

Rotten Bodies: Class and Contagion in 18th-Century Britain

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In early 1780 the rebuilding of Newgate Prison was very nearly complete. Thirty years of debating, campaigning, and planning had finally resulted in the construction of a new and improved jail, which would stand as a permanent monument to England's commitment to prison reform. Or at least it would do so until 4 June of the same year, when the new prison building was set alight and reduced to a ruin during the Gordon Riots. Many historians have written about this unfortunate setback to the campaign to improve England's prisons but in *Rotten Bodies: Class and Contagion in 18th-Century Britain* Kevin Siena makes a convincing case that the rebuilding of Newgate—and the wider programme of prison reform of which it formed a part—warrant further scrutiny, not as part of the political, social, or humanitarian history of the period, but as a neglected aspect of medical history. Siena argues that 18th-century concern about prison conditions should be more accurately identified as worry about the risk posed by the diseases which prisons harboured, and in doing so he traces an unbroken line of fear which stretched from the last great English plague epidemic of 1665 to the cholera outbreaks of the early 19th century. But, as he so effectively argues, the true source of this anxiety was not the prisons themselves; instead it was the impoverished individuals incarcerated within them and their potential to spread disease to anyone who came close. *Rotten Bodies* is the history of 'plebeian putridity'; of how intimately intertwined and indivisible fears of deadly disease and its poverty-stricken carriers shaped attitudes towards prisons, poverty, and slums in the 17th and 18th centuries.

The main purpose of the construction of a new prison at Newgate had been to prevent the spread of 'jail fever', the disease which would now usually be described as typhus, and which terrified 18th-century London when it periodically spread to middling and upper class individuals, whose roles within the legal system brought them into contact with prisons and prisoners. In April 1750 the subject of jail fever flared into the public consciousness when a whole series of men who had attended trials at the Old Bailey were infected, and as aldermen, barristers, jurors, and even the Lord Mayor of London succumbed to the disease, fear spread throughout the city and within twelve days the physician John Pringle published his treatise on jail fever. His work was to be the first of many which shared a common interpretation of the disease; jail fever, like the plague before it, festered in filthy places and in putrid bodies. The sweat, the breath, and all the other excrements produced by the bodies of poverty-stricken prisoners were understood to pose a deadly threat to anyone who came close enough to absorb their lethal stink.

But, as Siena skilfully emphasises, prisoners were not considered to be the only impoverished individuals likely to spread disease. Instead he argues that class was—to a greater extent than has been previously acknowledged by historians—framed as a physiological category and that the link between the poor and epidemic disease was a largely undisputed truism, regardless of whether those poverty-stricken individuals were imprisoned or entirely law-abiding. Prisons were understood as being a particularly concentrated form of slum, especially since the 18th-century penal system was overwhelmed by the sheer number of individuals that it was trying to contain. Conversely, the poverty-stricken home was understood as being the near equivalent of a jail, corrupted by the breath and waste products of the inhabitants. According to both medical and lay understandings of the origins of ill health, everything about those living in poverty predisposed them towards corruption and disease—their diet, their living conditions, their idleness, their moral laxity, their negligent levels of hygiene. To summarise 18th-century opinions in the crudest possible terms, epidemic disease was believed to be caused by things which were rather disgusting and the poor fell into that category. The corrupt state of poor bodies made them susceptible to the plague but it also made them capable of fermenting the disease within themselves. They generated the cause of their own sickness and/or demise but what was more frightening was that they were likely to spread disease throughout society. In order to protect the health of the majority, it was necessary to control and contain the threat posed by its most disadvantaged members. Siena provides a great deal of evidence that many of 18th-century campaigns to improve prisons and other environments associated with poverty were not aiming to save the poor but to disarm them, to neutralise the threat that they presented. These were projects intended to achieve protection from, rather than for, the poorest members of urban society.

This emphasis upon class as an under-explored and often overlooked aspect of medical history is what primarily sets this book apart from the myriad other histories of disease in early modern and 18th-century England. In drawing our attention to the explicit and unashamed emphasis upon the threat posed by the bodies of the poor which stretched from the 17th to 19th centuries, Siena forces medical historians to confront an aspect of the understanding of disease which has not always been considered in sufficient depth. In doing so, he also identifies an important thread of continuity across the centuries. By examining not only outbreaks of deadly disease but also the fears which those diseases engendered, it becomes clear that there was considerably more durability of belief over time than has sometimes been recognised. The Londoners of the late 18th century faced very different epidemic diseases than their ancestors had done one hundred and fifty years before, and medical practice had changed profoundly within that period, but conceptions of how disease generated and spread had not. Siena proves that, in our obsession with determining who supported ideas of contagion and who ideas of miasma, we have failed to adequately appreciate that everyone supported the idea of rot and nastiness lying at the root of all epidemic disease. And that rot and nastiness was most likely to be encountered in the prisons, factories, and slums where the poor were feared to act as all-too-mobile incubators of disease.

Siena reframes the medical history of 18th-century England, so that, rather than being a transitional period between the era of the plague and that of cholera, it becomes clear that this century was, instead, a bridge that linked those two periods. An unbroken chain of fear of the diseases spread by the poor linked the great

plague of 1665 to the fever-ridden cotton mills of late 18th-century Northern England. So durable were the beliefs that linked dirty and malnourished bodies with rottenness and disease that some quite remarkable continuities existed. In the 1790s the medieval language of lazar houses was alive and well and in current use amongst those who advocated the physical isolation of potential carriers of disease. Other, more obscure, disease-related terminology also persisted across the centuries and Siena traces instances of the diagnosis of 'impoverished blood', a medical term which indicated the deep-seated association between poverty, idleness, and disease. This depauperated blood was a feeble and more or less useless substance, which could not even summon the necessary energy to heat the body and allow it to sweat out the excremental matter which would otherwise fester and cause disease. This example of the use of economically-charged language in medical treatises remained almost unchanged between the late 17th and early 19th centuries.

Rotten Bodies is a history of the medical understanding of epidemic disease, but it is also a history of how that understanding permeated and reinforced the class structure of 18th-century England. In order to provide this, it covers an extensive range of subject matter, especially relating to the penal system and humanitarian movements to reform that system. Siena's interpretation of his sources constantly reinforces the extent to which self-interest motivated events which have often been attributed to charitable impulse. Foremost amongst the examples of the impact that class-based medical theories could have upon the lives of individuals is that of the debtors who were imprisoned in London's jails. These men were predominantly drawn from the middling ranks of society and much of the discourse around the terrible state of prisons revolved around the indignities and horrors that these prisons inflicted upon the gentleman debtors incarcerated there, rather than the impact that bad conditions had upon *all* prisoners. The threat of disease associated with incarceration was particularly worrying given the relatively large percentage of middling, urban men who would find themselves imprisoned for debt at some point during their lives. That some prisons might offer racket courts or wine clubs for their more privileged inhabitants was presumably no consolation for those who feared the deadly threat of proximity to the poorer sort of prisoners. The discourse around protecting debtors from jail fever lays bare the extent to which prisoners were considered dangerous to public health not because they were in prison but because of the sort of people that they were. Debtors were not usually those sort of people, but they ran the risk of losing the physical advantages conferred by their class whilst incarcerated and it was the people around them, rather than the prison itself, which could effect this change. Debtors complained voraciously about the risks to which they were exposed and often strategically couched these complaints as concerns that they were merely the canaries down the mines—what killed them this week would threaten the city as a whole by the end of the month. They and their supporters framed prisoners' bodies as corrupt and threatening and those of individuals of more elevated status as dangerously weak. Their complaints met a sympathetic reception and responses to the 1750 Old Bailey outbreak of jail fever centred upon cleansing the physical areas corrupted by prisoners, limiting contact between prisoners and other individuals during the court process, and releasing debtors. These last two measures would only be considered contradictory if one worked upon the basis that all bodies that had been within a prison were equal, and *Rotten Bodies* provides very convincing evidence that, in 18th-century London, this was not considered even remotely likely. Siena describes inquest juries investigating prison fatalities from the safety of coffee houses and outlines the career of John Howard, the most esteemed of all 18th-century penal reformers, who braved the fetid interiors of jails even though he believed that even his notebooks were likely to be contaminated by absorbing the rank air he encountered there. That fever was endemic amongst prisoners was accepted as an unavoidable fact of life, but it was considered possible to prevent the disease from becoming an epidemic that would affect all strata of society.

Rotten Bodies extrapolates a considerable amount of its evidence concerning beliefs about the poor in general from contemporary accounts which specifically relate to beliefs and ideas surrounding the threat posed by those incarcerated within London's prisons. There are occasional tantalising hints that prisoners themselves were prey to fears about the impact that their corrupted surroundings may have had upon their health. Siena briefly raises the possibility that plebeian concerns about the health implications of incarceration led to the targeting of prisons during the Gordon Riots and that the fear of fever may have served as a motive for some prisoners who attempted escape. However, the difficulty of obtaining sources

related to plebeian concerns about susceptibility to disease means that *Rotten Bodies* is essentially a history of the bodies of the poor which is missing the voices of the poor. Siena himself recognises and acknowledges this unavoidable *lacuna* and similarly notes that it has not been possible for him to adequately address the impact of gender and race upon concepts of poverty-related putridity. Issues related to race and the fear of disease do feature at the very end of the book but gender remains almost entirely unaddressed. This book covers so much material so very well that it is inevitable that readers will pine for yet more areas of content; however, there is undoubtedly space for a companion work exploring the intersection between class, gender, and the fear of disease in 18th century England.

In *Rotten Bodies* Kevin Siena convincingly argues that, according to 18th-century English understandings of epidemic disease, there existed a medical, as well as an economic, underclass. These physically impoverished individuals were considered constitutionally inferior to other members of society and the fears engendered by the prospect of coming into contact with them were made most obvious by the discourse around the state of prisons. However, Siena effectively uses a wide range of evidence to prove that proximity to any poverty-stricken individual was understood to be a risky endeavour. This emphasis upon the role played by the fear of 'plebeian putridity' and the diseases which it could spread puts a new perspective not only on 18th-century responses to epidemic disease but also on wider issues, such as efforts to reform the prison system, and the discourse around poverty and slums. *Rotten Bodies* is a fine addition to Siena's existing body of work on pre-modern disease and an excellent reminder that the history of medicine forms an integral part of political, economic, and social history.

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