The cataract operation is said to have been perfected by Susruta, the ‘Hippocrates of India’, some time around 6th Century BC. His Sanskrit text, Susruta Samhita, details various surgeries including the couching method for the cataract. However, at the end of the nineteenth century in Britain, India’s reputation for expertise in ocular surgery was under threat and at the point of being discredited. At this time, Indian oculists in Britain were working outside of the professional medical sector using itinerant methods and forms of advertising that were associated with ‘quacks’. The activities of a number of Indian eye-doctors came to a head with the trial of four oculists at the Old Bailey in 1893 for ‘fraud’. Were the oculists subconsciously associated with occultists, being only two consonants away from the stereotype of an Oriental?

This article is interested in positioning these Indian oculists within a discussion of South Asian presences in Britain. Historians, such as Rozina Visram and Michael Fisher, have been drawing attention, in recent years, to the diverse nature of British society in the imperial age, with many visitors and migrants from the Indian sub-continent, the African colonies and the West Indies.1 This case-study of oculists, however, should not merely be lost within a study of ‘presences’. Worth emphasizing is the way in which these Indians established themselves in various British towns and within the social welfare sector. They were accepted within British society to perform intrusive medical acts, and tended to cater to poor, working-class patients. The eventual discrimination against these Indian entrepreneurs was not a product of Victorian racial attitudes, but part of a wider concern about the professionalization of medicine in the UK. They were working at a time when
there were debates about how far legislation could interfere with medical practice in general and so these Indians were placed within a wider contestation about state control and individual rights.

The oculists on trial were not the only Indian oculists present in Britain. Although the Old Bailey trial has been discussed by other historians, the wider public discourse surrounding Indian oculists in the nineteenth century in Britain has not. Using a range of contemporary newspapers, we can locate these and other oculists within a tradition for ‘fringe medicine’ in Britain, and analyse their methods of advertising and testimonials throughout Britain. A consideration of the language used in newspapers and official reports to describe the oculists and their methods gives insight into Victorian attitudes to race and class. Stereotypes of ‘Easterners’ emerged when the oculists were under attack, but they benefitted from interest in their ‘exotic’ wares. They were allowed to practice in the alternative medical sector as long as they did not compete with more orthodox medical practitioners. This article will also examine the Old Bailey case in detail for the discourse on Indians and their skills, its relation to growing medical regulation, and its wider impact on Indian oculists in the aftermath of the trial.

**Adverts and Testimonials**

The 1858 Medical Act’s failure to legislate against quackery disappointed many medical practitioners. The Act sought to create a Medical Register following the increase of entrants into medical training, but did not go as far as to outlaw unqualified practitioners. Concurrently there was a growth in specialization and specialist hospitals such as in ophthalmology. Despite the move towards professionalizing medical practice and provision, many men and women worked outside the formal sector to provide medical care. ‘Quackery’ was a word applied at the time to these itinerants who would provide alternative healthcare and medicines. The definition of quackery used by consumer groups in the twenty-first century is over-promotion in the field of health; in the eighteenth and nineteenth centuries, these medical practitioners certainly exploited various modes to promote their products and services, perhaps overstating the benefits.
By moving around Britain, they had access to wide sections of society and they advertised their services through handbills and spaces in local newspapers. Very often these adverts took on the form of testimonials. These written reviews spoke clearly to their customers and reassured them of the established success of these ‘quacks’.

Indian oculists were advertising their wares through testimonials in this manner from at least 1885. On 6 March 1885, the following testimonial appeared in *The Bristol Mercury and Daily Post*: ‘Mrs A Richards, 9, Regent Street, Bristol, having for six years suffered from blindness, received sight in three minutes by Hadgee Hydreebux, Indian Oculist’. Bux can be found in *The Western Mail* (23 July 1885) informing readers that he will be visiting Cardiff (from Bristol) on the following Friday to see patients. According to the classified ad, ‘Indian Oculists are the most noted doctors in the world’, and Bux promised that he had received testimonials from ‘hundreds of people’ who have been ‘restored from blindness’. Other Indian oculists who regularly appear in different newspapers and locations include Moon Chee, found in Leeds in the summer of 1887 and then in Belfast from May 1891, while Goolab Shah turned up in Leeds in July 1887 as well, after appearing in Birmingham in October 1886. Drs Hadjee Abdoola and Freedoola advertised in *The Liverpool Mercury*, 22 May and 12 June 1889, referring to their ‘wonderful medicine from India, which cannot be otherwise procured in this country’. These various adverts reveal that Indian visitors were present in a number of different towns across the length and breadth of the UK. They were engaging with members of the British public and it appeared as if they were gaining some measure of respect and acceptance by society as they were able to advertise legitimately in the British Press.

The method of testimonial and handbill advertising used by these various groups of oculists was common among British medical practitioners from the mid-eighteenth century. Joan Lane has discussed the methods of the ‘empirics’ of the eighteenth century who travelled widely to promote their cures and used aggressive marketing techniques. Lane points out that many of these ‘charlatans’ had or acquired foreign names and that eyes and ears were favourite areas of treatment. Therefore the Indian oculists were not only operating within an Indian tradition of eye surgery dating back from the 6th Century BC, but were also adopting and exploiting the methods of those who worked in Britain,
many with immigrant backgrounds. Dean Mahomed, the Brighton shampooing merchant, used similar methods of testimonials for his Indian Vapour Baths in the early nineteenth century. In 1820, he published a book of letters from grateful patients under the title *Case Cured*. Mahomed included the names of patients successfully cured and glowing notices from them in subsequent editions of his book *Shampooing, or, Benefits Resulting from the Indian Medicated Vapour Bath, as introduced into this country by S. D. Mahomed (A Native of India)*, first published in 1822. Perhaps then these oculists were operating within a culture of ‘Orientalising’ self-promotion, in an attempt to legitimize their ability and authority to hawk their ‘Indian’ methods, but more importantly they were operating within a structure that had been used in Britain for centuries. The method of travelling may have had two purposes: to find as many patients as possible and maximize their earning potential, or to avoid staying in one place for too long and avoid any censures that could arise from disgruntled patients. However, the use of the testimonials to recommend their services reveals how proud these practitioners were of their experiences. These reviews appeared to justify their presence in the country because British voices were championing them. The recommendations further legitimized the ability of the oculists to offer their ‘Indian’ services to British members of society.

The itinerancy of these oculists was not merely confined to the British Isles. These eye-doctors had also practiced in Europe, Egypt and even Australia. Messrs Godar and Must Kiem were based in Darlington and advertised in *The Northern Echo* (7 April 1892); they stated that they held testimonials from Australia and England. At the end of 1892, Godar turns up as part of a new partnership of Messrs Chiragden and Godar in East London. The handbill of Chiragden and Godar contained a number of testimonials from various parts of Britain i.e. Whitechapel, Barrow-in Furness (Cumbria), Hawick (Scotland), Keighley (Bradford) and Birmingham, and a claim that testimonials from various parts of the world could be seen by applying to them at their address. These oculists were entrepreneurs who mainly originated from the Punjab and Western India, and were willing to move around. They lived in lodgings and tended to see patients out of these houses. The appeal of Britain as imperial motherland, as it was for other Indian migrants who came to study or petition the Queen, did not seem to have as much hold over these oculists. As we will see later, in the India Office’s attitude towards oculists,
these men were unable to exploit imperial ties to much success, and were operating with a desire to earn money in whichever country would host them.

A handbill for Kream Bocesh, printed in Leeds in 1893 when he was at Bradford, just a little time before he was put on trial with three others at the Old Bailey (which was preserved as part of India Office enquiries once the trial started), also includes printed testimonials from other countries. Having stated that he held numerous testimonials from Australia, France, India, Spain and England, the handbill begins with a testimonial from the Major Superintendent of Kapurthala from where Bocesh hails:

[Bocesh] is a gentleman of good reputation and position in this country, and has a wide reputation for skill in treatment of Eye Diseases by the indigenous methods. He has acquired some means by practice in distant countries, mainly under the British Flag, and it may be of use to him to have it known that he is employing a large sum of his saving in building a serai, or place of rest for travellers, where all may find shelter free of cost.

There follow testimonials that ‘certify’ to the successful treatment given by Bocesh in Loughborough, Kettering and Norwich. The handbill then prints an extract from Le Petit Marseillas, of Marseilles in France, dated 29 November, praising the Punjabi.

During the past few days there has been nothing talked about but surgical operations, not miraculous, for they are the result of science and manual dexterity, but surprising, performed with the most beneficial results by an Indian Oculist, lately come to Marseilles – KREAM BOCESH. This duly qualified practitioner is distinguished by two qualities essential to an operator – quickness and precision of hand. He at once divines the nature of his client’s disease and treats it with success.

Finally, the handbill contains a testimonial from A. de Edquia Galindy, a liquor manufacturer in Bilbao, Spain, dated 12 May 1893, thanking Bocesh for curing his daughter from the eye disease from which she had been suffering for over four months. The international successes of Indian oculists give credit to the idea of a high reputation for Indian ophthalmic skills. These oculists were gaining reputations based on their Indian backgrounds and methods. They demonstrate entrepreneurial abilities and were
willing to seek their fortunes in foreign lands, not merely through travelling within the British Empire.

There were therefore a number of Indian eye-doctors operating in Britain in the 1880s and early 1890s in Britain before the 1893 trial. They were not afraid to move around the British Isles to search for patients and became adept in advertising their services through the use of testimonials. They traded on the fact that they were using Indian methods and ointments that could not be found otherwise in Britain. They appeared to appeal particularly to working class people who could not afford specialist doctors and who may not have had the access to such eye treatments otherwise. Although they were espousing Oriental methods and medicines, the oculists were also working within British structures of medical provision at this time. They wished to appear genuine by using public advertising methods that were prevalent for that sector; they were not hidden away in secret locations down dark alleyways. Having attempted to legitimize their presence over a number of years, this significant group of Indian professionals were shaken by events that rocked their legal standing in the country.

The Press and Oculists

The 1893 Old Bailey Trial was not the first time that Indian oculists were accused of negligence or fraud in Britain. On 3 May 1887, the Pall Mall Gazette reported on two Indian eye-doctors who were to be sent to trial for obtaining money under false pretences. They were charged at Rye for an operation on a child whose eyes had not improved.10 Another case took place in November 1889 when action was taken against Abdul Krem in Plymouth, West Cornwall, for injuries to eyes. The Belfast News-Letter remarked that there had been several similar actions against Abdul Krem and similar cases pending. The judge awarded full damages to the claimant and ‘spoke strongly of the unskilful and daring way in which the Indian had been operating without any diploma entitling him to practice in England’.11

In January 1893, the case of the Indian Eye Doctor and the Blind Baby hit the papers.12 A coroner’s inquest had taken place into the death of a six-month old baby in
Mile End. The baby was born blind and had been taken to Moorfield’s Eye Hospital who had declared that nothing could be done to restore his eyesight. The mother came across testimonials for the Indian oculist Dr Jahangeir in South Hackney, and took the baby to him. The baby died the day after he was seen by the oculist. The coroner’s inquiry was to ascertain whether it was Jahangeir’s fault. His female assistant had put some brown ointment in the baby’s eye, but the death itself was caused by convulsions from the cold night. The trial involved a discussion about ‘quacks’ and the dangers of consulting a street-doctor, having ignored the professional medical advice from an established hospital. As the *Birmingham Daily Post* put it in their title of their report of the trial, it was ‘A Warning Against Quack Doctors’. The mother of the child was berated by the coroner, Wayne Baxter, and the Doctor deposing for the trial, Dr Reilly. Baxter demanded to know why the mother had visited Jehangeir, asking ‘Supposing your next door neighbour said he could cure you, would you go to him?’ And then, ‘Don’t you think they ought to know as well at Moorfields Hospital, where they make a speciality of the eyes, as a man you know nothing about?’ A juror at the trial piped up to remark, ‘I think they have been very wrong in leaving the hospital to go to a quack doctor’, to which the coroner replied, ‘And so do I. It only shows how people will be led away simply by bills distributed in the street.’ The coroner attributed the success of the oculists in gaining patients to the testimonial and handbill devices, rather than through any mystic allure or consciousness of Indian heritage in eye treatment. Jahangeir, in this case, was treated as a ‘quack’ because he lacked professional qualifications and operated through local advertising rather than because of his ethnic heritage; it was acknowledged that the oculists attracted patients who came to them as a last resort and were willing to consult anyone who might be able to find cures for seemingly incurable eye problems.

Public opinion was turning against ‘quacks’. While the Old Bailey Trial was taking place in October 1893, the *Pall Mall Gazette* took up a campaign on the ‘harness “electropathic” swindle’ – a galvanic belt that had been marketed to cure illnesses which they had exposed as a hoax. The men behind the belt were criticized more than the fraudulent oculists because many more people had been duped on a national scale, and lost far more money. Indeed, the backlash against the oculists should be seen in light of a growing concern about the need for medical regulation, whatever the background of the
entrepreneurs. In December 1896, another trial against illegal medical practices took place in the Old Bailey, against John Ferdinand for perjury. Ferdinand had deposed for a coroner’s trial in September, but it now appeared that the medical certificate he had produced from the USA was a forgery. Ferdinand was found guilty and sentenced to twelve months’ hard labour.\(^{15}\) Thus, this case against the oculists should be seen alongside other cases that threatened the reputation of the medical profession. The concern about the oculists tended to stem from their surgical methods i.e. incisions, rather than any debate about the merits of homeopathic or ayurvedic treatments; and so it was this particularly intrusive methodology that was under attack, seen as a challenge to approved western methods, rather than a wholesale dismissal of alternative medicine.

The case against the four oculists began in September 1893 with a prosecuting case against one Indian, Kream Bocesh.\(^{16}\) Bocesh was charged with obtaining money under false pretences from James Russell, i.e. for wilfully defrauding Russell by claiming he could restore his eyesight. Mr Woods, the prosecuting solicitor, explained that Bocesh was ‘one of a gang of Asiatic men who some time ago settled in the metropolis and announced themselves as oculists’, and so his two colleagues, Khair Deen and Shahah Bedeen, were also being put up on trial. An interpreter was provided for the trial and Woods described how Bocesh ‘had no instruments’ but ‘inserted two hooks in the skin’ of the eye ‘and then cut some of it away with scissors’ in what was a ‘brutal and cruel operation’.\(^{17}\) The size of the case increased with first, more prosecutors getting involved as Frederick Turner, the father of William, aged three, accused Shahah Bedeen and Kream Bocesh of ‘useless torture’ for operating on his child’s eyes which medical counsel testified had no chance of curing, and then second with the appearance of an Indian in the visitors’ box who was apprehended as a fourth oculist.\(^{18}\) In fact this fourth man was the real ‘Kream Bocesh’ and the other who had been under trial under his name was identified as Heere Shah, the younger brother of Bocesh.

The confusion over the identity of the men occurred because the witnesses could not appear to tell them much apart and because more than one oculist would see a patient. Here one can perceive some racial ‘profiling’ as all four Indians were prosecuted on the same charge. They did indeed work together and so it was the firm itself under the leadership of Kream Bocesh that was the main target of attack. Woods, who was also
prosecuting on behalf of the London and Counties Medical Protection Association, explained how the oculists practiced all over the country and how ‘some dozen or twenty men’ were associated with Kream Bocesh, using his name as the name of the firm in which they operated in Richmond. ‘The men all pretended, in their circulars, that they were “skilled oculists of great celebrity”, and the contention of the prosecution, counsel said, was that they were utterly ignorant, unscientific men, who obtained money from poor ignorant people by trading on their credulity.’ Another accuser came to the court in the form of Alfred Parsons, father of Evelyn, who said that he had seen as many as eight Indians together on his visits with his daughter.

The case appears to have attracted a great deal of public interest. It was followed in a number of national and regional papers, including local papers for cities other than London, such as Bristol and Birmingham. The Bristol Mercury drew attention to the ‘large crowd’ that followed the prisoners to the train station on their way to remand in Holloway Gaol. Although the case had come to trial on issues of medical practice, racial tensions soon became apparent and were amplified. The ethnic origin of the oculists and their failure to use British methods or be well versed in the British language became an issue in the trial. The court heard how Heira Shah had sat in a chair and smoked a pipe while William Turner had been recovering after his surgery and had used a blunt penknife to cut the child’s eye, because as he stated to the father, “Me not want it sharp”. Lloyd’s Weekly Newspaper printed illustrations of the four oculists, two wearing turbans. A new victim, Mr Ralph, whose wife’s eyesight had worsened since consulting the oculists, mimicked Heira Shah’s speech with “Eyes good- no more bad – new eyes”.

In total the oculists were brought before the court seven times for charges of maliciously wounding five individuals by pretending to cure blindness and for fraud. The London and Counties Medical Protection Association appeared to have brought the case and victims together. Mr G. A. Critchett, a senior ophthalmic surgeon at St Mary’s Hospital, admitted on the last day of the hearing at Richmond Magistrates Court that he was one of the original members of the Society that had undertaken the prosecution because the oculists’ diagnosis and treatment had been entirely wrong in all the cases. Critchett admitted that sometimes he could make mistakes, but did not think these Indians should be acquitted for the five cases. Critchett also discussed the nature of their medical
skills; he was adamant that the ‘oculists’ should not attempt ophthalmic surgery and did not think that Indian ophthalmic surgeons would use such methods.\textsuperscript{23} Here we can see the tension between surgeons and general practitioners that was characteristic of the medical profession of the time, and particularly the concern about the need for recognized qualifications to practice such medical acts, which the 1858 Medical Act had not addressed sufficiently. This issue became more apparent when the trial moved to the Old Bailey. The oculists were portrayed as men who were not suitably qualified to perform intrusive surgery. They had not merely made human errors of judgement in specific cases but had deliberately misled their patients because they offered treatments that they were never capable of performing. Perhaps the Indians had good intentions and did not wish to harm their patients, but they were being put on trial for working in an illegitimate domain that undermined medical provision in the public sector. The Richmond Magistrates decided that the charges of maliciously wounding and conspiring to wound should be dismissed and committed the four prisoners to trial solely on the charge of obtaining money by false pretences.

**The Old Bailey Proceedings**

The case against Heera Shah, twenty-six years old, Karim Bakhsh aka Kream Bocesh, thirty-six, Khair Deen, twenty-five, and Shahah Bedean, twenty-eight, began at the Old Bailey in London on Tuesday 24 October 1893. They were charged with ‘unlawfully conspiring to cheat and defraud diverse persons who should resort to them for the purpose being treated for diseases of the eyes’, with the similar counts of conspiring to defraud certain people of their money and for obtaining money by false pretences. Two interpreters were sworn into the court to interpret the evidence for the defendants. There were three prosecutors – Charles Mathews, Bodkin and Hewitt; Messrs Kervis and Bovill Smith defended Heera Shah and Karim Bakhsh; Messrs Ball and Warburton defended Khair Deen and Shahah Bedean. The case was followed by *The Daily News*, with occasional reports by other national papers, and the court proceedings were published later in the Old Bailey Proceedings.\textsuperscript{24}
The case did not start until 12 noon on the 24th, as Heera Shah, who had been admitted on bail, was under the impression that the court would sit at that hour. All four defendants pleaded ‘Not Guilty’, with Shah Bedeen adding that he had inherited his practices from his parents and had no intention to defraud. Mr Charles Mathews, in opening the case for the prosecution, explained that London and County Medical Protection Society had commissioned the prosecution with the full sanction of the Solicitor to the Treasury. However, he asked the jury ‘not to imagine that this was a presentation on the part of a powerful society or the great body of London doctors against unlicensed operators’, but that the case had been ‘instituted in the interests of the poor, who could in the metropolitan hospitals, and without the payment of any fees whatever, get the benefits of the highest medical skill.’ Mathews told the jury that he intended to demonstrate that the oculists did not know what they were doing and performed unnecessary and cruel operations; equally condemnable, he would argue, was the way they wielded influence ‘upon poor suffering people by the distribution of hand-bills containing very high-sounding testimonials as to wonderful cures in the restoration of the sight effected by them’.  

The seven individuals whose cases were brought to the trial did represent poor, working-class East-End Londoners. How then had the Society found these victims – was it because they had consulted ophthalmic surgeons before and after visiting the Indians? Surely these Indians were not a threat to the established eye hospitals such as Moorfields and St Marys and the ophthalmic surgeons operating in them in London? Was the prosecution really driven by a humanitarian concern for the medical welfare of the people and were they as easily ‘duped’ as they professed?

The court reports in the Daily News for the second day of the trial, as the victims gave forward evidence of the manner in which the oculists had attempted to treat them, were interspersed with ‘laughter’. These reactions occurred particularly in response to mimicry of the Indians’ language skills and to the ways in which the victims had naively accepted the claims and methods of the oculists. ‘Loud laughter’ followed remarks in the recounting of the case of Mary Perry who was locked in the operating room when she said she could not pay the ten shillings for her operation. The landlady had persuaded the
oculist to let Perry leave and afterwards the Indian, Khair Deen, came to Perry’s house for the money.

He came with a “rat-a-tat-tat like a gentleman” – (laughter) – and when she did not open the door, then he knocked once and very low. (Laughter.) – The Common Serjeant: Do you mean low in tone? – Witness: No, he knocked as if were going to knock the door down. (Laughter.) – The Common Serjeant: - Then it was not a low knock? – Witness: I mean very low for a gentleman; it was not a gentlemanly knock. (Loud laughter.) He afterwards came, and knocked worse than ever – (loud laughter) – and she was so frightened she stood on the mat inside and trembled.

The court proceedings for Perry’s evidence explain the events in a more lucid manner and do not mention the crowd laughter. Perry, a widow, had been told by ‘someone’ that the ‘clever gentleman’ from India would restore her poor sight. Khair Deen had told her that God had given her bad sight and that he, Deen, would restore it. Having cut into her temple and put ‘yellow stuff’ in her eye, he demanded ten shillings which she was unable to pay at the time. Deen chased her to her house and called through the window that he would only charge her for the medicine as long as she gave him a good testimonial. Perry then received a letter from him which she presented to the court.

Madam – If you will come I will only charge you 5s. per week as you are poor; but you must come, as your disease will not recover without the aid of medicine; your sight will get worse instead of better, and when your sight has recovered I shall want you to give me a good testimonial. – Yours truly, Kream Bocesh

Perry did not pay Khair Deen anything. Deen’s insistence on a positive testimonial, perhaps more valuable than the monetary fee, reveals the oculists’ reliance on them to attract customers. The importance of positive reviews for unofficial practitioners is akin to the pressure on high star ratings for informal entrepreneurs on ebay and other online shopping sites in the present age. The demands made by the oculist for the patient to write the testimonial also imply that they were not involved in forging testimonials, even if they did aggressively demand them.

Mary Ann Bockett, aged seventy, saw three of the oculists and explained to the court how the testimonial produced on her behalf was exaggerated. Shahah Bedean had
pressed her to write a testimonial, which she asked her nephew to write. However, when the testimonial was printed in a Richmond local paper the following week, it read that she was cured from blindness although she was not blind before she consulted them. Bockett also told the court that she did not think the oculists could write English because they did not speak it.²⁸ Sarah Ralph was given an operation by the oculists and immediately afterwards, while bandages were still on her eyes, they asked her husband to write a testimonial to which he complied. Mrs Ralph told the court that Heere Shah had asked for the testimonial and had spoken in English.²⁹ Her husband explained that the landlady had actually written the testimonial and that he had been forced into agreeing with this as Shah said he would not go on with the treatment of his wife unless he signed the testimonial.³⁰ Another witness, Harry Allison, aged seventy, was asked to write a testimonial immediately after his operation too. Shah spoke in broken English to him and Allison testified that Shah appeared to understand the English answers. As he had just come out of the operation, Allison did not feel fit to write and so the oculists’ landlady wrote the testimonial on his behalf.³¹ The testimonial was a crucial piece of paper for the oculists as it justified their practice within Britain; however, as a written statement it became an extremely contentious article when patients believed they had been coerced or misrepresented.

The ethnicity and ‘difference’ of the oculists came up in various other ways through the course of the trial. The printer of the oculists’ handbills, John James Woodroff, was called to court and told those present that Heere Shah was the one who could speak English and gave the orders. Woodroff had printed just under 100,000 handbills for the oculists. The handbills were distributed in the streets by ‘men in Indian costume’ who gave them out quickly to everyone they met.³² Hugh Woods, secretary of the London and Counties Medical Professional Society, who happened to be the brother of the prosecuting solicitor, told the court that he had been involved in a previous prosecution of three oculists at Marlborough Street Police Court. Woods had been particularly perturbed that the oculists appropriated the name ‘Doctor’ in their advertising. The case had been dismissed on the ground that the Indians ‘being foreigners, were not acquainted with the law’, but it was agreed in the Old Bailey court that ignorance of the law was not a sufficient excuse.³³ However, the novelty of Indians
practicing a form of medical and social care in British cities was not commented upon; their presence was taken for granted in the imperial motherland and there were no calls for them to return to India.

The court case against the oculists discussed in detail some of their methods. As the Daily News sub-heading on 26 October put it, the case revelled in the ‘alleged shameful cruelty’ of their practice. Following the evidence of the individuals who had consulted the oculists, a number of medical professionals were called as witnesses. The British ophthalmic surgeons on the stand emphasized the cruelty and impropriety of the surgical methods of the Indian oculists. George Critchett, Senior Ophthalmic Surgeon at St Mary’s Hospital and with a practice at Harley Street, who had seen some of the witnesses when the case had been put before the Richmond Magistrates, told the court that the treatment of Mrs Ralph by cutting an eyelid was ‘so absolutely and entirely improper that he had to guard himself against using exaggerated language’.34 Henry Worth Dodd, assistant surgeon at the Royal Westminster Ophthalmic Hospital, described the description of the operation on the boy Willie Turner as ‘useless, improper, and cruel’. Furthermore, Dodd proclaimed that that such an operation ‘would most likely produce evil results’ especially as the operation was done with a dirty knife, which would lead to septic inflammation.35 Edward Nettleship, ophthalmic surgeon to St Thomas’s Hospital and Moorfields Hospital, told the court that the operations described were ‘unjustifiable and useless’, and ‘useless’ was also the term used by John Lawford, assistant surgeon to the Royal London Ophthalmic Hospital, Moorfields and St Thomas’s.36

The medical experts were also called upon to comment upon the differences between Indian and British practices. George Critchett wondered ‘whether glasses were known to the Eastern races before Europeans entered their country’.37 Critchett supposed that the instruments used by the oculists were ‘of Oriental make’ from the ‘East’ and were very large and clumsy. Critchett told the court that although Indian surgeons attended international medical congresses, it was only in recent years that ophthalmic surgery had progressed and been taught in the hospitals. However, he supported the use of leeches for bleeding – preferring leeches to incisions for relieving blood from the temples; (such a practice today might be criticized just as forcefully as Critchett attacked
Charles Notting McNamara, consulting surgeon to the Royal Ophthalmic Hospital, had practised in India for nineteen years, as professor of surgery in a school in Calcutta. McNamara had seen the boy James Russell before he had consulted the oculists and had diagnosed the eye with atrophy, which could not be cured. McNamara explained, with his knowledge of the type of herbal medicines used in India, that there would have been no possible cure by the oculists. He also told the court that although their profession of oculist was hereditary, passing from father to son, as a sort of caste practice, their set of skills differed from his, or the course that he taught in Calcutta, and they would perform operations that he would consider ‘wrong’. It should be noted as well that Heere Shah himself cross-examined McNamara on whether the methods used in the Calcutta Hospital were similar to Indian modes, so the oculists were actively involved in their defence.

Mohammad Yussef Khan, an Indian doctor who used to serve in the Indian Medical Service and had been taught by McNamara in Calcutta, was called as a witness by the defence. Khan explained that Indian oculists were a special caste of Muslims who were trying to create a register in India. Khan was called upon to verify that the passports the oculists held were the same type that he had been issued by the District Commissioner, and that these passports (in English) declared that they were eye doctors. Khan then went into a lengthy explanation of the methods of Indian oculists.

… in India the caste like the prisoners, practise among the poorer people, and sometimes rich people call them in as well – they treat the eye with Indian herbs, and perform operations, too – they are not prohibited by law from doing that – the obsolete operation of couching for cataract is practised by the caste of Indian oculists – I know it has been discontinued by the profession here for forty years, and that in India they still perform it…

Khan tried to draw comparisons in the differences in Indian and British lifestyles to differences in medical treatments. He described a method of treating ‘moon blindness’ by dropping the juice of a white onion into the eye, a method in his ‘own Indian way’ that he had used successfully hundreds of times. Martin Wainright has argued that there were different standards for Britain and India, indicative of the resonance of class in empire, and although oculists could practice freely in India and with prestige, the profession in
Britain was limited to the fringes. Khan’s comments certainly point to the desire within India among oculists to ‘professionalize’ their practices in India, but there were no attempts by the oculists themselves in Britain to become part of the mainstream.

It would be wrong to taint all Indian oculists in Britain with the same brush as the trial and newspapers appeared to be doing. The defence were able to call upon nine British patients who testified that their sight had improved after consulting those oculists on trial. Walter Butler, a shoemaker and the father of a ten year old boy, was so satisfied with their treatment that he had posted bail for Heere Shah at Richmond Court. Three of the witnesses mentioned an assistant to Kream Bocesh in Norwich called Sunda, whom they particularly praised. He was not on trial.

As the case came to a close, it was made clear that the Indians had not claimed to be ophthalmic surgeons, to hold recognized medical qualifications, or to have used the title ‘Doctor’; they had merely called themselves oculists. In a period of intense competition within the medical market, a group of medical practitioners had brought this case to trial. They had concentrated on the belief that the oculists had used methods that they knew to be ineffective and that they had wilfully defrauded their patients rather than calling into question the practice of alternative medicine in general. The Common Serjeant (judge) in summing up the case reminded the jury that the prisoners were entitled to the same justice as Englishmen. His summary also drew attention to recent medical changes.

It seemed certain that, although their knowledge was somewhat archaic, and their method barbarous, the accused possessed some knowledge, and if all this had taken place 100 years ago it was possible that it would have turned out that they possessed quite as much knowledge with regard to the eye as any medical man in this country.

The jury returned with a verdict of not guilty. Despite the verdict, the foreman felt compelled to add that they ‘deeply deplored’ the fact that there was no law to prevent such ignorant people from practising medical surgery - a sentiment that was supported by the Common Serjeant.

Various newspapers were able to weigh in with their opinions now the case had finished. The Freeman's Journal in Dublin agreed that the verdict was the only one
possible, arguing that it would be absurd to imprison men who had tried to effect a cure, but had failed. The Irish paper claimed that the oculists were ‘not conscious quacks’ as they had believed in their methods, although it criticized them for using particularly barbaric methods that were not used by the majority of practitioners in India. The paper also expressed concern about strengthening the law against quackery because this would deliver too much power into the hands of the medical profession; power they believed that would not be advantageous to either the profession or the public. At the end of the nineteenth century, the medical profession was not wholly respected or trusted as verified by The Freeman’s Journal’s comments and the willingness of the public to visit oculists and other fringe practitioners outside the advice of relatively newly established specialized hospitals (although Moorfields had been established in 1804). Other papers were more forthright into demanding a reform of medical law and criminal law after the trial. The Graphic called upon Gladstone’s government to pass a Bill forbidding individuals to practice any kind of medicine or surgery unless found on the Medical Register. The Newcastle Weekly Courant lamented the loopholes in the law that had allowed the oculists to be acquitted and the Reynolds’s Newspaper ran with the headline ‘A reform of the Criminal Law demanded’ in summing up the events of the trial.

The case of the Indian oculists had drawn high-profile attention from local and national newspapers. The India Office had not been involved in the trial, until after the acquittal when they arranged to help send the oculists back to India. The consternations about the oculists had stemmed from their methods and training, rather than blanket ideas that Indians were unfit to treat eyes. Indeed, there was recognition of the history of the influence of eye surgery and treatment from India and of the very many trained professionals in India. However, as explained in the court case, these oculists were a distinct ‘caste’ of eye-professionals. They were not answerable to anyone and believed that medical knowledge could be a hereditary trait. They were identified as ‘quacks’, not because they were Indian, but because they used exactly the same methods of self-promotion as British quacks had done and did in the eighteenth and nineteenth centuries.

The India Office and Oculists
In January 1894, the India Office, responsible for co-ordinating the administration of India from London, was approached about the acquitted oculists. They were asked whether they would shoulder the costs of their return passage to India. Increasingly, in the nineteenth century, the India Office was being approached by destitute Indians who had found their way to Britain, either to petition the Queen, or through some employment or other opportunity, and then could not afford to return to India for some financial assistance for the ship passage home. These oculists were British and imperial citizens. They were able to live and work within British society, but when things went wrong became the responsibility of the India Office and the Secretary of State for India. This section will look at the official line towards the oculists, and Indian migrants in general, and the repercussions of their fall from grace.

As India Office officials discussed the Old Bailey case, Gerald Fitzgerald, political A.D.C. to the Secretary of State, was unimpressed by their appeals. Fitzgerald was adamant that these ‘adventurers’ could find some means of earning money or work in the Poor House to earn their passage home. However, S. C. Bayley, Political Secretary to the Foreign Office, was on hand to defend the oculists: ‘Of course they were quacks, but what is quackery in Europe is scientific practice in India. They can not do poor-house work, & they can on the other hand, if sent back to India earn their living there.’ Having been acquitted, Bayley argued that they should be given the benefit of the doubt as they were no longer able to practice in Britain despite the positive outcome of the trial. Although India Office members acknowledged that they often refused more needy Indians their passage home, they decided to pay for the passage of these oculists. Unfortunately this favour was spurned, as the oculists abandoned the ship at Egypt on the way back to India and could not be traced thereafter.

The handbill for Chiragden and Godar, mentioned earlier, was filed by the India Office as part of their file on a claim by four Indian eye-doctors at Marseilles asking for India Office assistance to continue their journey to Egypt in February 1893. One of these was ‘Goder’, another ‘Cherak el Din’ and they were all from the Punjab. The British Consul at Marseilles wrote to Lord Kimberley at the India Office on 27 January 1893 regarding the four Punjabis, all related, who had left India two years before for Cairo.
where they had practiced as Oculists. A year later they left Cairo for England but were unsuccessful in making more money so had decided to return to Egypt. They had run out of money, however, once they arrived at Marseilles and the British Consul was paying for their lodgings until the India Office could reimburse him. Gerald Fitzgerald noted in a memo of 10 February 1893 that he had seen three of the men on 20 January in London when they had asked for passage to Port Said; two days later they had left for India. Fitzgerald noted that they were not as destitute as they seemed, as they had found some way to get as far as Marseilles, and that they had declared that they did not understand English and thus he had spoken to them in Hindustani, but believed that the handbill proved that they must have been able to speak English. The India Office decided not to pay for or undertake any responsibility for these oculists, especially as they were wishing to travel to Egypt rather than ask for repatriation back to India (although even if they were returning to India, the India Office was unlikely to help).48

The India Office was involved in a number of similar cases in which they were reluctant to shoulder the burden of repatriating destitute oculists back to India. In June 1892, three ‘hereditary oculists’ from Jullunder, Punjab, had been admitted into the Poor House in Edinburgh, having failed to make a livelihood from practicing as oculists and hoped to return to India. The Parish Inspector noted that they could not speak English either. However, the India Office refused to repatriate them, as they were only obliged to repatriate lascars (seamen). Without any obligation or regulation governing Indians of other professions found destitute in Britain, the India Office could not or would not get involved.49 Between 1904 and 1909, fifty two cases involving sixty one people of all professions were brought before the India Office and only eight people were repatriated.

As the numbers of Indians in Britain falling destitute was increasing, the government office had to become harsher with their decisions. As a result of the increase in demands from Indians such as oculists, abandoned ayahs or unsuccessful litigants, the India Office commissioned a report into ‘Distressed Colonial and Indian Subjects’. The report, published in 1910, acknowledged that Indian seamen were protected by the Imperial Merchant Shipping Act but that the India Office did not have any guidelines for other classes of destitute Indian.50
In May 1894, in the aftermath of the Old Bailey trial, two oculists at Swansea appealed to the India Office requesting assistance to return to India. They had been tarnished with a poor reputation after the Old Bailey trial and were finding it hard to attract customers. The brothers had enlisted the help of James Fox, proprietor of *The Cambria Daily Leader*, to appeal to their local MP to talk to the India Office on their behalf. Through Fox, they had gained the help of Mr Maggs, a Retired Conductor of the Bombay Commissariat Department, living in Swansea who had appealed to the Central Finsbury Liberal MP of Parsee origin, Dadabhai Naoroji, but Naoroji had been unable to help. As James Fox put it in his letter of 1 May 1894 to Robert Burnie, the Liberal MP for Swansea: ‘They are high-caste Mohamedans, and feel it would be scandalous to send them to the workhouse, and still more scandalous if they got back to the Punjab and had to say that Christian English people would not help them.’ Once again Fitzgerald was particularly scathing about these oculists and Indian oculists in general, obviously influenced by the recent trial.

These are not isolated cases to us as far as oculists are concerned + there are many other adventurers both in this country & the Continent. We have found passage for 5 Oculists this year. I know of 4 more at this moment, beside the 2 under report, 2 in London and 2 at Norwich and I am told that there are many more scattered thro’ the country.

It is for the S of S to decide how far the treasury of India [should] be made available for the relief of men who leave their homes on a speculative tour to better their fortunes & fail. [...] I recommend that passages be granted in the cases of poor creatures who are deluded into coming to England to present memorials or petition the Queen & who if sent to the Workhouse [would] simply die, but these men have lived here independently for 2 years, are in good health & are as fit to shift for themselves as thousands of others in the same position. Being Mahommedans they have no more than ordinary Jews caste to break or religious prejudices to offend.

In response to Fitzgerald’s note, dated 12 May 1894, the India Office agreed that they would not grant the money to send these men back to India. They also wrote back to Mr Burnie to point out that it was not the practice of the Council to defray Indian revenues on such people who had come to Britain for their ‘own’ purposes.

It is clear that the India Office had no sympathy for these Indians, nor was the Office worried about other destitute Indians remaining in Britain, confident that they
would eventually find some way of earning enough money to return. Fitzgerald’s note points out that he was aware of at least six oculists operating in Britain in 1894 and yet their presence appears to die out after this year. We have seen how Indian oculists travelled a great deal and were not sedentary. They were also entrepreneurs. The immediate effects of the 1893 trial forced them to either diversify their activities or to move on from Britain.

Conclusions

As various local newspapers, national newspapers and India Office files have demonstrated, there were a number of Indian oculists practicing quite openly in British cities in the 1880s and 1890s. They adopted local methods of advertising and were particularly enamoured of and dependent upon the printed testimonial. Whether they could all speak English is unclear, but they were able to make themselves known and communicate with their patients, attracting mainly working-class patients. Many individuals who consulted the Indian oculists had come to visit them as a last resort having been told by qualified ophthalmic surgeons that their diseases were incurable. Perhaps the oculists revealed their ignorance in attempting to alleviate incurable diseases, but their practice also reveals the naïveté of some of the patients. Despite the number of prosecution cases against Indian oculists, they were successful in treating patients. How else would they have been able to practice for a number of years and attracted customers and positive testimonials? The Indian oculists were as much businessmen as social workers because they depended on customer satisfaction and recommendation. These Indian professionals were making a mark on British society that if not for the Old Bailey trial and the professionalization of medical regulation might have made a more lasting imprint upon the landscape.

The language of the case against the oculists at the Old Bailey leads to some interesting inferences. The case as a fraud was weak. It was difficult to support the argument that the Indian oculists had intentionally set out to harm their patients. If they were not fraudsters, then it should follow that the oculists should not have been called
quacks, the term implying that they knew that their methods could not cure their patients either. Their Indian heritage certainly played an important role in their careers and subsequent downfall as they did bring over Indian methods which sometimes appealed to patients pursuing a true alternative. Yet, their approaches could easily be criticized when they failed and their ignorance could be explained as a product of their ethnic background and experience. They continued to be known as ‘quacks’ because they were operating outside of the orthodox medical profession and not because of their race. Indians could operate within the medical sector if they were properly trained and categorized; there was little or no support for the idea that they were racially inferior or should not consider entry into this sector on the basis of their ethnicity.

The high profile prosecution of the four Indians caused damage to the reputation of Indian eye-medicine in the short-term, and had repercussions beyond the men on trial as the number of other Indian oculists in Britain dwindled. Tied into this was growing regulation in medical practice that would not allow such unqualified practitioners to sell their cures in Britain. And so the examples of these oculists should be considered in light of changing medical practices in Britain, and the entrepreneurial habits of fringe medical practitioners, as much as it should be considered in light of imperial relationships and the presence of a number of South Asians in British cities who were able to take up such risky and life-changing practices in the imperial motherland. Although Indian oculists had capitalized upon stereotypes about the benefits of Indian traditional cures in ophthalmology, they had benefited as well from a relative lack of discrimination or aversion to their involvement in the treatment of a delicate part of the body. Perhaps by 1894, these attitudes were hardening and oculists were indeed viewed close to occultists by the general British public; the high reputation for ancient Indian practices in eye-medicine receiving a temporary blow.

The last word on the matter can be taken from The Aberdeen Weekly Journal’s London correspondent on 23 January 1894:

It would seem that, notwithstanding the fact that the Indian oculists who were tried some time since were acquitted of the charges brought against them, the London public has no longer any faith in their skill. That is the only inference that can be drawn from the fact that five of these gentry presented themselves at the
Stepney Workhouse the other day in a state of utter destitution. However, if the oculists have lost all the money which they have drawn from the pockets of credulous persons by their professions, they have not yet lost the teachings of their religion. They objected to change their clothes for the customary workhouse garb, and, moreover, they would not eat food with the other inmates from fear of losing caste. In this dilemma the Stepney Guardians wrote to the Local Government Board, pointing out that it would be unfair to charge the rates of the union with the cost of sending these men to India. The Indians themselves, however, found a way out of the difficulty, for, not content with their treatment, they shook the dust of the workhouse from their shoes, and departed to fresh fields and pastures new. When and where they will turn up again goodness only knows.53

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