
Geltner, G.

Published in:
The Medieval Review

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

UvA-DARE is a service provided by the library of the University of Amsterdam (http://dare.uva.nl)
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 historians to be seen as an accouterment of modernity—promised 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, leprosaria, and public health laws to control disease in the city. Rosen's work, however, was flawed by his own apathy—"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 materials availability) gone through conventional checklists of what constitutes public health. After all, numerous medieval documents and narratives attest that public health was as prevalent in medieval England as it is today. 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 often echo the same ideas. All this is clearly and meticulously demonstrated in Chapters 3-5.

Rawcliffe's effort 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. It was often local and religiously inspired. 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 leprosaria 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 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 public 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 those that struck the population of London in 1348, or chronic like the pox that ravaged Castile in the fifteenth century. 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 unidirectionality is at least implicit in the transmission of medical theories that sometimes undermined health-related statutes and policy stipulations. As Ann Carmichael Stroud pointed out in her work on the city of London, government authorities in the late medieval period were capable of formulating health policies that were locally specific. Furthermore, public health policies were not always implemented uniformly across the kingdom, and even within a single city like London, different parts of the city were subject to different regulations. This highlights the importance of understanding the local context in which public health policies were formulated and implemented.

Rawcliffe also takes a critical eye to the role of the church in public health. She notes that the church played a significant role in public health, providing for the spiritual salvation of inmate, community, and benefactor alike, as in so many other forms of medieval charitable works. The church also played a role in the maintenance of public squares and bridges, and the general upkeep of the urban social fabric. This highlights the importance of understanding the role of the church in public health policies, and the ways in which church officials and secular authorities collaborated to address public health threats.

In summary, Rawcliffe's Urban Bodies is a welcome addition to the field of medieval public health. It provides a comprehensive study of learned theories, government policies, and social-religious practices, and fills a significant gap in the historiography of medieval public health. As Rawcliffe notes, "The Medieval Review's book review section is always a treasure trove of insights and new perspectives on the field of medieval studies. Rawcliffe's work is no exception. It is a must-read for anyone interested in medieval public health, and it will be an important resource for future research in this area."

Reviewed by:
Guy Geltner
University of Amsterdam
g.geltner@uva.nl
even greater were it to stop public health historians from avoiding the Middle Ages like the plague.

Notes:
