Hinds, Hilary. "Coda Modern sleep." *A Cultural History of Twin Beds*. London,: Bloomsbury Academic, 2019. 69–74. *Bloomsbury Collections*. Web. 26 Apr. 2023. <<http://dx.doi.org/10.5040/9781350045453.ch-005>>.

Downloaded from Bloomsbury Collections, www.bloomsburycollections.com, 26 April 2023, 12:19 UTC.

Copyright © Hilary Hinds 2019. You may share this work for non-commercial purposes only, provided you give attribution to the copyright holder and the publisher, and provide a link to the Creative Commons licence.

4

Coda

Modern sleep

In 1909, Woods Hutchinson, a British-born and American-educated doctor, published a book called *Health and Common Sense*. The book's opening words strike a note quite at odds with the dominant tone of the medical advice of the domestic sanitarians and the fringe practitioners of the late nineteenth century. He begins: 'It isn't so very dangerous to be alive. One would really think it was, to hear the preacher moralise upon the shortness and uncertainty of human life and the doctor discourse on the everywhere-ness of germs' (Hutchinson 1909: 1). Hutchinson takes this robust and optimistic assessment of health into the rest of his book. Despite the ubiquity of germs, despite the manifold impediments to longevity, living, he suggests, is what we humans do, and we really do it quite easily and quite successfully. The human body 'is not a pulpy victim of circumstances, but the toughest, most resisting, most marvellously adaptable and most ferocious organism that the sun shines on' (ibid.: 3).

The world conjured by Dr Hutchinson is a benign place compared with the one scrutinized by Dr Richardson. The fragile and vulnerable human subject beleaguered in a hostile and pernicious environment is superseded by a tough, adaptive creature with a talent for survival. Hutchinson still endorses the key tenets of the domestic sanitarians' credo. Fresh air and sunlight are the main guarantors of a healthy domestic environment; the bedroom should be well ventilated, with all the windows open 'from the top at least one, and better two to three feet, so that a gentle current of air can be felt blowing across the face' (ibid.: 112). The bed and bedding need to be simple and hygienic: 'The modern hair-mattress or its equivalent, single pillow and blankets, or cheese-cloth-covered "comfort," which can be cleaned and aerated by turning the hose on it, can hardly be much improved on' (ibid.: 112–13). But this is all the home-dweller needs to know when contemplating his sleeping arrangements: 'Beyond these there is

no virtue whatever in hard beds, flat or no pillows, and cold bedrooms. Just another instance of the deification of the disagreeable' (ibid.: 113). The concision of his recommendations, together with his no-nonsense and sanguine tone – epitomized by his refusal to deify 'the disagreeable' – are in striking contrast to the anxious prolixity of the domestic sanitarians.

Hutchinson's bluff stance articulates a modified version of domestic sanitationism, but one now tempered by common sense. While the notion of common sense itself suggests that it has no need of definition – its premise is the commonality of the understandings to which the term is applied – nonetheless, Sophia Rosenfeld has usefully characterized it as a body of ideas and opinions prevalent at any given moment that constitute 'the truisms about which all sensible people agree without argument or even discussion ... the tacit backdrop to all our more conscious activities and thoughts and supporting us through daily life' (2011: 1).¹ As the title of Hutchinson's book – *Health and Common Sense* – indicates, science was no longer needed to underwrite his litany of hygiene-related recommendations regarding the need for ventilation and sunlight. Instead, his brisk and vigorous prose presents the familiar advice as self-evident rather than innovative, and all the more persuasive for being rooted in good sense rather than science. 'The good, hard common sense of humanity' has solved all the problems of the bedroom by jettisoning the errors of the Victorians: 'The four-poster and its curtains, the night cap and the warming pan' are, he writes, 'relics of a barbarism' that have gone to 'the attic or the ash heap, where they belong' (Hutchinson 1909: 112, 113). Scientific rationale had relied on the revelations of the laboratory, the microscope and the test tube to press for changes in practice. The rationale of common sense relies instead on the anticipation of widespread agreement to argue for the status quo, for what is rather than what ought to be. Sense, wisdom and reason can now be safely assumed to be best guides in the equipping of the home, and to be the preserve of the populace rather than the experts – or, rather expert and public are now taken to speak with one voice. In effect, the case that had had to be made so frequently and at such length by the domestic sanitarians had been won.

Hutchinson could write with the assumption that his readership was already practising what he preached. His expectation of a popular willingness to accept his recommendations testifies to the success of a scientific case whose founding rationale – the miasma theory – had by now lost credence, finally ceding place to a paradigm founded on germ theory, where bacteria, the agents of infection, could be identified, classified, tracked and countered. The exhaled breath of a fellow sleeper had been relegated from its position as the matrix of all manner of disease to become only the intermittent bearer of specific and identifiable germs. Nonetheless, common sense continued to reiterate the terms of a residual science, endorsing a set of sleeping practices that had acquired cultural purchase beyond their hygienist origins. The sleeping

public were not yet ready, despite having scientific permission to do so, to relinquish their twin beds.

Common sense, however, comprised more than just the terms and recommendations of a residual science. An additional dimension shapes Hutchinson's approach to health-related domestic advice. While fresh air and sunlight continue to be presented as the foundations of a healthy home, the main stumbling block is no longer ignorance, as it had been for Richardson and Schofield, but a failure to embrace modernity. 'The old-fashioned house is the very mother of infectious disease', he writes: 'Though it has been said scores and hundreds of times, I may be pardoned for again repeating that *the one and only group of conditions under which disease germs can live and retain their malignancy until they can be transferred to another human victim* is that offered by these old-fashioned houses, viz., darkness, dampness, and absence of fresh air' (ibid.: 166; original emphasis). Seeking good health in the houses of yesterday is bound to fail, for disease is lodged in their very fabric and design. Instead, the health-conscious householder needs to look for health in the designs and materials of the new century:

Now that we have succeeded in getting architects and builders to break away from the mere slavish and brainless imitation of the antique, the classic and the picturesque, and to utilise the superb new control of forms, of openings and of exposures which the toughness and plasticity first of wood and later of steel and concrete have given them, a veritable new world-field of architectural possibilities is opening. (ibid.: 151)

Notably, it is not the architects and builders – the professionals and experts – who have been in the vanguard in the turn to sensible and hygienic modern buildings. This is a grassroots triumph, where 'we' have finally succeeded in persuading them to embrace the structural possibilities brought by the new century, that indeterminate 'we' gesturing towards a coalition of hygiene-conscious doctors and the commonsensical lay public. At last, 'builders are eager to follow the popular taste' (ibid.), and the result is an urban environment attuned to the requirements of healthy living and fit for the twentieth century:

One of the most striking features of our modern city development is the vast and gratifying improvement in both healthfulness, lightness, and beauty of modern city homes. Even the much-abused flat or tenement, when constructed intelligently and on scientific lines, is not only far more comfortable, but wholesome and healthier in every way than the detached cottage or average farmhouse of fifty years ago. The model tenement is better lighted and ventilated than the brownstone front, while nothing

as ideal for wholesome human comfort has ever been invented in any previous age as the better or even average class of suburban homes. (ibid.: 151–2)

Domestic hygiene is still the basis of healthy living, but the watchwords in the quest for this ideal are no longer education and vigilance, but structural innovation and modernity of design and material, all founded in scientific insights and moderated by a popularly endorsed good sense. Experts are no longer the heroes in Hutchinson's narrative of the onward march of scientific progress, but co-workers in a loose and varied federation of forward-thinkers.

This embrace of modernity as a guide to domestic arrangements shaped not only the advice of Woods Hutchinson, but also of Dr Edwin Bowers, in his *Sleeping for Health* ([1919] 1920). For Bowers, the healthy modern bedroom in the healthy modern house would, self-evidently, be equipped with twin beds. They figure in his writing not as exceptional or innovative, not as in need of doctors to make the case for them, but as the norm, one of the signs of a commitment to domestic modernity. 'The practice of sleeping in separate beds, adopted in most modern households, is one of the most health-bringing reforms humanity has ever instituted' ([1919] 1920: 121–2), he writes. This is a new century, and the ways of the old now look archaic, clumsy and misguided: 'Sensible people' in 'nice, modern homes' no longer allow themselves to 'sleep in a museum packed full of gimcracks' (ibid.: 117). As for Hutchinson, so too for Bowers, domestic sanitarianism remains a reference point. He writes gratefully of the domestic innovations such as the metal bedstead, initiated in the days when 'sanitation became a science' (ibid.: 116). But now, by the time of writing, the health rationale for twin beds was no longer principally to be found in the disease potential of the breathed breath of the other. While disease prevention is mentioned in passing – twin beds guard against the transmission of infections such as coughs and colds – the gradual acceptance and final embrace of the germ theory of disease over the final two decades or so of the nineteenth century had, for the most part, rendered that argument less compelling. This notwithstanding, while the exhaled breath of the other 'may not actually cause disease', it is still to be avoided, as 'it certainly is most unhygienic and unaesthetic to be obliged to breathe the offensive breath of one who suffers from catarrh, decayed teeth, or stomach disorder' (ibid.: 122). It would be hard to argue with the common sense of this observation.

Rather than focusing on the avoidance of disease, twin-bedded sleeping hygiene is now premised on aesthetics and comfort. Separate beds allow sleepers to turn over at will, to sleep on whichever side they wish, to have the quantity of bedclothes that suit their preferences. In sum, for Bowers

'separate beds for every sleeper are as necessary as are separate dishes for every eater. They promote comfort, cleanliness, and the natural delicacy that exists among human beings. Sleep becomes more relaxing, and therefore more reconstructive – next to consciousness itself, the most wonderful and healthful thing in life' (ibid.: 127–8). Health is still the cornerstone, but its contours are quite different from those giving shape to Richardson's advice. Disease transmission is now a minor player in the drama of the bed. The choice of twin beds depends only in small part on hygiene as a route to disease avoidance. Equally important is their contribution to the quality of sleep, to comfort and to delicacy, all of them directly related to a sleeper's nocturnal autonomy.

The tone and emphasis of Hutchinson's and Bowers's books are indicative of a more general change in advice regarding the best and healthiest way to sleep. With the incremental acceptance of germ theory and the concomitant demise of miasma theory in the late nineteenth century, the rationale for choosing beds shifted focus. By 1897, a marketing leaflet from Heal's, the well-known London furniture store, was pleased to announce that 'the "sanitary" craze' was over. No longer did the wooden bedstead, until recently seen as an 'unclean thing, the abomination of all good and careful housewives', have to be rejected in favour of the iron bedstead which had predominated for twenty or thirty years ('A Consideration of the New Wooden Bedstead', 1897. Heal's archive, AAD/1978/2/271).² Recently, the leaflet asserts, beauty had had to be sacrificed to hygiene in the choice of bedsteads. Now, however, Heal's were introducing the 'New Wooden Bedstead', which 'combines all the hygienic advantages of the metal, with the artistic possibilities of the wooden bedstead'. As domestic sanitarians shifted their attention from miasma to bacteria, furnishings were now no longer the focus of so much health-related anxiety, and the choice of bedstead became once again a matter of design or aesthetics rather than only of hygiene. Cleanliness did not cease to figure in discussions of bed types but it was now deemed possible to combine it with artistic merit. As Alison Bashford notes, 'Turn of the century "dirtiness" was slightly different [from that of the mid nineteenth century], in ways which permitted an easier, less confronting contemplation of oneself as a source of infection' (1998: 146).³ It was not that lessons learnt from the sanitarians could now be ignored but that they could be scaled down, taken for granted and accommodated with less anxiety and rigidity. They had become common sense.

And with this transition, twin beds came increasingly to be discussed as a design choice for married couples rather than only as a health choice, as they had been for recent generations of co-sleepers, whether spouses or siblings, hired girls, clerks and apprentices.⁴ Twentieth-century sleepers still welcomed what twin beds offered, but they offered them something rather

different from before. By no means reckless of the hygienic advances of the nineteenth century, avowedly *modern* fellow sleepers allowed questions of style to figure more prominently in their sleeping arrangements. The distinctive forms and materials of modernity were, it seems, to be found not only in the cities, streets and houses of the new century, but also in the bedrooms and bedsteads that lay, mostly unobserved, within them.