Matthew L. Newsom Kerr. *Contagion, Isolation, and Biopolitics in Victorian London.* Cham, Switzerland: Palgrave Macmilan, 2018. xviii + 374 pp. Ill. $109.99 (9783319657677).

The first draft histories of public health in nineteenth-century Britain came in the interwar years from the pens of eminent practitioners, whose register was one of march of progress. A hundred years on the picture is very different. Christopher Hamlin has upended the reputation of Edwin Chadwick, exposing the sanitarian reforms as a technological fix which averted debate on more fundamental redistribution.1 James Hanley has depicted the advance of sanitarianism less as product of medical logic than of the legal vicissitudes of property rights.2 Most recently Tom Crook has forensically examined the administrative and material emergence of the public health complex, a system which not only governed the external environment of liberal modernity, but also the internal worlds of its subjects.3

Matthew Newsom Kerr’s new book on the hospitals of London’s Metropolitan Asylums Board (MAB) is similarly positioned as an exploration of liberal governmentality. It differs from Gwendoline Ayers’ earlier study, whose title, *England’s First State Hospitals*, betrayed its Whiggish perspective.4 Newsom Kerr’s titular evocation of Foucault flags his intent, to explore London’s hospital government as an exercise of power over the citizens who, voluntarily or unwillingly, came within its ambit. Between its establishment in 1867 and dissolution in 1930 the MAB opened and ran a plethora of hospitals and institutions, originally intended for “the sick and other poor in the metropolis,” who would otherwise have utilized the Poor Law workhouse system. Its specialties ranged from fever, smallpox, and tuberculosis to mental illness and children’s diseases, though Newsom Kerr’s interest lies with the first two categories, hospitals addressing typhoid, typhus, smallpox, diphtheria, and scarlet fever.

The opening chapter clarifies the aim of penetrating beyond this “enormous carceral arrangement for the detection, detention and discipline of unruly bodies, , , ” to show how interactions between people and system produced “a self-governing citizenry” (p. 5). What he uncovers are the particularities of liberal biopolitics, which sought to balance regulation for protective security against the freedoms promised by a democratizing polity. Hospitals and their surrounding administrative technology are therefore understood as instruments for, in Foucault’s terms, the conduct of conduct. Exposition begins with the start of the MAB fever hospitals, read not as a product of changing understandings of bacteriology or germ theory, but rather of new impulses to regulate the behavior of the infectious sick, both spatially and socially. These were crystallized by public discourse surrounding maltreatment in the workhouse infirmaries, whose representation as scandals called forth the policy renewal that the MAB would take forward.

The central sections of the book tackle the restructuring of sanitary citizenship against the backdrop 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, a disqualification eventually lifted in 1885. Newsom Kerr tracks the changing norms of masculine responsibility resting on fathers who submitted their children to isolation hospitals. He then charts the material growth of the system, attending to the arguments over space that led to foundations on London’s outer perimeter rather than more central sites. Throughout, he emphasizes that hospital policy was much preoccupied with tackling the “mood of crisis and emergency” that accompanied bouts of epidemic disease in the capital (p. 215). This discussion sets up a fulsomely illustrated study of the spot-mapping of smallpox cases and their proximity to fever hospitals, with the ensuing debates about whether such institutions intensified aerial infection in their surroundings. Rendering disease risk visible in this way, he argues, meant the “public could become the principle of its own subjection” (p. 277). His closing chapter discusses the problem of cross-infection within isolation hospitals (first noted in this journal by John Eyler 5 and the technical strategies of internal separation devised to address this. These debates about “isolation within isolation” were yet another means through which “governing the self” was internalized in the cause of infection control (p. 341).

The book ends abruptly on this note, and lacks a concluding discussion. This may leave readers with nagging questions about the analytical framework and its implications for our understanding of nineteenth-century public health. First, although British distinctiveness is mentioned briefly in the introduction, it would be interesting to learn more about comparable nations. This might better reveal which aspects were singular to the British style of liberalism, and which were general attributes of medicine in industrial society. Second, how much further can the insights derived originally from Foucault be pushed? This strand of scholarship emerged from the explanatory impasse reached by a historical sociology grounded in notions of class or social control, and it has reasonably argued that public health was a component of Victorian liberalism’s “rule of freedom” (in Patrick Joyce’s resonant phrase). Yet its apparently dispassionate terminology of “surveillance,” “regulation,” “discipline,” and “scopic regimes” becomes portentous with repeated deployment. Here it jars with the evidence presented for the increasing popularity and acceptability of the MAB hospitals. Perhaps as Newsom Kerr argues, this was because “the public could itself occupy the scopic position of observer and hence perceive surveillance accountable to the surveilled”? (p. 270). Or perhaps citizens pragmatically understood the curtailment of individual freedoms for the common good, much as they might later do under social democratic forms of governance? This prompts a third question, about the uses of a history that reduces public health to “rule,” neglecting both the redistribution that funded it, and the mortality decline to which it contributed. In face of COVID 19, not to mention the impending health effects of climate change and environmental degradation, what else can this earlier history give us? After all, the “governance of the self” imposed by Victorian liberalism seems likely to be milk and water compared to what is to come.

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1. Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick: Britain, 1800-1854*. Cambridge, UK: Cambridge University Press, 1997.

2. James G. Hanley, *Healthy Boundaries: Property, Law, and Public Health in England and Wales, 1815-1872*. Rochester, NY : University of Rochester Press, 2016.

3. Tom Crook, *Governing Systems: Modernity and the Making of Public Health in England, 1830-1910*. Oakland, California : University of California Press, 2017.

4. Gwendoline M. Ayers, *England's First State Hospitals and the Metropolitan Asylums Board, 1867–1930*. London: Wellcome Institute of the History of Medicine, 1971.

5. John M. Eyler, 'Scarlet Fever and Confinement: The Edwardian Debate Over Isolation Hospitals', *Bulletin* *of the History of Medicine*, 61, 1 (1987), 1–24.