

¹² The exception was, of course, conversion of important figures in local political and cultural life, such as kings, nobles and learned men. ŽUPANOV (1999).

¹³ For a general introduction to medical encounters between the Portuguese and Indian early modern medicine see PEARSON (1995, 2001:11-120), ARNOLD (1991), HARRISON (1999), GAITONDE (1983), GRACIAS (1939), JAGGI (1979-80). For later colonial experience both Portuguese and British see ARNOLD (1988), CORREIA (1947), BASTOS (2004). For general complexities of colonial interaction in the scientific field, see RAJ (2007). For environmental approach see GROVE (1998).

¹⁴ In the absence of published studies in medical strategies of the Catholic missionaries in India in the early modern period, it is useful to consult works on later period and protestant missions. FITZGERLAD (2001). See also an anthropological view of the choices available to the health-seekers in the plural medical tradition. BEALS (1998:185-200)

in the light of a “miraculous” or “providential” outcome. Disease, on the one hand, is represented as a forceful agent, which penetrates the body and turns it into the battlefield, but it is also God-sent and an opportunity for the sinner to repent and convert. At the same time, every good Christian was called on to provide charitable acts to all those who suffer infirmity.

The aim of this essay is to look into missionary narratives in which the healing events, presented as highly dramatic cultural acts or rituals, opened the space of encounter between Christian and South Indian technologies of the body and the self. I will start with discussion of how the Jesuits organized the first health care and hospital institutions in India as a showcase of Christian charity, a quality, they firmly believed, that fatally lacked in all other religious formations, especially in “paganism”. In addition, the presence of New Christian physicians in Goa and the advent of the Inquisition in 1560 stimulated anxiety about non-Christian healers and their medical practice. With more experience in their missions and after an unprecedented investment in learning local languages such as Tamil, Malayalam, Konkani, Telugu and Kannada, Jesuit missionaries found what they were, in fact, looking from the beginning – the hidden, malefic and diabolical causes of spiritual and corporeal suffering inflicted in the overwhelmingly non-Christian social landscape.

Through miracles of healing, especially cures of “demon possession”, the Jesuit missionaries staged the conflict between Christianity and “paganism”. In this battle, the fundamental questions were played out: the nature of social reciprocity, the construction of identity and gender, the relations of power and authority. Catholic ritual intervention into south Indian social and religious landscape was geared to reshape social life and reframe cultural barriers, especially its close relations with the supernatural beings and substances. Especially the possessing agents (Bhadrakālī, Murugaū, pēy, yakku, etc.), conceptualized as demons by the catholic missionaries and thus stripped of any kind of divine (i.e. benevolent) qualities were to disappear with the advent of Christianity and the conversion. The cultural porosity worked both ways and by the 18th century, Christian saints were beginning to acquire certain qualities of the “pagan” deities. It was in the 20th century that the anthropologists confirmed the fact that some Christian saints crossed over to become the possessing agents themselves, in spite of Catholic official disdain.¹⁵

Another historical strand addressed in the essay is the emergence of the “native” Christian priesthood from the 16th century onwards and its role in the dissemination and reframing of the spiritual healing. The essay will therefore start with the European missionaries, the Jesuits, and will end with the establishment of the first “Indian” (Goan-Brahman) religious order the *Congregação do Oratório de Santa Cruz dos Milagres* and their “medical” ministrations in Sri Lanka in the early 18th century.

“Our hospital is a fishery of the souls”

One of the most important medical innovations inaugurated by the Portuguese in their Asian colonies was the setting up of hospitals and *misericórdias*. The latter were specifically Portuguese solution to early modern welfare problems.¹⁶ But it was Jesuit hospitals that, in such vast overseas non-Christian territories as India, became veritable “missions”, encompassing both Loyola’s initial understanding of this word as an act of sending someone, of tasks to be performed, and a later, generally accepted sense of a geographical or enclosed space marked out for evangelization.¹⁷ The Goan Hospital del-Rey - described by travelers

¹⁵ DEMPSEY (2001), RAM (1991).

¹⁶ SÁ (1997). On printed documents about the *Misericórdia* in Goa, see MARTINS (1910-1914), ROCHA (1972 and 1973).

¹⁷ LOYOLA (1970: para 603, 269). On the idea that the whole world was a Jesuit mission, see O’MALLEY (1984: 1-20).

both as a marvelous social utopia and the house of the dying from where nobody came out alive - was founded exclusively for Portuguese soldiers and other Catholic men while women, native Christians and gentiles were excluded.¹⁸

This is why the Jesuit Hospital for the Poor Natives in Goa and then in numerous other places in Asia became acclaimed in all Portuguese official reports and an object of pride by the missionaries. [PLATE 1] “Attached” to a chapel or a church, from 1546 onwards, these healing spaces were organized as totalitarian institutions *avant la lettre* with strictly ordered rules of behavior.¹⁹ Jesuit hospitals were both showcases of charitable services provided by the order and privileged places for social action and psychological engineering.

“To make the conversion of the natives effective, it is very useful that they see us use with them all the works of mercy and obligation so that they cannot say that, after their conversion to our holy faith, we do not take care of them, and when they are sick, we do not cure them, and when they die, we don’t bury them, as they generally say. For this reason, the Hospital was erected for the natives (*gente da terra*) next to the house in order to be able to cure them.”²⁰

In Goa, the admittance to the hospital was in the beginning reserved for all poor people, Christian and non-Christian, but from 1560 or even earlier, women were sent instead to the hospital of the Misericórdia or to the São Lázaro hospital for contagious disease on the outskirts of town.²¹ There was also a separate *casa das catecuminas*, for women and children who accompanied their husbands to the hospital, which was administered in the middle of the 16th century by a very honorable (*muy honorada*) Abyssinian widow, Cateryna de Farão.²²

One of the reasons for enclosing the patients in hospitals, especially in Goa, was because of the public hygiene given the fact that there were regular outbreaks of contagious diseases. But there was another rational for regrouping the population into separate quarters, the sick in the hospitals, the non-Christians in particular suburbs (*bairros*), the honorable women indoors. The contagion was not only created by unhealthy air, such as when the dead elephant was left to rot in the street and the pestilence killed one third of the nine hundred who fell sick, but also because of the presence of heathenism, Islam and crypto-Judaism in the city.²³ The Inquisition was sent to Goa in 1560 in order to protect the Christian population from the forces of corruption, physical and moral equally, coming from everywhere, from the outside and from the inside, in the overwhelmingly tropical and non-Christian world of Portuguese Asia.²⁴

As soon as it became clear that the native physicians (*ffysycos da terra*), the gentile *vaidyas* and Muslim *hakims*, were relatively more efficient in their cures, a suspicion that they actually practiced sorcery and witchcraft spread among the Christians. What followed was a series of legislations banning the non-Christian physicians from practicing medicine within the territory of the Estado da Índia. In 1563 the viceroy Dom Francisco Coutinho ordered all Brahman and other gentile physicians (*médicos gentios*), “who were prejudicial to

¹⁸MARTINS (1912, I: 287-295)

¹⁹ For the official rules and regulations of the Hospital del-Rey (Regimento *novo do esprital delRey*) in 1576, see MARTINS (1912, II: 319-334). For the description of the daily routine in the Jesuit Hospital of the Poor Natives see WICKI (II:506-509).

²⁰ *Determinação e asempto pera a ordem da casa*, written in Goa, June 27, 1546, by Nicolò Lancilotto, ARSI, Goa 22 I, fol. 48v.

²¹ Pedro Afonso to the members in Europe, Goa, 1 Dec., 1560. WICKI (DI IV: 745-751).

²² WICKI (DI IV: 745-751, 654).

²³ WICKI (DI VIII: 309-342). He claims that the epidemic was so virulent that in certain neighborhood (*bairros*) so many people died that the houses remained empty. To everybody surprise and edification not a single Jesuit fell sick. He also reported that one man who helped Jesuits fell sick and died. However before dying he declared that the cause of the illness were his bad deeds.

²⁴ ŽUPANOV (2005).

Christianity” to leave Goa within a month.²⁵ The first Church Council of Goa, held in 1567, issued a prohibition against allowing non-Christian physicians and midwives (*dais* or *daya*) to cure or help Christian patients or clients.²⁶ How lightly were these prohibitions taken comes out clearly from the subsequent, even stronger, interdictions issued by the Third (1585), Fourth (1592) and Fifth (1606) Goan Church Councils.²⁷ Even if these laws “for conversion and in favor of Christianity (*sobre a conversão e favor da Christandade*)” targeted the gentile and infidel doctors and paramedics, the New Christians were considered to be more pernicious for Christian health.²⁸

As the Inquisition started its deadly spiral of denouncement, confessions, judgments and *auto-da-fés*, fears of the New Christian revenge for the violence wrought on them multiplied accusations and fed into the inquisitorial machine. As a passionate Archbishop, Gaspar de Leão Pereira, wrote to the Jews in his *Letter of the Archbishop of Goa to the People of Israel who still follow the Law of Moses and the Talmud because of the deception and the maliciousness of their Rabbis*,

“Is there any other infirmity & greater misadventure than yours? It lasts already two thousand years, & two thousand millions of souls died of this illness. The proper time for remedy has expired, in which a great number of your ancestors cured themselves and profited from the doctor (*medico*) when he came, & and those were the principals (*principaes*) of the early Church. You remained sick, suspicious of all doctors, the law tells that you will die of this infirmity [...]. The prophets think of you as dead, although long ago they prophesized your health”.²⁹

Judaism (just like heathenism and Islam) was an illness which had to be cured was the point Dom Gaspar de Leão Pereira relentlessly repeated in his text. The ominous strength of his argument was underlined by the fact that he wrote his *Letter* as if addressing the Jews and “judaizers” directly in front of his eyes. The so-called New Christians (*cristão novos*) who stemmed from the converted Jewish families certainly got his menacing message right. One of the aims of the Archbishop’s *Letter* – printed incidentally in the same press two years after the publication of *Colóquios dos Simples e Drogas he Cousas Medicinais da India*, a compendium of various entirely secular remedies in the tropics written by a famous New Christian author, Garcia da Orta – might have been to dwarf any special claim to medical expertise by the New Christian doctors.³⁰ Christian faith is the only remedy, Christ is the ultimate doctor of souls (*médico das almas*).

With chronic dearth of Christian doctors and permanent doubts, verging on panic, about all other non-Christian medical specialists, the Jesuits, according to their own words, provided hospital services “on which depends the spiritual and temporal welfare of the whole India”.³¹ In 1581, Francesco Pasio reported to Claudio Acquaviva, the general of the Society

²⁵ *Carta do V. Rey Dom Francisco Coutinho, Conde do Redondo, mandano comprir outra da Sua Alteza para lançar fora de suas terras os bramanes e gentios, que impredem a christandade*, in APO (Fasc. 5/2: 543-545). Coutinho’s edict was prompted by D. Sebastião’s letter, WICKI (DI, VI: 13).

²⁶ *O Primeiro Concílio Provincial celebrado em Goa no Anno de 1567*, in APO (Fasc.4: 25).

²⁷ APO (Fasc. 4: 132,176, 263-265)

²⁸ APO (Fasc. 5/2: 543-545).

²⁹ The Archbishop’s letter was printed in Goa in 1565, as a preface to the translation of another fifteenth-century homily against Judaism written by a physician and converted Jew, Hieronimo (Jeronimo) da Sancta Fe, see JERONIMO DA SANTA FE (1565: 2).

³⁰ ORTA (1563, facsimile ed. 1963). I quote from the annotated edition by Conde de Ficalho, published in 1891 and reprinted in 1987. Garcia da Orta was judged by the Inquisition and burnt at the stake *in effigiem* in 1580, twelve years after his death in 1568.

³¹ Christóvão de Castro to Claudio Acquaviva, Cochin, 5 Jan. 1582. WICKI (DI XII: 552). Strictly speaking he is talking about the Hospital del-Rey administered at that time by the Jesuits.

of Jesus in Rome, that there were only three doctors in Goa, all of them New Christians and suspected of having killed a viceroy and a few captains out of “hatred for the Christians”.³²

Although among the Jesuits there were a few professional physicians, in Goa there were only two in the 16th century: Pedro Afonso who worked in the hospital of the Poor Natives from 1560 to his death in 1578 and Giovanni Battista de Loffreda who, although respected as a physician, became a major embarrassment to the Society of Jesus. The reason for this was the canon law banning religious and priests from practicing medicine. Alessandro Valignano, a famous Jesuit who came to India in 1574 had doubts about allowing Pedro Afonso to continue practicing surgery, although technically Afonso was not a priest, but only a temporal coadjutor.

The Brother cures wounds and lets blood, and all in all does all the things done by the surgeons because there are no other surgeons to do them. Although this work is very necessary, I am not sure that it is proper for him to continue to cure with his own hands.³³

In spite of indecision, Valignano did apply for the papal dispensation for de Loffreda and for all future Jesuit doctors and it arrived in 1576 – *Unigeniti Dei filii* - with the stipulation that Jesuit doctors were to be employed in case of a shortage or lack of secular doctors.

However, in the period in which according to the common adage one had equal chances of being cured or killed by a physician, it was not Jesuit special medical skills that bolstered their reputation, but the success of their “spiritual healing”.³⁴ The gentiles were drawn to the hospitals, wrote Pedro Afonso, when their own “temples and sorcerers” were unable to cure them of illnesses, most of which were unknown to the “ancient doctors (*doutores antigos*).” When it is impossible to cure them, “I recommend myself to our Lord and to the saints Cosma [and Damian], who teach me [what is] the best [to do] and who have remedy”.³⁵ What he is referring to is the application of the Catholic gestures and objects to the body in pain: praying over the body or over the head of the patients; sprinkling it with the holy water; applying the holy relics and other holy objects, etc. One of the most important part of the healing, reserved for all types of Catholics in India – old (*cristãos antigos*), new (*cristãos novos*), newly converted (*cristãos novamente convertidos*) - was confession, considered the most efficient remedy for the ailing soul, which in turn purified and, hopefully, healed the body.

The daily routine in Jesuit hospitals, in Goa, but also in Ormuz, Cochin, Punnaikayal and elsewhere was strictly ordered. Each hour was planned in advance. Temporal help (cleaning, feeding, administering cure) followed regularly with prayers and pious conversation, Mass and confession. Gaspar Barzaeus, a Flemish Jesuit in Ormuz celebrated Mass in the hospital every Wednesday and Saturday, while in the Royal Hospital in Goa the day began at five in the morning with church bells and the first Mass. To be admitted to this hospital one had to first confess on the veranda in front of the entrance door, and a few days later “they [the newly-arrived patients] have to receive the Lord (Communion) so that He help them in their illness and give them health”.³⁶ According to a French traveler Pyrard de Laval, the Jesuits supervised the Royal Hospital as if it were a “big monastery”.³⁷

It was in the Hospital for the Poor Natives that healing was directly connected with conversion. His hospital was, as Pedro Afonso wrote, a “fishery of the souls”.³⁸ The way the

³² Francesco Pasio to Claudio Acquaviva, Goa, 5 Nov. 1581. WICKI (DI XII: 372).

³³ Alessandro Valignano to the general of the Society of Jesus, Goa, Dec. 25, 1574. WICKI (DI IX: 512).

³⁴ According to Christóvão de Castro, only a few patients who entered the Royal Hospital in Goa, came out alive. Christóvão de Castro to Claudio Acquaviva, Cochin 5 Jan., 1582. WICKI (DI XI: 552-4).

³⁵ Pedro Afonso to the members in Europe, Goa, 1 Dec. 1560, WICKI (DI IV: 748).

³⁶ APO (Fasc. 5/3 :1008).

³⁷ LAVAL (1998 : vol. 2, 526).

³⁸ Pedro Afonso to the members in Europe, Goa, 1 Dec. 1560. WICKI (DI IV : 749).

“fishing” was conducted, a metaphor often used by the Jesuits, was described in an exemplary story by Luís Fróis, a talented Jesuit writer who later made a brilliant literary career in Japan.³⁹ A Muslim whose eight year old son suddenly fell ill and remained paralyzed was brought to some of his Christian aunts. They in turn took the child to the hospital and asked Pedro Afonso to baptize him before he died. In case he survived they offered him to the college of St. Paul in order to serve there and be educated. Since Pedro Afonso was only a temporal coadjutor, not an ordained priest, he hurried to get somebody qualified to perform baptism.

“As soon as the boy was made Christian, Our Lord allowed that he gets better. The Brother [Afonso] applied his own required remedies and brought him back to these Christian aunts who took care of him. From there, as paralyzed as he was and unable to move any member, the other day Our Lord allowed that by the virtue of the holy baptism he came on his own feet to see the Brother in the hospital and to ask him to give him more of those remedies that he gave him before to fortify his members. He learnt the doctrine and left healthy. His father and mother, confused about what happened, the Brother [Pedro Afonso] told me, were already Christian or are going to be.”⁴⁰

This healing story is obviously told by interweaving a miraculous heavenly intervention with the cure by commonly used remedies. The scenario of recovery/conversion, which is typically used in this and many other cases reported in Jesuit letters, follows closely a tripartite structure often associated with the theory of ritual developed by van Gennep and refined by Victor Turner. There is first the “separation” from the “infidel” family, then the dwelling in the interstitial *communitas* space which is the hospital and then the reaggregation into the Christian family. A Christian hospital was, therefore, a space in which religious and medical cure worked together “for the Greater Glory of God”. Luís Fróis who wrote this “propagandist” letter to the members of the Society of Jesus played, of course, on the ambiguities inherent in this miraculous moment of human uncertainty and divine grace.⁴¹ He did not mention the word miracle, but he constructed the whole story as if there was one. In this particular story, Fróis also had to underscore the fact that the Jesuit Brother was also a professional physician of good repute in Goa and may have given the child the right type of medicine.

The story in question underscored another distinctive and often commented feature of the “heathen” and “infidel” social and psychological make-up. It was the lack of charity and love. These were considered exclusively Christians virtues. “We must love all things with reference to God”, wrote St. Augustine. Hence, the Christian conception of love was considered more complete than any heathen or non-Christian idea of love.⁴² Gathering all patients in one place and taking care of them until they heal or die was, according to Henrique Henriques, a Jesuit on the Fishery coast, “something that has never been seen before” in those regions and he repeated a year later that the hospital in Punicale [Punnaikayal] was “very edifying for Christians, gentiles and Muslims, because they had no idea about this type and kind of charity and hospital”.⁴³

³⁹ Fishing metaphor was used not only in the Jesuit maritime missions in south India but also in the interior, for example, at the Mughal court. Jerome Xavier wrote of his audiences with Jahangir as “throwing the hook into the water, hoping that the fish would bite. MACKLAGAN (1972: 71).

⁴⁰ Luís Fróis to the members in Portugal, Goa, Dec. 1, 1561. WICKI (DI V: 257-8).

⁴¹ On ambiguity of miraculous healing in the early modern Naples see GENTILCORE (1995).

⁴² TAYLOR (1958: 131), p. 131. He is quoting ST. AUGUSTINE’S *De Trinitate* (IX:13).

⁴³ Henrique Henriques to the members in Portugal, Cochin, 12 Jan. 1551. and Henrique Henriques to Portuguese members, Punicale, 6 Nov. 1552. WICKI (DI II:161, 392)

Small pox and heathen “defective” sense of charity

The native uncharitable behavior during the contagious disease epidemics, based on this particular Christian preconception, became a *topos* in all missionary reports from South Asia. Luís de Gouvea described a sweeping small pox (*bexigas*) epidemic in Kollam in 1563 in which a great number of people had died.⁴⁴ This was an occasion for the Jesuits to edify their local “audience” with their indefatigable service to the sick many of whom were, according to Gouvea, left on their own. “During this illness, the natives, Christian and gentile, do not respect each other; a father's, son's, or a mother's love is not enough to make them nurse each other.” The Jesuits and their helpers were the only ones to take care of the patients left alone in the houses, in spite of the horrible stench of the bodies “eaten by worms”. A common diagnosis of such visibly “corrupting” ailments was that it was caused by worms (*bicho*). Besides cleaning the beds and cooking *camja* [*canji*], a boiled rice and lentil soup, the Jesuits in fact spent most of their time confessing and baptizing. Many patients before dying “gave their spirit to the Creator”.

Attributing a lack of ethical tradition to the non-Christians was an old patristic theory revived and applied in particular to the Amerindian societies in the 16th century. Following the same lead, it is clear that Gouvea also implied in his description of the small pox epidemic that even “newly converted” Christians were somehow still enslaved by their “pagan” uncharitable customs. Although this line of reasoning would continue to thrive, especially among the official ecclesiastical community in Goa, in the missionary territory, the Jesuits learnt that to rely on such clear-cut distinction was beyond the point and certainly not helpful.

For example in the mission among the Catholic Parava fishermen in the Gulf of Mannar, also known as the Fishery Coast the name of which referred to its well established pearl fishing business, the chronic want of missionaries accelerated the “indigenization” of all Christian services and acts. In 1575, Henrique Henriques reported that the hospitals established in various parts on the coast were given in charge of the “pious” Christians. Each week, two Christians were elected to serve in the hospital and “they do it very well”.⁴⁵ Moreover, “if an infidel comes, asking for baptism or not, we receive him and cure him”. The success of the efficient pastoral surveillance and discipline on the Fishery Coast established by the Jesuits was due to a carefully thought out “legislation” and the fact that their converts were not “caught in the net” as individuals, but as a whole community.⁴⁶

Illness and healing were events of such importance in individual lives that a simple confinement of patients into Christian hospital was not enough to stop the family looking for alternative kinds of cures, even outside the Catholic network. In 1558, Henriques complained that the local physicians, some of them possibly already Christian, rarely cure only with the remedies “in which God deposited virtues”, but also use words with certain names and “what is worse they attributed many times the causes of the illnesses to being either seen by a demon, or a soul or something similar and that they have to offer it money or do some sacrifices”.⁴⁷

Manuel de Moraes gave a condensed and caricatured description of a heathen healing practice he witnessed in 1547. This and similar ritual performances were regularly branded a demonolatry. The healing ritual starts with a pledge to reward the supernatural agent with the construction of a memorial or an earthy abode such as a chapel or a temple. After a

⁴⁴ Luís de Gouvea to the members in Lisbon, Coulano, 12 Jan. 1564. WICKI (DI VI: 152-3). ARSI, Goa 11 I, f. 196v.

⁴⁵ Henrique Henriques to members in Portugal, Cochín, 13 Jan. 1575. WICKI (DI IX: 603-4).

⁴⁶ On the Parava communal conversion see BAYLY (1989) and ŽUPANOV (1994 : 35-56, 2005:232-258). What I call legislation are catechetical works such as *Doctrina Christã* and *Confessionario*. HENRIQUES (1579, 1589). HENRIQUES, Henrique, translation into Tamil of Jorge Marcos's catechism, “Doctrina Christã” (1579), and “Confessionario” (1580), Vet. Or. f. Tam. 1

⁴⁷ Henrique Henriques to the General, Manakkudi, 13. Jan. 1558. WICKI (DI IV: 36).

preparation and cleansing of the body, the celebrants cook a lot of food and bring it to the temple.

“The Brahmans and some gentiles do their ceremonies, and one man makes himself into a figure of a demon, saying that he would cure and facilitate the birth; [there is] loud drumming and feasts, much painted cloth; and the one who made himself into a figure of a devil (*diabo*) [...] appears like the real demon.”⁴⁸

This was one of the very early first hand missionary descriptions of the village healing rituals in Tamil Nadu. They will culminate four centuries later in a compendium written by Henry Whitehead steeped with gore, village Hindu mythology and author’s cultural racism.⁴⁹ In 1547 when Moraes related the possession trance-dance of the healer, he interpreted it as an idolatrous practice based, as it was commonly believed, on a cognitive error which took the creation for a creator and directly inspired by the devil. Rituals and sacrifices of the non-Christians all around the world in this period were seen and described against the same theological and ethnographic framework.⁵⁰

How exactly were performed these healing rituals labeled as diabolical was not elaborated in missionary literature before the early 17th century. It was the missionaries in the Malabar region and in the continental missions away from Portuguese enclaves on the coast who produced larger treatises, often anonymously, with detailed ethnographic material.⁵¹ All of the texts were written by experienced missionaries who knew one or more local vernaculars – Malayalam, Tamil and Telugu – very well. According to one historian, these customs and manners treatises were written at the time of a deep crisis in the missionary method.⁵² The notion that behind Indian gentility there was a complex civilization with perfectly rational civil customs continued to gain ground against judgments, such as those by Francis Xavier and Alessandro Valignano, of an inherent racial inferiority of the “black” Indians. What used to be considered with abhorrence as simple idolatry and sorcery was given a second glance.⁵³

Jacome Fenicio, an Italian missionary, was identified by a Jesuit historian Georg Schurhammer, as the author of the manuscript *Livro da Seita dos Indios Orientais*, a text pilfered without acknowledgement by Catholic and Protestant writers alike, from Faria e Sousa, Idelfonso a S. Presentatione, to Baldaeus, Paulinus a S. Bartholomaeo, etc.⁵⁴ In this detailed compendium of Hindu mythology and cosmology from Malayalam and Tamil sources, one of the first written in the early modern period by an European, Fenicio is both repulsed and enticed by the Brahmanical doctrines “so much devoid of reason (*tão fora de razão*).” It is not easy to identify Fenicio’s sources with exactitude. He quotes Malayalam verses by a poet *Pacunar* who is not readily identified while the rest are probably orally transmitted stories of puranic origin. Many of these match up with the material collected centuries later by Whitehead.⁵⁵

Fenicio was probably the first to document south Indian popular “beliefs” about etiology and cure of the small-pox. It was a familiar and deadly contagious disease in India, mentioned in classical Sanskrit texts as *masurika* and was recorded under a variety of

⁴⁸ Manuel de Moraes to the members in Portugal, Cape Comorin, 15 Dec. 147. WICKI (DI I: 244-5). ARSI, N.N. 66 I, f. 226v.

⁴⁹ WHITEHEAD (1988). The book was first published in 1921.

⁵⁰ BERNARD et GRUZINSKI (1988), PAGDEN (1982), MACCORMACK (1991).

⁵¹ For Jacome Fenicio see CHARPENTIER (1933). On Agostinho d’Azevedo see REGO (1960: I, 197-263). On Antonio Rubino see RUBIÉS (2001: 210-256.). See also GONÇALVES, D. (1953), GONÇALVES, S. (1957-1962), FERNANDES TRANCOSO (1973), NOBILI (1931).

⁵² RUBIÉS (2000: 318).

⁵³ See dispute between Nobili and Fernandes Trancoso in ŽUPANOV (1999).

⁵⁴ For these later comparators see CHARPENTIER (1933).

⁵⁵ The story of Minachiamman of Madura, WHITEHEAD (1988: 112-3).

vernacular names in medical treatises and in travel reports. The famous eleventh century traveler Alberuni wrote that the southern coastal people believe “that the small pox is a wind blowing from the Island of Lanka towards the continent to carry off souls” and that among other things people string cloves and wear them around their necks in order to ward it off.⁵⁶

By the time Fenicio wrote his text, the epidemics of the small-pox were clearly associated with the Goddess. The story of Patragali [Bhadrakālī] is told with relish and Fenicio’s habitual irony. She was created in an interesting exchange of fluids between Ixora [Īśvara i.e. Śiva] and Viṣṇu [Viṣṇu], two major gods. From Viṣṇu a certain substance called *bixa* came out and then entered Śiva’s body and subsequently came out again as fire from his third eye.⁵⁷ She resembled “more a devil than a woman” with “eight faces and sixteen hands, black as coal, with big eyes and her round teeth like those of a wild boar and she had two elephants hanging from her ears as jewels and she was dressed in cobras in stead of cloth and her hair was like peacock’s tail”.⁵⁸ She was also provided with certain instruments such as a trident, various types of swords, a vessel called *Capāla*, a conch shell, bow and arrow and so on. The reason why she was created in the first place was to help deliver the cosmos from the menacing Rākṛāṣa called Darida [Dārika] who threatened to destroy all the gods due to a boon initially granted to him by Brahmna, the third major god in Hindu pantheon. Partly by martial valor, partly by ruse, she managed to kill Dārika, cut his head and she brought it to Śiva. As he was about to take his bath and was improperly dressed to receive her, he hid in the water tank and to appease her gave her some blood and flesh to eat. However, even blood from his finger that he poured into her vessel did not calm her down and she took a golden pepper corn from her necklace and threw it in Śiva’s face. Immediately his face was covered with smallpox (*bexigas*) and he exclaimed in surprise “*basuri* (which means) you woman full of wrath.”⁵⁹

This is why the Malabars call smallpox “*basuri*”, wrote Fenicio, an disease which came regularly in the spring and killed many people. He also added some interesting details to the usual claim that out of fear of contagion nobody wanted to take care of the sick. Some actually did. These were *comaras*, or the priests in the Bhadrakālī’s temple. They were in charge of cock sacrifices for the Goddess. “The blood [or the cocks] is sprinkled on the ground and they lick it”.⁶⁰ Moreover, they were also accused of killing the patients in order to appropriate their personal belongings. Professional healers and nurses were therefore perceived, according to this Jesuit account, as acting without charity and only in hope of material acquisition.

By the end of the 17th century, the Oratorians in Sri Lanka reported the same perception among the enemies of their Catholic mission as they selflessly cared for the sick and dying during the smallpox epidemic of 1697 that spread from the kingdom of Kandy towards the lowlands. The Oratorians, also known as *Milagristas* and *Padres Bragmanes* were members of the first indigenous, Goan missionary order - the *Congregação do Oratório de Santa Cruz dos Milagres*.⁶¹ They reported on several occasions how the families in order to escape the contagion abandoned their houses and patients or removed them to the “woods”

⁵⁶ SACHAU (1910: 309), See ALAM (2001: 85-93).

⁵⁷ *Bixa* or *bissa* is made of a root called *Aconitura ferox*. It is a variant of a Sanskrit word *visha*, which means poison. In Tamil the word for poison is *vesam*. Garcia da Orta and Cristóvão da Costa both mention it *pisso* and *bisa*. COSTA (1578), DALGADO (1919, I:130).

⁵⁸ CHARPENTIER (1933: 45-47).

⁵⁹ CHARPENTIER (1933: 47).

⁶⁰ CHARPENTIER (1933: 49).

⁶¹ The foundation of their order was not confirmed by the Pope until 1707. In 1699, the Overseas Council advised Dom Pedro II, the King of Portugal, to endorse the foundation of the Congregation only if its missionary activity became its duty (*obrigação*) and its members became “true missionaries”. If they ceased to be so, the Congregation was to be dismantled. Oratorians ceased to exist in 1835. NUNES (1966: 164). See ŽUPANOV (2007)

on the outskirts of the town or village. Thus, a wife abandoned her husband and children, and children abandoned their parents⁶². For the Oratorians, this “scourge” (*peste*), as it was often called, was an occasion to show both their social altruism and their superior powers of healing. Instead of fleeing the area like everybody else, the two missionaries, José Vaz, a future Sri Lankan saint, and José de Carvalho, stayed on in Kandy.⁶³

Among those who quickly packed and left the island was an embassy of the Buddhist priests from Siam who were invited by the king to ordain and consecrate *gânes*, the Buddhist monks residing in the kingdom of Kandy⁶⁴. According to José Vaz there were “thirty three bishops” and “two principal heads” and they cut their visit to only two months in order to escape the small pox epidemic⁶⁵. José Vaz, on the contrary, remained and took care of the abandoned patients. He brought them *canja* (a mildly spiced lentil broth) two times a day, according to José Carvalho’s report in 1698, and he even built some huts near the church for their protection⁶⁶. Those who were left unattended died of hunger and were at times devoured by wild animals. In the center of town, the dogs were seen feeding on the corpses scattered along the streets⁶⁷.

Faced with a situation of complete social collapse, and with no community left (even the king moved to another town), Vaz and José Carvalho behaved as perfect members of a *misericórdia*, a confraternity with an excellent reputation in Portuguese Asia⁶⁸. Besides feeding, consoling, curing and burying the victims of the epidemic, they also profited by converting and baptizing as many souls as possible. Although missionary aid and selfless service during the illness was appreciated by everybody and brought admiration from the king of Kandy, as normalcy returned, this success quickly soured. The enemies of the missionaries tried to persuade the king that the Christians had a higher mortality rate and based their observation on the number of funerals conducted by the Fathers. Another malicious complaint was that all that care given to the dying was for the purpose of acquiring the belongings of the deceased.⁶⁹

Although the missionaries exaggerated and perhaps misinterpreted on purpose the “native” indifference for the sick, they were quite accurate in recognizing the immensity of problem that appeared with each new outbreak of small pox epidemic. It is clear that epidemics were then as they are now a social and political issue with the society rather than an individual at its center. Humoral medical theories (Galenic, ayurvedic, unnani tibb), espoused both by the Europeans and Indians in the early modern period, all attributed the outbreaks of morbidity to a certain disturbance in the atmosphere which stimulated putrefaction and corruption of air. However, Portuguese colonial enterprise developed early on a “proto-sanitary” conception of public order, at least in its major urban centers such as Goa. The *Estado da India* incessantly tried to enforce through royal and especially through ecclesiastical legislation various measures imposing a tighter relationship between the individual and the state.

The state could obviously do little to improve the climactic conditions, although fumigation of streets was used as palliative in Goa as early as mid-16th century, but it did

⁶² José de Meneses, Puttalam, 16 July 1698, BA, ms. 51-IX-34, f. 235v.

⁶³ Jose Vaz beatified in 1995 by the Pope John Paul II at a public Mass in Colombo.

⁶⁴ The Buddhist priests from Siam managed to ordain 120 Sri Lankan Buddhist monks and 33 obtained the title of “bishops”, according to Vaz. José Vaz, 10 September 1697, BA, ms. 51-VII-27, ff. 263r-v. On exchanges of embassies of Buddhist monks between the Arakan and Kandyan kingdoms see RAYMOND (1999:87-105).

⁶⁵ We know that six of them died, but it is not clear if their deaths were due to small pox.

⁶⁶ José de Carvalho, 22 May 1698, BA, ms. 51-IX-34, ff. 237r-238r.

⁶⁷ The role of the Oratorians during the small pox epidemic was confirmed by the local manuscript source, *Vijitavelle Rajavaliya*, see PERNIOLA (1983: 1, 156).

⁶⁸ *Misericórdia* was an institution that accompanied, as a kind of social security or welfare, the early modern Portuguese overseas expansion. See SÁ (1997).

⁶⁹ José de Carvalho, 22 May, 1698, BA, ms. 51-IX-34, f. 137v.

encourage the establishment of confraternities and charitable institutions responsible for managing public and private calamities.⁷⁰ Even without fully espousing the Portuguese “state” ideology, missionaries were part of the larger Catholic imperial project of “spiritual conquest” of the world. When assisting the dying and the sick, the missionaries were building social bonds and linking individuals to a larger Christian society which also presupposed a presence of a benevolent ruler at its head. It was precisely the lack of such political body and of a responsive and caring ruler among the “heathens” that prompted the missionary complaints about the “lack” of ethical and charitable acts. Bonds of charity were therefore directly related to and constitutive of the power vested in a legitimate government. This is also the reason why “medical practices” of the missionaries were always politicized.

In the late 17th and 18th century, the native Catholic communities in Goa and elsewhere organized themselves into confraternities and endowed charitable institutions, because it was a way of proving ethical and political maturity. One of the hidden tasks of the Oratorian mission in Sri Lanka was precisely to prove that the former natives, in this case the Christian Goan Brahmans, were perfectly capable of “ruling” over other heathen mission territories, and thus also in the home territory in Goa.⁷¹ Native Christian elites in the 18th century Goa, according to Angela Barreto Xavier, forged their political identity within the Portuguese “empire” by using and manipulating “religious” institutions and Christian symbolism, and by creating a native Christian historiography.⁷²

From demon possession to Catholic confession

What was ultimately at stake in all medical measures employed by the missionaries in Asia was the conversion of the souls. However, it was also inevitable, due to the nature of healing practices in general, to target first of all the body in pain. Considered in Christianity a mere external envelop of the soul, which was an instrument of damnation or salvation, the body was, especially in the missionary situation, the first tangible proof of the failure or success of conversion. In the Jesuit letters there is an obsession with exact number of converted “souls”, but as soon as the narrative telescopes closer to the ground we encounter bodies. Many of them were counted at the moment just before they expired, when the extreme unction or a baptismal formula was given as a last “remedy”.

A special sub-genre in missionary accounts belongs to the narratives of miraculous healing and edifying suffering wrought by the demonic powers. Whether the patient ultimately lived or died was not as important as how his or her body witnessed the calamity and won the battle against the malefic spirits that attacked it. In the early modern period, the disease was usually represented as an active force entering the body and making it into a battle ground. The struggle can be provoked by both divine and diabolical intervention as well as by natural causes. In medically pluralistic societies of both early modern Europe and Asia there was a plethora of healers and healing techniques competing among themselves. For the Catholic missionaries in India, before they could employ their own medical expertise, it was

⁷⁰ Missionaries who were under Goan ecclesiastical jurisdiction and the Portuguese royal Padroado were, therefore, considered, as the agents of the Portuguese colonial state. All the “charitable” institutions were “mixed”, secular and religious, in terms of the personnel employed and the sanitary strategies in use. It is well known that the Portuguese colonial government, rudimentary as it was, had no other choice but to piggyback on the ecclesiastical institutions. The *Constitutions* of the Archdiocese of Goa written by the Archbishop Gaspar de Leão Pereira in 1567 acted de facto as official legislation for the whole *Estado da Índia*. XAVIER (2003). About street fumigation in Goa in 1570 see Duarte Leitão to the members of the Portuguese province, 16 Nov. 1570. WICKI (VIII: 319)

⁷¹ See ŽUPANOV (2007).

⁷² XAVIER (2005)

imperative that they learn and understand how health and illness were culturally constructed (etiology, diagnosis, prophylactic) and who were their principal rivals in the medical field.

Already in 1547, Manuel de Moraes identified one particular local method of healing that attracted his attention because it was inextricably linked, in his view with idolatry. The same type of heathen healer who “made himself into a figure of a devil” reappeared in another Moraes’s letter two years later with more ethnographic details.

“A gentile came in through the door dressed in certain clothes that made him look like a devil, with a many rattle bells (*cascaveis*) around his legs and he went jumping through the house performing a thousand diableries and saying in his language:” If you want to be healthy, give me a *fanão*”, which is a coin worth 30 *reis*, or: “Give me *quacha*”, which is a thin cotton cloth. After having demanded this, he screamed in the house and everyone lay on the ground as if dead and they adored him like god”.⁷³

In South India, the missionaries found themselves in a specific religious terrain in which the characteristic experience of the divine is connected to possession. It has already been noted by the students of the Tamil religious tradition recorded in the *Cankam* literature that the divine force is immanent and that it invests actual objects and human beings.⁷⁴ The divine can therefore transit in and out of a person and in the process it becomes temporarily visible. According to Friedhelm Hardy, the divine is “available within the confines of empirical reality”.⁷⁵ From an ancient Dravidian religious substratum focused on ecstatic agricultural cults comes also the idea that this divine energy, *śakti*, is in fact female. It has been argued that in the *bhakti*, devotional worship of a later period, the psychology of religious awareness was specifically female.⁷⁶ On the other hand, *śakti* continues to be ambiguously coded as both creative/divine and destructive/malefic force.

For example, Bhadrakālī, the goddess of small-pox is seen as both causing the illness and curing it. Jacome Fenicio was well aware of it when he wrote, “these gentiles believe very firmly that *Patragali* [Bhadrakālī] is the cause of this illness ... and because of that, when they see someone with the small pox disease they worship him with the same veneration with which they worship gods (*pagodas*)”.⁷⁷ Divinity and humanity intersected in ways that was not easily translated into Christian cultural framework, especially because the missionaries operated with a different concept of personhood.⁷⁸ The enhanced permeability of the body to this ambiguous power charge that was *śakti* was identified by the missionaries as a direct result of idolatry which was the realm of the demonic.

Professional healers who acted as oracles in a ritual of trance-possession such as the one described by Moraes were the first target of the missionary wrath. They were often perceived as charlatans and tricksters profiting from the credulity of the distressed and ignorant people. A much bigger problem continuously referred to in the missionary letters from the 16th to the 18th century were cases of spontaneous possession states that occurred among the heathens and Christians alike. If in the beginning the demonic agency was taken for an explanation, by the end of the 18th century the “Brahmanical” deceit was evoked more frequently.

The “demonic” landscape of south Indian cultural practices was treated by the missionaries as if it were itself a body afflicted by a contagious disease. The missionaries applied, therefore, two healing strategies. One was a long term measure geared at eradication

⁷³ Manoel de Moraes to the members in Coimbra, Goa, 3 Jan. 1549. WICKI (DI I: 465).

⁷⁴ HART (1975), HARDY (1983), ZVELEBIL (1973).

⁷⁵ HARDY (1983: 135).

⁷⁶ RAM ((1991: 69).

⁷⁷ CHARPENTIER (1933: 47)

⁷⁸ On the nature of a person in South India and possession rites see FREEMAN (1999: 149-182).

of the demonic agents through fortification of the bodies and souls prone to the “attacks”. It was based on a series of Christian rituals – sacraments – and on few important prescriptive, catechetical texts. The other was a whole range of techniques for *ad hoc* exorcism of both Christian and heathen patients and they were more performative, according to Marshal Sahlins’s distinction, allowing for improvisation.⁷⁹

The meanings attributed by the missionaries to the events described in their letters show the ambiguities and cultural risks involved in their “accommodationist” enterprise. The famous method of accommodation applied in certain mission territories in India and China was premised on cultural porosity and translation. The missionaries were not aware immediately of the fact that cultural osmosis affects all sides in the process.⁸⁰ Hence, often the missionaries themselves were taken for sorcerers and wizards, experts in miraculous cures, and they always kept on purpose their identity fluid and unclear.⁸¹ In 1561, Luís Fróis wrote that Gonçalo de Silveira, a Jesuit killed in Monomotapa, was considered by the natives as a “sorcerer (*feiticeiro*)” who brought famine and came to kill the king with his various medicines (*muitas mezinhas*).⁸² He was probably murdered precisely for that reason.

Fear of demons and sorcery was a common and widespread phenomenon in the early modern world. Based on the principle of sacramentality, Catholic pastoral acts were intended to alleviate that fear and offer protection.⁸³ All sacraments were considered as remedies bringing a “spiritual regeneration” to the soul. In South India, the sacrament of penance became very popular among the newly converted Christians that even the priests themselves expressed their astonishment, as well as delight, at this unexpected success. Jerome Vaz de Cuenca, a missionary among the Parava pearl fishing community in the Gulf of Mannar wrote in 1573 that the Christians have “a great devotion to the holy sacraments (*grande devotione ai santi sacramenti*)”, in particular confession.⁸⁴ This devotion grew to an extreme, according to the Jesuits who endlessly complained in their letters that they lacked priests who were capable of hearing confessions in Tamil. Moreover, some Christians, especially women, followed the priests on their pastoral rounds through the area and desired to confess every day. A note of panic can be discerned in some of the letters at the enormity of the task.

From a confession manual in Tamil published in Kollam in 1580, we can glimpse at this world of missionaries and their converts as they negotiated the framework for articulating a new Tamil Christian subjectivity.⁸⁵ *Confessionairo* addresses directly male and female “sinners”, then those belonging to different layers of the society and different professionals, and the priest in charge of the sacrament. It is an invitation for the “sinner” to remember (*niūaikku veĩlum*) every single sin committed by desire, by acts, by word and by thought (*iccai, naiāpaĩi, vacanam, niūaivu*). After memorization, each and every sin from the “ordinary (*piōai*)” to mortal sin (*cāvāna toōam*) had to be expiated through confession, deep interior discipline and exterior works. In particular the process of acquiring interior predisposition by way of attrition and contrition, for which the author Henrique Henriques found no Tamil equivalents and therefore simply transcribe them in Tamil from Portuguese, was expatiated in a minute detail.

⁷⁹ SAHLINS (1985: xi).

⁸⁰ For Jesuit method of accommodation in Tamil Nadu see ŽUPANOV (1999).

⁸¹ From Africa to Vietnam, Jesuit missionaries such as, for example, Gonçalo de Silveira and Alexander de Rhodes were taken for sorcerers and magicians.

⁸² Luís Frois to members in Europe, Goa, 15 Dec., 1561, WICKI (DI V: 344-20). When Silveira’s luggage was opened upon his death to find “medicines and fetishes (*mezinhas e feitiços*)”.

⁸³ MCBRIEN (1995: 1148). Sacramentality means that all reality is potentially the bearer of God’s presence and the instrument of God’s saving activity. This sacrament is a visible sign and instrument of the invisible presence and activity of God.

⁸⁴ P. Hieronymus (Vaz) de Cuenca to the members in Lisbon, St. Roque, Mannar 16 Dec. 1573, WICKI (DI IX: 298).

⁸⁵ HENRIQUES (1580).

The interior preparation is followed by a long list of all possible sins against the Ten Commandments and the warning not to commit them or how to avoid them. Only then could one receive the sacrament of penitence which served as a protection against demons.

If so, the one who confesses often will remain without being caught by the trick (*iġappukku*) of the demon and having confessed he will let out all the bad thoughts that occurred due to the demon. Therefore, more goodness will come to his soul. Besides, the trickery (*tiriyāpurankaö*) and the bad deeds of the devil will be revealed. Without those things occurring, the demon will not come that close to those people who accept the sacrament. Besides what is said, great purity and form (*vaġivu*) will occur to the soul of those who accept the sacraments many times. Why is it so, as said by the prophets your soul will remain darkened like [black] charcoal, due to de-coloring because of the great mortal sins.⁸⁶

In a word after confession and after receiving the sacrament, a Christian was fortified against the demons seen as always lurking in the trees, at the crossroads, in water streams, from the cremation grounds and from nearby heathen temples.

However, from the list of sins to be confessed to the priest we can discern a vertiginous demonic world that surrounded the newly converted Christians, as well as various other, alternative instruments and agencies that offered non-Christian cures and precautionary advices. Thus it was forbidden to the Christians to participate in the religious rituals (*muöaimai*) of their gentile cousins in which they worshipped demons (*pey*) and goddesses (*pakavatikaö*), the sun, the planets and other “creatures of God”. Forbidden was also to consult magicians (*vittaikkarar*) and astrologers (*kaġiyaū*) and to use medicine or charms “for making someone fall in love,” wearing magical plates (*yantiram*), iron bracelets to ward off demon, and so on. The list is long. There were specific heathen rituals performed by the pearl divers in order to protect them from sharks. They were also strictly banned.

“If so, that many times one will wash and sanctify his soul due to the sacrament called “confession”, the soul gets whiteness [or purity], beauty and strength to do service to our Lord (*tampiran*). When we receive the Sacrament (*Cakkiramentu*) which is [or gives] a special life full of taste and all the happiness for the soul, we obtain suitable strength in order to do service to our Lord. Besides this, those people who have accepted these two sacraments have a good mind to know well that a great loss will happen if they do sin, and also to know themselves well and to know the Lord.”⁸⁷

The ultimate reward for the “sinner (*toöcavāöi*)” promised by *Confessionairo* was self-knowledge, which is defined as identical to knowing God. The sense of a self was, in Jesuit spiritual and pedagogical literature, attached to a sense of the divine which functioned primarily as an ultimate legislating agency responsible for the creation of a Christian cosmos. The selfhood proposed to the new converts was based on the principle of subjective autonomy constituted by contracting the kinship ties (played out in rituals, magic and sorcery) and by expanding a sense of transnational and transcendental bonds.

The structuring medium for the formation of the post-Tridentine Catholic self was emotionality. Throughout *Confessionairo* – as, indeed, throughout most Jesuit literature, in particular Loyola’s *Spiritual Exercises* – the language of emotion is sequenced, inventoried and analyzed for quick and efficient use. In particular, the response to suffering, defined as the most important cognitive event, is codified under a whole range of spiritual dispositions. These dispositions of the soul such as the sorrow, anxiety and fear are then dramatized both in the text of *Confessionairo* and in theatrical performances of which the Jesuit missionaries often reported in their letters.

⁸⁶ HENRIQUES (1580 : 95b).

⁸⁷ HENRIQUES (1580 : 96a).

In the theater of the soul choreographed by the missionaries there were two types of villains or causes of illness who had to be continuously confronted and expurgated. They were bad desires and demons.⁸⁸ These are standard, millenarian enemies in Christian imagination conceived as agents of misrule and spiritual disempowerment that the *Confessionario* taught how to discipline and expel by words in confession and then by acts in exorcism. In the context of south Indian religious *habitus* in which spirit possession was integral element in the cultural construction of personhood - characterized by an anthropologist as “motile and transposable, partible and fusible” - confession and exorcism became immensely popular practice among the newly converted Christians.⁸⁹ What appealed to the Christians was the agonistic verbal and ritual drama that brought out and resolved the problems that were embedded in the traditional spirit possession in the first place: the experience, even if fleeting and culturally bounded, of autonomous identity.⁹⁰

St. Thomas Christians and management of ambivalent demonic forces

In 1578 when the Jesuits were entrusted with the mission among the St. Thomas Christians, they discovered that spirit possession was also an integral part of the cultural values and psychological makeup of these “ancient” Christians on the Malabar Coast. The key institution from which a handful of Jesuits (never more than six at the time) launched their campaign of purifying St. Thomas Christians’s liturgy, customs and their “heretical”, Nestorian beliefs was the Vaipikotta College. It became a nursery of the “reformed” Catholic Christians, and more importantly of future Catholic priests and *kattanars*. By 1585, the first generation of well-educated Jesuit disciples graduated and was sent into their own communities as missionaries/catechists.⁹¹ The residence and the college of Vera Cruz de Vaipikotta was also a think-tank and intelligence center from which the Jesuits and their students were sent on particular missions in the neighboring states or to other St. Thomas Christian settlements. What can be sensed in the interstices of the Jesuit self-congratulatory narrative, like a ghost within a sheet, the existence of a local world of supernatural beings that continued to have a grip over Christian, Hindu and Jesuit minds. While reforming and suppressing certain facets of St. Thomas Christians’s popular religious sociability, the missionaries gave a fillip to some other modes of devotional and existential expression such as Christian demonology. It became an important field of action for the Jesuit missionaries and their disciples in Vaipikotta. From the late 1580 onwards, spectacular exorcisms, if one is to believe Jesuit annual reports and individual letters, became highly visible and much appreciated events by St. Thomas Christian community and their non-Christian neighbors.

Therefore, seminarians from Vaipikotta were sent regularly to various places in order to heal and help tormented souls. In 1588, Fr. Bartolomeu dos Santos reported a few of these miraculous cases successfully accomplished by one particularly talented seminarian whose name was never given in the text.⁹² He seemed to have had a special touch for exorcising women. Female “demonic” possession - both spontaneous and willingly induced for the sake of communicating with the dead or solving some psychological or communal problem - is one

⁸⁸ HENRIQUES (1580 : 68b). “We placed upon the creations He created love (*aūpu*) that was fit to be placed upon him, and instead of doing service to our Lord who made so many benefits [for us], *being enslaved to our bad desires and to the demons* and having behaved accordingly as appeared good to us, we should remember this behavior”.

⁸⁹ FREEMAN (1999: 154).

⁹⁰ NABOKOV (2000: 15).

⁹¹ Pedro Martins, annual letter, Goa, Nov. 30, 1591, WICKI (DI XV: 666-7) Besides studying major liturgical languages, Chaldean and Latin, they also received a thorough instruction in Malayalam, a vernacular language used for confession, indoctrination, moral cases (*casos de consciencia*), spiritual exercises, basic catechism, preaching sermons and other type of religious propaganda.

⁹² Bartolomeu dos Santos to the Jesuits in Portugal, Cochin, end 1588, WICKI (DI XV: 164-6).

of the distinctive features of South Indian emotional devotionism.⁹³ There is a wide variety of possessing agents such as *pēy* (malevolent spirit), *āvi* (ghosts of the persons who died a violent death), *nāga* (snakes), *yakshi* (tree and water spirits). Likewise, the goddess Kālī and god Murugan and their various local substitutes are all potentially powerful and dangerous divinities that mediate between supernatural, natural and social spheres. These ubiquitous spirits easily crossed religious boundaries and attacked Muslims and Christians. A frenzied dance or violent shaking and hollering were the hallmark of the event. Early on, the Jesuits identified the phenomena as demonic effects and introduced a plethora of instruments to “cure” it.

The seminarian from Vipikotta thus recited seven Psalms before the daughter of a local Christian big man. When he arrived to *Miserere*, noted Bartolomeu dos Santos, the girl started thrashing her head and screaming. He then put the Breviary in her hands and she shouted that it was burning her fingers until she relaxed and stopped. It was the sign that the demon left her body. He cured another woman by reading St. John's Gospel over her head.⁹⁴ The narratives of exorcism among St. Thomas Christians and other newly converted communities in India, and particularly among women, dominate annual letters all through the seventeenth century and belong to a Jesuit literary sub-genre that still needs to be properly studied.⁹⁵ In comparison with growing contemporary anthropological literature on female possession, Jesuit accounts appear flat and missing the point. However, if the ritual of possession is healing or venting hidden, unconscious pent-up emotions, the Jesuit were also successful for better or for worse in resolving some of the social or psychological conflicts involved.

What the Jesuits did not care to discover was who those spirits really were, what were their names and their life stories - the information anthropologists would have died to know - which would have revealed to them the neuralgic points built into the edifice of traumatized and troubled identities. By refusing to accord independent personhood to possessing spirits and to local deities, the Jesuits in fact slowly threw them out of the game. They became simple heathen demons, pure evil, which is not exactly how they were conceptualized in South India where they inflicted pain but also solved problems for all communities regardless of religious affiliation. But the story does not end here. Certain powers associated with these supernatural agents reappeared elsewhere, surreptitiously but permanently. And where else than in the newly reconstituted cult of saints and models of Christian holiness.

It was in the miraculous and devotional revival that the reformed (henceforth Catholic) St. Thomas Christians recovered their own religious nerve. Newly empowered hybrid saints, such as St. George [Verghese] - who made his debut at this point but became a major saint during the British colonial era and is, incidentally, considered a brother of the goddess Kali - St. Sebastian, St. Gregorius, St. Thomas, the Virgin Mary and other lesser saints turned into powerful holy persons associated with excess of sacred power.⁹⁶ Thus St. George is a protector against snakebites, but in his rage might also send snakes to the divine offenders. St. Gregorius protects against *yakshi* - a female vampire dwelling in sweet smelling *pālā* trees. St. Sebastian is considered efficient against smallpox and chickenpox usually associated with

⁹³ Possession in India has been amply studied. For the most recent research see, NABOKOV (2000) and articles in ASSAYAG (1999).

⁹⁴ Bartolomeu dos Santos to the Jesuits in Portugal, Cochín, end 1588, WICKI (DI XV:165).

⁹⁵ For the sixteenth century, some of the letters are worth looking at, such as: Francisco Cabral, Annual letter, Goa, Nov. 7, 1594, WICKI (DI XVI: 698-756), Francisco Cabral, Annual, Goa, 29 Nov. 1595, (DI XVII: 357-422), Francisco Cabral, Annual, 16 Dec. 1596, WICKI (DI XVIII: 646-684), Simão de Sá, Annual, Goa, 1 Jan. 1598, WICKI (DI XVIII: 867-932).

⁹⁶ A doctoral thesis focusing on possession and healing in a Catholic thaumaturgical sanctuary of Puliampati in Tamil Nadu has been recently defended by Brigitte Sébastia. It is the non-Catholics who come to use the powers of a Catholic saint in order to be exorcised from "Hindu" possessing agents. SÉBASTIA (2004).

the Goddess (*Māriamma*).⁹⁷ In a word, with the suppression of "animistic" or "Hindu" spirits, as one may call them today with a touch of anachronism, the St. Thomas Christians' saints were infused with some of the sacred ambivalence characteristic of the non-Christian religious environment. Thus, they became excellent "managers of calamity" whose primary function is to solve human earthly problems.⁹⁸

It would be farfetched to claim that the Jesuits stimulated unwittingly or "by mistake" the re-invention of Christian saints as Hindu gods and spirits. St. Thomas Christians were already a hybrid minority community in the region, tuned to the supernatural beings and events of their neighbors. What the Jesuits did was a simple redirection of the sacred energy into some new and some old channels. For example, to the crosses and the tombs of their holy men (bishops and monks from Syria) that used to be the most venerated sacred places scattered through St. Thomas Christian religious landscape, the missionaries added sacred statues, icons, Latin books and Catholic relics. Without entering into a controversy as to whether or not, before the arrival of the Portuguese, the replication of holy figures was considered idolatrous and completely omitted from St. Thomas Christian churches, with the Catholic missionaries the statues and portraits of saints became conspicuous.

In a way, with the missionary help St. Thomas Christian community became aware of its particular position within the old regime of the Malabar (Kerala) system of kingship and kinship. Some historians defined this process that came to its apogee two centuries later under the onslaught of the Protestant missionary groups as "the collapse of Syrian Christian 'integration' ".⁹⁹ Jesuit and other missionaries who came in the seventeenth and eighteenth centuries such as Discalced Carmelites, sent by the Propaganda Fide and the pope, and not by Portugal, all strove quite logically to make St. Thomas Christian church in *partibus infidelium* a sort of a miniature replica of a Roman church. As such it was also supposed to produce missionaries and send them further towards those dark areas of paganism.

When one reads Jesuit letters from the end of the 16th century, it appears as if under Jesuit pastoral care, an immense religious fervor was being created among St. Thomas Christians. Surely, Jesuits were masters of dramatic narratives and self-congratulating reports, but not all can be a simple flicker of a Jesuit imagination. In particular, teaching them spiritual exercises, devotional introspection and the meaning of confession, all of which was novel to St. Thomas Christians, a new type of religious climate was brought into being. A climate of miraculous healing and spectacular exorcism that appealed to all Christians, those in Goa and Sri Lanka included.

Goan Brahman Catholic missionaries and the art of exorcism

During the British colonial period Sri Lankan "demonism" was identified as the "darker" underside of Sinhala Buddhism¹⁰⁰. However, in the late 17th century, the mission of the Oratorian priests, all of them native Goan Brahmans who were sent to Sri Lanka to preserve the Catholic population in danger of converting to Dutch Calvinism, clearly evinces that demonism was also a "darker" side of Catholicism.¹⁰¹ Just as in Southern India, trance-possession in Sri Lanka was one of the most prominent public expressions of grievance, resistance or dissent, occurring either spontaneously or as part of an organized public trial.¹⁰²

⁹⁷ The Goddess has various names: Kali, Durga, etc. In Europe, St. Sebastian was associated with plague. The arrows sticking out of his body were metaphorically associated with the rays of God's wrath.

⁹⁸ See DEMPSEY (2001)..

⁹⁹ BAYLY (1989).

¹⁰⁰ TENNENT (1998: 229).

¹⁰¹ On the Oratorian mission in Sri Lanka see ŽUPANOV (2007)

¹⁰² Possession in India has been amply studied, but possession in Sri Lanka appears to be an anthropological cottage industry. See KAPFERER (1983), SCOTT, David (1994); OBEYESEKERE (1970:97-111, 1981).

For the missionaries these events were important because they were moments in which they could display their expertise in exorcism and healing. Many stories were told in their reports about successful conversion of a whole family after an effective exorcism of one of its members. One typical case was described in the report written in 1723, in which a woman possessed by the devil was unable to give birth to a child. “The demon held on to her entrails”¹⁰³. The husband “danced for the devil”, that is, he went into possession and performed many other diableries (*diabruras*) before coming to ask help from the Father José Barreto. After making sure that the woman was “sincerely ready to embrace Christ”, the Father read the Gospel over her body, blessed her and instantly the devil ran away, allowing her to give birth. A few days later the whole family was baptized.

The scenario of this possession and exorcism story is comparable to descriptions coming from the Catholic missions in India from the 16th century onwards. It is obvious that these events were taken serious by all actors involved - the missionaries, the possessed, the oracles and the audience. They all agreed that these were supernatural interventions into terrestrial affairs and that these malign spirits or demons existed in the interstices between the holy and earthly existence, hiding out in the lush environment and thick jungle. They attacked bodies and souls and provoked illnesses, which in turn caused social disintegration, as in the case of the small pox epidemics that occurred with frightening regularity.

Catholicism had produced its own demons and had developed ways and strategies for containing them. It was therefore quite at ease working within other “demonological” traditions such as that of the Tamils and Sinhalese. Missionaries coming from the Brahman convert families were in addition quite familiar with the folk traditions of possession and healing. This is probably one of the reasons why their “anthropological” descriptions were less spectacular than the descriptions of the Jesuit missionaries. American and British missionaries in the 19th century produced much more coherent and detailed narratives of what they called “demon worship”. Even more spectacular are twentieth-century anthropological studies of the rituals such as *yaktovil*, on the effects of *distiya* (evil eye), on *pretas* (ghosts), and so on.

Just as in Tamilnadu and along the Konkan and the Malabar coasts, when Catholic exorcist practices met healing rituals that used possession, the two tended to borrow from each other. Therefore, the Oratorian fathers were very busy exorcising their own Catholics who continued to be attacked by the local demons (*yakku*) against whom the priests proposed new names and explanations and new, more efficient, treatments¹⁰⁴. It is no wonder that those who were most impressed by the priestly powers of exorcism were those gentiles or Catholics who themselves performed similar functions in society. One apostate Catholic who used to “invoke the devil by dancing and with musical instruments and horns... and who used to receive him (the devil) in his body in order to have the power to foretell the future and to manifest hidden things” reconverted after hearing the sermon of Good Friday. “He courageously resisted all the devices and stratagems with which the heathens, both ordinary people and the *Vanniyas* (who are like governors or petty rulers of these regions), tried to prevent him from giving up the darkness of heathenism”¹⁰⁵. It is possible that this local religious specialist considered it profitable to align himself with the priests who introduced certain practices and publicized them as more efficient than those available on the local market of magical tricks. For example, they persuaded the king that the image of St. Anthony could be used for exposing theft¹⁰⁶.

¹⁰³ NUNES (1966: 590).

¹⁰⁴ For Catholic demonic possession in contemporary Sri Lanka and ways of dealing with it, see STIRRAT (1977: 133-157, 1981: 183-200).

¹⁰⁵ NUNES (1966: 589).

¹⁰⁶ NUNES (1966: 587). Jesuit missionaries in Madurai were also renowned for their ability to find stolen or lost objects. See ŽUPANOV (1999).

The ability to control magical and supernatural powers was an important skill in the missionaries' struggle to reconvert Christians who had gone over to the Protestants, precisely because the Dutch ministers took only a scant interest in staging supernatural performances. Sick, disturbed and possessed people were often brought to the fathers in order to be cured. As they insist in their letters, they never refused anybody and never charged for their services, in contrast to the Dutch custom of collecting fees and money in the church.

Moreover, in order to cure the possessed, the *endemoniado*, the priest had to have a good command of Tamil and/or Sinhala, because dialogue with the devil was an integral part of the treatment. The Dutch ministers were aware of the need to learn languages, but never properly managed to learn them themselves. In the long run, however, the schools for local boys created local men who were well versed in Protestant doctrine and who were able to speak, write and proselytize in local idioms¹⁰⁷. Oratorian missionaries had very limited means and personnel, and no time to set up schools, but compensated for this by emphasizing community discipline administered by the church, the priest, the catechist and the elders.

The exorcism that the missionaries performed was therefore often a public and collective affair in which the priest played a major role, through not the only role. Basílio Barreto told a dramatic story of a Christian Vannia Panthagantty of Pejally [Pessalai] who was possessed by the devil for a whole year¹⁰⁸. The evil force burned the face of his daughter, and since the missionaries were prevented from visiting the place because of the Dutch persecution of Catholics in the area, the family started employing soothsayers and other magicians in order to cure her. While the Oratorian Father was on his way from Kottiyar to Mannar, he passed close by the village and the Christians brought him to the house of the possessed without telling him the source of the problem in advance. As soon as Barreto understood the problem, and in full view of the community, he put on his surplice and stole and with the "discipline" (a whip) in his hand started the exorcism. What follows is a "duel" conversation between the Devil inside the man and the priest. The devil cunningly also addressed the audience in order to win them over to his side: "Look here, this land belongs to the Dutch and the Catholic priest has come to kill this man". Before the onlookers trembling with fear, the father continued his conversation without giving in to any of the demands of the devil. In the end, the devil lost the battle and before leaving the body of the possessed requested that the Father promise to take care of the man and to give him his hand, "for without it he could not go away". As soon as the priest touched the hand of Vannia Panthagantty, he prostrated himself on the floor, unconscious, and was cured with some relics applied to his body and with the sprinkling of the holy water. In a few days he was fully integrated back into his local Christian community. This story reads as an almost transparent critique of missionary neglect of the community. From the letters, we know that some places were left without a priest for up to five years because of the lack of missionaries, Dutch persecutions or some other reason.

Sometimes the devil appeared and engaged in conversion in the form of a local deity or a goddess. Thus in a story that followed in the same report, Basílio Barreto told of his conversation with the powerful goddess *Patragally* (Bhadrakali). It all started with an agricultural disaster, a pest that fell on the field of *nanchiny* or *palava* (small grain). The Velalla (*Belala*) family who tended the field gave an offering to "the devil" for sparing its fruits. A Christian son of the family collected some of the infested leaves and brought them to the Father, obviously trying to combine local religious skills with those of the Catholic missionaries¹⁰⁹. However, when the man fell asleep, a goddess appeared to him in a dream, blinded him and possessed his spirit. The Father was called to intervene and speak to Bhadrakali and started to "discipline" the body of the man. With the first stroke of the whip,

¹⁰⁷ ARASARATNAM (1988: 235).

¹⁰⁸ NUNES (1966: 496-497). *Pattankatti* is a title of a village headman.

¹⁰⁹ NUNES (1966: 496-497).

the man opened his eyes and as he was continued to be hit by the Father the She-devil fled and he instantly reclaimed his sight. The next day the insects disappeared from the field.

The missionaries knew very well that the nature of the local powerful beings was ambiguously coded as both inflicting and curing illnesses. For example, the goddess Bhadrakali, Durga, or Kali, among other names, was considered in India and Sri Lanka as both the cause of and the cure for small pox. The description of the epidemic that suddenly appeared in September 1697 in Kandy, and within a year swept throughout the island, shows a striking resemblance to descriptions written by the Jesuit missionaries in India. It was commonly attributed to the anger of the Goddess who contaminated individual bodies with her heat¹¹⁰. While the Jesuits organized a hospital in Kandy at the start of the epidemic, as a way of prophylaxis as the epidemic began spreading in the region of Puttalam, José de Meneses organized penitential processions in the three most important villages of the region in order to counter not only the disease, but also the processions and sacrifices “in honor of the devil” that were being financed by the gentiles and Muslims¹¹¹. With his own hands, he punished by flogging (*açoute*) all the Christians, “small and big”, who, “*ignoranter ou scienter*”, participated in gentile ceremonies. According to his report, the three villages were spared the epidemic.

In spite of an early success Oratorians fortunes in Sri Lanka petered out by end of the 18th century because of the chronic lack of missionaries, the lack of financial support from Goa, and the changing political situation in Sri Lanka. The combined status of Brahmans from the north and Portuguese priests was initially Oratorians’ important asset in the local hierarchy, both at the Kandy court and in the lowlands. Gradually, the rivalry with other religious specialists, especially the Buddhist Sangha, grew in momentum. In the second half of the 18th the presence and success of a talented preacher and writer Jacome Gonçalves, provoked a violent reaction against Oratorians. The ferocious professional animosity percolated down and blended with anti-Christian folk tales.

The folk tale about *the Carpenter-Preta* studied by Richard Fox Young, reveals to what extent Oratorian teachings were taken seriously in Sri Lanka. The story re-tells the life of Jesus from the Buddhist point of view and each and every detail or event is interpreted within the context of Buddhist mythology and explanatory system. Instead of divine creation, the Carpenter-Preta is a trickster sent by the Great Deluder, Mara. He is born from the grave and is thus defined as a ghost or goblin, *preta*, and his cronies (*rahats*) are dressed in black and fly with the attached wings.¹¹² The latter bear an obvious resemblance to the Oratorian missionaries.

The more the Oratorians insisted on their skills to fight the demons and to expurgate them, the more they were, by homology, seen as malignant spirits themselves.¹¹³ As they tried to fit Christianity into another set of religious beliefs and practices, missionaries in Sri Lanka and in India before them, found that in the transition interstice anything is possible. The receptor culture may disintegrate, but the splinters could engender unpredictably new religious unities.¹¹⁴ It can also, in fact, gain confidence and vocabulary to respond and to win. In the case of Sri Lankan Buddhism, the way to victory took another two centuries and, according to historians and anthropologists, it was Protestantism that helped it in finding its voice of “revival”.¹¹⁵ The Oratorians did not exist any more, but some of their demons and

¹¹⁰ José de Meneses, Puttalam, 16 July 1698, BA, ms. 51-IX-34, f. 235v. The “female devil” was, according to José de Meneses, in each sick person.

¹¹¹ José de Meneses, Puttalam, 16 July 1698, BA, ms. 51-IX-34, f. 235v.

¹¹² *Arahants (rahats)* are Buddhist demigods endowed with supernatural powers. FOX YOUNG (1995: 62).

¹¹³ The Goddess who provoked small pox was herself the best cure against it.

¹¹⁴ The same may be argued in the case of Protestant Reformation in Europe under the pressure of the new currents and interpretations of Christianity.

¹¹⁵ OBEYESEKERE (1970: 43-63), MALALGODA (1976).

saints remained to haunt, first the British and then the historians and anthropologists. Thus, an anthropologist found that among the Catholic Sri Lankans, “St. Anthony is frequently said to be the same being as Kataragama; only the names are different.” Pattini is viewed as an alternative form of the Virgin Mary. “St. Sebastian is considered to be the younger brother of the goddess Mari Amman (or Kali)”.¹¹⁶

Conclusion

Although the Catholic missionaries, Jesuits and Oratorians, engaged in a ferocious struggle for epistemological sovereignty with other religious specialists in all social fields, health included, the outcome was always subject to momentary local configuration. The indigenization of Christian "spiritual healing" in South Asia in the early modern period was a complex process of mutual adaptation and borrowing, a process that still continues to negotiate its destiny. Medical ideas and practices continue to be integrated into a wide array of cultural and religious practices. The reason why the missionaries identified possession as central pathogenic zone of “paganism”, in which diabolical energy circulated into the human bodies and souls in order to enslave them, was because Christian demonology had an elaborated set of explanations for similar types of social events. The confrontation with local demons enabled the missionaries to acquire both “ethnographic” and “therapeutic” expertise, but it also stimulated in the long run a religious crossover. Missionary engagement, as an open-ended process, allowed the possession, characteristic of the South Asian “technology of the self”, to become an important feature of local contemporary Catholicism. By appropriating thaumaturgic qualities of Hindu deities, the Christian saints became even more powerful supernatural agents, but lost, what they probably desired the most - the monopoly of healing.

BIBLIOGRAPHY:

PRIMARY SOURCES

MANUSCRIPTS

Archivum Romanum Societatis Iesu [abr. ARSI] or the Roman archives of the Society of Jesus. Rome.

Goa, 54a, ff. 93r-129v

Goa 22 I, fol. 47r-50v.

Goa 11 I, f. 195r-197v

Biblioteca da Ajuda [hereafter BA], Lisbon.

cod. 51-VII-33, BA, 51-IX-34

PUBLISHED COLLECTIONS OF DOCUMENTS

Arquivo Portuguez Oriental [abr. APO], ed. J. H. da Cunha Rivara, (6 Fasciculos em 10 Partes), New Delhi-Madras reprint, 1992.

CHARPENTIER, Jarl (ed. and intro.), *The Livro da Seita dos Indios Orientais (Brit. Mus. Ms. Sloane 1820) of Father Jacobo Fenicio, S.J.*, Uppsala, 1933.

¹¹⁶ STIRRAT (1981:188).

COSTA, Christóvão de, [or Christoval (Cristóbal) d'Acosta], *Tractado delas drogas, y medicinas de las Indias Orientales, con sus plantas debuxadas al bivo por Christoval Acosta medico y cirujano que las vio ocularmente*, Brugos, 1578.

PERNIOLA, V., *The Catholic Church in Sri Lanka*, Dehiwala, Sri Lanka: Tisara Press, 1983,

REGO, A. De Silva, ed., *Documentação para a História das Missões do Padroado Português do Oriente, Índia*, ed. A. de Silva Rego, 12 vols., Lisbon, 1947-1958. Agostinho d'Azevedo, "Estado da Índia" (BL ms. Add. 28,461, no. 36)

GONÇALVES, D., *P. Diogo Gonçalves S.I., História do Malavar*, (ARSI, Goa 58) ed., Wicki, Joseph, S. I., Rome, 1953.

GONÇALVES, Sebastião, S.J., *Primeira Parte da História dos Religiosos da Companhia de Jesus e do que fizeram com a divina graça na conversão dos infieis a nossa sancta fee catholica nos reynos e provincias da Índia Oriental [1614]*(original in Biblioteca Nacional Lisbon, Fundo Geral 915,428 ff and 17 ff.), (other unpublished original manuscripts in 1) Paço de Ajuda (Lisbon), codex 49-4-51, 252 ff. and 3ff.;2) ARSI, Goa 37, 297 ff.), Wicki, Joseph., S.J., ed., 3 vols, Coimbra, 1957-1962.

HENRIQUES, Henrique, translation into Tamil of Jorge Marcos's catechism, *Doctrina Christã* (1579), and *Confessionario* (1580), Bodleian Library, Reading Room, Oriental Dept., Reading Room, Oxford, Vet. Or. f. Tam. 1.

JERONIMO DA SANTA FE, *Tratado que fez Hieronimo, medico do papa Benedicto XIII. Contra os judeus: em que proua o Messias da ley ser vindo*, (preceded by the Archbishop, Frey Dom Gaspar de Leão Pereira's letter to the Jews: *Carta do primeiro Arcebispo de Goa ao Povo de Israel seguidor ainda da ley de Moyses, e do Talmud por engano, e malicia dos seu Rabbis*), Impresso em Goa por João de Endem, por mandado do senhor Arcebispo da Índia (19/9/1565). Biblioteca Nacional, Lisboa, Reservados, 411P.

LAVAL, Pyrard de, *Voyage de Pyrard de Laval aux Indes orientales (1601-1611)*, Chandaigne : Paris, 1998, 2 vols.

FERNANDES TRANCOSO, Gonçalo, *Tratado do P.e Gonçalo Fernandes Trancoso sobre o Hinduísmo*, (Maduré 1616), ed. Joseph Wicki, Lisbon, 1973.

LOYOLA, Saint Ignatius of, *The Constitutions of the Society of Jesus*, translated, with an introduction and a commentary by George E. Ganss, S.J., St. Louis, 1970.

NOBILI, R., S.J., in Dahmen, P., [ed.] *Robert de Nobili, L'Apôtre des Brahmes, Première apologie. 1610*, ed. , SI, Bibliothèque des Missions; Mémoires et documents, Paris, 1931. [Original and translation of the "Responsio ad ea quae contra modum quo nova Missio Madurensis utitur ad ethnicos Christo convertendos obiecta sunt". [ARSI, Goa 51, ff. 125-144] Appendix - "Responsio ad censuram RR. PP. Antonii Fernandez et Francisci de Vergara".

NUNES, M. da Costa, *Documentação para a História da Congregação do Oratório de Santa Cruz dos Milagres do Clero Natural de Goa*, Lisbon, 1966
 WICKI, Josef, S.I., *Documenta Indica* [abr. DI], XXVIII vols., Rome, 1948-1988.

SECONDARY SOURCES

ALAM, Ishrat, "Smallpox and its Treatment in Pre-Modern India", in Deepak Kumar, ed., *Disease and Medicine in India; A Historical Overview*, New Delhi: Tulika Books, 2001, pp. 85-93.

ARASARATNAM, Sinnappah, *Dutch Power in Ceylon, 1658-1687*, New Delhi, 1988.

ARNOLD, d., "The Indian Ocean as a Disease Zone, 1500-1950", *South Asia*, Vol. XIV, no. 2, 1991, pp. 1-21.

ARNOLD, David (ed.) *Imperial Medicine and Indigenous Societies*, Oxford: Oxford University Press, 1988.

ASSAYAG, J. et G. TARABOUT, éds., *La Possession en Asie du Sud; Parole, Corps, Territoire, Purusartha*, 1999.

BASTOS, Cristiana, "O ensino da medicina na Índia colonial portuguesa; fundação e primeiras décadas da Escola Médico-cirúrgica de Nova Goa, *História, Ciências, Saúde - Manguinhos*, vol. 11 (suplemento 1): 2004, pp. 11-39.

BAYLY, Susan, *Saints, Goddesses and Kings*, Cambridge, 1989.

BEALS, Alan R., "Strategies of Resort to Curers in South India," in Charles LESLIE ed., *Asian Medical Systems: A Comparative Study*, New Delhi: Motilal Banarsidass Publishers, 1998. pp. 184-200.

BERNARD, C. et GRUZINSKI, S., *De l'idolatrie; Une archéologie des sciences religieuses*, Paris: Seuil, 1988.

COMBER, Joseph A., "The Verb Therapeuo in Matthew's Gospel," *Journal of Biblical Literature*, vol. 97, No. 3 (Sept., 1978), pp. 431-434.

CORREIA, Alberto Germano da Silva, *História do ensino médico na Índia portuguesa nos séculos XVII, XVIII, XIX*, Bastorá: Rangel, 1947.

DELGADO, Sebastião Rodolfo, *Glossário Luso-Asiático*, 2 vols, Coimbra, 1919.

DEMPSEY, Corinne G., *Kerala Christian Sainthood; Collisions of Culture and Worldview in South India*, New Delhi: Oxford University Press, 2001.

FITZGERALD, Rosemary, " 'Clinical Christianity': The Emergence of Medical Work as a Missionary Strategy in Colonial India, 1800-1914", in PATI, Biswamoy and Mark

HARRISON, *Health, Medicine and Empire; Perspectives on Colonial India*, Hyderabad: Orient Longman, 2001, pp. 88-136.

FREEMAN, Richard, "Dynamics of a the Person in the Worship and Sorcery of Malabar", *La Possession en Asie du Sud; Parole, Corps, Territoire*, eds. J. Assayag et G. Tarabout, *Purusartha*, 1999, 149-182

FOX YOUNG, Richard, "'Carpenter-Preta': An Eighteenth-Century Sinhala-Buddhist Folktale about Jesus", *Asian Folklore Studies*, 54/1 (1995), pp. 49-68.

GAITONDE, P. D., *Portuguese Pioneers in India: Spotlight on Medicine*, Bombay, 1983.

GENTILCORE, David, "Contesting Illness in Early modern Naples: Miracolati, Physicians and the Congregation of Rites", *Past and Present*, No. 148. Aug., 1995, pp. 117-148.

GESTEIRA, Heloisa Meireles, "A cura do corpo e a conversão da alma – conhecimento da natureza e conquista da América, séculos XVI e XVII", *Topoi, Revista de Historia*, vol. 5, no. 8, Jan.-June 2004.

GRACIAS, João Baptista Amancio, "Médicos Europeus em Goa e nas cortes Indianas nos séculos XVI a XVIII", in *O Oriente Portugues*, XXIV-XXV, 1939, pp. 335-391.

GROVE, Richard H., *Ecology, Climate and Empire; The Indian Legacy in Global Environmental History, 1400-1940*, New Delhi: Oxford University Press, 1998.

HARRISON, Marc, *Climates and Constitutions; Health, Race, Environment and British Imperialism in India, 1600-1850*, New Delhi: Oxford University Press, 1999.

HART, George, *The Poets of Ancient Tamil: Their Milieu and their Sanskrit Counterparts*, Berkeley: University of California Press, 1975

HARDY, Friedhelm, *Viraha-Bhakti; The Early History of Kāñḍīa Devotion in South India*, New Delhi: Oxford University Press, 1983.

JAGGI, O. P., *Western Medicine in India*, New Delhi: Atma Ram and Sons, 1979-1980, 3 vols.

KAPFERER, Bruce, *A Celebration of Demons*, Bloomington, 1983.

MCBRIEN, Richard P., ed. *The HarperCollins Encyclopedia of Catholicism*, San Francisco: HarperSanFrancisco, 1995.

MACCORMACK, Sabine, *Religion in the Andes: Vision and Imagination in Early Colonial Peru*, Princeton, 1991.

MACKLAGAN Edward Sir, *The Jesuits and the Great Mogul*, New York: Octagon Books, 1972.

MALALGODA, Kitsiri, *Buddhism in Sinhalese Society, 1750-1900*, Berkeley: University of California Press, 1976.

- MARTIN, A. Lynn, *Plague? Jesuit Accounts of Epidemic Disease in the 16th Century*, Sixteenth-Century Studies, vol. 28. Kirksville, Mo.: Sixteenth-Century Journal Publishers, 1996.
- MARTINS, José F. Ferreira, *História da Misericórdia de Goa (1520-1910)*, 3 vols., Nova Goa, 1910-1914.
- NABOKOV, Isabelle, *Religion against the Self; An Ethnography of Tamil Rituals*, New York: Oxford University Press, 2000.
- NOGUEIRA, Fernando A. R., "Luís de Almeida and the introduction of European medicine in Japan", in Mário Gomes Marques and John Cule (eds.), *The Great Maritime Discoveries and World Health*, Lisbon, 1991.
- OBEYESEKERE, Gananath, "The Idiom of Demonic Possession: A Case Study", *Social Science and Medicine*, 4 (1970), pp. 97-111.
- OBEYESEKERE, Gananath, "Religious Symbolism and Political Change in Ceylon", *Modern Ceylon Studies*, no. 1, 1970, pp. 43-63.
- OBEYESEKERE, Gananath, *Medusa's Hair. An Essay on Personal Symbols and Religious Experience*, Chicago: Chicago University Press, 1981.
- O'MALLEY, John W., "To Travel to any Part of the World; Jerónimo Nadal and the Jesuit Vocation", *Studies in the Spirituality of Jesuits*, March 1984, vol. XVI, pp. 1-20.
- O'MALLEY, John W., *The First Jesuits*, Cambridge, Mass.: Harvard University Press, 1993.
- ORTA, Garcia de, *Colóquios dos Simples e Drogas he Cousas Medicinais da India...*, Goa, 1563, (facsimile edition by Academia das Ciências de Lisboa), Lisbon, 1963. Another edition by Conde de Ficalho, published in 1891 and reprinted in 1987.
- PAGDEN, Anthony, *The fall of natural man: the American Indian and the origins of comparative ethnology*, Cambridge, 1982.
- PEARSON, M. N., "The Thin End of the Wedge. Medical Relativities as a paradigm of Early Modern-European Relations", *Modern Asian Studies*, vol. 29, No. 1 (Feb. 1995), pp. 141-170.
- PEARSON, M. N., "Indian and European practitioners of medicine from the sixteenth century", in MEULENBELD, G. Jan and Dominik WUJASTYK, *Studies on Indian Medical History*, New Delhi: Motilal Banarsidass Publishers (1st ed. UK, 1987), 2001, pp.11-120
- RAJ, Kapil, *Relocating Modern Science; Circulation and the Construction of Knowledge in South Asia and Europe, 1650-1900*, New York: Palgrave Macmillan, 2007.
- RAM, Kalpana, "The Catholic Church: petty Raja of the Mukkuvars", in Ram, Kalapana, *Mukkuvar Women; Gender Hegemony and Capitalist Transformation in a South Indian Fishing Community*, Sydney/New Delhi, 1991.

RAYMOND, Catherine, "Religious and Scholarly Exchanges between the Sinhalese Sangha and the Arakanese and Burmese Theravadin Communities: Historical Documentation and Physical Evidence", in Om Prakash and Denys Lombard, eds., *Commerce and Culture in the Bay of Bengal, 1500-1800* (New Delhi, 1999), pp. 87-105

ROCHA, Leopoldo da, "Conspecto Histórico-Canónico (As confrarias de Goa no século XVI-XVII)", *Studia*, 34, 1972 and 35, 1972.

ROCHA, Leopoldo da, *As Confrarias de Goa*, Lisboa, 1973.

RUBIÉS, Joan-Pau, "The Jesuit Discovery of Hinduism; Antonio Rubino's Account of the History and Religion of Vijayanagara (1608)", *Archiv für Religionsgeschichte*, 3. Band, 2001, pp. 210-256.

RUBIÉS, Joan-Pau, *Travel and Ethnology in the Renaissance; South India through European Eyes, 1250-1625*, Cambridge, 2000.

SÁ, Isabel dos Guimarães, *Quando o rico se faz pobre: Misericórdias, caridade e poder no império português 1500-1800*, Lisbon, 1997.

SACHAU, Edward C. (translator), *Alberuni's India*, vol. I, London, 1910.

SAHLINS, Marshall, *Islands of History*, Chicago and London: The University of Chicago Press, 1985.

SCHURHAMMER, G., S. J., *Francis Xaveir, His Life, His Times, India, (1541-45)*, [transl. from the German edition of 1963, by Costelloe, J. S.J.], 4 vols, Rome, 1973-82.

SCOTT, David, *Formations of Ritual. Colonial and Anthropological Discourses on the Sinhala Yaktovil*: Minneapolis: University of Minnesota Press, 1994.

SÉBASTIA, Brigitte, *Les rondes de saint Antoine; Culte, affliction et possession à Puliampatti (Inde du Sud)*, EHESS, Toulouse, 2004 (unpublished).

SOUZA, Teotónio R. de, "O ensino e a missionação jesuíta na Índia", *A Companhia de Jesus e a missionação no Oriente*, Lisbonne: Bróteria & Fundação Oriente, 2000, pp. 117-132.

SUBRAHMANYAM, Sanjay, *The Portuguese Empire in Asia, 1500-1700; A Political and Economic History*, London 1993.

STIRRAT, R. L. "Demonic Possession in Roman Catholic Sri Lanka", *Journal of Anthropological Research*, 33/2 (1977), pp. 133-157.

STIRRAT, R. L. "The Shrine of St. Sebastian at Mirisgama: An Aspect of the Cult of the Saints in Catholic Sri Lanka", *Man*, new series, 16/2 (June 1981), pp. 183-200.

TACCHI VENTURI, P., *Storia della Compagnia di Gesù in Italia*, Rome, 1950, vol. 2.

TAYLOR, Henry Osborn, *The Emergence of Christian Culture in the West; The Classical Heritage of the Middle Ages*, Harper: New York, 1958.

TENNENT, James Emerson, *Christianity in Ceylon*, (London 1850) reprint. New Delhi, 1998.

WALKER, Timothy, “The Early Modern Globalization of Ayurveda: Portuguese Dissemination of Drugs and Healing Techniques from South Asia on Four continents, 1670-1830”, seminar presentation EHESS, June 2007.

WHITEHEAD, Henry, *The Village Gods of South Asia*, (1921) second reprint, Delhi and Madras: Asian Educational Services, 1988

WUJASTYK, Dominik, *The Roots of Ayurveda*, New Delhi: Penguin Classics, 1998.

XAVIER, Angela Barreto, *A Invenção de Goa; Poder Imperial e Conversões Culturais nos Séculos XVI e XVII*, unpublished PHD thesis, European Institute, Florence, 2003.

XAVIER, Ângela Barreto, “David contra Golias na Goa seiscentista e setecentista. Escrita identitária e colonização interna”, *Ler História*, 49 (2005), pp. 107-143.

ZIMMERMANN, Francis, *La jungle et le fumet des viandes. Un thème écologique dans la médecine hindoue*, Paris : Gallimard/Le Seuil, 1982.

ZIMMERMANN, Francis, *Le discours des remèdes au pays des épices. Enquête sur la médecine hindoue*, Paris : Payot, 1989.

ZIMMERMANN, Francis, *Généalogie des médecines douces ; De l'Inde à l'Occident*, Paris : Presses Universitaires de France, 1995.

ZVELEBIL, K.V., *The Smile of Muruga—on Tamil Literature of South India*, Leiden, 1973.

ŽUPANOV, I.G., "Prosélytisme et pluralisme religieux: Deux expériences missionnaires en Inde aux XVI^e et XVII^e siècles", *Archives de sciences sociales des religions*, 87, juillet-septembre, Paris, 1994, pp.35-56

ŽUPANOV, I.G., *Disputed Mission; Jesuit Experiments and Brahmanical Knowledge in the Seventeenth-century India*, Oxford University Press, New Delhi, 1999.

ŽUPANOV Ines G., *Missionary Tropics; The Catholic Frontier in India (16th-17th Centuries)*, Ann Arbor: University of Michigan Press, 2005.

ŽUPANOV, Ines G., “Goan Brahmans in the Land of Promise: Missionaries, Spies and Gentiles in Seventeenth- and Eighteenth-Century Sri Lanka”, ed. Jorge Flores, *Re-exploring the Links; History and Constructed Histories between Portugal and Sri Lanka*, Wiesbaden: Harrassowitz Verlag and Caluste Gulbenkian Foundation, 2007, pp. 171-211.

