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Fears, Old and New

Annalisa Federici
Roma Tre University/University of Tuscia
(<annalisafederici3@gmail.com>)

Annika Mann, *Reading Contagion: The Hazards of Reading in the Age of Print*, Charlottesville and London, University of Virginia Press, 2018, 257 pp., ISBN: 978-0-8139-4177-6.

Matthew L. Newsom Kerr, *Contagion, Isolation, and Biopolitics in Victorian London*, London and New York, Palgrave Macmillan, 2018, 370 pp., ISBN: 978-3-319-65767-7.

In these challenging times dominated by the Covid-19 pandemic, the concept of contagion resonates with both current fears and a long-established historical tradition according to which the Latin terms *contagio* and *contagium* have been used to refer to the idea that diseases can be communicable through physical touch or close contact since, at least, the second century BC. Such a persistent pattern of cultural beliefs and practices reveals the powerful suggestiveness of the term. Contagion is a biological entity and a physical object (the infected one which in turn causes infection), but also a psychological dimension (ranging from uneasiness to terror); it is an objective category registered in medical literature as well as the object of subjective feelings. Moreover, contagion is as much a private as it is a public issue: since fear and anxiety related to contagion can be felt and shared, these feelings are, in a certain way, contagions themselves and may circulate within different societies in different ways. As crossroads of the collective imagination, therefore, contagions are both intangible and palpable at the same time. Moreover, the evocativeness and cultural potency of the term is easily explained if we think, as Cynthia Davis suggests, that "contagion and writing are both forms of communication, after all, and […] there are evocative parallels between the two" (2002, 829). In this view, "contagion is itself both a content and a method. It denotes both disease *and* the process of its spread […]. The fact that culture is also communicated in this fashion explains contagion's appeal as a way of describing the process of cultural transmission" (830). Similarly, Martin Pernick argues that,

since communication is the basis of language and culture as well as infection, "contagion and culture have a lot in common. The concept of contagion was shaped by culture. Conversely, cultures are communicated person to person like a contagion" (2002, 861). It is particularly instructive to bear in mind that, as a cultural artefact, contagion is also a social construction and a political process. As several studies of contagion in British socio-cultural contexts from the early modern period to the long nineteenth century have variously suggested, contagion can be envisaged as a record of interpersonal relationships and one's place within the power structure, a concept both "socially constructed" and "inherently political" (McCrea 2004, 188). Scholars of the Victorian age like Chung-jen Chen, for instance, have recently pointed out that "both scientists and the general public tended to distinguish contagion, or contagionism as a collective belief in practice, from infection. There was much contention during this period over how diseases were transmitted: 'contagion' was used to refer to the idea of person to person contact, while 'infection' or 'miasma' referred to the idea that disease would be spread by environmental factors such as air and water" (2020, 1). Therefore, particularly relevant at that time was sanitationism (the variety of medical theories and social reforms inspired by miasma theory), which "operated on the assumption that all possible diseases could be prevented and curbed if the living environment were kept clean, healthy, and free of all materials thought to be damaging or at least threatening to human health" (1-2), and which determined such fundamental social and political initiatives as slum cleansing, urban rebuilding, or the passing of a series of public health and social reform acts. I would then agree with Chen positing that "contagions are a cultural locus at which the human body, social hierarchy, governmental regulations, psychological subjectivity, and material objects converge" (5).

Over the centuries, not only have culture and contagion been metaphorically related and in certain contexts even used interchangeably to connote exchange, communication and contact, but theories of transmission, contamination and contagion have been variously concerned with boundary-crossings, as well as with spatial, temporal and cognitive routes of passage across both the inside and the outside. As Martina King and Thomas Rütten remark, contagion is a "descriptive term" that "encompasses notions of touch, transmission, and transitiveness" (2013, 1). Annika Mann's compelling book *Reading Contagion: The Hazards of Reading in the Age of Print* argues precisely that "during times of plague, the medium of air and the presence of other bodies infect the act of reading, such that it too becomes dangerous" (2018, 2). In the face of a current pandemic, therefore, her brilliant study offers a timely historical intervention into long-standing scholarly debates about contagion as a bodily phenomenon and concept metaphor. René Girard and Susan Sontag propound the first critique of metaphors of contagion in the modern era, arguing that such metaphors must be sharply distinguished from contagion as a biomedical reality. In "The Plague in Literature and Myth", Girard considers the pervasiveness of the plague in western culture up to the present, noting that "this metaphor is endowed with an almost incredible vitality, in a world where the plague and epidemics in general have disappeared almost altogether" (1974, 835). In his view, such plague metaphor is extremely dangerous, since the violence it discloses is often addressed by a community experiencing disorder or collapse toward a sacrificial scapegoat. Similarly, in *Illness as Metaphor* Sontag urges us to take illness literally. "Illness", she insists, "is *not* a metaphor", although it is frequently considered as such. Sontag contends that "the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking" (1990, 3). Where illness is concerned, words hurt most when they are most allusive. The more enigmatic the disease is made to seem, the more likely we are to supply it with deceptive meaning and the greater the fear of moral, if not physical, contagion. The way we conceive disease, Sontag

suggests, is itself diseased, and to cure it we must demystify the discourse surrounding illness. Since it is equally true that metaphor can be illness – that is, writing may have infectious qualities and a perilous potency – we must, in short, resist the seductions of metaphor. Rather than separating contagion as a real disease and contagion as a figure in the manner of these scholars, Mann turns instead to New Materialist approaches – which reformulate the concept in terms of how it exposes the interconnections between human and non-human actors – and argues for the co-constitutive nature of medical and literary discourses on contagion. Her argument is perhaps indicative of a vision, also shared by other critics, according to which "although *contagion* has served as a metaphor for centuries, distinguishing the figurative from the literal usages depends on the specific historical and literary contexts" (Pernick 2002, 860). For Mann, eighteenth-century theories of contagion complicated any clear-cut distinctions between "human bodies and nonhuman media and objects, as well as between diseased and healthy bodies and spaces" (2018, 11). One of the central theories of contagion in this period is what Mann terms "reading contagion" as infectious, transformative bodily contact with the passions and material particulates of others that cannot be controlled by human agents, or the power of the act of reading to "propagate embodied collectives and facilitate large-scale epidemics" (12-13) through its affective and physiological effects on readers. This view rests in turn upon a prominent theory of reading articulated during the first half of the eighteenth century, which defines it as "the transmission of the passions of an author or character to a reader, whose absorption in the text is constituted by involuntary bodily movement. Significantly, this theory of reading is one that transforms the distant contact provided by print into an immediate affective experience, one often described via the language of contagion" (13). Through case studies of Daniel Defoe, Alexander Pope, Tobias Smollett, William Blake, Samuel Taylor Coleridge as well as Percy and Mary Shelley, Mann traces how reading contagion both recognises the hazards of reading (immanent in both a text's subject matter and its pages) as the cause of passionate readerly identification and understands such identification as potentially reformatory or curative. Since the notion of reading as passionate identification can be used either to warn readers of the dangers of particular texts, genres and forms, or to advocate for their healing power, this theory of reading, though seemingly contradictory, actually allowed eighteenth-century writers to justify their own literary experiments as prophylactics against other, more noxious forms of writing, while at the same time recognising all textual objects as potentially threatening.

Mann's first chapter focuses on Daniel Defoe's *A Journal of the Plague Year* (1722), whose narrator/editor H.F. asserts that, since infection is imperceptible, print is a useful medium to produce knowledge about contagious disease. Thus, *A Journal* seems at first to operate as propaganda for the healing power of print (especially the bills of mortality), whose reputation was still uncertain in the early eighteenth century. However, Defoe also elucidates a kind of agency that is particularly difficult to control because, as texts – including his own – circulate, they are likely to spread not only knowledge useful to avoid infection, but also the dangerous corpuscles of plague. Paradoxically, H.F.'s efforts to classify texts and types of reading under the pressure of contagion only make even more noticeable the potentially toxic effects of their porous pages. Mann interestingly reads Defoe's narrator's attempts to distinguish between acts of reading which are productive of disease and printed publications which can disseminate helpful knowledge about the disease in light of contemporary medical discourse on contagion – particularly by prominent physicians such as Richard Mead and George Cheyne – describing contagious diseases as caused by invisible corpuscles spread by absorptive entities like bodies, media and (printed) objects known as fomites. As she effectively points out, "in using medical theories of contagion as his license for organizing (and sanitizing) print, H.F. ironically only

reminds his readers that the act of reading – which can provide knowledge or communicate passion – is also haptic, and thus potentially transformative, because of the contact between porous pages and reading bodies" (28). In other words, H.F.'s efforts to sanitise texts culminate in a paradox: in pointing out the potential contamination carried by books, Defoe's narrator implicates his own text in the infection.

Chapter two deals with a similar tension: it argues that, in his mock-epic poem *The Dunciad in Four Books* (1743), Alexander Pope engages with theories of contagious matter drawn from both medical and aesthetic discourse (particularly John Dennis's and Richard Blackmore's poetics of enthusiasm) in order to disclose the dissolution of individual authorial agency as well as of social and aesthetic hierarchies, which results from the increased expansion of print production and circulation via innumerable new hands. Like Defoe, Pope depicts the massive proliferation of print culture as plague: he turns to reading contagion in order to deprecate bad texts (that is, to illustrate the spread of vice) and make visible those originative networks by which the collective bodies of writers and readers, as well as the contagious medium of the porous page, interact so as to generate massive and deleterious transformations of contemporary culture. However, Mann demonstrates that, in an attempt to make contagion discernible, Pope's own text is finally caught up in that same noxious materialisation and cannot escape a widening infection. Therefore, "Pope's *Dunciad* finally elucidates but does not solve the hazards of reading contagion in the age of print" (54).

Chapter three examines the manifold ways in which physician, print functionary and novelist Tobias Smollett engaged in a career-long struggle with reading contagion, from his scientific treatise *Essay on the External Use of Water* (1752) to his final narratives *The History and Adventures of an Atom* (1769) and *The Expedition of Humphry Clinker* (1771). Troubled, like medical and literary writers before him, by the power of print to circulate the contagions of an increasing number of readers and by the body's involuntary reactions to material and affective contact, "Smollett attempts in his works", Mann argues, "both to make visible the material and affective hazards of reading *and* to control for them" (83-84). Unlike Defoe and Pope, however, he overcomes the paradox of drawing attention to the risks of reading contagion while also exposing his own texts as contagious by turning to remediation. In other words, he incorporates other media forms into his final works "in order to expose print as a singular physical medium that carries but can also refuse other infectious media" (84). As an apt illustration of this strategy, Mann employs the metaphor of "inoculation", by means of which Smollett – drawing on contemporary theories of the healing power of the body's own reaction to illness – "gives the disease in order to cure" (*ibidem*), although this may entail abandoning the idea that distinctions between noxious and health-preserving texts can ever be reestablished. In his final works, Smollett includes the representation of other media forms in an attempt to achieve such remedy. In *The History and Adventures of an Atom*, for instance, the endless descriptions of physical absorption and mediation mirror acts of textual absorption, mediation and remediation, by means of which the text incorporates material from a number of other texts and media, including Smollett's earlier journalism and historical writing, political satires and cartoons. Therefore, remediation as the subject and fabric of Smollett's texts points to the fact that the print medium is so harmful and corrupting as to be rejected entirely. Finally, Mann understands *Humphry Clinker* as "a particular kind of remediation, one that acknowledges reading contagion and yet inoculates against it" (97). Smollett's last, "hypermediated" text delineates print as a medium that, rather than exposing the reading body to various forms of contagion (physical, intellectual, or affective), protects it by giving readers less virulent strains and therefore acting as a prophylactic against more dangerous social contact. Such a strategy ultimately allows Smollett to represent textual absorption and remediation as survivable.

Mann's fourth chapter shows that, at the end of the eighteenth century, the language of disease – identified with the medium of writing and used to explain the social and textual collapse of the French Revolution – comes to pervade political discourse in Britain (particularly the heated debate between Edmund Burke and Thomas Paine), thus representing a "virulent reeruption of reading contagion" (111). Whereas, before the Revolutionary period, the hazards of reading contagion were situated dangerously beneath or beyond the realm of vision and writers searched for ways to render them perceptible, what makes political discourse at the end of the eighteenth century so distinctive, according to Mann, is the high visibility – appearing both *in* and *as* print – of the risks of reading among a community, which thus become inescapable. Moreover, the chapter also traces other effects of the widespread blatantness of reading contagion, which pathologises both different artistic media and the female womb as just another pernicious, contagiously propagative medium. Such representation of books and wombs as endlessly disseminating bodies is particularly evident in Blake's *The Book of Urizen* (1794). Mann interprets *Urizen* as a text in which, given the leverage of reading contagion, the processes of bookmaking and reproduction become both related to one another and equally dangerous, at the same time materialising and imprisoning: "in *Urizen*, textual propagation and bodily reproduction are causally linked to one another, as they inevitably result in the same noxious regeneration: the propagation of enmeshed bodies from which there is no escape" (123). In her view, Blake identifies the female body as the visible form and the material medium for the propagation of multiple bodies (biological generation) seen as contagious propagation of noxious matter (textual generation).

As chapter five demonstrates, in the early nineteenth century, both aesthetic and public health discourse shifted towards attempts to purge themselves of the dangerous contagions long associated with the act of reading. Claiming that disease can be found only in particular places (urban, colonial) and people (working-class, female, non-white), public health officials started to draw clear-cut distinctions between contagious and miasmatic diseases. Mann situates her argument in the context of the sanitation movement of the early nineteenth century, whose proponents came to define almost all diseases as miasmatic (hence linked to certain places and persons) and posited that mobile media, objects and bodies long related to contagion were instead only inert, non-contagious background. Moreover, in analogous acts of restriction and discrimination, British aesthetic discourse aligned poetry with living form rather than transforming medium, in order to render it curative. As Mann convincingly argues, Romantic poets such as Samuel Taylor Coleridge and Percy Bysshe Shelley, drawing on classifications that could be likened to those of the sanitation movement, asserted that poetry's living form makes use of figures – particularly metaphor – that grow out of and yet transcend both the material means and the local moment of its composition. By distinguishing poetry from texts that are wholly circumscribed within, and therefore contaminated by, the conditions of their making, they undermined the dangers of physical matter – whether airy or textual – becoming contagious and transporting infection beyond particular spaces or bodies. Such changes in public health and poetics provide the context for Mary Shelley's depiction of reading contagion as a species-ending plague in her apocalyptic novel *The Last Man* (1826). In Mann's view, Mary Shelley dismisses contemporary distinctions between healthy and diseased bodies/spaces, as well as the Romantics' attempts to excise from poetry the threats of reading contagion, by rejecting the difference between poetry itself and other kinds of writing. Shelley both considers and refuses acts of sanitation in her novel, which represents the end of humanity by means of a global plague that is at once material, affective and ideational. In the narrative, the plague is mediated by air, female bodies as well as print and the act of reading; it thus becomes synonymous with

the circulation of printed texts and with reading contagion. However, *The Last Man* eventually shows that the extinction of the species coincides with the very extinction of reading contagion: in a world universally infected where all human beings have come into contact with, and been transformed by, printed texts, these are no longer considered as dangerous objects. In conclusion, Mann posits that "Shelley's text ultimately extinguishes reading contagion more completely than anything attempted by cleansing acts of public health or Romantic poetics", since "print becomes instead an all-encompassing, endemic condition and thus nothing at all" (181).

These compelling case studies definitely reveal that the peculiarity of the long eighteenth century as a medical, social and aesthetic period resides, among other aspects, in aligning discourses of contagion with discourses about reading in order to justify emergent anxieties concerning the boundless proliferation of print culture. As demonstrated in the afterword on "Germs, Circulating Libraries and the Great Book Scare" raging in the late nineteenth century, *Reading Contagion* argues for a theory of reading that persists under various guises well into the Victorian age and which even disrupts "our own sense of texts as a form of static, unidirectional transmission", raising instead "the dangers and possibilities that come from our own, continually embodied, responses to reading" (190). While Mann's primary focus is on the ways the sometimes apocalyptic realities of contagion and infection have concerned people in both literature and medicine for hundreds of years, Matthew Newsom Kerr's monumental *Contagion, Isolation, and Biopolitics in Victorian London* convincingly demonstrates that contagion, in a manner that may differ from culture to culture, also affects how space itself – both domestic and public, inner and outer – is experienced. Especially in the Victorian era, Newsom Kerr argues, this extended spatial scope points to a growing concern for the governance and surveillance of individual bodies in different contexts. This extremely well-researched book shows that the changes and redefinitions of both social and medical practices that came about in the spirit of medical professionalism decisively distinguished the Victorian notion of contagion from its formulations in previous centuries. The rise of public health and sanitation movements, the evolving contrast between miasma and germ theory, the bureaucratic interventions of sanitary policing, all contributed to the new medical culture of the Victorian age. At a crucial moment when institutions, policies and practices were emerging that would define the contours of the British state and society, cultural producers resorted to the phenomenon of contagion to provide a physical and metaphorical topography of governance.

Newsom Kerr's book temporally picks up where Mann's leaves off. Although its primary focus is on the eighteenth century, *Reading Contagion* also illustrates how, in the early Victorian era, absolute distinctions between contagious and miasmatic diseases and the idea of sanitation as a large-scale cure for the latter (which were more prevalently epidemic) were ardently propounded by public health reformers led by influential personalities such as Edwin Chadwick. If miasmatic diseases were mainly caused by stagnant air and water in dirty, polluted places, a widespread belief was that remedies could be found simply in physical acts of cleansing (eliminating dirt and decomposing matter, constructing drains, establishing adequate ventilation) and removal of the bodies of the infected (primarily the poor) to fever hospitals, where they could be treated in proper hygienic conditions. These measures were eventually referred to as "sanitation" and "sanitary reforms", which ultimately rendered questions of public health and politics distinguishable from questions of print culture. *Contagion, Isolation, and Biopolitics in Victorian London* focuses precisely on the "significant transformation of the hospital landscape in Victorian London – a transformation that structured in very powerful ways the individual experience and public regulation of infectious disease" (2018, 2) by exploring the troublesome history of the isolation hospitals built by the Metropolitan Asylums Board (MAB) in the second

half of the nineteenth century. However, while Mann rejects Foucault's claim that the discourse of contagion changed in the eighteenth century to facilitate state intervention into individual lives, Newsom Kerr's titular evocation of Foucault manifests his intent to investigate London's hospital government as an exercise of power over the citizens who, voluntarily or unwillingly, came within its reach, and to situate these hospitals in a complex landscape of governance and social control. In delineating what he sees as a "great confinement" of infectious patients through the work and institutions of the MAB, Newsom Kerr historicises and spatialises contagion, and reveals how the characteristically British institution of isolation hospitals structured some of the ways in which people in Victorian London were governed and rendered themselves governable. In his view, isolation became a scheme for managing the population's health that aroused fears about contagion, drew on multiple strategies to manage urban bodies, and redefined ideas of risk, citizenship, parenthood and individual responsibility. This densely argued, richly contextualised book provides significant insights into the dynamics and interactions between public health and urban governance in nineteenth-century England, when fever and isolation hospitals became sites of biopower and complex negotiations between the state and infectious individuals.

The first chapter explains that, in the Victorian age, "sanitary detention and confinement was in the middle of a contentious process of becoming another mundane part of urban residence" (3) not necessarily linked to exceptional circumstances such as the rise of epidemics, but simply as an ordinary measure aimed to manage the normal prevalence of urban contagion. By the time the MAB infirmaries grew from extemporised measures and charity for sick paupers into a network of specialist hospitals for all Londoners, "hospital isolation had emerged as one of the most common ways that ordinary persons came into contact with state medicine", to the point that one "can legitimately speak of a 'great confinement' of infectious patients in London in the last decades of the nineteenth century" (*ibidem*). Since the book is admittedly about health, governance and institutions, its main purpose is to analyse the whole of discourses, policies and practices which contributed to making the isolation hospital a constant possibility in the Victorian age. However, the focus of this study is equally on contemporary liberalist trends; therefore, it proposes to analyse the attitudes of those people who were to be sanitarily governed as well as the ways in which that form of infectious disease control depended upon, and in turn supported, the conception of a self-governing citizenry. Since the emerging system of health security transformed essentially all bodies into potential infectious threats, the main purpose of health authorities was to induce the public to accept treatment for infectious diseases in such institutions, something which was also perceived as potentially intrusive to the liberty of the individual and therefore remained particularly controversial. This book suggests that the MAB's fever and smallpox hospitals which started to emerge in Britain on a large scale in the 1860s, quickly becoming a central focus of urban public health, "profoundly re-spatialized contagious disease in London and fundamentally altered it as a natural and political feature on the urban landscape" (7). They also redefined the status of the sick individual in the eyes of the state, transformed the experience of sickness and allowed medicine to intervene upon epidemics. Such overall system of isolation produced increasingly detailed knowledge of both disease and the city with its inhabitants, as a way of managing the fears of infection whose existence also depended on those same fears.

Drawing on the mentalities of governance, that is "the techniques and rationales, the spaces and forces, that constitute *governmentalities*" (33), chapter two aims to map the political birth of isolation over the course of the nineteenth century, when hospital treatment came to be considered as a fundamental component of British sanitationism. Newsom Kerr describes this process as one fraught with controversy, since preventive hospitalisation and isolation posed dangers to the action of liberal government and invited comparisons to conventional institutions

of quarantine such as plague hospitals, pest houses, lazarettos and other Victorian depictions of the plague town. This ensured "an uncertain and ambiguous role for hospitals within the mid-century movement for urban governance and sanitary reforms" (34). In fact, as Newsom Kerr argues, the term "isolation" employed to describe a public health strategy was not fully accepted until the 1880s. This chapter starts with an appraisal of the early nineteenth-century fever hospital movement, chiefly the most influential charity known as London Fever Hospital (LFH). It states that early isolation hospitals, also known as "houses of recovery", started to be arranged in the 1860s as spaces for the treatment of patients both apart from society and as part of an urban social system. Therefore, a fundamental aim of the chapter is to illustrate "some of the general ways that isolation represents a key intersection of public health and political modernity" (34-35). The author contends that one of the main concerns in the formation of British public health and sanitary reform was a profound sense of unease regarding the political meaning of contagion as a knowable and governable factor in the health of the population. While miasmatic diseases might be contrasted and prevented by indirect means of sanitation, contagion seemed to require extraordinary powers seeking to take direct charge of the sick body. A common belief was also that infectious fevers were caused by the accumulation of human discharge in confined, crowded and contaminated dwellings; therefore, the hospital's main purpose was initially thought to be the disruption of such dangerous spatial conditions, although removing the sick from their homes to specific fever wards, or welcoming paupers from workhouses as well as patients transferred from general hospitals, gradually became its primary function. Nonetheless, hostility from the sanitationist movement as well as the movement for hospital hygiene (sharing the belief that contagion was mainly a spatial quality) led to a widespread pessimism, throughout the 1840s and 1850s, about the general utility of fever hospitals for treating either special epidemics or ordinary urban fevers. Most interestingly, during the 1860s the fever hospital evolved into a sort of urban observatory allowing a close investigation of the city's unequal pathological terrain. This tendency brought into view population, not place, as the natural field of contagion, and "pointed the way for the hospital to become allied with techniques of metropolitan statistics and mapping" (57), as chapter six also illustrates. Therefore, the hospital was less regarded as a space that expunged disease than one where disease could be regulated by studying its natural properties. In this way, it came forward as "an institution that could be tasked with the positive management of metropolitan health, not simply the amelioration of suffering either at the margins or in individual instances" (58). In following years, the development of "living germ" models encouraged dreams of disease suppression. The idea that infections do not emerge spontaneously and have no other source than prior sickness was taken to the logical conclusion that certain types of illness could be extinguishable. At the core of this model for "stamping out" disease, Newsom Kerr maintains, were mechanisms of notification, compulsory isolation of patients and disinfection of homes. However, the notion of stamping out epidemics that eventually came to prevail in Britain placed much more emphasis on managing infectious disease than abolishing it altogether. Most importantly, by the late nineteenth century it was widely recognised that the burden of isolating the sick could not be placed on voluntary institutions alone: seen as a technology of governance, the isolation hospital was definitely meant to prove the necessity of a well-balanced sanitary intervention.

While Newsom Kerr's second chapter illustrates how, over the course of the Victorian era, isolation hospitals changed from sites of exclusion and negative power to instruments for the effectual government of urban spaces and populations, chapter three deals with the complex relationship between pauperism and infection in the Victorian age by examining the repulsive, inhumane and oppressive reputation of the typical London workhouse, which was often the only place where the infectious sick could be effectively isolated. As the author shows, although they

were created in a general spirit of reform, the MAB institutions for the separate treatment of infectious diseases "were not easily dissociated from pauperism's place within a system of deterrence, deprivation, and degradation" (84). The New Poor Law of 1834 gave rise to the Victorian workhouse, the fundamental "moral architecture of bodily discipline and social regulation" of the age, where "the pauper was systematically surrounded by a micropolitics of physical deprivation and control" (85). Such ideology was aimed at imprinting a reputation of stigma and humiliation on the workhouse system that would, in turn, ideally instil revulsion toward being in any way associated with parochial relief, invalidate the poor's traditional rights to parish support, and act as a deterrent for all but the most destitute. These complex mechanisms show that, in the early Victorian era, "illness and its treatment could be strategically employed to destabilize the meanings and practices of pauperism" (84). This chapter illustrates how workhouse conditions were often a source of public scandal that reinforced the pervasive popular impression of institutions characterised by ruthless neglect and maltreatment. It therefore discloses the true nature of the MAB infirmaries, which were conceived as Poor Law institutions while actually being nothing less than workhouse hospitals in both legal fact and real practice.

The central part of the book tackles the restructuring of sanitary citizenship in the context of a broadening male working-class franchise, which posed new questions about the relationship between individuals and the state. One key focus of this debate was the loss of voting rights that followed resort to the Poor Law for those lacking independent means of support, a disqualification eventually lifted in 1885, when the Medical Relief Disqualification Removal Act abolished political penalties for parochial medical assistance and marked a symbolic attempt to govern public health by the civic recognition of individual behaviour. Chapter four takes into account "the campaign to 'depauperize' London's infectious disease hospitals", arguing that "it represents a pivotal intersection of pauperism, workingmen's citizenship, and the governmentality of state medical services" (120). Newsom Kerr tracks the changing norms of masculine responsibility resting on fathers who submitted their children to isolation hospitals, turning to how confinement made constant concessions to consent and citizenship. While constraint was present in various forms and posed difficult questions to cultural and legal traditions of liberalism, efforts to depauperise London's infectious hospitals intersected with visions of workingmen's household sovereignty, parental authority and social duty that came to structure the private government of the family and a gendered version of consent. As Newsom Kerr demonstrates, London's health officials resorted to the political and social status of the male householder as the mechanism by which they might generate consent, an approach in line with Foucauldian notions of "governmentalities" seen as the knowledge and practices employed by a liberal state to generate consenting subjects. In late nineteenth-century London, the franchise represented a complex of gendered rewards for workingmen judged sober, prudent, dispassionate and commendable for successfully managing a household. Quite the contrary, pauperism represented the lowest level of domestic disarray and financial collapse, and it was on the adult male pauper that the utmost fatherly shame was focused. In other words, maintaining a family in comfort operated as a moral passport to political rights. The author clearly shows that "health officials saw the vote as a powerfully symbolic inducement by which the private government of the family could be yoked to the public governance of society and through which submission to the isolation hospital might be proffered as an act of independence" (121). This chapter argues that the medical project of confinement undertaken on a huge scale by the MAB relied more on incitement to self-governance than coercion and involuntary detention. In other words, the strategy underlying hospital isolation in late Victorian London was to generate consent in a legal and cultural context where masculine domestic authority was closely related to formal definitions of citizenship and political aptitude. In this view, the Victo-

rian isolation hospital definitely emerged as a space of confinement and separation, but also as a site that marked a certain kind of inclusion and regarded consent and citizenship as profitable mechanisms of government.

Chapter five examines the formidable plan set up by the MAB in the 1890s to manage infectious disease in London, which comprised a network of metropolitan infrastructures (increased urban hospitals, ambulance stations and steamers, convalescent fever hospitals, floating hospitals) standing ready to face any occurrence of epidemic disease. The project undoubtedly represented a significant improvement upon earlier, temporary and hurriedly improvised parish-based responses to contagious outbreaks. However, the expansion of hospital isolation under the MAB proved a source of controversy and disputes about the appropriate origins, sites and scales of metropolitan government. This chapter pursues "a series of questions arising along two axes of Victorian governability: first, the bodies of formal self-government and administration delimiting the reach of the local state, and secondly, the discourses and practices rendering the natural population not only the object but also the means of governance" (172-73). In Newsom Kerr's view, the system of hospital isolation erected in London in the 1890s "bears out the contentious but productive interplay between liberalism, biopolitics, and metropolitan government", forming "a history of infrastructure, freedom, governmentality, and security" (173). The author illustrates the mechanisms by which outbreaks of disease challenged and ultimately disrupted the political logic of parochialism and pushed London government towards greater centralisation. He shows in detail how the MAB's expanding network of infectious disease hospitals exemplified the new ways in which cities were being reconceived as technical objects of thought and regulation in a strategic plan of generalised urban governmentality. The Metropolitan Asylums Board was created in 1867 under the Metropolitan Poor Act precisely as part of an effort to blend local and central powers and remove responsibility for sick paupers from parochial authorities. The institution immediately set about a plan – based on a deliberate geographic strategy of removal and containment – for erecting isolation hospitals that would serve the metropolis as a centralised administrative district, a development that clearly paralleled the waning of organised opposition to more centralised forms of urban government. What Newsom Kerr succeeds in demonstrating, therefore, is that the spatial arrangement of the MAB hospital network clearly reflected some key changes in both the political geography of the metropolis and the practices of urban government.

The centrality of the London isolation hospitals to late nineteenth-century medical cartography and disease surveillance is the main focus of the sixth chapter, which seeks to reconsider the practice of mapping contagion aimed at rendering metropolitan spaces and populations calculable and observable. Here the author purports to prove that prospects of smallpox outbreaks and of the local effects of smallpox hospitals, for instance, were pivotal to contagion's knowability, locatability and manageability, and contributed to the development of a visual culture of epidemiology. In his view, "these maps underscore how sanitary science was believed to contribute to the governance of society" (233). However, it is also important to acknowledge that maps, statistics and methods of calculation and surveillance contributed to the way urban residents might perceive themselves as "amenable to (self)-surveillance and (self)-regulation. In the late Victorian period, the 'biopolitics' of disease control increasingly involved the public gaining an interest in intelligibly viewing itself as a natural population" (234). These cultural and scientific themes of visibility and decipherability certainly framed the emergence of both professional public health and epidemiology as an art of tracking disease, as evidenced by the establishment in 1855 of the position of metropolitan district Medical Officer of Health (MOH). As Newsom Kerr argues, Victorian epidemiology consisted of two, mainly complementary, investigatory gestures: detection and surveillance, practised by the sanitary detective and the sanitary statistician, respectively.

Moreover, all of this was conceived as a visual and spatial manoeuvre that must be facilitated by the state, and which rested upon the political construction of disease visibility. Smallpox maps, for instance, were useful in spatialising contagion on the basis of its proportions, frequencies and risks; furthermore, they helped produce "population" more broadly as a vital category of inquiry, measurement and regulation. In other words, "disease maps tended to convert a collection of residents, a public, a community, into a visible and objective 'population' displaying its own natural patterns and inscribed by influences that were measurable and therefore alterable" (261). The importance of smallpox hospital maps further helps to elucidate the introduction of formal systems of disease inspection based on compulsory public registration. The Infectious Disease (Notification) Act of 1889 eventually introduced the principle of "dual notification", according to which the householder and the attending physician shared responsibility for reporting a case of infectious disease. By means of this legislative measure, Newsom Kerr maintains, the public was enlisted in a project in which people would consider themselves as part of a knowable and measurable population. Furthermore, the MAB hospitals became an essential part of this carefully balanced registration system by establishing the importance of disease notification and statistical knowledge in the overall metropolitan strategy of facing epidemics. The mapping and spatialisation of contagion at the end of the nineteenth century became emblematic of the biopolitics of government, showing that the concern of metropolitan public health had shifted from marginal people and places to urban population in its entirety.

Newsom Kerr's conclusive chapter considers the key tensions and controversies related to the late nineteenth-century strategy for managing infection through mass isolation, despite the growing general acceptance of fever hospitals which followed their depauperisation and parallel medicalisation. Furthermore, it shows that a significant expansion was occurring in the social standing and function of the isolation hospital, which increasingly took in a broader range of illnesses, as well as ever-wider sections of the population. Most crucially, fever hospitals started to emerge as essential sites for apprehending and governing childhood diseases. As a consequence, they ultimately redefined the home as an ill-suited location for treating the most common infectious diseases, and radically transformed the individual medical experience of thousands of children while extending the bureaucratic management of family life. As the author aptly remarks, "hospital isolation embodied the changing balance of authority between parent, child, and the state at the end of the nineteenth century" (289-90). Furthermore, most hospital reforms introduced in the 1890s were architectural and administrative, with the aim of both ensuring a greater amount of space and granting a more accurate utilisation and surveillance of it. Special prominence, for instance, was given to the need to rigorously separate acute from convalescent patients, avoid the intermingling of inmates from different wards, and equip isolation hospitals with some sort of quarantine wards. The second part of this chapter examines how, in the late Victorian era, "the clinical science of infectivity intersected with the public and personal politics of hospital isolation" (290). Newsom Kerr argues that, during the 1890s, the MAB took a prominent role in outlining a new approach to hospital infection founded on recent discoveries in the microbiology of diseases such as diphtheria. Therefore, isolation hospitals increasingly became key sites for testing and enacting new methods of diagnosis and treatment. Most interestingly, at that time the MAB hospitals finally entered "the age of bacteriology" and emerged as paramount locations for producing new spatial strategies of personal hygiene as well as techniques of "isolation within isolation", which became a key organising principle of fever hospitalisation aimed to contrast the danger of cross-infection. This chapter, therefore, argues that "the MAB hospitals served as crucial sites of experimentation and scenes for individualizing and distributing the precise performances of *asepsis*", while the common ward started to be envisaged as "a complex epidemiological field

across which researchers could map the body's natural dispositions to infection" (290). With a view to constructing a model for rational and civil behaviour that patients would ideally continue to adopt after the period of hospitalisation, infirmaries experimented with the ability of inmates to assimilate the hygienic methods of infection control formulated by hospital practice. In other words, "the problem of hospital infection at infectious hospitals served in several ways to bridge the public and personal politics of hygiene" (340). Furthermore, strategies of individualised isolation tested within fever hospitals raised awareness about the natural principles of infectivity and normalised measures of disease prevention by means of internal barriers and segmentations. The focus on germ theory produced the common belief that patients with the same disease could infect one another. For this reason, the MAB implemented various instances of architectural design for "isolation within isolation" such as glassed-in treatment or cubicles with iron and glass partitions, which represented an ideal solution to combine clinical separation with social aggregation. While, on the one hand, the London fever hospitals became crucial sites where rigorous principles of bodily classification and conduct were formulated and where new types of barriers were erected, on the other hand patients never acted as passive objects of separation and control, but rather as key agents entrusted with fundamental mechanisms of infection management. As the author concludes, "hospital techniques of 'isolation within isolation' compartmentalized the body in radical new ways and produced new opportunities for governing the self – in effect allowing infection control to resolve in an important portion into a matter of self-control" (341).

Contagion and infection have always been and still are now – if I may put it this way in concluding – very much "in the air". They definitely possess a kind of immediacy that permeates everyday thinking in societies worlwide, such that the older literary and non-literary materials under discussion here abound with contemporary significances or even prophecies that may not have been thinkable in the eighteenth and nineteenth centuries. Contagion and culture have long been intimately linked and mutually constructing, and it is evident that the notions of contact and uncontrolled spread which are crystallised in the former remain powerfully in operation in our own time. The issues addressed in Mann's and Newsom Kerr's books, therefore, make unmistakably clear just how rich, complex and far-reaching the matter of contagion has always proved to be in cultural, social and political contexts. Undoubtedly, they still speak to us and our uneasy moment.

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