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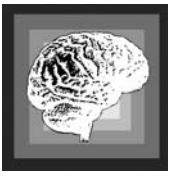

Colonial psychiatry, magic and religion. The case of mesmerism in British India

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This article is concerned with the development of early nineteenth-century Western medicine and psychiatry in relation to religion and magic during British colonial rule in India. The case of mesmerism is taken to illustrate that 'colonial medicine/psychiatry in India' itself was plural in nature, being made up of a variety of different, at times competing, strands. Religious connotations and references to spiritual enlightenment increasingly posed a peculiar problem to emerging Western science-based medicine in the nineteenth century. Mesmerism was met with as much hostility by an emerging Western medical orthodoxy as indigenous medical systems. The affiliation of mesmerism with Indian magical practices and religious customs contributed to its marginalization – despite or, rather, because of its popularity among members of the Indian nobility and middle classes, Indian patients and practitioners.

The case of mesmerism also shows that awareness both of the domineering power of a gradually emerging medical 'imagined' mainstream and an analysis of the complex challenges faced by heterodoxy (as much as by orthodoxy) facilitate a more critical understanding of the development of colonial medicine and psychiatry in the East as well as, arguably, of medicine and psychiatry in Britain itself.

Keywords*: alternative medicine; colonial medicine; indigenous medicine; mesmerism; surgery*

Since the 1980s historians of colonial medicine have taught us much about the role of Western medicine in the pursuit of colonialism. They have shown that as a 'tool of empire' (Headrick, 1981) medicine greatly facilitated overseas expansion: ships' doctors did their best to ensure sailors' and

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military recruits' health on long voyages; military doctors and nurses looked after Europeans' illnesses and afflictions; and vaccinations, inoculations and prophylactic measures against malaria and other diseases of warm climates helped Europeans to penetrate into areas that had previously been considered too hazardous (Arnold, 1988, 1996; Curtin, 1998; MacLeod and Lewis, 1988; Pati and Harrison, 2001; Ranger and Slack, 1992).[1] In regard to colonial ideology, we have also learnt that medicine lent credibility to Europe's claim to moral superiority and to the perceived legitimacy of colonial rule in the name of the civilizing mission (Arnold, 1988; Ernst, 1997). It has been shown that European medicine was represented by medical professionals and colonial administrators in the colonies and in the West alike as of invaluable benefit to colonial populations. Colonial medical institutions became brick-and-mortar symbols of Western intellectual and moral power, with the European doctor even being taken sometimes as the sole excuse of empire.[2]

The 'new history' of colonial medicine – influenced by the emergence of social and cultural history and social constructionism from the 1960s/70s onwards (Jordanova, 1995; Porter, 1995) – distanced itself in no uncertain terms from previous, traditional accounts that portrayed the history of colonial medicine as the successful and relentless unfolding of Western progress and rationality and the eventual triumph of Western science. Soon enough, however, the 'anti-Whig' colonial history itself came under scrutiny from scholars influenced by the 'linguistic turn' and post-colonial and subaltern schools of thought. Rather than focusing exclusively on the hegemonic power and ideological role of Western medical discourses in the making of colonialism, a 'de-centred' perspective was to be deployed that emphasized subaltern responses and the various forms of resistance shown by colonial peoples and marginalized groups. Moreover, histories of colonial medicine have come to emphasize that while Western colonial medicine may have flourished as rhetoric it failed to a great extent to deliver in practice its promise of improved health care and supreme cure efficiency for colonial subjects (Arnold, 2000; Ernst, 1991). Most importantly, the resilience and strength of indigenous medical systems and folk practices and people's successful resistance to the colonial ways of healing and controlling patients' bodies and minds have become an important focus in the new brand of postcolonial historiographies and histories of science (Chakrabarty, 1998, 2000; Prakash, 1999).

However, one aspect, shared both by current 'post'-histories of colonial medicine and earlier, progressivist, traditional paradigms, deserves careful scrutiny. A reliance on seemingly clear-cut dichotomous categories, such as the ubiquitous couplet of 'colonial medicine' (assumed to be based on science) versus 'indigenous healing' (assumed to be based on religion and belief in magic), underpins many accounts of medicine in colonial and postcolonial settings to the present day. Yet, as historians of science and

critics of Orientalist conceptualizations have shown us, terms that are based on preconceived, seemingly plausible assumptions such as those underpinning the familiar juxtaposition of 'science' with 'superstition', 'magic' and 'religion' warrant critical attention. Not only is the epistemological status of 'science' to be subjected to scrutiny in the same way as the knowledge-base of allegedly unscientific approaches; the extent to which science can be demarcated from the realms of magic and religion – as if there existed a litmus test that could clearly separate the one from the other –needs further critical scrutiny. The history of colonial medicine clearly offers much scope for critical attention of this kind, as it is on territories and in cultures alien to Westerners where 'Western medicine' and Science were seen to have confronted mere religious superstition, irrational beliefs and magic. The case of James Esdaile's mesmerism in India illustrates well the questionable status of such seemingly clear-cut juxtapositions.

Mesmerism in British India

On completion of his medical training at the University of Edinburgh in 1830, Dr James Esdaile, a vicar's son and a deeply religious Scotsman, sailed to Calcutta to work in India as a surgeon in the employ of the East India Company (New *DNB*). His professional activities created much controversy from 1846 to 1849 – in Great Britain (Winter, 1998) as much as in India. Esdaile experimented with mesmerism and applied it successfully as a method of pain relief and in cases of mental problems and some minor illnesses (Ernst, 1995). Esdaile had his Indian patients put 'under the influence' by his 'native' Indian assistants prior to and during major surgical operations. Most astoundingly during a time when effective pain relief was not yet available, his patients appeared to suffer no pain. The type of operations carried out by Esdaile was similarly extraordinary as he specialized in the removal of enormous tumorous growths:[3] one of these, a scrotal tumour, weighed 103 pounds and measured 7 feet in circumference (*Report of the Committee* . . ., 1846: 26).

On the strength of favourable reports by representatives of the medical, legal and clerical professions on Esdaile's extraordinary successes in pain-free surgery, the then Governor-General in India, Lord Dalhousie, sanctioned the establishment of an experimental mesmeric hospital near Calcutta (*Report of the Committee* . . ., 1846: 2). This was to be mainly funded by some of the local Indian nobility and well-to-do middle-class Bengali citizens who had become staunch supporters of Esdaile. The colonial government's willingness to lend support to an as yet controversial – but perhaps soon to be widely recognized and professionally validated – approach, was based on pragmatic reasoning. Esdaile's method might not only prove a cost-efficient way to treat 'native' tumour patients, but also be applicable to general surgery cases in military and civilian hospitals for European colonial servants. After all, the

colonial government had no qualms about making use of effective Indian drugs as long as these were cheaper than any European equivalents, and despite the fact that it simultaneously propagated the ubiquitous colonial contention that Asian medical theories and practices were based on superstition and were inferior to Western science-based medicine.

Despite official government support and the spectacular achievements in painless surgery, Esdaile failed to enter traditional histories of medicine as the first European to practise painless surgery, let alone as one of the first mesmo-surgeons who persuasively substantiated the efficacy of mesmerism. Quite the opposite. Newspaper articles as well as government committee reports on his practice published during the 1840s and 1850s in India and Britain frequently likened Esdaile (or at least placed him precariously close) to the variously discredited procedures of mesmeric tricksters and performers who at the time caused much concern and scepticism among representatives of the scientific communities in Britain and France (Ernst, 1995; Gauld, 1992; Winter, 1998). The mesmeric spectacle and the hysteria-like fascination of the wider public with its extraordinary effects was taken by many conventionally trained medical professionals and representatives of the sciences as proof for the insincerity and, in consequence, of the unscientific nature of mesmerism.

The application of ether (1846) and chloroform (1847) made painless surgery not only possible, but, crucially, available at much less cost than mesmo-surgery on account of the drastically reduced time medical assistants had to spend on pre-operative mesmeric sessions; therefore the major reason to lend support to Esdaile's approach evaporated, even for pragmatists who had hitherto encouraged or tolerated it out of painful necessity. Esdaile was to share the same fate as other medical mesmerists in Britain who had been discredited as quacks and fraudsters, being banished to the margins of medical respectability by an increasingly influential group of conventionally trained medical experts. Esdaile returned to England via Scotland immediately on completion of his term of colonial service a broken and bitter man (New *DNB*). His untimely death at the age of 51 years in 1859 was hardly commemorated in medical circles and did not draw much attention even in the popular press.[4]

Esdaile's case appears to substantiate the view widely shared by historians of heterodox medicine of the assumed questionable status of mesmerism in the early part of the nineteenth century. As Alison Winter and Roy Porter have argued, 'mesmerism was, par excellence, the science that wasn't a science',[5] underscoring the futile ambition of a heterodox method to be accorded scientific status by the scientific establishment. Historians of Western science also agree that despite, or, rather, because of, the theatrical and showpiece-like popularity of mesmeric practices among the wider public in Europe, the method could not but become perceived as questionable trickery and fraud and irrational humbug during the paragon century of

rational thought and enlightened expert skills. Apart from a marginal existence among a small group of medically qualified mesmerists and some spiritualists who subscribed to the method until its second heyday towards the end of the nineteenth century, it was quasi-necessarily doomed to die away, at least temporarily, to make place for truly scientific and rational procedures.

The colonial context within which Esdaile practised exerted, as will be shown, a considerable influence on the controversial reception of his method in India as well as in Britain. However, if looked at from a Europe-based perspective alone, the fate of Esdaile's mesmerism clearly appears to mirror the history of other heterodox medical procedures in Britain, such as homoeopathy, hydropathy and medical botany (Bradley, 2001; Bynum and Porter, 1987; Cooter, 1988; De Blecourt and Usborne, 1999). Even in regard to the ways in which medical mesmerists like Esdaile tried to substantiate the scientificity of their method is well in line with similar attempts made by other heterodox practitioners in Britain.[6]

Arguing science

Proof of scientificity was the major hurdle that any medical procedure had to negotiate in the nineteenth century in order to meet professional accreditation. This was no less important in the colonial realm. Although India was until 1858 administered by the East India Company, the British government exerted its influence via a parliamentary Board of Control that scrutinized the proceedings of the governments in the three major provinces of Bengal, Madras and Bombay. In regard to the Company's medical service, it had repeatedly been stressed by the Board of Control that only the most progressive, humanitarian and enlightened – in other words *scientific* – medical practices then prevalent in Britain ought to be implemented by British doctors (Ernst, 1991). At the same time the search for indigenous drugs that could be added to the Western pharmacopoeia and exploited by British pharmaceutical manufacturers was encouraged, provided their efficacy could be scientifically established and their cost compared favourably with 'Europe medicines' (Arnold, 1993). Either way, 'science', as defined in Britain at the time, was the major yardstick for medical practice in the colony – not least because it had come to be linked up with what Britain perceived to be its 'civilizing mission'. It was seen as infinitely superior, enlightened and rational, while India's many medical traditions and folk healing practices became increasingly denigrated as that which was inferior, traditional and backward, irrational and 'other'. As Macaulay put it spitefully in the 1830s, India held to 'medical doctrines which would disgrace an English farrier' and to an astronomy 'which would move laughter in girls at an English boarding school' (DeBary, 1968), making it necessary, and lending justification to, his infamous suggestion that only British education would enable an Indian

middle class to emerge which could interpret 'between us and the millions whom we govern – a class of persons Indian in colour and blood, but English in tastes, in opinions, in morals, and in intellect'.[7]

Although Esdaile practised a procedure that lingered in Britain on the edges of what was considered as 'regular' medicine, he himself was nonetheless a staunch supporter of the contemporary progressivist colonial discourse. This is evidenced by his derogatory references to medicine 'among the savage races of mankind' being practised 'exclusively by conjurors, either artfully concealing the secret of their power by incantations and other mummery, or, possibly themselves deceived into a belief of the efficacy of such accompaniments' (Esdaile, 1846: 14). Esdaile shared the very view that had become increasingly widespread among the European communities in India in the wake of the Anglicist/Orientalist debates of the previous decades, that

> few, if any, of the inhabitants of the globe are more completely under the control of superstition in its widest sense and in its most absurd forms, than the natives of Bengal. They have the most implicit faith in witchcraft, magic, the power of spirits and demons, and the efficacy of charms and incantations.[8]

Being endowed with both the right measure of contempt and arrogance so typical of a significant number of colonial servants and an unshakable belief in Western science, Esdaile stressed the scientific basis of his mesmo-surgery. His practice ought not to be linked with the purely sensationalist performances and the hysteria-like craze that enthralled all levels of society back home in Britain, nor should any affinities be assumed with 'native' practices in the East. As a medical professional trained in Western science-based medicine at one of Britain's most prestigious medical schools (Edinburgh), he referred to a scientific rationale that was, at least in the first half of the nineteenth century, still sufficiently widely considered as valid and credible: Newtonianism. Esdaile claimed that his mesmerism was subject to Newtonian laws, based on scientific principles, and not dissimilar to the law of gravity.[9]

Believing in religion

Esdaile's reference to Newton was, of course, not altogether unproblematic. Just like Newton himself and many of his successors, he was bound to get caught up in the web that can be spun between scientific laws of nature and religion – even if the effect of gravity (or mesmerism) is scientifically observable and quantifiable, the force itself can still be caused by something outside or beyond the realm of science (i.e., God). Even Newton, who is often seen as the founding father of modern science, conceded when quizzed on the underlying cause of gravity that he was not sure 'whether this agent be material or immaterial' (Olson, 1990: 114).

As the son of a Scottish clergyman who shared deeply religious views with his brother, the Reverend David Esdaile of Forfar, Esdaile had no problem with the potential – inherent in Newtonian theories – to link up scientific and religious rationales. In fact, Esdaile very much emphasized this link, declaring that his mission was to become 'the Apostle of Mesmerism in India' (Esdaile, 1846: ix) and pointing out frequently that mesmerism was 'the Medicine of Nature' which 'a merciful God has ingrafted [*sic*] . . . in the human body' (Esdaile, 1846: 3). It brought him the support of highly regarded members of the European community in India, like that of Reverend LaCroix of the London Missionary Society, for example, who echoed Esdaile's view of the God-given nature of Western scientific progress and Christian civilization (LaCroix, 1846). What is more, simultaneous reference to scientific rationale and religious theories of causation was, as Tomes (1998) has shown, widespread among medical professionals even in the late nineteenth century, despite the central place accorded to secular science in Victorian rhetoric, and would not necessarily have been considered as incongruent with 'pure science' (Brooke, 1991; Hinnels and Porter, 1999; Olson, 1990; Tambiah, 1990).

Reference to a religiously inclined interpretation of Newtonian laws and its inherent tension between science and religion alone would therefore not necessarily have lost Esdaile support among the medical and scientific communities – even if modern medicine was increasingly, during the course of the nineteenth century, *imagined* (Anderson, 1991; Ernst, 1997) to be framed in secular rather than religious terms.[10] However, if we refocused our analytical gaze and looked at Esdaile's story the 'other' way, as seen from the rims of the colonial periphery rather than the heightened vantage points of the European centres, we might well discern that a major reason for Esdaile's failure to shake off allegations of non-scientificity was related to the location of his procedure within the colonial context and its perceived close affinity with Eastern magic and religions.

Practising magic

As is evident from Esdaile's publications and his various letters to newspapers in India, he was very keen to argue that well-applied mesmeric expertise was both scientifically and religiously grounded. What is more, the phenomena themselves were a gift from God, the revelation and manifestation of God's power and genius in nature, and as such there was nothing 'magical', demonic or unscientific happening in mesmerism. He frequently distanced himself in the strongest terms from 'native practices', 'native superstition', and emphasized that not only was life in the colony 'injurious to [his] health', but also 'distasteful' to him (Esdaile, 1856: 11). Esdaile was well aware of, and tried to argue against, the fatal impact any association of his method with indigenous practices might have.

However, a link between mesmo-surgery and 'native superstition' and Indian 'mystery and mummery'[11] was easily made. After all, had not Esdaile himself pointed out that the method of mesmerism had been known, and even practised, by Indians since 'time immemorial, like every other custom in this immutable society' (Esdaile, 1846: 14)? Furthermore, it was widely reported that Esdaile's practice was frequented and – unlike some other colonial medical institutions set up for Indians by the British[12] – even sought out by voluntary patients from all walks of life, some of whom travelled hundreds of miles in order to benefit from Esdaile's pain-free surgery (*Report of the Committee* . . ., 1846). It did not help his reputation among potential critics either that Esdaile referred to mesmerism as a 'European charm' when explaining the method to Indian patients and assistants – or, as it was put mischievously by critics: the rumour had gone out of 'Esdaile's magic' (*Report of the Committee* . . ., 1846). Further, suspicions against the method seemed substantiated also on account of the fact that he was not only generously sponsored by Indian nobility and middle-class Bengalis,[13] but a number of well-to-do Indian citizens even submitted petitions to the Government of Bengal on his behalf, urging it to keep his services available to the public (Esdaile, 1856).

Several factors constituted a considerable problem for Esdaile: the practical and perceived closeness of mesmerism to Indian traditional practice and to allegedly 'superstition'-based Eastern religion and magic; the support he gained from the Indian communities; and the not uncommon application of the mesmeric technique by Indian medical practitioners. The emerging colonial dictum subsumed all indigenous beliefs and practices under the labels of superstition, incredulity, magic and fraud, and as such had to be replaced eventually by an allegedly superior, enlightened and science-based 'Western medicine', rather than complemented with as yet unsubstantiated and potentially misguided or possibly even themselves fraudulent procedures such as mesmerism.

Furthermore, the 'wrong sort' of public attention to mesmerism tended to incriminate the method even further. A substantial number of the British public in India were indeed not only impressed by Esdaile's success in painless surgery,[14] but also seemingly entranced by the entertainment value of mesmeric seances and performances in general and by the spectacular blood and horror aspect of Esdaile's gory surgical operations in particular.[15] Even four decades later, Esdaile was still remembered by former friends and supporters as the man who 'openly professed [to the] belief in the mysterious power of mesmerism; but his statements, though accepted by some, had by others been received with incredulity and ridicule' (Tayler, 1881: 439). In particular Esdaile's involvement in the detection and successful prosecution of cases of 'child-snatching' led to him being immortalized among the British in India as the first who prevented the child abduction for (unmentioned and presumably unmentionable) evil purposes. Esdaile had found that

'strange-looking' men abducted young boys by means of mesmeric influence, as in the well-documented case when 'a lad, whose peculiar countenance and dreamy manner' had attracted his attention, walked 'some paces behind' an older man (Tayler, 1881: 440). The instigation of legal proceedings against 'natives' who made use of mesmerism for allegedly unlawful and evil purposes undoubtedly helped to raise Esdaile's public profile during his time in Bengal and for many decades to come, although perhaps not altogether in the direction desired by him. Ironically, Esdaile himself repeatedly confirmed the potential for mesmerism to be used for illegal and evil purposes, thereby providing further fuel to those critics who likened the method to fraud and trickery.

Being aware of the detrimental effect of the latter sort of public attention and of the support by 'natives' of the credibility of his procedure among the professional elite, Esdaile struggled to distance himself from it, stressing time and again his Newtonian science base and sober Christian motives. In Britain mesmerism was at the time closely affiliated with an upsurge of spiritualism, an influential strand of mid-nineteenth century thinking that was nevertheless then, as now, seen to hover at the margins of an 'imagined' scientific medicine that increasingly conceived of itself as secular, science-based and experimentally testable.[16] In India the perceived proximity of mesmerism to child abductions and the non-scientific domains of spirits, witches and religion loomed even larger for Esdaile. Not surprisingly, it was suggested that the patients

> who resort to Dr Esdaile's hospital, [were] attracted by the fame which that gentleman's operations have obtained throughout Bengal, and all come to him impressed with the fullest and firmest belief in his supernatural powers; in fact the common name under which the mesmeric Hospital is known among the lower classes is that of the *house of magic*, or *jadoo* hospital.[17]

Esdaile did his best to refute allegations of supporting a method that was close to Indian 'traditions' and customs, the practice of magic and witchcraft, and religious excesses. His reference to Newtonian physics may well have seemed acceptable to some medical professionals being similarly heirs to Enlightenment views. Further, Esdaile's endeavour to substitute Christian religious affiliations for the problematic allegiance with magic and Indian religious practices may have convinced a group of believers already disposed, like Reverend LaCroix, to see mesmerism as 'a valuable gift of God's Providence' (LaCroix, 1846).

However, apart from the fact that the discovery of ether and chloroform, considerably dampened some of the support he had previously received,[18] Esdaile was caught in a structural no-win situation. He was drifting between the Scylla of an emerging image of modern medicine as secular and science-based and a twin-headed Charybdis of colonial prejudice against

Indian indigenous practices and distrust in spiritualism and non-somatic medicine.

Despite locating himself on the science side of the science versus magic/religion dichotomies, Esdaile's contact with Indian patients and practitioners, the financial backing and general support he received from 'natives', and even his involvement in the prosecution of mesmeric child-snatchers were bound to make him suspect in the eyes of many of his contemporaries – as when he mused about 'the honour of being introduced to one of the most famous magicians in Bengal, who enjoys a high reputation for his successful treatment of hysteria' (Esdaile, 1846: 14). The fact that Esdaile had himself introduced as 'a brother magician, who had studied the art of magic in different parts of the world', confirmed the worst suspicions of some of his critics, as did Esdaile's 'great desire' to 'ascertain whether our charms were the same, as the hakeems [here: medical practitioners] of Europe held the wise men of the East in high estimation, knowing that all knowledge had come from that quarter' (Esdaile, 1846: 23). Although Esdaile did not fail to ridicule the unsuspecting Indian healer by chanting 'as an invocation, the chorus of the "King of the Cannibal Islands!"' during an attempted demonstration of the mesmeric technique, he also firmly held that the successes of his 'brother magician' were (even if 'probably unknown to [himself]') due to mesmeric influences (Esdaile, 1846: 23).

Statements such as these, even if tongue-in-cheek, could not but confirm the suspicion of his critics that mesmerism was closely linked to superstition, if not fraud, and consequently not worth the serious attention of what Western medical science was imagined to be. The dictum of a colonial scientific imagination, which conceived of Indian healing systems as inferior and potentially superstitious and fraudulent, caught up with a therapeutic method that did not fit squarely into a solely physical and secular understanding of medicine, and could easily be dismissed as being 'all in the mind' and resembling native quackery and fraud. By lending his own voice of support to the rhetoric of the imagined dichotomy of Western science versus Eastern magic and religious superstition, he contributed to his own downfall, as 'science' (in contrast to religion, magic and fraud) became the main criterion for separating perceived heterodoxies such as homoeopathy, balneology and mesmerism from medical orthodoxy.

Arguing science – believing in religion – practising magic

Mesmerism in Britain became discredited as trickery, fraud and pseudo-science. In India additional accusations came to the fore as mesmerism was seen to share some affinity with indigenous practices that were then conceived of as unscientific and based on irrational beliefs, traditional customs and Indian religious mumbo-jumbo, if not dark magic, trickery and crime.

There is no doubt about the all-consuming power of nineteenth-century

scientific and colonial discourse: its enduring legacy is still informing academic and political discourse to the present day, most uncomfortably in the latest revival of the 'clash of civilizations' and the 'East versus West' rhetoric in the wake of the terrorist attacks in the United States of America. Yet the intriguing point in regard to mesmerism in India is perhaps not so much the well-reported eventual failure of Esdaile's mesmo-surgery, but his extraordinary success. And successful he was – unless we choose to collude with the rhetoric of science and colonialism that considers the fact that Esdaile attracted numerous Indian patients and sponsors from different religious persuasions and all walks of life as evidence of its ominous allure to the incredulous. Nor should the fact be dismissed as irrelevant that mesmerism became a major party game and conversation topic among the European community in India, just as large parts of the British public and media had been 'under the influence'. Furthermore, Esdaile received considerable support from a number of well-respected legal and medical professionals, including well-regarded members of the major Christian denominations, and high-ranking colonial officials, not least Lord Dalhousie who had earned the reputation of someone who was not easily deceived. Its popular appeal should not be seen, as had been suggested by Esdaile's critics, as simply and automatically indicative of its non-scientificity – unless we wish to propose that what is nowadays referred to as 'public understanding of science' and 'patients' views' is of but marginal importance in the history of science and medicine.

Thus it would appear that at the time mesmerism was not quite as clearly 'marginal' and 'heterodox' as an exclusive focus on the general tenor of colonial and medical rhetoric and discourse may lead us to believe. Alongside the stories of mesmerism as heterodoxy and non-science and the triumph of science, an equally important story emerges of the contentious status of 'science' and the plural character of medicine (Ernst, 2001). We might have to think of 'Western science' and its binary opposition, 'Indian beliefs', as inventions or imaginations of a colonial mind-set that derived cultural and ideological justification of its existence from the juxtaposition of an ideal and idealized 'imagined' Western science, with similarly idealized visions of 'indigenous beliefs' and 'primitive medicine'. The usefulness as well as the danger of a rash acceptance and exclusive focus on such notions lies in the facility with which their generalizing tenor facilitates the simplification and homogenization of the complexities of colonial and medical politics and experiences.

If we de-centre our vantage point and widen our historical 'gaze' to integrate the perspectives of the wider public, of patients and of the substantial number of medical, legal and clerical professionals and government officials who lent support to what they perceived as a credible medical method, we come to recognize the 'messiness' of actual practices and public opinion in contrast to the crisp clarity of discourse, rhetoric and

textbook assertions (Pickering, 1995). This other story highlights also that scientific discourse was under negotiation, contentious and continually emerging.

Last but not least, it leads us to ask questions about authority: who is to decide what is to count as science or non-science, as orthodoxy or heterodoxy, as proper medicine or mere magic and religion? Which evidence is to be relied on and whose story is to be told? Is the story of mesmerism in India the story of a 'non-science gone native' (Prakash, 1992) or of a once popular though contentious strand of 'science'? It is important for historians of medicine to address these questions and to be aware of the danger of one-sided evidence and analyses that remain on the level of discourse and rhetoric alone. This requires an integrative approach that addresses all levels of analysis, from discourse and rhetoric, to professional networks and policies, to patients' views and public opinion.

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Notes

1. On this, see also: Arnold, 1993, 2000; Bala, 1991; Cunningham and Andrews, 1997; Curtin, 1989; Ernst, 1991, 2001; Ernst and Harris, 1999; Harrison, 1994; Kumar, 1998; Lyons, 1992; Sadowsky, 1999; Vaughan, 1991; Worboys and Marks, 1997.
2. 'La seule excuse de la colonisation c'est le médecin' (Hubert Lyautey); quote used as an epigraph, at the front of MacDonald, 1950.
3. These were usually hydroceles, which were then common in Bengal due to *filariasis* transmitted by mosquitoes; see 'Report on Mesmeric Operations Performed by Dr. Esdaile at the Native Hospital, 14 October 1846' (*Report of the Committee* …, 1846: 26).
4. See the very brief obituaries in *Medical Directory*, 1860; *British Medical Journal*, 1859.
5. Roy Porter, on backjacket of Winter, 1998.
6. Indigenous practitioners in India who adopted homoeopathy in nineteenth-century India put forward similar science-based arguments in defence of homoeopathy; see Arnold and Sarkar, 2001.
7. Lord Macaulay, Minute on Education, 2 February 1835; quoted in Stokes, 1982: 46.
8. Letter by Dr Mouat, 27 September 1847, in *Record of Cases*, 1848.
9. Unlike Braid (1843) and Stewart (1792–1817), who subscribed to the psychological concept of hypnotism at around the same time, Esdaile was not interested in psychology. He was a somatic physician at heart.
10. After all, even the widely known findings of the earlier official inquiry into mesmerism in France in 1784, and the suspicions it had raised about the validity of religiously inclined Newtonian rationales in reference to mesmeric practice, had not prevented a new generation of mesmerists of all colours and stripes to re-emerge half a century later.
11. Letter by Dr O'Shaughnessy, 10 December 1847, in *Record of Cases*, 1848, I ff.
12. Hospitals and lunatic asylums (unlike dispensaries), for example, did not attract great numbers of voluntary patients during the early nineteenth century – for cultural reasons as

much as on account of financial access problems. In regard to lunatic asylums, consult Ernst, 1999: 245–67.

13. Undated letter by J. Esdaile, Bengal Public Proceedings, 1848.
14. For examples, see: *The Bengal Hurkaru and India Gazette*, 4 June 1846; *The Englishman and Military Chronicle*, 15 April 1846, 29 May 1846, 10 June 1846.
15. It was reported in much detail in a Calcutta newspaper how surgical operations resulted in Esdaile being 'dabbled with blood', while his patients would lie calmly on the operation table in an apparent state of 'sleep' (W[ebb?], 1846).
16. On the fate of other Western-based nineteenth-century 'heterodoxies', such as homoeopathy and hydropathy, see: Arnold and Sarkar, 2001; Bradley, 2001.
17. Letter by Dr Mouat, in *Record of Cases*, 1848; original italics.
18. Esdaile's eminent supporter, Lord Dalhousie, thought highly of Esdaile's achievements, but declined his support for the continuation of the 'Mesmeric Hospital', arguing that ether would enable Company surgeons to carry out operations more efficiently and at lower cost (Dalhousie, 1848).

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