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Economic Women

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A “Formidable” Business

BRITISH WOMEN TRAVELERS
IN THE COLONIAL MEDICAL MARKET



NARIN HASSAN

Among its advice for proper clothing, meals, house furnishings, and the management of servants, the 1864 domestic guide *The Englishwoman in India: Containing Information for the use of Ladies Proceeding to, or Residing in, the East Indies* emphasizes the importance of a portable medical chest for successful travel. Suggesting that “for traveling and distant stations” ladies prepare “a small, well-made medicine chest” stocked with necessary drugs and objects, it proceeds to detail all the ingredients necessary for medical mixtures and poultices.¹ Written by an anonymous “lady resident” as “a compendium of all the information actually necessary for domestic comfort,” the guide engages with the language and rhetoric that would shape the field of Victorian tropical medicine (viii). The text refers to the potential dangers of a tropical environment to European bodies, noting, for example, that “camphor and camphorated spirits of wine are supposed to be inimical to certain unpleasant insects” and

¹ Anonymous, *The Englishwoman in India: Containing Information for the use of Ladies Proceeding to, or Residing in, The East Indies on the Subjects of their Outfit, Furniture, Housekeeping, The Rearing of Children, Duties and Wages of Servants, Management of The Stables, and Arrangements for Travelling to which are added Receipts for Indian Cookery, by a Lady Resident* (London: Smith, Elder & Co., 1864), 32.

advising that travelers "take a couple of jars of chloride of lime and several packets of Allnutts fumigating paper" on their sea voyages (7). A number of mid-nineteenth-century texts focused on illness in foreign regions and advised women in particular with tips to prepare for and maintain the health of their families overseas. While a number of popular health guides were published in this period—many by medical doctors, such as Edward Tilt and William Moore—*The Englishwoman* exemplifies how women contributed to and also benefitted from discourses surrounding health and travel.² The text reflects the increased immersion of Englishwomen within colonial spaces and signals how women's domestic roles converged with the discourses and practices of Western medicine. Medical knowledge for and by women also provided them with economic opportunities: women travelers participated in native trade by doctoring, and such encounters supported the publication and circulation of their narrative accounts in literary markets.

While much groundbreaking critical work has engaged with the woman traveler, her privileged access to private spaces such as harems, and her relationship to colonial expansion,³ few scholars have considered gender and travel in relation to the economics of Victorian medical culture and colonialism.⁴ This essay examines how British women narrated their experiences abroad in relation to an emerging market of colonial medicine that they helped to establish. I suggest that the new discourses of "family medicine" and, more specifically, a medical kit allowed women to act as figures of Western medical knowledge, shaping both the figure of the mem-

² See, for example, Edward John Tilt, *Health in India for British Women, and on the Prevention of Disease in Tropical Climates* (London: J & A Churchill, 1875); W. J. Moore, *A Manual of Family Medicine for India* (London: J & A Churchill, 1877); and J. T. Gracey, *Medical Work in Foreign Lands* (Dansville, NY: A. O. Bunnell, 1881).

³ Maria Frawley, *A Wider Range: Travel Writing by Women in Victorian England* (London and Toronto: Associated University Presses, 1994); Sara Mills, *Discourses of Difference: An Analysis of Women's Travel Writing and Colonialism* (New York: Routledge, 1992); Susan Morgan, *Place Matters: Gendered Geography in Victorian Women's Travel Books about Southeast Asia* (New Brunswick, NJ: Rutgers University Press, 1996); Simon Gikandi, *Maps of Englishness: Writing Identity in the Culture of Colonialism* (New York: Columbia University Press, 1996); Billie Melman, *Women's Orients: Englishwomen and the Middle East, 1718–1918—Sexuality, Religion and Work* (Ann Arbor: University of Michigan Press, 1992); and Antoinette Burton, *Burdens of History: British Feminists, Indian Women and Imperial Culture, 1865–1915* (Chapel Hill: University of North Carolina Press, 1994).

⁴ See Anna Harriette Leonowens, *Life and Travel in India: Being Recollections of a Journey before the Days of Railroads* (Philadelphia: Porter and Coates, 1884) and *The Romance of the Harem* (Charlottesville: University Press of Virginia, 1991); and Maneesha Lal, "The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin's Fund, 1885–1888," *Bulletin of the History of Medicine* 68 (1994): 29–66.

sahib and the lady doctor abroad while exposing new markets for medical care. Thus, in the colonies of India and the Middle East, material objects such as medical guides and toolboxes professionalized the role of the British woman traveler—allowing her to manage her own health and domestic practices while carving out a new role as female “doctor” to natives. Doctoring allowed women to participate in and build medical markets overseas while distributing common tinctures and remedies brought from Britain to the colonies. As forms of “portable property,” to use John Plotz’s term, pillboxes and medical chests were physical belongings that “gained their power in motion,” as did the women who traveled and made use of them abroad.⁵ Plotz describes the value of portable objects as cultural agents, emphasizing their outward flow from England. In this essay, I suggest that women’s medical chests and the remedies they contained functioned as more circular forms of “portable property”: they produced new and powerful roles for women as agents of modern medical knowledge and encouraged economic exchanges with natives overseas, eventually also shifting perceptions of female influence (medical and colonial) at home. The mobility of the women writers I discuss coupled with the portability of medical objects and supplies that accompanied their journeys produced opportunities for women to gain literary and medical authority and to engage with native economic systems.

This essay argues that women travelers extended their domestic duties and basic medical knowledge to produce alternative economies, describing their domestic environments as “shops” or marketplaces to tend to native patients, and distributing medicines and pills in exchange for native goods. Isabel Burton and Lucie Duff Gordon characterize their interactions with natives as building alternative forms of exchange, which granted them fame, greater mobility, and respect from their readers. In the case of Duff Gordon, amateur doctoring in Egypt also allowed her to gain recognition from the medical establishment at home. Their narratives illustrate how forms of bartering and medical charity allowed women to gain influence within colonial spaces, even without Western forms of payment. Despite the real limits to their medical authority and knowledge, these female travelers emphasize the active labor they perform in the colonies, ascribe the term “doctoring” to their experiences and the title “doctress” to themselves, and describe building “practices” and marketplaces of their own while establishing reputations as successful healers.

⁵ John Plotz, *Portable Property: Victorian Culture on the Move* (Princeton, NJ: Princeton University Press, 2008), xv.

On 14 April 1864, in a detailed description of a disease outbreak in Luxor, Lucie Duff Gordon 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. (155)⁶

This passage, from Duff Gordon's *Letters from Egypt* (1865), reveals her newly discovered role as a healer within the community and contrasts her response to the outbreak with that of native men. Representing herself as a bold and daring "hakeemeh," or lady doctress, Duff Gordon also claims that close encounters with natives allow her to read their symptoms and gain their trust. Despite her lack of medical training, she insists that the native Egyptians relied on her and recovered as a result of her timely assistance. She does not define herself as a nurse or simply a helpmate, but as the female doctor of the community. Her conviction that she herself is not susceptible to the epidemic disease and her assurance that it is "not infectious" give her the authoritative position of a physician who can recognize and curtail possible self-contagion. 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 foreign land and the eating habits of the natives. Finally, her mention of the "lavement machine" as an "inspiration" directly invokes the connection between Western medicine and emerging technologies at the same time as it highlights her entrepreneurial and innovative spirit.

⁶ Lady Duff Gordon, *Letters from Egypt*, ed. Gordon Waterfield (New York: Praeger, 1969); See also Katherine Frank, *Lucie Duff Gordon: A Passage to Egypt* (London and New York: Tauris Parke, 2007).

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.⁷ Duff Gordon may be seen as inverting this image—here it is the female traveler accessing the private worlds of Egypt—and adopting the stance of European healer. Surprisingly, Duff Gordon does not seem uncomfortable sharing this penetrative tool. Instead, her fascination with the effects of this cleansing machine as a medical device takes precedence, since it functions to elevate her as a healer within this community and, in turn, allows her to gain greater access to native homes and patients. As an instrument of medical knowledge, the “machine” further underscores how a material object, transported through travel, can produce, for Duff Gordon, a new identity as useful, colonial “doctress.”

This is a profitable identity. After visiting many homes with her self-ascribed 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” (178).⁸ Describing the success of her doctoring business, she writes, “I am very popular here, and the only Hakeem. I have effected some brilliant cures, and get lots of presents” (214). In a later letter, she notes: “the Hakeem business goes on at a great rate . . . a whole gypsy camp are great customers—the poor souls will bring all manner of gifts” (234). These claims emphasize Duff Gordon's growing clientele and reveal her diverse economic transactions. Her “business” secures her fame and popularity, which results in a broader reach to native communities, and her medical efforts are reciprocated with gifts that are tokens of her power and her ability to provide remedies. Being a “hakeemeh” also allows Duff Gordon to witness concerns far beyond physical illness, and she describes how natives enter her “shop” for a range of services:

My fame as a Hakeemeh 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

⁷ Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Imperial Context* (New York: Routledge, 1995), 3, 22.

⁸ Lucie Duff Gordon, *Letters from Egypt*, ed. Sarah Searight (London: Virago Press, 1983).

wheat if I could read something over him and his wife to make them have children. (275–76)

Duff Gordon entices her readers with gossip about various characters and illnesses in town, contributing to the financial success of her widely distributed narrative, which sold out in its first run with Macmillan & Co. and was reissued twice in the same year. More importantly, she reveals the success of her “shop” where she distributes medicines. While Duff Gordon does not describe any monetary income gained from these transactions, she expresses the possibility of an alternative economy based on bartering and gift exchange. In addition to acquiring local goods, Duff Gordon’s trading of services for “a camel load of wheat” suggests her ability to immerse herself within the local culture and participate in native traditions and rituals of exchange. As the quotation above demonstrates, Duff Gordon’s “shop” is itself a marketplace that attracts natives to services beyond medical care—she represents herself as simultaneously a magical healer, beautician, fertility doctor, and advisor, and in this way we can read her “practice” as one that offers diverse services and goods to build and benefit from a broad clientele. Duff Gordon creates a one-stop, flexible trading station where she can manage a wide range of medical exchanges and establish herself as a useful member of the local community and economy.

While Duff Gordon does not consistently record the payments she receives, she claims that “my doctoring business has become quite formidable. I should like to sell my practice to any ‘rising young surgeon.’ It brings in a very fair income of vegetables, eggs, pigeons, turkeys etc.” (272). Along with referencing such opportunities for barter, Duff Gordon encourages native trust in European processes of medicine and suggests to her readers that Western doctors are necessary, welcome, and well paid. She writes, “None of them will any longer consult an Arab *hakeem* if they can get a European to physic them” (107). 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). In these ways, Duff Gordon’s text suggests that women can, through their informal transactions, drive an economic and imperial engine forward, encouraging the expansion of Western medicine and testing new markets for professional physicians. Despite the nontraditional medicine she offered, the likely exaggeration of her abilities, and the gossipy tone of her letters, Duff Gordon did gain some respect from the English medical community, which

was itself extending the reach of Western medicine into colonial realms. An 1865 article in the *Lancet* devoted to “Lady Duff Gordon on the Climate of Egypt” celebrates her efforts and 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.”⁹ Thus the article suggests the value of travel writing to promote understandings of cultural difference and to influence the expanding practice of medicine itself. Further, by arguing that “it would best profit the sick traveling in search of health to imitate [Duff Gordon],” the *Lancet* helps promote her medical reputation and her literary career (269).

Published a few years after Duff Gordon’s *Letters from Egypt*, Isabel Burton’s *The Inner Life of Syria, Palestine and the Holy Land* (1875) traces her travels in the Middle East with her husband Richard Burton; the memoir provides representations of native scenes and landscapes, but also establishes Isabel Burton as an active female medical guide and healer. Like Duff Gordon, she describes herself as a well-prepared traveler who brings domestic and medical tools into the territories she explores. She appears particularly knowledgeable about the gadgetry and ingredients of a successful, mobile pillbox that functions as an important extension of “home.” Burton’s organization of portable tinctures and tablets reflects the new science of domestic management that was guided by such Victorian domestic manuals as Isabella Beeton’s regimented *Book of Household Management* (1861). In a description that functions as both a guide for travel and an assertion of her pragmatism, Burton 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 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.¹⁰

Although Burton emphasizes the usefulness of these medical items for her own well-being, she also suggests that with these concoctions she can aid

⁹ “Lady Duff Gordon on the Climate of Egypt,” *Lancet*, 2 September 1865, 269–70.

¹⁰ Isabel Burton, *The Inner Life of Syria, Palestine and the Holy Land* (London: Henry S. King & Co., 1875), 117.

her 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 the "common drugs—Epsom salts, senna, aloes, rhubarb, quassia" (257) which she must order from England, Burton illuminates the value of her pillbox—and the English commerce that supplies it—for successful medical work in the colonies.

The contents of these pillboxes carried by Duff Gordon and Burton were referred to in medical manuals of the period as well as the *English-woman* guide discussed earlier. Moore's *Family Medicine for India* included an encyclopedic list of common drugs that could be administered by what he termed "unprofessional" readers. The descriptions of his "Indian medicines" (drugs that would be commonly available in Indian bazaars) list the origin of the drug in native locations. While Burton and Duff Gordon describe such drugs as part of their English medical chest—for Burton, medicines should be "packed in tins" and shipped from England—the drugs themselves were often derived from indigenous substances and medical practices. Duff Gordon and Burton thus participate in a cultural and commercial exchange that demonstrates the global movement of plants and drugs as material objects that originate in the tropics and are then marketed as products of English medical progress. Their application of such tinctures and pills, like Duff Gordon's use of her lavement machine, exposes the importance of commercial objects and goods to the civilizing process. In their reading of colonial encounter, Comaroff and Comaroff write, "Abroad and at home, civilizing goods ushered in new orders of relations—both symbolic and substantial—that bound local consumers to an expanding world order."¹¹ The purchase, distribution, and consumption of medical goods outlined by these travel writers show how women travelers supported an expanding global medical "market" among natives and colonial settlers as well as with readers back home.

These women writers negotiate their roles within both domestic and public spheres, sometimes proudly establishing their medical tasks as "work" and other times carefully reminding readers that they are simply extending the domestic duties expected of them. Burton describes her medical work as a largely natural, effortless occupation. She emphasizes the fact that she is an amateur, and yet suggests that her efforts are more

¹¹ Jean Comaroff and John Comaroff, *Ethnography and the Historical Imagination* (Boulder, CO: Westview Press, 1992), 41.

effective than practices by native doctors. In *The Inner Life of Syria*, she writes:

People say that 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. . . . 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. (311–12)

Burton's home clinic is a site where readers are exposed to the ailments of her patients as well as to her own medical "instinct" and ability. Through depictions of disease, Burton posits herself as a domesticated English-woman who manages medicine within her home and immerses herself in the care of natives with a "scientific" as well as charitable approach to doctoring. Burton establishes her amateur doctoring as a service that attracts a range of native patients, and while she emphasizes the altruistic nature of her work, this is certainly a successful venture: Burton gains renown and up to fifty patients a day. Her text, like Duff Gordon's, suggests that vast populations in colonies are open to and in need of medical care and can be the source of new and profitable opportunities for women. Her vivid account of patients producing a "strange scene" in her garden also provides exotic narrative content that would attract an active readership. Her description echoes medical and literary accounts that imagined the native body as essentially different from the European and contributes to medical claims that began to assert the dangers of native doctors and midwives, who, according to Burton, "killed numbers." As both these travel narratives reveal, the process of doctoring was assisted by domestic objects (such as medical toolboxes) that were marketed to and by British women.

It is not just in the performance of medical tasks but also in the communication of them through writing that these women benefit from colonial exchanges; the intimate transactions between women and native subjects provide the narrative for their texts, which in turn feed a curious

literary market. Women's travel narratives became increasingly popular in the nineteenth century, as women could provide more intimate and direct accounts of the manners and customs of natives, particularly of veiled and secluded native women. Doctoring, and the access to native bodies and ailments that it offered, afforded fresh narrative material for readers and demonstrated women's abilities to participate in colonial economies. Duff Gordon's commercially and critically successful *Letters* received glowing reviews from *Fraser's Magazine* and the *Westminster Review*, and both highlighted the importance of her doctoring.¹² Although initially her husband's adventures and narratives overshadowed Isabel Burton's fame, Mary S. Lovell notes that her "best-selling" *Inner Life of Syria* launched her own successful literary career.¹³

Both Duff Gordon and Burton carefully negotiate the economic stakes of their work. They highlight their entrepreneurial roles as "doctors" at the same time as they emphasize their healing as a natural, domestic, female alternative to Western male doctors and native healers; indeed, journals even emphasized their "unselfish benevolence."¹⁴ Such narrative descriptions of female doctoring as flexible, innovative, and open to alternative forms of economic exchange offered an important model for professional women who sought medical practice. While women struggled to gain admission to medical schools and build practices within England, the colonies provided an alternative space for women to gain clinical experience. For example, Edith Pechey, a pioneering "lady doctor" who gained admission to Edinburgh University's medical school in 1869, built a practice in India and was able to demand fees equivalent to those of many of her male peers; like Mary Scharlieb, who trained in medicine in Madras and London, she found that sojourns abroad provided a more liberating and rewarding professional experience than those provided at home. Pechey and Scharlieb were involved with the first women's hospitals in India—Scharlieb founded the Royal Victoria Hospital for Caste and Gosha Women in Madras, and

¹² See, for instance, "Letters from Egypt, 1863–65" [Review], *Fraser's Magazine for Town and Country* 72 (November 1865): 580–88, and "Letters from Egypt, 1863–65 by Lady Duff Gordon" [Review], *Westminster Review* 122 (October 1865): 108–19.

¹³ Mary S. Lovell, *A Rage to Live: A Biography of Richard and Isabel Burton* (New York: Norton, 1998), 769, 583.

¹⁴ Both reviews emphasize Duff Gordon's unselfish, charitable, and useful work. *Fraser's* notes "Lady Gordon's unselfish benevolence" (588), and the *Westminster Review* concludes that "she won the love of all with whom she came into contact, doctoring their sick . . ." (108). In a recent biography of Duff Gordon, Katherine Park notes the critical and commercial success of her letters (301). The *Dictionary of National Biography* (1890), vol. 22, also notes that her letters were circulated widely (221–22). Leslie Stephen and Sidney Lee, *Dictionary of National Biography* (London: Smith, Elder, and Co, 1890).

Pechey worked at the Cama Hospital in Bombay. Thus both women built successful medical practices overseas. Mary Scharlieb also produced a number of popular health guides and domestic manuals as well as a published memoir.¹⁵ While women were often restricted from the field of medicine at home, the profession and its rewards were relatively open for them abroad.

These medical women navigated new economic exchanges in their professional practice in much the same way that Duff Gordon and Burton narrated the profitability of their travels. Indeed, *Reminiscences*, Scharlieb's memoir of her work with patients in India, evokes images similar to those described by Burton and Duff Gordon when she records her work with patients in India:

I was told that a man from the country wanted to see me. Seated in my consulting room I found a strong, middle-aged farmer from the Nellore district. I asked him what he wanted, and he said that he had two teeth that gave him great pain and required removal. I advised him to go to the hospital because I was not a dentist, nor did I accept men patients. He was both sorrowful and indignant. He urged that he had walked seventy miles to see me, that he had brought me a beautiful valuable Nellore cow and also two jars of honey. (113)

Here, patients seek out the female doctor and offer her items considered highly valuable within a native context in exchange for medical advice or services. Noting that she eventually gave in to "the good man's pleading," Scharlieb emphasizes the value of her efforts and its rewards: "It was quite true he had brought me both the cow and the honey, as fine a fee as could be desired!" (114). In the narration of such experiences, Scharlieb, like the other women considered here, emphasizes how her doctoring practice secures her a broad range of patients and ailments and adjusts flexibly within a native economy based on barter.

As a field, medicine was itself redefined and professionalized in the nineteenth century. In a rare reading of the economics of nineteenth-century medicine, Anne Digby notes that the early and middle decades of the nineteenth century were marked by an oversupply of doctors and medical

¹⁵ Scharlieb published a number of successful texts including *A Woman's Words to Women on the Care of Their Health in England and India* (London: Swan Sonnenschein & Co. Ltd., 1895), which addresses both English and Indian women, and her memoir *Reminiscences* (London: Williams and Norgate, 1924), which recounts her travels overseas as well as her efforts to pursue medicine and build a practice.

unemployment within Britain.¹⁶ Further, doctors had to negotiate being entrepreneurial while simultaneously projecting a caring and empathetic approach to their patients; thus medicine was a respectable, but not necessarily profitable, profession. However, the demand for private physicians in growing colonies made travel more lucrative for doctors who could not make a viable living at home.¹⁷ Douglas Haynes's discussion of imperial medicine offers a useful reading of the relationship of medical men to the vastly expanding British Empire, but travel, and the medical opportunities it offered, clearly appealed to women as well. Widely circulating medical reference books and guides addressed women readers and allowed them greater access to medical ideas and norms, and the colonies were a source of professional and financial opportunity for women. Stories of doctoring within women's travel narratives reveal the power of medicine as a "tool of empire," to use Daniel Headrick's term,¹⁸ but they also represent the domestication of that empire and the extension of domestic economies from Britain to its colonies. Women overseas made use of both basic domestic and professional medical knowledge, and their transactions promoted the expansion of Western medicine as an entrepreneurial enterprise both in colonies and at home. Indeed, by the end of the nineteenth century, a number of trained medical women built successful medical practices overseas, and considered medical work not only remunerative but a powerful means of reforming native health as well as cultural practices.¹⁹

The manuals and medical chests that women carried to the colonies professionalized their roles as travelers and doctors overseas as they participated in the development of alternative medical markets and established a normative model of the healthy body that was shared between colonies and the metropolitan center. While considerations of the material objects and economic thrusts of empire often focus on what came back—the products, commodities, and objects that entered Victorian homes through the global circulation of peoples and things—the medical chests and remedies

¹⁶ Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge: Cambridge University Press, 1994), 137–40.

¹⁷ Douglas Haynes, *Imperial Medicine: Patrick Manson and the Conquest of Tropical Disease, 1844–1923* (Philadelphia: University of Pennsylvania Press, 2001), 129.

¹⁸ See *Tools of Empire: Technology and European Imperialism in the Nineteenth Century* (Oxford: Oxford University Press, 1981).

¹⁹ A number of texts trace the broad influence of women doctors in colonies, and reveal how women could support both medical and cultural reform. See, for example, Margaret Balfour and Ruth Young, *The Work of Medical Women in India* (London: Oxford University Press, 1929); and Mary Frances Billington (with an Introduction by the Marchioness of Dufferin and Ava), *Woman in India* (London: Chapman and Hall, 1895).

that traveled from the metropole to imperial spaces, and the amateur and then professional female doctors who went with them, were also powerful in shaping the economics of travel and colonial medicine. Women travelers created their own unique workshops of medical exchange that allowed them to fashion profitable new identities for themselves, whether in the shops and clinics they created abroad, or on the literary stage at home.