European Doctors caught between the two Worlds

On the Reception of South and East Asian Medicine in Early Modern Europe, 1600-1800

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INTRODUCTION

Cristovao da Costa, a Portuguese physician working at the Royal Hospital in Cochin (present day Kochi), in his medical compendium *Treatise of drugs and medicines of East India* (1578), proudly wrote how he cured the ailing King of Cochin, "In the year 1569, the King of Cochin fell ill with a serious disease of continuous fever which overtook him when he was weak and wasted of venereal use, and wishing to be treated by me alone, without the presence of his physicians."[1]

During the period of self-imposed seclusion (c. 1639 onwards) in Japan, the Governor of Nagasaki on 7th December 1656, sent to ask *Opperhoofd* Wagenaer "to promote a most improper task on his behalf. One of his best hunting dogs, a large bitch, recently suffered a bad injury around her nether parts when she had a litter of two puppies." The governor was very fond of the animal and he would like the VOC surgeon to attend to it. The surgeon had already refused and at first Wagenaer objected on his behalf, but in order not to cause offense, for an outright refusal, would have an adverse effect, he prevailed upon the surgeon to do his best to cure the animal. One week later, the governor Kiemon sent another patient: a pet monkey, whose tail had been burned when the governor played with it near the fire. Wagenaer sarcastically noted in his dagregister: "it is all about a monkey's tail. Who ever heard of such strange cures! First a skinny bitch, now a monkey, after this it will probably be a cat or an owl. But we shall oblige this touchy big *cabessa* [chief] in every way, even if he were to send injured billy goats, buffaloes and pigs to us!"[2]

Around 1667-1668, Japanese officials yet again amidst the heightened curiosities with regards to the European medicine sent repeated requests to the Dutch East India Company which was their only gateway to Western knowledge to send them a doctor trained in European chemistry and botany.[3]

In another instance, a surgeon accompanying Sir William Norris, English ambassador to the court of emperor Aurangzeb (1699-1700) was called to attend to a man dead for several hours, which drew the acerbic ambassador to comment that Indians were so ignorant that they believed the English could 'almost raise ye deade.'[4]

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[1] P.D. Gaitonde, *Portuguese Pioneers in India: Spotlight on Medicine* (Bombay: Popular Prakashan Private Ltd. 1983), 141.
[2] Cynthia Vialle and Leonard Blusse, *The Deshima Dagregisters: their original tables of contents: Vol. XII, 1650-1660* (Leiden: Institute for the History of European Expansion, Intercontinenta No. 25, 2005), 6-7.
[3] Harold J. Cook, "Medical Communication in the First Global Age: Willem ten Rhijne in Japan, 1674-1676," *Disquisitions on the Past and Present* 11 (2004):16-36, 4.
[4] Abraham Eraly, *The Mughal World: Life in India's Last Golden Age* (New Delhi: Penguin Books, 2007), 38.

At the first glance, these excerpts may seem unrelated and random pieces of medical information but a connecting thread carefully weaves all the above-mentioned cases. The common element being the presence or the call for a potential presence of a European doctor, whose services were sought after and appreciated by the nobility of South and East Asia, even to minister exclusively to their favorite pet animals. Among a wide range of actors, for instance, brokers, spies, translators, and messengers who played a modest yet essential role in transforming the politics of the European maritime trading companies and assisted in attaining territorial favors like the establishment of trading factories in the East. The present study examines one such less explored, but an important set of actors, the doctors (some examples of private doctors have also been documented), more precisely speaking the European doctors enlisted in South and East Asian courts.

They are an interesting subject worthy of scholarly investigation because these 'foreign' doctors convincingly demonstrated their medical acumen by offering not so well known facts and information about human anatomy or demonstrated dissections on dead bodies to the court physicians and their medical pupils. In addition, they often employed a variety of alternative strategies to surpass the endeavors of other rival foreign and local *vaids* and *hakims* and body physicians in the Japanese case also employed in these courts. These medical practitioners, as such, engaged themselves in a gamut of activities broadly ranging from therapeutics to quackery and often staked their fragile relations with the emperor by being a part of risky undertakings, for instance, dealing with the severe health conditions of their patrons. Such successful engagements not only helped in attaining a distinct social standing, it moreover opened a window for gaining a privileged access to the court and made these doctors excellent purveyors of inside information which was indeed reflected in their travel accounts and personal correspondences with the company officials.

This thesis at one level examines how and why were the European doctors as 'outsiders' able to make an impression on the aristocratic elites in the Mughal court? And at another level, it investigates the direct relationship between cross-cultural medical favors and the advantages doctors gained by offering their services. Did such intercessions by doctors' yield only the much-desired trade concessions like *farmans* to the trading companies in which these medical men were employed and represented as ambassadors in the courts or something more especially in terms of monetary gains such as money, an enviable position at the court or other benefits? What were their duties, as agents of intercultural exchange? What different kinds of powers were vested with them which could broadly range from subordination to arbitration or sometimes, even domination?

Situating the Arguments in Historiography

Various facets of the history of medicine in the colonial period of South and East Asia have been explored so far in the scholarly works ranging from medicine being used as a potential tool in the empire building process,[5] the rise of trade and commerce and its direct connection with the scientific revolution in the Dutch empire,[6] development of medicine and natural history[7] among others, however, what made the European doctors so special and different in the Asian royal court settings have not been explored in depth so far.

Peter Boomgaard, the late Dutch historian in 1993, explored the relationship between oriental and occidental medicine in the Dutch East Indies by demonstrating the crucial role played by the VOC surgeons in the courts.[8] His study was not just limited to the nobility in Southeast Asia itself, Dutch surgeons appointed in South Asian courts were also mentioned in passing. In addition, Boomgaard's empirical study suggested several reasons as to why the local population in colonial Java was a hesitant recipient of Western medicine around the early eighteenth century.

David Arnold in an interesting study on the colonial Indian medicine asserted that "Western medicine was far less domineering in its relationship with the indigenous societies."[9] Likewise, M.N Pearson,[10] and Deepak Kumar,[11] along the same lines also punctured the Eurocentric assumptions of medical superiority in the early modern period and counter-argued that there was a prevalent Eurasian reliance on humoral pathology as a comprehensive theory of disease causation was still to be discovered.

Rajesh Kochhar brought forward another angle to the debate by elaborating on the reasons as to why European doctors were 'sought' and 'pampered' by the Indian ruling classes from

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[5] See Pratik Chakrabarti, *Medicine and Empire: 1600-1960* (Basingstoke: Palgrave Macmillan, 2013); Poonam Bala (ed.), *Medicine and Colonialism: Historical Perspectives in India and South Africa* (London: Pickering and Chatto, 2014); David Arnold (ed.), *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900* (Amsterdam: Rodopi B.V., 1966).

[6] Harold. J Cook, *Matters of Exchange: Commerce, Medicine and Science in the Dutch Golden Age* (New Haven: Yale University Press, 2007).

[7] Kapil Raj, *Relocating Modern Science: Circulation and the Construction of Knowledge in South Asia and Europe, 1650-1900* (Basingstoke: Palgrave Macmillan, 2007); Richard Grove, *Green Imperialism* (New York: Cambridge University Press, 1995); Londa Schiebinger, *Plants and Empire* (Cambridge: Harvard University Press, 2004).

[8] Peter Boomgaard, "The Development of Colonial Health Care in Java: An Exploratory Introduction," *Bijdragen tot de Taal-, Land-en Volkenkunde* 149:1 (1993):439-58.

[9] David Arnold, "Introduction: Disease, Medicine and Empire," in *Imperial Medicine and Indigenous Societies*, ed. David Arnold (Oxford: Oxford University Press, 1989), 1-26, 11.

[10] M.N. Pearson, "The Thin End of the Wedge Medical Relativities as a paradigm of Early Modern Indian-European Relations," *Modern Asian Studies* 29 (1995): 141-170.

[11] Deepak Kumar, "Adoption and Adaptation: A Study of Medical Ideas and Techniques in Colonial India" in *Science between Europe and Asia: Historical Studies on the transmission, adoption and adaptation of knowledge*, Boston Studies in the philosophy of Science, ed. Feza Gunergun and Dhruv Raina (Dordrecht: Springer, 2010), 233-244.

1644-1717.[12] By citing the example of a European doctor Gabriel Boughton, he argued that the personal privileges and royal favors from the reigning emperor (*farmans*) were often misused and misinterpreted by the officials for the company's benefits. Famous doctors like Garcia de Orta, John Fryer (1650-1733), Niccolo Manucci (1639-1717), Francois Bernier (1620-1688) to lesser known physicians like Jacob Minues, Gelmer Vorburg, and Cattem find mention in his work.

In the year 2004, Harold J. Cook underlined the importance of surgeons/physicians in the international networks, his study focussed particularly on Willem ten Rhijne, a German physician stationed at Deshima.[13] He pointed out the complexities that the Dutch doctors faced in terms of language and culture as they dealt with new tropical ailments and when they drafted their medical works. In 2015, Anna Winterbottom contributed to the debate by questioning the much hyped core-periphery approach and the role of the 'core' in the production and dissemination of knowledge.[14] She counter-argued and suggested that scholarly correspondences occurred not just in Europe but also in colonial outposts, cities, bazaars, and army camps. By highlighting the case studies of two English surgeons stationed in Madras (present day Chennai), Samuel Browne and Edward Bulkley, Winterbottom elaborated on the role of these doctors, and how they successfully deployed their accumulated botanical knowledge and in turn transformed Madras into one of the most important colonial settlements of the company in the seventeenth century.

In a recent study, Nancy Um highlighted the role of ship doctors as ambassadors in the eighteenth century Yemen.[15] Drawing together from a variety of sources including Dutch, French, English, and Arabic accounts, she suggests how the Qasimi ruler Sahib al- Mawahib quite frequently sought the services of foreign doctors, which was a part of the European and Safavid embassies to Yemen for his recurring health problems. By doing so, she argues that cross-cultural exchanges were a result of interest and curiosity in the Western medicine and such reciprocations, therefore, resulted in the internationalization of medicine in Yemen.

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[12] Rajesh Kochhar, "The Truth behind the Legend: European Doctors in Pre-Colonial India," *Journal of Bioscience* 24 (1999): 259-268.
[13] Harold J. Cook, "Medical Communication, 16-36.
[14] Anna Winterbottom, "Medicine and Botany in the making of Madras, 1680-1720," in *The East India Company and the Natural World*, ed. Vinita Damodaran, Anna Winterbottom and Alan Lester (Palgrave Macmillan, 2014), 35-57.
[15] Nancy Um, "Foreign Doctors at the Imam's Court: Medical Diplomacy in Yemen's Coffee Era," *Art History Faculty Scholarship* 1 (2015): 261-88.

These studies no doubt are very insightful as they raise the bigger issues of assumed medical superiority and the actual state of medicine in the sixteenth and seventeenth century, internationalization of medicine and the important role of the doctors in it.

However, one salient feature of this wave of scholarship is that some of the articles are rather exploratory in character for instance- details include the identification of names and the presentation of often repeated short summaries. And other scholars yet have framed their inquiries on a single doctor in order to highlight his role and contributions to the respective trading company in which he was employed, for instance, the article on Willem ten Rhijne by Harold J. Cook.[16] Or for example, David Arnold's study that is confined to the incidents of only English doctors/surgeons who worked in the naval and military establishments of India.[17]

Therefore, in the present study, I attempt to bring forth certain scattered moments of medical contact, which if seen in isolation might seem as supplementary details but their holistic reconstruction reveals that they were not just a result of the obvious diplomatic exchange rather these missions were often combined intentionally for furthering the political agendas of the trading companies or for the doctor's own personal benefits.

In addition, this thesis aims to expand the scholarship by taking into consideration Portuguese,[18] Venetian,[19] French,[20] English,[21] Swede[22] and German[23] doctors who were employed in the trading posts of India and Japan respectively. In a stark contradiction to the assertions of David Arnold, who asserted that, European physicians prior to 1800, rarely offered their services to the local rulers,[24] I will rather counter argue that European doctors not only offered their services at the courts but also played an instrumental role in augmenting the abilities of the trading companies to nestle in and around the Asian (South and East Asian) empires. I bring forward this aspect, and how the doctors accumulated, (re) produced, transmitted and made commensurable knowledge for their Western audience by (re) importing it in their discourses.

[16] Harold J. Cook, "Medical Communication," 16-36.
[17] David Arnold, "Introduction: Disease",
[18] Juliana Dias Da Costa.
[19] Niccolo Manucci.
[20] Charles Dellon.
[21] Gabriel Boughton and William Hamilton.
[22] Charles Peter Thunberg.
[23] Engelbert Kaempfer.
[24] Ibid, 11.

Moreover, most of the doctors, which are discussed in the following chapters, took pains to understand the foreign cultures, they were highly inquisitive, and meticulously compiled their travelogues and noted down the descriptions of their experiences in South and East Asia. These practitioners struggled to explore, exploit, and expropriate local medical traditions. They tried to build an affinity with the aristocracy as it could help them in the testing times of changing court politics. Not only did they feel threatened by the patronized indigenous practitioners but also the newcomer physicians of the rival trading companies who might have better formal training and shall, therefore, rise to prominence and in turn, seek favors from the reigning emperor at the court.

Lastly, I have attempted to map against this available backdrop of doctors, as active cultural brokers, the cross-cultural medical encounters which in the present study have not been discussed from a generic position, rather less explored medical texts have been examined. I discuss critically the co-existence of different healing traditions- Ayurvedic, Unani, and European systems in the Indian subcontinent, the Kampo and Western tradition in Japan, the commonality in terms of healing practices- prognosis, diagnosis, treatment and the common drugs which were reiterated time and again in the medical compendiums of the West.

Material and Method

In an attempt to answer my research questions, I draw on a wide variety of sources: some Spanish diplomatic and political correspondences between the Mughal Empire and *Estado da India* for Juliana Diaz da Costa's case,[25] the Deshima dagregisters for investigating about the day to day life of the Western surgeons posted in Japan,[26] and medical treatises, travel accounts- French,[27] English,[28] and the Mughal narratives.[29] This variety of material enables to

[25] J. A. Ismael Gracias, *Uma Dona Portuguesa na Corte do Grao-Mogol* (Goa: Nova, 1907).
[26] Paul van der Velde and Cynthia Vialle, *The Deshima Dagregisters: Their original table of contents, Vol. VIII, 1760-1780* (Leiden: Leiden Centre for the History of European Expansion, Intercontinenta No. 19, 1995); Cynthia Vialle and Leonard Blusse, *The Deshima, Vol. XII.*
[27] Jean-Baptiste Joseph Gentil, *Memoires sur l'Hindoustan, ou Empire Mogul* (Paris, 1822).
[28] Charles Stewart, *The History of Bengal from the first Mohammedan Invasion until the virtual conquest of that country by the English A.D. 1757* (London: Black, Parry and Company,1813); Robert Orme, *History of the Military Transactions of the British Nation in Indostan from the year MDCCXLV to which is prefixed a dissertation on the establishments made by Mahomedan Conquerors in Indostan,* (Madras, Pharoah and Co., 1861), Vol. II; Henry Yule, *Diary of William Hedges, Esq. (Afterwards Sir William Hedges), During His Agency in Bengal, as Well as on His Voyage Out and Return Overland* (1681-1687) (London: Hakluyt Society, 1889), Vol. 3.
[29] William Irvine, *The Later Mughals 1707–1739,* ed. Jadunath Sarkar (Lahore: Sang-i-Meel, 2007); *Inayat Khan, The Shah Jahan Nama of Inayat Khan: An Abridged History of the Mughal Emperor Shah Jahan, compiled by his Royal Librarian: the nineteenth-century manuscript translation of A.R. Fuller*, trans. A. R. Fuller, W. E. Begley and Z. A. Desai (New Delhi: Oxford University Press, 1990).

some extent a revision of the prevailing image of the '*firangi*'[30] doctors as charlatans[31] because, on the one hand, it reflects the multitudinous levels of cross-cultural interactions that took place between the practitioners of oriental and occidental medicine, and on the other hand, it opens up new discourses of information, as these accounts are often peppered with references to new remedies, concerns about health, repeated requests for sending chests of imported medicines, in addition, to reflecting the excitement of the physicians in handling the cases which involved important notables at the court.

As it is quite evident, the materials used for this study, are mostly European sources, however, wherever possible I have augmented the information by using indigenous texts like the Mughal court chronicles depending on the case studies of the respective European doctors, in order to highlight the indigenous agency and its role in the medical interactions which took place during that period. Secondly, the accounts of the travelers although exhaustive in their details on Indian regality, their social interactions, internal feuds, social customs, disease narratives, medical practices, and tropical ailments they are often marked by their rhetoric, moral overtones and are often judgemental on 'the other'. And lastly, another drawback of the sources used is that we, as readers continuously engage with the voice of the doctor- the 'protagonist' or the compiler of these medical compendiums and rarely hear the words and utterances of the patient which are only exceptional rarities in the discussed travel accounts.[32] Thus, I have trodden the path carefully keeping in mind these thorny issues in my research.

Speaking in terms of geographical focus, this thesis firstly brings forward the South Asian case examining 5 European doctors and the benefits they derived by being enlisted in the Mughal court my content for the opening chapter. In the second chapter, a comparative analysis is conducted to see whether the same research questions yield similar or different answers in Japan. I contend here, that despite the differing national identities of these doctors,

[30] The etymological understanding of the word 'firangi' has been explained by Jonathan Gil Harris, in his work, *The First Firangis* suggests that the word's meaning is not just restricted to Europeans or Franks as has been presumed rather the word was "first employed by the Mughals as a blanket term for any Christian, 'firangi' has been subsequently applied to white Europeans, brown Armenians, 'black' mixed-blood Portuguese Indians, Muslim-Africans, and now to the contemporary foreign residents in India", see, *Jonathan Gil Harris, The First Firangis: Remarkable Stories of Heroes, Healers, Charlatans, Courtesans, & Other Foreigners Who Became Indian (New Delhi: Aleph Books, 2015).*

[31] Ship doctors commonly known as 'barber' surgeons were highly frowned upon since their specialization was in external medicine and they were trained in surgeon guilds. Thus, they dealt with the physical health of their patients, such as bone-setting, blood-letting, amputation, and shaving. This stereotyped image of ship doctors has been rendered 'correct' by Iris Bruijn in her work that specifically focusses on the VOC doctors in the eighteenth century. See, Iris Bruijn, *Ship Surgeons of the Dutch East India Company: Commerce and Progress of Medicine in the Eighteenth Century* (The Netherlands: Leiden University Press, 2009), 15-20.

[32] I have taken cues from this interesting article on doing the patient's history, see, Roy Porter, "The Patient's View: Doing Medical History From Below", *Theory and Society* 14: 2 (1985): 175–198.

their similar motives and treatment makes it highly appropriate to consider them together.

This study draws its approaches from the diplomatic history, global history, and cultural history and involves the analysis largely chronologically of the source materials written down by the doctors who visited, traded, and initiated overseas enterprises besides offering medical services at the courts. However, due to time constraint and lack of space, I do not take into account, every doctor that was employed by the trading companies or who came independently to indulge in private practice in the subcontinent.

Before moving any further with the discussion on the arrival of European doctors at the courts, it is crucial for this study, to lay the foundation by discussing some basic tenets of the pre-modern medicine.

Who is a Doctor and how do we define Medicine?

To reiterate once again, one of the questions, the present study raises is why Western doctors have continued to remain in awe in the popular Asian consciousness, an image which survives even in the contemporary times? In other words, why were they favored by the Mughal and Japanese aristocracy and their medical practices considered efficacious and successful by the royalty and common people alike?

Therefore, in order to answer this larger question about medical commensurability between East and West, I have raised a few more questions on an ontological and epistemological level regarding the practice of medicine in the seventeenth century – Who is a doctor? Did one single definition of medicine exist during this time period? What different medical traditions existed in Europe, South and East Asia? How similar or different were these prevailing traditions from each other particularly on an epistemological level?

The medical men who arrived in South and East Asia have been divided into two distinct categories- the University trained physicians, who presented themselves as the supreme medical experts having the complete knowledge of all medical matters. And under them, were the surgeons and apothecaries, both of whom were supposed to have a limited expertise, particularly in the field of internal medicine.[33] But, it should not come as a surprise, to see the doctors in the following chapters combining the skills of a physician, surgeon, and apothecary together thereby functioning as a general practitioner.

[33] John Henry, "Doctors and healers: popular culture and the medical profession," in *Science, Culture, and Popular Belief in Renaissance Europe*, ed. Stephen Pumfrey et al. (Manchester: Manchester University Press, 1991), 192.

The Aryan invasion of India introduced to the subcontinent its first major medical tradition is widely practised even in the modern times. The Vedic medicine was derived from the Sanskrit liturgical knowledge of the Vedas and was later systematised as Ayurveda, the term consists of two Sanskritic words, *Ayu* meaning 'life' and *Veda* meaning 'knowledge'. Thus, it refers to 'the knowledge of life' and was practised by Brahman religious practitioners. As a school of medicine, it believed that life existed through a combination and coordination of four parts: *atta* (the soul), *mona* (the mind), *indrio* (the senses) and *sharer* (the body). Each of these parts had a specific role in maintaining the function of the body and an imbalance amongst them led to ailments in the body.[34]

However, with the conquest of the Muslim rulers, Unani another medical tradition widely known as Persian-Arabian medicine was introduced to India. The word Unani is an Indian version of the name of Ionia, in Greece where the medical system originated. This medical tradition was founded by Hippocrates (460-377 B.C.) and further developed by some famous Muslim scholars like Galen, Ibn-Sina among many others.[35] Unani medicine was based on the 'humoral' theory according to which the human body is made up of four humors, in the very same way as the physical world was made up of four elements. Therefore, all diseases were held to be caused by an imbalance in these four humors present in every individual. They being- choler or bile, blood, phlegm, and melancholer or black bile and in order to cure the disease, this disrupted balance had to be restored, usually by drawing off an excess of one of the humours, say the blood by bleeding, or phlegm by administration of an expectorant.[36] And the Western system of medicine mutually shared these precepts of humoral theory.

All the three medical traditions- Ayurvedic, Unani, and the Western systems mutually believed in this pathological theory. They cured diseases by the use of drugs producing effects different from or incompatible with those produced by the disease in order to restore the disrupted balance of humors. In other words, they were all allopathic in nature. Furthermore, in terms of diagnostic principles, all of them heavily relied on the examination of pulse as a method to identify diseases and secondly, all of them stressed on the dietary regimen of their patients because they believed in its role in the restoration of the health.[37] By carefully listening to the patient's symptoms, the doctor acted accordingly, thus, reflecting on the fact that they both shared a common language among themselves. This dependency on

[34] Md. Nazrul Islam, *Chinese and Indian Medicine Today: Branding Asia* (Singapore: Springer, 2017), 5.
[35]Ibid, 6.
[36] John Henry, "Doctors and healers, 199.
[37] Md. Nazrul Islam, *Chinese and Indian, 7*.

the shared language seemingly reduces in the later centuries after the advent of medical devices which accurately quantified things for the medical practitioner, such as a stethoscope which monitors the heartbeat of the ailing patient or a thermometer which measures the temperature gradient of the body.

One might be wondering then what exactly made the European and Asian doctors different from each other in the early modern period. In almost all the examples, discussed in the following chapters, we shall notice, the European medical men having a sense of superiority which arises from their surgical excellence alone. But it should also be kept in mind that anatomical and pathological knowledge of the Europeans had not separated itself from the humoral heritage and legacy well until the mid-nineteenth century.

The doctors cited in the study, reflect on their conscious attempts to distance themselves from the notions of so-called popular medicine and move towards the professionalization of medicine from the inception of the seventeenth century. For instance, these European medical men clearly differentiated themselves from the charlatans available abundantly in the medical market by stressing the importance of ethnographic descriptions of the diseases they encountered to bring out their scientific training and thus, the 'real' picture of it in front of their readers.

Nonetheless, scientific accomplishments of some doctors should not obscure the prevailing superstitions that time, such as the links between astrology and medicine which had not completely ceased to exist nor its legitimacy completely at least denied by the indigenous doctors. The knowledge of astrology was in fact considered as an important skill of a learned practitioner in Europe and Asia alike (discussed in more details in the last chapter on Japan dealing with the examples of VOC doctors who were interrogated time and again by the shogunal physicians about astronomical charts and tables). To put it in John Henry's words, "the complex techniques of drawing up a horoscope for a particular individual enabled the doctor to reach safer conclusions about the temperament of the patient (which was held to be linked to their ruling star-sign or planet) and the optimum timing for therapeutic intervention."[38]

Along the same lines, the role of magic as an effective method of treatment in curing diseases had not been completely disregarded, neither by some of the doctors nor by the patients themselves (discussed in more details in the following chapter, see the case of Portuguese doctress, Juliana Diaz da Costa, who was revered in the Mughal court for her

[38] John Henry, "Doctors and healers, 207.

magical healing powers by the reigning emperor Bahadur Shah II). By analyzing the case of this Portuguese healer, it can be conjectured that the belief in magic in the seventeenth century was not relegated only to the ignorant and cranks, rather it was prevalent at all levels of the society including the intellectual groups.[39] Thus, in other words, the 'common intellectual currency' of the doctor was the knowledge of temperaments, the bodily humour and the imbalance theory of pathology.[40]

The role of Indigenous Physicians in India and Japan

Beginning with the Indian case, historian S.A.N Rezavi, suggests that in Mughal India, doctor's craft was considered a profession along the same lines as the other occupations. In fact, it was one of the most respecting and demanding one.[41] The court being a multicultural space attracted both vaidyas and hakims with an adequate formal training in Ayurvedic or Unani medicine. Thus, the most qualified doctors were enlisted in the court and they were bound by an oath something quite similar to a Hippocratic Oath in the West.

Some of the doctors were in the direct service of the emperor while others catered to the medical needs of the nobility. They were paid accordingly, depending on their hierarchy, top cadre physicians became members of the land-owning class (*jagirdars*) because they were given lands (*mansabs*) and amateur doctors were offered an annual salary. The *bazaar* doctors (folk healers) and other doctors catered to the demands in hospitals which existed outside the ambit of royal patronage and ministered the afflictions of common people. The sixteenth and seventeenth century was a burgeoning period in the history of Indian medicine since the largest number of books were composed in Persian, Sanskrit, and Arabic in the Mughal court around that time.[42]

Along the same lines as in South Asia, in East Asia, the medical market consisted of two main types of medical men, one who was employed at the courts of the feudal lords and the other, mostly the traditional folk healers who indulged in private practice and catered to the needs of the common men. Historians Margaret Powell and Masahira Anesaki state that anyone in Japan could practice as a physician simply by proclaiming himself to be one, no medical qualifications as such was necessary.[43] But keeping in mind the case of royal courts,

[39] John Henry, "Doctors and healers, 207.
[40] Ibid, 200.
[41] S.A.N. Rezavi, "Physicians as Professional in Medieval India," in D*isease and Medicine in India: A Historical Overview,* ed. Deepak Kumar (New Delhi: Tulika Books, 2001), 40-65. I have drawn my summary from this article.
[42] S.A.N. Rezavi, "Physicians as Professional, 55-56.
[43] Margaret Powell and Masahira Anesaki, *Health Care in Japan* (London and New York, Routledge, 1990), 24.

it can be highly conjectured that some kind of medical knowledge and clinical skills would be expected of the enlisted doctors.

THE SOCIAL WORLD OF EUROPEAN DOCTORS AND THEIR ACCOUNTS OF MEDICAL PRACTICES IN INDIA

This chapter brings forward the lives of 5 European doctors who came to India. Their case studies highlight the prevailing disease narratives, often visible discrepancies between theory and actual practice, the differences between Eastern and Western medical practices and their observations about lesser known drugs medicinal drugs in the West. Some of these doctors wrote elaborate accounts which have been analyzed in the following pages, yet others like Gabriel Boughton, William Hamilton, and Juliana Dias da Costa did not draft their medicinal experiences in travelogues or medical treatises but their discussion remains crucial to our study.

Charles Dellon: A French Physician in Portuguese Daman

Charles Dellon, a French Catholic was born in the southern city of Agde near Montpellier in 1649. He departed at the age of seventeen as a second surgeon from the *Royale Compagnie's* docks at Port Louis on the ship Force to the East Indies. He worked for a next few years in Tellichery (present day Thalassery) in the newly established trading factory under M. Flacourt, the company's chief on the Malabar Coast and then in Surat under the Director Generals' Caron and Gueston. However, due to political fallout, Dellon left the company's service in 1673.[44]

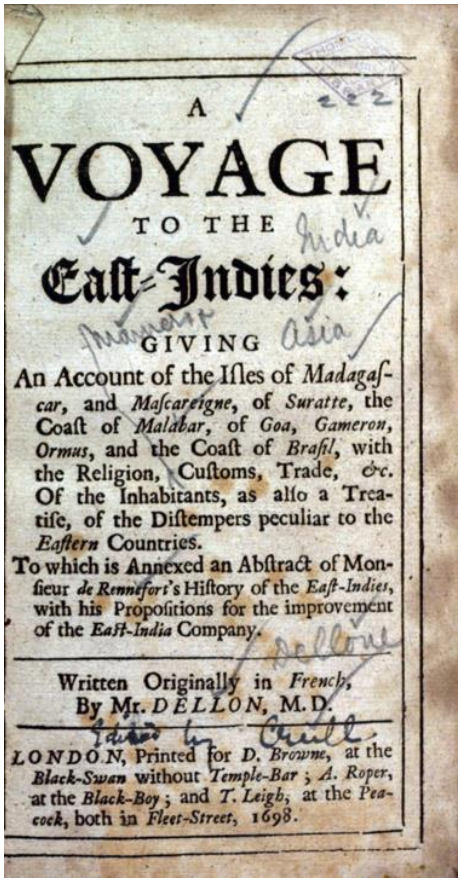
Dellon arrived in Daman, which is located on the west coast of India, in 1674 and on the request of Manuel Furtado de Mendoza, the Portuguese governor, indulged himself in a thriving private practice:

> Governor […] proposed to me to stay at *Daman*, where there was at that time no other Physician, but some *Pagan Indians*, whose Practice consisting only of a few Receipts, they apply them indifferently to all Patients[…] when I was at leisure from my Practice, which needs must happen very often in a little place, where I could visit a good number of Patients in a few Hours […] in spite of all the *Pandits* there, who were very envious of me, I was employed as a Physician in all the best Families. [45]

It should be pointed out that Dellon did not serve as a personal physician to any ruler, a fact wrongly stated by historian Mark Harrison, who instead states 'he was employed as a

[44] I have drawn my summary from Glenn J. Ames, "The Perils of Seeking a Multi-Cultural View of the East Indies: Charles Dellon, His Travels and the Goa Inquisition," in *Distant Lands and Diverse Cultures: The French Experience in Asia, 1600-1700*, ed. Glenn J. Ames and Ronald S. Love (Westport, Connecticut: Praeger, 2003), 163-180.
[45] Ibid, 191, 233.

physician by the Raja of Daman […] and so his remarks are worthy of note.'[46] Most of the scholarly works so far, have focussed their commentaries on the accusations, tortures, executions endured by Dellon during his Inquisition in Goa[47] but here I have aimed to the put the spotlight on the reasons behind his conviction as a heretic by focussing on his travelogue, *A Voyage to the East-Indies (Relation d'un Voyage fait aux Indes Orientales)* (see plate 1) which contains a significant component of medical observations made by him on his way to the East Indies.[48] In a similar fashion, to his other French or European predecessors, Dellon also provided painstakingly minute details on the geographical locations, flora, fauna, commerce, and trading products found in the Indies.



A

VOYAGE

TO THE

East-Indies:

GIVING

An Account of the Iſles of *Madagaſcar*, and *Maſcareigne*, of *Suratte*, the Coaſt of *Malabar*, of *Goa*, *Gameron*, *Ormus*, and the Coaſt of *Braſil*, with the Religion, Cuſtoms, Trade, &c. Of the Inhabitants, as alſo a Treatiſe, of the Diſtempers peculiar to the *Eaſtern* Countries.

To which is Annexed an Abſtract of Monſieur *de Rennefort*'s Hiſtory of the *Eaſt-Indies*, with his Propoſitions for the improvement of the *Eaſt-India* Company.

Written Originally in *French*,
By Mr. *DELLON*, M.D.

LONDON, Printed for *D. Browne*, at the *Black-Swan* without *Temple-Bar*; *A. Roper*, at the *Black-Boy*; and *T. Leigh*, at the *Peacock*, both in *Fleet-Street*, 1698.

Plate 1: Front piece of *A Voyage to the East-Indies*

[46] Mark Harrison, *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies 1660-1830* (Oxford: Oxford University Press, 2010), 123.

[47] See Donald F. Lach, *Asia in the Making of Europe*, Vols. 1-2 (Chicago and London: The University of Chicago Press, 1965-1977); A.K Priolkar, *The Goa Inquisition, Being a Quatercentenary Commemoration Study of the Inquisition in India, with Accounts Given by Dr. Dellon and Dr. Buchanan* (Bombay: Bombay University Press, 1961).

[48] Gabriel Dellon, *A Voyage to the East-Indies: giving an account of the isles of Madagascar, and Mascareigne, of Suratte, the coast of Malabar, of Goa, Gameron, Ormus, and the coast of Brasil, with the religion, manners and customs of the inhabitants, &c. as also a Treatise, of the distempers peculiar to the eastern countries*, trans. J. C. Med. D (London, D. Browne, A. Roper, and T. Leigh, 1698).

His treatise clearly serves a diagnostic purpose, as it not only discusses disease narratives such as marine scurvy, dysentery, small pox, and filariasis. In addition to this, it is brimming with all important medical concerns of the sixteenth-seventeenth century. Dellon listed a variety of remedies and medicinal treatments, for instance, the therapeutic application of concoctions and balms to betel leaves (*paan*) to lesser known drugs like mercury and opium to curative spices which enjoyed a lot of popularity such as pepper and turmeric to dietary foods like *cange* (broth made from rice, salt, and pepper). *A Voyage to East Indies* comprises of two contrasting elements, it not only includes disagreements with the vaidyas but also incorporates incidents of cooperation and collaboration with them. Describing the level of medical education in Portuguese India, he wrote:

> The *Pagan* Physicians, whom they call *Pandites* are a sort of People without Learning or any Knowledge or insight into Anatomy. All their Skill is confin'd to a certain number of Receipts, which they have receiv'd by Tradition from their Ancestors; these they apply promiscuously, without making the least Alteration, as often as they meet with a Patient afflicted with the same Distemper, against which their Receipt was intended.[49]

Dellon's barbed comment clearly reflects his complete unawareness of the scholarly Ayurvedic family tradition of passing knowledge from one respective generation to another. The reason behind this practise of 'oral' dissemination was the existing competition in the medical marketplace, therefore, medicinal recipes were guarded secrets within the physician families. Dominik Wujastyk has argued that European physicians being 'outsiders', both literally and metaphorically to the functioning of Indian schools of medicine and often failed to penetrate into the existing Sanskritic culture of the sixteenth-seventeenth century.[50] This assertion also seems valid in Dellon's case. Nonetheless, the physician's note on the prevalent lack of anatomical knowledge receives credit because vaidyas did not handle or dissect the corpses due to the existing taboos in addition, to the fear of ritual pollution. Interestingly, immediately on the next page of his travelogue, Dellon acknowledges, the medical knowledge of the vaidyas (internal medicine) because they were better acquainted with tropical diseases and cured the patients more efficaciously in comparison to the amateur European physicians:

> Nevertheless it is observable, that by their long experience they have made such Observations concerning certain Distempers peculiar to those Countries, that they practice with better success than the most learned

[49] Gabriel Dellon, *A Voyage to the East-Indies*, 232.
[50] Dominik Wujastyk, "Change and Creativity in Early Modern Indian Medical Thought," *Journal of Indian Philosophy* 33 (2005): 95-118.

foreign Physicians, who upon certain occasions must follow their footsteps if they expect to succeed in their Cures in this Climate.[51]

Like most other European physicians, he swears by the Galenic teachings and believed in the role that humoral pathology played in the health and well-being of people. To cite an example, in the case of treatment of fevers, Dellon was scathingly critical of the indigenous physicians' commonly prescribed 'warming' method, in which pepper paste was applied on the head of the patient, in order to cause sensations and trigger reactions from the ailing body. Dellon, on the contrary, in compliance with the Galenic principles, advocated the 'cooling' method, in which copious amounts of blood was let out through bloodletting (phlebotomy) and this immediately reduced the blood pressure and inflammation thereby having a cooling effect on the body. In relation to these 'warming/cooling' methods, he recounted how the fever of a young girl was exacerbated by the 'warming' treatment administered by a Brahman physician and his timely therapeutic and surgical intervention led to the miraculous recovery of the nearly dead patient.

[…] Under the Cure the eldest Daughter of a certain Lady of the best Quality in that place, in which I had succeeded so well, that I receiv'd all the acknowledgment imaginable from her hands. Nevertheless, one of her younger Daughters being fal'n dangerously ill of a continual Fever with a *Delirium*; the Lady, upon the perswasion of a certain *Pandite*, who had been a Physician to the Family for a great while, made use of his Prescriptions, without letting me know anything of the matter; […] It was the ninth Day, when I was call'd to her, […] I drew from thence far different Indications to what the *Pandite* had done; and having remonstrated to her Mother the danger of her Daughter, who was not above seven years of age, I order'd her to be let blood immediately. […] I let her, in all, five or six times blood, after which the Fever left her, and I consuminated the Cure by giving her 2 or 3 Purgations, contrary to the expectation of the *Pagan* Physician, who thought her death to have been infalliable […] From that time the lady, impressed with gratitude, overwhelmed me with presents, and, wishing that I should reside near her own.[52]

Dellon's another description of the 'Pandites' letting blood 'twenty times after one another' may seem quite confusing to his readers:

Letting of Blood is much used among the *Indians*, and that with good success;the *Pandites*, being by long Experience, convinc'd of the usefulness of this Remedy, will sometimes let Blood twenty times one after another, without the least Reluctancy to be observ'd in the Patient, who never grumble here at what their Physicians do, beyond what is practiced in most Parts of Europe, where the Patients, their friends, and the

[51] Gabriel Dellon, *A Voyage to the East-Indies,* 233.
[52] Ibid, 36, 236.

Nurses propose their own Remedies, before the Physician's Prescriptions. They let blood most commonly in the Foot with extraordinary good success.[53]

But it can be plausibly argued that the physician could not clearly differentiate between the two simultaneously prevailing medical traditions in India, Ayurveda, and Unani. Mark Harrison's research, however, comes to our rescue as it clears the prevailing confusion, he suggests that bloodletting was quite frequently practised by the Unani physicians (*hakims*) and vaidyas, on the other hand, took its recourse only in exceptional circumstances.[54]

Continuing with the treatment of fevers, Dellon further writes, that vaidyas "never allow their Patients afflicted with any kind of Fever in the *Indies,* neither Meat, neither Eggs or Broath, this would be as much as the Patient's life is worth, if they should give them any of these things"[55] and cured them of "recurrent fevers with easily digestible foods like cange." But Dellon, does not point out that vaidyas had no reservations about prescribing meat to their patients and they simply acted in accordance with the illness and on the prevailing conditions of their patients.[56]

He also offers information on the much talked about drugs used in Eastern healing like opium and testifies that the local doctors prescribed it to their patients in order to relieve them of the intense pain. Dellon, however, explicitly recommended the dosage prescribed by the local doctors, thereby acknowledging the pernicious quality of the drug, "I was rather contented that they should call in those *Pandites*, and take their Remedies from their own hands, without my Approbation."[57] Further expanding on the prevailing medical market, he cites an example of a quack *Brahmin* whose descriptions might seem quite exotic, bizarre, and inexplicable to the Western eye. But as in the contemporary times, it is hardly a surprise to find quacks and charlatans in the early modern period:

After this he ordered a large Wooden Bowl to be brought to him, which was laid all over the bottom with Leaves: into this he put some fresh Cocoes, some dry'd, some *Bananas*, some *Jagre*, or Sugar of the *Cocoes*, some boil'd Rice, besides a good cup full of *Tary*, or Palm-tree Wine. The *Braman* put in everything with his own hand, muttering out certain Words, making most extravagant and ridiculous Postures […] Then the *Braman* fell to his Prayers, which being ended, he called to one of the Standers by, who gave him one of the lighted Wax Candles, which he put in his Mouth[…] However, it was, this Devil happened to be none of the most skilful, for

[53] Gabriel Dellon, *A Voyage to the East-Indies*, 233.
[54] Mark Harrison, *Medicine in an Age of Commerce*, 124.
[55] Gabriel Dellon, *A Voyage to the East-Indies*, 233.
[56] A. L. Basham, "The Practice of Medicine in Ancient and Medieval India," in *Asian Medical Systems: A Comparative Study*, ed. Charles Leslie (Berkeley: University of California Press, 1976), 18-43, 30.
[57] Gabriel Dellon, *A Voyage to the East-Indies*, 240.

he foretold that the young man should recover his Health, which proved quite contrary, for he died in a few days after.[58]

The Beginning of Downfall: Dellon a Physician or a Heretic?

The interesting question that arises is what led to the closure of Dellon's thriving practice, his downfall and nearly landed him at the stake? Was it his prestige and medical accolades that were increasingly gaining grounds in a small place like Daman? Or was it his Catholic dogma in combination with his growing intimacy with the wealthy Portuguese patroness Donna Francisca Pereira which landed him in jail with a punishment of five years of hard labor in Goa?

Reminiscing his good times, Dellon noted that he lived peacefully in Daman until freshly brewed troubles allegedly by the governor Manuel Furtado de Mendoza caused havoc in his life:

> I was staying at Damaun […] to rest from the fatigues […] but where I had hoped to find repose, I encountered the commencement of troubles infinitely greater than those which I had previously borne. An unfounded jealousy imbibed against me by the governor of Damaun was the true cause of the persecutions […] It may easily be supposed that this, was not alleged as an accusation brought against me; but, to serve the revenge of the Governor, other pretexts were used, and the means at length contrived to banish me from the Indies, in which I might else have passed the remainder of my life.[59]

S.K. Pandya, in his research about European doctors in Portuguese Goa, has very briefly hinted about the trap laid by the Portuguese governor to permanently get rid of Dellon's presence in Daman.[60] The physician's growing closeness with the patroness for whom the Portuguese governor also harbored some feelings was the actual cause of both worry and trouble. Thus, Manuel Furtado De Mendoza along with a black priest (a Brahmin) took advantage of Dellon's argumentative nature especially in the matters of religion and attached an ivory figure of St. Antony on the boy's arm which Dellon had to bleed, in his *An Account of the Inquisition at Goa,* the doctor recounts:

> I once happened to be at the house of a Portuguese gentleman, whose son was to be bled for some indisposition; and I observed that the youth had an ivory image of the Holy Virgin in his bed, which he revered much, and often kissed and addressed himself to it. This mode of worshipping image is usual among the Portuguese, and gave me some disturbance; […] I told the youth that if he did not take care, his blood would spurt upon the

[58] Gabriel Dellon, *A Voyage to the East-Indies,* 146.
[59] Gabriel Dellon, *An Account of the Inquisition at Goa, in India* (Pittsburgh, PA, R. Patterson & Lambdin, 1819), 21-22.
[60] S.K. Pandya, "Medicine in Goa- A Former Portuguese Territory," *Journal of Postgraduate Medicine* 28:3 (1982): 123-48.

image; and on his replying that he could not be a part with it, I intimated that it would embarrass the operation. He then reaproached me by saying that the French were heretics, and did not worship images.[61]

From this excerpt what comes in front subliminally, is the possible angle of rivalry between the two trading companies, a French doctor's unrivaled prestige in Portuguese Daman at the time when maritime powers were vying for Indian Ocean supremacy and for their respective share in the spice trade could have led Dellon to the trials for Inquisition and also, almost to the stake. Nonetheless, to his respite, Dellon was ultimately pardoned and in 1677, was instructed to leave Goa. He sailed back to France where he continued his medical practice under the Prince of Conti until his death.

Niccolo Manucci

Our study on the European doctors will no doubt remain incomplete without the discussion of Niccolo Manucci, a self-proclaimed doctor, who played along quite well almost for five decades with the common Indian perception that foreign doctors had a special knowledge of medicine, initially as a private practitioner in Lahore, then as a blood-letter in the Mughal court, and in the last days of his life, as a private *siddha* physician in Madras (present day Chennai).

To begin with his biographical details, Manucci was born on 19th April 1638 in Venice. In November 1651, at the young age of 13, he decided to run away from his family and city. The teenage Venetian was discovered by Lord Bellomont, who became his master and they traveled together overland through Turkey and Armenia, where they stayed for several years. But, eventually, they sailed further, via Hormuz to Surat.[62]

Next, we see, Manucci as a 17-year-old grown up boy, serving as an artilleryman, in Dara Shikoh's (son of Shah Jahan) European artillery division in Delhi. Moreover, he also found service with the Rajput king and Mughal lord Mirza Raja Jai Singh, whom he served as a captain in his artillery unit until 1666.

Most of the scholarly works on Manucci so far have either, on the one hand, simply reproduced his views on the state of medicine in India[63] or on the other hand, been too harsh on his perceptions and medical observations.[64] A general premise shared among recent

[61] Gabriel Dellon, *An Account of the Inquisition at Goa*, 25-26.
[62] Jonathan Gil Harris, *The First Firangis*, 68.
[63] O.P. Jaggi, History of Science and Technology in Medieval India: Medicine in Medieval India, vol. 8 (Delhi: Atma Ram & Sons, 1977), 196-207.
[64] Sanjay Subrahmanyam, "Further thoughts on an enigma: the tortuous life of Nicolo Manucci", *Indian Economic and Social History Review*, 45 (2008): 35-76.

historians is that Manucci was a 'quack'[65] and 'self-taught'[66] physician and knew nothing as such about the European or Indian medicine.

Manucci's progression from an Artilleryman to a 'reputable Physician'

From Manucci's descriptions, it is highly probable to assert, that it was almost by a coincidence that he became a physician and started making his living through this medical profession. He writes, on one fine day, "I was summoned to the house of an Uzbek envoy from Balkh" (present day Afghanistan) because the envoy had fallen sick and he believing all *firangis* to be physicians, assumed Manucci to be one. The Venetian quack, on the other hand, instead of refusing to visit the Uzbek, played along in this seemingly dramatic situation. "To induce him to believe that I was a great physician", Manucci writes, "I asked the patient's age, and then for a time I assumed a pensive attitude as if I were seeking for the cause of the illness."[67] In order to convince the people around him, he notes, "As is the fashion with doctors, I said some words making the attack to be very grave." The audience around him was indeed impressed, "all of them were in a state of admiration, saying among themselves that I was a great physician and that Franks had Received from heaven the gift of being accomplished doctors."[68]

Manucci's first medical case, thus, resembled a performance rather than the actual treatment of the patient. Nonetheless, the quack's career took off, and he ordered his servants to "inform everyone that I was a firangi doctor", and his would be patients came to talk to him; "in return", he says, I had no want of words, God having given me a sufficiently mercurial temperament." As a consequence, a word soon spread in the markets of Lahore, that "a Frank doctor had arrived, a man of fine manners, eloquent speech, and a great experience."[69] But this excerpt by Manucci shows the minimal difference between a doctor and an exorcist and brings to doubt his medical qualifications:

> Not only was I famed as a doctor, but it was rumoured that I possessed the power of expelling demons from the bodies of the possessed…Being credulous in matters of, sorcery, they began to bruit abroad in all directions that the Frank doctor had the power of expelling among them they brought before me many women [170] who pretended to be possessed (as is their habit when they want to leave their houses to carry out their tricks and

[65] D.V. Subba Reddy, "Medical adventures and memoirs of Manucci, an Italian quack doctor in India in the second half of the 17th century", *The Indian Journal of History of Medicine*, Vol. 7 (1) (1962): 42–50.
[66] Subrahmanyam, "Further thoughts on an enigma", 70.
[67] Niccolao Manucci, *Storia do Mogur, or, Mogul India,* (1653-1708), trans. William Irvine, Indian texts series. 1 (London: John Murray, 1907), vol. II, 356.
[68] Ibid, 357.
[69] Ibid, 340.

meet their lovers), and it was hoped that I could deal with them. The usual treatment was bullying, tricks, emetics, clysters, which caused much amazement, the actual cautery, and evil smelling fumigation with filthy things. Nor did I desist until the patients were worn out, and said that now the devil had fled. In this manner, I restored many to their senses, with great increase of reputation, and still greater diversion for myself.[70]

Plate 1: Niccolao Manucci examining pulse of a patient
(Reproduced in *Niccolao Manucci's Storia do Mogor or Mughal India*, vol. III, 1907)

Manucci, who was thrilled by his new reputation as a 'doctor', no doubt also feared punishment, as he confesses, "my heart beat fast […] for then I had had no experience."[71] The question that astounds me or any of his readers would be whether Manucci ever studied the principles of medicine? Or he survived in the medical profession for good fifty years just by his wits and charlatanism? Fortunately, Venetian historian and archivist Piero Falchetta research come to our rescue as he quotes from an unpublished early eighteenth-century work of Apostolo Zeno (1668-1750):

At the end of five or six years when his relatives in Venice had had no news of him, he wrote to them of his excellent state, and was able to send them a ring of considerable value, with instructions that they should sell it and employ the proceeds to buy various books on medicine whose titles he specified in his letter. With the help

[70] Ibid, vol. II, 202-204.
[71] Ibid, 300.

of these [books] which certainly reached him, he advanced a great deal in his knowledge of that art, and was thus able to have himself named physician in the court of the Emperor of Mogol, and there to observe the rites, customs, government, their religion, and everything that takes place in the running of a great empire.[72]

Thus along with theoretical knowledge, the empirical experience was the greatest teacher for this European traveler. He learned how to let blood, perform enemas, and cure fistulas by the local experts in medicine and continued his private practice in Lahore from 1670 to 1678. He served as a 'gifted' European physician at various moments in his career in the retinue of Prince Shah Alam (as he was called before his accession to the throne after which he acquired the title of Bahadur Shah) who wanted to retain him as of his medical attendants in his entourage.

As a physician, he boasted about his access to most privileged interiors of the palace, the harem, "which was refused to all others". Revealing the medical rules prevalent in the harem, he wrote, the treatment of sick women in the harem was done through touch rather than sight. "When a physician enters, he is conducted by the eunuchs with his head and body covered as far down as the waist, and he is taken out again in the same way."[73] He explains, the reason behind this practice, in a sarcastic tone, "the Mahomedans are very touchy in the matter of allowing their women to be seen, or even touched by the hand; above all, the lady being of the blood royal, it could not be done without express permission from the king."[74]

Manucci, however, has remained silent on the presence of woman physicians (?), nurses and mid-wives. Although he has made a stray reference to sick-houses (*bimar-khana*) inside the harem,[75] but, who looked after the needs of ailing women remains an unanswered question. His account wrongly gives the impression that art of healing was predominantly a 'male' profession in the Mughal court. The only reference he gives about women is in association with sorcery, as he reports, "women were adept in practicing witchcraft and casting spells to bring men under their control."[76] But, fortunately enough, this tacit silence on women physicians in Manucci's account, has been addressed at least to some extent in Bishandas' miniature painting, 'Birth of a Prince' (Plate 2) which depicts midwives and nurses, on the top right in the plate, holding the prince in their hands thus signalling their presence in the court.

[72] Sanjay Subrahmanyam, "Further thoughts, 41.
[73] Irvine, *Storia do Mogur*, vol. II, 328.
[74] Ibid., vol. II, 195.
[75] Ibid., vol. II, 319.
[76] Ibid., vol. II, 125.

Plate 2: Birth of a Prince, attributed to Bishandas (Reproduced in *Imperial Mughal Painters: Indian miniatures from the sixteenth and seventeenth centuries*, 1992)

Manucci was perhaps the first traveller to inform about the practice of rhinoplasty (a method of nose reconstruction using a flap of skin). This special form of surgery was practiced by lower caste people in India and thus for a very long time did not attain the desired popularity:

> The campaigns against Bijapur began from one thousand six hundred and seventy, and [238] lasted until this year (? 1686). At the commencement of the war, when the men of Bijapur caught any unhappy persons belonging to the Moguls who had gone out to cut grass or collect straw or do some other service, they did not kill them but cut off their noses. Thus they came back into the camp all bleeding. The surgeons belonging to the country cut the skin of the forehead above the eyebrows, and made it fall down the wounds on the nose. Then, giving it a twist so that the live flesh might meet the other live surface, by healing applications they fashioned for them other imperfect noses. There is left above, between the eyebrows, a small hole, caused by the twist given to the skin to bring back the two live surfaces together. In a short time the wounds heal up, some obstacle being placed beneath to allow of respiration. I saw many persons with such noses, and they were not so disfigured as they would have been without any nose at all, but they bore between their eyebrows the mark of the incision.[77]

[77]Irvine, *Storia do Mogur*, vol. II, 282.

Apart from rhinoplasty, operative surgery was not practised in India as it was greatly feared, due to the pain and risk involved. It was considered as the last resort until the introduction of ether in 1846 and chloroform in 1847 which made surgery pain free.[78] Cautery, burning of the affected part was preferred in treatments of tumours, ulcers, abscesses and other skin conditions.[79]

Manucci often lamented, "since I was in Shah 'Alam's service in the capacity of a physician, I was an object of envy to the other physicians, the Persians, who sought means to ruin me."[80] He further notes, "Moreover I had the reputation of being charitable and of curing the poor for the love of God. Thus everybody flocked to my house. The Mahomedan and Hindu surgeons and physicians were very much provoked, for their interests were involved and they lost their practise."[81] He, thus, brings to light the not so amicable relations that existed between the European and indigenous physicians.

To conclude, Apart from salary and other endowments, doctors often received fancy titles such as 'Physician of the country' (*Hakim-ul-mulk*), 'Plato of the Century' (*Alfatun-uz-zamanah*), 'Aristotle of the Century' (*Aristu-uz-zamanah*), 'Galen of the Century' (*Jalinus-uz-zamanah*).[82] It seems these titles had a two-fold purpose. Evidently, it was a way of encouraging and appreciating physicians for delivering their services with proficiency. Additionally, it can be argued that these titles created distinctions and it was a way of avoiding confusion amongst a large retinue of doctors. As in contemporary times, there were specialized doctors for particular ailments.

[78] Jane Buckingham, *Leprosy in Colonial South India Medicine and Confinement* (New York: Palgrave Macmillan, 2002), 66.
[79] Ibid., 66
[80]Irvine, *Storia do Mogur*, vol. II, 372.
[81] Ibid., vol. II, 381.
[82] Irvine, *Storia do Mogur*, vol. II, 332. Manucci prepared a chart in which he elaborated on the various titles accorded to physicians.

Aquim Busurg	*Hakim-i buzurg*	Great Physician
Aquim Elmulq	*Hakim-i mulk*	Physician of the country
Aquim Bina	*Hakim-i bina*	Physician of sight
Aquim Mossen	*Hakim-i muhsin*	Beneficent Physician
Aquim Janbalch	*Hakim-i jan bakhsh*	Life giving Physician
Aquim Momena	*Hakim-i mu'min*	Physician of believers
Aquim Muzin	*Hakim-i muzaiyan*	Physician in place
Aquim Fased	*Hakim-i fazil*	Instructed Physician
Aquim Abdul Fata	*Hakim-i abdul-ul Fattah*	Physician slave of victory
Aquim Taccarrob can	*Hakim-i Taqarrub khan*	Favoured Physician
Aquim Salle	*Hakim-i Salah*	Good-natured Physician
Aquim Nabas	*Hakim-i Nabz*	Physician of the pulse
Aquim Alayar	*Hakim-i Allahyar*	Physician Cherished by God
Aquim Nader	*Hakim-i Nadir*	Physician Unparalleled
Aquim Coda Doste	*Hakim-i Khuda-dost*	Physician Friend of God
Aquim Faradbach	*Hakim-i Farah-bakhsh*	Physician giving repose
Aquim Emteriani	*?*	Physician Divine
Aquim Badan	*Hakim-i Badan*	Physician of the Body
Aquim Becata	*Hakim-i Be-khata (?)*	Faultless Physician
Aquim Moccorrom can	*Hakim-i Mikarrab Khan*	Physician Assistant
Aquim El Zamana	*Aflatun-uz Zamanah*	Plato of the century
Aquim El Zamana	*Aristu-uz Zamanah*	Aristotle of the century

Plate 3: Reproduced from Manucci, *Storia do Mogor*, Vol. I, 332-33

Juliana Diaz da Costa

Juliana Diaz da Costa's case has the complete potential to contribute to our discussion because elements like political power, piety, medical prowess, and miracle-making all come at crossroads with the mention of this Portuguese lady.

Juliana,[83] apparently a 'physician,' with no recognisable medical degree(s) (see plate

[83] It should be kept in mind that Juliana Diaz da Costa was a lobbyist for *Estado da India* at the time when the power of the company had considerably diminished because of the other stronger European rival powers. But in the hey days of colonization, many Portuguese doctors had visited India and some of them successfully served the royalty, for instance, the well-known Garcia da Orta, father of the treatise of modern tropical medicine, who left Portugal due to the fear of Inquisition sailed to Goa in the capacity of a physician of Martim Affonso de Souza, the Governor-General of Portuguese Asia. He stayed in India and served as a personal physician of

4) was an important player in the eighteenth-century court politics burgeoning at the courts of Aurangzeb (1618-1707),[84] Bahadur Shah I (1707-1712) Jahandar Shah (1712-1713), Farrukhsiyar (1713-1719) and Muhammad Shah (1719-1748).

Various European travellers have written about her in a more or less same hagiographic tone. She was considered as an indispensable go-between by Ippolito Desideri, a Jesuit missionary, who strongly believed that Juliana was on a spiritual mission to India and would convert the *pagans* to Christianity. Similarly, Jean-Baptiste Gentil, a Frenchman, in the court of Shuja-ud-Daulah, the *nawab* of Awadh showcases her as a "protector of all the Christians, who raised the standard of the cross […] she went out […] accompanied by two elephants wearing red banners with white crosses […] the Emperor filled her family with honors and presents.[85] Francois Valentijn, a Dutchman, also sketched a pious image of Juliana as she facilitated the Dutch at Surat in gaining commercial favours from Bahadur Shah. Valentijn noted how she in a miracle manner with the powers bestowed upon her by God turned the tide of the fratricidal battle which took place after the death of emperor Aurangzeb. She furthered the cause of her Mughal protector and patron Bahadur Shah I which ultimately resulted in his victory against Prince Azam in the battle of Jajau in 1707.[86]

Portuguese East India Company's political correspondences, on the other hand, bring out the importance of her diplomatic exchanges in the Mughal court. For instance, the Portuguese viceroy Vasco Fernandes César de Meneses, in a letter to Juliana in 1715 wrote "the *Estado* owes her much diligence and hopes that she will continue to favour the Portuguese. "We are unlike other Europeans", he writes, and emphasizes that the Portuguese want no glory for themselves; rather, they wish only to conserve the reputation of the king [João V]. "Write to me", he implores. "It has been a long time".[87] Whereas, Mughal source, such as William Irvine's *Later Mughals*[88] has been relatively silent about the intricate details of the doctress's presence in the court in addition, to her medical accolades. Therefore, much to our dismay

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Burhan Nizam Shah, Sultan of Deccan kingdom of Ahmadnagar from 1510-1553. See, C.R. Boxer, *Two Pioneers of Tropical Medicine: Garcia d' Orta and Nicolas Monardes* (London: Wellcome Historical Medical Library, 1963), 1-18; Timothy Walker, "Acquisition and Circulation of Medical Knowledge within the Early Modern Portuguese Colonial Empire," in *Science in the Spanish and Portuguese Empires, 1500-1800*, ed. Daniela Bleichmar et al. (Stanford: Stanford University Press, 2009), 247-270; P.D. Gaitonde, *Portuguese Pioneers in India: Spotlight on Medicine* (Bombay: Popular Prakashan Private Ltd. 1983), 141.

[84] S.K. Pandya has wrongly mentioned that Juliana moved to the court of Emperor Akbar and was 'held in high esteem by him.' See, S.K. Pandya, "Medicine in Goa, 123-48.

[85] Jean-Baptiste Joseph Gentil, *Memoires sur l'Hindoustan, ou Empire Mogul* (Paris, 1822), 377. All the translations from French to English have been made by the author.

[86] Rev. H. Hosten S.J., "The Family of Lady Juliana Dias da Costa (1658–1732)," *Journal of the Punjab Historical Society* 7 (1918): 39–49, 48.

[87] J. A. Ismael Gracias, *Uma Dona Portuguesa na Corte do Grao-Mogol* (Goa: Nova, 1907), 140.

[88] William Irvine, *The Later Mughals 1707–1739*, ed. Jadunath Sarkar (Lahore: Sang-i-Meel, 2007), 147.

one has to suffice with whatever scant information that is present in the indigenous sources. In these slightly differing but not contrasting perspectives of the above mentioned narratives, there is a relative agreement on two points, that Juliana was a pious Christian lady and that she influenced Bahadur Shah's decision making processes in the court. But apart from that, from the tales of her early life to her arrival at the Mughal court to the details about her marriage and subsequent children to the exact date of her death, all the specificities remain highly contested and conjectured in the historical literature.

Most of the scholarly attention so far has been focussed on the 'political' aspect of Juliana's life. Rev. H. Hosten S.J (1918) examined Juliana's much-contested pedigree,[89] Bilkees I. Latif (2010), an Indian author made the Portuguese lady, a subject of her fictional account, which is based on true events in history. [90] Latif's narrative, *Forgotten* tells the course of lives of six women in the Indian history in which Juliana is one of the examples and a representative of the better times. Taymiya R. Zaman (2012) in her insightful study has attempted to disentangle and decipher the real personality of Juliana from the contrasting discourses, to interpret the different meanings of power which she confidently exercised in the Mughal court.[91] Jonathan Gil Harris's book (2015) also presents Juliana's case, as the historian leaves behind the history of much talked about and researched European imperialists and colonists in his work. He rather focuses on the stories and legends of the 'migrants' from humble backgrounds who left their home countries for different reasons and tried to acclimatize themselves to the Indian environment which acted as an 'engine of bodily transformation' in the early modern period.[92]

Drawing upon the same body of sources used in these scholarly investigations, I have attempted to sieve Juliana's provenance of so-called medical knowledge, her duties as a doctress in the Mughal harem, expectations, and life of a female physician in the court, her powers and position as a healer, a subject which so far received only peripheral attention.

[89] Rev. H. Hosten S.J., "The Family of Lady Juliana," 39–49.
[90] Bilkees I. Latif, *Forgotten* (New Delhi: Penguin Books, 2010), 3–63.
[91] Taymiya R. Zaman, "Visions of Juliana: A Portuguese Woman at the Court of Mughals," *Journal of World History* 23:4 (2012): 761-791.
[92] Jonathan Gil Harris, *The First Firangis: Remarkable Stories of Heroes, Healers, Charlatans, Courtesans, & Other Foreigners Who Became Indian (New Delhi: Aleph Books, 2015), 3179-3460*. I have used the eBook version so the page numbers might vary in the print copy.

Plate 4: Donna Juliana Daiz da Costa (Reproduced in Oud en Nieuw Oost Indien vol IV, 1724-26, p.297

A 'Physician' or a Miracle worker in the Mughal court?

Juliana was at first employed in the service of Nawab Bai, the wife of Aurangzeb, and the mother of Shah Alam, who later succeeded Aurangzeb as Bahadur Shah I. After, Bahadur Shah's accession to the throne Juliana became an in charge of the medical needs of the women residing in the harem along with being a superintendent of the young prince and princesses. Her services were, thus, not just restricted to the harem.

With regards to her medical knowledge, Taymiya R. Zaman has suggested that she was a wife of a physician and therefore, could have derived her working knowledge of medicine from her husband.[93] Whereas, Gil Harris opined that Juliana could have acquired the medical skills from her father Agostinho Dias da Costa, who served the Mughal court and the emperor Shah Jahan as a medical attendant.[94] Bilkees I. Latif, has added another layer to the existing debate of medical provenance, she, on the other hand, has argued that Juliana's interest in medicine could have been possibly fostered by her mother who was well aware of the European home remedies and could have acquired knowledge about indigenous remedies

[93] Taymiya R. Zaman, "Visions of Juliana, 764.
[94] Jonathan Gil Harris, *The First Firangis*, 3288.

during her stay in Goa and Cochin.[95]

On the same trajectory, an attempt has been made to reconstruct the life of the Portuguese healer in the Mughal court with the help of narrative accounts present about her. Gil Harris conjectures that the medical practice of this European lady would have been "a trans-cultural composite of Persian, Ayurvedic, Indian and Portuguese skills."[96] Moreover, he has attempted to reconstruct her experiences in the service of Nawab Bai and Bahadur Shah I. He suggests, that it would involve daily chores like praying, cooking and dressing which would have eventually transformed both her body and the larger social body because of the adaptations she accepted around herself. In addition, he quips apart from prescribing medicines and ministering to the ailing bodies, Juliana would have submitted to the 'dramas of pre-clothing' (cross-dressing) since the Mughal court was predominantly a male public sphere.[97]

A letter from Jose Tavares to the viceroy in Delhi dated 27 August 1727 is indicative of her healing prowess, "The Chief Surgeon of Bacaim is in the Court, who has been called to look after the mother of the King. The treatment is pending the arrival of Donna Juliana to the palace to touch and give medicines to the patient, and treat the patient with the help of the Surgeon mentioned Juliana touch was believed to cure the sick".[98]

In a similar vein, Ippolito Desideri[99] has portrayed Juliana as a Christian saint who in times of need displayed her miraculous and prophetic powers at the court, a space which perfectly allowed for the syncretism of different religions. Quite similar to his other European counterparts, he describes the doctress in glowing terms:

> Endowed from childhood with rare intelligence, considerable eloquence, amiability, and sagacity, Donna Giuliana was at once employed at Court. Her above-named gifts, her surgical and medical knowledge, the marvelous energy shown in whatever she undertook, soon gained her the love, not only of the Queen, the Princesses, and their Court.[100]

The Jesuit missionary was completely convinced of Juliana's power and influence at the court, that he notes, "so, although he [Bahadur Shah I] was the titular sovereign, the real government was in her skillful and prudent hands. She was so helpful and faithful to the

[95] Bilkees I. Latif, *Forgotten,* 14.
[96] *Jonathan Gil Harris, The First Firangis, 3323.*
[97] Ibid, *3342.*
[98] Bilkees I. Latif, *Forgotten,* 1.
[99] He was an Italian Jesuit who reached Delhi in 1714, on his way to Tibet, two years after the death of Bahadur Shah I.
[100] Ippolito Desideri, *An Account of Tibet: The Travels of Ippolito Desideri of Pistoia, S.J. 1712–1727,* ed. Filippo de Filippi, The Broadway Travellers Series, ed. Sir E. Dennison Ross and Eileen Power (London: Routledge, 1932; repr., Taipei: Ch'eng Wen Publishing Company, 1971), 65.

Emperor that his love and esteem never wavered, and until his death, he always regarded her as the prop and bulwark of his Empire and the choicest jewel of his crown."[101]

He further wrote that the emperor in the last years of his life, revered consecrated palm leaves, and always kept them in his room. This reverence was a result of miracle performed by Juliana, in which she had extinguished a potential fire by the leaves and saved the life of the emperor and others, "as she hastily fetched a consecrated palm branch from her room and threw it into the flames, turning with all her heart to God. In an instant, the flames died down and all danger ceased."[102]

Moreover, in Desideri's opinion, Juliana had brought the Mughal emperor on the brink of conversion, "The Mohammedans were inimical and Oranzeb, the Emperor's father, was still more hostile, to all the images; but Bahadur Shah forsaking the rituals of this false sect, used to pray as do the Christians kneeling before a large and a sacred image of our Lord Jesus Christ praying in the garden of Gethsemane."[103] Thus, what comes out, from his hagiographical account which is based mostly on hearsay, is both a noticeable and notable intersection of piety and politics.

However, after Bahadur Shah I's death, the tide of power changed and Juliana's holy and powerful influence waned in the court as soon as Farrukhsiyar (c. 1713-1719), the son of Jahandar Shah ascended to the throne. This was because, he appointed his elder Sayyid brothers to the most important bureaucratic positions in the court. Thus, Sayyid Abdullah was chosen as the Prime Minister and his younger brother, Sayyid Husain was appointed as the *amir-ul-umra* (the senior most rank among the nobility). Both the brothers worked together to get rid of Juliana's presence from the court and were also successful to a certain extent but only for a short duration of time. The Portuguese lady was soon resurrected to power, reinstated, and restored with all courtly favors and high offices as she along "with some Christians who had knowledge of medicine, came by with their advice to cure the Emperor"[104] and relieved him of the pain from a huge carbuncle, a pain which neither the foreign nor local practitioners of medicine had been able to cure so far (More about Juliana's power and personal benefits discussed in the following chapter).

[101] Ibid, 65.
[102] Ibid, 66-67.
[103] Ibid.
[104] Jean-Baptiste Joseph Gentil, *Memoires*, 377.

Other benefits

Juliana Dias da Costa, rose to a position of unusual political influence, under her Mughal patron Bahadur Shah I. She was granted, before her death in 1734, substantial land holdings near Delhi that were later bequeathed by her descendants.[105] Moreover, she had enough political pull to convince the state to exempt Christian 'dervishes' in Agra from *jazia*, or poll tax for non-Muslims.[106]

The King of Portugal, João V, sent her a magnificent letter and various presents, thanking her for her services to the court of Mughals, to Christianity, to Portugal, the states of Goa and the part of India subject to his Crown.[107]

And lastly, when the threat of attack by the Maratha ruler Shivaji loomed on the Portuguese territories, Juliana's interceded, pleading the emperor to prevent these attacks. As a consequence of her intercession, the armies of Mughals and Shivaji fought battles at Ahmedabad and Surat and settlements happened between both the parties and the Portuguese, on the other hand were saved from the attacks of the Marathas.[108]

Gabriel Boughton

Much to the reader's dismay, Gabriel Boughton's early history remains quite a mystery as the sources remain silent about it. In most of the accounts, his name appears in the context of early English trading rights, as an 'esteemed surgeon' who ministered the imperial princess Jahanara who was severely burnt by fire, thereby impressing the emperor Shah Jahan. In return for his much appreciated services, he received trading concessions, thus making way for the English in Bengal and then very abruptly his name completely disappears again from the narratives.

Nonetheless, I present here, whatever details I found about the surgeon, most of which have been culled out from different primary sources. In January 1644, Boughton sailed on the English Company's ship *Hopewell* from England and after a tempestuous journey reached Surat. D.G. Crawford conjectures that the surgeon might have been trained at Guy's hospital

[105] Taymiya R. Zaman, "Visions of Juliana, 765.
[106] Ibid, 765.
[107] Ibid, 767.
[108] Ibid, 767.

in London but apart from this piece of information no details about his medical training exist in the factory records or any other documents.[109]

Boughton, the Burnt princess Jahanara and the Imperial Mughal Court

Returning back again to Jahanara's fire accident[110], historians like Sudip Bhattacharya,[111] Tirthankar Roy,[112] O.P. Jaggi[113] and Waldemar Hansen[114] have argued along the same lines and stated in their works, more or less a same version in their narratives. According to the most often cited version, the imperial princess Jahanara, first lady of the court was timely cured by the English surgeon and in return for his laudable services, was granted following trading concessions, 'whereby, in his name [Gabriel Boughton], one or more ships could be cleared duty-free in Bengal'.[115] It is interesting to note that all the above mentioned scholars share common sources on the basis of which they make their claims, and the sources being British historian Robert Orme's *A History of Military Transactions of the British Nation in Indostan*,[116] Henry Yule's *Hedges Diary*[117] and Charles Stewart's *The History of Bengal*.[118] To quote from Stewart's work, Jahanara's injury:

[109] D.G. Crawford, *A History of the Indian Medical Service 1600-1913* (London: W. Thacker, 1913), 45.

[110] Other primary sources which also cite Jahanara's fire accident are: Niccolao Manucci's *Storia do Mogur*, he notes, "It happened one night while engaged in such-like dances that the thin raiment steeped in perfumed oils of the princess's favourite dancing woman caught fire, and from the great love she bore to her, the princess came to her aid, and thus was burnt herself on the chest." He, however, does not name the physician who cured the princess's nor does he provide the date. See, Niccolao Manucci, *Storia do Mogur, or Mogul India* (1653-1708), trans. William Irvine, Indian text series 1(London: John Murray, 1907), vol. I, 219; Inayat Khan writes, descriptively about the fire accident but does not mention Boughton's name at all. He on the contrary notes that 'opportunely' Hakim Muhammad Daud arrived at the court and tended the princess back to good health. See, *Inayat Khan, The Shah Jahan Nama of Inayat Khan: An Abridged History of the Mughal Emperor Shah Jahan, compiled by his Royal Librarian: the nineteenth-century manuscript translation of A.R. Fuller*, trans. A. R. Fuller, W. E. Begley and Z. A. Desai (New Delhi: Oxford University Press, 1990), 309-310; Thomas Bowrey notes, "patent of trade granted by the English by the Prince of Bengala; and we find that it was first procured by one Mr. Bowden a Chyrurgeon, and gave the English onely libertie to trade paying Custom according to the Kings." See, Thomas Bowrey, *A Geographical Account of Countries Round the Bay of Bengal, 1669-1679* edited by Richard Temple (Cambridge: Hakluyt Society, 1905), 234.

[111] Sudip Bhattacharya, *Unseen Enemy: The English, Disease, and Medicine in Colonial Bengal*, 1617-1847 (New Castle upon Tyne, United Kingdom: Cambridge Scholars Publishing, 2014), 15-16.

[112]Tirthankar Roy, *The East India Company: The World's Most Powerful Corporation* (New Delhi: Allen Lane, 2012), 83.

[113] O.P. Jaggi, *Medicine in India: Modern Period* (Delhi: Oxford University Press, 2000), 219.

[114] Waldemar Hansen, *The Peacock Throne: The Drama of Mogul India* (Delhi: Motilal Banarasi Das Publishers, 1986), 127.

[115] Charles Stewart, *The History of Bengal from the first Mohammedan Invasion until the virtual conquest of that country by the English A.D. 1757* (London: Black, Parry and Company,1813), 251-252.

[116] Robert Orme, *History of the Military Transactions of the British Nation in Indostan from the year MDCCXLV to which is prefixed a dissertation on the establishments made by Mahomedan Conquerors in Indostan*, (Madras, Pharoah and Co., 1861), Vol. II, 8. He has written about the fire accident and it can be conjectured that Charles Stewart derived the details about Jahanara from here as both the accounts offer more or less the same details.

In the year of the Hegira 1046 [A.D. 1636 in margin], a daughter of the Emperor Shah Jehan having been dreadfully burnt, by her clothes catching fire, an express was sent to Surat, through the recommendation of the vizier Assud Khan, to desire the assistance of an European surgeon. For this service the Council at Surat nominated Mr. Gabriel Boughton, surgeon, of the ship *Hopewell*, who immediately proceeded to the Emperor's camp, then in the Dekkan, and had the good fortune to cure the young Princess of the effects of her accident. Mr. Boughton, in consequence, became a great favourite at court; and, having been desired to name his reward, he, with that liberality which characterizes Britons, sought not for any private emolument, but solicited that his nation might have liberty to trade, free of all duties, to Bengal, and to establish factories in that country. His request was compiled with, and he was furnished with the means of travelling across the country to Bengal. Upon his arrival in that province, the proceeded to Pipley; and in the year 1048 [A.D. 1638 in margin], an English ship happening to arrive in that port, he, in virtue of the Emperor's firman, and the privileges granted to him, negotiated the whole of the concerns of that vessel without the payment of any duties.[119]

Thus, Boughton 'a very Eminent Doctor of Physick' on the request of Council in Surat travelled to the emperor's camp and succeeded in curing the princess and on being asked by the emperor what he desired, he said, "With that liberty which characterizes 'Britons', the Nation might have the liberty to trade, free of all duties, to Bengal, and to establish factories in that country" and thus, received the desired accolades for the company.[120]

Sir William Foster, historiographer to India Office, the repository, of the company's records and archives, has however, questioned these assertions of Stewart, Yule among many others in his work published in 1911. He instead, counter argued, that this tale is apocryphal as 'no such document appears to be in existence' and emperor's farman was a myth put together by the English to derive commercial benefits. He further, substantiates his argument, by pointing out that Jahanara's fire accident occurred in early 1644, and Boughton around that time was sailing in the sea on the ship *Hopewell*.[121]

Foster, on the contrary to the above mentioned historians, found more substantial evidence and pointed out that Boughton volunteered his medical services for Asalat Khan, a paymaster general and a high ranking nobleman since he was chosen by the company's president and the Council of Surat. Asalat Khan, in all probability wanted an English doctor for his own infirmities and therefore, Boughton headed to meet his new patron residing in

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[117] Henry Yule, *Diary of William Hedges, Esq. (Afterwards Sir William Hedges), During His Agency in Bengal, as Well as on His Voyage Out and Return Overland* (1681-1687) (London: Hakluyt Society, 1889), Vol. 3, 167.
[118] Charles Stewart, *The History of Bengal,* 251-252. Stewart has pointed out in his footnotes that he was unable to locate the copy of the firman in the Indian Records but Mr. Bruce mentions that it is in the State paper office and is dated 2nd February 1633/34.
[119] Charles Stewart, *The History of Bengal,* 251-252.
[120] Ibid.,
[121] William Foster, "Gabriel Boughton and the Grant of Trading Privileges to the English in Bengal," *Indian Antiquary* (1911): 247-257.

Surat.[122]

Asalat Khan, however, died in 1647, but the success story of the surgeon does not end with his patron's death. He further travelled to *Rajmahal* (provincial capital) to pay his respects to Shah Shuja (1616-1661), Shah Jahan's second son and the newly appointed governor of Bengal. The provincial capital was a place of relative importance to the English in their early efforts to establish trade in Bengal. Fortunately, the fate intervened, as Stewart writes, and one of the favourite consorts of Shah Shuja, 'fell ill with a complaint in her side.' The surgeon was consulted, and he succeeded in curing the hardly described malady and this incident not only greatly impressed Shah Shuja but led to Boughton receiving permission for more trade concessions from him.

The news of Boughton's influence in Shuja's court reached London and within a short span of time another ship named *Lyoness* arrived from England to Bengal, bringing on board James Bridgeman and other merchants of the company who were given clear instructions by the Captain of the ship, James Brookhaven to receive the farman, and are cited as follows:

"You know how necessary it will bee for the better carrying on the trade of these parts to have the Prince's *ffirman*, and that Mr. Gabriel Boughton, Chirurgeon to the Prince, promises, concerning the same. To putt matters out of doubt it is necessary that you forthwith after our departure, and the settlement of the business here, and at Hukley, proceed to Rajamall with one Englishman to accompany you; where being come consult with Mr. Boughton about the busines, who hath the whole contents of the Dutches last *ffirman*, and together endeavour (if possible) that according to Mr. Boughton's promise) the Company may have such a ffirman granted, as may outstrip the Dutch in point of Privilege and freedome, that soe they may not have cause any longer to boast of theirs. You know what I have written to Mr. Boughton about it, who (without doubt) will be very faithfull in the busines and strive that the same may be procured, with as little charge as may bee to the Company, knowing that the lesse the charge is the more will bee to the reputation, according to his owne advice in his last vnto me: what you shall present, or expend in the busines I cannot advise, however what you doe, let it bee done with joint consent, and I pray you bee as spareing as may bee in a busines of this Import."[123]

This excerpt clearly reveals, firstly, that Boughton had not yet received elaborate trading concessions for the company because stress was laid upon the necessity of receiving a farman from Shah Shuja in order to trade freely in Bengal, an argument which has been wrongly forwarded by Charles Stewart and Henry Yule along with other historians who follow the same trail of thought. Secondly, it was only after the arrival of James Bridgeman from England, that the English received a *nishan* (patent) for establishing a factory in Hughli,

[122] William Foster, "Gabriel Boughton, 255.
[123] C.R. Wilson, *The Early Annals of the English in Bengal, Being the Bengal public consultations for the first half of the eighteenth century, summarised, extracted, and edited, with introductions and illustrative addenda* (London and Calcutta: W. Thacker Spink, 1895), 26-27.

permission to trade in Shuja's dominions without customs or dues for a trifling sum of three thousand rupees. In addition, an indefinite quantity of saltpetre could be purchased, particularly at the factories of Balasore and Hugli. The instructions on this patent were followed by others, each terminating on the death or removal of the successive rulers.[124]

Most of William Foster's arguments have been somewhat reiterated in the works of George C. Peachey[125], Rajesh Kochhar,[126] and Sushil Chaudhury.[127] After 1652, relatively little is known about the whereabouts of the Boughton. The sources suggest that he had died, moreover, it is difficult to state whether the 'Company derived any definite or continued advantage' from the aforementioned farman after the surgeon's death.

William Hamilton

Quite similar to Boughton's case, we do not find much information about William Hamilton's early life. He was born in Dalziel in Scotland and was trained as a surgeon following the prevalent medical norms for surgery, therefore, did not possess a University degree in medicine.[128] Hamilton sailed to India in a ship named *Sherborne* as a ship surgeon in 1709. D.G. Crawford, adding to the available biographical information, suggests that Hamilton would have deserted the ship because of Henry Cornwall, the tyrannical captain at Fort. St. David. He further cites the ship ledger in which the surgeon's name is written next to the word run, thus referring to his act of desertion on 3rd May 1711.[129]

Hamilton, however, in the same year was appointed as a second surgeon and he resided in the Bengal establishment of the English Company. During the first half of the eighteenth century, Bengal was ruled by very strong nawabs such as Murshid Quli Khan and Alivardi Khan who were not in the favor of English traders and agents transgressing or misusing the trading privileges granted to them by the Mughal imperial authorities.[130] Thus, during the reign of emperor Farrukhsiyar (c. 1713-1719), the company decided 'to seek redress of their grievances' against these strongly headed nawabs, in addition, to an immense hope to obtain trading concessions and privileges by sending an embassy from Calcutta to

[124] William Foster, "Gabriel Boughton, 256.
[125] George C. Peachey, "Gabriel Boughton: Surgeon, Boughton and East India Trade," *The Lancet* (1927): 854-855.
[126] Rajesh Kochhar, "The Truth behind the Legend: European Doctors in Pre-Colonial India," *Journal of Bioscience* 24 (1999): 259-268.
[127] Sushil Chaudhury, *Companies, Commerce and Merchants: Bengal in the Pre-Colonial Era* (London: Routledge, 2016), 24.
[128] Ranes C. Chakravorty, "Colonial Medicine in India," in *Encyclopaedia of the History of Science, Technology and Medicine in Non-Western Cultures*, ed. Helaine Selin (Dordrecht: Kluwer Academic Publishers, 1997), 159.
[129] D.G. Crawford, *A History of the Indian*, 114.
[130] Jaswant Lal Mehta, *Advanced Study in the History of Modern India* 1707-1813 (Delhi: Sterling Publishers Pvt. Ltd, 2005), 18.

Delhi. Robert Hedges, the governor of Calcutta, therefore appointed John Surman of their Patna factory to appoint the members and lead them to the court. The embassy, thus, comprised of Surman himself, Edward Stephenson- the writer, John Pratt (who ultimately did not join), Khwaja Serhud- an extremely successful Armenian interpreter and go-between, Hugh Barker the secretary and William Hamilton- the surgeon.

John Surman's Embassy leaves for the Mughal court in Delhi

The embassy with full hopes left Calcutta bearing goods worth 102,472 rupees for the emperor and 108,218 rupees for his courtiers. In addition, it carried goods worth 29, 958 rupees for the personal use of the members of the embassy, besides 47 bales of 'Bengal piece goods' to sell in Delhi on account of the merchants in Bengal.[131] Khwaja Serhud, as British historian Robert Orme, writes, 'magnified' the price of goods in his elaborate letters to the emperor, and he in return, therefore, issued all the necessary permits along with providing for nearly hundred wagons to bring along the embassy from Patna to Delhi.[132] The grand procession which departed in a very 'publick manner' was transported by fifteen camels, ten carts, twenty-two oxen pulling large guns and was accompanied by six company soldiers, a trumpeter, smiths, carpenters, spades men, twelve hundred porters, a clock master, all preceded by two Union flags and an official armed escort from the Mughal Court itself.

John Surman after reaching the court presented a formal petition requesting nineteen particulars to be covered in the new farman to be issued. Most of the requests can be divided into two major subheadings. Firstly, there were reiterated appeals for trading concessions, such as free passage, greater security for the goods travelling and reaching the Mughal dominions, and secondly, there were requests regarding company's political establishments and long-standing but pending issues, for instance, a confirmation to mint coins at Madras, permanent control over their factories in Surat and Patna and immunity from the *farmaish*, *faujdari* for the British subjects.[133]

But almost, even after a year and a half later, the delegation could not achieve its desired goals because the emperor was simply not impressed with them and their elaborate demands. Surman had lost all hopes and almost decided to leave the court without the farman. But, an 'accident', as Charles Stewart notes, "which on a less important occasion would have been

[131] Sudip Bhattacharya, *Unseen Enemy*, 61.
[132] Robert Orme, *History of the Military Transactions*, 19.
[133] Philip J. Stern, *The Company-State: Corporate Sovereignty and the Early Modern Foundations of the British Empire in India* (New York: Oxford University Press), 42.

too mean to merit historical notice, had placed them [the embassy] at once in a high degree of favor with the emperor himself" and thereby reversing the company's fortunes.[134]

Hamilton, the surgeon comes into the scene!

Stewart's 'important occasion' was Farrukhsiyar's marriage, as he was betrothed to a Rajput princess, the daughter of Raja Ajit Singh of Jodhpur. The emperor was suffering from a 'malignant distemper', explained by the Indian physicians as 'too inconvenient' at the time of marriage. 'The distemper' was speculated to be an infection in the groin area, a tumor or a venereal disease and frustratingly enough for Farrukhsiyar, neither his court physicians nor his French doctor, Monsieur Martin had been able to relieve him of his predicaments at this pressing time. Farrukhsiyar, therefore, was advised by "Cawndorah [emperor's favorite advisor whose real name was Khoja Hassen] to employ the surgeon of the English embassy, named Hamilton."[135] Sudip Bhattacharya, in his work, has suggested that the surgeon's medical services would have remained indispensable even for the retinue with whom he was marching towards Delhi. After reaching the court, Hamilton offered his medical services to a higher ranking steward Taqarab Khan whom he declared incurable.[136]

Interestingly, the surgeon's diary reveals that while he was treating Farrukhsiyar, he always remained under the radar and along with being suspected and disbelieved for his actions by the emperor's well-wishers. For instance, rumors about the emperor's demise often spread, and on one such occasion, Hamilton was hit by a pebble on his head while he returning to the fort after ministering his royal patient. On yet another occasion, a huge mob gathered around the surgeon's place because of Farrukhsiyar's death rumors and the people were later pacified with the emperor showing himself (giving '*darshan*') from a gallery of his palace.[137] Nonetheless, 'in a few weeks, he was perfectly cured' of the lingering ailment as the surgeon lanced the boils and surgically operated on them.

And as a consequence, a little later, after the ceremonies of the royal marriage were over, Farrukhsiyar impressed with the successful surgical interventions of Hamilton granted the desired farman to the Surman embassy on 10th April 1717. It was addressed to the governors of the three provinces- Hyderabad, Gujarat and Bengal (including Bihar and Orissa) in which the English subjects were settled. The received *nishan* did not only reaffirm the trading privileges formerly granted by Aurangzeb to the company but also extended its scope to other

[134] Robert Orme, *History of the Military Transactions*, 20.
[135] Ibid, 20.
[136] D.G. Crawford, *A History of the Indian*, 118.
[137]Ibid, 121.

territories under the Mughals as well. The new concessions included, the freedom to carry on trade and commerce in Bengal without the payment of custom duties, on the compulsory payment of three thousand rupees per year to the provincial government, in addition, the English were allowed to rent additional territory in and around Calcutta and settle at their will, moreover, their long-standing privilege of freedom from dues throughout the province of Hyderabad was prolonged on the condition that they only had to pay the existing rent for their Madras territory.[138] It should be mentioned that John Surman, however, did not obtain all the nineteen particulars he had petitioned for, but acquired a great deal at the behest of Hamilton's 'miraculous' treatment of the emperor and as Philip J. Stern writes, this farman stands out as a landmark in the history of the company's settlements[139] and it placed them at par or even ahead of the other rival trading companies.

The embassy with the completion of its mission left Delhi on 18th July 1717. On their way to Calcutta, Hamilton fell critically ill and the English surgeons tending to him, ironically, could not diagnose the exact cause of his illness and administered him with the usual range of medicinal drugs which showed no visible signs of improvement in the patient's health. Thus, the accomplished surgeon died on 4th December 1717, due to lack of proper medical care.

Other Benefits

This firm was Farrukhsiyar's faith in his favorite European doctor that he simply could not believe in the news of Hamilton's death. He, therefore, immediately dispatched an officer to find out whether this sad news was true or not.[140] Hamilton's tombstone, which is still present in an English church in Kolkata (previously known as Calcutta), beautifully records and narrates the surgeon's crucial role in the success and attainment of the 'coveted' farman by the Surman embassy:

> William Hamilton, Physician in the service of English Company, who had accompanied the English Ambassador to the enlightened presence, and having made his famous in the four quarters of the earth by the cure of the emperor, the Azylum of the World, "Mohammed Ferrukhseer the victorious; and, with a thousand difficulties, having obtained permission from the court, which is the refuge of the Universe, to return to his country; by the Divine decree, on the fourth of December 1717, died in Calcutta, and is buried there.[141]

[138] Philip J. Stern, *The Company-State*,
[139] Ibid, 40.
[140] "British Medicine in India," *British Medical Journal* 1.2421 (1907): 1245-1253, 1250.
[141] Charles Stewart, *The History of* Bengal, 397. It is a Persian inscription translated by Mr. Gladwin and cited in this book.

D.G. Crawford in his book, *A History of the Indian Medical Service* which is a compilation of various documents generated by the English Company notes:

> That Farrukh-siyar was satisfied with the result there can be no doubt. On January 12, 1715-16, the Council at Fort William received a "Packett from Messrs. Surman and Stephenson at Delly," dated December 7, advising the welcome news of the King's recovery, as a clear demonstration of which he, according to the Eastern manner, "washed himselfe the 23rd and received the Congratulations of the whole Court on the 30th Dec. "He was pleased to reward Mr. Hamilton for his care and success in a public manner, presenting him with a Veste, a *Culgee* sett with precious Stones, two Rings, an Elephant, Horse, and five thousand Rupees, and ordered severall Additions to be gott for him."[142]

Therefore, the emperor's impressed with the efficacious treatment provided by Hamilton copiously rewarded him with imperial favors. Among the other presents cited above, he was also gifted surgical instruments made of pure gold.[143] Moreover, the services of the surgeon were requested again, as the emperor developed a new complaint of anal fistula, regarding which Hamilton had a long discussion with the Empress-Mother not to forget through the purdah between them. Farrukhsiyar was yet again successfully declared cured on the 20th November and Hamilton in return received from the Queen mother a robe of honor, a horse, and thousand rupees.[144]

Moreover, Farrukhsiyar was so bowled over with the services of the surgeon, that he decided to employ him as his personal physician, therefore, Hamilton was asked to resume his seat at the court while the other members of the delegation were permitted to leave for Calcutta. Hamilton, however, humbly refused to take the coveted position and serve at the court as he wished to return to his wife and children (about whom he apparently lied because according to the records Hamilton was still unmarried) and thus, requested the emperor to grant permission to leave.[145] Farrukhsiyar said:

> Since he is privy to my disease, and perfectly understands his business, I would very fain have kept him, and William Hamilton. Given him whatsoever he should have asked. But seeing he cannot be brought on any terms to be content, I agree with it; and on condition that after he has gone to Europe and procured such medicines as are not to be got, here, and seen his- wife and children, he returns to visit the Court once more, let him go.[146]

Thus, his request was accepted, on the condition, that after meeting his supposed family which resided in England he would return back to offer his services at the imperial court to

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[142] W.B. Beatson, 'The Indian Medical Service, Past and Present,' reprinted from the, *'Imperial and Asiatic Quarterly Review'* (London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd., 1902) 29-30.
[143] Charles Stewart, *The History of* Bengal, 397.
[144] Sudip Bhattacharya, *Unseen Enemy*, 62.
[145] D.G. Crawford, *A History of the Indian*, 118.
[146] J. Talboys Wheeler, *Early records of British India : a history of the English settlements in India, as told in the government records, the works of old travellers and other contemporary documents, from the earliest period down to the rise of British power in India* (London: Trubner and Company, 1878),

which Hamilton agreed and confirmed by duly signing on the paper. In the next chapter, we will be looking at the Japanese case and the benefits European doctors derived for themselves by being at Deshima.

2

DOCTORS, HOFREIS, AND LIFE AT DESHIMA

Their methods of curing the sick are even more surprising. Their medicines and way of looking after patients are completely different from ours; everything which we would give a sick person, they forbid, and what we would forbid, they give them. And so they regard hens, chickens, sweet things and practically all the foods we would give patients as being unwholesome for them; on their part, they prescribe fresh and salted fish, sea snails and other bitter, salty things, and they find from experience that they do patients good. They never bleed a person, and their purges are sweet smelling and gentle—in this, they certainly have an advantage over us, for our purges are evil-smelling and harsh.[147] ------ Alessandro Valignano.

This excerpt has been taken from one of the letters, written by an Italian Jesuit Alessandro Valignano who arrived in Japan in 1579. It beautifully describes the Japanese as being 'the other', it gives a flavor of how different the Western healers felt the Sino-Japanese medicine was in comparison to their own existing Galenic medical paradigm. The present chapter, thus, narrates the tale of two European doctors employed by the Dutch East India Company in the trading post of Nagasaki and serves as a counterpoint to the previously dealt case study of South Asia.

An immediate question that comes to mind is why is the East Asian case a counterpoint to the previously dealt South Asian case? The answer lays in the completely disparate medical paradigms of these two worlds (East Asia and Europe) - the Galenic and Kampo medical systems with almost nothing in common between them. Thus, it becomes highly interesting to pose the same research questions in the East Asian case as we did earlier in the Indian case. That is, firstly, to what extent European doctors made an impression in East Asia which was a completely different world for them? And secondly, to what extent their medical services gained them benefits? But before we begin with this interesting as well as challenging comparative analysis, a summarized contextual background of the VOC in Japan has been presented below.

Background

At the turn of the sixteenth century, evangelizing powers like Spain and Portugal lost their hegemony in Tokugawa Japan and were considered as a 'threat' and a 'rival' not only to the established Buddhist religion but also to the shogunate. The main reason behind this expulsion was that these European powers harbored possible territorial ambitions and were

[147]Alessandro Valignano, *Historia del Principio y Progresso de la Compania de Jesus en las Indias Orientales* (1542-1564), ed. Josef Wicki (Roma: Institutum Historicum Societatis Iesu, 1994), 241.

therefore banished in 1624 and 1641 respectively.[148] In this period of self-imposed isolation (*sakoku* era) which lasted from 1640 to 1853, the only foreign powers allowed in the land of rising sun were the Dutch and the Chinese.

Moreover, the undeniable fear of the spread of Christianity not only led to self-isolation, the Bakufu (military government headed by the shogun) also remained incumbent in setting specific limits on the Western knowledge that entered Japan. Therefore, keeping up with its fears, around 1639, a ban was imposed on the importation of foreign books. But the idea of complete shunning of Western knowledge which in the long run might prove useful to the scientific and technological advancement of the country was also unacceptable to the shogun. Therefore, the ban was revoked by the 8th shogun Tokugawa Yoshimune and the importation of Western secular books was allowed in the 1720's.[149] Also, it is important to note that the import of books on medicine, medicaments (plasters, ointments, concoctions) was never thwarted in spite of such stringent regulations in Japan.[150]

The VOC officials were confined to a completely cut-off artificially created fan-shaped Deshima Island on the Nagasaki harbor because they had successfully received trading rights from the shogun around the 1630's. They were not deemed as 'conspirators' and were allowed to conduct trade under severely regulated conditions with a clause of severe punishments in case of its transgression by the Japanese officials. Despite such stringent regulations, the company was willing to carry on trade because of the prospects of profitable trade. Statistically speaking, intra-Asian trade (its main center being in Batavia, present day Jakarta) yielded net returns worth of 651,000 guilders per year from 1642-1660.[151]

Dutch and other European doctors in Japan

Coming back to our story of medical men, from 1641-1858, approximately one hundred Dutch medical officers served the Deshima community in the capacity of *oppermeesters* and *ondermeesters*. The medical services of the trading post surgeons were frequently requested

[148] Shogun were hereditary family of military rulers which controlled Japan from 1600-1868.
[149] John E. Van Sant, "Rangaku Medicine and "Foreign" Knowledge in Late Tokugawa Japan," *Southeast Review of Asian Studies* 34 (2012): 207-214, 208.
[150] Van der Velde and Cynthia Vialle, *The Deshima Dagregisters: their original table of contents*, 10 vols. (Leiden, 1986-97), vol. XII (1650-1660) (Leiden, 1994), 2, 25, 20, 21,25, 20, 21, 32, 21. Japanese possessed an uninhibited attitude towards the use of foreign medicaments which they thought might be twice as efficacious as local drugs. Therefore, the import of foreign medical substances remained unhindered despite a stringent ban on the import of various objects like religious books.
[151] Ryuto Shimada, *The Intra-Asian Trade in Japanese Copper by the Dutch East India Company during the Eighteenth century* (Leiden: Brill, 2006), 83.

by the Edo (present-day Tokyo) authorities in the sakoku era.[152] These doctors represented Dutch interests from the late sixteenth to the early eighteenth century. They were also bound by the same rules as the other officials and spent time in and around the factory in Deshima. In addition, the most esteemed physician received the opportunity of visiting the court of shogun[153] in a semi-ambassadorial role along with the entourage of nearly two hundred people which comprised of officials, interpreters, servants, and porters.

Meanwhile, on their way to the court in Edo, these Dutch men received an opportunity of seeing more of Japan of which they were completely deprived as residents residing on the island in Nagasaki. Doctors during their audience with the shogun and other members of the court like body physicians were interrogated about the progress of Western sciences, the importance of unknown drugs in Japan, medicines that lead to immortality and various other health related topics. These medical practitioners quite often presented themselves as conduits of Western knowledge, by graciously welcoming the Japanese surging interest in clinical practice but were often also tired in front of the Japanese inquisitiveness, problems of translation and the ambiguity of the questions which ranged from mathematics to astronomy.[154] European doctors, however, during their stay attempted to forge links with prominent shogunal physicians and tried to become familiar with genuine figures of cultural and political standing thereby transcending the restrictions of nationality.

Some of the most prominent physicians during the period were Caspar Schamberger (1649-1651), Willem Hoffmann (1671-1675), Willem ten Rhijne (1647-1700), Engelbert Kaempfer (1651-1716), Carl Pieter Thunberg (1743-1828) and Philipp Franz Balthasar von Siebold (1796-1866) who straddled both national and international concerns by furthering the cause of the VOC in Europe along with contributing to the development of Sino-Japanese medicine.

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[152] Trading post surgeons were often considered as 'horse-doctors' because they required only one year of apprenticeship to work on board. They were made in charge of the heath of the crew members on the ships during the long arduous voyages to the East and these barber-surgeons in the trading post of Deshima contributed significantly to the field of anatomy.

[153] The Dutch, in this case, opperhoofd (headman), opperchirugijn (physician), and Company secretary made annual pilgrimage 'court journey' (Hofreis) to the capital Edo from Nagasaki in order to pay their respects and give away carefully chosen presents to the shogun. Its main purpose was to maintain the cordial relations that existed between the two countries. Symbolically speaking, to the shogunate it represented an act of submission by the inferior people (sanpu). At Edo, the Dutch usually spent two to three weeks housed in the official inns for the visitors.

[154] The Deshima dagregisters have interesting notes by the Dutch physicians who were frequently visited by the inquisitive shogunal physicians, received request for medicines, were asked tedious questions on astronomy, see Paul van der Velde and Cynthia Vialle, *The Deshima Dagregisters: Their original table of contents, Vol. VIII, 1760-1780* (Leiden: Leiden Centre for the History of European Expansion, Intercontinenta No. 19, 1995), 40, 42, 51, 104.

An immediate question that comes to mind is what happened to the Kampo medicine (Han technique) after the arrival of Western medicine? Did changes occur or were they more on a superficial level? Yoshio Izumi and Kazou Isozumi suggest that due to the stationing of the Dutch surgeons in Nagasaki the 'red haired style' of surgery (as the Dutch were famously called in Japan) successfully replaced the 'southern barbarian style of surgery' which was mainly practiced by the Spaniards and the Portuguese.[155] They further assert that this replacement happened gradually as the Japanese scholar physicians observed, learned, and imitated the anatomical dissections conducted by the Dutch barber-surgeons in open public halls. The indigenous doctors, thus, took notes about the various body parts and listened carefully to the interpreters (*Orandatsuji*) who struggled and relentlessly tried to find exact translations of the medical jargons and obscure terminologies in their native language.

Adding another layer to the debate, John E. Van Sant argues, that this exciting new knowledge led to moments of introspection and doubts regarding the efficacy of Kampo which was introduced in the beginning of the 7th century A.D. both by oral and textual contacts in Japan.[156] The Taiho Law Code of 701 declared it as the official medicine of the country. To explain theoretically, this medical system believed in the Middle Kingdom as the center of the universe, and was based on the principle that the body, like the universe, can potentially achieve "a state of dynamic equilibrium if no strain is imposed on the system."[157] The body, however, was disturbed by internal and external influences which manifested themselves as either deficiency (yin) or excess (yang) of energy.[158] Kampo utilized Chinese herbs, acupuncture, moxibustion and massage in its healing methods. The trust on the traditional medicine was punctured mainly because it like Ayurveda in India discouraged anatomical dissections. They were not performed since great importance was attached to cosmic harmony thereby leaving very little room for invasive surgical procedures which was in complete contrast to the precepts of Galenic medicine.

Historiographical Trends

Before beginning with the discussion of the chosen doctors, it is important to set the stage by discussing the historiography on the Japanese medicine and situating my work in it.

[155] Yoshio Izumi and Kazuo Isozumi, "Modern Japanese Medical History and the European influence," *Keio Journal of Medicine*, 50 (2001): 91-99, 92.
[156] John E. Van Sant, "Rangaku Medicine, 208-210.
[157] Margaret M. Lock, *East Asian Medicine in Urban Japan: Varieties of Medical Experience* (Berkeley and Los Angeles: University of California Press, 1980), 32.
[158] Ibid.,

Therefore, it is crucial to look at the developments which occurred in Japan before the Dutch doctors set foot on the trading posts of the VOC in Deshima. The existing literature on the Japanese medicine in the late Edo period reveals two deviating approaches: on the one hand, in the older studies, a positivist reconstruction of the Western dissemination of knowledge takes place, and on the other hand, in the recent literature, the opposite happens, that is, the impact of the disseminated Western knowledge on deeper levels is not considered all-embracing or holistic in nature.

Let's begin by elaborating on the first approach which is found from the start of the 1960s until the twentieth century in the researches conducted by historians like Eikoh Ma,[159] John Bowers,[160] Wolfgang Michel,[161] Yoshio Izumi and Kazuo Isozumi,[162] Annick Horiuchi,[163] Thomas M. van Gulik and Yuji Nimura,[164] John E. Van Sant[165] to name some of the most important works. These historians identified three 'Western cultural waves' which according to them transmitted Western science into Japan, the first wave began from 1543-1649, the second wave in 1720-1854 and the last wave spanned from 1865-1880. Their works focussed specifically on the aspect of 'red-haired' surgery and the changes this surgical enlightenment brought in the medical discourse of Sino-Japanese medicine. They argued that this 'new' anatomical knowledge created ripples and raised doubts regarding the accuracy of Chinese medical theories on the human body. Moreover, these scholars were obsessively fixated in their works on the publication of Sugita Genpaku's 'landmark' text *Katai Shinsho*.[166] Thus, in other words, this approach highlights the slow transition from traditional praxis to a complex approach by putting the spotlight on the scholarly works produced by European doctors stationed in Deshima from the late sixteenth- early eighteenth century.

[159] Eikoh Ma, "Japan's encounter with Western medical science: "The beginning of Dutch Study," being the memoirs of an 18th century doctor," *Bulletin of History of Medicine* 33 (1959): 315-29.
[160] John Z. Bowers, *Western Medical Pioneers in Feudal Japan* (Baltimore: John Hopkins University Press, 1970), 1-20.
[161] Wolfgang Michel, "His Story of Japan: Engelbert Kaempfer's Manuscript in a New Translation," *Monumenta Nipponica* 55 (2000): 109-20.
[162] Yoshio Izumi and Kazuo Isozumi, "Modern Japanese.
[163] Annick Horiuchi, "When science develops outside state patronage: Dutch studies in Japan at the turn of the nineteenth century," *Early science and medicine* 8 (2003): 148–172.
[164] Thomas M. van Gulik and Yuji Nimura, "Dutch Surgery in Japan," *World Journal of Surgery* 29 (2005): 10-17.
[165] John E. Van Sant, "Rangaku Medicine.
[166] *Kaitai Shinsho* (New Book of Anatomy*)* was published in 1774. An illustrated scientific anatomical text, translated by the Japanese into their language, from a Dutch translation *Ontleedkundige Tafelen* which itself was a translation from a German work *Anatomische Tabellen* by Johan Adam Kulmus, and was originally published in 1722. This book definitely had an impact on the scholarly field of medicine and the work was even called as a 'gateway to human anatomy' but its influence cannot be overstated because its author Sugita Genpaku, court surgeon of the Nakatsu han failed to draw a clear line between Neo-Confucianism and Rangaku learning. In the introduction of his book, he acknowledged the Neo-Confucian promotion of rational inquiry, critical inquiry and 'practical learning' which made the Japanese ready for their encounter with the West.

Some of the above-mentioned historians were so convinced with the ideas of Western dissemination of knowledge that they argued, the flourishing state patronage which facilitated the receptiveness of Western knowledge both through translation and learning combined with the birth of *Rangaku* scholars[167] enabled Japan in treading the road to modernization with commendable success.

In contrast to the previous approach, the other approach quite strongly nurtures its disagreement towards Rangaku studies, remains critical of the idea of widespread reception of Western ideas about medicine and considers it as a 'superficial phenomena.' Scholars like Grant K. Goodman,[168] A.M. Luyendijk- Elshout,[169] and L.M Cullen[170] have counter-argued that the new wave of European influence could not completely undermine the dominant Kampo medical theories and practices simply because its outreach was very restricted in its extent and in this case, only the interpreters (the first group of people to transmit medical knowledge) could understand the Dutch language and even they had difficulty in finding the exact translations of the medical jargons. Secondly, this group of historians has argued that Western medicine in its endeavors and impact was relegated to ruling noble classes and they substantiated their assertions by arguing that the philosophical foundations of anatomical knowledge remained inaccessible to the plebeian doctors. And lastly, prominent Japanese physicians who were patronized by the court and excelled in Sino-Japanese medicine were threatened and remained unwilling to accept these incursions from the European doctors because their medical precepts were in complete contrast to the flourishing yin and yang ideology.[171]

In the following pages, however, I hope to redress these contrasting views and imbalance by citing examples of two doctors employed by the VOC, namely Engelbert Kaempfer, and Carl Peter Thunberg and demonstrate the adoption of 'middle ground' by the Japanese. In other words, instead of adopting Western medicine in its entirety, the indigenous physicians integrated parts of it, especially the external medicine in their existing Sino-Japanese medical system. Thus, the middle ground, being the reconsideration of the ideas

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[167] Rangaku (Dutch learning) emerged in the seventeenth century and became the pseudonym for all kinds of Western learning since it covered a large number of sciences such as medicine, astronomy, botany, mathematics, physics, geography, and military science.
[168] Grant K. Goodman, *Japan: the Dutch Experience* (London and Dover, Athlone Press, 1986), 233.
[169] A.M. Luyendijk- Elshout, "Some Highlights of the Transfer of Dutch Medical Learning to Japan until 1870," *Sartoniana* 2 (1989): 119-134.
[170] L.M. Cullen, *A History of Japan, 1582-1941: Internal and External Worlds* (Cambridge: Cambridge University Press) 128-130.
[171] Margaret Powell and Masahira Anesaki, *Health Care in Japan* (London and New York, Routledge, 1990), 24.

such as dissection taboos, understanding anatomy as the basis of surgery, and it being assigned the status of science around the late seventeenth century.

Moreover, this comparative analysis between East and South Asia reveals that in contrast to the Indian case, the benefits and advantages received by the doctors were seldom monetary in character. It can be plausibly argued that the reason behind this was that the doctors were never appointed as court surgeons/ physicians by the aristocratic elites on a permanent basis. What we see, are examples of doctors treating the royal patients, or the common patients during the journey to Edo and ultimately leaving back to their trading post in Nagasaki. The picture, however, was not as dismal as it seems for the doctors working in Japan because the benefits they received if I may correctly put it were 'intellectual' and more 'individualistic' in character. For instance, they earned botanical information from their medical pupils that both the company and their sponsors dearly wanted, their goodwill with people of high standing gained them specimens and exotic rarities for their personal collections, also they received silk gowns from the shogun after their audience and official ceremony among many other valuable presents. Let's, therefore, begin the discussion by looking at the cases of individual doctors and elaborating more on each case.

Engelbert Kaempfer

Engelbert Kaempfer (1651-1716), was born in Lemgo, studied at several high schools in Germany and at medical universities in Poland and Sweden. When participating in a Swedish legation sent by Karl XI to Persia, he joined the Dutch East India Company in Isfahan as a ship doctor. In the years 1690-91, he became a physician of the Dutch trading post in Nagasaki. He stayed in Deshima for two years, from 1690-92 and a year later returned to Holland in order to submit his doctoral dissertation to the University of Leiden. Thus, in a nutshell, Kaempfer was a German physician employed by the VOC, historian, and an enthusiastic traveler known for his tour of Russia, Persia, India, South-East Asia, and Japan between 1683 and 1693. From 1698 until his death he was a physician-in-ordinary to the Earl Frederic Zur Lippe.

Kaempfer joined the obligatory visit of the Dutch to the shogun's court in Edo on two occasions. However, unlike other Dutch doctors, he did not receive patients or give lectures on his journeys. *History of Japan* mentions a single consultation with a court physician in

Edo.[172] He noted how the governor of Osaka, Kato Yasukata approached him and explained the doctor his predicaments:

He then told me of a particular distemper one of his family members had labour'd under, for then already ten years, enquiring whether I would undertake to cure the same; upon which desiring to see the patient, he return'd me in answer, that it was in a private part of his body, and withal desir'd me to regulate my prescriptions and medicines […].[173]

Kaempfer's first audience at the court of shogun Tsunayoshi (1691) 'turned into a complete farce' because the physician was asked to recommend medicines which helped in prolonging life and he survived by his wit made last minute clever answers to the seemingly tedious questions:

What external and internal distempers I thought the most dangerous, and most difficult to cure? How I proceeded in the cure of cancerous tumors and imposthumations of the inner parts? Whether our European Physicians did not search after some Medicine to render people immortal, as the Chinese Physicians had done for many hundred years? Whether we had made any considerable progress in this search, and which was the last remedy conducive to long life, that had been found in Europe? To which I return'd in answer, That very many European Physicians had long labour'd to find out some Medicine, which should have the virtue of prolonging human life, and preserving people in health to a great age; and having thereupon been ask'd, which I thought the best? I answer'd, that I always took that to be the best which was found out last, till experience taught us a better: and being further ask'd, which was the last, I answer'd, a certain Spirituous Liquor, which could keep the humours of the body fluid and comfort the spirits. This general answer prov'd not altogether satisfactory, but I was quickly desir'd to let them know the name of this excellent Medicine, upon which, knowing that whatever was esteem'd by the Japanese, had long and high sounded names, I return'd in answer, it was the Sal volatile Oleosum Sylvii. This name was minuted down behind the lattices, for which purpose I was commanded to repeat it several times. The next question was, who it was that found it out, and where it was found out? I answer'd Professor Sylvius in Holland. Then they ask'd me, whether I could make it up? Upon this our Resident whisper'd me to say, No, but I answer'd Yes, I could make it up, but not here. Then 'twas ask'd, whether it could be had at Batavia? and having return'd in answer, that it was to be had there, the Emperor desir'd that it should be sent over by the next ships.[174]

Similarly, in 1692, during his second audience with the shogun, the European doctor was asked to examine a monk who had a fresh ulcer on his shins which was of no consequence:

I advised him, however, not to be too familiar with Sake and Beer, pretending to guess by his wound, what I did upon much better ground by his red face and nose, that he was pretty much given to drinking, which made the Emperor and the whole court laugh.[175]

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[172] This is a shortened version of the title, in full it was called, The History of Japan, giving an Account of the ancient and present State and Government of that Empire; of Its Temples, Palaces, Castles and other Buildings; of its Metals, Minerals, Trees, Plants, Animals, Birds and Fishes; of The Chronology and Succession of the Emperors, Ecclesiastical and Secular; of The Original Descent, Religions, Customs, and Manufactures of the Natives, and of their Trade and Commerce with the Dutch and Chinese. Together with a Description of the Kingdom of Siam.

[173] Engelbert Kaempfer, *The History of Japan, Giving an Account of the Ancient and Present State and Government of that Empire; of its Temples, Palaces, Castles and Other Buildings*, trans. J.G. Scheuchzer (London, Hans Sloane 1727-1728), vol. II, 154-155.

[174] Engelbert Kaempfer, *The History*, vol. II, 92-93.

[175] Ibid, 174.

Kaempfer stated that he taught a 'learned young man,' Imamura Genemon Eisei (1671-1736) his assistant/student/interpreter about Dutch, mathematics and medicine and he in turn provided the physician with information covering a wide range of subjects including plants, animals, people's lives, customs, language, politics, religion, history etc.[176] and after his return to Germany, Kaempfer was engaged in writing manuscripts utilizing these materials with the intention of publishing a book, although the plan was not realized in his life.

After Kaempfer's death, his manuscript was acquired by British physician and collector Sir Hans Sloane, and his librarian, a Swiss doctor Johann Caspar Scheuchzer translated it into English. The work was published twelve years after the German physician's death as *History of Japan* (1727).[177] This magnum opus records in minuscule details, Kaempfer's travels from Batavia (present day Indonesia) to Siam (present day Thailand) during his Hofreis (see plate), encounters with the Edo shogunate, Japanese politics, religion, social systems and townscape, along with illustrations of 'exotic' plants, animals, and medical practices like 'needling' (acupuncture) and moxibustion (a form of cauterisation) in the Tokugawa period.

Charles Peter Thunberg

Charles Peter Thunberg, a Swede (1743-1828) employed by the VOC set foot in Japan after almost a hundred years since Kaempfer left. He lived there from 1775 to 1776 and was a student of the renowned Swedish botanist Carl Linnaeus. Thunberg's *Travels in Europe* is brimming with exciting intellectual encounters, chronic medical diseases, and ailing people queuing up in lines to be treated by European doctors, for instance, "their [patient's] complaints were frequently either large indurated glands in the neck, and cancerous ulcers, or else venereal symptoms, which had generally taken too deep root."[178] Moreover, inquisitive minds investigated him not only about botany and medicine but a wide spectrum of subjects like geography, astronomy, and physics among many other subjects.

In 1776, Thunberg visited shogun Ieharu's court and his body physicians Hoshu Katsuragawa (1751-1809) and Junan Nakagawa (1739-1780), a fellow physician of Genpaku Sugita (1733-1818) acknowledging the importance of Western medicine consulted him

[176] Van der Velde, "The Interpreter Interpreted: Kaempfer's Japanese Collaborator Imamura Genemon Eisei," in *The Furthest Goal: Engelbert Kaempfer's Encounter with Tokugawa Japan*, ed. B.M Bodart Bailey and D. Massarella (Folkestone: Japan Library, 1995), 45.
[177] Kaempfer's other famous work is *Amoenitates Exoticae* (Exotic Delights) which comprises of information about 324 Japanese plants.
[178] Charles Peter Thunberg, *Travels in Europe, Africa, and Asia, performed between the years 1770 and 1779* (3rd ed., London, 1796), Vol.III, 143.

frequently in order to learn more about a wide variety of subjects. He was asked about a variety of medical problems such as fractures, epistaxis, phimosis, hemorrhoids, toothache and ulcerated throat:[179]

> But two of the doctors not only visited me daily, but sometimes staid till late in the night, in order to be taught and instructed by me in various sciences, for which they had great predilection, such as […] botany, surgery, and physic. One of these gentlemen, Katsragawa Fosju, was the emperor's body physician; he was very young, good-natured, acute and lively […] accompanied by his friend Nakagawa Sunnan, […] was body physician to one of the first princes of the country.[180]

Keeping in line, with the analysis of his predecessors, he suggested that the Japanese doctors completely lacked anatomical skills and interestingly does not mention Caspar Schamberger who was the first Dutch barber-surgeon to establish the famous school of surgery by his name in Japan and frets:

> The Japanese nation shows the steadiness in all his undertakings, so far the light of Japan science, by whose brighter rays it has not yet had the good fortune to be illuminated, can ever guide it. Japan might have 'enlightenment and culture', but was in need of science's 'brighter days', that is, those of the European Enlightenment.[181]

He, therefore, presented his French surgical tool kit to Hoshu Katsuragawa, the son of shogun's private physician, Katsuragawa Hochiku and medical pupil thereby advancing his social relations with him. Through these intellectual communications, Thunberg forged links with the interpreters and prominent physicians of the time who became his medical pupils and an important source of plant specimens for his book, "the interpreters, whom I daily instructed in medicine and surgery, to gather the leaves, flowers, and seeds of all plants they could find."[182]

Japan in the pre-modern period along with other diseases also riddled with venereal diseases, such as syphilis and the prevalent medical treatment "used decoctions to purify the blood" and remained unsuccessful in curing it.[183] Thunberg, quite surprised with the absence of any efficient curative method to fight the widespread notorious disease, introduced salivation, a 'dangerous' cure in which mercury was injected into the blood, dissolved with water and alcohol.[184] This treatment of salivation was highly prevalent in Europe and

[179] Ibid, 177.
[180] Ibid,177.
[181] Ibid, 252.
[182] Ibid, 37.
[183] Charles Peter Thunberg, *Travels in Europe*, 79.
[184] Timon Screech, *Japan Extolled and Decried: Carl Peter Thunberg and the Shogun's Realm*, 1775-1796 (London and New York, Routledge, 2005), 35.

historian Timon Screech conjectures that Thunberg might have learned it from his professor Carl Linnaeus in Sweden.[185] He, therefore, cured many sufferers through this corrosive sublimate which he had brought to Japan in large quantities and also taught this efficacious treatment to Yoshio Kosaku, his 'closest Japanese friend,' in exchange for both all sorts of information and exotic objects which formed a part of his magnificent collection:

> Notwithstanding which, I could not sell any of it to the physicians of this country, who were totally ignorant of the use and application of this sure, but, at the same time, dangerous medicine. They had some idea, indeed, of salivation, but thought it too difficult and dangerous […] The cures they performed with it seemed at first to surpass their conception, they were rather inclined to consider them as miracles, and bestowed on me more thanks and blessings than I could ever have expected for a piece of information, which I myself considered as trifling; but which was of great importance to them, and may hereafter prove of inestimable utility to a whole nation. [186]

As a physician, Thunberg had treated a princess through what he viewed as 'annoying' intercessions by an interpreter, as men were not allowed to examine the women of royal blood through direct contact. His ministration 'through the curtain' led to the successful restoration of the princess's health.[187]

> In collecting, examining, and preserving insects and herbs, and in conversing with the interpreters, whose curiosity and fondness for learning I perceived, and willingly instructed them in different sciences, but particularly in botany and physic. Many of them had an extensive and profitable practice in the town under my direction, and some of them brought to me on the island various plants of this country's produce, which were not only beautiful and scarce but likewise hitherto totally unknown.[188]

Thunberg's existing knowledge of botany had impressed a number of Hollanders who were both interested and wished to import living plants in order to propagate them in Holland. Therefore, three wealthy residents of Amsterdam- Van der Poll, Van der Deutz and Ten Hoven, proposed to pay for Thunberg's expenses to go to Japan, so that the learned physician could obtain whatever species of new plants might be available and import them back to Holland.[189] In other words, the Swede doctor was sent to Japan with the intention that he carried out comprehensive studies in all aspects of Japanese life and especially in traditional medicine, plants, and animals. Plant collection, since the 1670's, was one of the few activities in which foreigners could participate with the consent of local officials in Japan:

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[185] Ibid.
[186] Charles Peter Thunberg, *Travels in Europe*, Vol.III, 200.
[187] Ibid, 252.
[188] Ibid, 65.
[189] Richard C. Rudolph, "Thunberg in Japan and His Flora Japonica in Japanese," *Monumenta Nipponica* 29 (1974): 163-79, 164.

I must own, that from the very first day of our setting out, till our return to Nagasaki, all the Japanese companions of our voyage, and particularly the *Bugjo*, or commander in chief, were extremely forward to communicate to me what uncommon plants they met with, together with their true names, characters, and uses, which they diligently enquired into among the natives. The Japanese are a very reasonable and sensible People, and are themselves great lovers of plants and look upon Botany as a study both useful and innocent, which pursuant to the very dictates of reason and the law of nature, ought to be encouraged by everybody.[190]

But even under the patronage of the highest local official Thunberg was often plagued with annoying difficulties such as when his permit to botanize in the plain that encircled the town of Nagasaki was revoked. After Thunberg left Japan in 1776, he continued his communications with two of his favorite pupils in Edo. By ignoring the bans, these men maintained personal correspondence and his pupils provided him with countless living plants from a country which was closed to him while he was there. This networking clearly is an example that indigenous physicians were using their established contacts to further their own medical knowledge. In addition, this assistance must have played a significant part in Thunberg's discovery of a number of new genera and species, and his compilation of the first comprehensive and scientific flora of Japan- *Flora Japonica* and *Fauna Japonica* featuring 812 and 334 specimens' respectively.[191]

The Japanese shogunal physicians had encountered European surgery before known as the 'southern-barbarian style' surgery by the Portuguese physicians but the question remains why the Dutch surgery became so astounding amongst them? Thomas M. van Gulik, M.D and Yuji Nimura have rightly suggested that "the Dutch surgeons offered a surgical system, which was in keeping with the development of surgery in Europe. The introduction of vessel ligation for haemostasis by the French surgeon Ambroise Pare´ at the end of the sixteenth century, marked a new era in surgery. With increasing knowledge of anatomy thanks to the work of, among others, Vesalius, Eustachius, Fallopius, and Van den Spiegel, surgery eventually achieved the status of a science."[192]

Thus, to conclude, we see from all the examples that the medical instructions given by Dutch physicians and other European doctors were mainly in the matters of surgery. The Japanese doctors and interpreters accepted this systematic introduction and the inflow of new anatomical knowledge. The two medical systems-European and Sino-Japanese- confronted, interacted, and reciprocated. But we cannot assert the same arguments in the case of internal medicine, especially in terms of interaction and syncretism. This was because the faith of the

[190] Richard C. Rudolph, "Thunberg in, 170.
[191] John Z. Bowers, *Western Medical*, 86-87.
[192] Thomas M. van Gulik and Yuji Nimura, "Dutch Surgery, 12.

Japanese in the Chinese medical textbooks had not yet been shaken by the precepts of Galenic medicine.

CONCLUSION

Now that we have reached the final stage of 'officially' concluding my study and I look back retrospectively, at these six months of my research, I would really like to dedicate some space to first reflect on the initial idea of this proposed study. To put down, in really crude words, my foremost task was to pin down as many doctors as possible who were enlisted by and represented the trading companies in South and South-East Asian courts.

Endlessly, seiving through the secondary literature and medical biographies available, I arrived at an impressive number of eighty-five European doctors who were employed by and worked for the companies in various capacities. For instance, surgeons, doctors, apothecaries, traders in materia medica, or at times erasing these somewhat fuzzy distinctions they interestingly 'performed' multiple roles depending on their personal situations in the Asiatic courts. However, looking at the determining combination of time, space, and the availability of sources in my hand, I arrived at a pragmatic decision of elaborately discussing a handful of Western doctors in South Asia and juxtaposing the prevailing situations with a case study on European doctors in Japan. This not so obvious comparison between Ayurveda, Unani, and Western medical traditions on the one hand along with Western and Sino-Japanese medical systems was done, firstly, to analyze how European doctors as outsiders impressed the Mughal authorities in South-Asia and how in the case of Japan because of the absence of intersections in their medical traditions. And secondly, to see what advantages they received after carving a niche for themselves in these unknown but partially or wholly conquered territories.

Every doctor has contributed to the thesis in a unique way beginning with Dellon who found that Indian physicians excelled in curing the patient by monitoring their diets- a rice broth with pepper in such hot temperatures was the best kind of food that could be offered to the patients. In addition, he stated that European doctors were quite conservative in the use of opium, while the local doctors in India excelled in giving the drug in appropriate amounts as it served as a good pain reliever. When all other medical men had been extremely critical of the Indian surgical practices, Manucci was perhaps the first traveler who informed about Indian rhinoplasty. The accounts point out various medical practices like, Phlebotomy, uroscopy, drugs like opium, mercury, being administered to the patients, to surgical practices like cautery, rhinoplasty, piercing of boils, to human fat being used in the ointments, to pepper paste being applied on the shaven heads.

The varied backgrounds of European doctors, for instance, some were trained in surgery other being physicians and some with no recognizable medical training and acting as self-proclaimed healers show that there was no single definition of medicine prevailing during that time. One of the problems I faced while working on this topic was that the or anybody working on early modern medicine would face that the sources do not tell much about the medical condition or the diseases itself. Thus, it at times became difficult to explicate more on the existing diseases of the time.

My assertions fall in line with the larger historiographical debate, to begin with, the Hippocratic/Galenic system of medicine was not 'alien' to the culturally heterogeneous India where 'pluralistic medical systems.'[193] In other words, 'foreign' doctors frequented the subcontinent from the beginning of the fifteenth century, like the most famous and much written about, Garcia da Orta, the Portuguese doctor who served as a personal physician to Burhan Nizam Shah, Sultan of Deccan kingdom of Ahmadnagar from 1510-1553 and this large influx of Western doctors continued up to the late eighteenth century.

Both by synchronically and diachronically analyzing the travel accounts of various European doctors such as Charles Dellon, Juliana Dais da Costa, Niccolo Manucci, Gabriel Boughton, William Hamilton and John Fryer, I have argued and demonstrated that there was both acceptance and co-operation between local and western medical practitioners from the sixteenth to eighteenth century. None of the traditions were immune to each other, interactions, reciprocations between them always occurred at various levels reflecting the fact that medical ideas circulated in the early modern period.

This investigation puts the spotlight on the fact that all European doctors cited in this study believed and depended on the efficacy of the local remedies and pharmacopeia in curing diseases, however, along with this trust in internal medicine, there existed a scornful and condescending attitude towards external medicine. These inferior assessments about both Indian and Japanese medicine had stemmed from the lack of anatomical knowledge and taboos attached to the dissection of dead bodies, therefore, resulting in the complete autonomy of the European medical practitioners in the fields of surgery in both South and East Asia. This argument, indeed brings us back and answers to one of the proposed research questions in the introduction of the study- To what extent European doctors made an impression in South Asia and Japan?

[193] I have borrowed the term from Leslie's work, see, Charles Leslie, *Asian Medical System: A Comparative Study* (Berkeley C.A: University of California Press, 1976), 357.

They made a considerable impact on the royalty and impressed them with their better knowledge of anatomy, surgical excellence, and experimental physiology thereby attaining a higher pedestal as compared to the indigenous physicians. In fact, the diseases they cured of the royalty were mostly through surgical interventions- be it Farrukhsiyar's lancing of boils, or Shah Alam's consort's 'pain in the side', or the bloodletting conducted by Manucci in the Mughal harem or Kaempfer being asked to examine the fresh ulcer of the monk in the shogunal court. Thus, William Harvey's work on the circulation of the blood which revolutionized the medical theories in the West and in turn generated awe towards Western physicians who remained in awe at the Asian courts. But despite having a better knowledge of anatomy and a good grip on the surgery, European doctors like the Indian physicians shared the ideas of humoral pathology and could not extricate themselves from it till the mid-19th century.

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