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The “Feringhi *Hakīm*”: medical encounters and colonial ambivalence in Isabella Bird’s travels in Japan and Persia

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ABSTRACT

This article considers Isabella Bird’s representation of medicine in *Unbeaten Tracks in Japan* (1880) and *Journeys in Persia and Kurdistan* (1891), the two books in which she engages most extensively with both local (Chinese/Islamic) and Western medical science and practice. I explore how Bird uses medicine to assert her narrative authority and define her travelling persona in opposition to local medical practitioners. I argue that her ambivalence and the unease she frequently expresses concerning medical practice (expressed particularly in her later adoption of the Persian appellation “Feringhi *Hakīm*” [European physician] to describe her work) serves as a means for her to negotiate the colonial and gendered pressures on Victorian medicine. While in Japan this attitude works to destabilise her hierarchical understanding of science and results in some acknowledgement of traditional Japanese traditions, in Persia it functions more to disguise her increasing collusion with overt British colonial ambitions.

KEYWORDS

Isabella Bird; medicine; travel; gender; colonialism; missionaries; Japan; Persia

Biographical accounts of Isabella Bird usually limit discussions of her interest in medicine to her support for medical missions and locate the beginning of this interest in her trip to Japan in 1878. However, Bird’s career included many other varied engagements with medicine, including as an advocate and fund-raiser for medical missionaries and “lady nurses for Africa and India” in early 1877 (Stoddart 1908, 95); her long friendship with and brief marriage to Dr John Bishop; her training as a nurse in 1887; the foundation of two memorial hospitals in northern India in 1889; her sponsorship by the pharmaceutical entrepreneurs Burroughs and Wellcome on her travels through Persia in 1890; and her life-long experience of medical practice as a chronic invalid (Barr 1970; Checkland 1996; Scarce 2011; Stoddart 1908). In this article, I trace the development of Bird’s concept of medicine in more detail by comparing *Unbeaten Tracks in Japan* (1880) and *Journeys in Persia and Kurdistan* (1891), the two books in which she engages most extensively with both local (Chinese/Islamic) and Western medical science and practice. In these texts, medicine offers a tool of access to people and places in the countries she visits, as well as a means for Bird to define her own travelling persona in opposition to both local practitioners and (more crucially) to other European medical authorities, particularly Christian missionaries.

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In the power relations inaugurated and the encounters mediated by medical practices, however, medicine proves an unruly force that works beyond Bird's control to destabilise imperialist and Eurocentric hierarchies of knowledge in her two texts. Despite a biography which suggests that Bird actively sought the role of a medic, particularly after her training at St. Mary's Hospital, Paddington in 1887, in her published texts she repeatedly seems ambivalent about this role, often presenting the work as distasteful, and alternating between criticising the work of other practitioners and denying her own expertise: she professes to have "no faith" (1891, vol. 1, 135) in her medicine, and finds the work "most fatiguing" (357). I argue that this equivocation becomes a means for her to negotiate the nexus of colonial and gendered pressures on medical science and practice in the nineteenth century. Her adoption of the Persian appellation "Feringhi *Hakim*" (European physician) during her travels in Persia enables the construction of an independent and knowledgeable travelling persona and permits a subtle critique of British gender norms. In the more explicitly imperialist context of this trip, however, the title "Feringhi *Hakim*" also marks her disavowal of her own covert role in expanding colonial knowledge and power, despite her professed ambivalence about British imperial rule in the region.

Bird's first published travelogue, written long before she became formally involved with medical missions or practice, hints at one of the functions which medicine will fulfil in her later writing and travels: a means of accessing places and people. For most of her first book, *The Englishwoman in America* (1856), both medicine and disease are incorporated into the book's surveying tendency as markers of place, described alongside the topographical features and natural resources of a location. At Prince Edward Island, she praises the healthy environment, as indicated by the fact that "fever and consumption are seldom met with, and the cholera has never visited its shores" (38); by contrast, another town offers "a dispiriting view – acres of mud bare at low water, and miles of swamp covered with rank coarse grass [...] haunted by fever and cholera" (69). Disease is thus naturalised as a feature of the landscape, and portrayed as one more matter for the British – as the colonial power in Canada – to consider in deciding how best to exploit the territory. Medicine can also provide insight into the unique "character" of a place: when Bird becomes sick, she receives the "remedies which were usually employed at Quebec" (273), and on a later trip to the New York Hospital, she is most interested in those accidents "very characteristic of New York" (344). Finally, medicine also features in one scene as a practical tool of surveying by granting ethnological access, anticipating the role in which it will predominate in some of Bird's later works. While on Prince Edward Island, Bird writes that she is able to visit an Indian tribe only because her host, "Mr. Kenjins, from the kind use he makes of his medical knowledge, [is] a great favourite with the Indians" (48). During her travels in Japan, when she shows a sustained interest in medicine, Bird only occasionally uses her own medical knowledge to ensure an introduction to otherwise closed communities or cultural sites, but she pursues this strategy extensively in Persia and Kurdistan.

Unbeaten Tracks in Japan: medicine and the undoing of Eurocentrism

Bird's trip to Japan in 1878 is structured by an interest in health and medicine from the start: she announces in the preface that the primary aim of her trip was to "recruit" her own health (1880, vol. 1, 6). Her lifelong ill-health, particularly while living in Britain, has occasioned some speculation among biographers and scholars as to its causes, its relation

to her gendered and class position, and its literary function (Anderson 2006; Bassnett 2002; Checkland 1996; Chubbuck 2002). In this trip to Japan, however, concerns about her physical condition seem to inspire, and to merge with, an enhanced interest in medical science in general. Although she aims to visit the “unbeaten tracks” of northern Japan, far away from the treaty ports to which foreigners are usually confined, it soon becomes clear that (like numerous previous European missionaries and scientists) her interest in medicine also influences her travels, providing her with a means of access to the country and giving her useful introductions at those ports. Soon after her arrival, she goes to stay with the American doctor James Curtis Hepburn in Yokohama, reporting upon his substantial experience in Japan as a medical missionary. Hepburn offers a version of the common, but controversial, argument that Western medicine should be used to help facilitate the introduction of Christianity in the context of medical missions, rather than as an end in itself (Burton 1996). For Hepburn, if medicine is no longer needed to open the door to proselytising, then there is no need to practise it: he “does not consider that the practice of healing is now needed in Japan to secure a hearing for Christianity” (Bird 1880, vol. 1, 46). Bird is evidently unconvinced, however, as she goes on to visit several medical missions in Niigata, Hakodate and Osaka, as well as Tokyo, evidently planning her itinerary in Japan partly with her interest in medicine and missionary work in mind. At those missions, medicine is represented as a means for the missionaries to move beyond the limits of the treaty areas ports into the Japanese countryside (anticipating Bird’s own journey into the rural interior), and for Western rational enlightenment to move into the dark, superstitious space of Japanese culture. Finally, medicine becomes a means of direct ethnological contact and discovery for Bird as she begins to practise medicine herself. At her first visit to a medical mission in Niigata, Bird writes that: “The work [...] spreads scientific truth in the treatment of diseases, removes prejudice against the practice of surgery and foreign drugs, dethrones superstitious quackery, introduces common sense and an improved hygiene” (vol. 1, 205). Medicine is understood as a means to bring scientific rationality to Japan and to do away with superstition and filth, and Bird goes on to proffer evidence of both the superiority of Western knowledge and the desire of the Japanese people for European intervention: “The native doctors have such a high value for ‘The English Doctor’ that if it were not for passport restrictions, he would constantly be called into consultation by them beyond treaty limits” (vol. 1, 207).

Precisely the notion of a scientific approach to the treatment of disease, however, which Bird initially identifies as a particular characteristic of Western thought, soon serves to undermine this claim to a foreign monopoly on medical knowledge. Soon after her visit to Niigata, in Innai, she reports:

there has been an outbreak of a malady much dreaded by the Japanese, called *kak'ké* [...] I don't know a European name for it; the Japanese name signifies an affection of the legs. (Bird 1880, vol. 1, 291)

The limits of both Bird’s and, apparently, Western medical knowledge become clear in reporting on a disease for which there is a Japanese, but – to Bird’s knowledge – no European name. When she notes soon after that “it is considered to be the same disease as that which, under the name *Beri-beri*, makes such havoc at times in crowded jails and barracks in Ceylon and India” (vol. 1, 292), it is unclear whether this insight comes from Japanese or European doctors, but the relevance of the disease to British imperial interests becomes

apparent.¹ Bird goes on to recount the research of a British doctor in Tokyo into the disease, before writing:

I was much interested in the account given me of the malady by one of the doctors [...] He said, that in the opinion of the native doctors (as well as in Dr. Anderson's), bad drainage, dampness, overcrowding, and want of ventilation, are the predisposing causes, and he added that he thought that its extreme frequency among soldiers and policemen arises from the wearing of foreign shoes, which are oftener wet than dry. (vol. 1, 292)

The apparent accordance of the Japanese doctors' opinion with that of the European doctor (and possibly with miasma theory) undoubtedly contributes to Bird's approval of and interest in this report.² Nevertheless, the passage also indicates a shift in emphasis and authority in the text: Bird accords respect to the Japanese doctors, and reports their final opinion – that foreign, presumably European, shoes may be to blame – as a serious and plausible explanation, despite its potential anticolonial implications.³ Throughout the book, as Bird's interest in medicine as a science for understanding the causes of disease and providing treatment increases, it begins to undermine her earlier claims – made, for example, at her first visit to the missionaries – of the superiority of Western medical knowledge and cultural practices. Similarly, it becomes evident that as certain medical practices travel, and are adopted and adapted by Japanese doctors, they too destabilise the relations of knowledge initially presumed by Bird, undermining the authority of her travelling persona.

This also begins to affect Bird's attitude towards the Chinese medicine traditionally practised by Japanese doctors.⁴ While traditional medicine is initially used as a signifier of deprivation and poverty in the text, such as during her visit to Kurosawa, later, in Kanayama, Bird is not only willing but "glad" (Bird 1880, vol. 1, 280) to consult a local doctor for treatment of her painful insect bites. Her description of this experience hovers between ridicule and respect: she notes in a patronising tone that he "informed me that I had much fever, which I knew before" (vol. 1, 281), but also admits his skill in bandaging her arm. Her lengthy narration of the doctor's training, knowledge and remedies ostensibly emphasises their inferiority compared with Western medical practices, yet the very extent of her descriptions indicates a certain level of interest and attention; she chooses to take the medicine he prepares for her and finally concedes, somewhat grudgingly, that her arm "improved coincidentally with the application of his lotion, [so] I am bound to give him the credit of the cure" (vol. 1, 283).

The destabilising of imperialist and Eurocentric hierarchies of knowledge occasioned by medicine in Bird's text becomes more evident in Hokkaidō, when Bird meets another Japanese doctor practising Western medicine. She writes:

These evidences [...] of enlightenment and progress in this remote part of the empire are not only interesting but surprising, considering that it is less than seven years since Iwakura and his mission went to Europe and America to investigate western civilisation with the view of transplanting its best results to Japanese soil. (Bird 1880, vol. 2, 22)

On the one hand, Bird again considers this a victory of Western knowledge and superior practice – that is, as "evidences [...] of enlightenment and progress" – but on the other hand, her remarks on the "surprising" speed of this adoption seem to contain a note of concern, perhaps because Japanese-led transculturation, represented by "Iwakura and his mission" (the Japanese worldwide diplomatic tour from 1871 to 1873) will clearly

soon make the Christian missions irrelevant. As she notes in the introductory chapter, the “retention of foreign *employés* forms no part of the programme of progress” (vol. 1, 11), and the Japanese government aims to dispense with foreign assistance as soon as possible. In a similar way, *Unbeaten Tracks* includes a detailed description of the Medical Department of the University of Tokyo, established according to Bird in 1876. This too is celebrated by Bird as evidence of the recognised superiority of Western medicine: it “promises a most important advance in curative and surgical science” over “the method of the Chinese schools” (vol. 2, 332) still practised by a majority of Japanese doctors. But the impressive statistics of the school also suggest the increasing irrelevance of medical missionaries and direct European influence in a country now turning out hundreds of well-trained new doctors every year.

Indeed, the very success of the medical missions, which Bird ostensibly seeks to support, is increasingly called into question by her findings. She states unequivocally that she believes missionary work to be one of the foremost duties of the Christian church, and that, surrounded by “heathens” in Japan, she is disturbed by “the thought of the hundreds of millions who are living and dying without these blessings and this hope” (vol. 1, 201). She argues that successful promotion of the religion would be a further step in the progress of Japanese civilisation: the changes of the Meiji period are more likely to prove long-lasting “if Christianity overthrows Buddhism” (vol. 1, 10). Despite her commitment to this ideal, however, her practical impressions of her visits to several missions in Japan are less favourable. While she praises the commitment of the missionaries, she has few hopes for their success. Rather than medicine providing a means to bring Christianity to the Japanese (as argued by Hepburn), Bird increasingly portrays the medical work of the missionaries as a means to save *themselves* from despair at the failure of their religious mission:

It appears very up-hill mission work here. The work has to be sought and made, and frequently, when the novelty has passed by, the apparent interest dies away. A medical missionary is in a very different position. His work seeks him, and grows upon him daily, with endless interesting ramifications, and he has, at least, the satisfaction of successfully ministering to the bodies of men. (vol. 2, 16)

By implicitly downplaying the knowledge and abilities of the missionaries, Bird boosts her own narrative authority, creating the impression that, while she is not the only European in Japan, she is better able to realistically and rationally assess the situation of Christianity in the country.

Later, among the Ainu, Bird even argues against missionaries in favour of professional nurses: “A medical missionary would be of little use here but a medically-trained nurse, who would give medicines and proper food, with proper nursing, would save many lives and much suffering” (1880, vol. 2, 68–69). Despite her efforts to distance herself from nineteenth-century feminist movements (Harper 2001; Mills 1991) – including her condemnation of early suffragettes in Japan (1880, vol. 2, 296) – Bird’s interest in medicine necessarily involves her in debates concerning women’s emancipation, as British women’s efforts to study medicine comprised an important element of feminist struggles at the time (Kent 1990), and even the professional nurse was considered a scandalous and sexualised figure by some in the mid-Victorian period (Swenson 2005). Both colonies and medical missions were frequently invoked by British women seeking entrance into the

medical profession as a means of justifying the need for female doctors and promoting their professionalisation in Britain (Burton 1994, 1996). While Bird does not make a case here for women doctors, her suggestion that nurses would be of more use than medical missionaries implicitly promotes a professional and independent medical role for women.

Finally, it is in Japan that Bird (re)discovers medicine as a tool of both anthropological study and her own exploratory zeal. Recalling her brief insight into this possibility in *The Englishwoman in America*, she begins to use medicine more strategically as a means of access to remote or isolated people and places. While among the Ainu, she reports that “the sub-chief [...] said that I had been kind to their sick people, and they would like to show me their temple, which had never been seen by any foreigner” (1880, vol. 2, 70). The complexity engendered by her engagement with medicine begins to become clear here: while Julia Kuehn argues that Bird’s medical practice aligns with “the prevalent Victorian belief in women’s ‘civilizing mission’” (2007, 76), in that it can be understood as a form of feminine nurture, in this passage Bird uses medicine to represent herself as an intrepid and independent explorer, contradicting those same gender norms, while making the claim (often found in colonial texts) that her presence is desired and welcomed by the locals.

This intensified contact with the local population, however, proves difficult to control. Bird describes a typical experience of offering medical care in a village:

A little boy [...] was suffering from a very bad cough, and a few drops of chlorodyne which I gave him allayed it so completely that the cure was noised abroad in the earliest hours of the next morning, and by five o’clock nearly the whole population was assembled outside my room, with much whispering and shuffling of shoeless feet, and applications of eyes to the many holes in the paper windows. (1880, vol. 1, 169)

Throughout *Unbeaten Tracks*, Bird complains about the curiosity of locals and the lack of privacy afforded her by traditional architecture (and similar complaints arise in some of her other books). Several scholars have noted her discomfort at the loss of authority and power occasioned by a similar reversal of the imperial gaze on various trips (Chang 2010; Mills 1991; Thurin 1999). In this case, this constellation is especially paradoxical: it is Bird’s own practice of medicine that undermines her detached position as an observer, even as it invests her with new forms of authority and access.

Journeys in Persia and Kurdistan: a nexus of medicine, imperialism and gender

Bird’s practice of medicine situates her at a point of conflict between British colonial discourses and norms of femininity, simultaneously revealing and undermining her investment in both. The general question of Bird’s relationship to colonialism has often been addressed in superficial terms in scholarship, or reduced to merely a question of destination (Barr 1970). Colonial discourse does not require location in a colony, as Barr erroneously implies, but certainly Bird’s precise relationship to colonialism requires careful elucidation. She is often critical of individual Britons, male and female, encountered on her travels (Thurin 1999), or ambivalent about her own relationship to colonial rule (Tay 2008). Although her writing is saturated with the stylistic features commonly associated with imperial travel writing – such as its strong surveying tendency, tropes of penetration

into the interior, a commanding view over the landscape, a classificatory discourse (often via statistics), a heavy emphasis on filth and abjectness, and claims of native sympathy (Pratt 1992; Spurr 1993) – her mobilisation of these discourses is complicated by her gender: this was not a style considered befitting for a Victorian woman (Mills 1991, 3).

In an important reading of *The Golden Chersonese and the Way Thither* (1883), Bird's narrative of a trip to British Malaya, Susan Morgan argues that the apparent conflict between imperialist aims and gender norms may potentially contribute to the colonial force of a text: she suggests that it is precisely the "supposedly nonpolitical qualities of the narrative, along with its self-placement as a descriptive record of just a private person's delightful and spontaneous visit" (1996, 155) which makes Bird's text so effective as a "mouthpiece of colonial policy" (154). Thus, Bird's ambivalence about her work may be not only a result of her complex position within British imperialist discourses and practices, but also a means of disguising her complicity with these. Sara Mills argues that women travel writers in this period "struggle[d] with the discourses of imperialism and femininity, neither of which they could wholeheartedly adopt, and which pulled them in different textual directions", so that their writing "exposes the unsteady foundations on which it is based" (1991, 3). Bird's narrative demonstrates numerous conflicting pressures: her practice of medicine necessarily involves her in mid-to-late nineteenth-century debates over women in medicine, but the feminist impact of her medical work is reduced by its semi-colonial context. Medicine is a means for her to pursue colonial-style exploration and investigation, as well as to construct an independent and knowledgeable female travelling persona, yet she shows reluctance about accepting this role.

In the two volumes of *Journeys in Persia and Kurdistan* (1891), Bird offers her most sustained engagement with various facets of medicine, including her own medical practice. As in *Unbeaten Tracks*, she engages in explicit advocacy on behalf of medical missions, yet she claims they achieve their best results when they refrain from evangelising, and suggests once again that medical work serves primarily to comfort missionaries for their lack of converts. Bird's biographers note no such hesitations in her private life and letters (Checkland 1996; Stoddart 1908): indeed, she founded several missionary hospitals (both before and after the trip to Persia) and left a substantial sum of money to various medical missions in her will (Thurin 1999). There thus appears to be a clear contradiction between her favourable private opinion of medical missionaries and her published travel narratives, where they are represented as honourable and well-intentioned, but also, at times, rather naïve individuals, whose failure is suggested as inevitable. The missionaries thus constitute a useful foil to Bird's own travelling persona and her many narrated successes: in exploring the (often very remote) places she visits; arranging and negotiating transport, access and staff; understanding the people and cultures she encounters; and even her minor, occasional achievements in healing illnesses or speaking to locals about Christianity.

A number of scholars have suggested other ways in which Bird constructs her travelling self: such as by excluding others, both locals and Europeans, from her narrative (Harper 2001; Ozawa 2008), or via the conundrum of her health – that is, the contrast between her constant ill-health in Britain and her seemingly indefatigable travelling persona (Bassnett 2002; Sterry 2009). In each of these cases, Bird presents herself as a figure of strength, knowledge, ability and independence, so that she is the reigning – and sometimes the only remaining – authority in her texts. The case of medicine in *Journeys in Persia and*

Kurdistan, however, offers an additional twist to this literary strategy: while the depiction of the hopeless state of the medical missions emphasises her capabilities and success, she appears to reject the power and authority associated with the role of a travelling medic. I suggest that this ambivalence functions at the intersection of medicine, colonialism and gender in the text, providing a means for Bird to both criticise British metropolitan gender norms *and* support British imperialism, while maintaining her apparent stance as an apolitical, disinterested and, above all, ladylike observer.

While Bird occasionally claims in *Journeys in Persia and Kurdistan* to find medical work both personally rewarding and morally right, these statements are far outweighed by passages in which she represents it and the people she treats as frustrating, overly demanding and generally distasteful. For example:

I shall not have pleasant memories of this camp. The tents were scarcely pitched before crowds assembled for medicine. I could get no rest, for if I shut the tent the heat was unbearable, and if I opened it there was the crowd, row behind row, the hindmost pushing the foremost in, so that it was 8 P.M. before I got any food. (1891, vol. 2, 50)

Again and again, patients seize her, “clamouring” for medicine and offering “grotesque accounts of their ailments” (vol. 2, 31). To some extent, Bird’s discomfort seems to have the same cause as in *Unbeaten Tracks*: her sense of a loss of power and control when she becomes the object of others’ gaze. There are numerous references to patients seeking to come close to Bird or trying to look at her: one man, “after coming twice for medicine, has brought a tent, and has established himself in it with his child close to me” (vol. 1, 336). Another time, she:

went up to my camp above the village and tried to rest there, but the buzz of a crowd outside and the ceaseless lifting of curtains and *kanats* made this quite impossible. [...] These daily assemblages of ‘patients’ are most fatiguing. (vol. 1, 357)

Once again, Bird finds herself being persistently and curiously looked at, and her subsequent discomfort is evident.

Secondly, Bird displays a paradoxical unwillingness to accept the role she has quite evidently sought out: that of travelling medic. Throughout the text, she refers to the local people whom she treats as “patients”, with the quotation marks signalling a desire for distance from this category. This, I suggest, is not because the people are not genuine patients; rather, it functions as a strategy for Bird to provide medical care, and to enjoy the travel privileges that it brings, *without* claiming the status of a doctor or medical professional, in compliance with norms of Victorian femininity. Similarly, she regularly implies that the role is one forced upon her, or at least attributed to her, by the locals, rather than one she chooses for herself, claiming

the servants are in the habit of calling me the *Hakim*, and the report of a Frank *Hakim* having arrived soon brought a crowd of sick people. [...] It was in vain that I explained to them that I am not a doctor, scarcely even a nurse. (1891, vol. 1, 309)

Bird’s attempt to distance herself from this role is countered by the fact that she is travelling as a medic with corporate backing: she is carrying a medicine chest “kindly given to me by Messrs. Burroughes [*sic*] and Wellcome” (vol. 1, 285), filled partly with “fifty small bottles of their invaluable ‘tabloids,’ a hypodermic syringe, and surgical instruments for simple cases” (vol. 1, 285) and further equipped with additional medicines in Tehran.

Yet even this well-furnished medicine chest, apparent proof that Bird has sought and accepted the role of itinerant medic, is represented as the object of a local misunderstanding: "The fame of Burroughes [*sic*] and Wellcome's medicine chest has spread far and wide, and they think its possessor *must* be a *Hakim*" (vol. 1, 309–310).

Bird's enthusiastic adoption of the word *Hakim* to describe herself serves a useful purpose in the text because it has no obvious direct English equivalent – she is specifically *not* presenting herself as a "doctor" or "nurse" – and it serves as a constant reminder of her claim that this role is imposed on her by the locals. Bird also states that the profession of *Hakim* in Persia is a traditionally female one.⁵ She writes, "I have often wondered that the Moslem contempt for women does not prevent even the highest chiefs from seeking a woman's medical help, but their own *Hakims*, of whom there are a few [...] are mostly women" (1891, vol. 2, 74). Even as Bird apparently bows to the conventional Victorian expectation that women were unfit to practise as doctors – indeed, her professed distaste for medical practice could also be read in the light of complying with this norm – this notion is undermined by her assertion that women work as recognised and respected medical practitioners in other cultures. This is both a sly dig at Victorian culture, via the assertion that *even* Muslim cultures (otherwise portrayed in the text as extremely oppressive towards women) have a place for women in medicine, and a suggestion that there might be a place for British women in medicine after all, at least as practitioners abroad.

Bird is not only a *Hakim* in this text, she is the "Feringhi *Hakim*" – a foreign physician; more precisely, a European woman who has gained unusually intimate access to Persia. The text's representation of her medical practice cannot be separated from the equally ambivalent (or perhaps duplicitous) attitude it displays towards British colonialism. In addition to offering a means for Bird to escape Victorian norms of femininity, even while professing to uphold them, medicine also provides a way for Bird to serve the British Empire, even as she professes her disinterest. First, there is a constant slippage in the text between medicine understood as a means of access, of smoothing the way, and Bird's claim that her presence is desired, indeed, *demand*ed by the local people. She first writes that "Among the many uncertainties of the future this appears certain, that the Bakhtiaris will be clamorous for European medicine" (1891, vol. 1, 285); then:

Going in that capacity [as a *Hakim*] I found the people docile, respectful, and even grateful. Had I gone among them in any other, a Christian Feringhi woman would certainly have encountered rudeness and worse. (vol. 1, 325)

This slippage culminates in a long passage in the second volume in which the desire for Bird's continued presence is attributed to a member of the travelling party, Aziz Khan:

[Aziz] told me he wanted me to consider something very thoroughly, and not to answer hastily. He said, "We're a poor people, we have no money, but we have plenty of food. We have women who take out bullets, but in all our nation there is no *Hakim* who knows the wisdom of the Feringhis. Your medicines are good, and have healed many of our people, and though a Kafir we like you well and will do your bidding. The Agha speaks of sending a *Hakim* among us next year, but you are here, and though you are old you can ride, and eat our food, and you love our people. You have your tent, Isfandyar Khan will give you a horse of pure pedigree, dwell among us till you are very old, and be our *Hakim*, and teach us the wisdom of the Feringhis". (vol. 2, 97)

The man who begs Bird to stay, Aziz, is a local member of the parallel travelling party of Major Sawyer, the British military geographer and spy who accompanies Bird – or whom she provides cover for – for much of the journey. Bird's relationship with Sawyer and his geographical mission (to map the terrain in order to facilitate future British troop movements) during her time in Persia has been variously reported and interpreted by scholars and biographers: some (Harper 2001; Patterson 2008) portray Bird as an eager helper of Britain's imperial interests, others as an apolitical traveller interested only in the human interest side of her journeys (Checkland 1996), and critical of Sawyer and his work (Mawer 2011). At any rate, Sawyer makes only occasional appearances in the published text, and his geographical mission is never openly acknowledged – an omission which, although it may have been required by British government censorship (Checkland 1996, 111), also serves both to emphasise the text's representation of Bird as an independent traveller, and to disguise the colonial context of her trip. Sawyer's rare appearances in the text are further disguised because he too gains a Persian appellation: Bird usually refers to him as "the Agha", and among the welter of local Persian men with similar titles of authority, the British spy soon blends into the background.

It is therefore significant that it is Aziz, the connecting member of Bird's and Sawyer's expeditions, who requests Bird's presence in Persia, as this indicates the connection between Bird's medical work and Sawyer's imperial survey. Aziz's professed desire for her presence creates a connection between the colonial discourse of local desire for European intervention, prominent in Bird's account, and an idea from which she mostly distances herself: the prospect of actual colonial rule. The desire for European presence in the form of medical experts, articulated by Aziz, is mirrored by Persian voices in the text which request British invasion and political control. In one version of a scene that appears numerous times, Bird reports a local ruler, the Khan of Rustam-i, telling her that the Bakhtiari tribe admire the British "because they conquer all nations, and do them good after they have conquered them", before exclaiming,

why don't the English come and take this country? If you don't, Russia will, and we would rather have the English. (1891, vol. 2, 7)

The Khan expresses not only the desire for British rule, but the supposed inevitability of colonialism – either by Russia or "the English". Bird does not comment on this; elsewhere, she shows a lack of inclination to discuss British imperialism, such as in her report of a conversation with another man, Yahya Khan, who "several times reverted to what seemed uppermost in his mind, the chances of a British occupation of Southern Persia, a subject on which I was unwilling to enter" (vol. 2, 111). Bird's professed remove allows her to give ample space to such local voices, all apparently eager for British rule, while insisting that, for her own part, she is opposed to a colonial takeover: "After living for ten months among the Persian people, and fully recognising their faults, I should regret to see them absorbed by the 'White Czar' or any other power" (vol. 2, 259). Even here, British colonialism is erased, referred to only in an omission as an implied possible alternative to Russian imperialism in Persia. In this way, Bird's investment and interest (both intellectual and material) in British colonialism is downplayed, although the language of subservience attributed to Aziz ("we like you well and will do your bidding" [vol. 2, 97]) suggests that a certain fantasy of colonial authority is not entirely absent from Bird's text – rather ironically, considering that formal British colonial administration was closed to women.

Bird's ambivalence towards medical missions and her own medical practice is similar in her accounts of Japan and Persia, although the discomfort she articulates with her role is more paradoxical in Persia, considering the medical training and sponsorship she obtained prior to the journey. Yet I suggest that this attitude has quite different textual effects in the two travelogues. During her time in Japan, Bird's interest in medicine results in a certain opening of attitudes. Her understanding of the role of medical professionals and missionaries, and of the respective claims to authority of Western and traditional medicine, proves capable of evolving. In Persia, a little more than a decade later and travelling in an explicitly imperial context, she displays little genuine openness to Persian culture or knowledge. Instead, her professed ambivalence about her medical practice and her enthusiastic adoption of the term "Feringhi *Hakim*" works primarily to both disguise and justify potential British colonial intervention, even as she very quietly undermines the gendered strictures that metropolitan and colonial British cultures would impose on a Victorian lady like herself.

Notes

1. Alexander Bay (2012, 18) notes that some practitioners of *kanpō*, or traditional medicine, were successfully treating beriberi with dietary measures in the mid-eighteenth century. In 1880, soon after Bird's trip, Takaki Kanehiro began studying beriberi in the Japanese navy using epidemiological methods, with dramatic success by 1884, so that Japanese medical science led the world in this particular matter in this period (Bay 2012, 39–47; Sugiyama and Seita 2013).
2. Such an identification would likely have been a misunderstanding on Bird's part: Bay (2012, 21) suggests that European miasma theory and Japanese understandings of a "geography of affliction" were dramatically different concepts united by a superficial similarity.
3. See Bay (2012, 58–64) for a discussion of foreign shoes and resistance to westernisation among some medical professionals in Meiji Japan.
4. Bird understands "Chinese" and "Western" medicine as two entirely opposed traditions, and intimates that Western medicine has only recently arrived in Japan thanks mostly to Christian medical missionaries. The presence and influence of Dutch physicians in Japan since the sixteenth century (Andrews 2014, 69–88; see also Screech 1996) is not acknowledged by her. Andrews (2014) argues that "Western" medicine in Japan, up to the mid-nineteenth century, really meant "Dutch", and that its influence was much greater than Bird implies, partly because Dutch humoral medicine in this period complemented Chinese understandings of health as a balance between cosmic elements, and partly because of the restriction of continued Chinese influence due to Japan's isolationism in this period. From the mid-nineteenth century, and therefore at the time of Bird's visit, German medical influence was dominant, leading the Dean of the Faculty of Medicine at Tokyo Imperial University to declare Japan a "German colony" in medical matters in 1907 (cited in Kim 2014, 4).
5. This is not true: most Persian physicians in the nineteenth century were male, although women traditionally worked as midwives, carers and sometimes folk healers (Ebrahimnejad 2004; Mahdavi 2005), but it is not clear whether Bird believes it to be true or is exaggerating for rhetorical effect.

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References

- Anderson, Monica. 2006. *Women and the Politics of Travel, 1870–1914*. Madison: Fairleigh Dickinson University Press.
- Andrews, Bridie. 2014. *The Making of Modern Chinese Medicine, 1850–1960*. Vancouver: University of British Columbia Press.
- Barr, Pat. 1970. *A Curious Life for a Lady. The Story of Isabella Bird: A Remarkable Victorian Traveller*. London: Secker and Warburg.
- Bassnett, Susan. 2002. "Travel Writing and Gender." In *The Cambridge Companion to Travel Writing*, edited by Peter Hulme and Tim Youngs, 225–241. Cambridge: Cambridge University Press.
- Bay, Alexander R. 2012. *Beriberi in Modern Japan: The Making of a Modern Disease*. Rochester, NY: University of Rochester Press.
- Bird, Isabella L. 1856. *The Englishwoman in America*. London: John Murray.
- Bird, Isabella L. 1880. *Unbeaten Tracks in Japan: An Account of Travels in the Interior Including Visits to the Aborigines of Yezo and the Shrines of Nikkô and Isé*. 2 vols. London: John Murray.
- Bird, Isabella L. 1883. *The Golden Chersonese and the Way Thither*. London: John Murray.
- Bird, Isabella L. 1891. *Journeys in Persia and Kurdistan: Including a Summer in the Upper Karun Region and a Visit to the Nestorian Rayahs*. 2 vols. London: John Murray.
- Burton, Antoinette M. 1994. *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865–1915*. Chapel Hill: University of North Carolina Press.
- Burton, Antoinette M. 1996. "Contesting the Zenana: The Mission to Make 'Lady Doctors for India,' 1874–1885." *Journal of British Studies* 35 (3): 368–397.
- Chang, Elizabeth Hope. 2010. *Britain's Chinese Eye: Literature, Empire, and Aesthetics in Nineteenth-Century Britain*. Stanford: Stanford University Press.
- Checkland, Olive. 1996. *Isabella Bird and "A Woman's Right to Do What She Can Do Well"*. Aberdeen: Scottish Cultural Press.
- Chubbuck, Kay. 2002. "Introduction." In *Isabella Bird, Letters to Henrietta*, edited by Kay Chubbuck, 1–25. Boston: Northeastern University Press.
- Ebrahimnejad, Hormoz. 2004. *Medicine, Public Health, and the Qājār State: Patterns of Medical Modernization in Nineteenth-Century Iran*. Leiden: Brill.
- Harper, Lila Marz. 2001. *Solitary Travelers: Nineteenth-Century Women's Travel Narratives and the Scientific Vocation*. Madison: Fairleigh Dickinson University Press.
- Kent, Susan Kingsley. 1990. *Sex and Suffrage in Britain, 1860–1914*. London: Routledge.
- Kim, Hoi-eun. 2014. *Doctors of Empire: Medical and Cultural Encounters Between Imperial Germany and Meiji Japan*. Toronto: University of Toronto Press.
- Kuehn, Julia. 2007. "Encounters with Otherness: Female Travelers in China, 1880–1920." In *A Century of Travels in China: Critical Essays on Travel Writing from the 1840s to the 1940s*, edited by Douglas Kerr and Julia Kuehn, 75–89. Hong Kong: Hong Kong University Press.
- Mahdavi, Shireen. 2005. "Shahs, Doctors, Diplomats and Missionaries in 19th Century Iran." *British Journal of Middle Eastern Studies* 32 (2): 169–191. doi:10.1080/13530190500281432.
- Mawer, Caroline. 2011. "Three British Ladies in Bakhtiarland." *Asian Affairs* 42 (1): 28–48. doi:10.1080/03068374.2011.539322.
- Mills, Sara. 1991. *An Analysis of Women's Travel Writing and Colonialism*. London: Routledge.
- Morgan, Susan. 1996. *Place Matters: Gendered Geography in Victorian Women's Travel Books about Southeast Asia*. New Brunswick, NJ: Rutgers University Press.
- Ozawa, Shizen. 2008. "Erasing Footsteps: On Some Differences Between the First and Popular Editions of Isabella Bird's *Unbeaten Tracks in Japan*." In *Asian Crossings: Travel Writing on China, Japan and Southeast Asia*, edited by Steve Clark and Paul Smethurst, 87–97. Hong Kong: Hong Kong University Press.

- Patterson, Daniel, ed. 2008. *Early American Nature Writers: A Biographical Encyclopedia*. Westport, CT: Greenwood Press.
- Pratt, Mary Louise. 1992. *Imperial Eyes: Travel Writing and Transculturation*. London: Routledge.
- Scarce, Jennifer. 2011. "Isabella Bird Bishop (1831–1904) and Her Travels in Persia and Kurdistan in 1890." *Iranian Studies* 44 (2): 243–250. doi:10.1080/00210862.2011.541693.
- Screech, Timon. 1996. *The Western Scientific Gaze and Popular Imagery in Later Edo Japan: The Lens Within the Heart*. Cambridge: Cambridge University Press.
- Spurr, David. 1993. *The Rhetoric of Empire: Colonial Discourse in Journalism, Travel Writing and Imperial Administration*. Durham, NC: Duke University Press.
- Sterry, Lorraine. 2009. *Victorian Women Travellers in Meiji Japan: Discovering a 'New' Land*. Folkestone: Global Oriental.
- Stoddart, Anna M. 1908. *Life of Isabella Bird*. London: John Murray.
- Sugiyama, Yoshifumi, and Akihiro Seitā. 2013. "Kanehiro Takaki and the Control of Beriberi in the Japanese Navy." *Journal of the Royal Society of Medicine* 106 (8): 332–334.
- Swenson, Kristine. 2005. *Medical Women and Victorian Fiction*. Columbia: University of Missouri Press.
- Tay, Eddie. 2008. "Discourses of Difference: The Malaya of Isabella Bird, Emily Innes and Florence Caddy." In *Asian Crossings: Travel Writing on China, Japan and Southeast Asia*, edited by Steve Clark and Paul Smethurst, 99–112. Hong Kong: Hong Kong University Press.
- Thurin, Susan Schoenbauer. 1999. *Victorian Travelers and the Opening of China, 1842–1907*. Athens: Ohio University Press.