

# THE FIFTEENTH CENTURY XII

SOCIETY IN AN  
AGE OF PLAGUE



Edited by Linda Clark and Carole Rawcliffe

THE FIFTEENTH CENTURY

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THE FIFTEENTH CENTURY  
XII

SOCIETY IN AN AGE OF PLAGUE

Edited by  
LINDA CLARK  
and  
CAROLE RAWCLIFFE

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## CONTRIBUTORS

**J.L Bolton** is a Professorial Research Fellow in the School of History at Queen Mary, University of London. His main research interests are in late-medieval international banking, credit and finance; his most recent book is *Money in the Medieval English Economy, 973–1489* (2012).

**Elma Brenner** is Specialist in Medieval and Early Modern Medicine at the Wellcome Library, London. Her research addresses medical history and religious culture in medieval France, particularly the history of leprosy in Normandy. She is co-editor of *Memory and Commemoration in Medieval Culture* (2013), and *Society and Culture in Medieval Rouen, 911–1300* (2013). She is completing a monograph, *Leprosy and Charity in Rouen, c.1100–c.1400*.

**Samuel K. Cohn** is Professor of Medieval History at Glasgow University. He has published books and articles on the labouring classes, women, art history, popular piety, political geography, popular protest, and disease, principally in late Medieval and Early Modern Europe. His most recent book is *Popular Protest in Late Medieval English Towns* (2013).

**Jane Stevens Crawshaw** is a Leverhulme Early Career Research Fellow in History at Oxford Brookes University. She has research interests in the social, medical and environmental history of early modern Italy; her first book, published in 2012, is entitled *Plague Hospitals: Public Health for the City in Early Modern Venice*.

**John Henderson** is Professor of Italian Renaissance History in the Department of History, Classics and Archaeology, Birkbeck, University of London. He has published a series of books and articles on the social, religious and medical history of medieval and renaissance Tuscany. His most recent book is *The Renaissance Hospital. Healing the Body and Healing the Soul* (1997) and he is at present completing a book on plague in early modern Florence.

**Neil Murphy** is a lecturer in early modern history at Northumbria University. He has published several articles on the urban history of later medieval and Renaissance France.

**Carole Rawcliffe** is Professor of Medieval History at the University of East Anglia. She has published several books and articles on medieval medical practice, hospitals and health, including *Leprosy in Medieval England* (2006) and *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (2013). She has also co-edited a two-volume *History of Norwich* (2004).



**Elizabeth Rutledge** is an honorary research fellow of the School of History, University of East Anglia. She has published a number of papers on social and economic aspects of medieval Norwich. Her most recent publication is 'The Medieval Jews of Norwich and their Legacy', in *Art, Faith and Place in East Anglia*, ed. T.A. Heslop, Elizabeth Mellings and Margit Thøfner (2012).

**Samantha Sagui** is a doctoral candidate at Fordham University. Her thesis is entitled 'Law, Order, and the Development of Urban Policing in Late Medieval England'. She is a Fulbright scholar and a recipient of the Schallek Award from the Medieval Academy of America, of the Dissertation Year Travel Grant from the North American Conference for British Studies, and of the Pollard Prize from the Institute of Historical Research.

**Karen Smyth** is Lecturer in Medieval Literature at the University of East Anglia. Her recent articles have focused on East Anglian authors. She has also published *Imaginings of Time in Lydgate and Hoccleve's Verse* (2011) and co-edited *Medieval Life-Cycles* (2013).

**Sheila Sweetinburgh** is a Research Fellow at the University of Huddersfield. She has published widely on different aspects of Kent's medieval history. Her most recent edited book is an essay collection entitled *Negotiating the Political in Northern European Urban Society, c.1400–c.1600* (2013).

## PREFACE

‘Society in an Age of Plague’, the theme of the Fifteenth Century Conference of September 2011, and consequently of the present volume of *The Fifteenth Century*, emerged from Carole Rawcliffe’s long-held fascination with the history of medicine, and her more recent interest in public health and the ways in which medieval societies responded to the threat of disease. Highlights of the conference, assembled under her expert direction at the University of East Anglia in Norwich, included tours of the Great Hospital (a venue entirely appropriate to the theme) and Dragon Hall, a reception in the Hostry of Norwich Cathedral and dinner in the Cathedral Refectory, all serving to enhance a thoroughly enjoyable and memorable occasion. We would like to express our warm appreciation to everyone involved in the organization of the conference, and extend particular thanks to the Master and staff of the Hospital for giving us a splendid welcome.

Ten of the nineteen papers presented at the conference are published in this present volume, while Samantha Harper’s, which examined the fraught relations between Henry VII and the merchant companies of London, appeared in 2012 in volume XI of *The Fifteenth Century*, and Paul Cavill’s on James Hobart and the clergy of Norwich diocese was published in the *Journal of Legal History*.

The following papers were also delivered at the conference:

Christopher Bonfield, *Surviving the Plague: Diet, Medical Advice and Regimens of Health, c.1348–1500*.

Philip Caudrey, *Death, War and Memory in Late Medieval East Anglia*.

Trevor Dean, *Plague and Crime in Italy in 1348*.

Hannes Kleineke, *Peasants and Ploughshares: Demonstrations at the Parliament of 1431*.

Christian Liddy, *The Politics of Enclosure in Fifteenth-Century English Towns*.

Edward Powell, *What the Foucault? Diseases and the Body Politic in the Fifteenth Century*.

Carole Rawcliffe, *Plague, Piety and the Provision of Institutional Care in Fifteenth-Century English Towns*.

Linda Clark

## ABBREVIATIONS

AN	Archives Nationales, Paris
BIHR	<i>Bulletin of the Institute of Historical Research</i>
BJRL	<i>Bulletin of the John Rylands Library</i>
BL	British Library, London
BNF	Bibliothèque Nationale de France, Paris
Bodl.	Bodleian Library, Oxford
<i>Cal. Inq. Misc.</i>	<i>Calendar of Inquisitions Miscellaneous</i>
CChR	<i>Calendar of Charter Rolls</i>
CCR	<i>Calendar of Close Rolls</i>
CFR	<i>Calendar of Fine Rolls</i>
CIPM	<i>Calendar of Inquisitions Post Mortem</i>
CP	G.E. Cokayne, <i>The Complete Peerage of England, Scotland, Ireland, Great Britain and the United Kingdom</i> , ed. V. Gibbs <i>et al.</i> (12 vols., 1910–59)
CPL	<i>Calendar of Papal Registers. Papal Letters</i>
CPR	<i>Calendar of Patent Rolls</i>
EcHR	<i>Economic History Review</i>
EETS	Early English Text Society
EHR	<i>English Historical Review</i>
<i>Foedera</i>	Thomas Rymmer, <i>Foedera, Conventiones, Literae, et Cujuscunque Generis Acta Publica</i> (20 vols., 1704–32)
HMC	Historical Manuscripts Commission
HR	<i>Historical Research</i>
<i>Oxford DNB</i>	<i>Oxford Dictionary of National Biography from the Earliest Times to the Year 2000</i> , ed. H.C.G. Matthew and Brian Harrison (61 vols., Oxford, 2004)
PCC	Prerogative Court of Canterbury
PPC	<i>Proceedings and Ordinances of the Privy Council of England</i> , ed. N.H. Nicolas (7 vols., 1834–7)
<i>PROME</i>	<i>Parliament Rolls of Medieval England, 1275–1504</i> , ed. Chris Given-Wilson <i>et al.</i> (16 vols., Woodbridge, 2005)
RO	Record Office
<i>Rot. Parl.</i>	<i>Rotuli Parliamentorum</i> (6 vols., 1767–77)
RS	Rolls Series
<i>Statutes</i>	<i>Statutes of the Realm</i> (11 vols., 1810–28)
TNA	The National Archives, Kew
TRHS	<i>Transactions of the Royal Historical Society</i>
VCH	<i>Victoria County History</i>

Unless stated otherwise, the place of publication of books cited is London.

## INTRODUCTION

*Carole Rawcliffe*

At first the sky weighed down upon the earth,  
Black and unbroken, and the clouds shut in  
Exhausting heat. Four times the crescent moon  
Filled her round orb, four times from her full orb  
She shrank and waned, and all that weary while  
The hot south wind blew furnace blasts of death.  
The vile infection spread, as all agree,  
Through springs and pools ...  
The doom weighed heavier as the plague attacked  
The wretched farmfolk and gained mastery  
Within the city walls.<sup>1</sup>

Ovid's description of the punishment inflicted upon the people of Aegina by Juno, in a fit of pique because they named their city after her rival for Jupiter's affections, ranks, along with Thucydides' celebrated account of the Athenian plague of 430–26 BC, as one of the great set-piece descriptions of pestilence. It has been regarded as a 'prototype' for an emerging genre that eventually gave rise to Defoe's *Journal of the Plague Year*,<sup>2</sup> and it clearly made a profound impression upon the monastic chronicler, Thomas Walsingham. He refers to the 'furnace blasts of death' borne on southerly winds when recording the devastating effects of the 1407 plague upon the people of London, 30,000 of whom reputedly died during what was to become a national epidemic.<sup>3</sup> Independent evidence suggests that this 'deadly plague' did, indeed, cause widespread mortality,<sup>4</sup> although, like many other fifteenth-century outbreaks, it has received considerably less attention than those of the late fourteenth century and early modern period. For many historians, visitations of pestilence seem by this point to have receded into the background as a familiar, but no longer newsworthy, part of late medieval life.

<sup>1</sup> Ovid, *Metamorphoses*, trans. A.D. Melville (Oxford, 1986), 160–1.

<sup>2</sup> *Ibid.*, 418.

<sup>3</sup> Thomas Walsingham, *Historia Anglicana*, ed. H.T. Riley (2 vols., Rolls Series, xxviii, 1863–4), ii, 276.

<sup>4</sup> In October the law courts at Westminster were adjourned because plague was spreading: *CCR*, 1405–9, p. 297. See also, Pamela Nightingale, 'Some New Evidence of Crises and Trends of Mortality in Late Medieval England', *Past and Present*, clxxxvii (2005), 33–68, on p. 48, for the suggestion that plague may have been endemic in 1406, too.

It is certainly true that from the 1400s onwards, plague became an increasingly localised phenomenon, striking more often at an urban or regional level, although this development rendered it no less disruptive or terrifying to the unfortunates caught in its path.<sup>5</sup> The wealth of documentary sources for the English capital (which inevitably attracted the attention of travellers from abroad, as well as the government at home) enables us to compile a particularly full, although still probably incomplete, list of epidemics in the London area, which numbered at least twenty-four between 1400 and 1530, in addition to around thirteen national, or at least very widespread, ones during which it was nearly always badly affected.<sup>6</sup> As several contributors to this volume point out, recurrent (and in the case of Venice almost annual) outbreaks of infectious disease had become the norm in the commercial centres of fifteenth-century Europe: pestilence struck on average once every decade in Canterbury, Florence, Ragusa (Dubrovnik), and Siena, and also in many northern French cities, such as Rouen.<sup>7</sup> Although, as we shall see, both personal and collective responses to these events were predicated upon certain common, and in many cases long-established, assumptions about the nature of physical and spiritual health, considerable variation occurred across the geographical spectrum, not simply between northern and southern Europe, but from one area or even town to another. By drawing together case studies from England, France and Italy it has been possible to highlight similarities and differences in approach, while also presenting the most recent research by medical, social and literary historians in an interdisciplinary context. Not surprisingly, the papers offered here challenge many preconceptions about strategies for coping with plague and the other infectious diseases that earned the long fifteenth century its unenviable sobriquet as 'the golden age of bacteria'.<sup>8</sup> The presumed conflict between medical professionals and urban magistrates over the aetiology and best means of combating epidemics is, for example, shown to have little, if any, basis in fact, while the involvement of lower status individuals in the business of municipal government testifies to the spread of administrative expertise and medical knowledge far beyond the ranks of the ruling elite. First of all, however, we address the contentious issue of what actually caused the Black Death and the successive waves of pestilence that persisted, in some parts of Europe, until the Napoleonic Wars, together constituting the second great plague pandemic of the Christian era.

<sup>5</sup> Jim Bolton, "'The World Upside Down': Plague as an Agent of Economic and Social Change", in *The Black Death in England*, ed. W.M. Ormrod and P.G. Lindley (Stamford, 1996), 32; J.M.W. Bean, 'Plague, Population and Economic Decline in England during the Later Middle Ages', *ECHR*, 2nd series, xv (1963), 423–37, on p. 430; John Hatcher, 'Mortality in the Fifteenth Century: Some New Evidence', *ibid.*, xxxix (1986), 19–38, on p. 36.

<sup>6</sup> Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge, 2013), ch. 2 and Appendix.

<sup>7</sup> In 1423 the Venetian senate noted that outbreaks were there occurring almost every year; and, indeed, 88 such 'pestilences' are recorded during the 15th century: R.J. Palmer, 'The Control of Plague in Venice and Northern Italy, 1348–1600' (Univ. of Kent Ph.D. thesis, 1978), 49–50. For Canterbury, see below, pp. 60–1; Florence, p. 179; Ragusa, p. 161; Siena, p. 204; Rouen, p. 126; and northern France in general, p. 158.

<sup>8</sup> Sylvia Thrupp, 'The Problem of Replacement Rates in the Late Medieval English Population', *EconHR*, 2nd series, xviii (1965–6), 101–19, on p. 118.

Late medieval men and women generally ascribed these brutal onslaughts to divine wrath, discharged through the medium of malignant planetary forces, while at the same time blaming more immediate – and potentially more manageable – factors, such as poor diet, corrupt air and contact with infected persons.<sup>9</sup> Historians, by contrast, have found it far harder to reach a consensus framed in the language of modern bio-medicine, in some cases questioning the received orthodoxy that ‘medieval’ plague and the third major pandemic of the late nineteenth and early twentieth century were identical diseases.<sup>10</sup> Retrospective diagnosis can, of course, be fraught with difficulties, but several aspects of this lively, often acrimonious, exchange have recently been settled in the laboratory.<sup>11</sup> Thanks to the increasingly reliable and sophisticated techniques devised by molecular biologists and geneticists for testing samples derived from the teeth of medieval plague suspects, there can now be little doubt that *Yersinia pestis* was, indeed, the pathogen responsible for both pandemics. Yet it is also clear that the Black Death was spread by a different, previously unknown strain of the bacterium, which, given its remarkable speed of transmission, must have been carried by a different vector from the infamous black rat and its engorged fleas. Significantly, it also seems to have survived undisturbed for long periods in the soil and among a variety of wild and domesticated animals in both town and country.

These exciting developments are examined at the start of this volume by J.L. Bolton and at the end by Samuel Cohn, each of whom stress the important contribution that historians, as well as scientists, can make to on-going attempts to discover exactly how medieval plague may have been transmitted and why it proved so unusually lethal. Cohn’s analysis of documentary sources from the later fourteenth and fifteenth centuries emphasises the many other factors, such as seasonality, patterns of recurrence, levels of immunity and recorded symptoms, that set ‘the Black Death disease’ apart from modern plague. The dependence between disciplines is, however, reciprocal, for, as Bolton observes, an awareness of advances in the field of microbiology is equally – if not more – valuable to students of history. It enables us, for instance, to explain the high mortality rates among young men, so often noted by contemporary chroniclers, and also to account for the existence of plague ‘reservoirs’, or specific places where the disease remained endemic for long periods. Whereas Bolton favours the suggestion that human fleas and more probably lice may have been the principal facilitators of rapid, person-to-person communication, Cohn queries the need for any insect vector, arguing instead that genetic changes in the ancestral strain of *Yersinia pestis* may have produced a pathogen that spread far more quickly and effectively through contaminated food and water.

Whatever the eventual outcome of this debate, it underscores the fact that the Black Death of 1346–53 was not only ‘the greatest disaster in documented human

<sup>9</sup> From a copious literature on this topic, see Jon Arrizabalaga, ‘Facing the Black Death: Perceptions and Reactions of University Medical Practitioners’, in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester *et al.* (Cambridge, 1994), 237–88; and *The Black Death*, ed. Rosemary Horrox (Manchester, 1995), chs. 3 and 4.

<sup>10</sup> See J.L. Bolton’s paper, below, p. 16, for a summary of the various suggestions advanced.

<sup>11</sup> L.K. Little, ‘Plague Historians in Lab Coats’, *Past and Present*, ccxiii (2011), 267–90.

history',<sup>12</sup> but also the first in a long series of recurrent epidemics, the cumulative effects of which have yet to be fully evaluated and understood. Fear of *mors improvisa*, or sudden death, which might strike its victim at any moment without warning, was naturally widespread in a society so preoccupied with the frailty of the body and the need to prepare for the life to come. So too was a tendency to personify this unwelcome but irresistible visitor. The flourishing culture of the macabre (as reflected in the popularity of images of the Three Living and the Three Dead and of the Dance of Death) has often been regarded as an artistic expression of these anxieties; and although both the chronology and geographical distribution of examples defy any simple mono-causal explanation, there can be little doubt that the shadow of plague loomed over many of them.<sup>13</sup> Focusing upon verses composed in the 1420s by the Benedictine monk, John Lydgate, on the theme of the Dance, Karen Smyth detects a significant change in writing about mortality at this time, as the resigned acceptance of earlier periods gave way to a heightened consciousness of the unpredictable and arbitrary hand of fate. It is hardly coincidental that the Wheel of Fortune became such a common *topos* during the fifteenth century, or that Death's weapon of choice should be 'pestilence'. Significantly, too, these verses served as a vehicle for social criticism and subversion, developing themes familiar from contemporary estates satire, such as the perceived failings of newly appointed clergymen who lacked the moral and intellectual calibre to fill the many livings made vacant by plague.

Even so, beneath this superficial comedy of manners lies a powerful subtext on the theme of penance.<sup>14</sup> Clearly reflecting the psychological strain of 'living constantly in the face of random and indiscriminate death', the Dance offers a salutary lesson to the perceptive reader, who is urged to be prepared at all times for his or her summons.<sup>15</sup> Pilgrimage, which promised a dramatic improvement in spiritual, if not always physical, health, was an obvious step in the right direction, being officially recognised as a prophylactic against plague by Church and State alike.<sup>16</sup> Given the proliferation of holy images and miraculous relics in later medieval England, it might be assumed that the older and less currently fashionable shrines, such as that of St. Thomas Becket at Canterbury, would decline in popularity. Yet, as Sheila Sweetinburgh reveals, the martyr retained much of his earlier appeal, especially in times of crisis and during jubilees, when generous indulgences were available to speed the soul of the repentant pilgrim through purgatory. If the fears of an impending apocalypse that drew so many people to Canterbury in the decades following the Black Death had begun to recede, the Four Horsemen who heralded its arrival still remained behind to harass

<sup>12</sup> Mark Bailey, 'Introduction: England in the Age of the Black Death', in *Town and Countryside in the Age of the Black Death. Essays in Honour of John Hatcher*, ed. Mark Bailey and S.H. Rigby (Turnhout, 2012), p. xx.

<sup>13</sup> See Paul Binski, *Medieval Death* (1996), ch. 3. In John Aberth's words, the Dance of Death 'tapped into the mixed and complex responses to widespread mortality, becoming especially a pictorial and poetic summation of the plague': *From the Brink of the Apocalypse: Confronting Famine, War, Plague and Death in the Later Middle Ages* (London and New York, 2001), 206–7.

<sup>14</sup> Binski, *Medieval Death*, 155, 157.

<sup>15</sup> Below, p. 43.

<sup>16</sup> *The Black Death*, ed. Horrox, 26, 54, 82, 96, 97, 148–9. Pilgrimage was so popular, both for protection against plague and as an excuse for vagrancy, that additions to the Statute of Labourers made in 1388 insisted that working people should have written permission to go on one: *ibid.*, 323.

and intimidate anxious Christians. The chronicle of John Stone, a Benedictine monk from Christ Church priory, brings vividly to life the desperation with which members of his own community enlisted the support of healing saints during the plagues of 1457 and 1471.

There was, on the other hand, a hard-headed commercial element to the pilgrimage trade, which involved the active promotion of what might today be described as ‘religious tourism’ by the ecclesiastical authorities and townsfolk of Canterbury. It is worth stressing that their strategy hinged upon the provision of clean, well paved streets, wholesome food, a salubrious environment and attractive accommodation for visitors who were reluctant to risk their physical health in potentially lethal surroundings. While accepting that plague was ultimately an act of divine retribution, the rulers of late medieval towns and cities recognised that practical steps could be taken to deflect the arrows of pestilence. For this reason, they often adopted a dual approach that dealt simultaneously with sources of spiritual and physical infection. Orders promulgated in Leicester during the pestilence of 1467, for instance, targeted not only ‘fylthe and swepynges’ and other ‘corruption in the strettes’, but also the brothels, bawds and general misbehaviour that spread a moral miasma through the town.<sup>17</sup> Nevertheless, the assumption, so evident in the writing of Victorian sanitary reformers, that late medieval men and women remained supine in the face of epidemic disease, and that their only response lay in prayer and penitence, still lingers on today among academics, as well as writers for the popular market.<sup>18</sup> Ole Benedictow has, indeed, recently argued that the dramatic shift from a ‘high pressure’ to a ‘low pressure’ model of human population across northern Europe during the sixteenth century can best be explained in terms of the first stirrings of medical progress. In other words, numbers began to rise as pragmatism triumphed over superstition:

It is evident that a key factor in this transition was the great change in the understanding of infectious diseases which began at the end of the fifteenth century (or perhaps slightly later). Now, instead of simply being fatalistically comprehended as a divine punishment for human sin, communicable disease began to be seen as a natural phenomenon, one that could be prevented, limited or halted by human counter measures, even though the transmission of diseases was still understood in terms of the classical notion of miasma.<sup>19</sup>

<sup>17</sup> *Records of the Borough of Leicester, II, 1327–1509*, ed. Mary Bateson (1901), 290–1. The closure of brothels performed a sanitary function, too, since sexual activity was discouraged in plague time. It was believed that, by raising the temperature, coitus would open the pores to noxious air, while also undermining the body’s natural ability to combat infection: *The Liber de diversis medicinis*, ed. M.S. Ogden (EETS, original series, ccvii, 1938), 51 (‘*Et super omnia alia nocet coitus & accelerat ad hunc morbum quod maxime aperit poros et destruit spiritus vitales*’); Christiane Nockels Fabbri, ‘Continuity and Change in Late Medieval Plague Medicine’ (Univ. of Yale Ph.D. thesis, 2006), 55–6.

<sup>18</sup> Rawcliffe, *Urban Bodies*, ch. 1.

<sup>19</sup> Ole Benedictow, ‘New Perspectives in Medieval Demography: The Medieval Demographic System’, in *Town and Countryside*, ed. Bailey and Rigby, 33. Significantly, in this context, when cholera reached Britain in 1831, the government’s first response was to institute a ‘Day of Fasting and Humiliation’: Judith Flanders, *Victorian City: Everyday Life in Dickens’ London* (2012), 213.



Research in the field of medieval environmental history demonstrates, by contrast, that however limited their technological and financial resources may have been, fifteenth-century magistrates adopted a proactive stance in matters of communal health.<sup>20</sup> Nor did they lack advice about the best means of preserving it. Bearing in mind that John Lydgate (like many other religious) was himself the author of a vernacular guide to the dietary and sanitary precautions necessary for avoiding plague, we should note the profusion of accessible self-help literature aimed at the educated laity throughout Europe.<sup>21</sup> As soon as the Black Death struck, members of the medical profession began to produce *consilia*, or advice manuals, for the benefit of heads of state and civic officials, as well as the general public.<sup>22</sup> One such was, indeed, sent by the ‘masters and doctors of Oxford’ to the mayor of London during the above-mentioned epidemic of 1407, perhaps at his request and evidently to widespread popular approval.<sup>23</sup> By this date, the Corporation had already mounted a systematic campaign for the removal of insanitary nuisances. The number of orders for cleansing the streets and water courses of noxious waste recorded in the official Letter Books increased fourfold from just sixteen between 1300 and 1349 to at least sixty-five during the second half of the century. Since the population fell by at least half during this period, and consequently generated far less refuse, these measures should have effected significant improvements. They were followed by several decades of sustained investment to the tune of at least £5,000 in the renewal and extension of the city’s water pipes and conduits.<sup>24</sup> Lydgate, whose curiosity extended to hydraulics as well as medicine, paints an idealised picture of these costly public works in an encomium to the ancient city of Troy.<sup>25</sup> Elaborating, at considerable length, on the efficacy of the drainage system instituted by King Priam, he explains how river water was ingeniously diverted

Thorugh conduit pipis, large & wyde with-al,  
 By certeyn meatis [channels] artificial,  
 That it made a ful purgacioun  
 Of al ordure & flythes in the toun,  
 Waschyng the stretys as thei stod a rowe,  
 And the goteris in the erthe lowe,  
 That in the cite was no filthe sene ...  
 So couertly euery thing was cured [hidden].

<sup>20</sup> For a survey of current literature, see R.J. Magnusson, ‘Medieval Urban Environmental History’, *History Compass*, xi (3) (2013), 189–200; and Guy Geltner, ‘Public Health and the Pre-Modern City: A Research Agenda’, *ibid.*, x (3) (2012), 231–45.

<sup>21</sup> *The Minor Poems of John Lydgate, Part II, Secular Poems*, ed. H.N. MacCracken and Merriam Sherwood (EETS, original series, cxlii, 1934, reprinted 1961), 702–7; and below, pp. 48–9.

<sup>22</sup> Arrizabalaga, ‘Facing the Black Death’, 237–88.

<sup>23</sup> BL, Sloane MS 3285, ff. 68–70. This Latin text was based on John of Burgundy’s widely disseminated treatise of 1368: D.W. Singer and Annie Anderson, *Catalogue of Latin and Vernacular Plague Texts in Great Britain and Eire in Manuscripts Written before the Sixteenth Century* (1950), 27–8.

<sup>24</sup> Carole Rawcliffe, ‘Sources for the Study of Public Health in the Medieval City’, in *Understanding Medieval Primary Sources*, ed. J.T. Rosenthal (New York and London, 2012), 183; C.M. Barron, *London in the Later Middle Ages: Government and People, 1200–1500* (Oxford, 2004), ch. 10.

<sup>25</sup> According to Sylvia Federico, London was known as ‘New Troy’ at this time: *New Troy: Fantasies of Empire in the Late Middle Ages* (Minneapolis, Minn., 2003), ch. 1.

Wher-by the toun was outterly assured  
 From engenderyng of al corrupcioun,  
 From wikked eyr & from infeccioun,  
 That causyn ofte by her violence  
 Mortalite and gret pestilence.<sup>26</sup>

As this evidence reveals, throughout the later Middle Ages and beyond, assumptions about collective as well as individual health were profoundly influenced by Ancient Greek beliefs concerning the holistic relationship between man (the microcosm) and his surroundings (the macrocosm).<sup>27</sup> Through the proper management of a variety of external factors, of which air, food and water were the most important, it would be possible to protect both the human and urban body from disease. Conversely, however, such notorious hazards as ‘wikked’ or polluted air, contaminated meat and stagnant ponds and rivers could easily give rise to epidemics.<sup>28</sup> The ‘central irony’ of this concept has been neatly encapsulated by Charles Rosenberg, who observes that ‘everything necessary to life was at the same time an occasion of vulnerability’.<sup>29</sup> In other words, magistrates were pitted in an unending battle to safeguard their communities against environmental threats that were difficult, if not sometimes impossible, to overcome. Their struggle can be documented particularly well in Norwich, whose remarkably full late medieval records, surviving infrastructure and archaeological resources offer an unusual insight into the challenge of bridging the gap between rhetoric and reality.

Not surprisingly, given its heavy losses during the Black Death and subsequent plagues, Norwich possessed at last one version of the Dance of Death, which was painted on glass in the parish church of St. Andrew at the start of the sixteenth century, thanks in part to a generous bequest by the former mayor, Robert Gardener.<sup>30</sup> The latter was posthumously celebrated as a champion of public works which served to beautify the city, but, as Elizabeth Rutledge demonstrates, the day to day experience of life within the massive flint walls did not always accord with official propaganda. (It is interesting to reflect that, in 1783, campaigners for sanitary reform described these very walls as ‘a nuisance that smells rank in the nose of modern improvement’ because they impeded the free flow of invigorating

<sup>26</sup> *Lydgate's Troy Book, Part I*, ed. Henry Bergen (EETS, extra series, xcvi, 1906), book ii. 166, lines 747–64. See also, Paul Strohm, ‘Sovereignty and Sewage’, in *Lydgate Matters: Poetry and Material Culture in the Fifteenth Century*, ed. L.H. Cooper and Andrea Denny-Brown (New York, 2007), 60–1. Lydgate’s ‘Dietary and Doctrine for Pestilence’ also warned the reader to ‘flee wikked heires [air]’ and to ‘eschew the presence off infect placys, causyng the violence’: *The Minor Poems*, ed. MacCracken, 702.

<sup>27</sup> In other words, ‘a human body is conceivable only in relation to its physical, social and moral surroundings’: Luis García-Ballester, ‘The Construction of a New Form of Learning and Practicing Medicine in Medieval Latin Europe’, *Science in Context*, viii (no. 1) (1995), 75–102, on p. 88.

<sup>28</sup> For a more detailed discussion, see Rawcliffe, *Urban Bodies*, chs 3, 4 and 5; and for the tenacity of these ideas Andrew Wear, ‘Making Sense of Health and the Environment in Early Modern England’, in *Medicine and Society: Historical Essays*, ed. *idem* (Cambridge, 1992), 119–47.

<sup>29</sup> C.E. Rosenberg, ‘Epilogue: Airs, Waters, Places. A Status Report’, *Bulletin of the History of Medicine*, lxxxvi (4) (2012), 661–70, on p. 662.

<sup>30</sup> See the plate on p. 56, below; and Rawcliffe, *Urban Bodies*, Conclusion.

air from the countryside.)<sup>31</sup> Reinforcing Rosenberg's observation that, from a medieval perspective, 'geography was, in a sense, destiny',<sup>32</sup> she documents the struggle waged by members of the ruling elite to render a problematic urban landscape more salubrious and tractable. Notwithstanding their strenuous efforts to implement a wide range of health measures for the entire community, social status – or more accurately personal wealth – would often determine how far a resident might actually enjoy the benefits of fresh water, clean air, effective sanitation and green space. Ready access to these staples of the late medieval *regimen sanitatis* was not available to all, for even the greenest and most commodious of English cities could seem both claustrophobic and polluted to those who were obliged to live on the breadline in cramped lodgings.

Although by the fifteenth century plague was increasingly seen as a disease of the young and the poor, urban magistrates (or at least those who remained behind during epidemics) also suffered heavy losses. The replacement of seasoned office-holders by inexperienced newcomers with scant regard for authority could have serious political ramifications. At the most basic level, administrative continuity was hard to maintain in a society which still relied heavily upon collective memory for the transmission and implementation of civic custom. The *Liber Albus* (White Book) of London, which lists many 'ancient' regulations for the avoidance of environmental problems, was compiled in 1419 specifically because 'all the aged, most experienced and most discreet' aldermen had been 'carried off at the same instant, as it were, by pestilence'.<sup>33</sup> Being deprived of this repository of knowledge, the author notes, 'younger persons who have succeeded them in the government of the City, have on various occasions been often at a loss from the very want of written information; the result of which has repeatedly been disputes and perplexity among them as to the decisions which they should give'.<sup>34</sup> What began as wrangling over the interpretation of 'verbal traditions (*oracula*) not founded on the solid basis of clear conscience' could easily degenerate into conflict between surviving members of the old guard and ambitious parvenus of lower status, as happened in the plague-stricken cities of Shrewsbury in the 1360s and Lincoln in the 1390s.<sup>35</sup>

An effective way of containing such 'grievous debates and dissensions' was to allow lesser ranking citizens a modest share of political power through membership of consultative bodies and involvement in administration at ward or parochial level. As urban government grew more complex, not least with regard to

<sup>31</sup> *The Norwich Directory: Or Gentlemen and Tradesmen's Assistant* (Norwich, 1783, reprinted 1983), pp. iii–vi, presents a catalogue of 'Hints for Public Improvements' based on the Hippocratic concept of health.

<sup>32</sup> Rosenberg, 'Epilogue', 662.

<sup>33</sup> It is unclear which epidemic was responsible for culling the ranks of the elite, but in both 1417 and 1418 death rates among creditors whose loans were registered under the Statute Merchant rose to crisis level (Nightingale, 'Some New Evidence', 48), and we know that Canterbury was struck by 'acute plague' in 1418 (*John Stone's Chronicle, Christ Church Priory, Canterbury, 1417–1472*, selected, trans. and intro. Meriel Connor (Kalamazoo, Mich., 2010), 56).

<sup>34</sup> *Liber Albus: The White Book of the City of London*, ed. H.T. Riley (1861), 3.

<sup>35</sup> *CPR*, 1391–6, pp. 355–6; Stephen Rigby, 'Urban "Oligarchy" in Late Medieval England', in *Towns and Townspeople in the Fifteenth Century*, ed. J.A.F. Thomson (Gloucester, 1988), 65–6; *CPR*, 1358–62, p. 539; Hugh Owen and J.B. Blakeway, *A History of Shrewsbury* (2 vols., 1825), i. 167–72.

the enforcement of sanitary regulations, so the opportunities for participation increased. Beyond suggesting that service as a constable, searcher or some other 'mid-ranking' officer formed part of the conventional *cursus honorum* of civic life, historians have paid little attention to the occupants of these posts, rarely subjecting them to detailed prosopographical analysis in their own right. Samantha Sagui's study of the 651 individuals known to have held constabships and similar offices in Norwich between 1414 and 1473 demonstrates that, contrary to perceived wisdom, many of these men nursed few greater political ambitions, being either reluctant or unable to rise further in the hierarchy. Indeed, by according practitioners of less socially acceptable crafts and trades, such as leather-working, butchery and weaving (some of whom may not even have been freemen), a role in policing their communities, it was possible to engender a much-needed sense of cohesion between the aldermanic class and the 'middling' folk who carried much of the burden of routine civic business. Norwich may have been 'hevyly voyسد for lak of good and vertuous governaunce' at various points between the 1370s and 1450s,<sup>36</sup> but below the fractious ranks of the mercantile elite a substantial body of artisans and retailers continued, undisturbed, to make certain that one of the country's largest and more prosperous cities functioned effectively on a day to day basis. It was, significantly, at this level that responsibility for implementing costly public works, such as cleansing the river and paving the streets, lay, as did the task of ensuring that thoroughfares remained clean and that food standards were observed by market traders. The dissemination of medical knowledge among the ordinary townsfolk of late medieval England, which Faye Getz has already traced in central legal records, clearly owed much to these activities.<sup>37</sup>

One of the many regulations enforced in Norwich's market concerned the sale of food to the servants employed in the city's extra mural *leprosaria*, who were prohibited from touching any items with their hands, lest they might infect the goods on display.<sup>38</sup> Introduced in the aftermath of the 1471 pestilence, which one local eyewitness described as 'the most vnyuersall dethe that euyre I wyst in Ingelonde',<sup>39</sup> this measure reveals that leprosy, a disease now chiefly associated with the twelfth and thirteenth centuries, continued to provoke extreme reactions long after it was in terminal decline. The paradox whereby anxiety about lepers increased as their numbers began dramatically to fall should hardly surprise us, since, as Elma Brenner explains, the spread of plague *consilia* and regimens of health made people nervous of such an obvious source of pollution. Her study of municipal responses in Rouen reveals a state of constant vigilance: fears that leprosy might be contracted from the consumption of rotten meat or proximity to the infected were compounded by the knowledge that an unwholesome diet would increase one's susceptibility to pestilential miasmas of the sort initially exhaled by

<sup>36</sup> Philippa Maddern, 'Order and Disorder', in *Medieval Norwich*, ed. Carole Rawcliffe and Richard Wilson (London and Rio Grande, 2004), 190.

<sup>37</sup> Faye Getz, *Medicine in the English Middle Ages* (Princeton, N.J., 1998), ch. 4.

<sup>38</sup> Norfolk RO, NCR, 16D/1, f. 95v.

<sup>39</sup> *Paston Letters and Papers of the Fifteenth Century*, ed. Norman Davis (2 vols., Oxford, 1971–6), i. 440.

the leprous. The need to provide hospital places for those few remaining lepers who posed such an apparent threat to their fellow citizens was clearly driven by sanitary considerations, although Brenner provides striking evidence of an attendant – if sometimes intermittent – sense of responsibility for their proper physical and spiritual care. Her article also presents another welcome reminder of the need to avoid anachronistic assumptions about the march of scientific progress. The widely held belief that ‘conservative’ ideas regarding the transmission of disease by miasmatic air were challenged at this time by more ‘modern’, and essentially incompatible, theories of contagion certainly finds little support in the surviving evidence.<sup>40</sup> As her account of a council meeting during the plague epidemic of 1499 reveals, the same individuals were keen to propose measures that would curb the generation of corrupt air and prevent contagion through proximity and touch, while simultaneously recommending the benefits of collective prayer.<sup>41</sup>

It was far easier to draft ordinances than to enforce them, especially during periods of endemic warfare, when financial resources were poured into defence, urban populations were swollen by hungry refugees from the countryside, and deprivation, along with cramped, unhygienic living conditions, encouraged the spread of epidemics.<sup>42</sup> Rouen was one of several northern French cities to suffer badly during the Hundred Years’ War, and thus to introduce sanitary regulations and pest houses at a significantly later date than communities further south, which also fell more readily under Italian influence. Yet, although none of the northern cities examined by Neil Murphy established boards of health along the Milanese or Venetian model until the later sixteenth century, all had by then amassed decades of experience in dealing with plague. Murphy’s analysis of the evidence to be found in municipal archives underscores the striking differences in response apparent from one region to another, and the ways in which particular networks for the exchange of information and ideas might develop. From the 1450s onwards, once most (but not all) of the fighting had ceased, magistrates were able to embark upon a more sustained programme for combating pestilence, with the result that a veritable ‘industry’ developed specifically for this purpose. In contrast to the situation in fifteenth-century England, physicians and surgeons were employed by the authorities both to treat the sick and to provide advice about public health. An initial focus upon the elimination of miasmas gave way to more stringent measures for the confinement of goods and people, including, predictably, lepers, whose freedom was increasingly curtailed. Once again, though, we can detect no signs of conflict between what might be termed the ‘contagionist’ and ‘environmentalist’ approaches to urban sanitation, or any significant divergence between professional or lay opinion.

The growth in institutional antagonism towards the feckless and vagrant poor documented by many historians during the later European Middle Ages was in part

<sup>40</sup> A.G. Carmichael, *Plague and the Poor in Renaissance Florence* (Cambridge, 1986), 125.

<sup>41</sup> Below, pp. 131–2.

<sup>42</sup> In an English context, the experience of Carlisle, which suffered repeatedly from arson attacks by the Scots, provides a striking example of the effects that warfare could have upon public health provision, or more properly the lack of it: Mark Brennand and K.J. Stringer, *The Making of Carlisle: From Romans to Railways* (Cumberland and Westmorland Antiquarian and Archaeological Society, extra series, xxxv, 2011), 125–6, 131–2.

fuelled by contemporary beliefs about the aetiology of plague.<sup>43</sup> On the one hand, moralists could point to the idle and sexually promiscuous behaviour of men and women whose conduct invited divine wrath, while on the other students of advice literature feared that indigents would be most likely to breed miasmatic air and spread infection among their betters.<sup>44</sup> The extent to which 'plague offered an opportunity for magistrates to discipline those whom they regarded as social parasites' seems, nonetheless, to have been determined, like so many other initiatives for communal health, by specifically local or regional factors.<sup>45</sup> Whereas Murphy observes a mood of 'undisguised intolerance' in the cities of northern France, Jane Stevens Crawshaw challenges the widespread assumption that Italian city states such as Florence adopted isolation procedures specifically in order to control undesirables. Her study of the early development of quarantine, which ranks as the best-known (but most frequently misunderstood) measure to be deployed against pre-modern plague, also questions the close connection so often made between leper houses and *lazaretti*, both of which have acquired an unfounded reputation for the enforced segregation and maltreatment of their inmates. Although they sought to protect the public from disease, the founders of plague hospitals in Milan, Ragusa and Venice were no less influenced by renaissance concepts of good governance and statehood. Some hoped to achieve political legitimacy through the very conscious projection of 'an image of solicitude and paternal care', while others were prompted by civic pride and a concern for the aesthetics of urban space. Here, as elsewhere in Europe, hospitals served as a mirror to society, reflecting its broader concerns and aspirations.

The conviction that charity towards the sick poor was itself a powerful prophylactic, guaranteed to safeguard the spiritual, and sometimes even the physical, health of benefactors, inspired many Italian hospital foundations both for victims of plague and the Great Pox, which spread rapidly across Europe from the 1490s onwards. Strategies for coping with the two diseases were, however, very different, as John Henderson reveals. This was largely due to the impact of medical ideas upon public policy, for whereas physicians and secular authorities agreed about the aetiology of plague and the sanitary measures to be deployed against it (he, too, is unconvinced by claims of tension between medical and urban authorities), there was less consensus regarding the causes of pox, which manifested itself as a chronically debilitating and disfiguring disease rather than one that killed within a matter of days or weeks. Indeed, since it appeared to be growing less aggressive with the passage of time, its victims were regarded not so much as a threat to the health of others as a growing social, economic and moral problem. In keeping with counter-reformation campaigns for piety, almsgiving and the rehabilitation of the undeserving poor, the *incurabili* hospital aimed to transform these ulcerated and wretched paupers into economically productive and

<sup>43</sup> M.K. McIntosh, *Poor Relief in England 1350–1600* (Cambridge, 2012), 43–5; Michel Mollat, *The Poor in the Middle Ages: An Essay in Social History*, trans Arthur Goldhammer (New Haven and London, 1986) part 4; Miri Rubin, *Charity and Community in Medieval Cambridge* (Cambridge, 1987), 296–9.

<sup>44</sup> Rawcliffe, *Urban Bodies*, ch. 2.

<sup>45</sup> See below, p. 157.

obedient citizens. Here, in Henderson's words, can be seen that striking combination of 'charity and disgust' so characteristic of renaissance attitudes to those who inspired compassion and distaste in equal measure, along increasingly with fear. Once again, we are made aware of the need to contextualise hospital foundations within a wider religious and political framework.

Medical historians have long since contested the Foucaultian view of pre-modern hospitals, and especially pest houses, as 'antechambers of death', where men and women were confined in squalor and abandoned to their fate.<sup>46</sup> Both Stevens Crawshaw and Murphy stress the effort expended on making these places appear clean and attractive, although it is easy to be seduced by the rhetoric of officials who placed such a high political premium on the trappings of philanthropy and the opinions of others. As Henderson points out, Florence's fifteenth-century *lazaretto* took thirty years to build (1464–94) and accommodated only twenty-six people, being more an exercise in republican propaganda than a major investment on behalf of the sick. A significant element of one-upmanship was also at play, since the commune was clearly afraid of seeming backward or less committed to the welfare of its people than was the case in Venice, which had boasted a *lazaretto* for decades.<sup>47</sup> The need to distinguish self-promotion of this kind from the mundane reality of care for the plague sick seems especially important in light of the reputation for innovation and excellence enjoyed by Italian renaissance cities. Henderson has noted elsewhere that fifteenth-century Florence was far less salubrious than humanists such as Leonardo Bruni would have us believe, although it is they who still influence the way in which we judge pre-modern public health provision (and against whose claims England invariably makes so poor a showing).<sup>48</sup>

On the other hand, the effort expended by magistrates from London to Dubrovnik to convince visitors of the healthfulness of their cities is indicative of rising expectations and grander ambitions, as articulated in Lydgate's paean to King Priam's public works and as documented in several of the papers presented in this volume.<sup>49</sup> Even if he or she was obliged to tolerate a raft of unpleasant and dangerous nuisances, the fifteenth-century citizen *aspired* to better things, not only as a defence against the miasmas of pestilence but also because clean streets and fresh water seemed desirable in their own right. Protests voiced in early Tudor Canterbury that, although the major thoroughfares were now well paved, lack of proper refuse collection rendered them 'foule and full of myre to the *grete dishonour* of the Cite and the *grete damage* of the inhabitants by the corrupte and

<sup>46</sup> John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul* (New Haven and London, 2006), pp. xxx–xxxi, 109, 261, 339.

<sup>47</sup> See below, pp. 182–3; and Henderson, *The Renaissance Hospital*, 94. Since Florence did not suffer badly from plague during this period there was, admittedly, less incentive to complete the hospital quickly or accommodate more patients.

<sup>48</sup> John Henderson, 'Public Health, Pollution and the Problem of Waste Disposal in Early Modern Tuscany', in *Le interazioni fra economia e ambiente biologico nell' Europa preindustriale, secc. XIII–XVIII*, ed. Simonetta Cavaciocchi (Florence, 2010), 373–82.

<sup>49</sup> Echoing Lydgate, in 1452 the rulers of Salisbury expressed the hope that newly repaired drains and gutters would serve 'to the adornment of the city': *The First General Entry Book of the City of Salisbury, 1387–1452*, ed. D.R. Carr (Wiltshire Record Society, liv, 2001), no. 453.

infectuose heires', reflect these shared priorities.<sup>50</sup> Indeed, the association of hygiene with the wider '*bien commun de la chose publique*' occurs so often in the records of late medieval European towns as to appear almost platitudinous.<sup>51</sup> When considering the 'dyvers *good and godly* actes and ordynaunces' for environmental improvement passed by their predecessors, the rulers of sixteenth-century Norwich recognised that they had 'not only bene a great ease and heltheful commodyte to the inhabitauntes ... but also a goodly bewtefying and an occasyon that dyverse [people] havynge accesse to the same citty from ffarre and strange places have moche comended and praysed'.<sup>52</sup> In short, the previous century had offered significant opportunities for the introduction of schemes for public health in towns that had been spared the blight of chronic overcrowding and widespread unemployment. If plague gave men and women a unique incentive for penitence and pilgrimage, it also prompted a range of strategies for survival that were anything but fatalistic.

<sup>50</sup> HMC, *Ninth Report Part I, Appendix* (1883), 174. The italics are mine. A carter was duly appointed to remove waste from the streets. See below, p. 73, for concerns that the poor state of the streets would deter visitors.

<sup>51</sup> See below, pp. 128, 168–9.

<sup>52</sup> *The Records of the City of Norwich*, ed. William Hudson and J.C. Tingey (2 vols., Norwich, 1906–10), ii. 109–10, 133–4.



