

RECORD OF CASES  
TREATED IN THE  
MESMERIC HOSPITAL,

FROM  
NOVEMBER 1846 TO MAY 1847:

WITH  
REPORTS OF THE OFFICIAL VISITORS.

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## REPORT OF CASES TREATED IN THE CALCUTTA MESMERIC HOSPITAL,

*From 9th November to the 31st December 1846.*

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I REGRET that there is no novelty in the nature of the cases treated last month, and for this reason: in consequence of the success I have met with, in removing the tumors so common in this country, while the patients were in the Mesmeric trance, persons afflicted with this disease resort to me from great distances, and a notion has gone abroad among the people, that my "*charm*" is only applicable to such cases: add to this, that the natives are totally ignorant of the efficacy of Mesmerism in medical diseases, and it will explain the sameness of my proceedings since coming to Calcutta. The field will gradually open, however, and in proportion as the public become familiar with the subject, and its extensive application to medical as well as the generality of surgical diseases, I shall be able to communicate more varied and interesting matter.

In recording last month's proceedings, I shall put the reader in possession of the facts, and then make some comments on them.

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*November 9th.*—Doahmony, a peasant woman, aged 50, has come from Benares to get an immense schirrous tumour of the right breast removed. It commenced two years ago, and is moveable, hard, and elastic; there is no enlargement of the axillary glands, and she does not look in very bad health.

On the 7th day of Mesmerising, she was entranced, her arms were partially cataleptic, and she was insensible to pricking. Next day she was again put to sleep, and two-thirds of the tumour removed without her moving or appearing to feel it. She then awoke up, and appeared to recover her senses before the operation was finished. No manual restraint was used during the excision of the mass, but she became very violent immediately after, and required to be forcibly held down while the arteries were being tied.

The breast weighed 7 lbs.

*December 29th.*—Discharged, at her own request, her friends having come for her from Benares. The sore is nearly healed.

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*November 21st.*—Sheik Manick, a husbandman, has come from Burdwan to have an enormous scrotal tumour removed. He is subject to fever twice a month, but his constitution appears to be wonderfully little impaired. We succeeded in entrancing him on the third day, and for four days after, but fever, followed by diarrhoea, then attacked him, and the process was discontinued. On the 4th December he was again Mesmerised, but it was found that we had to commence *de novo*, his system having thrown off the Mesmeric influence in the interval. I determined on account of the periodic derangements of his system, to operate on the first occasion that offered.

*December 12th.*—His arms, which were crossed upon his breast, were rigidly fixed in that attitude, and could not be extended; pricking him all over did not disturb him. I therefore proceeded to operate.

I ought to have noted, that after testing him, I awoke him daily, to ascertain if he had been conscious of any annoyance in his sleep.

The tumour was so immense, that no attempt could be made to save the deep-seated organs; I therefore performed the operation in the manner described by Dr. Stewart, in a similar case on which I operated in the Native Hospital.

About the middle of the operation, he cried out, and showed other signs of suffering; but his exclamations were unintelligible, *or had no reference to his present position*. Soon after all was over, he vomited a full meal, and his pulse became imperceptible. He answered questions in a wild distracted manner, and all we could make out was, that *he could not see*, although his eyes were wide open. When I tried to give him a cordial, his teeth were found to be firmly clenched, and considerable rigidity still remained in the arms. He continued to complain in a distracted, unintelligible manner for an hour that I remained with him.

The tumor weighed 100 lbs.

He was operated on at 12 o'clock P. M., and I returned to see him at four o'clock. He was sleeping soundly, and I awoke him; he said that he was in full possession of all his senses, that he saw very well, and he spoke loudly and earnestly as usual. He had slept soundly since 10 o'clock (his Mesmerising time), he said, and was awake this moment by me. I asked him when he last saw me? and he replied, "*yesterday when you awoke me as usual.*" He had no recollection of having been disturbed, and said that he certainly had not vomited to-day. Being farther pressed to remember if nothing had annoyed him when asleep, he said, "Ah! yes, now I recollect being awake for a moment by the ants biting me, but went to sleep again till you awoke me this moment."

He now missed the weight of his burden, and sat up to look for it; on seeing the altered state of things, he expressed the greatest surprise, and said, "Why did you not tell me you were going to do it to-day?"

I desired him to go over the events of the day up to the present moment, and he did this with the greatest minuteness till 10 o'clock, his Mesmerising time, but after that he only recollected being annoyed by the ants for a moment, and slept well till awoke by me just now. He repeated that he had not seen me since yesterday. I found him entranced when I came to the hospital to-day, and therefore was not among his waking recollections—his existence from 10 till 4 o'clock was a complete blank. He seems to me to have awoke up from the most intense degree of the Mesmeric trance into somnambulism, (of which the patient has no recollection in his waking state) in which there was a disturbance of the instinctive powers of life caused by the sudden and profuse loss of blood, but the life of volition continued torpid and enchained till the moment that I awoke him.

*December 13th.*—The wound was stitched to-day, and there was no want of meaning in his exclamations: they were most emphatic and appropriate, and he abused everybody in the most expressive Bengalee terms.

*December 28th.*—He has had no difficulty in recovering, and has been walking about for several days.

*December 4th.*—Sheik Nemoo, a Khitmutgar, aged 30: he has got a small scrotal tumour. He was entranced on the 8th day, and the operation was performed two days after.

The operation was very difficult and severe, from the almost cartilaginous hardness of the skin, and its adhering closely to the subjacent organs.

Towards the end of the operation he exhibited the usual signs of pain, and asked for water and a punkah, but on coming thoroughly to his senses, in about 10 minutes after, he asked when and by whom it was done? The organs all saved.

*December 31st.*—Is doing well.

From the foregoing, it will be seen that two, if not three patients awoke into consciousness before the end of the operation. The extraordinary case of Sheik Manick I consider to have been as satisfactory as if he had acted the part of a corpse throughout. For when the convulsive movements often seen leave no memory of them in the brain, and no trace of suffering in any part of the system is visible when the person comes to his senses, such cases are surely for all practical purposes *painless operations*. If a man has had no

apprehension of an operation, and knows not that it has been performed when he awakes, what is this to be called if not a painless operation?

As a practical man, I am quite satisfied if my patients assure me that they felt no pain, especially when every look, word, and action correspond with their statements. To the careful observer, those vague convulsive movements are as specific and characteristic of an extraordinary state of the system, as a corpse-like endurance of the most cruel torture. When the trance is only disturbed, but not broken, the motions often seen are as objectless as those of a galvanised corpse, or the fluttering of a fowl after its head has been cut off: the spinal nerves seem only to be irritated, without involving the brain, or voluntary part of the nervous system, *and as long as there is no volition, there is no consciousness of sensation, as will be shortly seen.* There is no attempt to withdraw the part from under the knife, the patients never try to remove it with their hands, and it is quite evident that they have no idea of the *source* of their discomfort. If the *will* had prompted the movements, some memory of them would remain, *but there is usually none.* I think it very probable that this muscular irritability might be generally extinguished altogether by prolonged treatment, but it is not worth the trouble, for the system suffers as little as when there is not a quiver of the flesh. This I have been long aware of, and acted up to, but I now come to an equally practical fact, in working out which I have usefully spent a considerable part of last month.

It is no small triumph of science, and no trifling boon to humanity to render men insensible even to *half* the horrors of terrible operations, but having been long accustomed to save my patients *all* knowledge of the injuries inflicted upon them, I was dissatisfied with the half-successes that occurred last month, and suspected that there was some disturbing influence at work which had been overlooked, or that I was ignorant of. As many imperfect operations happened in one month as in the last year and a half, and I resolved not to move a foot farther till the disturbing cause was detected.

In the hot weather, the patients are all but naked, and in this state are entranced, and operated on. But last month they were mesmerised under two blankets and a sheet, with their faces only exposed. Having been tested in the Mesmerising room, they were carried on their beds into the Operating room, through which a current of the cold North wind blew; and that every movement of the body might be seen, they were exposed stark naked to the spectators. I remarked on several occasions, that a deep inspiration, and other involuntary movements immediately followed this exposure of the body to the cold air, although the persons had a moment before been quite indifferent to the loudest noises, pricking and pinching. The demes-

merising influence of cold, when artificially applied, was familiar to me, as will be seen in my "*Mesmerism in India*," and it will appear surprising that I should not have been more on my guard against it as a *natural agent*. I can only plead in extenuation, the stupifying influence of a successful routine; but failures, when improved, are often more instructive than complete success.

I suspected that *cold* was the secret enemy at work, and lost no time in determining the point by actual experiments. Two men being in preparation for operation, were subjected to the following course of experiment.

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Mothoor, a bearer from Cuttack, has got one of the usual scrotal tumours. He was sent to me by his brother, Bogobun Doss, from whom I removed a fifty pound tumour in the trance, a year ago, at Hooghly: he also sent Morali Doss, on whom I operated in the Native Hospital, in presence of the Mesmeric Committee.

*December 27th.*—Mothoor being entranced to-day, was subjected to the action of the electro-magnetic machine with the central magnet in it, his hands and body trembled in synchrony with the shocks, but his countenance remained perfectly placid; in about 10 minutes his head turned convulsively to one side, but his features were not disturbed, and he slept on.

When handling his arms, I saw a boil on one of them, and made a crucial incision into it, without his shrinking in the least. He was then carried under the blankets, and his bed placed in the North door of the hospital; the blankets and sheet were suddenly pulled off, and he was exposed naked to the cold air; in about two minutes, he shivered all over, his breathing became disturbed, and he clutched right and left for the bed-clothes, but still sleeping; they were supplied to him, and he huddled himself up under them with the greatest satisfaction, still sleeping however. The bed was then carried back to the Mesmerising room, and he was artificially awoke. He had slept profoundly without a dream, he said, and awoke this moment from feeling cold. When shewn the wound in his arm, he was greatly surprised, and showed the usual signs of pain, saying, that he had struck the boil against something in his sleep, he supposed, and it had burst.

*December 28th.*—The magnetic machine awoke him to-day on the second application.

*December 29th.*—He was more deeply affected to-day, and lay unmoved for several minutes in the open air; he then shuddered all over, his breathing became irregular, and he immediately awoke into the full possession of his senses: the cold had awoke him, he said.

*December 30th.*—I covered the wound in his arm with nitric acid to-day; the flesh became instantly white, but he did not shrink in

*December 28th.*—Again exposed to the cold air, after inflicting different tests of sensibility. After shivering, and seeking for covering, as yesterday, but finding none, he rolled himself up like a hedgehog, and tried to make the most of it, but soon awoke, and from the cold, he said.

*December 30th.*—Acted precisely the same as yesterday.

*December 31st.*—I stuck a pin into his nose, and left it there a moment, before drawing off the bedding. He awoke exactly as he had done on former days, and from the same cause, cold.

When getting up he rubbed his nose against the bed, and the pin fell out to his great surprise.

After he got up, I gently pricked his nose with the pin, which he resented as much as any one in the company would have done.

Next day, he was operated on without knowing any thing about it, and although the operation was not the formidable one expected, it was very curious, and will be related next month.

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From the foregoing facts, I consider myself entitled to say, that it has been demonstrated, that patients in the Mesmeric trance may be insensible to—

The loudest noises.

Painful pricking and pinching.

The cutting of inflamed parts.

The application of nitric acid to raw surfaces.

The racking of the Electro-magnetic machine.

The most painful surgical operation, and yet be aroused into full consciousness by the exposure of their naked bodies, for a few minutes, to the cold air.

All the persons admitted last month for operation have been disposed of, except one.

JAMES ESDAILE, M. D.

*Calcutta, 1st January 1847.*

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REPORT OF CASES TREATED IN THE CALCUTTA MESMERIC  
HOSPITAL,

*For January 1847.*

IN the prosecution of the Surgical Department of Mesmerism, I hope that what I have published, as the result of my observations at Hooghly, will be borne in mind. "It is impossible to say to what precise extent the insensibility will befriend us: the trance is sometimes broken by the knife, but it can occasionally be reproduced by continuing the process, and then the sleeper remembers nothing; he has only been disturbed by a night-mare, of which, on waking, he retains no recollection." (*Mesmer. in India*).

And the conclusion come to by the independent examination of the 'Mesmeric Committee in Calcutta,' is thus stated:—"But in all these cases (where signs of pain appeared) without exception, after the operation was completed, the patients expressed no knowledge or recollection of what had occurred; denied having dreamed; and complained of no pain till their attention was directed to the place where the operation was performed. (*Mesmer. Rep. para. 19*)."

It ought also to be remembered, that short of the most intense degree of the trance, which reduces all to the level of corpse-like insensibility, every person has his mesmeric constitution and peculiarities, just as he has his natural temperament; and in the same room, lying side by side, will often be seen patients exhibiting the most opposite states of catalepsy, rigidity, and complete flaccidity of the muscular system.

*January 1st.*—Chand Khan, one of the men experimented on last month, to ascertain the effect of cold on the mesmeric sleep, was exposed to-day to have his tumour carefully examined. It was found that the greater part of the swelling was watery, arising from hydrocele, and did not require, at present, the formidable operation of excision. The tumour was tapped, and the usual stimulating injection thrown in, without a sign of sensibility appearing. After a considerable time, he awoke spontaneously, said nothing had disturbed him, and he felt no pain anywhere. He was desired to sit up and shew the part, and he was much surprised to see the bed wet, and the diminished size of the tumour. The hole made by the trocar was pointed out to him, and it was suggested that the bag had probably burst when he was asleep, and he seemed to consider this a likely solution of the problem. But it is for the Physiological History of such cases that this is related, and not as an example of insensibility under the knife, for the operation is only a prick. Every medical man knows, however, that the first contact of the acrid

injection with the spermatic nerves, causes very considerable, and often very great pain, which is propagated to the loins. Now, in all the cases in which I have operated, and they amount to about a dozen, this first pain has never been felt, and the patient only begins to feel pain in about 10 hours after, when the artificial inflammation commences.

But this is not all that is to be learned from this simple operation. In five or six days, when the fever has subsided that usually ensues, it will be found that the patient is very easily entranced again. The inflamed part is still very tender, and the least pressure causes great pain, but in the trance the parts can be rudely handled and severely pressed, without eliciting a vestige of sensibility, after which, however, it returns in all its natural intensity the moment the trance is dissipated. This disease is so common that every medical man can find plenty of cases for actual experiment; and in the presence of candid observers, I would willingly rest the proof of the reality and power of Mesmerism on the frequent exhibition of these phenomena alone. Having witnessed the frequent suspension of artificial inflammation by the trance, I was led to infer the possibility of subduing natural inflammation by it. Soon after ascertaining the above facts, a case of natural inflammation of both testes occurred, and was completely extinguished by keeping the man in the trance for 24 hours, with very short intervals of waking. I only mention this to shew what *can be done* under the most favorable circumstances, when a person is sensible to the influence to the necessary degree, and this brings me to the subject of

### MEDICAL MESMERISM.

The medical branch of the subject was entered upon in my Hospital last month, and I shall here introduce it, as if I were becoming acquainted with it for the first time, and had not already proved the efficacy of mesmerism in medical as well as surgical cases. I have purposely kept its medical pretensions in the back ground, knowing how difficult it would be to get people to believe in the existence and activity of an *invisible remedy*.

But I trust it has been proved by ocular demonstration, that we possess, and can wield a subtle vital agent inherent in our constitutions, and that it produces effects on the human frame that cannot be approached in intensity by the most powerful drugs, without actually poisoning the patient.\* The existence of a vital agent being proved, which is capable of reducing a living man, temporarily, to the insensibility of a corpse, and without subsequent injury to the system; it is evident that such an influence possesses the essential conditions of a remedial agent, *power and safety in its application*. It is also clear, that its influence is primarily exerted over the ner-

\* Ether had not been heard of.

vous system, and as this is the animating principle of the whole body, we might expect it to be pre-eminently serviceable in nervous and many functional diseases. In short, the discovery of such a natural power opens out a new means of modifying the human frame to an extent that can only be determined by actual and varied experiments.

The importance of Mesmerism in Medicine is greater than in Surgery even, in proportion to the greater frequency of Medical over Surgical diseases, and the benefit may be often derived with much less labor. It is a false position, however, in which Mesmerism is placed, when it is dis severed from the healing art as already known; it is only an extension of our knowledge of the human constitution and the laws of nature, capable, it is true, of effecting wonders alone, but where this is not the case, it readily enters as an useful assistant into numerous combinations for raising the general vitality of the system. It cannot therefore be too soon incorporated into the general body of the healing art.

But reason must often, for a time, yield to prejudice and the force of necessity, and, however unwilling I am to submit to the unnatural divorce of natural and harmonious curative powers, I shall, in the hope of the more firmly establishing the truth, submit to this curtailment of my usefulness, and rely exclusively in my hospital practice on the unaided power of Mesmerism.

The public are already familiar with the extreme degree of the sedative influence of Mesmerism, as exhibited in painless operations. The trance also plays an important part in the treatment of medical cases, but it is a great and general mistake to imagine that it is indispensable. During the successful treatment of chronic affections, the only remarkable phenomenon often observable, is a marked and steady improvement in the health of the patient, and the ultimate cure of the disease. This is attributable, I presume, to the stimulating effects of Mesmerism on the nervous system, and which are distributed by it to the whole bodily economy.

That the effects of this agent are caused by a vital action of the patient's nervous system, is evident from the fact, that persons at the approach of death become insensible to this as to all other natural agencies, although at an earlier period, they have been affected and reduced to any desirable degree of the Mesmeric condition: like wine and opium, Mesmerism has various effects on different constitutions, but generally resembles them in first stimulating, then deranging, and ultimately torpifying the brain.

In illustration of the first effects of Mesmerism on the nervous system, I shall here quote the descriptions given by two gentlemen of their feelings, who were mesmerised at their own request by the Rev. Mr. Townshend, for the express purpose of observing and

reporting their sensations. Professor Agassiz says: "After at least a quarter of an hour, I felt a sensation of a current through all my limbs, and from that moment my eyelids grew heavy; it was an irresistible heaviness of the lids which compelled me to shut them; and, by degrees, I found that I had no longer the power of keeping them open, but did not the less retain my consciousness of what was going on around me. It appeared to me that Mr. Townshend was endeavouring to put me into a sound sleep; my movements seemed under his control, for I wished several times to change the position of my arms, but had not sufficient power to do it; or even really to will it; while I felt my head carried to the right or left shoulder, and backwards or forwards, without wishing it, and, indeed, in spite of the resistance which I endeavoured to oppose: and this happened several times."

This is the account given by Signor Ranieri: "After he had moved his hands thus alternately from my eyes to my knees for 10 minutes, I felt an irresistible desire to close my eyelids. I continued nevertheless to hear his voice, and that of my sister who was in the same room, whenever they put questions to me. I always answered him correctly, but the whole of my muscular system was in a state of peculiar weakness, and of almost perfect disobedience to my will; and, consequently, the pronunciation of the words with which I wished to answer had become extremely difficult. Whilst I experienced to a certain point the effects of sleep, not only was I not a stranger to all that was passing around me, but I even took more than usual interest in it. All my conceptions were more rapid; I experienced nervous startings to which I am *not* accustomed, in short, my whole nervous system was in a state of exaltation, and appeared to have acquired all the superabundance of power which the muscular system had lost." If such singular revolutions in the nervous systems of healthy and calmly observant men can be brought about in a short time by this means, we may readily imagine how much greater the effects will be on more prepared and sensitive subjects.

For the observations of the last 70 years, in different parts of the world, all go to prove that a certain degree of nervous debility predisposes to the easy reception of the influence. A man in health may be likened to a full sponge; his nervous system can hold no more nervous fluid, and rejects it when offered: but let his nerves be weakened and rendered sensitive by disease, and then they will eagerly accept the nervous matter proffered to them, and greedily absorb it, as a half filled sponge imbibes the neighbouring fluids.

But it is time to proceed to the illustration of the subject by facts.

The swelling and pain of the joints are much diminished; he allows them to be handled freely, excepting the ankles, which are still slightly swollen and painful; he can walk out of the room without a stick.

*January 23rd.*—Has no pain in the joints, he can move them without pain; he walks about without a stick, but limps a little, the pain and swelling of the ankles nearly gone.

*January 25th.*—He feels quite well, has no pain in the ankles. He walks, runs, and leaps without the least pain, and was discharged to-day at his own request, quite well.

## CHRONIC RHEUMATISM AND STIFF ELBOW JOINTS.

*January 15th.*—Mr. Des Bruslais, a Frenchman, a merchant in Calcutta, aged 32. He has been suffering from rheumatism for the last six months, the left elbow joint is much enlarged, very tender and stiff; it is half bent, and can neither be bent nor extended farther. Numerous enlarged glands surround the joint, and the least pressure is exquisitely painful; the wrist is also quite stiff. The other elbow is a little contracted and painful, but not enlarged, and there are two unhealthy abscesses at the top of the breast bone, where the surrounding parts are swollen and very tender.

The left elbow is scarred all over by blisters and cauteries, from which he derived no benefit, and he has abandoned all medical treatment.

His nights are very restless, and he can with great difficulty turn himself in bed, and he cannot, without help, take off or put on his coat. His spirits and appetite are bad, and his nervous system is much broken. To come to the Hospital daily for an hour to be mesmerised, locally and generally.

*January 16th.*—The abscesses were opened to-day, and a quantity of unhealthy matter let out.

*January 18th.*—He slept during the mesmerising yesterday, and had a good night afterwards; to-day the pains are much less.

*January 20th.*—He can move the left wrist freely, the pain in the elbow joint is much less, and he can dress himself without help.

*January 25th.*—Nearly all pain has disappeared from the left elbow; he can bear it to be freely pressed, and even struck with little pain, and can bend it nearly to the natural degree: he also extends his arm better, and the wrist is quite free. He sleeps well, turning in and rising from his bed easily; his spirits and appetite are much improved. He has slept daily for the last week during the mesmerising, and bears considerable extension of the arm without awaking.

Date of Admission.		Names.	Age.	Caste.	Profession.	Disease.	Cured.	Relieved.	Absconded.	Died.
No.	Date.									
	1847.									
	Jan. 7,	Shaik Ameer,* .....	55	M. ....	Boatman, .....	Hypertrophied Scrotum,...	.....	...	Jan. 26,	.....
	" 10,	Manoo, .....	35	H. ....	Bearer, .....	Ditto, .....	.....	...	.....	.....
	" 14,	Wolemohmud, .....	30	M. ....	Boatman, .....	Rheumatism, .....	Jan. 25,	...	.....	.....
	" 14,	Tarachund Mullick,† .....	45	Brah....	Writer, .....	Hypertrophied Scrotum,...	.....	...	Jan. 31,	.....
	" 15,	Moteecollah, .....	50	M. ....	Jemadar, .....	Ditto, .....	.....	...	Jan. 26,	.....
	" 17,	Modosoodun Paul,‡ .....	16	H. ....	Potter, .....	Fungus Hematodes, .....	.....	...	.....	.....
	" 17,	Mrs. Woolfe, .....	28	Eur. ...	.....	Hysteria, .....	.....	...	.....	.....
	" 21,	Mrs. Frances Ann Elliot, .....	30	E. I. ...	.....	Rheumatism, .....	.....	...	.....	.....
	" 27,	Mrs. Goodall, .....	33	Eur. ...	.....	Epilepsy, .....	.....	...	.....	.....
	" 15,	Des Bruslais, .....	32	French,	Merchant, .....	Rheumatism Chronic, .....	Jan. 31,	...	.....	.....

\* He was on the point of going home cured, when fever and diarrhoea came on and carried him off.

† Discharged on account of his system being too weak to bear an operation.

‡ He could not be subdued on account of fever and pain. The arm was therefore taken off at the shoulder in his natural state.

(Sd.) J. ESDALE, M. D.,  
Superintendent Mesmeric Hospital.

charpaie several times, and his testis was severely squeezed without disturbing him in the least.

3d.—He was deaf to the loudest noises and calling, but he appeared to be disturbed on his testis being squeezed.

4th.—He was very deeply entranced; a large brass basin was twice thrown down on the stone floor close to his bed, causing a very great noise without rousing him; his body was pricked all over for about four minutes, and his testis severely squeezed with no more effect.

He has a great objection to be operated on in the Hospital, and I told him that I was about to do it now, if he did not object: silence seemed to give consent.

5th.—The same repeated to-day with like results. As another security, I sent for carb. of ammon. and applied it to his nose. This disturbed him somewhat, without awaking him: after he awoke and had dressed himself, I put the bottle of carb. of ammon. to his nose which was as disagreeable to him as to me. He was asked if he had ever smelt this before; he said, it was like smelling salts, but that he had never smelt it before in the Hospital.

6th.—I operated on him to-day, in the presence of numerous persons, among them were Dr. Thomson, Dr. Mouat, and Mr. R. O'Shaughnessy. His pulse on several occasions had been counted in the trance, and was found to be always 120; it was so to-day, but his natural pulse is 80. I cut at once down upon the right testis to ascertain its state: it was involved in a large hydrocele, and was much enlarged and adherent to the sac; it was therefore let alone, and after freeing the other testis and penis, it was removed along with the general mass, which weighed about 16 lbs.

His legs were separated, and placed one on each side on a chair: as usual, no one held him. I was told that the operation lasted  $4\frac{1}{2}$  minutes, and I was not conscious of the slightest quiver in the man's whole body all the time. The only thing that distinguished him from a corpse, was his breathing becoming disturbed about the end of the operation, but it very soon became quite tranquil again. This, which is frequently seen, arises, I presume, from an instinctive effort of the lungs and heart to accommodate themselves to the altered state of the circulation. The pulse, I was told, remained unchanged till the fall of the mass; it then sunk to 85, and when he awoke it had settled at 58.

After the arteries were tied, his Mesmeriser was desired to desist, and he awoke spontaneously, just about his usual time daily. In reply to questions put to him, he said that he had slept very well; had not been in any way disturbed, not even by a dream; that he felt no pain any where, and was not weaker than usual; upon saying

this, he prepared to get up as usual, but I laid my hand upon his shoulder, and desired him to lie still, and listen to what I said. I told him, that although he had been led to expect that he should be operated on at home, I did not think it proper to comply with his wishes, as it might make him anxious and watchful, and so defeat our object, and that finding him in a fit state, I had taken the opportunity to operate on him here. He started with surprise, and was about to examine the part, but I begged him not to do so, as it would bring on pain which he had not yet felt, and accordingly, he said, "I *now* feel a burning about the part." In conclusion, he was asked if it was true that people could be cut up in their sleep without knowing it, and he replied, "It seems so." Shortly after, some vessels required to be tied, and he showed more than the usual signs of pain during the process.

7th.—He has had no pain in the part since the first half hour after he awoke: has had some pain in the loins since the evening, which increased at night, preventing his rest; had a slight fever at 8 P. M., no motion.

He was feverish for a week. The fever gradually left him by the occasional use of laxatives and quinine. The wound now appears very healthy; and is rapidly contracting. He now sits up in his bed and walks about; he eats well, and is daily getting strength.

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### HYPERTROPHIED SCROTUM.

Jan. 9th, 1847.—Manoo, a bearer, aged 35, has come from Cuttack, a distance of 200 miles, in consequence of having learned from one of his friends that he had undergone an operation at Hooghly without being put to pain. This is another example of a healthy man being reduced to the most intense degree of insensibility. He is an active, hardy looking man, and has travelled 10 days consecutively, at the rate of 20 miles a day, and the majority of patients operated on since I came to Calcutta, have been men in apparently good health. If they cost us more than the usual trouble, our success is the more satisfactory, on account of the difficulties to be overcome.

This man was very speedily subdued, and might have been operated upon on the 4th or 5th day, but for a peculiarity in his mesmeric condition that I observed, and which I greatly wished to understand, or at least get rid of. Although he was strikingly cataleptic, and bore with perfect indifference the electro-magnetic shocks for many minutes, and could be pricked all over without awaking him; yet on attempting to draw him down to the end of the bed on his mattress, he often awoke instantaneously into the full

possession of his senses. Raising his legs and letting them fall suddenly on the bed, awoke him in the same manner. I regret to say, that I have not been able to account for this peculiarity of his mesmeric constitution, but we succeeded in extinguishing it by prolonged treatment. Every practical Mesmerist is aware of such singular anomalies, and that the patient may be able to bear severe pain of one description, although he is awake by apparently inferior disturbing causes. If their weak point is noted and avoided, the necessary liberties may often be safely taken with them with impunity, and I might have disposed of this man at a very early period, if I had not wished to reserve him for experiment and observation.

The case of the Baboo is an illustration of this; the day before the operation, he was annoyed by the fumes of ammonia, but this did not prevent me from operating on him next day, without testing him with ammonia, and he lay like a corpse throughout. Manoo has got the usual tumour, but of a small size, rendering the organs useless, however : to be mesmerised.

10th.—Slept for a few minutes only.

11th.—He appeared to be in a profound natural sleep.

12th.—He was partially affected, arms cataleptic; not disturbed on being handled freely.

13th.—He was found entranced, perfectly cataleptic. He was insensible to pricking.

14th.—He slept a little, and was roused when called.

15th.—He was deeply entranced, a pin was thrust into his hand and left there, on awaking he was confounded to find the pin in his flesh.

16th.—He was placed under the action of the electro-magnetic machine. It produced convulsive movements of his hands; he stood it well for several minutes. From his exhibiting slight movements of the face, the machine was removed, and soon after, he awoke, and when asked, said that nothing had disturbed him in his sleep.

17th.—He stood the action of the machine for about three minutes.

18th.—He awoke on the mattress, on which he lay, being carried down to the bottom of the charpaie.

21st.—He was found perfectly entranced; and was subjected to the action of the electro-magnetic apparatus, which he bore for about three minutes without the central magnet, and with it, for a minute. It only produced strong convulsive movements of his arms. He was then pulled down on his mattress to the bottom of the charpaie; the mesmeric process being carried on. Both legs being supported on two chairs, the tumour was exposed, and the testes were freely handled. The part was shaved and covered with a sheet.

He was then pulled back to his usual sleeping position, and awoke some time after on my opening his eye; nothing had disturbed him, but this.

22*d.*—Being found insensible it was attempted to drag him down to the bottom of his charpaie, but while it was being done, he awoke.

23*d.*—He awoke to-day on a piece of live coal being put into his hand.

*Feb. 5th.*—Mesmerising was intermitted for nine days, on account of the patient being attacked with fever and diarrhoea,—astringent and febrifuge medicines were prescribed for him.

6*th.*—He was found well, the process was recommenced, and he slept profoundly, and was roused by a coolly touching his body somewhat rudely.

7*th.*—He awoke on his nipple being severely pinched.

10*th.*—He was subjected to the action of the electro-magnetic machine for several minutes, and his testes were severely pressed without awaking him. The above was done in the presence of His Highness the Nabob of Moorshedabad, Mr. Torrens, Dr. Grant, and several other Mahomedan and European gentlemen.

11*th.*—He was very deeply entranced to-day, his legs were raised in the air and thrown down on the charpaie several times, and his testes were severely squeezed. He was completely insensible.

12*th.*—He awoke on being pricked.

13*th.*—He bore several tests of insensibility well, but awoke on a bit of live charcoal being put on his ankle.

14*th.*—He was put to sleep on a charpaie that divides in the middle, and allows the lower part to be taken away without disturbing his trunk. Both his legs being lifted up, the lower half of the bed was removed and his legs were then placed on two chairs; the tumour was exposed, and a hydrocele found in the left side, was punctured, and a large quantity of serum let out. The testis on this side was examined and severely squeezed without disturbing him. The bed was re-adjusted, and he was left to sleep. He awoke about 15 minutes after, and said, when questioned, that nothing had disturbed him in his sleep. He was confounded when the sheet, on which he lay, was pointed out to him wetted with blood and water, he said it was not so before he fell asleep. As desired, he handled, and looked at his tumour, and was surprised to find its bulk much reduced. He said it was much larger when he went to bed. The opening of the puncture was shown to him, and he was told that the tumour had probably burst of itself, and the water and blood escaped through the opening. All this he said might have been the case, but he was perfectly unaware of what had happened, for he was fast asleep.

nearer the shoulder than I could before; no pain during the day or night; sleep unbroken for the first night for many months.

17th.—Arm painful and stiff; mesmerised locally for half an hour, and generally for the same time; felt very drowsy during the latter operation; was roused by a violent shock through the whole of my body; arm slightly painful all day, no pain during the night; slight nervous headache during the afternoon; slept soundly; can shave easily.

18th.—No pain; mesmerised locally and generally for half an hour. Elbow continues contracted, no headache. Towards evening felt a slight pain in *left* elbow, which increased during the night and prevented my sleeping. Slight pain also in right elbow.

19th.—Severe pain in *left* elbow; muscles outside the joint slightly swollen; no pain in right arm, but it still continues contracted; mesmerised locally in each arm; no perceptible effect; slight pain in left arm during the night. Mesmerised generally; fell into a deep sleep; have no idea of what occurred during the trance; how long it lasted, or how I was awakened; no headache.

20th.—Slept soundly, pain very slight in left arm; none in the right, but it continues slightly contracted; mesmerised locally and generally; no sleep produced.

28th.—Mr. Johnson had taken his passage for Singapore before he came to the Hospital, and had only a few days to spare. He has not returned since the 20th, and then he was without pain; the contracted arm scarcely differed from the other, and could also be much more freely flexed.

## ENLARGED GLANDS.

*Feb. 18th.*—Sarah Goodall, aged 11 years. For the last eight years she has been subject to a periodic attack of inflammation in the glands of the neck and ear, every six months. The glands at the angle of the jaw first become painful and enlarged; the ear is next involved, and she is not relieved till suppuration takes place; as soon as one ear is well, the other is attacked in the same way.

Her mother never recollects the glands swelling without the ear-ache following, and this is about the time for her half-yearly attack.

There was much fever during the attack which was never subdued without leeching, and her eye-sight has been injured in consequence. The words in a book often seem all one line. She looks pale and lymphatic.

To be mesmerised locally and generally.

22d.—The tenderness and enlargement of the glands under the ear disappeared after two days mesmerising, and the ear has not

been at all affected, which never happened before. She looks more lively, and her eye-sight is natural; when she came here it was very dim and imperfect. This girl's system has been exhausted by periodic leeching for many years; I have therefore ordered a gentle course of chalybeates after the mesmeric treatment.

### SOMNAMBULISM.

*Feb. 3d, 1847.*—Suroop, a Shop-keeper, aged 53. He has got one of the usual tumours. His health is not impaired, and he looks a strong robust man.

He has been sleeping profoundly daily, for about eight days past, and has great difficulty in rousing himself after being examined. For some time before coming to his senses, he answers questions in his sleep, straining all the time to open his eyes, which is only effected after much rubbing. Persons in this state can be easily converted into somnambulists, and although I have amply illustrated this at Hooghly, I thought it would not be amiss to repeat the same thing here, in order to prove that the same phenomena occur every where under similar circumstances. The forced simple somnambulism, now spoken of, consists in making the patients speak, act, and walk with different degrees of freedom, according to the extent one pleases to affect them. This condition of the body is usually attended with a cataleptic disposition of the muscular system: the sensibility of the senses is greatly blunted, often extinguished even, and a person may be operated upon while he is talking to the operator without knowing any thing about it. On coming to their senses, they have no recollection of any thing they have said or done. This half-torpid state of body and mind is very different from the spontaneous somnambulism often induced in the chronic treatment of medical diseases by mesmerism as a nervous stimulant. In this state, there is great general exaltation of the nervous system, and during it the higher mesmeric phenomena are exhibited. But in my surgical cases, the first stimulating effects are, if possible, avoided, and the system pushed at once into the extreme, or narcotic degree of the influence.

*27th.*—Suroop was mesmerised to-day, sitting in a chair,\* and in about eight minutes he showed all the signs of a person going to sleep in spite of himself. His eyes were half open and glazed; he had great difficulty in opening them wider, when desired, and he could not speak distinctly on account of his lower jaw being rigid: this soon went off with a little practice, and he was able to speak intelligibly, but slowly and drowsily. When ordered to rise from the chair, he made fruitless attempts to do so, and had to be lifted and set upon his

\* Present—Mr. Halliday; Dr. Clarke, Inspector General of Hospitals Her M.'s Forces; the Rev. Mr. Lacroix; the Rev. Mr. Mackay; Mr. Mawson; Mr. Wilby.

feet. Being left alone, he continued to sleep standing, and looked like a man in the most abject and helpless state of drunkenness: he was roused up a little, and made to follow me, which he did with the awkwardness and unwillingness of a sloth. I awoke him up a little more under the centre skylight of the room, so that he could open his eyes to their full extent. A rupee was put into his hand, and he was desired to tell us what it was. He handled it very attentively for some time, but could make nothing of it, and at last he looked up to the bright light above, then down to the rupee; tried it at different distances, and in new lights, but all was dark to him, and he could not tell what was in his hand. A watch equally puzzled him under a bright noon-day sun falling distinctly upon it from above. I now awoke him, and put the rupee into his hand: he at once chucked it with his thumb nail into the air, in the true money changer's style, and said with a laugh, "it was a *rupee*, and a good one too," but he said that he had not seen a rupee or a watch in the Hospital to-day before. I again put him to sleep, the rupee was put into his hands, and he again uselessly tried to discover what it was: on deepening the influence he became motionless and speechless, and the rupee fell from his paralysed hands to the ground. He was now awake up, and restored to alacrity of speech and motion, and to all appearance, to clearness of vision: to a common observer, he was like other men. We now told him that he might go home, and he salaam'd and made for the door. I requested the gentlemen to observe him carefully, however, and begged the Revd. Mr. Lacroix, who is a perfect Bengalee scholar, to conduct the conversation anew. Suroop walked half way across the room, apparently in the full possession of his senses, but he soon stopped, looked bewildered, took the bearings of surrounding objects, seemed to reflect profoundly, and then wandered about helplessly, although urged to leave the room, and directed where to find the doors, of which there were four facing him. He had relapsed into somnambulism, and I was obliged to restore him to his senses. This time it was done effectually, and Mr. Lacroix engaged him in an animated conversation about his trade, profits, &c. While this was going on, he was mesmerised from behind, and in about ten minutes he suddenly stopped talking, ceased to answer questions, and sunk helplessly to the ground.

He was then stripped naked, and set upon his feet: shortly after he was demesmerised by squirting cold water in his eyes from a distance, and he was very much surprised and ashamed at the exposure of his person.

In conclusion, when fully restored to consciousness, he had no recollection whatever of any thing that had taken place; he had even forgotten the lucid intervals of his trance.

eyes; the eyelids seemed glued together, and while begging to have his eyes opened, he was insensible to my pricking him assiduously. It was now upwards of an hour since he had smoked the æther, and we could not yet dissipate its effects. He was therefore also subjected to the cold affusion for several minutes, of whose action he was quite unconscious, although he kept rubbing his eyes all the time to open them, and occasionally answered questions correctly. He at last suddenly awoke into the full possession of his senses, and recollected nothing that had happened since he went to sleep.

Here then is a most exact imitation of the physical phenomena witnessed in the mesmeric trance; and the sleep-waking state caused by æther, beautifully illustrates the distinction between sensation and consciousness so often seen in the mesmeric state, and which I have insisted upon so frequently, with little effect, I fear. These men were capable of talking and acting, and made the reasonable request to have their eyes opened, although they were unconscious of a deluge of water that was falling on their naked bodies from a height.

I am satisfied that the man least affected might have been operated on to any extent almost, not without appearing to feel it, but without being conscious of it afterwards, just as is seen every day in mesmeric operations.

Here then is a prodigious engine for good or evil, according as it is used or abused, for if the advantages are most striking, the evils are not less so in the above examples.

The speedy induction of insensibility of long duration was most satisfactory and complete; the pulse was natural during its greatest intensity, and the breathing not disturbed, nor did the men suffer afterwards from what they had undergone.

I believe that any amount of mere pain might have been inflicted without the knowledge of the patient, but I should be extremely reluctant to perform a capital operation entailing a great loss of blood on a person in this state, till I had obtained more command over my too active ally.

In many of my late operations in the mesmeric trance, for example, the pulse became insensible from the sudden and profuse hemorrhage, and it became necessary to revive the sinking system by restoratives. The patients were therefore awoke for this purpose, and this can be generally very easily done. But in the coma from æther it has been seen that there was no power of swallowing left in one of the men, and that stimuli applied to the skin and nose had no decided effect on the torpor: in fact there was no means of getting at the vital powers. Now, if this man's life had depended on our being soon able to restore him to consciousness and sensibility to ordinary stimuli,

I think it very probable, and Dr. Mouat agreed with me, that he would have died before this could have been done.

But let us hope that we shall soon be able to regulate, as easily as we can set in action, this potent influence. In the man most intensely affected one-tenth of the power exerted would probably have sufficed for all practical purposes, and more controul might therefore have been preserved over the vital functions. By cautious and graduated doses, and with a knowledge of the best antidotes, I think it extremely probable that this power will become occasionally a safe means of procuring insensibility for the most formidable surgical operations.

It is only of late years that the application of mesmerism to surgery has been prominently brought forward, principally with the view of affording an ocular demonstration of the existence and power of this great vital agent.

But the great field for the display of its usefulness is in the treatment of medical diseases, where it often comes to our aid when all other resources have failed, and it would take a library to contain the volumes of well attested cures performed through its agency on the continent, before it was ever heard of for surgical purposes.

(Signed) JAMES ESDAILE, M. D.,  
*Supt. Mes. Hospital.*

*Monthly Register of Patients treated at the Calcutta Mesmeric Hospital, for the month of February 1847.*

*Calcutta Mesmeric Hospital, 1st March 1847.*

Date of Admission.		Names.	Age.	Caste.	Profession.	Disease.	Cured.	Relieved.	Absconded.	Died.	Remaining.	Remarks.
Months.	Date.											
1846.												
Nov.	23,	Ramlochun, .....	60	Hindoo, .....	Weaver, .....	Hypertrophied Scrotum,	14th,	.....	...	.....	...	
Dec.	3,	Nundkissore Roy,....	43	Ditto, .....	Writer,.....	Ditto,.....	.....	.....	...	.....	...	
"	4,	Neemoo, .....	30	Mussulman,	Kidmutgar, ...	Ditto,.....	.....	.....	...	.....	...	
"	6,	Katick, .....	45	Hindoo, .....	Washerman, ..	Ditto,.....	9th,	.....	...	.....	...	
"	16,	Haranund,.....	25	Ditto, .....	Merchant, .....	Ditto,.....	.....	.....	...	.....	...	
"	23,	Muthoor,.....	40	Ditto, .....	Bearer, .....	Ditto,.....	.....	.....	...	.....	...	
"	23,	Benedicta Gordon, ...	18	Xtian,.....	E. I. Woman,	Scrophula,.....	.....	.....	...	.....	...	
1847.												
Jan.	9,	Manoo, .....	35	Hindoo, .....	Bearer, .....	Hypertrophied Scrotum,	.....	.....	...	.....	...	
"	17,	Modoosoodun Paul,...	16	Ditto, .....	Potter, .....	Fungus Hematodes,.....	.....	.....	...	5th,	...	
"	17,	Mrs. Woolfe, .....	28	European, ..	.....	Hysteria, .....	.....	.....	...	.....	...	
"	21,	Mrs. Francis,.....	30	E. I., .....	.....	Rheumatism,.....	.....	.....	...	.....	...	

25th.—The operation was performed to-day in the presence of a large company of spectators, Europeans and Natives.\* Being satisfied that the left testis was diseased, it was sacrificed without being dissected for, and it was found to have been converted into a sac full of water; not a tremor was perceptible in the man's whole body from first to last.

After he had been cleaned, and covered with a fresh sheet, he was awakened with some difficulty. On being questioned, he was unconscious that any thing had happened to him; he said that he felt just as usual, and was ready to be operated on now, if I pleased. Weight of tumour 15 lbs.

### CARTILAGINOUS TUMOURS.

March 29th, 1847.—Huro, a peasant woman, aged 25, has come from Chinsurah, 25 miles off. Has been suffering from a cartilaginous tumour on the pinna of each ear for about two years; the left one is the largest, and is about 1 lb. weight: there is also a small excrescence inside the right ear. The disease commenced with a warty excrescence caused by boring a hole in each of the ears for wearing ear-rings: she enjoys very good health, and is a remarkable example of natural sensibility to the mesmeric influence. To be mesmerised daily for an hour and a half.

30th.—She appeared to be deeply entranced, her limbs were all flexible, and were thrown about rudely without disturbing her. A pin was also put into the tip of her nose and left there for a few seconds and then removed; her jaw was locked, and could be with difficulty partially opened: each ear was rudely handled, and the tumour on the left side was marked with ink to show the outline of the natural cartilage; and all without disturbing her in the least. She could be operated on to-day to any extent, but a careful first examination is so much time and power lost; she was therefore reserved for to-morrow.

31st.—The operations were performed to-day, at 12 o'clock, in the presence of a numerous party of Europeans and Na-

#### Present—

\* Nilmony Dutt, S. A. S.  
Moulvy H. Ahmd. Kubeer.  
Mr. E. D. Baptist.  
Degamber Mitter.  
Dr. Thomson.  
G. Parbury.  
G. Bryant.  
J. Mawson.  
Mr. Duncan.

Dr. R. Stuart.  
J. E. T. Heatly.  
W. Olliffe.  
Mr. Wilby.  
Dr. Stock.  
Mr. Barry.  
Dr. Grant.  
Dr. Clarke, I. G. H.  
H. M's. Forces.

Prince Julaloodeen.  
Prince Md. Muhdy.  
Mr. Hurry.  
Rev. J. H. Parker.  
Dr. Bermond.  
Sir R. Barlow, Bt.  
Dr. Jackson.  
Isserchunder Dutt.  
Romanauth Chatterjee.

I was present at the Mesmeric Hospital yesterday (31st March 1847,) when Dr. Esdaile operated on the following persons:

Huro, a healthy native woman, aged 25, from Chinsurah, caste Bhagdee, admitted 29th March, affected with painless cartilaginous tumours attached to the upper and posterior part of each ear: one of a flattened irregular form, and about the bulk of a middle sized orange; the other about one quarter of that size: and both, of about two years' standing, had been mesmerised daily for about two hours each time, since admission. She appeared to be in a sound sleep, countenance placid; skin comfortably warm, and perspiring gently, pulse about 118, full and of good strength, breathing quiet, and in this state exactly she continued during the operations, each of which occupied about two minutes. Not a muscle moved; and there was not the slightest indication of suffering from pain. No ligatures were required; and there was but little blood lost. About eight minutes after the operation, Dr. Esdaile separated her eyelids with his fingers, when the eyes were seen turned upwards into the orbits. He then rubbed her eyes quickly, and blew forcibly upon them; but she was not fairly roused until cold water had been thrown in her face two or three times. She then said, when questioned, that she had not felt the least pain, and, when the tumours were shewn to her, expressed her gratitude by making a salam.

Sonaton, Mistry, aged 32, a strong healthy man, from Cuttack, admitted 25th March 1847, with hypertrophied tumour of the scrotum. Before operating, Dr. Esdaile pricked him gently on the abdomen with the scalpel, which caused slight contractions of the muscles there. He seemed to be in a sound sleep, pulse 116, full and soft, breathing regular. About five minutes elapsed in performing the operation, and when it was about half over, he began to breathe heavily, compressed his lips, grasped my hand firmly several times, struggled a little, and called out twice or thrice as if in pain. He was, however, evidently not awake; and remained quietly asleep, whilst the arteries were being tied. When the operation was finished, the Native Mesmeriser discontinued his manipulations; and about a quarter of an hour afterwards he awoke. When questioned, he said, he had experienced no pain during the operation, but that he had then a slight smarting in the wound; and applied his hand to the part. Towards the close of the operation, the pulse fell rapidly to 62, and became weak, but not remarkably so; and not more blood was lost than might be expected from so large a wound. The tumour weighed 16 pounds, including the testicles.

(Signed) R. M. M. THOMSON,  
*Marine Surgeon.*

(True Copy,)  
J. FORSYTH, *Surgeon,*  
*Secy. Medl. Board.*

REPORT OF CASES TREATED AT THE CALCUTTA MESMERIC  
HOSPITAL,

*For the Month of April, 1847.*

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CALCULUS—LITHOTOMY.

*April 2d.*—Bhuggeruth, a husbandman, aged 32, came to my house this morning, complaining of all the symptoms of stone. He has been suffering for two years, and for the last year has been in constant misery. He walks with the greatest pain, seldom sleeps, and when he does, it is by pressing one of his heels into his perineum which gives him some relief. I sounded him, and found a stone: he suffered much, and complained loudly during the examination. He was desired to go to the Hospital.

*3d.*—Came to the Hospital to-day; the constant state of suffering this man was in made it extremely doubtful whether he could be rendered insensible, but it was resolved to try. To be mesmerised daily for three hours by different persons, one hour each.

Sleeping profoundly, his arms became cataleptic, and could be thrown about rudely without awaking him: he was insensible to pricking, but was found moving his limbs, and turning his head instinctively; he groaned and shrunk when his right nipple was severely pinched. He awoke about half an hour after his Mesmeriser left him.

*4th.*—He was not conscious to pricking; a sound was gently introduced into the bladder, and the stone detected, he was then brought down to the edge of the table with the mattress, a staff was passed into the bladder and then withdrawn, and his perineum was next shaved. All the above was done without awaking him, but some convulsive movements were observed in his features. He was then with some difficulty awakened, and when asked, he said, that he had not felt any thing since he went to sleep.

*5th.*—His arms were rigid, particularly the left one, and were lying across his breast; a sound was passed into his bladder, and I then introduced my finger into his rectum, and the stone was felt. He was then placed in the position used for the operation of lithotomy without tying his hands and feet as usual; a staff was next put into the bladder and held in the usual position for a few minutes, it was then withdrawn and he was made to lie down again; nothing had annoyed him, he said when he awoke.

*6th.*—He was operated on to-day.\* The mattress with him upon it was pulled down to the edge of the table, and he was placed in the

\* Present—Dr. Forsyth, Dr. Cowan, Dr. Tatlock, Mr. Heatly, Mr. Wilby, Mr. Hurry.

usual attitude for lithotomy; his arms loosely passed around his legs below the knees; no ligature was used, and I requested him not to be held. Before commencing, I imprudently pricked him around the anus, which brought on an instinctive contraction of the anus and bladder, followed by the expulsion of the urine around the staff, but not a sign of general sensation or consciousness appeared. This was an unpropitious commencement, and it would have been better to put off the operation a day. I injudiciously proceeded, however, and having injected the bladder, performed the operation; not a sign of sensibility appeared, I believe, till my finger was pressing the stone against the fundus of the bladder. He now became disturbed, and moved and moaned while I was trying to get a proper hold of the stone, which was very difficult from its being of so oblong a form. He opened his eyes when the stone was passing through the pelvis, and seemed to be in the possession of his senses, but when all was over, he said that he was only conscious of having felt something give way in his inside, followed by some heat in the seat of the wound. As in former instances, he did not see for some time after his eyes were wide open, and the first thing he saw clearly was the stone when presented to him. He then only became aware of the presence of the gentlemen around him. The stone weighed 1 and  $\frac{1}{2}$  ounces, 20 grs. With a little more patience this would have been as complete a case as any on record.

With reference to the eye being insensible to external objects when wide open, and apparently natural, I beg to refer to the case of Suroop, a somnambulist. I had frequently observed the same phenomenon before it occurred during operations, and have thus spoken of it in my "*Mesmerism in India*."

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### HYPERTROPHIED SCROTUM.

*April 1st, 1847.*—Shaik Koochill, a cart-driver, æt. 50, residing at Karawa, in 24-Purgunnahs. Has got a common scrotal tumour for eight years. To be mesmerised for an hour and a half daily.

*8th.*—He is subject to fever twice a month, and as he was labouring under a paroxysm, when admitted, mesmerism was commenced only this day: sleeping profoundly, his arms were flexible and were

\* "That the mesmeric torpor of the nerves and brain does not arise from sanguine congestion, is often strikingly and beautifully illustrated by the first actions of persons suddenly awakened from the trance. They open their eyes wide, and at the same moment their faculties are restored, but it is seen that the pupil is dilated, and insensible to light: this they also immediately become aware of; they know that their eyes are open, and that they ought to see, but do not. The thought fills them with horror, and, with a fearful cry, they bury their faces in their hands, like persons struck blind by lightning; but this soon passes off, and the retina recovers its sensibility by a little rubbing of the eyes."

striking. He remained for 24 hours in the greatest pain, while the other did not experience an ache even. This poor fellow suffered from my taking too much for granted.

### HYPERTROPHIED SCROTUM.

*April 6th, 1847.*—Bonmallee Bhuttacharge, a Brahmin, æt. 26, residing at Sookchur, in 24-Pergunnahs, has been troubled with a scrotal tumour for nine years. He was not mesmerised until the 13th on account of an attack of periodic fever to which he has been subject.

13th.—His arms were flexible, and tossing them about did not awake him, he was partially insensible to pricking.

14th.—He awoke on his right nipple being pinched.

15th.—A metallic basin was thrown on the stone floor close to his bed, his body was pricked all over, and his tumour exposed, and thrown up to the abdomen with a jerk without disturbing him.

20th.—He was disturbed on being rudely handled, and was therefore mesmerised for an hour more than the usual time, after which he appeared deeply entranced; his tumour was severely squeezed, and he was pricked all over without exciting the least movement in his system.

21st.—He appeared to be deeply entranced, and was therefore with the charpaie removed to the operating room; he was made to sit up on his bed in a strong current of air without disturbing him in the least. His mouth was with difficulty opened, and it remained fixed wide open. He soon after awoke with a start, and said that the air rushing down his throat had awakened him.

22d.—The operation was performed to-day.\* The parts were all saved: weight of the tumour 30 lbs. Towards the end of the operation he moved and cried out unintelligibly, but on the fall of the mass became perfectly tranquil, and did not awake till after he had been covered with a clean sheet, and all traces of the operation removed. Nothing had disturbed his sleep, he said, he felt just as usual, had no pain any where, &c. The lump was then shewn to him, he recognised his property, and said it made him sick to look at it. He had no pain in the part for an hour after.

### HYPERTROPHIED SCROTUM.

*April 14th.*—Shaik Morad, a tailor, æt. 40, residing at Sobhabazar, in Calcutta, has got a scrotal tumour for six years.

To be mesmerised for an hour and a half daily.

\* Present—Captain R. Hunter, Mr. W. F. Campbell, Mr. John Worrall, Mr. J. Bathurst, Mr. Strettell, Mr. N. Paliologus, R. Stuart, M. D., Ramchunder Mitter.

at night, and cannot possibly sleep without it; she commenced with 4 drops, but now takes 38 every night at bed-time. Her general health is broken down: catamen. reg. but scanty, and she has distressing palpitations on lying down. To leave off the hemp, and be mesmerised daily for an hour.

Mrs. Goodall kept a diary of her case, which is too long and monotonous to give in full; I shall therefore only extract a few of the entries which show a break or change in the diseased chain of action.

"Jan. 28th.—Went again to the hospital to-day at 12 o'clock, found a little change in the arm, slept from 10 till 4 o'clock.

29th.—*The creeping in the fingers has disappeared*, trembling in the body rather less, slept from  $\frac{1}{2}$  past 10 till  $\frac{1}{2}$  past 3 (this trembling which was a new symptom, probably arose from the disuse of the hemp, but it is also often a mesmeric symptom.)

Feb. 1st, 1847.—"Went at 8 o'clock, and was mesmerised for  $\frac{3}{4}$  of an hour, but could not remain on account of the trembling and heaviness of the head, night restless."

2d.—"The pain in the lower part of the stomach that has been present for the last six years has left me for the first time: night quiet." (No tendency to fits during this month.)

March 20th, 1847.—"Very much troubled with pain in the arm to-day; at night got up with a tingling feel, which causes me always to start in my sleep before the fits come on; slept for 4 hours after; (when I used to have that sensation before, I was obliged to sit up all night.)"

In all April there is only a record of nervous aches, &c., without any epileptic symptoms, and at this date, 30th April, the alteration in her state amounts to this. The sensation of creeping in the fingers and the pain at the lower part of the abdomen have not returned; during three months there has been only one epileptic symptom, and this for the first time was not followed by a fit: she sleeps enough to refresh nature, 3 and 4 hours at a time, without the use of narcotics, and her general feelings are improved. This is perhaps as much as could be expected in so shattered a system, and so inveterate a disease, and is enough to show, I think, that mesmerism is a new source of relief for Mrs. Goodall.\*

That we may not be in danger of falling into the "*post hoc, ergo propter hoc*" style of argument, it is necessary to multiply examples, and I can spare no more labour on this case, my time for experiment being limited.

\* There has been no epileptic symptom up to this date, 10th July. Mrs. G. when restless sends for her mesmeriser, and the process always secures her a night's rest.

*Monthly Return of Patients treated at the Calcutta Mesmeric Hospital, for the month of April 1847.*

*Calcutta Mesmeric Hospital, 1st May 1847.*

DISEASES.	Remaining.	Admitted.	Total.	Cured.	Discharged.				Died.	Deaths and Ages.							Remaining.
					Average period under treatment.	Relieved.	No better.	Incurable.		Average period under treatment.	From Birth to 10.	10 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	
Calculus in the Bladder,.....	...	1	1	...	.....	...	...	...	...	.....	...	...	...	...	...	...	1
Cephalalgia, .....	1	...	1	...	.....	1	...	...	...	.....	...	...	...	...	...	...	...
Deafness, .....	...	1	1	...	.....	...	...	...	...	.....	...	...	...	...	...	...	1
Epilepsy, .....	2	2	4	...	.....	...	...	...	...	.....	...	...	...	...	...	...	4
Hypertrophied Scrotum,.....	10	5	15	2	130	1	...	...	4	...	...	...	...	...	...	...	8
Insanity, .....	...	2	2	...	.....	...	...	...	...	.....	...	...	...	...	...	...	2
Neuralgia,.....	1	...	1	...	.....	...	...	...	1	...	...	...	...	...	...	...	...
Paralysis, .....	1	2	3	...	.....	...	...	...	1	...	...	...	...	...	...	...	2
Rheumatism, .....	2	5	7	...	.....	...	...	...	1	...	...	...	...	...	...	...	6
Scrophula, .....	1	...	1	...	.....	1	...	...	...	.....	...	...	...	...	...	...	...
Tumour, .....	1	...	1	1	.....	...	...	...	...	.....	...	...	...	...	...	...	...
Total,.....	19	18	37	3	130	3	...	...	7	...	...	...	...	...	...	...	24
Average number of sick,.....	15,																

(Sd.) J. ESDAILE, M. D.,  
Superintendent Mesmeric Hospital.

REPORT OF CASES TREATED AT THE CALCUTTA MESMERIC  
HOSPITAL,  
*For the Month of May 1847.*

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HYPERTROPHY OF SCROTUM.

Myzoodeen. This will be found to be a very curious and interesting case, from its having given rise to a series of *impromptu* experiments exhibiting the *anodyne* as well as *narcotic* power of mesmerism, and therefore its curative virtues; and it also introduces us to an extraordinary mental phenomenon, which had not occurred before in my Calcutta practice.

I allude to the invasion of the waking by the sleeping state, which will be seen in this and the following case; and to show that this is not an accidental phenomenon, but is a specific symptom of the mesmeric state, I will cite some examples in which I had observed it at Hooghly. The first occasion on which it occurred was in a lady whom I entranced on the first trial in ten minutes, in the hope of relieving long standing nervous headaches. I awoke her with great difficulty, and she felt very much ashamed at having been caught napping by me, as she supposed: she had no recollection of having seen me that day before. The headache had disappeared, and never returned. Several months after this, the lady was tormented with one of her wisdom teeth, for which there was not room in her jaw, and the gum at the angle of the jaw had in consequence become ulcerated and indurated. I entranced her for the purpose of cutting away the offending gum, as easily as on the first occasion, and left her lying undisturbed on her couch. In about two hours afterwards, she awoke as if from a natural sleep, and went to arrange her hair at the glass: she then saw blood about her mouth, and cried to her husband that the boil had burst when she was asleep, and she wondered why I had not come to relieve her that day as I had promised: not only had she no recollection of having seen me that day, but it was found that every thing that had happened during the half hour previous to the trance had been blotted from her mind.

Some months subsequently to this, I was sent for by this lady who had just been delivered, and was suffering from severe *after-pains*. I entranced her as readily as on former occasions, and left her sleeping. I returned in an hour after, and found her still asleep, but she awoke when I touched and spoke to her. She had enjoyed a refreshing sleep, she said, the pain was gone, and she felt much stronger. I held my fingers before her eyes for a minute or two, and she went off to sleep again; slept for two hours, and on waking

had no recollection of our last conversation. This lady was only mesmerised these three times, and each time this mental phenomenon was developed.

Dr. Bedford having seen an ulcer covering the whole of a woman's right temple, covered with muriatic acid while she was in the trance without her feeling it, returned to my Hospital ten days after, and begged to be permitted to touch the sore with the acid in her natural state. Whatever I might think of such a proposal, I assented, and he touched the sore with the end of a glass stopper wetted with acid. The woman almost immediately cried that her head was on fire, and walked about the room distracted with pain. As the best anodyne, I threw her into the trance, performed an operation on her in it, and when she awoke she had no recollection of the burning even.

*May 4th, 1847.*—Myzooddeen, a Khidmutgar, æt. 25, residing at Kalitollah in Zillah Hooghly, has got a small scrotal tumour for two years. It came on as usual with fever, occurring twice a month at the change of the moon.

To be mesmerised for an hour daily.

*5th.*—Sleeping profoundly, his arms being flexible were tossed about, his right nipple was severely pinched, his testes were squeezed, and he was subjected to the weakest power of an electro-magnetic machine without making any impression on his system. When the power of the machine was increased to the second degree, which could with great difficulty be borne by a robust man for a few seconds only, he was found to move like a man in an uneasy dream, and when he awoke, a few minutes after, he said, he had not been disturbed by any thing while sleeping.

*6th.*—Deeply entranced, he was for the second time made to bear the action of the electro-magnetic apparatus with power of the second degree without showing any sign of voluntary movements. He awoke about half an hour after, and said he had not been in any way disturbed whilst asleep.

*7th.*—He stood very well the action of the electro-magnetic battery with the power of the third degree for a few minutes. He was then made to sit upon his bed, and was suddenly thrown down upon it, and his eyes were opened without breaking his slumber. He was then left sleeping.

*8th.*—He was made to sleep on a divided charpaie, the lower part of which was removed, and his legs were placed on two chairs, and the tumour exposed. But before commencing the operation, he was pricked with a knife, which made him shrink. A metallic basin was then thrown down on the stone floor close to his bed, which made him start suddenly. The operation was therefore deferred.

9th.—The operation was performed to-day, no sign of sensibility appeared till I had nearly dissected out the 2d testis, he then moved convulsively, but without attempting to close his legs or interfere with my proceedings, and as I made the last cuts he screamed out. He shrunk during the tying of the arteries, but I desired the lad to continue to mesmerise him, and in a few minutes he was again entranced. In half an hour after (his Mesmeriser having desisted), he awoke of his own accord, and said that he had slept soundly since half-past 10 o'clock, that nothing had annoyed him in his sleep, and he had no pain any where. He had no sooner said this than he exclaimed, "There is a heat between my legs. Oh! it burns, what have you put upon me, Dr. Sahib?" and he appeared to be in very great pain. I ordered him to be again mesmerised, and in ten minutes he was fast asleep. At this moment Dr. Veitch entered the room, and I told him what had happened, and that I expected on the man's next awaking that he would have neither recollection of the operation, nor of his suffering from the effects of it, and so it turned out. He again awoke as if from a refreshing natural sleep, and told us that nothing had disturbed him since he went to sleep as usual, and that he had no pain any where. The sheet was now lifted to look if the bleeding had ceased, and he only now became aware that the operation had been performed. While some vessels were being taken up, Mr. Lindstedt, the man's master, joined us, to whom he repeated what I have just said. After he was bandaged, and had been allowed to smoke, I proposed to the gentlemen to make a third experiment if they would stay to see the issue. This was assented to, and he was again mesmerised. In about a quarter of an hour, he was entranced the third time, and I plucked hair out of his moustache without his minding it. It cost me considerable trouble to awake him, and in reply to his master's questions, he said, that he had this moment awoke and felt very well, he had not seen his master to-day before, nor Dr. Veitch, nor myself, &c. in a word, the transactions of the last hour and a half, in which he had acted so prominent a part, had not left a trace in his brain.

#### HERMAPHRODITISM.

May 7th, 1847.—Bhugeeruth, a hermaphrodite, by profession a writer, living in Zillah Mymensing. As this person wishes to be considered a man, I shall speak of him as such. The general appearance of the body, before and behind, is decidedly feminine. He calls himself 19, but looks 25, his countenance being that of an elderly Hindoo woman; the *pomum adami* is ill developed, and the voice resembles a woman's. His breasts are well developed, and the chest is short like a woman's; the abdomen is also womanish, the pubes decidedly so, and the resemblance extends to the thighs and pelvis; but he has well formed normal testes contained in a deeply

action of an electro-magnetic machine, first with the power of the second degree, and then with that of the third, for about two minutes and a half each time, without exciting the slightest voluntary movements. He was placed on his feet, and slept standing a good while. He was afterwards put to bed and left to sleep.

11th.—He was electrified to-day in the presence of Dr. Jackson, with no more effect than yesterday.

12th.—The same repeated to-day in the presence of Mr. Halliday, Major Sage, Mr. Simms and Mr. Fraser.

13th.—The operation was performed to-day\* and all the parts saved. He lay like a corpse throughout; weight of tumour 10lbs. One testis was involved in a hydrocele, which was left till after all the vessels were tied. I then opened the sac and leisurely dissected off the thickened tunica vaginalis, to which he was as indifferent as to the first part of the operation. He began to awake gradually, with the assistance of fanning in about half an hour. After all was over, Mr. Kemp, who is an excellent Bengallee scholar, questioned him minutely, and he was in total ignorance that any thing had been done to him. He answered with reluctance, and wished to go to sleep again. I placed my fingers on his eyes for a minute, and on lifting them, he was asleep. I now begged the Messrs. Kemps' attention, telling them that they would probably find on his second waking that he had totally forgotten his first, and so it happened. We awoke him, and he said that he had not seen one of us to-day before, and that he felt just as usual.

14th.—The pain, since the operation, has been very trifling.

### HYPERTROPHIED SCROTUM.

May 15th, 1847.—Ramessur, a husbandman, æt. 35, residing at Tatowladaspore in zillah Burdwan, has got a moderate sized scrotal tumour for twelve years. Both legs are affected with elephantiasis. He has been subject to the usual periodic fever coming on twice a month, but now only once in six months. To be mesmerised for an hour and a half daily.

17th.—No sleep was induced to-day.

18th.—Sleeping soundly; the tumour was exposed and severely squeezed, and his right nipple was pinched without breaking his slumber.

19th.—Apparently in mesmeric sleep, he was subjected to the action of the electro-magnetic machine, with the power of the second degree, which produced strong convulsive movements of his arms, and caused sharp shocks to persons touching his body. When he

\* Present.—Mr. A. D. Kemp, Mr. H. C. Kemp.

awoke about half an hour after, he said he had not been in any way disturbed during his sleep.

20th.—Deeply entranced, he was pricked all over for several minutes, and his tumour was severely squeezed without disturbing him in the least.

21st.—He was operated on to-day\* one testis was found to be atrophied, and was removed, the other was saved: not a sound or sigh escaped him, and the only movements visible, I was told, were some slight contractions of the toes and face. After all the vessels were secured, and he was covered with a clean sheet, I awoke him. He said that he had no pain in any part of his body, that he felt just as usual, and was waiting to be operated on.

22d.—He has had no pain since the operation.

### CHRONIC RHEUMATISM, ENLARGED GLANDS, AND BURSÆ.

Jan. 21st, 1847.—Frances Ann Elliot, aged 30, an East Indian by birth; has been suffering from enlargement of the Bursa on the inner side of the right ankle for about two years. It is about the size of a hen's egg, soft and painful to the touch. In the course of the last fortnight the left one has been similarly affected, and is exceedingly painful, especially at night, preventing her sleep; the skin covering it is discolored, and can't be touched without making her scream. A like enlargement also occupies the back of her left hand, and the middle and ring finger of it; the latter is much swollen, very tender, cannot be bent, feels as if bursting, and gives her great pain at night.

To be mesmerised locally and generally for an hour daily.

On the 3d day the smarting of the tumour on the left ankle disappeared, but the throbbing remained, and the skin was greatly discolored.

Ordered to apply poultice thrice a day.

27th.—She complained of much throbbing in the swelling of the left ankle.

To have ten leeches.

28th.—She is not relieved by the leeches, the pain rather increased.

31st.—The swelling and pain of the left ankle, and on the back of the hand, and the ring and middle fingers much diminished. She allows them to be handled without complaining of much pain. The tumefaction and pain in the right ankle remain in the same state, she feels much pain on being touched at that part.

\* Present—Dr. Lamb, Inspector General of Hospitals, Dr. Bermond, Dr. Jackson, Dr. Stuart, Captain Smith, Mr. Johnston, Mr. Rickets, Mr. Greenfield, Bissonauth Mitter, Bhyrubchunder Bose.

his spirits are dejected, and he is disinclined to all active exertion. There is pain in the loins and back of the shoulders, causing great difficulty in walking. He becomes occasionally violent.

To be mesmerised for an hour daily.

28th.—The pain in the loins and shoulders much mitigated, his health is greatly improved, and he looks much more lively. He is tired of being idle, and therefore wishes to be allowed to act as cook.

5th May.—The pain in the loins and shoulders entirely gone, he now walks without any inconvenience.

10th.—He addressed a Bengallee letter to me to-day asking permission to go home as he was perfectly cured.

21st.—He is much more lively than when he came, and says he is again able to manage his business. Seeing no reason to detain him further, he was dismissed to-day. The Native Doctor of the Lunatic Asylum found him to be much improved.

### EPILEPSY AND INSANITY.

Nobin, a labourer, æt. 30, a native of Joypore in Zillah Cuttack, was transferred to our hospital, on the 4th April, from the Lunatic Asylum. He has been suffering from Epilepsy for two years; fits come on two or three times a month, generally at the change of the moon, and last for about 10 minutes. After which, he becomes insane for 8 or 10 days, and behaves very violently, and speaks incoherently.

To be mesmerised for an hour daily.

15th.—Had a fit at night with severe convulsions lasting about 10 minutes, and followed by heaviness and pain in the head, but no symptoms of insanity followed.

23d.—A fit came on in the first part of the night with strong convulsions; it remained for 6 minutes, but was followed by no heaviness and pain in the head, or derangement of mind.

29th.—This day, at 10 o'clock while he was being mesmerised, he was threatened with a fit but it did not come on.

11th.—A paroxysm occurred at about 11 o'clock, lasting about 5 minutes, and attended with convulsions, but followed by no symptoms of insanity, nor by heaviness and pain in the head.

20th.—He has been impatient to get home for ten days past, and made his escape last night by climbing over the wall. A remarkable revolution had taken place in this man's symptoms. Formerly the fits were *always* followed by 8 or 10 days insanity: since he has been mesmerised, this *never* occurred.

(Signed) J. ESDAILE, M. D.,  
Supt. Mesmeric Hospital.

*Monthly Register of Patients treated at the Calcutta Mesmeric Hospital, for the month of May 1847.*

*Calcutta Mesmeric Hospital, 1st June 1847.*

Date of Admission.		Names.	Age.	Caste.	Profession.	Disease.	Cured.	Relieved.	Absented.	Died.	Remaining.	Remarks.
Month.	Date.											
March 1847.	9,	Manoo, .....	35	Hindoo, .....	Bearer, .....	Hypertrophied Scrotum, .....	22d,	.....	.....	.....	.....	.....
	17,	Mrs. Woolfe, .....	28	E., .....	Woman, .....	Epilepsy, .....	.....	.....	.....	.....	.....	.....
	21,	Frances Ann Elliot, ...	30	E. I., .....	Ditto, .....	Rheumatism, .....	9th,	.....	.....	.....	.....	.....
	27,	Mrs. Goodall, .....	33	E., .....	Ditto, .....	Epilepsy, .....	30th,	.....	.....	.....	.....	.....
	21,	Bhyrbehunder Doss, ..	40	Hindoo, .....	Washerman, ....	Hypertrophied Scrotum, .....	20th,	.....	.....	.....	.....	.....
	24,	Bonmallee Bhuttacharga,	26	Ditto, .....	Brahmin, .....	Ditto, .....	.....	.....	.....	.....	.....	.....
	25,	Sonatum, .....	32	Ditto, ....	Mistry, .....	Ditto, .....	.....	.....	.....	.....	.....	.....
	1,	Koochil, .....	50	Mussulman, .....	Cart-driver, .....	Ditto, .....	.....	.....	.....	.....	.....	.....
	2,	Bhuggeruth, .....	30	Hindoo, .....	Husbandman, ...	Calculus Lithotomy, ...	30th,	.....	.....	.....	.....	.....
	2,	Torab, .....	40	Mussulman, .....	Labourer, .....	Hypertrophied Scrotum, .....	.....	.....	.....	.....	.....	.....
April 1847.	4,	Kylas Chatterjee, .....	28	Hindoo, .....	Brahmin, .....	Insanity, .....	21st,	.....	.....	.....	.....	.....
	4,	Nubeen Doss, .....	30	Ditto, .....	Bearer, .....	Epilepsy and Ditto, ....	20th,	.....	.....	.....	.....	.....
	6,	Bhoobunmohun Day, ...	25	Ditto, .....	Baneesah, .....	Paralysis, .....	.....	.....	.....	.....	.....	.....
	7,	Munmohun Bose, .....	20	Ditto, .....	Moherer, .....	Epilepsy, ....	.....	.....	.....	.....	.....	.....
	14,	Morad, .....	40	Mussulman, .....	Tailor, .....	Hypertrophied Scrotum, .....	.....	.....	.....	.....	.....	.....
	14,	Ruhman, .....	35	Ditto, .....	Bheesty, .....	Rheumatism, .....	.....	.....	.....	.....	.....	.....
	14,	Beeja, .....	35	Hindoo, .....	Syce, .....	Stiff Elbow, .....	19th,	.....	.....	.....	.....	.....
	19,	Sibchunder Paul, .....	55	Ditto, .....	Writer, .....	Paralysis, .....	.....	.....	.....	.....	.....	.....
	20,	W. Martin, .....	20	Christian, ....	Ditto, .....	Deafness, .....	2d,	.....	.....	.....	.....	.....
	20,	Ramloll Bose, .....	20	Hindoo, .....	Moherer, .....	Epilepsy, .....	.....	.....	.....	.....	.....	.....
	22,	Kooeundoss, .....	39	Ditto, .....	Bearer, .....	Rheumatism, .....	11th,	.....	.....	.....	.....	.....
	22,	Moorledoss, .....	30	Ditto, .....	Ditto, .....	Ditto, .....	.....	.....	8th,	.....	.....	.....

**Monthly Return of Patients treated at the Calcutta Mesmeric Hospital, for the month of May 1847.**

*Calcutta Mesmeric Hospital, 1st June 1847.*

DISEASES.	Remaining.	Admitted.	Total.	Cured.	Discharged.					Deaths and Ages.							Remaining.	
					Average pe- riod under treatment.	Relieved.	No better.	Incurable.	Absconded.	Died.	Average pe- riod under treatment.	From birth to 10 years.	From 10 to 20.	From 20 to 30.	From 30 to 40.	From 40 to 50.		From 50 to 60.
Calculus in the Bladder, .....	1	...	1	1	60	...	...	...	...	...	.....	.....	...	...	...	...	...	...
Deafness, .....	1	...	1	...	.....	1	...	...	...	...	.....	.....	...	...	...	...	...	...
Epilepsy,* .....	4	1	5	1	123	...	...	...	...	...	.....	.....	...	...	...	...	...	4
Fistula perinei, .....	1	...	1	...	.....	...	...	...	1	...	.....	.....	...	...	...	...	...	...
Hypertrophied Scrotum,.....	8	8	16	2	97	...	...	...	...	...	.....	.....	...	...	...	...	...	14
Hermaphroditism, .....	...	1	1	...	.....	1	...	...	...	...	.....	.....	...	...	...	...	...	...
Insanity, .....	2	...	2	2	48	...	...	...	...	...	.....	.....	...	...	...	...	...	...
Paralysis, .....	2	1	3	...	.....	...	...	...	...	...	.....	.....	...	...	...	...	...	3
Rheumatism,.....	6	4	10	2	77	2	...	...	1	...	.....	.....	...	...	...	...	...	5
Total, .....	25	15	40	8	.....	4	...	...	2	...	.....	.....	...	...	...	...	...	26
Average number of sick,..... 25,																		

\* By mistake not entered in last month's Return.

(True Copies,)

J. FORSYTH, Surgeon,  
Secy. Medl. Board.

(Signed) G. LAMB,  
Offg. Supt. Surgeon.

(Sd.) J. ESDAILE, M. D.,  
Supt. Mesmeric Hospital.

The diseased mass weighing 30 lbs. was carefully and deliberately removed by Mr. O'Shaughnessy, who dissected out two flaps of healthy skin, and preserved the testicles.

Directly the operation commenced, the expression of the man's countenance was changed to that of a person prepared to undergo an operation, viz. the brows corrugated, the lips firmly compressed, the muscles of the neck and arms tense and rigid, the pulse greatly accelerated and diminished in fullness, and the pulsation in the neck disappeared.

The first incisions were borne without any expression of pain, but on the commencement of dissecting out the testicles and cord, the man cried out, and continued to do so until the tumour was completely removed.

When de-mesmerized he declared his inability to see, and the power of vision was apparently only restored by frequently blowing upon the exposed surface of the eye-balls, and dashing cold water upon the face. Upon being questioned as to his feelings and sensations, he stated that there was much burning in the wound, and that he was not conscious of any thing unusual, until he felt the separation of the tumour from his body.

The other patients are doing well.

There are several cases of scrotal enlargement in the hospital, but no examples of any other diseases appear at present to present themselves.

#### No. 4.

Monday, Dec. 14, 1846. Visited the Mesmeric Hospital at a little after 11 A. M., and found Kartick, the man operated on a few days since, suffering from irritative fever and sloughing of the preserved skin of the scrotum. He appears to be a man of febrile, irritable constitution, unlikely to get on well.

I was informed by the Sub-Assistant Surgeon, that an operation was performed successfully in the mesmeric trance, on Saturday last, upon a man named Shaik Manick, aged 40, a husbandman and native of Aboolara, in the Burdwan Zillah, from whom a scrotal tumour, weighing 100 lbs., was removed. He was looking cheerful and well, and informed me that he was quite unconscious of suffering during the operation.

No official visitor was present. A pressure of public duties prevented my going.

Three other cases of scrotal enlargement are under preparation, but none are yet sufficiently under the mesmeric influence to undergo operation.

Tuesday, Dec. 15, 1846. Visited the Mesmeric Hospital at a little after 11 A. M.

Shaik Manick's wound was dressed, and is looking healthy.

A strong healthy Baboo with an enlarged scrotum, has been for some time subjected to meamerism, and appears to be gradually getting under its influence. He bore pricking, a weak current from the electro-magnetic apparatus, a loud noise, and considerable manipulation of the diseased mass without exhibiting any sign of sensibility.

The day afterwards he was awoke by the second current from the electro-magnetic apparatus, more powerfully charged; and two or three days subsequently by the sudden falling of the chimney attached to the stove, which I did not witness.

January 17th. Visited the hospital to-day, after the patients had awoke.

Tuesday, Jan. 26th, 1847. Four patients undergoing the mesmeric manipulation—three scrotal cases, and one a fungoid disease of the arm in a lad from Hooghly.

They were all readily roused.

Subsequently a respectable East Indian came for treatment. He had laboured under a severe rheumatic affection which had nearly deprived him of the use of his arms, and produced a stiff and swollen state of the elbow joints. He had previously been subjected to very active treatment by blistering, the application of cauteries, &c., without any relief. When he first entered the Mesmeric Hospital, his arms were so painful as to render it difficult to examine the state of the parts. The flexion and extension of the limb are now nearly restored, and he can bear it to be somewhat roughly handled without suffering. He declares that he has derived the greatest benefit from mesmerism, and that he experienced no sort of relief from any other remedial measures employed.

Thursday, Jan. 28th, 1847. The same patients undergoing mesmeric treatment; none withstood the waking tests. The Anglo-Indian with a rheumatic affection, again in attendance. No signs of inflammation in his elbow joints, of which he has nearly regained the use—a slight stiffness only remaining.

A lady said to be in attendance for the purpose of being mesmerized on account of severe epileptic fits. I did not see her.

Saturday, Jan. 30th. Unable to attend on account of a meeting of the Council of Education.

Tuesday, Feb. 2d, 1847. Reached the hospital while Dr. Esdaile was engaged in testing the state of the Baboo with a scrotal enlargement. He resisted noises, pricking, loud talking, &c., but awoke upon Dr. Esdaile's squeezing his testicle forcibly. The other patients had all awoke.

Feb. 3d to the 19th. Visited the hospital occasionally, but a pressure of public duties prevented my regular attendance. On the 6th, the Baboo above referred to was operated on, and the details of the operation are subjoined.

carefully watched this case for some time, and it appeared to present some peculiarities worthy of notice.

There was usually observed a curious local sweating, apparently confined to the feet and ankles. He exhibited a partially cataleptic condition of the upper extremities, and always, when tested, awoke suddenly and without an adequate cause. He withstood the usual tests without flinching, except that of fire, and yet was unaccountably restored to consciousness by minor disturbing causes, as appeared during my visit to the hospital on the day preceding the operation. I arrived late in the room, and found several persons assembled round the bed of the patient. I was informed by a medical officer present (Dr. Fletcher, of the Bengal Army,) that prior to my appearance Dr. Esdaile had after several tests, pronounced the man fit for operation.

He awoke suddenly as usual, and in a manner which was not explained, a few moments after I had been at his bed-side. I merely felt his arm to ascertain the state of the muscles, and then raised it to its fullest extent by means of the middle finger.

Monday, Feb. 22d. Four or five patients in the hands of the mesmerizers. Two scrotal cases of men otherwise in health, who were easily roused. A case of stiff ankle-joint of long duration, which the individual stated had been considerably benefited by mesmerism, and which he was now capable of moving, as well as of placing firmly on the ground. The mesmerizer, in addition to breathing upon the part, was subjecting it to passive motion.

A Jew from Egypt, who had suffered from an acute attack of hepatitis, for which he had been actively treated, as he said without any benefit in the Native Hospital, was also being mesmerized. The disease had originally been produced by a blow on the head, and he appeared considerably reduced. Dover's powder had been administered since his admission, which had afforded him much relief. The mesmeric breathing and passes were being performed over the hepatic region.

The Ooriah whose scrotal enlargement had been removed on Saturday the 20th, was doing well, with the exception of a slight attack of fever.

Tuesday, Feb. 23d. I met the Jew referred to yesterday, in the hospital compound, and he told me that he was a little better.

The other cases were in about the same state as yesterday.

A new case was in the room. A blind and very frightened Mahomedan, with apparently a double hydrocele. He had not been influenced by the mesmerism, and was much agitated upon his scrotum being examined by Dr. Esdaile. He was assured that he would be cured when he was thrown into the sleeping state. I did not see any other case.

Wednesday, Engaged on duty at the public distribution of prizes  
Feb. 24th. at the Town Hall, and therefore unable to attend.

Thursday, One new case said to have been admitted of neuralgia  
Feb. 25th. of the face. He was not present at the time of my  
visit.

Dr. Esdaile mentioned that the Jew previously referred to, was well, or declared himself to be so.

A patient was also reported to have disappeared, carrying with him a sheet belonging to the Hospital.

The case of stiff ankle-joint appeared to be progressing favourably. That of the blind man with double hydrocele, was little advanced. His extreme dread seemed to have diminished.

Friday, Feb. 26th. Three cases were being subjected to the mesmeric passes in a novel manner. The individuals were seated in arm chairs, and three mesmerizers linked hand in hand were

\* Surroop, Jumun, engaged on each. Their names are noted in the and Hurchand. margin.\* I remained until a quarter to 1 P. M., at which time no perceptible effect had been produced, all of the patients exhibiting signs of consciousness.

The Jew, I was informed by Baboo Budden Chunder Chowdry, had returned from a relapse of his pain, but he had been mesmerized, and left before I reached the Hospital. I saw no other patients.

Looked through the small sliding panel in the door, and saw the Saturday, Feb. 27th. same patients as yesterday, being subjected to mesmeric passes. Was told by Sub-Assistant Surgeon Budden Chowdry that there was nothing new, but that the blind Mahomedan had yesterday, after I had left, been in a state of somnambulism. He did not mention the nature of the symptoms and phenomena seen in that state.

Having an engagement connected with the distribution of prizes to the Hooghly College, I was unable to remain until Dr. Esdaile arrived.

Sunday, Feb. 28th. Two men were undergoing mesmeric manipulations, but were not much under the influence of the agent.

The man with a stiff ankle-joint still complains of a little pain in it, and is unable freely to bend the joint. He can stamp upon the floor with considerable force, which he could not do some time since.

The Baboo and Ooriah are both doing well.

Dr. Esdaile mentioned to me the case of Surroop, the somnambulist, who exhibited yesterday in the presence of Mr. Halliday, Dr. Clarke, H. M.'s Inspector General of Hospitals, Messrs. Lacroix and Mackey, &c. some of the peculiarities of this condition. From Dr. Esdaile's account it could not have been so complete a state of somnambulism, as some of those which I have witnessed in Europe,

and others which are described in works on physiology as occurring spontaneously.

I asked Dr. Esdaile if any cases were being sent to him from the public Dispensaries in Calcutta, and told him that I had given strict injunctions for all suitable cases in the Medical College Dispensary being transferred to him. As they do not appear to go, I requested him to send down one of his mesmerizers every morning to whom the cases should be duly made over, that he might take charge of them to the Mesmeric Hospital.

At about half-past one P. M., Dr. Esdaile called and asked if I should like to see a person rendered insensible by the vapour of sulphuric ether.

He kindly took me to his hospital, where I saw two coolies in a perfect state of insensibility. One of them named Mohamed Alie had passed through a stage of complete catalepsy, and was then becoming partially conscious on being spoken to and roused. His pulse was small and frequent, his jaw somewhat stiff, and the eyeballs turned intensely upwards and immoveable: previous to this he had lost the power of deglutition, and his lower jaw was firmly fixed. He was at this time insensible to all external stimuli, such as pricking, pulling, &c.

Upon being forcibly roused, he stated that he felt nothing, but had become stone blind and unable to open his eyes. Every demesmerizing process resorted to, failed to open them, and in this, as in other respects, he exhibited appearances so exactly identical with those of the mesmeric state, that it would have been perfectly impossible without a prior knowledge of his having inhaled the vapour of ether to have distinguished between them: even to the tremulous movement of the eyelids, all was present, but in a more intense degree. The vapour of ammonia roused and irritated him, and raised his pulse, but did not relieve the violent spasmodic closure of the eyelids, and turning upwards of the globe of the eye. He was then taken to the outer steps of the hospital, and a mussock of cold water was poured upon his head, neck, and the region of the spine, as well as dashed upon his face. He at length opened his eyes, but was unable to distinguish objects and individuals, and appeared likely to relapse into his previous condition. At last he suddenly started up, having evidently for the first time become conscious of the falling of water upon his body, sensible and able to see, and exhibiting considerable anger at the bheestee for having thrown water upon him. He retained no recollection of what has occurred, and only suffered from a slight degree of giddiness.

The other coolie, named Dhannea, exhibited the same phenomena, but in a much less intense degree. Although capable of being roused, there was a peculiar rigidity about the limbs, which, however,

## REPORT BY DR. R. O'SHAUGHNESSY.

As I knew a case of scrotal tumour was likely to be operated upon in the Mesmeric Hospital this day, I attended at the usual hour. On entering the operating room with Dr. Esdaile and the other visitors who had assembled in the outer room, I found the patient, who was to be operated upon, lying on his back with a man sitting at the head of the bed, who rested one of his hands spread out upon the patient's chest, and the other crossed the upper part of the face as if to shade his eyes from the light, his head was bent over the patient's, and he was breathing upon his brows and forehead, but making no passes or movement of any sort with his hands.

The patient appeared to be sleeping, his breathing was regular, pulse quick, strong and equal, the temperature of the skin was natural, and there was no throbbing of the carotids. His age was about two or three and thirty, and he was a healthy looking muscular man. Dr. Esdaile drew out both his arms from under the blanket, he bent the fore-arms, and allowed them to remain erect resting on the elbows.

The lower half of the bed being removed, the patient's legs were drawn wide apart, and placed resting on chairs; no change took place that I could see, in the state of the patient, which in any way indicated he was conscious of what was passing while these preparations were being made, but the moment the concealed bistoury was passed up the prepuce, before it was opened, and therefore before he could, if sensible to external impressions, experience any pain, there was an evident shrinking, a slight movement indicative of sensation, which a few seconds before, he evinced no sign of, while the Doctor was "testing" him, by pricking the lower part of the abdomen, and inner sides of the thighs with the point of a sharp knife. During the remainder of the operation, however, while the prepuce was being dissected from the penis, and the testicles from their coverings, he shewed no sign of suffering. There was no compression of the lips, no moaning, no movement of the arms, and the breathing continued natural. The fingers of the right hand became slightly stiff, and very gently and slowly closed on mine, as I was feeling them. The hand became cold and the pulse sunk remarkably during the operation; it was very slow and weak by the time the operation was finished. The parts removed weighed about two pounds.

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## APPENDIX.

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(No. 190.)

(No. 19 of 1847-48 )

FROM THE MEDICAL BOARD,

TO THE HON'BLE SIR T. H. MADDOCK, KT.,

*Deputy Governor of Bengal.*

HON'BLE SIR,

*Fort William, 14th June, 1847.*

We do ourselves the honor to submit copy of a letter dated 14th instant, from Dr. R. O'Shaughnessy, a Government Visitor of the Mesmeric Hospital, containing a summary of his observations on the transactions of the Hospital, during the time he has officiated as one of the Government Visitors.

We have the honor to be, &c.,

(Signed) H. F. HOUGH, *Phyn. Genl.*

" WM. PANTON, *Surgn. Genl.*

" G. LAMB, *Inspr. Genl. of Hospitals.*

*Fort William, Medical Board Office, 17th June 1847.*

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FROM R. O'SHAUGHNESSY, Esq.,

*Visitor of the Mesmeric Hospital,*

TO J. FORSYTH, Esq.,

*Secretary Medical Board.*

SIR,

Being informed that the Government is about to publish the Reports of the Mesmeric Hospital for the last six months, I conceive it to be my duty, in obedience to the instructions contained in Mr. Halliday's letter, appointing me one of the official visitors of that institution, to report to you the result of my observations from the date of my appointment up to the present time.

Soon after the receipt of Mr. Halliday's letter in the end of November, I commenced my visits to the Hospital, and continued them as regularly as the nature of my other public duties would permit; but until the 13th of December I saw nothing going on there of any interest or importance except the mesmerizing process, by which patients were said to be prepared to undergo painless operations. These manipulations and "passes" have been already so frequently described, I do not think it necessary to detail them here. The only thing that struck me regarding the process was, there appeared to be so

little uniformity in the proceedings of the Mesmerisers. One man made passes in one way, and another in a different manner, and some made no passes at all, but merely placed the flat of the hand on the chest or abdomen, bending over the patient at the same time, and breathing upon his face.

On the date before mentioned, I was requested by Dr. Esdaile to operate upon one of his patients in the Hospital with hypertrophy of the scrotum. The man was so perfectly mesmerised in the Doctor's opinion, that, to use his own words, "he might be cut into mince meat without feeling it." Dr. Esdaile was unable to operate himself, owing to his right hand being disabled by a sore finger.

When I went into the operating room where the patient was, I found Dr. Esdaile in the act of "testing" him by pricking different parts of the body with a pin, and he then placed a small piece of lighted charcoal on the chest and back of the hand. The instant the fire touched the latter, I observed the patient moved the hand a little, but he did not shake the charcoal off, or give any other sign of sensation for the second or two it was allowed to remain on. Notwithstanding this, there was something in the patient's countenance, as well as the constant varying of the pulse, and nervous-like throbbing of the carotid arteries, which led me to suspect he was not so perfectly insensible, and *unconscious* as Dr. Esdaile appeared to think. I made this remark at the time to Dr. Mouat, Dr. Pearson and others, then present.

I commenced the operation by slitting up the prepuce, and then the left testicle was exposed by cutting down upon it; but before I had time to free it from the tough tissue in which it was imbedded, the man cried out most bitterly. I spoke to him to encourage and promise him a speedy termination to his (in my ignorance) supposed sufferings, but Dr. Esdaile interrupted me, saying, there was no use in my speaking, as the man was still fast asleep, and perfectly insensible. I finished the operation, however, as rapidly as I was able, the poor man crying out *as if from pain* the whole time; but the moment the tumour dropped, after the last stroke of the knife, and before any questions were put to him, he said, "I see nothing, I know nothing, I was sleeping and felt no pain;" such at least I thought was the meaning of the words I heard him utter.

The next operation I was present at in the Mesmeric Hospital, was on the 30th December. The disease was the same as the last, but the tumour was much smaller—Dr. Esdaile operated himself on this occasion. I noticed in this case the same peculiar throbbing of the carotids before mentioned. The breathing too was irregular and uneasy, but the pulse was both regular and good.

Dr. Esdaile commenced the operation by passing a concealed bistoury up the elongated prepuce. The instant it was introduced, and before a drop of blood could have been drawn, the patient lifted up one of his legs as if from pain, or

a patient for operation, thereby rendering it unavailable for all cases of urgency, or emergency. The number of disturbing causes which are said so to affect it, as completely to prevent the necessary action, such as temperature, currents of cold air, noise, &c. (according to Dr. Esdaile's Statements at the Hospital.) Its inapplicability to all cases attended with fever, much pain, or cough, or general disturbance of the system; and from its total failure to produce any effect upon two boys, who were admitted into the Mesmeric Hospital, one with fungus hæmatodes of the arm, and the other with disease of the thigh bone, (they were labouring under that disturbance of the system usual in all such severe surgical cases, which was given as a reason by Dr. Esdaile for his want of success with them,) I am disposed to think it never can be made available for general surgical practice.

As to the cure of stiff joints by mesmerism, I think from what I saw at Dr. Esdaile's Hospital, the same amount of daily rubbing and working the affected part, would be equally successful, whether the patient was sleeping or awake during the process, and therefore I attach no value to mesmerism in such cases.

The effects of mesmerism in medical cases I can give no opinion on, as those I saw in the Hospital were merely cases of rheumatism, sciatica, epilepsy, and paralysis; as for the two former it is difficult to judge whether the patients are better or worse, as we can only tell by their own report, and I know well an Hospital patient is not always to be depended upon. As to epilepsy, the Hospital Reports alone must be our guide in judging the effects of any remedy employed, as they record the force and frequency of the fits, and the changes which may take place in them, so that as the Reports of these cases are, I have no doubt faithfully and carefully recorded in the Mesmeric Hospital, all who read them are in the same position as a visitor to form a judgment upon the remedy employed. Cases of paralysis are also unsatisfactory, as a change of diet, and better shelter from the weather often produce effects upon them, which medical men too frequently attribute to their treatment, and the same may be said where mesmerism is substituted for medicines.

I have, &c.,

(Signed) R. O'SHAUGHNESSY, *Professor of Surgery,*  
*Official Visitor of the Mesmeric Hospital.*

14th June, 1847.

(True Copy.)

(Signed) J. FORSYTH, *Surgeon,*  
*Secretary Medical Board.*

little good I should think could be expected from mesmerism or any other remedial agent used "by itself alone" in such cases.

Little or no progress appears to have been made in the investigation of the *efficient cause* of mesmeric agency in producing "insensibility to pain" in some cases, while it fails in others.

Until extensive experiments are made of the nature suggested by the late "Mesmeric Committee," upon masses of individuals of all classes and constitutions; of all ages and both sexes; on persons in sound health, as well as on the sick and suffering; on persons of education and good sense, as well as on the ignorant and credulous; on persons who are already fast asleep, as well as on those who wide awake resign themselves to its manipulations; till experiments have been made on brute animals as well as on man, it is evident that no theory of its action can be worth listening to, and no dependence placed by the Profession at large upon mesmerism as a therapeutical agent. \* \* \* \* \*

I have, &c.,

(Signed) D. STEWART, M. D.,

*Presidency Surgeon and Professor of Midwifery.*

*Calcutta, 23d June, 1847.*

TO F. J. HALLIDAY, ESQ.,

*Secretary to the Government of Bengal.*

SIR,—Since His Honor the Deputy Governor has determined upon printing the Reports of the Mesmeric Hospital for the last six months, I hope that I may be permitted to take this opportunity to make a few remarks on the working and prospects of the Experimental Hospital so liberally and benevolently established by the Government.

For some months we were almost exclusively occupied with surgery; the fame of painless operation having eclipsed the less striking, but even more important medical relations of the subject, but these are now becoming more generally known by the public, and medical results have been already obtained of an important and highly encouraging description, and other cases now in hand of the gravest nature, such as palsy, epilepsy,\* madness, and painful nervous affections promise to repay our labours amply. But these cases are so old and inveterate that it requires long treatment to make an impression on them, and protracted observation before we can be sure of our results.

The surgical cases, for reasons well known to you, are almost all of one description, but fortunately for the demonstration of the anodyne and narcotic power of mesmerism, the operations required to be performed have generally been the most severe and dangerous that are required to be performed on the human body.† A greater variety of both surgical and medical cases is however desirable, and could be easily found in the public Hospitals of Calcutta. It is in the practice of large Hospitals with their ever-varying patients and incidents that the general utility of mesmerism will be best and most speedily illustrated, and I hope that a Mesmeric Corps will soon be reckoned as indispensable to a general Hospital as its allowance of dressers, who may very well combine both characters. If so much has been done for the prevention of pain and the cure of disease with ten lads,—the number allowed me for making this experiment—what might not be expected from the well-directed efforts of the youths training for the public service at the Medical College. It is as easy to make hundreds of skilful Mesmerisers as ten, and if the Government think it desirable, I could soon make the Native Doctors throughout the service as skilful as my own assistants.

Some failures will be seen recorded in my reports, but these are happily few, and are clearly attributable to the ignorance and imperfections of the operator, and not to a defect in the power of nature. In the first month's proceedings, certain conditions required for success were overlooked, and disappointment was the necessary consequence, but it happily resulted in increasing our know-

\* Since this was written, I have heard from Dr. Kean of Berhampore, that he has found the mesmeric treatment very efficacious in insanity and epilepsy.

† Dr. Goodeve in Vol. VIII. of the Transactions of the Medical and Physical Society, Calcutta, thus speaks of the operation for the removal of scrotal tumors. "It is clear that this operation is one of imminent danger, in which hitherto it has appeared that the chances for and against the recovery of the patient are almost evenly balanced."

ledge of the subject. On other occasions I received some checks from risking something rather than disappoint the spectators. As our knowledge of the subject increases, and when mesmeric phenomena have become a mere matter of course to be witnessed daily in any Hospital, these disturbing causes will disappear, and nature be permitted to develop all her benignant power under the most favorable circumstances.

In conclusion, I would beg leave to direct respectfully the attention of the Government to the medical statistics of the subject; it being a point of much interest to ascertain the ratio of mortality under the old and new school of surgery. For this purpose, I have the honor to append a return of all the mesmeric operations performed by me, now amounting to 133, and I hope that the Government will think the subject of sufficient importance to call for the necessary means of comparison from the different Hospitals in Calcutta.

It may perhaps be allowed me to say a few words regarding my experience of ether as a substitute for mesmerism in surgery, as I lost no time in testing its pretensions; and the results are, that I see no reason to prefer art to nature, or to believe that it will ever be anything but a coarse imitation of the effects of mesmerism, and which ought only to be resorted to when the other has failed, or in sudden emergencies where it has not time to act.

The objections to it are—

1st.—It is so disgusting, that it is utterly impossible to get many persons to inhale it at all.

2d.—It often only produces intoxication in those who can persevere to the necessary degree.

3d.—The effects are very uncertain, being often transient, or so intense as to be alarming, and with great difficulty recovered from.

4th.—We have already heard of dangerous, and even fatal, results ensuing: it alters the constitution of the blood.\*

5th.—It is inadmissible in numerous cases where there is great debility of the system, or disease of the lungs, heart, brain, &c.

\* The stumps of amputated limbs here have been seen to spout only black blood. "M. Lassaigue found that in venous blood before inhalation the clot was to the serum as 65 to 34, while after inhalation it was as 59 to 40; hence there was a great increase of serum."—*Medical Gazette*, No. 99.

The *Medical Gazette* when announcing the discovery of ether, headed the article:—"*Mesmerism superseded*," and the month after, thus writes of ether—"Do we know of any evil consequences which have up to this time resulted from its use?—and are they of so serious a character as to make a prudent man hesitate in recommending his patient to become subject to its influence?"

"Great excitement of the nervous system, sometimes approaching to apoplexy,—an asthmatic condition of the respiratory organs,—spitting of blood, syncope, are among the results which have been observed; but these are by no means the worst. In many instances—already we are aware of six or seven—death has followed quickly upon operations so performed.

"We are sorry to say it, but we believe it to be the fact, that none of these cases, with the exception of that reported by Mr. Nun, have been recorded in this country." *Med. Gaz.* No. 98.

Taking all these drawbacks into consideration, it seems to me that the successes have something of the nature of escapes.

Let us now see if mesmerism is open to the above objections ; on the contrary, it will be found that it is easily taken by all, and any feelings experienced are agreeable.

Its influence is sedative, instead of being intoxicating.

The mesmeric coma is pretty uniform and perfectly manageable, and can be dissipated in a moment, when necessary.

I have never seen any local or general bad effects follow the employment of mesmerism in surgical operations, nor any one else ; or we should have heard of it. It fortifies the system for the operation, preserves it during it, and assists in the recovery of the patient.

The circulation is not affected by mesmerism.

It is especially applicable to the cases where ether is inadmissible, and is universally allowable.

It therefore appears to me that the only advantage that ether has over mesmerism, is the rapidity of its action, *when it succeeds*. But in nine-tenths of the cases requiring operations there is no hurry, and the preparation is advantageous by soothing and strengthening the system.

But many of my operations have been performed on the first day of mesmerising, and more might have been so, as will be seen from these reports, if circumstances had not made it prudent to make assurance doubly sure.

In a word, nature bountifully presents us with a power combining in perfection all the requisites (except general quickness of action) which medical men all over the world are now racking their brains in vain to discover united,—an agent that can produce insensibility to pain without the inconveniences of intoxication or the dangers of asphyxia. The practical and satisfactory conclusion from my experience is, that with our present imperfect knowledge of mesmerism, we can even now secure painless operations to the great majority of persons who are admitted to our Hospitals for surgical relief, and that the agent is perfectly *safe, manageable, and curative*. As we advance in knowledge of the subject, we may hope to discover the means of developing its action in the system more speedily.

I have, &c.,

(Signed) J. ESDAILE, M. D.,

*Supt. Mes. Hospital.*

*Calcutta Mesmeric Hospital, the 21st June, 1847.*

The patients not accounted for in the Registers were entered for treatment, but immediately disappeared, being probably disheartened by getting no physic.

The proper sphere for Medical Mesmerism is in General Hospitals, where the patients from the severity of their diseases are compelled to remain for a length of time under regular treatment.

*A Return of the Mesmeric Operations performed by Dr. Esdaile at the Jail and Charity Hospital, Hooghly, and at the Native and Mesmeric Hospitals, Calcutta, from May 1845 to May 1847.—(Continued.)*

Nature of Operations.	Results.			Remarks.
	Number.	Died.	Discharged cured.	
Scrotal tumours of all sizes from 3 to 103 } lbs. removed, .....	40	1	39	<p>A man with a tumour of 100 lbs. recovered perfectly, and was about to leave the Hospital at the end of six weeks, when a violent fever attacked him and carried him off.</p> <p>It passed under the cheek bone and orbit as far as my fingers could reach, and having destroyed the bones of the nose, descended into the throat.</p> <p>It is a curious fact that the trance does not facilitate operations on the eye. The eye-ball is generally turned upwards, downwards, or into either angle so far that the cornea is out of sight or only partially visible. The eye also often rotates about the orbit so as to be with difficulty fixed. When the eye is fixed, and the cornea is in front, it is often glazed like a dead man's, preventing a view of the iris. When the latter is visible, it is usually dilated or contracted to a pin-point, but sometimes its mobility remains.</p>
Tumour in the upper jaw removed, .....	1	0	1	
Stiff legs straightened, .....	3	0	3	IX.
Ditto arms, .....	5	0	5	
Cataracts operated on, .....	3	0	3	
Hydroceles ditto, .....	11	0	11	
Tapping for dropsy, .....	3	0	3	
Actual cantery applied to a large sore, .....	1	0	1	
A large sore covered with muriatic acid, .....	3	0	3	
Unhealthy sores pared down, .....	9	0	9	
Sinus and fistulas laid open, .....	9	0	9	
Heels flayed, .....	3	0	3	
End of thumb cut off, .....	1	0	1	
Carried over, .....	106	5	101	

*A Return of the Mesmeric Operations performed by Dr. Esdaile at the Jail and Charity Hospital, Hooghly, and at the Native and Mesmeric Hospitals, Calcutta, from May 1845 to May 1847.—(Continued.)*

Nature of Operations.	Results.			Remarks.
	Number.	Died.	Discharged cured.	
Brought over, .....	106	5	101	
Teeth extracted, .....	5	0	5	
Gum cut away, .....	1	0	1	
Prepuce removed, .....	5	0	5	
Hypertrophy of penis ditto, .....	1	0	1	
Suppurating pile ditto, .....	1	0	1	
Great toe nails cut out by the roots, .....	5	0	5	
Seton 12 inches long introduced, .....	1	0	1	
Cartilaginous tumours on ears cut off, .....	2	0	2	
Lithotomy, .....	1	0	1	
Abscesses opened, .....	5	0	5	
Total, .....	133	5	128	{ Seven of the patients became conscious before the end of the operation, but this was from inexperience or mismanagement.

(True Copies,)

J. FORSYTH, Surgeon,  
Secy. Medl. Board.

(Signed) [Redacted] ESDAILE, M. D.,  
Superintendent Mesmeric Hospital.

\* Mesmeric Hospital, the 1st June, 1847.

Since these pages went to press, 10 operations have been performed.

Scrotal tumors, .....	8
Schirrus testium, .....	1
Great toe amputated, .....	1 all doing well.

23d. July 1847.









RECORD OF CASES  
TREATED  
In the *Æsmeric* Hospital,  
FROM  
JUN<sup>3</sup> TO DECEMBER 1847,  
WITH REPORTS OF THE OFFICIAL VISITORS.

RECORD OF CASES

TREATED IN

THE MESMERIC HOSPITAL,

FROM

*JUNE TO DECEMBER, 1847 :*

WITH

REPORTS OF THE OFFICIAL VISITORS.

PRINTED BY ORDER OF GOVERNMENT.

CALCUTTA :

W. RIDSDALE, MILITARY ORPHAN PRESS.

1848.

*Extract from a letter addressed to the President of the Mesmeric Committee, by the Secretary to the Government of Bengal, dated 4th November 1846.*

Para. 6. With this view His Honor has determined, with the sanction of the Supreme Government, to place Dr. Esdaile for one year in charge of a small experimental hospital in some favorable situation in Calcutta, in order that he may, as recommended by the Committee, extend his investigations to the applicability of this alleged agency to all descriptions of cases, Medical as well as Surgical, and all classes of patients, European as well as Native. Dr. Esdaile will be directed to encourage the resort to his hospital of all respectable persons desirous of satisfying themselves of the nature and the effect of his experiments, especially Medical and Scientific individuals in or out of the Service; and His Honor will nominate from among the Medical Officers of the Presidency, "Visitors," whose duty it will be to visit the hospital from time to time, inspect Dr. Esdaile's proceedings, without exercising any interference, and occasionally, or when called on, report upon them, through the Medical Board, for the information of Government. On these Reports will mainly depend what further steps the Government may deem it expedient to take in the matter.

In accordance with the above, the following gentlemen were named official visitors of the Mesmeric Hospital.

R. M. M. THOMSON, Esq.

D. STEWART, Esq., M. D.

J. JACKSON, Esq., M. B. F. R. C. S.

F. J. MOUAT, Esq., M. D. F. R. C. S.

R. O'SHAUGHNESSY, Esq., F. R. C. S.

## HYPERTROPHIED SCROTUM.

*May 29th, 1847.*—Gobind Chunder, a beggar, aged 32, residing at Ramkistopore, has been suffering from a scrotal tumour for 8 years. It was preceded by a periodic fever coming on twice a month, and lasting for about two days.

To be mesmerised for an hour and a half daily.

*31st.*—Slept naturally.

*June 1st.*—Sleeping soundly, hair was torn out of his moustache and head, he was pricked all over, and the tumour was next exposed and thrown up to the abdomen with a jerk several times, his testes were severely squeezed, and his eyes were opened with great difficulty without breaking his slumber.

*2nd.*—He was to-day subjected to the action of the electro-magnetic machine for about two minutes and a half; his arms were strongly convulsed, and a shock was felt by those who touched his body.

*3rd.*—Again electrified to-day without his waking.

*4th.*—He was operated on to-day.\*

He was perfectly still and motionless throughout, and it is useless to say quite unconscious that any thing had been done to him. He awoke of his own accord a quarter of an hour after the operation.

## HYPERTROPHIED SCROTUM.

*June 1, 1847.*—Kheturmohun Sen, a pedlar, aged 21, residing in Calcutta, has got a scrotal tumour for about 8 years. His legs are also affected with elephantiasis, particularly the left one. He has been subject as usual to periodic fever.

To be mesmerised for an hour and a half daily.

*2nd.*—Sleeping profoundly, the tumour was exposed and the testes severely squeezed. He was then made to bear the action of an electro-magnetic machine with the power of the highest degree. It only brought on strong convulsive movements of the arms, and communicated shocks to persons touching his body.

*3rd.*—The same as yesterday.

\* Present—Dr. Starton, Mr. McCarthy, Mr. Filby, Mr. Jackson, Mr. Thomas, Mr. Bolst, Mr. McKie, Mr. Laing, Mr. Warwick, Mr. H. C. Kemp, Mr. Dyson, Mr. D'Cruz, Mr. J. Rebeiro, Mr. King, Mr. Mayer, Mr. Gregory, Mr. Minoss, Dr. R. Stuart, Mr. Smith, Dr. Thomson, Mr. R. O'Shaughnessy, and Mr. A. D. Kemp.

4th.—He awoke from one of the conductors of the machine suddenly falling on his body.

5th.—He was as indifferent as a corpse to the shocks to day.

6th.—The same to day.

7th.—He was operated on to-day;\* the dissection was excessively severe and tedious from the great thickness and hardness of the walls of the tumour, and its encroaching high upon the pubes. The penis was six inches below the surface, and was with difficulty extricated. I then cut down on both testes to ascertain their condition, but found them atrophied and useless, as is usually the case in elephantiasis. The man lay perfectly passive and still till towards the end of the operation when he began to moan and writhe his body considerably. After the fall of the mass, I begged that he might not be disturbed, and he immediately relapsed into the trance. He was soon after demesmerised, and on waking was unaware that any thing had happened to him in his sleep. There was a large hydrocele on each side, and the tumour before it was emptied must have weighed upwards of 30 lbs.

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### HYPERTROPHIED SCROTUM.

June 8, 1847.—Mudhoo, a Mallee, aged 32, a native of Kandapore, in Cuttack, has contracted a small scrotal tumour for 3 years.

To be mesmerised for an hour and a half daily.

9th.—Insensible to pricking and pinching; his arms were rigid, the tumour was exposed and the testes were severely squeezed. He was next subjected to the action of an electro-magnetic machine with the power of the second degree without disturbing him.

10th.—He was electrified with the highest power of the machine. Mesmerism was interrupted for five days, as he was attacked with a fit of asthma.

15th.—Sleeping profoundly; he bore steadily the galvanomagnetic shock of the second degree, but showed a slight sign of instinctive movement in his face under the third.

16th.—He was again electrified with the highest power of the machine.

18th.—I did not intend to operate to-day, and only tested the man severely. Dr. Palmer having come from Hooghly on purpose

\* Present—Mr. Higginson, Mr. Dyson, Mr. Simson, Mr. Leslie, Mr. McCarthy, Mr. Jackson, Mr. Sedgwick, Mr. Mendieta, Mr. Jacob, Mr. McDormond, Mr. Byrne, Mr. Edwards, Syd Kuramut Ally, Mirza Kadirbeg, Mr. A. D. Kemp, Mr. Thomson, Mr. Pitts, and Mr. Lindstedt.

to witness an operation, begged me to gratify him, and I consented to do it sooner than I intended. The case is only a repetition of the last, exhibiting perfect insensibility till towards the end of the operation, followed by vague movements and moaning; the most perfect subsequent repose, and total oblivion on awaking. He awoke a quarter of an hour after all was over, and felt just as usual, with the exception of a slight heat between his legs: all the parts were saved, no pain till next day.

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### STIFF ARM.

*April 14, 1847.*—Ruhman, Bheesty, aged 40, a native of Dacca, has been afflicted with a stiff arm for four months. It came on from a chronic inflammation of the elbow caused by the friction of the water bag. The arm was bent at a right angle, and did not admit of either flexion or extension. The joint was much swollen and painful; so much so, that the least touch made the patient cry out.

To be mesmerised for an hour and a half daily.

*30th.*—The joint is less painful and bears moderate pressure, and admits of being slightly moved in both directions; the tumefaction slightly diminished.

*May 10, 1847.*—The joint admits a good deal of motion; the swelling and pain are considerably diminished, and he allows it to be gently rubbed.

*28th.*—The arm can be extended to an obtuse angle, and the pain and tumefaction are nearly gone.

*June 10, 1847.*—The arm is nearly straight, he can bend and extend it with facility; the swelling is disappearing, slight pain only remains at the anterior part of the joint.

*26th.*—The arm is perfectly straight and like the other, he says that he can now use his arm without the least inconvenience—discharged, cured.

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### PARALYSIS.

*May 27, 1847.*—Wuzeer, a tailor, aged 40, residing at Kistopore, in Zillah 24-Pergunnahs, has been troubled with paralysis of the right side of the body, particularly of the limbs for 6 years. It followed chronic rheumatism. He can walk a little with the aid of a staff, and limps a good deal at the time. He can only separate the affected arm a little from his body. There was a decided loss of feeling in the fore-arm and leg.

To be mesmerised locally and generally for an hour daily.

Date of Admission.		Names.	Age.	Caste.	Profession.	Disease.	Cured.	Relieved.	Absconded.	Died.	Remaining.
Month.	Date.										
1847.											
May,	27,	Siboo, - - - - -	30	H. - -	Mallee, - - -	Rheumatism, - - -	16th,	- -	- -	- -	- -
"	28,	Gobindchunder Doss, - - -	35	H. - -	Sirkar, - - -	Ditto, - - -	- -	- -	- -	- -	- -
"	29,	Gobindchunder Bra, - - -	32	H. - -	Beggar, - - -	Hypertrophied Scrotum, - - -	- -	- -	- -	- -	- -
"	29,	Lalloo Doss, - - -	27	H. - -	Bearer, - - -	Rheumatism, - - -	- -	- -	- -	- -	- -
"	29,	Ramdeen, - - -	30	.....	Mehtur, - - -	Epilepsy, - - -	- -	10th,	- -	- -	- -
June	1,	Bheekhun Khan, - - -	22	M. - -	Khidmutgar, - - -	Rheumatism, - - -	- -	- -	- -	- -	- -
"	1,	Kheturmohun, Sein - - -	21	H. - -	Pedlar, - - -	Hypertrophied Scrotum, - - -	- -	- -	- -	- -	- -
"	8,	Mudhoo, - - -	32	H. - -	Mallee, - - -	Ditto, - - -	- -	- -	- -	- -	- -
"	10,	Madhub Roy, - - -	35	H. - -	Shop-keeper, - - -	Ditto, - - -	- -	- -	- -	- -	- -
"	12,	Ramdial Mokh. - - -	40	H. - -	Bramin, - - -	Ditto, - - -	- -	- -	- -	- -	- -
"	15,	Munoojohu, - - -	40	M. wo- man,	- - -	Nuralgia, - - -	- -	- -	- -	- -	- -
"	15,	Aroottee, - - -	36	H. - -	Mallee, - - -	Tetanus, - - -	- -	- -	- -	- -	- -
"	15,	Mohundoss, - - -	40	H. - -	Barber, - - -	Rheumatism, - - -	- -	- -	- -	- -	- -
"	20,	Suboor, - - -	30	M. - -	Syce, - - -	Hypertrophied Scrotum, - - -	- -	- -	- -	- -	- -
"	22,	Katick Doss, - - -	30	H. - -	Barber, - - -	Ditto, - - -	- -	- -	- -	- -	- -
"	24,	Panoo Doss, - - -	34	H. - -	Kahar, - - -	Rheumatism, - - -	- -	- -	- -	- -	- -
"	28,	Rujub, - - -	30	M. - -	Husbandman, - - -	Hypertrophied Scrotum, - - -	- -	- -	- -	- -	- -
"	30,	Chundechurn Mookh. - - -	29	H. - -	Moherer, - - -	Epilepsy, - - -	- -	- -	- -	- -	- -

(a) His constitution too bad to permit an operation.

(b) He was subdued, but has gone home on urgent business.

(c) Unfit for operation, on account of fever.

(Signed) G. LAMB,  
Offg. Suptg. Surgeon, Presidency.

(Signed) J. ESDAILE, M. D.,  
Superintendent Mesmeric Hospital.

*Monthly Return of Patients treated at the Calcutta Mesmeric Hospital, for the Month of June 1847.  
Calcutta, Mesmeric Hospital, 1st July, 1847.*

DISEASE.	Remaining.	Admitted.	Total.	Cured.	Discharged.				Deaths and Ages.								Total.	
					Average pe- riod under treatment.	Relieved.	No better.	Incurable.	Absconded.	Died.	Average pe- riod under treatment.	From birth to 10 years.	From 10 to 20.	Do. 20 to 30.	Do. 30 to 40.	Do. 40 to 50.		Do. 50 to 60.
Epilepsy, .....	4	1	5	...	...	2	...	...	...	...	...	...	...	...	...	...	...	3
Hypertrophied Scrotum, .....	14	7	21	4	80	...	...	...	3	...	...	...	...	...	...	...	...	14
Neuralgia, .....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Paralysis, .....	3	...	3	1	24	2	...	...	...	...	...	...	...	...	...	...	...	...
Rheumatism,.....	5	3	8	2	45	1	...	...	...	...	...	...	...	...	...	...	...	5
Tetanus, .....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Total, .....	26	13	39	7	...	5	...	...	3	...	...	...	...	...	...	...	...	24
Average number of sick, ..... 24,																		

(Signed) G. LAMB,  
*Offg. Suptg. Surgeon, Presidency.*

(Signed) J. ESDAILE, M. D.,  
*Superintendent Mesmeric Hospital.*

DETAILED ACCOUNT OF CASES TREATED AT THE  
CALCUTTA MESMERIC HOSPITAL,

*For the month of July, 1847.*

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HYPERTROPHIED SCROTUM.

*June 30, 1847.*—Kartick, a carter, aged 30, residing at Bhow-bazar, in Calcutta, has got a common scrotal tumour for 6 years. Both the legs are affected with elephantiasis, particularly the right one.

To be mesmerised for an hour and a half daily.

*July 1, 1847.*—He was pricked and electrified severely without awaking or disturbing him, and might be safely operated on to-day. He was then left to sleep, and awoke about three hours after of his own accord.

*2nd.*—This is one of the most perfect cases that I have operated on\* in the trance. He bore the knife like a corpse, and only began to move a little at the tying of the arteries. After the vessels were all secured, the testes were carefully examined, and the right one being found diseased and useless, was cut off; the left one was involved in a hydrocele, out of which it was leisurely dissected and left. He was now covered with a sheet; in about half an hour after all was over, the sheet was raised to see if there was any bleeding. The sudden exposure to the air disturbed him; he suddenly raised himself, opened his eyes, seemed to see the wound, and stretched out his hand to it, but instantly fell back into the coma. This has been repeatedly seen and described. About an hour after the operation, as I was attempting to open his eyes, he awoke. He said he felt as usual, and not in the least weak; nor was there any pain in his body, and he wanted to know why so many people were gathered around him. A few minutes after he complained of a sensation of heat in the wound, and suspected from it that he had been operated on like others when he was asleep.

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SCIRRHUS TESTIUM-EXTIRPATION.

*July 10, 1847.*—Shamchunder Dutt, a shop-keeper, aged 40, residing at Zingrapolasee, in Zillah Hooghly, has been troubled with hypertrophied scrotum and scirrhus testes for 6 years. It commenced

\* Present—Mr. Rees, Mr. Turner, and Mr. Wilby.

with a periodic fever coming on twice a month. The paroxysm was very violent, and produced active inflammation in the part, which suppurated and terminated in an ulcer. It was very irritable, disturbing his rest at night, and impairing his general health by keeping up a copious discharge.

11th.—Although in excessive pain, he was entranced to-day in less than an hour; his arms were perfectly cataleptic, and he was insensible to both pricking and pinching; this was reported to me the same evening.

12th.—I saw him for the first time in the trance to-day, and as the case was urgent, the operation was at once performed.\* Both testes were found to be diseased and useless, and were therefore removed. He was as still and quiet under the knife as a corpse, till towards the end of the operation when he moved slightly like a man in an uneasy dream, and moaned a little. The mesmerising was continued till all the bleeding vessels were secured. He awoke of his own accord about three quarters of an hour after the operation, and felt some smarting in the wounded part; when asked, he said he had not been in any way disturbed while sleeping, nor had he any dream, but he felt a little weaker than usual.

### HYPERTROPHIED SCROTUM.

July 7, 1847.—Moteewoola, jemadar, aged 50, residing at Alelompore, in Zillah Burdwan, has got a moderate sized scrotal tumour for 8 years.

To be mesmerised for an hour and a half daily.

8th.—He has got chronic bronchitis, than which there can be no more disturbing cause, for it is impossible for a person to sleep under any influence who has to clear his windpipe frequently, but fortunately he is not obliged to cough often. Appeared insensible to pricking and pinching; the tumour was exposed, the testes were severely squeezed, and his eyes were opened without disturbing him in the least. But he awoke on his left nipple being severely pinched.

9th.—He was severely electrified to-day without awaking him.

10th, 11th, and 12th.—The same repeated with little variety.

13th.—He was operated on to-day† at the usual hour, 12 o'clock. The operation was excessively severe from the great hardness of the mass, and the depth at which the testes lay. All the parts were saved: weight of tumour 20 lbs. He was perfectly motionless and unresisting as regards my proceedings, but I was informed

\* Present—Mr. W. Swerwaks, Mr. Campbell, Mr. Forbes, Mr. Sneed, Mr. Simson, Mr. Filby, Mr. H. H. Swerwaks, Dr. Mouat.

† Present—Mr. Forbes, Dr. Mouat.

that sundry movements of the feet and chest were seen towards the end of the operation. The mesmerising was continued a few minutes after the operation. He awoke of his own accord, about half an hour after all was over; on awaking, he complained of great smarting in the part, which he could not account for, and begged to be allowed to sit up on the bed, to ascertain the cause of the smarting; this he did, and was surprised to find on putting his hand to the part, that the tumour was gone. He was then told that it was cut off, and the part removed was shown to him. He blessed me, and hoped that God would give me a golden palanqueen and a golden carriage.

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### AMPUTATION OF THE GREAT TOE.

*July 12, 1847.*—Bideadhur, a labourer, aged 16, residing at Budruck, in Zillah Cuttack, has got his great toe of the left foot contused, being crushed accidentally by a large country boat; the accident happened two months ago. The wound now appears gangrenous and unhealthy. It is necessary to remove the second joint.

To be mesmerised an hour and a half daily.

*13th.*—Deeply entranced, and fit to be operated on.

*14th.*—The joint was cut off to-day, and as there was no skin for covering the end of the bone, about half of the first phalanx was sawn off.

The boy lay like a log, and did not awake till half an hour after the operation, and then said, that the pain was less than when he went to sleep. This is another example of the extinction of acute pain by mesmerism, for he was in great pain when first mesmerised; yet this was subdued, and he was ready to be operated on in one hour.

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### HYPERTROPHIED SCROTUM.

*July 16, 1847.*—Shaik Ackber, a coolee, aged 30, residing in Doomoordoh, in Zillah Hooghly, has been troubled with a moderate sized scrotal tumour for 3 years. It commenced with periodic fever coming on 3 or 4 times a month; the last attack was very violent: it brought on an acute inflammation in the part, and ended ultimately in an ulcer, which being very irritable, prevented his rest at night.

To be mesmerised for an hour and a half daily.

*17th.*—Fast asleep, he was insensible both to pricking and pinching.

18th.—Again severely tested satisfactorily.

19th.—The operation was performed to-day,\* and was peculiarly severe from the thickened tunica vaginalis requiring to be dissected off the testes and cords. All the parts were saved. The tumour weighed about 12 lbs. He lay perfectly motionless throughout, as far as I was concerned, and awoke a quarter of an hour after all was finished, and of course knew nothing about it. I was told that his neck and face were convulsed towards the end of the operation.

### HYPERTROPHIED SCROTUM.

July 16, 1847.—Ramgopal, a husbandman, aged 50, residing in Furreedpore, has been troubled with a small scrotal tumour for 2 years. It commenced with hydrocele on the left side, and was preceded by fever coming on once in two months.

To be mesmerised for an hour and a half daily.

On the 3d day he was entranced, and indifferent to the electro-magnetic machine.

19th.—No effect was produced on him to-day.

20th.—Hearing that the man was alarmed in consequence of seeing a patient operated on yesterday, and wants to leave the Hospital,—I put him under the action of the battery for a few minutes, and then at once commenced the operation.† He remained perfectly passive under the knife, making no movement whatever. His breathing alone, which became a little disturbed towards the end of the operation, particularly when the arteries were being secured, gave signs of life. He awoke of his own accord about a quarter of an hour after the operation was completed, and he had been covered with a sheet. He said, when asked, that he felt as usual. He protested that he would on no account allow himself to be operated on, unless he was made insensible like the other people.

When told that the thing was done, he said that he was the more glad of it, as he had intended to run away to-day.

### HYPERTROPHIED SCROTUM.

July 21, 1847.—Ramdial Chatterjia, a writer, aged 40, a native of Sewree, in Zillah Beerbhoom, has got a small scrotal tumour for 5 years.

To be mesmerised for an hour and a half daily.

\* Present—Lieut. Russell, Artillery; Dr. Tatlock, Dr. Cowan, Mr. Elcock, Mr. Madge, Dr. Mouat, Mr. O'Shaughnessy.

† Present—Dr. Mouat.

22*d.*—He was pinched, pricked, and electrified without his mind-  
ing it.

23*d.*—All that was done to him yesterday was repeated to-day.

24*th.*—He was operated on to-day.\* The operation lasted about 4 minutes. It was a mere repetition of the above: no dead body could be more perfectly passive, his breathing, which was not disturbed, only distinguished him from a corpse. He awoke about an hour and a half after all was over, and he had been dressed and carried to a clean bed: on awaking, he put his hand to his loins and complained of pain; when asked what caused it, he said he could not possibly account for it; it was probably produced by his sleeping for a long time; when asked whether he felt any pain in the part, he said no.

26*th.*—There has been no pain in the wound.

### HYPERTROPHIED SCROTUM.

*July 24, 1847.*—Akoy Doss, a wood-cutter, aged 35, a native of Balessur, has been subject to a small scrotal tumour for two years.

Before operating on Ramdial, I examined this man whom I had not seen before, this being his first day of mesmerising. He had been acted on for about an hour, and I said that I thought he might be operated on to-day, but that another was more advanced. Having disposed of Ramdial, the spectators were desirous to see a man operated on the first day, and believing that we can now afford to make a doubtful experiment, I consented to make the attempt. I had not proceeded far before he became disturbed and soon woke up completely, deriving little advantage from his sleep. I hope this will be the last time that I shall be seduced into a doubtful proceeding.

26*th.*—Unlike Ramdial operated on the same day, he has been in great pain ever since.

### TETANUS.

The irritation of the nervous system is so extravagant and incessant in this disease, that I attempted its mesmeric treatment rather than nothing might be left untried, than from any great expectation of success. The almost momentary convulsions are so distressing and disturbing that no interval of rest occurs in which to make the desired narcotic impression on the system. I have little doubt that if the trance could be established, it would act like a specific on the

\* Present—Lieut. Thomson, Artillery; Lieut. Russell, Artillery; Mr. F. J. Halliday, Mr. A. R. Young, Dr. Mouat.

disease, for when the irritation of the voluntary and sensorial parts of the nervous system is extinguished, organic life is left undisturbed to restore the nervous equilibrium that had been deranged. But although we may not be able to induce the extreme narcotic effect of the mesmeric influence, any degree of its sedative power would be a great boon in the treatment of this most intractable and dangerous disease. My opportunities have not yet been sufficient to enable me to speak with confidence of the curative powers of mesmerism in tetanus, but what I have seen is rather encouraging. In the case about to be related, will be seen an example of the disease in its worst shape, getting daily worse under active orthodox treatment, but very soon improving, and at last recovering under mesmeric treatment exclusively. An indispensable dose of opening medicine being the only complication in the treatment. At Loodi-ahna, I had an opportunity of treating a case of traumatic tetanus in an European, which is perhaps worth recording. W. Shea, a Private in H. M.'s 50th, was wounded at Aliwal by a musket-ball, on the 28th January. It went into his right leg at the inner side of the tibia, and was cut out of the calf on the 30th: the wound went on well for 10 days and was nearly healed, but spasms then came on in the instep of the wounded leg, and by the 24th of February the whole body was severely convulsed by each spasm, and medicine had given no relief. Being present when Dr. Murray, Field Surgeon, and Dr. Barlow of the 50th, were consulting about the further treatment, I learned that the man had been mercurialised, received large doses of opium and the wound had been laid open, but without any relief. The actual cautery was proposed, rather for the sake of doing something than from any reasonable hope of relief, but it was rejected as being cruel and doubtful. All the usual resources being exhausted, I offered to try the effects of mesmerism, and was allowed to make the experiment. The spasms occurred every one and a half minutes and literally pumped the sweat out of the poor fellow every time. It is useless to say that he never slept. After some time, he expressed great relief from my proceedings, and during the day slept several times and had a good night afterwards. Next morning he was free from spasms, and said that I was the only person who had given him any relief. He continued perfectly free from spasms for 24 hours; got up and declared himself confident that he was cured, and we all began to hope so too. But the disease returned and rapidly carried him off. In another case of traumatic tetanus, I got no satisfactory results.

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*June 10.*—Ahroot, aged 36, my gardener. He applied to me to-day, in consequence of a most violent attack of rheumatic fever. The smallest movement was agonising, and he dreaded to move.

19th.—The spasms have nearly left him, he was seen to walk in the ward with a staff. In the evening while he was walking in the ward, the spasms came on and threw him on the stone floor, this produced a severe contusion on the occiput about the size of a rupee, cutting and bruising the scalp down to the pericranium. His bowels bound for the last two days.

To have a black dose.

20th.—The bowels moved four times by the purgative. His body was warm and pulse quick; the spasms are again strong and frequent, occurring two or three times in an hour; the sternocleido-mastoideus and rectus became very hard.

To be mesmerised for three hours daily by two different persons.

24th.—No change for the last three days, the spasms became much more severe and frequent, coming on several times in an hour. The wound was very unhealthy and the discharge thin and watery, having an exceedingly disagreeable fœter; a sinus was found, and laid open. Fears of lock jaw are entertained.

Bark poultice to be applied to the wound.

30th.—Bowels rather regular, the spasms less in frequency and severity and rather local; confined more particularly to the right side; the wound healthy and the discharge good; he had no fever, and walked well with a staff.

To be mesmerised for an hour and a half daily.

July 7.—The wound granulating well, the spasms have left him, he can walk without a staff, but feels a little uneasy on extending his legs; the sternocleido-mastoideus and the rectus abdominis of each side less rigid.

20th.—The wound is perfectly healed. He is gaining strength daily: all the muscles are soft and pliable.

(Signed) J. ESDAILE, M. D.,

*Supt. Mes. Hospital.*

*Calcutta, Mesmeric Hospital, 1st Aug., 1847.*

*Monthly Register of Patients treated at the Calcutta Mesmeric Hospital, for the Month of July, 1847.*

*Calcutta, Mesmeric Hospital, 1st August, 1847.*

Date of Admission.		Names.	Age.	Caste.	Profession.	Disease.	Cured.	Relieved.	Absconded.	Died.	Remaining.
Month.	Date.										
1847.											
Jan.	17,	Mrs. Woolfe, (a).....	28	E. wo-		Epilepsy, .....	.....	1st	.....	.....	...
				man, ..							
March	24,	Bonmallee Bhut. ....	26	Hin. ...	Moherer, ....	Hypertrophied Scrotum,	.....	...	.....	.....	...
April	7,	Munmohun Bose, ....	20	Hin. ...	Ditto, ....	Epilepsy, .....	.....	...	.....	.....	...
May	4,	Myzoodeen, .....	25	Mus. ...	Khidmutgar,...	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	10,	Gopaul Doss, .....	40	Hin. ...	Bearer, .....	Ditto, .....	.....	...	.....	.....	...
"	15,	Ramessur, .....	35	Hin. ...	Husbandman,.	Ditto, .....	25th,	...	.....	.....	...
"	24,	Muneeroodeen, .....	30	Mus. ...	Labourer, .....	Ditto, .....	31st,	...	.....	.....	...
"	24,	Buddenchunder, .....	50	Hin. ...	Writer, .....	Ditto, .....	.....	...	.....	.....	...
"	28,	Gobindchunder Doss, .....	25	Hin. ...	Sirkar, .....	Rheumatism, .....	.....	10th	.....	.....	...
"	29,	Gobindchunder Uggur, .....	32	Hin. ...	Beggar, .....	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	29,	Laloodoss, ....	27	Hin. ...	Bearer, .....	Rheumatism, .....	.....	10th	.....	.....	...
June	1,	Bheekhun Khan, .....	22	Mus. ...	Khidmutgar,...	Ditto, .....	.....	...	.....	.....	...
"	1,	Kheturmohun Sain, .....	21	Hin. ...	Pedlar, .....	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	7,	Mudhoo, .....	32	Hin. ...	Mallee, .....	Ditto, .....	.....	...	.....	.....	...

(a) Not permanently benefited.

Date of Admission.		Names.	Age.	Caste.	Profession.	Disease.	Cured.	Relieved.	Absconded.	Died.	Remaining.
Month.	Date.										
1847.											
June	10,	Madhub Roy, (a) .....	35	Hin. ...	Shop-keeper, ..	Hypertrophied Scrotum,	.....	...	24th,	.....	...
"	12,	Ramdial Mookh. (b) .....	40	Bra. ...	Brahmin, .....	Ditto, .....	.....	...	15th,	.....	...
"	15,	Munnoojohn, .....	40	M. wo- man,	.....	Neuralgia, .....	.....	...	.....	.....	...
"	15,	Ahroot, .....	36	Hin. ...	Mallee, .....	Tetanus, .....	31st,	...	.....	.....	...
"	15,	Mohun Doss, .....	40	Hin. ...	Barber, .....	Rheumatism, .....	.....	27th	.....	.....	...
"	20,	Suboor, (c) .....	30	Mus. ...	Syce, .....	Hypertrophied Scrotum,	.....	...	24th,	.....	...
"	22,	Katick Doss, .....	30	Hin. ...	Barber, .....	Ditto, .....	.....	...	.....	.....	...
"	24,	Panoo Doss, (d) .....	34	Hin. ...	Kahar, .....	Rheumatism, .....	.....	...	1st,	.....	...
"	28,	Rujub, (e) .....	30	Mus. ...	Labourer, .....	Hypertrophied Scrotum,	.....	...	22d,	.....	...
"	30,	Chundeechurn Mookh. ....	29	Bra. ...	Moherer, .....	Epilepsy, .....	.....	...	.....	.....	...
July	2,	Moteelall, .....	45	Hin. ..	Ditto, .....	Paralysis, .....	.....	...	.....	.....	...
"	2,	Shamechunder Dutto, (f) ...	30	Hin. ...	Ditto, .....	Insane, .....	.....	...	22d,	.....	...
"	2,	Soodursun, .....	45	Hin. ...	Kahar, .....	Rheumatism, .....	.....	...	.....	.....	...

(a) Gone home on account of fever.

(b) Ditto Ditto.

(c) Ditto Ditto.

(d) Not treated after examination.

(e) This man is still incapable of being thrown into the profound trance, but remains very sensitive to the influence.

(f) Considered hopeless. Given up.

Date of Admission.		Names.	Age.	Caste.	Profession.	Disease.	Cured.	Relieved.	Absconded.	Died.	Remaining.
Month.	Date.										
1847.											
July	4,	Punnah Bai, .....	40	M. wo-		Neuralgia, .....	.....	...	.....	.....	...
"	4,	Premchunder Dutto, .....	30	Hin. ...	Moherer, .....	Rheumatism, .....	.....	...	.....	.....	...
"	7,	Moteeoolla, .....	50	Mus. ...	Jemadar, .....	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	7,	Ram Doss, .....	40	Hin. ...	Kahar, .....	Rheumatism, .....	.....	20th	.....	.....	...
"	7,	Nobinkisto, .....	15	Hin. ...	Sirkar, .....	Deafness, .....	.....	15th	.....	.....	...
"	12,	Bideadhur, .....	16	Hin. ...	Labourer, .....	Contusio, .....	.....	...	.....	.....	...
"	16,	Ramgopal, .....	50	Hin. ...	Husbandman,	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	16,	Ackber, .....	30	Mus. ...	Coolee, .....	Ditto, .....	.....	...	.....	.....	...
"	17,	Ramdhun Nundee, .....	45	Hin. ...	Moktar, .....	Ditto, .....	.....	...	.....	.....	...
"	21,	Ramdial Chatterjee, .....	40	Bra. ...	Writer, .....	Ditto, .....	.....	...	.....	.....	...
"	24,	Akadussee, .....	35	Hin. ...	Wood-cutter,	Ditto, .....	.....	...	.....	.....	...
"	29,	Radhanath Bhadooree, .....	45	Bra. ...	Writer, .....	Ditto, .....	.....	...	.....	.....	...

(Signed) G. LAMB,  
Offg. Suptg. Surgeon, Presidency.

(Signed) J. ESDAILE, M. D.,  
Superintendent Mesmeric Hospital.

*Monthly Return of Patients treated at the Calcutta Mesmeric Hospital, for the Month of July, 1847.*

*Calcutta, Mesmeric Hospital, 1st August, 1847.*

DISEASE.	Remaining.	Admitted.	Total.	Cured.	Discharged.				Deaths and Ages.								Total.	
					Average No. of days under treatment.	Relieved.	No better.	Incurable.	Absconded.	Died.	Average No. of days under treatment	From birth to 10 years.	From 10 to 20 years.	From 20 to 30 years.	From 30 to 40 years.	From 40 to 50 years.		From 50 to 60 years.
Contusio, .....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Deafness, .....	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Epilepsy, .....	3	...	3	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2
Hypertrophied Scrotum, .....	14	7	21	2	68	...	...	...	4	...	...	...	...	...	...	...	...	15
Neuralgia, .....	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Insane, .....	...	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Paralysis, .....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Rheumatism,.....	5	3	8	...	...	4	...	...	1	...	...	...	...	...	...	...	...	3
Tetanus,.....	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,.....	24	15	39	3	...	6	...	...	6	...	...	...	...	...	...	...	...	24
Daily average number of Patients, 25,																		

(Signed) G. LAMB,  
Offg. Suptg. Surgeon, Presidency.

(Signed) J. ESDAILE, M. D.,  
Superintendent Mesmeric Hospital.

DETAILED ACCOUNT OF CASES TREATED IN THE  
CALCUTTA MESMERIC HOSPITAL.

*For the Month of August, 1847.*

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HYPERTROPHIED SCROTUM.

*August 1st, 1847.*—Seetaram, a porter, aged 50, residing at Kellore, in Zillah Kuttuck, has got a small scrotal tumour for 22 years.

To be mesmerised for an hour and half daily.

*3rd.*—Slept apparently naturally.

*4th.*—Not mesmerised to-day as he took a dose of opening medicine.

*5th.*—Deeply entranced, arms cataleptic, he was indifferent to pricking, pinching, and to the shocks of an electro-magnetic machine.

*6th.*—He was again electrified to-day without being disturbed in the least.

*7th.*—He was operated on to-day,\* and all the parts were saved; he bore the operation as passively as a corpse; I was told that when the arteries were being secured, a slight movement was observed in his left leg. He awoke about an hour and a half after the operation, and after he had been put into a fresh bed. He was surprised to find that he had been removed from the place where he went to sleep, and on preventing his attempting to sit up on the score of weakness, he said he was not in the least weak, but felt as usual. He was not aware of having felt any pain while asleep, but now complained of smarting in the part, and was then told that the tumour had been cut off.

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HYPERTROPHIED SCROTUM.

*July 17th, 1847.*—Baboo Ramdhun Nundy, aged 45, the man of business of a Rajah, has been troubled with an immense scrotal tumour for 14 years. He is a remarkably strong muscular man, as his portrait best shows. The tumour is only a local annoyance to him, and has been often deeply cauterised by native doctors in the hope of discussing it. Mesmerism, which has been called "*the Medicine of Nature*," was not intended for the healthy, but for the

\* Present—Mr. A. Thomas, Dr. Jackson, Mr. R. O'Shaughnessy.

was placed on a chair on either side, and he was pricked all over with a scalpel for a few minutes. He was then re-adjusted, and knew nothing about it when he awoke.

17th.—The great concourse of people in the Hospital for several days past, has had a very injurious effect upon the patients, making them fearful and anxious, which is extremely detrimental, and often destructive to our influence. The people are agitated by having their conduct in the trance related to them, and are led from what they hear, to infer that the operation is about to be performed; this is a great evil, but can hardly be prevented in my present circumstances, as the public have been invited to resort to the Hospital to be convinced by the evidence of their senses. This poor fellow has come weeping to the Hospital for the last two days, and fears to go to sleep in the operating room. I have therefore let him remain in the small room, in which he has been hitherto treated. I saw him lie down to-day, at 10½ o'clock, to be mesmerised, and as he was composing himself, a Brahmin, who is also waiting to be operated upon, came to his bedside, and whispered in his ear. I followed him out of the room, and asked him what he had said to Ramdhun: He answered that he had only desired him to call upon "Doorga," and this he accordingly continued to do till 20 minutes to 12 o'clock, when I examined him. He was moaning in his sleep, as usual, but as I considered this a constitutional peculiarity, I resolved to operate, if he stood some preliminary pricking to-day. This he did, and as his only safety was in expedition, I made the operation as much a case of decapitation as possible.\* Having freed the penis, I transfixed the neck of the tumour with a long two-edged knife, and struck it off right and left by two blows. He cried out as I was making the last cut, and the moaning deepened into groaning, but his eyes remained closed, and no articulate sound escaped him, nor did he interfere in the smallest degree with my proceedings, and, as usual, no one held him. The bleeding was frightful, and after securing the principal vessels, I thought it necessary to awake him to administer a cordial, as his pulse had disappeared. He opened his eyes, but did not see, he said, and drank some wine at my desire. For the next hour, his pulse fluctuated greatly, but at last became pretty regular at 2 o'clock; he was still in a half conscious state, having become delirious from loss of blood. I now felt him, ordering no one to speak to him till I returned, and Mr. Kemp, who is a thorough Bengalee scholar, kindly promised to return with me at 4 o'clock—when we came back, the equilibrium of his

\* Present—Mr. H. W. Jones, Dr. Tatlock Mr. G. Cowan, Dr. R. Stuart, Mr. Picachy, Mr. F. J. Halliday, Mr. R. O'Shaughnessy, Mr. C. Beadon, Revd. Mr. Hornett, Dr. Thomas, Mr. J. Wyatt, Mr. R. Young, Mr. A. D. Kemp, Mr. A. G. Kemp, Mr. Ricketts, Mr. J. S. Spankie.

brain was not yet restored; and his friends informed us that the only intelligible words he had uttered were, "*don't cut me—don't cut me,—put me to sleep* ; and he continued in this state for the next half hour. During this time, he was removed to a clean bed, and whilst some small arteries were being tied, his senses completely returned, and he for the first time, became aware of his altered condition. His case is almost parallel with that of Shaik Manick, related in my report of December, 1846, but Shaik Manick died many months ago, and he could not have got his cue from him. All was a blank from 11 till 4 o'clock, and he said, that he had not seen me since the morning, and had no recollection of any thing since he went to sleep. He had no pain in the wound but complained of his back. The mass weighed 70 lbs.

18th.—He is incredibly well to-day, and does not look exhausted even. He repeated that he recollected nothing, except going to sleep yesterday as usual, and awaking at 4 o'clock, when he found us to be tying the arteries.

His mesmeriser, one of the graduates of the Medical College, hereupon asked him, "when did you last see me yesterday?" He answered, "just before going to sleep, and I have not seen you since till this moment." This corresponds completely with his own history of his feelings; for his mesmeriser, although he was present when I returned at 4 o'clock yesterday, did not wait till he had been removed into a clean bed; the moment when, as he stated yesterday, he came to his senses, and consequently he only remembered seeing him in the morning. Those who did not observe the whole course of this case, will probably not be satisfied with the conclusion, but it is perfectly satisfactory to the person principally concerned, who had often declared, that on no account would he consent to undergo the operation in his natural state, and he now says—"That *Brahma* is above all, and I am next to him." I do not pretend that this man did not suffer during the operation, but I believe from attentive observation of the case throughout, that he had no recollection of the operation, when he recovered from the state of delirium at 4 o'clock.

### RHEUMATISM.

June 1st, 1847.—Bhekhun Khan, a kidmutgar, aged 22, residing in Shajehanpore, has been tormented with acute rheumatism for 8 days, attended with high fever in the evening which remains 3 or 4 hours. All the large articulations of the body are much swollen and painful, particularly the knees and hips which are also very hard. He cannot move or turn on his bed, and can only lie on his back with thighs well supported by pillows, he cannot

for a cure. The tendency of mesmerism to procure local *crises* in constitutional disease, is much dwelt upon by the early mesmerisers, and I have observed it also.

### CHRONIC RHEUMATISM.

*June 15, 1847.*—Munnoojohn, a peasant woman, aged 40, residing in Calcutta, has been suffering from chronic rheumatism for a year, with pain, weakness, and partial loss of feeling of both legs extending up to the waist. It is attended with a peculiar pricking sensation of the legs, and the left one is much wasted, she can walk a little with the assistance of a staff, but limps much at the time, she cannot raise herself up from the sitting posture, even with the help of a stick. The shoulders are painful and swelled, and do not admit of free motion, the least movement makes her scream loudly, she is somewhat reduced, her bowels regular; pulse rather weak and of natural speed, tongue slightly loaded, and appetite impaired, sleeps ill.

To be mesmerised for an hour and a half daily.

There was for some days an aggravation of the symptoms, and this was followed by a severe fever, from which she did not recover till the 20th July.

*20th.*—The fever has left her, the pain and swelling of the shoulders are gone, she can move the arms freely, the pricking of the limbs is much less, and the pain has disappeared, but slight loss of feeling in them continues, she feels no pain in the loins and can rise from her bed with the help of a staff.

*28th.*—She walks pretty well without a staff, and does not limp much at the time. The sensation in her limbs has returned, and the pricking is nearly gone, her appetite much improved.

*August 13, 1847.*—She is improving daily and walks like any other person, slight pricking of the limbs remains, she said that she had now got well and wanted leave to go home, discharged.

### NEURALGIA.

*July 4, 1847.*—Bebec Punnah, a peasant woman, aged 50, residing at Taltullah, in Calcutta, has been tormented for three months with neuralgic pains shooting from the neck down to the waist, both before and behind, and increasing much at night, preventing her sleep, the least movement increases her suffering, and she is therefore obliged to keep her trunk fixed like a piece of wood, she can walk a little slowly, but cannot bend her head forwards or backwards.

the right side of the face is much diminished, the spasm of the hands is also less, and he can hold things firmly with them.

*8th August.*—He is getting strength in his affected limbs, and is nearly free from the pricking sensation; the feeling in the affected side of the face and his vision, are much improved.

*15th.*—He appears very lively, the pricking sensation has left him, he now and then feels it only in his feet and hands, his sensibility and vision are perfectly restored, the right side of the face has regained its usual feeling, he sleeps in the night longer than he used to do.

*31st.*—The pricking of the hands and feet entirely gone, he walks like any other man, and has regained sufficient strength to enable him to discharge his duties as Sirkar.

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### ACUTE RHEUMATISM.

*August 12.*—On visiting the medical ward to-day, I found Radanauth, one of the mesmerisers, lying on a bed undergoing the process. He was asleep, and as he did not awake on being called by name, I examined him, and found him to be cataleptic and insensible to pricking, I was told that he had complained of his neck being quite stiff and very painful this morning, and had asked one of his companions to mesmerise the back of his neck, and this manipulation had entranced him in less than an hour; when he awoke the pain was much better.

*13th.*—I found him again entranced to-day, and the pain was nearly extinguished when he awoke. He was mesmerised rather for experiment than any thing else for the next two days, and on each occasion was profoundly entranced. Whether his mesmeric sensibility was in consequence of the nervous affection, or was constitutional, I cannot pretend to say, for he had never been experimented on in health. This is not the only occasion in which local mesmerising has affected the constitution in the most intense degree. On one occasion a patient became insensible and as stiff as a log from head to feet in my hands, in consequence of my merely mesmerising one of his knees for rheumatism, and he could be always entranced afterwards, by mesmerising any part of his body for a few minutes.

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### RHEUMATISM.

*August 6, 1847.*—Dewan Allee, a boatman, aged 35, a native of Dhurmpore, in Zillah Chittagong, has contracted a rheumatic affection of the knees and weakness of the limbs for two months. The articulations are much swollen and very tender to the touch;

*Monthly Register of Patients treated at the Calcutta Mesmeric Hospital, for the Month of August, 1847.*

*Calcutta, Mesmeric Hospital, 1st September, 1847.*

Date of admission.		Names.	Age.	Cast.	Profession.	Disease.	Cured.	Relieved.	Absconded.	Died.	Remaining.
Months.	Date.										
1847.											
March	24,	Bonmallee Bhutta, .....	26	Bra. ...	Moherer, .....	Hypertrophied Scrotum,	10th,	...	.....	.....	...
April	7,	Monmohun Bose, .....	20	Hin. ...	Ditto,.....	Epilepsy, .....	....	10th	.....	.....	...
"	4,	Myzoodeen, .....	25	Mahod.	Khitmutgar,...	Hypertrophied Scrotum,	.....	.	.....	.....	...
"	10,	Gopaldoss, .....	40	Hin. ...	Bearer, .....	Ditto, .....	25th,	...	.....	.....	...
"	24,	Buddun Chunder Koonwur,	50	Hin. ...	Writer,.....	Ditto, .....	.....	...	.....	.....	...
"	29,	Gobin Chunder, .....	32	Hin. ...	Beggar,.....	Ditto, .....	20th,	...	.....	.....	...
June	1,	Bheekhun Khan,.....	22	Mus. ...	Kidmutgar, ...	Rheumatism, .....	20th,	...	.....	.....	...
"	1,	Kheturmohun Sain, .....	21	Hin. ...	Pedlar, .....	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	7,	Mudhoo, .....	32	Hin. ...	Mallee, .....	Ditto, .....	.....	...	.....	.....	...
"	15,	Munnoojohn, .....	40	M. wo- man.	.....	Neuralgia, .....	20th,	...	.....	...	...
"	22,	Katick Doss, .....	30	Hin. ...	Barber, .....	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	30,	Chundee Churn Mook, .....	29	Bra. ...	.....	Epilepsy, .....	.....	...	.....	.....	...
July	2,	Moteeloll,.....	45	Hin. ...	Moherer, .....	Paralysis,.....	.....	...	.....	.....	...
"	2,	Soodursun, ....	45	Hin. ..	Kahar, .....	Rheumatism, .....	.....	8th	.....	.....	...
"	4,	Punnah Bebee, .....	40	M. wo- man,	.....	Neuralgia, .....	23rd,	...	.....	....	...
"	4,	Premchunder Dutto, .....	30	Hin. ...	Moherer,.....	Rheumatism, .....	.....	5th	.....	.....	...

Date of Admission.		Names.	Age.	Cast.	Profession.	Disease.	Cured.	Relieved.	Abandoned.	Died.	Remaining.
Months.	Date.										
1847.											
July	7,	Moteecollah,.....	50	Mus. ...	Jemader, .....	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	12,	Bideadhur, .....	16	Hin. ..	Labourer,.....	Contusio, .....	... ..	...	.....	.....	...
"	16,	Ramgopal, .....	50	Hin. ...	Husbandman,	Hypertrophied Scrotum,	.. ...	...	.....	...	...
"	16,	Ackber,.....	30	Mus. ...	Coolee, .....	Ditto, .....	.....	...	.....	.....	...
"	17,	Ramdun Mundy, .....	45	Hin. ..	Agent, .....	Ditto, .....	....	...	.....	.....	...
"	21,	Ramdial Chatterjee, ....	40	Hin. ..	Writer, .....	Ditto,.....	.....	...	.....	.....	...
"	24,	Akadasse,.....	35	Hin. ...	Woodcutter,...	Ditto,.....	.....	...	.....	...	...
"	29,	Radhanath Bhadoree,.....	45	Bra. ...	Writer, .....	Ditto, .....	.....	...	.....	.....	...
"	*11,	Shamachunder Dutto,.....	45	Hin. ...	Shopkeeper...	Ditto,.....	.....	...	.....	.....	...
Aug.	1,	Seetaram,.....	45	Hin. ...	Harcarah,.....	Ditto,.....	.....	...	.....	.....	...
"	3,	Amnoo,.....	35	M. wo- man,	.....	Neuralgia, .....	.....	14th	.....	.....	...
"	3,	Dewan Allee, .....	32	Mus. ...	Boatman, .....	Rheumatism,.....	31st,	...	.....	.....	...
"	7,	Bholanath Paul, .....	50	Hin. ...	Shopkeeper, ...	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	9,	Ramchunder Doss,.....	25	Hin. ...	Washerman,...	Rheumatism, .....	.....	...	.....	.....	...
"	10,	Luckynarain, .....	35	Hin. ...	Pedlar, .....	Hypertrophied Scrotum,	.....	...	14th,	.....	...
"	12,	Hurochunder Ghose, .....	51	Hin. ...	Sirkar, .....	Ditto,.....	.....	...	.....	.....	...
"	18,	Jadubchunder, .....	30	Hin. ...	Shopkeeper,...	Ditto,.....	.....	...	.....	.....	...

\* Omitted to insert in last month's Register.

*Monthly Return of Patients treated at the Calcutta Mesmeric Hospital, for the Month of August, 1847.*  
*Calcutta, Mesmeric Hospital, 1st September, 1847.*

DISEASES.	Remaining.	Admitted.	Total.	Cured.	Discharged.				Deaths and Ages.								Total.	
					Average pe- riod under treatment.	Relieved.	No better.	Incurable.	Abandoned.	Died.	Average pe- riod under treatment.	From birth to 10.	From 10 to 20.	From 20 to 30.	From 30 to 40.	From 40 to 50.		From 50 to 60.
Contusio, .....	1	...	1	...	.....	...	...	...	...	...	.....	...	...	..	...	...	...	1
Epilepsy, .....	2	1	3	...	.....	1	...	...	...	...	.....	...	...	...	...	...	...	2
Hypertrophied Scrotum,* .....	16	9	25	3	97	...	...	...	1	...	.....	...	...	...	...	...	...	21
Neuralgia,.....	2	1	3	2	42	1	...	...	...	...	.....	...	...	...	...	...	...	...
Paralysis, .....	1	2	3	...	.....	..	...	..	...	...	.....	..	...	...	...	...	...	3
Rheumatism,... ..	3	5	8	2	53	2	...	...	1	...	.....	...	...	...	...	...	...	3
Total,.....	25	18	43	7	.....	4	...	...	2	...	.....	...	...	...	...	...	...	30
Daily average number of Patients, 33,																		

\* 1. Shamachunder Dutto, admitted on the 11th July last, but by mistake not inserted.  
 (Signed) G. LAMB, (Signed) J. ESDAILE, M. D.,  
*Offg. Supg. Surgeon, Presidency.* *Supt. Mesmeric Hospital.*

**DETAILED ACCOUNT OF CASES TREATED AT THE  
CALCUTTA MESMERIC HOSPITAL,  
*For the Month of September, 1847.***

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**HYPERTROPHIED SCROTUM.**

*September 5, 1847.*—Dabee Ghose, a milkman, aged 25, residing at Bhowanypore, in Zillah 24-Purgunnahs, has got a small scrotal tumor for two years.

To be mesmerised for an hour and a half daily.

*6th.*—He was entranced on the second day's trial, arms particularly cataleptic; he was unconscious both to pricking and pinching.

He appeared indifferent to the severest shocks of an electro-magnetic machine.

Being put in the position for the necessary operation, he was again electrified and pricked all over with a scalpel for a few minutes. He was then left to sleep.

The operation was performed to-day,\* and the organs were all saved. He remained tranquil throughout, but showed towards the end a slight movement of his toes, and turned his head gently from the right to the left side like a man in an uneasy posture. Mesmerising was discontinued. After the arteries were secured, he seemed to awake just when the bed had been re-adjusted, as he then raised his head, looked at the wound and defended it from being hurt by lifting up his sheet, but again relapsed into his "*comatose*" state. A few minutes after he opened his eyes, and came completely to his senses, when he said that nothing had annoyed him in his sleep, and that he had awoke this moment of his own accord.

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**HYPERTROPHIED SCROTUM.**

*August 7, 1847.*—Puranchunder Some, a writer, aged 23, a native of Juggutdul, in Zillah 24-Pergunnahs, has contracted a small scrotal tumor for two years. It originated from a hydrocele on the left side, preceded by a periodic fever coming on twice a month at the change of the moon.

\* Present—Mr. T. B. Smelt, Mr. H. Smelt, Mr. W. J. Judge, Mr. Hudson, Mr. J. B. Young, Mr. P. A. Cavorke, Mr. J. G. Bagram, Mr. M. Zorab, Mr. S. Wrickie, Kylaschunder Bose, Dwarkanath Mitter and Dyalchunder Busack.

To be mesmerised for an hour and a half daily.

15th.—Slept to-day more than usual.

16th.—Found perfectly insensible to pricking, pinching, and to the severest shocks of an electro-magnetic machine. He awoke whilst the part to be shaved was being wetted with water.

17th.—I catalepted his arms, put him into the proper position for the operation, pinched his right nipple severely, and pricked him with a scalpel for a few minutes; as a further security, I placed live charcoal on his hand, which he did not mind, but became disturbed when it was placed on his abdomen, though he remained still asleep. He awoke a few minutes after naturally.

18th.—He was operated on to-day, and all the organs were saved. A large hydrocele was found in each side, and the bags were dissected out entire from the enclosing mass. After all the principal vessels had been secured, the hydrocele sacs were slit open, and the thickened *tunica vaginalis* was slowly dissected off the cords and testes; so that we had in this case three distinct severe operations. To all this he was perfectly indifferent, and only made a slight grimace towards the end. He awoke about a quarter of an hour after the operation was finished, and he had been put into the position in which he went to sleep in, and had been covered with a sheet. He said when asked, that his slumber broke naturally, and that he had felt no pain while sleeping. He then perceived a smarting in the part, the cause of which he could not tell. The mass was then shewn to him, and he hid his face under the bed-clothes in disgust, and when again asked if he had felt any pain, he replied, "If I had felt pain, would I not have cried out?"

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## A SECOND OPERATION—THE SAME MAN.

September 12, 1847.—Setaram, who was operated upon on the 7th ultimo, went on very well for some time, but at the period of the usual fever, it came on very severely, and sloughing took place in the wound. As the testes merely irritated the wound, I resolved to remove them.

He was entranced in  $\frac{1}{4}$  of an hour, and I broke up the recent adhesions, cut through granulating surfaces, and rudely squeezed the raw testes, without a sign of sensibility appearing in any portion of his body. After the vessels were all tied, he awoke as if from a tranquil sleep, and felt no pain in the part. He had been suffering much for several days from pain in his elbow-joints, which local mesmerising much relieved.

13th.—I desired him to be put to sleep to-day, but he could not be subdued, which I considered a very bad sign.

14th.—He died to-day.

### HYPERTROPHIED SCROTUM.

*September 21st, 1847.*—Shaikh Gopal, a tailor, aged 45, residing at Mirzapore, in Calcutta, has got a moderate sized scrotal tumor for 30 years.

To be mesmerised for an hour and a half daily.

22d.—Slept naturally but awoke on being called by his name.

23d.—Perfectly insensible to pricking, pinching and to the severest shocks of an electro-magnetic machine: he could not be in a more satisfactory state for operating on, but this first examination consumed much time.

24th.—No effect was produced upon him to-day.

25th.—The operation was performed to-day,\* although he was not so deeply affected as on the 23d; the organs were all saved. About the middle of the operation, he began to cry out, and continued to do so uninterruptedly, but unintelligibly, till I had finished. He moved his legs from their extended position, but never closed his knees or attempted to interfere with my proceedings. After the arteries were all tied, he became more quiet, but still continued to moan. As he was an old man, and had lost much blood, his pulse became very weak, and I thought it advisable to bring the voluntary powers of life into play, and proceeded to demesmerise him. After a short time, he began to complain intelligibly, and lamented bitterly (his eyes still firmly closed) his hard fate in living to witness the death of his son. He beat his head and breast, and weeping profusely, said he was destined by God to outlive all his children, and to be ruined, but not a word about himself, or his actual situation, escaped him. On rousing him still further, a change came over the spirit of his dream, he clasped his hands, and protested before "*Allah*" that he would never get drunk again, would never drink *taree* any more, which was the cause of all his misfortunes. I continued to blow upon and rub his eyes, which he resented, and desired to be let alone; on my not minding him, he tried to strike me, and abused me furiously. A few minutes after, on my blowing strongly into his eyes, rubbing them roughly, dashing cold water on them, and desiring him to open them, he did so with great difficulty. I then

\* Present—Mr. G. Rose, Rajah Pertaubchunder Singh, Raja Issurchunder Singh, Prossondronauth Tagore, Rummanauth Tagore, Peareemohun Sen, Hurreemohun Sen, Gungagobind Sen, Radapersaud Roy.

but all this has only caused cartilaginous adhesions between the testes and the walls of the tumor.

29th.—He was mesmerised at  $\frac{1}{2}$  past 10 o'clock to-day, for the first time, and at 12 o'clock I found him so deeply entranced that I proceeded to operate upon him at once,\* I have never had a more severe operation to perform from the diseased state of the parts, and the firmness of the adhesions. The glans penis could hardly be recognised from several large warty excrescences that surrounded it, and all the neighbouring parts were fistulous and indurated. It was therefore very difficult and tedious to free the penis, and the left testis was so embedded in a cartilaginous cicatrix that it could not be extricated, it was therefore given up, but the other not being so much implicated was saved. He lay perfectly motionless the whole time, and only made a slight grimace as I was finishing. He awoke half an hour after the arteries had been tied, and had no suspicion that any thing had happened to him till he saw the mass. He was greatly alarmed and horrified at first, but soon expressed his gratitude, saying that I was a God, &c. Weight of tumour 10 lbs.

#### NEURALGIC PAIN.

September 17, 1847.—Shamachurn Mitter, a writer, aged 35, residing at Conenugur, in Zillah Hooghly, has been tormented with neuralgic pain in the middle third of the spine for four months, which disqualifies him from discharging his duty as a clerk, as the pain often becomes intolerable, and compels him to walk about and squeeze the part. It becomes very severe at 4 o'clock, when he goes home from the office in the evening, and at night; he then gets slightly relieved by shampooing the part, but cannot sleep without putting a pillow under his back which gives him a little ease.

To be mesmerised locally for an hour daily.

20th.—The pain in the spine is considerably diminished, and he can bend his head freely, and sleeps at night without having a pillow under his back, but he feels slight pain on keeping his head bent for a long time.

25th.—He can bend his head and keep it in that position for a long time without feeling any pain; but he now and then feels it slightly in the spine at night, especially when he turns in his bed.

28th.—He can freely bend his head and keep it stooping for any length of time he pleases, like any other man. There is no pain in the spine, he considers himself cured, and has resumed his usual business.

\* Present—Buddinath Bromo, a passed student of the Medical College.

From this it appears, that this man could not be reduced to insensibility to the extreme degree of pain. His convalescence was very protracted from his being attacked with severe fever, which induced sloughing of the sore. This was got over, and when the sore was nearly healed, he was allowed to go home, but not being yet fit for work, his master sent him back to the Hospital, where he remained till the 25th August, and during all this time, *he had not been mesmerised*. Before discharging him I desired one of my assistants to ascertain if he still retained his mesmeric sensibility, and it was found that he readily passed into a state of somnambulism. This satisfied me, and I should have made no further experiments upon him, but for accident. On the 25th August, Mr. Heatly, the Editor of the "Calcutta Star," visited my Hospital, and asked if there was any thing unusual to be seen; I mentioned the fact of this man's continued sensibility, and proceeded to show it to Mr. Heatly; what he saw, I shall transcribe in his own words. "After being thrown into the trance, and "showing all the features of that condition, a very slight breathing on his eyes enabled him to open them, though their sense "was shut; they however, soon closed again. In the meanwhile, he continued to answer with perfect propriety, questions "that were put to him. When semi-mesmerised, he said that a "smoke was before his eyes, which prevented him from discerning objects, but when the trance was deepened, he described "himself as asleep. He was tested as to insensibility, by pricking him with a pin, pulling out hair from his moustache, and "the application of the electro-magnetic battery; of these "tests he manifested no external sense, though the spasm produced in the muscles by the action of the galvanic current on "their fibres was strongly marked, but just in the same manner "as they would be in a dead body; the resemblance being peculiarly distinct at the moment contact was made and broken off, "or the spasms were produced and ended. While this question " '*a peine forte et dure*,' was carried on; to the verbal questions "put to him, the man answered that he was totally unconscious

his suffering from the effects of it, and so it turned out. He again awoke as if from a refreshing natural sleep, and told us that nothing had disturbed him since he went to sleep as usual, and that he had no pain any where. The sheet was now lifted to look if the bleeding had ceased, and he only now became aware that the operation had been performed. While some vessels were being taken up, Mr. Lindstedt, the man's master, joined us, to whom he repeated what I have just said. After he was bandaged, and had been allowed to smoke, I proposed to the gentlemen to make a third experiment if they would stay to see the issue, this was assented to, and he was again mesmerised. In about a quarter of an hour, he was entranced the third time, and I plucked hair out of his moustache without his minding it. It cost me considerable trouble to awake him, and in reply to his master's questions, he said, that he had this moment awoke and felt very well, he had not seen his master to-day before, nor Dr. Veitch, nor myself, &c. in a word, the transactions of the last hour and a half, in which he had acted so prominent a part, had not left a trace in his brain.

to subject it to the senses and judgments of different unconcerned persons, before it could be said that the man had been "*bunowed*," *anglicé*, got up for the occasion.

*August 27.*—A number of gentlemen assembled to-day at the Hospital to witness the continuation of this case, and I hope that it will be kept in mind, that beyond what I have already related, I knew no more of the peculiarities of this man's mesmeric constitution than the persons seeing him for the first time, and that my object was to instruct myself further on the subject in their company. Nothing could have been easier for me than to have ascertained all the singularities of the patient's system, and to have engaged confidently to perform a certain series of experiments as a *proof* of the reality of the phenomena. But I repeat, that *I had nothing to prove* and simply desired to ascertain in what respects this man differed from others. I said that I should repeat all that had been already done, to place the spectators on a level with my own knowledge of the case, and that afterwards they would be at liberty to suggest experiments, which would be as original to me and the patient as to them, and that I would simply act upon the suggestions of others, and try what *could be done* and what *could not*. I very soon exhausted the experiments made yesterday, and the company now entered upon *their* original course of experiment. I was requested to stiffen his legs as he stood, and make him incapable of moving, which was very soon done, and in addition, I extended both his arms and rendered them powerless also. I was asked if he might be raised from the floor to see if his legs would remain stiff, (I rather think that some expected to find him glued to the floor.) "Please yourselves, gentlemen," I replied, and he was raised by his stiffened shoulder joints from the ground, and his legs remained as stiff and straight as ramrods; but mark the unlooked for consequences. The raising of his body by the stiffened arms caused such dreadful suffering, that it threw the man into convulsions, but nevertheless, he never lowered his arms perceptibly, and could not do it when ordered. To terminate this painful scene, I, without a word said, struck down his arms by sudden transverse passes, and as the best means of soothing his pain, threw him into the mesmeric trance. He soon with a little demesmerising, passed from the total insensibility of the trance, into the sleep-waking state, and was capable of understanding and answering questions as if in his natural state, but the general insensibility of the skin continued, and his eyes were spasmodically closed. I put on the highest power of the electro-magnetic machine, (which unfortunately is not strong enough to make every one roar, but it requires very strong nerves to appear indifferent to

general trance, for he awoke in pain before the operation was finished. Nevertheless, that it might not be said that I was saving my phenomena, I permitted fire to be applied to the back of his hand unawares, having previously stiffened the arm. It is necessary to recal to the reader's recollection, that he could move the limb about an *inch* in any direction by the muscles of the shoulder. When the fire was applied, *the arm started to the extent just mentioned*; he cried out piteously, and yet could not move the limb a hair-breadth further to get rid of his torture, till I struck the arm down from behind by a sudden transverse pass, and so relieved him. I thought it probable that he would be very sensitive to the demesmerising effects of cold, but on trial, squirting cold water on an affected limb made no impression whatever, and here ended the public examination to-day.

Although the general results corresponded singularly with my expectations, yet some of them were as unexpected to me as to any one present. The exquisite pain caused by loading the mesmerised arm with a weight, was contrary to all I had hitherto seen, but it must be remembered that the *whole system* was affected in all my previous experiments. When left alone, I examined into the cause of this, and the reason soon became very evident. We had hitherto been considering the limbs as *catalepted* in which state the muscles admit of free passive motion. I now found that this was a case of mesmeric *rigidity*, and that the slightest attempt to bend a rigid finger even brought on acute pain, and no wonder therefore that the man was thrown into convulsions when it was attempted to raise him from the ground by his rigid arms. Let me ask what would be the effect of attempting to bring down the rigid arm of a fuqueer to his side, or of trying to raise an arm suddenly, that had been stiffened by long disuse during the cure of a fracture? Would this not be productive, of the most acute distress? This man's limbs were *rigid* and insensible, and resembled so many wooden levers connected with the body by delicate nerves, muscles, &c., and any attempt to move the rigid member without the sympathy and consent of the connecting natural parts, of necessity brought on exquisite pain. If, as often happens, the rigidity had been general, and the effect of the mesmeric trance, any liberty might have been taken with the rigid members of the body, to the extent of breaking them even, without causing pain, because general insensibility would have accompanied the muscular rigidity. But the essence of this man's mesmeric condition was, *partial rigidity*, with *general consciousness*, and it seems to me that the phenomenon of pain in bending a rigid limb, was the necessary consequence of such a state of things; it is certain that it was so with him at least. On reflection, I

thought that I had discovered why the experiment with cold water had disappointed my expectations, the fact being that the water was *warm*; the thermometer standing at  $86^{\circ}$  in it, I therefore went home, and brought a piece of ice, and having made an arm rigid, I rubbed the ice along it from the shoulder to the points of the fingers, of course with the expected effect? With no effect whatever,—the man did not feel the ice even, till I reached the line of demarkation between the natural and unnatural parts, and this he accurately defined by mentioning where he felt cold and where he did not. I cannot attempt to explain this like the pain in attempting to bend a rigid limb, but it is clear that he did *not act up* to my expectations in this case more than in the other, and to my mind, what he did *not do* is as demonstrative of the reality of the phenomena as what he *did do*, and proves, that he was a passive agent in the hands of nature, only doing what he was permitted. I proceeded to experiment on the different senses, and found that I could modify or extinguish them separately; one most striking and unlooked for result was, that soon after I had made his nose insensible to the fumes of ammonia, he complained of *heat in the chest*. This particularly struck me as combining in perfection the force of a moral and physical demonstration of the reality of the phenomena.

For surely it is impossible that a poor ignorant Bengalee could *improvise* on the moment the distinction between the nerves of smell and those of respiration, but the physical fact beautifully corresponded with what might have been predicted by a physiologist if the case had been submitted to him before hand, but I only saw the reason after the fact. I brought this day's examination to a close by blindfolding the man, and mesmerising a limb in the attitude it lay in, and found that it had become rigid. I thence inferred the possibility of repeating, all that had been done without the man's knowledge, and as several persons, whose judgment I wished to carry along with me, remained unsatisfied, I asked if a repetition of the experiments in any order, while the man was blindfolded, would be convincing, and was told, that success under such circumstances must silence all objections; I therefore resolved to make the attempt.

*August 27th.*—Before advancing further, I beg leave to state here, that *every* experiment made on this man hitherto, has been related. Two circles of sticking plaster were formed large enough to extend to a considerable distance round each eye, and a pad of cotton was put in the centre of each. These were carefully applied by Dr. Jackson, and a second piece of the same size was placed over the first to make all secure. The man was in the greatest alarm, and kept crying out, "What are you going to do to me!"

what are you going to do to my eyes! I am now quite well." Having somewhat quieted him, he was made to sit down upon a stool; and after he had settled himself, his hands resting on his knees, I was requested in a whisper (I had said at the commencement that if it was suspected that the man knew English, the spectators might express their wishes in French) to try to render his right arm rigid as it lay. I took every precaution that the man might not know where I was, and did not approach within six *inches* of his body. After a few long passes from the shoulder to the points of the fingers, and down the front of the leg, (the air could not have been sensibly disturbed so slow were my movements) the man was desired to raise his right arm, but his hand was rivetted to his knee, and the whole arm was found to be completely rigid, and that, as on former occasions, the least attempt to bend even a rigid finger caused great pain, and it was also discovered that he could not move the leg on which his hand rested. This was thought very suspicious as *proving too much*, but I pointed out that it arose either from the knee being held down by the rigid arm, or that I had also involved the leg by my downward passes. To ascertain which was the reason, I suddenly freed the arm, and the leg remained rigid, any attempt to move a toe even made the man cry out. While this was being investigated, my esteemed and tried friend, Dr. Grant, the Apothecary General, went unexpectedly to the other side, and mesmerised the opposite arm unawares, and on ordering the man to lift it, he could not, it had become as rigid as the other. This commenced a series of *cross purposes*, which went on increasing to the end of the proceedings. Those who knew our intimacy probably looked upon him as the "*deus ex machina*" come at a preconcerted signal to my rescue, while others considered that he had cleverly detected the imposture by an unexpected "*coup-de-main*." This vexed me, and I asked him to continue the experiments himself as he had the power to do so.\* Both his arms were next rivetted to his knees, and by "particular desire," I tried to give him a stiff-neck besides. It soon became apparent that I was succeeding, by his neck gradually bending backwards till it became as much arched as in *opisthotonos*, and he found it impossible to move his head in any direction. I had included the spine to make all secure, and it also was rigid. At this stage of the proceedings the endurance and forbearance for which some have given me credit on many trying occasions, broke down completely exhausted, I am sorry to relate. For, whatever might be the anomalies

\* I have since learned that Dr. Grant's object was to show that *he could not do* what I did, but he succeeded just as well, and *therefore* the man was an impostor. Other gentlemen failed in making any impression on him, and, following out the same reasoning, *therefore* proved he was no impostor, such are the inconsequential reasonings into which we fall when we substitute our own will for that of nature.

and *apparent* contradictions, (only so to our ignorance) observed throughout this case, there was one great consistent, ever present fact before us from first to last; *the impossibility of bending a rigid limb without causing intense pain, and bringing on convulsions even*, nevertheless, in spite of all experience, and my warnings of the probable evil consequences, it was attempted to bend his rigid spine and neck, and convulsions would have followed as they did yesterday, if I had not interfered, and protested that I would not be concerned in such proceedings. Half an hour before this Dr. Jackson had suddenly applied a bottle of carb. ammonia to his nose, and he *instantly* drew back his head,—I was now requested to try what could be done with the sense of smell. In a few minutes, he showed the most perfect indifference to the fumes of ammonia held close to his nose for some time, and when he appeared to feel the irritation, he said that he only felt a heat *in his neck*. Yesterday, it will be remembered, the heat was in the *chest*. His nose was found to be also insensible to pricking, and his tongue likewise. Seeing this, a large bodkin was given to him, and he was desired to prick his body and face; and say where it hurt him. He lightly touched his arm and shoulder, saying it hurt him, and then carried the bodkin to his cheek into which he stuck and bored it repeatedly (sometimes lifting up thick folds of the skin twice transfixed) in so shocking a manner, that I was begged not to allow him to perforate his cheek; so recklessly did he stab about his face, that a spectator considerably diverted his blow when he saw him about to stab his eyes through the sticking plaster,—while he was boring his cheek like a piece of wood. I demesmerised the part in a moment, and he instantly drew out his pin with an expression of pain, and complained of the holes he had made in his cheek. I pointed my fingers at his ears, and in a short time, he said, that he heard very imperfectly on the right side, and that ear was found to be dead to all feeling. The left shoulder and side of the neck became rigid and insensible at the same time, and pinches of skin were actually torn out of the shoulder without his appearing in the least conscious of it. What followed was a chaos; every one making his independent experiments and drawing his own conclusions, and it was in vain that I begged leave to be permitted to finish my course of experiment undisturbed by foreign and distracting influences. One medical spectator insisted on dividing the man's body in two, and kindly made over one-half to me, while he worked his will on the other. When I expostulated against such a game of *pully-hawley*, I was told that as the nervous system was double, I ought to be satisfied with my portion, and, that the one's experiment need not interfere with the other's, and he went on mesmerising his half of the body while I was trying to demesmerise the other. The

man had been tormented for about two hours by this time, and his amazing patience and endurance were at last exhausted, and he earnestly begged to be released. Although the idea of collusion between me and the patient was politely disclaimed, it was still somewhat inconsistently thought, that there was a secret mode of communication between us, and that he was acting up to my supposed wishes in some incomprehensible manner. The real fact that I had been principally employed in executing the wishes of others, was totally lost sight of, and the absurdity overlooked that he had been acting up to the supposed will of *others*, and not *mine* nearly all the time. It was therefore proposed to me to leave the room, and let the man suppose that I had left him altogether, and that I should return unawares, and try to make his right shoulder insensible. This was done, and although I spent more than the usual time in the operation, the sensibility of the part was not affected, as on every other occasion it had been from first to last. This, of course, was looked upon as the crowning demonstration of the imposture, but to my understanding, it can be readily explained by one of two suppositions: the man's sensibility had become exhausted or confused by his long endurance, and the conflicting influences he had been subjected to; a common and well known result; or being left to the mercy of his enemies, (as he had good reason to think them) it had created such terror and anxiety as to suspend the mesmeric influence for the moment. This we see in practice daily, and many of my most promising surgical operations have been lost by the invasion of a sudden panic which could not be subdued, even when the patients had been previously reduced to the extreme degree of the mesmeric trance. The man now became unmanageable, and cried bitterly for me to come to his aid, and set him free. I re-assured him by my voice, and proceeded to remove the plasters from his eyes, which caused him great pain. But I was stopped before one corner was opened, and was requested to make him insensible to the operation, if possible. I accordingly mesmerised his eyes carefully, and then drew off both the plasters rudely without his showing a vestige of sensibility. Here a new phenomenon presented itself, and was the source of interminable confusion and misapprehension. If I had been asked, "What will probably happen if you succeed in rendering him insensible to the removal of the plasters?" I should have confidently replied, "You will find his eyes spasmodically closed, and that he will not be able to open them till I assist him to do so." This was precisely what happened, every part of his system was awake and in its natural state, except his eye-lids, and these he could not possibly open. Various persons tried to demesmerise his eyes without effect;—and it was said, "Oh!

submission to my will. He perversely persisted for 3 days, in exhibiting pain when his rigid limbs were bent; (which he had no right to do, it was said) although if he had been bent upon pleasing me, he would have done quite the contrary, for by following this course, he subjected himself to all the pains and penalties of suspected imposture, exposed me to the imputation of being a fool, if not worse; made me lose my temper and credit, and it was in vain that I tried to alter this *painful rigid determination* for his own sake as well as mine. If he was pleasing any body, it was certainly only *himself*, and he had a peculiar taste of his own. But he thwarted my anticipations in many other particulars besides; a most singular mode of pleasing me, it must be allowed; and if I calculated on absolute obedience to my preconceived ideas in my patients, this lesson ought to have cured me, and shewn that I trusted to a broken reed. But whatever my opinions may be, if they are contradicted by facts, they fall to the ground as if burnt up by fire, and I at once adopt an *incomprehensible fact*, in preference to the most *cherished idea*. I began my mesmeric studies by knowing and confessing my absolute ignorance of the subject, humbly questioning nature, and trying to understand her replies, but when I did not, I preferred the positive evidence of my senses to the weak uncertain light of my understanding; the thing was immutably so, although beyond my comprehension. If men will not condescend to *learn* of nature, but insist upon *teaching* her, and make the realising of their determined wills the test of truth; then every experiment will prove their infallibility; for, as has been well said by the Bishop of Oxford, "They have a theory to maintain, a solution, which must not be disproved, a generalization which shall not be disturbed, and once possessed of this false cypher, they read amiss all the golden letters around them." My attention having been turned to a consideration of the partial phenomena exhibited in the case of Myzodeen, I sought for another subject of the same kind in the Hospital, but though they all now knew what I wanted, not one would stiffen a finger for me, or pretend that pricking was less disagreeable than usual! But on the 13th September, a person unexpectedly presented himself from without, who afforded me a singular modification of the same phenomena. Haranundo Saha, the former owner of the *monster* tumor (weight 103lbs.) occasionally comes to the Hospital to make his *salām*, and did so to-day. He is as plump as a quail, and bids fair to acquire soon the dignified rotundity of a Baboo. He knew nothing of Myzodeen's performances, nor had I ever attempted to mesmerise him piecemeal in his natural state. I had only occasionally tried if he still retained his mesmeric susceptibility, and found that he could still be readily entranced, or thrown into somnambulism.

To-day, I took hold of his right arm without saying a word, and mesmerised it from the shoulder downwards; on being desired to move it, he said that it felt stiff and heavy, and the movements were very sluggish compared with the other; from the first he had been a cataleptic subject in the trance. I gave him a pin and desired him to ascertain if his arm felt as usual; he pricked the skin carefully from the points of his fingers upwards, and said there was no feeling in it till a little above the elbow. On demesmerising the part, the sensibility of the skin, and the muscular activity returned. The same was done to the other arm with the effect of stiffening it to the same extent, but its sensibility remained unchanged, he said. How could he imagine that such a "*bizarre*" exhibition would be agreeable to me! If he did, he was greatly mistaken, for I know nothing more disagreeable than to be compelled to believe without a *reason* for the faith that is in you. As I always desire to compare my own impressions with those of others, I here stopped, and caused him to be further examined by two friends. I reversed the experiment beginning with the left arm first, but with the same result. One of the gentlemen did the same, and then mesmerised his right leg; when ordered to lift it, he did so with much apparent difficulty, and could hardly use it in walking, the same occurred to the other leg, but he said the *right leg* alone was insensible, and that only up to the knee. So that this man's suddenly conceived "*art of pleasing*," consisted in shamming insensibility in half the arm and leg of the right side, and pretending that the muscular power of the left side was affected only! He was now blindfolded, and after Mr. ——— had mesmerised his nose for some minutes, he was given snuff, and desired to draw it up his nostrils: this he did with force, and said he felt nothing. A bottle of carb. of ammonia was placed under his nose, and he breathed it as tranquilly as common air, but the moment he was demesmerised he showed the most violent signs of irritation in his nostrils and eyes. He was again blindfolded, and without mesmerising him, the bottle was put close to his nose with the *cork in it*, with the usual non-effect, but the moment it was opened, he drew back in disgust. The nose was again mesmerised, and he now breathed the irritating fumes without a symptom of annoyance. He was next desired to put his tongue out, and in a few minutes, a pinch of salt was put on it, and he was ordered to shut his mouth and swallow; he did so, and said that he tasted nothing; as soon as he was demesmerised, he began to spit, and said there was salt in his mouth. General insensibility and catalepsy were then induced by the same gentleman and removed at pleasure. But nothing short of the total extinction of sensibility in a living body will satisfy some observers of the mesmeric influence. Physiological revolutions in the system, altered bearing,

changed expression in features and voice, the approach and advance of sleep, the extinction of some senses, and the preservation or exaltation of others, the *involuntary* quivering of the eyelids, spasmodic closing of the eyes, in persons a minute before wide awake, and resisting perhaps, sleep-waking, sleep-walking, convulsions, catalepsy, rigidity, in persons not subject to these affections before they were mesmerised, are one and all "confirmations strong as Holy Writ" of the existence of imposture ! It seems that the gross fact of painless surgery is the only mesmeric fact in which it is possible to get half a dozen persons to agree, because all the spectators start from the same premises, and when the case is perfect, they must admit that they saw it and believed, or that they *saw it and yet did not believe*. But in judging of the finer mesmeric phenomena, every one starts from a different point, each has arranged before hand in his mind how the thing *should be*, and got up a clever trick by which to test the accuracy of his conclusions, and if the thing does not turn out in the expected manner, it is denounced as imposture, and the experimenters never dream that their disappointment arises generally from their prejudices, ignorance of the subject, and unreasonable expectations. The result would be different if they came to enquire of nature, and not to put her *to the question* as an impostor.

If it be said that these are merely curious things of no practical importance, and are better let alone, I must take the liberty to differ from such a view of the case. We have been ordered "to gather up the fragments that nothing may be lost," and by patiently collecting and putting together the broken sentences, we may at last come to read and understand this most interesting page of the book of nature, and every thing that modifies the human system, even partially, is of practical importance. For example, the wounds or broken limbs of such sensitive patients can be handled without causing pain to them, by merely mesmerising the injured limb, and I hope it will be remembered that I have never made curious experiments till I had cured my patient.

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#### INSENSIBILITY OF HALF THE BODY, CAUSED BY LOCAL MESMERISING,—A TUMOR MADE INSENSIBLE BY LOCAL MANIPULATIONS.

It will appear strange that I should have to report in one month three cases of the singular local phenomena sometimes found in highly sensitive mesmeric constitutions, and it may be suspected that the supply has been in consequence of the demand. But the simple statement of the fact, that two of these people were never in the Hospital together, and therefore never saw each other's

his body towards the right side, he immediately indicated pain, but the whole of the left side from head to foot had lost its sensibility to ordinary impressions ; this was immediately restored by the usual demesmerising processes. Mr. O'Shaughnessy soon after came in, and I repeated the experiment on the right side with precisely the same effects, and I then thought of turning this man's peculiarities to some practical benefit to himself. I proposed to ascertain whether the tumor could be rendered insensible to pain by local mesmerising, and was gratified to find that it could be so ; all but about two inches behind, close to the anus, and, but for this isolated sensible patch, I would have tried the effect of an operation under such circumstances, and will make further experiments with this view. I plunged a knife half an inch deep into the mass, without his feeling it.

*September 24.*—I blindfolded him to-day, and mesmerised his neck unawares ; the bandage was then removed, and he was desired to investigate the condition of his body, and he said, the sensibility of the skin was extinguished on *both* sides of his body. Here then is a Bengal cooly exhibiting on the instant, a demonstration of the double nature of the nervous system, and that one-half of it may occasionally act independently of the other. If this is a genuine and spontaneous natural phenomenon, it is surely time for the human physiologist to give up experimenting upon frogs and donkeys, and betake himself to the study of the laws of life in human intelligent creatures like himself, who are capable of giving an exact account of their feelings, and whose systems under the mesmeric influence often spontaneously analyse all the component powers, which, in the aggregate, make up the human being. But if what has now been related, is a *voluntary* exhibition, and only another example of a peculiar art of pleasing, then it is most gratifying indeed, as it shows that the schoolmaster has gone further abroad than was ever suspected, and we may confidently hope for the speedy general enlightenment of the natives, if a Bengal cooly is capable of giving correct anatomical demonstrations of the constitution of the nervous system on his own person.

(Signed) J. ESDAILE,

*Superintendent Mesmeric Hospital.*

*Calcutta, Mesmeric Hospital, 1st October, 1847.*

*Monthly Register of Patients treated at the Calcutta Mesmeric Hospital, for the Month of September, 1847.*

*Calcutta, Mesmeric Hospital, 1st October, 1847.*

Date of Admission.		Names.	Age.	Cast.	Profession.	Disease.	Cured.	Relieved.	Absented.	Died.	Remaining.
Month.	Day.										
1847.											
May	4,	Myzoodeen, .....	25	Mus. ...	Kbidmutgar, .	Hypertrophied Scrotum,	20th,	...	.....	.....	...
"	24,	Buddenchunder Kowr, .....	50	Hin. ...	Writer, .....	Ditto,	.....	...	.....	.....	...
June	1,	Kheturmohun Sain, .....	21	Hin. ...	Pedlar, .....	Ditto,	19th,	...	.....	.. ..	...
"	7,	Mudhoo, .....	32	Hin. ...	Mallee, .....	Ditto,	19th,	...	.....	.....	...
"	22,	Kartick Doss, .....	30	Hin. ...	Barber,	Ditto,	26th,	...	.....	.....	...
"	30,	Chundeechurn Mookerjeeah,	29	Bra. ...	.....	Epilepsy,	.....	...	.....	.....	...
July	2,	Muteeloll, .....	45	Hin. ...	Moherer,	Paralysis,	8th,	...	.....	.....	...
"	7,	Mooteeoolla, .....	50	Mus. ...	Jemadar,	Hypertrophied Scrotum,	15th,	...	.....	.....	...
"	12,	Bideadhur, .....	16	Hin. ...	Labourer,	Contusia,	26th,	...	.....	.....	...
"	16,	Ramgopal, .....	50	Hin. ...	Husbandman,	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	16,	Acber, .....	30	Mus. ...	Coolie,	Ditto,	.....	...	.....	.....	...
"	17,	Ramdhun Nandy, .....	45	Hin. ...	Agent,	Ditto,	.....	...	.....	.....	...
"	21,	Ramdial Choll, .....	40	Bra. ...	.....	Ditto,	.....	...	.....	.....	...
"	24,	Akadussa, .....	35	Hin. ...	Wood-cutter,	Ditto,	.....	...	.....	.....	...
"	29,	Radhanauth Bha, (a) .....	45	Bra. ...	Writer,	Ditto,	.....	...	5th,	.....	...
"	11,	Shamachurn Dutt, .....	45	Hin. ...	Shop-keeper,	Ditto,	19th,	...	.....	.....	...
Aug.	1,	Seetaram, .....	45	Hin. ...	Hurcarrah,	Ditto,	.. ..	...	.....	14th,	...

(a) Gone home on account of fever.

Date of Admission.		Names.	Age.	Cast.	Profession.	Disease.	Cured.	Relieved.	Absented.	Died.	Remaining.
Month.	Date.										
1847.											
Aug.	7,	Bholanath, (a).....	50	Hin. ...	Shop-keeper,	Hypertrophied Scrotum,	.....	...	14th,	.....	...
"	9,	Ramchunder Dosa, .....	25	Hin. ...	Washerman, .	Rheumatism,	.....	10th	.....	.....	...
"	12,	Hurrochunder Ghose, (b) ...	57	Hin. ...	Sircar, .....	Hypertrophied Scrotum,	.....	...	16th	.....	...
"	18,	Jadubchunder, (c) .....	30	Hin.	Shop-keeper, .	Ditto,	.....	...	16th	.....	...
"	20,	Prankisto Some, .....	27	Hin. ...	Shop-keeper, .	Ditto,	.....	..	.....	.....	...
"	21,	Petamber, (d) .....	30	Hin.	Broker,	Ditto,	.....	...	15th	.....	...
"	22,	Hingun, .....	40	Mus.	Ayah,	Rheumatism,	.....	30th	.....	.....	..
"	22,	Kistomohun, (e).....	45	Hin.	Blacksmith,	Paralysis,	.....	25th	.....	.....	...
"	24,	Gobind Doss, (f) .....	20	Hin.	Shop-keeper,	Ditto,	.....	19th	.....	.....	...
"	28,	Ramsagur Koondoo, .....	33	Hin.	Merchant,	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	30,	Goneshchunder Doss, .....	30	Hin.	Ditto,	Ditto,	.....	...	.....	.....	...
"	30,	Muthoor Sing,.....	52	Hin.	Labourer,	Rheumatism,	.....	26th	.....	.....	...
"	30,	Ramchurn Mitter,	32	Hin.	Sirkar,	Epilepsy,	.....	26th	...	.....	..
Sept.	1,	Gholam Hosein,	30	Mus.	Kidmutgar,	Deafness,	.....	..	.....	.....	...
"	6,	Dabee Ghose,	25	Hin.	Gowallah,	Hypertrophied Scrotum,	.....	...	.....	.....	...

(a) Gone home on account of diarrhoea.

(b) Gone home on account of fever.

(c) Ditto ditto ditto ditto.

(d) Gone home to attend to his affairs.

(e) Left too soon.

(f) Ditto ditto.

*Monthly Return of Patients treated in the Calcutta Mesmeric Hospital, for the Month of September, 1847.  
Calcutta, Mesmeric Hospital, 1st October, 1847.*

DISEASE.	Remaining.	Admitted.	Total.	Cured.	Discharged.					Deaths and Ages.								
					Average No. of days under treatment.	Relieved.	No better.	Incurable.	Absconded.	Died.	Average No. of days under treatment.	From birth to 10 years.	From 10 to 20.	From 20 to 30.	From 30 to 40.	From 40 to 50.	From 50 to 60.	Total.
Contusio, .....	1	...	1	1	76	...	...	...	...	...	...	...	...	...	...	...	...	...
Deafness, .....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Epilepsy, .....	2	3	5	...	...	1	...	...	..	...	...	...	...	...	...	...	...	4
Hypertrophied Scrotum,.....	21	5	26	6	97	2	...	...	3	1	44	...	...	...	..	...	...	14
Neuralgia, ..	...	1	1	1	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Paralysis, .....	3	...	3	1	66	2	...	...	...	..	...	...	...	...	...	...	...	...
Rheumatism, .....	3	2	5	...	...	3	...	...	...	...	...	...	...	...	...	...	...	2
Total,.....	30	12	42	9	...	8	...	...	3	1	...	...	..	...	...	...	...	21
Daily average number of patients, 23,																		

(Signed) G. LAMB,  
Offg. Suptg. Surgeon, Presidency.

(Signed) J. ESDAILE, M. D.,  
Superintendent Mesmeric Hospital.

had become imperceptible. He came immediately into the full possession of his senses, and said that he had slept to-day very well. After taking some brandy and water, he complained of a slight smarting in the wound, and carried his hand to the part to ascertain the cause. He was now told that all was over, and he expressed his gratitude, declaring that I was next to God, that I had given him a second life, &c. In this case, as in many others, a most striking and characteristic feature was observed. The very moment that perfect consciousness returned, every trace of suffering in his countenance *instantaneously* disappeared, and he looked as fresh and unbroken as if he had just awoke from a natural sleep.

25th.—He has not had a disagreeable symptom, and has never looked ill even.

### HYPERTROPHIED SCROTUM.

September 27, 1847.—Ramkisto Doss, a washerman, aged 35, a native of Santipore, in Zillah Nuddea, has got a scrotal tumour for 3 years. It is about the size of a child's head, and scarred all over with caustics, which had been applied for discussing it. His great sufferings on account of frequent attacks of fever and subsequent local inflammations, to which he has been subject, have induced him to come to us to undergo the dangerous operation of excision.

To be mesmerised for an hour and a half daily.

28th.—Could not be made to sleep.

October 8, 1847.—Since the last date, he was not mesmerised on account of an attack of periodic fever. He slept to-day.

9th.—Found to be in deep coma, arms partially cataleptic. He was perfectly indifferent to the ordinary tests of insensibility, and to the highest power of an electro-magnetic machine.

10th.—The same to-day.

11th.—I intended to have operated on him to-day, and several gentlemen were present, but as he appeared to be disturbed on his testis being squeezed, the operation was postponed.

12th.—He was operated on to-day,\* and all the parts were saved, he began to moan and move about the middle of the operation, bent his neck backwards, and drew up his chest like a man in opistholonos, but did not make any attempt to interfere with the operation, nor did he open his eyes. After the arteries had been secured, he cried out for water, and the mesmerising was then discontinued. He asked why he felt smarting in the part,

\* Present—Dr. Mouat.

discomfort. If the will had prompted the movements, some memory of them would remain, but there is usually none. I think it very probable that this muscular irritability might be generally extinguished altogether by prolonged treatment, but it is not worth the trouble, for the system suffers as little as when there is not a quiver of the flesh."

### HYPERTROPHIED SCROTUM.

*October 23, 1847.*—Shaikh Durrab, a broker, aged 48, residing at Kasseepore, in 24-Pergunnahs, has got a moderate sized scrotal tumour for 8 years. It had been deeply cauterised in the hope of discussing it by suppuration. This did not produce the desired effect, but brought on contraction of his knees by obliging him to be confined in bed for a long time.

To be mesmerised for an hour and a half daily.

*24th.*—On the first day he appeared deeply entranced, and was tested satisfactorily as to the state of his insensibility.

*25th.*—He was more strictly tried to-day, and found fit to stand the operation.

*26th.*—The operation was performed to-day.\* Before commencing the operation, I explained to the medical gentlemen present my reasons for not attempting to save the testes in this case, although the tumour was not of great magnitude,—after excision it weighed 28 lbs. I was convinced that the mass was solid throughout and of great density, and this had been increased by the cauterisings, to the cicatrices of which the testes always adhere, and the man was of a weak constitution. I said that in all probability the testes would be found to be not worth keeping, but even if healthy, I thought it would endanger this man's life to attempt to keep them. I therefore first got out the penis, and removed the mass at once by transfixing the neck and cutting right and left. He lay perfectly calm and motionless like a corpse, but awoke soon after the fall of the mass when the arteries were being tied. I had good reason to congratulate myself on my diagnosis and the course adopted, for a few minutes after opening his eyes the man fainted, and it was half an hour before his pulse was re-established; another minute's delay would probably have proved fatal. On cutting up the tumour, it was found to be very dense in its structure; the testes were 6 inches below the surface embedded in a semi-cartilaginous substance, and completely disorganised.

*28th.*—He is doing very well, and I hope to be able to straighten his legs in the trance at a subsequent period.

\* Present—Dr. H. F. Hough, Physician General, Dr. Sawers, late Member of Medical Board, Dr. Edlin, Mr. C. F. VonLintzy.

## HEMICRANIA.

*Case reported by the Patient.*

**Headache.** Sometimes in the right temple, at others in the left, not on both sides at the same time, but alternately on each side.

**Duration.** Never less than 24 hours, often more.

**Symptoms.** Suddenly a violent throbbing of the temple which is to be the seat of pain, accompanied by a slight pain in the back of the head, and the waist and spine, palpitation at the heart, copious urinary discharges a few hours before the coming on of the headache, severer on the right than when on the left side.

**Light Offensive.** Noise, conversation, talk, or even enquiries, hateful. Food of any sort nauseating. Dryness of the mouth; saliva thick and gummy. Nostril, the right or left as the case may be, shut. An unpleasant heat in the head, but the nether part of the body, from the shoulders downwards, chilly, not cold to the touch. The right or left eye rather smaller in appearance to the one on the side not affected, with a little pain in the eye-ball. An inability to sit up for any length of time, or to keep the head erect without feeling a maddening pain and extreme drowsiness, &c., slight delirium of the senses; the only relief is in sleep assisted by some pungent external application to the temple, such as clove oil or cinnamon oil, or cinnamon bark ground down with plain water or rose water; which very often slightly blisters the part applied on. The sleep too is short, uneasy, and invariably disturbed by dreams. An inclination to go to stool, and often one or more evacuations unassisted by any medicine. No stated or fixed time for its (the headaches) visits, but of late I have carefully remarked that they are greatly influenced by the moon, for either at the new or full moon, and sometimes too during its first or later quarters, I am generally attacked with it.

**Treatment and Medicines** resorted to have been as various as the advisers have been numerous.

**Leeching.** Aperient and drastic cathartics, tonics, liniments, embrocations, outward applications of ice, and poultices of different kinds, snuffing (to which from constant use I am now become addicted), introduction of tobacco leaf wicks into the nostrils to cause sneezing, and drawing out of the humours.

**Pediluvium.** Hot and cold baths, &c. &c., advised and prescribed by professional men of different casts and denominations, and even quacks; all which have proved ineffectual, or afforded only temporary relief.

**General strength of body** much affected by every attack, which is sometimes bi-monthly, sometimes more frequent, but seldom less than once a month, succeeded by extreme debility and languor,

but a good appetite occasioned perhaps from previous fasting, as during the time the attack lasts, which, as has been observed above, is never less than 24 hours, no food of any description, except slops is partaken of, and which even is often rejected and retched up.

I have been subject to this severe malady from my younger days, if my memory serves me right, I should say from the 10th year of my age, and I am now past my 32d year. I have been of a constipated habit which was considered one chief cause of the disease, but I am not so now, my bowels being pretty regular, yet I still suffer; if it were owing to costiveness, it is to be supposed that a purgative would, on its beginning to work out, remove, or at least decrease, the violence of the headache, but it is not so, for it has been tried by me.

My more regular advisers have been Drs. Lamb and Taylor, of Dacca—Drs. Green and Llewellyn, of Mymensing—Dr. Baker, of Noacolly, and Doctors Vos, both father and son, of Calcutta, besides several others in and out of the profession, whom I have occasionally consulted, and who have ineffectually prescribed some remedy in their own different ways. I have much pleasure in annexing a summary, and final report of the remedial effects of mesmerism in the case of chronic hemicrany, megrim, or half-headache, whichever it may be called, to which I had been subject from the 10th year of my age till the last month, and which I trust has now altogether been removed through the beneficial agency of mesmerism.

I have to express a hope that my case will be considered deserving a place in your periodical reports, and ultimately in the public journals, so that others suffering under a similar malady may be informed where to find a remedy.

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#### SUMMARY OF TREATMENT REPORTED BY THE PATIENT.

*From the 25th June 1847.*—I put myself under mesmeric treatment for an hour every morning, and continued attending the Hospital between the hours 8 and 9 A. M., for 11 days, exclusive of Sundays, and one day (the 3d July 1847, or seven days after the commencement of the treatment) when having risen from bed with one of the usual violent attacks of *the* headache, I begged the attendance of the mesmeriser at my house, and placed myself under his manipulations for an hour; within this time the relief was so great from a trance of three-quarters of an hour into which I was thrown, that I felt able to attend office and go through my daily duties, a thing most impracticable before mesmeric aid

was obtained; that day on my return from office, I, who loathed food of any sort during the paroxysms, could partake of my dinner and enjoyed a most refreshing sleep at night, from that day then, I calculate upon a break in the violence of the malady.

My private and public avocations not permitting me to continue under the treatment without some interruption as to time and days, I, on the 14th July, 1847, solicited and obtained the indulgence of Dr. Esdaile to allow the attendance of a mesmeriser at my house at such times as I might require him, which being granted, the man attended on me at intervals for 12 days more, making in all his attendance on me and treatment of my case only 23 days, with various effects, sometimes a slight doze of a few minutes duration, at others a trance of half an hour or more. The return of headache less frequent with sensibly decreased violence. Yet not free from the attacks. My younger sister having witnessed the sittings, and thereby learnt the manipulations performed by the mesmeriser, expressed a desire to try to act on me, and commenced in right good earnest. Her efforts had the desired effect, and she has continued it every morning for an hour with a very few breaks, but with decided good effect, putting me into a trance almost every day for (often) about  $\frac{3}{4}$  of an hour, sometimes less; to this day she has mesmerised me, leaving off the breaks about a full month, and during this time I have not had a single attack of the malady, and find my general health improved, and strength of body materially renovated.

(Signed) A. SPEROOS.

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### NEURALGIA.

*August 30, 1847.*—Muthoremohun Singhee, a writer, aged 32, a native of Gopalnugur, in Zillah Midnapore, has been suffering from neuralgic pain of the right arm and leg for two months. It increases much at night, and also on walking a great deal. He cannot raise his arm perpendicularly, nor can he bend it backwards, further than to touch his spine.

To be mesmerised for an hour and half daily.

*Sept. 7th.*—He felt no perceptible change for a week, except that he slept better than usual. To-day he was found to raise his arm further than he used to do, but the pain continued in the same state as before.

*12th.*—The pain of the leg is a little diminished, but that of the arm continues. He can raise his arm higher.

K

20th.—He can raise his arm naturally, and bend it backwards more than he used to do. The pain of the leg is gone, and that of the arm much abated.

26th.—He has entirely regained the power of bending his arm backwards without feeling any pain; he feels now and then a slight pain in the arm at night.

October 1, 1847.—The pain of the arm has entirely left him, he can now use his arm freely in any direction like any other person. He thinks himself sufficiently recovered to enable him to carry on his business as a writer, he therefore ceased to come to the Hospital from to-day.

### “SOOL,” OR NEURALGIA OF THE STOMACH.

Sept. 29, 1847.—Mosaheb Khan, khidmutgar, aged 40, a native of Aligechore, in Zillah Furridpore, has been tormented with neuralgic pain at the pit of the stomach for seven years. It is called by the natives “sool,” and is a most agonising and intractable complaint. It appears to be a *tic douloureux* of the nerves of the stomach, and the only way the natives have of relieving it, is to lean, for hours, the pit of their stomach against a stump of bamboo till the abdominal muscles almost touch the spine.

So dreadful is the torment, that one of my patients cut his throat in despair, but as he only cut his windpipe across, he got well, and had the satisfaction to get rid of his *sool*, but I do not recommend this as its natural remedy. The pain in this case, commences at 3 o'clock, and continues till 10 o'clock at night; a slight pain remains in the interval, and increases on eating.

To be mesmerised for an hour and a half daily.

Oct. 2, 1847.—On the second day he found some relief from the pain, he had slept for about two hours at night.

5th.—He did not feel the pain in the interval as he used to do, but felt it in the evening, and it lasted about a couple of hours only.

7th.—Had no return of the pain since yester-evening; he can now take a hearty meal without any inconvenience.

10th.—As the pain has not returned for several days, he considered himself cured and left the Hospital to-day.

*Monthly Return of Patients treated in the Calcutta Mesmeric Hospital, for the Month of October, 1847.*

*Calcutta, Mesmeric Hospital, 1st November, 1847.*

Date of Admission.		Names.	Age.	Cast.	Profession.	Disease.	Cured.	Believed.	Absconded.	Died.	Remaining.
Month.	Date.										
1847.											
May	24,	Buddenchunder Kowr, .....	50	H. ....	Writer, .....	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	30,	Chundechurn Mookerjee, ...	29	Bra. ...	Brahmin, .....	Epilepsy, .....	.....	...	.....	.....	...
June	16,	Ramgopal, .....	50	H. ....	Husbandman, ..	Hypertrophied Scrotum.	26th,	...	.....	.....	...
"	16,	Ackber, .....	30	M. ....	Cooly, .....	Ditto, .....	.....	...	.....	.....	...
"	17,	Ramdun Nundy, .....	45	H. ....	Agent, .....	Ditto, .....	12th,	...	.....	...	...
"	21,	Ramdial Chatterjee, .....	40	Bra. ...	Brahmin, .....	Ditto, .....	.....	...	.....	.....	...
"	24,	Akadussee, .....	35	H. ....	Wood-cutter, ..	Ditto, .....	24th,	...	.....	.....	...
Aug.	20,	Frankisto Some, .....	27	H. ...	Shopkeeper, ...	Ditto, .....	.....	...	.....	.....	...
"	28,	Ramsagur Koondoo, .....	33	H. ....	Merchant, .....	Ditto, .....	.....	...	.....	.....	...
"	30,	Guneschunder Doss, (a) ...	30	M. ....	Ditto, .....	Ditto, .....	.....	...	4th,	.....	...
Sept.	1,	Gholamhosein, .....	30	H. ....	Khidmutgur, ..	Deafness, .....	.....	...	4th,	.....	...
"	6,	Dabee Ghose, .....	25	H. ....	Gowalla, .....	Hypertrophied Scrotum.	.....	...	.....	.....	...
"	18,	Juggurnath Ghose, .....	30	H. ....	Ditto, .....	Epilepsy, .....	.....	...	4th,	.....	...
"	19,	Hussun Khan, (b) .....	32	M. ....	Painter, .....	Ditto, .....	.....	...	29th,	.....	...
"	19,	Sulaim, .....	30	M. ....	Husbandman, ..	Ditto, .....	.....	...	.....	.....	...

(a) Gone home on account of fever.

(b) Not benefited.

DETAILED ACCOUNT OF CASES TREATED AT THE  
MESMERIC HOSPITAL, CALCUTTA,

*During the Month of November, 1847.*

**HYPERTROPHIED SCROTUM.**

*November 7, 1847.*—Gopeedoss, sirdar bearer, a native of Durmanugur, in Zillah Balessur, has got a small scrotal tumour for five years. It is covered all over with warts, about the size of peas, and is excessively hard. The prepuce is hypertrophied, and forms a second pendulous tumor, the size of an ordinary cucumber. He was sent to us by his country friend, Bhugwandoss, who was operated on at Hooghly last year for a similar tumour. He has made a journey of ten days in the hope of being relieved of his burden in the same way as his friend has been.

To be mesmerised for an hour and half daily.

*8th.*—I saw him for the first time at 12 o'clock to-day, and found him to be in the most profound trance after  $1\frac{1}{2}$  hour's mesmerising, and he was severely electrified, pricked, and pinched without disturbing him in the least. I then put a piece of live charcoal on his chest, and a slight tremor of the skin was perceptible, which instantly passed off; but he made no attempt to remove the fire: half a minute after, he suddenly opened his eyes, and supposing that he was awake, I struck the charcoal off his breast. My assistant began to ask him in Bengallee what had awoke him, but received no reply, and I immediately saw from the fixed unwinking eyes, that though they were open, their sense was shut. I said in English, "let him alone, he is not awake," and immediately after, his eye-lids quivered and closed spasmodically. I recommenced pricking him all over immediately without exciting the slightest sign of sensibility. About an hour after, he awoke naturally, and when asked said, that he felt no pain in his sleep, that the black patch on his breast was caused by dirt he supposed, and that he now saw me for the first time.

*9th.*—He was operated on to-day.\* The parts were all saved. The dissection was tedious and very severe on account of the firm adhesion of the organs to the cartilaginous walls of the tumor. He lay perfectly still and quiet, till I had nearly dissected out both the testes; when getting out the last of which, he began to moan, draw up his chest and bend his head backwards convulsively, but did not interfere with my proceedings. When the general mass was being removed, he cried out once, "Juggernath!" and imme-

\* Present—Lieutenant Mouat, Mr. R. F. Hodgson, C. S., and Dr. Mouat.

diately after wanted to be fanned ; opened his eyes once, and then instantaneously relapsed into his comatose state. He awoke a quarter of an hour after, and said that nothing had disturbed him in his sleep, and that he had not called on "Juggernath" to-day. He very soon perceived a smarting in the part, and asked whether it was removed or not.

The mesmeric phenomena are so various and inexhaustible, that no subject runs so much danger of being misapprehended and misrepresented by persons drawing general conclusions from occasional and interrupted observations of parts of it. For example, if a person ignorant of the subject and prejudiced against it, had been present when this patient opened his eyes shortly after my placing live charcoal on his chest, he would probably have gone off saying, "Ah! that was carrying the joke too far," and on reading my account of what followed, he would hug himself in his fancied acuteness of observation and superior strength of mind. But if this very decided and self-satisfied spectator would condescend to extend his observations for a length of time over a wider field, he would find that the exceptions proved the rule, by recurring precisely in the same form, at long intervals in different individuals, and under altered circumstances, and that the most startling occasional phenomena are links of one great natural chain, whose continuity is only broken by our ignorance of the laws of nature. But by supplying a link here and there, the gaps may at least be diminished, and I am content that time should decide whether I have observed and recorded the finer mesmeric phenomena as accurately as the more gross and common ones.

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### HYPERTROPHIED SCROTUM.

*October 23, 1847.*—Horry, water-carrier, aged 30, has had a small scrotal tumour for 5 years. He is come from Cuttack, in the expectation of getting it removed without pain, as has happened to many persons from that quarter. As the tumour was small, I dissuaded him from having it removed at present, but as he expressed an earnest desire to have it done on account of the constant attacks of inflammation in it, at the times of periodic fever, I consented to his wishes.

To be mesmerised for an hour and a half daily.

*30th.*—He was found deeply entranced on the first day, and bore pricking and pinching very well, but the first touch of a bit of live charcoal made him shrink, he however became subsequently indifferent to it.

31st.—He was tested satisfactorily with an electro-magnetic machine.

November 1.—The same to-day.

2d.—I operated on him to-day\* and saved all the parts. He remained perfectly passive under the knife, and I cut him as leisurely as I would a dead body in the dissecting room. He awoke in about half an hour after all the arteries had been secured; the usual questions were put to him, and it is superfluous to say that he knew nothing about the matter.

He is doing very well, and has not felt an ache since.

### HYPERTROPHIED SCROTUM.

October 28th, 1847.—Chundechurn, aged 42, a pleader of the Sudder Ameen's Court, in Sylhet, which is his place of nativity, has been troubled with a considerable scrotal tumour for 5 years. He read in one of the Bengallee newspapers that a Mesmeric Hospital had been established in Calcutta, with a view to afford relief to all classes of persons afflicted with scrotal tumours, and it is from this absurd misapprehension that my Hospital has been almost exclusively supplied with such cases: but I hope the Europeans will disabuse the native mind of this false impression, by making it generally known that there are very few Surgical cases in which painless operations may not just as readily be obtained. "When any one goes there, it was said, he is made insensible by some magical process, and the part is removed without his feeling any pain." He showed me the memorandum he took of my name and the site of the Hospital, and said that he came in a boat after a passage of 22 days.

To be mesmerised for an hour and a half daily.

October 30, 1847.—He was entranced on the first day's trial, and was perfectly indifferent to the usual tests of insensibility, and to the application of a bit of live charcoal.

31st.—The same to-day.

Nov. 1, 1847.—The operation was performed in the usual way\*, and all the parts were saved. As soon as the principal arteries had been secured, the cords which were greatly lengthened were examined, and as they were still embedded in the thickened *tunica vaginalis* it was dissected off their whole length. The man thus stood two severe dissections. There was not a quiver observed in his body from the beginning to the end of the principal operation, but his countenance became slightly disturbed during

\* Present—Major Boscawen; Captain J. V. Forbes; Mr. R. O'Shaughnessy; Dr. Mouat; Greeschunder Ghose; and Hurrochunder Ghose.

the second cutting. When all was over, the mesmerising was discontinued, and he was covered with a clean sheet : a few minutes after he awoke, as he said, naturally, and did not feel pain any where, except a pricking in his limbs, and was in his usual vigour. He next perceived a slight heat in the part, and wanted to know the cause of it. It was then intimated to him that he had been relieved of his burden, and the mass was shewn to him. He said that he was more than compensated for his long and tedious voyage.

13th.—He was doing well, and the wound improving daily, but he was last night suddenly attacked with Cholera, and died to-night.

### HYPERTROPHIED SCROTUM.

Nov. 20, 1847.—Hurrochunder Chowdry, aged 36, a native of Ballerah, in Zillah Burdwan, has been troubled with a considerable scrotal tumour for 12 years. He has had it twice cauterised in the hope of discussing the tumour. This has converted it into the present solid cartilaginous state, and has broken down his health by keeping up a discharge from some of the uncured ulcers. He heard that Ramdhun Nundy, who had been troubled with a monstrous tumour (70lbs.) had returned home quite recovered, and having been encouraged by the account he gave of the manner in which he had been operated upon in my Hospital, he was induced to come to Calcutta in the hope of being cured in the same way.

To be mesmerised for an hour and a half daily.

21st.—He was satisfactorily tested to-day as to the state of the insensibility, and was found quite fit to be operated upon.

22d.—The operation was performed to-day\*, and no attempt was made to save the testes, as I was convinced that they were useless from the treatment the tumour had been subjected to. The morbid part, after it had been removed, was cut open, and the testes were found to be exactly in the state that I had anticipated. Weight of tumour about 15 lbs. The man lay like a corpse till about 10 minutes after he had been covered with a clean sheet, and all signs of the operation removed. He said, when asked, that he felt no uneasiness in any part of his body, and was in his usual vigour. I had retired out of sight before he awoke, and Mr. Halliday asked him what he had come to hospital for? He said, to have his disease removed. Well, had it be done? Not yet, he answered, the Dr. Sahib had looked at it yesterday, but he had not yet come to-day. He was then told that his tumour was cut off in the same way as his friend Ramdhun Nundy's, and the part was shewn to him. He recognised it by the scars, and said that what Ramdhun Nundy had told him was quite true. If the

\* Present—Mr. Halliday and Mr. Elliot.

reader will refer to the case of Ramdhun Nundy, he will find that it was one of the cases in which striking signs of suffering appeared with complete subsequent oblivion of the whole transaction. As his case agreed so completely with many others, I saw no reason to disbelieve the man, and my simplicity was very generally pitied on that occasion, I believe. Ramdhun has turned out the most consistent of liars, at least, for he has sent two of his friends to me since he went home, and has been to present himself, and tell the same story to the Magistrate of Burdwan, he writes.

### EPILEPSY.

*Sept. 19, 1847.*—Shaikh Sulaim, a husbandman, aged 30, a native of Boidpatee, in Zillah Hooghly, has been subject to epilepsy for 6 years. The fits come on five or six times a month, and last for about an hour each time, followed by heaviness and pain in the head, which remain two or three days after the paroxysm is over.

To be mesmerised for an hour and a half daily.

*25th.*—He has had a fit daily for the last four days, which remained for about an hour, followed, as usual, by pain and heaviness in the head.

*October 2d.*—A fit to-day and yesterday, but they were of very short duration and not attended with head-ache, since that time he had no fit up to the 2d November, when he left the Hospital as he thought himself cured, and could not be induced to remain any longer.

### LUMBAGO.

*October 28, 1847.*—Shaik Armon, a shop-keeper, aged 20, residing at Khalasetollah, in Calcutta, has been suffering from lumbago on both sides for 3 months. The pain increases much at night and interrupts his sleep. He limps in walking, and cannot put his feet firmly on the ground.

To be mesmerised for an hour and a half daily.

*Nov. 1.*—For the first three days he felt no change, except that he slept at the time of being mesmerised, and at night more than he used to do. To-day he felt a little better.

*4th.*—He sleeps at night as usual and the pain is diminished one half. He can walk much more freely and does not limp at the time.

*7th.*—He says that he is free from pain; can walk as he used to do before, and carry on his business,—so he left the Hospital to-day.

(Signed) J. ESDAILE, M. D.,

*Supt. Mes. Hospital.*

*Cal. M. H. the 1st Dec. 1847.*

Date of Admission.		Names.	Age.	Cast.	Profession.	Disease.	Cured.	Relieved.	Absconded.	Died.	Remaining.
Month.	Date.										
1847.											
Nov.	17,	Fuzleali, - - - - -	28	M. - -	Klassee, - -	Rheumatism, - - -	- - -	- -	- -	- -	- -
"	18,	Bulloo, - - - - -	30	M. - -	Khidmutgar, -	{ Sool, or Neuralgia } { of the stomach, - }	- - -	30th	- -	- -	- -
"	20,	Hurrochunder Chowdry, -	36	H. - -	Moherer, - -	Hypertrophied Scrotum,	- - -	- -	- -	- -	- -
"	25,	Chunder Saw, - - - - -	52	H. - -	Bunneah, - -	Paralysis, - - -	- - -	- -	- -	- -	- -
"	26,	Chunga Sing, - - - - -	30	H. - -	Durwan, - -	Rheumatism, - - -	- - -	- -	- -	- -	- -
"	29,	Bolagee, - - - - -	35	H. - -	Shop-keeper, -	Ditto, - - - - -	- - -	- -	- -	- -	- -

- (a) Fit to be operated on, but was obliged to leave the Hospital on urgent business.  
 (b) Fit to be operated on, but was obliged to leave the Hospital on urgent business.  
 (c) Died of fever and Diarrhoea.  
 (d) Ditto of Tetanus.  
 (e) Ditto of Cholera.  
 (f) Dismissed on account of strong fever and debility.

(Signed) G. LAMB,  
*Offg. Suptg. Surgeon, Presidency.*

(Signed) J. ESDAILE, M. D.,  
*Superintendent Mesmeric Hospital.*

not affected. I went to see, and found him lying with half-open eyes, quivering eyelids, and trembling hands; I immediately said that he was ready, and without any testing, performed a severe and most successful operation upon him. In one alarming case, the trance lasted for 24 hours, and during all this time, the man was as stiff as a poker, and his eyes remained wide open, and could not be closed. This patient had been very frequently experimented upon, and in consequence had become exquisitely sensitive to the mesmeric influence.

### HYPERTROPHIED SCROTUM.

*December 3, 1847.*—Luckhynarain Dey, a hawker, aged 37, residing at Nabootullah, in Calcutta, has got a scrotal tumor for 10 years, followed by elephantiasis of both legs. It has been as usual, attended with periodic fever and local inflammation, twice a month, at the change of the moon. This man had attended our Hospital a few days in the month of August last, when he came thoroughly under the mesmeric influence, and was about to be operated on; he was suddenly attacked with severe conjunctivitis and periodic fever, obliging him to return home, he was re-admitted on the 3d December.

To be mesmerised for an hour and a half daily.

*3d.*—He bore pricking and pinching very well to-day, but a slight shiver took place on his being touched with a bit of live charcoal. He resisted all the usual demesmerising means, but awoke instantly on having cold water squirted into his eyes.

*4th.*—Found deeply entranced to-day, he was pricked and pinched with the same results as yesterday, and could not be roused by the loudest noises produced by throwing a metallic basin on the stone floor close to his bed, and ringing it for several minutes close to his ears. A few grains of sulphate of magnesia were next put into his mouth with great difficulty, as his jaws were firmly clenched, as usually happens. The tongue remained quite passive, and the mouth gradually closed again. His nose was also put into a bottle of carb. of ammonia, and he inhaled the fumes like common air. Repeated attempts were afterwards made to demesmerise him, his eyes were rubbed, opened and sharply blown into, he was laid hold of by his hands and lifted up from his bed, and made to sit upon it for a few minutes, but without the least effect. He was at last awakened by his eyes being constantly syringed with cold water, and the moment he came to his senses, he retched violently, and said that his mouth was disgustingly bitter, why he could not tell.

*7th.*—He was operated on to-day.\* The dissection was very severe and prolonged, as there was strong adhesion of the walls of the tumor to the delicate organs below, which were all saved. He was as passive as his predecessor from first to last, and could only be distinguished from a corpse by a slight twitching of his toes. He awoke of his own accord about half an hour after all was over, and he had been put under a clean sheet, and said that he had slept uninterruptedly up to this moment, and that he had come here to get rid of his burden by the advice of his friend, Ramlochun, who had wonderfully recovered from a similar disease. He was then told that he was cured in the same way, but he could not be made to believe it till the mass was shown to him.

*18th.*—The wound is healthy and cicatrising, and he has complained of no pain since.

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#### INSENSIBILITY OF THE SKIN REMAINING FOR SOME TIME AFTER THE RETURN OF CONSCIOUSNESS, PORTIONS OF THE BODY MADE INSENSIBLE BY LOCAL MESMERISING.

*December 8th.*—I was told at 12 o'clock to-day, that a new patient had been taken in, and that he had been mesmerised for an hour. I went to see him, and found a healthy looking man of 40, lying on the bed; he had a considerable scrotal tumor. He remained for a good while indifferent to pricking, but at length was disturbed, and languidly opened his eyes; he was much disinclined to speak, and while doing so his eyes would suddenly roll upwards; the eyelids quivered, and then closed. He opened his eyes, when ordered to do so, but with difficulty, and while he was apparently awake and speaking to me, I began to prick him all over, but he said that he felt nothing. When left alone for a few minutes he fell asleep again with the same motions of the eyes; this was done several times during half an hour with the same results. I at last roused him thoroughly, made him get up and walk about till he said he felt as usual; he said, at first, that his head was giddy. I now began to prick him, and he was insensible to it from head to foot for about 10 minutes, when the sensibility gradually returned. After his skin was in its natural state, he was carefully blindfolded, and one of his arms was mesmerised with every precaution that he might not feel any thing. A pin was then given him, and he was desired to test the condition of his skin; he said it was all as usual except the arm operated on. The other was next manipulated, and he said both were now insensible to pricking, and heavier than

\* Present, Mr. Beedles and Mr. Hume.

usual: it took a great deal of rubbing and blowing to restore the parts to their natural state. I was in this case tempted to break a practical rule I have laid down, that is, never to experiment upon persons before they are cured, and I had to regret it. This man became excited and alarmed, and earnestly begged to be allowed to go home, supposing himself to be possessed, I dare say. He was allowed to go, as this condition of the system is very unfavorable for our purpose. Perhaps it will be said, as on a former occasion, that this man was acting up to my wishes, although I had never seen him before, and my wish was to find him as insensible as a corpse in every respect. Or, which is equally probable, he merely came to the hospital to mystify me, and is now laughing at me with his friends,—those who know the analogous state produced by the derangement of the brain caused by ether, will probably see no reason why this should not be done by mesmerism also.

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### GENERAL LOSS OF SENSIBILITY, AND PARTIAL PARALYSIS.

*November 25th, 1847.*—Chunder Sen, a labourer, aged 50, a native of Patass, in zillah Midnapore, has been suffering for four months from weakness of the limbs up to the knees, and total loss of sensation all over his body, from head to foot. He does not feel the slightest pain on his body being severely pricked all over with a scalpel; he walks slowly and insecurely, but requires no help at the time. His bowels regular; appetite good, and he sleeps well at night.

To be mesmerised for an hour and a half daily.

*30th.*—He felt no change during the first four days, but slept soundly at the time of being mesmerised. When his body was examined to-day he felt slight pain in his right breast only, and he was found to walk a little better.

*December 7th.*—He walks much better, and feels pain in his legs and back when his body is pricked, but appears rather weaker on account of being attacked with diarrhoea.

*10th.*—The sensibility of his skin is restored except in the arms, which appear to be as destitute of feeling as a piece of wood. He walks more securely.

*13th.*—He walks and feels like any other man, and complains of pain on any part of his body being pricked and pinched. He feels much stronger and is gaining strength daily, and as he thinks himself perfectly recovered he was discharged to-day at his own request.

## ACUTE RHEUMATISM.

*November 17th, 1847.*—Shaik Fyzoola, a klassee, aged 28, a native of Hallishur, in zillah Chittagong, has been troubled with acute rheumatism for two months. All the larger articulations are exceedingly painful especially the wrists, ancles and knees, which are all much swollen and admit of very slight motion. He can neither walk, stand, nor sit down without excessive pain, and cannot turn in his bed without help; his nights are very bad.

To be mesmerised for an hour and a half daily.

*20th.*—For the first three days the pain in the joints somewhat increased, but he slept well at the time of being mesmerised, and a few hours at night. To-day he felt a little better, and could walk without help, but still limped at the time. The pain in the wrists and knees slightly diminished, and he could move the former freely. He sleeps well at night.

*24th.*—All the articulations are free from pain and swelling except the ancles and knees.

*December 4th.*—He sleeps well at night; the knees and ancles are less swollen, and are only painful on being sharply struck.

*11th.*—He can walk, run and jump like any other man, and feels no pain in any joint even when severely pressed and struck by the hand. He says he can easily discharge his business as a klassee, and has left the Hospital to-day.

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MESMERIC COMA PASSING INTO CONSCIOUS TRANCE,  
WITH LOSS OF VOLUNTARY POWER.

*December 21st, 1847.*—A native of Dacca, aged 25, has got a small scrotal tumor, which he is very desirous to get rid of, but I dissuaded him from having the operation performed at present. He said, that it was not its size that annoyed him, but the inflammation that attacked it several times a month at the usual times of fever, and he so earnestly entreated me to relieve him that I consented. I examined him for the first time to-day, after an hour's mesmerising, and found him to be indifferent to severe pricking from head to foot, and to pinching of his nipple. I next called for fire, and applied a piece of live charcoal to his hand; a slight shiver passed over his skin, but he did not move his hand, open his eyes, cry out, or move a limb. I then put a fresh piece of coal on his chest, which he struck off convulsively with the other hand, and instantly relapsed into absolute repose. His mesmeriser was ordered to desist, and I put some epsom salts upon his tongue, which remained motionless, and apparently insensible. In about

ten minutes after this, he was demesmerised, and awoke with considerable difficulty, and immediately began to spit, saying that his mouth felt salt and bitter. On questioning him, he said, that his sleep had been broken by something burning his hand and then his breast, but that nothing had annoyed him before this; he also knew that something was put into his mouth, but felt no taste till after his eyes were rubbed, and blown into. When asked why he did not open his eyes to see what burned him, or get up to avoid it, he replied, that he tried to open his eyes and to move, but could not, his whole body felt dead and powerless, and that he was only able to move after his eyes were rubbed.

I have already had occasion to remark that, like learning "a little mesmerism is a dangerous thing," and the case now related illustrates this. A spectator who had come only to detect imposture and to regard all as such that did not jump with *his* notions, would have been gratified to the utmost by this clumsy affectation of insensibility, and gone away fortified in his unbelief and self-complacency, and even an unprejudiced looker on for the first time, if not similarly affected, would probably not have known what to think of it. If I had seen nothing of the kind before, I should not have been able to decide upon the reality of the scene without more extended observation, although the fact that this was his first day of mesmerising—that he had never seen a person in the mesmeric state,—and that it was a transparent farce for the man to sham insensibility after giving such striking signs of the contrary, are presumptive proofs against the probability of this being a scene conceived and executed on the spur of the moment. But having seen a precisely similar case of coma passing into conscious trance with inability to move or speak, in the person of a lady, the wife of a clergyman here, I felt satisfied that the Bengalee's account of his feelings were as true as the lady's statement made to her husband the moment she awoke from her trance. For if the Bengalee was shamming, he must have been tutored by Mrs. ———, she being the only person who has hitherto chosen this style of mystification; it is too original to have been hit upon by both independent of each other. The only difference in their cases is, that the stimulus which restored them to internal consciousness, but not to the power of voluntary motion, was in one instance addressed to the sense of feeling, and in the other to that of hearing. The following case occurred at Chinsurah :

Mrs. ———, an English lady, wished to be entranced, to have a tooth taken out by the dentist, who was shortly expected to arrive. I told her husband, that my labour would be in vain, if she thought advantage was going to be taken of her sleep; fear

and anxiety being quite destructive to the production of coma; and suggested that when the dentist arrived, I should then propose to make a preliminary experiment, telling her, that if it succeeded she could then suit her convenience, and be entranced at any time, to have the tooth taken out.

The dentist came, and his arrival being carefully concealed from the lady, I proposed to test her power of submission. At the end of half an hour, her arms appearing cataleptic, I desired her husband to order the carriage, and go for the dentist. In a quarter of an hour they arrived, and I bent back the lady's head, and began to open her mouth without any attempt at resistance; but, on the window being thrown open to give the dentist light, she awoke with a sudden start, and said the dentist was present. She thus described her feelings: she very soon became unconscious, after feeling a general sense of warmth and oppression on the chest; she felt me raise her arms, and leave them in the air without the power to move them, but did not hear me desire her husband to get the carriage ready. She heard the carriage wheels, however, and then it flashed across her brain that her husband had gone to bring the dentist, (although she firmly believed him to be in Calcutta,) and this conviction, from that minute took complete possession of her mind. She greatly wished to call back her husband, or to get up and run, but she could not move tongue or foot, and showed all the time the most perfect repose of body and feature. She heard the carriage return, and knew it brought the dreaded dentist; was sure it was he who was speaking to her husband, and yet remained fixed to her seat, like a statue. In this instance, the sense of hearing was the only means of communication with the outward world, but it excited a former train of ideas; and how accurately did fear and causality come to a right conclusion, from the ear having transmitted a suspicious sound!

*December 22d.*—I intended to operate on this man to-day, but he has received the news of his mother's death, and says it is imperative for him to perform her *shrad* before he is operated on; he was therefore allowed to leave the Hospital.

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### THE MIRACLES OF PARIS SUCCESSFULLY IMITATED —A SORE COVERED WITH NITRIC ACID.

*December 21st.*—Ramdoss, a man who was successfully operated upon for a scrotal tumor on the first day of mesmerising, and who had been discharged cured, returned to the Hospital a few days ago with a foul sore, the size of a crown-piece, at the junction of the scrotum and penis, and I resolved to apply nitric acid to it, if he could be deeply entranced. This was the second time only

that he had been mesmerised, and in half an hour he was subdued: the nitric acid was applied to the margin of the sore only, to test his toleration of it, and it might as well have been warm milk, for not a sign of feeling appeared in his whole body, and when he awoke, he said, that the pain was less than before he went to sleep.

22d.—I read to-day in the newspapers an account of the *miracles* or *possessions* that have lately taken place among the nuns and girls in different establishments in Paris. These consist in nails, coins, &c. being found under the skin in different parts of the body, without any wound appearing by which they could be introduced, and the persons on whom these miracles have been worked, declare themselves totally unconscious of the when, the where, and the how they got sub-cuticular possession of the different articles. The popular conclusion therefore is, that the Evil One has been the operator.

Holy water and exorcisms are in great request, and the victims of diabolic surgery are highly flattered at being singled out for persecution and distinction above their fellows.

Similar exhibitions have taken place at various times and in different countries, as in the case of the nuns of Loudon, to unbewitch whom, Urbain Grandier was burned at the stake; the "*convulsionnaires*" at the tomb of the Abbé Paris, who professed perfect indifference to the most severe injuries, and invited the lookers-on to do their worst; the extatic insensibility to pain exhibited at modern religious *Revivals*, &c. All these singular and frequently recurring anomalies have been generally easily explained away, and summarily disposed of by the single word—fudge.

But I believe, that although many of these melancholy scenes may have originated in villainy, or a diseased love of notoriety, the principal actors were often sincere, and real sufferers from an unknown cause, and were actually callous to the tortures inflicted upon them.

This condition of the nervous system is well known in the history of medicine, in natural extasy, trance, and catalepsy, in which all the organs of the senses become torpid to ordinary stimuli in consequence of an extravagant excitement of the nervous system in one direction; and this natural derangement of nervous equilibrium can be imitated, more or less, by various artificial means.

Passionate addresses to the feelings; violent excitement of the passions; intense thought; continued squinting, &c., and various drugs, such as datura, hyoscyamus, opium, hemp, ether, &c., all produce symptoms closely resembling those of natural extasy,

trance, and catalepsy. But there is another natural agent which much more perfectly imitates these natural derangements of the system, and that is *mesmerism*, and if the recent miracles at Paris have not been caused by a nervous epidemic excited among highly susceptible subjects, I think that mesmerism is far more likely to have been the agent used than ether, as was suspected. It occurred to me, that since the public cannot be roused to a sense of the practical utility and philosophic importance of mesmerism, it would perhaps be better to excite attention to the subject, by addressing the fears rather than the reason of the community, by showing that mesmerism may not only have probably been the means used to *possess* the nuns and girls of Paris, but may also be turned to more villainous purposes still, if the public ignorantly persist in treating a power great for good or evil, according as it is used or abused, as a mere chimera or imposture.

The man whose case has been related above was an excellent subject for the miracle-monger, and I determined to demonstrate upon his person not only the reality of the Paris possessions, but the possible honesty also of the possessed persons: and if Mon. Salverte, Sir Walter Scott, and Sir David Brewster had not despised or been ignorant of mesmerism, they would have thrown more light on the history of the occult sciences, and on demonology, and witchcraft than they have done.

In relating the following experiments made not to satisfy myself but to startle the public into reflection, I hope not to be confounded with *vivisectors* in general, for I knew that my experiments would be *painless* and *conclusive*, while theirs are always cruel and generally useless.

23d.—At 12 o'clock to-day, I found the patient entranced, and having carefully introduced a long double edged knife under the skin of the thigh, I lodged a button at the extremity of the canal with the aid of a probe, and skilfully closed the opening afterwards. His left arm was, in a similar manner, enriched with a small silver coin, and the lips of the wound brought together. It is superfluous to say, that a man indifferent to the burning of his raw flesh by nitric acid, was perfectly passive under these small liberties taken with him. As the sore still continued foul, I took this occasion to sponge the whole of it freely with undiluted nitric acid: not a movement or symptom of life followed, and I left him, after half an hour, sleeping like a babe. Of all the hellish torments that can be inflicted on a human being, this is perhaps the worst.

24th.—He awoke an hour after the applications of the acid yesterday, and complained of no pain whatever.

25th.—The miracles were completed to-day with laughable success, in the presence of several gentlemen. In feeling his pulse, a hardness was *accidentally* discovered in his fore-arm where the coin was buried, and his attention was directed to it. The hard substance was not felt in passing the hand along the limb, but by pinching up the skin between one's finger and thumb, the coin became well defined, and he was much puzzled at not having detected so large a foreign substance before. It was suggested that it must be a piece of wood that had entered his arm on some occasion that he had forgotten. He said, that it had perhaps got there by striking his arm against the cot in his sleep, and that he had observed some marks of blood on his cloth several days ago. I said that it might become troublesome, and it would be better to cut it out, to which he replied, that I might do what I pleased, as I had saved his life already. The skin over the coin was accordingly cut, and while extracting it with a pair of forceps, I exclaimed; "This is very curious, it is not wood, but looks like silver"! and I presented it to him. He regarded the substance with amazement and alarm, but as soon he recognised it, the ruling passion of a Bengallee was strikingly exhibited; and he joyfully exclaimed, "It's a two anna piece!" Some one said that there might be more, and he eagerly began to pinch his arm in search of them. No more lumps were to be found in either arm, however, and he was desired to search his legs: this he did, and at last arrested his hand over the site of the button, which he said felt a little painful. He was bid to pinch it up, and immediately cried, "Yes! here is another, cut it out!" The button was duly cut down upon, and when laying hold of it I said, doubtingly; "this is strange, the thing is round, but it feels like bone." He put out his hand to receive it, and cried in disgust, "It's a bone button!" It was suggested that he must have swallowed these substances, but he said, "How could that be, as he had never handled such coins or buttons." He was desired to inform me if he discovered any more, and we left him pinching himself all over.

Although these miracles were commenced only two days ago, it was only by the most minute attention that the breach in the skin could be seen, and in 24 hours more it would not have been detectable. Before the party separated, I said, that I hoped no one present would suppose that I had been playing tricks merely to amuse them, for, in my estimation, it was a very serious and important exhibition, which I had only made in the hope of putting the public on its guard against the abuse of this great power. Many States have seen the necessity of prohibiting the exhibition of ether to induce coma, except by the highest grades of the medical profession, but the possible mischief that may be done to

society by ether, is trifling in comparison with the villainy that may be perpetrated by the more subtle power of mesmerism. From the commencement, I have exposed the dangers as well as the advantages of mesmerism, and urged the public to take the necessary steps for self-defence by only permitting it to be practised for medical purposes under the superintendence of medical men. Wilful ignorance is as certainly punished as wickedness, and when the evil comes unsuspected, like a thief in the night, it will be a satisfaction to me that no one can reproach me with having been a "dumb dog."

### ACUTE RHEUMATISM.

*November 26th.*—Chunga Sing, a labourer, aged 30, residing at Bura Bazar, in Calcutta, has been tormented with acute rheumatism for 10 days. Most of the larger articulations are considerably swollen and painful, particularly the shoulders, right knee and elbow, and the ankles, preventing his rest at night; he does not allow them to be touched, and cries out on being roughly handled. He can scarcely put his feet to the ground, and limps much when he attempts to walk. His bowels regular, skin a little above the natural heat and dry; pulse quick and rather strong, tongue furred.

To be mesmerised for an hour and a half daily.

On the first day, a moderate perspiration broke out on his body reducing the heat of the skin to nearly its natural standard, and relieving his pain of the left shoulder slightly. He slept pretty well at the time of being mesmerised, and was roused on his left shoulder being somewhat rudely handled.

*December 8th.*—The pain and swelling of the left shoulder and ankle much diminished. He passes good nights, and sleeps profoundly at the time of being mesmerised. The tongue is cleaner; pulse of natural speed, and the temperature of the skin natural.

*10th.*—He walks much better, but limps slightly at the time.

*20th.*—He limps a little in walking, all the articulations are free from pain, save the right shoulder and ankle, the latter is still much swollen.

*25th.*—There is no pain in the right shoulder, and but little in the ankle when severely pressed, the swelling has nearly disappeared.

*31st.*—He walks perfectly well, and can run and jump freely, and considers himself entirely recovered; he was therefore discharged to-day.

## PARALYSIS.

*December 18th.*—Jhung Nathea, aged 10, states, that the night before last, he went to bed as usual in perfectly good health, but found next morning his left arm up to the shoulder perfectly powerless. It hangs at his side like a piece of wet rag, but now and then quivers; there is much pain at the elbow. His hand remains always open, and he cannot close it.

To be mesmerised for an hour and a half daily.

*22d.*—He did not derive any benefit on the first day, and did not come on the 19th as he went to the Mohorrum festival. On the two subsequent days he slept a little at the time of being mesmerised, could move and bend his arm slightly, and close his hand partially with difficulty, but could not grasp or lift up any thing. To-day he had regained considerable command over his arm, could bend it and raise it up perpendicularly, shut his hand freely, and lift up moderate weights, as a *lot* of water, but with some difficulty.

*31st.*—He can now use his arm freely like any other man, strike blows with his usual force, and lift up weights with facility as he used to do; and as he is perfectly recovered, he was discharged to-day.

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Many instances will be found recorded in these Reports, in which the most severe operations might have been performed on the first day of mesmerising, and the possibility of doing this has been successfully shewn. For various reasons, the operations have not been performed so early in the Mesmeric Hospital as in my former general hospitals, where I was much more free and untrammelled in my proceedings. For the convenience of the official visitors and the public, I was obliged to fix an hour for operating, and it often happened that this was either too soon or too late, the operation was also sometimes unnecessarily deferred for want of spectators, or from superfluous caution. Another very great evil attending surgical practice in a Show, Hospital is the alarm and excitement created in the patients by the daily resort of numerous spectators to it. Many of my most promising cases have been lost from this cause. One day I had three men all ready at once, and only secured one of them; the two others made their escape, being alarmed at the crowd who came to see their neighbour cut up. On another day, five men were all ready, four on the first day of Mesmerising, and I lost three of them from the same cause. But when mesmeric operations become the daily routine in general hospitals, all these vexatious and very disturbing causes will disappear, and greater justice be done to the Surgeon and the subject.

In my "Mesmerism in India," published after eight months observation, I wrote as follows, regarding the proper time for operating, and after two years and a half, I see nothing to alter in it.

"In my early operations, I availed myself of the first fit of insensibility, not knowing whether I could command it back at pleasure; and when the coma is deep enough on the first occasion, it is probably best for the patient that it should be taken advantage of, as the fewer liberties we take with nature the better; the rule being never to do more than enough. But if the trance is not profound the first time, the Surgeon may safely calculate on its being so the next, and when operating in public, it is prudent to take the precaution of a preliminary trance or two. I have already said, that flexibility of the limbs, till moved, and their remaining rigid in any position we leave them in, is characteristic of the trance: but there are exceptions, and these are equally diagnostic and to be depended upon. It some times happens that the limbs become rigid as they lie, and, on bending them, they are not passive and plastic, as in catalepsy, but the muscles always tend towards a spasmodic extension of the limbs: and sometimes the rigidity cannot be overcome at all,—at other times, there is complete relaxation of the whole muscular system, and the arms and legs can be tossed about without resistance, like those of a person just dead."

I have only to add, that in no instance have I seen any bad effects follow the use of mesmerism in surgical operations, and if they have been observed by others, we shall doubtless be told it.

(Signed) J. ESDAILE, M. D.,  
*Superintendent Mesmeric Hospital.*

*Calcutta, Mesmeric Hospital, the 1st Jan. 1848.*

(True Copy,)

J. FORSYTH, Surgeon,  
*Secretary Medical Board.*

TO F. J. HALLIDAY, Esq.

*Secretary to the Government of Bengal.*

SIR,

The year of trial allowed for the Mesmeric Hospital having expired, I have the honor to transmit you a final Report on the subject of my late labours, which I hope will not be unsatisfactory to the Government.

The great sameness among the surgical cases has been a source of disappointment to me as well as to others, for it has given rise

*cal practice* in the hospitals of Bengal. That it is not *universally* so, is admitted, but this was never said or expected of it by its advocates, at least. On an average, I have performed an operation once a week with the aid of mesmerism, ever since I took up the subject, two years and a half ago, and in a large enough field, it might be a daily occurrence. The operations required to be performed, were also the very best tests of insensibility that could be desired ; for I know no more savage and painful operations than the dissecting out of the most sensitive organs of the human body from the centre of the mass in which they are buried in these scrotal tumors. In proof of the applicability of mesmerism for general surgical practice, it is only necessary to refer to my notes of cases treated in the Government General Hospitals, in which all the usual pain and disturbance arising from severe accidents and dangerous disease often existed.

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In a case of compound fracture of the leg, ending in mortification, amputation of the thigh was performed after two hours mesmerising.

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In another case of mortification of the leg from the foot having been burned off, amputation of the thigh was performed within a *given time*, 24 hours.

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A woman suffering from disease of the ankle joint was subdued on the first, and the leg amputated on the third day.

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An arm was amputated for open fungus hematodes at the elbow joint, after one hour's mesmerising.

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Two open cancers were removed ; one on the first, and the other on the fourth day, of mesmerising.

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A prodigious scirrhus and inflamed testis, complicated with scrotal hernia, which could not be returned on account of the pain, was removed after two hours mesmerising ; the gut having been first returned without pain.

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A prolapses ani in an adult, the size of a child's head, which had been down for three days, and could not by any means be reduced, was returned with ease without the patient's knowledge, after three hours mesmerising.

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A large ulcerated painful tumour in the groin was removed on the first day of mesmerising.

reporters. This proposal was not acted upon, and the medical cases related in my reports must be judged by their own merits, for there is not a medical visitor (with the exception of Dr. Mouat perhaps) who has had the opportunity of watching a single case throughout its progress. They have therefore, with one exception, abstained from giving any opinion at all on the medical cases treated by mesmerism. Dr. Stewart is the only visitor who has spoken with confidence on both the surgical and medical branches of the subject, and in justice to the Government which has so liberally supported this course of experiment, to the public concerned in the result, and the subject under investigation, I feel myself reluctantly called upon to examine the grounds and value of his opinions. When Dr. Stewart sent in his report, he knew that it was to be printed for public information, and as a document so deliberately prepared must carry with it an air of authority, it is necessary for those who have had no opportunities of judging for themselves, to know whether the reporter has availed himself of his presumed advantages of observation, and if his opinions are entitled to public confidence from his long and patient examination of the subject committed to his care.

In the 2d paragraph of his letter, Dr. Stewart says; "the operations which I there witnessed, (in the Mesmeric Hospital, viz.) were all of the same description as those which I had seen performed before the 'Mesmeric Committee,' cases of *elephantiasis scroti*. They were all more or less successful, the patients evincing no sign of pain during the operation, and denying all knowledge of it afterwards." Unfortunately, the value of this very ample and favourable testimony is somewhat lessened by the fact, that Dr. Stewart has not witnessed a single operation in my hospital since it was opened, a year ago.

In the 3d paragraph it is said; "of the medical cases, however, I cannot speak so favourably. My impression certainly is, that Dr. Esdaile greatly deceives himself in the amount of good effected in these cases by Mesmerism." I beg leave to observe upon this, that I had only the pleasure of seeing Dr. Stewart for a few minutes, three or four times, during the half year included in his first report, and if we are to be favoured with a second, I may here mention that he has not entered my hospital for the last eight months. I presume that this was not the kind of "inspection of my proceedings" contemplated when Dr. Stewart was named one of the official visitors of my hospital, on whose reports "the further proceedings of Government would mainly depend," as expressed in your letter addressed to the President of the Mesmeric Committee, dated 4th November, 1846.

*Inflamed testes.* Siddessur Ghose has been suffering for three days from acute inflammation of both testes, which are extremely tender to the touch, and he is doubled up in walking. He was kept in the trance, with short intervals of waking, for thirty-six hours, and was then discharged cured.

*Inflamed eyes.* Nazir Mahomed has been suffering from inflammation of the eyes for four days; the conjunctiva is deeply injected; there is constant lachrymation, pain over half the head, and he cannot distinguish objects. He was easily thrown into the trance, three days in succession, and was then discharged cured.

*Convulsions.* I was called to see a Hindoo lady, I found her in dreadful convulsions, and all I knew of the resources of medicine were useless, I therefore mesmerised her, and in an hour left her asleep and *cataleptic*, and the convulsions did not return.

*Tic douloureux.* Huro, a Hindoo woman, aged 28, she has suffered for three years from *tic* in the right eyebrow and temple; it is very intense now: she was entranced, and when she awoke an hour after, there was no pain in the part, and it did not return.

*After-pains.* I was called to see Mrs. — an hour after her confinement, she was suffering severely from after-pains, I soon put her to sleep, and when she awoke the pain had gone and never returned.

*Acute Rheumatism.* Mrs. — has been suffering for ten days from a stiff neck and arm, and is in great pain. At the end of twenty minutes mesmerising, she could move her neck freely; all pain left her, and it never returned.

*Acute Rheumatism.* Mr. — has been troubled for three weeks with severe rheumatism in his left knee; it is contracted, swelled, shining, and hot, and so tender that he dreads his children approaching him, lest they touch his knee by accident. He cannot sleep, has no appetite, and looks worn out and languid. I mesmerised his knee for a short time, and it gradually became straight. In twenty minutes he allowed me to press and strike his knee with violence, without complaining, and then got up and walked without pain, but there is thickening of the joint and stiffness. He had a crutch by his side when I came in, and could not move without it.

*Neuralgia.* D. Canvan, a private in Her Majesty's 50th Regiment. He complains of great pain all over the chest, which feels contracted, and he cannot breathe freely. The right knee-joint is contracted; and the ankle and toes are immovable; there is great tenderness in the calf of the leg, and he cannot put his foot to the ground. Without saying a word, or leading him to expect any thing I began to mesmerise him. In a short time he breathed more

freely, the pain left the chest, and his respiration became natural. The process was extended to the leg, and without my touching it, the knee gradually relaxed,—the ankle and toes became flexible, and at the end of half an hour the leg was perfectly straight, and he moved it freely in all directions without pain.

*Painful Stump.* G. Adamson, a private in H. M. 53rd Regiment, has had his arm taken off at the shoulder, and it aches severely. The Apothecary without speaking to me put him to sleep. He told me next day, that he had tried all he could to keep awake to watch the effect upon himself, but he very soon fell asleep, and had a good night.

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More examples of the immediate relief or cure of acute medical diseases might be given, but enough has been said, if my statements are received as facts, and if not, it is useless to multiply them. If the acute diseases, both surgical and medical, which have been related, derived such striking and immediate benefit from the mesmeric process, is it conceivable that the same persons would have been insensible to the same agent in the treatment of chronic diseases in which it was resorted to, and that so active an agent in acute disease, would have been inert as a chronic remedy? On the contrary, I am convinced that those susceptible patients (all are not so unfortunately) would derive the greatest comfort and benefit from the mesmeric treatment of most of the painful chronic affections to which they may be subject.

The persons susceptible of the mesmeric influence, and to whom it is a valuable remedy, are very numerous, and this natural agent often enables us to relieve or cure our patients when all other resources are useless. It is therefore a valuable addition to our medical knowledge, and those who reject its aid, deprive themselves of a potent ally, and their patients of a valuable additional source of health and comfort.

No public act of His Honor the Deputy Governor of Bengal has met with more general approbation than his establishment of an experimental Mesmeric Hospital, and it is to be hoped that the Government will still encourage the study of the subject, and secure to the public the advantages already derived from this new curative power. These have hitherto been comparatively trifling, but are capable of being infinitely extended by the introduction of mesmerism into the general hospitals of the country. All that has been done in my hospitals might just as easily be enacted in every hospital in India, and in a country where labour is so cheap, a few Mesmerisers attached to each hospital would cost less than the price of the physic that would be saved.

But the medical department of mesmerism is only a fractional part of its interest to reflecting minds, for it is replete with instruction to the physiologist, the metaphysician, and natural philosopher, and it will soon be as absurd for writers on physics or metaphysics to leave out of account the mesmeric phenomena, as it would be at present to omit all mention of the circulation of the blood in a description of the human body. It is surely not much longer possible for the medical men and natural philosophers of England to pride themselves on their ignorance of the existence of a great natural power, which throws a new light in the nature of man, disclosing his secret relations and sympathies with surrounding nature, and exceeding in interest all the drugs of the Pharmacopœia from its being an inherent power of the human system.

To show that Mesmerisers can be made as fast as they are wanted, it is only necessary to say that all the nine passed students of the Medical College who were ordered to attend my hospital for two months to learn practical mesmerism, got their certificates of proficiency in a month or six weeks ; seven of them having succeeded in producing the mesmeric trance in their patients, and they have promised to carry their new knowledge into practice.

I hope that what has been done will not altogether disappoint the expectations of the Government, and that the imperfections in the execution of my undertaking will be viewed with some indulgence, as few men ever undertook a more difficult and trying task. If I have been of assistance in establishing a valuable truth, I do not grudge the sacrifices that it has cost me.

I have the honor to be,

Sir,

Your most obedient Servant,

JAMES ESDAILE, M. D.,

*Supt. Mesmeric Hospital.*

*Calcutta, Mes. Hospital, the 31st Dec., 1847.*

The five hundred rupees presented to me by His Highness the Nawab of Moorshedabad, in February last, for the use of the hospital, have been expended in hiring some additional Mesmerisers, and in small sums given to poor patients to carry them home.

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circumstances attending this disease. It will be seen from my reports, that with few exceptions, the patients suffered from severe periodic attacks of fever coming on once or twice a month, and sometimes once a week, and as a necessary consequence, the restorative process was at these times arrested, or the sores took on a sloughing action, and it has been observed that this tendency to periodic disease was generally not overcome for two months. When this did not exist, the cures were rapid, and the most formidable wounds filled up in about six weeks.

Our mortality, considering the dangerous nature of the operations, was for a long time very low in the cases of scrotal tumors. The operations performed for this disease now amount to 71, the deaths to five.

A man with a tumor of 100lbs., recovered perfectly, and was about to leave the hospital at the end of six weeks, when he was seized with fever and diarrhœa, and carried off.

In the second the testes sloughed from the same cause, and he died after a second mesmeric operation for their removal.

The third patient was doing well, but died of cholera.

The fourth of tetanus.

And the fifth of fever and diarrhœa.

We had only two deaths till after the 60th operation, and the three last fatal cases occurred at the worst time of the year for weak constitutions, the commencement of the cold weather.

Appended is a return of all the surgical and medical cases, which have been treated by mesmerism exclusively. The average time of treatment can only be given in the Mesmeric Hospital, as I have not the records of my former hospitals.

I have, &c.,

(Signed) J. ESDAILE, M. D.,  
*Superintendent Mesmeric Hospital.*

No. 87 of 1847-1848.

FROM THE MEDICAL BOARD,

TO THE HON'BLE SIR T. H. MADDOCK, KT.,

*Deputy Governor of Bengal.*

FORT WILLIAM, 27th December, 1847.

HON'BLE SIR,

We have the honor to submit herewith a letter, bearing date 31st instant, received 24th current, from Dr. Esdaile, Superintendent of the Mesmeric Hospital, which has reference to Mr. Grey's letter, No. 2,443 of the 17th ultimo, directing us to call on Dr. Esdaile for a Return of the number of cases which were not admitted to the Institution under his care in consequence of their being unfitted for treatment on the principles pursued there, in order that by comparing it with similar Returns from the other public Medical Institutions at the Presidency, an estimate might be formed of the comparative success of treatment by Mesmeric Agency, and by ordinary professional practice.

2. Dr. Esdaile states that he finds it impossible to supply a statement of the kind required, and gives in his letter his reasons at length for not having preserved any such record.

3. Two Returns are also annexed to his letter, exhibiting, one, the entire number of surgical operations performed from November 1846 to January 1848, the other the number of Medical Cases treated from December 1846 to January 1848.

We have the honor to be,

Hon'ble Sir,

Your Honor's most obedient,

and very humble Servants,

HY. F. HOUGH, *Physician General.*

G. LAMB, *Inspector Genl. of Hospitals.*

*Fort William, Medical Board Office,*

*27th Dec., 1847.*

**Return of Surgical Operations performed in the Calcutta Mesmeric Hospital, from November 1846 to 1st January 1848.**

Diseases.	Admitted No.	Discharged.		Died.	Average period under treatment.	Remaining.	Remarks.
		Cured.	Average period under treatment.				
Amputation of } great toe,..... }	1	1	76	0	0	0	{ This was a boy who had his toe crushed by a boat, and was in great pain, but he was deeply entranced the 1st day, and was operated on the 2d. It weighed 7lbs.
breast, ..... }	1	1	46	0	0	0	
Cartilaginous } tumors of both } ears removed, }	2	2	15	0	0	0	{ One tumor weighed 1 lb., the other 5 oz. The woman was ready the first day, and was operated on the 2d. This man was in great pain, and was entranced the 1st day; he had hardly slept for a year.
Lithotomy, ..... }	1	1	50	0	0	0	
Scirrhus testes } removed, ..... }	1	1	70	0	0	0	{ The parts were highly inflamed and very painful, the man was ready the 1st day, and operated on the 2d. The man was operated on for a scrotal tumor, fever came on and caused sloughing of the testes. He was again entranced in 10 minutes, and the testes were removed, but he died a few days after.
Sloughing testes } removed, ..... }	1	0	0	0	0	0	
Scrotal tumors } removed, ..... }	46	33	87	5	38	8	{ Of all sizes from a few lbs. to 100lbs. one on the 1st day, several on the 2d.
Total,.....	53						
<i>Cases formerly reported.</i>							
Abscesses opened,	5	5	0	0	0	0	
Actual cantery } applied to a } sore,..... }	1	1	0	0	0	0	
A large sore } covered with } muriatic acid,..... }	3	3	0	0	0	0	
Carried over,...	62						

*A Return of Medical Cases treated in the Calcutta Mesmeric Hospital,  
from December 1846 to 1st January, 1848.*

DISEASES.	Number.	Discharged.				REMARKS.
		Cured.	Average pe- riod under treatment.	Relieved.	Average pe- riod under treatment.	
Cervical glands en- larged,.....	1	...	.....	1	37	This girl was dreadfully disfigured, the enlarged glands preventing motion to that side altogether. All medical treatment had been useless. The swelling was reduced two-thirds in 5 weeks, when she foolishly gave up coming to the Hospital. The cure was at least happily commenced by mesmerism.
Cervical glands en- larged and pain- ful with dimness of sight, .....	1	1	2	...	.....	This girl had for a great many years been subject to inflammation of the glands behind both ears, regularly twice a year, and was <i>never</i> relieved without suppuration of first one ear, and then the other. Leeches had been as regularly applied, and her sight had become very indistinct in consequence.
Epilepsy for 19 years, .....	1	1	90	...	.....	The pain and enlargement disappeared in 2 days, and a few more days mesmerising quite restored her sight.
Epilepsy and insa- nity for 2 years, }	1	...	.....	1	16	Time must determine whether this lady is cured of her fits. But they have been suspended for nearly a year, and her condition much improved by being enabled to leave off narcotics.
Epilepsy for 6 years, }	1	...	.....	1	36	I received this man from the Lunatic Asylum. After each fit he had always become insane and violent for 8 or 10 days. He had several fits in my Hospital, but never was insane, or ill after them. He made his escape after 16 days, unluckily.
Epilepsy for 9 years, }	1	...	.....	1	180	This man's fits were suspended, and he insisted on going home.
Carried over,...	6					The fits have gradually become more irregular and less severe. After each attack the left arm was always exquisitely painful, and paralysed for several days. This has not happened lately, and he escaped the monthly attack altogether last time, his case is very promising.

*Monthly Register of Patients treated at the Calcutta Mesmeric Hospital, for the Month of December, 1847.*

*Calcutta, Mesmeric Hospital, 1st January, 1848.*

Date of admission.		Names.	Age.	Cast.	Profession.	Disease.	Cured.	Relieved.	Absconded.	Died.	Remaining.
Months.	Days.										
1847.											
May.	24,	Buddunchunder Chowdry,...	50	Hin. ...	Writer,.....	Hypertrophied Scrotum,	20th,	..	.....	.....	...
June	30,	Chundee Churn Mook, .....	29	Bra. ...	.....	Epilepsy, .....	....	...	.....	.....	...
Aug.	20,	Frankisto Some, .....	27	Hin. ...	Shop-keeper, .	Hypertrophied Scrotum,	30th,	...	.....	.....	...
Sept.	6,	Dabee Ghose, ....	25	Hin. ..	Gowalla, .....	Ditto, .....	15th,	...	.....	.....	...
"	21,	Sk. Gopal, .....	45	M. ....	Tailor, .....	Ditto, .....	25th,	...	.....	.....	...
"	27,	Prankisto, .....	35	Hin. ...	Washerman, ..	Ditto, .....	20th,	...	.....	.....	...
Oct.	28,	Hurry Doss, .....	35	Hin. ...	Labourer,.....	Ditto, .....	.....	...	.....	.....	...
Nov.	8,	Gope Doss, .....	30	Hin. ...	Sirdar Bearer,	Ditto, .....	.....	...	.....	.....	...
"	17,	Fuzle Ali, .....	28	M. ....	Classee, .....	Rheumatism, .....	12th,	...	.....	.....	...
"	20,	Hurrochunder Chowdry, ...	36	Hin. ...	Moherer, .....	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	25,	Chunder Sen, .....	52	Hin. ...	Baruee,.....	Paralysis, .....	14th,	...	.....	.....	...
"	26,	Chunga Sing, .....	30	Hin. ...	Durwan, .....	Rheumatism, .....	31st,	...	.....	.....	...
"	29,	Gooroochurn Sen, (a) .....	40	Hin. ..	Sirkar, .....	Hypertrophied Scrotum,	.....	...	10th	.....	...
"	29,	Bolaqee, .....	35	Hin. ...	Shop-keeper, .	Rheumatism, .....	.....	20th	.....	.....	...
Dec.	1,	Kally Churn, .....	15	Hin. ...	Labourer,.....	Ditto, .....	.....	25th	.....	.....	...
"	1,	Ackberally, .....	30	M. ....	Classee, .....	Paralysis, .....	.....	16th	.....	.....	...
"	2,	Kartick, .....	40	Hin. ...	Labourer,.....	Hypertrophied Scrotum,	.....	...	.....	.....	...
"	3,	Luckynarain Dey, .....	27	Hin. ...	Pedlar, .....	Ditto, .....	.....	...	.....	.....	...
"	4,	Kassanath Ghose, .....	40	Hin. ...	Herdman, ....	Ditto, .....	.....	...	.....	.....	...

(a) Fit to be operated on, but obliged to leave the Hospital on urgent affairs.

to any thing the doctor thought proper. The apparatus for inhaling was accordingly being prepared for use, when he was stated "to have begged off for that day." The form of apparatus intended to be employed by Dr. Esdaile is clumsy and imperfect in construction, and well calculated to secure an unfavorable result. It has been ascertained in Europe that faulty construction, and an imperfect knowledge of the right method of causing the vapour of ether to be inhaled, are among the most frequent causes of its failure; the chief of which, however, is impurity of the agent itself.

**Medical Ward.** The same cases as before, with the exception of the epileptic patient, who, having been threatened with a fit, had been previously mesmerised and was absent.

The tetanic case appears to have improved, the two rheumatic patients to be in *statu quo*.

*Friday, 25th June.*—Lectured from 11-12, and therefore unable to attend.

**Surgical Ward.** *Saturday, June 26th.*—In the surgical ward was an European, who appeared to have suffered for some time from severe rheumatism in the right leg, which he said had derived no benefit from a persevering course of treatment by Dr. Vos. When he first entered the mesmeric ward, the leg was so painful that he could not bear it to be touched: now, after six days abstinence from drugs and subjection to mesmerism, he was nearly free from pain, and could allow the limb to be handled without suffering.

He had previously suffered from a similar attack in which he could not bend the knee, and which had been cured by Dr. Vos.

Only one of the natives with hypertrophied scrotum was being mesmerised, the two others having had febrile attacks, which are said to contra-indicate the employment of this means of producing insensibility.

The solitary patient mentioned, appeared to have become more deeply affected, and did not awake upon plucking hairs from his chest and arms. I made a sustained traction upon the little finger of the left hand, when he immediately awoke. Upon being questioned as to whether any thing had disturbed him, he said no, and in reply to a query as to what awoke him, answered "a noise."

The Portuguese (Mr. Jolly) is said to be strongly opposed to the use of ether, having been dissuaded from its employment by his wife. He exhibits no advance.

**Medical Ward.** The same cases as before, and apparently in the same state.

The tetanic patient was absent walking about, the epileptic being mesmerised. I did not enter the convalescent ward.

**Surgical Ward.** *Monday, June 28th.*—The same Native patient in attendance, and the two others absent from fever. He was readily awoke, and seemed to be less affected than before. Mr. Jolly was suffering from a slight attack of fever, which he states returns at every change of moon. He was wide awake.

**Medical Ward.** The tetanic patient is said to be better, and to be able to extend his right leg more than he could before.

The wound on his head is in a very bad state, pale, unhealthy, extending beneath the scalp, and accompanied with a fetid discharge. The periosteum appears to me to be separated, and the bone to be severely injured. It was laid open by free incisions.

The rheumatic patient declares the pains in the upper part of his body to be diminished, those in the lower half to be as before. Dr. Esdaile was engaged in applying local mesmerism to the wrist when I was obliged to leave. I could not wait for the examination of the case of epilepsy and that of the woman with rheumatic pains and pricking sensations in her legs and feet.

**Surgical Ward.** *Tuesday, June 29th.*—Two of the Native cases of scrotal tumor under the hands of the Mesmerisers. From the noise connected with the administration of ether to another patient, named Rujub, they awoke without any examination, being, in fact, but little affected. The European suffering from rheumatism was present, and said he was exactly as when I saw him last.

Rujub a patient who had previously resisted both ether and mesmerism, and had failed to be affected by either, returned to the Hospital

Some pure ether, prepared by Mr. Robertson, was given to him to inhale, but produced such violent coughing and irritation as to prevent its introduction into his lungs. The apparatus was clumsy and ill contrived, and the gradual inhalation from greatly diluted to pure ethereal vapour was not practised. The individual appeared to have recently taken a full meal, and to have an extremely irritable epiglottis.

He was thrown into the state of trance by Dr. Esdaile, and exhibited the usual phenomena of partial catalepsy, but retained power over some voluntary muscles, and managed when placed out of equilibrium, to steady himself so as to prevent his falling, which

ed immediately to relapse into his former state of passive indifference and repose.

Dr. Esdaile considered him to be quite unconscious and regarded the movements as *automatic*. I cannot coincide in this opinion, and deem him both to have suffered pain and to have been conscious of it, as exhibited by his movements, the expression of his countenance, and ultimately his groans and cries.

I did not wait to see him awake.

The man Rajub, mentioned in my note of the 29th June, appeared to be deeply entranced, and resisted the pulling out of hairs and pricking with the point of a scalpel. He was unable, however, to withstand the repeated shocks of an electro-magnet set in action by two tolerably large cells. The shocks were powerful and rapid.

**Surgical Ward.** *Saturday, July 3d, 1847.*—The man operated on is doing well. Rajub and the other surgical patients awoke up easily.

**Medical Ward.** In the medical ward, in addition to the old cases, there was one of hemicrania, one of paralysis, and one of epilepsy. It was impossible to judge of the progress made in cases so obscure. The old cases appeared to be exactly in the same state as when I last saw them.

**Surgical Ward.** *Tuesday, July 6th.*—One new patient in the surgical ward with a very large scrotal tumor. He appeared to be considerably under the influence of mesmerism although it was his first day, and bore plucking of hairs as well as handling of the diseased part to some extent, before he awoke.

The other cases appear to be in the same state as before.

**Medical Ward.** The same cases in the medical ward, and apparently in the same degree of advancement.

The man with tetanus looks better. He was originally actively treated by Dr. Esdaile for a severe attack of rheumatic fever, without effect, by ordinary means, but on account of the excruciating suffering produced by movement of any kind declined taking purgatives. Upon the failure of the attempt to cure him he went to his own home, whence after an interval of a few days he made his appearance at the Mesmeric Hospital, suffering from a severe attack of idiopathic tetanus.

He was purged freely and then mesmerized, the remainder of the treatment being exclusively mesmeric.

**Surgical Ward.**

*Thursday, July 8th, 1847.*—In the surgical ward was one new scrotal case, which appeared considerably affected from one day's mesmerizing. He bore pricking, plucking of hairs, &c. tolerably well, and when his eyes were opened was supposed to be unconscious, notwithstanding his having changed their axes and directed them towards Dr. Esdaile.

The other patients were absent, with the exception of Rajub who was easily awoke.

A man with a large tumor attempted to inhale the ether, but failed from the irritation which it excited.

**Medical Ward.**

The same cases as before, with two new nervous patients. I could not perceive any change in them, and their own statements are too loose and inexact to be worthy of much consideration.

*Saturday, July 10th, 1847.*—One new scrotal case in the surgical ward, but little affected and easily awoke. The other cases presented no new features requiring record.

In the medical ward appeared to be the same cases, some a little improved, others as they were before.

*Monday, July 12th, 1847.*—In the surgical ward was a new case of diseased testicles, which had been mesmerized for the second time. There was a deep excavated ulcer on the left side of the scrotum, the other testicle was enlarged and hardened, and the man much emaciated and reduced. His arms were cataleptic and he exhibited no sign of sensibility on pricking, &c. Immediately the operation commenced, his countenance became agitated and he moaned throughout. The right arm lay still, but the left, which I held in my hand, was rigid and moved about with rapidity, in the manner of a person wringing the hands. The pulse became low towards the end of the operation, but soon rallied on the vessels being tied. After the operation, the man was quiet and tranquil. I did not wait to see him awoke.

One other patient appeared sufficiently insensible to be operated on, but it was deferred.

In the medical ward the patients appear to be improving.

*Tuesday, 13th July, 1847.*—There were three patients in the surgical ward. One new one, a lad with a fungoid disease of the great toe who slept well, and permitted the diseased part to be examined without waking, although mesmerized for the first time.

A man named Mootee Oollah, whose operation was postponed from yesterday, was examined. His pulse and respiration varied more

*Monday, July 19th, 1847.*—A man with a small scrotal tumor which had ulcerated and who had been subjected to mesmerism only twice previously, was operated on. He was apparently a tolerably healthy, middle aged individual. During the preliminary examination the pulse and respiration were accelerated, and the brows of the individual became strongly corrugated, but he exhibited no more direct and tangible signs of sensibility. The dissection was a tedious and evidently painful one, which was borne without any flinching until towards the end, when the man became restless, moved his arms, and took one leg from the chair upon which it was placed, but immediately himself replaced it. He also moaned, and the muscles of his neck and face were violently convulsed.

I was compelled to leave before the vessels were taken up, and saw no other cases.

*Tuesday, July 20th, 1847.*—In the surgical ward three patients were under the hands of the mesmerizers, all of them scrotal cases. Two awoke readily, the third resisted the two-celled electromagnetic apparatus and pricking with a knife, as well as rough handling of the disease. The tumor was of about two pounds weight, and the penis only partially involved.

The man moved once or twice during the operation and exhibited signs of suffering in the countenance. He did not awake however, and subsequently a hydrocele was opened and the diseased tunica vaginalis of the left testis carefully dissected off without his moving a muscle.

**Medical Ward.** The medical patients are the same as before: they had been mesmerised and dispersed before the operation was concluded.

The convalescent surgical patients appeared to be doing well.

*Wednesday, Thursday and Friday, July 21st, 22d and 23d.*—Engaged on public duty and unable to attend.

*Saturday, July 24th, 1847.*—Three cases of disease of the scrotum undergoing mesmeric manipulation. One man with a very small tumor was operated on, after having been in hospital three days. The dissecting out of the testicles was tedious, and he did not exhibit any external sign of sensibility or suffering from beginning to end. The pulse and heart's action were accelerated at the commencement of the operation, and the breathing became abdominal as well as much increased in frequency. All were restored to their natural standard upon the termination of the operation, which lasted from four to five minutes.

The other man had only been once mesmerized, and suffered throughout the operation. He was brought so far under the influence of mesmerism, that one more trial would probably have rendered him completely insensible.

*Monday, July 26th, 1847.*—Nothing new, the old patients generally getting on well.

*Friday, July 30th.*—Nothing new to record.

(Signed) F. J. MOUAT, M. D.,  
*Visitor, Mesmeric Hospital.*

*The 3d August, 1847.*

(True Copies,)

J. FORSYTH, Surgeon,  
*Secretary Medical Board.*

### **Report for August.**

*Monday, August 2d.*—All the patients in the convalescent ward doing well.

Four cases of the usual tumor under preparation: not much affected yet.

In the medical ward were—a case of neuralgia of the back and breast in an old woman, who said she had already derived considerable relief, a case of rheumatism much as before, a case of epilepsy, and one of double vision as well as of neuralgic pains in various parts of the body; the latter has been long under treatment with decided benefit according to his own statement.

*Wednesday, 4th.*—Three cases of the usual tumor under treatment; all refractory as yet. A new case presented itself of apparently a semi-idiotic individual with double hydrocele, a small enlargement of the scrotum, and a general tetanic affection of the trunk. There was an open wound on each knee, but the individual was unable to give any connected account of himself.

The case was pronounced to be unsuited for mesmerism and directed to be dismissed. I requested that it might be sent to the Medical College Hospital.

I cannot understand why, if mesmerism possesses the power of relieving tetanic spasm and producing insensibility when they exist separately in different persons, it should not be exerted where the two are combined in one system. Dr. Esdaile has not recorded in his published report, nor has he entered in his Hospital Journals so far as I can ascertain, the number and nature of the

cases which he is in the habit of dismissing as unfit for mesmeric treatment. To establish a fair and just comparison between the relative and absolute value of different plans of treatment, all these matters should be candidly stated and fairly recorded.

There are many cases for which medicine and surgery, as ordinarily practised, can do nothing. If mesmerism can relieve or cure these, it is clearly a most valuable and useful therapeutical agent; if, on the contrary, mesmerism is incapable of accomplishing any thing that cannot as speedily and as permanently be effected by ordinary means, the advantage gained by the introduction of a new agent, the nature of which is utterly unknown, and its results apparently as various in degree as the subjects upon whom it is exercised, is more than problematical.

Few diseases exist without complications of one kind or other; and if these interfere with, render inert, or positively interdict the use of mesmerism, the sphere of utility of this agent will be found to be extremely limited.

There were no medical cases present, and I was informed that all had been dismissed for the day.

*Saturday, 7th.*—Visited the Hospital, but arrived too late to witness the removal of a scrotal tumor which had been accomplished. The patient had not awoke, and was lying, when I saw him, in a deep tranquil sleep, apparently undisturbed by dreams and unaccompanied by movements of any kind. A case of diseased testicle and scrotum in an old emaciated man with œdematous legs and feet was rejected by Dr. Esdaile, as unfit for either mesmerism or the knife.

Four new medical cases under treatment, which had been examined before I reached the Hospital.

*Monday, 9th and Tuesday, 10th.*—No case yet fit for operation. In the medical ward, I saw a case of stiff-neck which the patient declared her previous inability to move in any direction for nearly a year. She was then able to bend her head backwards and forwards, and to rotate it to a small extent.

The other cases were chiefly former patients with rheumatism, partial paralysis, epilepsy, &c., all cases of which it is impossible to form any definite opinion from a mere casual inspection, and the patients' loose and confused descriptions.

The rheumatism seemed to me to be following the usual course of that disease when subjected to no treatment.

*Friday, 13th.*—The cases of scrotal disease are all so unyielding and refractory as to lead Dr. Esdaile to believe that they are not

likely to be subjected to mesmerism. Ether had been tried with one, and failed, as might have been expected, from the imperfect nature of the apparatus employed.

Few lungs can bear the sudden introduction of the undiluted vapour of such a powerful substance, without in the first instance exciting irritation.

In Dr. Esdaile's apparatus, which consists of a species of metallic hookah bottom to which the upper part of a Nooth's apparatus is attached, the vapour of ether collects at the bottom of the vessel from its great density, and is at once drawn into the mouth pure and unmixed with atmospheric air.

Even under such unpromising circumstances as this, a little more perseverance in the use of the agent would have produced a tolerance of the vapour of ether, which would then have doubtless exhibited its ordinary effects.

The phenomena witnessed in first attempts to inhale chlorine, ammonia, and other irritant as well as stimulant gases, together with the effects which they produce upon the mucous lining of the nares, fauces, trachea, and bronchi, may be referred to in proof of the accuracy of the foregoing observations.

In the medical ward was only one new case of stiff-neck in a mesmerizer, who, upon being subjected to the influence, was said to have become cataleptic. The phenomena of this state appeared to me to be obscure and unsatisfactory. A case of nervous headache, supposed to be dependent upon the state of the stomach, was dismissed as unfit for mesmerism.

The other patients were much as usual, some better, others with no apparent change about them.

*Saturday, 14th.*—The scrotal cases a little more subdued to-day, two having borne the plucking out of hairs without awaking.

In the medical ward the stiff-necked mesmerizer was able to bend his head, and one of the rheumatic cases walked about tolerably well. I have seen severer cases of both one and the other exhibit the same results from no treatment at all, in the same length of time. I need scarcely add that I consider them both particularly unsatisfactory examples of their kind.

The other patients presented nothing calling for remark.

*Tuesday, 17th.*—Four cases of scrotal enlargement were being subjected to mesmeric influence, and two were supposed to be ready for operation.

One was that of a middle aged respectable looking Babu of stout, robust, and healthy frame, with a large tumor, weighing probably about 80 lbs.

Before the operation his pulse was slow and regular, he was snoring somewhat loudly, and appeared to me to exhibit unmistakable signs of consciousness when pricked with a knife, as exhibited by movements of the hands, the snoring increasing to a moan, performing more than once the act of deglutition, and the expression of pain in the countenance.

Before Dr. Esdaile began I recommended him not to operate, but he was satisfied with the state of apparent insensibility as it then existed, and said he did not expect the man to lie quite quiet throughout the operation.

The tumor was rapidly removed, nothing being saved except the male organ. The Babu appeared to me to be sensible from the commencement of the very first incision, and soon uttered the usual cries of agony of those who suffer intense pain.

The hemorrhage was considerable, and the patient became pale, cold, and nearly pulseless shortly after the removal of the mass.

He had rallied a little when I left about half an hour afterwards.

The mesmerizer (Tameez Khan) told me that the poor man had been considerably agitated the whole morning, as he had heard that this was the day fixed upon for his operation.

*Wednesday, 18th.*—Arrived too late to see any of the patients examined.

The Babu operated on yesterday has rallied wonderfully, and appears to be doing well. His state, I am informed, fluctuated several times, and he more than once appeared to be sinking, but from about 5 o'clock this morning he began to mend, and now appears to be cheerful and in a promising way.

Dr. Esdaile mentioned to me that his state had been identical with that of Shaikh Maick, that the wandering delirium apparent yesterday was entirely effaced from his recollection, and that he now declares himself to have been unconscious of suffering at the time of the operation, and to recollect nothing about it.

I cannot possibly coincide in the accuracy of this view. The attitudes, gestures, expressions of intense agony, hopeless feeling of despondency in declaring himself to be dying and requesting that he might be taken to the ghaut, as well as every other circumstance connected with the patient, proved him, in my opinion, to have been in full possession of the powers of consciousness, and to have suffered as acutely as any person I have ever

arriving at any other conclusion, than that he underwent an unusual amount of suffering during the operation, and that he was fully conscious of the same *at the time*.

The perceptions of pain are undoubtedly seated in the *sensorium commune*, and the only method of explaining their absence in the present instance, appears to me to be by the application of the principle adopted by Locke with reference to personal identity, viz. that it consisted in remembrance; from which it follows that a man must lose his identity with regard to every thing he forgets.

So in respect to pain, if the case above narrated possesses any degree of truth, pain must consist in remembrance, and a man can have suffered no torture with regard to every degree of agony which he has forgotten, from whatever cause it might have been produced.

If I understood Dr. Esdaile rightly, the phenomena exhibited in this case presented also a considerable degree of analogy to those seen in *Myzodeen*, whose case is recorded in pages 56, 57 and 58 of the first published half yearly report of the Mesmeric Hospital, viz. that the mesmeric alternated with the natural delirium, and that both were accompanied by intervals of complete consciousness and a rational state, and that *all* these conditions were followed by oblivion of each and all of their several occurrences upon the final waking of the patient. There is something so contradictory and so incomprehensible in all this, that I am unable to understand it. That the occurrences of the condition of delirium, whether mesmeric or otherwise, may be effaced and produce no permanent impression can be readily understood, but that those of what may be termed a "lucid interval" are equally evanescent and shadowy, is opposed to common sense, and subversive of all our present knowledge upon the subject.

The enquiry is confessedly one of great difficulty, and therefore requires the exercise of a corresponding degree of caution either in admitting or denying the statements that are advanced concerning it. "Success in an enquiry of this kind," says an elegant and acute writer, "it is not in human power to command, but perhaps it is possible by caution and humility to avoid error and delusion. The labyrinth may be too intricate and the thread too fine to be traced through all its windings, but if we stop where we can trace it no further, and secure the ground we have gained there is no harm done. A quicker eye may in time trace it further."

*Thursday, 19th August, 1847.*—The Babu appears to be doing well, and has a cheerful contented look.

The medical cases were of the usual kind, and need no special remark.

Three cases of the ordinary scrotal enlargements were undergoing the mesmeric process, and all readily awoke.

*Saturday, 21st.*—Five scrotal cases in the preparation ward, all easily awoke. One man had a partial obscurity of vision upon first opening his eyes, but it rapidly passed away.

In the medical ward were the usual cases, with one new neuralgic patient.

The old case of rheumatism in a scrophulous subject with the formation of abscesses and metastasis from one joint to another, was ordered to be discharged for admission to some other hospital, as he now required only diet and regimen to complete a cure for which mesmerism could do no more.

I have carefully watched this case throughout, and am decidedly of opinion that mesmerism has done nothing for it, that the disease has run its natural course unaided and unchecked, and that under the usual method of treating such a case, the patient would much more rapidly have experienced relief than he has done from the uncontrolled collection of unhealthy matter, and its evacuation by operation. He is now thin, reduced, and in nearly as bad, if not a worse state, than when I first saw him, with the exception of no longer suffering from the acute pain that accompanied the early stages of the disease.

*Monday, 23d.*—The same cases under treatment, and I could see no appreciable difference in their state.

Four cases of scrotal enlargement in the preparation ward. One only exhibited any signs of being under mesmeric influence, and in him they were developed in a minor degree.

This individual also seemed to present some obscure signs of the cataleptic condition, not sufficiently marked to need any detailed notice.

One experiment performed by Dr. Esdaile and the conclusion which he derived from it, appeared to me to be erroneous, and to be founded upon imperfect observation. A two-celled magneto-electric apparatus was charged so as to develop a rapid, but by no means powerful current of electricity. The opposite poles were placed in the hands of the patient, and his fingers were bent lightly round but *did not grasp* them. As might have been expected, and as would occur under similar circumstances in persons not under mesmeric or any other influence, the moment the circle was completed and the current traversed his frame, he raised his fingers and hands from the holders. This Dr. Esdaile

regarded as an opposite condition to the forcible and involuntary tenacity of the grasp, which characterizes the same experiment as performed under ordinary circumstances. He denominated it a state of *repulsion*, to distinguish it from the condition of *attraction* usually seen. The experiment as performed warranted no such conclusion, for being unconvinced by reasoning of so loose and unsatisfactory a nature, I requested Dr. Esdaile to re-establish the current, and attempted to make the man grasp the handles, which he resisted quietly, resolutely, and effectually, as if conscious of the unpleasant nature of the effects that would ensue. Had his hands been firmly fixed, instead of being lightly and imperfectly in contact, and had they been confined with a wet cloth, I am quite convinced that no repulsion would have been exhibited other than the natural repugnance of the patient to the process. The charge of the two cells was one which I could have sustained easily even with firm grasping of the hand, and was insufficient for the object desired, the solution being weak, and the action very gentle upon this occasion, as I ascertained by examination after the contact was broken, lest I might have been mistaken, for the same amount of metallic surface with brisk action, is quite capable of producing a most painful current.

In the medical ward I saw nothing new.

*Monday, August 30th.*—Two new scrotal cases under treatment with no perceptible effect as yet, the others are in *statu quo*.

In the medical ward there was nothing new, nor did I see any thing requiring remark in the old cases.

(Signed) F. J. MOUAT, M. D.,  
Visitor, Mesmeric Hospital

(True Copies,)

J. FORSYTH, Surgeon,  
Secretary Medical Board.

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*From Assistant Surgeon F. J. Mouat, M. D., Visitor, Mesmeric Hospital, to the Secretary to the Medical Board, dated 28th September, 1847.*

SIR,

As I am ordered up to Hooghly at day-break tomorrow morning, to superintend the annual examination of the College of Mahomed Mohsim, which will last for eight consecutive days, I shall be unable to revisit the Mesmeric Hospital during the remainder of the present month.

the liberty of mentioning some of them in connection with the experiments in which they assisted.

Plasters had been placed over the eyes of the individual so as effectually to exclude the light, and therefore to intercept the power of vision. The patient was stripped to his dhotee, and placed upon a stool in the centre of the railed quadrangle which is set apart for the performance of surgical operations.

Dr. Esdaile read from a paper the programme of his intended proceedings, stating that although Myzooddeen was highly and peculiarly susceptible of mesmeric influence, he could not undertake to decide positively upon the nature and extent of the results that would ensue, as the subject was somewhat new to himself, and the experiments performed under novel circumstances. This I took to be the meaning intended to be conveyed by his address. He then proceeded to state that he would mesmerize particular parts of the body in succession, so as to produce local and isolated results, such as rigidity, insensibility, the greater or less diminution of the various faculties of sense, &c., the remainder of the body and system being unaffected.

The sequence of these events was to be decided by any of the spectators, and if possible, in a language unknown to the person to be operated upon. English was adopted as the medium of communication, from a belief that he was entirely ignorant of that language, an assumption which there was, subsequently, some reason to believe was ill grounded.

The first experiment was fixing the right arm and hand, which was accomplished in a few moments. The man was desired to remove the arm from the knee, but was apparently quite unable to do so. He was then told to raise the leg, but this also seemed impossible, as it had apparently become involved in the influence.

The muscles of the shoulder and upper arm were flaccid and pliable, the flexor muscles of the fore-arm and fingers alone were rigid, for I felt the whole of the fore-arm and ascertained that the extensors and supinators were soft and apparently in a natural state. The fingers were fixed lightly around the knee, and upon Mr. Halliday and Dr. Jackson's attempting to raise them and handling them in as quiet and gentle a manner as possible, the man shrieked as loudly and exhibited as intense an expression of agony in his countenance, as if the phalanges were undergoing amputation: indeed I have seen many cases of amputation of the fingers and toes, crushed and painful, without the manifestation of one-half the suffering ostensibly exhibited by Myzooddeen. Dr. Esdaile strongly and earnestly begged that such cruel and

barbarous trifling with the feelings of the unfortunate victim might be desisted from. Dr. John Grant then stepped forward, pretending to be busily engaged at the left hand and arm of the patient and making a few passes over them, when, apparently to his surprise, the left arm and leg took on the rigid form, and refused to obey the voluntary efforts of the khitmutgar or the repeated injunctions of the by-standers to remove them. Every attempt to raise these also caused excruciating agony, energetically interdicted by Dr. Esdaile. At this time Mr. Halliday bent his body forwards and both his (rigid?) elbows bent easily.

The man's pulse at this time was quick and small.

Dr. Jackson proposed raising him bodily from his seat for the purpose of better ascertaining the real nature and extent of the assumed rigidity, but Dr. Esdaile objected to it as it might (I believe had, he said, on a former occasion) produce violent and agonizing convulsions of the whole trunk, and he declined being responsible for the result. Dr. Jackson undertook the whole responsibility of the operation and attempted to raise him accordingly, in which he had only very partially succeeded, if he did so at all, when the screams of the sufferer and Dr. Esdaile's alarm and agitation induced him to desist.

No convulsions resulted as had been apprehended, and the khitmutgar was immediately restored to his former equanimity. The arms were then demesmerized, and the man complained only of pain in the loins. While the left arm was being freed, the right having previously been let out of bondage, I attempted unsuccessfully, I verily believe only because unknown to the patient, to mesmerize it by making many times more of simple passes over it than had succeeded with Dr. Grant on the other side. Dr. Esdaile stopped my proceeding under the plea of its interfering with him, and because such antagonism could not exist in the system at the same time: a conclusion, which if correct, essentially vitiated his own results—for as the two arms are independent of each other, and derive their nerves from different sides of the spinal cord, the affection of the one ought not to influence the other, as in the case of the first experiment performed, wherein the right arm was fixed while the left remained free, movable, and in its normal state.

I have no doubt whatever that the whole of the effects above mentioned were feigned. The man was perfectly aware of what was being done; the movements of the mesmerizing and demesmerizing processes were audible; and the amount of apparent agony quite incommensurate with the causes from which they seemed to result.

The next experiment was that of fixing the neck, which was accomplished in an equally unsatisfactory manner by means of passes and breathing upon the skin, and was so analogous to the former in its fallacies and sources of error, as to need no further detail.

Upon some one proposing to bend his head forward, Dr. Esdaile exclaimed that his neck would be broken, and that he would not be responsible for the result. I immediately enquired as to what parts had really been mesmerized, for breaking the neck under such circumstances I regarded as a physical impossibility. If the muscles of the back and neck which draw the head backwards had alone been influenced, and these alone were rigid (with the exception of those of anterior aspect of the neck which were in the state of antagonism,) the worst results that could ensue would be the laceration of a few muscular fibres.

If the cervical portion of the spinal cord and the medulla oblongata were *paralyzed* (and this was the expression made use of by Dr. Esdaile in reference to the other parts of the body) respiration and the heart's action ought to have ceased, and the poor man would indeed have become the victim of a cruel experiment—but no such appearances were presented and no such risk incurred.

The organs of sense were then tried, that of smelling being first subjected to experiment. A bottle of the carbonate of ammonia of the shops was placed to his nostrils: he bore it for a moment or two, and then expressed pain, which he first referred to his nose and ultimately to his throat and abdomen, as elicited by Mr. Mytton; on no occasion did he attribute it to or speak of a warmth in his chest, as evidently expected by Dr. Esdaile, who more than once requested that the direct question might be asked, which it was, without eliciting the anticipated reply. Had he complained of heat in the chest I should certainly have discredited his statement, for any attempt to inhale or inspire the ammonia would have excited its usual effects upon the epiglottis, and as the nerves of respiration were not mesmerized would have caused the convulsive breathing and cough that invariably attend upon the attempt to introduce irritant gases into the lungs.

The ammonia was very weak: I bore it for a much longer time than Myzooddeen without causing any pain or further effect than slight lachrymation, my eyes being just now rather weak from constantly reading and writing for some hours every night by candle-light.

The next experiments were upon the organs of hearing: these were alternately and simultaneously mesmerized, and each time

the hearing of one or both ears was affected in no great degree of intensity, for he was able throughout to hear what was said to him, and carried on a conversation in Bengallee with Mr. Mytton, who was requested to engage his attention.

While this gentleman was so employed, he attempted to raise the man's hand and arm, which produced a remonstrance from Dr. Esdaile, accompanied with a declaration that the sense of touch had no relation to that of hearing then under investigation.

The only evidence of the diminution of the power of hearing that was afforded, was by the declarations of the individual experimented on, and the means usually resorted to for the purpose of ascertaining the presence or absence of deafness in malingerers, were not applied. I suggested that a pistol should be fired off behind him, when the sense appeared from other experiments to be partially or completely deadened by long continued mesmerizing of both ears, but my proposal was rejected as altogether inadmissible, upon grounds which I do not clearly understand. Works on medical jurisprudence and treatises on feigned diseases abound, with examples in which every means have been tried for the purpose of ascertaining the fact, and I am not aware that where they are sure to be productive of no injury to the individual, that they have ever been objected to. The discharge near the individual of some detonating compound from a pistol, has frequently been resorted to in such cases.

While the auditory nerves, however, appeared to be refractory and unyielding, the superficial branches of the cervical plexus were readily affected, the head was drawn violently to one side, and that side became instantaneously insensible to pricking and severe pinching.

The sensibility or insensibility of various portions of the integument had been made matters of experiment during the course of the other proceedings, generally with the result that pricking and pinching of the surface to any extent caused no exhibition of sensibility or suffering, while the most gentle attempts at traction, or the removal of affected parts from their fixed positions, excited manifest and noisy exhibitions of suffering.

The subject of insensibility alone now became the object of examination; Dr. Esdaile proposing to render any particular portion of the skin on any part of the body insensible, without the patient's being aware of the spot selected. So long as the man was conscious that Dr. Esdaile was near him and could ascertain the probable parts affected, the experiments were completely satisfactory and successful. The mesmeric passes and breathing could be distinctly perceived, and the exact region over which they were practised easily

ascertained. Pricking, even to the running of a gold breast-pin deep into the true skin, was borne without flinching, and inflicted by the insensible subject upon himself with a degree of calmness and absence of agitation that might have excited the admiration and envy of a Stoic or of a North American Warrior. Mr. Hume pinched the pinna of the ear until he nearly forced his nails through it, and actually removed a minute portion of skin from the back of the neck, without causing the slightest visible perturbation or distress. It was then suggested by Mr. Hume, I believe, that the party should disperse and carry on a conversation upon indifferent subjects, and that the patient should be given to understand that Dr. Esdaile was absent, all of which was exactly performed. Dr. Esdaile then came quietly and without speaking behind the man, and mesmerized the back of the right shoulder and cervical region for a considerable length of time (very much more than had been previously sufficient to produce the utmost intensity of effect that had been observed,) but without any appreciable result, the sensibility being as complete in that as in any other part of his body that was tested by Mr. Hume and myself. The result of this *experimentum crucis* appeared to stagger the belief of even those who had held out thus far.

*Myzooddeen* now begged piteously that the plasters might be removed and his eyes opened, and upon Dr. Esdaile's proceeding to remove them carefully and slowly by one corner, which adhered to the left eyebrow, the man groaned and stated that it pained him. He was then mesmerized by Dr. Esdaile, and the plasters were removed at once and with rapidity without extorting any evidence of suffering. The eye-lids were found to be firmly closed and resisted every attempt which he (*Myzooddeen*) made to open them upon being requested to do so, the usual mesmeric trembling, corrugation of the skin of the fore-head, and firm adhesion of the lids being seen.

Mr. Hume, Mr. Simms, and I believe one or two other gentlemen besides myself, attempted in vain by every demesmerizing and other process to open them. Water, a powerful demesmerizing agent, was thrown upon his face and poured upon his head, with no other result than that of causing a very perceptible downward movement (depression) of the upper lid, which it had hitherto been found impossible to induce him to raise. Mr. Hume opened his eyes to ascertain the state of the globe and pupil, both were found to be in a natural condition. The admission of light I had heretofore been accustomed to regard as a certain and speedy demesmerizer, but it now produced no effect. He was told that Dr. Esdaile had again gone away and would not return for a couple of hours, and that he would be left in his

present condition. All was in vain, and he begged and implored that his own doctor might return, as he alone could restore him to sight. Dr. Esdaile accordingly after some hesitation and protesting against any inference that might be drawn from it, as well as declaring that he expected considerable labor and difficulty in accomplishing the result, complied with his request, and one or two rapid transverse passes with about as many quick blowings upon the closed lids opened them, to the full conviction and satisfaction, I believe, of most of the spectators then present, that Myzooddeen was a clever, and had very nearly proved a successful, IMPOSTOR.

During the course of the conversations which were held with him, it was elicited that he had been a pilot's khitmutgar, and although he stoutly denied the fact, there was reason to believe, from the known peculiarities of almost all ship-board servants, that he understood English. He more than once prevaricated in his account of himself, and to prove to me that he did not comprehend English, stated that he had only been in the service of his last master, a pilot, a few months. A little further questioning extracted the information, unwillingly yielded for he was cunning enough to see that it would damage his character for trustworthiness and veracity, that he had been for longer periods in the service of other pilots.

To attempt to establish any scientific fact upon the evidence of a witness so little deserving of trust, appears to me to be essentially unphilosophical and inconclusive.

The early experiments of the sitting, and those relating to extinction of sensibility and loss of the power of hearing in one or both ears, were not sufficiently tested completely to prove their accuracy or fallacy, from Dr. Esdaile's extreme fear of injurious consequences resulting to the individual, in the first instance; and in the experiments upon audition from the utterly unsatisfactory nature of the tests employed.

Their truth could only therefore be established upon the testimony of a worthless witness, and from the undue exhibition of suffering manifested by manipulations which could barely have produced the same effects upon an organ or limb in a state of active inflammation.

*Friday, September 3d.*—It was the opinion of some gentlemen present during the first part of the proceedings "that the "unfortunate patient was handled with a degree of roughness, "which made them apprehensive of serious consequences." This appeared to me, and I was close to the patient when some of these so-called cruel experiments were performed, to be a complete

fallacy, of which there was no more satisfactory proof than the cries of the pseudo sufferer, and the distress which they produced in the feelings of those who sympathized with his apparent agony.

With the single exception of Dr. Jackson's attempt to raise him from the stool, (and even this was unaccompanied by any violence) the effects made to raise his fingers and hands were of the most gentle nature it is possible to imagine.

In my own case, I can declare that I merely firmly touched the lower surface of one of his fingers without attempting to raise it, when he groaned and I immediately desisted. He, subsequently, when experiments were being performed upon other parts of his body to which his attention was then evidently directed, and when his whole frame was declared to be influenced and his knees were just as firmly grasped as at first, permitted the entire hand and wrist to be raised with some muscular resistance on his part, but no expression of pain, as I ascertained personally by repeating the experiment two or three times.

It was subsequently suggested, and seemed to be desired by some of the early spectators, "that the operator should, in all his experiments, be left entirely without interruption; that his allegations should be carefully noted and compared with the occurrences, and that every test of supposed collusion or imposture should be reserved for a second experiment, after the facts observed had been in the first instance carefully recorded."

This line of argument does not appear to me to be perfectly sound and free from objection. In the first place, with the exception of my unsuccessful attempt to mesmerize the right arm while Dr. Esdaile was demesmerizing the left, and from which I immediately desisted when it was objected to as an interruption and undue interference, I am not aware that Dr. Esdaile was in any way interrupted in the performance of his experiments. He very properly stipulated that he should first perform his experiment, and that its results should then be subjected to investigation; the former condition was strictly complied with, but the latter was very imperfectly effected in consequence of objections on the part of Dr. Esdaile himself.

Surely no one is bound in cases of this kind to trust to the unaided evidence of the sense of sight, for to enable him to arrive at any just conclusion, he should be permitted to analyse the apparent fact in any way which may appear to him to be most satisfactory and to be best calculated to elicit the truth, as well as to correct the errors of one sense by the evidence of another.

As well might a spectator be called upon to surrender his judgment to the sleight of hand of a conjurer, because his sight is not

sufficiently perfect to enable him to detect the source of the delusion which he knows to exist. To decide upon the accuracy of a primary experiment, by the subsequent performance of another apparently identical with it, would be objected to by the mesmerizers themselves, and I think with good reason, inasmuch as with so subtle and protean an agent, it would be in the present state of knowledge impossible to declare that the requisite conditions had been so fully complied with in the second case, as to be in every way correspondent with those that produced the first result.

The proceeding itself, in addition to this objection, is not requisite, for the persistence of the phenomena in each case depends upon the will of the mesmerizer, and may be prolonged for any length of time that may be deemed necessary for the performance of test experiments, which ought therefore to be instituted at once, when no objection can be raised as to the reality of the appearances presented and then existing.

I have been thus particular and minute in recording the results of this case, because it presents many interesting circumstances, which, if accurately established, might have been useful in future investigations, and because it throws a new light upon several doubtful points in other cases, and proves that the greatest degree of caution is requisite to detect and discriminate the limits between error and truth, as well as completely justifies the hesitation with which all so-called facts ought to be received that militate alike against the doctrines of common sense and reason, that are in direct opposition to all the known laws of nature as ascertained from the study of the structure and functions of the human body in health and disease, and that in their occurrence present irreconcilable contradictions.

*Saturday, 4th September, 1847.*—In the convalescent ward the few cases remaining were recovering rapidly.

Seven scrotal cases under preparation: only one affected and that very slightly.

In the medical ward, which I have not visited for some days, were several cases.

One of neuralgia of some of the branches of the right supra-orbital nerve, of short duration but great intensity, lasting day and night and producing complete insomnia. He was directed to be thrown into the mesmeric trance.

The old epileptic patient had a fit last night, but it was single, not as generally occurs, a succession of fits, and was less in intensity. It took place a week before its period of recurrence, and

the painful affection of the left arm was also stated to be less in degree. Another epileptic case had just been admitted.

The old ayah with stiffness and enlargement of the elbow-joints is decidedly better: the swellings are softer and she can nearly permit the arms to be straightened without complaining of pain. Tameez Khan, who has been mesmerizing her, told me that he united this agent with passive motion in the treatment.

A new case of deafness or rather of ringing of the ears which prevents sounds from being distinguished, giddiness, and apparently rheumatic pains in the upper extremities, was being mesmerized. No effect has yet been produced.

A Jew was also in the Hospital, who stated that he had been ill for nearly three months, and had lost the power of sensation in the lower half of his body. He appears to have regained it in three days, and now complains of pain in the loins and in the groins from enlarged glands. He mentioned that he had been unable to walk without a stick since the commencement of his illness, and that he had felt considerable relief since his admission to the Mesmeric Hospital.

*Tuesday, 7th.*—Arrived at the Hospital at a quarter to twelve, and found most of the patients examined: Dr. Esdaile stated that he had found the sensibility of the patients to vary so considerably as to induce him to believe that some were left too long without being subjected to examination, when a portion of the influence had begun to pass off, he had therefore determined to test them at an earlier hour.

One new patient with a small scrotal enlargement was being tested when I entered, and resisted pricking, pinching, and the pulling out of hairs without waking. There was a rapid trembling of the eyelids and eyebrows, increased when the scrotum was pricked and the testicle squeezed, and accompanied with a violent contraction of the brow. The arms seemed to be partially cataleptic, and the breathing fluctuated in fulness and frequency. He did not awake, that is to say, open his eyes, but I am of opinion that he was conscious during the examination and testing. He had only been mesmerized for the second time.

The Jew was called in and questioned, when he declared himself to be better, and to be able to walk without a stick, which he did in our presence. His account of himself was a good deal confused and contradictory. He still complains of a dragging pain in the groins, and says that the pain in his loins has entirely disappeared.

The other cases had all been dismissed for the day.

The Jew appears to be in much the same state as when I saw him last, the pain in the loins having returned and the pain and swelling of the inguinal glands being undiminished.

Sub-assistant Surgeon Sussibhooshun Seal, who mesmerized the man operated on two days ago, informs me that he (the patient) was quite sensible a very short time before he was examined, and shrank from even the passing of a fly over the surface of his skin.

He also told me that he cried out during the tying up of the arteries after I had left, but upon being questioned declared that he had felt nothing during the operation, his sensibility having been restored by the pain caused by the application of ligatures to the vessels.

*Monday, 13th.*—The surgical cases are still but little affected.

In the medical ward, the Jew declares himself to be a little better, but appears to me to be in much the same state; the epileptic cases are said to have improved, inasmuch as the usual monthly fit of one of them did not return at its regular time yesterday; the deaf man is as deaf as usual; the ayah with enlarged and stiffened elbow joints seems to be much as she was when I last saw and examined her; and the other cases need no particular remark.

In the convalescent ward, one poor man had sloughing of the urethra and perineum to such an extent as to oblige Dr. Esdaile yesterday to remove the testicle which had heretofore been saved. He was, it was mentioned, easily entranced in about ten minutes, and the parts removed without any exhibition of consciousness or suffering on his part.

One of the cases in the surgical ward Dr. Esdaile stated to exhibit some remarkable peculiarities, being rapidly and perfectly entranced, but the condition of insensibility passing off so quickly as to render it impossible at present to do any thing with him.

The man with severe *tic* had left the hospital, having been apparently unwilling to submit to further treatment. In this respect Dr. Esdaile has to contend against disadvantages in the persons of some capricious natives, which must not only embarrass his practice, but render it difficult to say how far such cases might or might not have benefitted by mesmeric treatment.

All native hospitals however labour more or less under the same disadvantage, many natives being impatient if not rapidly cured, and most somewhat erratic in their propensities.

*Wednesday, 15th.*—The surgical cases under preparation, with one exception, awoke easily.

In regard to the case mentioned in my notes of Monday, Dr. Esdaile stated that he did not feel justified in subjecting a man with so small a tumour to the risk attendant upon its removal. He therefore entranced him, evacuated the contents of his hydrocele, and injected the tunica vaginalis very rapidly without eliciting any indication of feeling or consciousness in the individual.

The man whose testicle was removed on Sunday, died yesterday.

A case of scrotal enlargement with considerable ulceration of the surface produced by the application of the milky juice of an euphorbiaceous plant, was yesterday transferred to the Native Hospital, there being no reasonable hope of subjecting the sufferer to mesmeric influence in time to admit of the diseased mass being removed before mortification has set in.

In the medical ward there was nothing new to record beyond passive motion of the hip-joint having been ordered for the Jew, whose groins are still painful, and who continues to complain of suffering in his loins.

*Monday, 20th.*—The patients under preparation for operation are progressing satisfactorily.

Three epileptic cases in the medical ward, one new and of a very severe form in a painter, whose means of livelihood are injured by the severity and frequency of the fits. He has been too short a time under treatment to admit of any appreciable improvement.

A case of muscular pains in the back of a writer, which prevented his stooping to his work, and which, from his statement, appears to have been nearly removed by three days of mesmeric treatment.

Two cases of rheumatic affections of the arm appear gradually to be recovering.

The deaf man is as deaf as ever.

The same cases in Hospital.

*Tuesday, 21st.*—The Babu who has been so long under preparation appears at length to be yielding to the mesmeric influence. He resisted pinching of the nipple, the plucking out of hairs, and a tolerably strong and rapid current of electricity without waking, and was at last roused by pricking with a gold pin. When sensible he was unable to bear the electric shocks without suffering and distress, although they were not powerful enough to cause me any particular annoyance.

The medical cases exhibited no new phenomena. The man with muscular pains in the back represented them as having lasted

for four months, and stated that he was able to bend his back in the morning, but that after a hard day's writing it became exceedingly painful, and he had it regularly shampooed to afford him rest and freedom from pain. Since his entrance into the Mesmeric Hospital he has ceased to write or strain the muscles of his back in any way, and now professes to have received a considerable amount of relief.

The stiff arms seem to be much in the same state as before, and I saw no difference in the other cases.

*Thursday, 23d.*—Three scrotal cases under preparation, two of them new. The Babu mentioned in my last report had been placed in the operating room, since which he has been much less affected, probably from the natural excitement caused by knowing that this proceeding is the prelude to operation; he complains of severe pain in the nipple, caused by its being frequently pinched to ascertain his state of insensibility.

One of the new cases, a Mahomedan, an elderly tailor from Mirzapore, with a tumor moderately sized of about 30 years growth, was so deeply affected on this his second day as to resist pricking, pinching, a rapid and strong current of electricity, and the violent throwing up of his arms and legs without waking. His pulse was soft, full, and free from agitation; his breathing almost entirely abdominal, but characteristic of the most profound repose; and his arms and legs were partially cataleptic. The eyelids were firmly closed, and required some degree of force to raise them, the brow was corrugated and the anterior muscles of the neck were rigid.

There is a large cicatrix on the right side of the scrotum, and apparently a double hydrocele with the usual thickening and enlargement. He continued to sleep after being examined and was left in that state.

The remaining case was little affected.

In the medical ward were exactly the same cases as before. The writer with lumbar pains declared himself to be completely cured, the other patients presented no peculiarities or progressive signs of amendment that need record.

The painter suffering from epilepsy described his fits as coming on after intervals of seven days, during which he was well in every respect. The first fit was usually violent and lasted for more than half an hour; they then recurred daily for some days, the stage of insensibility occupying but a few minutes and gradually decreasing in intensity, until they disappeared, leaving him

most implicit faith in witchcraft, magic, the power of spirits and demons, and the efficacy of charms and incantations.

A recent and striking example of this occurred in the person of my head table-servant, who was accidentally bitten in the foot by a dog in the Dhurumtollah Bazar. The part was immediately cauterized and every precaution taken to prevent the absorption of any morbid matter, but it preyed so strongly upon the man's mind as to reduce him in the course of a few days, almost as much as the most acute attack of fever or dysentery could have done. I tried in vain to assure him that the dog was not mad, and that no bad results would ensue, but he was evidently so depressed and thoroughly frightened, as to lead me to entertain some fears for his life.

At the end of about ten days he told me that he had heard of a magician in the neighbourhood of Hooghly, who was celebrated for charming snake-bites and preventing hydrophobia, and requested three days leave to give him a chance of life, as he felt quite sure that he should die of hydrophobia if he remained in the state in which he then was. The leave was given, and he returned at the end of the appointed time as well as he ever was, nor has he since had in six months the return of a single bad symptom. The conjurer merely administered to him a single dose of some aromatic substance resembling pepper in a small quantity of water.

He is an individual of more than the average intelligence of his class, and a fair type of the state of feeling in Bengal in regard to the "influence of supernatural powers in the prevention and cure of disease."

Most of the patients who resort to Dr. Esdaile's hospital, are 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*.

That this amount of faith and belief is capable of effecting the cure of many functional disorders of the nervous and vascular systems, we have abundant evidence in the authentic records of the effects of bread-pills, coloured solutions of inert substance, and similar placebos, and even in formidable diseases attended with organic changes, a similar result has occasionally ensued.

The following anecdotes extracted from the Pharmacologia of Dr. Paris, well exhibit the truth of the above statement.

“In the celebrated siege of Breda in 1625 by Spinola, the garrison suffered extreme distress from the ravages of scurvy, and the Prince of Orange, being unable to relieve the place, sent in by a confidential messenger a preparation which was directed to be added to a very large quantity of water, and to be given as a specific for the epidemic; the remedy was administered, and the garrison recovered its health, when it was afterwards acknowledged that the substance in question was no other than a little colouring matter.”

“In my Life of Sir Humphry Davy, I have published an anecdote which was communicated to me by the late Mr. Coleridge, and which bears so strikingly upon the present subject,\* that I must be excused for repeating it. As soon as the powers of nitrous oxide were discovered, Dr. Beddoes at once concluded that it must necessarily be a specific for paralysis; a patient was selected for the trial, and the management of it was entrusted to Davy. Previous to the administration of the gas he inserted a small pocket thermometer under the tongue of the patient, as he was accustomed to do upon such occasions to ascertain the degree of animal temperature, with a view to future comparison. The paralytic man, wholly ignorant of the nature of the process to which he was to submit, but deeply impressed, from the representations of Dr. Beddoes with the certainty of its success, no sooner felt the thermometer under his tongue than he concluded the talisman was in full operation, and in a burst of enthusiasm declared that he already experienced the effect of its benign influence throughout his whole body. The opportunity was too tempting to be lost. Davy cast an intelligent glance at Mr. Coleridge, and desired his patient to renew his visit on the following day, when the same ceremony was performed and repeated every succeeding day for a fortnight, the patient gradually improving during that period, when he was dismissed as cured, no other application having been used.”

Dr. James Gregory used to relate in his lectures an instance of the power of the imagination in influencing the operation of a medicine, which may be here aptly introduced.

“One of his pupils, who laboured under fever, being unable to obtain any rest, was told that an opiate had been prescribed for him at bedtime; but the student misunderstood the doctor, and supposed that he was to take a purgative. Accordingly when the physician saw his patient on the following morning and inquired whether his opiate had procured for him any sleep,”

\* Superstition.

"Opiate;" exclaimed the patient, "I understood it was purgative, and very actively has it operated, and I am much relieved by it."

Upon discussing this subject a few days since with a gentleman in this city, who was a distinguished Wrangler of Trinity College, Cambridge, and is well known for his eminent acquirements, he mentioned to me a singular instance of the effect of imagination in his own case. During his childhood he entertained a deep rooted disgust for castor oil, which he was in the habit of taking floating on sherry and swallowing at a gulp with his eyes shut, to save himself from the nauseating sensation caused by even the sight of the oil. It once happened that he was sick on the 1st of April, and his brothers and sisters to amuse themselves at his expense upon a day which is occasionally consecrated to acts of folly, gave him a glass of sherry *without* the oil, which he swallowed as usual without venturing to look at it. It operated as fully as any genuine dose he had ever taken, and he only learnt afterwards the trick which had been played upon him.

That pure imagination or some such influence has produced much of the apparently curative result in many if not in most of the medical cases which have derived any appreciable benefit, I am strongly inclined to believe, from a statement made to me by Sub-Assistant Surgeon Tameez Khan, a graduate of the Medical College, who with others was placed by order of Government, at the recommendation, I am told, of the Medical Board, under Dr. Esdaile, with a view to render them practically acquainted with mesmerism, and its modes of application as a medical agent.

He (Tameez Khan) stated that during the time he was so engaged, a period extending over nearly two months, the young mesmerizers were constantly in the habit of falling asleep very shortly after the doors were closed, a result not to be much wondered at when the heat and quietude of the darkened chamber, with the powerfully soporific influence of the unvaried movements of the hands and arms are considered.

The period of visiting and examining the sick was known from the movements in the adjoining rooms and the opening of the doors, when the sleepy mesmerizers shook off the influence of the drowsy god, and appeared active and alert in their operations.

*Saturday, 25th.*—The medical patients were not examined, Rajub and the Babu awoke readily, the latter declaring that he could never sleep towards the full of the moon.

The old man from Mirzapore was operated on. Upon being tested his breathing became audible and accelerated, but his pulse was natural and quiet, and he exhibited no other signs of consciousness.

FROM ASSISTANT SURGEON F. J. MOUAT, M. D.,  
TO SURGEON J. FORSYTH,

*Secretary Medical Board.*

*Fort William, 1st November, 1847.*

SIR,

I have the honor to submit for the information of the Medical Board a few brief memoranda of my visits to the Mesmeric Hospital during the past month.

2. A pressure of public duties and absence from Calcutta prevented my visiting the Hospital oftener, in addition to all the patients who were able to do so having left the Institution during the ten days' Doorgah Poojah Holidays, when there was nothing to record, and consequently no use in visiting the Hospital.

I have, &c.,

(Signed) F. J. MOUAT, M. D.,

*Visitor, Mesmeric Hospital.*

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### Report for October.

*September 27th to October 7th.*—Absent from Calcutta on public duty.

*Friday, 8th.*—The patients had been examined prior to my arrival at 12 o'clock.

Two operations had been performed during my absence, and the chief additions to the medical ward were said to be of epileptic cases.

*Saturday, 9th.*—I again arrived too late for the examination of the medical cases, although I reached the Hospital at a quarter to twelve o'clock. Dr. Esdaile was engaged in testing the condition of two patients with scrotal tumors preparing for operation. One of them had been a long time in hand, and had only within the last few days exhibited any signs of becoming subjected to the mesmeric influence, he awoke however readily. The other had only been four days under manipulation and was already considerably affected, resisting pricking with the point of a knife, &c. He was ultimately awoke by the shocks of the galvano-electric apparatus.

*Sunday, 10th.*—Three scrotal cases under preparation, two readily roused, the third apparently ready for a painless operation, which Dr. Esdaile intends to perform to-morrow.

The only new cases in the medical ward were those of two individuals afflicted with epilepsy, the history and phenomena

connected with both of which were as obscure and unsatisfactory as most instances of this inscrutable malady are found to be in every hospital. The old patients who have been long under treatment sometimes imagine themselves to be better, and at other times to have derived no benefit; in one of them the fits are said to be less intense, and the anomalous pains in the left arm and shoulder to have diminished in an equal degree, but no one, I understand, has seen him in these fits, except the subordinates attached to the hospital, and their testimony is of little, if of any value.

The epileptic painter declared himself to be in much the same state as when I left; and the ayah with stiff arms was unable to extend them to a greater extent than before, even upon my attempting to straighten them forcibly.

*Monday, 11th.*—The same cases as before.

The mesmerizer of the man who was to have been operated on had fallen sick, and his successor failed to produce the requisite amount of effect upon the patient. He was sensible to squeezing of the testicle, in consequence of which the operation was postponed.

The other cases were not examined.

*Tuesday, 12th.*—The man was operated on to-day having failed to exhibit any signs of sensibility from squeezing of the testicle and pricking with the point of a knife. The very first incision, however, elicited evidence of suffering, which continued to increase until he raised his body from the bed, moaned and groaned, moved his arms and legs, and exhibited the usual indications of severe pain, which ended by his opening his eyes and behaving as most persons do under similar circumstances. Upon being questioned he could not tell exactly when he awoke, but stated that the pain had broken his sleep. I am of opinion that he was sensible, conscious, and suffering throughout.

One other scrotal case was examined, but the man awoke upon his arm being raised. The patients in the medical ward were witnesses of the operation and therefore not examined. There did not appear to be any new face amongst them.

*Thursday, 14th.*—One scrotal case, and three of epilepsy in hospital, the remainder having left for the Poojah. One of the latter had a slight fit this morning, of which he remembered nothing. The convalescents all doing well.

*Saturday, 16th.*—With the exception of the three epileptic Mahomedans above-mentioned, all the patients have left for the holidays, there is therefore nothing to record.

*Wednesday, 20th.*—Two epileptic patients alone in hospital who need no remark ; the convalescents all appear to be doing well.

*Monday, 25th.*—Reached the hospital in the middle of one of the usual operations ; the patient was then writhing and appeared agonized in countenance, but when the operation had terminated quietly folded his arms upon his chest, declared he had then awoke and felt nothing, was not conscious that any thing had been done to him, had a calm and placid appearance, and expressed gratitude when told that all was over. I was informed that he lay perfectly motionless during the first half of the operation. A large number of Mahommedan and Hindu gentlemen were present.

*Thursday, 28th.*—Three new cases under preparation, none very deeply affected as yet. In the medical ward, in addition to the old epileptic patients, there was nothing demanding or requiring notice.

Another operation was performed on Tuesday last which I was unable to witness.

*Friday, 29th.*—Five scrotal cases in the preparation ward ; two epileptics and one lumbago case in the medical ward. None need any remark.

The convalescents are doing well with one exception, in which the wound has assumed a sloughing appearance.

(Signed) F. J. MOUAT, M. D.,  
*Visitor, Mesmeric Hospital.*

(True Copies,)

J. FORSYTH, Surgeon,  
*Secretary Medical Board.*

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FROM DR. F. J. MOUAT,  
TO J. FORSYTH, Esq.,  
*Secretary Medical Board.*

*Fort William, 12th November, 1847.*

SIR,

I have the honor to transmit for the information of the Medical Board, the accompanying brief memoranda of my visits to the Mesmeric Hospital up to the 9th, the anniversary of the performance of the first operation within its walls.

2. I conclude, therefore, that the year of trial and experiment contemplated by the Government has terminated, and trust that

I shall not be considered negligent in not revisiting the Hospital, especially since the near approach of the winter session deprives me of the limited leisure at my disposal during other seasons.

3. I am preparing a general summary of the experience afforded by the mesmeric practice of Dr. Esdaile in those cases which I have witnessed, and shall forward the same as soon as I am able to complete it.

I have, &c.,

(Signed) F. J. MOUAT, M. D.,  
Visitor, Mesmeric Hospital.

*Report of Dr. F. J. Mouat, Visitor, Mesmeric Hospital, from 1st to 9th November, 1847.*

*Monday, 1st November, 1847.*—Four cases under preparation; three were apparently ready for the knife, and one was operated on. He had been four days in hospital, had resisted every waking test, even to fire, and had a moderate sized tumor, enclosing a very large double hydrocele. He bore the operation remarkably well, the only indications of pain being contortions of the countenance, a slight moaning, and movements of the body towards the conclusion of the dissection.

The man was awake, declared that nothing had disturbed him, that he was a *Kaist* and a native of Sylhet, that he had read of Dr. Esdaile's wonderful cures in a Bengali newspaper (the *Suma-char Durpan*,) had constantly dreamt of him ever since, and had come down with full faith in his skill to be relieved of his burthen. When informed that his wishes had been realized, he was profuse in expressions of gratitude.

One man in the convalescent ward, the last operated on, this morning exhibited symptoms of tetanus, and appeared to be in a dangerous state.

The other case, which had begun to slough, was mending again.

In the medical ward nothing but old epileptic cases.

*Tuesday, 2d November, 1847.*—A very small scrotal tumor was this day removed, the patient had been for some time in hospital, and, as I understood, had not been early affected. He lay still during the operation; the muscles of the face and forehead were strongly contracted as were those of the hands and feet, his breathing became rapid and audible, and a profuse perspiration

bathed his forehead. When he awoke he stated that he felt and knew nothing, and had not been disturbed.

The two cases in the preparation room were readily roused.

In the medical ward I saw only one, the oldest epileptic case.

The tetanic patient died this morning.

*Thursday, November 4th, 1847.*—One case of epilepsy, one of lumbago, and two of scrotal tumor preparing for operation; none requires any particular remark.

*Saturday, November 6th, 1847.*—The same medical cases as before, with one new patient suffering from an enormous scrotal enlargement, the others had all left without being operated on.

Dr. Esdaile expressed an intention of taking in no new cases until the fate of his hospital has been decided.

*Tuesday, November 9th, 1847.*—A small scrotal tumor of cartilaginous hardness requiring a tedious and very painful dissection was this day removed. The man had only been twice entranced and lay perfectly motionless until the right testicle had been dissected out. During the freeing of the left testicle he became restless, uneasy, moved his body and limbs, writhed generally, moaned, groaned, and when the mass was being finally removed exclaimed, "I shall die, Sir." He subsequently relapsed into a state of quietude, in which I left him while the arteries were being tied up. Had not unusual difficulties presented themselves to prolong the dissection, he would have suffered nothing, or rather have exhibited no sign of pain.

(Signed)

F. J. MOUAT, M. D.,

*Visitor, Mesmeric Hospital.*

(True Copies,)

J. FORSYTH, *Surgeon,*

*Secretary Medical Board.*

## CONCLUDING REMARKS.

### **Phænomena exhibited.**

In the mesmeric treatment of surgical cases the chief phænomena exhibited were sleep and insensibility to pain. The former varied in intensity from the most gentle slumber to a profound state of repose, apparently bordering on coma, of which states the latter was very rare, and seen in only a few cases. The great majority slept tolerably soundly until awoke by the application of pricking, pinching, plucking of hairs, and other similar tests. Some continued asleep during a portion of the operations to which they were respectively subjected, becoming conscious and exhibiting signs of suffering before their conclusion—to this class belonged the greater number of the operations that I witnessed. Some again, were, in my opinion conscious, and suffered throughout. A few were perfectly insensible both during and after operation.

The medical cases were subjected to the same amount of manipulation as those preparing for surgical operation, and yet in very few instances did it appear to induce sleep in the former, whether locally or generally applied. I did not see a single case in which a medical patient after receiving his daily dose of Mesmerism, was not readily and easily roused without the application of any of the means of demesmerization usually resorted to in the other wards. In one instance, that of the stiff-necked mesmerizer mentioned in my notes, there were obscure, but very uncertain and unsatisfactory signs of a cataleptic condition. I am unable to account for this difference of effect.

### **Disturbing causes.**

The disturbing causes, or those supposed to render the patients insusceptible of the influence, were so numerous, varied, and opposite in character, as well as so fluctuating and uncertain in their effects, as to place them beyond the pale of any rational and intelligible explanation. Draughts of cold air, changes of temperature, the slightest accession of febrile disturbance, the exhibition of a purgative, the sprinkling of cold water on the surface, or its projection from a syringe against a particular part, the access of light, noises, and a great variety of similar agencies exercised a prejudicial influence.

The changing of the mesmerizer was also held to account for the absence of the usual amount of effect in one or more cases.

In general the existence of any degree or amount of disease in the system, appeared to be regarded as an efficient contra-indicating and adverse agent: hence the field of usefulness of Mesmerism in all cases of chronic disease requiring surgical interference, if this view be true, must be extremely limited. For acute cases it is also inapplicable, since if immediate amputation, exci-

sion, or dissection are required, Mesmerism is incapable of inducing the requisite amount of repose and insensibility in the short time that can be allowed, while the progress of active inflammation or febrile disturbance, invariably present in such cases, would prevent its producing any effect at all.

**Duration of manipulation required.** The length of time required for the production of insensibility varied very remarkably. In some few instances the patients appeared to be deeply affected on their first day of trial, in others from two to six or eight days were required, and in several, as many weeks passed before they were sufficiently entranced to be operated on. The best marked cases of insensibility were exhibited by those who had been mesmerized for a considerable length of time; the least so, the instances in which operations were performed shortly after the admission of the patients to the hospital. As a rapid, speedy, and certain agent for producing the insensibility requisite for the performance of *perfectly* painless operations, it does not appear to me, from the evidence afforded in the Mesmeric Hospital, to be entitled to any degree of confidence. That it is capable of causing complete and perfect insensibility in a limited number of favorable cases, I look upon as a fact determined beyond the reach of doubt or dispute; but its general applicability in Surgery for the same end, I regard as not merely doubtful, but chimerical and impracticable for reasons mentioned above.

Each Mesmeriser can, on an average, probably continue his process for about six hours in the day, beyond which mere physical fatigue would incapacitate him for further exertion—independently of his system being exhausted of the *nervous fluid*, upon which the effect is conjectured to depend. Now supposing the daily dose of Mesmerism necessary for each case to be an hour and a half, every four patients would require a Mesmeriser to themselves, which in a Hospital containing only 300 beds, would give a mesmeric staff of seventy-five operators, exclusive of the Physician and Surgeon in charge. The expense of maintaining such an establishment of subordinates at the rate now paid by Government, would be Rupees 750 per mensem, or 9,000 per annum, exclusive of the cost of medicines, diet, clothing, &c. &c., incidental to every hospital. Were the result produced so certain and satisfactory as to exert a beneficial influence upon one-half only of the cases that present themselves, the cost would become a matter of secondary importance as compared with the large amount of human suffering that it would prevent; but as our present Indian experience of the matter is in reality limited to but one class of diseases (morbid enlargements of the scrotum) and that by no means the most frequent, formidable, or fatal that

occurs in the general practice of a Surgical Hospital, I am clearly and decidedly of opinion, that no body of Medical Officers of reputation or experience, could conscientiously recommend the Government to continue so costly an experiment for such an inadequate result.

**Does Mesmerism increase the chances of life to patients operated on under its influence?**

From the table published as a supplement to the first half-yearly report of the Mesmeric Hospital, and the remarks made in connection with it, Dr. Esdaile appears to regard Mesmerism as increasing the chance of life to patients operated on under its influence.

This conclusion is not warranted by the facts exhibited in his own practice, nor by a comparison with the results obtained in the Medical College of Calcutta. As a statistical table, it is not necessary to inform professional men that Dr. Esdaile's record is of no value or authority, inasmuch as it does not specify that the cases were to a great extent selected, that several were dismissed as doubtful from the state of health of the patient, and that in a considerable number, one or both testicles were (I think most properly and judiciously) removed at once, so as considerably to accelerate the rapidity of the amputation, diminish the amount of hæmorrhage, and consequently increase the chances of life to the patient. The protraction of the operation by the careful and tedious dissection required to save the testicles, I regard as considerably augmenting its immediate and remote danger, both from the more profuse hæmorrhage that ensues, and the greater effort of nature subsequently required for the covering in of the parts. After a certain age, and in all cases where the bulk of the tumor renders it probable that the diseased action has destroyed the testicles, it would be well that the mass should be at once removed without any attempt to save organs of which the functions must have long ceased. Be that, however, as it may, I find upon careful enquiry that during the last five years not a single case of scrotal enlargement has been sent away from the Medical College Hospital in which the patient wished for its removal, and there was the smallest hope of prolonging his life, or adding to his comfort by ridding him of his burthen.

The number of scrotal tumors removed in the Calcutta Mesmeric Hospital up to the present date, has, according to a memorandum furnished to me by Sub-Assistant Surgeon Budden Chunder Chowdry, been 45, with 3 deaths, or 1 in 15 cases, or by adding the sixteen previously removed at Hooghly without a fatal result, 61 cases with 3 deaths, or 1 in 20½.

From 1840 to 1846, the number of scrotal tumors removed in the Medical College Hospital by Professors Egerton, Raleigh and

R. O'Shaughnessy has been 37, with two deaths, or 1 in 18½, a difference in mortality that would not warrant or justify the supposition of the prophylactic influence of Mesmerism, even had the disease been in all respects dealt with in the same manner, which was not the case.

Statistical tables of the results of surgical operations are of little value where the numbers are so small as those which can be exhibited by the records of any Calcutta Hospital. I subjoin for comparison with Dr. Esdaile's record, the Tables marked Nos. 1 and 2, of the operations performed in the College Hospital and Out-door Dispensary. I do not consider them as of the slightest present value in a statistical point of view. Another half century of careful record and observation will render them really useful in every sense, and for this purpose, they are appended to the annual printed reports of the Medical College and Council of Education.

**Amputation of Schirrous Mamma, &c.** The other Surgical cases that occurred in the Mesmeric Hospital were too few in number, to admit of any deduction being drawn from them either for or against Mesmerism.

The first operation performed in the Calcutta Hospital was a complete and entire failure as regarded its mesmeric character. It was the amputation of a schirrous mamma. Dr. Esdaile's record states that "two-thirds of the tumor were removed without her feeling it." I had my finger upon the pulse of the right arm, and ascertained that she suffered from the very moment of the knife coming in contact with her skin.

A case of fungus hæmatodes of the arm derived no benefit from Mesmerism, and the amputation was practised at the shoulder-joint in the natural state. The patient sank a few hours afterwards.

The case of lithotomy mentioned at page 46, of the First Half-Yearly Report, I regard as a failure. I did not, however, see it.

**Medical Mesmerism.** The medical cases treated in the Mesmeric Hospital were chiefly instances of

Epilepsy.	Enlarged Glands.
Insanity.	Paralysis.
Neuralgia.	Hysteria.
Rheumatism.	Deafness.
Scrophula.	

The treatment of these cases and their results, appear to me to be of the most incomplete and unsatisfactory nature.

The subject of Somnambulism I leave unnoticed, because the greatest of the cases appeared to me to be one of unmitigated imposture, the others to present irreconcilable contradictions, and

the whole to have been of no service in the *treatment of disease*, the only point that I feel bound to dwell upon in the present report.

*Epilepsy* is known to depend upon several different conditions, some of which are curable, while others are incapable of being removed in the present state of our knowledge, and are consequently classed among the *opprobria medicinae*.

The cerebral form of the disease is the most intractable and difficult to manage, while the various species of *Epilepsia Symptomatica*,\* are more or less under control, as their exciting causes are known and capable of being removed.

Beyond the declaration of the patients themselves, and the imperfect observations of the subordinates in the hospital, there was nothing to show that any real amendment occurred; and in more than one instance, I have reason to believe that the patients professed to have derived benefit, merely for the purpose of leaving the hospital, of which they had become tired. Little pains appeared to be taken to ascertain the exact exciting cause of the disease, and most seemed to me to be exactly in the same state throughout the course of treatment.

The history of the curative means adopted to remove this formidable affection is one of the most curious in the annals of medical experience, and proves that all statements regarding the supposed virtue and efficacy of any particular plan of treatment require to be received with caution. Charms, amulets, every imaginable variety of empiricism, most of the articles of the materia medica, superstition, credulity, castration, and the amputation of the big toe, have all been tried in turn, and each can boast of its miraculous cures, with as much reason as Mesmerism.

That the latter agency may be quite capable of diminishing the frequency, of lessening the violence, and ultimately of preventing the recurrence of the fit in some cases, I am not disposed to doubt or deny; but the evidence afforded by the practice of Dr. Esdaile's Hospital during the past year, has not convinced me that any of those results were accomplished, and I am strongly inclined to believe, that those cases which are incurable by ordinary means, will be found equally unyielding to the mesmeric influence, and that all the curable varieties will be more readily, rapidly, and permanently benefited by the plans of treatment ordinarily adopted, than by any amount of unaided Mesmerism that may be applied for their relief.

*Hysteria* comprehends so many different conditions of the system that little or no value can be attached to the results of any

\* Cheyne.

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REMARKS.

Epil

Hys

Insa

Dea

Neu

Rhe

Scrop

Paral

This table has been compiled by Mr. George Daly, the  
 se Surgeon, from the Hospital records, and embraces  
 those classes of Medical cases which were treated in the  
 meric Hospital.  
 ) The Neuralgic cases are all included under the head  
 hronic Rheumatism, those admitted having usually been  
 mixed character.  
 ) All the cases of enlarged glands were of a scrophulous  
 re, and are therefore returned under that designation.  
 All cases requiring in-door treatment were admitted to Hos-  
 : the only classes rejected were those of a contagious  
 acter, such as small-pox, scabies, &c. &c.

Average period under treat- ment.*	No. Treated.	No. Cured.	
4	10	...	
8	8	...	
10	12	...	
8	7	3	
9	27	21	
12	802	594	
15	1003	703	
14	36	...	
16	54	...	

FRED. J. MOUAT, M. D.

Secretary.

ighout the table, i

Except the occasional production of insensibility, which it can no longer claim the exclusive power of effecting, I saw no advantage, either to the patient or the surgeon, which could be fairly attributed to mesmerism. The hæmorrhage was as severe as is usual in such operations. The nature of the operation was in no instance modified, so as to improve the ultimate condition of the patient. The ease, coolness, and deliberation of the surgeon did not appear to me to be at all increased, by the apparently unconscious state of his patients ; nor were the slow dissections, sometimes necessary for the purpose of preserving important parts, had recourse to more frequently, or indeed so frequently with success, as I have seen in other hospitals ; on the contrary, the dread that the patient might wake up, and spoil the experiment before the operation was concluded, appeared to me, to act most injuriously on the nerves of the operator, and to produce a hurry, and want of precision in his proceedings, most unfavourable both to himself and to his patients.

Contrast this with the newly discovered agent, ether. It is equally efficacious, and certain in its effects, when administered to a patient writhing in agony from a recent wound, or about to undergo an operation for a painless tumour. It may be employed with equal success in the most noisy as in the most silent situations, and therefore it is available for the most urgent cases, and for Military, as well as for Civil Surgery. I have employed this agent in every surgical case of the least importance requiring operation, both in private and hospital practice, for the last nine months, with the most satisfactory results. At first I occasionally failed to produce perfect insensibility with it, owing to bad ether, imperfect apparatus, and the timidity of ignorance (for I dreaded to use, as freely as I might, a power of so apparently formidable a nature) ; but I now find that in every instance it produces perfect insensibility, which may be kept up, or allowed to pass away, at pleasure, and I have not in a single instance had cause to regret its employment.

I feel that I should apologise for offering my opinion of the use of ether, in a report upon Mesmerism as practised under Dr. Esdaile ; but as that gentleman took much unnecessary trouble (which no doubt was disinterested and well meant) both in the newspapers, and in his official correspondence, to prejudice the public and the profession against its use, I feel it to be my duty to state the result of my experience of this inestimable boon, with the hope of counteracting, as much as my humble opinion may tend to do so, the prejudice and alarm attempted to be created against it.

The objections stated by Dr. Esdaile in his letter to Mr. Halliday, cannot be the result of a fair and full investigation of the matter, or he could not fail to find out, that there was, 1st, nothing "disgusting" in the inhalation of good ether. He would also discover there was no difficulty in getting persons to inhale it.

2d. Although it may occasionally produce intoxication, it also produces insensibility to pain, in the individual so affected, and the intoxication of ether is not followed by depression, or any other injurious consequences.

3d. The effects *are* almost certain in skilful hands, with good ether and a proper apparatus.

4th. The dangers are imaginary. The reported fatal effects attributed to ether, all practical men now laugh at, and the temporary alteration in the constitution of the blood has not been proved to act injuriously ; or to retard the recovery of a single case.

5th. It is not "inadmissible" in cases with "debility of the system," such as would be selected for surgical operations ; but it is hardly necessary to caution the profession against its use, where there is disease of the "heart, lungs and brain," as I believe no surgeon, worthy of the name, would operate at all on patients so affected.

(Signed) R. O'SHAUGHNESSY,  
*Professor of Surgery,*  
*Official Visitor of the Mesmeric Hospital.*

(True Copies,)

J. FORSYTH, *Surgeon,*  
*Secretary Medical Board.*

## REPORT BY DR. R. M. M. THOMSON.

I was present at the Mesmeric Hospital when Dr. Esdaile operated on the two following cases: Ramchunder, aged 32, Brahmin, a stout healthy man, from zillah Burdwan, admitted 29th May, with hypertrophied scrotum of 12 years' growth.

The patient having been galvanized yesterday without waking, the operation was performed at noon, this day, (4th June,) and the tumor removed in four minutes and a half. There was no exhibition of pain, except slight groaning during the last stage, and the patient continued in deep sleep until about ten minutes after all the blood vessels had been secured. The pulse which was 118 before the operation, fell after it to 60, but was not very weak, although the loss of blood was considerable. He gradually awoke like a person from undisturbed sleep, but seemed to have difficulty in opening his eyelids. When fairly awoke and questioned by one of the bystanders, he said he had felt no pain. The tumor weighed eight pounds.

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Kistomohun Sein, resident of Calcutta, aged 21, a boxwallah by profession, affected with scrotal tumor of 8 years' growth. Admitted 1st June, and operated upon on the 7th, having been subjected to galvanism the previous day without waking. Before the operation the patient was in a deep mesmeric sleep, and did not awake when pricked with the point of the scalpel on the abdomen and thighs. The countenance was quite placid, breathing easy, pulse 118 and soft. The operation lasted five and a half minutes, when about half finished, the patient breathed quickly, groaned much, and cried out sharply several times, he also struggled a good deal, and his distorted features denoted sufferings from great pain, still he never opened his eyes, and did not, I believe, awake until some time after the principal bleeding vessels had been tied. When fairly roused, he said he had not been sensible of any pain, and that he was willing to have the tumor removed.

A few minutes after this he appeared to suffer from the loss of blood, called for water and made signs that he wished to be fanned. It was now found necessary to use several more ligatures, and to apply matico leaves, to stop the hemorrhage; during this process he suffered acute pain, cried out loudly to be left alone, and shrieked as each ligature was tightened. His pulse was then 62 and weak, face and neck covered with cold perspiration. The tumor weighed 16 pounds.

(Signed) R. M. M. THOMSON,  
*Marine Surgeon.*

10 or 15 minutes after the native mesmerizer had discontinued his passes.

That deep sleep with insensibility to pain, and all outward impressions can be induced by the mesmeric processes is, in my opinion, placed beyond all doubt, when practised on the Hindoos and Mahomedans of these provinces; but I am not aware of a single instance wherein similar results have been obtained when the mesmeric passes have been performed daily for an hour or two, and continued even throughout a series of one two or three months, on Europeans and Eurasians in Calcutta; I believe also it has frequently failed in producing any effect upon many of the natives.

When Dr. Esdaile was first called upon by Government to perform his mesmeric experiments before the Committee appointed to report thereon, he stated his intention of restricting his performances rigidly to native patients; and with this class of people he has certainly succeeded admirably in producing a sleep from which they could not be roused by the most acute pain, or the loudest noises, and from which at the same time the patient can be easily awoke by blowing upon his face and eyes, rubbing and separating the eyelids, or by exposing his body to a current of cold air; a sleep too, unaccompanied with stertorous breathing, subsequent wandering, or head-ache.

In every case which has come before me when the patient was deeply under the mesmeric influence the pulse was 118 or 120, and fell rapidly to about 60 before the operation was finished. This remark is however directly opposite to what has been made by the Committee, who stated that in similar cases the pulse rose remarkably during the operation.

In the unsuccessful case already alluded to, the pulse, if I recollect right, was 84 before the operation, but became quicker during its progress, and I believe it will be found almost, if not always in every case, that the pulsations are about 120 when the patient is fairly entranced; this being termed by Dr. Esdaile the mesmeric pulse.

As to the loss of blood during operations performed in the insensible state I am of opinion, that it is much the same as under the ordinary method, and that the cure is not accelerated by bringing the patient into the mesmeric state before each dressing.

With regard to the fears expressed by many, that persons once mesmerised, are rendered more susceptible to its influence, and that this susceptibility renders the patient more liable to many nervous affections, I think there is no proof of this; but I believe there are peculiarities of constitution in which persons are

more or less readily affected by mesmerism as well as by many other agents, which, if applied generally, will produce no effect; and also, that if the mesmeric process be discontinued for a month or two, it will require the same length of time to bring the patient again under its influence as was at first necessary for its accomplishment. The principal objection to a resort to mesmerism in surgery, is, in my opinion, the uncertainty of its power acting sufficiently on many of the natives, and its utter failure, so far as I can learn, and so far as I have myself observed, when practised on Europeans and Eurasians here; to which must be added also the uncertainty of the time required to produce deep sleep with insensibility to pain, even in those natives who are ultimately brought under its influence; thereby rendering it inapplicable, whenever the operation requires to be performed speedily; for instance, in strangulated hernia, dislocations, or severe compound fractures, &c. requiring amputation, in all which cases æther may, if properly used, produce the desired effect in a few minutes. The chief recommendations of the æther method then, is the rapidity with which insensibility is produced, and the greater number of persons who can be rendered entirely insensible by its use than by mesmerism. However, I must confess, that were it necessary I should submit to a painful operation, I would decidedly prefer the mesmeric method, if assured that the necessary deep sleep could be obtained, as I conceive I should be less likely to experience any of the untoward symptoms which are, it is said, occasionally produced by inhaling the disgusting fumes of sulphuric æther.

With regard to the efficacy of mesmerism in the treatment of diseases, I regret to be obliged to state, that I can bring forward nothing in its favor. I say this with reference not only to the cases I have seen in Dr. Esdaile's Hospital afterwards discharged as cured, but also as to some of his out-door patients, who came under my care, after they had been mesmerised for one or two months without the slightest effect. About a month ago a Mrs. E., a Eurasian, called at my house for medical assistance; having seen her frequently at the Mesmeric Hospital, where she had told me she was getting better, I naturally felt surprised that she should come to me with the request that I would prescribe for her complaint, viz. rheumatism of the joints, for the cure of which she had attended Dr. Esdaile's Hospital, and been daily mesmerised for two hours, during a period of more than two months. I asked her what effect the mesmeric process had upon her? she replied, "None whatever, Sir, it never even produced sleep, and my pains are just as bad as when I first went there. "When I left the Hospital the last time, I told Dr. Esdaile I was

"quite well, for I feared to offend him after giving so much trouble!" A few days ago, Mr. B., of the Harbour Master's Department, called upon me, he was suffering from nervousness and general debility, and said he had attended at the Mesmeric Hospital, and been mesmerised twenty-five successive days without experiencing the least advantage. He said, "When I went to the Hospital Dr. Esdaile promised to cure me, but I daily became worse, and Sir, I believe, if I had remained there any longer I should have been mesmerised into my grave!" I then asked him what cases he had seen benefited by mesmerism at the Hospital? He replied, "Sir, I was anxious of course, to hear of successful cases in order that I might receive encouragement to persevere, and be cured myself; but I found no persons get relief there but those fellows with the large tumours." Amongst my own patients I endeavoured to give mesmerism a fair trial, and selected five cases for that purpose,—the first was a case of severe nervous head-ache, the second gastrodynia, the third tic douloureux of the face, the fourth dysmenorrhœa, and the fifth ovarian dropsy, the last mentioned case was seen by Dr. Esdaile who instructed the husband how to mesmerize his wife. In all these cases the husbands were the manipulators, and although they continued the passes daily for one month, and in two of the cases for two months with the utmost anxiety to benefit the sufferers, not the slightest effect was produced, and not even common sleep induced. The poor husbands however one and all complained of feeling very much exhausted.

I have not stated these cases for the purpose of throwing discredit upon mesmerism, far from it, for I deeply regretted their failure, and it may be that they failed from want of skill on the part of the operators; or, that, to obtain success, still greater perseverance was necessary, or that in all these cases there was the absence of that peculiar idiosyncrasy of constitution, which is necessary for the development of the mesmeric phenomena.

I have made these remarks more in detail, and with less reference to any ideas of my own than to my experience of the facts that have actually come under my observation, because mesmerism is a subject I do not fully comprehend, and therefore I can offer no opinion; but I am anxious for the truth, and that every alleged means of curing disease may turn out, not a fallacy, but a reality.

I have, &c.,

(Signed) R. M. M. THOMSON,  
*Marine Surgeon.*

*Calcutta, 2d August, 1847.*

## DR. JACKSON'S REPORT.

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FROM J. JACKSON, ESQ.,

*Surgeon to the Native Hospital,*

TO J. FORSYTH, ESQ.,

*Secretary to the Medical Board,*

*Fort William.*

SIR,

A year having passed since the establishment of the Experimental Mesmeric Hospital, I have now, as one of the visitors appointed by Government, and in obedience to their orders, the honor of transmitting to the Medical Board, my report on what I have witnessed.

I have also the honor of forwarding at the same time a statement of the number and result of the operations which have taken place during the last year in the Hospital I have charge of, which the Government have called for at the suggestion of Dr. Esdaile, in order that a comparison may be made between their results, and those performed by Dr. Esdaile, under the Mesmeric Agency.

I have, &c.,

(Signed) J. JACKSON,

*Surgeon to the Native Hospital.*

*Native Hospital, Nov. 22d, 1847.*

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FROM DR. JACKSON,

*Visitor Mesmeric Hospital,*

TO THE SECRETARY MEDICAL BOARD,

*Dated 16th November, 1847.*

SIR,

Since the establishment of the Mesmeric Hospital I have been a frequent visitor, and have witnessed several operations performed by Dr. Esdaile whilst the patients were in a mesmeric state, but in none have I observed any feature differing from the account given in the original Report of the Mesmeric Committee, of which I was a Member in the latter part of last year.

Hindoos, suffering from hypertrophy of the scrotum, with which they had been afflicted for years, were for the most part the class operated on: the time required to bring them under the mesmeric state was generally from five to fifteen days, some few were brought under the influence at an earlier period, whilst others were

altogether insusceptible. In some of the patients there was no other appearance of consciousness than that indicated by flexion of the feet during the operation, and slight closure of the hand. In others there was compression of the mouth, pressure of the hand upon the abdomen, or firm grasping of the person who stood near, but in none of these instances was there any necessity for the patients being held. The pulse generally became quickened at the commencement of the operation, and continued so until it was over, and the breathing was hurried. At times the body became bedewed with cold perspiration, which stood in drops upon the forehead, and the patient became faint and collapsed, as a patient sometimes does, after operation in the usual way; but all these patients expressed themselves as ignorant of what had been done, and in some instances seemed surprised, when told, that the operation was over.

With all the appearance of perfect unconsciousness at the commencement of the operation, some patients have been awake at the first or second incision, and have then writhed and cried out in all the suffering of acute pain. The writhing of the body and much inward groaning, I have also witnessed in other cases, where the patient, after the operation, has stated that he had suffered nothing.

Some of the patients have apparently possessed perfect insusceptibility, and after undergoing the mesmeric manipulations for a certain number of hours for a succession of days, have left the Mesmeric Hospital in disappointment, and have gone elsewhere for operation.

In the Mesmeric Hospital I have observed none but Hindoos and Mussulmen, but I am aware that the mesmeric manipulations have been continued for several weeks upon an East Indian with a view to operation and without effect. The man complained to me that he had "lost more than a month, and all for no good."

I have only entered into a detail of two of the operations, as several have been before described in the original Report, and with the exception of one case of amputation of the breast, which I considered most unsuccessful as a painless operation, I have witnessed no others than those of scrotal tumors, and in not one of these was the patient perfectly motionless, there was either compression of the lips, distortion of the countenance, movement of the hands or feet, and inarticulate sounds or groaning, but none of the patients were held, and, with the exception of those who woke up during the time of the operation and gave manifest signs of suffering, they all asserted that they felt no pain. I am credibly informed that some, in whom I did not witness the operation,

then to paralyse the several nerves of sense, such as smell, hearing, sight and touch, but first those of muscular motion.

The eyes were then closed firmly by pieces of cotton fastened down with circular portion of sticking plaster, an inch and a half in diameter. An additional piece of sticking plaster was applied over the whole, so as completely to exclude the light from entering, and preventing the patient being able to see any thing. The patient was a kidmutgar, belonging to a seafaring man, and was said not to understand English.

All being prepared, Dr. Esdaile began by mesmerising the right arm, which he was requested to do by Dr. Grant, and after manipulating for some time at a short distance, but never touching the individual, Dr. Esdaile retired from the spot, and requested some one to desire the man to raise the arm, the man made several attempts to obey but without success. The leg appeared equally fixed with the arm.

The arm was then attempted to be raised by one of the company, and the fingers gently moved, but he cried out with pain, and the attempt was desisted from.

Dr. Grant went over to the other side of the patient, and made a few passes down the left arm, and very shortly after, this arm together with the leg, became fixed like those on the right side. The patient was desired to stand, had his head bent forward, when there was a natural flexion of the elbows, but no raising of the limb. When told to get up he said he could not, and when the attempt was made he complained greatly of the pain induced. After continuing in this state some time, Dr. Esdaile blew upon the man, and made a series of rapid transverse passes, when by degrees the stiffness of the limbs subsided, and the man moved the arms, and then the legs, and was able to stand: he was then raised up, and told to walk, when he gently moved from the spot complaining of the pain in his limbs, particularly the back.

The patient was then reseated on his couch, when it was proposed to mesmerise the nerves of smell. A bottle, containing some carbonate of ammonia, was applied to the nose on which he drew back his head. Dr. Esdaile then began to mesmerise the nose, and after performing a few passes, the ammonia was again applied, when after a short time, he drew back his head, and when asked if he smelt any thing, he pointed to his throat. Other enquiries were also made, but obtained no satisfactory replies. During the process of this mesmerising of the special sense it appeared that the whole frame, the upper and lower extremities, were rendered motionless as before, and on this being remarked to Dr. Esdaile, he stated that very possibly this might be the case, that he was

powers, with the universal helping hand and advocacy of the press, both in the English and Native languages (for it is impossible for the knowledge of any supposed remedy to have been more diffused abroad,) it is a matter of some surprise that so few have availed themselves of the Mesmeric Hospital, and that the operations have been so limited and confined to Natives suffering from almost one particular kind of disease.

The beneficial effects which I have observed, are the possibility which it seems to possess, in certain cases of chronic disease, of inducing such a state of deep sleep that severe operations can be performed, whilst the patient is in a state of acknowledged unconsciousness, and this no doubt is a very great blessing. But the uncertainty again as to the time required to produce this state, with the doubts, which always exist, as to the sleep being intense enough, and the occasional insusceptibility in certain habits, and in persons suffering from pain, cough, and fever, cause it to be of little value as a general agent for hospital purposes: and depending, as its success does, upon the unwearied attention of the operator, and disturbed by many surrounding circumstances, as cold air, noise, &c., it can never be an agent of general use in the profession, but will have its supporters, and be practised, I imagine, like homœopathy and the water cure.

Since the above was written I have received a communication from the Government of Bengal, at the request of Dr. Esdaile, that I should forward to the Medical Board a statement of the number and results of the several surgical operations without the intervention of mesmeric agency, that have been performed at the Native Hospital, with a view of instituting a comparison between them, and those performed by himself under the influence of that agency, in number 133, and Dr. Esdaile has suggested that the operation for the removal of scrotal tumors offers a fairer field for forming a comparative estimate from the cases being of so similar a character.

On referring to the details of the 133 cases of mesmeric operations in two years with only five deaths, I find included in that list extractions of teeth, hydrocele, extracting of toe-nails, opening of fistula, circumcision, and other trifling cases, amounting in number to about 80 in the 133.

Now amongst a catalogue of this nature the ratio of mortality is scarcely to be looked for, and in Hospital Reports most of such cases are either not noticed, or are grouped under the heads of minor operation, and generally amount to some hundred during the year. The ratio therefore of 4 per cent., or rather less, excites no surprise when the nature of the cases is considered.

The proportion of operation for scrotal tumors and the success attending them is very great (only one in 40 was unsuccessful,) and deserves all the praise to be awarded to a successful series of operations. But I do not consider this as the fairer field for comparison, or as a proof of the beneficial influence of mesmerism. It is to this kind of operation that Dr. Esdaile has paid especial attention, and his fame for the removal of this particular kind of tumor has been spread throughout Bengal, and has been the means of filling his Hospital with patients.

But I have not considered the number of applicants and the success of the operations, as attributable, in any way, to the use of mesmerism, but believe that the same result would have occurred had any common disease of the Natives received his especial care and success; in the same way as in the case of one of the Sub-Assistant Surgeons, Moheschunder Nun, of Muttra, who has obtained an honorable name for a series of successful operations for lithotomy, amounting, I believe, to 36, without a death. As an operation is repeatedly performed, greater ease and skill is obtained, and dangers are obviated, which in the first few cases presented themselves. In some of the earlier operations of scrotal tumors, noted by Dr. Goodeve and quoted by Dr. Esdaile, the chances of life and death, after the operations, have been pronounced about equal, and in the earlier cases by others, deaths occurred more frequently than in the latter ones. A desire to preserve, as far as possible, the important parts, caused delay, and with it, loss of blood, and eventually of life. The importance of saving time was seen in the later cases, and is fully understood by Dr. Esdaile; who in order to have the operation over, as quickly as possible, makes no hesitation in removing at once the organs, instead of the former tedious practice of dissection and securing of vessels. What formerly occupied from 15 to 40 minutes is now completed in 6, and this is I consider, the one great reason for the present success.

Scrotal tumors are not for the most part favorite operations for the Surgeon, nor do they require much more skill in their performance than is requisite to cut through a large mass of flesh with very slight dissection. Many persons with tumors of this nature I know have been refused to be operated upon by some Surgeons, who considered that the present state of the patient was better than their after maimed condition. But no doubt exists in my mind, that when it is known that any one Surgeon is ready to remove these tumors, that the Natives will flock to him, and that he will number as many as are enrolled in Dr. Esdaile's list, and perhaps with the same success.

Appended is the list of surgical operations, which have taken place at the Native Hospital during the past year, in which it will be found that 17 cases of scrotal tumors have been operated on, without the aid of mesmerism, and that none have died.

I have, &c.,

(Signed) J. JACKSON,  
*Surgeon, Native Hospital.*

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No. 1.

CASE OF OPERATION.

On the 15th of the month of May, I had an opportunity of witnessing an operation by Dr. Esdaile for removing a scrotal tumor from a man, who had suffered 11 years from it, as well as from elephantiasis of both legs. The man, by name Ramess, came from Burdwan, and was about 40 years of age. Before the operation the pulse was 108, but during the operation, it rose and became very frequent. On the first incision there was constriction of the muscles of the face, especially round the mouth, as if he was suffering from acute pain. The left hand remained pressed upon the abdomen, the legs which were widely extended to admit of the operation being performed, remained still, but there was constant motion of the toes. The pulse after the operation fell to 70, and was feeble, and the patient was bedewed with cold perspiration on the forehead. After the operation the patient was awake, and denied all knowledge of the removal of the tumor. The tumor would weigh about eleven pounds.

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No. 2.

*Saturday, August 7th.*—Visited the Mesmeric Hospital, and witnessed one of the usual operations for removing a small scrotal tumor by Dr. Esdaile, from a patient who had been mesmerised by one of the passed students of the Medical College, by name Jaudubchunder Ghose. The legs and arms of the patients were extended during the whole time of the operation and remained in this state until its completion. The only motion being that of flexion of the feet, and towards the termination of the operation the right hand was more closed than at the commencement. The patient never uttered a cry, or appeared to be otherwise conscious than by the slight motion of the right hand and feet. After the operation the legs were approximated, and the patient left apparently asleep, the pulse was steady during the time, the countenance bedewed with perspiration, which stood in drops upon the forehead.

(Signed) J. JACKSON.

*Return of Surgical Operations performed in the Chandney Native Hospital, from 16th November 1846 to 15th November 1847 (nclusive.)—(Continued.)*

*Calcutta, 16th November, 1847.*

NATURE OF OPERATIONS.	Number operated on.	Result.		REMARKS.
		Died.	Cured.	
Brought forward,.....	19	6	13	{ One case that proved fatal recovered from the operation, but was seized with diarrhoea while in Hospital, and died 41 days after. The other died of disease of the kidney.
Amputation of scrotum and testes, (scirr- } } hous), ..... }	1	0	1	
_____ of penis, (cancer). ....	1	0	1	
Operation for strangulated hernia, .....	4	0	4	
_____ for lithotomy,.....	5	2	3	
_____ for lithotritry, .....	1	0	1	
_____ for stone impacted in urethra, .	9	0	9	
_____ for puncturing bladder and } } laying open urethra, ..... }	2	0	2	
_____ for fistula in ano, .....	3	0	3	
_____ for the removal of fractured } } frontal bones, penetrating } } the brain, ..... }	1	0	1	
_____ for taking up and tying ra- } } dial artery, ..... }	1	0	1	
_____ for cataract, .....	8	0	8	
Carried over, .....	55	8	47	