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Rawcliffe, Carole. *Urban Bodies: Communal Health in Late Medieval English Towns and Cities*. Woodbridge: Boydell Press, 2013. Pp. xiv, 431. \$99.00. ISBN: 9781843838364. . .

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Jules Michelet's view of the Middle Ages as "one thousand years without a bath" may no longer hold much sway, but the notion that premodern societies could act in concert to preserve health and fight disease remains inconceivable to many. For public health continues to be seen as an accouterment of modernity: premised on centralized governments and bureaucracies, grounded in advanced science and technology, and promoted by secular, democratic nation states or paternalistic colonial regimes. Small wonder that, from the perspective of public hygiene, the image of medieval people as ignorant, incompetent, and above all apathetic--an image hilariously perfected by Monty Python--flourishes despite abundant evidence to the contrary. The fairest treatment to date of medieval public health by a major modern specialist was penned by George Rosen, who acknowledged the early use of quarantine, leprosia, and poor relief, but hastened to add that these reactionary measures were "all the more impressive when one recalls that they were undertaken in a world in which superstition was rampant and much of the scientific knowledge required for the effective handling of health problems was absent." [1] Real public health would have to wait for the late eighteenth century.

Urban Bodies, Carole Rawcliffe's milestone publication, presents the first sustained attempt to counter modernist assumptions in public health history (Chapter 1). Building on and greatly augmenting earlier contributions (not least in terms of its wealth and diversity of evidence), this book provides a comprehensive study of learned theories, government policies, and social-religious practices of population-level health interventions in late medieval England, up to the Reformation. Given England's centrality in the historiography of modern public health, the evidence base alone is bound to move debates in the field beyond the current pre/modern divide, since it presents an insurmountable challenge to the many who still find "medieval public health" to be an oxymoron. To her great credit, Rawcliffe takes a long and hard path to achieving this goal. She could have easily (in the sense of source material's availability) gone through conventional checklists of what constitutes public health. After all, numerous medieval documents and material remains attest such allegedly modern activities as controlling transmittable disease, improving sanitation infrastructure, providing for food, clean water and air, and ensuring city residents' safety and access to healthcare, both physical and mental. Medical texts drawing on both Classical and Islamic traditions, moreover, provided contemporaries with a theoretical basis for understanding these activities as valuable prophylactics, and documents produced by urban governments, guilds, and local individuals either echo such theories or explicitly draw upon them. All this is clearly and meticulously demonstrated in Chapters 3-5.

Rawcliffe's effort however does not begin or end here. Rather, her point of departure and return (Chapters 2 and 6) underscore how medieval public health was pursued by uniquely premodern means as well, defined as it was by a view of health (*salus*) that promoted and was governed by a religious imperative too. For instance, whatever their scientific value from a modern perspective, liturgical processions in medieval cities were consciously carried out and perceived as preventative measures, and not only in times of crisis, such as the onset of plague. Conversely, the private and public foundation of hospitals and leprosia were commonly seen as providing for the spiritual salvation of inmate, community, and benefactor alike, as in so many other forms of medieval charitable works, which, not surprisingly, included the maintenance and cleaning of public squares and bridges. The same moral-physical nexus underlies the general upkeep of the urban social fabric, which at different times involved the regulation of certain groups' movements, from prostitutes, to the poor, to Jews and foreigners, as well as the conduct of less marginal residents, including their labor, behavior, dress, and nourishment. In sum, medieval people across social strata had numerous opportunities to merge body and soul when it came to private and communal health. Taking both the physical and the spiritual into account, Rawcliffe successfully resists anachronism and ably traces one region's attempts to define and address its health threats, be they sudden like plague, fire, or flood, or more routine affairs such as waste disposal, water and air pollution, food quality, and work safety. Straddling both types of responses were preventative activities developed by the church, lay confraternities, and government officials, and several institutions aiming simultaneously to heal the body and heal the soul.

In breaking so much new ground *Urban Bodies* raises a fresh list of questions. First, regarding the transmission of knowledge and practices, which Rawcliffe characterizes as one moving more or less unilaterally from center to periphery, that is from Westminster and London to smaller towns, and from the more populated south to the sparser north. There is certainly evidence for this, especially as regards the crown's efforts and whenever local bylaws cite London's. Yet given the peculiar needs, challenges, and trade and immigration networks of England's numerous smaller urban centers, it is conceivable that solutions were developed locally and regionally or else imported directly from Scotland, Ireland, or the Continent. Likewise uni-directionality is at least implicit in the transmission of medical theories that sometimes undergird health-related statutes and policy stipulations. As Ann Carmichael proposed for Renaissance Italy, [2] however, governments could act in direct opposition to current medical thought, which in turn was not always and everywhere in agreement. The relations between medical theory and public policy, in other words, were likely as complex as those between policy and its enforcement, which Rawcliffe readily acknowledges. Finally and related to this, while petitions and trial records feature among the many kinds of sources this book employs, the medical-theoretical ideas they sometimes invoke are understood as agreeing with royal and urban prescriptions. Health threats held up by petitioners could indeed reflect authentic concerns based on a widely shared popular-medical horizon. But their invocation could also (or even predominantly) be strategic, an effective way to egg on a local or central government to act upon its own definition of the public good and consolidate its legitimate rule in the service of narrower interests. Without denying the authenticity of an emerging public health discourse employed by the state and its subjects, the phenomenon can be further problematized since it offers a tremendous opportunity to explore the dynamics of power and developing tensions between the private and public spheres.

None of this diminishes from the achievement of this seminal work, the first monographic study wholly dedicated to medieval public health in any European region. Indeed, the very possibility of debating themes and methodologies in this field is premised on this book's existence and shaped by the plethora of sources--written and material--it so vividly brings to light. Its success would be

even greater were it to stop public health historians from avoiding the Middle Ages like the plague.

Notes:

1. George Rosen, *The History of Public Health* (New York: MD Publications, 1958), 56. Unchanged in the revised edition (Baltimore: The John Hopkins University Press, 1993).
2. Ann G. Carmichael, *Plague and the Poor in Renaissance Florence* (Cambridge and New York: Cambridge University Press, 1986).