

## **An Uncertain Anodyne: Making Sense of Pain Through Mesmerism in the Nineteenth Century**

*Elizabeth Todd*

### **Abstract**

Mesmerism is often examined as a therapeutic or mystical agent, but in the nineteenth century mesmerism also enjoyed significant popularity as a surgical anaesthetic agent.

In the mid-nineteenth century the application of mesmerism for pain relief in surgical procedures problematized understandings of the mechanism, function and meaning of pain. These questions were confronted even more aggressively with the introduction of inhalation anaesthetics, such as ether in 1846 and chloroform in 1847. Such questions included: Was it acceptable or desirable to remove pain in a medical procedure? What functions did pain serve? Did some patients suffer pain more acutely than others? Was mesmerism an effective anodyne?

Mesmerism was not immediately superseded by the new inhalation anaesthetics for surgical pain-relief. James Esdaile in India and John Elliotson in London practiced and published widely on the subject into the 1850s. However, there was considerable disbelief from both the medical and lay communities regarding the efficacy of mesmerism as an anodyne. There were accusations of practitioners colluding with patients in public demonstrations to make it appear that the patient felt no pain from the surgeon's knife. There was further debate among the medical community as to whether mesmerism could be regarded as a medical technique, or should be relegated to the realm of quackery.

This paper will examine mesmerism as a means of relieving pain, and then explore the nature of disagreements as to its efficacy. It will also explore some of the questions mesmerism raised about the concept of 'pain' in nineteenth century Britain, before assessing some of the questions these issues raise for historians studying pain of the past.

**Key Words:** Mesmerism, anaesthesia, pain, John Elliotson, James Esdaile, surgery, nineteenth-century, Britain.

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Mesmerism has been a topic of much interest to historians and other scholars studying the eighteenth and nineteenth centuries. Scholars have explored the use of mesmerism using a variety of frameworks: they have looked at its use as a tool for uncovering the unconscious; at its application as a therapeutic treatment; or they have focused on mesmerism's later use in the realms of clairvoyance and mysticism towards the end of the nineteenth century.<sup>1</sup> However, those scholars who study mesmerism generally do not devote much of their analysis to its role as an agent of surgical anaesthesia.<sup>2</sup> Similarly, historians of anaesthesia and surgery do not seem to regard mesmerism as a serious attempt by nineteenth century society to produce an effective anaesthetic agent. In anaesthetic history, mesmerism is often mentioned in passing as one of the many failures in the search for an effective agent to relieve the pain of surgery before the (apparently) 'perfect' solution was found with inhalation anaesthesia in 1846.<sup>3</sup> In this field of scholarship, mesmerism, if it is mentioned at all, is considered, at best, an undignified chapter in the technological advancement that led to modern anaesthesia.

In fact, mesmerism enjoyed significant popularity as a surgical and dental anaesthetic agent, both before and after the introduction of inhalation anaesthesia. In this paper I will examine mesmerism as a means of relieving pain, and then explore the nature of disagreements as to its efficacy. I will also explore some of the questions mesmerism raised about the concept of pain in nineteenth century Britain, before assessing some of the questions these issues raise for historians studying pain of the past.

The pain of surgery is a horrifically unpleasant sensation and has been a struggle for both doctors and patients for millennia. In the West, the ancient societies of Egypt, Babylon, Greece and Rome tried various herbal remedies. In the East, herbal remedies were also employed from ancient times, as was acupuncture. Soporifics such as opium and alcohol have been employed in different ways, usually ingested orally either before or after the medical procedure. Often, these soporifics were not administered exclusively for their ability to relieve pain, but to stimulate the bodily systems or to give the patient some Dutch courage for the impending procedure. Throughout the medieval and early modern periods in Europe various plants, chemical substances, and supernatural practices were tested for their capacity to relieve pain. Of course, surgery was not a common practice, but was resorted to in cases where it was necessary for the preservation of life.

However, because of the limited success of any of these substances or practices to reduce the sensation of pain, pain itself had to be rationalised into human existence. Thus, different groups in different societies at different

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times regarded pain as: a punishment, a divine test, or a necessary part of the healing process. But however pain was rationalized, it was still unpleasant!

By the late eighteenth century in Europe, individuals with interests in science and medicine focused their attention on the properties and possible applications of gaseous substances for pain-relief, particularly with the discoveries of oxygen, nitrous oxide and carbon dioxide.<sup>4</sup> Such experiments eventually led to the discovery of the narcotic powers of volatile substances (such as ether and chloroform) used in inhalation anaesthesia, which was first publicly demonstrated in surgery in Boston in 1846. However, other pioneers such as Friedrich Anton Mesmer looked to other forces to relieve pain.

### 1. Mesmer and Mesmerism

Friedrich Anton Mesmer was born in a small village on the shores of Lake Constance in present-day Germany in 1734, and commenced his medical studies at the University of Vienna in 1759.<sup>5</sup> After completing his doctorate in 1766 on the effects of the phases of the moon on the human state of health, Mesmer began to formulate his theories on what he called *animal magnetism*, the practice that would later come to bear his name - *mesmerism*.<sup>6</sup>

Mesmer believed that something called *animal magnetism* flowed through all living things, and that a proficient practitioner could manipulate this force or fluid to make an ill person well. This was done either by using magnets or by simply passing his hands over a patient's body. This practice would thus restore balance to the four humours of which every human being consisted, the imbalance of which caused symptoms of illness.<sup>7</sup> When applied to surgery, Mesmer's followers believed that the mesmeric practitioner could manipulate the magnetic field in such a way that the patient would become insensible to pain.

Mesmer's theories did not receive a warm reception in Austria, so he travelled to Paris hoping to attract a more sympathetic audience. He attracted enough followers to set up a mesmerism practice in Paris, and he acquired a following of students to whom he taught his techniques. He gained some powerful patrons including the French Queen, Marie-Antoinette. However, Mesmer also attracted several powerful enemies who ridiculed his ideas and accused him of quackery. The French King called a Royal Commission in 1784 to inquire into the validity of Mesmer's claims and practices. The Commission, headed by Benjamin Franklin who was living in France at this time, found that there was no scientific basis to Mesmer's claims or practices.<sup>8</sup> But this was not the end for mesmerism.

### 2. Mesmerism and Surgery

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The dreadful pain that human beings suffered at the hands of their health was no longer acceptable at the beginning of the nineteenth century. Mesmerism might have been discounted at the end of the eighteenth century, but, as historian Alison Winter has shown, by the late 1830s in Britain, mesmerism was being re-investigated for its possible value as a means of relieving the agony of surgery.<sup>9</sup>

The first surgical procedure in Britain to be performed with the assistance of mesmerism took place in 1842, when 42-year-old J. Wombell, a labourer from Nottingham, underwent an amputation of the leg at the thigh whilst in a mesmerized state.

A prominent London practitioner, John Elliotson, Professor of Clinical Surgery at University College Hospital described Wombell's state during the procedure:

Mr Ward slowly plunged his knife into the centre of the outside of the thigh, directly to the bone, and then made a clear incision round the bone, to the opposite point on the inside of the thigh. The stillness at this moment was something awful; the calm respiration of the sleeping man (Wombell) alone was heard, for all other seemed suspended...<sup>10</sup>

There were complications in detaching the leg and creating a flap of skin for the stump, making the operation

far more tedious and painful than the ordinary...Yet notwithstanding all this, the patient's sleep continued as profound as ever. The *PLACID look of his countenance never changed for AN INSTANT*; his whole frame rested, *uncontrolled in perfect stillness* and repose; *not a muscle was seen to twitch*. To the end of the operation, including the sawing of the bone, securing the arteries, and applying the bandages, occupying a period of upwards of twenty minutes, *he lay like a statue*.<sup>11</sup>

Afterwards, Wombell professed to have felt no pain during the amputation, and went on to live for another 30 years, dodging the fatal surgical threats of haemorrhage and infection.<sup>12</sup>

### 3. Mesmerism, questions and doubt

When the news of Wombell's amputation was reported in the medical and popular press, some disbelieving members of the medical profession and the lay public accused Wombell of being in cahoots with his

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surgeons and pretending his insensibility to his surroundings and to the excruciating proceedings.<sup>13</sup> The mechanisms of mesmerism were not agreed or understood (by the public or the medical profession) so many assumed there must be trickery or subterfuge involved. There was further debate among the medical community as to whether mesmerism could be regarded as a medical technique, or should be relegated to the realm of quackery.

Others argued that there was simply no need for it, that pain had a necessary function in the surgical process, that it assisted healing, constricted the blood vessels to prevent fatal haemorrhage and was a sign of the presence of life - when pain and sensibility began to fade away, it was taken as an indication that life was fading.

Doctor John Elliotson, who described Wombell's operation, became the most prominent advocate of mesmerism in Britain and spent much energy refuting these accusations. In an open letter published in his journal of mesmerism, *The Zoist* Elliotson criticised the medical community for questioning the integrity of Wombell and the surgeons who had performed the procedure.<sup>14</sup> He gave detailed descriptions of his own successful administrations of mesmerism on patients at University College Hospital, providing multiple examples of the efficacy of mesmerism as a means for relieving pain.

Despite Elliotson's protestations, the considerable disbelief regarding the efficacy of mesmerism as an anodyne persisted. Elliotson and others undertook dozens of mesmeric experiments and large crowds often gathered to witness these public displays of mesmerism. However, the veracity and legitimacy of the experiments were regarded as questionable given the subjectivity of pain, and therefore the subjectivity of mesmerism's success in relieving pain. No one who witnessed the application of mesmerism could verify that the mesmerised subject was not experiencing pain whilst in the mesmeric state - the only evidence was the patient's own testimony, and their reactions during the painful procedure. Medicine was becoming increasingly scientific in the mid-nineteenth century, and this inability to scientifically legitimize the practice of mesmerism meant that it had trouble gaining acceptance into mainstream medical practice.<sup>15</sup>

One British doctor who *did* believe in the efficacy of mesmerism for pain-relief, and who eventually surpassed Elliotson in the number of mesmeric procedures he performed, was Doctor James Esdaile. Esdaile, practicing in Calcutta as an Assistant Surgeon for the East India Company, was convinced by Elliotson's ideas about the medical applications of mesmerism. He was given permission and funding by the British Government in India to establish a Mesmeric Hospital, which opened its doors in 1846 with the aim of treating both Indians and Europeans with this controversial technique. Esdaile's official reports describe countless operations performed under mesmerism, serious procedures such as

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mastectomies, amputations and excisions of tumours. Most of Esdaile's descriptions of his patients during these painful procedures mirror the one given by Elliotson of Wombell's surgery. Again and again the patient, upon the commencement of the surgery, is described as being absolutely undisturbed by any pain: "He bore the knife like a corpse;" "The boy lay like a log;" "He remained perfectly passive under the knife, making no movement whatever;" "No dead body could be more perfectly passive."<sup>16171819</sup> To Esdaile, his administration of mesmerism made his patients absolutely insensible to the pain he was inflicting upon them during surgery, and the patients' lack of reaction or response was evidence of this.

### 4. Mesmerism, pain and history

So, how does looking at the use of mesmerism in the nineteenth century help us study pain in the past?

In his *Theory of Moral Sentiments* Adam Smith noted that

As we have no immediate experience of what other men feel, we can form no idea of the manner in which they are affected, but conceiving what we ourselves should feel in the like situation. Though our brother is upon the rack, as long as we ourselves are at our ease, our sense will never inform us of what he suffers. They never did, and never can, carry us beyond our own person, and it is by the imagination only that we can form any conception of what are his sensations.<sup>20</sup>

To situate pain historically, a historian must be careful not to place current understandings and explanations of pain on the past. But they must to some extent use their imagination to come to an understanding of the experiences of the historical actor suffering pain. This is a contested aspect of pain history. Some scholars have argued that pains are so different in kind and meaning, that any experience of pain is fundamentally different in different historical contexts, and so cannot be fully understood or compared.<sup>21</sup> However, as others have argued, there is an innate biological foundation of pain that allows for some, if not total, understanding of historical pain.<sup>22</sup>

Historicising the medical body is a dilemma often faced by historians of medicine, as the body, as a biological entity, can in some ways be regarded as a historical constant, even though our understandings of its forms and functions have changed over time. Scholars who aim to historicise pain, are thus confronted by such questions as:

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Can pain be felt in the past the same as in the present if it is simply a biological process?

If we accept that there are cultural aspects to the experience of pain, can you assume that there are innate, unchanged biological aspects to pain that are unaffected by culture or context?

Is the mediation of culture so strong that that a comparable biological phenomenon becomes impossible?

For every doctor like Elliotson or Esdaile who swore by the efficacy of mesmerism, there were crowds of others who declared it to be quackery or, worse, a conspiracy. A historian can simply present these arguments, analysing both sides within their context and as part of the contested space of medical practice in the nineteenth century. But if the historical actors were trying to work out what effect mesmerism actually had on the experience of pain, is there not some value in the historian speculating also? Mesmerism raises questions about pain in the past because historians are forced to contemplate whether or not it actually succeeded in relieving pain. If the historian accepts that mesmerism *did* work, then the sources will be analysed in a particular way. However, if the historian does not accept that mesmerism relieved the pain of surgery, then a whole different set of questions need to be asked of the sources, particularly those that relate to the state of the patient.

To a modern-day reader, who may not believe in the existence of a magnetic fluid flowing through all living beings, the reports of Elliotson and Esdaile seem to indicate remarkable feats of endurance on the part of mesmerised patients.

But Elliotson, and particularly Esdaile, performed hundreds of real, painful surgical procedures. Assuming that the surgery being performed was real (and not some sort of carnival-esque sleight-of-hand) how did the patients endure the pain involved in these procedures? If we assume that mesmerism had no effect at all, I find it difficult to reconcile Esdaile and Elliotson's accounts with other accounts of surgery in the period.

Compare, for example, the earlier descriptions from Elliotson and Esdaile of stoic, passive patients, to this description from English author Fanny Burney describing the pain of her mastectomy in 1811:

...when the dreadful steel was plunged into the breast - cutting through veins - arteries - flesh - nerves - I needed no injunctions not to restrain my cries. I began a scream that lasted unintermittingly during the whole time of the incision - and I almost marvel that it rings not in my Ears still! so excruciating was the agony. When the wound was made, and the instrument was withdrawn, the pain

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seemed undiminished, for the air that suddenly rushed into those delicate parts felt like a mass of minute but sharp and forked poniards, that were tearing the edges of the wound - but when again I felt the instrument - describing a curve - cutting against the grain, if I may so say, while the flesh resisted in a manner so forcible as to oppose and tire the hand of the operator, who was forced to change from the right to the left - then, indeed, I thought I must have expired.<sup>23</sup>

Several factors could explain the differences in these experiences of surgical pain: the procedures were different; the constitutions, personalities and medical conditions of the patients were different. However, for Elliotson, Esdaile and other supporters of mesmerism, the single explanation for the differences in these accounts was that mesmerism was not applied in Fanny Burney's case.

It could perhaps be argued that a comparison between Burney's account and Elliotson's and Esdaile's accounts provides a fairly clear indication that mesmerism *was* having some effect on these patient's experiences of pain. But historians in the twenty-first century are confronted with the same problem as the British medical community in the nineteenth century - the pain-relieving capacity of mesmerism is not verifiable. We could venture other explanations for the apparent painlessness of the operation: a psychological 'placebo' effect where the patient believed that mesmerism was being effective, or perhaps the flesh that was being incised was necrotised and dead or the nerves damaged. The possibilities are endless and probably say more about a twenty-first century understanding of pain than a nineteenth century understanding. Alternatively, we could simply treat the people of the past as 'other' who experienced and expressed their pain differently in a way we cannot comprehend, believing that a modern historian's imaginary rendering of the pain involved may be far more excruciating than the actual sensation. These are questions I hope we can explore through discussion in this panel session.

### 5. Conclusions

The properties of mesmerism led practitioners and patients to question the nature of pain in the nineteenth century. They questioned the purpose of pain, the physiological mechanisms of pain, and how human-kind could work to alleviate pain with the tools available in the mid-nineteenth century. For modern historians studying the phenomena, mesmerism raises questions. Questions about the subjectivity of the painful experience. Questions about the role of the physiological experience of pain. Questions

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about the mediation of pain by society and culture. And questions about whether there is value in speculating on the expressions and sensations of the painful experiences of the past.

### **Notes**

<sup>1</sup> See in particular Alison Winter, *Mesmerized: Powers of Mind in Victorian Britain*, University of Chicago Press, Chicago, 1998; Adam Crabtree, *From Mesmer to Freud: Magnetic Sleep and the Roots of Psychological Healing*, Yale University Press, New Haven, Connecticut, 1993; Fred Kaplan, “‘The Mesmeric Mania’: The Early Victorians and Animal Magnetism”, *Journal of the History of Ideas*, vol. 35, no. 4, 1974, pp. 691-702; and for a different perspective of mesmerism in history, see Robert Darnton, *Mesmerism and the End of the Enlightenment in France*, Harvard University Press, Cambridge, Massachusetts, 1968.

<sup>2</sup> An exception is Alison Winter’s work ‘Ethereal Epidemic: Mesmerism and the Introduction of Inhalation Anaesthesia to early Victorian London’, *Social History of Medicine*, vol. 4, 1991, pp. 1-27, and *Mesmerized*, pp. 163-186.

<sup>3</sup> See, for example, Stephanie J. Snow, *Blessed Days of Anaesthesia: How Anaesthetics Changed the World*, Oxford University Press, Oxford, 2008; Stephanie J. Snow, *Operations Without Pain: The Practice and Science of Anaesthesia in Victorian Britain*, Palgrave Macmillan, Houndsmills, Basingstoke, Hampshire, 2006; Keith Sykes, *Anaesthesia and the Practice of Medicine: Historical Perspectives*, Royal Society of Medicine Press, London, 2007.

<sup>4</sup> Joseph Priestley and Antoine Lavoisier independently conducted extensive and influential experiments on oxygen and on nitrous oxide. Humphrey Davy conducted several years of experiments on nitrous oxide, publishing his results in *Researches, Chemical and Philosophical, Chiefly Concerning Nitrous Oxide or Dephlogisticated Nitrous Air and its Respiration* in 1800. He noted in this work that nitrous oxide had anaesthetic properties that could prove useful if applied to surgery. English surgeon Henry Hill Hickman conducted several experiments into the anaesthetic properties of carbon dioxide in 1823. None of these methods caught the wider medical imagination at this time and were not implemented in more than a few cases.

<sup>5</sup> Mesmer is also known in some contemporary literature as Franz Anton Mesmer.

<sup>6</sup> The label ‘animal magnetism’ was devised to differentiate it from ‘mineral magnetism,’ the force that eighteenth century scholars understood existed in certain types of rocks.

<sup>7</sup> Anton Mesmer, *Mesmerism: A Translation of the Original Scientific and Medical Writings of F. A. Mesmer*, translated by George Bloch with an introduction by E. R. Hilgard, William Kaufmann, Los Altos, California, 1980.

<sup>8</sup> Benjamin Franklin, *Report of Dr. Benjamin Franklin, and other commissioners, charged by the King of France, with the examination of the animal magnetism, as now practised at Paris*, Printed for J. Johnson, St Paul’s Church Yard, London, 1785.

<sup>9</sup> Winter, *Mesmerized*, p. 5.

<sup>10</sup> John Elliotson, ‘False Accusation of the Royal Medical and Chirurgical Society against a poor man because he suffered no pain while his Leg was amputated in the mesmeric coma; and cruel refusal of the society to receive his solemn denial of the truth of the false accusation,’ London, 1851 (taken from *Zoist*, April, 1851, pp. 1-19), p. 2.

<sup>11</sup> Elliotson, p. 2. Elliotson’s emphasis.

<sup>12</sup> The details of Wombell’s procedure and the ensuing controversy are described in detail in Winter, *Mesmerized*, pp. 165-9.

<sup>13</sup> Elliotson, pp. 1, 4.

<sup>14</sup> Elliotson.

<sup>15</sup> Though, as Alison Winter has argued, mesmerism did still maintained a presence in medical circles, it cannot be completely relegated to the realm of quackery and alternative medicine as medical historians often do. Winter, *Mesmerized*.

<sup>16</sup> James Esdaile, *Record of Cases Treated in the Mesmeric Hospital, from June to December, 1847: with Reports of the Official Visitors*, Military Orphan Press, Calcutta, 1848, p. 8.

<sup>17</sup> Esdaile, p. 11.

<sup>18</sup> Esdaile, p. 12.

<sup>19</sup> Esdaile, p. 12.

<sup>20</sup> Adam Smith, *Theory of Moral Sentiments*, Printed and Sold by J. J. Tourneisen, Basil, 1793 (first published, 1752)), p. 2.

<sup>21</sup> Jennifer Croissant, ‘Pain and Culture’ in Sal Restivo (Ed.) *Oxford Reference Online*, Oxford University Press, Oxford, 2005, pp. 1-6. <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t210.e74> , accessed 13 September 2007, p. 1.

<sup>22</sup> Charles Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine*, Cambridge University Press, Cambridge, 1992, p. 5; Lois Manger, *A History of Medicine*, Informa Healthcare, New York, 2007, p. vi.

<sup>23</sup> Frances Burney, *Selected Letters and Journals*, edited by Joyce Hemlow, Oxford University Press, Oxford, 1986, pp. 127-41.

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**Elizabeth Todd** is a PhD candidate in the Department of History at the University of Sydney. She is currently completing her thesis, '*Primum non nocere?* Anaesthesia and medical harm in British and colonial medicine, 1846-1891: How doctors and patients reconciled pain, anaesthesia and the medical obligation to 'first, do no harm.'