This third monograph on the archaeology of 1 Poultry, City of London provides a very useful window on the lives of a late- and post-medieval London parish, with comparisons drawn with other London sites and populations. The importance of studying London’s post-medieval skeletal remains is evident through a recent increase cemetery and crypt excavations; London is thus well placed to explore the lives of post-medieval people generally. Documentary data – fully used by the authors of the monograph – exist for the Poultry site from the 12th century onwards. Additionally, Bill White’s study here of the skeletal remains explores contemporary London sites (St Brides Lower Churchyard, Broadgate, Christ Church Spitalfields, Cross Bones, and Chelsea Old Church).

The volume, clearly written with good figures and appropriate tables, comprises five chapters: Introduction; Parish and inhabitants; Church and religious life; Death and commemoration; Human skeletal remains; and Appendices. Historical data show St Benet Sherehog as an affluent parish: many merchants and grocers were identified in 1500s to late 17th-century historical records. Chapters 4 and 5 form the bulk of the monograph, with the 280 burials of 17th- to 19th-century date the focus of Chapter 5 (‘Death and commemoration’): this gives details of the burial method for both pre- and post-Fire (i.e. after 1666) burials, showing how a general east-west alignment was evident, and that there were coffins in 85% of the post-Fire burials. Six of the latter were identified by name (coffin plates). The human remains overall were well preserved. Around 28% of post-Fire people died before adulthood; a third died in young adulthood and one quarter died in older adulthood. At this time in London many people died of gastric and respiratory disease, especially consumption (tuberculosis), but also plague, typhus, influenza and the ‘sweating sickness’. The usual health problems of post-medieval Londoners were identified at St Benet Sherehog: joint, infectious, metabolic and dental disease, and trauma; caries were low. This and low plaque deposits may reflect better dental care, and/or lower consumption of sugar. There was little evidence of respiratory disease (sinusitis/rib lesions); low rates were also observed at Christ Church, Spitalfields by the present author. These people may have been protected from health compromising situations because of their status, even though in this period ‘much of London’s major urban expansion, impoverishment, industrial revolution and population growth took place’ (p 87).

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387 words