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Urban Bodies: Communal Health in Late Medieval English Towns and Cities  
by Carole Rawcliffe (review)

Mark Jenner

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spreading among their patients since the time of Hippocrates. So, the reality of the medical practice and the relationship between doctor and patient influences the imagination of the dreamer in a precise way: in narratives, he sees the god or the saint appear as a real doctor or surgeon and prescribe a treatment after a kind of dialogue. The god or the saint no longer acts at once by means of miraculous power. Similarly, Klaniczay's chapter deals with Western Christendom, which did not ignore the practices of incubation at all, as proved by hagiographic sources. In the early Middle Ages, however, the miracles of Saint Radegund or Saint Martin give a not insignificant number of examples that show, contrary to the Byzantine practice, the saint is not endowed with the attributes of the physician. Later, in the eleventh and twelfth centuries (cf. corpus defined by P.-A. Sigal), the cures in dreams occur less within the sanctuary than in the place of residence of the patient. Finally, the investigation shows that, in the thirteenth century—which corresponds to the time of the definitive enforcement of the papal procedure of canonization—a certain number of interesting cases happened in Western Europe as well as in Central Europe.

A chapter by Catherine Rider examines the cures offered by the physician Bartholomaeus Carrichter (ca. 1510–67) in his treaty *On the Healing of Magical Illnesses* to fight against the diseases caused by witches. Finally, Fernando Salmón's contribution deals with the increasing importance given to the attitude of the doctor toward his patient and his close relations in the scholastic medicine of the thirteenth and fourteenth centuries.

As a conclusion, in its voluntarily broad approach, this beautiful volume offers an enriching diversity of cases that, however, allows continuities to be revealed, such as the porosity between medicine and religious and magic practices, the systematic recourse to the divine or supernatural sphere, or still the importance given to the power of the words.

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Carole Rawcliffe. *Urban Bodies: Communal Health in Late Medieval English Towns and Cities*. (Woodbridge, Suffolk, UK: Boydell, 2013). 445 pp. \$99.00 (978-1-84383-836-4).

In this weighty, extensively researched, and important book Carole Rawcliffe shakes up many commonly held assumptions about the *longue durée* history of public health. She also directly challenges the most important late twentieth-century interpreters of the Middle Ages: Chapman, Cleese, Gilliam, Idle, Jones, and Palin. Mounted on the steed of archival scholarship, she sets out to slay the medieval muck dragon with a quiverful of facts gathered from a mighty armoury of manuscript and printed sources.

Late Medieval English towns, she argues, were nothing like the excremental vision of *Monty Python and the Holy Grail* (a text which provides the epigraph of her first chapter); nor were they marked by the filth and chaos evoked and emphasized in the accounts of Victorian and early twentieth-century sanitarians and popular historians. Rather, their archives abound with evidence of concern about collective health and with documents recording actions designed to inhibit or to punish insanitary conduct and to reduce the risk of disease. Such evidence, she argues, had been largely obscured by ill-informed prejudice, and by secular-minded modernists' failure to understand the centrality of religion to medieval notions of good health. After a lengthy introduction that sets out her main arguments (a section time-pressed students will find exceedingly helpful) and a discussion of urban bodies and urban souls that draws out the links among medieval ideas of physical, political, and corporeal health, chapters on the environment and health, on water supply, on food and drink, and on the relief of the sick hammer away at these misconceptions. Examples from towns great and small are marshalled to depict "fruitful collaboration between secular and religious authorities for the provision of plentiful and readily accessible supplies of water," to emphasize "the enforcement of food standards, the creation of cleaner better organised markets," and to give credit to the level of effort expended on street cleaning and the removal of nuisances. Cumulatively, her arguments, especially when read alongside recent work by scholars such as Isla Fay, Peregrine Horden, and Dolly Jørgensen, indicate that the roots of public health lie much earlier than the reports of Edwin Chadwick, the prescriptions of Enlightenment *police*, or the injunctions of the Renaissance city state.

However, Rawcliffe's material is more compelling than the analytical frameworks by which she explicates the beliefs and practices of late medieval townfolk. First, because she couches her book as a refutation of modern condescension towards the Middle Ages *in toto*, she leaves unresolved just how far mores changed across the three centuries she covers. At times she suggests that communities' sensitivity to filth and other potential sources of ill-health varied according to the demographic context: epidemics stirred rulers into action; less lethal decades reverted to environmental *laissez faire* if not laxity. On other occasions a progressivist narrative lurks beneath the surface of the text. The reader is left with a sense that institutions and patterns of care and regulation increased in sophistication over time. The author emphasizes how far "the spread of medical knowledge" (p. 148) underpinned magistrates' actions. But is she thereby simply pushing the mythic era of complete sanitary insouciance back to what my early medievalist colleagues refuse to term the "Dark Ages"? How far does a rejection of stereotypes about the pungency of Plantagenets suggest that we should rather think of the vile Vikings or noxious Normans? The relation between the hygienic norms and forms and the development of the state and civil society is never spelled out.

Nor will everyone find her interpretation of the social and ideological significance of sanitary measures entirely satisfying. As the title suggests, this book links collective health and the history of the body. Rather than drawing on work shaped by Bourdieu, Foucault or phenomenology, it develops a 1970s and 1980s

historiography strongly influenced by structural–functionalist anthropology. Rawcliffe argues there was a pervasive analogy, often, indeed, a homology, between body and society. “The sanitary, social and religious agendas pursued by the rulers of late medieval and early Tudor towns formed a coherent and inseparable whole, as closely interconnected as the networks of natural, vital and animal spirits that coursed around the human body” (p. 97). This kind of intellectual approach has many strengths; it can enable one to identify moments when discourses of public health legitimate forms of social cleansing; it can enable one to appreciate parallels between religion and hygiene. But it can be a rather blunt tool. Many scholars of the fifteenth and sixteenth centuries will consider that Rawcliffe presents an implausibly unified model of late medieval urban culture. Moreover, *Common Bodies*’ elucidation of the cultural logic of disciplinary and discriminatory actions sometimes seems to naturalize or even legitimate them, as when Rawcliffe declares that “While attempting to tackle a growing roster of sanitary nuisances, the rulers of English towns and cities were painfully aware of the need to address the problem of moral degeneracy” (p. 97) and does not pause to discuss exactly whose need we are talking about. Subsequent historians will build upon Rawcliffe’s scholarship and her historiographical clear-cutting. However, they will doubtless add new layers of analytical complexity to her heartfelt polemic against historical condescension, by examining and reflecting upon all the occasions when sanitary measures did not neatly coincide with social and religious agendas, the years when pigs were not associated with prostitutes and when streets were cleansed of dung but not of vagrants.

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Maria Pia Donato, Luc Berlivet, Sara Cabibbo, Raimondo Michetti, and Marilyn Nicoud, eds. *Médecine et religion: Collaborations, compétitions, conflits (XIIIe-XXe siècles)*. Rome: École Française de Rome, 2013. 400 pp. €40.00 (978-2-7283-0967-2).

The relationship between religion(s) and the healing arts has a long history, both from the point of view of “profound similarities in . . . purpose and function” (J. Duffin, p. 356), as in the attention historiography has given to this topic. But it must be underlined that the differences and similarities between the two practices were a staple of the earliest reconstructions of the history of medicine, beginning with the Hippocratic *De veteri medicina*. This book rather underlines their having become, from the Middle Ages onward, rival and conflicting bodies of knowledge. As stated in the Introduction, the book mainly addresses the Latin, later Catholic, area, and it centers—with exceptions—on social practices.

The first contribution, by Maria Pia Donato, also presents itself as an introduction, making the case for cooperation between intellectual and social historians,