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The Balms of White Grief: Indian Doctors, Vulnerability and Pride in Victoria, 1890–1912

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This article uses the 1898 manslaughter trial of two Indian medical practitioners in Victoria, Australia, as a lens to explore the settler colonial politics of medicine. Whereas imperial and colonial historians have long recognised the close and complex interrelationship of medicine and race, the emotional dimensions to care-giving have been under-appreciated – as has the place of the emotions within wider histories of sickness and health. Yet, this case studies shows, grief, vulnerability, catharsis and pride shaped the practice of medicine in *fin-de-siecle* Victoria. In particular, I argue that, like other emotions, grief does racial work.

Keywords: Medicine, Grief, Emotion, Settler colonialism, Indian migration.

In early 1898, two self-described "Indian Oculists" posted an ad in the *Portland Guardian*, an English-language newspaper that serviced a coastal frontier in Victoria, Australia, at the southern edge of the British Empire. Their ad promoted methods of medical treatment distinct from prevailing Euro-Christian traditions. "We have achieved a long series of triumphs," they wrote, "in curing all diseases … without subjecting patients to the agony of the surgeon's knife," including piles and rheumatism.[1] One settler drawn to the ad was William James Bailey, a fruiterer who lived two miles from the boarding house where the ran their business. Bailey's nineteen-year-old son had contracted tuberculosis and was at first treated by a European doctor called Norman Dowling. Six months after this treatment began, however, Bailey's son—also called William James Bailey—remained severely ill. After Dowling announced there was nothing more he could do, Bailey the father sought the medical skills of the two oculists, who were named in subsequent court records and press only as "Assaf" and "Ranja."

Six weeks later, Bailey the son died. Soon after, his father laid charges of manslaughter against Assaf and Ranja. Their use of "unconventional" medical

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methods, Bailey claimed, had "quickened" his son's demise. In November, the Warrnambool Supreme Court performed a coroner's inquest to decide whether Assaf and Ranja should be committed to a criminal trial. During the inquest newspapers across the Australian colonies demeaned Assaf and Ranja's medical skills in racialising terms, with headlines such as "Alleged Quackery: Two Indian Doctors Committed for Manslaughter Trial."[2]

The legal fissure in this story of colonial medicine is mired in emotion. When Bailey the son died, his father underwent an acute emotional shift. He went from holding onto hope that his son would survive, to grief. As displays of vulnerability, expressions of grief were, in the nineteenth-century British world, widely considered antithetical to masculinity.[3] How, then, was an evidently wifeless man to express his grief over losing his son? Having for six weeks paid Assaf and Ranja to treat and stay near his son, Bailey reversed his position and laid charges against them. While blaming Assaf and Ranja for the death of his son might be regarded as no more than the fallout from the strong emotions a father felt at the loss of a child, the argument presented here is that, like other emotions, grief did racial work. Whereas imperial and colonial historians have long recognised the close and complex interrelationship of medicine and race, the emotional dimensions of caregiving have been underappreciated—as has the place of the emotions within wider histories of sickness and health. In this case, laying the blame for his son's death at the hands of Assaf and Ranja helped to comfort a grieving man. It also reveals how formal and informal mechanisms for interpreting and signifying death (seen in this case most clearly in the court case against Assaf and Ranja) offered spaces not just for expressing racialised forms of collective emotion but for generating them too. Colonial histories of intimacy and the emotions, I suggest, need to pay more considered theoretical attention to the ways in which emotions get mobilized, mediated, and expressed. This essay uses the case of William Bailey's death as a microhistorical canvas to do this. By linking the story of one young man's untimely demise to the broader history of colonial medicine and settler nationalism, it sheds new light on the intersection of medical knowledge, colonial boundaries, and the making of racial feeling.

In the last fifteen years, scholars have shown, in an array of geographic contexts, the profound implications of affect for the making of colonial power. Inspired by Ann Stoler, scholars including Antoinette Burton and Tony Ballantyne have taken up the task of writing imperial histories of affect, especially of love and care, and fear and anxiety.[4] These studies have convincingly demonstrated Stoler's call for attention to the ways in which empire not only operated by rationality but also by sentiment and the affective politics of touch.[5] The records of Assaf and Ranja's trial afford such a story of "tense and tender" ties within the British empire, particularly of the relationships in and between white and Indian doctors, a white patient/son, and a white father/client.[6] But this case is more than a novel opportunity to gain insight into the surprising social and legal complexities of interracial medical practice. More important, Bailey's legal action against Assaf and Ranja points to the thorny effects of white corporeal vulnerability, and its intimate relationship to grief. It does so in a

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period when European settlers were formulating a nationalist, self-governing and self-consciously "white" Australian masculinity, and when Indian nationalist moves for independence were on the rise in British India and beyond.

From the mid-nineteenth century, John Tosh has observed, the idea of white Australian manliness was predicated on "self-reliance, courage, and the pursuit of independence.'[7] The flipside of these ideals was that Australian men tended to avoid expressing feelings of dependence, fear, and vulnerability. But in the 1890s, Australian independence remained unrealized—obstructed both by the prescriptions of the British government and the political claims of settlers of colour. In the late nineteenth century, European settlers forged a self-consciously "white" identity against "Asiatic" others—a generic category that covered Indians, Chinese, Afghans, and Syrians.[8] White legislators were particularly wont to abject Indian men, who, legislators lamented, were "undesirable settlers" and yet had rights as "our fellow British subjects." Worse, Indians' rights were supported by the recently enacted 1883 Indian Emigration Act and by metropolitan prohibitions against explicitly racial legislation. Consequently, legislators across the Australian colonies were struggling to find legally and morally acceptable ways to exclude Indians from citizenship.[9]

The study at hand illustrates that the intentions of white men to legally subordinate their "fellow British subjects" were complicated by the practice of medicine and the intimacies to which it gave rise. In Assaf and Ranja's treatment of Bailey the son, we can see moments when white settlers were rendered dependent on the knowledge and treatment of Indian British subjects, the very people legislators were attempting to exclude from the colony, with popular support.[10] In this era, white men in Australia were not only susceptible to the power of the metropole, but also—inevitably—to illness, disease, and loss of life. All of these bodily forms of vulnerability rendered white men susceptible to various forms of emotional disempowerment, from the indignity of unemployment to the discomfort and social isolation that institutional medical care involved, to the grief that followed, as we see in this case, the untimely death of family members. In recent years, grief has figured prominently in histories of emotion, though these most of these have focused on the experience of Europeans.[11] Fifteen years ago, Joy Damousi suggested that we "need to give a fuller account of the place of grief, trauma and loss in Australian histories," and yet in this and other colonial histories, grief has hardly figured, despite death's universality and the intensity of the emotional responses to which it can give rise.[12] At the same time, historians of colonial medicine have observed across a range of contexts that medical relationships were highly charged sites of racial power, and of interracial intimacy.[13] Karen Flint, for instance, has shown that in early twentieth-century Natal, South Africa, masculine competition for medical authority mutually shaped colonial and Indigenous identities and medical practices.[14] In paying attention to emotion, however, such histories have been more wont to observe the ways that forms of anti-colonial national pride have been expressed and built upon racial medical identities than the intimate, interracial dynamics of emotion.[15] The grief-struck fissure in Assaf and Ranja's story suggests that historians of imperial affect and

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medicine might pay closer attention to the operation of grief, and its potential to exacerbate private and collectively felt vulnerabilities. If colonial projects have "frequently … throw[n] white male bodies into crisis," then how did grief affect the medical landscape of Victoria?[16]

Assaf and Ranja treated Bailey at a time when South Asian men of various ethnic, cultural, and linguistic backgrounds were moving en masse around the British Imperial world and forging transnational diasporic networks. From the mid-1880s, a wave of immigrants from India, Afghanistan, and Syria began to arrive in Victoria and legislators, in the process of restricting Chinese immigration through a series of acts, sought to restrict the so-called influx of "undesirable Indian immigrants."[17] In March 1891, then Victoria Premier James Munro, contacted the Indian government to see if they could not stop the embarkation of Indians onto ships headed for Australia. In April of the same year, a Punjab-born hawker, Fatta Chand, was charged with murdering his hawking partner, Juggoo Mull, and was publicly executed for murder, spurring white anxieties about a perceived growing threat of "Hindoo hawkers."[18]

As "Indian oculists" in a majority European settler colony, Assaf and Ranja were a minority within a minority. Most of the Indians who migrated to Victoria during this period took up work as itinerant tradesman, and it was towards this highly mobile, visible, and masculine population that European settlers across the colonies tended to focus their anxieties about non-white immigration.[19] Indian medical practitioners were also moving along imperial and transnational shipping routes, however. As Harshad Topiala and Anna Greenwood have observed, "imperial medical migration [was not] … just a white phenomenon."[20] By the late 1890s, Indian oculists had become a controversial presence in the daily life of towns and cities across Victoria, advertising in English-language newspapers their herb and massage-based, non-surgical, non-invasive forms of treatment.[21] From as early as 1884, the practices of Indian doctors had provoked intermittent complaints of "quackery" and medical incompetence. Herbalists of all racial designations had for decades been susceptible to denunciation, but from the mid-1880s, the common practice of "quack hunting" began to dovetail with the politics of Indian migration.[22] Accordingly, when the medical status of alleged Indian "quacks" was brought into question, so was their tenuous status as not-yet-settlers in the colony.[23] This racialised politics of medicine, moreover, was legally circumscribed. The 1890 Medical Act meant that only persons certified by the Victorian Medical Board could legally advertise themselves as doctors, so that Indian medical practitioners including Assaf and Ranja were compelled to advertise as "oculists," or eye doctors, although they treated various ailments. As the wording of Assaf and Ranja's advertisement illustrates, Indian doctors, as had Chinese herbalists and doctors for decades before them, found ways to circumvent the legally policed boundaries of medical practice.[24]

Like many of their herbalist contemporaries, Assaf and Ranja advertised their ability to treat illness in ways less painful and invasive than surgery. "Hundreds of testimonials testify to the success of this treatment," their advert read, "without

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submitting to the agony the result of the Surgeon's knife.'[25] From August 1898, the pair posted their ad in the *Portland Guardian* every fortnight, promising that "CONSULTATION [was] FREE." These ads suggest their business was beginning to gain a foothold in Portland's health economy, but Assaf and Ranja nonetheless had to work hard to earn Bailey the father's confidence.[26] They together performed the initial patient assessment in the Baileys' abode. Since Bailey father and son could not speak Hindi, and Ranja could not speak English, the burden of communication was placed on Assaf to interpret between parties. While the doctors were examining the patient, the Baileys heard Ranja speak to Assaf in what Bailey the father described as "the Indian language" and soon after they heard Assaf's translation of the assessment in English.[27] In court, Bailey the father testified as to what transpired next: "Assaf placed his finger on the left side of deceased and asked him if he felt any pain there. Deceased said 'Yes'. Assaf then placed his finger on deceased's other side and pressed and asked the same question. Deceased again replied 'Yes'. Assaf then said to me 'The boy has over-heated himself and has got a chill which has caused all the fat inside to run together'."[28]

As well as mediating between Bailey the son and Ranja in their roles as patient and doctor, Assaf took on the role of translating for Ranja and Bailey the father in their roles as employee and employer. Assaf spoke in English to persuade Bailey to employ them. Bailey testified that he "asked Assaf if … he could cure deceased. [Assaf] said that he could cure him in four weeks."[29] After this initial diagnosis, it took Bailey some days to decide if he would indeed trust the doctors to treat his son, a decision made all the more difficult because Dowling tried to dissuade Bailey the father from employing Assaf and Ranja, "pointing out that the patient was in a critical state and that the Indians were unskilful and ignorant persons."[30] Bailey the father eventually decided to employ Assaf and Ranja despite Dowling's warnings, and the two doctors then treated Bailey the son for around four weeks, with the assistance of the boarding house manager, Louise Pitt, who informally took on the role of nurse.

In contrast to Dowling, who had instructed Bailey to take milk and whiskey twice a day, Assaf and Ranja used a combination of massage, herbs, and a non-stimulant diet. On the same afternoon that Bailey the father agreed to Assaf and Ranja's terms, Bailey left his son at Pitt's boarding house. Assaf then rubbed Bailey's chest, throat, and back with ointment which, according to Pitt's testimony, "seemed to relieve the pain."[31] Pitt also told the court that Bailey took "some medicine prescribed by Ranja, twice a day." She did not "know what either consisted of, except that there was butter in the ointment [that] had a smell of nutmeg," and that Assaf and Ranja ordered as food beef, tea, chicken broth, rice, bread and butter, rice and biscuits." They further ordered that Bailey must not have eggs or milk.

Assaf and Ranja treated Bailey together for around two weeks, after which time they had a falling out, and for reasons Assaf described as "private" their business partnership broke up.[32] Subsequently, Assaf left the boarding house while Ranja continued to treat Bailey with the assistance of Pitt. While it had been Assaf's English abilities that helped the doctors to procure employment, it was Ranja's medical skills

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that were most valued, at least by Bailey the son. After Assaf and Ranja's partnership failed, Ranja treated Bailey alone. The ensuing relationship between Ranja and Bailey the son was, in several senses of the term, intimate. It involved corporeal proximity, and more especially it involved massage, a particularly intense and intentional form of touch.[33] It also involved acute physical vulnerability. Bailey was weak, and approaching death.

After two weeks under Ranja's sole treatment, it became apparent that Bailey was in mortal danger. Emotions ran high, and tensions between the parties intensified. Bailey wished to continue being treated by Ranja, but his father would not agree. He wanted his son to come home and so, two days before Bailey died, his father "went to the Pitt place to take deceased back home." Bailey the father testified that "Ranja through an interpreter named Otin Singh," (who also resided at Pitt's boarding house) "asked me to leave him three days longer. [Bailey the son] also asked me to let him stop."[34] Here, we can see clearly the different affective relationships Bailey father and son each had with Ranja. For Bailey the son, Ranja's treatment had become a source of comfort. Bailey the father, on the other hand, retained his doubts, and felt that Dowling might offer a more authoritative assessment. "During the last few weeks of his life," Bailey the father testified, "I tried to persuade deceased not to have anything more to do with Assaf and Ranja, but he persisted in remaining under their charge." As such, Bailey the father became caught between his scepticism towards the Indian doctors' treatment, his care for his son's wellbeing, and his inclination to trust Dowling.

On the morning of Wednesday, 10 November, the Bailey's death was imminent. On that day, as Bailey's organs began to shut down, his father reopened negotiations with Dowling and twice tried to persuade him to "come and see" his son: "I went to Dr. Dowling," he recalled, "but he said he would not go while the Indian Doctors were attending him." On the second attempt, Dowling agreed to attend, but his arrival came too late. At two-o-clock in the morning, Bailey died in the presence of his father.

While Bailey senior had tried and failed to fire Assaf and Ranja, it was only after his son died that he objected publicly to their treatment methods. He laid charges of manslaughter against Assaf and Ranja, and both were charged with manslaughter and a coroner's inquest was performed in the Warrnambool Supreme Court. Bailey charged that Assaf and Ranja's use of "unconventional" medical methods had "quickened" his son's death. Dowling then visited Bailey the son's body a final time, this time to give a medical examination for the inquiry. In this way, Dowling's authority as a registered doctor was legally invoked almost as soon as Bailey the son had passed away.

As emotions of grief and distrust had underscored the initiation of the manslaughter charges, so too did they shape the subsequent trial. The questions of culpability hinged on entwined corporeal and affective points of evidence; firstly, on the question of medical competence—of Norman Dowling and of Assaf and Ranja; and secondly, on the question of comfort, of whether Bailey had benefited from Assaf and

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Ranja's treatment, and whether Bailey's complaints of hunger constituted medical negligence. And underlining both these questions were racialised and gendered questions of medical authority.

Scholars have demonstrated that, in a range of British and other imperial contexts, colonists promoted medicine as beneficent, bringing civilization to disease-ridden places; in short, that medicine served as a "tool of empire."[35] Doctors in colonies had an important role in the imperial project. As Philippa Levine puts it, they "fashioned themselves as leaders of civilization, as makers of new societies."[36] The idea that medicine would assist the settler project, however, as this case demonstrates, was not predetermined by Europeans' claims to medical superiority but was socially negotiated. By a similar token, so was the authority of European medical men. Dowling's life was steeped in British imperial medical relations. His obituary would report that he was educated at St. Bartholemew's Hospital in London and holidayed in England, and the legal depositions strongly indicate that Dowling considered he was medically and morally superior to Assaf and Ranja.[37]

Dowling was far from the only European doctor in this era who had things to be insecure about. From 1887, women had been allowed to study medicine at Melbourne University, and the number of practicing white women doctors was on the rise.[38] The first woman to register with the Medical Board of Victoria was Grace Clara Stone, who did so in 1890 after studying medicine in Pennsylvania and then completing honours in Toronto. White male doctors in Victoria and elsewhere were threatened by the rise of women such as Stone, who were starting to become visible in the medical landscape.[39] Moreover, as a colonial doctor, Dowling's practices were vulnerable to being perceived as inferior by metropolitan practitioners. The subordinate status of doctors working in the colonies, Deborah Brunton has written, was reflected in the fact that colonial-cum-national medical associations remained branches of the British Medical Association.

At the same time, white herbalists in the British metropole and dominions were facing discrimination from surgeons, who were asserting their superiority as "professsionals" over "amateurs" and "quacks." The categories of "general practitioner," "doctor," and "herbalist" were highly racialised, although the lines between them were blurred. In 1878, Victorian parliamentarians who supported the practice of Chinese medicine in the colony proposed a Medical Statute Amendment Bill, so Rey Tiquia has written, that would have meant that Chinese herbalists could register as medical practitioners. It was defeated due to strong lobbying by the Victorian Medical Society.[40] In the 1890s, white doctors were vying for business with white and Chinese herbalists, as well as a growing number of Indian practitioners—herbalists, oculists, and masseurs. The rise of massage, pathology, pharmacology, and surgery in the late nineteenth and early twentieth centuries side-lined herbalism as being "messy, unscientific and difficult to standardize."[41] In the project to draw the racial boundaries of medicine, Victorian doctors were backed by their friends and fellow-professionals in the legal profession.

Boundaries of white and Indian medicine were blurred, however, even as they were in the process of social and legal demarcation. British medical knowledge was

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susceptible to the insights of British Indian subjects. Both on the other side of the Indian Ocean and in Victoria, throughout the 1890s Indian scientists and doctors were engaging with and transforming British medical knowledge and imperial practices. Signalling the move towards a fusion of medical practice with Indian nationalist pride, the Bombay Medical Union (founded in 1833) had begun to work towards "enhancing the status and dignity of the Indian medical profession."[42] And closer to the case at hand, the self-described "native of Darjeeling," Teepoo Hall, was in the process of reforming the modes of medicine available in Victorian hospitals. A Bangalore-trained masseur, in the mid-1890s Hall moved from his private offices on Collins Street to work in the Melbourne and Austin hospitals, the very heart of respectable white medical power.[43] Through this medical capital, Hall was becoming embroiled in the politics of immigration restriction. Just two months prior to Assaf and Ranja's trial, Hall had visited Parliament House in Melbourne to testify before a select committee, where he opposed the proposed Immigration Restriction Act for its potential to harm India-Australia relations.[44]

Given the broader context in which medical science and practice was grafted onto masculine Australian and Indian nationalisms, we can understand that the manslaughter trial was not only about judging the medical skills of Assaf, Ranja, and Dowling. Both the trial had the potential to undermine the political and medical authority of white men generally, a risk surely made even more unsettling for Dowling by the fact that his own medical status was at risk of being exposed as less effective than that of Ranja, whose treatment Bailey the son preferred. The possibility that Assaf and Ranja's methods were superior to Dowling's presented a risk to Dowling's status both as a white man and as a doctor. The space of the courtroom and the process of the trial offered the means to restore authority to Dowling and, by extension, to all white Australian medical men. Yet the trial also made the dependency of white men upon Indian practitioners publicly visible. Legal redress restored the preeminent position of white doctors over so-called "oculists," but exposed to public view the kinds of cross-racial intimacies that the everyday practice of medical care engendered.

The question of Dowling's white-medical-masculine authority had first germinated in the private realm, some months before Bailey the son passed away. Dowling had attended Bailey "professionally" from the beginning of August, so he testified at the inquest. "When Bailey came to consult me," Dowling reported, "he complained of a swelling in the situation of his Liver."[45] Dowling had then kept Bailey the son "in Portland lodgings for a fortnight and had him nursed by a professional nurse." In his repeated emphasis upon the "professional" care that he arranged for his patient, Dowling claimed authority by evoking his privileged relationship to the medical board. After a fortnight, Dowling continued, Bailey "was then strong enough to be removed" and Dowling thereafter "attended him at his Father's house at Wattle Hill." With this move—from the Portland lodgings to the Bailey house—Dowling's hold over the Baileys evidently weakened, and two days later, Bailey the father announced that he had decided to place his son "in the hands of the Indians Assaf and

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Ranja instead." Dowling was concerned, if not incensed. "I tried to dissuade him from this course," he recalled, "pointing out that he [Bailey the son] was in a critical state and that the Indians were unqualified and probably unskillful and ignorant persons." Indeed, Dowling clung to his control over the Baileys until the last moment before he exited the house. "As [Bailey] persisted in his intention I [Dowling] obtained from the Father a written statement accepting the full responsibility of his action"—a statement that would become exhibit A in the manslaughter trial.[46] All of this testimony around Dowling's loss of control over Bailey the son was read out in the public theatres that were the Warrnambool and Ballarat courtrooms, revealing not one but three forms of white male vulnerability: the susceptibility of a young white man to disease, the susceptibility of his white father to grief, and the susceptibility of a white doctor's authority to being usurped by that of two Indians.

The works of Catherine Coleborne, Warwick Anderson, and Leigh Boucher have all demonstrated that medicine in nineteenth-century Australia was underscored by a kind of "meta-desire" for white health.[47] In other words, medicine was racialised in ways that served the settler colonial project to plant white bodies across the continent of Australia. Coleborne, for instance, has observed in her study of the institutionalization of "failed" male immigrants in this period that Victoria was a settler colonial order predicated on the displacement of Indigenous people and the concomitant establishment of a stable, healthy population of male European settlers.[48] This project was, however, susceptible to the inescapable fragility and mortality of the white male body. As Boucher has written of the 1870s, the "ostensibly … masculinist advancement and (re)placement of white male bodies onto colonial space" was "less than assured."[49] As these studies teach us, what was *settler*-colonial about medicine in Victoria was that it was geared towards and shaped by anxieties about health, and, by the same token, population maintenance and growth. But this case reveals something more particular than the incessant imperatives of population growth in a settler-colonial context. Pangs of white vulnerability rippled through the trial. Bailey's death opened a particularly sore spot for white settler masculinity, given that Ranja, an "Indian quack," had comforted a young white man in his most vulnerable hour of need. This was a young man, moreover, who might otherwise have gone on to populate Victoria with more white bodies, at a time when the (re)placement of white bodies in rural areas was rendered especially uncertain by drought and depression. The grief aroused by the death of William Bailey was not for his father to bear alone.

In the Victorian British world, bereavement was commonly alleviated through structured, calculated performances—measured burial sites, graveside tears, scripted speeches, and edited obituaries.[50] Australian men were expected to be resolute in the face of death. On occasions when Australian men did express grief, as Melissa Ballanta has suggested, they tended to press "their sentimentality into the service of settler colonialism: encouraging sympathy for [other] white men, who suffered hardship and death in frontier localities."[51] Colonial courtrooms were not expressly designed to alleviate grief, but in this case the supreme courts in Warrnambool and Ballarat provided an affective space to draw the wider public into the pain of Bailey's

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loss. If grief at the death of a young white man in the coastal frontier of Portland called for catharsis, the highly controlled spatial arrangement of the courtroom was the ideal environment. As defendants, Assaf and Ranja were placed on the witness stand at an optimal distance from spectators to be visible and audible while at a spatial remove. Such distancing, drama theorists have suggested, is capable of facilitating the disaffection that catharsis calls for, signalled by "feelings of control … and relief."[52]

The manslaughter trial offered the possibility for white men to perform their control over Indian men and thereby assuage the pain of their bodily and political vulnerabilities. The subjection of Assaf and Ranja to the order of the court, however, did not in itself guarantee white control. During the coroner's inquest, Ranja gave his testimony through an interpreter. Much to the coroner's dismay, Ranja and his interpreter embarked on a conversation that he struggled to control. As the *Portland Guardian* reported, after several attempts by the coroner to impress the evidence upon Ranja and his interpreter, "he abandoned the attempt, as both the Indians struck up a lively conversation "on their own" which was hard to stop.[53] This account of the magistrate's inability to stop Ranja from speaking adds another dimension to the theme of white weakness that permeates the trial. Just as Ranja and Assaf's medical treatments lay beyond the understanding of white medical science, so their ability to converse in Hindustani reveals the limited capacity of settler society not just to curb or contain but to comprehend Indians' autonomous expression. That they were able to continue talking within the rarefied context of the court shows that the fragility of white settler power need not only be sought out at the social margins or where the power of the state was diminished or remote.

Given the masculine and popular rise of anti-Indian sentiment in 1890s Victoria, and the related imperatives of performing white medical superiority, it is unsurprising that the jury at the Coroner's Inquest decided that Assaf and Ranja were guilty of manslaughter. "[W]e find," a memo recorded, "that the death of the deceased was accelerated by unskillful treatment by Assaf and Ranja."[54] After hearing the testimonies in the subsequent criminal trial, however, the presiding magistrate decided that Assaf and Ranja were innocent, for reasons not detailed by the press.[55] Yet this legal decision did not prevent the expression of widespread relief through the white community at large. On the contrary, after Assaf and Ranja had been found innocent, the catharsis gained through their public shaming was amplified. In a lengthy *Ballarat Star* report on the trial, one journalist warned the reading public that this legal decision did not mean that Indian practitioners could be trusted. "The accused may or may not be "reasonably competent … and [able] to justify the faith of their patients, but there may be many other practitioners of this type who are utterly incompetent.'[56] For this journalist, no trust that a patient placed in the capability of his doctors could dispel the general rule of Indian incompetency. Entrusting one's health to Indian doctors was a zero-sum game.

By the time Assaf and Ranja exited the stage of the Ballarat Supreme Court, tens of damning articles had been published that exacerbated the mistrust felt towards

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"Indian oculists" within the settler population, including reports in the Adelaide *Chronicle*, the Brisbane *Chronicle*, the Perth *Inquirer and Commercial News*, and the Victorian *Portland Guardian* and *Geelong Advertiser*.[57] Although Assaf and Ranja were cleared of the manslaughter charges, their alleged medical incompetency was widely publicized. Such reports surely hurt Assaf and Ranja's business. Following the trial, neither doctor advertised in the *Guardian* any longer.[58] On the other hand, it appears that the reportage of the trial had done much to restore the strength of Dowling's medical reputation. When he passed away in 1937, he would be celebrated for attaining "the high opinion" of the "public of a very wide area."[59]

If Assaf and Ranja's business was harmed by the trial, this was by no means the end of this grief-ridden medical history. Other Indian doctors remained vulnerable to the retributive effects of white men's grief. Just over two years after Assaf and Ranja's trial, in January 1901, prominent oculist Rahim Bux treated a man named William Williams for a sore stomach.[60] The Melbourne *Argus* reported that when Williams "came in, he complained of a pain across his stomach. The Indian sounded him, and told him he had heart disease, but did not treat him beyond giving him a blister. Williams became ill going home and died that night."[61]

In this narrative, Bux, who is designated "Indian," meets Williams, an unmarked white man, at a moment of intense pain and weakness. Not only did Bux fail to heal Williams, the narrative reports, but Bux also failed to refer him to a medical practitioner. The report continued: "The deputy-coroner severely admonished the Indian for his cruelty in not advising the deceased to obtain medical attention instead of letting him go home to die.'[62] Mirroring the reportage of Assaf and Ranja's trial, this narrative assuaged the pain of a white man's susceptibility to disease by blaming an Indian oculist, who allegedly "let" Williams die.

In December of the same year that Bux was construed as culpable for Williams' death, the six Australian colonies federated. In doing so, self-described "white men" gained legislative autonomy from Britain, and put the Immigration Restriction Act (IRA) into effect. The IRA meant that Indians' status as being British would no longer guarantee right of entry into Victoria and, via a discriminatory dictation test, effectively decreased the Indian population. The frustrations of the white polity were only partly relieved, as "the obligations of … the [British] Empire" remained in contradiction with desires for "white purity."[63] As the British politician Joseph Chamberlain observed in 1903, these tensions were further troubled by the question of whether Indian labour could be used in Australian industries.[64] And indeed, Indian practitioners remained part of the daily fabric of settler society, in Victoria and across Australia. The Sands and McDougall business index shows that from 1901 to 1920, at least ten Indian herbalists advertised their services in regional Victorian centres, including the most prominent, Rahim Bux, Ata Mahomed, and Sheriff Deen, who occasionally collaborated.[65] Consistent with Margaret Allen's study of Indians' methods for circumventing legal restrictions on their mobility in early twentieth-century Australia, it appears that significant numbers of Indian doctors were not deterred by the IRA.[66] Rather, through their acquisition of medical knowledge, and

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their interstate and transnational mobility, the treatments of Indians continued to gain a tenuous repute in settler society. In the 1910s, Rahim Bux advertised as an "Indian," "herbalist," "oculist" and "specialist for eyes."[67] In the 1920s, he continued to relocate. Within Victoria he moved from Ballarat to Daylesford to Bendigo, and then, after a training trip to India, he opened businesses in Kalgoorlie and Adelaide.[68]

While Indian doctors such as Bux continued to attract clientele, the press—in Victoria and across Australia—continued to disseminate narratives about Indian "doctors," "herbalists" and "quacks," and their culpability for white illnesses and deaths. These often gory and tragic stories maximized the reading public's emotional response to the suffering of white settlers by asserting that the Indian doctor in question was either medically negligent or had violated the Medical Act by advertising himself as a "doctor" or "practitioner." In November 1912, Bux and Ata Mahomed were separately charged with the latter offence.[69] Responses to Bux's trial closely resembled those concerning Assaf and Ranja. A *Kalgoorlie Times* report, for instance, acknowledged that some whites had trusted Bux but promulgated a default position of mistrust. Bux "might in some cases have done good," wrote an anonymous correspondent in 1912, but Indian medicine "was a danger to the community nevertheless."[70] In the early twentieth century, and in the wake of *The Queen v. Assaf Ranja*, a profound and collectively felt ambivalence had emerged—in Victoria and, evidently, other Australian locales too. The healing services of Indian men were intermittently decried as too risky to depend upon, but proved too attractive to abandon altogether.

While a federal "White Australia" nationalism flowered in the years following Assaf and Ranja's trial, so did the buds of an Indian medical nationalism. In 1910, Ata Mahomed and others overtly grafted nationalism onto their medical ads. "Our knowledge of Herbal treatment can be traced in India from generation and generation," it read, "and has passed the test of the Prime Minister of India, as we have his certificate in our Consulting Rooms!"[71] It appears that Mahomed, Bux, and Deen had found a way to do business among the popping blisters of white vulnerabilities. In the early years of White Australia, Mahomed, Bux, and Deen were taking the private pains of white settlers as political possibilities.

Conclusion

In *The Queen v. Assaf Ranja*, the entwined vulnerabilities of a white father, son, and doctor were simultaneously emotional and corporeal, existential and racial, private then public. The grief of Bailey the son's death heightened these feelings of vulnerabilities—and invited the relief of blame. By laying charges against Assaf and Ranja, Bailey the father effectively converted a visceral moment of private grief into a legally sanctioned opportunity for collective catharsis. The case, moreover, directs us to a wider phenomenon. In turn-of-the-century Victoria, white men's feelings of vulnerability stemmed from the fact of their biological susceptibility to disease and death. At the same time, they also reflected the painful limits to their medical and political

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supremacy. For white men were subjecting their bodies to the hands and knowledge of Indian men at a time when their potential to control Indian migration to Victoria was, before 1901, uncertain, and after the IRA, legalized but incomplete.

Via the theatre of the courtroom, the private wounds of Bailey and other grieving settlers seeped into the public sphere. But the legal process enabled the pain of Bailey's loss to be channelled into a form of expression that was ideologically productive. In this structured space, the reputation of Indian doctors, including Assaf, Ranja, Rahim Bux, Ata Mahomed, and others, was imperilled by legal and journalistic condemnation, and the supremacy of the figure of the white doctor was temporarily restored. But even in the courtroom, and even while engaged in the process of expelling the pain of their weakness, white men remained amenable to the efficacy of Indian medical treatments and, by extension, to their political organization. This article, then, calls for more attention to the role of emotion in shaping the racial boundaries of medicine, and the ways that racialised practitioners have engaged the perilous affective terrain of medical practice.

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Notes

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1 Ranja Mathai arrived in Victoria in 1892. William Bailey, Depositions, *The Queen v. Assaf and Ranja*, Manslaughter, Supreme Court, Ballarat, 14 December 1898, PROV, VPRS30/P0, Unit 1161, Case 516

2 "Alleged Quackery: Two Indian 'Doctors' Committed for Trial," *The Argus*, Melbourne, 16 November 1898, 3.

3 For a discussion of how grief was gendered in fiction in this era, see Schiff, *Ashes to Ashes*, 14–15.

4 See, for example, Stoler, *Along the Archival Grain*, 29–32, 52.

5 Ballantyne and Burton, "Introduction," in *Bodies in Contact*, 6–7.

6 The phrase is from Ann Stoler's "Tense and Tender Ties," 829.

7 Tosh, *Manliness and Masculinities*, 180.

8 See Lake and Reynolds, *Drawing the Global Colour Line.*

9 See Rhook, "'Turban-clad' British Subjects," 105.

10 Ibid.

11 From a wide literature, see Carol Lansing, *Passion and Order*; Jalland, *Death in War and Peace*; and Strange, "Death, Grief and Poverty in Britain, 1870–1914." For a methodological discussion in the Australian context, see Damousi, "Politics of Grief and Injury." For reference to settlers registering Indigenous grief see Edmonds, *Settler Colonialism and (Re)conciliation*, 68.

12 For an account of collective grieving as a form of popular commitment to empire, see Lewis, "Empires of Sentiment." On cultures of death in colonial Africa, see Lee and Vaughan, "Death and Dying."

13 For a feminist history of colonial medical knowledge, see Hassan, *Diagnosing Empire*. Key contributions to the history of colonial medicine include Arnold, *Colonizing the Body*; Harrison, *Climates and Constitutions*; and, for Australia, Anderson, *The Cultivation of* Whiteness; Bryder; "A New World"; and Bashford, "Is White Australia Possible?" On interactions between white and Indigenous medicine, see Ernst, "Beyond East and West"; on French Cambodia, Trankell and Ovesen, "French Colonial Medicine in Cambodia: Reflections of Governmentality"; in the metropole, Sykes, "Sounding the 'Citizen-Patient'."

14 Flint, "Competition, Race, and Professionalization."

15 From a wide literature, see Lal, "The Ignorance of Women," 15; and Arnold, *New Cambridge History of* India, 15, 17.

16 Ballantyne and Burton, "Introduction," 7.

17 For a discussion of the sexual politics of Indian immigration restriction, see "'Turban-clad' British Subjects," 104–22.

18 Ibid., 105.

19 "The Foreign Hawking Nuisance," *Traralgon Record*, Victoria, 5 August 1892, p. 3.

20 Topiala and Greenwood, *Indian Doctors in Kenya*.

21 This is evident from Assaf and Ranja's ad. See "Alleged Quackery."

22 For a study that observed that charges of quackery were racialised in nineteenth-century Australia, see Piper, "Prosecuting Medical Quackery," in *Brisbane Diseased,* 215.

23 *Daily Telegraph*, Tasmania, 24 April 1884, 2–3. On the politics of herbalism, MacGregor, "'Put Yourself in Nature's Hands': A History of Complementary Medicine in Victoria," 14.

24 See Tiquia, "Traditional Chinese Medicine as an Australian Tradition of Health Care."

25 Advertisement, Exhibit, *The Queen v. Assaf and Ranja*, Manslaughter, Supreme Court, Ballarat, 14 December 1898, PROV, VPRS30/P0, Unit 1161, Case 516.

26 "Important to the Public: Assaf and Ranja, Indian Oculists," *Portland Guardian*, Victoria, 29 August 1898, 2.

27 Pitt, Depositions, *The Queen v. Assaf and Ranja.*

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28 Ibid.
29 Ibid.
30 Norman Dowling, Depositions, Ibid.
31 Lousie Pitts, Depositions, Ibid.
32 Assaf, Depositions, *The Queen v. Assaf and Ranja.*
33 For a contemporary study of the affect of touch see Paterson, "Affecting Touch."
34 William Bailey, Depositions, *The Queen v. Assaf and Ranja.*
35 Hassan, *Diagnosing Empire*, 65. For the Australian context, see Bashford, *Purity and pollution.* See also Chakrabarty, *Medicine and Empire*.
36 Levine, *Prostitution, Race, and* Politics, 62.
37 "The Passing of Dr. Norman Dowling: An Appreciation," *The Grenfell Record and Lachlan River Advertiser*, Victoria, 18 August 1927, 2.
38 See Russell, *The Melbourne medical* school, 74–75.
39 Ibid.
40 It would be a hundred years before Chinese herbalists were officially recognised under the Chinese Medicine Registration Act 2000. Rey, "Bottling' and Australian medical tradition: 212.
41 Bentley, "Herbalists in 1925," 41.
42 Ramanna, *Western Medicine and Public Health*, 31.
43 Bentley and Dunstan, *The Path to Pro fessionalism*, 20.
44 *The Bendigo Advertiser*, Victoria, 2 September 1898, 4.
45 Norman Dowling, Depositions, Coroner's Inquest, *The Queen v. Assaf Ranja.*
46 Ibid.
47 Boucher, "Masculinity Gone Mad," 54; and Anderson, *The Cultivation of* Whiteness, 95, 185.
48 See Coleborne, "Regulating Mobility," 45–48.
49 Boucher, "Masculinity Gone Mad," 52.
50 See Jalland, *Death in the Victorian Family*.
51 Ballanta, "His Two Mates Around Him Were Crying," 475.
52 Scheff, *Catharsis in Healing,* 69.
53 "The Death of William James Bailey," *The Portland Guardian*, 16 November 1898, 3.
54 Coroner Cornwall, Memo, *The Queen v. Assaf and Ranja*.
55 The press reported the bare facts of the acquittal. For instance, see "The Charge of Manslaughter," *The Portland Guardian*, 16 December 1898, 2.
56 *The Ballarat Star*, Victoria, 17 December 1898, 2
57 See, for example: "Unskilful Indian Doctors," *Chronicle,* Adelaide, 19 November 1898, 23; "Victoria: Melbourne," *Chronicle,* Brisbane, 18 November 1898, 11; "Daily News," *Inquirer and Commercial News*, Perth, 15 November 1898, 3; "The Death of William James Bailey," *Portland Guardian*, 16 November 1898, 3; and "Victoria," *Geelong Advertiser and Maitland Weekly Mercury,* 19 November 1898, 10.
58 This conclusion is based on a survey of Trove, Australian digitized newspapers, from 1898 to 1910. http://trove.nla.gov.au.
59 "Young," *Goulburn Evening Penny Post*, Victoria, 15 August 1927, 4.
60 "An Indian Doctor's Treatment: Stawell, Saturday," *The Argus*, Melbourne, 8 January 1901, 3.
61 Ibid.
62 "Maldon. A Hindoo Doctor Fined," *The Ballarat Star*, 23 May 1924, 8.
63 "The Mail Contracts: The Coloured Labour Question: Melbourne," *The Express and Telegrap*h, Adelaide, 3 July 1903, 4.
64 Ibid.
65 Sands and MacDougall Index, State Library of Victoria, 1901–1920.
66 Allen, "Shadow Letters," 199–200.
67 "Indian Specialist," *The Ballarat Star*, Victoria, 20 January 1911, 3.
68 "Medical Notice—Indian: Rahim Bux and G. Deen Mahomed," *The Mail*, Adelaide, 8 November 1924, 15.
69 "Indian Herbalist Prosecuted," Kalgoorlie, *Western Argus*, 12 November 1912, 22; and "Medical Act: Substantial Fine Imposed," *The Evening Star*, Western Australia, 26 November 1912, 1.
70 Ibid.
71 "New Firm of Indian Quacks," *Sunday Times*, Perth, 15 May 1910, 3.

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