

1 Introduction

I signed the contract on this Element in December 2019* – only months before the Covid-19 pandemic was declared a worldwide health emergency. As I slowly began working on the draft, I often fielded questions about parallels between the pandemic I was living and the one I was researching. While I noticed certain emotional arcs which were comparable with the historical event that is my focus, I became at least as interested in their differences. Covid-19 is contagious and airborne. It is a viral infection, not bacterial, with a different biology and ability to spread and replicate. But I could see consistencies with the period of transition in medical knowledge at the end of the nineteenth century, as people struggled to understand this disease and how it would affect them. Without everyone agreeing on or knowing everything, amidst the models and theories, how did people’s emotions and fears shape their response to plague? How were institutional responses influenced by both medical information and cultural reactions? How did these emotional and affective responses further compel intervention and perception? And how could these questions be historicised? I was interested in how disgust influenced the way people interacted with their environments and one another in Sydney in 1900. How they saw themselves in relation to others, the many others both within and outside themselves. How they imagined themselves in relation to disease at a moment of scientific discovery of bacteria and changing understanding of disease causation.

These questions affected me on a far more personal level while I was working on this manuscript. A few months before the revisions were due back to the publisher, I was diagnosed with a disease caused by bacteria from the same genus as plague, *Yersinia enterocolitica*. The *Yersinia* genus, I quickly discovered, included *Yersinia pestis*. Like my research subjects, I had experienced Yersinosis. ‘At least it is on brand,’ I said to a medical historian friend. I even had to take the same antibiotics that are prescribed to people exposed to plague or anthrax today. It was such a relief to have a diagnosis, an agent, an object causing my illness. To know what was wrong. But then it did not get better. I was diagnosed with a secondary infection called *Aeromonas* and had to undergo more tests. As I worked on this Element, I continued to lose weight and experience other symptoms. And the inflammation, confusion, anxiety, and disgust all got the better of me.

Illness disrupts taken-for-granted ways of doing things. It is a limit situation. Thomas Fuchs describes a ‘limit situation’ as a moment of ‘existential vulnerability, when the fragility of the body becomes recognisable, cognisant

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(Fuchs 2013, 301). It prevents you from doing things the way you did before. You have to change your ways. Your social relations. It disrupts the way you interpret the world, your sense of safety, of threat, of comfort. It also disrupts the way people interact with you. ‘They are like a wall that we run up against, against which we fail’ (Fuchs 2013, 303). When I first started sharing my diagnosis some people laughed about it, others were apprehensive. ‘But do you have the plague?’ some friends asked worriedly when I invited them over for dinner. While I put some fears at ease, others were more apprehensive. I noted that the scientists and medical professionals among my friends or extended family were decidedly more relaxed about the risk to themselves. They had seen this kind of thing before. Experience provided emotional relief even without certainty.

This study of Sydney in 1900 argues that certainty has its limits, and that uncertainty produces emotional responses. This argument is particularly relevant to the early stages of pandemic, but can resonate at other times, in other crises. Different stages of a pandemic entail different work, investigating the cause, charting the course, preventing the spread, looking for a cure or a vaccine. They also provoke different emotions and specific affects. When we do not know what is happening our emotions have more power over us. They compel us. I intend that this Element will be useful for thinking about how emotions colour our response to disease more generally. My approach is to examine the plasticity of disgust in mediating between antibiotic and probiotic worlds, different knowledges and priorities, and in regulating relations in the first outbreak of the plague in Sydney. I explore these issues and justify my decision to use both the emotion and affect of disgust in this Element. It is also a useful investigation into the specificities of disgust and its role in warding off disease.

1.1 Sydney 1900

Sydney had been first settled in 1788 as a colony of the British Empire. But 1900 was its final year as a colony. The city of Sydney and the state of New South Wales were preparing to join with the other Australian colonies in a Federation. These preparations were disrupted and perhaps accelerated by an event: the plague spreading around ports of the British Empire from Hong Kong and reaching Sydney. In China and India millions of people died. Yet the actual number of infections and mortalities from plague were low in Sydney compared to other diseases in the nineteenth century (Curson 1985, 91). Between the 19th of January and the 9th of August 1900, 303 people in Sydney contracted the bubonic plague; 103 died (Ashburton-Thompson 1900b, 8). The 1900 outbreak was the first of a series of ten outbreaks in Sydney that lasted until 1910 and then

Uncertainty and Emotion in the 1900 Sydney Plague

3

reappeared in 1921 (Echenberg 2007, 266). Over the course of these 21 years the plague infected more than 1,360 people, of which more than 600 people were in Sydney (Curson 1985, 137). The first outbreak of the plague in Sydney compelled by far the strongest emotion and subsequent reaction of any nineteenth-century epidemic (New South Wales Parliament 1900a, 114).¹

In New South Wales, as opposed to the other British colonies, the public health response was widely, if not uniformly, supported by the public, who accepted its coercive elements, such as quarantine, lockdowns, and the demolition of homes (Ashburton-Thompson 1907b, 1104). Sydney went into overdrive to distinguish itself from the other cities of empire. As Ashburton-Thompson reflected years later, at the time of the first plague outbreak ‘the population of about 500,000 was wholly white, wholly civilised, spoke the mother-tongue of the observers, and had been well trained in obedience to the peremptory discipline of the health authority in the course of several epidemics of small-pox which had been summarily suppressed during the preceding 20 years’ (Ashburton-Thompson 1907b, 1104). But while the dream of the colonial cities was one of pure air, wide streets, and clean water, the reality was often fouler than residents, perhaps overly anxious about their colonial status, cared to admit.

The reaction to the 1900 plague was a strong basis of support for the institution of public health which in the case of Sydney was particularly influenced by the new science of bacteriology and the use of epidemiological methods to understand the genesis of disease. These feelings of disgust and fear were instrumentalised to create a kind of social and historical distance, to produce a new identity that was to be part of the Federation of Australia but also independent from the other colonies of empire, those which suffered far greater misfortune in the plague’s spread. This identity was marked by negation; not dirty, not diseased, not irresponsible.

In this Element I argue that in Sydney in 1900 there was evidence of the strategic mobilisation of the symbolism of dirt in discourse to channel and produce the response of disgust to advocate for specific political solutions. Actions such as fumigating the city sewers or demolishing properties did not always have their basis in confident public health strategy and were often reactive, aiming to manage the emotions of the public rather than the public health. In the concluding discussion I consider the extent to which our aversion

¹ While the 1881 smallpox outbreak also provoked a strong emotional reaction from the public and is certainly interesting for other reasons such as the public reaction to vaccination, it was not equal in force to the response or interventions provoked by the 1900 plague. As Governor William Lyne admonished in a speech to parliament in June 1900, ‘[t]he small-pox scare was not to be compared to what has taken place of late’ (New South Wales Parliament 1900a, 114).

of certain smells or sights helps us to avoid pathogenic bacteria and whether that has in fact shaped the response itself. I therefore tend to side with the symbolic anthropologists like Mary Douglas in considering the properties of dirt from more of a symbolic than a biological perspective. This is not to deny a potentially threatening biological reality to exhaled air or discarded excrement. Indeed, these symbols derive some of their potency from their sensory properties and the ways they may challenge or compromise our complicated biologies.

1.2 The Feeling of Dirt

In public discourse, uncertainty and heightened emotion were resolved using sensory symbols – like bad odours, dirty homes, and threatening bodies. For example, in his thirty-five directions for the management of the epidemic plague at Sydney, Ashburton-Thompson specified the need for local authorities to remember their powers and duties under the Public Health Act and the Municipalities Act, who ‘were exhorted to use great exertions to get rid of all accumulations of filth and of nuisances in general’ (Ashburton-Thompson 1900b, 18). Like Ashburton-Thompson many politicians, journalists, and concerned citizens used terms like ‘filth’ to empower their ideas for what was happening and why it needed to change. The question is, why was this so effective?

Dirt will always arise in moments of social disruption and confusion. For Douglas, as cultures strive to produce order, or unify an ‘inherently untidy’ experience, they will inevitably produce dirt (Douglas 1966, 4). Over time, she argues, our efforts to produce order become habits, classifications, and practices. Insofar as these cultures work then we learn to trust them (Douglas 1966, 36–7). Yet there will always be anomalies or ambiguities, compound substances or intermediate states, borderline cases that violate order and provoke a response. To maintain trust, cultures need to continually process ambiguity and anomaly, to clean and create order. Nothing is essentially dirty, but it becomes dirt because it is in the wrong place, on the wrong surface, because it is standing in the wrong position relative to other things. The rubbish on the ground or the Bible kissed by the quarantine contact violates order (Douglas 1966, 2). They simply should not be there. But they cannot exist without relating to something else, a foundation, an object, a space (Enzensberger 1972, 10). Dirt is not a perfect abstract concept; it can only pollute or stain one.

Why is dirt so powerful? And if dirt can be almost anything, how do people recognise it? How do we feel it? The symbol of dirt is recognisable to the body because it affects us. Both the sensory properties of dirt – the ways in which our idea of what dirt is disrupts or interrupts the senses – and our knowledge of what

dirt might do or contain – give it emotional and affective power. Outside of the symbolic realm of representational language, the subject recognises dirt in part through how it affects them. And symbols are charged by this meaning intensified in the encounter. As Turner argues, symbols should rally emotion in order to have power, to work (Turner 1967, 29, 36). ‘These emotions are portrayed and evoked in close relation to the dominant symbols of tribal cohesion and continuity, often by the performance of instrumentally symbolic behaviour’, he argues. ‘However, since they are often associated with the mimesis of interpersonal and intergroup conflict, such emotions and acts of behaviour obtain no place among the official, verbal meanings attributed to such dominant symbols’ (Turner 1967, 39). The emotional content of symbols is often non-performative, unacknowledged.

This gives these symbols intense emotional power, as they are experienced and felt rather than simply understood or interpreted. For example, the immediate response to a disgust object is automatic, experienced as a compulsion, an imperative. Disgust focuses attention on a perceived threat; it creates an ‘intense consciousness’ of the object (Tomkins 1962, 128). This physical response can make the meaning ascribed to an object seem ‘natural’; something universally bad rather than culturally reviled. The affect of disgust thus makes symbols like dirt and filth matter; it makes them significant to the body, resonant. Yet it is without qualification by language in the first instance. And because this affect is prior to our conscious assessment of the object, because our response to it is embodied before it is qualified, dirt seems disgusting *a priori*. Affect makes the symbol of dirt real to the body rather than an abstract category in the symbolic order.

1.3 Affect Trouble

Debate about the proper use of term ‘affect’ is currently troubled. A good primer to the debate on ‘affect theory’ comes from recent discussion of Ruth Ley’s critique of the uses (and abuses) of affect theory in the humanities in *The Ascent of Affect* and ‘The Turn to Affect: A Critique’ (Leys 2011; Leys 2017). Of relevance to this study is Leys’ concern with the question of whether affect should be considered autonomic or intentional and her criticism of the ‘shared anti-intentionalism’ of affect theorists (Leys 2011, 443). She looks to the psychological studies that have been the basis of some of the foundation texts of affect studies, such as Brian Massumi’s *The Autonomy of Affect*, to argue that the way he characterises affect as automatic and intense, with an apparent lack of intention, divests it of its historical and cultural agency. Leys is particularly averse to affect theory deriving from Brian Massumi’s theory of the autonomy

of affect as prior to ‘action and expression’ and independent of volition and consciousness (Leys 2011, 437; Massumi 2002). She is also critical of Silvan Tomkins, who uses ideas and reports of experiments from evolutionary psychology and neuroscience as a basis of a theory of affect that emerges as a spontaneous and unintentional response to stimuli² (Leys 2011, 437–8). What binds these approaches is the claim that ‘affect is independent of signification and meaning’ (Leys 2017, 314–315). For Leys this is too passive. It denies the ways in which intentions shape our affective responses, creating questions of moral culpability (Leys 2011, 465–8; Leys 2017, 355). I argue – specifically with regard to disgust – that the spontaneity of affect does not occlude intention; it just displaces it in time. I demonstrate this by historicising the terms ‘affect’ and ‘emotion’ and by theorising that the disgust reaction can be shaped by what we learn and judge worthy of it in everyday life. In this way we can overcome some of the limits of the use of the term ‘affect’ in ‘affect theory’ which derive their authority from potentially flawed experimental models (Leys 2017, 314). Instead, there is an option to restore our sense of the term as one which interrogates the extent to which our responses are influenced by our own intentions and able to be modified by conscious effort when we understand our responses better.

1.4 Historicising Affect

In his 2003 book *From Passions to Emotions: The Creation of a Secular Psychological Category*, historian Thomas Dixon claims the term ‘emotion’ was an invention of the nineteenth-century secular sciences. With the growth of psychology as a secular science, ‘emotion’ was adopted as a secular term, and fewer philosophical, metaphysical, or theological psychologies were developed in intellectual contexts (Dixon 2003, 4, 21). In the nineteenth century the taxonomy of feeling terms became more uniform when they were established as universalist categories (Frevort 2016, 52). Frevort argues, ‘[t]he notion that the body was an unchanging biological entity independent of culture implied that its movements and functions pertained to all human beings’ (Frevort 2016, 52). However philosophical reflection on affect and the passions can be traced to uses by Aristotle in ancient Greece, Cicero in classical Rome, the mediaeval scholars Augustine and Aquinas, and were later adapted by enlightenment philosophers Baruch Spinoza and Immanuel Kant, as well as psychoanalytic and postmodern theorists Sigmund Freud and Michel Foucault. Even the question of whether affects are passive or active

² In this Element I refer to some of Tomkins’ descriptions of the disgust reaction without endorsing his contention that disgust is an ‘innate affect’ (Tomkins 1962).

can be traced all the way back to Aristotle's *De Anima*, in which it was argued that feelings that were closest to God were more active and those that were closest to matter were more passive or involuntary (Dixon 2003, 36). The closest concept to the emotions in Latin or Greek was the concept of the *motus* or *moto dell'anima*, the movement of the soul towards or away from something (Dixon 2003, 39).

In medieval Christian theology, both Augustine and Aquinas seemed to favour a mediated set of affects, one where the spontaneous reactions of the soul were nonetheless subject to reason or rationality with the ultimate aim of virtue (Dixon 2003, 56). Aquinas differentiates the involuntary passions of the soul usually in response to an excitement of the senses from *affectus*, which was more voluntary, stemming from the will or intellect. For Dixon the early signification of this term was not incompatible with intention or influence from the will. In an Aristotelian-Christian framework, affect was a voluntary and impelling force of the will, inherently superior to the involuntary passions of the soul (Dixon 2003, 46). This notion of affect Dixon compares with Augustine's affections, which, unlike passions, were 'voluntary movements of the will, active and ascribable to the angels and to God' (Dixon 2003, 46). In this philosophy, reason and emotions were not averse, and emotion did not necessarily overpower reason. That is, Dixon argues, '[a]ppetites, passions and affections, in the classical Christian view, were all movements of the different parts of the will, and the affections at least were potentially informed by reason' (Dixon 2003, 22).

The use of a wide range of terms to describe physiological, mental, and feeling states, such as passions, emotions, affects, appetites, and drives, produced a diversity of individual, cultural, and historical perspectives, as well as a kind of emotional adaptability. If our conditions could change, then so could the habits mediating our passions, affects, and sensations. Yet the way these different terms mediate between notions of will, reason, and spontaneity – their plasticity – was forgotten or ignored by the psychological sciences, with their focus on reproducible and universal categories applicable in every historical or cultural context (Frevert 2016, 52). I argue that we should value this nuanced and antique lexicon, which recognises this inherent changeability or 'diachronic and synchronic plasticity', in the dynamic between contemporary research into emotions and the history and anthropology of emotions (Frevert 2016, 53). In the next section I propose a better understanding of the diachronic and synchronic plasticity of disgust.

1.5 Plasticity of Disgust

From their controlled experiments and ethnographic reports, psychologists Paul Rozin and April Fallon conclude that people in every culture likely experience