A Cultural History of Contagion

About: Kevin Siena, *Rotten Bodies: Class and Contagion in Eighteenth-Century Britain*, Yale University Press

*By Neil Davie*

Recurring typhus outbreaks among the poor in the 18th century reinforced the belief that plebeian bodies were in a constant state of putrefaction. Adopting a *longue durée* approach, *Rotten Bodies* offers a stimulating study of medical discourse on epidemic disease in the “long” 18th century.

Kevin Siena’s *Rotten Bodies: Class and Contagion in Eighteenth-Century Britain* focuses on medical attitudes to, and understandings of, epidemic disease during the “long” eighteenth century, with excursions back into the seventeenth century in the early chapters, and, more briefly, forward into the nineteenth in its concluding ones. Siena’s study concentrates on what would later be labelled typhus, but which in the eighteenth century was generally simply referred to as some kind of “fever”, often with an epithet indicating the context with which a particular outbreak was associated, such as the factory, the hospital the ship or the jail. The latter in particular, which came to be known as “jail fever” or “jail distemper”, captured the attention of public and legislator alike. Several chapters of the book as we shall see are devoted to the subject. Siena situates his account explicitly within a cultural history approach, seeking to explore how medical discourse on epidemic disease during this period reflected particular conceptions of the human body, and in turn broader cultural and societal norms and structures.

**The plebeian body: contagion and ‘idle’ blood**

As the sub-title of the book makes clear, the focus here is above all on the bodies of *poor* Britons. It is an interesting sign of the historiographical times that Siena feels the need to justify a class-based approach to his subject, rather than one looking at the question from the perspective of say
gender or race (although he does address how connections might be made between his findings and those two approaches in a stimulating conclusion). *Rotten Bodies* is not concerned, its author points out, with examining the nuances of eighteenth-century socio-economic, occupational or status hierarchies; Siena’s project is “a cultural history of ideas” (6). The relevance of class as a methodological tool in this study derives rather from the fact that the medical treatises examined at length here evidently did adopt a definite—if somewhat nebulous—binary distinction when it came to interpreting epidemic disease; between the rich on the one hand and the undifferentiated mass of the poor on the other. Quoting historian Penelope Corfield, he refers to this feature of their work as “rich/poor dualism” (7). Siena demonstrates convincingly in *Rotten Bodies* that throughout the period from the mid-seventeenth century until the dawn of the nineteenth the poor as a group were seen as the principal carriers of epidemic disease. As such, they were considered to represent a major health risk to themselves, and, just as worrying (if not more so), to the more prosperous members of society with whom they might come into contact. In this respect, a community of interest is generally implied in such works between author and readers, both taken to belong to the group at risk of contamination from the bodies of the poor.

It is in its detailed analysis and clear exposition (including for non-specialists) of a large number of medical texts on epidemic disease published during his chosen period that Siena’s *Rotten Bodies* really comes into its own. He argues that the story is above all one of “remarkable consistency in theories on urban epidemics” (221), with striking parallels to be drawn between the theorising underlying works published in the 1790s and those dating from more than a century earlier, written at a time when Britain was experiencing its last cases of the plague. In this area at least, Enlightenment science does not represent the clean break from previous practice that is sometimes suggested, with medical discourse heavily influenced by ideas first developed in the context of studies of the plague in the 1600s. The common thread running through the body of material presented in the book is the emphasis on plebeian bodies seen as being in a constant state of putrefaction—hence the “rottenness” of the title. The imputed causes of this endemic decay (with death but the culmination of a rotting process begun long before) were varied, and taken to include poor diet and hygiene, intemperance, insanitary housing and moral (including sexual) impropriety. Medical authors selected from this “smorgasbord of causation” (229), each placing the emphasis somewhat differently. All agreed, however, that the clinical signs of putridity were to be found above all in the blood of the poor. Plebeian blood was described variously—and significantly—as “impoverished” or “depauperated”; lacking in force and vigour, even “idle” according to some authorities (much like the poor themselves, in fact). Having undergone a chemical transformation, this weakened blood made those concerned particularly vulnerable to infection and disease.

There was some disagreement among medical authorities as to whether the poor possessed an inherited predisposition to putrefaction, as it were, or whether their decaying state merely bore the stamp of the toxic effects of a deleterious physical and social environment. By the second decade of the eighteenth century, however, Siena argues, no-one questioned the basic facts of plebeian putridity, or indeed the fundamental lesson to be drawn: that the bodies of the poor were both the favoured hosts for diseases generated elsewhere, and a potent source of infection in themselves.

1 The book’s copious footnotes merit detailed study in this regard. Particularly so since the book does not contain a consolidated bibliography at the end of the volume!
Such infection, it was reasoned, could be spread by excrement, or by deadly effluvia, generated and then carried on bodies, on clothes, and indeed on other objects with which the poor came into contact. Which meant of course that no-one was safe.

A number of spectacular outbreaks of infectious fever in the eighteenth century captured the public imagination and appeared to confirm the veracity of that last statement. Unsurprisingly, schemes were advanced to either quarantine those infected, or, more ambitiously, to segregate those groups merely considered likely to become infected, and thus infect others. *Rotten Bodies* quotes at length from Daniel Defoe’s *Due Preparations for the Plague* (1722), written in the wake of a fresh outbreak of the disease in Marseille two years earlier (and published several months before his better-known *Journal of the Plague Year*). Defoe went as far as advocating the forcible removal from London of all “beggars, vagabonds or loose people” to their parish of origin, while paupers and the “hospital poor” were to be re-settled at least twenty miles from the Capital. As for workhouse children and criminals, they were to be sent thirty and forty miles away respectively (with the latter forbidden to return under pain of death).

**Jail fever and prison reform**

From the mid-eighteenth century, the pathological danger represented by the poor came to focus particularly on diseases born in prison, and as noted earlier, “jail fever” was the subject of heightened concern and widespread debate during these years. Indeed, Siena notes that “more than any other, [this disease] provided the vehicle to express medical worries about the biohazardous plebeian body in the second half of the eighteenth century”. Here was a potent symbol of both physical and moral corruption, offering “a tantalizing fusion of poverty, filth and wickedness” (116-7). The author goes on to argue that the fear of contagion emanating from prisons, either when defendants appeared in the courtroom (as an epidemic of 1750 starting at the Old Bailey demonstrated in spectacular fashion) or when released prisoners returned to their communities, was a major, possibly the major, driving force behind prison reform in the 1770s and ’80s. A case perhaps, he notes starkly, of “sheer class preservation, in the most literal sense of that term” (123).

As Siena acknowledges, an emphasis on jail fever as an engine of penal reform has already been advanced by a number of historians, notably Margaret DeLacey and Roy Porter, but it receives much more detailed treatment here. The author considers not only the well-documented period of prison reform at the end of the century (to which we will turn presently), but also the earlier debates of the 1720s surrounding the treatment of debtors. This group of offenders presents an interesting case study for Siena’s argument on the importance of class in discussions of epidemic contagion. For all its axiomatic association with plebeian bodies, filth and material want, the eighteenth-century prison also contained large numbers of the propertied. Indeed, debtors constituted the largest single category in the prison population at this period. Siena argues that the forced proximity with the putrid plebeian body implied by the plight of the “liminal” debtor “struck at the heart of tangible bourgeois anxiety in the early eighteenth century” (93), with more wide-ranging consequences (including in the legislative field) than has hitherto been appreciated.
That being said, there was a clear escalation of concern about jail fever later in the century, notably in the wake of the Old Bailey epidemic of 1750. A second, similar outbreak in 1772 further galvanised debate on the subject, and also gave fresh impetus to the stalled rebuilding project of nearby Newgate Prison, to which the book devotes an interesting section. The 1770s and '80s would see a veritable explosion of medical works on jail fever, and once again Rotten Bodies offers valuable new insights into this material. In particular, it transpires that the basic arguments advanced by medical authorities on the subject were essentially the same as those used earlier in the century, but they were now being expressed with a sense of urgency and foreboding that recalled the plague years of the 1660s. Daniel Layard's Directions to Prevent the contagion of Jail Distemper (1772) offers a typical example of such work. In the following passage cited by Siena, Layard discusses the dangers to the health of “vigorous” and “decently habited” prisoners when they are mixed up with “the infirm, weak, feeble, filthy and naked”. The latter, he writes, are

Accustomed to every hardship, which the most abject poverty can suffer, […] inured to misery, by the depravity of their minds; and vice rooted in their hearts, keeping them bound in the chains of wickedness, they are totally changed in constitution, as much as in principles; and both filth and disease are become as natural to them as cleanliness and health are to the virtuous and industrious (qtd., 119).

It was in this context, in the early 1770s, that Bedfordshire gentleman and county sheriff John Howard launched his ground-breaking series of personal inspections of prisons up and down the country, culminating in the publication of The State of the Prisons in England and Wales (1777). Howard visited hundreds of county and borough gaols and lock-ups, often on multiple occasions, and his book offered readers meticulously detailed descriptions of each. The result was a veritable gazetteer of carceral abuse and misery.

As noted earlier, Siena considers the threat of contagion represented by jail fever as the principal driving force behind the emerging prison reform movement in the 1770s, and he presents the reaction to Howard’s work among his contemporaries as emanating above all from a profound feeling of admiration that “the Philanthropist” was prepared to risk life and limb to tackle this major threat to public health. Here was someone ready to boldly go where no-one had gone before, and if Siena’s analysis of the coroner’s jury records for Tothill Fields Prison are anything to go by, it was a place where many of his fellow countrymen were decidedly reluctant to follow.

A case of ‘sheer class preservation’?

For all its valuable discussion of medical debate about jail fever, Siena’s discussion of prison reform in the 1770s and ‘80s illustrates what might be considered a limitation of the methodology adopted in Rotten Bodies. The author contends that “Howard’s most important work was not saving prisoners, despite what his biographers suggested. It was saving everyone else” (162). Presumably, we are to understand here that contemporaries considered this to be the “most important” aspect of

2 Siena makes a similar point earlier: “[…] whereas the intense emotional reaction to Howard is often framed in terms of late-eighteenth-century sentimentality, evidence suggests that this response represents less the music of plucked heartstrings than an outpouring of relief born of real terror” (153).
Howard’s work. This point recalls Siena’s remark cited earlier that prison reform was driven above all by “sheer class preservation, in the most literal sense of that term”. It is certainly a possibility that contemporaries considered this the most important legacy of Howard’s work, but we would need more evidence than is provided here in order to establish this point either way. In addition, we would probably need to ask which contemporaries’ views we are talking about? Would we for example expect a similar attitude to Howard’s legacy from those Westminster jurors faced with the prospect of a hands-on inquest on a prisoner recently killed by jail fever and from architects or evangelical magistrates and legislators keen to see their blueprints for reformed prisons transformed into bricks and mortar? As I have argued elsewhere, the prison reform movement at the turn of the eighteenth and nineteenth centuries was riven by endemic conflict and disagreement, and reactions to it were equally varied, and included, significantly, outright hostility to Howard’s project. (It should be remembered in this context that Howard’s plan for a network of national “penitentiaries” never got off the drawing board, any more than did Jeremy Bentham’s Panopticon).

On the face of it therefore, it seems unlikely that the “class preservation” argument systematically trumped all other motivations for prison reform, just as the older emphasis on discipline and control adopted by Michel Foucault and Michael Ignatieff, while stimulating, fails to address the myriad other motivations and pressures at work within the prison reform movement. It is probable in fact that while preponderant at particular moments of crisis (such as during or shortly after serious outbreaks of epidemic disease), at other times fears of contagion jostled with other motivations in explaining both support for, and opposition to, prison reform. That being said, Siena is undoubtedly right to assert that the role of fears about jail fever has been underestimated in previous accounts of prison reform in this period, and Rotten Bodies’ illuminating discussion of medical discourse on epidemic disease offers a valuable corrective in this regard; one which criminal justice historians (this one included) will need to take on board. More generally, Siena’s mastery of the medical sources relating to his subject over the longue durée (and an unaccustomed longue durée at that) will be of considerable value to medical, cultural and social historians of the eighteenth century, and indeed those scholars working on the late seventeenth and early nineteenth centuries too. As Kevin Siena aptly puts it, here is a case where continuity is as dramatic as change.

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