

**Kevin Siena** (ed.), *Sins of the flesh: responding to sexual disease in early modern Europe*, Toronto, Centre for Reformation and Renaissance Studies, 2005, pp. 292, Canadian \$35.00, US \$28.00 (paperback 0-7727-2029-0).

In 2005 a member of the House of Commons described the fact that politicians were no longer respected or trusted by the public as “a pox on all our houses”. Nowadays people using the phrase usually have no idea about the medical historical background of this English saying. When someone wished “a pox upon someone” in early modern Europe, he knew what he was talking about. The pox, traditionally thought to be syphilis, was considered a dreadful and most frightening disease, infecting men, women and children alike. But, most important, this disease was interpreted as an outward sign of internal moral failure or, more precisely, a sign of the “sins of the flesh” (hence the lyrical title of a collected volume of essays dealing with the history of an epidemic known in England also under the popular name “French disease”).

In recent years scholars have become reluctant to equate the “French disease” or the “pox” with syphilis, as medical historians are now more aware of the problems of retrospective diagnosis. Nevertheless, at least one author in the volume, which was edited by a young Canadian social historian, prefers “syphilis” to the historicist “pox”, because this term reflects in his opinion the “multi-layered textuality of pathology”. Jonathan Gil Harris claims that such “patho-texts” are comparable to medieval palimpsests in which older knowledge is constantly reworked, making anachronisms unavoidable. The only weak “spot” in his fascinating reading of an early modern text is not making cross-references to other essays in this volume, for example, avoiding reference to the scholarly article by Darin Hayton on Joseph Grünpeck, one of the first authors to write about the “new” disease.

The lucid introduction to this volume by the editor Kevin Siena is highly readable. One gets a good overview of recent research on the “French disease”, although books and articles not written in English hardly appear in the

bibliography. Siena offers in his introduction a “red thread” which enables the reader to read the essays in a different order to that of the table of contents.

The volume is divided into three sections. The first part deals with the scientific and medical responses. Two authors, Jon Arrizabalaga and Darin Hayton, study early modern tracts on the “French disease”, while David Gentilcore shows that “charlatans” did not play a great role in the treatment of the pox in Italy, in contrast to other countries such as England. The second part, which holds the largest number of essays, looks into literary and metaphoric responses. Jonathan Gil Harris provides a close reading of the “spots” mentioned in the little known Elizabethan play, *The three ladies of London*. Roze Hentschell shows how the discourse around the pox contributed to the formation of the early modern English nation. Diane Cady explores the use of foreign language in early modern England as a kind of sexual disease. Domenico Zanrè looks into the representations of the “*mal francese*” in sixteenth-century Italian literature. The third part contains three essays dealing with institutional and policing responses. Laura J McGough explains why the Venetian authorities locked up beautiful women. Studying the hunting down of “sodomites” in late-Renaissance Lucca, Mary Hewlett discovers a “French connection” between syphilis and sodomy. Kevin Siena presents the quintessence of his recent monograph about the treatment of poor syphilitics in London hospitals in the period 1550 to 1700.

Reading these essays is highly rewarding, even if one still feels the need for more comparative studies in this field.

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**Sheila Sweetinburgh,** *The role of the hospital in medieval England: gift-giving and the spiritual economy*, Dublin, Four Courts Press, 2004, pp. 286, illus., £55.00, €65.00 (hardback 1-85182-794-3).

The major beneficiary of the later medieval English hospital was the patron, not the patient. Inmates had no regular access to “professional” medical attention; it was too expensive and many of them would have felt no need of it. Even in establishments that began as leprosaria, the “patients” could be transient guests of high status, or comfortable corrodians who had made over their property in return for retirement care, together with priests and choir boys—rather than the obviously sick and needy. Financial collapse almost always threatened. To avert it, many English hospitals underwent a “makeover”—into chantries, colleges of priests, or almshouses. Through all their metamorphoses one feature remained, at least for the successful institutions: they were sources of enhanced reputation or political advantage for founders, patrons and benefactors in this life, and of prayer for their immortal souls in the life to come.

Such, in simplified form, has been the message of the best recent historiography of later medieval English hospitals, which typically combines panoramic vision with a tight regional or institutional focus. To this literature can now be added Sheila Sweetinburgh’s instructive monograph—despite its broad title, a detailed local study of hospitals and almshouses in Kent and especially those of Dover and Sandwich. The author teases out some broad correlations between the distribution of charitable foundations and the geography of other religious houses, of royal, aristocratic and episcopal power, and of the differing types of local political community. But her primary concern is anthropological: the cultural significance of gifts to and from hospitals in what she calls “the patronage exchange process”, as expressed primarily in wills and charters. The overarching metaphor is that of the spiritual economy. The theological underpinning of this concept is never fully elaborated in the book; nor is anything said about the liturgical life of hospitals in which it would have been exemplified. Yet the concept is potentially very useful because it relates hospitals and donors to a larger soteriological web of good works and intercession.

Hospital historians will find much to welcome in the book. Kent with its proximity to London

and its cross-channel connections was an excellent choice of area to study. It included a variety of important establishments, among them the earliest English hospitals (Lanfranc’s Canterbury foundations), the royal hospitals at Ospringe and Dover, and a revealing array of other civic, episcopal, and monastic charities. Archaeology apart, the evidence for them is relatively abundant, but has not been systematically studied. In the author’s hands, especially as her survey moves into the fifteenth century, the Kentish material conveys a real sense of how hospitals and locality interacted: what such houses could mean for contemporaries of all kinds, from the powerful to the indigent, in rapidly changing economic circumstances.

Despite these advantages, the book’s impact is blunted by its layout, which, in moving uneasily from the grand to the specific, defers too long the best evidence upon which the author’s own observations and arguments are based. The author approaches Kent by way of a general historiographical survey that fails to engage with the most detailed institutional studies now available: Carole Rawcliffe’s monograph of 1999 on St Giles’s Hospital, Norwich (though this is briefly cited later on), and John A A Goodall’s equally weighty and suggestive account of the Ewelme almshouse (2001), absent from the present book’s bibliography. The author then moves to the medium scale and tours the hospitals of Warwickshire and Worcestershire, very largely on the basis of the relevant volumes of the Victoria County History—thus not yielding many new results, and probably (as current work by Max Satchell suggests) underestimating the number of rural hospitals. Neither at this stage nor in the subsequent introduction to the Kentish chapters is there any proper justification of this choice of counties, or indeed of either the specific benefits of a regional approach or what should constitute a region for purposes of investigation: why the county should be the unit of analysis, rather than the diocese, major lordship, or economic area.

An imbalance between general and particular remains evident in the final, major, chapters on Dover and Sandwich. Details of the evidence and many of the author’s most telling observations

are tucked away in dense (and very densely printed) footnotes that quite often climb almost half way up the page. The text meanwhile operates, sometimes repetitively, at a level of abstraction that smoothes away local particularity. The eye is constantly required to jump between text and footnotes to get the most out of the discussion, so that the book can be taxing to read. Overall, the concept of the spiritual economy perhaps becomes a blunt instrument. It downplays the significance of ambient topography, “earthly” economy, and demography in determining hospitals’ functions and appeal to benefactors. And it tends to reify the hospital as a unitary participant in the “spiritual marketplace”: into a corporation affecting “a survival strategy” (p. 63), or adopting a “multi-functional approach” to aid “viability” (p. 96). These hints of “management speak” may not be the best way to understand who made decisions about hospitals and how—under what constraints. Her testamentary approach means that the author is most interested in—and her discussion most perceptive on—hospitals as they participated in the late medieval political community (1450–1540), when will evidence is richest. Commentary on earlier periods is significantly weakened by the author’s definition of charters as early forms of the will (and thus of a simple equation between individual intent, record and action), thereby underestimating the complex legal processes, or political and social networks, which prompted moments of record in charter or cartulary.

Dr Sweetinburgh has given us a significant addition to the literature of later medieval charity, to set beside the work of Miri Rubin, Patricia Cullum, Carole Rawcliffe, Nicholas Orme and Margaret Webster; but a less schematic way of deploying and conceptualizing her material might have made her contribution still more telling.

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**Jacques Gélis,** *Les enfants des limbes: morts et parents dans l’Europe chrétienne*, Paris, Louis Audibert, 2006, pp. 396, illus., €23.00 (paperback 2-84749-068-X).

Jacques Gélis examines how some parents and relatives responded to children born dead, without the benefit of baptism. According to the author, early modern Europeans could resign themselves to the physical death of a child, but were tormented by thoughts of its spiritual death; an unbaptized child was forbidden burial in consecrated ground, and would remain forever in a state of limbo. Hoping for a miracle, relatives might take the child to a *sanctuaire à répit* and lay its body before a sacred image of the Virgin while praying for its temporary resurrection and subsequent baptism. Gélis’s study reveals that this practice was not uncommon in rural parts of north-eastern France, as well as in Belgium, Austria, and Switzerland from the sixteenth through the eighteenth centuries. Between 1569 and 1593 in Faverney in Haute-Saône there were, for example, 459 registered cases of children baptized after their brief return to life (p. 75). Though religious authorities were suspicious of the ritual, the Roman Church did not attempt to suppress it until 1729. After that the number of sanctuaries diminished, but some remained active into the twentieth century.

Drawing on accounts of miraculous resurrections recorded by the curés of various sanctuaries, Gélis provides a vivid picture of the ritual. Those caring for the child’s body frequently travelled long distances on foot to a reputed sanctuary. The corpse they then laid before the sacred statue or painting was described as rotten, stinking, stiff, or black, details both affirming its morbidity and enhancing the description of the transformation caused by the miracle (p. 97). Sometimes the child’s dead body was taken immediately to the sanctuary, but in other cases it was dug up after days of burial, with traces of earth left on its frame. Once at the sanctuary, the parents or relatives watched the body carefully for any “signs of life” justifying its baptism. These signs were remarkably consistent: a rosy hue swept over the