

Carole Rawcliffe, *Urban Bodies. Communal Health in Late Medieval English Towns and Cities* (Woodbridge: The Boydell Press, 2013) xiii+431 p. ISBN 978-1-8438-3836-4.

Urban Bodies is a masterful and readable book that clearly builds on many years of meticulous research. Its author, Carole Rawcliffe, is well known for her work on the theory and practices of medicine in medieval England, particularly in the East Anglian town of Norwich, but in her latest study she broadens her view to deal with the provision of health care and communal welfare in English cities and towns between 1250 and 1530. With this book, Rawcliffe shows herself to be an important proponent of a new approach to the study of public health and environment, and rejects the common conception of pre-modern urban centres as unwholesome places.

The book's key argument is that the rulers and inhabitants of late-medieval English cities and towns developed refined and coherent strategies to improve their communal health and living conditions. Rawcliffe presents the rich underlying evidence for her thesis persuasively, drawing on written and material records, demonstrating her intimate familiarity with the relevant (edited) sources and literature. The introductory first chapter is a rather English affair: in it, she deconstructs the Victorian historiographical legacy, and sets out the wider English urban context. Occasional comparisons with cities on the Continent, especially in Italy, are made throughout the book, however. The main analysis, then, is arranged in five chapters, analysing 'the management of the communal body, its environment, its supply of food and water and the provision of care for its sick and incapacitated members'. Instead of summarising the chapters, I shall highlight a few themes that illustrate its scope and significance.

Firstly, particular attention is given to ideas about, and attitudes to, public health that informed the actions of late-medieval townsmen to ameliorate the insalubriousness of their environment. These views, derived from the growing knowledge about the spread of diseases, as well as from social and religious beliefs about communal and individual well-being, manifested themselves in the regulations devised by urban authorities to improve environmental, sanitary and social conditions, but also in the modes of civic and charitable involvement of well-to-do citizens. According to contemporary medical beliefs, for instance, stagnant water was a cause of miasma, therefore secular and religious authorities, often sponsored by individuals, initiated the construction of wells, water pipes, gutters and sewers to ensure adequate drainage and the supply of fresh water.

The leading role of the ruling elites in the improvement of the urban environmental and social habitat is another recurring theme. Not only were well-educated urban elites responsible for the circulation of new medical theories, they also petitioned the king for the regulation of trade and industry to reduce potential

health hazards, and provided resources for public works and poor relief. The building of Exeter's network of aqueducts and subterranean conduits in the fifteenth and early sixteenth centuries, completed by a joint financial effort of the town's wealthy citizens and authorities, is one of many examples by which Rawcliffe illustrates how the practical improvement of sanitary conditions was reinforced by civic and religious considerations on the part of benefactors. Often, economic necessity, religious conviction and communal pride came together in collective efforts to keep the medieval town and its dwellers healthy.

The material and spiritual well-being of the urban body were closely intertwined, and it is precisely for this reason that Rawcliffe pleads for an integrated account of medieval communal health. The conception of the city as a body meant that its working depended on mutual responsibilities and active involvement of its constituent members for the common good. In particular, the poor posed a threat to the health and stability of the urban body: hence the obligatory efforts of the urban authorities and elites to improve medical care – an appendix gives an overview of national and urban epidemics – and to provide relief to the needy. At the same time, the undeserving poor were increasingly excluded from the urban body.

Inspired by the anthropologist Mary Douglas, Rawcliffe thus answers the question how medieval townsmen perceived health and pollution, in order to explain why they took particular sanitary and social measures. Whether English urban governments' policies to provide public services (understood here in the widest sense) formed a coherent whole, mainly hampered by technological and financial restrictions, remains open to debate. Indeed, the cumulative and structural effects of the formation of urban communities in the Middle Ages deserve more thought to balance the ingenuity attributed to the urban elites. Besides, in order to place all townsmen properly in their context, the initiatives from below, and the informal practices of cooperation, although their importance is recognised in the book, require further attention and theoretical articulation, particularly the civic involvement of artisans, who mainly appear as necessary polluters.

Meanwhile, Rawcliffe has cleared up the misconceptions about the living conditions in English cities and towns, and it attests to the richness of *Urban Bodies* that she sets a new research agenda regarding the entangled history of the pre-modern urban social and physical environment.

Arie van Steensel
Universiteit Utrecht