JOURNAL OF INTERDISCIPLINARY HISTORY OF IDEAS

2020

Volume 9 Issue 18
Item 5

– Section 2: Articles –

Pathologizing Poverty

The Metaphor of Contagion from the New Poor Law to Public Health

by
Debolina Dey

JIHI 2020

Volume 9 Issue 18

Section 1: Editorials

Section 2: Articles

Section 3: Notes

Section 4: Reviews

Pathologizing Poverty

The Metaphor of Contagion from the New Poor Law to Public Health

Debolina Dey *

This article looks at the pathologization of poverty in the context of the New Poor Law (1834), its afterlife and the establishment of the Public Health Act (1848). It seeks to establish the connection between idioms of 'disease writing' and the political process of pathologizing destitution, through the historical contiguity between discourses of disease and charity/relief. Taking Defoe's Journal of the Plague Year *(1722) as a point of entry to look at the interchanges and the slippages between metaphorical and material uses of contagion, I examine closely the resonances of that metaphorical exchange in the* Poor Law Commissioners' Report *(1834) and in Edwin Chadwick's* Sanitary Report *(1842), that reformulated the traditional relationship of health and poverty leading to the establishment of the Public Health Act in 1848. Disease becomes a form, a trope, even a narrative device which categorizes a certain group of population as pathological, both metaphorically and through the inductive reasoning of commissioned reports. Thus 'contagion' is no longer just a noun and a medical term. By becoming a metaphor, it acquires adjectival potency—'contagious'—through synonymous exchanges and thereby slips through generic specificities. Nonetheless, the metaphorical weight of what is diagnosed as 'contagious', especially within the framework of a legal commissioned report, still bears the scientificity of a medical term and provides legitimacy to this report. The fact that the laws on Public Health and sanitation came on the back of the amendment of a legislation that was meant for managing relief for the poor shows how closely the history of medicine is tied to the history of laws.*

*Dehli University (*debolinadey2004 @ gmail.com*).

Journal of Interdisciplinary History of Ideas 9(2020), 18, p. 5:1–5:27. Peer-reviewed.

1. Introduction: Disease Writing

We had no such thing as printed News Papers in those Days, to spread Rumours and Reports of Things; and to improve them by the Invention of Men, as I have liv'd to see practis'd since. But such things as these were gather'd from the Letters of Merchants, and others, who corresponded abroad, and from them was handed about by Word of Mouth only; so that things did not spread instantly over the whole Nation, as they do now.[1]

Daniel Defoe's opening of the *Journal of the Plague Year* (1722) not only self-consciously refers to its own form of journalism but also establishes a vital connection between rumors, printed newspapers and the arrival of the disease itself. Defoe's *Journal* of course was catering to the public imagination, which was anxious about a probable plague outbreak in 1720 in England, following an outbreak in Marseilles; while also adhering to a long tradition of plague writing.[2] Defoe's choice of form was not incidental to the topic of contagious epidemic—both news and disease spread through circulation, and both disease and news could interest the 'national' imagination like nothing else. Margaret Healy argues that Defoe had been in the pay of the government in 1722 and supported the government's unpopular quarantine policies, which according to the general opinion of the public was rather harsh. By pointing out the underlying connection between governmental control, religious justification and the plague, Defoe, in Healy's view, politicizes the latter, a tradition she traces back to "medieval complaint emergent from sermon writing".[3]

[1]Daniel Defoe, *A Journal of the Plague Year: Authoritative Text, Backgrounds, Contexts, Criticism*, ed. Paula R. Backscheider (New York: Norton, 1992), 5.

[2]Margaret Healy, "Defoe's *Journal* and the English Plague Writing Tradition", *Literature and Medicine* 22, no. 1 (2003): 25-44. See also Maximillian E. Novak, "Defoe as a Defender of the Government, 1727–29: A Re-attribution and a New Attribution". *Huntington Library Quarterly* 71, no. 3 (2008): 503-12.

[3]Healy, "Defoe's *Journal*", 27.

The form of plague writing was obviously not new—Defoe was writing in the tradition of Thomas Nashe and Thomas Dekker. Disease writing and the popular representations of disease disseminated through journals, in the absence of scientific knowledge, worked to fill in the gap between religious fear and popular myths. Usually this form of writing represented a group of the population as the sinners, guilty of some kind of excess, who brought about the plague through divine wrath.

Issues like reform and poverty were at the heart of this kind of writing, which was informed by the faith that literature had a reforming role to play—therefore those who extorted the poor represented as the "prime category of sinners".[1] But by the time we come to the 18th century, Defoe's *Journal* delineates the dynamics between the need for reform, the need for hospitals for the poor through relief and the idea that vagrant beggars were somehow responsible for carrying disease from one part of the city to another.

Defoe's account of the plague as an epidemic, published in 1722, registers the anxiety of an outbreak in 1720 in the form of journalistic, retrospective report, but more importantly establishes the plague as a modern disease—which, according to Michel Foucault, provided a "model of control" that he associates with observation, and more importantly with the practice of quarantining.[2] Defoe's account in the form of disease writing in this sense is a model and a precursor to 19th-century anxiety over cholera, with its first outbreak in England in 1831-32 almost one hundred years later. Defoe's account is significant also because it reveals a tension between the older ritualistic and religious view of disease that perceived contagion, especially plague as a form of divine wrath; and the more secular view of disease which sought preventive measures through rationality and scientific reasoning—an argument differentiating predisposition from predestination.

Foucault, in his *Abnormal* lectures, makes a distinction concerning the types of control exercised in the 17th-18th centuries between the lepers and those infected with plague. While the first category faced a politics of marginalization—being excluded out of the city in a drive for decontamination—this approach, according to Foucault, was substituted for the second category by a "model

[1]Healy argues that in Defoe's case this was owing to his Calvinist heritage.
[2]Michel Foucault, *Abnormal: Lectures at the College of France* (London: Verso, 2003), 44-5.

of control" that entailed an 'inclusion' of the plague-infected victims. Through a "meticulous [process of] spatial partitioning" and internal quarantining, he adds, "We pass from a technology of power that drives out, excludes, banishes, marginalizes, and represses, to a fundamentally positive power that fashions, observes, knows, and multiplies itself on the basis of its own effects".[1]

In the 19th century the New Poor Law (1834) combined this model of internal quarantining coupled with economic relief, to deal with poverty, which becomes in itself, and in more ways than one, a site and agent of disease. This model of control, coupled with the state's intervention through data, categorization, and quarantining—which in the state of disease implies a crisis, and is a nascent form of legal, juridical, administrative control in the absence of temporary law—drive and define the modern idea of public health: "It is not a question of driving out individuals but rather of establishing and fixing them, of giving them their own place, of assigning places and of defining presences and subdivided presences".[2]

The critical connection established by Defoe between the problem of overpopulousness, and the free mobility of the paupers, is not restricted to the *Journal*, neither is it incidental. In a tract of his titled *Giving Alms No Charity* (1704) Defoe defined the "Poor" (as opposed to "poor") as that section of the population that "clogs" and "subtract[s]" the nation's wealth and management:

> By Poor here I humbly desire to be understood, not that we are a poor Nation in general; I should undervalue the bounty of Heaven to *England*, and act with less understanding than most Men are Masters of, if I should not own, that in general we are *as Rich a Nation* as any in the World; but by Poor I mean burthen'd with a crowd of clamouring, unimploy'd, unprovided for poor People, who make the Nation uneasy, burthen the Rich, clog our Parishes, and make themselves worthy of Laws, and peculiar Management to dispose of and direct them[;] how these came to be thus is the Question.[3]

Defoe clearly distinguishes between the honest poor and the "Vagrant Poor", "sturdy beggars, vagabonds and Stroulers",[4] "who by their choice would be

[1]Foucault, *Abnormal*, 44-48.

[2]Foucault, 46.

[3]Daniel Defoe, *Giving Alms No Charity, and Employing the Poor a Grievance to the Nation* (London: The Booksellers of London and Westminster, 1704), 9. Note the use of capitalization of 'poor' in the first occurrence, where it is used to denote a group of population, used as a noun.

[4]Defoe, *Giving Alms*, 13.

idle".[1] His 'Poor' is not a singular category that represents or defines the lower orders solely in terms of their economic status; he not only sets apart the idle from the productive, but this telling apart is in turn inflected by categories like the "settled Poor" as opposed to the "single People [who] will stroul about"[2]—a distinction that anticipates the 19th-century obsession with charting and classifying population. He defines the problem of charity and relief as one of misplaced morality, cast in terms of moral illness: "they either understood not the Disease, or know not the proper Cure".[3] This analogy is a recurrent theme of his tract, comparing to a disease this kind of misdirected relief, which in his opinion is draining the country and contributes to increasing the number of the poor rather than providing relief. Disease ("Sickness") as a cause of poverty is instead rejected under the category of "Casualty", together with any other "Natural or Accidental impotence as to Labour", as Infirmities meerly Providential".[4]

Charity becomes an important and pragmatic element, that in the *Journal* is held to be responsible for the sudden and inexplicable disappearance of plague, not only as a practical measure but also as a moral appeasement of divine wrath. Defoe's tract on the plague utilizes a form of dynamic history which "looks back to the medieval complaint and the Protestant plague pamphlet, but which simultaneously looks forward".[5] Defoe's *Journal* signaled the significant role of the literary in imagining disease management. Writing disease within the framework of protestant plague documents, Defoe and other writers of his time placed the 'poor laborer' as a central figure especially with regard to the plague and to issues of contagion. The emergence of the poor as a class that generated contagion through dangerous plebeian bodies was a significant demarcation in the divide that would later emerge in the 19th century between contagionists, who represented absolutist ideas, versus the liberal miasmatists.[6]

[1]Defoe, 17.
[2]Defoe, 20.
[3]Defoe, 13-14.
[4]Defoe, 25.
[5]Healy, "Defoe's *Journal*", 40.
[6]Kevin Siena, *Rotten Bodies: Class and Contagion in Eighteenth-Century Britain* (New Haven, CT: Yale UP, 2019), 19-70. As we shall see, the divide was not just about scientific proof, but the relationship of scientific legitimacy to trade and governance. See Erwin Ackerknecht, "Anticontagionism Between 1821 and 1867", *International Journal of Epidemiology* 38 (2009), 7-21.

Almost two decades later, in 1798, when Thomas Malthus published *Essay on Population*, his central tenet that the rate of population growth always supersedes the supply of food necessary to sustain it, could have been be traced back to William Petty in the 17th century; or to Montesquieu, Benjamin Franklin, James Steuart, and Arthur Young, all of whom Malthus acknowledged as his predecessors. Malthus saw the role of the poor as the driving force behind the equilibrium of the economy, their organic lives as being indicative of the nation's vitality (if only as the group of population that formed the largest section of society).[1] Malthus's opposition to relief measures for the poor echoes Defoe's complaints in *Giving Charity No Alms*, arguing against the 'moral merit' of the poor who, when they receive wages in excess of the needs of subsistence, spend that surplus on "drunkenness and dissipation", as opposed to tradesmen. Not only were the poor complicit in their own condition: Malthus's theory also implied that poverty as a problem was caught in a vicious cycle where extra relief added to the subsequent lowering of wages by producing a supply of labour in excess of demand.

In the scheme of this valorization, where at one end labour stood for virtue, at the opposite end Jeremy Bentham's 'felicific calculus' of pain and pleasure was also implied—labour was necessary and painful, and part of the importance of labour came from the fact that it was compelled by necessity, rather than a voluntary exercise in self-realization.[2] This further problematized the Malthusian point against relief, since if labour was a painful necessity, higher wages would naturally work as an incentive for the labourer in spending a lesser number of hours working.

In 1842, almost a century after Defoe, Edwin Chadwick in his *Sanitary Report* reformulated this connection between disease and poverty in a way that was significant inside the sanitary drive of the 19th-century public health movement. Chadwick's reformulation of the poverty-disease problem would reverse the stereotypical relation between disease and poverty, i.e., instead of maintain-

[1]Gertude Himmelfarb, *The Idea of Poverty: England in the Early Industrial Age* (London: Faber and Faber, 1984), 51; Catherine Gallagher, *The Body Economic: Life, Death and Sensation in Political Economy and the Victorian Novel* (Princeton: Princeton UP, 2006), 13-15. See also part III of Donald Winch, *Riches and Poverty: An Intellectual History of Political Economy in Britain 1750-1834* (Cambridge: Cambridge UP, 1996).

[2]Gallagher, *Body Economic*, 23-4.

ing that poverty is a form of disease, he altered this relationship profoundly by saying that disease is a condition of poverty—shifting and secularizing notions like 'predisposition' from the status of a moral cause to that of an environmental one. As a state reformer, Chadwick opposed moralizing views of disease and contagion (that prescribed quarantines and restrictive practices, opposed social regeneration by imposing sanctions on trade, and had dire economic consequences); while supporting sanitary measures that aligned well with miasmatic theories of disease linking it to environmental factors and putrefying matter:

"[C]ontagion seemed morally random and thus a denial of the traditional assumptions that both health and disease arose from particular states of moral and social order".[1]

It is noteworthy that by the mid-19th century the concept of poverty, especially in Chadwick's 1842 revision, was analyzed in what can be loosely termed a sociological method, as opposed to Defoe's moralistic and mercantilist definition. Poverty had been assimilated, at the end of the 18th century, into the political economists' discourses of industrial labour. In a way Chadwick was analyzing poverty in a free economy that in spite of its demoralised tendency retained a common, moral center. Although, on the face of it, questions of contagion/disease and reform seem marginal to the whole plot of political economy, the latter intervened on the social question of disease in a circuitous way. The idea of poverty that emerged by the turn of the century had evolved past industrialization, having shifted from a mercantile economy that perceived national wealth and the balance of trade in terms of distribution and circulation rather than production, where wealth could not be generated and was therefore "naturally limited".[2] Gertrude Himmelfarb calls this an "amorphous conception" of the poor.[3]

At the heart of the New Poor Law (1834) was the principle of 'less eligibility', that intended to make the working conditions in the workhouse (where,

[1]Charles E. Rosenberg, "Florence Nightingale on Contagion: The Hospital as Moral Universe", in *Healing and History: Essays for George Rosen*, ed. Charles E. Rosenberg (New York: Science History Publications, 1979), 117.

[2]Wolfram Schmidgen, *Eighteenth-Century Fiction and the Law of Property* (Cambridge: Cambridge UP, 2004), 109-111.

[3]Himmelfarb, *The Idea of Poverty*, 28. I am indebted to Gertrude Himmelfarb's historical and comprehensive analyses of poverty since the 18th century, which, rather than portraying a linear history, looks at the idea of poverty in its complex synchronicity.

since the so-called Workhouse Test Act of 1723, those asking for relief were to work in return for it) worse than the worst condition outside the workhouse.[1] Through this process of demarcating the worse from the worst, the New Poor Law was segregating the poor from the pauper, the able bodied pauper inside the workhouse from the able bodied labourer outside it, the willfully idle from the industrious, the deserving from the undeserving. The distinction between the poor and the destitute was measured in terms of their productivity and income, but, more importantly, the idle poor constituted that dangerous section of the population who despite being bodily able were unwilling to work and hence did not 'deserve' relief. This principle significantly reasserted and relied upon the painful/compulsory characteristic of labour.

2. Pauperism as contagion

Edwin Chadwick's career had begun as a journalist who came into contact with utilitarian circles, who developed personal ties to Mill and Bentham, and whose early journalistic articles were informed by utilitarian principles. Nassau W. Senior, who first noticed Chadwick's articles for the *Westminster Review*, brought him to assist when the Royal Commission into the Operation of the Poor Laws was formed in 1832. According to Senior, the ideal or the 'normal' labourer was hard-working and focused on his improvement even at the cost of his health. Chadwick, in his preliminary work for the Commission, linked relief

[1]See John R. Poynter, *Society and Pauperism: English Ideas on Poor Relief, 1795-1834* (Toronto: University of Toronto Press, 1969); Dave Englander, *Poverty and Poor Law Reform in Nineteenth-Century Britain, 1834-1914: From Chadwick to Booth* (London: Routledge, 1998); George R. Boyer, "Poor Relief, Charity, and Self-Help in Crisis Times, 1834-69", chap. 2 in *The Winding Road to the Welfare State: Economic Insecurity and Social Welfare Policy in Britain* (Princeton: Princeton UP, 2018), 37-74.

and the decline of productivity, fearing that it would result in undermining the laboring class. When in 1832 the Royal Commission—comprising Nassau Senior and Chadwick—formulated the New Poor Law, they sought to amend the poor laws rather than abolish them, and in the process ignored the subject of disease, and its relation to earlier forms of reform, in which customary medical care played an important part. What Chadwick had not foreseen was that the principle of deterring might have actually led to disease, especially in light of the predisposing causes of a poor diet and miserable living conditions in the workhouse, or—more ironically—for those who lived outside the poor houses and tried to avoid them.[1]

When the Poor Law commissioners drafted the Report of 1834, their objective was to amend the existing poor law system, not just as an effective means of controlling the expenditure behind relief, but also as an attempt to protect the laws of the market, in the context of the new emergent economy. Between the nomenclature of the two systems—the Old Poor Law (1795), or the Speenhamland system, and the Amendment of the Poor Law or the New Poor Law (1834)—literally looms the divide between two systems of economy, between the older economy and the new dynamics of an emerging industrialism, which needed to eliminate everything that disturbed its fine balance between demand and supply, its new ethos of productivity and wages. But even in the process of looking back at this important tradition of relief, and in the attempt of reforming it, the Poor Law Commission clearly states its object up-front: "The great object of our early Pauper legislation seems to have been the restraint of Vagrancy".[2]

If vagrancy was an economic problem in the 18th century, a sort of nuisance that was suspected to be a vector of disease, in the 19th century, in the context of

[1]Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick Britain 1800-1854* (Cambridge: Cambridge UP, 1998), 91-92; Jonathan Reinarz and Leonard Schwarz, *Medicine and the Workhouse* (Rochester, NY: University of Rochester Press, 2013); Carl J. Griffin, "Dietaries and the Less Eligibility Workhouse: Or, the Making of the Poor as Biological Subjects", chap. 4 in *The Politics of Hunger: Protest, Poverty and Policy in England, c. 1750–c. 1840* (Manchester: Manchester UP, 2020), 130-76.

[2]*Report from His Majesty's Commissioners for Inquiring Into the Administration and Practical Operation of the Poor Laws* (London: Fellowes,1834), 6. I have referred to this report as the Poor Law Commissioners' Report throughout this article.

an evolving economy it carried forward these connotations and more: it signified a political problem that needed to be reformulated through legislation. The amendment of the Poor Law, this political move, needs to be seen in the context of new social categories that this new kind of economy made available—as Giovanna Procacci says, labour itself was a kind of technological apparatus which produced new forms of the social.[1] The New Poor Law, its corollary—the public health movement—then must be seen along the continuum of the sociality that the economy throws up, as continuations of this 'technological apparatus'. But my interest in looking at the New Poor Law as a tract of social and literary importance lies specially in seeing the patterns of continuity in readings of social behavior—in the contiguity between reform and forms of disease, to historicize 'vagrancy' through its relationship to metaphors of contagion.

The logic of the Poor Law Commission—invested in the economic project of bringing down costs—implied that perhaps the fault lay not so much within the system of relief with the resulting unproductivity, as with the disease represented by the conduct of the 'gangs' of paupers, who threatened the system with the contagion of pauperization:

> [C]ollecting the paupers in gangs for the performance of parish work is found to be more immediately injurious to their conduct than even allowance or relief without requiring work (…) it was among these gangs who had scarcely any other employment (…) that the riots of 1830 appear to have originated. They prefer, therefore, those models of relief which they can turn to their own account, out of which they can extract profit under the mask of charity.[2]

Such behaviour became the identifying mark of affiliation: their rebellion against this economic order contrasted with the honest, industrious labourer who was its constitutive unit. It was the very act of gathering together in groups as bodies—the anxiety about this gathering, that had the potential not only to attract healthy unpauperized labourers, but also to simultaneously disseminate the germ of pauperization by implanting ideas of discontent and easy relief.

[1]Giovanna Procacci, "Social Economy and the Government of Poverty", in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: University of Chicago Press, 1991), 151-168.

[2]*Report from His Majesty's Commissioners*, 36.

Far beyond the real process of pauperization or the growing numbers of paupers, the report expresses a real unease with circulating ideas of unproductivity, of the rising contagion of discontent. The system could be tweaked in such a way that unemployed men could claim economic compensation, making England a nation of paupers. The economic balance was not in sync with social equilibrium—so that the contagion of pauperism, circulating ideas of growing discontent, really came to be seen in terms of a problem of population mismanagement.

The administrator's savoir entered the political stage, then, as an authority articulating the government's impulse to centralise and manage that mismanaged discrete set of population through a rationalised technology of government, as opposed to the earlier forms of organicity. This savoir, according to Procacci, would act as an exchanger, "mediating between the analytico-programmatic levels of the 'sciences' and the exigencies of direct social intervention".[1] The pathologization of poverty leading to its politicization was predicated on a "systematic grafting of morality on to economics"[2]—morality then represented discursive strategies adopted by a range of technologies which interprets the field of the social as hinged on behaviour.

Pauperism in this sense yielded readily to the metaphor of contagion, as a set of behaviours that easily signified its marginalised status in respect to any form of legitimacy—definitely far from any notion of relief as entitlement. If according to Defoe charity disturbed the circulation of trade and caused distemper, now relief, when seen as a purported right in the context of an industrialised economy that was constantly balanced by the free market, was to destroy the health of that economy by undermining productivity—it promptly enables the metaphor of disease.

[1]Procacci, "Social Economy", 156.
[2]Jacques Donzelot as quoted by Procacci, 157.

3. Public health

The New Poor Law dispensed with the organic relationship of the poor relief to the English community, where "the state and its members" were regarded "as holding the relation of parent and children",[1] and replaced that organicism with the 'workhouse test', the point of which was now, in many ways, to break what Mary Poovey calls the "charismatic engagement—sympathy, identification, judgment and desire—from both dispensers and recipients of poor relief".[2] Its purpose would not be in itself to impair the individual's agency and force him into the workhouse, but to automatise the process of relief in such a way that the condition of being less eligible would always be a relative one, one that would work according to the laws of the market.

If poverty was natural and inevitable, pauperism was that volatile, circulating agent of discontent that threatened the social order from within like a disease. The workhouse not only ensured a depersonalization of the individual, it also granted the pauper only a grudging right to his own life. In effect the workhouse becomes a congregation of superfluous and unwanted bodies that must marry late and more importantly not proliferate its unproductivity. Indeed, the report in its form resembles a journal of medical case reports, using the medical repertoire, so that the expressive resources of reform and medicine permeate each other. Like contagion, instances of the "malady of pauperism" were likened in many ways to medical patients: "cases which are good today are bad to-morrow, unless they are incessantly watched".[3]

The 'workhouse test' in the New Poor Law was a significant break from previous policies also in that the latter did not yield to the element of calculability linked to modern forms of rationalized bureaucracy. Although the New Poor Law failed as an act of reform, its importance as a watershed moment lies in this ambiguity, in this movement towards technologizing—therefore making the public health movement so significant in the context of the New Poor Law's afterlife. This function becomes in turn extremely significant when one looks

[1]Lisa Ann Cody, *The Politics of Body Contact: Disciplines of Reproduction in Britain, 1688-1834* (Berkeley, CA: University of California Press, 1993), 1:158.

[2]Mary Poovey, *Making a Social Body: British Cultural Formation, 1830-1864* (Chicago: University of Chicago Press, 1995), 106.

[3]*Report from His Majesty's Commissioners*, 45-46.

at Edwin Chadwick's role both as a Poor Law Commissioner and as the chief architect of the principal 19th-century public health reforms. The New Poor Law thus played a crucial role also as for the relationship between health reform and its economic and demographic management—and yet this relationship was undercut and made fragile by the underlying principle of philanthropy with its polarizing tendencies.

The Commissioners complained in the *Report* about the ills of private charity, where benevolence does not imply a redistribution of resources for relief, while in most cases, for the want of proper management, centers of charity often become clustered with paupers who hope to profit without labor. Poverty in such cases, according to the *Report*, is not being redressed, rather it is being created. Since the *Report* sought to repair precisely this, its focus shifts from benevolence to its propensity for being misused, from charity to its proper management. If behavior was the domain where the metaphor of contagion could be most readily appropriated to serve the purpose of morality for the administrators, in opposition to the metaphor of illegitimacy and antisocial behaviour that pauperism denoted there was the figure of the respectable and 'independent labourer'.

By the mid 19th century, pauperism could be openly compared to contagion, and by way of analogy they became exchangeable and even identifiable. The New Poor Law was called in its time an "experiment for its cure", meaning the cure for the "moral plague" of pauperism.[1] But what is interesting in this metaphor is the privileged position which the administrator enjoys within it. He is a both the reformer and the doctor-scientist, so that criticism of the New Poor Law can be justified in the context of a scientific investigation—carrying the tentative and permissible margin of error that experiments allow, especially in the context of the amorphous nature of the medical discipline of the 1830s. In any case, the workhouse was meant rather to deter pauperism than to 'treat' it, because, as the vehement reactions to the New Poor Law proved, the Poor Law Commissioners had not found a 'cure' to the problem.

[1] "From time to time we have called attention to the progress of pauperism, until further speculation on the remedies for the moral plague appeared to be fruitless. But now speculation is reduced to practice, and an experiment for its cure is in operation on a vast scale, to which the attention of all Europe is directed" ("Art. IX. The New Poor Law", *The Edinburgh Review or Critical Journal* 63, no. 128 (July 1836): 487-537, 487).

The significant aspect here was not just the nature of contagion or the way it communicated rapidly in overpopulated urbanised cities, but the new status of disease as a metaphor in the light of reform. In contrast to Defoe's showing the inefficacy of the quarantining process and arguing against such a measure, disease by the mid 19th century symbolised not the private experience, but a 'public' dimension, as it came to be a politicised site through which other discourses—like that of social justice—gained legitimacy. And the symbolic contagion would be countered through an equally intrusive policy of reform, invading the very centre of the private Victorian domestic space of the laboring population—that invasiveness that is at the heart of the public health movement.

Edward Chadwick's famous stance in the *Sanitary Report* of 1842, that poverty was not the cause of disease, developed in the aftermath of the New Poor Law.[1] Thus Chadwick unlinked the traditional connection between poverty and disease, and at the same time depoliticized and depersonalized the condition of poverty as a site for compensation—redirecting public attention from poverty relief, to disease caused by individual habits, and launching in effect the Public Health movement. Poverty was just a "predisposing cause", in that it "renders [the poors'] constitution susceptible of attacks, especially when exposed to contagion".[2]

[1]"The state of the districts which the working and poorer classes inhabit, and their unwholesome, damp, and ill-ventilated dwellings, is another powerful cause of the disease and mortality among them, and consequently of their poverty and destitution" (Edwin Chadwick, *Report to Her Majesty's Principal Secretary of State for the Home Department, from the Poor Law Commissioners, on an Inquiry into the Sanitary Condition of the Labouring Population of Great Britain: With Appendices* (London: W. Clowes, 1842), 181). See Hamlin, *Public Health*; Christopher. Hamlin, "Edwin Chadwick, 'Mutton Medicine', and the Fever Question", *Bulletin of the History of Medicine* 70 (1996): 233-65; Ian Morley, "City Chaos, Contagion, Chadwick, and Social Justice", *The Yale Journal of Biology and Medicine* 80, no. 2 (2007): 61-72.

[2]Chadwick, *Report*, 235. "The progress the disease has made from place to place indicates the powerful operation of contagion as an exciting cause; whilst its selection principally, though by no means exclusively, of the poor, shows that poverty is the great predisposing cause. (…) the evidence afforded by my investigation does not support the doctrine, that fever is the result of exhalations from nuisances, because the amount of fever does not bear a constant relation to the prevalence of the assigned cause. Instead of being excited by effluvia flowing from dead vegetable and animal matter in a state of corruption, it appears to me that there is stronger evidence in support of the opinion, that it arises from the morbid cutaneous and pulmonary exhalations of living bodies, either

Chadwick established the legitimacy of the *Sanitary Report* upon the mode of inquiry—using the authority of statistics and the expertise of medical professionals to counter criticisms of the New Poor Law. But, although Chadwick advanced a theory of disease based on ideas of insanitary circumstances of living and filthy housing conditions, in principle his report cannot be seen independently of the Poor Law Commissioners' Report, as Chadwick himself, whose aim was to consolidate and extend the scope of that Report, conveyed by citing Dr. Neil Arnott's account of the fevers in Glasgow and Edinburgh: "In the survey (…) in September 1840 (…) all appeared confirmatory of the view of the subject of fevers submitted to the Poor Law Commissioners by those who prepared the Report in London".[1]

The *Sanitary Report* extends the scope of population management in the New Poor Law and vindicates the Poor Law Commission's findings bringing the idea of social medicine into the domain of public health. The social becomes a site to draw information from: using science and medicine as the authoritative legitimate methods to consolidate the reading of this social, as well as creating a document of governmental know-how of the behavioural aspects. The realm of the habitual occupies the center stage of the analytical framework for finding the causes of febrile disease: it is focused on the behavioural contagion of the New Poor Law rather than on the economic conditions leading to its amendment.

At the heart of the *Sanitary Report* there was a sociological investigation of febrile diseases, through which sanitation as a social reformatory discourse gained legitimation, all the while working within the tradition of prevention as cure. Clubbing together categories of disease transmission as "epidemic, endemic and contagious (…) including fever",[2] the *Report* clearly shows that it is not an epistemic enquiry about the ætiology of disease, but it seeks to interrogate the causes of fever among the labouring populations. Although Chadwick distinguishes epidemics as the spread of a specific disease from contagion, as an

labouring under fever or rendered unsound by being suffused with filth, and respiring imperfectly in ill ventilated, crowded, nasty houses" (Chadwick, 235-36).

[1]Chadwick, 23.

[2]Edwin Chadwick, *Report on the Sanitary Condition of the Labouring Population of Great Britain. A Supplementary Report on the Results of a Special Inquiry into the Practice of Interment in Towns* (London: W. Clowes, 1843), 43, 189.

non specific phænomenon—this rigidity does not hinder the usage of contagion as a metaphor.[1]

Disease then becomes a relevant constituting factor in the public imagination, and it is discussed in its "varied forms"—both as a historical phenomenon contingent on material factors and as a metaphor that infiltrates into and seeks to manipulate personal behavior. While disease was a constitutive metaphor that propelled the argument against poor relief in the New Poor Law, in the *Sanitary Report* disease is inextricably linked to its opposite—health through the mode of sanitary reform. The nexus between reform and disease is made into a convenient political tool for prescribing certain kinds of behaviour, and in that at least the public health movement is closely linked to the New Poor Law. But the *Sanitary Report* also becomes 'public' by imparting a general prescription concerning prevention. Specifically, Chadwick's argument that the destitute was not more apt to fall sick than the healthy, had two consequences. First, it extended the relevance of preventive medicine to those who didn't fall within its ambit, that is the healthy; and second, it countered the traditional criticism that destitution due to the harsh regime of the 'workhouse test', dependent on laissez faire, caused disease.

Bodily behaviour becomes central to the logic of public health—medical officers, instead of diagnosing individual patients, move into detecting social causes of disease. Patients become subjects, as the individual case history is absorbed into the collective rhetoric of 'population'. In more ways than one, Chadwick intervenes as a reformer at the crossroads between medicine and society, between scientific authority's claim to progress and its legitimising influence—authoring a sociological tract that basically delves into ætiology as affected by social behaviour. What Chadwick's report effectively manages to do is to map the discursive framework of the medical officer onto the scheme of reform, addressing reform as the larger concern for 'condition', thereby not only linking the two but also making them mutually inclusive. As Christopher Hamlin argues, within Chadwick's scheme of politicising disease, in addressing the larger concerns of living conditions of labouring populations, the factors that tie poverty and disease are incidental,[2] and ultimately poverty itself is incidental.

[1]Hamlin, *Public Health and Social Justice,* 116.
[2]Hamlin, 55, 98.

Although the *Sanitary Report* was a follow-up of the New Poor Law, the report does not fix itself on paupers alone: in fact its subject is the undefined category of 'labouring population'. The ambiguity of this label recalls the vague definition of 'labouring poor' that the New Poor Law had sought to make precise through the 'workhouse test'—and yet, as the New Poor Law itself showed, the shadow of destitution, of succumbing to the test was always a possibility, because after all the workhouse test was inevitably contingent on the laws of the market. Therefore the category falls into the same trap of the Old Poor Law, where every person who was poor could become a pauper. Similarly Chadwick's undefined 'labouring population' is all-encompassing. However, in Chadwick's case, this undefined category which includes the 'poor', 'pauper' and the 'labouring' is conceived so that the 'moral habits' of one segment affects the other. Presenting the effects of overcrowding as leading to disease, Chadwick's explanation, while analyzing crowdedness, shows the complex web of interrelations of the market as being influenced by disease, effecting in turn "loss of profit to the employer, and of produce to the community, and the loss in expenditure for the relief of the destitution, which original cause (the bad ventilation) we have high scientific authority to be easily and economically controllable".[1] The labourer is then reducible to his productivity, where his health and happiness depend upon it, these in turn depending upon the habit of cleanliness, which can be resolved through an apparently apolitical solution legitimised by 'scientific authority'—proper ventilation.

What is remarkable here is the way the labourer's body is configured vis a vis this complex interrelation of economic exchange and moral habits: this precarious economic balance is upset by the moral habit of uncleanliness, influencing the demand-supply curve as well as the poor relief, affecting productivity of the community as well as leading to the "loss of healthful existence and happiness of the labourer". Disease then leads to disease, touched by the element of contagion—and yet in this spiralling effect that leads to further disease, the argument is strangely circular, as far as the labourer is responsible for his own wellbeing. These conditions that adversely affect productivity, the vicious cycle of disease leading to "early deaths, and orphanage and widowhood", are arrested by the intervention of "scientific authority", in a way that is, im-

[1]Chadwick, *Report*, 98.

portantly, both 'easy' and 'economic'.[1] To further consolidate this deduction, Chadwick produces more instances of 'scientific authority', using statistics to calculate the amount of loss in productivity due to overcrowdedness.

4. Contagion

Similarly to Defoe's description of the plague, where the contagion spreads and cuts across the fortifications of the township, Chadwick chooses to focus on the problem of contagion obliquely, not naming it nor ascribing it to a particular disease, but using the framework of transmission nonetheless, supported in this by his fellow commissioners: "It is not these unfortunate creatures only who choose this centre of disease for their living place who are affected; but the whole town is more or less deteriorated by its vicinity to this pestilential mass".[2] The sources of trouble, in Chadwick's diagnosis of the causes of fever, are first, that the centre of disease is organised around such 'unfortunate creatures' who live in 'filth'; and second, that this vicinity has the potential to radiate outwards conforming to the implied metaphor of contagion.

Although Chadwick belonged to the group of reformers who believed in anti-contagionism, contagion becomes not so much an epistemic barrier in the amorphous debates about ætiology, but rather a metaphor, a principle of thought which works through implied connotations and derives from a tradition of disease writing its potent resonance in the popular imagination. Also, since contagion in the early 19th century was still a matter of medical, scientific and para-scientific speculation, it would often be described as something invisible, more insidious than it appears, therefore making contagion the symbol of a potential threat that could only be imaginatively appropriated.

Chadwick's critique of 'filth' readily becomes synonymous with implications of vice—broad roads signify immunity from disease but at the same time also foster "decent artisans and labourers",[3] whereas spaces with stagnant drainage are such that fester pauper sickness. The hydraulic imagery intrinsic to the sanitary drive championed by Chadwick stands opposite to the zymotic dimension

[1]Chadwick, 98.
[2]W.J. Gilbert's Devon report, as quoted in Chadwick, 6.
[3]Chadwick, 6.

of disease, originating from decomposition and fermentation. The insinuations of contagion, and the various positive and negative metaphors of fluid circulation, however, were not exclusively drawn from the tradition of disease writing, being as well inspired by the recent panic caused by the cholera.[1]

The manoeuvre that makes poverty incidental to the question of disease not only helped deflect the responsibility of state sponsored action towards alleviation of poverty. At the same time, Chadwick posed the issue of cleanliness in a way that conveniently displaced responsibility on the habits of those who lived, or were made to live in dirt and filth. Thus disease could now be said to arise not only from "the ignorance", but also from "the cupidity, or negligence of landlords".[2] Later on in the report, he draws from the reports of numerous medical officers in order to loosen the connection between destitution, the lowest denominator of poverty, and disease, as well as between destitution, 'filth', and disease,[3] in favour of the outcome of 'irregular' modes of life and 'uncleanly' habits.[4]

[1]Debates around water supply and potable water became a major preoccupation of the public health movement spearheaded by Chadwick. Water became a site onto which scientific authority was debated, and became a hotbed for appropriating political legitimacy. For a detailed analysis refer to Christopher Hamlin, *A Science of Impurity: Water Analysis in Nineteenth-Century Britain* (Berkeley, CA: University of California Press, 1990).

[2]Chadwick, 7.

[3]"The question (…) whether the destitution without the filth, or the filth without the destitution, is more effectual in the production or extension of sever, is one which, I am afraid, hardly admits of a direct answer, because, in Scotland at least, we have no destitution without filth ; but we have many examples of filth without destitution, i.e., of families living in close, ill-aired rooms, and of dirty habits, but regularly employed, and suffering no peculiar privations; and although we often see fever affecting several members of such families in succession, yet I can say with confidence, from many such cases as those I have just mentioned, that fever neither makes its way into such families with the same facility, nor extends through them with the same rapidity and certainty, as in the case of the unemployed, or partially employed, disabled, and destitute poor" (Chadwick, 133).

[4]"We cannot certainly go so far as to say that fever occurs among the destitute only, or that it always breaks out where there is destitution, and becomes less prevalent when that destitution is alleviated by the distribution of food and money; but it certainly may have been seen by many that when fever is prevalent it will often pass by those who are in the habit of being well fed, well clothed, and particularly if they are cleanly in their habits" (Chadwick, 133). "(…) the destitution and irregular mode of life, connected with the destitution, of many of the lower ranks in this as in others of the great towns in Scotland, are the chief cause of the frequent diffusion of epidemic fever in them, and that this is not merely owing to the filth which is always found in connexion with such a mode of life" (Chadwick, 25).

The behavioural aspects of the labouring poor are minutely observed—from patterns in housing (external and internal), domestic (mis)management, uncleanliness, overcrowdedness. The domain of the behavioural then is the most consistent link between the New Poor Law and the *Sanitary Report*. By criticizing the habits of the labouring poor as a source of disease, Chadwick makes space for both the didactic scope of reform, and makes a case for reform in itself. The abstract realm of the behavioural, while making no legitimate case for economic reform, can provide the ground for socio-political reform, like that of the public health movement.

It was ironic that, although the Poor Law Commissioners did not believe in contagionism, time and again in the New Poor Law documents echoed the metaphor of the idle, lazy pauper's behaviour likened to the spreading of contagion—ultimately bringing chaos and threatening to turn England into a nation of paupers. It is no surprise then, that Chadwick's real effort for reform would focus onto the domain that was considered the most dangerous—the crooked behaviour of the pauper, whose dishonesty took advantage of the system, rather than the flaws of the old poor law— and yet to achieve this focus throughout the *Sanitary Report* without dealing with the conditions of economic oppression, is the clever negotiation that Chadwick worked out to warrant the success of the public health movement as a political act. Behaviour as the site of reform—justified by the logic of health and sanitation—became the most effective way of intervening in the lives of individuals, observing private spaces and intruding upon them.

Medical officer John Fox's report from Cerne, quoted at length in the *Sanitary Report*,[1] is in many ways remarkable—in his sociological case study for medical ætiology, he is not only observing the modus operandi of the germ, or its modes of transmission, but, and more importantly, the 'conditions' in

[1]Chadwick, 8-10.

which it is passed on, the para-scientific detailing—the observation on diarrhoea branches into descriptions of insalubrious housing and of the badly fed and poorly clothed occupants, and culminates in an analysis of the habits of the poor. Unlike the novelist,[1] who employs observation to describe the same filth, but also individuates the inhabitants and delves into the inner world of the characters, Fox's impersonal account aims at the anonymity of unnamed subjects. The individual subject is just a synecdochic presence standing for a general body of 'labouring population'. This is done through homogenizing the poor to the extent that any poor runs the risk of resembling the pauper. For the reformer/observer, this kind of crowdedness leaves no room for individuation, as Pamela Gilbert says: "[B]ut the masses are, precisely, massed bodies, filthy and insufficiently individuated. They are too close—sharing space, water, air, sexual congress. These bodies, being too contiguous, become continuous".[2]

In what seems a defining use of the phrase, Chadwick introduces the phrase "public health" in connection to the threat of contagion to the "highest neighbourhoods in power and wealth" which are not secure against it.[3] Public health is defined in relation to this class of society as against the "labouring populations", so that the threat of disease pervading from the "courts and back streets" is always imminent. Discussing the case of Stafford, Dr. Edward Knight echoes Defoe's *Journal* in describing the putrefaction and fever that originate from the margins of the town and reach the homes of "respectable inhabitants".[4] This contiguity becomes a source of medical anxiety—in George Anderson's report on Inverness—when the dwellings of the "humbler classes" are interspersed with "houses of a better description". This closeness is not only visually unpleasant, but also dangerous, since often in such buildings "pig-houses and dunghills" are "allowed to rest upon or touch the dwelling-houses".[5] While the extremely vi-

[1]See Lauren Goodlad, *Victorian Literature and the Victorian State: Character and Governance in a Liberal Society* (Baltimore: Johns Hopkins, 2003).

[2]Pamela Gilbert, *The Citizen Body: Desire, Health, and the Social in Victorian England* (Columbus: Ohio State UP, 2007), 38. See also Pamela Gilbert, *Disease, Desire and the Body* (Cambridge: Cambridge UP, 1997).

[3]"The state of Windsor affords an example that the highest neighbourhoods in power and wealth do not at present possess securities for the prevention of nuisances dangerous to the public health" (Chadwick, *Report*, 13).

[4]Chadwick, 16.

[5]Chadwick, 43.

sual description conveys the dangers of contagion without naming it, this menacing contiguity also establishes the bourgeois norm through the comparison implied by the word 'better'.

In the prescriptive space of reform, the role of the descriptive, as it further interprets bodies and space and links them to medical causes of diseases, becomes significant. Apart from mere descriptions of overcrowdedness that makes way for disease, medical officers, in their attempt to define possible reform, also endorse a norm of domesticity which derives from middle-class notions of habitability. The lodging space must have a day room, separated from the bedroom; the bedroom must not open directly into the street. The norm, against which the state of housing of the labouring population—the space of a hut where "alas" through the winter there will be "no fireside enjoyment for them"[1]—is compared, by implication renders that state as diseased—statements like "In a cottage fit for the residence of a human being, this could not have occurred",[2] or the description of streets that "to a stranger would appear inimical to the existence of human beings",[3] delineate the labouring population as living in conditions unfit, sickly, and overall contrary to the norm for 'human beings'. Disease, by such implication, refers to a state of crisis, a condition of material deterioration, a form of being that is an exception to the norm of health and of human existence. This rhetoric of extended suggestion is effected through a mode of language and a set of expressive resources chosen rather among those available to popular imagination than in the specialised rhetoric of medical discourse. Scientific evidence of disease is replaced with a reliance on the expertise, taken for granted, of medical practitioners. Scientificity then enters the equation of public health as a disguise, as an idiom for objectivity—a scientific way of argumentation, rather than a system of empirical demonstration.

In the second section of the *Sanitary Report*, moving his attention to spaces 'exterior' to the house of the labouring poor, Chadwick finds the solution to filthiness in drainage—drains, to the discerning eye of the reformer, represented particularly, in their positive potential, the hydraulic image of flowing water, that disposed of filth through a channelized organization. However drains

[1]Chadwick, 22.
[2]Chadwick, 9.
[3]Chadwick, 21.

equally had the potential, if not propelled by flow, to stagnate and rot—giving rise to zymotic "fumes of contagion".[1] As Chadwick explains, the hydraulic image proclaimed as an effective means, then is championed as such because it is also the thriftiest method of cleansing and removing filth. The onus of this apparently apolitical solution rests both on the reformer who recognises potential sites of reform, as well as on the inhabitant who must guarantee this hydraulicity—justified in the "motives of both humanity and economy".[2] The discerning eye of the reformer—the medical practitioner who knows the dangers of an uncovered stagnant sewer—governs and also determines the civic guidelines for what constitutes 'sanitary': what is described aptly as 'medical police'. This term sums up the crossroads between the apparent expertise of a medical officer, who comments on the socio-sanitary conditions of living, and the reformer who must look to those 'motives' with or without sufficient medical knowledge, but representing the legislative arm of the government.

The idea of a 'policing' by the medical officer/reformer is one of the most important aftereffects of the Public Health movement—the move from descriptive to prescriptive is here subtle, but significant nonetheless. As Procacci says, the importance of this social inventiveness lies not in the opposition between 'ideological mystification' and 'truth', but in the 'transformation of society' that it made possible.[3]

What the motif of contagion makes possible, then, is to open up new social possibilities and spaces through the 'public health' channel—the new techniques of social classification it opened up, and the way it effected a strategy of social governmentality. The public health movement can be seen in this context as a successful political strategy, an effective means of managing populations achieved, most importantly, through its self representation as a technological movement that sought to challenge local identities, and move towards the homogenous idea of a coherent social body and of its citizens.[4]

Civic behaviour, by the logic of public health, implied proper sanitary be-

[1]Chadwick, 17.

[2]Chadwick, 28.

[3]Procacci, "Social Economy", 151.

[4]See Pamela Gilbert, "Producing the Public: Public Medicine in Private Spaces", in *Medicine, Health and the Public Sphere in Britain, 1600–2000*, ed. Steve Sturdy (London: Routledge, 2002), 43-59.

haviour, and at the same time proper sanitary behavior reflected back in the health of its subject. The ideas of civic behaviour and active vigilance would become inseparable as modes of defining the 19th-century citizen, to whom, according to Poovey, inheres Foucault's model of "disciplinary individualism" as a "normative model of agency". This Foucauldian subject is then located in the rationalised order of bureaucracy; the moral counterpart of which is especially the idea of self-monitoring, or self-imposed restraint (what at a point the *Sanitary Report* labels as 'self-love'[1]) so that agency is reducible to the "paradoxical" pulls embedded in this disciplinary regime.[2] It needs to be noted, in reading Chadwick's *Sanitary Report*, that it is after all an exercise in the social epidemiology of 19th-century England, legitimized in turn by medical officers and 'scientific authority'. It comes about in the wake of criticism of the New Poor Law—and it strives to manage the labouring poor at least as much as controlling febrile diseases.

If *disease* operates as a 'form', as an idea multiplying its metaphorical potency into other realms, so does this counteractive metaphor of *health*, that goes beyond the bodily domain—'personal appearance' signifying self-respect and moral health, according to the *Sanitary Report*,[3] must complement bodily health. Dignity and respectability were seen as a part of the positive moral code of conduct that the reform tried to instill; therefore the significance of appearing healthy, in opposition to the contagious behaviour of idleness and vagrancy. Predicated on the idea of social justice, public health as a movement gained national resonance, by absorbing local identifications of class and its peculiar behaviours, through a shared code of civic conduct.

Negatively defining what is 'public' through this shared concern for health, one that potentially affects the entire population, it is after the Public Health movement—that manages to politicize disease and make it relevant to the nation as an issue of 'public' relevance—that the metaphoric potency of contagion acquires currency, on the one hand, as a form of disease; while on the other hand, since this happens in a context of persistent scientific ambiguity regarding ætiology, it makes the metaphor of disease open to imaginative appropriations.

[1]Chadwick, *Report*, 261.
[2]Poovey, *Making of a Social Body*, 103-4, 112-14.
[3]Chadwick, *Report*, 128, 157, 182, 261.

Bibliography

"Art. IX. The New Poor Law". *The Edinburgh Review or Critical Journal*. 63, no. 128 (July 1836): 487-537.

Ackerknecht, Erwin. "Anticontagionism between 1821 and 1867". *International Journal of Epidemiology*. 38 (2009): 7-21.

Boyer, George R. "Poor Relief, Charity, and Self-Help in Crisis Times, 1834-69". Chap. 2 in *The Winding Road to the Welfare State: Economic Insecurity and Social Welfare Policy in Britain*, 37-74. Princeton: Princeton UP, 2018.

Chadwick, Edwin. *Report on the Sanitary Condition of the Labouring Population of Great Britain. A Supplementary Report on the Results of a Special Inquiry into the Practice of Interment in Towns*. London: W. Clowes, 1843.

Chadwick, Edwin. *Report to Her Majesty's Principal Secretary of State for the Home Department, from the Poor Law Commissioners, on an Inquiry into the Sanitary Condition of the Labouring Population of Great Britain: With Appendices*. London: W. Clowes, 1842.

Cody, Lisa Ann. *The Politics of Body Contact: Disciplines of Reproduction in Britain, 1688-1834*. Berkeley, CA: University of California Press, 1993.

Defoe, Daniel. *A Journal of the Plague Year: Authoritative Text, Backgrounds, Contexts, Criticism*, ed. Paula R. Backscheider. New York: Norton, 1992.

Defoe, Daniel. *Giving Alms No Charity, and Employing the Poor a Grievance to the Nation*. London: The Booksellers of London and Westminster, 1704.

Englander, Dave. *Poverty and Poor Law Reform in Nineteenth-Century Britain, 1834-1914: From Chadwick to Booth*. London: Routledge, 1998.

Foucault, Michel. *Abnormal: Lectures at the College of France*. London: Verso, 2003.

Gallagher, Catherine. *The Body Economic: Life, Death and Senzation in Political Economy and the Victorian Novel*. Oxford: Princeton UP, 2006.

Gilbert, Pamela. *Disease, Desire and the Body*. Cambridge: Cambridge UP, 1997.

Gilbert, Pamela. "Producing the Public: Public Medicine in Private Spaces". In *Medicine, Health and the Public Sphere in Britain 1600-2000*, edited by Steve Sturdy, 43-59. London: Routledge, 2002.

Gilbert, Pamela. *The Citizen's Body: Desire, Health, and the Social in Victorian England*. Columbus: Ohio State UP, 2007.

Goodlad, Lauren. *Victorian Literature and the Victorian State: Character and Governance in a Liberal Society*. Baltimore: Johns Hopkins, 2003.

Griffin, Carl J. "Dietaries and the Less Eligibility Workhouse: Or, the Making of the Poor as Biological Subjects". Chap. 4 in *The Politics of Hunger: Protest, Poverty and Policy in England, c. 1750–c. 1840*, 130-76. Manchester: Manchester UP, 2020).

Hamlin, Christopher. *A Science of Impurity: Water Analysis in Nineteenth-Century Britain*. Berkeley, CA: University of California Press, 1990.

Hamlin, Christopher. "Edwin Chadwick, 'Mutton Medicine', and the Fever Question". *Bulletin of the History of Medicine*. 70 (1996): 233-65.

Hamlin, Christopher. *Public Health and Social Justice in the Age of Chadwick Britain 1800-1854*. Cambridge: Cambridge UP, 1998.

Healy, Margaret. "Defoe's *Journal* and the English Plague Writing Tradition". *Literature and Medicine*. 22 (2003): 25-44.

Himmelfarb, Gertrude. *The Idea of Poverty: England in the Early Industrial Age*. New York: Vintage Books, 1983.

Morley, Ian. "City Chaos, Contagion, Chadwick, and Social Justice". *The Yale Journal of Biology and Medicine*. 80, no. 2 (2007): 61-72.

Novak, Maximillian E. "Defoe as a Defender of the Government, 1727–29: A Re-attribution and a New Attribution". *Huntington Library Quarterly* 71, no. 3 (2008): 503-12.

Poovey, Mary. *Making a Social Body: British Cultural Formation 1830-1864*. Chicago: University of Chicago Press, 1995.

Poynter, John R. *Society and Pauperism: English Ideas on Poor Relief, 1795-1834*. Toronto: University of Toronto Press, 1969.

Procacci, Giovanna. "Social Economy and the Government of Poverty". In *The Foucault Effect: Studies in Governmentality*, edited by Graham Burchell, Colin Gordon and Peter Miller, 151-68. Chicago: University of Chicago Press, 1991.

Reinarz, Jonathan, and Leonard Schwarz. *Medicine and the Workhouse*. Rochester, NY: University of Rochester Press, 2013.

Report from His Majesty's Commissioners for Inquiring Into the Administration and Practical Operation of the Poor Laws. London: Fellowes,1834.

Rosenberg, Charles E. "Florence Nightingale on Contagion: The Hospital as Moral Universe". In *Healing and History: Essays for George Rosen*, edited by Charles E. Rosenberg. New York: Science History Publications, 1979.

Schmidgen, Wolfram. *Eighteenth-Century Fiction and the Law of Property*. Cambridge: Cambridge UP, 2004.

Siena, Kevin. *Rotten Bodies: Class and Contagion in Eighteenth-Century Britain.* Connecticut: Yale UP, 2019.
Winch, Donald. *Riches and Poverty: An Intellectual History of Political Economy in Britain 1750-1834.* Cambridge: Cambridge UP, 1996.

Anthony Crider, Rent Relief Protest *(2021 Jan)* (`https://flic.kr/p/2ktYWMZ`).