"This contrived *Quarantine*":
Local Lockdown as Heterotopia
in Sheri Holman's *The Dress Lodger* (2000)

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Abstract:
This article considers the heterotopic implications of what we might now term 'local lockdown' in Sheri Holman's neo-Victorian novel *The Dress Lodger* (2000). Now newly relevant in the context of the social and cultural impact of the recent pandemic, Holman's narrative, set in 1831 Sunderland, quarantined due to high incidence of cholera, provides a key point of comparison with COVID-19 pandemic restrictions, exploring the violent potential of this isolated locality. By tracing key aspects of Michel Foucault's definition of the 'heterotopia' (spatiality, temporality, and identity), I evaluate the ways in which Holman's Sunderland speaks to twenty-first-century anxieties about the limitations and permissions of local lockdowns.

Keywords: cholera, *The Dress Lodger*, Michel Foucault, heterotopia, Sheri Holman, isolation, lockdown, neo-Victorianism, quarantine, violence.

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Dr Henry Chiver, the central medical figure of Sheri Holman's *The Dress Lodger*, is advised by one of his anatomy students, Mazby, that, "No one can blame you for what use you make of an epidemic" (Holman 2000: 197). Referring to the practice of bodysnatching for dissection, which Chiver has resumed after escaping the infamy of his involvement in the Burke and Hare murders in Edinburgh, Mazby's assertion hints at the violent potential of epidemics then and now. Set during the 1831 cholera outbreak in the township of Sunderland in the North East of England,[1] Holman's narrative attests to enduring facets of the epidemical social and cultural moment: conspiracy theories abound, and the government's imposed quarantine order is met with both suspicion and opportunism.[2] The town's isolation can be seen to enable, even permit the doctor's subversive anatomical practices, as the surveillance

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apparatus turns to the permeable borders of the quarantine rather than monitoring the increasingly overcrowded graveyards.

In the context of the recent 2020-2023 COVID-19 pandemic, this depiction of what is essentially a city in 'lockdown' gained new resonance. Varying lockdown regulations across the United Kingdom during the pandemic resulted in an uneasy liminality of 'quarantined' space, as localities were situated within the wider scope of centralised governance, but also demarcated sites of specific difference, with different laws sometimes applying between cities or counties. The curious permeation of the supposed 'borders' of quarantine, both in terms of the ease with which one could move between areas with differing regulations, and the altering of restrictions as areas themselves moved between 'levels' of lockdown, made the 'lockdown city' a contentious, and culturally divisive, aspect of government policy.

Identifying the 'heterotopia' as a physical space, Michel Foucault lists six defining principles:

> 1. They exist in all cultures (in some way); 2. They have specific operations anchored to a specific time; 3. They house incompatible elements in a single space; 4. They function within temporal discontinuity; 5. They are demarcated but accessible, linked to the opening and closing of doors; 6. They operate in relation to all other spaces. (Foucault 1984: 4)

These "simultaneously mythic and real contestations of the space in which we live" are effectively 'in-between' spaces, operating both within and outside of the existing world (Foucault 1984: 4). This permeability denotes the heterotopia as a site of contestation, and is particularly applicable to the city isolated, but not unreachable, by local lockdown/quarantine.

The Dress Lodger's interest in such spaces places it in line with other neo-Victorian texts, as the genre itself often invokes the principles of the heterotopia. Fundamentally a form invested in being "*engaged with the act of (re)interpretation, (re)discovery and (re)vision concerning the Victorians*" (Heilmann and Llewellyn 2010: 4, original emphasis), neo-Victorianism operates within certain nineteenth-century conceptual and/or formal sensibilities even as it responds to the present, placing the cultural phenomenon – and the neo-Victorian novel more specifically – in its own liminal temporal and generic space. This characteristic of neo-Victorianism

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has often been linked with the Foucauldian heterotopic model. In a 2022 special issue of *Humanities* on neo-Victorian heterotopias*,* Marie-Luise Kohlke, Elizabeth Ho, and Akira Suwa highlight the ways in which neo-Victorianism, like the heterotopia, distorts linear time, disrupting "seemingly inexorable onward movement, by mirroring the present in the re-presented nineteenth century" (Kohlke, Ho, and Suwa 2022: 3). Ho elsewhere explores how Foucault "traces the links between the nineteenth-century 'great obsession' with the accretions of time and history to our designation as an 'epoch of space'", arguing that an interest in revisiting the past in this way correlates with the heterotopic function of being "newly emplaced" (Ho 2014: 167, 168). Meanwhile, Helena Esser's analysis of the heterotopia in steampunk narratives notes its illusory nature as a feature mirrored by neo-Victorianism, arguing that steampunk cities align with the heterotopic imperative to "create a space of illusion that exposes every real space […] as still more illusory" (Foucault 1984: 8) and that neo-Victorian imaginaries also "rely on shared iconographies and mental maps while also playing with our expectations" (Esser 2021: 57). I aim to build on the work of these scholars and others who have identified the connection in form and intent between neo-Victorianism and the heterotopia, and rethink this relationship in an epidemical context, which offers its own specific contribution to the heterotopic model.

In this vein, the following article traces several key tenets of the Foucauldian heterotopia through Holman's narrative and discusses its relevance in our own recent epidemical circumstances. My foundational approach here is therefore presentist, interrogating the ways in which the recent COVID-19 pandemic crisis can be read both through this Foucauldian lens and in comparison with Holman's neo-Victorian heterotopia. This dual approach intends to illuminate both the present-day, with its continuing anxieties about (future) global contagion, and Holman's reimagined past in new ways, highlighting a shared lineage of epidemic narratives which are refracted through the neo-Victorian project and its own transhistorical nature. By considering the 'lockdown city' or 'local lockdown' as heterotopia, I evaluate the ways in which Holman's Sunderland speaks to on-going, often acrimonious, sociopolitical debates about the permissions and limitations of local lockdowns, which generated conflicting identities of belonging within heterotopic subjects.

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1.   Spatiality: Access to the Heterotopia

Key to Foucault's definition of the heterotopia are its qualities of simultaneous demarcation and assimilation. Arguing that the heterotopia as a physical place is "demarcated but accessible, linked to the opening and closing of doors" (Foucault 1984: 4), Foucault identifies the key paradox of access to heterotopic spaces. By this definition, the heterotopia operates as a site of marginality within our existing world, existing in-between and alongside hegemonic spaces. In this way, the issue of accessibility to the lockdown city presents the clearest adherence to the heterotopic model, subject to both centralised control and more localised specifications.

The first 'local lockdown' in the United Kingdom during the COVID-19 pandemic was imposed in Leicester on the 29th June 2020, not long after a nationwide lockdown had been lifted.[3] Localised regulations had been used since the first noted instances of the virus in the city of Wuhan in China, and Elisabeth Mahase pointed out that, subsequently, localised quarantines were used widely "when local spikes in cases […] appeared, especially as [countries …] emerged from national lockdown measures" (Mahase 2020: m2679). Access to these quarantined spaces therefore ostensibly operated within a condition of explainable alterity, changing according to gathered data, ultimately imposed by centralised governance. However, the monitoring of these lockdown borders, newly instigated and subject to regular reassessment, proved challenging, and concerns over the permeability of such localised borders were prevalent throughout the UK pandemic.

The Dress Lodger is certainly a narrative concerned with spatiality. Holman depicts Sunderland in 1831 as an antiquated, disease-festering city, suffering the human toll of early industrialisation. Dr Henry Chiver is introduced as a dubious medical figure, teaching anatomy to the students of Sunderland and obtaining corpses by surreptitious means. Profiting from the city's rising dead as cholera arrives in Britain, he is aided in the procurement of bodies by Gustine, a young pottery worker resorting to part-time prostitution to support her infant son, born with an ectopic heart defect. Gustine hopes that Chiver's surgical expertise will offer her baby a better chance of survival. Yet Gustine's interests are at odds with the doctor's true intentions to anatomise her child, and the novel situates the protagonists' problematic alliance against the impending threat of cholera, as well as imminent changes to the law regarding anatomical dissection.

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In its consideration of the intrusion of subversive forces into the lockdown city, *The Dress Lodger* directly addresses the issue of permeability in quarantined space. The "disease everyone keeps talking about, the cholera morbus" (Holman 2000: 4), circulates both literally and literarily, gaining discursive momentum as the town's populace begins to turn introspectively to examine the source, and effects, of the disease. Situated on both land and sea borders, Sunderland operates within an even more curious geographical liminality: itself a border under the threat of foreign infection and the first obstacle to the disease reaching the rest of England from its ports. The "Quarantine searchlight" scans for arrivals which may be contaminated, but once Sunderland succumbs to choleric infection, this measure also becomes a means of keeping choleric infection from escaping rather than entering the town; as one young sailor remarks, "I remember the first mate asking him exactly who it was this Quarantine was meant to protect: us from them or them from us?" (Holman 2000: 234, 238). The sense of interconnectivity of the town in its local, regional and global context is heightened by the potential for infection, a tension between self and surroundings problematised by the town's porous borders.

The novel notably engages with this idea of searchlight surveillance in numerous interweaving ways. As Chrissy Reiger notes, the narrative's overarching interest in issues surrounding anatomical dissection "imagine[s] illness as a site of voyeurism and spectacle" (Reiger 2014: 154), exposing the ill body to interference even before the added complication of its epidemical setting. In a Foucauldian reading of *The Dress Lodger*, Reiger looks to the symbolic relevance of the Eye, an old woman employed by Gustine's landlord and pimp Whilky to ensure that the young prostitute does not pawn her borrowed expensive dress, intended to attract a better class of punters. The omniscient narrator makes this theoretical context apparent, exclaiming,

> How Happy Jeremy Bentham would be to discover a living, breathing Panopticon moving through Sunderland's East End […], its formidable sight turned upon a single prisoner only— that pretty girl laced inside her bright blue dress. (Holman 2000: 10)

This mirroring between Gustine's shadowing by the Eye and the city's searchlight surveillance offers a complex rendering of the Foucauldian

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panoptical 'gaze'. Holman, Reiger explains, "does not so much locate power in the gaze of the wise physician as in the person or group that stages the diseased body" (Reiger 2014: 159), which extends this observing gaze beyond the medical authorities. The city itself is here 'staged' like a diseased body, and Reiger's reading raises questions about the structures that support such surveillance, both on an individual and citywide level.

This comparison is furthered when Henry ruminates on both the body's topography and the city's corporeality: "A city is like a body, my boys, thinks Henry. It circulates, it shares, it absorbs" (Holman 2000: 20). Henry's medical metaphor is critical of the efficacy of quarantines, as he reasons, "Let cholera but prick our pathetic Quarantine and you will soon witness the miracle of circulation" (Holman 2000: 20). The precarity of the quarantine measures, easily undermined by cholera acting here as an invasive penetrative force, is constructed as a physiological divide, a skin-like border susceptible to infection and interference. Claudia Benthien theorises skin as "the symbolic surface between the self and the world", and with this reading, Henry's bodily understanding of the city takes on new meaning; the quarantine acts as a skin which "serves both as a representation of the whole and as that which conceals it" (Benthien 2002: 1, 23). In other words, the skin/lockdown border acts as both gateway and barrier, at once part of and outside of the body/city.

The origins of the cholera morbus are also defined interspatially, attributed to various foreign 'Others'. Reminiscent of discourse around COVID-19, infamously described by several world-leaders as the 'China Virus', the invocation of nation-based or racialised terms for emergent diseases provides an established trope of epidemical discourse. Holman's imperial context (as regards Sunderland's maritime trade) speaks to a contemporaneous tradition during the nineteenth century of writing about tropical illnesses and outbreaks in far-flung parts of the British Empire. This rhetoric became inevitably associated with a kind of Orientalist language which, as Darryl Jones argues, operates as a "subhumanising method" in order to establish colonising supremacy (Jones 2020: 44). Jones's consideration of discourse about COVID-19 as part of a long history of imperial racist taxonomy points to an enduring spatial concern around infectious disease, a prevailing 'East versus West' narrative that pervades Holman's story as much as it did our own media and political landscape during the recent global pandemic.

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Invoking catastrophic Biblical imagery – "The Lord has sent a modern plague of Egypt to destroy this town" (Holman 2000: 5) – the cholera epidemic assumes theological significance, but also a sense of imported threat. Furthering this religious characterisation, a longer passage towards the end of the novel details the physical journey of choleric infection across Asia and into Europe, describing the disease as a "pilgrim" who "travelled the Ganges pilgrimage routes" (Holman 2000: 218). As Rohan Deb Roy argues, the imperialist undertones to these kinds of expansionist disease narratives work to circulate "enduring impressions of lands, landscapes and people" (Roy 2017: 120), particularly when tied to the religious or cultural identity of the origin country. That cholera is defined both in terms of Christian mythology and as part of the "Hindoo cycle" (Holman 2000: 218) presents a deliberate collapse of the supposedly distinct, geographic borders of illness, perhaps a symbol of cholera's ultimate indiscriminateness.

However, the novel also implies that the disease alters as it travels, becoming more virulent as it permeates a new landscape:

> By 1818, the disease had reached Bombay. By 1820, ferried across the Bay of Bengal with the army's provisions, it had taken the Indian archipelago island by island until it regained land at China. A new generation of cholera, perhaps struck with the same pioneering spirit that was spurring the world toward America, took sail West, gaining Persia by 1823, Moscow by 1827. (Holman 2000: 218)

Personified, and apparently emboldened by its new access beyond the borders of India, this strain of cholera, defined by a "pioneering spirit", traces a counter-imperial route through Asia and across towards the West. Foucault's definition of heterotopic geography concerns this kind of power relation, arguing that a history of spaces "would at the same time be a history of *powers*" (Foucault 1980: 149); or, as Mariangela Palladino and John Miller put it, "spatial tensions increase social tensions" (Palladino and Miller 2015: 4). Echoing Jones's sense that infectious disease acts as a perceived indicator of an environmental (and hence symbolically ideological) hostility between East and West, this idea of counter-imperial contagion arguably speaks to fears around resistance to reverse colonial influence.

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        This interest in refiguring imperial narratives, or highlighting them
ironically, constitutes a common neo-Victorian trope. It reflects what Mark
Llewellyn considers to be a central concern of neo-Victorian "interpretations"
of the past to "illustrate conflict and difference through their very act of
undermining the stability of a presumed hegemonic historical narrative"
(Llewellyn 2008: 165). Hence the neo-Victorian interest in ideas of
nationality and imperialism simultaneously represents an acknowledgement
of the significance of empire in the cultural consciousness of the nineteenth
century and a concerted effort to interrogate such British world hegemony.
As Ann Heilmann and Mark Llewellyn note "the Victorian novel had a central
investment in sustaining the imperial project even as it marginalized the
colonial worlds to which it dispatched its protagonists" (Heilmann and
Llewellyn 2010: 67); in contrast, the neo-Victorian novel, more commonly
aligned with postcolonialism, has no such investment, and so offers an
invocation of imperialist narratives in order to critique them. Holman's
linguistic inversion of the imperial trajectory places cholera at the centre of
an act of historical manipulation, a tension of space, inevitably tied to
questions of power and the 'colonising' character of illness.

        These geographic origins of disease, and its colonising nature,
continue into the metaphors surrounding the spread of contagion. For Susan
Sontag, the curious spatiality of disease within the body extends into its
linguistic signifiers, with normative discussion of diagnosis and prognosis
inevitably shaped by ideas of topography. Sontag explores the ways in which
the figuring of illness as an "invasive" aggressor is rooted in geographical
metaphor; when illness is presented in the language of conquest, the body
undertakes the role of conquered territory, or otherwise of the battlefield itself
(Sontag 1979: 64). As cholera "marched with the army" (Holman 2000: 218),
it assumes the language of invasion, literally travelling as it infects, but also
overwhelming the body as metaphoric landscape.

        When Henry talks about the disease "circulating", he alludes to
emergent ideas of infection in this body-as-landscape, both in terms of
individual entities and the body politic. Uncertainty about the ways in which
cholera travels and infects heightens its violent potential, with fear radically
altering the interpersonal relationships between Sunderland's residents. A
meeting of medical professionals exemplifies this threat to the social
consensus and sociability:

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> Our medical community is split on whether it was imported or
> generated on local soil. Some believe it can be transmitted
> from person to person and thus we need the Quarantine; others
> that we take it straight from the atmosphere, and no Quarantine
> can help. (Holman 2000: 188)

As Pamela K. Gilbert notes, the issue of contagion, most visible during epidemics or widespread health emergencies, reveals the nineteenth-century medical profession as one which, "as certain health issues became public issues, for the first time had a significant role to play in social governance" (Gilbert 2004: 28). Thus, not only does quarantine seek to intervene in the interactions between individuals, preventing the threat of circulation to which Henry refers, but it also plays a key role in enforcing a novel social hierarchy, promoting the newly professionalised, early-nineteenth-century doctor to a position of legally sanctioned responsibility. Topographically, then, quarantine operates as both a spatial and social mark of differentiation. In line with the heterotopia, "spatial order" becomes "a key to the constitution of power, as a marker of the self, and as a requisite co-ingredient of numerous practices" (Thrift 2007: 55), especially for health officials. The neo-Victorian perspective here offers an advantage, allowing Holman to situate Chiver's narrative within a wider history of medical practice and critique the doctor's legitimate place in the emergent profession.

2.   Temporality: Discontinuity in the Heterotopia
This differentiation extends beyond spatiality and into less physical concerns. Much of the coverage of COVID-19 lockdowns in the UK considered the temporal distortions the restrictions risked instigating. Ruth S. Ogden's early report on the passage of time during the first national lockdown concluded that

> social and physical distancing measures had a significant
> effect on peoples [*sic*] experience of the passage of time in
> comparison to normal times (pre-lockdown). This suggests
> that fundamental changes in day-to-day life distort our
> experience of time. (Ogden 2020: 13)

Foucault's principle that heterotopias "function within temporal discontinuity" (Foucault 1984: 4) gains new resonance here. 'Heterochronies' or "slices in time" within the heterotopic space constitute an "absolute break with […] traditional time" (Foucault 1986: 26). As Palladino and Miller argue, these heterochronies might function either as a sort of 'archive' space, accumulating to enclose "all other times" (Palladino and Miller 2015: 4), or as "fleeting, transitory, precarious aspect[s]" (Foucault 1986: 26), such as festivals or fairgrounds. The quarantined city presents a curious adherence to this principle, operating potentially within the latter category of fleeting heterochronies, but without set temporal brackets of such ordinarily "temporary emplacements" (Palladino and Miller 2015: 4).

Neo-Victorian time is also inherently complicated, offering a trans-historical perspective that responds to its authorial present even as it depicts a diegetic past. This in itself might be considered the kind of "absolute break" to which Foucault refers, particularly if, as Cora Kaplan argues, neo-Victorianism often represents a form of nostalgia, "a longing for a past that never was" (Kaplan 2007: 3). Representing the past in neo-Victorian projects for a modern readership involves an implicit need to alter, highlight, or repress certain aspects of history, either for the author's specific narratorial purposes or to respond to the changing tastes and expectations of the audience. Such editorial intervention therefore imbues the past with a sense of modernity as much as it transports history into the present, marking neo-Victorian time itself as a kind of 'archive' space.

In Holman's narrative, "in these anxious, cholera-expectant times" (Holman 2000: 18), the threat of illness (and quarantine) appears to be both present and impending, a current concern and a future consideration. Though introduced primarily as a disease which travels spatially, cholera also moves towards Sunderland temporally, referred to as a disease of the past: "'My father left for India in 1816, a month before I was born,' Gustine says. 'His whole troop perished of cholera there […]'" (Holman 2000: 46). In true neo-Victorian tradition, cholera is revealed as a disease that will continue to infect into the future. Indeed, with the "enduring" or systemic "triggers for cholera outbreaks", among them "poverty and conflict", further exacerbated by climate crisis and extreme weather events, the World Health Organization (WHO) reported that "[i]n 2022, 44 countries reported cholera cases, a 25% increase from the 35 countries that reported cases in 2021" (WHO 2024a),

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with further rises seen in 2023.[4] _The Dress Lodger_ thus assumes an uncanny new topicality on several fronts.

One of the novel's most curious examples of temporal manipulation occurs towards the end, where the narrative voice turns accusatorily towards the reader and addresses the implicit audience directly. The Eye turns clairvoyant in a passage that traces the rest of Britain's nineteenth-century cholera story:

> Where most women measure their lives in childbirth and miscarriages, the Eye hears herself say, you measure yours in epidemics. I can see ahead to 1848, when fifteen years later, the cholera, unappeased, comes once more for Britain. (Holman 2000: 289)

Referring to Gustine, the Eye suggests that her life is, as Joanna O'Leary argues, "unable to transcend the taint of infectious disease" (O'Leary 2013: 92). Though Gustine marries after the end of the narrative, she remains defined by sickness and death rather than fertility. The Eye continues, "your skills are monopolised by cholera again in 1853, then in 1866, but when it comes for a final time in 1892, you are not around to see it" (Holman 2000: 289). Gustine's only child dies during the novel, and O'Leary considers this to be a problem of neo-Victorian lineage, undermining the "generic link between Victorian fiction and twenty-first-century representations of that fiction" (O'Leary 2013: 92). The end of Gustine's family represents a significant disruption in the narrative presumptions of neo-historicism, which suggests those depicted are not merely products of fiction but "rather our ancestors" (O'Leary 2013: 92). Thus, Gustine herself embodies a form of heterotopic discontinuity, self-contained and "an absolute break" from our own time. Nadine Muller notes that matrilineal narratives have become a mainstay of contemporary neo-Victorian fiction (see Muller 2009: 110), and so Gustine's eventual childlessness defies expectations of the genre more widely. This disjunction isolates _The Dress Lodger_'s locality, not only geographically but also temporally, withholding the continuity of generations ordinarily associated with neo-historicism.

Considered as an 'archive' space, Holman's heterochrony utilises the hindsight perspective of the neo-historical writer (and reader) to explore a series of past events contained within imposed temporal boundaries.

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Identifiable with this 'accumulative' heterochronic function, the chronology of the Eye's rendition stops short before reaching the reader. There is a definitive sense of an ending to this historical narrative as the central line of succession ends, and this static period, represented by the quarantine (but enacted more problematically by familial discontinuity), operates as a crucial transformative juncture. This intervention disrupts history, blurring the distinction between past and present in order to situate the novel in an artificially truncated nineteenth century. The novel's neo-Victorian status works to complicate its representation of time, but thematically, the limitations on space, exhibited by the depiction of the quarantine's space and time, further place the narrative outside of a sense of normality. Evidence of authorial intervention presents itself undisguised, revealing the narrative as a constructed conceit even when it invokes the authority of historical authenticity.

It is the self-consciously ahistorical nature of neo-Victorianism which makes this kind of presentist investigation so relevant. As Heilmann and Llewellyn propose, "this obsessive return to the past is part of a Derridean reaffirmation of our shared cultural heritage" (Heilmann and Llewellyn 2010: 8), and the neo-Victorian tendency to investigate concerns about health and illness, as well as the role and responsibilities of the medical establishment, suggests that these enduring concerns generate familiarity between the Victorian era and our own. The readerly experience of quarantine narratives will be inevitably influenced by COVID-19 and, though Holman's novel was published in 2000, its implications for readers post-2020 may still be interrogated within this framework, not least because neo-Victorianism itself foregrounds this presentist principle.

Neo-Victorian elements also emerge in contemporary discourse around the COVID-19 pandemic. A sense of historicity pervades discourses around COVID, complexly marking them both as part of a longer recurrent cycle of contagions and as an ahistorical break in our own time. References to COVID-19 as an epidemic on the scale of the Spanish Flu outbreak in 1918 were common in early media analyses, aided by the way in which the history of the former pandemic neatly parallels COVID with just over a century's time difference. This re-situation of a twenty-first-century pandemic within a long history of similar outbreaks might serve as a contextualising reminder of the ultimate inevitability of this cycle of disease, but it also reminds us of our own historicity. In this sense, epidemical time is innately neo-historical,

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undermining the prevailing myth of our comparative modernity and highlighting our "own awareness of belatedness" (Heilmann and Llewellyn 2010: 3). These historical comparisons also point to the implicit regressiveness of the heterotopia, the idea that containment measures necessarily reverse signifiers of progress such as internationalism, free trade agreements, freedom of movement, and individual autonomy.

Epidemical time therefore also involves external manipulation by legislation, particularly in the sense that containment measures respond to varying levels of success and might be foreshortened or extended depending on their efficacy at reducing contagious spread. Gustine's sense that "if everyone feels free to break the Quarantine, I don't know why we've had to suffer it all these months" (Holman 2000: 237) points to this causal relationship between enforcement and compliance. Retrospectively, her reflection also makes clear that, by the time the narrative begins, the quarantine has already been in place for some time. However, Gustine's observation that the quarantine has been regularly broken complicates her perception of this manipulation of epidemical time. Rather than viewing the lack of compliance as an explanation for ineffective containment, and thus further restrictions, she instead suggests that it provides sufficient reason to end the quarantine entirely.

Arguments that "the Quarantine can't last forever" (Holman, 2000: 244) were replicated in public and legislative discourse around COVID-19 containment measures in the United Kingdom and elsewhere. The solution, Gabriel Leung argues, is a policy of "suppress and lift" (Leung 2020: n.p.), cycles of lockdown that respond to continuing data collection, again subject to enhanced or reduced geographical specification according to local case numbers. Akin to the postmodern context, which suffered from disruptions in the procurement and supply of crucial personal protective equipment (PPE) and components for vaccine manufacture, Holman's historical narrative intensifies the difficulties of this form of epidemical control, most notably illustrated by Chiver's difficulties in procuring bodies, even during a particularly deadly period of the city's history. Noting that "[h]e is chasing a corpse that he does not even know exists" (Holman 2000: 38), Gustine alludes to this key problem of quarantine management, problematising any realistic projection of when the quarantine might end. As Foucault stresses, "a medicine of epidemics could only exist if supplemented by a police" to administer "constant, constricting intervention" (Foucault 2003: 28). Reiger's

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panoptical reading of the novel considers this observation-based interventionist medicine as a trait of New Science, a "close, dispassionate, even mechanical" medical ideology popularised in the early nineteenth century (Reiger 2014: 157). Chiver's desire for panoptical knowledge of the city and its dead thus represents this newly observational approach to public health, one which, significantly, has formed the basis of quarantine regulation into the twentieth and now twenty-first centuries.

Conversely, references to the past, and dismissiveness of the supposed progressive modernity with which Chiver justifies his activities, pervade the narrative's central discussion of anatomical practice. Dr Chiver's reputation for bodysnatching necessitates a public discussion of the problems of procurement for anatomical study. His fiancée, Audrey, attempts to placate a public increasingly hostile to medical men by affirming the benefits of the study of dissection and recommending a more 'respectable' way to resolve cadaver shortages:

> I come before you, my friends and neighbours, to ask your help in stamping out a medieval superstition that pervades our otherwise modern and sophisticated town. In these days of reform and progress, should we still labour in darkness where afflictions of the human body are concerned? (Holman 2000: 226)

This invocation of the benefits of supposed 'modernity', accompanied by the suggestion that current anatomical practices should be confined to a previous age, complicates Chiver's hopes of progressiveness through medical research. Henry exploits the 'modern' bureaucratic signifiers of institutional development even as he behaves outside of the scope of their influence, resorting to unethical antiquated practices when stealing the body of a cholera victim: "We can take her while she is sleeping […] And if we get caught, I will say I am operating under the authority of the Board of Health" (Holman 2000: 134). As M. Jeanne Peterson notes, the centralisation of medicine around the turn of the nineteenth century was intended to instil public confidence but also educate students to the "mores, values, and loyalties of a potentially self-regulating and autonomous profession" (Peterson 1978: 89), which Henry evidently disregards. While playing on a public desire for the regulation of the medical profession, his references to the authority of the

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Board of Health thus problematise the assumption of a shared set of ethical values among medical men. Therefore, his actions and attitudes undermine the legislative development of medicine associated with progressiveness and modern practice.

That this call to modernity is situated within a neo-Victorian narrative further complicates its implications, as its twenty-first-century readership, even pre-COVID, has cause to be sceptical about the promise of scientific progress accompanying increased access to dissection material. Debates about the postmortem use of bodily tissue in scientific endeavour have dominated medical discourse since well before the new millennium, with instances of ethically dubious scientific 'progress' defining the end of the twentieth century just as they had pervaded the beginning of the nineteenth (see Wheat 2005: 451).[5] Chiver appeals throughout the novel for consistent development in the field of anatomy, premised on unfettered access to dissection material. The novel succeeds in reconstructing the debate between anatomists and a fearful public as a conflict between progress and stasis, but neo-Victorianism exposes this as a false dichotomy. Holman's authorial context reveals enduring problems with anatomical education, which have not been resolved by greater access to dissection material. In this way, medical modernity is depicted as a fragile manipulable concept, subject to misuse and misdirection; thus, the narrative situates itself uneasily between two eras of medicine, and at a crucial moment in its development.

Even the language of anatomical procurement, 'resurrection', places the body between two temporal states of being, reviving the body but not the whole conscious self for the benefit of/use by others. These numerous temporal liminalities across Holman's narrative serve to institute a multiplicity of heterotopic allusions, breaking with traditional time in a variety of ways. Arguably, in the context of COVID-19, this idea of heterochrony undermines linear experiences of time and operates as a means by which to resituate our present circumstances within a historical lineage of pandemic narratives, affirming the curious slippage between heterotopic subject and observer.

3.   Identity: A Heterotopia of Deviation?
Crucially, Foucault not only identifies the heterotopia by its intrinsic qualities, but also by the behaviour of heterotopic subjects. Referring to a specific category of heterotopias, the 'heterotopia of deviation' can be considered a

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created space of behavioural differentiation, "constructed by those outside the space or able to leave the space" (Caleb 2019: 2). Viewed through the lens of the quarantine imposed by centralised government, the lockdown city conforms to this definition, particularly where the progression of infectious disease is attributed to the deviant behaviour of a non-conforming populace. While Foucault notes that heterotopic subjects might be those "whose behaviour is deviant in relation to the required mean or norm" (Foucault 1984: 5), the issue of 'requirement' is key: required by whom and for what purpose?

　　　In matters of public health, the answers might be ostensibly clear, but in a heterotopic context, the justification for separating subjects becomes more complex. If the imposition of quarantine aims to prevent or protect from disease, then heterotopic subjects assume a state of passive vulnerability. As in the case of Holman's Sunderland, however, in which local lockdown is established in order to contain the spread of disease to within the confined space, separation is both enacted upon the potentially already infected and those not infected, actively exacerbating the latter's vulnerability to infection by preventing them moving to a less contagious locality.[6] Attempts to persuade Sunderland's citizens of the importance of respecting quarantine restrictions are accompanied by the admission that "[i]t is too late for us. We are already contaminated. But we must not export certain death to the realm because of our own greed" (Holman 2000: 189). Assigning quarantined individuals with an altruistic responsibility for public health, such reasoning also suggests that localised contamination is ongoing, inevitable, and possibly deserved. Whilst fear of person-to-person contagion appears to be the dominant principle behind Sunderland's quarantine, Chiver notes that alternative theories of disease circulation play more overtly into this moralistic contention.

> In medical school, Henry was taught two models for disease: one, predicated upon contagion, which identifies the harmful agent as an enemy attacking the self; and second, in keeping with the native soil theory, which suggests that disease dwells within each of us, merely waiting an opportunity to erupt. (Holman 2000: 192)

This suggestion of corruption of the innate self, transposed from individual body to the town's body politic, reveals the issues of heterotopic identity to

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which Foucault refers. If disease lurks latent "within each of us", deviant behaviour, understood as that which serves to spread illness, may be punished by differentiation within the segregated heterotopia.

Messaging around preventing the spread of cholera undertakes new meaning when considering Holman's Sunderland as a heterotopia of deviation. Posters around the city confirm that "**Dirty Hands and dirty Faces breed THE CHOLERA MORBUS**" (Holman 2000: 60, original bold format), affirming a link between disease and filth while associating cleanliness with health. Such warnings also reiterate the role of the individual in preventing contagion. Reminiscent of the UK government's early COVID-19 mitigation warnings, handwashing in the context of infectious disease becomes constructed as a "moral imperative", alongside other practices advocated during the pandemic, such as social-distancing or mask-wearing (Prosser et al. 2020: 653). The implicit hearkening back to the Long Nineteenth Century employed in this moralist rhetoric exposes such logic as, in part, antiquated, reducing its efficacy as a persuasive device. Comparisons between Holman's portrayal of the Sunderland cholera epidemic and the recent COVID-19 pandemic thus illuminate uncanny similarities between the two crises in terms of government response, as well as highlighting their problematic implications. The construction of certain behaviours as in some way 'deviant' creates far greater potential for polarisation between societal groups, particularly where advice refers to issues of perceived cleanliness. In the context of a waterborne disease such as cholera, the purifying symbolism of water is complicated further, a factor left unexplored within the novel, but one which is not lost on a modern readership.

This weaponisation of cleanliness is necessarily class-inflected in Holman's novel, and thus meets with considerable suspicion. In response to sanitation bulletins, resistance flyers appear across the city, declaring, "**Cholera Morbus: Death Accusing the Rich of Tyranny. They are killing the Poor, a Duty Which belongs to Him**" (Holman 2000: 184, original bold format). Although, "as a disease that claims victims of various social classes, cholera provokes, and perhaps demands, a similarly heterogeneous combatant" (O'Leary 2013: 88), reactions to containment measures are not heterogeneous, owing to preexisting resentment towards a social system that criminalises poverty and a public health campaign that demonises poverty's inescapable (un)sanitary reality.

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It is no wonder, then, that conspiracy theories prove popular among Sunderland's populace, as they did during the COVID-19 pandemic. Cholera is referred to as "just another Grand Plot" by local people who consider the quarantine order to be a ploy to diffuse threats of social unrest (Holman 2000: 59). Gustine's landlord Whilky, for instance, contemptuously dismisses what he calls "this contrived *Quarantine*", remarking, "Funny, isn't it, how this cholera morbus business only came up after the Reform Riots in October? Funny, too, how all the Reform meetings had to be cancelled for fear of the contagion" (Holman 2000: 60, original emphasis). Significantly, Katarina Gephardt notes that the novel raises these conspiracy narratives *before* the reader is introduced to middle-class perspectives on the epidemic, thus disrupting "the kind of immersive identification with middle-class protagonists that is foundational to much of Victorian realist and neo-Victorian fiction" (Gephardt 2021: 191). For Gephardt, the lower-class perspectives offer the reader an understandable way to connect "unsettling phenomena in an apparently coherent explanatory narrative that gives him an illusion of control in a chaotic world" (Gephardt 2021: 191). In this context, 'deviant' behaviour might undertake new meaning, particularly before widespread acceptance of contagion theory. The "required […] norm[s]" (Foucault 1984: 5) of the heterotopia can only be accepted as far as they can be understood, and the implicit power imbalances of quarantine measures here prevent, or defy, understanding.

If, as Amanda Caleb contends, external, non-heterotopic subject(s) and systems construct the heterotopia (see Caleb 2019: 2), it seems pertinent to investigate the identity and authority of these subjects and systems outside of the designated heterotopia of deviation. *The Dress Lodger* implicates centralised governance, the officials of which are defended from accusations that the lockdown is a ruse to prevent franchise reform riots: "Your Government doesn't want you dead. They've established a Quarantine to keep you safe" (Holman 2000: 63).

Medical professionals also bear some degree of responsibility for the dissatisfaction around the quarantine, particularly when containment measures feed into another significant concern around the medical establishment of the time, that of bodysnatching and the procurement of corpses for anatomical study. Indeed, Elizabeth Hurren notes that "body trafficking of the dead poor" (Hurren 2008: 778) is inescapably intertwined with the professionalisation of the 'medical man' at this time, with

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grave-robbing becoming a commonplace means of providing anatomical teaching to a growing population of middle-class medical students. In Holman's novel, this antipathy between the medical establishment and the wider public is exemplified by the attitudes of Margaret Scurr, a "corpse displayer", who will not leave bodies unattended in her shop lest they be claimed for dissection: "Doctors are always waiting for you to turn your back or step out for a moment; looking always for a chance to disappear with a poor man's remains and make their infamous experiments upon it" (Holman 2000: 41).

Dr Henry Chiver is no exception in this respect. Attempting to procure a "glorious body" for his students (Holman 2000: 50), Chiver tries to further his reputation for scientific endeavour by obtaining the body of a cholera victim. This epidemical context, set alongside a narrative concerning medical misdemeanour, makes it far easier to see how conspiracy theories played a part in nineteenth-century Sunderland's cholera experience. An omnipresent fear pervades the novel that, instead of treating cholera in patients, medical men might be using a diagnosis of contagious illness to remove patients from their families, allow them to die, and then exploit their corpses for their own anatomical gain: "there in that dark and lonely place, at the mercy of their saws and scalpels, he too might 'develop' cholera and need to be taken apart limb by limb" (Holman 2000: 111).

Samuel Kline Cohn Jr. finds a direct correlation between the cholera riots, which took place across Britain during the country's Victorian outbreaks, and a *Medical Gazette* article exposing "the sale of cholera bodies for medical training [...] on an industrial scale" (Cohn 2017: 165-166). The phrases 'to burke', 'burking', and 'Burker' are recorded in accounts of the cholera riots, demonstrating the intimate link between the epidemic, its new quarantine regulations, and a medical establishment famously struggling to supply cadavers to its students. This same language is used to refer to Dr Chiver, accused of attempting to persuade "the people of Sunderland to line up for a carving" (Holman 2000: 163). As Norman Keith and Thomas Keys note, the Burke and Hare case, in which resurrectionists turned to murder to supply the eminent anatomist Robert Knox, is so evocative because of the implication of a particular medical man, publicly evidencing existing claims that surgeons benefitted from resurrectionism.[7] Holman's use of this language thus underlines the specific suspicion of the medical man and suggests that Chiver is seen as benefitting from the quarantine itself. No longer reduced to

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go "begging for bodies" (Holman 2000: 99), he now finds an increasing number of readily available dead, while the epidemic affords him greater justification to procure and study the corpses of the poor under the guise of ascertaining the cause of the disease and possibly finding a cure for cholera.

Holman's dualistic depiction of Chiver, initially portrayed as unfortunately implicated in Dr Knox's activities, but soon revealed as exhibiting the same violent behaviours, draws on a key concern about medical men, and one which has continued to inform their literary depictions. The apparent respectability of the medical profession is shown to conceal aspects of inherent monstrosity, allowing doctors to pursue subversive practices without detection. In this way, there is a sense of Gothic characterisation to the Victorian doctor figure, exhibiting what Marie-Luise Kohlke and Christian Gutleben term "the depiction of lurking threats beneath the surface of civilised order, of the breaking out of repressed vileness that is both constituent and product of the infected monstrous social body" (Kohlke and Gutleben 2012b: 6). This sense of impending menace "beneath the surface" is encountered literally in *The Dress Lodger*, most notably when the narrative voice veers towards the reader and reveals its disturbing identity:

> Have you now guessed in whose hands you rest? Why, even here in our own backyard, we must make obvious introductions. We are the citizens of the Trinity pit, dear reader: the murderers and drunkards, the prostitutes and the unbaptised babies of Sunderland; we are those you would not consecrate, those you buried at midnight, those you have forgotten. We are those who have been stolen as long as doctors have been questioning, and we have had enough. (Holman 2000: 256)

The "monstrous social body" to which Kohlke and Gutleben refer now includes the reader, criticised by this narrative voice for engaging with the novel's sensationalism. Holman grants voice to these "snatched bodies", assigning the novel a clear neo-Victorian imperative towards re-investigating "unrecorded traumas of the socially disempowered and marginalised" (Kohlke 2012: 222), but simultaneously points out that this intention is undermined by the genre's voyeuristic tendencies. In this way, the narrative aligns the contemporary reader with these Gothicised medical professionals,

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offering a further form of 'contamination' by association. Gephardt notes the extreme change to narrational structure such a revelation instigates, as the "extradiegetic narrator suddenly becomes not so much diegetic as intradiegetic, mediating between the past and the present" (Gephardt 2021: 192). Such a narrative intervention "dislocates" the reader (Gephardt 2021: 192), collapsing the temporal distinctions between reader and subject of fiction, and creating a kind of liminality once more in line with the novel's thematic consideration of the quarantined city as heterotopia.

A notable blurring occurs here of what Holman initially calls "the most inevitable of all divisions", "the Quarantine that separates the living from the dead" (Holman 2000: 255), and so, too, of the boundaries of the heterotopia. By granting the dead an authorial voice, Holman performs an act of narrative resurrection, implicitly accusing the reader of exhibiting the same deviant identity reviled in Chiver. Thus, the necessary divisiveness of the heterotopia, which constructs its boundaries on the premise of deviance and obedience to Foucault's "required […] norm" (Foucault 1984: 5), is undermined, and heterotopic identity is revealed as a fluctuating quality that defies simplistic narrative classification. Both formally and thematically, these boundaries are transgressed and reassessed, presenting the reader with a kind of liminal experience which mirrors that of the heterotopic subjects.

4.   Conclusion: Local Lockdown as Heterotopia

In defining them as "simultaneously mythic and real" (Foucault 1984: 4), Foucault asserts the slipperiness of heterotopias, the indefiniteness with which the term can be applied. Building on the concept over several publications, Foucault's key characterisations of the heterotopia focus on its indeterminacy, liminality, and apparent incompatibility, all qualities which clearly pertain to the quarantine or local lockdown. Separated physically and ideologically from surrounding areas but still part of an overarching regional or national identity, quarantined spaces can be more clearly understood through this heterotopic model, which anticipates not only spatial and temporal differences, but also alterations to the identity of heterotopic subjects. In a modern context, this consideration of the lockdown city speaks to a broad range of implications in epidemical circumstances, affirming a degree of differentiation between quarantined and non-quarantined spaces that extends beyond purely physical discrepancies.

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The application of this framework to *The Dress Lodger* exposes overlaps between heterotopic and neo-Victorian foundational approaches, indicating that their shared characteristics allow for a presentist reading of the novel in the context of COVID-19. The neo-Victorian form, which is inherently engaged in a simultaneous dialogue between past and present, operates within its own temporal liminality, and it is for this reason that contemporary comparisons offer relevant perspectives on the heterotopia within this novel. In highlighting the similarities between Holman's cholera narrative and discourses around COVID-19, the neo-Victorian objectives of *The Dress Lodger* are foregrounded and shown to interact complexly with heterotopic theory. New insights into the relevant histories around the 'lockdown city' are generated by such discussions, and framing this trope within a neo-Victorian context helps to refigure these ambiguous spaces as symbolic of enduring concerns around epidemic topography.

The obfuscation of heterotopic identity in the narrative, premised on a division based on behaviour contrary to the norm, is furthered by the novel's final narrative revelation, as the voices of the dead intrude into readerly perception to accuse the reader of exhibiting the same voyeuristic tendencies that have made Chiver a figure of revulsion. This sense of 'intrusion' might thus be the most appropriate lens through which to view the novel, which initially constructs clear boundaries of spatiality, temporality, and identity, but gradually reveals these impositions to be permeable and fluctuating. When Holman's narrator notes that "sometimes the world intrudes into a story, just like it intrudes into a town" (Holman 2000: 219), the phrase evokes the epidemical context more widely, with individual stories interrupted by events outside of any one person's control. For a modern, particularly post-COVID readership, this narrative of "contrived *Quarantine*" (Holman 2000: 60, original emphasis), speaks to key concerns of a recent global moment, the traumas of which are still being processed.[8] Foucault's heterotopic framework remediated through Holman's epidemical narrative affords an effective lens through which to reconsider the permissions and limitations initiated by lockdowns, particularly when anchored to a changing timeline and restricted locality, and our own post- and likely future pandemical reality.

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<u>Notes</u>

1.   Sunderland only gained official city status as late as 1992. In this article, I thus use the term 'city' more loosely to refer to urban settlement.
2.   Within neo-Victorian studies, there is general agreement that 'neo-Victorian' refers to the Long Nineteenth Century; Holman's novel can therefore be considered neo-Victorian despite being set before Queen Victoria ascended the throne.
3.   On the timeline of the first local lockdowns in the United Kingdom, see Mahase 2020: m2679.
4.   The WHO's 'Weekly epidemiological record/ Relevé épidémiologique hebdomadaire' from 6 September 2024 records "a 125% increase in cases in Africa" during 2023; the same year saw a rise in "very large outbreaks, >10 000 suspected and confirmed cases per country", as "reported by 9 countries on 3 continents (Afghanistan, Bangladesh, the Democratic Republic of the Congo (DRC), Ethiopia, Haiti, Malawi, Mozambique, Somalia and Zimbabwe), 2 more than in 2022 and more than double the number of very large outbreaks reported annually between 2019 and 2021" (WHO 2024b: 481).
5.   The Alder Hey Organs Scandal (1981-1996) is one such example; an initial report from 2001 identified a long-running practice at the Alder Hey Hospital Trust, Liverpool, of the unauthorised removal and retention of human tissue after death, primarily tissue belonging to children (see House of Commons 2001: 9). Public outcry and concern over the case prompted the introduction of legislation which would become the Human Tissue Act of 2004, which continues to regulate the removal, storage, and use of human tissue. Kohlke has discussed the resonances between Alder Hey and *The Dress Lodger*, and the ways in which Alder Hey reports and public discourse surrounding the scandal drew on the same powerful Gothic imagery that permeates Holman's novel (see Kohlke 2015).
6.   Analogously, the COVID-19 pandemic highlighted the enhanced vulnerability to illness experienced by groups separated from wider society within closed settings. Most prominently in the UK, early government guidance allowed COVID-19-positive patients to be discharged into care homes largely populated by older people, despite such settings being identified as "high risk" (Iacobucci 2023: 2868). By August 2020, the Office for National Statistics estimated that almost a third of all deaths occurring among care home residents during pandemic had been due to COVID-19 (ONS 2020).
7.   Holman thus also places this narrative self-consciously within a wider canon of neo-historical accounts of the Burke and Hare murders. Knoxian retellings have

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enjoyed significant popularity across the nineteenth, twentieth, and twenty-first centuries (see McCracken-Flesher 2012: 29), and Holman here plays on this established lineage in order to further familiarise this setting for a modern readership. Such invocations of actual historical events in neo-Victorianism serve both to validate or 'authenticate' the settings and to draw attention to their constructedness, particularly within Holman's complex narratorial structure.

8.   The UK COVID-19 Inquiry was launched in 2022 to examine the impact of, and the UK's response to, the pandemic, and to make recommendations for the future. It is due to conclude in 2026 (see Clarke, 2024: n.p.), six years after the first cases of COVID were registered in the UK.

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