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In pursuit of a healthy city

Sanitation and the common good in the late medieval Low Countries

Coomans, J.

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Summary

In Pursuit of a Healthy City: Sanitation and the Common Good in the Late Medieval Low Countries

Contrary to popular views that medieval cities are pinnacles of disease and dirt, local urban dwellers and authorities in the fourteenth and fifteenth centuries did strive to eradicate health threats and to keep nuisances at bay – just as their modern descendants. Surely, late medieval cities operated within different medical paradigms and in service of political structures diverging from the modern Euro-American nation state. Yet, across these distant periods, there are important and insightful links in the actions undertaken to improve the population's health and prevent disease, in the sense that they considerably impacted the modes of governance of a populace as well as social practices. However, the function of these actions in the fourteenth and fifteenth centuries has been insufficiently recognized and investigated, and it is this intervention that this study aims to make. It seeks to make up for this neglect by reconstructing two interlinked aspects of public health. First, the practices of preventative health policies and urban sanitation in an era that is still typically thought of as lacking any of such interventions. Secondly, through studying these activities, this inquiry illuminates the negotiation of power by local governments over urban spaces and their inhabitants. It chimes in with a growing international historiography that challenges the view of the Middle Ages as a period of indifference towards issues of health and sanitation at the population level. These works have indicated that perceptions of premodern communal wellbeing and its threats were distinctly different from modern Western conceptions, for instance in that they closely associated physical and spiritual health. Yet late medieval authorities recognized the promotion of the population's health as socio-economically and politically beneficial, indeed as a prerequisite for survival of their respective communities. Researching this topic thus contributes to a deeper understanding of the development of late medieval urban society, and can be extended chronologically, but also, as recent revisionist scholarship has proposed, topically – encompassing much more than the reconstructed emergence of medical professionals or the impact of major epidemic crises, most notably plague.

Within these recent extensions and revisions of the history of public health, the Low Countries, as a highly urbanized region in medieval Europe, have remained little explored. This investigation therefore contributes to current debates by increasing knowledge on an understudied geographical area, but also by employing a number of innovative approaches. It offers a comparative survey of various cities in the Northern and Southern Low Countries, with an in-depth examination of three core case studies: Ghent, Leiden and Deventer. It focuses on documents of routine practice from the late thirteenth to the end of the fifteenth century, in order to move beyond the level of ideals as formulated in regulation and medical tracts. At the same time, it shifts away from curative institutions and epidemiological crises – the more traditional foci of histories of health. Finally, with the incorporation of theories on space, governance, and actor-networks, the present inquiry has sought to answer the questions what late medieval urban communities perceived as challenges to their health; how they confronted these issues; and how this socially, politically and materially impacted medieval cities.

The evidence on the late medieval Low Countries presented here supports several suggestions for revisions and greater regional complexity. First, on chronology: as sanitary measures and investments in health infrastructure, as well as policing officials dealing with these issues occurred notably earlier, often predating the advent of Black Death. Secondly, actions to prevent the spread of infectious disease, including plague, can therefore be linked to – often pre-existing – prophylactic measures. It suggests that both the roles of medical officials and of plague in thinking about communal health are at least more complex, and perhaps less central, than previously assumed. Thirdly, regarding the nature of intervention of urban agents, especially local authorities, the evidence presented here suggests that instead of *ad-hoc*

responses to (epidemic) disease, public health interests constituted an argument for routine interventions in the functioning and infrastructures of cities. This made them a shaping force in socio-political relations, and in the negotiation of public and private spheres, where they intersected with legal issues of ownership, disputes over property boundaries, and a desire to improve living comfort. Concerns for health were moreover one part in a broader spectrum of issues related to protecting the common good, among other interests of economic thriving, military and fire safety, and civic prestige. Finally, concerning longer term developments, public health regulation attests a strong continuity in the identification of potential health hazards, but local responses could vary considerably. Reviewing documents across the fourteenth and fifteenth centuries thus offers insights that further problematize the idea of progressive (linear) development. For example, crises of various sorts influenced the availability of capital or willingness to invest in public health policies during specific periods. At the same time, they could trigger a temporary rise in policing of hazards.

Although local medical authorities lacked the official advisory status they gained in some early-modern municipal boards, in a much more general sense, municipal records contain various traces of the application of some form of medically informed reasoning. These arguments of the preservation of communal health were foremost informed by humoral medical theories or Galenism. These ideas on the body and the cosmos resonated in a variety of late medieval urban contexts. It informed a holistic conception of health that linked the humoral balance of the body to its surroundings via the doctrine of the six non-naturals, even to God's creation at large, and strongly associated spiritual and physical health. Such views motivated a comprehensive approach of striving towards a salubrious city that justified interventions regarding a large variety of material objects, activities, individuals, and animals. Like any healthy body, a clean and healthy city was imagined then as a city in movement. It needed unobstructed routes and a continuous "flow" that not only safeguarded economic, military and social functions, but also enabled dirt to be properly disposed of and/or put into useful place.

A complex interplay between these Galenic-informed perceptions and local political and economic interests, particularly those of the governing elites, was central in late medieval health governance. It concerned a reciprocal relation in which health concerns influenced modes of governance of premodern cities, and power stakes in their turn shaped ideas on what public health and the common good entailed. They were thus both an objective and a tool in urban magistrates' assertion of moral and judicial authority over urban space and its inhabitants, indeed in their state-making. In other words, urban authorities in the fourteenth- and fifteenth-century Low Countries integrated knowledge on health into the governance of its subjects, and utilized it as a disciplining and structuring tool, also known by Foucauldian scholars as the governing technique of *biopower*. Moreover, developments in health and hygiene practices were path-dependent processes, in which spatiality and materiality were important factors. Thus, if we want to follow late medieval preventative health practices, and the operation of power emerging from it, it is crucial to also adopt a kind of holism, namely to investigate the socio-cultural and material together as a dynamic whole.

Netherlandish cities were battling all four material elements to protect the populace's wellbeing. As discussed in chapter 1, fire safety measures were a constitutive force shaping the urban layout, building practices, and the negotiation of responsibilities between authorities and subjects. Second, because contemporary medical theory strongly related stench to the birth of disease, avoiding the corruption of air by bad odors, stemming from polluted grounds, waters, waste storage, or animals, remained a prominent target of municipal health policies throughout the investigated period. This involved regular street sanitation, clearing waterways, maintaining drainage constructions such as street and wall gutters, and regulating the use and availability of latrines and cesspits. These subjects were explored both from the perspective of municipal sanitation in chapter 2, as well as from the view of inhabitants in their domestic environments in chapter 4. As water was often present in threatening abundance, public health interests in this region focused more on containment, drainage and the prevention of pollution than on its provision. Yet too much water involved as much negotiation of political and economic interests as water

scarcity did, for example in more southern parts of Europe. In all cities investigated here, water had to be carefully managed to avoid floods, blockage, and stagnant pools, and thus to prevent the dangers of pollution, but also to maintain infrastructural viability. By contrast, the nature and level of involvement in arranging access to clean water differed considerably per city. Moreover, as spotlighted in chapter 3, concerns over the availability and quality of food offered for sale impacted the relations between authorities and their subjects within the urban space of the food market. Especially rules on and interactions around the sale of meat indicate a significant level of applied medical ideas. More generally, animals were an intrinsic part of premodern Netherlandish cities, yet they also presented several challenges to communal health and residents' safety, in addition to potentially damaging their properties. They were one of the central nuisances threatening the constitution of a "good neighborhood," as discussed in chapters 4 and 5. Urban bans on stray dogs reflected associations made between these wandering animals and the spread of disease, and pig-keeping was an even more prominent object of contention.

Finally, fear of divine retribution for a sinful city in the form of disease and destruction stimulated the perception of vices as a threat to communal health. It made the banning of sinful practices and the policing of social groups associated with them part of public health strategies. In this sense, attempts to control the presence of foreign migrants, wandering lepers or sex workers were part of a broader range of actions to fight public disturbances or promiscuous activities, including nightwalking, procuring and gambling. Since many of these more spiritual health threats took place around domiciles, the policing of individuals perceived as susceptible to corrupt the city in a moral sense offers another example of the ways in which protecting communal wellbeing justified governmental interventions in private spheres, as well as more intimate aspects of people's lives. Officialdom's prescriptions as to how subjects should build and maintain their homes, handle their house fires, not work at inappropriate hours, and where and how they should keep their animals, thus seamlessly extended to more moral codes of conduct.

This brings us to the question of how local authorities confronted this great variety of issues in practice. Urban magistrates used several mechanisms of enforcement, and often combined different approaches. First, inspections, performed by both installed policing officials and aldermen themselves, offered a means to implement the detailed regulation on health issues established in urban law codes and decrees. In addition, as explored in chapter 2, appointing multitasking cleaner-supervisors and investing in various types of infrastructures formed an active offensive of officialdom to keep health threats at bay. Likewise, the market inspectors discussed in chapter 3 were appointed to enforce the detailed regulation on food safety. Some of these (groups of) officials became an integral part of the governmental organization in the fourteenth- and fifteenth centuries to manage health, safety and sanitation inside the city. It also provided a means to maintain governmental presence on a routine basis and to monitor the behavior of the city's inhabitants. Yet since there were never enough policing agents out and about to oversee the city and catch all offenders, their work was assisted by cooptation, incentivizing and peer pressure – local magistrates commonly promised reporters of transgressions a part of the fine.

Such an encouragement to report related to a third mechanism of enforcement, namely the negotiation of tasks and responsibilities of citizens and other urban organizations, such as guilds and neighborhood communities. Preventing various kinds of blockage and stagnation was paramount for preserving the health of the city as a whole, but it was clearly also a key issue in and around domestic spaces. By notifying officials, and ultimately through the aldermen's courts, inhabitants defined and confronted various nuisances and negotiated issues of shared use of hygienic facilities, as explored in chapter 4. These glimpses of health politics from multiple perspectives, for instance on the storage of manure, blocked drainage obstructions, or malfunctioning latrines, cesspits and wells, attest that these were by no means exclusively top-down implemented policies. Indeed, such interactions demonstrate that informal networks, neighborhood organizations, as well as guilds played important roles in securing communal health. Conversely, it exemplifies that health-promoting practices can further improve our

understanding of the various forms of local community formation, and how factors of spatiality and materiality relate to the more social ties between dwellers. Although there is more evidence on health practices in this period and region that awaits scholarly attention, such as the relationships between cities and countryside, the dissemination of medical ideas among urban literates, or the role of guilds and ecclesiastical institutions, the present study has begun to show how exploring the ways in which local premodern communities strove for communal wellbeing offers a window on both the wider processes of development of premodern urban society and the environment they created, as well as the routine existence of its dwellers.