Local authority provision for the sequestration of infectious people mushroomed in Great Britain from the mid-1860s. By the First World War, more than 750 isolation hospitals contained almost 32,000 beds for infectious patients, most of whom were children. Trips to an isolation hospital were problematic because visitors might contract infection there and spread it to the wider community. Various strategies sought to minimise this risk or eliminate it altogether. This chapter argues that the management of isolation hospital visitors was typical of Victorian public health’s tendency to regulate people’s behaviour. By granting rights to, and conferring responsibilities on, the relatives of patients, visiting practices enshrined notions of citizenship that sought to govern ‘through’ the family.

The isolation of people with infectious disease has attracted an increasing amount of attention from historians. The fundamental rationales for the institutional exclusion of the infected – namely the protection of the wider population, the prevention or stamping out of an epidemic outbreak – are practically self-evident. Yet scrutiny in a variety of metropolitan and colonial contexts also reveals a set of practices that, over the course of the nineteenth century, seemingly were ever more laden with undertones of coercion, moral and physical rehabilitation and normalisation. The removal of biologically dangerous individuals from their community surroundings and into confinement has been characterised as a strategy of government power. In common, then, with penal incarceration and confinement of the mentally ill, isolation of the infected demonstrates a central contradiction of liberal governance: freedom was a means to govern because practices such as isolation created, in the words of Nikolas Rose, ‘the conditions in which subjects themselves would enact the responsibilities that composed their liberties’. Taking this cue, Bashford and Strange have noted that ‘isolation was not an aberration from liberal governance but central to its internal
Put simply, ensuring the liberty of the many necessarily meant restricting the freedom of the few.

This chapter considers the isolation of patients with infectious disease in Victorian Britain. It begins with a very brief summary of scholarship on citizenship and public health in the Victorian period. Just how far isolation hospitals really were ‘isolated’ is explored next, by taking into account both physical location of hospitals and the movement of people in and out of them. This is followed by an attempt to enumerate those features of isolation hospitals that acted as obstacles to their acceptance in the local community. In the fourth section, the forced separation of children from their families is identified as a bone of contention between parents and the state. Finally, the state’s shaping of visiting regulations comes under scrutiny as an important aspect of this separation. Here, the spotlight is on the families and friends of patients who were visitors to isolation hospitals. Public health authorities took the opportunity visiting presented to inculcate behaviours in families that limited the possible transmission of infection outside the hospital. The argument is that isolation hospital visiting regulations were part-and-parcel with the liberal state’s desire to shape those activities in the domestic sphere that qualified people as being fit for citizenship.

The consideration of visiting shifts the centre of attention away from diseased people – be they identified patients or carriers of disease as yet unidentified by a medical or state authority – towards those family members and friends who may be (or become) diseased, and spread disease, by the irresponsibility of their actions. In this way, the family – and not simply individuals with disease – comes into view as the locus of intervention. As one of the foremost authorities on the history of child welfare notes, one of the crucial questions for liberal democracies has been how the state relates to the private family in shaping ‘duties, responsibilities, rights and “needs”’. The ‘duties and responsibilities’ under investigation in this chapter are those imparted to family members who were visiting patients in isolation hospitals, while ‘rights and needs’ refer to the level of access that families were granted. The ‘costs to individual liberty and convenience’ families underwent because of isolation were transformed by the state into an opportunity to underline the dangers of infection and encourage behaviours that would prevent its spread beyond the walls of the hospital. The critique presented in this chapter therefore tends towards an interpretation that the state increasingly sought to govern ‘through’ the family, an interpretation that sits comfortably alongside studies that, in the realm of health, have examined domestic visiting, the infant welfare movement, child protection and school welfare.

To develop these lines of thought, three pivotal government inquiries are used, which were undertaken in the late 1870s and early 1880s. The first is

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