

Female Prescriptions: Medical Advice and Victorian Women's Travel

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<1> In a journal entry from Alexandria in May 1863, Lucie Duff-Gordon wrote, in reference to her ongoing bronchitis, "perhaps Cairo will cure this cough, and then I may venture home in July"(79). Duff Gordon and her husband traveled to Egypt in an attempt to improve various health ailments; this was an increasingly common cause for an excursion for those who could afford it. Exploring new sights and experiencing the landscape and climate of other lands were perceived as restorative acts that could liberate travelers from their illnesses or provide space for seclusion and recovery. Many women who were plagued with ailments at home described being cured, or relieved of symptoms through their journeys. For example, Isabella Bird who suffered as an invalid at home, was an active and adventurous explorer overseas. She described travel as a miracle cure for her illnesses and while exploring the Rocky Mountains claimed, "this is another world, a glorious region and the air and life are intoxicating."⁽¹⁾ Marianne North, who was plagued with numerous ailments, traveled the globe to draw and collect botanical images and her experiences abroad provided increased freedom, mobility and inspiration for work. Maria Frawley has noted that Harriet Martineau traveled to Northern Africa in 1846 soon after a lengthy period of invalidism that she recorded in her work *Life in the Sickroom* (1844) where "the east became a second sickroom" (Frawley 140). Mary Shelley, in her epistolary travel narrative, *Rambles in Germany and Italy 1840-42*, suggested the interplay of body and landscape when she imagined the foreign picturesque as a site of healing; in her first letter she expresses the hope that "travelling will cure all." While European sojourns such as Shelley's were often imagined to be healthy and rejuvenating, exotic locations such as the Middle East and South Asia evoked more contradictory responses and were imagined simultaneously as spaces of healthy repose and sites breeding contagion and disease. Here, Victorian travelers inoculated themselves with the fresh air of colonial lands just as they dosed themselves with their ready supply of English tinctures and pills.

<2> Drawing from this relationship between women's travel and health, this essay examines how representations of doctoring emerge in the narrative accounts of mid-Victorian women travelers and shape the experience of travel for many Englishwomen abroad. It reveals how increasing numbers of women travelers managed both their own health and the health of natives, often with a medical kit or manual at hand. In the process of amateur doctoring, they often shared Western models of hygiene and medicine and characterized colonies as a space requiring medical progress or reform. While some of the doctoring work women performed functioned as an extension of their nurturing domestic duties dictated by Victorian ideologies, women also gained

textual authority as narrators of colonial experience through their access to foreign bodies and to a medical knowledge that they produced for themselves. The “contact zones,” using Mary Louise Pratt’s term, of travel were spaces of both self-invention and cultural intervention—as such, the act of travel provided opportunities for women to extend domestic duties of nurturing and health management to an widening model of Western medicine that was increasingly tied to imperial expansion. While the topic of medical travel is a broad one, and the medical work that women performed overseas included the professional doctoring of pioneering women overseas such as Mary Scharlieb, Edith Petchey-Phipson, Mary Bielby as well as the work of numerous missionaries, this essay focuses upon Lucie Duff Gordon and Isabel Burton, who traveled with their husbands on journeys to the Middle East and were not trained as medical practitioners, but represented themselves as healers within their narratives. Their position as women allowed them greater access to domestic spaces and to the rituals of health and sanitation; as part of negotiating their role in empire, these women employed medical authority to construct positions for themselves as practicing healers. As the essay will show, it is through the narration of such, albeit amateur, medical transactions that women such as Duff-Gordon and Burton established a unique position for themselves as translators, mediators, and monitors of native illnesses—and by extension—social conditions.

<3> Much has been said of the ambivalent and complex role of the female traveler abroad—she is often described as either a sympathetic observer of native rituals and practices, or as an advocate of colonial transformation and reform. Of her writing, critics have suggested that the woman writer’s unique access to private spaces such as zenanas and harems makes her textual work original and titillating to European readers (consider Lady Mary Wortley Montagu’s image of the Turkish bath which has elicited a range of recent criticism) and that this in turn opens up the private landscape of empire further for colonial reform. Women’s contributions to the project of empire are still debated and examined with diverse conclusions—on the one hand, women writers are described as having a unique perspective of the lives of natives that challenges traditional modes of colonial representation, on the other, critics suggest that their work replicates or supports discourses of colonialism in ways that authoritative men’s texts do.(2) Simon Gikandi notes this “paradox of women in empire” and claims, “the colonial frontier promised female subjects new modes of subjectivity” (122). Other scholars such as Billie Melman, Sara Mills, Susan Morgan, and Indira Ghose among others have shown the significance of women to the project of empire, and specifically travel writing as a popular mode of women’s self reflection and representation. While scholars have traced an extensive archive of Victorian women’s experiences overseas, much work remains in our analysis of the intersections of women’s travel to the expansion of Victorian science and medicine. This essay explores how analyzing the performance of medical work complicates our understanding of the female traveler abroad—both exposing the authority of scientific progress and the attempts of women to claim a space within it. The act of doctoring was an opportunity to employ and witness the power of medicine and make it visible to readers. Further, in the accounts I consider, doctoring is a portable and sometimes spontaneous act that allowed women to domesticate and refashion medical knowledge in colonies. While the expectations and roles of women in colonial spaces was complex and varied, establishing a connection to an increasingly authoritative scientific and medical discourse provided women with greater discursive freedom and influence and allowed them to fashion themselves as negotiating and accessing foreign terrains productively.

<4> In Duff-Gordon's Letters from Egypt, we see how simple medical knowledge shaped and contributed to her travel experience. In her narrative, Duff-Gordon establishes herself as a useful and productive traveler by building a role for herself as "doctress," a title she ascribes to herself as she notes her interactions with natives. Accessibility to the private homes and domestic rituals was one of the benefits women travelers held over men, since native customs often barred men from entering spaces such as harems, zenanas and other private spaces. Duff Gordon's writing records her privileged and intimate interactions with Egyptian women and children, however, she does not limit herself as an observer—her letters reveal how she learns very quickly how to acknowledge and exploit a position of medical authority as she interacts with native bodies.

<5> While Duff Gordon's journal reads like many other travel accounts in terms of its interest and focus on landscape and native subjects, concerns about disease and wellness filter through them in a number of different ways and challenge a reading of her position as a woman simply observing and commenting upon native life. On April 14, 1864, in a detailed description of a disease outbreak in Luxor, she documents her response to the diseased surroundings as follows:

Luckily I am very well, for I am worked hard, as a strange epidemic has broken out and I am the hakeemeh (doctress) of Luxor. The hakeem pasha from Cairo came up and frightened the people telling them it was catching, and Yussuf forgot his religion so far as to beg me not to be all day in the people's huts; but Omar and I despised the danger, I feeling sure it was not infectious, and Omar saying 'Min Allah.' The people get stoppage of the bowels and die in eight days unless they are physicked; all who have sent for me *in time* have recovered. Thank God that I can help the poor souls. It is harvest, and the hard work, the spell of intense heat, and the green corn, beans etc. which they eat, brings on the sickness. Then the Copts are fasting from all animal food, and full of green beans and salad, and green corn. The lavement machine [enema] I brought was an inspiration (157).

<6> This passage reveals Duff-Gordon's newly discovered role as a healer within the community; in particular, it underlines the connection between British women and the dissemination of Western notions of sanitation and healing. With no medical training, Duff-Gordon insists that the native Egyptians relied on her as a "hakeemeh" and recovered as a result of her practical assistance. Her assertion that "she is now" the "doctress" of Luxor lays claim to her usefulness as a European woman within this Egyptian setting and suggests that she has gained enough trust to earn this title. She does not define herself as a nurse or simply a helpmate, but sets up a role as the female doctor of the community. Her conviction that she herself is not susceptible to the epidemic disease displays a kind of medical knowledge and expertise that she imagines she has. By assuring readers that she is "sure it was not infectious," Duff-Gordon adopts the position of a physician who can recognize and curtail possible self-contagion. This insistence on her immunity may also respond to anxieties that many Victorian readers expressed regarding the possibilities of disease transmission by colonial travelers and doctors in the tropics. She confirms her own distance from the natives in terms of domestic practices--by assigning the cause of the disease to the crop harvest of beans and other greens, Duff-Gordon connects the disease directly to the land and to the eating habits of the natives. In other references, Duff-Gordon makes similar references to food and fasting rituals as the cause of disease.⁽³⁾ Finally, and most importantly,

her mention of the “lavement machine” as an “inspiration” directly invokes the connection between Western medicine and emerging technologies and tools.

<7> Duff-Gordon’s description of her lavement machine as an instrument of healing provides an image of penetration and exploration that evokes the traditional motifs of male dominated European travel. As Anne McClintock and others have shown, traditionally colonized lands were represented as female spaces open for penetration by male explorers. Duff-Gordon may be seen as inverting this image—here it is the female traveler accessing the private worlds of Egypt—and adopting a stance as European healer. Duff-Gordon’s reference to her “lavement machine” as “inspiring” may be read as simply a humorous or entertaining example of her prose, but her access to this “machinery” and her ability to make it useful provides an important example of the exchange of cultural ideas and the modernizing process through domestic technology. As a woman, Duff-Gordon can visit local homes and transport this medical “machinery” into domestic spaces. As a device of bodily management and medical intervention, the “lavement machine” is employed by Duff-Gordon to convey knowledge of bodily systems and processes; it is described as a personal and domestic “machine” which travels between homes and circulates between numerous native bodies. The “machine” takes on a professional status as an instrument of medical knowledge and is employed as a curative prescription for what Duff-Gordon considers a distinctly native disease resulting from religious practice. Although she describes the Copt fast as a cleansing ritual that is “no joke, neither butter, milk, eggs or fish being allowed for fifty five days,” her introduction of the lavement machine suggests that fasting alone will not purify their bodies enough (70). Instead, the tool she offers penetrates their bodies to relieve them of excrement and disease. Western medicine was itself becoming increasingly dominated by emerging tools and instruments of penetration in the nineteenth century, and here Duff-Gordon employs her own somewhat invasive device to cleanse the bodies of her diseased subjects. This act of sharing her own personal health “tool” with the multiple bodies of native others is particularly telling as an example of just how closely women could transact with natives and participate in private domains within colonial spaces. Surprisingly, Duff-Gordon does not seem uncomfortable about sharing and distributing this penetrative device with natives from whom she distances her own European body. Instead, her fascination with the effects of this cleansing machine as a medical device takes precedence, since it functions to elevate her as a miraculous healer within this community and in turn, allows her to gain greater access to native homes and patients. After visiting many homes with her self prescribed knowledge she writes two months later that, “the epidemic here is all but over; but my medical fame has spread so, that the poor souls come twenty miles (from Koos) for physic. The constant phrase of ‘Oh our sister, God hath sent thee to look to us!’ is so sad” (178).

<8> Later in the text, Duff-Gordon describes her newly established role as “doctor” to the natives of Luxor and reveals the ways that playing this position gains her popularity and allows her to intervene in a number of social interactions:

My fame as a doctor has become far too great, and on market days I have to shut up shop. Yesterday, a very handsome woman came for medicine to make her beautiful, as her husband had married another who teased her, and he rather neglected her. And a man offered me a

camel load of wheat if I could read something over him and his wife to make them have children (275-6).

By providing full reports of diseases in Luxor, Duff-Gordon manages to entice her readers with the gossip about various characters and illnesses in town. More importantly, she reveals how her newly defined medical authority gives her greater access to the everyday conditions and concerns of natives. Her “fame” as a healer extends her knowledge to much more than just bodily concerns—she suggests that her healing ability is perceived as a power that can magically transform other sites of dis-ease or dissatisfaction.

<9> Duff-Gordon describes how her medical work directly impacts the community and influences local ideas regarding health. During a second epidemic in Luxor, Duff-Gordon tells her readers that she is named Sittee (Lady) Noor-Ala-Noor (“light from light”) as a result of her efforts to aid the sick. It is during this second epidemic that she describes her relationship with the local hakeem (doctor):

The epidemic seems to be over, but there is still a great deal of gastric fever etc. The hakeem from Keneh has just been here--such a pleasing, clever young man, speaking Italian perfectly and French extremely well. We fraternized greatly and the young hakeem was delighted at my love for his people ...he is now gone to inspect the sick and is to see me again to give me directions (156).

Duff-Gordon’s particular enchantment with this local doctor seems related to the fact that he is trained in Pisa and can speak European languages eloquently. His “native” identity is made ambiguous through Western medicine. Here, Duff-Gordon highlights the hakeem’s keen observation of her “love” and commitment to her patients and her collaboration with him. Both these points reveal that there are some limits to Duff-Gordon’s medical authority, as she is essentially waiting for him to “give her directions.” Yet, Duff-Gordon doesn’t give herself a title as “nurse” or helpmate and instead emphasizes the value and authority of her doctoring as a practice. Later in the text, Duff Gordon describes her work with natives as “my doctoring business” and mentions wanting to sell her practice to “any ‘rising young surgeon’” (272). This exchange with the native hakeem demonstrates how local doctors within Egypt were gaining knowledge overseas and transporting Western medical ideas and practices within the colonies as well.; they, like other native members of the educated or privileged elite participated with colonial administrators in a larger civilizing movement towards modernization.(4) The Egyptian doctor’s native position is blurred as is Duff-Gordon’s own “colonial” position. Duff-Gordon encourages native trust in European processes of medicine and suggests to her readers that Western doctors are both necessary and welcome. She writes, “none of them will any longer consult an Arab hakeem if they can get a European to physic them” (118). As further proof she mentions, “the mark of confidence is that they now bring the sick children which was never known before, I believe in these parts, I am sure it would pay a European doctor to set up here” (277).

<10> Apart from recent work by Cara Murray and a 2007 biography by Katherine Frank, Duff-Gordon’s letters have elicited limited recent criticism, although she received largely positive

reviews in the nineteenth century—for example, the Edinburgh Review cited her letters as depicting “the true aspect of the people in Egypt.” Duff-Gordon’s narration of her travels appears to have gained her respectable mention in circles outside the literary as well. One notable example of her influence, which illuminates the authority and popularity women could gain through travel writing, appears in an 1865 issue of *The Lancet* where an article is devoted to “Lady Duff Gordon on the Climate of Egypt.” Here, *The Lancet* claims, “we should like to canonize Lady Duff Gordon, in the interest of invalids who are compelled by an unhappy fate to seek refuge in distant lands from inclemency of indecent weather” (269-70). The article does not highlight the specific aspects of her medical work (perhaps in an attempt to differentiate her from trained medical doctors), but it quotes from her various descriptions of the local climate in relation to illness. Through Duff-Gordon’s letters, the article suggests an obvious link between the interests of medicine—in categorizing and understanding disease and climate—and the narrative “authenticity” of travel. The article notes: “besides the general lesson of sound-mindedness” taught by her letters, “they contain also much of painful interest on the condition of the people immediately prior to the outbreak of cholera” (269). Thus, the article suggests the value and authority of travel writing in promoting understandings of cultural difference, and its ability to influence to the practice of medicine itself. Ethnographic literature becomes the means for understanding foreign outbreaks of illness, and for revealing the need for medical empathy. The article randomly cites selections from her travel journals and claims, “her habitude of mind, as shown, first, in her fascinating epistles from the Cape Colony and now in her equally delightful ‘Letters from Egypt’ is that which it would best profit the sick traveling in search of health to imitate” (269). Thus, the article confirms the value of travel in the pursuit of good health, while making visible the use value of the travelogue as both a health manual and a guide to foreign climates and illnesses. Further, it suggests that women, through their interest in and contact with native cultures, can provide a useful lens through which medical professionals can gain knowledge.

<11> While Duff-Gordon’s mention in this medical journal makes clear the wide influence of travel writing and exposes a visible link between women’s contributions to empire and the rise of the medical profession, she is, as I will soon discuss, just one of many female travelers who took on the responsibilities of “doctoring” and sharing amateur medical knowledge abroad. The medical manual became part of the equipment carried by European women in preparation for travel and, as Margaret Macmillan notes, favorite texts included *Dr. Moore’s Book of Family Medicine* and *Birch’s Management and Medical Treatment of Children in India*.⁽⁵⁾ Many such guides, such as Edward Tilt’s *Health for British Women in India* (1875), were addressed to women and highlighted ways that women could create a healthy environment overseas through knowledge of basic domestic medicine. In his introduction Tilt noted, “I have made the work *a guide to life in India*, so as to enable our countrywomen to do the best under unfavorable circumstances for the maintenance or the recovery of health.” Like the increasingly popular manuals that professionalized the role of women within the household and encouraged them to perform domestic duties with scientific precision and organization (consider, for example, popular publications by Isabella Beeton and Sarah Stickney Ellis), these texts guided women to prepare for journeys abroad with proper materials, medicines, and tools procured from home. Many of these texts encouraged readers to travel with a medical kit or toolbox, complete with the various English remedies outlined within manuals. Moore’s *A Manual of Family Medicine for India* outlines the necessary “contents for an Indian medical case” that Moore suggests are

“designed to accompany” his text (2-3) and *The Englishwoman in India* (1864), by an anonymous “lady resident” describes the importance of a traveling medical chest and outlines drugs and objects to include in it (39). Thus, popular medical publications of the period contributed to the shaping of domesticity—both colonial and local—by establishing discourses of medicine as part of middle class family life and by increasingly placing the burden of maintaining good health upon women of the household. While caring for the health of a family and nursing others was expected of middle class women, and numerous domestic manuals outlined basic health rituals and simple remedies, travel narratives could emphasize the possibilities of translating this domestic knowledge to doctor natives in foreign lands. Such a position allowed women to gain influence and form relationships with natives that help to build the narrative and rhetorical strategies recorded in their work as they sought to entertain their readers with unique adventures of life abroad.

<12> In her travel narrative, *The Inner Life of Syria, Palestine and the Holy Land* (1875), Isabel Burton traces her travels with her husband Richard Burton in the Middle East. Mr. Burton, one of the most active, influential and well-known explorers of the nineteenth century, gained recognition as a traveler by providing his account of participation in various Muslim rituals including the hajj (pilgrimage). Mrs. Burton, in her memoir, provides representations of native scenes and landscapes, but also asserts her distinct position as a useful female medical guide and healer. Like Duff-Gordon, she describes herself as being a well-prepared traveler who brings domestic and medical tools into the territories she explores. Burton constructs herself as a traveler who embodies and transports an organized and well-managed Victorian home. She particularly knowledgeable about the gadgetry and ingredients of a successful, mobile pillbox, and her this functions as an important extension of “home.” Burton’s organization of tinctures and tablets reflects the new science of domestic management that was guided by Victorian domestic manuals including Isabella Beeton’s regimented *Book of Household Management*. In a description that functions as both a guide for travel and an assertion of her pragmatism, she writes,

Travellers often suffer from dysentery and fever, but if they would only travel with necessary drugs, and take a day’s rest when attacked, they would neither die nor carry away with them the remnants of a complaint that lasts them for a year, or for a life. I always carry a little leather medicine chest, about the size of a respectable brick; it contains antibilious pills, calomel, and all the needful for bilious attacks, diarrhoea and dysentery; burnt alum and kohl, and several other things for the eyes; quinine and Warburg’s drops for fever; opium and many other simple remedies (117).

<13> Although Burton is clearly concerned with the usefulness of these medical tools for her own well being, she also suggests that these concoctions aid her interactions with fellow travelers and locals: “none of our camp were ill for more than a day, unless from wounds. My cotton wool, lint, spermaceti, and strapping all travel in an old canister, and do not overload the baggage animals” (117). Like Duff-Gordon who highlights the importance of all her “common drugs--Epsom salts, senna, aloes, rhubarb, quassia,”(6) Burton illuminates the relevance of the productive pillbox to a successful voyage.

<14> Although these are the more obvious examples of traveling medical toolboxes within women writers' letters and journals, increasingly, travel guides encouraged readers to journey with such items and numerous appendices to journals included lists of them. For example, in the notes to her travel book, Emily Beaufort suggests that all lady travelers bring a "stout travelling bag" which includes ammonia for stings, a fan and other items to alleviate the journey. She also claims, "even the strong and healthy should take smelling salts or aromatic vinegar with them on every visit" to temples and tombs, since "many in perfect health become suddenly overpowered by the bad air and horrible odors."⁽⁷⁾ Such "medical" appendices and notes were increasingly prominent in journals, along with the already popular lists of "travelling habits" and clothes one should include in preparation for travel. While earlier accounts focused primarily upon managing the outside layers of one's body, descriptions of medical toolboxes, substances and tools distinguished the inside machinery of the body as a site of domestic management abroad, further professionalizing the role of the woman traveler outside of home. Texts by medical missionaries discussed the usefulness of a traveling medical toolbox as well, and highlighted the ways that women encouraged native conversion to the "wonders" or "miracles" of modern science as well as religion. One account claims, "take the case of the Christian lady traveler who met a company of Persians on a long journey over the desert. Some were sick and in pain. When she had relieved them by simple remedies from her medicine chest, they gratefully acknowledged, 'we have no hakim in the likeness of Jesus.' Many doors of access were opened to Moslem hearts that day" (*Medical Missions* 33).

<15> Burton's closing point in this section of her narrative is as follows: "I meet so many sick people as I go along that it is quite a blessing to have the means of relieving them" (117). In a lengthy footnote, revised and updated in 1874, Burton reflects upon and corrects her claim in greater detail. It is here that she argues that a medical mission must be set up in Syria, with its central location being Damascus. She compares the health care of Syrians with that available to the Lebanese, by informing her readers that there are "five first rate doctors" in Beirut (all from Western nations), while in Damascus, the one French sanitary officer, "Dr. Nicora, who was clever when he was young, but was in 1869 already aged... is now dead." Burton makes clear to her readers that the only worthwhile doctors are European and that the absence of medical care is of immediate concern in colonies. As she develops this argument, which extends for two footnoted pages, her thoughts on the subject become framed as "my medical mission," and she proceeds to advise potential doctors about the nature of native patients and health conditions. Her authority on this subject is verified by her description of her own (untrained) "medical practice" during her stay.

When I lived there I practiced my simple knowledge of domestic medicine (fixing them to a particular hour devoted to the decay and necessities of human nature) upon twenty patients a day in Damascus, on average, and fifty a day in the Anti-Lebanon--but as they were poor, and I an amateur, it gave me no idea what would result to a doctor's pocket. At the same time, if ever a medical mission is started, I would be quite competent to give it an account of the natives, their commonest ailments, their physical natures and temperaments, and what drugs would be mostly required, which must all be brought or sent out from England, packed in tins; and I can teach it, upon my experience, not to waste its time (117-8).(8)

<16> In this revised footnote, Burton reflects upon her “medical” work and recognizes the achievements and possibilities of her untrained efforts. She proudly and authoritatively makes visible to her readers her professional ambitions in her attempts to provide medical services. Treating up to fifty patients a day is clearly an arduous task, and one that must have consumed much of her time during these travels. Although this is the only reference in her text in which she celebrates the professional aspects of her excursions abroad, I think as an afterthought, it conveys the most vivid and potent memories of her time in Syria. Like Duff-Gordon, Burton considers herself a “doctor” (albeit an amateur one) and uses this title to assume some authority over her native subjects and the spaces they inhabit.

<17> This move towards assuming the role of doctor is played out further in Burton’s role as narrator, where she often describes the importance of visual perception and accuracy and describes events as “operations.” Throughout her text, Burton communicates with her readers with language that is somatically charged. For example, after guiding her readers through various spaces in Syria, including cafes, bazaars and homes, she begins her chapter on Turkish baths and harems in the following way: “I daresay you are tired. Yesterday we rode far. Would you like to pass a lazy day and go to the Turkish bath? It will take away the fatigue and we can get through a lazy afternoon afterwards” (144). Her entire chapter then addresses her readers directly with vivid descriptions of the processes of bathing in a hammam and entering a harem. She writes,

Here the operation commences. Firstly, they lather your hair and head thoroughly. Then you are washed over, first with flannel and soap, if you like, secondly with a brush and soap; thirdly with Lif and soap. Lif is the fibre of the palm frond soaked in water, sun dried and pulled out...You are douched from head to foot, between each of these operations with tubs of hot water, thrown at you and over you. You are then shampooed with fresh layers of soap and douched again. By this time you are starting to feel rather exhausted”(144-5).

This description of bathing continues for another paragraph before Burton textually accompanies her reader into the harem:

We will dress like natives; we are about the same height and figure, and therefore you can use my clothes. You will wear a pair of lemon colored slippers, pointed at the toes, white linen trousers, like two large sacks which tie at the waist and at the ankles; and a large garment, like a fine linen dressing gown, prettily embroidered, it fastens around the throat, and is belted around the waist; it falls to the knees....I shall kohl your eyebrows and eyelashes. Your hair shall hang loose down your back like a colt’s mane (147).

Focusing on both the visual and tactile conditions of the bath, Burton introduces her readers to a sensory experience and encourages them to participate in the “operation” in a broad, immediate, and somatic way.

<18> While Burton’s account of the specific aspects of her medical “work” take up less space in her narrative than Duff-Gordon’s do, reading this narrative in relation to her later work, *The Romance of Isabel Lady Burton. The Story of her Life*, further exposes the significance of

medical intervention in her role as traveller. In this narrative, she describes the people of Palmyra as “hideous, poor, ragged, dirty, and diseased, nearly every one of them afflicted with ophthalmia” and poses the question, “What have the descendants of great Zenobia done to come to this?” (418). Here Burton’s question allows for a direct application of Said’s claim in *Orientalism*, that much of the anxiety of orientalist discourse is articulated through a definition of the Orient as a space of past greatness and strength. In Burton’s text, the Orient is a space recognized for the denseness of its past history and tradition, which is now no longer: “the city must once have been magnificent, but it was now in ruin”(421). For Burton, this loss of civilization correlates with the mismanaged and diseased bodies that now inhabit this space. The chapter that follows in this narrative begins with a detailed description of Burton’s medical work. Burton describes an outbreak of cholera and writes, “several people died in great agony, and I did what I could to check the outbreak. I made the peasants wash and fumigate their houses and burn the bedding, and send to me for medicine the moment a person was taken ill”(425).

Later in this narrative she claims, “ I seldom had fewer than fifteen patients a day, half of them with eye diseases, and I acquired a considerable reputation as a doctor” (429). Like Duff-Gordon, Isabel Burton reveals that medical knowledge provides her with increased access to the community itself and an authoritative role within it. Echoing Duff-Gordon’s descriptions of medical work being perceived as miraculous by desiring natives, she discloses interactions that suggest that her medical potions and diagnoses have qualities that, in her opinion, are perceived as transformative, and extend beyond immediate medical care. She writes, “sometimes women would come and ask me for medicine to make them young again, others wished me to improve their complexions...” (440).

<19> These women writers negotiate their roles with the domestic and public spheres, sometimes establishing their medical tasks as “work” and other times reminding readers that they are simply extending their domestic duties. As such, these travel writers seem aware that they are treading new ground and exploring roles that would be unavailable to them at home, and yet, to be accessible to readers at home, they must not veer far from the domestic roles expected for them at home. For Burton, she describes medical work is largely an instinctive occupation—it is important, and often adventurous work, but it is in many ways described as effortless and natural. She emphasizes the fact that she is an amateur, and yet, she suggests that her efforts are more effective than practices by native doctors. In her text, *The Inner Life of Syria*, she writes:

People say it is a very risky thing for amateurs to practice medicine; but I found that with some natural instinct about medicine, and a few good books, by dint of daily experience, by never using any but the simplest remedies, and not those unless I was quite sure of the nature of the illness, that I managed to do a great deal of good. I found that native doctors killed numbers, whereas I not only did not kill but cured. ..Our garden presented the strangest scene in the afternoon—fever patients making wry faces over quinine wine, squalling babies guggling oil, paralytic and rheumatic Bedawin being shampooed and gouty old women having joints painted with iodine. . . .They used to come to me for the most curious things. ..Whoever wants to be charitable here must keep up a chemist’s shop in the house, well stocked with English drugs, packed in tins to prevent the sea and climate affecting them; and whoever wishes to succeed must multiply an English dose by four. My husband often, when he saw me unhesitatingly give a large doses, used to exclaim in an agony, ‘I know you will kill somebody’ (311-12).

Burton's doctoring account provides a visual scene here for her readers. The site of her home clinic is a space where readers are exposed to the ailments of her patients as well as their manner of speech. Through depictions of disease, Burton addresses the nature of natives as a curiosity and represents them as curious about her doctoring abilities. She posits herself as the domesticated Englishwoman who manages a well stocked "chemist's shop" in her house, and then immerses herself in the care of natives with a "scientific" approach to doctoring. Burton's home is described as a conglomeration of home and laboratory—it is a symbol of charity and domesticity at the same time as it is a bustling medical market. But while Burton's account describes the large doses she gives to patients as a sign of her good instinct and her bold approach, her note that a native prescription must be an English dose "multiplied by four" echoes medical and literary accounts that established the native body as essentially different from the European. Supporting medical literature that began to assert the dangers of native doctors and midwives, Burton emphasizes that native doctors could do more harm than good.

<20> While Duff-Gordon and Burton provide the most obvious accounts of female medical participation overseas, these kinds of depictions are common in a range of women's Victorian travel accounts. Marianne North mentions in her description of a journey down the Nile how "the men chose to fancy I was a doctress" (126) and notes that she gave the steersman a concoction of sugar and camphor for his ailments. Lady Hester Stanhope, who traveled with her physician who later transcribed her journal, describes visiting leper colonies in Damascus; her travel accounts provide details of differences in birthing practices between Middle Eastern and European countries, and her journal includes visual illustrations of birthing stools. Some Anna Leonowens, whose accounts of harem life (and domestic life in Siam) are most famous in popular renditions of *The King and I* as well as the film, *Anna and the King*, also devotes space to "the Hindoo treatment of the Sick" in her travel account of India. Claiming that "the Hindoo treatment of the sick is quite peculiar" (*Life and Travel in India* 129), Leonowens describes the complex relationship between Englishwomen and Hindus through an account of her own medical prescriptions. She describes the illness of her Sanskrit teacher, Govind, a Brahmin who refuses to be seen by a European doctor. In her first encounter with Govind's mother, who claims that she has medicine to cure him, Leonowens is implored to leave the Hindu house as her presence may pollute "the dwelling of the high caste Brahmin" (129). Leonowens describes eventually convincing the mother to allow her to doctor Govind, who agrees that "the lady's medicine" (which turns out to be brandy) may do him good. Leonowens describes the success of her "treatment" and recounts the repeated ways that she is then called for her "services" until she saves him from death (130). Her narrative represents this work as an adventurous and professional endeavor. Later in the account, Leonowens provides more detail regarding the worth of her "small bottle of brandy, a physician's mixture at hand for cholera morbus, and some quinine" as she describes the differences between her prescriptions and those of a local soothsayer (130).

<21> Depictions of illness and participation in medical reform emerge in travel narratives in the late nineteenth and early twentieth centuries as well. Rosamund Lawrence's account, *Indian Embers* (1949) recounts her years in India during the early 1900's and includes multiple descriptions to her visits to "zenana hospitals" and missionary hospitals with detailed references to the prevalence of various diseases. For Flora Annie Steel, the medical chest was a necessary

and liberating object--both a connection to home and a "doctoring" device. In her memoir of years in India at the turn of the century, she writes:

I began by doctoring the women and the children. I had in a way prepared for this at home; for I had read largely and had brought out a medicine chest which contained more than the amateur's castor oil and grey powder and ipecacuanha. Looking back I rather wonder at my own self-confidence, or rather, cheek, in using quite dangerous drugs. But I really did know something, despite the fact that I had no training—except that given me—oh so kindly, so ungrudgingly by medical friends. Why my dear doctor at Ludhiana had once dumped down half a library on my bed, and said with one of his broad laughs, 'here, read them yourself—you know quite as well as I do what's the matter (61).

Revealing the ways that women were relegated to positions as amateurs, but still managed make use of powerful drugs to perform professional doctoring duties, Steel, like the other women discussed in this essay, situates the work of women as central to the domestic management of colonial illness. Steel's traveling medical chest is a portable, productive object that assists in transforming her simple knowledge from home to fashion herself as a doctor. In Steel's account, doctoring is an experimental, yet useful, mode of access as well as storytelling.

<22> Narratives of doctoring within women's narratives reveal the power of medicine as a "tool of empire" using Daniel Headrick's term, but they also represent the domestication of empire and the extension of domestic space from Britain to its colonies. Women's narratives of healing on the one hand, expose how travel could widen the possibilities of women's work and allow women to gain access to natives; on the other hand, they also reveal the strategies of representation at work in women's narratives—doctoring is not only about accessing natives, but about performing "magical" roles which make the woman traveler a useful and renowned figure to natives. Such accounts of natives succumbing to the "wonders" of medicine are documented in accounts by male travelers as well, although, in many male accounts, requests for medicine or doctoring is described as a distraction from the work of exploration. One such example is Samuel Baker's *"The Nile Tributaries of Abyssinia and the Sword Hunters of the Hamran Arabs."* Although Baker claims that the contents of my large medical chest were examined with wonder by a curious crowd (112), he also writes: "I had a large medicine chest, with all necessary drugs, but was sorely troubled by the Arab women, many of whom were barren, who insisted upon my supplying them with some medicine to remove this stigma and render them fruitful. It was in vain to deny them; I therefore gave them usually a small dose of ipecacuanha, with the comforting word to an Arab, 'Inshallah,' 'If it please God.'" At the same time I explained that the medicine was of little value (48). So, in this account, doctoring is described more as a nuisance—and the prescriptions offered, Baker emphasizes, have little use value. Edward Lane, in *An Account of the Manners and Customs of the Modern Egyptians* tells readers that Egyptians are lacking medical skill--"the Egyptian medical and surgical practitioners are mostly barbers, miserably ignorant of the sciences which they profess, and unskillful in their practice" (274) and mentions giving an Arab some medicine which was beneficial to him (322). But instead of describing his own doctoring as a fruitful venture or focus of his travels, Lane instead focuses upon charms and ceremonies such as hanging aloe plants over the doors of homes to keep them healthy (324) and tactics and charms by native women to prevent barrenness (325) and clear eye

styes (326). Unlike Duff Gordon's account of Egypt, which simultaneously articulates the willingness of natives to seek her remedies *and* her own openness to the climate and Egyptian remedies such as camel milk for her own health, Lane focuses upon Egyptian medical rituals as superstitious and unscientific.

<23> In diverse ways, the women writers I discuss here, reveal how the domestic medical chest and simple medical work became a way to carve a useful position overseas as a "doctress." Indeed, by performing such amateur doctoring duties in colonies, women paved the way for increased training of female doctors and nurses in Britain. In *Woman's Work in India* a text published in 1882, William Arthur writes about a "Mrs. Parker, wife of a missionary at Moradabad" who had "prepared the way for a lady physician by successful practice of her own" (84). This "work" included visiting cholera patients and distributing medicines on roadsides and in villages. Like the notorious "Mrs Jellyby" of *Bleak House*, whose extreme and constant obsession with overseas reform and activism caricatures female home missionary work, post 1850 travel writers and the biographers of their lives increasingly highlighted women's intervention (both in the form of charity and in organized professional projects) in colonial reform.

<24> During the latter half of the nineteenth-century, references to native women in colonies were increasingly dominated by descriptions of their medical need that was directly related to the cultural practices of specific regions. Female travel writers participated in the formation of these perceptions of medical lack in colonies and made use of their gendered positions to assert knowledge about other women's domestic and medical concerns. Through their travel texts, women writers were able to contribute to Britain's own considerations of imperial administration. In 1881, in one of many references outlining women's unique participation in colonial realms, Mrs. J.T. Gracey responds to descriptions of native women with the following assertion,

It is fact that very little has been done to alleviate the condition of heathen women. It is estimated that thousands of women die annually throughout the East for want of proper medical attention...All European ladies who have been permitted to break through this seclusion and within the veil have borne the same testimony. They all sadly tell of suffering sisters, whose diseases will easily yield to careful and skilled medical treatment, but who are doomed by their seclusion to the unrelieved torture of living death (19).

<25> The desire to penetrate the veil, one that so many female travelers accomplished, is presented here as a mission to introduce medical progress. By representing the medical needs and bodily rituals of their native subjects, women travelers contributed to, and tempered, an expanding ideology of colonialism's civilizing mission. Women's relationships with and representations of colonial spaces and peoples varied based upon their own textual and social positions and the geographical locations they explored; their representations of travel in the second half of the nineteenth century tended to depart from the exotic scenes that earlier women writers such as Lady Mary Wortley Montagu and Fanny Parks produced, to the scenes of native bodies and landscapes in need of progress and change. In the process, women produced travel writing that was influential and validated the institutionalization of colonial and medical reform.

In her analysis of nineteenth century medical culture, Ludmilla Jordanova has argued that the veiling and unveiling of women's bodies was a vehicle for producing medical and scientific knowledge.⁽⁹⁾ In their textual unveiling of native bodies and practices, female travel writers were important figures in the assertion of medical and colonial authority both within colonial spaces and in European constructions of healthy selfhood. Representations in women's travel narratives participated in colonial configurations of difference in ways that aligned the project of imperialism with the social concerns of medicine and sanitation in the nineteenth century.

<26> Although women were often the subjects of medical inquiry within Europe and not the central voices of its rhetoric, the medical and scientific discourses that sought to define them at home could be deployed abroad to understand, investigate and represent the natives they encountered. Not all colonial women were instantaneously transformed as medical experts and reformers--in fact most of these women had no medical training and had little interaction with "patients" and "bodies" at home. What popular Western knowledge of hygiene, medicine and sanitation these women did bring with them, however, was distinctively made use of--on both their own bodies and native bodies--in ways that could collude with imperial expansion and contribute to the administrative reforms in medicine (such as the development of the Dufferin Fund) that occurred in colonies later in the Victorian period. By illuminating somatic concerns and revealing their close relations with native bodies and domestic spaces, women placed themselves as valuable figures on the colonial map and, through discourses of both medicine and travel, invented identities for themselves as useful and productive "doctresses" of empire.

Endnotes

(1) See Women and the Journey, introduction xx. In these contexts, women's travels serve as a contrast to Victorian "rest cures" which encouraged women to stay indoors to cure themselves of illnesses.^(^)

(2) For a discussion of these issues in women's travel writing see work by Sara Mills, Billie Melman, Indira Ghose, among others.^(^)

(3) For example, at the close of Ramadan, she describes her servant Omar as being "very thin and yellow and headachy." Duff-Gordon, Letters from Egypt, 135.^(^)

(4) This is a claim that Partha Chatterjee has put forth in his analysis of Indian colonialism.^(^)

(5) Women of the Raj, page 86. This text also mentions that women also were expected to keep basic items like castor oil, iodine and quinine on hand. Both Fanny Parks and Emily Eden mention opium as a common cure in their texts.^(^)

(6) See Duff Gordon, 277. She also describes attempting to make castor oil when she runs short, and mentions how she must order for more drugs from England.^(^)

(7)Emily Beaufort, Notes to Egyptian Sepulchres and Syrian Shrines, London, 1861 appendix.(^)

(8)This appears as a lengthy footnote.(^)

(9)See Ludmilla Jordanova, Sexual Visions.(^)

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