

***MARY SEACOLE***



***THE EXTRAORDINARY  
ADVENTURES  
OF MRS. SEACOLE***

**Mary Seacole**

# **The Extraordinary Adventures of Mrs. Seacole**

**Enriched edition.**

*Introduction, Studies and Commentaries by Gavin Avery*

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# Introduction

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Across war-ravaged frontiers and bustling ports, a self-made healer navigates the currents of empire with audacity, improvising care, commerce, and courage as she meets suffering head-on and refuses the confines that race, gender, and class conspire to draw around her.

Mary Seacole's autobiography, published in the mid-nineteenth century, offers a direct, first-person account of a Jamaican-born nurse and entrepreneur who traveled widely and worked amid conflict. Composed and issued in 1857, it emerged in the immediate aftermath of the Crimean War, when British readers were avid for narratives from the front and for stories of medical reform and humanitarian service. The book's central premise is simple yet compelling: Seacole tells how she learned her craft, moved across the Atlantic world, and brought her skills to bear in moments of crisis, all while negotiating the opportunities and obstacles presented by the Victorian era.

The work has attained classic status because it fuses genres—travel narrative, war writing, entrepreneurial memoir, and life-writing—into a brisk, vivid chronicle shaped by an indelible narrative voice. As one of the earliest book-length autobiographies by a Black woman in Britain, it widened the frame of who could speak authoritatively in print about war, medicine, and empire. Its scenes of care and improvisation, its unpretentious candor, and its unwavering attention to human dignity continue to invite readers across generations. Canonical not by decree but

through persistent readership, it occupies a vital place in literary, historical, and nursing studies.

Its literary impact reaches beyond the boundaries of genre. Later writers of nursing memoirs, travelogues, and diasporic life-writing have found in Seacole's example a powerful precedent: a civilian, woman-of-color narrator addressing war zones with practical intelligence and steadfast empathy. The book also influenced how subsequent accounts present caregivers as protagonists, shaping the narrative possibilities available to those who write about medicine, migration, and service. By placing a Caribbean-born subject at the center of Victorian public life, the text helped reconfigure expectations about whose experience could anchor narratives of global modernity.

At its heart, the volume traces Seacole's movement from her Caribbean beginnings through ventures in the Americas to the theater of the Crimean War. She sets out how she learned remedies, built small businesses, and carried her knowledge into places where conventional structures faltered. Readers encounter busy ports, treacherous crossings, rough settlements, and military encampments, with Seacole consistently intent on providing sustenance and treatment. The memoir's arc remains that of a working life: one decision leading to another, one enterprise enabling the next, each stage of travel unfolding from the last, all without divulging more than the essential setup of her endeavors.

Stylistically, the book is distinguished by its brisk pace and personable address. Seacole writes with humor and assurance, inviting readers into both her successes and her setbacks, and explaining techniques and choices in terms a general audience can grasp. The prose balances immediacy—scenes overheard, injuries tended, goods procured—with

reflective commentary on risk, resourcefulness, and the ethics of care. That combination of voice and vantage makes the narrative unusually accessible: it reads as the testimony of someone too occupied with work to romanticize hardship, yet keenly aware that honest description can instruct and inspire.

One of the abiding themes is boundary crossing—geographical, professional, racial, and gendered. Seacole records rebuffs when she sought formal avenues for nursing service, and she recounts episodes of prejudice that tested her resolve. Yet the narrative continually re-centers agency: she finds alternative routes, forms partnerships, and builds institutions on the periphery of official systems. In doing so, the book reveals how individuals negotiated the hierarchies of the nineteenth-century Atlantic world. It gives substance to abstract debates about inclusion and exclusion by showing the daily labor of a woman determined to practice her art of healing.

The historical context deepens the memoir's significance. The Crimean War (1853–1856) was a crucible for public debates about military logistics, sanitary reform, and the treatment of the wounded. Seacole's account offers a civilian perspective from close to the front, complementing reports that emphasized administration or policy. She focuses on what it meant to secure food, medicine, and shelter under pressure, and to carry care into unstable spaces. In an era when journalism and print culture brought distant theatres into British parlors, her narrative helped readers grasp the material realities behind headlines and official dispatches.

Equally important is the book's global sensibility. Seacole's routes—from Jamaica to Central America, from London to the Black Sea—map a world tied together by

trade, migration, and war. She registers the textures of ports and borderlands, observing how goods, diseases, and customs move and mix. The memoir thereby contributes to travel writing by a narrator who understands both the promise and the perils of mobility. It shows how knowledge travels with people, and how skills honed in one climate or community can be adapted, with care and judgment, to another.

From its first appearance, the book found readers who recognized its originality and vigor, and it has since been repeatedly reissued. Its author's name has grown increasingly prominent in histories of nursing, the Crimean War, and Black British life-writing, ensuring continued circulation in classrooms and public discussions. Modern scholarship has examined the text's craft and context, while exhibitions, biographies, and public memorials have underscored its cultural importance. The sustained attention has not merely revived an artifact; it has affirmed the memoir's capacity to speak across time about courage, competence, and community.

For contemporary audiences, the narrative resonates on many fronts: the ethics of caregiving in crisis, the place of private initiative in public emergencies, the experience of racialized and gendered labor, and the complexities of service within imperial structures. Readers concerned with global health, migration, entrepreneurship, and the politics of representation will find here both case study and companion. The book's candor about obstacles, paired with its clear-eyed record of what can be done with limited resources, offers guidance as well as inspiration, inviting reflection on responsibility and action when institutions falter.

This enduring work remains compelling because it dramatizes how an individual imagines and then inhabits a life of purpose, turning movement into meaning and skill into service. Its classic stature is secured by its distinctive voice, historical vantage, and humane intelligence, and by the way it enlarges the literary record of the nineteenth century. As you enter its pages, you engage not only a singular life but also a set of questions that continue to matter: who gets to speak, who gets to heal, and how conviction becomes care. That is why the adventures of Mrs. Seacole still feel, in every sense, extraordinary.

# Synopsis

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Mary Seacole's narrative unfolds as a first-person account of travel, caregiving, and enterprise across the mid-nineteenth-century Atlantic world. Framed as recollection rather than formal history, it follows the author from Caribbean beginnings to scenes of global upheaval, linking domestic remedies and battlefield exigencies. The book balances observation with anecdote, portraying a woman determined to make herself useful wherever need appears. Its episodes progress chronologically, yet the voice lingers on character sketches, practical challenges, and the moral complexities of relief work. From this vantage, Seacole offers an unvarnished view of illness, hardship, and resilience, always emphasizing action, improvisation, and a readiness to meet adversity with skill and resolve.

The opening chapters situate Seacole in Jamaica, where she learns healing practices in a family setting connected to lodging and care. Her early experiences treating fevers and minor injuries, and managing the day-to-day demands of a busy household, prepare her for larger trials. She depicts Kingston's social and commercial rhythms, showing how hospitality, medicine, and trade intersect on a colonial island subject to weather, disease, and sudden reversals. Travel to and from Britain broadens her horizons and tests her confidence; she meets varied expectations about race, class, and gender, and begins to consider how personal initiative might overcome institutional reluctance to welcome a self-taught practitioner.

Opportunity and crisis draw her northward to the Central American isthmus, where thousands of travelers rush between oceans in pursuit of fortune. Seacole describes setting up a small business that doubles as a place of refuge and treatment, blending cooking, lodging, and nursing into a single enterprise. A sudden outbreak of disease exposes the fragility of these transient communities. She recounts long hours tending the sick, adjusting remedies to conditions, and negotiating payment with clients who may leave at a moment's notice. The work requires practical courage and an instinct for triage, which she refines through repeated encounters with danger and loss.

Beyond the sickroom, Seacole observes the churn of frontier life: fluctuating prices, unreliable transport, and tensions among travelers of many nations. She relates arduous river crossings, shortages of supplies, and episodes of banditry and disorder, all of which test her resourcefulness. The narrative dwells on the moral ambiguities of profit and charity in a volatile economy, noting how a shopkeeper may also be a lifeline. By adapting services to immediate needs—food, medicine, shelter—she earns a reputation for competence. These chapters highlight the improvisational ethos that will later define her war work, while raising questions about who is recognized as an authority in care.

News of conflict abroad prompts Seacole to return to Britain and offer her services to official bodies organizing nursing support. She recounts applications and interviews that end without appointment, and she reflects on whether her background and unconventional training count against her. Rather than accept delay, she pursues an independent route to the war zone. The journey takes her through staging posts to the theater of operations, where she

studies local conditions and identifies gaps between military provision and everyday needs. Her decision to act without institutional backing becomes a defining turn, linking entrepreneurial risk to humanitarian intent.

In the Crimea, Seacole establishes the British Hotel, conceived as a supply and refreshment base that also furnishes care. She describes the practicalities of acquiring stock, hiring help, and maintaining order amid overcrowding and uncertain logistics. The venue serves officers and soldiers alike, offering meals, comforts, and basic medical attention when formal channels prove slow or insufficient. By setting fair prices, extending credit judiciously, and keeping an open door, she builds trust. These pages emphasize the interdependence of commerce and relief, showing how dependable service can stabilize a fragile environment and complement the work of hospitals and commissariats.

Seacole also ventures closer to the front, where she administers first aid, distributes necessities, and helps convey the wounded. The narrative focuses on procedures—bandaging, warmth, nourishment—amid cold, mud, and sudden violence. She portrays the rhythms of campaigning life, from lulls to rushes of activity, and notes the camaraderie formed through repeated service. Recognition follows not as ceremony but as familiarity; her presence becomes part of the landscape of care. Without dramatizing specific engagements, she illustrates how immediacy, calm judgment, and practical supplies can decide whether a soldier survives the interval before formal treatment.

With peace, the structure that sustained her enterprise dissolves. Seacole recounts the financial risks of stock acquired for war conditions and the difficulty of winding down operations at speed. Back in Britain, she encounters

both acclaim and insecurity, a combination that prompts public support and, eventually, publication. The book explains her purposes: to record events while memories are fresh, to clarify the nature of her work, and to argue, by example, for the value of experience-based nursing. She revisits earlier episodes to show continuities of method and outlook, connecting island home, isthmus transit, and battlefield service in a single career.

Across its span, the book advances a consistent idea: effective care is practical, adaptable, and rooted in respect for those in distress. It interrogates who gets to serve in crises, how institutions define merit, and why perseverance matters when rules and prejudices exclude willing hands. By fusing travel writing with a record of medical and logistical labor, Seacole offers a distinctive testimony to mid-nineteenth-century mobility and service. The broader significance lies in its model of agency: a woman of Caribbean origin shaping events through competence and compassion, leaving a durable account of how ordinary tools, steady judgment, and resolve can meet extraordinary need.

# Historical Context

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Mary Seacole's memoir is framed by the mid-nineteenth-century British Empire, stretching from the Caribbean to the Black Sea. Its settings include colonial Jamaica, the transit towns of the Panamanian isthmus, and the Crimean peninsula during the war of 1853-1856. Dominant institutions include the British Army and War Office, the imperial colonial administration, and an expanding global marketplace propelled by steamship lines and newspapers. Seacole writes as a British subject from Jamaica, moving through imperial networks that enabled and constrained her. The memoir's episodes unfold amid military hierarchies, racial and gendered social orders, and the commercial infrastructures that supplied armies and connected far-flung colonies to London's public sphere.

Jamaica in the early 1800s shaped Seacole's formative world. Born in Kingston in 1805, she grew up in a society transitioning from plantation slavery to emancipation (1834) and full freedom (1838). Racial stratification persisted, yet free people of color—Seacole among them—built livelihoods within colonial economies. British garrisons stationed on the island formed part of everyday life, bringing soldiers into contact with local caregivers. The colonial administration, Anglican establishment, and plantation interests were powerful, but urban Kingston also fostered hospitality and trade. This environment, with its proximity to military personnel and recurrent epidemics, offered Seacole early opportunities to learn practical nursing and to run businesses.

A key cultural thread in the memoir's background is Caribbean medical pluralism. Seacole learned from her mother, a respected "doctress" who combined herbal knowledge with then-current European remedies while running a Kingston boarding house for officers. The label "doctress" signified skill outside formal British medical institutions, reflecting both gendered exclusions and colonial hierarchies of knowledge. In garrison towns beset by yellow fever and other diseases, such practitioners treated soldiers and civilians alike. Seacole's later confidence in diagnosing and treating fevers, wounds, and cholera draws from this milieu, even as she engaged with and sometimes contested orthodox metropolitan practices.

Imperial mobility and steam technology enabled Seacole's travels long before the Crimea. The Royal Mail Steam Packet Company, established in 1839, expanded regular connections between the Caribbean and Britain. Steamships shortened journeys, while imperial postal routes carried news and opportunities. Seacole visited Britain and other parts of the Americas across these networks. Such movement was not frictionless: race, gender, and class shaped access to capital, credit, and respectable patronage. Yet the very existence of scheduled shipping, packet boats, and growing port infrastructures helped an ambitious colonial woman convert skill into enterprise across oceans.

Epidemics form another historical backdrop. Jamaica suffered severe cholera in 1850–1851, part of broader global pandemics in the nineteenth century. Contemporary medical consensus frequently invoked miasma (bad air) and relied on treatments such as purgatives, emetics, and opiates, though sanitary reformers increasingly urged drainage, cleanliness, and ventilation. Seacole's memoir references repeated confrontations with yellow fever and cholera,

conditions that trained her to recognize patterns of dehydration, collapse, and convalescence. Her approach fused household remedies, experience, and close observation—typical of many practitioners outside formal hospital systems—at a time when laboratory bacteriology had not yet transformed disease theory.

The California Gold Rush (from 1848) turned the Panamanian isthmus into a crucial transit corridor between Atlantic and Pacific. By the early 1850s, tens of thousands crossed through towns like Chagres and Cruces en route to San Francisco. The overland trail and river passages were difficult; lodging, supplies, and medical aid were in high demand. A cholera outbreak around 1851–1852 devastated travelers and locals. Simultaneously, the Panama Railroad, constructed roughly between 1850 and 1855, brought investment and staggering mortality among workers. Seacole's presence there placed her at the center of a volatile, lucrative, and dangerous node of global migration.

The isthmus also concentrated imperial labor systems and racialized economies. West Indians, North Americans, and Latin Americans mingled in a precarious boomtown environment of fluctuating prices and scant sanitation. Seacole established boarding and provisioning services and tended the sick during cholera outbreaks, blending commerce and care. Her work sheds light on how women—especially women of color—exercised authority in spaces where official institutions were weak. The memoir's attention to practical logistics, bedside care, and community reputation reveals the informal infrastructures that sustained travelers when state apparatuses and corporate contractors failed to provide basic security or health measures.

The Crimean War, fought mainly between the Russian Empire and an alliance of the Ottoman Empire, Britain, and France (1853–1856), furnishes the memoir's most famous stage. Major operations included the battles of the Alma, Balaklava, and Inkerman, and the long siege of Sevastopol. The winter of 1854–1855 exposed grave deficiencies in British supply, transport, and medical systems. Frozen ports, inadequate clothing, and poor rations contributed to sickness and mortality. Seacole's eventual decision to travel to the war zone and establish a base near Balaklava must be seen against this backdrop of military mismanagement and urgent need.

A revolution in communications and public opinion intensified scrutiny of the war. Steamships sped dispatches, the electric telegraph accelerated news transmission, and war reporting—most notably by correspondents for London newspapers—brought front-line conditions to British readers with unprecedented immediacy. Photographers such as Roger Fenton produced widely circulated images in 1855. Public outrage over hospital conditions at Scutari and in the Crimea spurred charitable donations and official inquiries. This climate opened doors for certain reformers while leaving others, like Seacole, to navigate between philanthropy and private initiative to meet soldiers' material and medical needs.

The British Army's medical arrangements were fragmented, relying on regimental hospitals and an overburdened system of general hospitals. Early in the war, supplies were delayed and sanitation poor, leading to high mortality from disease. Florence Nightingale's arrival at Scutari in late 1854 with a team of nurses responded to this crisis. Seacole, offering her experience, applied to volunteer through official channels and charitable committees but was

not accepted; reasons are not systematically recorded. She later concluded that prejudice and bureaucracy had impeded her. Determined to help, she financed her own journey and established an independent operation close to the front.

Seacole's British Hotel near Balaclava opened in 1855 as a multi-purpose establishment: a canteen, store, and resting place for officers and, at times, other ranks. She sold hot food, clothing, and necessities, and she also dressed wounds and treated illnesses on site and during visits to the field. Her work complemented, rather than duplicated, hospital nursing by focusing on day-to-day sustenance and immediate care. This hybrid model—part business, part humanitarian service—responded to gaps in official provision. The memoir documents how improvisation, supply chains, and personal relationships kept the enterprise afloat amid siege warfare.

Victorian racial attitudes form a central context for reading the memoir. As a mixed-race Jamaican woman, Seacole asserted her Britishness while confronting stereotypes that disadvantaged colonial subjects and people of African descent. Soldiers often adopted her as "Mother Seacole," praising her bravery and kindness; newspapers covered her endeavors with warmth. Yet institutional acceptance remained elusive. By presenting herself as loyal, competent, and enterprising, she challenged the period's assumptions about who could claim authority in medicine and business. Her self-portrait does not deny empire's hierarchies; it reveals how a colonial subject navigated, appealed to, and sometimes subverted them.

The memoir also reflects the gendered politics of care. Women's contributions to war—sutlers, laundresses, nurses, and caregivers—had long existed, but the Crimea thrust

some into public view. Nightingale's hospital reforms and statistical advocacy would influence British nursing thereafter. Seacole's practice, rooted in household medicine and field improvisation, offers a complementary model: hands-on, mobile, entrepreneurial, and patient-centered. Her presence near the lines, her rapid responses to skirmishes, and her willingness to venture into hazardous zones illustrate forms of women's work the state did not formally sanction but which soldiers relied upon to survive and to maintain morale.

Economic structures of the war are equally important. The British supply apparatus depended on contractors, commissariat officials, and volatile shipping routes. Shortages and bottlenecks produced black markets and informal economies. Seacole bought goods, managed transport animals, and juggled credit at a time when delays could be ruinous. When peace arrived in 1856, inventories amassed for wartime demand suddenly lost value, and many small operators faced financial collapse. Seacole returned to Britain with debts, her case highlighting how private individuals who had filled public gaps could be celebrated for service yet left without institutional financial protection.

Public subscription and charity—hallmarks of Victorian civil society—then intervened. Benefit events and fundraising campaigns in 1856-1857, supported by officers, journalists, and admirers, helped Seacole clear debts. This mechanism, familiar in an age before a comprehensive welfare state, transformed battlefield reputation into material aid. It also showcased the power of the press to mobilize sympathy. The memoir emerged within this philanthropic context as both testimony and instrument: it tells her story and seeks to secure her livelihood, turning

readers' fascination with wartime scenes into support for a colonial woman who had personally shouldered risks the state had not fully addressed.

The book's publication in 1857 fits the era's booming market for travel writing, life stories, and war memoirs. British readers consumed accounts of distant places and imperial conflicts, and publishers capitalized on that appetite. Seacole's narrative sits alongside reports from correspondents and official inquiries, providing a civilian, entrepreneurial perspective from the front. Reviews in the London press recognized its vivid scenes and practical details. The memoir participates in a wider print culture that circulated imperial experiences to metropolitan audiences, shaping public memory of the Crimea while foregrounding a voice rarely centered in Victorian nonfiction: a mixed-race colonial woman speaking for herself.

While focused on earlier experiences, the memoir appeared during a turbulent imperial year. In 1857, news from India—what Britons called the “Indian Mutiny” and is now widely termed the 1857 Uprising—dominated headlines, provoking debates on governance, race, and military reform. Although Seacole's book does not address that event, its timing underscores an empire reassessing its institutions after Crimea's failures. Readers brought to it fresh concerns about logistics, medical care, and the obligations of the state to its soldiers. Against this anxious backdrop, Seacole's competence and initiative offered a reassuring, if complex, image of imperial service from the colonial periphery to the imperial center.

# Author Biography

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Mary Seacole (1805–1881) was a Jamaican-born nurse, entrepreneur, and author whose work during the Crimean War made her one of the most recognized Black women of the Victorian era. Best known for establishing the British Hotel to support soldiers near the front, she combined medical care, provisioning, and hospitality in a way that bridged civilian and military needs. Her 1857 autobiography, *Wonderful Adventures of Mrs. Seacole in Many Lands*, offered a vivid account of travel, war, and medical practice, and has since become a key text in studies of race, gender, empire, and nursing. Seacole’s life illustrates independent initiative within—and against—the constraints of her time.

Seacole grew up in Kingston, Jamaica, where she absorbed practical medical knowledge from her mother, a respected “doctress” who ran a boarding house catering to convalescent soldiers. In an era before formal nurse training became institutionalized, Seacole’s education was experiential, rooted in Caribbean pharmacology, hygiene, and hands-on care. She learned to compound remedies, manage infectious illness, and maintain order in a busy household that intersected with military life. Early travels to Britain broadened her perspective and confidence navigating imperial networks. This informal but rigorous preparation shaped the clinical decisiveness, logistical skill, and cultural fluency that later defined her public reputation.

Before the Crimean War, Seacole’s career was forged in crises across the Caribbean and Central America. During

cholera outbreaks in Jamaica and, soon after, in Panama, she treated patients while running small businesses that supplied travelers and workers. In the isthmus, she gained a reputation for rapid response, sanitation measures, and herbal and over-the-counter remedies adapted to local conditions. These experiences honed her ability to organize supplies, triage patients, and work amid epidemics and limited infrastructure. They also refined her narrative voice: attentive to human detail, brisk about practicalities, and candid about risk, profit, and compassion living side by side in frontier settings.

When the Crimean War began, Seacole traveled to Britain and sought official nursing roles with the War Office and charitable groups. She was not accepted, a setback she later described as entwined with prejudice and bureaucratic delay. Refusing to be sidelined, she financed her own passage to the Black Sea with a business partner and, in 1855, established the British Hotel near the conflict zone. There she sold hot meals and essentials, provided rest and recovery space, and treated the sick and wounded. Her enterprise filled gaps left by military logistics, combining commercial savvy with unfailing practical care.

Seacole's work at the front went beyond the hotel's thresholds. She was seen on the battlefield after engagements, carrying bandages and restoratives, and ministering to soldiers irrespective of rank. Accounts from the period noted her calm under fire and brisk competence in emergencies. She extended credit, dispensed charity, and built trust with medical staff and troops, who popularly dubbed her "Mother Seacole." Press reports highlighted her usefulness and courage, while her own writing emphasizes the improvisation required to sustain food, warmth, and nursing amid supply challenges and severe weather. By

war's end, she was well known, though not financially secure.

Back in Britain, Seacole faced bankruptcy due to losses incurred as the war concluded, but public fundraising eased her situation. She published *Wonderful Adventures of Mrs. Seacole in Many Lands* in 1857, an engaging autobiography that blends travel narrative, medical observation, and war reportage. Readers praised its energy, humor, and immediacy, and contemporary newspapers reviewed it favorably. The book is among the earliest British-published autobiographies by a Black woman and remains her principal literary work. Scholars now read it as a key Victorian life-writing text, revealing attitudes to race and empire while documenting nursing practice beyond hospital walls.

In later years, Seacole divided her time between Jamaica and Britain, maintaining connections with military acquaintances and supporters. She died in London in 1881. Her memory faded for much of the twentieth century, then revived through historical scholarship, public commemoration, and curricular inclusion. Restoration of her grave and renewed attention to her book helped re-establish her profile, culminating in a major statue unveiled in London in 2016. Today, Seacole is celebrated as a pioneering nurse, resourceful businesswoman, and significant Black British figure whose example informs ongoing discussions about healthcare, equity, and recognition.

# **The Extraordinary Adventures of Mrs. Seacole**

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# CHAPTER I.

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MY BIRTH AND PARENTAGE—EARLY TASTES AND TRAVELS—MARRIAGE,  
AND WIDOWHOOD.

I was born in the town of Kingston, in the island of Jamaica, some time in the present century. As a female, and a widow, I may be well excused giving the precise date of this important event. But I do not mind confessing that the century and myself were both young together, and that we have grown side by side into age and consequence. I am a Creole[1], and have good Scotch blood coursing in my veins[1q]. My father was a soldier, of an old Scotch family; and to him I often trace my affection for a camp-life, and my sympathy with what I have heard my friends call “the pomp, pride, and circumstance of glorious war.” Many people have also traced to my Scotch blood that energy and activity which are not always found in the Creole race, and which have carried me to so many varied scenes: and perhaps they are right. I have often heard the term “lazy Creole” applied to my country people; but I am sure I do not know what it is to be indolent. All my life long I have followed the impulse which led me to be up and doing; and so far from resting idle anywhere, I have never wanted inclination to rove, nor will powerful enough to find a way to carry out my wishes. That these qualities have led me into many countries, and brought me into some strange and amusing adventures, the reader, if he or she has the patience to get through this book, will see. Some people, indeed, have called me quite a female Ulysses. I believe that they