BOOK REVIEW


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Priscilla Wald’s observation that ‘Disease emergence dramatizes the dilemma that inspires the most basic of human narratives: the necessity and danger of human contact’ is one of the most useful and concise summaries of what is at stake in epidemic, endemic, or pandemic outbreaks.\(^1\) Disease emergence invites us to consider, often urgently, what we value and also what we fear in contact with others. It is perhaps not surprising that scholars of literature and disease are often drawn to this particular quotation, which is cited early in Kari Nixon’s study. Arguably the complexities and risks of human contact are the inspiration not just for ‘human narratives’ but also for literary narratives: one way to explain the plots of most novels would be by recounting the human encounters they describe, and the dangers, benefits, and outcomes of those encounters. For Nixon, the ‘unique conceptual space’ (p.5) the Victorians inhabited in the wake of germ theory was a distinct moment in which that necessity and danger were navigated, interrogated, and often subverted.

Nixon reads germ theory’s cultural valence in the nineteenth century in a number of specific ways. It represented an ‘invisible battle’ (p.2), the conceptual framework for which had precedents in other scientific advances such as, specifically, Darwin’s theory of evolution, which offered a model for understanding the world as a stage on which forces which could not be seen were still at play, and in which competition and struggle determined outcomes. Germ theory was at once a staggering change in conceptualising the world, and also an opportunity for optimism, since it offered a scientific and verifiable way to account for disease and its transmission. Importantly, Nixon does not overstate the extent to which germ theory displaced miasma theory, or was even, in its basic assumptions about disease, radically different from the earlier model; both

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suggest that there are invisible causes of infection which must be managed, often through hygiene and sanitation. She does, however, argue that the difference between the two was that germ theory seemed to the Victorians like ‘their deliverance from a world void of certainty’ (p.24). Coupled with this hope for a more scientific future and a more reliable understanding of disease, however, came anxieties about subjectivity and bodily boundaries which have been theorised by Laura Otis and others, including Nixon herself, and resultant impulses toward isolation, and antiseptic procedure.\(^2\) In a genre of novel she terms ‘Biopolitical Resistance Literature’ (p.5), Nixon argues that writers who either anticipated germ theory (including Daniel Defoe, Mary Shelley, Charlotte Brontë) or who wrote later, in the time of its ascendancy (Henry James, Henrik Ibsen, Thomas Hardy and others), challenged some of its ideological implications by insisting on the value and indeed the necessity of connectivity over quarantinism, and interdependence over isolationism.

The book contains six chapters, each of which deals with representations of a different disease: plague, streptococcus, tuberculosis, syphilis, and typhoid fever. In each chapter, Nixon offers a detailed historical account of the disease in question and shows how at least two and sometimes four or five novels represent it in ways which articulate this ‘biopolitical resistance’. Though the book’s title anticipates its eventual focus on the late nineteenth century, Nixon arrives there via the eighteenth century and the mid nineteenth. In a move which she acknowledges is ‘paradoxical, perhaps’ (p.36), her first chapter discusses Daniel Defoe’s *Journal of the Plague Year* (1772) and Mary Shelley’s *The Last Man* (1826). Defoe is here shown to mount a critique of isolationism both in health policy and more broadly in relation to trade and industry through *Plague Year’s* persistent cynicism toward, and often direct objections to, the quarantinist practices of locking the healthy up with the sick, inhibiting travel and business, and preventing travel. This argument is significantly advanced through a detailed analysis of Defoe’s description of calciferous buboes versus leaky sores: Nixon argues that his emphasis on the need to burst the crusted buboes and enforce the free flow of whatever lay beneath indicates his broader response to ‘risk encounters’ and sense that a mediated flow is best in all circumstances, whether that flow is of trade, people, or pus. Despite the seemingly paradoxical focus of

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the chapter, in fact Nixon does important work here in terms of establishing the conceptual framework of the rest of the book. The chapter sets out in particularly clear terms the ways in which Defoe and Shelley’s depictions of even obviously contagious and deadly diseases can be understood to endorse a model of exposure, movement, and mindful connectivity, and to dramatise the potentially deadly effects of isolation. The rest of the chapters are well-placed to expand on the more subtle forms of resistance taken in relation to less apocalyptic diseases.

Katherine Byrne has noted that, in the nineteenth century, ‘consumption is really like two illnesses’: an infection ‘spread amidst the squalid and overcrowded dwellings of the poor’ and a ‘more unexplainable, random condition’ when it appeared in the houses of the wealthy.3 Nixon acknowledges the class dynamics of the disease, and in addition reflects on the significance of its tendency to afflict those who were already ‘severely immunocompromised’ (p.99), the fact that a sufferer could remain consumptive for so long that tuberculosis often appeared more as a condition to live with than a diagnosis to die from, and its awkward space between germ-theory and miasmatic accounts. What Nixon terms the disease’s ‘ductility’ (p.104) made it a particularly useful trope for writers to explore and critique female friendships, she argues. Nixon carefully sets out tuberculosis’s implacably mysterious nature, before historicising the concept of female friendships in the period and its literature and offering an especially persuasive reading of Jane Eyre, which sees Brontë consciously drawing on, rather than as is often assumed, naturally allying herself to, the tropes of Romantic consumption.

Elsewhere, Nixon draws Thomas Hardy and Henrik Ibsen together so deftly and persuasively that it becomes surprising to realise this pair have rarely been discussed alongside one another. Both, Nixon argues, engage with ‘dismal and dingy realities’ (p.134), but also share many of the same thematic concerns in The Woodlanders (1887) and Ghosts (1881): specifically, contagious sexual contact, which they represent in order to make the case for managed risk encounters and connectivity. The chapter concludes with a reading of Jude the Obscure (1896) in which Nixon makes a powerful case for Little Father Time as, thematically and possibly literally, a child who contracted syphilis in utero. Kept from All Contagion’s fifth chapter focuses on typhoid fever in Grant Allen’s The Woman Who Did (1895), Ibsen’s An Enemy of the People (1882) and Hardy’s The Well-Beloved (1892, rewritten in 1897). The argument that typhoid’s

reputation as a disease which crossed class boundaries (and, famously, killed Prince Albert) drew the Victorians’ attention to the need for a shared response and, more prosaically, a shared approach to sewage, is well made with reference to each text, but Nixon’s reading of Ibsen’s Dr Stockmann is especially worth commending. Stockmann, who discovers typhoid bacteria in the water of a town’s baths, calls for their closure and is condemned by the town rather than thanked: he has traditionally been read as ‘the sole bastion of morality in a sea of depravity’ (p. 188) but Nixon reads him rather as a misguided demagogue and even a fascist, who exemplifies the worst excesses of the quarantinist impulses inspired by germ theory, and thus sees the play as an argument for, rather than against, ‘biopolitical resistance’.

In her conclusion, Nixon moves forward to a much more recent outbreak – cases of Ebola in Dallas, Texas in 2014. Her analysis of this outbreak and its management powerfully attests to the ongoing relevance of the dynamics described throughout the book: echoes of Victorian-style decontamination procedures, the postcolonial legacies in the language that was used about the disease and its sufferers, the ways that Ebola seemed to destabilise ‘hard-worn existential stability’ and present a new iteration of the Kristevan abject (p.213). Nixon has written elsewhere that Western cultures are ‘strikingly not post-contagion’, which is to say that despite a sense of being somehow beyond or immune to the kinds of contagion of old, or ‘elsewhere’, such cultures retain their fears of contagion which breaches the boundaries of self, nation, or both. Her conclusion here makes this case in persuasive detail. As a result, it confirms the ongoing significance and contribution of her study of Victorian responses by drawing attention to our own tendency to fall back into earlier ways of conceptualising disease. The conclusion also leaves the reader speculating on how we might proffer our own forms of ‘biopolitical resistance’ to such narratives: although the book was completed before the COVID-19 pandemic, it lands with particular urgency in its wake. The innovative and original readings of the novels and plays, however, are a significant contribution to the growing field of work on Victorian literature and contagion in their own right.

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4 Nixon and Sertvitje, p.4.

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