

REPORT
OF THE
COMMITTEE APPOINTED BY GOVERNMENT

TO OBSERVE AND REPORT UPON

Surgical Operations

BY

DR. J. ESDAILE,

UPON PATIENTS UNDER THE INFLUENCE

OF

ALLEGED MESMERIC AGENCY.

PRINTED BY ORDER OF THE DEPUTY GOVERNOR OF BENGAL.

CALCUTTA:

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1846.

By order of the Deputy Governor of Bengal, dated the 31st July, 1846, the following gentlemen were appointed a Committee to observe and report upon Surgical operations to be performed by Dr. James Esdaile upon patients under the influence of alleged Mesmeric agency.

J. ATKINSON, Esq., *Inspector General of Hospitals.*

E. M. GORDON, Esq.

J. JACKSON, Esq., *Surgeon, Native Hospital.*

D. STEWART, Esq., M. D., *Presidency Surgeon.*

W. B. O'SHAUGHNESSY, Esq., M. D.

JAMES HUME, Esq.

A. ROGERS, Esq.

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REPORT.

To F. J. HALLIDAY, ESQRE.,
Secretary to the Government of Bengal.

SIR,

On the part of the Committee appointed by Government to test the alleged efficiency of Dr. Esdaile's Mesmeric experiments, we have the honor to forward a Report by the Committee, with Minutes of their proceedings and various documents referred to in the Report.

We have the honor to be,

Sir,

Your obedient Servants,

JAMES ATKINSON,

Inspector General of Hospitals, Chairman of Committee.

W. B. O'SHAUGHNESSY, M. D.,

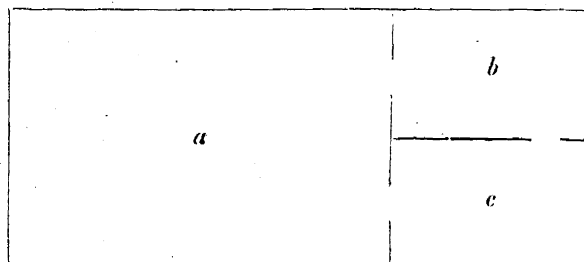
Deputy Assay Master, and Secretary to the Committee.

Calcutta, 9th October, 1846.

The Committee appointed by the Hon'ble the Deputy Governor of Bengal to examine and report on Mesmeric experiments to be made before them by Dr. Esdaile, have the honor to submit the results arrived at up to this period of their observations.

2. Some preliminary correspondence having taken place, Dr. Esdaile reported himself in attendance on the 31st of August, and on the 1st September the Committee met Dr. Esdaile at the residence of Dr. Atkinson, the Inspector General of Hospitals. At this conference Dr. Esdaile read a paper explanatory of his views regarding the nature of Mesmerism, and the conditions which he deemed absolutely necessary for ensuring its successful application in the performance of painless Surgical operations. Dr. Esdaile stipulated for the exclusive medical charge of whatever Hospital wards might be devoted to the proposed experiments—for his having his own subordinate Hospital establishment those employed as Mesmerizers in Hooghly—and for a daily sitting of the Committee. He further repeated his intention of restricting his experiments rigidly to native patients of the class usually received in Jail and Charity Hospitals, and he declined to perform Mesmeric manipulations himself, on the ground of this being needless and detrimental to his health.

3. The Committee having assented to these conditions, arrangements were made by Dr. Jackson, with the authority of the Governors, for placing at Dr. Esdaile's disposal a house lately erected in the grounds of the Native Hospital, having on the ground floor three apartments very well adapted for the proposed experiments.



a. Committee and Operating Room.

b. c. Small rooms, each provided with three beds.

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4. On the 7th of September, the Committee assembled at this Hospital. Dr. W. B. O'Shaughnessy was directed to act as Secretary, record each day's proceedings, and keep Minutes of the cases. It was agreed that the Minutes of each day should be read at the next meeting in Dr. Esdaile's presence, and that the meeting should take place at 7½ A. M.

5. The Committee have accordingly assembled on 14 successive days, and have had under their observation 10 Surgical cases taken by Dr. Esdaile from the general wards of the Native Hospital, all needing operations of more or less severity. These cases are given in *outline* in the accompanying Journal, and any remarkable phenomena exhibited are further recorded minutely in the statement of each day's proceedings.

6. The Committee now proceed to review the facts these cases supply them with, and to deduce therefrom such general conclusions as these seem strictly to warrant.

7. The patients treated were all native males, from 18 to 40 years old, Hindoos and Mahomedans, in all conditions of general health from extreme emaciation to ordinary strength. Their diseases are specified in the annexed roll.

List of Patients subjected to Dr. Esdaile's Mesmeric Experiments.

No.	Name.	Age.	Admitted.	Disease.	Duration.
1	Cheedam,	40	7th Sept.,	Double Hydrocele,	Several months.
2	Bissonath,	20	7th Sept.,	Tumour of Scrotum,	Ditto.
3	Nilmoney,	45	7th Sept.,	Tumour of Scrotum,	Ditto.
4	Neechul,	35	7th Sept.,	Phymosis,	Ditto.
5	Deeloo,	40	7th Sept.,	Double Hydrocele,	3 years.
6	Jahiroodeen, ..	33	7th Sept.,	Hypertrophy of Penis, ..	2 years.
7	Dohmun,	40	10th Sept.,	Hyp. of Scrotum,	Several months.
8	Ramchund, ..	18	13th Sept.,	Hyp. of Scrotum,	2 years.
9	Hyder Khan, ..	30	16th Sept.,	Mortification of leg,	15 days.
10	Murali Doss, . . .	30	14th Sept.,	Hyp. of Scrotum,	6 years.

W. B. O'SHAUGHNESSY,

Secretary.

8. The Mesmerizers employed by Dr. Esdaile were young men, Hindoos and Mahomedans, from 14 to 30 years of age, most of them compounders and dressers from the Hooghly Hospital.

9. To each patient a separate Mesmerizer was assigned. The room in which they operated was darkened, but from time to time the Committee were enabled to witness, through small apertures made in the door panels, the manner in which the processes were carried on. The patient lay on his back, the body naked from the waist upwards, and the thighs and legs bare; the Mesmerizer seated behind him at the head of the bed, leaning over him, the faces of both nearly in contact, the right hand being generally placed on the pit of the stomach, and passes made with one or both hands along the face, chiefly over the eyes. The Mesmerizer breathed frequently and gently over the patient's lips, eyes and nostrils. Profound silence was observed. These processes were continued for about two hours each day in ten cases, for eight hours in one case in one day, and for six hours in another case, without interruption. Three cases of the ten, *Bisonath*, *Deeloo* and *Nichul*, were dismissed without satisfactory effect; *Bisonath* suffering from slight cough which Dr. Esdaile considered to render the Mesmeric manipulation ineffectual; *Deeloo* on the 5th day for having taken spirits, and *Nichul* having resisted the Mesmeric processes during eleven days without conclusive result.

10. In seven cases, in a period varying from one to seven sittings, deep sleep followed the performance of the processes above described.

11. This sleep in its most perfect state differed from ordinary natural sleep, as follows.

The individual could not be aroused by loud noises; the pupils were insensible to light; and great, and in some cases apparently perfect, insensibility to pain was witnessed on burning, pinching, and cutting the skin and other sensitive organs.

12. This sleep in its general character differed from that which would be produced by narcotic drugs, in the quickness with which, in eight cases out of ten, the patient was awoke, after certain transverse passes and fanning by the Mesmerizer, and blowing upon the face and on the eyes; in the natural condition of the pupils of the eyes and the conjunctive in all the cases after awaking; in the absence of stertorous breathing and of subsequent delirium or hallucination, and of many other symptoms familiar to medical observers, and which are produced by Alcoholic Liquors, Opium, Hemp, and other Narcotic Drugs. It is right, however, to add that in two cases the patients shewed much confusion and disinclination to answer, and complained of giddiness for some time after being suddenly aroused.

13. In seven cases Surgical operations were performed in the state of sleep above described.

14. In the case of *Nilmony Dutt*, there was not the slightest indication of the operation having been felt by the patient. It consisted in the removal of a tumour. It lasted four minutes. The patient's hands or legs were not held. He did not move, or groan, or his countenance change. And when awoke after the operation he declared he had no recollection of what had occurred.

15. In another case, *Hyder Khan*, an emaciated man, suffering from mortification of the leg, amputation of the thigh was performed, and no sign of its causing pain was evinced.

16. In a third case, *Murali Doss*, (the operation he underwent being very severe) he moved his body and arms, breathing in gasps, but his countenance underwent little change and the features expressed no suffering, and on awaking he declared he knew of nothing having been done to him during his sleep.

17. A case of tapping one side of a double Hydrocele is passed over as insignificant and inconclusive, for although apparently painless, the operation was repeated on the other side, while the patient was awake, with the same result. The operation too is one daily borne without material suffering, by numerous patients in all our Hospitals.

18. In the three other cases observed by the Committee during the performance of operations in the state of sleep above described, various phenomena were witnessed, which require to be specially pointed out. While the patients did not open their eyes, or utter articulate sounds, or require to be held, there were vague and convulsive movements of the upper limbs, writhing of the body, distortion of the features, giving the face a hideous expression of suppressed agony, the respiration became heaving, with deep sighs. There were in short all the signs of intense pain, which a dumb person undergoing operation might be expected to exhibit, except resistance to the operator.

19. But in all these cases, 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.

20. It therefore becomes a question whether the writhings and distorted features, in the three cases above described, are to be regarded as proof that the operations occasioned, at the time, the actual agony of which such symptoms are the usual evidence, or whether they were mere "instinctive movements," as Dr. Esdaile represents them. But our province is only to record facts, and not to enter upon that of the Physiologist or the Metaphysician.

21. The general result arrived at then, on the question of pain during the mesmeric surgical operations we witnessed, amounts to this, that in three cases there is no proof whatever that any pain was suffered, and that in the three other cases *the manifestations of pain during the operation are opposed by the positive statement of the patient that no pain was experienced.*

The following Table shews the curious fact that in the three cases in which there was no evidence of pain the pulse rose remarkably during the operation. But in the cases in which there were the symptoms of pain described in para. 20, the pulse continued exactly the same before and during the operations :

STATE OF PULSE.

Patient.	Disease.	Before.	During.	Immediately after.	Operation.
Nilmony,.....	Tumor,.....	84 ...	124 ...	Natural,	Apparently painless.
Ditto,.....	Dressing changed on 12th September,	80 ...	108 ...	Natural,.....	Apparently painless.
Domun,.....	Tumor,.....	72 ...	72 ...	Natural,.....	Doubtful.
Jahirudin,.....	Excision of thickened prepuce,.....	60 ...	60 ...	Natural,.....	Doubtful.
Ramchund,.....	Tumor,.....	68 ...	68 ...	Natural,.....	Doubtful.
Hyder Khan,.....	Amputation of thigh,.....	108 ...	112 ...	100	Apparently painless.
Murali Doss,.....	Tumor,.....	68 ...	108 ...	72	Apparently painless.

22. The Committee having been satisfied, by the cases above cited, that by the mesmeric method sleep could be so deepened in some instances, as to permit of the performance of severe surgical operations without pain, *according to the declarations of the patients*, considered that their next duty "in testing the efficiency of Dr. Esdaile's mesmeric processes" was to ascertain the *ratio of susceptibility* to the influence in a large body of cases. Dr. Esdaile was accordingly invited to take 100 individuals at random from Dr. Jackson's wards, subject them to mesmeric manipulation before the Committee, and shew what number of the 100 could be brought into the condition of insensibility to pain. This experiment Dr. Esdaile declined to undertake, assigning reasons for which the Committee refer to his letter forwarded with this Report.

23. With respect to the amount of bleeding during operations performed in the mesmeric sleep, and which Dr. Esdaile considered as being very much less than in ordinary operations, three of the four Medical Members of the Committee have expressed their opinion that there is no material difference observable. Notes by Dr. Stewart and Dr. Jackson are appended on this point.

24. Neither do the Medical Members consider that the after treatment of the individuals operated on, was in any degree ameliorated, or the cure accelerated, by the operation having been performed in the mesmeric sleep.

25. To the capability of removing or the renewal of dressings during the mesmeric sleep, without disturbing the patient, Dr. Esdaile attached much importance, as, by avoiding pain, he considered the cure to be accelerated. The Committee witnessed the painless removal or application of dressings from extensive wounds during the Mesmeric condition in four cases, but the gentleness and care with which the process was performed left it doubtful whether the patients would have made any complaint had Mesmerism not been resorted to.

26. But in one case, *Ramchund*, an examination of the wound, of a peculiarly painful nature, was required, involving two separate incisions; just as the first was completed (it lasted about $\frac{1}{4}$ of a minute, and caused writhing of the body and distortion of the face) he awoke, and on proceeding to the second step, he shouted aloud in pain and terror, and struggled so violently that the operator could not proceed.

27. The uncertainty of the time required in producing the intense condition of the Mesmeric sleep, in the majority of the cases now under notice, appeared very unfavorable to the general introduction of Mesmeric manipulations in the practice of Surgery, especially in Hospitals. But Dr. Esdaile states positively that by frequently changing the Mesmerizers, and performing the

manipulations without interruption, the same result may possibly be produced within one day, which would, in the manner pursued before the Committee, have been necessarily extended over several days. In the cases of *Hyder Khan* and *Murali Doss*, several Mesmerizers were successively employed, and the result seemed to the Committee corroborative of Dr. Esdaile's statement.

28. The Committee further apprehend that a serious practical obstacle to the universally useful application of Mesmeric processes exists in the resistance to the sleep, which, Dr. Esdaile acknowledges, is given by cough, by pain, by mental excitement, by fever, and by the sinking state of the vital system induced by protracted and dangerous disease.

29. The case of *Bisonath* is referred to on this point, who was dismissed from treatment by Dr. Esdaile's desire on the 5th day, in consequence of his having a slight habitual cough, which Dr. E. considered to interfere with his Mesmeric treatment, and to disturb that of the other cases in the same room.

30. There are further and serious considerations involved in this subject, to which the Committee deem it their duty briefly to advert. Admitting the existence of a natural power of producing the Mesmeric sleep, there are strong grounds, even in the facts before the Committee, for supposing that persons thus treated are rendered subsequently more and more susceptible to its influence; their nervous systems are, it appears, brought into a morbidly impressible condition. The professional Members of the Committee regard this point as one deserving of attentive notice. If this increase of sensibility and susceptibility exposes the patients to numerous nervous maladies, too much caution cannot be observed in extending the practice to the ordinary and often trivial exigencies of Surgical diseases. It is, however, only by prolonged experiments skilfully practised and faithfully recorded, that conclusive evidence can be gathered on this most important question.

31. The Committee deem it necessary to represent most respectfully to the Government that, impressed with a strong conviction of the importance of observing with the strictest possible scrutiny every case or experiment brought before them, they have found it requisite to meet daily for fourteen successive days from 7½ to 10 A. M., during the observation of ten cases of which three were inconclusive. The Committee respectfully submit that the responsible public duties on which most of the Members are employed, must suffer serious interruption were the enquiry to be followed up under their observation and *with equal strictness*, to the requisite extent for the decision of the doubtful points they have indicated. At the same time the Committee feel that the subject is one demanding the most accurate and best authenticated observation of every experiment which is brought forward. The Committee also solicit the instructions of Government whether, should further enquiry be resolved on, it is to be limited strictly to such experiments as Dr. Esdaile wishes to perform, or whether the Government wish the Committee to extend the investigation as they think desirable.

In conclusion, the Committee are unanimously of opinion that great credit is due to Dr. Esdaile for the zeal, ability, and boldness with which he has taken up and pursued this enquiry. His sphere, however, has been hitherto limited, but the Committee hope that his further investigations may be extended to Medical as well as Surgical cases, to European as well as Native patients, and to the elucidation of the several questions which have been adverted to in the course of this report.

JAMES ATKINSON, *Inspector General of Hospitals, Chairman.*

EVELYN M. GORDON.

D. STEWART, *Presidency Surgeon.*

JAMES HUME.

J. JACKSON, *Surgeon to the Native Hospital.*

A. ROGERS.

W. B. O'SHAUGHNESSY, M. D., and F. R. S., *Secy. to Committee.*

Calcutta, 7th October, 1846.

MINUTE BY MR. HUME.

I have signed the Report, because I agree with all its facts : but the paragraphs 27, 28, 29, and 30, I objected to when they were under discussion, and, as on further consideration my opinion remains the same, I desire to express it. I think the paragraphs in question calculated to create an unfavourable impression of Mesmerism as a Surgical and Medical agent, neither warranted by what we have seen, nor by the reasoning applied to what we have not seen.

I desire, in the first place, to make an observation on paragraph 22. The proposition therein alluded to I was not aware of until after Dr. Esdaile's reply had been received. I should not have supported it, considering the position in which Dr. Esdaile was placed with the Committee. He had distinctly declined to do more—before any thing was done—than attempt to substantiate the fact of painless operations by virtue of mesmerism, and the question of ratio of susceptibility, however important in itself, was beside *that* question. I think it right to say thus much, because the Report does not state whether the Committee considered the reasons assigned by Dr. Esdaile for declining the experiment sufficient ; I think they were.

Para. 27. I dissent from the opinion expressed at the commencement of this paragraph. I do not think the uncertainty of the time required for producing the intense condition of the mesmeric sleep “very unfavourable to the general introduction of mesmeric manipulation in the practice of Surgery, especially in hospitals.” I think if a severe operation can be performed without pain, it is a very secondary consideration whether the patient has to be mesmerised one hour or twenty-four hours. So far from the objection being specially applicable to hospitals, it seems to me that it is much less so than to operations out of hospitals, for where there is a large establishment there may be mesmerisers without inconvenience, and the cost I throw out of the question. If the introduction of mesmerism into our hospitals necessarily involved the abolition of some existing system, it might be at present a questionable change ; but why it should not be *introduced* if it be once proved that painless operations can be performed by its means, I am at a loss to imagine.

I did not consider the Committee was called on to report on the question of introducing mesmerism into hospitals, but as an opinion is given unfavourable to its introduction, as at present informed I must record my dissent.

Para. 28. I object to this paragraph, because the Committee was not called on to report on the “universally useful application of mesmeric processes ;” because I have never understood that Mesmerism was asserted by Dr. Esdaile, or by any body else, to be universally applicable or infallible ; and because it appears to me, after other portions of the Report, to be setting a possible failure under some circumstances against positive success under other circumstances,—as though a person were to descant on the invaluable properties of quinine, and then complain that it could not be turned to account while a patient was in a high state of delirium and fever.

Para. 29. The case of Bissonauth, referred to in this paragraph, is a weak one ; in fact it proves nothing. At the end of five days he was dismissed from treatment because he had not been mesmerised and had a cough : but another patient was dismissed after *eleven* days because he had not been mesmerised,—and he had no cough. The Report speaks (para. 28) of what Dr. Esdaile “acknowledges” about the causes which do, or may, give resistance to the mesmeric sleep, and those specified might appear to have naturally that effect ; but we have seen so much that is *unnatural*,—such as a man bearing a red-hot cinder on his breast without flinching, and this simply because a boy had breathed on his face and made some “passes,” that I, for one, am not prepared to say that mesmerism cannot quiet a cough, soothe mental excitement, allay fever, and defeat the hostility of pain. *Resistance* to the mesmeric sleep is one thing, the power to defeat it another : to assert that because there is *resistance* there is “a *serious* practical obstacle to the universally useful application of mesmerism” is not logically correct ; but if it were, what is there under Heaven of which we can declare the “universally useful application” to assuage the ills that flesh is heir to,—except patience.

Para. 30. This paragraph expresses the opinion of the Medical Members of the Committee on a point of much interest ; certainly on one calculated to create distrust, if not alarm, of mesmerism. Being however a portion of the Report which the Non-medical Members are to sign, I may be permitted to say a few words upon it.

It is said there are strong grounds for believing that parties who have been once mesmerised "are rendered subsequently more and more susceptible to its influence, their nervous systems are, it appears, brought into a morbidly impressible condition. If this increase of sensibility and susceptibility exposes the patients to numerous nervous maladies, too much caution cannot be observed in extending the practice to the ordinary and often trivial exigencies of surgical operations." All that the Committee has had an opportunity of *observing* is, that patients become gradually more susceptible of the mesmeric influence: we may take it however that the results of constant and prolonged practice on a mesmeric patient would be seriously prejudicial, but why suppose the abuse instead of the use of this agent! I am not aware that any one would see occasion for extending the mesmeric process beyond the accomplishment of the operation and subsequent treatment of the patient, and there is no evidence, that I am aware of, to show that in the ordinary period required for these purposes the nervous system is likely to be prejudicially affected.

The paragraph alludes to Surgical cases: it may be most important as regards the application of mesmerism to purely Medical cases.

JAMES HUME.

MINUTES OF PROCEEDINGS OF THE COMMITTEE APPOINTED TO OBSERVE AND REPORT ON DR. ESDAILE'S MESMERIC EXPERIMENTS.

2D MEETING—held at the Native Hospital, on the 7th September, 1846, at 8 A. M.

Present.

DR. ATKINSON, *President.*

E. M. GORDON,	} <i>Esquires,</i>	DR. J. JACKSON.
A. ROGERS,		DR. W. B. O'SHAUGHNESSY.
JAS. HUME,		

DR. ESDAILE in attendance.

On the proposition of Mr. Hume to the President and Members, Dr. W. B. O'Shaughnessy was desired to act as Secretary to the Committee.

A note was received from Dr. Duncan Stewart, a Member of the Committee, explaining his absence on the ground of urgent professional duty.

The Committee inspected the rooms provided for the experiments, consisting of a large outer apartment, and two small inner rooms, each provided with three beds and capable of being darkened.

Dr. Esdaile announced that six patients requiring surgical operations were in waiting. The Committee proceeded to examine these patients, noting their names, age, caste, disease, general health, pulse, temperature and state of respiration. These details are inserted in a journal.

Dr. Esdaile introduced six Native Mesmerizers from Hooghly.

No. 1.	Munoorudeen,	Aged 14
2.	Nilmoney Doss,	" 22
3.	Tintamane,	" 30
4.	Nuwab Jan,	" 25
5.	Nobin Doss,	" 22
6.	Ruhim Bux,	" 30

All compounders and servants from the Hooghly Hospital.

To each of these Native Mesmerizers a patient was assigned as follows :—

- No. 1. *Cheedam*, aged 40, Bearer, disease, double hydrocele.
- No. 2. *Bissonath*, aged 20, Printer, disease, morbid growth of scrotum and penis.
- No. 3. *Neelmoney*, aged 45, Sircar, disease, morbid growth of scrotum and penis.
- No. 4. *Neechul*, aged 35, Syce, disease, phymosis.
- No. 5. *Deeloo*, aged 40, Cook, disease, double hydrocele.
- No. 6. *Juhirudin*, aged 33, Boatman, disease, morbid growth of penis.

The patients being all placed on the beds on their backs and the rooms darkened, each Mesmerizer seated himself at the head of the bed, applying his face close to that of the patient, but without absolute contact generally, but touching and pressing occasionally, breathing gently on the face, and moving the fingers of both hands close to the skin, usually from the middle line towards the ears, or upwards, from the mouth to the forehead. There did not seem to be any uniform method pursued, but in a few minutes all placed one hand on the naked epigastrium, and a little later all commenced the performance of passes along the middle line of the body from the epigastrium upwards.

The patients lay perfectly quiet from the beginning, asked no questions, and all with closed eyes, except No. 1, *Cheedam*, who seemed anxious and restless.

The patients were examined at 10 minutes past 9. No. 1—on lifting this man's fore arm and bending it to a right angle, the limb remained in the position in which it was placed, but after a few seconds it fell over on his body.

All the other patients seemed entirely unaffected.

At 25 minutes past 9, No. 5, *Deeloo*, rose up of his own accord, and left the room for a necessary purpose.

At 10 minutes to 10, the patients were again examined. No. 2, *Bissonath*, was apparently asleep and his limbs very flaccid. He was removed by Dr. Esdaile's desire to the outer apartment on his cot, but on being called by name he instantly replied, said he had been asleep, but knew that he had been carried out from the inner room.

All the other patients being still unaffected, at 10 m. to 10 A. M. the sitting was terminated, with Dr. Esdaile's acquiescence, by adjournment to 8 A. M. next day, proceedings to be punctually resumed at that hour, without waiting for the attendance of all the members.

The Committee expressed their desire, that the proceedings should be regarded as strictly private.

(Signed) J. A.*

Read and confirmed on the 8th September.

(True Copy,)

W. B. O'SHAUGHNESSY, M. D., *Secretary*.

MESMERIC COMMITTEE,—MINUTES OF 3D SITTING

8TH SEPTEMBER, 1846.

Present:

DR. ATKINSON, *President*.

MESSRS. E. M. GORDON.	MR. J. HUME.	DR. STEWART.
„ A. ROGERS.	DR. JACKSON.	DR. W. B. O'SHAUGHNESSY.

DR. ESDAILE in attendance.

The same patients and Mesmerizers in attendance as yesterday—Mesmeric passes commenced exactly at 8 A. M.

The patient No. 4, *Neechul*, is in a state of irritative fever from inflamed testis.

* Initials of the President, James Atkinson, Esq., M. D., Inspector General of Hospitals.

Quarter to 9, no apparent effect; No. 6, got up and walked out of the room.

Quarter to 9, no effect; all patients either awake or readily aroused, except No. 6, who is apparently in a sound sleep, but awoke at once on his nipple being pinched by Dr. Esdaile. 25 m. to 10, no effect.

Resolved, on Dr. Esdaile's proposition, that the sittings be resumed for the future at $\frac{1}{2}$ past 7 A. M. Dr. Esdaile had requested the sitting to be prolonged, to continue the operation on No. 6 for half an hour this day.

Meeting adjourned at $\frac{1}{4}$ to 10.

Read and confirmed, 9th Sept.

(Signed) J. A.
(True Copy,) W. B. O'SHAUGHNESSY, *Secy.*

MESMERIC COMMITTEE,—4TH SITTING.

9TH SEPTEMBER 1846.

Present:

DR. ATKINSON.

MR. GORDON.

MR. ROGERS.

DR. STEWART.

MR. HUME.

DR. JACKSON.

DR. O'SHAUGHNESSY.

DR. ESDAILE in attendance.

Commenced at 25 m. to 8 A. M. At 25 m. to 9, patients examined. Nos. 1 and 2 were apparently asleep, and did not seem to feel slight pricking with a pin.

The other cases unaffected.

At 5 m. past 9, No. 1* asleep; a pin stuck into his arm did not awake him: removed to the outer room.

His pulse was natural, respiration tranquil, pupil of right eye dilated, eyelids tremulous as if from constant winking. The scrotum was pricked with a pin and squeezed by the hand without his evincing consciousness.

The left side of the scrotum was tapped with the trocar by Dr. Esdaile. The patient did not shrink in the least, the pulse became slightly accelerated, his arms which had been previously poised at right angles to the body remained in this position during the tapping and removal of the fluid. After five minutes had elapsed Dr. Jackson injected into the scrotum a small syringe full of a mixture of 2 drachms of tinct. of iodine and 8 drachms of water. The patient did not exhibit the least sign of consciousness, nor was there any effect produced on the pulse or respiration.

At 25 m. to 10 he seemed uneasy, and awoke when called by name. He was asked, had he been dreaming? He answered "He had not." In reply to other questions he said "he came to the hospital to be cured of hydrocele," that "he feels no pain, is ready to be operated on, wishes for the operation." On Dr. Jackson saying "all was ready" he rose up to take off his cloth, and on finding the swelling had been removed at one side expressed great astonishment, and said "he was asleep all through, God knew how it was done, he knew nothing about it."

This patient was left to himself while the Committee proceeded to examine a second case reported by Dr. Esdaile to be under Mesmeric influence.

No. 3, *Nilmoney*, was brought from the inner room at $\frac{1}{4}$ to 10, apparently in a deep sleep. Respiration natural, pulse 92, arms seemed to have a tendency to remain temporarily in any position in which they are placed, and were bent at right angles to the body during experiments on the patient's sensibility to pain. He was pricked by Dr. Esdaile over the scrotum, abdomen, and in the inner side of the left foot with the point of a knife till blood appeared, but without any manifestation of consciousness. A pin was driven by Dr. Esdaile through the skinny part between the

fore and middle fingers, and left sticking there without awaking him or causing any evidence of pain. On being taken back to the inner room (the pin having been removed previously) he awoke spontaneously, and in reply to questions declared he was not aware that any thing had been done to him while asleep.

On the suggestion of Drs. Jackson and Stewart, with the unanimous concurrence of the Committee, and with the consent of Dr. Esdaile, the first patient, *Cheedam*, was now operated on in the usual manner by Dr. Jackson for the hydrocele of the right side, which was much smaller than that on the left. He did not shrink in the slightest degree or evince any sign of pain during the tapping or injection, but in two or three minutes after this he complained of slight pain in the loins at the right side. During this second operation he was pricked with a pin on his hands and forehead, and said that this gave him pain.

Having been left while the Committee were engaged in examining the Minutes taken of these two cases, the native Mesmerizer resumed the performance of passes on this man *Cheedam*, and in a few minutes he was reported insensible. A pin was driven through the skin between two of his fingers by Dr. Esdaile, as in the former case, without awaking him, and left sticking in it. The native Mesmerizer was desired to awake him. He drew his fingers lightly across the patient's face from the middle line outwards three or four times, and blew over his eyes; the patient immediately awoke, and on being shown the pin sticking through his hand he said "he knew nothing about it," and he drew it out himself.

The other patients 3, 4, 5, 6 remaining unaffected, at $\frac{1}{4}$ past 10 the Committee adjourned.

(Approved and confirmed,) 10th Sept.

(Signed) J. A.

(True Copy,) W. B. O'SHAUGHNESSY, *Secy.*

MESMERIC COMMITTEE—5TH SITTING.

10TH SEPTEMBER 1846.

Present:

DR. ATKINSON.

MR. GORDON.

MR. ROGERS.

DR. JACKSON.

MR. HUME.

DR. STEWART.

DR. O'SHAUGHNESSY.

DR. ESDAILE in attendance.

Resumed proceedings at $\frac{1}{2}$ past 7 A. M.

A new patient had succeeded to No. 1, name *Dohmun*, No. 7, age 40; disease, hypertrophy of scrotum, pulse 76, small heat and respiration natural, general health good. He was placed under the native Mesmerizer Munoorudin aged 14; passes commenced at $\frac{1}{2}$ past 7.

The Committee agreed, that it was objectionable to allow the native Mesmerizers to be in constant intercourse with, and in attendance on the patients during the intervals of the sittings without their being subject to observation.

Dr. Esdaile stated it was absolutely necessary to have his own people in constant and exclusive attendance, to prevent interference of ill disposed persons by means of bribery or intimidating, which might ruin the chances of success. He proposed that the Committee might, if they pleased, set a guard or watch over the parties.

Mr. Hume suggested that it was absolutely necessary (to ensure the confidence of the public) to have an observer constantly in each of the inner rooms during the mesmerizing processes.

Dr. Esdaile made no objection to this being done.

At $\frac{1}{2}$ past 8, patients examined.

No. 2. Unaffected.

No. 3. *Nilmoney Dutt*, in deep sleep.

Nos. 4, 5 and 6. Unaffected.

No. 7. Seemed asleep.

Nilmoney (No. 3) was now removed from the inner room on his cot. A red hot piece of charcoal was placed on his chest and abdomen by Dr. Esdaile, for a second or two, without any apparent disturbance to the patient.

Pulse 84, respiration somewhat accelerated, skin cool, countenance tranquil, is not aroused by calling. The Mesmerizer, Tintamonee, is diligently occupied with the performance of passes over the face and eyes.

Operation. At 25 m. to 9, the patient was moved along his mattress till the feet rested on the ground, the arms by his sides on the bed. He was not held or supported in any way. Dr. Esdaile now proceeded to remove the tumor, the first incision laid bare the penis, which, with the testes, were dissected out of the tumor, and this removed by a series of incisions. The operation lasted four minutes. The application of ligatures and cleaning of the wound, about five minutes more. The penis and testes were preserved uninjured.

During all this time the patient never uttered any sound. His countenance did not alter, he did not move his legs or arms, or shew the least sign of suffering pain. Dr. Stewart reported his pulse about 120 in the minute, during the operation. At the moment of the removal of the tumor Dr. O'Shaughnessy observed it by stopwatch to be 124. The respiration was accelerated, and chiefly abdominal.

At 21 minutes to 9, the patient spontaneously moved his right arm across the body.

Dr. Esdaile now desired the Mesmerizer to leave off, which he did, and ending with some transverse passes, the patient instantly awoke; at which Dr. Esdaile evinced some annoyance, stating that his intention had been to leave the man to awake naturally.

At 18 minutes to 9 he awoke as above described; his countenance was tranquil and cheerful. He expressed no alarm, surprise or consciousness of pain. The following dialogue then took place in Hindostanee.

Dr. Atkinson.—How do you feel now?

Patient.—I have been asleep, I feel as usual?

Dr. Atkinson.—Do you feel the weight of the tumor?

Patient.—Yes, I feel it heavy as usual.

Dr. Atkinson.—How long have you had this disease?

Patient.—More than a year, but for about a month it has been much worse.

Dr. Atkinson.—Where do you reside?

Patient.—At Ramghat.

Dr. Atkinson.—Why did you come here?

Patient.—I came for relief.

Dr. O'Shaughnessy.—Do you wish the tumor to be cut off? are you not afraid of the knife?

Patient.—I wish the tumor to be cut off. I am not afraid of the knife. If it is not removed the disease must kill me.

Dr. O'Shaughnessy.—Are you ready this moment to be cut?

Patient.—Yes, I am ready.

He was now shewn that his hand was smeared with blood, and, being asked what it was, replied he knew not. He was again asked, did he feel any pain in the diseased parts, and replied he felt no pain but heaviness as usual.

He was then directed to remove his cloth for the operation. He sat up in the bed, turned down the sheet, and when he found the tumor had been cut off, he lifted up his hands and exclaimed, "My life is saved, it is the work of God." His countenance at this moment was expressive of great satisfaction. Several questions being put to him by different Members of the Committee, his reply to all was that "he knew nothing of what had been done." He said "he had now a burning sensation in the wound," but, in reply to Mr. Gordon, that "this he did not feel till he had seen and put his hands on the wound." It was then only it began to burn. On being shewn the removed parts he laughed, and said, "God would reward the Doctor," &c.

This patient was removed at 10 m. p. 9, to the general ward of the Hospital.

10 m. p. 9.—The other patients examined.

No. 4.—Asleep, bears pricking with a pin.

Nos. 5 and 6.—Awake.

No. 7.—Asleep, limbs flaccid, did not awake when called by name.

Dr. Esdaile stuck a pin in the point of his nose, and he was not aroused.

The Committee adjourned at $\frac{1}{4}$ past 9, subsequent to which Dr. Atkinson, Mr. Hume and Dr. O'Shaughnessy visited the patient *Cheedam* who had been operated on for hydrocele yesterday. The scrotum was much enlarged and very painful. He complained of much pain in the loins, chiefly at the side on which Dr. Esdaile had operated.

Read and confirmed, 11th Sept.

(Signed) J. A.
(True Copy,) W. B. O'SHAUGHNESSY, Secy.

MESMERIC COMMITTEE,—6TH SITTING.

11TH SEPTEMBER, 1846.

Present:

DR. ATKINSON, *President.*

MR. GORDON.

MR. HUME.

DR. JACKSON.

MR. ROGERS.

DR. STEWART.

DR. O'SHAUGHNESSY.

Dr. ESDAILE in attendance.

Commenced at 25 minutes to 8 A. M.

Minute of preceding Meeting read and confirmed.

With reference to the conversation recorded yesterday, it was agreed that the doors between the outer and inner rooms should be perforated, and small swinging shutters applied, so as to enable the Members of the Committee to inspect the proceedings within, without opening the doors.

At 25 minutes to 9 A. M., patients examined.

No. 2. Asleep.

No. 3. (Bed vacant.)

No. 4. Awake.

No. 5. Snoring, but moving his limbs.

No. 6. Asleep, but awoke when called by name.

No. 7. Asleep, did not awake when slightly pinched by the nipple.

At 18 minutes to 9, No. 7 was brought into the outer room, did not answer when called by name, but on applying twice a piece of red hot charcoal to his abdomen he shrunk back each time, a movement Dr. Esdaile said was "instinctive," or like the contractions produced by galvanism in the muscles of a recently dead subject. The pulse became somewhat accelerated on the application of the cautery, but the patient did not awake.

No. 6. *Jahiroodeen*, was brought out at 10 minutes to 9, bore pricking of the nipple without shrinking. The passes were continued, and at 15 minutes past 9, on his moving about when pricked slightly, the Mesmerizer was desired to leave off for this day.

Dr. Esdaile invited the Committee to accompany him to the general wards of the Hospital to witness experiments on the patient *Cheedam*, operated on two days previously for double hydrocele,—"his object being to shew, he said, that Mesmerism could remove pain."

Dr. Atkinson at Dr. Esdaile's request examined the state of the patient. The scrotum was hot and intensely painful when touched or pressed, considerably swollen, skin hot, pulse 100, tongue dry, face anxious.

The patient lay on his back; a wooden stool having been placed over and across his hips, Dr. Esdaile seated himself upon it and commenced passes before the patient's face and eyes and along the head and ears. He bade him go to sleep, saying "so baba." He continued the passes along the ears, breathed on the face, placed his fingers on the epigastrium, his forehead close to the patient's, and he subsequently placed his left hand on the patient's chest.

After 4 minutes had elapsed Dr. Esdaile called to the patient by his name. He slightly moved his head. In 3 minutes more Dr. Esdaile left his seat and pronounced the patient asleep, continuing the passes and breathing on the face. The limbs were found to be flaccid. A pin was stuck in his nose, but he did not awake. At the twelfth minute he became uneasy, moaned, and awoke while the passes were still being performed. These were continued, and in 7 minutes more he again bore pricking with a pin without moving. Dr. Atkinson was now requested by Dr. Esdaile to examine the patient's scrotum again. On pinching it he shrunk as in great pain, groaned and awoke.

Dr. Esdaile observed that the Native Mesmerizer would probably have been more successful.

At 20 minutes past 9, the other patients not being deemed fit for operation, the Committee adjourned.

Read and confirmed, 12th September, 1846.

(Signed) J. A.

(True Copy,)

W. B. O'SHAUGHNESSY,

Secretary.

MESMERIC COMMITTEE,—7TH SITTING.

12TH SEPTEMBER, 1846.

Present:

DR. ATKINSON.

MR. GORDON.

MR. HUME.

DR. JACKSON.

MR. ROGERS.

DR. STEWART.

DR. O'SHAUGHNESSY.

Dr. Esdaile stated one of his Mesmerizers, *Tintamane*, has left to attend the Hooghly Court as a witness in a trial now pending.

Apertures have been made in the doors, as directed yesterday.

Patients examined in one hour and ten minutes, all found in apparent sleep, but all were awoke on being pinched in the nipple.

At 8 A. M. Dr. Esdaile proceeded to subject *Nilmoney Dutt* (who had been operated on, on the 10th) to Mesmeric *manipulation* preparatory to the dressing of his scrotum. The passes, &c. were nearly the same as yesterday.

At 20 m. past 8, Dr. Esdaile plucked one hair from the patient's chest without awaking him. The old dressings were now removed, the passes being continued, and fresh dressings were applied.

There was no indication of pain, but the pulse was accelerated (80 before, 108 during the dressing.) Dr. Esdaile having desisted from the passes, the patient soon awoke. He was questioned by Dr. Atkinson, and said he had felt nothing, but as he saw the old bandages on his bed he knew his sore had been dressed.

At 10 m. past 9, *Domun*, No. 7, rose up and left the room.

At 20 m. past 9, patients re-examined, all replied when called, and were pronounced unfit for operation.

Dr. Esdaile stated that No. 2, *Bisonath*, was labouring under chronic cough, which must interfere with the mesmeric influence, and Dr. Esdaile proposed to make him over to Dr. Jackson for ordinary treatment in the general ward.

It was proposed by the Committee that Sunday (next day) should be a day of rest, but Dr. Esdaile objected, as it would break, he said, the continuity of his processes; accordingly the sitting adjourned at $\frac{1}{2}$ p. 9, to next day, Sunday, Dr. Esdaile having expressed his wish that the mesmeric treatment should not be interrupted.

Read and confirmed, 13th September, 1846.

(Signed) J. A.

(True Copy,)

W. B. O'SHAUGHNESSY,

Secretary.

MESMERIC COMMITTEE,—8TH SITTING.

13TH SEPTEMBER, 1846.

Present:

DR. ATKINSON.

MR. GORDON.

MR. HUME.

DR. STEWART.

MR. ROGERS.

DR. JACKSON.

DR. O'SHAUGHNESSY.

DR. ESDAILE in attendance.

Minutes of last Meeting read and confirmed, Mesmeric proceedings resumed at $\frac{1}{2}$ past 7 A. M. A new case admitted, No. 8, *Ramchand*, aged 18, a Cooly, disease, hypertrophy of scrotum of two years duration.

At 25 m. to 9, patients examined, all asleep, but No. 5.

At 5 m. to 9, No. 7, *Domun*,* brought to outer room apparently in deep sleep. He bore

*Hypertrophy of Scrotum, admitted 10th September. pricking with a scalpel without shrinking, limbs flaccid, pulse 72, but on the scrotum being much handled it rose to 96, falling again to 72 in less than a minute.

Operation. At 20 seconds past 9 A. M., the operation was commenced by Dr. Esdaile, by thrusting a long knife through the thickened scrotum, and dividing this from within outwards to the right side; the knife was again thrust similarly through, and the parts divided to the left, thus removing a considerable mass of the morbid growth. The penis and testes were preserved.

During this excision of the parts, which lasted less than a minute, the patient, who as usual was not held, did not move his limbs or body, the pulse remained at 72, but the respiration became accelerated, and was chiefly abdominal, with convulsive movements.

Six small arteries requiring to be tied, on the application of each ligature the patient shrunk and sighed heavily, but did not moan or awake.

The Mesmeric passes were as usual vigorously and assiduously continued during the operation and the application of the ligatures. At 9 m. p. 9, the Mesmerizer desisted. The man still continued sleeping. His pupils were examined, and found to be dilated and insensible to light, but the eye-balls rolled rapidly from side to side.

At 16 m. p. 9, a small artery commenced bleeding, and on handling the wound in search of the vessel, he shrunk but did not awake. Pulse now 75.

At 19 m. p. 9, he moved his head and partially awoke. He was repeatedly called to by name in a loud voice by Mr. Hume, and though his eyes were open he made no answer. He lifted up his hands when desired to do so, and turned his eyes to the questioner, but did not speak for nearly four minutes. In reply to several questions, he then said "he knew of nothing having happened, "he was asleep, *behosh* or stupified." He had no dream; yesterday he dreamed something had pierced his scrotum. He feels this to be light now, but no pain. As he still continued apparently but half awake, Dr. Esdaile made a few transverse passes over his face and blew sharply on his eyes, pouring water on his face at the same time. He became much more lively in his replies, but still said "he knew of nothing having been done to him." He got up to walk away on being desired to do so. He then found the tumour had been amputated, but he evinced no surprize or emotion, and again got into his cot.

In 20 minutes afterwards he still stated himself to be quite free from pain, and was removed into the general ward.

At half-past 9, the patient No. 8, *Ramchund*, admitted this day, was brought from the inner room in a deep sleep. His nipple was severely pinched and hair plucked from about it without his shrinking, but he winced on the application of a hot charcoal; his pulse was 100. Pupils contracted, operation deferred.

He was awoke with difficulty, and after his eyes had been opened and blown into without evincing sensibility, he shewed great disinclination to speak, and said his head was turning round; on being left, he immediately relapsed into deep sleep.

At 25 m. p. 9, *Jaherodeen*, No. 6, was brought out asleep. He did not awake when called to or pinched on the nipple, and Dr. Esdaile said he might be operated on without consciousness of pain. The operation was, however, postponed by general consent, and he was awoke on the Mesmerizer pressing and moving his eyes and making transverse passes and blowing upon his face.

The Committee adjourned at $\frac{1}{4}$ to 10 A. M.

Read and confirmed, 14th September, 1846.

(Signed) J. A.

(True Copy,)

W. B. O'SHAUGHNESSY, *Secretary*.

MESMERIC COMMITTEE,—9TH SITTING, MONDAY.

14TH SEPTEMBER.

Present:

DR. ATKINSON.

MR. GORDON.

MR. ROGERS.

DR. STEWART.

MR. HUME.

DR. JACKSON.

DR. O'SHAUGHNESSY.

DR. ESDAILE in attendance.

Commenced at 20 m. to 8 A. M.

Minute of preceding Meeting read and confirmed.

A new case. No. 10, *Murooli Doss*, aged 30, Palkee Bearer from Hooghly, admitted with large hypertrophy of scrotum. Mesmerizer, *Nilmony*.

*No. 5, double Hydrocele, admitted 7th September—Mesmerized daily since.

The patient *Deeloo** dismissed for being drunk. Dr. Esdaile stated his wish that three additional Mesmerizers should be sent for from Hooghly to enable him to act on a greater number of cases and to relieve the Mesmerizers in their labours, adding that substitutes would be required from Calcutta in their stead. Dr. Stewart

stated he hoped he could provide substitute Native Doctors and Compounders to be sent to Hooghly. (Dr. Atkinson having observed that no one could be provided for the purpose by the Medical Board.)

Dr. Esdaile said he would send for the Mesmerizers accordingly on substitutes being provided.

At 9 A. M. the patients were examined.

No. 7, *Domun*, who had been operated on yesterday, was awake, and complaining of great pain in the wound, skin hot, pulse frequent.

No. 10, *Murooli Doss*, awake.

No. 8, *Ramchund*, (admitted yesterday) in deep sleep.

No. 6, *Jaheroodin*, asleep, and insensible to pricking and pinching.

Neechul in deeper sleep than has hitherto been observed.

Disease Phymosis with thickened prepuce and integument of the penis, admitted 7th September. At 17 m. to 9, *Jaheroodin* was brought into the outer room and pricked with the point of a scalpel all over the body without apparent pain. Pulse 60.

Operation. At 18 m. p. 9, Dr. Esdaile made an incision along the back of the penis, the skin was dissected off the body of the organ, the prepuce was divided and the skin cut off. This lasted four minutes.

During the operation the patient, who as usual was not held, did not move or moan; his eyelids remained closed, his pulse continued at 60.

His countenance at the moment of the first incision assumed an expression of intense pain, the lips being compressed, the mouth distorted, the nostrils expanded, and the face drawn into wrinkled folds. He sighed heavily—the larynx ascended and descended spasmodically several times.

When a ligature was being applied, his body shrunk, his arms moved, his fingers opened and shut. The pulse still continued 60.

At 24 m. p. 9 he moved his lips, and seemed endeavouring to open his eyes; he spoke a word or two, and the Mesmerizer was then directed to leave off the passes.

He almost immediately awoke, sat up on his cot, looked about, salaamed to the gentlemen all round, and the expression of pain entirely left his face. In reply to several questions he declared “he knew of nothing having been done to him, that he had no recollection of pain, had no dream,” and said “he was ready to be operated on,” asked to be punkahed, said he was weak from fasting (it being the Mahomedan fast), that he had drunk nothing intoxicating. He talked volubly, *his pulse became accelerated*. He was now shown the diseased part which had been removed, he expressed much satisfaction. In a minute or two afterwards he began to complain of pain in the wound, and this rapidly increasing, he was removed to the inner room at 20 m. past 9, and the Mesmerizer directed to resume his manipulations. Dr. Stewart remained with him till 10½ A. M. when he was still in very great pain.

Ramchund, admitted yesterday, (and who had during the day left the hospital, and did not return this morning till 5 m. to 8 A. M.) was brought from the inner room asleep and insensible at 25 m. to 10.

Dr. Stewart objected to this boy being operated on, as he considered the symptoms he evinced yesterday, and his state to-day on entering the room, of a character to render it probable that he had drugged himself with hemp, while absent from the hospital. He proposed that Dr. Esdaile should be requested to awake him by Mesmeric means, in order to test whether he had been drugged or not.

Dr. Stewart having been supported in this request by the Committee generally, Dr. Esdaile (having previously stated, that he would prefer allowing him to awake spontaneously, as when *violently* aroused narcotic symptoms were often evinced) directed the Mesmerizer to make the

usual transverse passes.* These were done gently, and at the 3d minute the patient opened his eyes widely. He fell asleep again almost immediately, and this alternate waking and sleeping recurred three or four times.

His pupils were again examined and found to dilate and contract naturally. Dr. Esdaile now dashed water on his face, the passes were more briskly performed, and his eyes rubbed. He now became quite awake, and on being desired to do so, walked steadily across the room. He said his head was giddy and he sat down, but he remained awake and answered questions when addressed till the Meeting broke up.

Dr. Stewart and Dr. O'Shaughnessy now expressed themselves perfectly satisfied that this patient had not been under the influence of Bang or any other narcotic.

At 10 A. M. the Meeting adjourned.

Read and confirmed, 15th Sept.

(Signed) J. A.
(True Copy,) W. B. O'SHAUGHNESSY, Secy.

MESMERIC COMMITTEE,—10TH SITTING.

15TH SEPTEMBER, 1846.

Present:

DR. ATKINSON.

MR. ROGERS.

MR. HUME.

DR. STEWART.

MR. GORDON.

DR. JACKSON.

DR. O'SHAUGHNESSY.

DR. ESDAILE in attendance.

Minutes read and confirmed. Mesmeric proceedings commenced at $\frac{1}{2}$ past 7.

At $\frac{1}{4}$ past 8, Dr. Esdaile proposed to subject the boy *Ramchund* to Mesmeric manipulation in the Committee Room, to enable the Members to witness and observe the invasion and progress of the "Mesmeric trance." The proposition being agreed to and the room slightly darkened, *Ramchund* was placed sitting in a chair, his Mesmerizer seated before him with his elbows resting on the patient's arms, their faces almost touching. His pulse was natural, respiration tranquil, pupils natural. The patient closed his eyes of his own accord, and at 18 minutes past 8 the Mesmerizer commenced drawing his fingers along the face from above downwards, and in circular sweeps from the ears towards the mouth, allowing the fingers to remain longest in proximity to the eyes. He breathed frequently and gently on the eye-lids and into the nostrils. At the third minute he placed his left hand on the patient's epigastrium while continuing the passes. Dr. Esdaile now called loudly three times to the patient, who replied to the third call, but seemed half asleep.

At 25 minutes past 8 his head sunk down on his right shoulder, and his arms dropped by his sides. He was called loudly to by Dr. Esdaile and he did not reply, a brass washing bason was flung down behind him and he did not start. His limbs seemed to be perfectly flaccid and unresisting. The Mesmerizer ceased, and the patient at 20 minutes to 9 was lifted on his feet; in doing this his waist cloth became accidentally loose, and he was seen by several Members of the Committee to endeavor to re-adjust it.

When placed erect he remained as if poised on his feet for a second or two, and then sunk into the usual sitting position of a native. He was next placed on his back, and his arms and legs

* Before the Mesmerizer proceeded to his awakening manipulations, Dr. O'Shaughnessy at Dr. Esdaile's request examined the state of the patient's pupils and found them to be contracted to a mere point, and the eye-balls drawn to the inner corners of the orbits. This was pointed out to the Committee.

flung about by Dr. Esdaile to demonstrate their flaccid state, which Dr. Esdaile compared to that of a man struck dead by lightning.

Operation.—At 12 minutes to 9, Dr. Esdaile made a circular incision round the scrotum beneath the penis, dissected away the thickened skin from the testes and the double hydrocele. The excision of the thickened parts lasted exactly four minutes and a quarter.

The mesmeric passes were resumed previous to, and assiduously continued during, the operation.

At the first moment of the operation the patient's face became distorted, the eyes and lips spasmodically contracted, his body writhed and became rigid, his respiration heaving and thoracic, he moved his arms and hands in rapid circles over the abdomen, and then threw both convulsively round the Mesmerizer's neck, he moaned aloud, but uttered no articulate sound, he did not open his eyes, did not move the lower limbs, and his pulse continued exactly the same as before the operation.

In one minute after the operation he opened his eyes, and moved his arms and hands and began to rub his abdomen and chest. The Mesmerizer continuing his passes, the patient again closed his eyes, but he moaned and moved as if in pain; in this state he continued till 11 m. past 9; his pupils were now examined and found to be somewhat dilated and little affected by light; the eyes were filmy and dull.

Dr. Esdaile now called attention to the bleeding from the wound, which he considered in this and in all the previous operations, to have been trivial compared with that in ordinary Surgical cases of the same kind. In this case no ligature was required.

The professional Members of the Committee being requested to express their opinions on the point,

Dr. Atkinson considered the bleeding to be the same as usual in cases of this description.

Dr. Jackson was of the same opinion.

Dr. Stewart that the bleeding is less in Dr. Esdaile's cases.

Dr. O'Shaughnessy agreed with Drs. Atkinson and Jackson.

At 17 minutes past 9, Dr. Esdaile commenced fanning the patient transversely, saying he did this as a demesmerizing as well as soothing process. The patient now seemed half asleep, but bewildered. He attempted to answer but gave only confused and inarticulate replies. At 27 minutes to 10, under rapid transverse passes made by the native Mesmerizer, he awoke perfectly, his countenance and eyes became natural, the pupils expanded and contracted naturally, and he answered questions distinctly.

He said "he had been asleep but had had no dream, that he now felt a burning sensation along the middle of his abdomen and chest," which he rubbed with his hands, and that there was a similar feeling in his thighs; says he recollects being placed on a chair, and passes made before him by a native, recognizes the native, but remembers nothing more.

The Committee having previously resolved not to tell him of, or allude to his having been operated on, all questions of this kind were accordingly avoided. The patient himself never spoke of any operation, or seemed in the least degree to suppose that any thing unusual had been done to him. He expressed a wish to go to sleep, and at 20 minutes to 10 he was left under Dr. Robt. Stuart's charge, with instructions that he was not to be told any operation had been performed.

Dr. R. Stuart reports that at 10 m. past 10, four bleeding vessels required ligature; at each application of these the patient complained much, and begged he might be let alone till next day, seemed very drowsy all through.

The other cases were examined at $\frac{1}{4}$ to 10.

Neechul fast asleep, and hair plucked from his chest without disturbing him.

Moorali Doss answers questions, but says he is asleep.

Dohmun, the patient operated on; on the 13th for hypertrophied scrotum, is in intense pain with much fever.

Nilmoney Dutt and *Jahiroodeen* doing well.

At ten minutes to 10 the Committee adjourned.

Read and confirmed, 16th September, 1846.

(Signed) J. A.
(True Copy,) W. B. O'SHAUGHNESSY,
Secretary.

MESMERIC COMMITTEE,—11TH SITTING.

16TH SEPTEMBER, 1846.

Present:

DR. ATKINSON.

MR. GORDON.

MR. HUME.

DR. STEWART.

MR. ROGERS.

DR. JACKSON.

DR. O'SHAUGHNESSY.

DR. ESDAILE in attendance.

Minutes of preceding Meeting read and confirmed. Mesmeric proceedings commenced at 20 m. to 8.

Hyder Khan, aged 30, was admitted, requiring amputation of the right leg above the knee, under the following circumstances. Having suffered for seven months from rheumatism in the right foot, he allowed the part to be burned with red hot charcoal balls, and various caustics applied by a Native practitioner; mortification ensued, the right foot sloughed off fifteen days since, and there is now a gangrenous sore extending up the leg.

The patient is greatly emaciated, feeble, feverish, pulse 124, small, countenance anxious. He wishes to have amputation performed if considered necessary to save his life.

Dr. Esdaile proposed to continue the Mesmeric operations all day on this patient, relieving the Mesmerizers every two hours, in order to bring him the more speedily into the Mesmeric trance.

Dr. Esdaile handed in an authentic copy of his first letter addressed to Government regarding his Mesmeric operations in Hooghly.

(Letter read and recorded, as desired.)

Dr. Robert Stuart reported that at 10 m. p. 10 yesterday it became necessary to apply four ligatures to bleeding vessels in the scrotum of the patient *Ramchund*.

On being questioned this day by the Committee, *Ramchund* said he became aware of having had an operation performed on him only when he felt the pain given by the application of the ligatures. He states that he has suffered but little pain since yesterday.

At $\frac{1}{4}$ to 10, *Moorali Doss*, who had previously been brought into the Committee room, was found, although in deep sleep, to be so much disturbed by pinching his nipples that the operation was postponed.

Nichul was also found asleep, but readily disturbed—operation deferred.

At 10 A. M. *Hyder Khan* was asleep, but with the eyes half open, and eye-balls turned upwards.

He did not reply when called to by name.

At 5 m. p. 10 A. M., the Committee adjourned.

Read and confirmed, 17th September, 1846.

(Signed) J. A.
(True Copy,) W. B. O'SHAUGHNESSY, Secretary.

MESMERIC COMMITTEE,—12TH SITTING.

17TH SEPTEMBER, 1846.

Present :

DR. ATKINSON.

MR. GORDON.

MR. HUME.

DR. STEWART.

MR. ROGERS.

DR. JACKSON.

DR. O'SHAUGHNESSY.

DR. ESDAILE in attendance.

Minutes read and confirmed.

Mesmeric proceedings resumed as usual at $\frac{1}{2}$ p. 7, *Hyder Khan* having been commenced with at $\frac{1}{2}$ p. 6. Dr. Esdaile communicated a note regarding the state of *Hyder Khan*, under the Mesmeric manipulations pursued yesterday in the absence of the Committee.

(Note recorded by order.)

Half p. 8, *Hyder Khan* asleep; not awoke by being called in a low tone or hairs plucked gently from the chest.

The other patients awake.

Half p. 9, no change; resolved that should *Hyder Khan* remain in the present condition until 12 o'clock he should then be transferred to Dr. Jackson for operation in the usual manner.

(Adjourned at $\frac{1}{2}$ p. 9 A. M.)*Revisited at 12.**Present :*

Messrs. Gordon, Hume, Jackson and Stewart.*

Previous to the operation, Dr. Esdaile with the Members of the Committee above named, visited *Hyder Khan*, Dr. Esdaile spoke to the man, called him by his name, to which he answered. Dr. Esdaile then plucked some hair from his chest without his wincing or taking any notice, or appearing to be sensible of it. The Committee then returned to the outer room and remained 10 minutes, when he was again visited and the operation proceeded with.

MEMORANDUM RECORDED BY DR. DUNCAN STEWART.

Hyder Khan.

I P. M. 17th September.

State of the patient, lies on his back, the left limb extended, the right flexed, the knee resting against a pillow, the stump enveloped in bandages, touches the bedding.

The respiration is easy and natural, skin less pungently hot than in the morning. Pulse 108, eyes half open, everted, glazed and dry, perfectly motionless, limbs relaxed and admit of being freely moved in any position by Dr. Esdaile.

The operation was performed in bed, (arms crossed over the breast) on the middle of the thigh by a double flap, occupied $2\frac{1}{2}$ minutes, the taking up seven bleeding vessels occupied 13 minutes more. During the whole procedure not the slightest tremor of limbs, no quiver or movement of eyes or eye-lids, pulse steady 112. The limb was now shaved, strapped and bandaged, occupying about 10 minutes.

The patient seemed slowly recovering from deep sleep at the 12th minute from commencement, moved the left arm to his pillow from the breast, where it had hitherto been resting, $24\frac{1}{2}$ minutes after the operation commenced, named his brother, but made no remark to him, and seemed unable to understand, and did not reply to questions; was removed to a clean bed without evincing any consciousness of what was done.

* Dr. Atkinson absent on duty at the Medical Board. Dr. O'Shaughnessy ditto ditto at the Mint.

At 32½ minutes from the commencement of the operation he was fully awake, the eyes clear and intelligent, skin cool, pulse 108.

At 42 minutes, pulse 100, replies to all questions, said he was hungry, declares he has still much uneasiness and pain in his foot, and is willing to have it cut off. On being shown the amputated limb he evinced great astonishment, and was not convinced that it was his own till he examined the bandages which still remained on it.

The hemorrhage was not greater than usual, but considerable difficulty was found in securing the arteries, and stopping the flow from the femoral vein.

The Committee having adjourned to the Native Hospital inspected No. 4, *Neechul*, upon whom Dr. Jackson operated, removing the hypertrophied prepuce at one stroke.

Ninety drops of laudanum had been administered half an hour previously, and the patient was sound asleep when operated on, pulse 90.

At the moment of operating he shouted aloud, struggled violently, drew up his legs and kicked hard, pulse rose to 120, he continued to struggle for several minutes.

NOTE REGARDING HYDER KHAN, COMMUNICATED BY DR. ESDAILE.

16th September, 1846, 10 minutes past 2, (he did not get his food till about 12 o'clock,) the new Mesmerizer, Nawab Jan, commenced at 10 minutes past 12.

Examined at 1 o'clock, eyes glassy, half-open, with a tendency to turn upwards, moved his arm voluntarily.

Half-past 1 o'clock, Mesmerizer changed, new Mesmerizer Munoorodeen; is still moving his limbs, eyes much as before.

3 o'clock, awake, says he cannot be tranquil unless his brother is beside him, Mesmerizer changed, Golam Siawod commenced.

4 o'clock, still continues anxious for his brother's presence.

Recorded by order,

W. B. O'SHAUGHNESSY.

The whole of these Minutes were read and confirmed at the Meeting of the 18th September, 1846.

(True Copy,)

W. B. O'SHAUGHNESSY.

MESMERIC COMMITTEE,—13TH SITTING.

18TH SEPTEMBER 1846.

Present:

DR. ATKINSON.

MR. GORDON.

MR. HUME.

DR. STEWART.

MR. ROGERS.

DR. JACKSON.

DR. O'SHAUGHNESSY.

DR. ESDAILE in attendance.

Proceedings resumed at 20 m. to 8 A. M. Minutes of preceding day read and adopted.

Hyder Khan, whose thigh was amputated yesterday, is doing well in every respect. He is free from pain, pulse less frequent, his appetite continues good, and his countenance is free from its former anxious expression.

Morali Doss still but little affected, agreed that he should be mesmerized all day, as practised in the case of *Hyder Khan*.

Ramchund is suffering from considerable irritative fever, pulse 120, skin hot. He was mesmerized from 7½ A. M. to 9 A. M. and brought into the Committee room asleep. The dressings, which were adhering strongly to the parts, were removed in this state, but he awoke at 12 m. past 9, before the requisite examination of the parts could be completed. The testes are much enlarged

and inflamed and covered with purulent matter. He was questioned whether he had felt the removal of the dressing, and said he knew nothing about it.

A female child, *Luckia*, aged 7, has been admitted this morning for disease of the left great toe, which will require amputation from the socket. Fell asleep after 15 minutes mesmerizing, but awoke at 9 A. M.

At $\frac{1}{2}$ past 9, meeting adjourned.

Read and confirmed, 19th September, 1846.

(Signed) J. A.

(True Copy,)

W. B. O'SHAUGHNESSY, *Secy.*

MESMERIC COMMITTEE,—14TH SITTING.

19TH SEPTEMBER 1846.

Present:

MR. GORDON.	DR. ATKINSON.	DR. STEWART.
MR. ROGERS.	MR. HUME.	DR. O'SHAUGHNESSY.
	DR. JACKSON.	

DR. ESDAILE in attendance.

Minutes of preceding Meeting read and adopted. Mesmeric proceedings resumed, *Luckia* and *Nurahdon* at $\frac{1}{2}$ past 6, *Ramchund* at 7 A. M.

Dr. Esdaile states that the mesmerization had been pursued yesterday with *Morali Doss* till 2 P. M.

At 20 m. p. 8 *Morali Doss* insensible to pinching, the child *Luckia* aroused by being called by name.

At $\frac{1}{2}$ past 8 *Nurahdon* brought into the outer room on his cot. His countenance was tranquil, skin cool, respiration natural, pulse 68, eye-lids tremulous and compressed. He was pricked deeply on the inside of the foot with the point of a knife, and shewed no sensibility.

Operation. At $33\frac{1}{2}$ m. past 8 Dr. Esdaile commenced the operation by thrusting a *bistoiré cachée* (concealed knife) through the preputial opening upwards, and cutting from below upwards through the thickened integuments, making a wound five inches in length. The operation was continued by a series of incisions through the skin and subjacent growth from right to left around the tumor. The penis and testes were dissected and torn out of the mass, and this was completely removed at $37\frac{1}{2}$ minutes past 9, exactly in four minutes.

The tumor weighed $16\frac{1}{4}$ lbs., avoirdupois, and the length of the incisions through the skin was found on measurement to be $38\frac{1}{2}$ inches.

During the first incision the patient's countenance did not change; he made two or three deep and heaving inspirations. He uttered no moan, and did not move his limbs. His pulse rose to 108. While dividing adhesions between the left testis and the adjacent morbid growth, his hands contracted. At the 3d minute he moved his arms upwards, and seemed to clasp feebly at some imaginary object. The incision being pursued through the skin, and two ligatures required to bleeding arteries, he sobbed heavily, his body slowly contracted forming an arch resting on the shoulders and pelvis. He grasped Mr. Rogers' hand so forcibly that Mr. R. could not extricate it from his hold. At the moment that the tumor was detached from the body his pulse fell to 96; his hand became cold, he relaxed his grasp of Mr. Rogers' hand and in a few seconds more his pulse fell to 60. During all this time the native Mesmerizer continued passes over the face with his left hand, keeping the right hand on the pit of the stomach.

At the 7th minute from the commencement he was lifted back on his cot, two ligatures were now applied, and some warts cut off the glans penis with a scalpel and scissors. On each cut he started and sobbed deeply.

Of the professional Members of the Committee, Drs. Atkinson, Jackson and O'Shaughnessy expressed their opinion that the bleeding, whether venous or arterial, did not differ from that usually observed in such cases. Dr. Stewart considered it to be chiefly venous, and less than ordinarily seen.

The Mesmerizer having desisted for a little, and the patient sleeping calmly, at 6 minutes to 9 a ligature was found requisite. The passes were resumed. The searching for the bleeding vessel caused him to breathe heavily, the larynx rose and fell spasmodically, and at the instant the knot was tied he squeezed Dr. Stewart's hand.

Dr. Esdaile now called attention to what he termed the patient's tendency to a cataleptic state; the left arm being bent to a right angle with the upper arm, slightly resisted an attempt to extend it again, and on lifting the whole limb up, and casting it down suddenly, the arm twice continued bent on the upper arm, and in a vertical posture on the bed.

At 2 minutes past 9 the Mesmerizer again desisted; soon after the patient rolled his head on the pillow. He was now called to by name by Mr. Hume, and awoke perfectly on the third call, at 7 minutes past 9 A. M.

His countenance was tranquil, and expressed neither pain nor alarm, but his manner of reply was that of a person aroused from deep sleep, and still confused. His pupils were natural, and pulse rose to 72.

In reply to the questions of the Committee, he said he had been asleep, had had no dream, is not aware of any thing having happened to him. He thinks the tumour is not as heavy as usual, knows not why; he says he is ready to be operated on, wishes for the operation to be performed. He caressed Dr. Esdaile's hands, and on being shown that Dr. Esdaile's dress was covered with blood, he expressed no surprize or alarm, and persisted in saying "he knows nothing." He now drank water, said he was inclined for food, and again said he had had no unpleasant dream while he slept.

At 13 minutes past 9 he was left under charge of Mr. Foy,* with the request that he should not be told of the operation as long as possible. Up to this time he had made no complaint whatever of any pain in the wound or elsewhere.

Ramchund. This lad, being in a deep sleep, at 12 minutes to 9 was brought into the Committee room to undergo an examination of the state of the testes, which it was feared were diseased, and might require to be removed.

The dressings were removed by Dr. Esdaile without disturbing him. The encumbrance covering the left testis was pierced with a lancet, and a considerable quantity of watery fluid escaped. The sac was laid open its entire length by a bistoury, during which he sobbed, writhed his body, flung up his arms, made several efforts to grasp the operator's hands, and finally required to be held by the Assistants. He awoke at 9 minutes to 9, while the membrane of the right testis was being punctured. On Dr. Jackson introducing his forefinger to examine the state of the testis, he screamed with pain and terror, and struggled so violently that the examination could not be proceeded with.

Hyder Khan, whose thigh had been amputated on the 17th, has passed a bad night, torn off the dressings, pulse 120, skin hot, is incoherent.

The other cases present nothing remarkable.

It was agreed by the Committee that the Hospital sittings should now be adjourned till further notice, and that a meeting should take place on Tuesday the 22nd, at 7½ A. M. at the President's house, to consider the minute and past proceedings of the Committee.

Read and confirmed on the 22nd September 1846.

(Signed) J. A.

(True Copy,)

W. B. O'SHAUGHNESSY, *Secy.*

NOTE BY DR. ESDAILE.—*Moorally Doss.*

Sept. 19th. *Moorally Doss* operated on for hypertrophy of the scrotum and penis this morning. I saw him at 3 o'clock. He said there was some burning in his scrotum; I asked him the cause of it. He replied, that it began about half an hour ago, and that he then sat up and saw from the blood and dressings that I had cut him. Enough skin being left to cover the testes, the wound was stitched up and supported by straps; during this he suffered severely, and complained much.

(True Copy,)

W. B. O'SHAUGHNESSY.

MY DEAR O'SHAUGHNESSY,

I have just received your note of to-day, and by no means desire that this my reply to it should "be considered private." On the contrary, I am anxious that it should be communicated to the Committee.

I am very much disappointed to learn that there is any probability of the Committee's Report being re-opened, when I had hoped that it had been completed and transmitted to the Government.

It appears to me that the *ratio* of the people mesmerisable has no connection with the subject of the possibility of painless operations, the first point to be disposed of, and which I trusted had been already demonstrated to the satisfaction of the Committee during the fortnight I acted under their observation.

It is, of course, highly important to know the number of men that are capable of being benefited in this way, but, surely, the best way of ascertaining this, is by actual operations on persons requiring surgical aid, and, if the subject is prosecuted to the extent desired by the Government, the Committee will soon have ample means of determining the *ratio* called for, by the daily practice of my Hospital.

I have from the beginning acted on the principle of never mesmerising any one, in the first instance, who did not need it: the proposal then, to test the mesmeric power "by taking 100 persons at random out of the wards" would be a departure from the rule I have laid down, and I hope it will not be proposed to me. Besides, it would break down and discourage my people, to be made to labour for, to them, no intelligible purpose, and the offer of extra Mesmerisers would not meet the occasion, for the art is neither soon, nor easily learned.

The want of success in other Hospitals will not, I apprehend, be permitted to have any prejudicial effect on the success that has attended my operations in presence of the Committee, and which, I hope, has been recognised by them.

I sincerely hope that the Committee will soon communicate with Sir Herbert Maddock, as he cannot reply to my proposal for the prosecution of this investigation till he hears from the Committee.

Yours very truly,
(Signed) J. ESDAILE.

Calcutta, 4th October, 1846.

(True Copy,)

W. B. O'SHAUGHNESSY, *Secretary.*

NOTE.—On the "loss of blood" during Mesmeric Operations, by Dr. D. Stewart.

It appeared to me that in all the Mesmeric Operations performed before us, the loss of blood was decidedly *less* than is usual, in similar cases, under ordinary circumstances.

In all the cases of Scrotal Elephantiasis which I have seen, or heard of, and in the few where I have myself operated, the bleeding constituted the chief, nay the only difficulty; in two cases I

have known it to be unmanageable and to prove fatal. Whereas, in the mesmerised cases, although the quantity of blood *passively* discharged, at the first incisions, from the cut orifices of the large vessels, chiefly cutaneous veins, was no doubt just as great as in common cases, yet the *flow* thereupon immediately stopped, as it would from a broken pitcher, and the "loss of blood" was therefore necessarily less.

The quantitative comparison is however a matter of trifling importance, (being one merely of opinion). The points of practical interest to which I directed great attention, and about which I regret there should be any difference in the observations of my professional colleagues, were the *sources* and *character* of the hemorrhage, and the state of *the pulse* previous to, during, and subsequent to the operations.

The florid color of the coagulated blood on the floor in case 10, (the large Scrotal Elephantiasis case,) was appealed to by Dr. Jackson, as a proof of its being arterial; but it was quite demonstrable that the bright vermilion tint of these coagula was superficial, and nothing more than the usual oxygenizing effect of the air on freshly drawn venous blood: while the fact that not a single artery required to be tied *for at least 10 or 12 minutes*, along the whole surface of a wound measuring 38 inches in circumference, and from which a living mass weighing 16 lbs. had just been removed, surely proved that no active *arterial* hemorrhage had taken place. Several open arteries actually projected without distilling a drop, and were tied, more as a matter of precaution than of necessity. Moreover no compresses had been applied along the great arterial trunks, no torsion was practised on the cut arteries, there was no muscular contraction of the stump similar to that of an amputated limb, or to that of the uterus after expelling its placenta; yet was there no active arterial hemorrhage till long after the conclusion of the operation, when the patient had fully awoken from his trance, and recovered his senses. I think this circumstance, so different from the usual procedure of unaided nature, fairly attributable to the agency of Mesmerism alone.

The character of the pulse, in other words, the effects produced on the heart's action, forms a most important part of our inquiry, but the effects observed are far too few and extraordinary to enable me to come to any general conclusion; for,

In two cases, acknowledged to be *painless*, the pulse *rose* during the operation; in three *doubtful* cases, it was but *little at all affected*, though in one of these the muscular contractions of the arms and face were not violent, and in the large scrotal case there was observed, first a momentary depression amounting nearly to syncope, then a sudden rise to a very rapid and small pulse, and finally perfect tranquillity as before the operation.

The *only fact* connected with the pulse observed to be uniform, was, that whatever might be the disturbance either of the circulation or the innervation *during* the operation, the pulse invariably regained its equilibrium *before its conclusion*.

Calcutta, the 26th September, 1846.

D. STEWART.

NOTE.—"On the loss of blood," by Dr. J. Jackson.

Whilst I perfectly agree with all that has been advanced by Dr. Stewart in reference to the state of the pulse during these Mesmeric Operations, I feel obliged to differ from him in opinion in reference to the loss of blood; and from my name having been mentioned in Dr. Stewart's minute, I feel called upon to state the grounds for my opinion, and to detail some of the facts as they occurred.

In the case alluded to by Dr. Stewart, the blood at the time of flowing was bright and arterial. It coagulated immediately, and amounted according to estimate to 12 ounces; the patient became quite faint, and the skin cold and clammy, he relaxed his hold, and on the tumor being removed, the vessels stood out, their calibres being contracted, as is usual in divided arterial branches when a patient is collapsed from faintness. Ligatures were applied on several vessels,

not merely as it would afterwards appear as "a matter more of precaution than necessity," for as soon as reaction took place, it was necessary to re-open the wound and to take up other vessels to prevent the patient sinking from hemorrhage. I consider that the blood lost in this case was as much as usual, and the only circumstance deserving of remark appeared to me to arise from the absence of the large distended veins which are so frequently met with in these scrotal cases.

Again in the case of amputation the discharge of blood from the femoral vein, much exceeded what is usual in consequence of its oblique division. From the cases hitherto seen, and from their nature, I do not consider that there has been any difference in the loss of blood from what is usual.

(Signed) J. JACKSON.

October 2d, 1846.

(True Copy,) W. B. O'SHAUGHNESSY, *Secretary*.

To F. J. HALLIDAY, Esq.,
Secretary to the Government of Bengal.

SIR,

The Committee appointed by Government to report upon my Mesmeric Practice having adjourned, I have no means of making the Government acquainted with an important case that has just occurred, except by reporting it direct to you.

As you and other gentlemen witnessed the course and termination of the case, I hope that it will be considered as well authenticated as if it had been reported by the Committee.

I have the honor to be,

Calcutta, 23d October, 1846.

Sir,

Your most obedient servant,

JAS. ESDAILE, M. D.

A REPORT OF A MESMERIC OPERATION PERFORMED BY DR. ESDAILE AT
THE NATIVE HOSPITAL, CALCUTTA, ON THE 14TH OCTOBER, 1846.

9th Oct. *Hurronundo Saha*, aged 27, hearing that I was in Calcutta, came to the Native Hospital to-day with an enormous scrotal tumour. It measured *seven feet* in circumference, and *two feet* round its neck. The disease began 7 years ago with hydrocele, and its progress has been very rapid during the last 3 years. He has monthly attacks of fever, when the tumour swells, and discharges water. Although the tumour is actually as large as his whole body, (he appears to be about eight stone weight) his person is in tolerable condition, and his constitution does not seem much broken.

10th Oct. He was Mesmerised to-day for the first time for two hours by two persons, taking one hour each. He slept profoundly, and was partially cataleptic. The best mode of managing the mass, described hereafter, was rehearsed without awaking him.

11th Oct. No Mesmeric effects to-day, on account of his system being deranged by fever.

12th Oct. The Mesmeric phenomena are less striking than on the first day. He is still feverish.

13th Oct. This day being excessively rainy, I did not go to the Hospital, thinking that the gentlemen interested in the progress of the case would not venture out in such bad weather. At 2 o'clock P. M., I received a note from a gentleman who had been on the Committee, informing me that the patient had that day exhibited the most perfect *catalepsy*, and might have been operated on to any extent.

14th Oct. The same appearances being present, as yesterday, I proceeded to operate upon him. The tumour had been daily tied up in a sheet, to which a rope was attached, rove through a pulley in a rafter.

The first part of the operation was performed without disturbing him, as he lay; the mattress was then hauled down till his pelvis rested on the end of the bed: his legs were held asunder, and the pulley put in motion to develop the neck of the tumour. It was transfixed with a long two-edged knife, and removed by circular incisions, right and left. The flow of venous blood was profuse, but soon moderated under general pressure of the spectators' hands.

The arterial bleeding was not formidable, and was not a source of danger.

The mass, half an hour after its removal, weighed 103 lbs., and with the blood and fluid contained in it, must have been upwards of eight stone weight.

During the whole operation, I was not sensible of a quiver of his flesh, or the slightest movement of his limbs and body. Dr. Duncan Stewart, one of the Committee, held his pulse all the time, and had the best opportunities of observation; he has kindly furnished me with the following notes.

DR. STEWART'S NOTES of *Dr. Esdaile's Mesmeric Operation on the 14th October.*

The time occupied in the operation was six minutes, including the application of ligatures to the spermatic arteries, and three or four other vessels that spouted.

The arterial hæmorrhage was very small indeed, but the welling of blood at the moment of each transverse cut was appalling, the loss could not have been less than 10 or 12 lbs. The patient remained throughout most perfectly still and motionless. I held his pulse the whole time, and counted it carefully. Immediately on the removal of the tumour, it sank to zero; his face became pale, and cold sweat bedewed his forehead, and it was not till his head was lowered by the withdrawal of one or two pillows that he recovered from the collapse caused by so sudden and great a withdrawal of vital stimulus from the heart and brain.

The pulse gradually returned, and was found, when first counted, to be 120, very small, compressible and intermitting, but there was not the slightest evidence of consciousness or pain.

It was now deemed necessary by Dr. Taylor and myself to pour some wine and hartshorn down his throat; but as he could not swallow in this state, it was allowed us to dash cold water in his face, blow in his eyes, and fan him; by which means he awoke from his trance, recovered sufficient sensibility to drink some brandy and water, and presently subsided into perfect repose: the pulse, however, remaining very weak, and settling at 100. No active hæmorrhage ensued with this reaction, but two or three more small vessels were tied, and cold wet cloths were applied to the raw surface. The patient was then carefully removed to a clean bed.

In the course of the afternoon, as I was informed, some symptoms of collapse occurred, such as vomiting and restlessness, and some 7 or 8 more vessels were successively secured by the assistants who remained in watchful charge of him. He passed a good night; the wound was stitched and strapped the following day, and on visiting him this morning, I found him looking composed and sleeping soundly, the parts looking well, and with every prospect of a most successful cure.

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

Presidency Surgeon.

Calcutta, 16th October, 1846.

The following gentlemen, besides a room full of Natives, were present,—

Mr. Halliday, Mr. Beadon, Mr. Hume, Mr. Young, Dr. McPherson, Dr. Jackson, Dr. D. Stewart, Dr. Burt, Dr. R. Stuart, Dr. Taylor, Dr. Huffnagle, Mr. Foy, Mr. Watson.

23d Oct. He is doing very well, and has every prospect of a good recovery.

J. E.

No. 2045.

TO J. ATKINSON, *Esq.*, *Chairman*,

and

W. B. O'SHAUGHNESSY, *Esq.*, *Secretary of the Committee appointed to observe and report on Dr. Esdaile's Mesmeric Experiments.*

GENTLEMEN,

Government of Bengal. }
Judicial—the 4th No- }
vember 1846. }

I am directed to acknowledge the receipt of your letter dated the 9th ultimo, forwarding the Committee's Report, with Minutes of their proceedings and various documents referred to, the whole of which have been perused by the Hon'ble the Deputy Governor of Bengal with much interest and attention.

2. It appears from this Report that ten persons requiring Surgical treatment were subjected to the supposed mesmeric process ; that of these, three were dismissed without effect, and the other seven patients, after various intervals, were thrown into a deep sleep, which however, according to the Committee, differed from natural sleep in as much as " the individual could not be aroused by loud noises ; the pupils of the eyes were insensible to light ; and great, and in some cases apparently perfect insensibility to pain was witnessed on burning, pinching and cutting the skin and other sensitive organs." On the other hand this sleep differed from that produced by narcotic drugs " in the quickness with which in eight cases out of ten the patient was awoke, after certain transverse passes, and fanning by the Mesmerizer, and blowing upon the face and eyes ; in the natural condition of the pupils of the eyes and the conjunctiva in all the cases after awaking ; in the absence of stertorous breathing, and of subsequent delirium, or hallucination, and of many other symptoms familiar to medical observers, and which are produced by Alcoholic liquors, Opium, Hemp, and other Narcotic drugs."

In the seven cases in which deep sleep was produced, operations were performed during this sleep ; and the result is stated to be that three operations and one dressing were, to all appearance,

perfectly painless ; and in the other three there were " all the signs of intense pain which a dumb person might be expected to exhibit, except resistance to the Operator." " But," the Committee add, " in all these cases, 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 had been performed." It appears from a table given by the Committee, and copied in the mar-

STATE OF PULSE.					
Patient.	Disease.	Before.	Dur- ing.	Imdly. after.	Operation.
Nilmoney, ..	Tumor,	84 ...	124	Natural,	{ Apparently { painless.
Ditto,	{ Dressings chang- ed on 12th Sep- tember,	{ 80 ...	108	Nat., ...	{ Apparently { painless.
Domun,	Tumor,	72 ...	72	Nat., ...	Doubtful.
Jahirudin, ...	{ Excision of thick- ened prepuce ...	{ 60 ...	60	Nat., ...	Doubtful.
Ramehund, ..	Tumor,	68 ...	68	Nat., ...	Doubtful.
Hyder Khan,	{ Amputation of { thigh,	{ 108 ...	112	100	{ Apparently { painless.
Murali Doss,	Tumor,	68 ...	108	72	{ Apparently { painless.

gin, that the state of the pulse in these cases was not what might have been expected ; being raised greatly in the apparently painless operations, and remaining unaffected in these which were accompanied by symptoms of pain.

" The general result arrived at, then," say the Committee, " on the question of pain during the Mesmeric Surgical Operations we witnessed, amounts to this, that in three cases there is no proof whatever that any pain was suffered, and that in three other cases the manifestations of pain during the operation are opposed by the positive statement of the patient that no pain was experienced."

The Committee conclude their report by adverting to the necessity for an extensive, as well as accurate observation of the phenomena attending mesmeric agency, of the existence of which they seem to entertain little doubt. They attribute great merit to Dr. Esdaile for the "zeal, ability, and boldness with which he has taken up, and pursued this enquiry"; but they remark that his sphere has hitherto been limited, and they "hope that his further investigations may be extended to Medical, as well as Surgical, to European, as well as Native patients; and to the elucidation of the several questions which have been adverted to in the course of this Report."

3. The Deputy Governor concurs entirely with the Committee in thinking that though the investigations upon which their Report is founded have been upon a scale too confined to warrant any definite conclusion as to the existence and applicability of mesmeric agency to Surgical cases, yet the results hitherto observed are of sufficient importance to warrant a further prosecution of the enquiry. At the same time, His Honor is fully aware of the value of the time of the Members of the Committee, and that, as they have themselves observed, the responsible public duties on which most of the Members are employed, must suffer serious interruption, were the enquiry to be followed up under their observation, and *with equal strictness*, and to the requisite extent for the decision of the doubtful points they have indicated.

4. Under these circumstances, the Deputy Governor is unwilling to tax unnecessarily the time and convenience of the gentlemen forming the Committee; and in releasing them from the necessity of further attendance, I am instructed to convey the acknowledgments of the Government, and to express the satisfaction of the Hon'ble the President in Council as well as of the Deputy Governor of Bengal with the manner in which the Committee have performed their part in these important proceedings.

5. The Committee's Report has been ordered to be published, and the Deputy Governor entirely concurs with the remark of the President in Council, that it is sufficient for the present that it should be allowed to work its own way towards producing conviction among the profession and the public; and that, at this stage, any more direct encouragement on the part of Government to the general introduction of the mesmeric practice would be premature. But so far has the possibility of rendering the most serious surgical operations painless to the subject of them, been, in His Honor's opinion, established by the late experiments performed under the eye of a Committee appointed for the purpose, as to render it incumbent on the Government to afford to the meritorious and zealous officer by whom the subject was first brought to its notice such assistance as may facilitate his investigations, and enable him to prosecute his interesting experiments under the most favorable and promising circumstances.

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.

I have the honor to be,
Gentlemen,
Your most obedient Servant,
(Signed) FRED. JAS. HALLIDAY,
Secretary to the Govt. of Bengal.