

Janna Coomans, ***Community, Urban Health and Environment in the Late Medieval Low Countries***. Cambridge Studies in Medieval Life and Thought: Fourth Series (Cambridge: Cambridge University Press, 2021, 350 pp., ISBN 9781108831772).

Medieval cities often suffer from a number of stigmas. In comparison to the Roman and modern periods that bookend the Middle Ages, the perception that medieval cities were plagued with disease, full of filth, and unconcerned with hygienic practices often remains a central depiction. Janna Coomans, in *Community, Urban Health and Environment in the Late Medieval Low Countries*, attempts to revise these age-old assertions in order to debunk the myth that medieval cities were apathetic toward disease and filth. Coomans argues that, not only were cities not the squalid urbanities that many typically think of in the Middle Ages, but that populations in urban centers worked deliberately to protect themselves from a variety of diseases and filth-impacting practices.

Coomans' research is situated in public health studies, in biopolitics, and in spatial-material methodologies. This multi-faceted approach allows Coomans to examine the natural impact of epidemic disease, famine, and disaster on cities, as well as the ways in which city governments and other groups reacted. The hope is to move away from a top-down approach that portrays 'urban governing elites as altruistic guardians of the city, fighting filth and disease for the greater good' (7). Rather, Coomans adopts spatial and actor-network theories to demonstrate that townspeople (urban agents and the average person) understood prevention of disease and collectively implemented comprehensive policies.

Although the focus of the book is on the dense urban network of the Low Countries, three cities serve as case studies in the analysis: Deventer, Ghent, and Leiden. The choice of these cities and the Low Countries is deliberate, as cities there stood in contrast to other regions of late medieval Europe. Rather than the single polities working toward the common good – i.e., England and its strong monarchy and Italy and its independent political and urban bodies – the governments of the Low Countries were in constant negotiations with the landed nobility, while in the cities themselves, communal health practices involved a variety of peoples at nearly every population level.

Key to the study are the general and prolific records of urban regulation, financial accounts, and court records from a variety of archives in Ghent, Leiden, and Deventer. Again, the choice is deliberate: all three cities had semi-independent local governments under the counts of Flanders, Brabant and Holland, Guelders, and the Sticht and Oversticht, as well as

the secular domains of the bishop of Utrecht. This provides an overarching political and administrative structure from which to survey developments related to communal care that might otherwise leave readers questioning the methodological focus. Coomans also includes evidence from law codes (*keurboeken*) from a variety of Netherlandish cities for a comparison, as well as several chronicles and medical literature produced in the region for the cultural-scientific context. Although the study is focused on the fourteenth and fifteenth centuries, Coomans goes back as far as public records allow, typically the thirteenth century.

The first three chapters focus on urban authorities and their urban health concerns. Chapter One historicizes the concept of public health through an examination of Galenic or humoral theories. This is then applied to the various cities to show that preventative policies were in place. Local authorities and the inhabitants worked together, and there were constant and conscious efforts for communal health, including but not limited to, flow of water, sanitation maintenance, street paving, fire prevention, building environment, and other communal activities. Chapter Two turns to a reconstruction of such activities through an analysis of sanitation practices. Urban magistrates (Ghent's *coninc der ribauden*, Leiden's aldermen, and Deventer's aldermen who appointed *coninc*-like agents), were deliberate and complex in their actions to clean streets and waterways, to avoid and combat pollution, to order inspections, and to coordinate waste disposal. Chapter Three focuses on market places. Historiography on medieval markets has focused on political and economic function of the centralized sale of foodstuffs but has not investigated health concerns and governments. Thus, Coomans shows how governments regulated food trades: they established and intervened in the trade, sometimes altering food markets to expel items deemed unsafe for consumption, extensively regulated grain and bread provisions, and policed butchering, which was a major source of pollution. These attempts made for healthy market spaces and kept the marketplace clean, demarcated, and orderly.

The next three chapters explore collective initiatives of the inhabitants. Chapter Four considers court cases involving disputes related to the hygiene of their living and working environments. The goals of the chapter are to reconstruct what kinds of hygienic infrastructures people had in and around their houses, and to examine how they affected notions of community. Chapter Five turns to the plague via biopolitical and socio-environmental perspectives. Rather than the typical view that responses to the plague were revolutionary and radical, Coomans shows that practices were in place long before: quarantine procedures, street sanitation, and culling dogs were all present prior to the plague. Indeed, responses were civic-minded and driven by preexisting networks of care: hospitals, medical officials, and confraternal caregivers. Finally, Chapter Six considers the construction of a healthy city. Using criminal court records and policies, Coomans argues

that physical health threats were also a threat to morality and social order. The poor, lepers, and prostitutes were targeted and policed in order to create a healthy, orderly, prosperous, and balanced community. Coomans then suggests some next steps in the conclusion: expanding beyond Western Europe, expanding beyond the city/countryside dichotomy, and expanding into bioarchaeology and paleopathology for ways to connect etic and emic practices.

There is much about this book that readers and historians can appreciate. Coomans should be applauded for the careful reading of archival sources to show that late medieval towns were not squalors. For far too long has the term ‘medieval’ been employed as a pejorative word in relation to health and hygiene. This work shows that dirt, filth, and disease should not be synonymous and indiscriminately grouped with term ‘medieval’. Similarly, the argument that cities (governments and citizens) were deliberate and continuous in their actions related to communal health is refreshing, especially in response to plague. Cities had long traditions of quelling disease before the Black Death, and this work proves such to be the case. The question becomes whether the three cities in question – Deventer, Leiden, and Ghent – will continue to serve as representatives of these trends or as exceptions as future evidence is revealed and studied?

The strongest chapters, especially from a historical perspective, are in the latter half of the book. Chapters Four, Five, and Six all begin with a specific case or dispute from the archives. Each one demonstrates the collective initiatives of the inhabitants, which moves away from a top-down approach as promised by Coomans. Those looking for the public health and biopolitic side of the reading should focus on the earlier chapters, while throughout, there are superb connections to the modern period, from the COVID pandemic to the biotechnological changes. All readers, however, should appreciate Coomans’ argument that medieval communities extensively regulated and policed their communities for the common good, thereby linking morality to physical health and reminding us that we are not that different from our medieval counterparts.

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