

# ‘A Paradise of Invalids’: Medical Tourism and the Climate of Prejudice in Nineteenth-century Madeira

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## Abstract

Nineteenth-century Madeira was a popular destination for wealthy British people suffering from consumption and other pulmonary ailments. A rich store of sources from the period provide first-hand accounts of invalids on the island or offer special advice for the invalid traveller. After positioning medical travel within the context of contemporary science about climate, health and acclimatization, this article will provide a brief account of existing sources related to medical travel to Madeira. This article then examines this material for what it reveals about contemporary ideas about the Madeiran climate upon health, as well as cultural interaction between the British and the island. In particular, the article will trace how writing about Madeira conforms or diverges from popularly held views about the southern European climate and southern European people, as well as what resonance such views may have in the present.

Keywords: medical tourism; British in Madeira; climate; acclimatization; history of science and medicine; travel writing; invalidism

Medical tourism is one of the most ancient forms of tourism. While we tend to think of it as travelling for surgical operations or cutting-edge treatments, people have been travelling with the goal of improving their health for millennia (Langum 2022). While the particular forms and motivations have changed, travel for healing purposes is an enduring practice. This article<sup>1</sup> will focus on a particular kind of tourism in the nineteenth century to a particular place: British travel to the Portuguese island of Madeira. British health travellers who visited Madeira sought to improve pulmonary ailments, including consumption, or what we now

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know as tuberculosis.<sup>2</sup> While scholars have recently focused on medical tourism in the nineteenth century to other Southern European resorts and further afield, Madeira as a destination for British medical tourists remains largely unexplored. Yet Madeira had a hold on the British imagination during the period, which is represented in fiction (Valint 2017) and non-fiction (Langum 2021). The island was also the source of intensive debate among physicians and optimism among sick patients (Janković 2010). The virtues of Madeira were touted in England not only by medical authorities but also by various travel guides and personal accounts which circulated in the nineteenth century. As tourism itself was a newish word, medical tourists were not called so in the nineteenth century. They were called ‘invalids,’ a recognized identity in the period (Frawley 2004). Sources that depict medical tourism to Madeira in the nineteenth century are guides written for invalids, general guides which mention invalids extensively and diaries and correspondence written by invalids. This article examines representative examples of these sources specifically for what they reveal about contemporary ideas about the Madeiran climate upon health, as well as cultural interaction between the medical tourists and the island. In particular, the article will trace how concerns about character and climate conform or diverge from popularly held views about the southern European climate and southern European people.

#### *Madeira and the British*

For centuries, British visitors have remarked upon the natural beauty of the Portuguese island. On his outbound trip to the West Indies, Henry Nelson Coleridge, the nephew of the poet, wrote rapturously of his time in Madeira:

O Madeira, Madeira, O thou gem of the ocean, thou paradise of the Atlantic! I have no heart to take up my pen to write of the days which I spent in thee; surely they were days of enchantment intercalated in the year of common reality, ethereal moments islanded, like thyself, in the vast sea of time! Dear England! Thou art a noble country,

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<sup>2</sup> On the definitional difficulty of medical tourism, see Langum (forthcoming). The United Nations World Tourism Organization (2018) defines medical tourism as ‘a type of tourism activity which involves the use of evidence-based medical healing resources and services (both invasive and non-invasive)’. Many scholars of contemporary medical tourism have drawn upon earlier examples as based in medical knowledge of the time (e.g., Connell 2011).

wise, powerful, and virtuous...but thou hast no such purple waves as those which swell towards Funchal; (Coleridge 1826: 14)

Madeira is an archipelago in the Atlantic Ocean, consisting of the main island of Madeira, a smaller island Porto Santo and three small islands to the southeast, which are now nature reserves. The main island is about 35 miles long and 13 miles wide and sits about 310 miles from Africa and 620 miles from Europe. Madeira has a celebrated temperate climate year-round. The island's location and the reputation of its climate and natural beauty are key to explaining a long entanglement of the British on the island.

How the British first arrived on the island is a myth often told in nineteenth-century British travel writing. While we know Madeira was settled in the early 1400s by the Portuguese (Arnold 2002), other accounts place the English there first. In this story, a young English knight, Robert Machin, takes his beloved there to escape the disapproval of her family.<sup>3</sup> Although more likely myth than history, there has been a British community on the island as early as the sixteenth century (Gregory 1988). With the exception of two periods of occupation during the Napoleonic Wars in 1801 and 1807–1814, Madeira was never a part of the British empire (Gregory 1998). However, British engagement in both the Madeiran wine trade and its use of the island as part of the trans-Atlantic trading system meant that Britain had a long financial interest in the island. Furthermore, the success of the Madeiran wine trade heavily depended upon British colonial expansion in both the West Indies and India (Mutch 2016: 21–42).

Throughout the nineteenth century, British people were also attracted to the island for their health, largely for pulmonary ailments. Consumptive invalids were so common a feature of the landscape that a British visitor in the 1850s complained that

one feature [of Funchal] is, assuredly, melancholy. It is seldom that you can stir far from home without encountering some mournful object, often apparently on the brink of the grave, borne along at a slow pace in the hammock or the palanquin, with the

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<sup>3</sup> The story was so well known that Robert White's *Madeira, Its Climate and Scenery* forgoes a re-telling as having been 'inserted in nearly all the works hitherto published, descriptive of the island, [which] need not be repeated here' (White 1851: 2).

hectic cheek and emaciated frame belonging to that fearful disease, consumption. (Stuart-Wortley 1854: 244–245)

These two British interests on the island—economic and medical—are cited in a letter to the editor of the London *Morning Chronicle* to argue for charity following a cholera outbreak of 1854. The letter argues that the island ‘though not a British dependency, possesses many claims to a portion of the munificent charity that England extends in directions so various’ (Anonymous 1854: 4).

#### *English maladies and English climate*

British consumptives sought health abroad, because scientists in the eighteenth and nineteenth centuries increasingly thought that their own climate was making them sick. The dampness and variability of British weather were thought responsible for plaguing the population with nervous and pulmonary disorders. Focusing on nervous conditions, George Cheyne’s *English Malady, or a Treatise on Nervous Diseases of All Kinds* (1733) notes the contribution of local climate to their prevalence (Cheyne 1733; Golinski 2007). In his later *The Natural Method of Cureing*, Cheyne links nervousness with consumption or its then scientific designation *phthisis pulmonum*: ‘I always foretold, that these Symptoms [of nervous disease] (especially in tender, delicat, lively young Persons) would terminat in a real sensible *Phthisis Pulmonum*’ (Cheyne 1742: 186). Both ‘are the fatal Distempers, that afflict or destroy the noblest *Spirits*, and finest *Genius*’s, of this Island’ (Cheyne 1742: 186). While much scholarship has unpacked the various romantic associations of consumption with genius and youth (Lawlor 2006; Sontag 1979), of significance here is that the disease is associated with nationality and geography.

Later James Johnson further argued for peculiarly English maladies by other names. His 1831 *Change of Air* argues both cultural and climatic conditions produced a ‘wear and tear condition’ affecting the wealthier classes (Johnson 1831: 3). He blamed this nebulous condition on foul air, ambitiousness and a lack of physical activity. Johnson also correlated consumption and pulmonary ailments with nervousness and the anxiety and habits of the age, such as the wearing of corsets (Johnson 1836: 51).

*Health and travel*

It was thought that climate could not only cause, but also cure, consumption. In his *Influence of Climate in the Prevention and Cure of Chronic Diseases* (1830), James Clark outlines the relationship between climate and pulmonary health. An influential figure in the nineteenth century, Clark writes that ‘the influence of climate in the prevention and cure of diseases is, for many reasons, a subject of peculiar interest to the inhabitants of this country. To the inclemency of our seasons we are justified in attributing some of our most dangerous diseases’, among which he ranks consumption (Clark 1830: 5). In the early to mid-nineteenth century, consumption was thought of as an inflammatory condition, which could thus benefit from rest and change of climate (Bynum 2012: 69–94). Clark particularly recommends Madeira as ‘the steadiness of temperature from day to day also exceeds that of all other climates’ (Clark 1830: 186). The ideal of the Madeiran climate was reflected in the name ‘Madeira House’, a facility dedicated to lung ailments in Bristol, and ‘rooms maintained at a Madeira temperature’ in England (Janković 2006: 286).

Beyond the climate, advocates of medical travel also proposed the travel in and of itself as health-giving. The idea of travel itself as medically beneficial has a long history, particularly as concerns pulmonary problems and sea voyages (Lomine 2005; Bynum 2012). For example, in his *Essay on the Medical Character* (1785), Robert Bath writes that

[c]hange of object, change of air, change of things, to contemplate, and other variations, all contribute something, in favor of the patient, and when it is considered, that this something, is not to be found, but, by this change, I apprehend, that the propriety, of the measure, is too evident, to require, farther demonstration, and proof. (Bath 1785: 167)

This undefined ‘something’ refers to the novelty and distraction offered by a new place. The benefits of a ‘change of air’ were thus both physical and emotional (Hoolihan 1989). Such ideas persisted in regards to travel for consumption into the late nineteenth century (e.g., Lindsay 1887).

*Climate, character and health*

However, there were risks, as well as benefits, associated with changing climates. Concerns about the impact of climate upon various aspects of human health is not new to the eighteenth and nineteenth centuries. Rather their inter-relationship draws from an older understanding of ‘climate’ that

includes weather, geography and space. This understanding of climate also refers to how weather, geography and space influence human traits. In ancient medicine, climate affected complexion, which referred to the internal balance of the cold, hot, wet, and dry elements. The human body exhibited external markers of internal complexion such as skin colour. The balance of elements also affected what we might describe as ‘temperament’—outlook, character, and disposition to act and think in certain ways. And this balance was ‘fitting’ to particular climates: people from northern climates were thought stupid and strong, and those of southern climates, crafty and weak. The temperate zone was best for human health, moral and intellectual disposition. Depending on where authors were situated they usually defined themselves within this temperate zone (Glacken 1967; Langum 2018).

While they never disappeared, these ancient ideas became widely discussed in eighteenth and nineteenth century Britain, buoyed by more precise means of measuring climate, as well as expansion in trade and territories (Adamson 2012). The areas in which they were expanding were traditionally thought detrimental to humans. One of the key issues becomes the possibility and process of acclimatization, whether British constitutions were capable of acclimatization without ‘degenerating’ into the same conditions as the locals (Adamson 2012: 129; Jolly 2018: 19–37; Anderson 1992: 135–157). The British climate not only generated illness but also success, as Humphry Davy explains

[o]f all the climates of Europe, England seems to me most fitted for the activity of the mind and the least suited to repose. The alterations of a climate so various and rapid, continually awake new sensations; and the changes in the sky, from dryness to moisture, from the blue ethereal to cloudiness and fogs, seem to keep the nervous system in a constant state of disturbance. [...] In the changeful and tumultuous atmosphere of England, to be tranquil is a labour, and employment is necessary to ward off attacks of ennui. The English as a nation is pre-eminently active, and the natives of no other country follow their objects with so much force, fire, and constancy. (Davy 1830: 170–171)

These ideas from the 1830 *Consolations in Travel* reoccur in writing on medicine, climate and travel for health purposes. While much writing on the topic of acclimatization focuses on Africa, India and the West Indies, other writers also focused attention upon southern European climates and their potential effects on northern bodies and sensibilities (Howell 2014). Various ‘northern’ writers expressed concerns about the typical

characteristics of southern Europeans, such as laziness and lack of enterprise. While promoting the virtues of travel for health, Johnson (1831: 284) warns of the impact of the ‘principle of inactivity infused into the vigorous minds and bodies of Englishmen’. Invalids might initially be repulsed by the ‘*laziness* of the Italians. But TIME and CLIME reconcile us to the habits of the people among whom we sojourn’ (Johnson 1831: 284). Some travel writing outlines the precautions travellers may take. The American writer Washington Irving, for example, recounts in *Tales of the Alhambra* that he bathed every night ‘in a measure to counteract the relaxing and enervating influence of the climate’ (quoted in Jolly 2018: 22–23).

Borne of the very same climate science, there was a flourishing industry in health-directed travels, for climate could facilitate both negative and positive changes in the body. Improved transportation networks and renewed interest in climate led to an increase in medical tourism in the nineteenth century. Parallel to medical discussions about climate and illnesses, there arose a genre of writing by invalids or for invalids to assist them with their travel. Henry Matthews’s *Diary of an Invalid, Being the Journal of a Tour in Pursuit of Health in Portugal, Italy, Switzerland, and France in the Years 1817, 1818, and 1819*, originally published in 1820 was enormously popular, and was issued in several editions during the nineteenth century (Frawley 2004: 114). In the many examples of the genre published during this period, invalids not only visit conventional health tourist spots in southern Europe, such as Italy, Portugal and France, but venture further afield to China, South Africa, Russia and the Crimea (Frawley 2004; Russo 2016).

#### *British writing about Madeira and invalid travel*

Madeira had its own literature for and by invalids. These can be divided into three types: guides written specifically for invalids, general guides and travel accounts which mention invalids extensively and finally, diaries and correspondence written by invalids.

Some of the guides for invalids are written by doctors who were invalids themselves. *The Invalid’s Guide to Madeira* (1840), for example, was written by William White Cooper (1816–1886), one of the founders of the North London Ophthalmic Institute and surgeon to St Mary’s Hospital (Anonymous 1886). While the circumstances surrounding his travel to Madeira are left a little vague, White Cooper claims to have fallen

ill after a post-mortem examination and sets off to heal himself in January 1840. In his journal, White Cooper is clearly interested in climate and health. It is the climate that sets his course to Madeira ‘having heard much of the salubrity of the climate and the natural beauties of the island’ (White Cooper 1840: 1). Furthermore, he quotes major authorities of the day on the subject, such as Clark, and also makes his own notes. John Abraham Mason’s *Treatise on the Climate and Meteorology of Madeira* (1850) also falls within this genre. Mason was diagnosed with consumption and sought advice from Clark who told him first to go to France and then, due to an unforeseen delay, on to Madeira (Mason 1850: x). He lived on the island for two years and made a carefully documented study of the climate which would prove controversial, particularly in regards to his recording of humidity ‘in which respect its advantages are little superior to the climate of London’ (Mason 1850: 6). Another text in this genre—*The Climate and Resources of Madeira as Regarding Chiefly the Necessities and Welfare of Invalids* (1870)—was written by Michael C. Grabham, a doctor living on the island. Other examples within this genre include Robert White’s *Madeira: Its Climate and Scenery* (1851), Edward Vernon Harcourt’s *A Sketch of Madeira* (1851), and the anonymous *Madeira, a Brief Letter of Advice to an Invalid* written by an ‘ex-invalid’ (1859).

The second type—general guides and travel accounts that mention invalids and considerations for invalids extensively—is the largest group. Some of these are also written by doctors or were written by attendants of sick friends, such as Alfred Lyall’s *Rambles in Madeira* (1827) and John Dix’s *Winter in Madeira* (1850). Unlike the British authors mentioned here, John Dix (1798–1879) was American. While Americans were fewer in Madeira owing to the expense and difficulties of travel, Dix was a man of means, and in 1842, he embarked on the journey with a sick friend (Dix 1850: 10). However, he travelled among the British set and has many comments about both the British and the Portuguese on the island. Author of *A Visit to Portugal and Madeira*, Lady Emmeline Stuart-Wortley (1806–1855) was a wealthy widow who wrote poetry and travelled extensively. She is probably best known for her *Travels in the United States* (1851), and she died travelling between Antioch and Beirut. While she herself is not ill on her voyage to Madeira, she reflects upon invalids and invalidism on the island. Indeed, several consumptives are on board with her, seeking health (Stuart-Wortley 1854: 172). From the outset, Stuart-Wortley appears well-versed in the established medical ideas about



climate and health. Observing her sick travel companions, she notes the lateness of their travel to ‘the salubrious island from our capricious and foggy clime’ (Stuart-Wortley 1854: 172).

Finally, there are diaries and correspondence of the invalids. Of these, Emily Shore’s journal (1831–1839) is probably the most well known. Emily Shore arrived in Madeira just before her nineteenth birthday. Her family moved to the island from England on the grounds of her and her father’s health but also in hopes of job prospects for her father. Before she leaves, she predicts that she will never return, a premonition that proves correct. In this category, we also find a journal and family letters of David Ewen, a Scottish doctor, who went to Madeira in 1840 seeking a cure for consumption and died upon returning home the following year (MS. 15945), as well as letters from another Scottish physician, Andrew Combe (1797–1847), who travelled to Madeira in 1842 for his pulmonary problems after seeking the advice of Clark (Combe 1850).

#### *British perceptions of and interaction with Madeirans*

While British narratives of Madeira draw upon personal experiences and include fresh anecdotes, they overwhelmingly share received ideas about climate and character. These attitudes are partly summarized by Croker in his *Travels Throughout Several Provinces of Spain and Portugal* (1799), in which he claims that the Portuguese take all the worst features of their blended ethnicity, which ‘proceed[s] from a mixture of Jews, Moors, Negroes, and French’ (Croker 1799: 296): they are mean and avaricious, vain and deceitful. Furthermore, he describes how the people of northern Portugal are more ‘industrious’ owing to their temperate climate (Croker 1799: 284).

That invalid guides would repeat such ideas is not surprising given the often-limited interaction between the authors and the islanders. Of the relationship between the Portuguese and the British, White Cooper remarks that they are ‘two sets’ with ‘very little communication taking place between’ them: instead, the British form their own society respective of their different ‘habits and ideas’ (White Cooper 1840: 24), a sentiment expressed by many other writers. In 1827, Lyall expresses disappointment that Funchal is not foreign enough, writing that the city’s large British community means they ‘are thus at liberty to preserve all their old ways and habits [...] and a stranger [...] [finds] so little of novelty in the social habits and forms of the place’ (Lyall 1827: 20). Indeed, as Harcourt

observes, there is ‘very little to remind you that you are living amongst foreigners’ (Harcourt 1851: 35).

However, lack of first-hand exposure does not inhibit British writers from describing the characteristics of the people, namely idleness. White Cooper finds evidence of the ‘natural indolence and want of enterprise in the Portuguese character’ and that the men in general have a ‘rather low order’ of ‘courage’ (White Cooper 1840: 32, 29). There is also frequent mention of the languorous habits of the wealthy men and women of the island who run to fat, according to British observers. Lyall explains that their sedentary habits likely derive from their Moorish ancestors, ‘which is traceable in so much of the Portuguese language and customs’ (Lyall 1827: 29). Others think that the generally relaxed atmosphere cannot be due to climate alone. Commenting on the ‘want [...] of a mental and moral [...] stimulus’, Andrew Combe writes in 1843 that

[i]solated as the island is, and out of the influence of all great public questions affecting the continents of Europe and America, its population lives in an *unmoved* or quiescent mental atmosphere, which contributes to apathy and indolence far more than the merely physical influence of the climate. (Combe 1850: 335–336)

However, most British writers attribute what they perceive as Portuguese indolence to the climate.

Also, corresponding to traditional climatic ideas, several writers mention the propensity of locals to cheat invalids. The Scottish doctor David Ewen writes specifically about the boarding house owners who ‘fleece or cheat’ poorly invalids ‘arriving in a strange country’ who are ‘thinking more of the next world than this’ (MS. 15945: 44–45). Emily Shore relates in her journal that she is incensed that the Portuguese ask more of the British for their goods ‘on account of their supposed wealth’. Given her family’s meagre financial situation, she deems them ‘unconscionable rogues’ (Shore 2006 [1831–1839]: A.D. 1839). Yet another guide suggests that the visitor might learn a little of the Portuguese language to avoid such potential discrepancies in the prices (Smith 1872: 11).

Despite these deficiencies in the local character, many British writers are enthusiastic about their moral influence on the island, arguing that their countrymen’s presence has corrected some of the natural Portuguese slovenliness and indolence. For example, White Cooper attributes the cleanliness of the streets in Funchal to the British: ‘a penalty being levied

upon the inhabitants of any house who do not keep that portion of the road opposite well swept. This is one of the many good results which have arisen from the influence of the English here' (White Cooper 1840: 19). Coleridge remarks that Funchal 'is by no means so dirty as the Portuguese like, but the British residents are so influential here, that they have been able to exercise a tyranny of cleanliness, which the natives sullenly endure' (Coleridge 1826: 20). The American John Dix praises the industriousness of the British as evidenced by their large houses. Here he does not make an appeal to traditional climactic theory, as he wishes to compare the enterprise of the 'Anglo-Saxon race' on both sides of the Atlantic (Dix 1850: 91). While there are individuals 'among the Portuguese part of the population' 'of high character, talents and wealth', the 'Anglo-Saxons' exhibit these characteristics more generally (Dix 1850: 91).

Certainly, not all writers are negative in their assessments of the local character. Many authors mention civility, good nature, humility, and affectionateness among the qualities of the locals. An 1819 guide references traditional climate distinctions in stating that the Madeirans possess 'a warmth of feelings, with more volatile humour than is usual in the phlegmatic constitutions of people of more northern countries' (Anonymous. 1819: 31).

#### *Acclimatization in Madeira*

British writers also remark upon the island's effects on their own minds and bodies. Some surrender to the indolence of their adopted climate. Lyall writes of a masquerade which he deems an amusement for 'idle people' as the preparation involved in dress and character 'really requires more time than in England people commonly have to bestow (Lyall 1827: 29).<sup>4</sup> He continues that 'perhaps too there is something in the English character, good or bad, rather repugnant to that travesty of person and manner which the dramatic part of the entertainment imposes' (Lyall 1827: 29–30). Nevertheless, he finds both time and amusement in participating in the masquerade while abroad. A visitor to the island in 1838–1839, Fanny Anne Burney reflects on how 'the melting away climate' has made her 'listless and idle' (Burney 1926: 187). Emmeline Stuart-Wortley resists the influence of the climate. Expressing her desire to reach a certain villa

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<sup>4</sup> Lyall does not elaborate the details of the masquerade in his book.

on foot, she is discouraged by her maid and various others on her way. She ‘knew, however, too well the habits of indolence engendered by climates such as this, to be thus easily daunted; and persevering’ reaches her destination up a hill (Stuart-Wortley 1854: 261). As far as physical acclimatization, Grabham mentions that the warmth of summer on the island might induce ‘idleness of mind and body’ and perspiration in the visitor (Grabham 1870: 115). However, the most common acclimatization problem mentioned by invalids or books for invalids is diarrhoea or ‘affection of the bowels’ arising from over-indulgence in the island’s fruits (White Cooper 1840: 76; Dix 1850: 88; Grabham 1870: 172).

As for improvements in their health, the invalids had mixed results. Of those cited in this article: Shore, Ewen, and Mason died on the island or shortly after their trip. Combe died a couple of years later. One contemporary medical explanation as to why some did not profit from the Madeira cure was the timing of the travel. Travel to the island was not to be a ‘last resource’ but rather a preventative strategy or in the early stages of pulmonary disorders (Clark 1830: 7). Citing Clark, White Cooper laments that for those in the progressive stages of disease, ‘the expectation of benefit is delusive, and they generally go there but to die’ (White Cooper 1840: 77–78). Disparaging doctors who send patients away in the later stages, Clark, citing a resident doctor, writes, ‘so uniform is the result of this practice that the annual importation of invalids from England is thought a fit subject for ridicule among the boatmen, on landing these unfortunates on the island’ who utter ‘there goes another Englishman to the orange tree (the burying ground of the Protestants)’ (Clark 1830: 192–193). The significance of the early timing of travel is repeated by later medical writers (e.g., Pinkerton 1857: 20). In the case of Mason, who devoted his final years to studying the climate of Madeira, the posthumous preface to his study blames his dedication to work (Mason 1850: vii). Others blame invalids for not acting like invalids. Andrew Combe, a doctor who himself sought health on the island, describes how in the rush of excitement of landing in a new place, health travellers busy themselves too much and injure their health (Combe quoted in Driver 1850: 378–389).

#### *Moral treatment, the benefits and dangers of Madeira*

Despite a wealth of advocates, the Madeira cure also began to develop detractors around mid-century. In 1850, the physician Thomas Burgess sought to prove the ‘inutility’ of foreign climate cures for consumption.

Drawing from traditional climate theory, Burgess argued that ‘nature has adapted the constitution of man to the climate of his ancestors’ and therefore it would make sense to make a change of climate *within* one’s own climate; i.e., a sick British patient should seek health in British resorts (Burgess 1850: 593). Furthermore, a dramatic change of climate could cause great disruption in the patient’s well-being. Also pernicious about what Burgess calls ‘the foreign climate delusion’ is its effects upon the invalid who cannot afford to travel to foreign climates: ‘perhaps the bitterest pang he feels during the long course of his complaint, is the belief, that the means of cure exist, but that they are, unfortunately for him, beyond his reach’ (Burgess 1852: 3). Burgess focused much of his ire on Madeira, or what he calls ‘the *Ultima Thule* of hectic invalids’ (1852: 40).

Sayer’s long 1865 essay on ‘The Dangers of Madeira’ points to the moral treatment argument in making his case against travel to the island. Owing to the lack of amusements, invalids do not have any opportunities for diversions other than talking to other invalids, which involves the cataloguing of symptoms and recent deaths (Sayer 1865: 614–615, 617–618). Specifically, the author writes that people in Madeira are ‘indifferent to the great public questions which may be affecting Europe or America’. It is most likely that the author here refers to the expat and invalid community on the island. The environment is described with language typically reserved for the Portuguese and fears of acclimatization in Portugal by other authors: ‘there is nothing to excite interest, no public question to discuss, no science to attract; where, in a word, there is only apathy, indolence and stagnation’ (Sayer 1865: 614–615). Other writers express the melancholy and isolated atmosphere of the island, which further invalidates any moral treatment the island could offer. Stuart-Wortley describes Funchal as a ‘city of catacombs’ for those used to more exciting environs. She also remarks that it must ‘sadden the mind’ to be around so many sick people (Stuart-Wortley 1854: 294). Passing through en route to ‘Savage Africa’, the British explorer William Winwood Reade writes: ‘This English aspect is owing to the presence of those poor convicts of disease whom the doctors transport here for death. [...] It is but a lovely charnel-house, this island of Madeira. It is a boudoir and it is a hospital—a paradise and a tomb’ (Reade 1864: 16–17).

Others, however, defend the island from such charges. A pamphlet from 1859—written by someone who only identifies as ‘an ex-invalid’—disputes the reputation of Funchal as ‘one great hospital,’ claiming that

one sees ‘more human misery in an hour in the streets of Bath, Cheltenham, and Torquay than in Funchal in a whole season’ (Anonymous 1859: 8). Bath, Cheltenham, and Torquay were popular British health resorts.

Writing later in 1870, Dr. Grabham also notes the still current divide between the British and the Portuguese in Madeira, yet thinks there is plenty of opportunity for moral treatment if this is remedied: ‘the causes which tend to keep us asunder are many. Our languages are mutually unknown, our habits are different, whether of abstraction or business, and English people are deficient in many of the social attributes of a southern people’ (Grabham 1870: 59). Grabham also includes careful measurements and lauds the climate above all others. However, the people of Madeira are also health-giving. While other physicians of his day remark upon the change of circumstance, as well as the change of climate in promoting health, Grabham goes beyond the scenery and the environment.

But there yet remains to be noticed that which, though very difficult to measure, is, nevertheless, too important to overlook, the general influence of Madeira, [...] in the very foreign aspect of things, in the maintenance of accustomed luxury amidst a strange and bounteous profusion, in the facilities which the place affords for general participation in its own peculiar enjoyments, and in the social attitude of the inhabitants. All these circumstances and the like, exert a useful hygienic influence, some of them directly and physically, others remotely and morally. (Grabham 1870: 156–157)

He continues to praise ‘the various novelties thrust upon the stranger at every turn in a country half European, half African, and between the tropical and temperate zones’ which ‘serve for a time, at least, to divert the mind from an accustomed groove of depressing thought to happier and more hopeful considerations’ (Grabham 1870: 158). The sense is that not only the change of climate but the exposure to new people improves both mental and physical health. Of the alleged idleness and deceitfulness of the Portuguese, Grabham makes no mention. Grabham’s greater sympathy for the locals likely owes to his status as long-term resident rather than a visitor. He lived on the island for some 70 years. Born on the island in 1866, the son of a doctor, he was educated in England and practiced medicine like his father, and lived to the ripe age of 95. Grabham wrote several books about Madeira, but *The Climate of the Resources of Madeira* focuses on aspects of the island relevant to the invalid traveller. Grabham

refers to general safety and lack of crime on the island, the pleasantness of the English cemetery and the integration of invalids (Grabham 1870: 44, 56).

In addition to arguments for more local climate treatments, Mediterranean and southern European resorts began attracting competition from Alpine resorts in the mid-nineteenth century due largely to the entrepreneurial energies of Alexander Spengler (Frank 2012: 185–207). The discovery that tuberculosis was caused by bacteria in 1882 strengthened belief in the cold air cure, as it was initially thought that the colder air could slow or even kill bacteria reproduction. Robert Louis Stevenson who himself suffered from pulmonary afflictions mused upon this shift in medical opinion from preferring warmer to colder climates in an essay for the *Pall Mall Gazette* in 1881. He describes invalids lying on southern shores as

idle among spiritless idlers, not perhaps dying, yet hardly living either, and aspiring sometimes fiercely after livelier weather and some vivifying change. These were certainly beautiful places to live in, and the climate was wooing in its softness. Yet there was a latent shiver in the sunshine; you were not certain whether you were being wooed, and these mild shores would sometimes seem to you to be in the shores of death. There was a lack of a manly element; the air was not reactive; you might write bits of poetry and practise resignation, but you did not feel that here was a good spot to repair your tissue or regain your nerve. (Stevenson 1881: 10)

Indeed, the cure in Davos included vigorous ‘manly’ activities such as long Alpine walks (Frawley 2004), which was something quite different from the recurring images and descriptions of invalids in Madeira being carried around in hammocks and palanquins.<sup>5</sup> Vigour, activity and health are assigned genders and geographies.

For the reasons described above, decreasing numbers of British invalids travelled to Madeira during the later nineteenth and early twentieth centuries. British influence on the island also waned for other reasons. There were several significant blights on the grape harvest that reduced wine production (Gregory 1988: 106). Also, the entry of several German

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<sup>5</sup> A palanquin is a type of box fixed to long poles used for carrying one person. It is frequently referred to in British writing on Madeira. Guidebooks frequently mention transportation options for invalids, as the island was not conducive to horse carriage.

interests ended its economic monopoly on the island (Gregory 1988: 112–125).

In part owing to lack of knowledge of the Portuguese language and cleaving to British communities and society, texts written by and for invalids in Madeira seem to conform to the bulk of other writing about Portugal in its ‘uniformity of description, commentary, and judgment’ (Paulino 2013: 102). Such writing tends to emphasize Portuguese guile, laziness and lack of enterprise. While many writers take pains to elucidate how favourably different the Madeiran climate is to that of other resorts in Southern Europe, they largely echo the prevailing attitudes about northern and southern climates and the characters they produce, despite the uniquely temperate climate of Madeira that drew invalids there in the first place.

One passing British traveller remarked in 1933 that Funchal had ‘a slightly colonial atmosphere: one feels the need for a Residency’ (Fleming 1933: 51). While Madeira was never a colony, this remark emphasizes the impression of separation and superiority of the British to the Madeirans, aligning with themes in travel writing for and by invalids. Climate theory allowed for a superior attitude toward the improvements the British could contribute, while simultaneously reaping the benefits of the island’s climate.

While the science may now be outdated and mostly forgotten, many of the ideas established in the 1800s and earlier persist in social and political discourse. Used during the European debt crisis which began in 2009, the derogatory acronym PIGS to designate Portugal, Italy (or Ireland), Greece and Spain reflects the climate-based, historical prejudices of southern Europeans as lazy and corrupt. These stereotypes, scholars have argued, have supported ‘public policy legitimation’ (Capucha et al. 2014) resulting in loss of sovereignty (Van Vossole 2016). The early history of medical tourism may elucidate some of the historical roots of contemporary prejudices.

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