Rotten Bodies: Class and Contagion in Eighteenth-Century Britain. Kevin Siena. New Haven: Yale University Press, 2019. 352 pp. Hardcover ISBN-13: 9780300233520.

Crowd diseases are symptomatic of class inequality and the uneven distribution of space in urban zones. Kevin Siena's study of jail fever—known in the present as epidemic typhus—in the seventeenth and eighteenth centuries takes a longue durée approach by examining this disease between the periods of the Scientific Revolution and the Enlightenment. Siena argues that physicians and social reformers took up the problem of jail fever to lend epistemic weight to the pathologization of poor people in Britain in the wake of the Price Revolution, a political economic upheaval leading to the consolidation of land among the nation's aristocracy and the creation of a new landless underclass. Class, he concludes, had "a physiological component" in the early modern period (231), characterized foremost by one's susceptibility to diseases like jail fever. By making use of a diverse range of archival materials including medical treatises, newspapers, poems, novels, plays, and court proceedings, Siena brings into relief how multiple groups used jail fever to medicalize the newly poor masses. *Rotten Bodies: Class and Contagion in Eighteenth-Century Britain* is divided into seven chapters arranged chronologically from the early seventeenth century until the end of the eighteenth century. The book engages the questions of several historiographical strands and major scholars, including historians of medicine and disease like Margaret DeLacy, social historians like Paul Slack, and scholarship on incarceration and modernity by Michel Foucault. The result is a complex picture of the origins and evolution of jail fever over two centuries.

Doctors in Stuart England believed putrid fever, another term used for this disease, to be a weaker instantiation of plague. Writers like Thomas Dekker classed this illness when they wrote of it as "beggars plague" or "poore's plague" (20). Sixteenth-century pathologists believed putrefaction and the blockage of putrid matter within the body engendered physical corruption. Gioralomo Fracastoro and Thomas Brasbidge held that poor people were predisposed to plague and corrupted air due to their living conditions as a "gret company dwelling or lying in a small roome" without routine cleaning or ventilation (23). Men like Steven Bradwell pathologized poor people themselves into the seventeenth century, contending that "living sluttishly" in idleness and from poor diet predisposed the poor to plague (27). Ideas about the distinctiveness between the wealthy and the poor came to be embedded in terms like "impoverished" and "depauperated" blood, biological conditions predisposing the underclass to sickness (35).

As plague swept the globe at the dawn of the early eighteenth century, ideas about poverty and disease justified new medical geographies and biopolitical schemes for dispossessing poor people. Richard Mead claimed that plague did not originate in Britain but rather the "*Eastern* and *Southern* Parts of the World" and believed Africa and Turkey to be especially pestilential. During the 1665-1666 plague in London, Daniel Defoe advanced a plan for medical police to forcibly remove paupers from the city as a prophylactic measure. Social and geographical ideas about disease further condemned the poor as medical dangers akin to vermin.

Prisons in particular concentrated masses of diseased people and the concomitant risks their bodies posed to the nation. Siena shows how popular concerns over prison health stemmed from the anxieties of propertied debtors who feared being housed with plebeian inmates. Alarm over contagion and class-mixing appeared in bridewells, or houses of correction, to lockups like the Poultry Compters and larger prisons like the Savoy Prison, a military prison. Propertied debtors in these institutions complained about being lumped in with "Murderers, Felons and Cutpurses," and denied servants while incarcerated (80). Siena reads the petitions of numerous prisoners who railed against the "utterly Choackt up & Poysonned" state of Britain's unhealthy prisons as evidence of bottom-up experiences of crowd diseases (84). While discussing James Oglethorpe's investigation of the Fleet, Marshalsea, and King's Bench prisons, Siena puts forth that some prison wardens consciously used the threat of contagious disease as a means to intimidate and extort imprisoned debtors to pay for safer housing rather than face being assigned to the jail's "Common Side" (87). Oglethorpe added that some prison keepers used corpses to scare inmates into submission, leaving dead bodies in cells with prisoners for days at a time.

After a number of deaths caused by malignant fever during court proceedings in the Old Bailey courtroom in April 1750, shocked Londoners, reports of jail fever filled the pages of the city's newspapers. Londoners connected these events to past epidemics in England's jails, notably the 1577 Black Assizes at Oxford and the 1586 Exeter Assizes. In the aftermath of the Old Bailey incidents, John Pringle and other physicians—including James Lind, Robert Robertson, and Daniel Peter Layard—systematically investigated jail fever as a disease originating from confined and unventilated spaces, including prisons, hospitals, and ships. On the timing of the start of what he terms the Jail Fever Panic, a period spanning between 1760 and 1799, Siena proposes that much of the prison population in this era resulted from the demobilization of the military after the War of the Austrian Succession.

Jail fever shaped prison reform in the second half of the eighteenth century as administrators sought to regulate the hygiene of the incarcerated and prison architecture itself to reduce the threat posed by epidemic disease. Stephen Hales designed and installed ventilators in jails like Newgate to circulate toxic air out of the prison. Prisoner testimony from the period attests to the widespread fear that time spent in prisons and hulks—floating prison ships anchored in rivers like the Thames—would leave those incarcerated either disabled or dead from epidemic disease.

Siena dedicates a chapter to the prison reformer John Howard to gauge the emotional responses his actions solicited from the British public. Howard's bravery exemplified in his firsthand investigations of prisons led to his canonization as a "national saint" (160). In the wake of his martyrdom for public health, writers lionized Howard's crusade against jail fever as a sacrifice to the nation (162). A final chapter considers typhus beyond the confines of prisons, as the disease cropped up in slums throughout the United Kingdom. In these final two chapters, Siena stresses how "little had changed" since Bradwell's ideas about "depauperated" blood in 1625 until Howard's death in Russia in 1790. Britons held the poor to be essentially predisposed to diseases like plague and jail fever, and even redesigned the architecture of charitable institutions like the

London parish of St. Sepulchre to physically resemble a lazaretto rather than a church. In the final decades of the eighteenth century, hospital administrators went so far as to compare the poor and their diseased bodies to "earlier states of society," and Siena suggests these terms characterized those in poverty in the "quasi-racialized language then current in stadial thinking" (202). Reformers came to see the poor as "not unlike indigenous colonial subjects" in need of the "civilizing mission" derived from physical and moral hygiene (213).

Siena's conclusion considers the possible directions future researchers might pursue involving typhus, gender, and race. *Rotten Bodies* contributes a classed understanding of typhus akin to scholarship of gendered diseases like hysteria or greensickness. Additionally, seeing typhus as a classed disease associated with poverty and filth aids in deepening our understanding of diseases associated with luxury, in particular "nervous" mental disorders ascribed to Britain's landed upper classes (232). On race and disease, Siena raises several possibilities for further appreciating links between racialization and typhus. The Jamaican polygenist and slaveholder Edward Long, for instance, held that people of African descent were less susceptible to putrid diseases due to the larger pores of their skin which aided "free transpiration to bad humours" (236). Siena further indicates research is needed on the linguistic and medical linkages that physicians created between poor Britons and Native Americans, which he suggests were joined by European theories of climatic degeneracy (246).

Rotten Bodies marks an achievement in combining the histories of poverty, public health, medicine, and prisons. One limitation inherent to focusing on the British archipelago is that the nation-based frame overlooks colonial sites as contexts within the Jail Fever Panic. Throughout the book, readers may wonder if similar or different discourses around fever and social relations existed in South or Southeast Asia, such as the Black Hole of Calcutta episode, which one of Siena's sources briefly mentions. Likewise, in the chapter on Howard there is mention of a play set in Sumatra—namely, Elizabeth Inchbald's *Such Things Are* (1787)— however, this reference led me to consider whether materials on Fort Marlborough in Benkulen, such as William Marsden's *The History of Sumatra* (1784) might have shed further light about Briton's fevered anxieties in their colonies. Finally, many readers will find Siena's analysis of typhus suited to be read alongside Jim Downs's recent *Maladies of Empire*, which discusses scurvy and other diseases resulting from conditions aboard slavers and merchant ships. Nevertheless, teacher-scholars interested in histories of medicine, class, and disease will find the book valuable for upper-division courses.

Christopher M. Blakley, Occidental College