

human body that dominated ancient medical theory and practice, as metaphors that both the practitioners and their patients “lived by” (p. 342).

In sum, this book will delight, and give food for thought to many a student of ancient medical texts. Bringing together texts from different cultural areas of the ancient world to explore this suggestive topic demonstrates how fruitful comparative approaches can be. Broadening the discussion to a wide spectrum of ancient texts regardless of language and origin allowed the contributors to deliver inspired comments on some of the most dynamic features of ancient medical (or indeed technical) language: metaphor, metonymy and comparison in its various guises. Stepping sideways from earlier analyses (many of them purely linguistic, like F. Skoda’s *Médecine ancienne et métaphore*, Paris: Peeters-Selaf, 1987), the book will provide students with important insights into the poetics of ancient medicine. It usually does so in a clear, accessible language, and is supplemented by useful indices.

Caroline Petit

University of Warwick, UK

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Matthew L. Newsom Kerr, *Contagion, Isolation and Biopolitics in Victorian London* (Basingstoke: Palgrave Macmillan, 2018), pp. xvii + 370, £63.99, eBook, ISBN: 9783319657684.

This book by Matthew Newsom Kerr is the latest contribution to the discussion of how medicine doubled as the means of both public service and governance in nineteenth-century Britain. The framework of this book is founded upon Michael Foucault’s body of work concerning liberalism, governmentality and biopolitics. The author argues that biopolitical imperatives went hand in hand with liberalism in Victorian London. He explains it with reference to how the civic authorities controlled various diseases, such as plague and smallpox, through various medical policies and institutions. He raises an interesting point that the ‘liberal systems of security’ (p. 8) were based on the fear of diseases. With the aid of doctors and health administrators, the state transformed the fear of mortality into a principal justification of the governance of citizens. In this story, hospitals and clinics were sites of biopower and complex negotiations between the civil society and sick individuals. In order to establish a healthy, sanitised, orderly and disciplined society, the liberal state took recourse to legitimising quarantine, isolation, segregation, seclusion and confinement, thus becoming a ‘surveillance state’. Public health and political modernity arguably informed the development of one another. The history of this co-constitution underpins the discussion in this book.

The book is divided into seven chapters. The introductory chapter, ‘Isolation, Liberalism, Biopower’, begins with the story of a patient who suffered from headache and depression. His ailment was diagnosed as scarlet fever and he was asked to consent to being ‘removed to the fever hospital’. He was then dressed in hospital clothes, put into an ambulance on a stretcher and taken to a large scarlet fever ward in an isolation hospital that did not allow visitors. The patient became so restless that he would scrub himself to get rid of his rashes and expedite his recovery. He saw his ‘healthy’ family only after he was deemed fully recovered and allowed to cross the iron gates. Through this tale of sickness and hospital admission, Newsom Kerr presents his analysis of how isolation and detention increasingly became a part of London’s urban life in the nineteenth century. This was not a singular incident but rather part of the practice of regulating contagion

in Victorian London. Inspired by theories of social control, the author asserts that the last decades of the nineteenth century could legitimately be termed a period of 'great confinement' of patients suffering from infectious diseases. He cautions that isolation must not be understood essentially in conjunction with the incidence of epidemics or fear of rising mortality but the opposite, since the prevalence of the most fatal diseases, such as typhus and smallpox, and other recurrent diseases, such as scarlet fever and typhoid, seemed to have diminished. Thus, he argues, the state's intervention into patients' lives was intrusive and amounted to medical policing.

The subsequent chapters draw out several interlocked aspects of the 'political birth of isolation', mainly the relationship between pauperism and infection, and the regulation of contagious diseases. The author looks beyond germ theory, contagion and bacteriology to understand the rise and expansion of isolation hospitals, especially after the 1860s. The most compelling case study is possibly the seventh and final chapter, 'Isolation Within Isolation: Public and Personal Politics of Hospital Infection'. It shows how fever hospitals emerged as 'essential sites' for understanding and managing childhood diseases in contrast to the home, which was no longer considered to be a safe and sanitised environment for treating infectious diseases. The fear of infection created a demand for hospital isolation, which unsettled the balance of care and authority among the child, parents and the state at the end of the nineteenth century. The second part of the chapter explores how the knowledge of the clinical science of 'infectivity' justified the empowering of hospital hygiene over personal hygiene. The author argues that this sense of superiority was in no way justifiable since hospitals were unable to negate the chance of infection spreading from its wards to visitors, or within its walls among patients. Apart from patients, doctors, nurses and other medical staff too were susceptible to diphtheria, scarlet fever and other deadly diseases. Thus, the mechanism of infection management and surveillance of public health through the hospital system were shown to be inherently flawed.

The author mentions several strands of the exercise of control through public health, such as the politics of doctor-patient interaction, enforcement of specific information as the only valid medical knowledge and modification of public behaviour into what is desirable by the state. He examines how the state and its personnel made use of technology and ideology to define and treat medical problems. While he acknowledges Foucault's influence, he misses mentioning other proponents of the theory of social control through care of the body, such as Talcott Parsons, Irving Zola, Peter Conrad and Thomas Szasz, who took a similar approach to the issue raised by this book in their writings between the 1950s and 1970s. The arguments presented in this book, persuasive as they are, could have generated further insights into the operation of public health had the author taken a global history perspective. The health situation in London was undoubtedly shaped by the influx of new people, diseases and ideas generated as a result of British imperialism. Taking this connected history of public health into account would have enabled the author to engage with new questions and perspectives. For example, does the framework of social control adequately explain the growing state funding for bacteriology, the development of which essentially helped to clarify the nature of infection and dismiss many preventive measures as unnecessary? Stepping aside from the paradigm of control at times and taking note of contradictions would have lent greater nuance to the book's arguments. This does not detract us from the book's merits of a clear structure, coherent claims and an apt conclusion.

Manikarnika Dutta
University of Oxford, UK