

HOSPITALS AND CHARITABLE PROVISION IN MEDIEVAL YORKSHIRE, 936-1547

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ABSTRACT

The title of the thesis is 'Hospitals and Charitable Provision in Medieval Yorkshire, 936-1547'. It is a general survey of hospitals in the county from the foundation of St Leonard's Hospital, York to the Second Chantry Act. In addition there is a specific study of St Leonard's Hospital, York. There is also a will study of charitable provision in the county in two selected periods: the late fourteenth century and the mid-fifteenth century which also draws on a random selection of other wills for additional material. This was to show how hospitals fitted within a wider context of charitable provision.

The early part of the thesis examines hospital provision before 1300 in three parts: pre-Conquest hospitals; leperhouses as a common form of foundation; and other hospitals. The thesis points to the use of hospitals for locating urban centres at an early date, and also indicates civic involvement with hospitals from the early thirteenth century.

The thesis concentrates on the period after 1300 and considers both the later history of the pre-1300 foundations and the new hospitals founded after 1300. The latter group are divided into aristocratic hospitals, guild hospitals and maisonsdieu. The Rubin thesis that the post-Black Death period sees a decline in charitable and hospital provision is examined and rejected in view of the lack of evidence of changing attitudes between the wills of the pre-Black Death and post-Black Death periods, and the considerable number of hospital foundations in the post-Black Death period. This is attributed to a combination of economic prosperity and a piety which saw charity as an integral part of religious expression. There is consideration of hardening attitudes to the poor, and of hospitals on the eve of the Dissolution.

ABBREVIATIONS

Abp.Reg.	Archbishop' Register
BIHR	Borthwick Institute for Historical Research, York
BL	British Library
<u>CCR</u>	Calendar of Close Rolls
<u>C.Inq.Misc</u>	Calendar of Inquisitions Miscellaneous
<u>CPL</u>	Calendar of Papal Letters
<u>CPR</u>	Calendar of Patent Rolls
D/C	Dean and Chapter
<u>DNB</u>	Dictionary of National Biography
EETS	Early English Text Society
Emden	A.B.Emden, <u>A Biographical Register of the University of Oxford</u>
<u>EYC</u>	Early Yorkshire Charters
<u>EHD</u>	English Historical Documents
<u>HCY</u>	Historians of the Church of York
<u>JEH</u>	Journal of Ecclesiastical History
K & H	Knowles and Hadcock, <u>Medieval Religious Houses</u>
<u>L & P Hen</u>	<u>Letters and Papers of Henry VIII</u>
<u>VIII</u>	
LJRO	Lichfield Joint Record Office
PRO	Public Record Office
Prob.Reg.	Probate Register
Raine	A.Raine, <u>Medieval York</u>
Surt.Soc.	Surtees Society
Venn	J.A.Venn, <u>Alumni Cantabrigensia to 1751</u>
<u>VCH</u>	<u>Victoria County History</u> (In Appendix refers to <u>VCH Yorkshire</u> , vol.3)

WKJ W.K.Jordan, Charities of Rural England
WYAS West Yorkshire Archaeological Survey
YAJ Yorkshire Archaeological Journal
YASRS Yorkshire Archaeological Society Record Series
YCR York Civic Records
YML York Minster Library

Note that the prefix YML and BIHR are not normally specified in the case of the following frequently cited classes of document:

In York Minster Library:

D/C Prob.Reg. 1

D/C Act Book H1/3

In Borthwick Institute of Historical Research:

Prob.Reg. 1-11A

Abp.Reg. 10-24

INTRODUCTION

Relatively little work of a synthetic kind has been done on hospitals and charitable provision in the Middle Ages in this country, although it is a field which has been drawing a certain amount of interest in the last few years. For Yorkshire there has been no previous attempt to produce a synthesis on the hospitals of the county, although brief studies of individual hospitals have occasionally appeared. The only work on the Yorkshire hospitals of any substance is that of T.M.Fallow in volume three of the Victoria County History for Yorkshire, still an invaluable work for locating original sources, though far from comprehensive either of the stock of hospitals generally or of sources for individual hospitals.¹ However because of the nature of the Victoria County History Fallow had necessarily to deal with each house separately and so was not able produce any work of synthesis. Individuals such as George Benson have produced article-length pieces on specific hospitals (in his case St Leonard's, York) or Norman Smedley's piece on St Edmund's, Sprotborough near Doncaster, but these have often involved little more than publication of translations of original material, or antiquarian speculation, valuable though the former may be.²

Antiquarians, with which Yorkshire has been well blessed, such as Dodsworth, Widdrington, Drake, Poulson, and others, have preserved the texts of documents which would otherwise have been lost, and have occasionally referred to stories and traditions which are not otherwise

1. VCH, Yorkshire, vol.3, (London, 1913).
2. G.Benson, 'The Hospital of St Peter, York', Associated Architectural and Archaeological Societies' Reports and Papers, vol.40, (1930), pp.111-32; N.Smedley, 'An Incised Stone from the Free Chapel of Ancres, near Doncaster', YAJ, vol.37, (1948-51), pp.503-13.

preserved but whose accuracy is uncertain.³ These have often proved valuable though their use is occasionally fraught with uncertainty and danger, and the less reliable among the fraternity of antiquarians need to be treated with caution.

The long established and prolific publishing industries of the Surtees Society and Yorkshire Archaeological Society have printed a considerable number of Yorkshire records, some of which are of relevance to hospital history. However no systematic attempt has ever been made to publish material specifically relevant to this field. An early intention to publish records of St Leonard's, York by the Surtees Society came to nothing. The Yorkshire Archaeological Journal has provided the forum for most of the secondary material on this area, but this has rarely addressed the issue of a wider analysis than that of an individual hospital. In addition the Raine family have produced a great many editions of documents for various academic societies, although secondary literature such as Angelo Raine's Medieval York can be alarmingly vague or inaccurate in the citing of sources, so that his statements cannot always be checked.⁴

Ranging more widely, the oldest and still the best synthetic work on the subject is Rotha Mary Clay's Medieval Hospitals of England published in 1909.⁵ The only other work to cover the same wide territory, indeed to try to produce a history of English hospitals to modern times is that of C.Dainton, published in the 1960s.⁶ It is heavily dependent upon Clay and has no independent merit. Clay's work was very much based upon the reading

3. Many of Dodsworth's notes are incorporated in W.Dugdale, Monasticon Anglicanum, J.Caley, H.Ellis and B.Bandinell (eds), (London, 1817-30); F.Drake, Eboracum, (York, 1736); G.Poulson, Beverlac, (Beverley, 1829); T.Widdrington, Analecta Eboracensia, (London, 1897).
4. A.Raine, Medieval York: A Topographical Survey, (London, 1955).
5. R.M.Clay, The Medieval Hospitals of England, (London, 1909).
6. C.Dainton, The Story of England's Hospitals, (London, 1962).

of a wide variety of original source materials relating to hospitals and her book must remain standard reading for the student in this field. It continues to be a valuable reference work and source of comparative material. The historiography is now dated and the scholarly apparatus sometimes sadly lacking for the modern reader, which can prove extremely frustrating where she fails to indicate the source of tantalising information, but she quotes readily and freely from the original sources, and was sound in understanding of her material.

So sound was she in her writing and so comprehensive in her scope that the subject was left for fifty years or more untouched by any except writers of histories of individual hospitals. The only exception to this being W.H.Godfrey who in 1955 produced The English Almshouse, a principally architectural study of the plans of many of the surviving medieval hospitals, and a number of early modern ones as well.⁷ As a history of the development of hospital architecture and its implications for the housing of the poor this is an interesting book, but it does not really stray beyond its architectural brief. It is however one of the few books on the subject which is synthetic in its approach.

The growing interest in social history in the early 1960s saw the publication of a number of works which dwelt primarily or partially upon the subject of charity, principally in London. The work of W.K.Jordan on the issue of philanthropy and charity in London and some other counties for the period 1480-1660 overlaps only partially with the chronological span of the present work.⁸ Jordan's work was a massive piece of research based upon primary source material, mainly wills. However his tendency to

7. W.H.Godfrey, The English Almshouse, (London, 1955).

8. W.K.Jordan, Philanthropy in England, 1480-1660, (London, 1959); The Charities of London, 1480-1660, (London, 1960); The Charities of Rural England, 1480-1660, (London, 1961).

evaluate charitable interest in a particular issue simply by the amount of money given to it is narrow and potentially misleading. Criticism has also been made of his methodology, and of his failure to adjust his figures for inflation, so that his picture of increasing charitable giving through the period is probably false.⁹ Much of the data in his work can still be used though the interpretation needs to be treated with caution. Nevertheless his was a pioneering work in the field, and valuable in that it dealt with both non-institutional charity and the hospitals as being but two aspects of one issue, while putting the weight of the work on the former.

In 1948 Sylvia Thrupp had published The Merchant Class of Medieval London.¹⁰ This is still the only major work on the subject, and it includes one chapter devoted to the religious life of the merchants including their charitable bequests and activities. She found that this was an important aspect of their religious lives, and also described their interests in very similar ways to those found in the Yorkshire sources. While Thrupp came to no particular conclusions about charitable provision in medieval London the work is sound and a valuable source of comparative material. J.A.F.Thomson returned to the subject of 'Piety and Charity in Late Medieval London' in an article in the Journal of Ecclesiastical History in 1965.¹¹ He too worked on wills and covered the period of the fifteenth and early sixteenth centuries. He emphasised charitable giving as an aspect of piety rather of secularism as Jordan had, and regarded the

9. W.G.Bittle and R.T.Lane, 'Inflation and Philanthropy in England: a reassessment of W.K.Jordan's data', Economic History Review, 2nd ser. vol.29, (1976), pp.203-10; D.C.Coleman, 'Philanthropy deflated: a comment', Economic History Review, 2nd ser., vol.31, (1978), pp.118-23.

10. S.Thrupp, The Merchant Class of Medieval London, (Ann Arbor, 1948).

11. J.A.F.Thomson, 'Piety and Charity in Late Medieval London', Journal of Ecclesiastical History, vol.16, (1965), pp.178-95.

medieval citizens of London as more generous in the proportion of their goods which they gave to piety and charity, than their descendants. More recently Carole Rawcliffe has written articles on the hospitals of London which have focused principally, though not exclusively, upon their provision of medical care in the later medieval period, and upon their relationship with donors of assistance to the poor.¹² All of these established the importance of charity in the wills of the late medieval London merchant class.

Similar kinds of work have been done more recently by Tanner for Norwich, Heath for Hull and Burgess for Bristol.¹³ However in all cases charitable activity has been seen as only part of a wider concern with religious activity. Norman Tanner's book in this respect has been very valuable, although his concentration on the period from which wills have been available precluded him from working on the earlier history of the Norwich hospitals. Heath's work suggests that if the citizens of Hull had any priority in their religious activity it was a concern for the poor. Burgess's work on charity has been to a large extent a by-product of his concern with Purgatory, but also points to the potential pit-falls of using will evidence as being totally representative of an individual's pious and charitable activities in life. His writing represents a developing trend towards an interest in medieval motivation for charitable activity, as well as an exploration of its practice. Vale and Fleming have both produced

12. C.Rawcliffe, 'Medicine and Medical Practice in later medieval London', Guildhall Studies in London History, vol.3, (1981), pp.13-25; 'The Hospitals of Later Medieval London', Bulletin of the Society for the Social History of Medicine, vol.32, (1983), pp.24-6.
13. N.Tanner, The Church in Late Medieval Norwich, 1370-1532, (Toronto, 1984); P.Heath, 'Urban Piety in the Later Middle Ages: the evidence of Hull wills', in R.B.Dobson (ed), Church, Politics and Patronage in the Fifteenth Century, (Gloucester, 1984), pp.209-34; C.Burgess, '"By Quick and By Dead": Wills and Pious Provision in late Medieval Bristol', English Historical Review, vol.102, (1987), pp.837-58.

county studies of aristocratic charity, the one for Yorkshire, the other for Kent.¹⁴

Another urban study has been that of Derek Keene for Winchester.¹⁵ Intended as a reconstruction of property-holding in the city throughout the whole medieval period, it has useful material on the city's hospitals, both as land-owners and on their internal life. However because of the form which the study takes it could not include material on more general charitable activity and this is something of a limitation of its value as a comparative source, especially as compared to Tanner's work on Norwich. This is not to denigrate its value for the purposes for which it was compiled, in which it is extremely useful.

In the 1970s Michel Mollat started a seminar on poverty in the Middle Ages which sought to look at the issue of charity from the other side - that of the recipients or needy, rather than the more traditional approach of looking at the issue from the viewpoint of the donors. This has stimulated a good deal of work on hospitals and poverty on the Continent, especially in France and Belgium. Out of this seminar Mollat produced a synthesis, The Poor in the Middle Ages.¹⁶ This is a general work which attempts to cover the whole of Europe from the fourth to the sixteenth centuries in 300 pages. As a result it tends to the broad stroke rather than detail, has little space for variations of experience between regions, or even countries, and can be frustrating to use, not least because the foot-noting is not as good as one might hope (101 foot-notes for the entire

14. M.G.A.Vale, Piety, Charity and Literacy among the Yorkshire Gentry, 1370-1480, Borthwick Papers no.50, (York, 1976); P.W.Fleming, 'Charity, Faith and the Gentry of Kent', in A.J.Pollard (ed), Property and Politics: Essays in Late Medieval History, (Gloucester, 1984) pp.36-58.
15. D.Keene, Survey of Medieval Winchester, 2 vols., (Oxford, 1985).
16. M.Mollat, The Poor in the Middle Ages, trans. A.Goldhammer, (Yale, 1986) originally published as Les Pauvres au Moyen Age, (Paris, 1978).

volume). His thesis is based on the premise that although the proportion of the population living in lifelong and life-threatening poverty reduced over the span of the Middle Ages, those who were poor became more of a concern to the rest of society. He suggests that the period from the eleventh to the early fourteenth century represents an age where there was considerable concern to alleviate the lot of the poor but that in the period after the Black Death the appearance of social unrest led to increasing hostility towards the poor which culminated in the early modern distinction between the deserving and undeserving poor, and a generally more oppressive attitude towards the poor.

The most substantial recent work on charity in England has been Miri Rubin's Charity and Community in Medieval Cambridge.¹⁷ This book concentrates on the period 1200-1500, and specifically on a study of St John's Hospital, Cambridge, although it also examines other Cambridgeshire hospitals, and non-institutional forms of charity, though it does not contain a will-study. It examines a vast range of secondary material and employs in part an anthropological and *Histoire des Mentalites* approach. Its basic thesis is that the period before the Black Death is an extremely lively one for charitable activity, but that in the period after the Black Death demands for higher wages by labourers in a labour-hungry market generated hostility on the part of potential benefactors and reduced their capacity for charitable activity, leading to a decline in hospital foundation and patronage. As such it is in large part an elaboration of Mollat's thesis.

Very recently Paul Slack's book Poverty and Policy in Tudor and Stuart England has been published.¹⁸ While this mainly covers the period after

17. M. Rubin, Charity and Community in Medieval Cambridge, (Cambridge, 1987).

18. P. Slack, Poverty and Policy in Tudor and Stuart England, (Harlow, 1988).

the closing of this thesis it contains a useful summary of ideas about poverty during the early modern period and on the debate about the economy of the sixteenth and seventeenth centuries. It contains a number of valuable insights into the relationship between the state of the economy and attitudes to the poor.

The emphasis placed by both Mollat and Rubin on the latter half of the fourteenth century as critical for a changing attitude towards the poor, and their more general belief that the later Middle Ages as a whole represent a period of declining charitable activity have led in part to the concentration in this thesis on the later Middle Ages. This has been in order to investigate whether or not their picture is one which is borne out by the evidence from Yorkshire.

The sources of evidence from Yorkshire are very varied. No direct evidence has survived from before the Conquest so that discussion of this period is necessarily brief and draws on contemporary comparative material from elsewhere in the country and post-Conquest material from Yorkshire. For the period after the Conquest and the twelfth century the main sources of evidence have been charters and chronicles. These provide valuable evidence on patrons, dates of foundation (though rarely to a precise year), size and sometimes type of foundation, and property belonging to a hospital. Although charters were the most abundant sources for most of the hospitals, it was decided not to use these for a study of property-holding as they were often only patchy sources, and though the properties might have been a valid study in their own right, this would have thrown relatively little light on the hospitals as providers of charitable care. The sources available for the twelfth century rarely give information on the internal life of a hospital, and this cannot usually be investigated.

With the thirteenth century a number of new sources become available, particularly royal and archiepiscopal ones. Patent and Close Rolls, Inquisitions and archiepiscopal sources such as Visitations and indulgences from the archbishops' registers, begin to give evidence about the internal life of individual hospitals, their relations with the community about them, and with royal, civic and other forms of government. For St Leonard's Hospital, York a number of documents relating to the economy of the house dating from the late thirteenth century, visitation material from the late fourteenth century and scattered accounts from the fourteenth and fifteenth century survive. These allow an investigation of the internal organisation of this hospital, in regard to its economy, rule and inmates which was not feasible elsewhere.

In the later fourteenth century a new and important source becomes available in significant numbers. Wills are a very valuable source for the examination of individual and non-institutional charity, as well as for lay support for hospitals and the form which this took. It was therefore possible to do both a study of non-institutional, post-mortem charity, and also to use this source to illuminate attitudes to and interest in a number of the smaller hospitals which appeared at this time, and which make few or no appearances in more formal documentation. Larger foundations such as the aristocratic establishments often had their foundation documents recorded in the archbishop's registers, but they were few. A number of smaller gentry almshouses came to light through the wills but these often represented long-established hospitals and it was not felt to be profitable to embark upon a lengthy and possibly fruitless task to be able to set a particular name in place as founder. The bulk of the wills came from York or other urban centres so that the bias of the thesis was towards towns,

although the wills as a whole tended to suggest that it was in towns that most of the charitable activity was taking place.

This period also brought the availability of civic records which shed further light on civic-hospital relations and also, in the later fifteenth century began to illustrate civic attitudes to the poor. Records for the larger guilds also meant that it was possible to look at hospitals maintained by these institutions. In the sixteenth century government records relating to the Dissolution made it possible to examine the internal life, and economies of many of the larger hospitals, especially those connected with monasteries at the point of their disappearance or just before.

This thesis explores hospital and charitable provision in Yorkshire from 936 to 1547, i.e. it covers the period from the supposed foundation of St Leonard's, York by Athelstan in 936 to the second Chantry Act by which the last of the hospitals supported by religious guilds or associated with chantries were supposed to be suppressed. As well as looking at hospital provision for the poor the thesis also examines charitable provision made through wills in order to place hospital charity within a wider context. As wills only survive in any quantity from after the Black Death this particular study focused upon the late fourteenth and mid-fifteenth centuries in order to take two representative samples of wills.

By covering such a wide geographical area and such a timespan it was possible to look at the way charitable provision changed over time. The wide span also meant that by looking at a variety of groups of founders, patrons and beneficiaries, locations, and backgrounds it was possible to compensate for any peculiarities of any particular time or place by setting it in a wider context. However the wide span has also meant that this

could not be an exhaustive study of all aspects of all hospitals, and all forms of charitable provision during the period. The balance of the thesis has been towards the later Middle Ages and towards urban areas, especially York, where the best and most abundant of the sources lie. While it would have been possible to do more work on the earlier and more rural sources this would have led into a study of the monastic and gentry households and estates of the county which would have been beyond the scope of this thesis.

In order to balance the more general exploration of the smaller hospitals of the county, a particular study of St Leonard's Hospital, York was undertaken. This was one of the largest hospitals in the country through most of its history and also one of the oldest, being of pre-Conquest foundation. It was also one of the few hospitals with a significant amount of surviving documentary material, so that it was possible to study its internal life and economy in a way that was rarely feasible elsewhere.

The thesis is laid out on a basically chronological pattern. Chapter one investigates pre-Conquest provision (excluding St Leonard's), leper hospitals, and other hospitals up to 1300. The next three chapters relate to St Leonard's, York. Chapter two deals with the foundation and constitution of St Leonard's. Chapter three concerns the economy and the patronage of the masters. Chapter four relates to the provision of care for the inmates. Later chapters deal with the period after 1300. Chapter five is a study of two sample groups of wills taken from the periods 1389-96 and 1440-1459, as well as a selection of others from c.1325-1525. This was to consider the wider context of charitable provision. Chapter six concerns both the later history of the hospitals founded before 1300, and

the hospitals founded after 1300 which are divided into three groups: aristocratic foundations, guild hospitals and maisons dieu. Chapter seven explores attitudes to the poor and the state of the hospitals on the eve of the Dissolution. The Conclusion re-examines the theses of Mollat and Rubin in the light of the evidence presented by this thesis.

Chapter One:

YORKSHIRE HOSPITALS TO 1300

a) Pre-Conquest Foundations

By the end of the Middle Ages four hospitals claimed to have had a pre-Conquest foundation: St Giles', Beverley; St Mary and St Andrew's, Flixton (also known as Carmanspittle); St Nicholas', Pontefract; and St Leonard's, York. Only the first three of these will be dealt with here, the claim of St Leonard's is discussed under chapter two. All these claims occur at a relatively late date in the Middle Ages, reflecting the greater historicist interest of the period, and the need to create a narrative history based upon documentation in order to affirm rights and status through proven antiquity. The Carmanspittle claimed to have been founded by a knight named Acehorne at the time of Athelstan.¹ The other two claims were both rather more vague. Leland stated of St Giles' that 'one Wulse, as it is thought, afore the Conquest, was the foundar';² and of St Nicholas:

'There was a college and hospital in Brokenbridg afore the Conquest, wher the monks lay until the priorie was erectid. It is yet an hospitale.'³

As the elaboration of all these claims dates to the fifteenth and sixteenth centuries they all need to be treated with a certain amount of caution.

The weakest of the claims was that of the Carmanspittle which set forth its history in Letters Patent obtained from Henry VI in 1448 in order to confirm the original foundation of which the deeds had 'long been burnt'.⁴ The confirmation was obtained in order to prove its title to

1. CPR 1446-52, p.69.

2. J.Leland, The Itinerary, vol.1, (London, 1964), p.46. 'Wulse' is written by both Leland and Stow with a long s, and it is possible that 'Wulfe' was intended.

3. Leland, Itinerary, vol.1, p.39.

4. See note 1.

property which it had held 'since time immemorial', as this was being challenged by a local landowner. Legally 'since time immemorial' simply meant since before 1189, and released the hospital from the need to produce the original deeds. It does not explain why the hospital felt the need to claim an earlier foundation. The claim that Acehorne founded the hospital in the time of Athelstan for the protection of travellers from wolves and wild beasts seems to reflect a slightly garbled version of an episode in the early history of St Leonard's.⁵ It may be that the association of the hospital's foundation with the illustrious king was felt to be a move which would help it in its fight to retain its property. The hospital featured in the Lay subsidy Roll of 1297.⁶ Interestingly next to the entry for the hospital is another for one 'Acone Horn', a name which bears a suspicious resemblance to that of the supposed founder of the hospital. By 1297 the hospital was the most substantial property holder in the village, as it paid the highest subsidy. However the hospital was of earlier foundation as it is mentioned in a charter of 1180x1200, and as it was for the protection of travellers from wild animals then it is analogous with the foundation of the Spital on Stainmoor, otherwise known as the Rerecross hospital, in existence by 1171.⁷ On the whole a date in the twelfth century seems much more likely than one in the tenth.

St Giles', Beverley was supposedly founded by a certain Wulse (or Wulfe) before the Conquest. Beverley was an important town in the Anglo-saxon period being built around the shrine of St John of Beverley whose body was the object of pilgrimage from an early date. Athelstan was

5. See Chapter 2.

6. Yorkshire Lay Subsidy 25 Edward I, W.Brown (ed), YASRS vol.16, (1894), p.138.

7. EYC, vol.2, no.1221, pp.494-5; J.H.Tillotson, Marrick Priory: A Nunnery in Late Medieval Yorkshire, Borthwick Paper no.75, (York, 1989), p.22.

believed to have visited the shrine, and as at York to have given a gift of thraves.⁸ It is not intrinsically unlikely that Beverley would have had a hospital at this date to shelter the flow of pilgrims to the shrine. However it has not been possible to identify a 'Wulse', 'Wulfe' or similarly named individual holding property in Beverley in the period up to and including Domesday, although a number of similarly named individuals such as Ulf the Deacon do occur holding land elsewhere in the East Riding.⁹ Nor does there appear any hospital-like institution or property left for the support of the poor and needy. The earliest definite record of the hospital occurs in a charter of Agatha de Gardham granting property to St Giles' in Newton.¹⁰ Farrer dates this charter to 1160x80, and as it makes no mention of a founder or recent foundation the hospital is likely to have been in existence for some time when the charter was made. The best verdict on St Giles' then is 'not proven'. It is possible that the hospital dates to the pre-Conquest period, but a date in the early to mid-twelfth century is perhaps more likely. Curiously, St Nicholas' Hospital, for which Leland made no claims, can be positively identified at a somewhat earlier date than St Giles'. It is referred to in a document dated to about 1120.¹¹ Whether Leland was confusing the two hospitals, or whether this is simply a fluke of the evidence cannot be known.

St Nicholas', Pontefract, however may well have existed in some form before the Conquest, although perhaps not in the form which Leland envisaged. According to the Domesday Book there was in Tateshelle, (more commonly known as Tanshelf), wherein Pontefract was to grow up 'the

8. Chronica Monasterii de Melsa, E.A.Bond (ed), Rolls Series, vol.43.ii, (1866), p.236.

9. VCH Yorks, vol.2, p.292.

10. EYC, vol.2, p.299, no.969.

11. K.Miller et al., Beverley: An Archaeological and Architectural Study, RCHM Supplementary Series vol.4, (1982), p.54.

alms(land) of the poor', described more specifically in the Summary of Domesday as 'belonging to the alms, two carucates of land'.¹² This entry is unique for Yorkshire, although Domesday has a similar entry for Bury St Edmunds mentioning almsmen.¹³ Tateshalle was registered as being held by Ilbert de Laci and that formerly it had been the king's (according to the Summary it still was). Tateshalle was already at this date a quite substantial, although apparently not very wealthy, community of:

'60 petty burgesses, 16 cottagers, 16 villagers, and 8 small-holders having 18 ploughs. A church is there, and a priest, and 1 fishery and 3 mills rendering 42s.¹⁴

It would appear from this entry that no hospital as such existed at this point, merely land whose produce could be distributed to the poor, and which would be administered by the holder of the land. Ilbert had only just acquired the Honour of Pontefract in about 1087 as can be seen in the confusion between the main body of Domesday and the Summary as to who actually held Tateshalle at the time of the survey.¹⁵ As this property had only just come into his hands it is unlikely that Ilbert was responsible for the distinction between his land and the almsland. Nor is William the Conqueror a likely figure as donor of such a small piece of land to so small a local need. When William made donations to charity he did them on a large scale and expected proper repayment in the form of monastic prayers, as at the Abbaye des Hommes in Caen, or in a more local example, at Selby Abbey.

In these circumstances the origins of this hospital must be sought in

12. Domesday Book: Yorkshire, vol.30, (2 vols.), M.L.Faull and M.Stinson (eds), (Chichester, 1986): 'In Tateshalle (Rex) xvj car' et in elemosina ij car' t'rae'', page ref. Summary SW, 015, main text 9W.
13. R.W.Firm, Domesday Book: A Guide, (London, 1973), p.91.
14. Domesday Book: Yorkshire, vol.30, page ref. 9W.
15. W.E.Wightman, The Lacy Family in England and Normandy, 1066-1194, (Oxford, 1966), pp.26-27.

the pre-Conquest period. The form of the charity shows a close resemblance to those established in his will by King Eadred (946-55), younger brother of Athelstan. His will which makes a number of grants for the 'relief of the people' concludes with:

'it is my wish that from each of these estates twelve almsmen shall be chosen, and if anything happen to any of them, another is to be put in his place.¹⁶ And this is to continue as long as Christianity shall last, for the praise of God and the redemption of my soul. And if anyone will not do this, then the land is then to go to the place where my body shall rest.'¹⁷

These almsmen would then be supported by the excess income or produce of the estate upon which they lived, while dwelling in their own homes, or possibly in the hall of the lord who distributed the alms.

It is unlikely that Eadred was donor of the almsland in Tanshelf, though it was a royal manor, and he was there in the year 947, when Archbishop Wulfstan and 'all the councillors of Northumbria' pledged their allegiance to him.¹⁸ However his will clearly indicates that by the mid-tenth century kings were able and willing to make formal provision for the poor, and lends support to Athelstan's claim to be founder of St Leonard's.

Whoever it was that donated the almsland in Tanshelf, it was converted by either Ilbert de Laci or his son Robert into a fully institutionalised establishment dedicated to St Nicholas. According to the traditional story St Nicholas' was in existence before the Cluniac priory was founded in 1090, as the monks stayed in the hospital until their own buildings were ready for them.¹⁹ This would set the institutionalisation of the hospital

16. Whether the estates mentioned were all his estates, of which all but those left to his mother, he had burdened with reliefs, or only those unburdened, is not clear. If the latter they comprised estates in Amesbury, Wantage and Basing, and booklands in Sussex, Surrey and Kent.

17. EHD, vol.1, no.107, pp.511-12.

18. G.N.Garmonsway, The Anglo-Saxon Chronicle, (London, 1954), p.112.

19. Date of foundation given in Chartulary of St John of Pontefract, vol.1, R.Holmes (ed), YASRS vol.25, (1899), p.2.

in the period 1086-90, however there appears little to justify the traditional date for the foundation of the priory, and the evidence of the charters merely dates it to the reign of William Rufus.²⁰ Wightman interprets the first foundation charter of the priory to mean that the monks lived in temporary buildings before moving into the monastery and that their first home was then turned into the hospital of St Nicholas during the reign of Henry I.²¹ However the wording of the charter:

'Insuper plenariam custodiam hospitalis de Sancto Nicholao ubi prius habitaverunt, intus et foris, ad dispositionem suam in usus pauperum'²²

supports the traditional order of events. Wightman's interpretation of this sentence is necessitated by his assumption that the hospital was founded by Robert after his more important foundation of Pontefract Priory, however it is more logical to assume that St Nicholas' was established before the priory by Ilbert. St Nicholas' is much more in the style of the small collegiate chapel of St Clement's which was undoubtedly founded by Ilbert, than it is of the grandiose Cluniac monastery.²³ It is therefore far more likely to have been founded by Ilbert than by Robert who seems to have focused all his attention on his monastic foundation. Later tradition such as that of Leland and of the Chantry Certificates also pairs St Nicholas' with St Clement's, not with the priory.²⁴ The foundation charter of the priory makes clear that Robert's only interest in the hospital was to hand it over to the priory. The terminus ante quem, for the establishment of St Nicholas' as an institution with its own buildings, as opposed to almsland providing non-institutional charity, is then Ilbert's

20. Wightman, The Lacy Family, p.62; Chartulary of Pontefract, pp.17-18.

21. Wightman, The Lacy Family, p.62.

22. Chartulary of Pontefract, pp.17-18.

23. EXC, vol.3, no.1415.

24. Yorkshire Chantry Survey, vol.2, Surt Soc.vol.92, (1893), p.323.

death which cannot be dated with any precision but was certainly after November 1088, and before the end of the reign of William Rufus, and probably before 1092.²⁵

Of the three hospitals other than St Leonard's which claimed a pre-Conquest foundation: the claim of one was invented in the fifteenth century, although the hospital itself can be traced back to the later twelfth century (Carmanspittle); another's claim is not inherently unlikely but evidence is lacking for it before the mid-twelfth century (St Giles', Beverley), although the existence of St Nicholas', Beverley by about 1120 suggests that the town was well-provided with hospitals at an early date; in the case of St Nicholas', Pontefract the institution was founded around 1086-92, but endowed with almsland which had been devoted to that purpose since before the Conquest.

25. Wightman, The Lacy Family, p.56.

b) Lepers and Leperhouses to 1300

Leperhouses comprised the single largest group of hospitals founded for a particular named purpose during the Middle Ages and all or most of them were established before 1300. Approximately one quarter of all Yorkshire hospitals known to have been in existence before 1300 were founded for the care and protection of lepers.¹ As such, leper hospitals were clearly a very important aspect of hospital provision, yet as a group they are among the most poorly documented of all the Yorkshire hospitals. The reasons for this are various: most leprosaria are of relatively early foundation, probably mostly of the twelfth and early thirteenth centuries; indeed there are no known post-1300 foundations in Yorkshire though a number are first recorded after this date. Thus most leper hospitals were founded when there was least prospect of the survival of any relevant documents. Moreover the disappearance of leprosy by the later fifteenth or sixteenth centuries meant that a number of these houses were already in decay or defunct by the Dissolution.² Accordingly the preservation of any documentation that once have existed is less likely for these hospitals. Additional complications derive from changes in use from the mid-fourteenth century onwards: thereafter houses making provision for the poor and sick may disguise an original function providing specifically for lepers. Moreover, though charters of foundation or endowment survive for a number of leprosaria, such as St Leonard's, Lowcross, for many others such as the

1. About fourteen out of fifty-nine hospitals known to have been founded before 1300 were leprosaria, although the total number of leper hospitals known by the end of the Middle Ages was higher than this.
2. P.Richards, The Medieval Leper, (Cambridge, 1977), p.11; R.M.Clay, Medieval Hospitals of England, (London, 1909), p.36; e.g. St James, Doncaster: Yorkshire Chantry Survey, vol.2, Surt.Soc., vol.92, (1893), p.393.

York city hospitals (with the exception of St Nicholas) there is no evidence for the origin of the foundation, either in date or in patronage. How these institutions came into existence we cannot know: whether they were the creations of individuals, lay or clerical; of groups of burgesses; or whether, as elsewhere, they came into existence casually by the congregation of lepers at a site convenient for the begging of alms from passersby on a thoroughfare close to but beyond the town boundary, close by a supposedly healing spring or pond, or on land left unclaimed by others which by the use of custom had become the established site of a leperhouse where the inhabitants had their own buildings, cemetery and, perhaps, gardens.³ It seems likely that most of these houses must have survived largely on the alms begged or given at the gates, or bequests in wills. Indeed royal licences to beg or archiepiscopal indulgences to those giving alms are often the first, sometimes the only, indication of the existence of a leper hospital.⁴ As such, leper hospitals often appear much more recent in foundation than they actually were. Almsgiving, whether in money or kind, leaves little trace in the records of even the greatest and most bureaucratically developed of medieval institutions, and none at all in such small institutions where internal documents are quite non-existent.

Any attempt to produce a chronology showing the rate of foundations in Yorkshire is therefore bedevilled by the sort of problems of documentation itemised above, which have a tendency to bias towards a rather later date of origin than is likely to have reflected the true pattern. In the case of some fourteen leper hospitals which are known to have been founded

3. St Nicholas, York: AYC, vol.1, no. 329n, p.251, (grant dated 1161x1184) includes a vegetable garden.

4. St Katherine's, York: CPR 1330-34, p.452; Register of John le Romeyn, vol., pp.14-15 on behalf of St Mary Magdalene, Pontefract.

before 1300 shows the pattern of foundations as follows:⁵

Distribution of pre-1300 leprosaria by foundation or first occurrence.

pre-1100	1101-25	1126-50	1151-75	1176-1200	1201-25	1226-50	1251-75	1276-1300	post-1300
-	2	2	1	3	3	1	-	2	-

Table 1.1

This shows the emphasis of foundation in the twelfth and early thirteenth centuries, with a concentration in the half-century around 1200. Remembering that the evidence is likely to show a bias towards a later period it would appear that the foundation of leper hospitals was very much a twelfth century phenomenon. Whether this was in response to a real problem of widespread leprosy, necessitating provision for the sufferers; to a fashion for pious care of the leper developed from the imitation of St Margaret of Scotland and her daughter (Edith) Matilda, queen of Henry I, who had an ostentatious personal devotion to lepers (itself an aspect of developments in twelfth-century piety towards a view of a more human Christ); or whether it was based on a greater fear of, and desire to isolate, this particularly disfiguring disease, is impossible to be certain.⁶ It is likely that elements of all of these were involved.

The extent to which the problem of leprosy was a genuine one is hard to define. How widespread was leprosy in the population in the twelfth century? How accurate were people at identifying it correctly, bearing in mind that diagnosis was probably performed by the local priest, (later, at least in London, by the barbers) and only in the fifteenth century was the

5. Bordelbi; St James, Doncaster; St Michael, Foulsnape; St Mary Magdalene, Newton Garth, Hedon; St Sepulchre, Hedon; St Leonard, Lowcross; SMM, Pontefract; SMM, Ripon; St Leonard, Sheffield; Tadcaster; Tickhill; St Lawrence, Upsall-in-Cleveland; St Michael, Whitby; St Nicholas, York.
6. See R.I.Moore, The Formation of a Persecuting Society, (Oxford, 1987), pp.45-65.

diagnosis of leprosy medicalised.⁷ Moreover, at what stage was the sufferer regarded as requiring isolation? Clearly, if segregation was only considered necessary when the disease was well-advanced and the characteristic disfigurements of hands, feet and face obvious, the chances of an accurate diagnosis were far better than if it was hurried through on appearance of persistent skin disfigurement which might be the symptom of many other diseases. The mid-fourteenth-century medical writer Guy de Chauliac emphasised the importance of being cautious over pronouncing an individual to be a leper because of the dreadful consequences of such a decision.⁸ However few of those called upon to make such a decision can have read the Lilium, the Chirurgie, or any of their antecedents. Nevertheless the evidence of excavations at the Naestved leper graveyard in Denmark does indicate considerable accuracy in the diagnosis of the disease. In this excavation over 200 skeletons were examined and 77% were found showing signs of leprosy change.⁹ While this alone is impressive evidence of the accuracy of diagnosis, it is made more so by the fact that bone does not exhibit leprosy change in all those who are today diagnosed as suffering from Hansen's Disease. Such change only occurs in some 50% of the skeletons of those who die of the disease today.¹⁰ This may be because the modern population has a higher resistance to the disease than the

7. According to Bishop Bronescombe of Exeter (1258-80), 'It belongs to the office of a priest to distinguish between one form of leprosy and another'. F.F. Cartwright, A Social History of Medicine, (London, 1977), pp.23-24, 28; P.Richards, The Medieval Leper, pp.40-41.
8. Clay, Medieval Hospitals, p.61: "In the examination and judgement of lepers, there must be great circumspection, because the injury is very great, whether we thus submit to confinement those that ought not to be confined, or allow lepers to mix with the people, seeing the disease is contagious and infectious". L.De Maitre, 'The Description and Diagnosis of Leprosy by Fourteenth Century Physicians', Bulletin of the History of Medicine, vol.59, (1985), p.341.
9. Richards, Medieval Leper, p.118.
10. K.Manchester, unpublished paper delivered to the Medieval Hospitals Conference, Oxford, 1984.

medieval one (which would partly explain the prevalence of the disease in earlier centuries), and thus less frequently exhibits the most severe form of leprosy; but it is nevertheless a reminder that true leprosy does not, and presumably did not invariably cause skeletal change. Under these circumstances a higher than 77% accuracy rate for diagnosis must be regarded as indicative of a clear understanding of the symptoms of the disease. Naestved was a relatively substantial hospital; whether those priests and laymen called upon to judge the issue in more isolated communities where the local leper hospital was very small could have had the experience to make such accurate diagnoses is another matter. The partial excavation of the cemetery of the rather obscure leperhouse of South Acre, Norfolk would suggest that here too diagnosis was highly accurate: of twelve skeletons excavated four were too fragmentary for analysis, but of the rest seven showed some signs of leprous change.¹¹ If diagnosis was delayed until the symptoms were very obvious, as seems to have been the case in the seventeenth century in Denmark, it would be possible for diagnosis to be reasonably good, at the expense of the risk of an infectious person remaining in the community.¹²

As records are extremely poor, it is often difficult to know by whom leper hospitals were founded, and evidence is more likely to survive for noble and ecclesiastical founders than for any other group. Archiepiscopal interest in the foundation of leper hospitals appears to have been limited to Thurstan (1114-1140) who was probably responsible for foundations at Ripon and his manor of Otley.¹³ Nor are there signs of other secular

11. C.Wells, 'A Leper Cemetery at South Acre, Norfolk', Medieval Archaeology, vol.11, pp.242-48.

12. Richards, Medieval Leper, p.64.

13. Memorials of Ripon, J.T.Fowler (ed), vol.1, Surt.Soc., vol.74, (1881), p.228; Clay, Medieval Hospitals, p.344.

ecclesiastics in Yorkshire being concerned with this disease. Monastic foundations of leperhouses, however, form a significant group including: St Nicholas, York founded by Stephen or Savary, abbots of St Mary's, York;¹⁴ Bordelby by Richmond Priory; St Michael, Whitby by the abbey there; St Michael, Foulsnape (near Pontefract) by Burton Lazars, the only English house of the Order of Lazarus. Monastic interest in the movement appears to have been largely self-interested, concerned with making provision for leprous monks of the larger Benedictine houses, as at Bordelby and Whitby. Other houses and orders, less wealthy, or less concerned about the isolation of leprous members of their community made no such provision. Indeed, Nostell Priory was so unconcerned by this need that it was willing to accept a leper as a full brother (in plenarium fratrem) for a consideration.¹⁵ A number of monastic houses also had direction of leper hospitals founded by others, particularly members of the nobility. These included Tadcaster, granted to Sawley Abbey by Henry Percy, being of the foundation of Matilda de Percy after 1186;¹⁶ and Lowcross, given to Guisborough Priory by 1275.¹⁷ Monastic supervision of these, as other early hospitals was based on trust in the reliability of the monasteries as perpetual corporations, as well as being particularly suitable for those who were "dead to the world but alive again unto God".¹⁸ However monastically supervised leper houses were only a minority of leper houses. Finance may also have been an issue for leper hospitals with only a minimal endowment: Henry Percy claimed, perhaps disingenuously, that he was giving

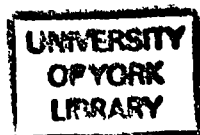
14. See below.

15. EYC, vol.3, no 1610, pp.275-76.

16. Sallay Chartulary, J.McNulty (ed), vol.2, YASRS vol.90, (1934), no.616, p.130.

17. Guisborough Chartulary, W.Brown (ed), vol.1, Surt.Soc., vol.86, (1889), p.190, no.383.

18. From office at seclusion of a leper (Use of Sarum), printed in Clay, Medieval Hospitals, pp.273-76, and Richards, Medieval Leper, pp.123-24.



Tadcaster to Sawley because it was too poor to support itself.

As an identifiable group the noble foundations are the most important and range from houses created by major figures like William le Gros, Count of Aumale, at Newton Garth, Hedon, to substantial local families like the Huttons at Lowcross.¹⁹ Links between these families can rarely be drawn, though Alan FitzHubert founded a leper hospital close to that of his lord, William le Gros at Hedon,²⁰ and two branches of the Percy family patronised houses at Tadcaster and Upsall-in-Cleveland. William, influenced by the events of the Anarchy of Stephen's reign, and perhaps by Thurstan, was a notable founder of monastic houses. His interest in leper hospitals was limited to Hedon, but fits within the pattern of his other donations.

There is also evidence both direct and circumstantial for collective action lying behind the establishment of a number of leperhouses. Though the early endowment of St Lawrence, Upsall-in-Cleveland seems to have been a piecemeal affair, during the priorate of Michael of Guisborough (1218-1234) the eleven descendants of the first benefactors gave these benefactions to the neighbouring leperhouse of St Leonard, Lowcross.²¹ The reason for the transfer is not made clear; but it is most likely that there were by this date not enough lepers to fill both houses as they were only two miles apart. Moreover St Leonard was closer to the town of Guisborough and therefore better placed for the solicitation of alms. Nevertheless the closure of one and the re-endowing of the other leperhouse required a collective action of the local community - or its more important members - and a concerted policy, suggesting that such houses could be the object, or

19. B.English, The Lords of Holderness, 1086-1260, (Oxford, 1979), p.26; D.Nicholl, Thurstan, Archbishop of York, (1114-40), (York, 1964), p.145; Guisborough Chartulary, passim.

20. J.R.Boyle, The Early History of Hedon, (Hull, 1895), p.165; English, Lords of Holderness, p.174.

21. Guisborough. Chartulary, vol.1, no.382, p.190.

vehicle, of local communal action. A similar situation existed at Scarborough, where there were two hospitals in existence by 1297-98.²² It is not clear from the relevant document that either was a leper hospital, but the combination of a dedication to St Nicholas (as at York and at Harbledown near Canterbury), and a fourteenth-century Letter Close seeking entry for a leprous clerk are suggestive, and later Scarborough wills confirm that St Nicholas was a leper hospital.²³ Both the Scarborough hospitals claimed to have been founded by the burgesses, an indication that possibly as early as the end of the twelfth century borough communities were taking responsibility for this kind of provision.²⁴ Certainly by the later thirteenth century the mayor and commonalty of York were electing the nominee for the mastership of St Nicholas.²⁵

Comparison of leper hospitals with borough foundations shows that there is a very good correlation between the presence of a leperhouse and a substantial community at an early date, that is by 1200. Of twenty boroughs founded before 1200, nine acquired leper hospitals and two had hospitals which probably catered for lepers. Thus at least 50 per cent of boroughs established before 1200 had leper hospitals. If to these are added Ripon, which was an early and important centre of population, larger than many boroughs, even if it did not acquire its charter of incorporation until 1316, and Otley, another archbishop's manor which also acquired its charter late, the correlation is much improved. Not every town was a borough when it acquired a leperhouse, as for example, Ripon, but all the leperhouses were in communities which eventually became boroughs. This

22. Yorkshire Inquisitions, vol.3, YASRS vol. 31, (1902), p.124.

23. CCR 1341-43, p.650.

24. Yorkshire Inquisitions, vol.3, p.124.

25. As one hospital is dedicated to St Thomas of Canterbury it at least must be post-1173, and a dispute over the hospital suggests it must date to the late twelfth or early thirteenth century.

emphasises the link between civic status and the provision of a leper hospital, and also suggests that a certain level of population and of economic activity was necessary for both to be established. Such a correlation cannot be drawn so explicitly for other kinds of hospital. Thus the noting of the existence of leper hospitals could be a useful tool for indicating substantial communities in the twelfth and early thirteenth centuries where other material is missing, in the same way that the presence of friaries does for a slightly later period.²⁶ Boroughs which were not major centres of population before the later thirteenth century never acquired leper hospitals. Hull, which did not become a borough until 1299 and was little more than a transshipment point before that date, never had a leper hospital, (although there is some evidence for one in a nearby community at a later date) despite the fact that in the fourteenth century it rapidly became the third town of Yorkshire.²⁷ By 1300 leprosy was in decline and there was accordingly no need for further foundations, even if the lack of foundations immediately post-1300 may also reflect famine, war and acute land-hunger in the first two decades of the fourteenth century.

Hedon, five miles to the east of Hull, and the original port for much of the hinterland, had two leprosaria, reflecting its greater age and prosperous state in the twelfth and thirteenth centuries, before the creation of Hull and the silting up of its harbour, turned it first into a backwater, and then into an inland town. However Hedon had been an important town from around 1140, perhaps earlier, received its borough

26. S.J.Reynolds, Introduction to the History of Medieval Towns, (Oxford, 1977), p.51; R.B.Dobson, 'Yorkshire Towns in the Late Fourteenth Century', Transactions of the Thoresby Society, vol. 59, (1983) pp.6-7.
27. Edmund Wynter of Drypool (d.1445), buried in Sutton in Holderness, left 6s 8d to the 'hospitali domus lazarorum sive leprosis'. This is not located, but the next bequest is to the poor of Sutton, Stoneferry and Drypool all of which lie to the east of Hull on the other side of the River Hull: BIHR, Prob. Reg. 2, f.110.

charter in 1167x1170, and had one leper hospital from 1155x1162, the other by 1205.²⁸ The first of these hospitals therefore dates from before the formal chartering of the town but at a date when it was clearly already flourishing. Other boroughs which were of some substance at an early date are Pontefract, Ripon and Tickhill, all of which had leperhouses, whereas those which came to prominence in the fifteenth and sixteenth centuries, such as Wakefield, Leeds and Bradford did not. Moreover, the presence, and occasional plurality, of leperhouses, is clearly related to a town's prosperity and population: York's four or five far outstrips any other community in the county and compares with London's six and Norwich's five, while Hedon and Pontefract each supported two, as did Beverley.²⁹

The degree to which the borough community took a collective responsibility for the provision of support for the leperhouse is however unclear and probably varied from one community to another. Nevertheless leperhouses were to some extent the responsibility of the community. That this might comprise both a charitable function and a regulatory one is to be expected. It is best exemplified at Lowcross, to which a group of benefactors transferred their grants from another house at Upsall provided that the lepers did not build on the ground granted nor make a dwelling in the field of Upsall.³⁰ This ensured that all the lepers would be settled at Lowcross and away from Upsall; but it also meant that the enlarged hospital was on a site closer to Guisborough and so more accessible to alms. Although most alms were probably individual, there are instances of communal provision of alms to lepers. At Guisborough the only record of

28. T.R.Slater, 'A Medieval Town and Port: A Plan Analysis of Hedon, E.Yorks.', YAJ vol 57, (1985), pp.26-27.

29. N.P.Tamer, The Church in Late Medieval Norwich, 1370-1532, (Toronto, 1984), p.xii; C.N.L.Brooke and G.Keir, London 800-1216: The Shaping of a City, (London, 1975). pp.106-07.

30. Guisborough Chartulary, vol.1, no.382, p.190.

these comes when when they ceased to be applied to their proper end. In 1275 it was complained that whereas formerly the brewers and bakers used to give alms of bread and ale at their will, now the prior levied $\frac{1}{2}$ d each week upon them whenever they baked or brewed, and farmed out the alms.³¹ So that whereas the alms had been voluntary now, they were compulsory, and not all the money went to the lepers. At York too, the Civic Ordinances of 1301 stated that if any butcher was convicted of breaking the Statutes 'any measly meat shall go to the lepers'.³² This was a situation which also pertained in Scotland where it also included wild beasts found dead or wounded or rotten salmon.³³ The citizens of York clearly took a major interest in provision for its lepers; at St Leonard's there existed a regular 'Opus Leprosorum', providing 'v lagenis cervisia' each day and 'viiij ferculis carnis pro eisdem leprosis qualibet die dominica'³⁴ and by 1364 it was supplying bread, ale and food to the leperhouses of York. Furthermore the establishment of the city's maison dieu on Ousebridge in 1302 was claimed to be the refoundation of an old civic hospital, which catered for lepers among others. This claim must be treated with some suspicion because it formed part of the justification for the establishment of a guild then under royal investigation, but it is worth emphasising that at this date it was clearly considered that it was part of the city's function to provide a hospital for lepers and others.

It is clear that elsewhere civic government could take a keen interest in the control of leperhouses, although this might also be a duty

31. Rotuli Hundredorum, vol.1, Record Commission, (1812). p.129.

32. M.Prestwich, York Civic Ordinances, 1301, Borthwick Papers, no.49, (York, 1976), p.13. Note that mesel is another word for leper, so that measly meat is particularly appropriate for lepers. Mesel and measly presumably both refer to the spotted appearance of the leper.

33. Richards, Medieval Leper, p.35.

34. LJRO, QQ 2.

foisted upon them by a patron. At Berwick-upon-Tweed lepers might not enter the town upon pain of their clothes being removed and burnt, and their being ejected naked 'for we have already taken care that a proper place shall be kept up outside the town, and that alms shall be there given to them.'³⁵ As at Lowcross, the leper hospital of Carlisle was granted each Sunday a pottle of ale from every brewhouse and a farthing loaf from every baker selling on a Saturday. At Shrewsbury, King John gave the lepers in 1204 the right to take a handful of corn or flour from each sack open for sale in the market. At Chester, the Earl had granted the right to a toll on grain, malt, fish, fruit, vegetables and salt, as well as a cheese or salmon from every load of these going into the market. At Chester the lepers must have eaten well, at least on market days, but the other grants also show a concern that the lepers should receive a steady supply of basic foodstuffs. As well as taking a toll in kind on markets, leperhouses might also be given markets as a source of revenue; the only leperhouse in Yorkshire to have this right was St Mary Magdalene, Newton Garth, Hedon, given by Henry II in 1155-62, but it was common elsewhere as at Maiden Bradley, Wilts and St Mary Magdalene, Stourbridge, near Cambridge.³⁶

Civic provision of this kind had a two-fold effect. On the one hand, as is clear at Berwick, the establishment of a leperhouse enabled the civic authorities to designate where the lepers might live (and thus where not), and so to exclude them from the town, placing them 'in a habitation outside the camp' according to Levitical instruction.³⁷ Although segregation, due to fear of contagion, might be expected to lie behind these regulations,

35. Clay, Medieval Hospitals, p.54.

36. Ibid. p.184; Richards, Medieval Leper, p.35; Boyle, Early History of Hedon, Appendix EE, pp.clxxxvii-cxc.

37. Leviticus, 13:46.

and by the fourteenth century clearly did as the London rules show yet the examples of Chester, Shrewsbury and above all Exeter, demonstrate that this was not the case at an earlier date.³⁸ By providing housing, basic sustenance and a customary place for others to give alms, the civic authorities established their control over the lepers, who were in most senses no longer under temporal authority: being dead to the world they no longer had legal status, having no or few, legal rights.

Another reason for civic provision for lepers lies in the medieval understanding, or rather misunderstanding, of the various Biblical figures called Lazarus: thus the Lazarus full of sores identified with Pauper at the gates of Dives, is confused with Lazarus, the brother of Martha and Mary (identified with Mary Magdalene). Accordingly the leper was identified as an outcast who nevertheless received the personal attention of Christ, and at the last was received into the bosom of Abraham. That this conflation was well known from an early date is reflected in the large number of leperhouses dedicated to St Mary Magdalene.³⁹ To avoid the fate of Dives, the Christian community is obliged to accept the duty of providing for the lepers at its gate. Religious duty, spiritual self-interest and political pragmatism were all therefore intertwined in the medieval civic treatment of lepers.

Although the foundation of leperhouses clearly indicates a desire to provide housing for lepers, and thus to segregate them from the rest of the community, it can only have been in some houses that there was an expectation that once admitted the leper would remain for the rest of his or her life. This assumption can only be found (perforce) where some form of constitution or rule survives, and these were the houses which were

38. Clay, Medieval Hospitals, p.53, 55.

39. Richards, Medieval Leper, p.8.

supervised by, or established on the pattern of, a monastery. These were, like St Nicholas, York, and St Leonard, Lowcross, among the best endowed of the leprosaria; they had an endowment, could give regular doles of food and clothing as well as housing, to a (usually) regulated number of inhabitants. But most leperhouses were not so well-endowed and could not have aspired to such a status. It is only the over-represented survival of documents relating to the wealthier and more securely established houses which has led commentators to assume that these were the norm. They were not; they were the grand Hotels of their day - it is no wonder that even the non-leprous occasionally sought entry to them. Most leperhouses were very small, very poor, and barely, if at all, endowed. They depended on casual alms, the sense of responsibility of the local community, and what they might grow on their own land. In times of hardship the hospital might not be able to support all its inhabitants, forcing some or all to disperse, as nearly happened at Harbledown, Kent in 1276.⁴⁰

Despite the numbers of such hospitals there was no guarantee that if an individual was declared leprous that there would be a leperhouse nearby to receive him or her: St Mary Magdalene, Ripon received 'omnes leprosos in Ripschire procreatos et genitos' and both Sherburn, Co. Durham and Harbledown took lepers from the whole of their respective counties. The Office for the Seclusion of a Leper does not assume entry into a leper hospital, but that a secluded house must be prepared for the leper.⁴¹ With an inadequate supply of places within hospitals, and the fact that at times these hospitals could not always support all their inhabitants, it is not surprising that the medieval image of the leper is less that of an inhabitant of an institution than of a wandering beggar. The very threat

40. Clay, Medieval Hospitals, p.40.

41. Ibid. pp.273-76.

of expulsion from the leper hospital shows that residence within a hospital was regarded as a privilege which might be withdrawn. As wandering beggars, unenclosed lepers might be eligible for doles, particularly at leprosaria. At St Mary Magdalene, Ripon food and clothing were provided for those within the hospital, and possibly also for any simply coming (or in this case not) to the house for food 'quia nulli venerunt, nec venient ibidem'.⁴² It is not clear whether these lepers came to enter the hospital or simply to receive food, both are possible. The Empress Matilda also allegedly endowed a feast on the obit of her father, Henry I, for lepers in the area of York.⁴³ Together with the reference to St Leonard's 'opus' rather than 'domus' leprosorum this might suggest a lack of general concern about the segregation of lepers until the late thirteenth or fourteenth century.

The history of the York leperhouses exemplifies the paucity of information on these establishments. Of only one (St Nicholas) is there any indication of the founder or date of foundation (and this I will argue is usually misassigned). Of the others all are named for the first time at different dates in the fourteenth century, though they are collectively described as 'ancient' in 1364. Moreover, it would appear that earlier assumptions that there were only four leperhouses in the suburbs of York are incorrect and that we should actually be counting five. It has usually been assumed that the 'quatuor domos leprosorum in suburbis civitate Ebor', regularly mentioned in York wills, were the four well-known ones of St Nicholas, St Helen, St Katherine and Monkbridge/ St Leonard. However it can be suggested that another hospital should also be classified as a leprosarium and that this is one of the 'quatuor domos'. The first clue is

42. Memorials of Ripon, vol.1, p.225.

43. CCR 1272-79, p.280.

in the name: St Mary Magdalene. This is almost always a dedication for a leperhouse, as at Newton Garth, Hedon, Pontefract and Ripon. Secondly, it appears in the records for the first time, like all those but St Nicholas, in the fourteenth century; there is no indication of a founder and it was clearly not a new foundation. In 1364 St Leonard's was sending food to the four ancient leperhouses of the city which implies that these houses were unable to support themselves, however St Nicholas had an endowment which included gardens for the growing of food and pasture for sheep, unlike (as far as is known) the other leperhouses. It presumably should not have needed doles of food. Thirdly, there is the slightly odd geographical distribution of the other leperhouses.

Leprosaria were traditionally outside the walls or boundary of the city and on a major road so that alms from travellers could be maximised. When one examines a map of medieval York the leperhouses were all strategically placed on major roads leading into and out of the city. It seems likely that these small leperhouses were carefully situated to take maximum advantage of all possible sources of income by spreading them around the city. This is beautifully exemplified at Norwich where the five leperhouses were situated on five out of the six main roads out of the city (the sixth had another hospital and an anchorhold within the walls). A similar situation may have existed at Hedon, where the two leprosaria were situated to the north and south of the town, with a chapel for the fair of St Mary Magdalene's hospital on the east, thus covering all the main roads out of the town. London, too, appears to have had a similar pattern. Why then were there leperhouses to the north-east, east, south-east, and south-west of York, with nothing to the north or west despite the fact these were important routes into the city from Ripon, Knaresborough and the west?

There were hospitals on these roads later but only in Gillygate at a date which could have conflicted with the foundation of a leperhouse. St Mary Magdalene was on the Bootham road out of the city and marked the boundary between York and the village of Clifton.⁴⁴ As such it was in exactly the right place to be a leperhouse. Without firm proof, however all this would have to remain, no matter how plausible, merely hypothesis. In the will of William de Abbathia, girdler, dated 1334, besides arrangements for his burial in St Mary's, and other business which shows that he was a Bootham man, there was a bequest of 6d to the 'leprosis de Clyfton'.⁴⁵ It seems unlikely that this could be anything but a reference to the hospital of St Mary Magdalene. The identification is made certain by the will of Thomas Harrold, vicar of Overton (d.1438) who left a 5lb candle to the image of St Mary Magdalene at the chapel 'inter Clyfton et Ebor', money to the two chaplains, and 12d to the 'domum leprosis de Mawdelane'.⁴⁶ If it is accepted that St Mary Magdalene was one of the four leperhouses of York, what becomes of St Nicholas, previously included, and certainly a leperhouse at the date of its foundation? Even by the late thirteenth century relatively few lepers were being accepted into St Nicholas.⁴⁷ However by the late fourteenth century it was taking women who were able to pay the entrance fee, and was probably no longer being regarded as a leperhouse. This explains the previously unnoticed fact that a number of York wills make bequests both to the four leperhouses of York and to the

44. See maps in Tamer, Medieval Norwich, p.xii; Brooke and Keir, London, 800-1216, pp.106-07; Slater, 'A Plan Analysis of Hedon', p.30; The York boundaries noted in 1374-5 included 'le spitell in alta via' which later boundary lists make clear is St Mary Magdalene, York Memorandum Book, M.Sellers (ed), vol.1, Surt.Soc., vol.120, (1911), p.21. St Mary Magdalene was where the city mustered before setting out against the Scots, or to receive honoured visitors.

45. BIHR, York Merchant Adventurers Archive, D43/3.

46. BIHR, Prob. Reg. 3, f.583v.

47. Yorkshire Inquisitions, vol.3, p.125.

sisters of St Nicholas.⁴⁸ This makes more sense if St Nicholas was not regarded as a leperhouse.

None of this information gives any indication of the date of foundation (if indeed such a word can be used of houses which may, like Topsy, have just grown) of the four smaller leperhouses of York. It is possible that they were of relatively late date (i.e. thirteenth rather than twelfth century) and came into existence only when St Nicholas ceased to provide adequate free places to lepers, preferring to admit fee payers. This started during the mastership of Simon de Wyllardeby (circa 1264-1274).⁴⁹ Whether, with its forty places, St Nicholas ever met the need of the York area, is probably impossible to answer. Comparison with the much smaller town of Hedon which had two leperhouses, one of which had places for twenty or thirty (the charter gives both figures), suggests that St Nicholas alone could not have supplied all York's needs, and that there was probably a need for subsidiary provision at an early date.⁵⁰

The date of foundation of St Nicholas is itself somewhat problematic; it has usually been assigned to the time of Savary, abbot of St Mary's (1132-1161), but it is possible that it should be assigned to the abbacy of Stephen (1088-1112).⁵¹ Farrer in Early Yorkshire Charters points out that the original charter only gave the abbot's initial, and believed that the extension to 'Stephanus' in the cartulary was inaccurate. Although the date for Savary is very possible, that for Stephen is not impossible. Any suggestion that this would be very early must be balanced by two facts: one is that St Mary's was not slow to found daughter houses; the other is the

48. BIHR, Prob. Reg. 1, ff.5v (Giry), 31 (Holm), 41v (Waghen), 43 (Yhole).

49. Yorkshire Inquisitions, vol.3, p.125.

50. EYC, vol.3, pp.37-39, no.1308.

51. EYC, vol.1, p.251.

example of Lanfranc's foundation at Harbledown to shelter the lepers of Canterbury, in existence by 1089.⁵² At a time when the when the primacy dispute with Canterbury was of considerable concern to ecclesiastics in York, anything which added to the status of the cathedral city and showed that it did not lag behind its rival in any way would have been welcomed. The evidence for Savary is supported by the tradition that the Empress Matilda was concerned with the foundation. However the Inquisition of 1291 shows that it was then believed that Stephen had given the first endowment along with 'domina Matilda regina'.⁵³ Evidence so much later than the events it records must be treated with considerable caution but these statements date from within twenty years of each other. It is clear that by the late thirteenth century considerable confusion existed between the various Matildas who had been queen of England or Holy Roman Empress. There is little other evidence to link the Empress with York, but a better candidate for 'domina Matilda regina' is Edith/Matilda, wife of Henry I. She was well-known for her devotion to lepers, and founded the first London lazaret-house at St Giles-in-the-Fields, Holborn. Her piety extended more widely to the church in general, and also beyond the bounds of London. For instance, she gave to York Minster, in association with Roger Lovetot, the church of Laughton to be a prebend.⁵⁴ This gift came during the archiepiscopate of Gerard (1100-1108) and this is also the most likely date for any endowment of St Nicholas.

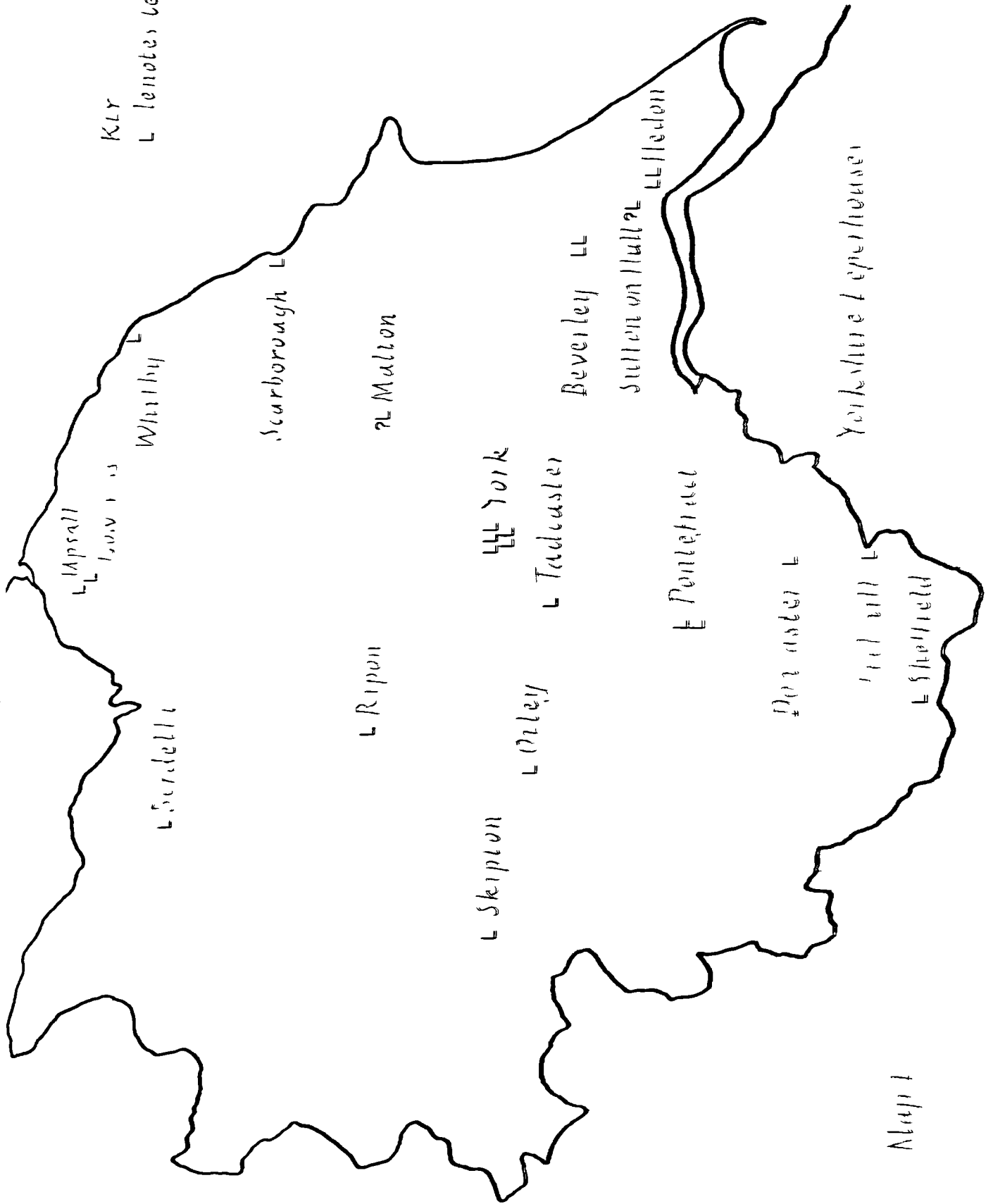
In conclusion, the leperhouses comprised a significant proportion of all hospitals established before 1300, and especially in the twelfth century, even if this dating may often be obscured by the paucity of

52. Clay, Medieval Hospitals, p.297.

53. Yorkshire Inquisitions, vol.2, p.129.

54. Historians of the Church of York, J.Raine (ed), Rolls Series, vol.74, iii, pp.30-31.

documentation which tends to suggest a later date than was probably the case. The founders of leperhouses number few secular ecclesiastics among their company but besides several monastic houses (mostly for religious), there are also large numbers of lay people, both noble and non-noble. Where founders are not noble they can often be found acting in groups, usually as representatives of their town communities. There appears to be a close correlation between communities which were of considerable importance before 1200 and the presence of a leper hospital. This correlation shows that (with a few explicable exceptions) only communities big enough to have acquired borough status by 1300 ever had leper hospitals. Not all boroughs had leper hospitals, so that the presence of one or more is an indicator of a particularly prosperous borough at an early date. Borough governments took a great interest in the administration of their leperhouses as an expression of their status, their ability to regulate the community, and as fulfilling a communal Christian duty.



KLY
L linnets beprthouse

L Mpsall

L Linnets

L Whithy

L Scarborough

L Malton

L Beverley LL

L Linnets on Hull LL Linnets

Yorkshire & Riponshire

L Sordell

L Ripon

L Skipton

L Thirsk

LL York

L Tadcaster

L Pontefract

L Doncaster

L Linnets

L Sheffield

Map 1

c) Other Hospitals

This section deals with the hospitals known (or occasionally inferred) to have been founded in the period 1066 and with their history up to that date. The subsequent history of such hospitals as survived will be found in a later chapter. A break was made at 1300 partly for reasons of convenience in handling the material but more importantly because the late thirteenth and early fourteenth centuries show a relative dearth of foundations, and those foundations which come after this period are often rather different from those which came before, as for example in the development of guild hospitals. This section does not cover St Leonard's, York which is dealt with separately. Leper hospitals are also dealt with on their own as they constitute a discrete group and a substantial proportion of the foundations in this period. The number of sources for this period is large, but rarely as informative as some of the sources for a later period. Almost none of the sources are preserved in documents which were originally generated by the hospital concerned and thus tend to reflect an external view of the hospital: patrons' gifts of land to a hospital, for example, rather than accounts or visitations, though there are a few of the latter. Most of the charters founding or endowing hospitals are preserved in the cartularies of other and larger institutions - the monasteries which in many cases supervised hospitals. Other references are found in Patent, Close and Pipe Rolls. There is also some material in the Archbishops' Registers which survive from the time of Walter de Gray (1215-55), and in the records of various Chapters and courts.

Inevitably at this date the largest source of information is to be

found in charters. Often very useful for dating and indicating founders and benefactors, as well as tracing the continued patronage of particular, they are less useful for giving evidence of the institutional and internal life of hospitals. More useful in this respect are Inquisitions and Visitations, relatively rare at this date, though becoming more common in the thirteenth century, but invaluable in giving an insight into the daily life of the hospital. However care has to be taken when using them as, in that in concentrating upon the less happy facets of an institution at a particular moment they are apt to give a misleadingly depressed impression of its functioning.

At least thirty-two hospitals were founded in this period (excluding leper hospitals and probable pre-Conquest foundations), probably more. The number of hospitals known only from one reference, often a reference to their former existence, indicates the likelihood that there were more which were 'born to be forgot'. As the kinds of evidence such as wills, most useful for locating hospitals, particularly the smaller sort, do not survive for this period (with the exception of a very few elite wills) it is likely that a good many of the smaller hospitals have left not a trace. On the other hand the popularity of placing hospitals under the supervision of monastic communities in this period probably indicates that the majority of more substantial or permanent hospitals are recorded. There is however a drawback to this, in that as a result most or all, of a hospital's administrative and record-generating functions were subsumed within the parent monastery. As a result often the last thing that is known about a hospital is that it had been placed under the supervision of a monastery, and further records are lacking.

In the course of this survey it has become clear that one of the

hospitals recorded by Fallow in the VCH is an erroneous ascription.¹ The hospital of the Blessed Mary 'in the meadow of Crak' which received an indulgence in 1228, and which Fallow assumed to be in Crayke, was in fact almost certainly St Mary du Pre, Creake, in Norfolk.² St Mary du Pre started life as a hospital but soon after this indulgence was issued it abandoned its charitable function and became simply an Augustinian priory.³ This was a not entirely uncommon transition for Augustinian houses to go through, and a similar process occurred at St Gregory's, Canterbury and a number of other such houses.⁴ It is possible that something similar was intended at Lazenby where the house was often referred to as a hospital, although no trace of such a function, even in its earliest days can be traced there. Perhaps even before its foundation the original purpose, but not the name was changed, and the house remained essentially a college for chantry priests throughout its history.⁵

There is a considerable range in the types of people who acted as patrons and founders of hospitals in this period, indicating that it was an interest which spread through all social levels. While the royal family appear on the whole to have been patrons rather than founders of hospitals, as they were elsewhere in the country, this may have been largely because their chief interest in the county was at St Leonard's. Nevertheless there are signs of royal patronage at St Nicholas, Richmond which received an allowance in the Pipe Roll of 1171-2 and subsequently, and at St Nicholas, York.⁶ There is also Henry I's gift of lands at Kilham, Pickering and

1. VCH Yorks, vol.3, (London, 1913), p.306.

2. York Fabric Rolls, J.Raine (ed), Surt.Soc., vol.35, (1858), p.235.

3. J.C.Dickinson, The Origins of the Austin Canons, (London, 1950), p.148.

4. E.J.Kealey, Medieval Medicus, (Baltimore, 1981), p.86; Dickinson, Origins of the Austin Canons, p.147.

5. VCH Yorks, vol.3, pp.363-64.

6. Pipe Roll, 18 Henry II, 1171-72, Pipe Roll Society, vol.18, (1894), p.5. For St Nicholas, York see the section on leper-houses.

Pocklington to the Dean of York dependent upon the provision of daily doles and winter clothing for fifty poor people in these places.⁷ On the whole royal patronage seems to have been more common in the twelfth than the thirteenth century, but this largely reflects the pattern of foundation.

Again it is to the earlier archbishops such as Thomas II and Thurstan that we must look for foundations of hospitals such as Otley and St John the Baptist, Ripon, although through the archbishops' registers surviving from about 1225 we can see signs of archiepiscopal patronage and visitation. On the whole the pattern seems not to be one of archiepiscopal extension of patronage, but rather the reverse. As at St Leonard's, York the archbishops lost, or gave away rights of patronage, at Ripon to the minster, and in Beverley, where the early patronage of St Giles, is unknown the archbishops were patrons (possibly jointly) by the later thirteenth century but by 1279 had passed the hospital to Warter priory.⁸ Other secular clerics seem not to have been interested in hospital foundations, with the singular exception of Philip of Poitou, Bishop of Durham (1197-1208), founder of St James, Northallerton. Although Northallerton lies within Yorkshire it belonged to the bishops and remained under their peculiar jurisdiction.

Among the great families of the county most, like the royal family, seem to have given their major patronage to St Leonard's, York, leaving relatively little space for patronage of hospitals of their own. Nevertheless the earls of Richmond were probably responsible for the hospital of St Nicholas in Richmond; Matilda de Percy, countess of Warwick was the patron, if not founder of the Tadcaster hospital; and the Brus

7. C.Inq.Misc., vol.2, pp.2-3.

8. Archbishop Giffard's Register, p.259; Archbishop Wickwane's Register, p.137.

family were the joint founders and patrons (with Alan de Wilton) of the hospital of St Nicholas, Yarm. Alan de Wilton was also a patron of the Ellerton in Spalding Moor hospital. At St Nicholas, Pontefract the hospital which had been established with the resources of older almsland by Ilbert de Lacy was given to St John's priory, Pontefract, by his son Robert. William le Gros, count of Aumale, and the greatest ecclesiastical patron in the East Riding in his day gave a site in Hedon to St Leonard's, York and also established a leperhouse at Newton Garth near Hedon. Ralph de Moulton, who gave the Rerecross Hospital or Spital on Stainmoor to Marrick priory was also the founder of Egglestone abbey. Eustace FitzJohn founded two hospitals in and near Malton and gave them to the priory there which was also of his foundation. William de Flamville gave another nearby hospital. The role-call of aristocratic founders of hospitals reads very like that of the founders of monastic houses within the county.

Although in most cases these aristocratic patrons vested their foundations in monastic houses, and thereby ceased to have any responsibility for their day to day running, there are some indications that in a few instances they retained their control. These were cases where the hospital was associated with a castle, as at Pickering and Skipton, and possibly elsewhere. References to both of these are relatively late, both occurring after 1300 but it seems likely that both were pre-1300 foundations. At Skipton the advowson was in the hands of the lord of the castle (Rumilly, later Aumale), and was said in 1310 to have been of the foundation of the lord and the freemen of Skipton for the support of lepers.⁹ At Pickering the hospital may have been more the creation of the lord alone, perhaps one of the Earls of Lancaster who held

9. Chancery Inquisitions Post Mortem, 3 Ed. II, no.59 cited in VCH Yorks, vol.3, p.331; C.Inq.Misc, vol.2, no.75, p.21.

it from the 1260s, for when it was first recorded in 1301 it was clearly already well-established.¹⁰ It is unclear what relation, if any, there was between the hospital of St Nicholas in Pickering, and the earlier dole which had been a condition of Henry I's grant of churches to the Dean of York, and there may well have been none. The association between hospital and castle at Bowes however was fortuitous as the castle was established after the hospital. Other hospitals such as that later maintained by the Percy family at Seamer may also date from around this period, but all are poorly documented and their foundation dates unknown. Like hospitals appropriated to monastic houses their administration was subsumed within that of the castle, but probably to an even greater extent as they do not appear to have been independently endowed. These hospitals were probably quite small and intended to support retainers of the lord, and possibly their dependants, who were no longer able to serve their former master. In this sense they were more closely tied to the household of the lord than hospitals which, though noble foundations, had been turned over to monastic houses for management, and which probably served a wider population. They seem often to have been associated with the castle chapel, jurisdictionally if not physically, and may have been served by the castle chaplain.

In addition lesser families, often in conjunction with others, as at St Giles, Beverley, and at St Leonard's, Lowcross also acted as patrons of smaller hospitals.¹¹ At St Giles, Beverley the patrons included such local families as the Constables, de Caves, de Sanctons and Crancewicks.¹² For families such as these a monastic foundation would be beyond reach, but a small jointly founded hospital was not impossible. It may be significant

10. R.B.Turton, 'Foundation of Chantries in Notts and Yorks: The Chantry in Pickering Castle', YAJ vol.33, (1938), p.347.

11. For St Leonard's, Lowcross see section on leper-houses.

12. Archbishop Giffard's Register, p.259.

that at St Giles, Beverley an obital function was an important part of the hospital's work.¹³ These were the kinds of families which aspired to patronage and to ecclesiastical commemoration but which would not usually be able to stretch much beyond a chantry or obit in the parish church. A hospital as well as performing a social and charitable function also had a commemorative aspect.

However for many hospitals, particularly those for which no foundation date is known, and which simply appear in the records at some later point in their history, the name of the patron or founder is often unknown. While in some cases these may have had a particular founder or group of founders of note only at local level, in other cases they may never have had a formal foundation. The development of the 'hospital' at Goathland is particularly instructive in this respect. By 1108 a hermit called Osmund the priest had gathered a number of like-minded people about him, and they were there ministering to the poor who came to them. In that year Henry I granted them the land on which they were settled 'for the soul of Queen Matilda...to entertain the poor'. In the following year he granted them an additional carucate and pasture for their herds in his pastures up to the boundary with the abbey of Whitby.¹⁴ Here the presence of the hermit had drawn the poor to him for succour and sustenance, and this completely informal beginning had subsequently received official blessing. It is quite likely that other hospitals, perhaps particularly leper-hospitals started in this way. Shortly afterwards however Osmund and his companions surrendered themselves to the neighbouring abbey of Whitby, and took the habit there.¹⁵ There is no further information to tell whether the care of

13. Archbishop Giffard's Register, p.259.

14. Regesta Regum Anglo-Normannorum, vol.2, (1100-35), C.Johnson and H.A.Crome (eds), (Oxford, 1956), nos.891, 926, pp.81-82, 89.

15. Ibid. no.927, p.89.

the poor continued under the aegis of Whitby abbey or not. While it seems likely that Goathland then ceased to function as a hospital there is no reason to believe that other such informal beginnings, once sanctioned by officialdom, would not have continued and established themselves permanently.

What is revealed by those hospitals whose first foundation and early history are unknown is that such hospitals are those which did not have a monastic connection. Hospitals without monastic links or supervision occur much more frequently in the later part of the period, indeed largely after 1250. While it is possible that more hospitals were established which were basically secular in their organisation in the thirteenth century than in the twelfth, it is more likely that what is revealed is a bias in the surviving records. Thus the apparently overwhelmingly monastic orientation of hospitals in the twelfth century may be a false impression caused by the much better survival of monastic than secular records in this period. It may also indicate that some of the small, mainly rural hospitals which only appear in the later thirteenth century are actually considerably older than their date of first appearance.

Nevertheless the evidence which survives suggests an overwhelming majority of twelfth century hospitals were if not founded by monasteries at least committed to their care by founders. Among hospitals which were founded by monasteries are included St Mary, Bridlington (Bridlington priory); the various dependencies of St Leonard's, York; St Mary's, Whitby (Whitby abbey); and in the thirteenth century Ellerton on Spalding Moor and Fountains, by the religious houses of the same names. Other hospitals which were made dependent upon monasteries included; St Mary, Broughton, St Mary Magdalene, Malton and the Norton hospital all made dependant upon

Malton priory; St Nicholas, Yarm made dependant on Healaugh priory; St Leonard, Tickhill given to Humberston abbey; and St Giles, Beverley given to Warter priory. While in the twelfth century most such dependant hospitals were made so more or less at foundation, it seems to have become more common to attach previously independent hospitals to other monasteries in the thirteenth century. They were also under these circumstances more likely to be dependant upon monasteries which were not nearby. Whereas the earlier associations as at Bridlington, Pontefract and Whitby tended to be geographically closely linked, some of the later ones as with Yarm and Healaugh, and St Nicholas, Doncaster and Bayham abbey in Sussex were far from contiguous. In the last two cases the link appears to have been made by the patrons who had interests in both of the respective houses.¹⁶

Otherwise the dependancy may have been created for the better management of the hospital, as appears to have been the case with St Giles, Beverley, where the hospital had been subject to a visitation which may indicate previous poor management, shortly before it was annexed to Warter priory.

While we might expect to find Augustinian houses founding or taking on the management of hospitals, it is clear that they were far from the only order which did this. Bridlington priory had acquired two hospitals (in Bridlington and Staxton) by the late twelfth century; Healaugh had acquired one in the early thirteenth century and Warter one by the late thirteenth century. North Ferriby may also have had a hospital at this date as it did later. All of these were Augustinian houses. The canons of the Gilbertine order also followed the Augustinian rule and their house at Malton also supported three hospitals, and that at Ellerton on Spalding Moor was established to support a hospital. However Whitby was Benedictine, St

16. VCH Yorks, vol.3, p.306. L.Butler and C.Given-Wilson, Medieval Monasteries of Great Britain, (London, 1979), p.146.

John's, Pontefract was Cluniac, and even the reclusive Cistercians had a hospital at the gates of Fountains. Though nunneries do not generally seem to have maintained hospitals, the Benedictine nuns of Marrick maintained the hospital at Rerecross, and probably rather later the sisters of Nunkeeling maintained a house for the poor.¹⁷ On the whole the Augustinian and Gilbertine houses probably had a day to day involvement in providing staff for their dependencies, as at Warter and Healaugh where both houses were required to have a canon living in their respective hospitals.¹⁸ In the case of houses belonging to other orders the connection may have been no more significant than a relationship involving a cell or appropriated parish church. It is however probably significant that the only two houses which had more than one dependant hospital, Bridlington and Malton, both followed the Augustinian rule.

It is during the very late twelfth and the thirteenth centuries that civic communities began to take an interest in founding and maintaining hospitals.¹⁹ It may be that some of the hospitals which are not recorded as having founders were essentially communal foundations. Certainly there are signs of increasing civic interest in hospitals in this period. In York in the latter thirteenth century the city tried to gain the patronage of both St Nicholas', and St Leonard's hospitals, succeeding in the first case and failing in the second.²⁰ The origins of St John's Hospital,

17. J.H.Tillotson, Marrick Priory: A Nunnery in Late Medieval Yorkshire, Borthwick Paper no.75, (York, 1989), p.22.

18. At St Giles the 1279 injunctions imply the continual residence of four canons but in 1388 it was made explicit that Warter could not recall the master of the hospital (Abp Reg. Arundel, f.13v). At St Nicholas, Yarm the canons at first appointed secular wardens who had to find a chaplain, but by 1409 one of the masters was appointed as master for life (Abp.Reg. 18 (Bowet), f.89). At Pontefract one of the monks took charge of the hospital.

19. For this issue with specific reference to leper houses, see that section.

20. PRO, Ancient Correspondence, vol.8, nos.70, 143.

Cambridge, while somewhat obscure seem to suggest that the house was started by one of the burgesses of the town by 1204 but that it had been enlarged, maintained and patronised by the town community.²¹ A similar development took place at Scarborough where an Inquisition in 1297-98 stated that the two hospitals of the town, St Nicholas, and St Thomas Martyr had been founded by the burgesses, St Thomas on land given by Hugh de Bulmer.²² It has not proved possible to date the origins of these hospitals, but the earlier thirteenth century seems likely.

While civic communities were taking an interest in the foundation and patronage of hospitals, from a rather earlier date hospitals may be used as an indicator of an urban site. This is not an infallible guide as some hospitals were established for travellers, as was the Rerecross hospital, and these were deliberately sited to shelter people travelling between communities, and liable to be caught in the open. Nevertheless where the hospital was intended for permanent residents it is an indication of a moderate sized community. Ordinary hospitals are probably a less good indicator of a large town than leper houses because of the latter's more specialised function which would require a larger community to draw upon to make it viable.²³ It is worth noting the concentration of hospitals in the low-lying Vale of York and the populous East Riding. There is a striking resemblance between hospital sites and Norman boroughs. Around half of all Norman boroughs had acquired at least one hospital by 1300.²⁴ When ordinary and leper-hospitals are combined they provide a coverage of the majority of boroughs. Any borough which had not acquired a hospital by

21. M.Rubin, Charity and Community in Medieval Cambridge, (Cambridge, 1987), pp.100-01.

22. Yorkshire Inquisitions, vol.3, YASRS vol.31, (1902), pp.88-90.

23. See section on leper houses for further discussion on this point.

24. See D.Hey, Yorkshire from AD 1000, (Harlow, 1986), p.38 for a map of Norman boroughs and p.39ff for a discussion of these new towns.

1300 may therefore be inferred to have been a failure in terms of the establishment of a new town.

Any attempt to produce a chronology of hospital foundations is fraught with difficulty: only ten of the hospitals have reasonably secure foundation dates, less than a third of the total, and most dating before 1155. A pattern based on known foundations would see the years to the end of Stephen's reign (1135-54) as being the most productive, with a small upturn of three foundations in the years 1189-1209, and probably no foundations after about 1250. A pattern based upon a combination of foundation dates and first occurrences suggests a fairly steady flow throughout the two centuries and continuing right up to the end of the thirteenth century, though it is only in the period after 1210 that there are whole decades where no hospitals make a first appearance, which may indicate a slowing of foundations in this period. However the second of these two methods undoubtedly produces some skewed results - the two hospitals first occurring in the 1290s do so in only one source. The two hospitals in Scarborough both appear in an Inquisition of 1297-98, and both of these hospitals were already well-established, indeed the Inquisition into the patronage of St Thomas, Scarborough implies that it had been in existence for several generations.²⁵ While it thus seems unlikely that hospital foundations continued to be made much into the second half of the thirteenth century, it is likely that such foundations did continue into the first half of the century. This would to large extent tally with the pattern of monastic foundation which is most marked up to the middle of the twelfth century, dropping off thereafter and diminishing rapidly after

25. Yorkshire Inquisitions, pp.88-89. The return reports that during the time of Henry III (1216-72) one Roger Wastyse had ejected the master, brothers and sisters in order to regain land given to the hospital by his grandfather.

about 1200, with very few foundations after 1250. This hypothesis would also fit with the suggestion that a number of the rural hospitals which first appear in the later thirteenth century are actually often of considerably earlier foundation.

It also suggests that the arrival of the friars from the middle of the century in many Yorkshire towns, with their messages about the humanity of Christ, and the particularly Franciscan devotion to poverty and seeing Christ in the poor did not obviously penetrate spiritual practice before 1300. Indeed it is likely that the friars themselves absorbed the devotional interests which they inspired into the early fourteenth century. It is possible, though ultimately unprovable, that by diverting interests in this area to themselves they actually made hospital foundations less likely in the latter thirteenth century. It was not until after the crisis of the early fourteenth century, that mendicant teaching in this area could begin to take effect, and that hospitals began to be founded again.

Information about the organisation of hospitals is extremely scarce in the twelfth century, but becomes more common and more detailed in the thirteenth century. We should beware of taking the material which we have for relatively well-off hospitals with a sophisticated internal organisation in the thirteenth century as being representative of all hospitals throughout this period. It is more likely that some hospitals had a relatively simple organisation throughout their history, and that others may have become more developed over time. This is not to suggest that all twelfth century hospitals were of rather basic form. So many hospitals at this time were dependant upon monasteries that it is likely that many lived by some quasi-monastic rule, however this would clearly be inappropriate at hospitals principally designed to shelter travellers for

one or two nights. The monastic format is only suitable for a stable, permanent community. This is probably why these kinds of rule are most commonly found in leper-hospitals where the assumption was that an individual once admitted would not leave, except as a result of serious breach of discipline.

We have already seen at Goathland the informal way in which hospitals could start. In some hospitals a rather uninstitutionalised form of life may have persisted for some time, but this may be disguised by the way in which patrons might attach hospitals to monastic communities in order to provide both security and a more regular form of life. At Norton William de Flamville seems to have given the hospital to Malton priory in order to ensure that the poor got a daily meal (insofar as that was possible) whereas formerly they had had to beg for their food.²⁶ His son further endowed the little hospital with the church of Marton in the Forest (NR), pasture, and other land, so that by the end of the twelfth century it is probable that the poor were no longer required to beg for their living.²⁷ As begging for alms has generally been accepted as standard way for leper houses to gain an income it is more than likely that in all but the better endowed ordinary hospitals this was a common source of livelihood, and in the earlier part of the period as much or more for food and other necessaries in kind, as for money. It is interesting that it was the desire to preserve the poor from the precariousness of a mendicant life which impelled Flamville to give the hospital to the canons and so improve the lot of its inhabitants. The importance of a food as much as a monetary income is indicated by the bequest of Roger son of Haldane of Scarborough of a rent to be paid in half a thousand herrings annually to St Giles,

26. Dugdale, Monasticon, vi (2), no.ix, p.972.

27. Ibid. no.x.

Beverley in 1202x29.²⁸

As the example of Norton shows hospitals at this date were not always expected to be entirely comprehensive in their care for the poor, though this was probably the ideal which was striven towards. Even as late as the early thirteenth century a founder could envisage establishing a priory with a dependent hospital in which no comprehensive care of the poor was intended. At the foundation of Ellerton on Spalding Moor priory in about 1209 the establishment was said to be for the support of the canons and thirteen poor 'ad pascendum ibidem'.²⁹ Alan de Wilton making a grant to the priory some years later stated that it was for the canons and the 'pauperum qui ibi pascentur'.³⁰ It is thus clear that the intention of the founder was that the poor should simply eat at the priory, not that they should reside permanently within a hospital. Food was of course the basic necessity of those who for one reason or another were unable to support themselves, and in some cases where the disability was a temporary one, caused by illness or accident this might well be the most appropriate form of support. However this form of non-resident hospital should be seen as one stage in a continuum of charitable care extending from individual casual almsgiving, through the regular food dole as provided by Henry I, to the total institutional care offered by some of the better-endowed hospitals like St James, Northallerton. Many hospitals in any case offered a dole at the gates in addition to residential care and often supported more outside their walls than they did inside. St Leonard's, York, St James, Northallerton and St Cross, Winchester all supported more external than internal dependants. At St John the Baptist, Ripon too jurors

28. EYC, vol.1, no.367, p.288.

29. Dugdale, Monasticon, vol.vi(2), no.vi, p.977.

30. EYC, vol.2, no.788, pp.125-26. Dated 1212x19.

reported in 1341 that the hospital had been founded, amongst other things, to provide all the poor who sought alms at the hospital with two kinds of soup each week, one of pease and one of herb.³¹

Hospitals provided for a variety of different kinds of dependants, in addition to the lepers who were so important a constituent of the hospital population. Some hospitals such as Rerecross, St John the Baptist, Ripon in its early days, probably Flixton, and perhaps, Fangfoss catered for travellers. Nothing can be said explicitly of the organisation of these hospitals but analogies can be made with other hospitals elsewhere which catered for travellers and pilgrims such as St Mary's, Chichester where those who were sick might be admitted until they recovered, but:

'In regard to the poor people who are received late at night, and go forth early in the morning, let the warden take care that their feet are washed, and, as far as possible, their necessities attended to.'³²

And St John's, Winchester was established:

'for the relief of sick and lame soldiers, poor pilgrims, and necessitous wayfaring men, to have diet and lodging thereto fit and convenient for one night or longer, as their abilities to travel gave leave.'³³

Pilgrims are only specifically referred to in one of the Yorkshire hospitals of this period, that of St John the Baptist, Ripon which claimed in 1341 that it had first been founded 'ad hospitandum pauperes peregrinos' in days when the country round Ripon was covered in forests.³⁴ Pilgrims are catered for more in some of the later hospitals. This may indicate the

31. Memorials of Ripon, vol.1, p.217.

32. Clay, Medieval Hospitals, p.5.

33. Ibid., p.8.

34. Memorials of Ripon, vol.1, p.218.

lack of any major shrine in Yorkshire drawing very large numbers of pilgrims during this period. In these circumstances it is worth remembering that St Wilfrid was an important local saint. Alternatively it may simply be that although taken in as travellers in some hospitals they were just not explicitly distinguished from the larger body of travellers. Most of these hospitals were probably quite small, with only a limited staff, and have left little trace beyond their foundation.

In most cases where such information exists the hospitals' inmates were referred to as the poor (pauperes) or the infirm (infirmi), sometimes as both. At St Giles, Beverley a distinction seems to have been made between the sick poor and the poor within the hospital:

'quod sint in eodem hospitali decetero saltem, usque visitacionem proximam, xv lecti et totidem pauperes infirmi, de elemosina et pietate domus, secundam preoptentam consuetudinem, exhibendi; preter x pauperes qui ibidem per cartas suas optinent victum suum'³⁵.

Here there is a distinction between the fifteen sick poor who were to be received out of charity and according to custom, and the ten poor who received food because of their charters.

At St James, Northallerton too, the inmates were described in 1244 as infirm, and they were to be cared for until convalescent, or they died.³⁶ Here, as at St Leonard's, York, about a century later, there was an expectation that the infirm might recover and leave, although equally they might not survive. St James had a relatively large staff, and it is possible that it was in some way modelled on St Leonard's for it was supposed to keep the rule of the Durham hospital of Kepier which had been

35. Archbishop Wickwane's Register, p.137.

36. 'humaniter sustentur in lectis, cibariis et aliis donec convaluerint vel humanitus contigerit de eisdem', Archbishop Gray's Register, p.181.

refounded by Hugh de Puiset, bishop of Durham (1154-95). Kepier was endowed in the same way as St Leonard's, with thraves, 'sicut datur hospitali Sancti Petri in Eboracshire', and may also have adopted something of the organisation of the York hospital, having both thirteen brethren, and a few sisters.³⁷ St James was relatively well-endowed, whether smaller hospitals provided the same kind of nursing care must be less certain. The records of the early history of St Bartholomew's, Smithfield contain many instances of the treatment and miraculous cures performed there, but again this was a large hospital.³⁸ Nevertheless it seems quite likely that in the earlier hospitals there was a more widespread expectation of recovery and departure than seems always to have been the case in later hospitals.

A tragic result of the care that one Beverley hospital, probably St Giles, offered, is recorded in the Calendar of Inquisitions Miscellaneous for 1285. After dinner Brother Walter del Hospital lay asleep in his bed, and in the same chamber, sick with a fever, lay Richard son of Peter le Pessonner of London, clerk, whom he much loved. Being rendered frantic and mad by his sickness Richard got up and 'at the instigation of the devil' hit Walter over the head with a form and a trestle. He then went to the men in the court and the kitchen, showing them his bloody hands, and laughing, saying "I have killed my dear master, Brother Walter: come and see where he lies slain; he will never speak another word". Richard was seized and imprisoned 'and still persists in his madness'. The verdict returned by the jury was one of misadventure.³⁹ It is not clear whether

37. G.V.Scammell, Hugh du Puiset, Bishop of Durham, (Cambridge, 1956), pp.108-09. Other hospitals such as St Mary Magdalene, Ripon, St Nicholas, Carlisle, and Soutra in Scotland were also endowed with thraves, although in all cases these were drawn from a relatively small area, at most the local shire.

38. The Book of the Foundation of St Bartholomew's in London, N.Moore (ed), EETS, vol.163, (1923), passim.

39. C.Inq.Misc., vol.1, no.2279, p.609.

Richard was one of the regular inmates of the hospital, or whether he was simply staying with Brother Walter because of a pre-existing friendship. That friendship also makes it impossible to say whether it was usual for the brothers to take the sick into their own chambers while they were nursing them, though it seems a little unlikely. The incident also provides an example of the way in which madness was regarded. Richard's actions are clearly understood to have been the result of his illness, and the ascription of the actual murder to the influence of the devil, relieves Richard of both intention and responsibility for the act. The verdict too indicates that Richard was in no way held responsible for his deed.

In general it is most likely that, although the short-term sick were at times admitted to hospitals, the majority of the inmates of the hospitals were long-term residents. Except in the case of leprosy the nature of the sicknesses which the inhabitants of hospitals suffered from is rarely described. Where such illnesses are described it is usually in miracle collections, and thus the most hopeless cases tend to be picked on in order to emphasise the power of the saintly healer. In the book of the foundation of St Bartholomew's cases include severe crippling of the limbs, both congenital and acquired, blindness, deafness and dumbness.⁴⁰ While all these cases are included because they illustrate miraculous cures they are also the kinds of cases which were brought to a hospital for a cure if possible, for permanent residence if not. As well as these heroic handicaps were no doubt many prosaic ones such as old age, handicap through accident or war, and simple invalidism of many causes.

In addition to the twenty-five sick and poor St Giles, Beverley also supported two infirm and feeble priests (infirmi et debiles).⁴¹ Other

40. Book of the Foundation of St Bartholomew's, pp.18, 22-24, pp.28-29.

41. Archbishop Wickwane's Register, p.137.

hospitals which supported some priests among the other poor were St Leonard's, York and St Mary Magdalene, Ripon, but it is likely that other hospitals took them in on an individual basis. It is probably significant that it was York, Ripon and Beverley, three towns with a high clerical population which made this kind of provision at this time. In Canterbury a Poor Priests Hospital had been established around 1225 and others for poor clergy were established in the thirteenth and early fourteenth century in most dioceses.⁴² It was not until 1316 that York acquired a hospital intended exclusively for priests. However it was said at St John the Baptist, Ripon in 1341 that although it had at first been founded for sheltering poor pilgrims when the countryside became assarted and built-up, it was converted to support poor clerks studying at the schools in Ripon, four or five of whom should receive pottage daily and a bed at night, and each of them a loaf twice a week of such size that twenty-six such loaves could be made from one bushel of wheat.⁴³

It is clear from examination of the description of the inmates that in almost all cases they consisted of both male and female inhabitants. Even where early documents tend to refer to the 'master and brothers' it generally becomes clear in documents such as Visitations, Inquisitions, and some charters, that there were both male and female residents. The tendency of a number of modern translators to render 'pauperes' as 'poor men' is clearly both wrong and misleading. In a few cases the hospitals definitely were single sex as at St John the Baptist, Ripon where the inmates were poor clerks, and thus by definition male; and at St Mary Magdalene, Killingwoldgraves near Beverley, where the inhabitants were

42. N.Orme, 'A Medieval Almshouse for the Clergy: Clyst Gabriel Hospital, near Exeter', JEH, vol.39, (1988), p.3

43. Memorials of Ripon, vol.1, p.218.

always addressed as the poor sisters, although some time soon after 1300 the hospital appears to have become mixed. In the majority of cases the hospital would have had a mixed population. Sadly the evidence does not survive for us to be able to tell whether one sex predominated or not.

For only two hospitals do detailed documents relating to the internal organisation of the hospital survive, both from the thirteenth century: St Giles, Beverley and St James, Northallerton. In 1244 the bishop of Durham provided an ordinance for the government of St James as the founder Philip de Poitou, formerly bishop of Durham had been unable to do so because death had intervened.⁴⁴ In 1279 Archbishop Wickwane visited St Giles and provided a set of injunctions for its running which was probably largely a result of his recent attachment of the hospital to the priory of Warter.⁴⁵ While St James was an independent institution it was required to keep the rule of the Kepier hospital in Durham, while St Giles was dependent upon and staffed by the priory, so that both had close ecclesiastical connections. St Giles had twenty-five inmates, whereas St James had thirteen inmates and thirty external dependants, which probably means that they were both somewhat larger than average. Both were sited in important towns: Beverley was the largest and leading town of the East Riding; while Northallerton was much smaller and probably not in the first rank of North Riding towns but was the centre of the bishop of Durham's most important liberty in Yorkshire. As a result these two hospitals are probably not typical of foundations of this period, but have a more sophisticated internal life than most could aspire to.

Both hospitals had a staff of religious to care for the poor and perform the offices. The staffing of St James was considerably more

44. Archbishop Gray's Register, pp.180-181.

45. Archbishop Wickwane's Register, p.137.

extensive and elaborate than that of St Giles, to the extent that it looks positively top-heavy, however this is partly alleviated by the stated intention that the hospital should expand when its lands and rents increased.⁴⁶ At St Giles the priory was to have four good priests in the hospital to set an example to the others, to sustain the goods of the hospital, to celebrate continually, and to keep the observances of the house. It is not clear whether they included, or were in addition to a master, but as in 1274 it had been stated that the hospital was bound to have five chaplains celebrating for various souls it is most likely that the four priests were in addition to the master.⁴⁷ At St James by contrast each person's tasks were individually detailed. There was to be an honest procurator, devoted to God, who was to be called the warden (custos), who was to rule faithfully, diligently and with prudence, and he was to have one servant, three horses and two boys (garcionibus). There were to be two honest chaplains and two clerks, and also a baker and brewer with a boy, and a cook with a boy, five healthy brothers, clerk or lay, who kept the habit and rule of the brothers of Kepier, one of whom should be porter and procurator of the poor received each night, another keeper of the pantry and butler. The third should be larderer and gardener. The fourth should be the granarer. The fifth should be the procurator of the infirm in their beds and distributor of the relics (distributor reliquiarum). If any delicacies were provided (fuerit inventum) they should be given to the most needy of the bed-ridden infirm. There should be three sisters who had the habit and rule of the sisters, of whom two should take care of the infirm

46. 'Et cum in possessionibus immobilibus vel redditibus contigerit dictum Hospitale augmentari, secundum quantitatem ejusdem aumentationis elemosina pauperum transeuntium suscipiendorum ad partem suscipiat incrementum'. Archbishop Gray's Register, p.181.

47. Archbishop Giffard's Register, p.259.

in their beds and be with them at night, and at other times do other useful things in the house. The directions for the sisters are somewhat obscure but perhaps mean that there should be two in the infirmary at any one time, and the other should do the housework, and that they should work on some kind of rota.

Part of the explanation for the relatively larger staff at St James may lie in the difference between the attitudes to the inmates. At St James the inmates were regarded as infirm and bedridden - Sint et ibi in infirmaria tresdecim infirmi in lectulis' and were to be humanely cared for in bed, compartment (cibariis) or elsewhere until convalescent or until death befell them. When anyone died another should succeed to the place without delay, if they sought it from need or charity. Each night thirty paupers should be admitted at the door of the hospital, and they should each have half a loaf and pottage. And if any were so feeble or infirm that they could not go away they should be provided for at the hospice by the gate. At St Giles however the inmates were a more diverse group: there were the two infirm and feeble priests, the fifteen sick who may have been bed-ridden, and the ten poor. On entering the fraternity they were not to leave, confer or assign any goods but at once make their will and apply everything to that place. The men should wear white tunics and black scapulars with hoods; and the women white tunics and black mantles; and none should go out of the infirmary without licence of the master being specially given, nor should they eat, drink, sleep or dwell anywhere but the infirmary. After hearing divine service in the chapel of the infirmary, they should do the work of the house such as spinning, washing the clothes of the canons and of their servants, and other things, doing these humbly and devoutly as they be required. Clearly the poor, or at

least some of them, of St Giles were rather more able-bodied than those of St James, and therefore much of the work that was done at St James by the sisters and servants, was done at St Giles by the poor. This difference should make us beware of treating the inmates of all these hospitals as the same, and indeed of seeing the organisation of these hospitals as being fundamentally similar, as in many ways they were not. Moreover the differences between the levels of independence of the infirm in these two houses may reflect rather different patterns of and criteria for admission.

At St James the criterion seems to have been one of need: the poor who arrived at the gate to collect their dole and were too feeble to go away were taken into the hospice at the gate, perhaps preparatory to being admitted to the main hospital when a vacancy occurred.⁴⁸ In this way there may have been a progression from outdoor to indoor relief, rather in the way that the modern elderly may progress from dependence on Meals on Wheels to entry into a nursing home. Those who sought admission to the hospital had to ask on the grounds of need or charity and were admitted if there were a vacancy.⁴⁹ As St James seems to have taken only the bed-ridden the degree of need probably had to be quite high, and seems to have been the only criterion for admission. As such it probably restricted the number of eligible applicants.

At St Giles with its rather more varied inhabitants the criteria for admission were apparently also varied and perhaps laxer. Certainly the degree of incapacity does not seem to have been as great. In no case are the criteria for admission set out. As two infirm priests were to be supported, they were probably admitted by application or on the

48. 'Et si quis ita debilis fuerit et infirmus quod recedē non possint, provideatur ei de hospicio juxta portam': Archbishop Gray's Register, p.181.

49. 'Si sit qui indigeat vel caritatem petat': ibid.

recommendation of the archbishop or the priory. The fifteen sick poor seem to have been admitted on similar grounds as at St James, to be found according to custom, of the alms and piety of the house.⁵⁰ However the ten poor held their places by charter, although in 1274 the hospital had only supported two infirm by charter.⁵¹ There are two possibilities about the nature of these charters: the first is that these were purchased corrodies; the second that they were appointed by patrons of the house. The latter is perhaps more likely in that in 1274 the two infirm who held charters did so for the land of Bentley.⁵² At the time Richard, Lord of Bentley was patron of the hospital for land held in the fields of Bentley.⁵³ The other patrons were the archbishop, William de Carthorp of Bishop Burton, William Constable of Holme, and William lord of Raventhorpe. Also Alexander de Sancton and Robert Godland, Richard de Anlaby for land in Riplingham; Stephen de Crancewick and Robert de Cave for land in Middleton; the prior of Bridlington for land in Fraisthorpe; Lord Robert de Percy for land in Eskburn. It is quite possible that patrons were able to appoint one or two dependants to the hospital as 'chartered poor' from their own lands. In these circumstances neither the hospital nor the priory might have any control of the kind of poor who were admitted by charter, and in this situation the less immediately needy but close to the patron would be admitted. Whether all patrons had the right to present poor is unclear, and perhaps doubtful. It rather looks as though there were two groups of patrons: one which had the right to present; and another who were patrons

50. 'xv lecti et totidem pauperes infirmi, de elemosina et pietate domus, secundum preoptentam consuetudinem exhibendi': Archbishop Wickwane's Register, p.137.

51. 'Dictum hospitale non tenetur per cartam nisi ad sustentationem duorum infirmorum in infirmaria, scilicet pro terra de Bentele': Archbishop Gray's Register, p.260.

52. Ibid.

53. Ibid., pp.259-60.

by virtue of being the founders or patrons of chantries established in the hospital. The latter group included Alexander de Sancton and Stephen de Crancewick, and at least two others as there were four chantries. It is therefore possible that the first five patrons had the right to present two poor each, while the others were patrons of the chantries only. The preservation of the rights of the patrons appear to have been preserved after annexation of the hospital to the priory, allowing the hospital choice of admission only in the case of the fifteen sick poor. The priory and convent were to relieve and sustain the work of the infirmary from local alms (de elemosinis patrie) which were to be received into their hands and faithful custody.

Only St James of the two had outside dependants, although this seems to have been common in other hospitals, as it was with monasteries. It may be that St Giles did not have external dependants partly because it had more resident dependants, but partly also because St Nicholas, Beverley may have provided for external dependants. In 1300 Robert Raggebroke complained that the master of St Nicholas had deprived him of his free tenement in Beverley, that is a bed pro infirmo, a piece of grey cloth, a daily dish of pottage, two shillings a week and four shillings a year, to be received at the hospital.⁵⁴ His description of his free tenement as being in Beverley, rather than in the hospital may indicate that he was not housed there but elsewhere.

Little information is given about the food and other provision made for the infirm at St James. They received the same bread as the poor who came to the gate: such that 200 loaves could be made from one quarter of wheat, though whether they received more than the half loaf a day given to

54. W.P.Baildon, Monastic Notes, vol.1, YASRS vol.17, (1895), p.11.

the external poor is not stated. They presumably also received the ration of pottage given to the external poor. Rather more information is given at St Giles, where it seems that the provisions for the chartered poor were individually set down in their charters, like a corrody. The goods of the infirm and the poor should not be put in common, nor should the poor have more than their charters laid down. No victuals should be sold from the hospital. The poor who did not have charters should receive at Christmas sufficient straw and three or four eggs each at the discretion of the master. From each manor where geese were raised the same infirm should receive yearly at Michaelmas two geese and the fifth part of a cheese. They should have sufficient pottage daily served to them. At Christmas the languid and sick (morbosi) should have the fifth gallon of ale brewed in the hospital, the fifth ox from the larder, and the fifth egg and the fifth pig from the larder, except the hide and tallow, and the sheepskin and the fat from it, and also except the porkfat. Oddly bread, the staple of the diet, is not mentioned at St Giles, probably because it was so obvious that no need was felt to do so. On the whole the diet appears adequate, if dull, and no doubt the inmates looked forward to Michaelmas and Christmas for their special treats. It is likely that the diet was occasionally augmented by food gifts among the alms given by the local people.

Conclusion

By 1300 most larger towns had a hospital, sometimes more than one. Substantial communities are indicated by the presence of leperhouses. the presence of hospitals, particularly leperhouses, can probably be used to map larger towns in the way that friaries have been used for a slightly later period. Civic interest in hospitals, especially leper hospitals is

evident from the early thirteenth century or even earlier. Nevertheless the majority of hospitals were associated with monastic houses, but the better survival of monastic records probably makes them appear more dominant than they were. Secular and rural houses are probably under-represented and appear in the record later than may have been representative of the period. Some hospitals had a relatively casual origin, and not all hospitals tried to provide comprehensively for their dependants. Many hospitals had more external than internal dependants.

Chapter Two:

THE EARLY HISTORY AND CONSTITUTION OF ST LEONARD'S, YORK

The foundation

The only source for the foundation, and pre-Conquest history of St Leonard's, or as it was known until the later twelfth century, St Peter's Hospital, is the Historia Foundationis preserved in the hospital's cartulary.¹ The Historia dates to 1173 and relates that on Athelstan's visit to the north in 936 to quell a rebellion in Northumbria in which he defeated the Scots at Brunanburh, he also visited a number of religious centres of which Beverley takes the most space in the account, but also included York and Durham. On his return through Beverley he gave to the church there 'quasdam avenas vulgariter dictas Hestcorne', and on coming to York was so impressed by the care of the clergy for the poor that he gave them the gift of thraves:

videns in dicta ecclesiam Eboraci viros sanctae vitae et conversationis honestae, dictos ad tunc Colideos, qui multos sustentabant pauperes et modicum habebant unde viverent, concessit Deo et beato Petro, et colideis predictis et eorum successoribus imperpetuum ut melius possent sustinere pauperes confluentes hospitalitatem tenere et exercere alia opera pietatis, de qualibet carucam arante in episcopatu Eboraci unam travam bladi anno Domini DCCCCXXXVI quae usque in praesentem diem dicitur Petercorne.

However the thraves were regranted to the king for the extermination of wolves, but once Athelstan had destroyed the wolves, the thraves returned to the culdees in the process of time and were confirmed to Archbishop Thomas the senior by William the Conqueror.

The Historia Foundationis of St Leonard's appears to collate a number of sources for the history of the hospital to the Conquest. Amongst these were probably: a version of the northern (D) text of the Anglo-Saxon

1. BL, MS Cotton Nero Diii, f.5; also printed in Dugdale, Monasticon, vol.vi(2), pp.608-09.

Chronicle, or a history based upon it;² one or more of the York Minster chronicles;³ a version of the Chronica de Melsa;⁴ St Leonard's own documents and traditions; local traditions, oral or scribal, connecting Athelstan with the north, particularly Beverley, Durham and York. The Historia appears to use the strong traditions of Athelstan's visits to Beverley and Durham to bolster the hospital's claims to him as founder.

In the medieval period Athelstan ranked as a far more important historical figure than he does today, particularly in the north. He took the place which the modern public imagination accords to Alfred the Great, not least because unlike Alfred he was a visitor to the north. He had a reputation as a strong and pious king. Both in fact and in the historical imagination he was seen as a uniter of England - he inscribed his coinage 'rex totius Britanniae'.⁵ He was also a subjugator of the Welsh and, more importantly for the medieval north, he heavily defeated the Scots at the battle of Brunanburh.⁶ Athelstan continued to have a hold on the York imagination into the later middle ages, and a window in the Minster installed in the fifteenth century represents him at the shrine at Beverley and at the battle of Brunanburh.⁷

2. The introduction to the Historia bears a close resemblance to the northern text but with sufficient differences to show that the source was a variant or secondary text based on the D text. The location of the D text is disputed and York, Ripon and Worcester have all have been suggested as its home. A.Gransden, English Historical Writing, vol.1, (London, 1982), p.39.
3. York Minster preserves three chronicles of the twelfth-fourteenth centuries, which are printed in HCY. The exact relationship between these and the St Leonard's chronicle remain to be further elucidated.
4. It, or a common source, probably provided the material for the history of Beverley's thraves.
5. M.Deansley, The Pre-Conquest Church in England, (London, 1963), p.254.
6. To Athelstan the enemy he was fighting was the Viking, but to the medieval mind the Vikings were irrelevant, it was the Scots who were the real threat. The Anglo-Saxon Chronicle describes Athelstan's enemies as Vikings, the Historia as Scots.
7. The Wolveden window dates to around 1416-18. I am grateful to E.T.Owen for this information.

How widespread this story of Athelstan as the founder was is somewhat problematic, and it may be limited to this one source. Other sources which might be expected to show knowledge of this story do not do so. In an Inquisition of 1246 on the origins and patronage of the hospital the return describes the founder merely as 'rex ante conquaestum' without giving him a name.⁸ It might have been expected that the return would be more specific, especially as the Historia could have been made available to the jury. The late fourteenth-century Metrical Chronicle of the Church of York describes Athelstan's gifts to the Minster but does not refer either to the thraves or to the hospital.⁹ William Rufus' confirmation of the thraves to the 'hospitali beati Petri Eboraci' describes them simply as ancient alms (antiquam elemosinam), again without reference to a named founder.¹⁰ Under these circumstances it is to be doubted whether Athelstan was widely regarded as the hospital's founder, or indeed that he had anything to do with it.

If there is such uncertainty as to whether Athelstan was the founder, is there any evidence that the hospital was indeed of pre-Conquest foundation? While Athelstan cannot be certainly ascribed as the hospital's founder, the weight of evidence would suggest that a pre-Conquest origin is likely. There are initially two pieces of evidence: one is that in the 1090s William Rufus was confirming the thraves as 'ancient alms'. The word itself, as well as the absence of reference to any act of Rufus or his father, suggests that the hospital then, and its thraves were regarded as pre-Conquest in origin. The other evidence lies in the dangerous argument from silence: no king, or indeed anyone else, before Stephen sought to

8. HCY, vol.3, p.162.

9. Ibid., vol.2, pp.455, 475.

10. BL, MS Cotton Nero Diii, f.5.

represent himself as the hospital's founder, and Stephen was represented only as the second founder. All this would tend to suggest that in the late eleventh and the twelfth century the hospital was generally regarded as being of pre-Conquest origin.

In addition to these somewhat circumstantial pieces of evidence are two rather more solid ones. The hospital's original and most important source of income throughout almost its entire history were the thraves, or Petercorn, a render which has its origins in the Anglo-Saxon period. The Historia also refers to the clergy of the Minster in the time of Athelstan as 'colidei' or culdees. This is a word which only occurs in documents relating to St Leonard's as a name for them, and one which would have been obsolete in the world of the twelfth-century English writer of the Historia. Culdee, or 'cele-de' is, in origin a gaelic word meaning servant of God, and although found in Scots, Welsh, and particularly Irish sources, is rare in English. It was originally used to describe the Celtic monks, although the Historia clearly meant it as an alternative term for secular canon. The word was used again in the 1246 Inquisition which stated that the gift of thraves was given to the servants of the church of St Peter 'qui vocabantur tunc kaladeus, qui modo dicti sunt canonici'.¹¹

Although the word was clearly familiar in the context of the hospital, and the Historia also describes the priests of Beverley Minster as culdees, other evidence for the use of the term in relation to York Minster is non-existent. Documents of the immediate post-Conquest period which might be expected to use the term of the Minster clergy do not. It is not found in Domesday Book nor in Hugh the Chantor which refer only to the 'canonici' of the Minster. Nor does it appear to be an older term which had gone out of

11. See n.8 above.

use by the time of the Conquest for it is not used by Bede, Alcuin or Wulfstan. It is probable that the Historia does preserve a tradition of an older name for the canons, but it is no more than a probability. The confident assertions of A.Hamilton-Thompson and A.Leach that the clergy of the two Minsters of York and Beverley were both known as culdees in the pre-Conquest period rests on very slender evidence, derived from the St Leonard's material.¹²

In the twelfth century the term would still have been familiar to northern ecclesiastics because, although not used in England, it was still in use in Scotland, with which the northern see had considerable contact.¹³ The Augustinian order (of which St Leonard's was a member) was especially favoured in Scotland for displacing the culdees in the mid-twelfth century in places like St Andrew's.¹⁴ In particular Robert of the Hospital (c.1130-62), master, may have known of a tradition of culdees at York Minster. He had a reputation as a scholar and an antiquarian; read Anglo-Saxon, and had connections with Durham, whose own Celtic origins and rather peculiar organisation in the pre-Conquest period may have provided him with this tradition.¹⁵

In addition to the culdees, the income of thraves also indicates a pre-Conquest origin. The Historia clearly links the gift of thraves to York Minster for the support of the poor with the gift of the Hestcorn to Beverley. The thraves or Hestcorn of Beverley are well-attested in the pre-Conquest period, and were apparently originally intended for the feeding of the king's horses. The charter granting the thraves has only

12. See A.Hamilton-Thompson's article on York Minster in VCH Yorks vol.3; Beverley Chapter Act Book, A.F.Leach (ed), vol.i, Surt.Soc. vol.98 (1897), p.xxxix.

13. Knowles, The Monastic Order, (Cambridge, 1941), p.175.

14. S.Crudon, St Andrew's Cathedral, (Edinburgh. 1986), pp.4-5.

15. D.Nicholl, Thurstan, Archbishop of York, (York, 1964), p.132.

been preserved in a rhymed version of about the 1030s, of an earlier original.¹⁶ The date and provenance of the original cannot be ascertained from the eleventh century version, but it does at least firmly place the Beverley thraves in the first half of the eleventh century or earlier.

While the intention of the writer of the Historia was clearly to emphasise the veracity of Athelstan's grant of thraves to York by tying it to the account of the better-attested grant to Beverley, this does not invalidate the likelihood of the pre-Conquest grant to York. In this period institutions were increasingly having to prove title to anciently accepted rights or properties by showing written evidence, despite the fact that many such grants had been made orally, or by means other than written ones. Thus many of the so-called 'forgeries' of this period are in fact attempts to provide the newly required forms of title to genuine and anciently held rights. In the same way it is likely that although the hospital had and was recognised to have the right to thraves in the pre-Conquest period, it did not have documentary proof of the right. Thus the Historia was an attempt to provide such a documentary proof, and to do so by linking it the Beverley thraves which did have documentary evidence.

What were thraves and what was their origin? The thrave was a measure of grain, usually twenty-four sheaves or two stooks, and one was taken from every plough ploughing (that is from every ploughland or carucate, about 120 acres) in the diocese of York, later reckoned as the counties of Yorkshire, Westmorland, Cumberland and Lancashire.¹⁷ The origin of the

16. EYC, vol.1, no.99n, pp.94-96.

17. OED and Beverley Chapter Act Book, vol.1, p.xcviii, quoting Best's Farming Book, agree that it was twenty-four sheaves or two stooks; Jacob's Law Dictionary quoted in Memorials of St Giles, Durham, J.Barmby (ed), Surt.Soc., vol.95 (1895), agreed that it was generally reckoned at twenty-four sheaves, but stated that some counties reckoned only twelve sheaves to the thrave.

thraves is more problematic. According to the Historia the thraves were originally royal dues which the kings gave to various holy places.

W.E.Kapelle regarded this as substantially accurate and believed that the thraves were at first grain renders due to the Northumbrian kings which were inherited by the Danish kings of York, and subsequently by the West Saxon kings when they united Northumbria with the rest of the kingdom. As these kings visited Yorkshire only on campaign the thraves were not of much use to them. The Church, however, was in need of re-endowment after the depredations of the Danish invasions. Kapelle regarded Athelstan, or one of his immediate successors, as a very likely candidate for the grantor of this due to both minsters.¹⁸

J.W.F.Hill, however, traced the thraves to Edgar's Law Codes, seeing them in his;

'And all tithes shall be paid to the old Minsters to which obedience is due; and payment shall be made both from the thegn's demesne land and the land held by his tenants - all that is under the plough.'¹⁹

This is attractive in that the earliest references to thraves are clearly connected to minsters, in particular York, Beverley and Lincoln. However there are problems: the most important being that tithes are not thraves, and should not be confused, and Edgar does seem to be discussing ^{tithes} thraves. Secondly, thrave is a Scandinavian word, and the distribution of the word at an early date seems to be consonant with the Danelaw. If Edgar had meant thraves one would expect to find thraves owed to southern minsters such as Westminster, yet the available sources discuss thraves only in the context of northern religious houses. That the thraves became ecclesiastical revenues is undoubtedly true, but whether that was their

18. W.E.Kapelle, The Norman Conquest of the North, (London, 1979), pp.73-4.

19. J.W.F.Hill, Medieval Lincoln, (Cambridge, 1985), p.68.

original function seems much more doubtful, and it is quite reasonable to suppose that they were in origin royal dues.

Accepting Kapelle's thesis, which seems likely, it is probable that York Minster did receive the thraves in the mid or late tenth century, and did use them for the purposes of charity and hospitality. To what extent an actual hospital was established at that time, as opposed to provision for occasional doles must remain more problematic. Certainly the tradition must have been sufficiently well-established for William Rufus to confirm the thraves to, by then, the hospital of St Peter.

While the gift of the thraves was taken by the hospital itself to mark its foundation it is clear from the Historia itself that the Minster clergy were already providing care for the poor. The need for a hospital in York was recognised from a very early time. Archbishop Egbert (732-66) decreed 'Ut episcopi et presbiteri non longe ab ecclesia hospitium habeant'.²⁰ However nothing can have come of it for in 796 Alcuin was writing to Archbishop Eanbald that it would be a good idea for York to have a hospital:

'Consideret quoque tua diligentissima in eleemosynis pietatis ubi xenodochia, id est, Hospitalia fieri jubeas, in quibus sit quotidiana pauperum et peregrinorum susceptio, et ex vestris substantiis habeat solatia'.²¹

This suggestion too probably came to nothing for in the next year Eanbald died. The upheavals of the years of Danish raiding and settlement, and the subsequent re-uniting of Northumbria with the rest of the country under English rule probably brought refugees to York and to the care of the canons. The picture presented in the Historia of the canons caring for the poor flowing into the city with inadequate resources, until the gift of

20. Ancient Laws and Statutes of England, vol.2, Record Commission, (1840), p.101.

21. A.F.Leach, Early Yorkshire Schools, YASRS vol.27, (1899), p.10.

thraves, is not an unlikely one, although the account may have drawn on more recent memories of the ravaging of the north. It is unfortunate from our point of view that Wulfstan (1002-23), the most productive writer among the Anglo-Saxon archbishops of York, should have been a prescriptive, rather than a descriptive one. Nowhere does he mention a hospital at York, although the importance of alms-giving figures frequently in his writings: 'aelmesgife for Godes lufan sealdon'.²² The nearest he gets to a description is in his translation of Amalrius' De Regula Canonicorum, probably intended for the secular canons of York Minster, and possibly also for those of Beverley and Ripon.

'Lufian waeccan 7 faestan georne, 7 beon cumliðe 7 aelmesgeorne.
 Fedan 7 scryðan Godes þearfe, genosian seoce, 7 forðfarenne
 bebyrian; 7 gif het beon maege, habban symle sibbe 7 some wið
 ealle men gemaene.'²³

However this is little more than an injunction to observe the seven works of corporal mercy and to be hospitable (cumliðe translates hospitales) and to be eager in almsgiving. Considering the lack of positive evidence for a hospital in York, despite the need that was felt, at least by the eighth century, it may be that, as appears to have been the case at Pontefract, charitable provision consisted of a source of income which was doled out by the canons as they found the need, with at most a guest house where the poor and pilgrims could shelter. For this purpose a grain render such as the thraves would have been particularly useful. That something more substantial or institutional than this may have existed may be posited by comparison with the evidence for a hospital at Canterbury from the late seventh century, and at Winchester, and possibly Worcester, from the tenth

22. Sweet's Anglo-Saxon Reader, (Oxford, 1967), p.87n.

23. D.Bethurum, The Homilies of Wulfstan, (Oxford, 1957), p.192.

century.²⁴

Alms in the Anglo-Saxon period generally consisted of food alms given to the poor (the word used is 'þearfena' or needy) and infirm. It was particularly enjoined upon those such as kings and thegns who had their own halls. The image of the lord in his hall giving (treasure to the retainers; alms to the needy) was a very important one in Anglo-Saxon culture. One of the more significant events in Aelfric's *Life of King Oswald*, the Northumbrian king and martyr, relates how the king was feasting with Bishop Aidan on Easterday when he was informed that many needy people had come to seek alms. The king took a silver dish laden with food and ordered that both food and dish be carved up and distributed among the needy.²⁵ Bishops were particularly enjoined to care for widows, orphans and the poor, but the writings of Alcuin and Theodore of Tarsus seem to indicate that where they had in mind the provision of buildings it was for the poor and pilgrims whom they intended to cater. The evidence of Winchester, Worcester and York suggest that in the tenth century bishops were building, or thought they ought to be building, particular buildings for almspeople and strangers. The Chrodegangian Rule stated that nuns should have an almshouse at the gate, and there is some evidence that monasteries and large churches did maintain some almsmen.²⁶ In York there is evidence that the need for a hospital was recognised as early as the eighth century, though it is unlikely that it was met until the tenth century. Even then the evidence that such an institution existed before the Conquest is circumstantial, though probable.

24. Laws and Institutes, vol.2, p.80. temp. Theodore of Tarsus (668-90); Keene, Medieval Winchester, vol.2, p.814; VCH Worcester, (London, 1906), p.177 and n.

25. Sweet's Anglo-Saxon Reader, pp.79-80.

26. Deansley, The Pre-Conquest Church, pp.342-44.

The Post-Conquest period: St Peter's to St Leonard's

The years immediately after the Conquest must have been difficult for the hospital, as they were for everyone in York. The devastation wreaked by the harrowing of the North is generally agreed upon by the chroniclers. Accounts in The Anglo-Saxon Chronicle are brief, stating merely that in 1069 William laid waste the whole shire, and that in the following year there was a great famine.²⁷ Orderic Vitalis and Symeon of Durham writing in the twelfth century produced vivid accounts of the death and destruction caused by the harrowing and its aftermath. In both accounts it seems that the worst of the mortality was caused by the famine of 1070.²⁸ The Evesham chronicler later recorded destitute refugees begging at his monastery's gate.²⁹ Hugh the Chantor described the York to which Archbishop Thomas succeeded in 1070:

'cuncta hostili vastacione depopulata et vastata invenit; de septem canonicis, (non enim plures fuerant), tres in civitate et ecclesia combusta et destructa reperit. Reliqui vel mortui, vel metu et desolacione erant exulati.'³⁰

While much of York, including the Minster was destroyed by William there must have been much demand for such services as the hospital could provide. Not only the injured and homeless of York but also refugees from the rest of the north must have flooded in to York in the hope of finding help, housing and food. While we cannot tell how well, if at all, the hospital met these demands, it may well be that that experience pointed to the importance of having a properly appointed hospital in the city, and actually boosted its growth in the early years after the Conquest. The demands placed upon the hospital may also have helped to make decision that

27. English Historical Documents, vol.2, p.155.

28. Quoted in Hey, Yorkshire from AD 1000, p.26.

29. M.Chibnall, Anglo-Norman England, 1066-1166, (Oxford, 1986), p.18.

30. Hugh the Chantor: History of the Church of York, 1066-1127, C.Johnson (ed), (London, 1961), p.11.

the hospital should be separated from the minster. The traumatic experience of the harrowing was something which was clearly etched into the memories of those who wrote of it, and no doubt into the memories of the wider populace which may have helped to encourage donations to the hospital.

According to the Historia Foundationis William the Conqueror gave the culdees a piece of waste land which belonged to him upon which they built a hospital or dwelling for the poor flowing into the city. The poor in the hospital then elected one of themselves as master for their better government. At the prayer of Archbishop Thomas, William also gave the thraves to the hospital. William Rufus then changed the site of the hospital to its current one, and for a long time the many houses in the hospital were turned over to the king's use. Stephen then built within the hospital a church dedicated to St Leonard, and thenceforward the hospital was known as St Leonard's having formerly been known as St Peter's Hospital, the same dedication as that of the Minster. However the seal which had been made formerly continued to be used and read around the circumference 'Hospital of St Peter'.³¹ This account of the hospital's history in the first century after the Conquest is probably substantially accurate, although it fails to note the contribution of Henry I to the development of the nucleus of St Leonard's properties. It probably also overstates the concern and interest of the Crown at the expense of that of the archbishops, particularly perhaps Thomas the senior, and Thurstan, and of the chapter of the Minster.

None of the Conqueror's charters to the hospital survive, and it is perhaps doubtful that in his day the hospital was a sufficiently

31. BL, MS Cotton Nero Diii, f.7.

independent to receive its own charters. It is perhaps more likely that they would have been addressed to the Minster. Nevertheless by the reign of William Rufus the hospital was of sufficient status to be the recipient of a charter confirming its right to the thraves which is dated by Farrer to about 1090-98.³² Thus it probably post-dates the grant of land 'ante ecclesiam Sancti Petri' which was to be used 'ad hospitalitatem'.³³ This grant is probably the source of the story that William Rufus moved the site of the hospital. It is likely that the original site of the pre-Conquest hospital, probably close to the Anglo-Saxon Minster, would have had to be moved in the preparations for the building of the Norman Minster begun in 1079, if indeed it had not been destroyed in the fire which ruined the old Minster.³⁴ The account in the Historia appears to preserve the memory of two moves before the hospital finally became settled. This is not unlikely given the considerable changes taking place within the Minster precinct at the end of the eleventh century, and the expansion of the work of the hospital itself. The move to the new site was followed by the inevitable major building programme, and over the next thirty years both Henry I and Bertram de Bulmer gave charters which specifically mentioned material for construction. As both were concerned with rights in forests, it seems likely that at this date the majority of the buildings of the hospital were in wood.³⁵

By the end of Henry I's reign the hospital was beginning to acquire property throughout Yorkshire, and had already gained what was to be

32. 'illam antiquam elemosinam supra qui dictum hospitale fundatum existit videlicet de qualibet caruca arante in episcopio Eboracensi travam unam bladi': EYC, vol.1, no.166, p.141.

33. EYC, vol.1, no.127, p.117.

34. E.Gee, 'The Architectural History to 1290', in A History of York Minster, G.E.Aylmer and R.Cant (eds), (Oxford, 1977), p.114.

35. EYC, vol.1, no.167, p.142; EYC, vol.2, no.783, pp.120-21.

perhaps its most precious asset, the first master of the hospital whose name has survived. So closely identified with the hospital was he that he was known almost universally as 'Robert of the Hospital'. He is first recorded as one of the party who accompanied Archbishop Thurstan on his visit to St Mary's abbey in 1132 when he tried to reconcile the differences between the older monks and the younger ones who sought to adopt the reformed Rule of the newly arrived Cistercians.³⁶ That he was recorded as being present suggests the high regard in which he was held by Thurstan and others, and that although he was not a canon he was closely involved with both the archbishop and the chapter, and that he was sympathetic to the reforming party. He was described by Reginald of Durham, with whom he corresponded, as a 'vir ingenuus', and as being a learned man literate in both Latin and Anglo-Saxon.³⁷ In later years he was to travel to Rome several times as a representative of the party opposed to the election of William FitzHerbert (later canonised as St William of York) as archbishop.³⁸ On these missions he did not forget the hospital and obtained various papal confirmations for his house.³⁹ He was also responsible for persuading a great variety of people in many parts of Yorkshire to make grants to the hospital.

He was also responsible for the system whereby St Leonard's in these years established minor hospitals on its property in more distant parts of the country. The hospital at Bowes was certainly in existence by 1148, when it was confirmed to the hospital by Eugenius III, and although that at

36. Nicholl, Thurstan, p.172.

37. 'Haec Robertus vir ingenuus de hospitali quod est in Eboraco, se sic in libris veteribus Anglicis descripta invenisse retulit, cuius etiam genus dictaminis in modernae linguae modulatione rhythmico pedis metro decurrit': Reginald of Durham 'De Virtutibus beati Cuthberti', quoted in Nicholl, Thurstan, p.132n.

38. Nicholl, Thurstan, p.242.

39. EYC, vol.1, nos.179, 186-88, pp.149-51, 156-9.

Bagby is not mentioned until 1290 the land on which it stood was granted to the hospital by Gundreda de Warenne, probably before 1130.⁴⁰ The property at Hedon which William of Aumale granted to the hospital in 1138x43 allowed not only for its use as a collection point for the thraves, but also for the hospital to settle five poor people there.⁴¹ It is just possible that another such hospital was founded on St Leonard's property in Tickhill.⁴² With these minor hospitals, which were probably rather like the daughter cells of expanding monasteries, St Leonard's was able to spread its work far more widely than simply in York. While these 'daughter-hospitals' never became independent, and indeed seem to have remained very small, it is interesting to find St Leonard's as the mother-house of a group of smaller hospitals. While this is a common occurrence among monastic houses it is unique among English hospitals. Moreover there does not seem to have been much of a precedent: the Knights Hospitaller were only just beginning to establish themselves in England in the mid-1130s, the Order of Lazarus came in the 1140s, and the order of St Anthony of Vienne even later. While it is possible that Robert was influenced by what he may have known of the Hospitallers, it seems more likely that this was an indigenous development, influenced, if at all, by the example of other Yorkshire monasteries. This was after all, a period of a great growth in all kinds of orders, many of them quite small.

The idea for St Leonard's as a supervisor of smaller hospitals may

40. EYC, vol.1, no.179, p.150; Dugdale, Monasticon Anglicanum, vol.6, p.609. Gundreda describes herself as 'uxor Nigelli de Albin', as he was dead by about 1130 the donation probably pre-dates this. DNB, vol.13, p.1124.

41. English, Lords of Holderness, p.214.

42. The early history of the hospital of St Leonard at Tickhill is obscure, though by the thirteenth century it was certainly not dependant upon the York hospital. However St Leonard's, York did have property in Tickhill from at least the time of Stephen and possibly from the time of Henry I.

have come from Bishop Alexander of Lincoln, who, in about 1130-35 founded a leperhouse at Newark-on-Trent, and placed it under the direction of Robert the almoner of York: volumus in manum domini Roberti Eboracii elemosinari disponenda ac dispensanda commisimus'.⁴³ This Robert the Almoner may well have been Robert of the Hospital, for the only other almoner likely to be described as 'of York' was the archbishop's almoner, at this date a man named William.⁴⁴ The description of Robert as almoner of York, rather than as master of the hospital may imply that he was seen to have a wider purview than just that of St Leonard's, and that it extended to the city itself. It does not seem likely that the Newark hospital was modelled upon St Leonard's as Kealey suggests, rather it was under the general direction of Robert of the Hospital.⁴⁵ It is also interesting that the Newark hospital was a leperhouse. Was Robert already familiar with running dependent leper hospitals? While it is likely that St Nicholas, York, was in existence by this date there is no information on the early history of the other leper hospitals, nor on when they became dependent upon St Leonard's. It is just possible that some of the unendowed leperhouses of York were already in existence and already dependent upon St Leonard's.

Robert was not alone in his interest in hospital provision throughout the diocese, it was a concern which he shared with Thurstan and other of the Minster clergy. Considering the close links between Robert and Thurstan which already existed between the two men by the early 1130s it is

43. A.G.Dyson, 'The Monastic Patronage of Bishop Alexander of Lincoln', JEH, vol.26, (1975), p.12. Registrum Antiquissimum of the Cathedral Chapter of Lincoln, C.W.Foster (ed), Lincoln Record Society vol.29, (1935), no.920.

44. William the Almoner witnesses at least two charters of Thurstan's, dating from either side of the Lincoln foundation: EYC, vol.1, no.218, c.1120x35; EYC vol.1, p.131, 1137x40. See also English Episcopal Acta, J.E.Burton (ed), British Academy, (1988), p.xxxv, for Roger the Almoner in the time of Henry Murdac about 1151x53.

45. Kealey, Medieval Medicus, p.96.

probable that Robert was kept abreast of Thurstan's own innovations in this field, and may even have advised upon them. Thurstan was apparently responsible for the foundation of two hospitals: one at his manor of Otley, which was an important pre-Conquest settlement, and near which St Leonard's also held land;⁴⁶ and the other was St Mary Magdalene's, at Ripon.⁴⁷ In addition Henry I assigned the churches of Kilham, Pocklington and Pickering to the deanery of York, the revenues being charged with the support of fifty poor persons in the said villages.⁴⁸

This clustering of foundations closely connected with either Robert or Thurstan suggests that during the 1120s and 1130s there was a concerted plan to establish hospitals where they were particularly needed. Only in Ripon was there already a hospital, and here Thurstan's foundation was specifically for lepers, not otherwise provided for in the area. While the provision associated with the Deanery's churches was probably not institutionalised at this date, it should not therefore be regarded as something different from the hospitals. It is probable that Thurstan and the others did not draw such clear distinctions in a period when it was common for hospitals to support far more on out-relief than they did internally, and would have seen this type of provision as one part of a wider system. Moreover at Kilham and perhaps Pickering these doles did turn into hospitals by the late thirteenth century.⁴⁹ While it is difficult to know how large were the settlements in which these hospitals were established, all were prominent in the twelfth-century or before, and

46. Clay, Medieval Hospitals, p.334; EYC, vol.1, no.55, p.58.

47. Memorials of Ripon, vol.1, p.228.

48. EYC, vol.1, pp.333-37; C.Inq.Misc. vol.2, pp.2-3.

49. e.g. St James, Northallerton fed thirty poor at the gate and maintained thirteen inmates; St Cross, Winchester had thirteen residents but fed one hundred poor daily. Yorkshire Lay Subsidy 25 Edward I, W.Brown (ed), Surt.Soc., vol.16, (1894), p.138.

it is probable that they represented significant population centres or foci. It would be entirely erroneous to judge them by the relatively obscure positions which they now hold within the county. The geographical spread of these hospitals is worth noting, they are widely separated. From Bowes in the north to Tickhill in the south, from Otley in the west to Hedon in the east, they provided local centres for much of Yorkshire. The weighting towards the eastern part of the county is noticeable - it was the East Riding which was the wealthiest and most populous part of the county. While by no means providing universal coverage they could provide a framework for charitable care across the county.

How far all this should be seen as a deliberate plan to set up charitable care across the diocese in the same way that spiritual care was extended is more problematic. It is possible that it was envisioned that St Leonard's, then still closely connected with York Minster, should act as a centre for charitable provision in the diocese in the same way that the Minster did for spiritual provision. In a diocese as farflung as York a system of small houses dependent upon a large central hospital, would have been a sensible way of organising charitable care. That St Leonard's was not intended to be the universal director of such hospitals, but that ultimate authority lay with the archbishop may be indicated by the fact that the two Ripon hospitals were placed under the tutelage of Ripon Minster. It is possible that the minsters were intended to be regional directors of charitable provision as they had once provided regional spiritual care, but there is no real evidence that at Beverley the minster took an interest in its local hospitals, though by the early thirteenth century St Giles', Beverley was under the patronage of the archbishop.⁵⁰

50. Archbishop Gray's Register, p.8.

Whether or not there were plans to broaden and formalise the arrangements for dependant hospitals into something more like an order will never be known for circumstances overtook Robert and Thurstan. In 1137 there was a fire which destroyed much of the city and the Minster, and spreading outside the walls burnt St Mary's abbey 'cum egregio Hospitali quod fundavit Turstanus archiepiscopus'.⁵¹ Robert's energy was diverted into the rebuilding of the hospital, and after Thurstan's death in 1140, into the battles over the archiepiscopacy, though there are some indications that some of the dependent hospitals did not come into existence until after 1137. The triple blows of fire, archiepiscopal vacancy and royal insecurity meant that any plans in this direction had to be shelved, as it proved permanently. The favourable conditions of close cooperation between master, archbishop, chapter and crown were not to be repeated.

Lest the developments in the diocese of York be seen to be aberrant it must be remembered that these took place in the context of other great hospital foundations elsewhere in the country, product in part of the great popularity of the Augustinian Order in the 1120s and 1130s. At Canterbury, York's great rival in the primacy dispute, Lanfranc's foundation of the hospital of St John the Baptist had been in existence since about 1087, but in about 1123 had adopted the Augustinian Rule.⁵² In the same year Rahere had founded the priory and hospital of St Bartholomew in Smithfield, both under the Augustinian Rule. Here again a large hospital was dependent upon a religious house from which it was to break away. In the case of St Bartholomew's this was to be in the early thirteenth century.⁵³ Near

51. Nicholl, Thurstan, p.218n quoting Florence of Worcester, Chronicon ex Chronicis, vol.2, p.98.

52. Knowles and Hadcock, Medieval Religious Houses, p.261.

53. Ibid. p.286.

Winchester, another city with a tradition of a pre-Conquest hospital, Henry of Blois founded his hospital of St Cross, under the rule of the Templars for the first half-century of its life.⁵⁴ All of these foundations made provision for large numbers of poor and sick, some though not all, of which made a distinction between a small number of permanent residents and a much larger number of transients.⁵⁵ Nevertheless only in Yorkshire does there seem to have been any kind of organisation of charitable care through more than one hospital.

Considering the popularity of the Augustinian Order both generally and with Thurstan in particular it is perhaps possible that he introduced the Augustinian Rule into the hospital. This would explain Florence of Worcester's otherwise curious claim that Thurstan was the founder of the hospital.⁵⁶ Florence's source was probably the hagiographic Vita Thurstini written at Pontefract Priory at the end of the twelfth century.⁵⁷ It is clear from the charter evidence that the hospital was in existence from before Thurstan's time, so it is possible that the writer of the Vita meant founder in the sense of giver of a rule. Certainly Thurstan was interested in and supportive of, the new order, being involved in the foundations Guisborough and Kirkham, and having close personal connections with Nostell and Hexham.⁵⁸ Robert too had his connections, at least in later years,

54. Knowles and Hadcock, Medieval Religious Houses, p.319. The foundation of St Cross took place in the period 1132x37.

55. The smallest was St John the Baptist, Canterbury, at sixty; St Cross had only thirteen residents but fed 100 every day; St Leonard's, York and St Bartholomew's, Smithfield appear to have had no fixed numbers of inmates.

56. The same story is found in Gervase of Canterbury.

57. HCY, vol.2, p.259; if the author Hugh of Pontefract can be identified with 'Hugh the monk, the secretary', who was almost certainly the same as Hugh the Prior (1184-95) this gives a rough date for the text. Chartulary of St John of Pontefract, vol.1, R.Holmes (ed), YASRS vol.25, (1899), p.290 and n.; VCH vol.3, p.186.

58. Nicholl, Thurstan, pp.127-29.

with the heads of Kirkham and Guisborough.⁵⁹ Both of them would have seen the advantages which the Augustinian Rule had for a hospital, particularly one which had to support dependant houses. There is no argument against the theory of the adoption of the Augustinian Rule at this time in the fact that Robert remained, as far as can be told, an ordinary secular priest. The masters of St Leonard's were never subject to the rule, and in the thirteenth century it was envisaged that the master might even be a layman.⁶⁰

The fire of 1137 marked a change for the hospital. It brought to an end the early period of expansion which had seemed to show St Leonard's as the incipient mother of an order of hospitals. It was probably after the fire too that Stephen began to show an interest in the hospital, and helped with the rebuilding. The Historia makes no mention of the fire saying simply:

'Ipse vero Stephanus construxit in dicto hospitali quandam ecclesiam in honore sancti Leonardi, et extunc, in antea, dictum est Hospitale Sancti Leonardi'

By the fourteenth century Stephen was being remembered as the re-founder of the hospital, and the cause of its change of dedication from St Peter to St Leonard.⁶¹ Nevertheless it seems likely that later generations placed a greater construction on Stephen's involvement with the hospital than was done at the time. The Historia itself by placing emphasis on royal rather than archiepiscopal patronage of the hospital may have been written at a time when St Leonard's was trying to establish its independence from the Minster, although it never actually states that Stephen was the re-founder of the hospital, or made it independent from the Minster. Moreover as it

59. Nicholl, Thurstan, p.242.

60. HCY, vol.3, p.159.

61. CPR 1334-38, p.266.

was written within about forty years of the events it is probable that Stephen was indeed responsible, at least in part, for the building of the church of St Leonard, although this cannot be supported from the charter and writ evidence. In later years when the hospital was continuing to seek independence, and when the Crown sought the patronage, a heavier weight was laid on this part of the Historia than it had ever been intended to carry. And the change in dedication, which seems in fact to have taken some time to be widely accepted, became the symbolic indication of the hospital's independence from the Minster.

Stephen's gifts to the hospital do not reflect the image of a re-founder or even major patron of the hospital, indeed they are relatively limited by comparison with those of some of his predecessors. Stephen was certainly interested in the hospital, in his first writ concerning the hospital he described himself as 'frater enim et custos ejusdem domus Dei sum'.⁶² In this same writ he granted estovers in the forest of Galtres to the house. The writ, probably dating to 1139, grants 'materiem ad domos suas et edificia sua preparanda', and is probably to be related to the rebuilding programme necessitated after the fire of 1137. Stephen's only landed gift to the hospital consisted of six bovates of land in Ulnethwaite and Bagley and the tithes of the mills of Tickhill.⁶³ In 1153 he granted forty shillings a year from the fee-farm of the city of York, which does not seem to have been continued by his successors.⁶⁴ These and two grants of protection to the hospital constitute Stephen's entire donations, hardly a major endowment.⁶⁵ While it is possible that Stephen was more generous, but that the records, such as the Pipe Rolls, have disappeared, one would

62. EYC, vol.1, no.170, p.144.

63. BL, MS Cotton Nero Diii, f.3.

64. Ibid.

65. Ibid. f3-3v; EYC, vol.1, nos.171-72, pp.144-45.

have expected any donation of a permanent kind to have resulted in a charter which would be copied into the cartulary.

Moreover evidence that Stephen himself regarded the hospital as under archiepiscopal rather than royal patronage is revealed by one of his writs, dated to 1140x44 or 1146x47, which decreed that the hospital should not plead or respond to any claim on land belonging to it in the time of Henry I and Thurstan until a new archbishop might be consecrated. When a new archbishop had been installed the brethren of the hospital were to respond 'secundum leges et consuetudines ipsius ecclesie sancti Petri et mee civitatis respondeant', a situation which does not appear to show a newly independent hospital under the patronage of the Crown.⁶⁶ Under the circumstances the later belief that Stephen was the re-founder of the hospital and placed it under royal patronage must be regarded as a later invention not consonant with the contemporary evidence. He was a useful excuse for the Crown, and perhaps the hospital, in later disputes over the patronage.

The adoption of the name St Leonard's was a slow process and it was not generally accepted until the early thirteenth century. The first reference to this dedication seems to be in a confirmation of Theobald, archbishop of Canterbury, of gifts to the hospital, dated to 1150x54, which refers to the dedication of the church of St Leonard.⁶⁷ In 1154xc.1170 Alexander the priest gave his church of St Denys in Walmgate to St Peter and St Leonard to sustain the poor and infirm in the hospital of St Leonard.⁶⁸ Yet Paulinus, master of the hospital (c.1184x1200) was still describing it as the hospital of St Peter in a notification dated to

66. EYC, vol.1, no.172, pp.144-5.

67. Ibid. no.183, pp.153-54.

68. Ibid. no.314, pp.240-41.

1189x95, and Ralph the rector of St Peter's Hospital gave a charter in 1203x17, suggesting that even the master and brethren did not necessarily think of the hospital as dedicated to St Leonard before the early thirteenth century.⁶⁹ Even as late as 1209x20 Matthew and Agnes de Malpas were granting land in Aldwark to the hospital of St Peter.⁷⁰ But the dedication to St Leonard was accepted by the middle of the thirteenth century.

By 1148 when Pope Adrian IV issued a confirmation of its lands the hospital already had a substantial nucleus of properties and rights spread throughout the county. Already the hospital had the first lands in what were to become its manors and holdings of Acomb, Bowes, Heslington, Sutton, Beningbrough and North Cave, and over the next decades was to rapidly increase the number of its endowments. As yet the gifts were often small, frequently in the range of one to five bovates, though ranging up to two carucates at Heslington, and widely scattered.⁷¹ There were already signs of consolidation of some properties such as Beningbrough, which was to continue in the thirteenth century as at Acomb, though it was to be some twenty years before the hospital began to acquire its properties in Westmorland and Cumberland.⁷² The gifts given to the hospital included not only land, but also churches and mills, including a food or grain rent from the mill 'ad pontem belli' given by Alan de Percy and his son William, particularly useful for the feeding of a large number of poor.⁷³

69. EYC, vol.1, no.252, pp.200-03; BIHR, MS Morrell 80.

70. EYC, vol.1, no.292, p.227.

71. Ibid., no.186, pp.156-58.

72. VCH North Riding vol.1, p.162; Yorkshire Fines, 1218-31, no.306, p.104; F.W.Ragg, 'Charters to St Peter's Hospital, York', Cumberland and Westmoreland Antiquarian and Archaeological Society Transactions, vol.9, (1909), pp.236-51.

73. EYC, vol.1, no.179, pp.149-151.

The Mowbray family appears to have been a major benefactor of the hospital over at least two generations. Gundreda de Warenne gave land in Bagby, her husband Nigel d'Albini gave the church and two carucates in Helmesley. Their son Roger de Mowbray and his wife Alice gave Broomfleet with its meadows and fishery, a gift of garbs throughout the Mowbray demesne lands, as well as the churches of Brignall, Althorpe in Lincolnshire, and Eltisley in Cambridgeshire.⁷⁴ These last two were not retained by the hospital, presumably because they were so distant from any of the other of the hospital's holdings. This link between the Mowbrays and the hospital may have developed through Gundreda, who was close to Thurstan. Nigel's early relations with the church generally, including the hospital, had not been very good, so he, and their son Roger may well have been influenced by Gundreda.⁷⁵ Some of Roger's later charters also record the consent of his son Nigel, possibly indicating further interest in the third generation.⁷⁶ A number of Roger's charters are in fact confirmations of the gifts of his tenants, reflecting his encouragement of an interest shared by a lesser group of landholders. These confirmations are of gifts both rural and urban and reflect something of the wide range of social groups interested in the hospital and its work.

Other great magnates who endowed the hospital included the Counts of Brittany and Richmond, of whom Conan gave an annual fee of 20s, and Stephen and his son Alan gave the church of Bowes; William le Gros, Count of Aumale, who gave land in Hedon; and the Percys. All of these were also

74. EYC, vol.1, nos.185, 186, pp.155-58; Charters of the Honour of Mowbray, D.E.Greenway (ed), British Academy, Records of Social and Economic History, new ser.1, (1972), p.200.

75. Nicholl, Thurstan, pp.200-03; HCY, vol.3, p.53 a charter of restitution from Nigel to St Peter's hospital; pp.54-57 Nigel's will in which he makes restitution to all the churches which he had injured.

76. EYC, vol.1, no.332, p.252.

major ecclesiastical patrons and sometimes founders elsewhere in the county, and both William le Gros and the Percys were founders or patrons of other hospitals.⁷⁷

Nor was it only local magnates and their sub-tenants who gave to the hospital. Henry II confirmed the gifts of 'Eustachius filius Johannis et Lambertus de Fossegata et alii homines regis Henrici avi mei et burgenses'. Most of this land took the form of urban property in the city. His own men such as John the Lardener and Ralph Glanville, the Justiciar also gave property in the city.⁷⁸ Some of these grants actually represent exchanges of land as the hospital sought to consolidate property in certain areas of the city such as Gillygate. Others however were genuine gifts, perhaps prompted by Theobald, archbishop of Canterbury's indulgence of relief of twenty days' penance, granted in 1150x54, to those aiding 'hospitalitatem sustendandam et edificia reparanda'.⁷⁹

In addition to various properties and incomes St Leonard's also acquired various legal privileges. In 1120x33 Henry I confirmed a number of grants to the hospital stating that they should be held free and quit of all gelds and customs, with sac and soc, and toll and team, and infangthief. The hospital was to have all its lands with the same liberties and customs as the lands of the prebends of the church of St Peter of York, except that the lands should pay the husgable which they paid before they were given to the hospital, but should not pay any more because of the (increased?) number of houses or doorways. He also prohibited his ministers from invading the said houses or land to seize

77. EYC, vol.1, pp.155-56, no.185; Nicholl, Thurstan, p.156; English, Holderness, p.26; VCH Yorks, vol.3, p.332.

78. EYC vol.1, nos.173, 225, 337, pp.145-46, 186, 256.

79. Ibid., no.185, pp155-56.

anything or to cause shame or calumny upon pain of a ten pound fine.⁸⁰ Stephen granted the right of collection of wood for building and burning, and herbage and pasturage throughout his forest of Yorkshire.⁸¹ Adrian IV provided various ecclesiastical privileges such as immunity from tithes, and excommunication placed upon any who should enter any property of the hospital with violence, or to loot or burgle. He also gave the right to say Mass in the close or any of their places or granges and that none should prohibit them except mother church. He forbade any to disturb or make away with any of the hospital's possessions saving only the jurisdiction of the Apostolic See, the diocesan, and the chapter of St Peter.⁸² Alexander III granted the right of burial to those who wished to be buried in the hospital, saving the rights of the church from which the dead had come.⁸³ This was to form the basis of the hospital's Liberty of St Leonard.

While the hospital exercised its rights of manorial courts, and its right of infangthief through a gallows which stood on what is now Garrow Hill on the approach to Heslington, and also kept its own court within its Liberty, which dealt among other things with testamentary matters, and Inquisitions Post-Mortem, St Leonard's itself remained under the jurisdiction of the Minster in matters of appointment of the master and of visitation.⁸⁴ The Liberty was both a sanctuary and a jurisdictional

80. EYC vol.1, no.168, pp.142-43.

81. Ibid., no.170, p.144.

82. Ibid., no.186, pp.156-58.

83. Ibid., no.197, p.165.

84. See the account books (YML, M2(6)a-d) for vestigial signs of these -- by the late fourteenth century mortuary payments were still being made but otherwise the manorial courts do not seem to have brought in much money. The St Leonard's gallows marked one of the city boundaries and was thus mentioned in descriptions of the boundaries. It was apparently disused from the late thirteenth century. See YML, M2(6)e, principally a register of wills of the hospital from the fifteenth century, it also contains some jurisdictional material.

peculiar, and it is likely that the attempt by the city government to claim the patronage in about 1281 was at least in part motivated by a desire to regain, or extend its jurisdiction in areas where the hospital had become sole authority.⁸⁵ It was not only civic authority which had no jurisdiction within the Liberty, neither did the guilds, and in 1482 the Cappers forbade any of their members to employ people living within St Leonard's because it was impossible to correct them.⁸⁶ At what date people who were not dependants of the hospital began to live within the Liberty is impossible to say. It is probable that from an early date the hospital acquired residents who were, for example, former patients who wished to continue to live within the precincts having nowhere else to go. It is clear from the accounts that by the 1370s the forge within the hospital was being farmed to a smith who spent only part of his time on the hospital's business. This may also have been true of other craftspeople employed by the hospital. By about the same period the hospital was also providing houses within the Liberty to corrodians, and may well have rented these out when they were not wanted for this purpose.

In later years the hospital was regarded as having the status of a royal free chapel, by which it was subject to visitation only by the crown. St Leonard's had clearly not achieved this status by 1276 when it was subject to a visitation by the Dean and Chapter, but had by 1325 when the hospital successfully defended the status of one of its churches, at Bowes, as having this status.⁸⁷ Although St Leonard's could have been regarded as a royal free chapel because of its dependance on a pre-Conquest Minster, it

85. For a case of sanctuary see YML, M2(6)e; PRO, Ancient Correspondence, vol.8, no.143.

86. York Memorandum Book, vol.2, p.285.

87. HCY, vol.3, p.200; P.C.Saunders, 'The "Royal Free Chapel" of Bowes', YAJ vol.48, (1976), pp.97-106.

seems much more likely that this status was a development of the late thirteenth century and is tied up with the issue of royal patronage. Denton claims that 'the king's hospitals were often described as his chapels' but fails to discuss the status of hospitals generally.⁸⁸ He does, however point out how St Bartholomew's, Smithfield tried, but failed to establish this status.⁸⁹ In 1246 Henry III tried to claim the patronage of St Leonard's and failed, but his son was more successful in 1280 when an inquisition found that the kings were indeed patrons of the house.⁹⁰ By establishing royal patronage the status of royal free chapel was also established. This would fit the chronology outlined above. The next known visitation of the hospital after 1276 came in 1364 and was conducted by the Chancellor, as was usual in the case of royal free chapels: A similar process whereby Henry III tried to establish the status of a royal free chapel which was brought to fruition by Edward I occurred at Bosham in Sussex, with a chronology very like that at York.⁹¹

88. J.H.Denton, Royal Free Chapels, 1100-1300, (Manchester, 1970), p.5. He excludes royal hospitals from discussion on the grounds that they rarely exercised a parochial function. K.L.Wood-Legh sees hospitals' status as royal free chapels as being a result of the Crown having or acquiring the patronage: 'Royal Visitations of Hospitals and Free Chapels' in K.L.Wood-Legh, Church Life in England under Edward III, (Cambridge, 1934), pp.38-59.

89. Ibid. pp.77-82.

90. HCY, vol.3, pp.162-64; CPR 1334-38, p.266. An inspeximus of the 1280 inquisition.

91. M.Buck, Politics, Finance and the Church in the Reign of Edward II, (Cambridge, 1983), pp.81-88.

The Household and the Rule

The date at which St Leonard's adopted the Augustinian Rule is unclear, though the period of Archbishop Thurstan (1114-1140) seems to be likely, when the hospital was becoming more independent of the Minster. Thurstan was certainly a proponent of the Augustinian Rule, and the hospitals of St Gregory, Canterbury, and St Bartholomew, Smithfield in London which also lived by the Augustinian rule, date from this period. The Augustinian Rule was based upon a letter of St Augustine of Hippo, in which he advised upon a way of life for a group of women living in community. Like the Benedictine Rule, the Augustinian did not constitute an order with unified practice from house to house, but each house was autonomous and made its own interpretation of the Rule and its own customs. Like the Benedictines, after 1216 the Augustinians were organised into a congregation, where heads of houses were expected to meet on a regular quadrennial basis. However not all houses became affiliated to the congregation, so that practice remained diverse. St Leonard's was one of those houses which apparently did not affiliate.⁹²

The tendency of houses living by the rule to become responsible for hospitals, and more commonly for parish churches was because it was a rather laxer rule in some ways than any other before the Franciscan. Augustinians were required to make the usual vows of poverty, chastity and obedience, but their time and their movements were less circumscribed than that of most monastics; their offices were shorter so that they spent less time in church at their services, they did not do manual labour and they had greater freedom of movement which allowed them out of the cloister.

92. St Leonard's, York does not appear in the lists in Chapters of the Augustinian Order, H.E.Salter (ed), Oxford Historical Society vol.74, (1920).

They also had a less restricted diet, being permitted meat, unlike monks; and there was greater freedom of conversation.⁹³ The relative looseness of the Rule meant that it was particularly suitable for a community which had duties other than the simple round of the Opus Dei. Moreover it is clear from the customal of Barnwell Priory in Cambridgeshire, that the work of the Almoner was important and that he ran an almonry in which a few poor people were supported, as well as giving alms at the gate, and also that it was part of his duties to go out of the house in order to visit the sick, infirm, blind and bedridden of the locality. Although, as we have seen, there was no uniformity of custom, as opposed to rule, among the Augustinians, the customal of Barnwell has generally been regarded as being fairly representative of Augustinian behaviour.⁹⁴

Strictly speaking we have for St Leonard's not a Rule but an Ordination and a set of precepts and provisions, both dating from the last quarter of the thirteenth century, and the report from a visitation of 1364. The first of these was the result of a visitation by the Dean and Chapter of the Minster and dates to 1276-77.⁹⁵ It makes clear that the full complement of staff of the hospital was present by this date: a master, at least thirteen brethren, lay brothers, eight sisters and a number of clerks and the inmates who are called 'pauperes Christi'. The master should appoint keepers for the offices of the house and for the granges; he or whoever takes his place if he is absent should diligently attend both the canonical hours and the Mass, and rule with modesty and charity. It had already been explicitly stated in 1245 that the former master had been a layman, and that if another layman were to be appointed

93. J.C.Dickinson, Origins of the Austin Canons, (London, 1950), pp.172-94.

94. Customs of the Augustinian Canons, J.W.Clark (ed), (Cambridge, 1897), pp.172-79.

95. HCY, vol.3, pp.200-03.

he should, like the late master, Hugh, wear the habit of the hospital and live chastely and without property.⁹⁶ No corrodies should be sold but the most miserable, verging on the destitute, the infirm and the elderly should be admitted for the sake of charity. No brother, clerk or lay was to go out of the hospital without reasonable cause and the permission of the master, and even if this were granted not to go alone but to take an honest lay person or converse with him. It is not clear whether the sisters were regarded as being subsumed under the title of brother, or whether they were permitted to go out at will, or whether as they did not go out, no comment had been felt to be necessary. As one of their complaints to the visitors had been that the brothers had taken away from them a garden in Gillygate which used to be theirs, it is perhaps the first or second options which are more likely.⁹⁷ The poor of Christ who are received are to be relieved to the abilities of the hospital and no alms given for their use should be put to any other. Similarly legacies to the fabric of the church, pittances etc should as little as possible be converted to other uses. No brother should receive a gift without special licence of the master. They should not drink beyond the hours appointed, nor let it interfere with services or work. The brothers should confess to the master, or to someone appointed by the master in his absence. They should not eat or drink outside the house without permission of the president. The brothers and sisters should say Benediction and Grace standing at dinner and supper, except the sick and infirm. They should come in and go out to meals together, none leaving early without reason. No one should eat or sleep with the sisters without the special licence of the master.

The precepts and provisions were made in 1294 by Walter de Langton,

96. HCY, vol.3, p.159.

97. LJRO, QQ 10 R.

newly appointed master of the hospital.⁹⁸ All the brothers who were chaplains and literate, were to have their own seat and carrel or desk in the cloister. All the chaplain brothers were to rise for Matins together and to be present at all the hours. After the morning hours at least four chaplain brothers as well as the chaplain celebrating mass, were to be present at the mass of the Virgin, and then each was to say his own mass, as ordered by the master and cellarer. Then until Prime they were to go to their seats in the cloister, to say the psalter and pray for the souls of the king and other benefactors. At Prime they were to go into the choir, and afterwards to the chapter for correction of faults. They were then to return to the choir and after the hours and mass of the day were finished, when the little bell rang to assemble outside the door of the refectory and there sit until all were present, and then enter. A brother should read to them at both dinner and supper, and they were not to sit over their meal too long. The sisters were presumably to eat separately, as is the implication of the Ordination and is explicit by 1364. The brothers were then to return to the church and say Grace. In summer after dinner they were to sleep, and then go to the cloister and study until Vespers, for which there would be two peals of the bell. After Vespers of the day and of Our Lady they were to return to their books in the cloister until supper. Then they were to return to the church for Compline of the day and of the Blessed Virgin, followed by the Salve Regina or some other anthem in her honour before the altar of the Virgin. Then they should say their private prayers, in choir or cloister until bedtime, when they should all sleep together in the dormitory, the cellarer alone having a separate chamber. They were not to eat or drink after Compline, nor to go into the

98. Dugdale, Monasticon, vol.vi(2), pp.610-11.

refectory.

Directions were made as to the hours when the doors were to be kept closed, and one brother was to be assigned by the master to keep the keys, and the sacristan was to have the keys of the church. The secular chaplains and the choirboys were to go together to the church to sing the hours, and to go in by door by the porch of the Blessed Virgin which was to be closed after them. The laybrothers were to go in through the cloister and go to their stalls by the door by the altar of the Holy Cross.

Silence should be kept in cloister, dormitory and refectory: and there should be no quarrelling among the brothers at table, and they should be content with what they were given. If any of the brothers were too ill to follow the office in the choir, the master should give him a certain chamber within the infirmary. This should be the chamber where the brothers were bled and shaved; after bleeding however they should eat with the brothers in the refectory. And none should go out of the house into the court or the town to eat or drink without having asked and received permission.

All the brothers should be shaved at one time and by one barber, once a fortnight. If any were incontinent, or disobedient or had property, they might not be absolved by any except the master unless on the point of death; however if they recovered they should go to the master and receive absolution from him. If however anyone was found to have property after death they should be refused church burial.

The master should keep the charters and instruments of the hospital in the treasury of the hospital and make sure they were properly looked after; and the master and the clerk of the treasury should keep them under two or three locks with the consent of the Dean of York. Nor should any brother

of the hospital have knowledge of them, or give them or speak of them to anyone outside the hospital, except by command and licence of the master, except the cellarer, if it were required. And none of the brothers should go out of the cloister to wander about in the court at any hour of the day; nor go out of the door of the nave of the church except in procession. And an honest place was to be set apart in the lower part of the church, from one side to the other where the sisters could come and sit: and they should come in and go out together, towards the church and market, three or four at least, going together, and none to go out of the court without special licence of the master; the same for the brothers.

All these precepts the brothers and sisters were to hold to firmly, and they were to obey the commands of the master or the one in his place; and nothing was to be changed without the authority of the master; and if anyone broke their oath or obedience they were to be severely punished by the master.

In 1364 visitation was made by the chancellor.⁹⁹ He directed that all should live in charity and unity. The master should not try to depress the status of the brothers and they should not conspire against him. There were to be thirteen chaplain brothers who should wear the habit now used, and that it should not be of fine material, lascivious cut nor contemptible. Under their copes they should wear a scapular of black or grey after the manner of the Friars Preachers, and they should live communally and regularly according to the custom of the canons regular of the Augustinian order. Lengthy directions were made as to the form of the offices and services. When there was a vacancy amongst the chaplain brothers the master was to choose a suitable replacement after an

99. PRO, C270.20.

examination and with the consent of the brothers. The candidate was to have a one year probation and then make profession of poverty, chastity and obedience. The lay brothers were to make a similar profession to serve God, the Virgin and St Leonard, and the poor to the best of their ability. A similar promise was made by the regular sisters, who also promised to submit themselves to the needs of the sick. The lay brothers who were not sick or busy were to go to matins, and both they and the sisters were to go to at least one mass each day.

Confession was to be made only to the master or cellarer. If any were accused of incontinence, having property, or of rebellion they were to be given punishment in chapter by the master or cellarer, and their punishment should depend on their contrition and should be administered with discretion and not too rigidly. There was to be a certain strong chamber where delinquent or incorrigible brothers could be imprisoned. None of the masters, brothers or sisters were to reveal the council of the house nor the secrets of the chapter to the damnation or scandal of the house upon pain of ejection. The number of lay brothers was to be controlled by the master and brothers, but was not to be more than the ancient number.

There were too many sisters, and no more should be received until they were reduced to the customary number of eight, which number should be adhered to. The sisters were to have their meals together, separately from the brothers, and one of them was to be appointed by the master and brothers to direct and correct them, not permitting men entry to them without an honest companion and at a time which was not suspect. They were not to do work for money, but to be intent only upon the poor. They were to wear the customary habit of gowns, which were not to be too elaborate, and without long overtunics or mantles, so that they could more easily

serve the poor. They were not to have secular maids because they might cause sinister suspicion, nor should lay sisters live in the hospital, nor women be received as boarders.

The brothers were to eat together in the refectory, the chaplain brothers in the upper part, the lay brothers in the lower. They were to have two dishes daily and a pittance on double feast days. These double feasts when they might have a pittance on the vigil and the feast were those of: St Stephen, St John the Evangelist, Holy Innocents and the Circumcision, and Epiphany; the Purification, Annunciation, Assumption and nativity of St Mary; Easter eve and Easter day, Easter Monday and Ascension day; Pentecost and its octave, Holy Trinity and Corpus Christi; Nativity of St John the Baptist, the feast of SS Peter and Paul, Michaelmas, All Saints, the feast of St Leonard and his translation and the dedication of the church. They should abstain from meat on Wednesdays, Fridays and Saturdays in the refectory but the ill might eat meat if they had permission but were then to go to the choir and say Deo Gracias and sing the psalm Miserere.

They were to avoid too much eating and drinking and should not have private meetings in their rooms nor have suspect conversations with secular women or the sisters nor go into any suspect place with them. If any were convicted of a lapse of the flesh, on the first occasion they were to be severely punished by the master or cellarer, and on a second offence a penance was to be given until their signs of penitence allowed remission.

Provision was made for money for clothing the brothers, and a lesser amount for the sisters. The house was to be under the rule of the master and he was to provide vestments, chalices and other necessaries.

The number of the poor supported in various ways was set and the

numbers were to be kept. The sick were not to be sent away until restored and able to work, and should be replaced by others. Those who recovered and were allowed to remain were to be set to work, and not allowed to eat the bread of idleness.

One or two chaplains, either regular or secular, were to be appointed by the cellarer, by the advice of the master, to hear the confessions of the poor, and to administer the sacrament if necessary. They were to go round the house at night, comforting the sick and encouraging them to confession and penitence for their sins. The master was also to appoint the sisters by turns to minister to the sick, to give them food and drink, cover them, wash them, lead them about as human necessity required, and if any of them needed the viaticum or wished to confess, they were to fetch the priests at once.

The sick were to have the usual livery of food of bread, ale and a dish (fercula), but if they were too sick for this they were to be fed from the money given for the pittance of the poor, according to the orders of the master. There were to be no more secular priests as cantarists than was necessary. The janitor of the great gate and the porter in the infirmary were to be discreet in their work, and none were to be admitted except on business and at lawful times. If they noticed any who secretly or openly took things away they were to tell the master.

When the master resided in the house he was to do so with honour, but without burdening the house. He was to have a secular chaplain, two pages, and other servants and men as necessary, and eight horses at the expense of the house. He was to see that those brothers who were able and willing should go to the theological schools in York after they had celebrated Mass, and there should be a building with thirteen studies where they could

study Scripture.

Directions were made as to the management of the manors and the master or his representative were to go round the manors every year after Easter, and the accounts were to be audited as soon after Michaelmas as possible. As the property was barely sufficient for the needs of the house, none were to create unnecessary expenses. None were to sell or pawn the ornaments of the church or sell corrodies under pain of deprivation in the case of the master and ejection in the case of the brothers. They were to grant no pensions unless they were necessary, nor to destroy or give away the great oaks without royal licence.

The almoner was to collect all that was pertinent to his office, and to distribute it faithfully, as was best pleasing to God. The common seal was to be kept under three keys, one to be kept by the master, one by the cellarer, and one by one of the chaplain brothers who was chosen for this. No letters of obligation or quittances were to be sealed with the private seal of the master. The various officials should write down their expenses every day, which should be scrutinised by the master's clerk.

Provision was made for the children's house. The house was to have two or three common horses for the use of the brothers or others employed on the house's business. Servants at the manors were not to have horses or men-servants except when needed for the use of the house. No women were to be allowed at the manors because of scandal.

This household was subject to some variation. When the master was not resident, as became common after the crown regained the patronage, there was usually a deputy-master in his place.¹⁰⁰ While this may often have been the cellarer, who was the most important official in the hospital

100. See section on patronage of the masters of St Leonard's, York.

after the master, he was sometimes another individual perhaps appointed by the master. As with other religious houses it became increasingly difficult to recruit lay brothers after the black Death and by 1461 they had been replaced by six maids who were employed in the infirmary.¹⁰¹ There were others on the staff: a grammar master and a singing master, with in 1280 fourteen boys wearing copes and five others, (this was in addition to the orphanage where there were twenty-three children and a woman looking after them), and a sacristan's clerk. The Cellarer had a servant and a boy, the refectory had a clerk, the cook has a servant in the cellar for the infirm, and the sub-cellarer had a servant in the granary and a serving boy. There were also a considerable number of lay servants within the hospital, providing a whole range of services to the hospital. They included: cooks, a keeper of the guest-hall, a tanner, a maltster, bakers, a miller a carpenter, a wheelwright and a mason; a smith and a farrier; eight carters and ten shipmen; two washerwomen for the infirmary; two porters and various other workmen and dependants of servants, as well as a number of people holding livery.¹⁰² Altogether it was a large and largely self-sufficient community. The balance of servants did not remain absolutely stable throughout the middle ages but most of these jobs were ones which continued to be needed by the community throughout its life.

The picture formed is of a large community and an elaborate round of services. Nevertheless there are clear parallels with the life at St John's, Cambridge, though the rule of the smaller community consisted of a mere nineteen brief items.¹⁰³ Both houses clearly derived their rule from the common stream of Augustinian rule and custom.

101.YML, M2(6)b, ff.36v-38v.

102.LJRO, QQ 2 and 7.

103.Rubin, Charity in Medieval Cambridge, pp.153-83, 300-01.

Chapter Three:

THE ECONOMY AND PATRONAGE OF ST LEONARD'S HOSPITAL, YORK

This chapter deals with the economy of the hospital and its sources of income, and with the patronage of the masters and their relations with York Minster and with the Crown.

St Leonard's Hospital 1270-1500: The Economy

Sources

The evidence for the state of St Leonard's is probably better for the period 1270-1400 than for any other. In particular it is only during this period that records survive for the visitation of the hospital, and that there are any accounts. The first major group of documents to survive relating to the hospital (other than those copied into the cartulary¹) is a collection now in the Lichfield Joint Archive Office covering the period c.1270-96.² These were probably transferred to Lichfield by Walter de Langeton, Bishop of Coventry and Lichfield and master of St Leonard's 1297-1307, soon after his appointment to the see.³ The documents cover many aspects of the economic functioning of the house including valuations of the manors and churches belonging to the hospital, lists of religious and dependants, and returns on the provision for the brothers, sisters and infirm. Throwing further light on the period of Langeton's mastership are the Records of the Trial of Walter de Langeton, 1307-1312.⁴ There are then

1. Originally in three volumes compiled in the early fifteenth century, only two volumes now survive: BL, MS Cotton Nero D iii and Bodleian MS, Rawlinson B 455. Notes from the third volume survive amongst the Dodsworth MSS. See D.E.Greenway, 'A Lost Cartulary of St Leonard's Hospital, York', YAJ vol.42, (1967-70), pp.178-80.
2. LJRO, QQ 1-10.
3. He became master of St Leonard's in 1293, CPR 1292-1301, p.15.
4. Records of the Trial of Walter de Langeton, 1307-1312, A.Beardwood (ed), Camden 4th ser., vol.6, (1969).

no further records of this sort until 1364, when the Chancellor, Simon Langham, Bishop of Ely, made a visitation and produced a set of injunctions.⁵ Further visitations, also preserved in the PRO, were made in 1376 and 1399.⁶ In the latter case, when the hospital was in an extremely unsatisfactory state, many, perhaps all, of the documents submitted for the examination of the visitors were preserved along with the final visitation report prepared by the visitors.

Like the Lichfield documents the later returns concentrated chiefly on the economic status of the hospital so that it is to some extent possible to compare the situation of the house in the late thirteenth century with that in the late fourteenth. Inevitably the detailed emphasis in the two groups of documents tends to be somewhat different: there is no equivalent in the PRO manuscripts for the division of land into acreages of meadow and arable land on each manor in the Valor of 1287;⁷ nor do the earlier documents have the same details about corrodies that the 1399 Visitation has.⁸ Nevertheless it is possible to study the hospital over a period of a century and come to some conclusions as to the way in which it was developing. Filling out the dark periods between the spotlights of the visitation records are the Patent and Close Rolls in which St Leonard's makes frequent appearances as a royal free chapel and benefice which the king bestowed on the greater of his favoured servants, and to which he might send the lesser of his favourites in their retirement.⁹ In this light a remarkably full picture of the history of corrodies in the hospital can be obtained and this is treated in chapter four.

5. PRO, C270 no. 20.

6. PRO, C270 no. 23/12 and 21.

7. LJRO, QQ 1.

8. PRO, C270 no. 21, f.3.

9. e.g. Robert Polidot the king's minstrel: CCR 1343-46, p.99.

In addition the cartulary of the hospital, in particular BL MS Cotton Nero Diii, which contains material relating to the privileges of, and royal and papal grants to the house, as well as to property in the city of York, provides some material for this period though most of the hospital's major properties had already been acquired by this date. It was in the later fourteenth or early fifteenth century that the cartulary was drawn up, possibly in response to the acquisition of a large number of smaller tenemental properties in York, which were donated to support obits within the house, mainly during the mastership of Richard de Ravenser. Some property acquisitions and other material were however added after this date.

There are also a number of Receiver's Accounts from the hospital which are preserved in the archive of York Minster library. These are a somewhat miscellaneous collection and do not provide any 'runs' of accounts. They are bound as three volumes: MS M2(6)b covers the months June to September 1409; MS M2(6)d is a record of the whole year running from Michaelmas to Michaelmas 1461-62: MS M2(6)c contains a number of accounts including the years, 1343-44, 1370-71, 1375-76, 1378-79 and 1385-86. The first and last of these are written on parchment, the second on paper. The account of 1461-62 is rather faded but usually legible. The other two have been affected by damp, and although in places remarkably clear, there has been some loss of material and legibility. The accounts record income from divers sources and similarly disbursements, but give no indication of holdings which did not vary through the year. Thus they cannot be used to discover the numbers of animals which the hospital had in its flocks, nor except in a few individual cases the numbers of acres ploughed, mown or grazed.

The Manors

St Leonard's economy, like that of most large religious houses, was based primarily upon the product of its manors and granges, although it also drew some revenue from urban rents and also from the Petercorn, the right to a thrave of corn from every plough ploughing in the counties of York, Lancaster, Westmorland and Cumberland. The best source for the size of the manors and the types of agriculture practised upon them, with acreages and values assigned to each, is the Lichfield documents. Being compiled for an incoming master they give lists of all the different manors with the income from each broken down into its constituent sources. The Visitation records generally only give very hazy information about the agriculture practised, being interested only in the total value of a particular manor, whether this was an improvement or otherwise on the previous state, and any instances of incompetence or peculation on the part of the manager.

The 1287 Valor of all the manors lists eighteen such properties, all belonging to the hospital, except Kirkstall and the land called 'Dukett' in the same village which was held on a thirty year lease from the abbey of Kirkstall.¹⁰ Altogether, it was calculated, the hospital had 2,684 acres of arable land, of which 34 carucates were cultivated, and 412 acres and three rods of meadow. Together these were worth £181 14s a year.¹¹

All but two of the manors had both arable and meadow land, some of the latter was specified as being mowable (falcabilis) or hay meadow. On average the proportion of arable to meadow was 10:1 although Heworth and Exelby both had a ratio of over 25:1. On only one manor was there more meadow than arable. This was at Easingwold, where the manor was

10. LJRO, QQ 1.

11. LJRO, QQ 10 0.

particularly small - less than 50 acres in all, of which 40 were meadow, which suggests a specialised farming unit, rather than the more usual mixed agriculture. The largest of the manors was Broomfleet with over 450 acres, the smallest Morehamwyke, with less than 15, but most were in the 80-300 acre range.¹² This is slightly on the small size for the average grange estate, but does not include the acreages of common pasture, woods, turbary and so on which are not usually given.¹³ The manors should thus be taken to be of a standard size for their time and place. The value per acre of arable land varied from 5d per acre in the Leeds area to 18d at Exelby, Hunton and Garthom. Broomfleet was the most expensive but this was probably because good land was generally expensive in that area by the Humber, where much of the land was too wet or salt to be usable.¹⁴ Meadow land made up 412 acres and was valued at between one and four shillings per acre, mostly around two shillings, or around two to four times the value of arable. It tended to follow the same price patterns as the arable, being of a low value in the Kirkstall area and above average in Hunton and Exelby, although relatively at its highest value at Beningbrough. Of the four largest manors three were within a ten-mile radius of the hospital, allowing an easy and regular supply of produce and ensuring that the corn had only a short distance to travel for storage before use in the hospital or sale in the York market. Heworth and Exelby too seem to have specialised in corn production.

12. However, Morehamwyke specialised in the production of turves and farming was only a sideline.
13. C.Platt, The Monastic Grange in Medieval England, (London, 1969), chap. 3 passim.
14. On this manor the meadow was divided into salt (salso) and clear (frisco); oddly the former was more valuable than the latter.

Value of the Arable and Meadow of the Manors in 1287

Manor/Grange	Arable Acres	Value/Acre	Meadow Acres	Value/Acre	Value of Manor	
					1287	1377
Beningbrough	252.5	7d	38.75	4s	£19 5 5	£ 3 12 9½
Newton	80	-	-	-	£50 17 11*	£50*
Sutton	86.5	6d	6 a	1s	£ 4 3 5	£ 4 12 4
Easingwold	9	6d	40 a	1s 8	£ 4 2 2	-
Heworth	114	9d	4 a	4s	£ 7 14 2	19 2
				1s 6		
Leeds	321	5d	23.5	2s	£53 7 3	£ 9 10 1½
Bramhope	80	6d	12	3s	£ 8 9 4	£ 2
Kirkstall	115	5d	22.375	2s	£10 2	-
Dukett	36	5d	4.75	1s 6	£ 1 2 7½	-
Exelby	166	1s 6d	6 a	3s 4	£26 2 10½	-
Hunton	182.5	1s 6d	25 a	4s	£24 16	£ 6
Garthom	221	1s 6d	80 a	2s	£34 16 9½	£ 5*
Docker	90	4d	20 a	1s 6	£ 8 15 4	£10*
Bowes	114	6d	15 a	2s	£134 4 2	£14 14 4
Acomb	300	8d	23	1s 8	£15 10 4	£ 4 6½
Heslington	240	10d	26 a	2s	£25 13 1	£ 7 6 9
Morehamwyke	13.5	8d	-	-	£22 7	£12
Broomfleet	354	1s 8d	101.5	2s 6	£50 11 1	£80 6 8
				3s		

Table 3.1

Key

* at farm
a hay meadow

Thraves

Besides the grain grown on its own manors St Leonard's could claim the Petercorn, a thrave from every plough in Yorkshire, Cumberland, Westmorland and Lancashire. This was an ancient revenue which was claimed to date back to a grant of King Athelstan to York Minster in 936.¹⁵ The income from the Petercorn was confirmed to the hospital by William Rufus, and York Minster made continuous efforts on behalf of its dependant to secure these through the twelfth century.¹⁶ Renewed royal interest in the hospital is indicated

15. See Chapter Two: The foundation.

16. ECY, vol.1, nos.182, 188, 191-193, 195, pp.152, 159-162. Includes directions from the archbishop, the Dean and Chapter, and the pope.

by the first mention of the thraves in the Patent Roll of 1255 in a grant of special protection and of a thrave of corn every year from every plough ploughing in the counties of York, Cumberland, Westmorland and Lancaster.¹⁷ The grant was confirmed in 1265¹⁸ and at roughly ten-year intervals up to 1336, mandates were issued to the relevant sheriffs to distraint for thraves.¹⁹ The grant of 1255 and its successive confirmations and mandates were all part of the process whereby St Leonard's was attempting to use increasingly effective royal authority in the north for its own ends. The Crown too was more than willing to participate in this purpose, as both Henry III and Edward I both sought to gain control of the patronage.

By 1287 the Petercorn raised on its own manors was bringing in £15 6s 2½d, unfortunately the figure for other thraves is not given though when added to other collections, such as garbs, it totalled £440.²⁰ After 1336 a succession of strong masters meant that there was no need for royal mandates except at rare intervals. However in 1355 and 1380 St Leonard's again had to ask for a writ of aid against 'certain men (who) are newly striving of malice to withdraw the same'.²¹ If the problem was solved it was only temporarily; in 1388 a jury was appointed to enquire into the hospital's complaint that it was not receiving certain thraves.²² With the hospital drawing a large income from thraves, it was bound to try to ensure that the thraves were fully paid; while landholders were naturally disinclined to pay a tax or tithe beyond the usual and universal ones. There was inevitably a certain amount of friction. Nevertheless, although

17. CPR 1247-58, p.409.

18. CCR 1264-68, p.111.

19. 1267, 1276, 1284, 1309, 1333, 1336.

20. LJRO, QQ 10 C.

21. CPR 1354-58, p.231; CCR 1377-81, p.388. There is some suggestion that the exacting demands for thraves in this year may have been the reason for the attack on St Leonard's during the 1381 Rising.

22. CPR 1385-89, p.471.

there had been a fall in the income from thraves in the mid-fourteenth century to £320 it had recovered to £425 19s 8d in 1377.²³ The Petercorn thus represented a steady income (barring natural disasters), although, like most agricultural income, it did not keep pace with the general rise in prices and wages after the Black Death. It seems to have retained its value rather better than some agricultural revenues, so that by 1380 it may have appeared as a relatively increasing burden on those who had to pay it, thus precipitating widespread attempts at its avoidance. This would be especially true as grain prices began to drop in the 1370s and apart from a slight upturn in the price in the early fifteenth century, continued to decline through much of the century.²⁴ For those producing a small surplus for the market in such conditions, the loss of any profit however little would be resented at best, unsustainable at worst. Moreover the disappearance of other customary dues in the late fourteenth and fifteenth centuries probably made the Petercorn seem a particularly onerous and redundant anachronism. In both 1287 and 1377 the Petercorn was worth more than twice the income from the manors, and was not something to be willingly lost.

The method by which the thraves were collected is somewhat obscure particularly in the early years. In the twelfth century it seems to have been done through local collecting centres belonging to St Leonard's which were something like granges. Only one of these can be positively identified, at Hedon, and later references to a hospital of St Leonard here are to this 'grange' rather than to an independent hospital.²⁵ At this date the hospital employed collectors, and later sometimes farmed the

23. PRO, C270 23/12 no. 2.

24. J.L. Bolton, The Medieval English Economy, 1150-1500, (London, 1980), pp.70-71.

25. B. English, Lords of Holderness, (Oxford, 1979), p.214.

collecting to people who often also leased manors from the hospital. Further information about the collection of the thraves is very limited. In the twelfth century it is clear that parish clergy were expected to see that their parishioners paid the Petercorn, and great lords like Roger de Mowbray who were patrons of the hospital might also direct their reeves to see that it was collected on their estates.²⁶ Polydore Vergil indicates that in the fifteenth century the thraves were collected by proctors of the hospital.²⁷ Usually the accounts give only a total sum for the value of the thraves for each Riding and Cleveland. Sometimes it is clear that the value is that of the sold thraves, but it is not clear whether the thraves were sold from a central collecting point, from places like Hedon, or in the process of collection by the farmers or proctors. A process whereby the collection of thraves was farmed with a fixed sum of money going to the hospital would seem to be the most efficient system, and would explain why the hospital was buying grain in large quantities at the same time as it was apparently receiving thraves.

From 1400 the hospital was to complain regularly of the non-payment of thraves by both lay and religious, a complaint which was equally regularly investigated, but for which no solution seems to have been found.²⁸ After 1428 such complaints ceased, possibly because the hospital had given up trying to collect much of this income, but more likely because the hospital decided to pursue its debtors through the courts. This seems to be the most likely explanation for the series of pardons of outlawry granted to

26. EYC, vol.1, nos.191, 193, 195, pp.160-62. D.E.Greenway (ed), Charters of the Honour of Mowbray, 1107-1191, (London, 1972), no.306, p.200.

27. Three Books of Polydore Vergil's English History, H.Ellis (ed), Camden Society, 1st ser., vol.29, (1844), p.121.

28. CPR 1401-05, p.434 (1404); 1408-13, p.473 (1412); 1413-16, pp.111-12, (1413); 1416-22, p.51 (1416), p.389 (1422); 1422-29, p.494 (1428).

PRO, E135.3/43 dated 1400 records a lengthy list of defaulters.

various individuals between 1432 and 1449 who had all been sued for debt by the hospital.²⁹ This policy may have coincided with the appointment of William Scrope, a lawyer, as master in 1432. In at least one of these cases the defendant would not have been liable for thraves as he lived in Melton Mowbray, but he would have owed the ninth garb which was a similar kind of payment, a due granted to the hospital by Roger de Mowbray in the mid-twelfth century on all his English demesne lands.³⁰ In all the other cases the defendants were from Yorkshire, and it seems most likely that they were being sued for failure to pay the thraves. All the men cited were described as husbandmen, and in all but one case the debt was set at 40s, which suggests that the hospital was willing to pursue even, or perhaps especially, fairly humble defaulters. These would have been the kind of people least able to afford to pay in a period of reduced grain prices. In cases of more substantial landholders the hospital either had to be more circumspect or came to some kind of agreement before court action was necessary. In the 1461-62 Receiver's Account the hospital's attorney was paid for preparing various legal documents such as letters of attachment. Letters for detention of thraves appear in the work for each of the law terms.³¹

In 1468 there appears to have been concerted resistance to the payment of the thraves among certain of the gentry for the master and brethren complained in Chancery that Sir Hugh Hastings, John Womwell, Alexander Drax, and Thomas Methley esquires, and Richard Jakson and others 'by their stirring in the County of York had withdrawn from the hospital the thraves

29. CPR 1429-36, p.227 (1432); 1436-41, p.208, 211 (1439), 465 (1441); 1446-52, p.93 (1447), 96 (1448), 289 (1449).

30. CPR 1424-36, p.227. D.E.Greenway (ed), Charters of the Honour of Mowbray, 1107-1191, (London, 1972), no.306, p.200.

31. YML, M2(6)d, f.23.

or Petercorn'. The Earl of Warwick, John Markham and Robert Danby, knights, were assigned to enquire, and confirmed the right of the hospital, payment to be made by all those who did not make a composition.³² It is in this context that the East Riding rising of 1469 should be seen. Polydore Virgil gives an account of this which indicates that it was stirred up as part of the warfare between the king and the Nevilles, but that the excuse was the matter of the thraves:

Ther was at York an auntyent and welthy xenodochye, that ys to say, an hospitall dedicatyd to St Leonard, wher powre and needye people wer enterteynyd and the sicke relevyd. To this holy howse all the whole provynce dyd, for devotion sake, geave yerely certane quantitie of wheat and first fruytes of all graynes, to serve thuse of the powre, which quantyty of corne thusbandmen, by provokement and instigation of certane headesmen of therles faction, as the report went, first denyed to geave, alledging that the thing given was not bestowyd upon the powre but upon the riche, and rewlars of the place: aftirward, whan the proctors of the sayd hospytall dyd urge the same earnestly at ther handes, they mayd an affray upon them.³³

As a result fifteen thousand men marched on York, where they were repulsed and their leader taken and executed.³⁴ Charles Ross chose to deny any relevance to the hospital in the rising and saw it as a purely political matter, pointing out that Polydore Vergil was not a contemporary of the events, and that other accounts do not refer to the hospital.³⁵ However it is difficult to see why Vergil should have made this statement if he did not have some good reason for believing it to be true. Moreover although he was not to embark upon his work until about 1507 he used a variety of sources, both manuscript and oral, which were contemporary with the events which he described. One of his sources was Christopher Urswick, Dean of

32. CPR 1467-77, pp.131-32.

33. Three Books of Polydore Vergil's English History, p.121.

34. Ibid. pp.121-22.

35. C.Ross, Edward IV, (London, 1974), pp.126-27.

York.³⁶ While Urswick probably did not come to York until after the 1469 rising, he was a northerner and would have been a young man of twenty-one at the time of the rebellion. He might well have first-hand knowledge of the events, and, if not, a life-time in the service of York Minster would have brought him into contact with those who did.³⁷ Urswick is the most likely source for Vergil's account and probably a largely reliable one. However, as the master of the hospital was also the Archbishop, George Neville, and brother to the Earl of Warwick, it seems somewhat unlikely that the Earl's supporters should have urged resistance to the rulers of the hospital. It is perhaps more likely that the revolt was aimed simply at the hospital, and that Vergil was trying to incorporate it into a narrative which saw such events in terms of national power politics rather than as local issues.

While it seems somewhat unlikely that the rebellion did have more political overtones it did cause Edward IV sufficient concern that he initially agreed to end the claim to thraves, recompensing the hospital in some other way, however there is no evidence that any such recompense was given.³⁸ The loss of the thraves without (apparently) any replacement source of income would have compounded the decreasing income from other sources such as rents. How much of a loss it represented is however more difficult to say. In 1416 the hospital claimed that it was losing £160 yearly from detention of thraves.³⁹ It is probable that the tougher policy of the 1430s and 1440s reduced the level of avoidance, at the expense of legal fees and resentment by those who paid the thraves. Unfortunately in

36. A.Gransden, Historical Writing in England, (London, 1982), vol.2, p.442.

37. DNB, vol.20, p.55.

38. BL, MS Cotton Nero Diii f.215.

39. CPR 1416-22, p.51.

the 1461-2 account although headings are written for entries on collections, garbs and tithes for the three Ridings plus Richmondshire and Cleveland, no sums were entered, so that it is impossible to tell how much the hospital was actually receiving from thraves shortly before their removal. The account does have at the end, under a heading of 'collections', a very long list of individuals, against each of whom is entered 'one carucate' very occasionally more, and sometimes a number of years, rarely more than four. This would appear to be a list of arrears, which suggests a large number of defaulters, though no sums are indicated. It may be that it was the loss of the thraves which caused the dramatic drop in the numbers of those being supported in the hospital from around 130 in 1461-2 to apparently about sixty at the time of the Valor.

Animal Husbandry

Sheep.

Besides arable farming St Leonard's also kept sheep and produced wool. This activity was concentrated on the north-western manors of Exelby, Hunton, Garthom and possibly Bowes, and at low-lying Broomfleet.⁴⁰ In 1287 these manors had at least 7,250 sheep between them, as well as Hunton which had 'bidentes sine numero'. In this period St Leonard's had more sheep than Kirkstall Abbey and nearly as many as Meaux.⁴¹ By comparison the small house of Bolton Priory had flocks which topped 3,500 only in its most productive year of 1310-11.⁴² In 1287 sales of wool to merchants had raised £158 13s 4d, with an additional £8 6s from black wool and other lots.⁴³ At Broomfleet alone the wool from 2,226 wethers and ewes, and 774

40. LJRO, QQ 1. Bowes had 'animalia sine numero'.

41. J. Moorman, Church Life in England in the Thirteenth Century, (Cambridge, 1955), p.297n.

42. I. Kershaw, Bolton Priory, (Oxford, 1973), p.80.

43. LJRO, QQ 10 E.

lambs was estimated to be worth £200 with another 1,266 sheep and lambs on the estate.⁴⁴ By this time the hospital had probably recovered from the scab which had killed 3,205 sheep and lambs ten years before.⁴⁵ Disease was a perennial problem: an undated memorandum of the time of Walter de Langeton shows that his estate of Adlingfleet had lost nearly half its stock. Of 815 sheep and lambs from the previous year 385 were dead, leaving only 430, but in the year of writing 1,019 sheep had been bought of which only 41 had died.⁴⁶ The documents unfortunately do not cover the years of the sheep murrain of the early fourteenth century, but do provide a context for it. Years of murrain or scab must have hit the income of the hospital though not as severely as harvest failure.

Wool continued to be a product of the house: in 1338 John Giffard, the master, delivered to the collectors of the custom of wools, hides and wool-fells in Hull, 20 sacks of wool in part-payment for a grant of certain liberties and quittances.⁴⁷ In the following year he was owed 54 marks by the Crown for two sacks of his own wool and four belonging to the hospital.⁴⁸ In 1340 the mayor and bailiffs of York were ordered to release four sacks of wool belonging to the hospital wrongfully seized for the payments of customs not due.⁴⁹ In the 1370-71 account the hospital sold wool to the value of £111 20d, which consisted of 19 sacks of better wool sold to John de Gisburn and Roger de Moreton, both prominent York merchants, and £9 worth of 'refus' wool sold to 'Thomas Holym', probably Thomas de Holme another well-known York merchant. St Leonard's also sold 240 sheep for £24. It may be that the hospital was here culling some of

44. LJRO, QQ 9.

45. LJRO, QQ 10 B.

46. LJRO, QQ 4.

47. CPR 1338-40, pp.160-1.

48. Ibid. p.291.

49. CCR 1339-41, p.590.

the older or weaker sheep, as happened at Bolton Priory, though they seem to have got a good price for them.⁵⁰

Sheep are only mentioned twice in the 1399 Visitation. At William Boothby's entry into the house it was said, the hospital owned 'ccij multones, mlij oves matrices, cclxxiiij hoggastri, ccviiij agni'.⁵¹ This was less than a quarter of the number it had owned in the late thirteenth century. Boothby appears to have left alone the 790 sheep in the forest of Galtres, but he sold 360 others to John Blame at 18½d each and another 390 to John Cundall at Broomfleet for 17d each.⁵² Broomfleet was clearly still specialising in sheep production, but the other sheep manors are either not mentioned or farmed out. From a major Yorkshire wool producer the hospital had declined to a minor one, though this also mirrors to some extent a wider decline of domanial sheep-farming.⁵³

In 1409 the sale of wool and sheepskin to Master Robert Esyngwald consisting of two sacks from Broomfleet and the tithe of Newton brought in £9 6s 8d. St Leonard's also sold 100 sheep probably from Newton.⁵⁴ However there is no indication of other stocks elsewhere on the hospital's manors. In 1461-2 the hospital bought 229 wethers and 183 ewes in several different lots, probably for Broomfleet.⁵⁵ John Hudson was paid 6d for looking after ten ewes for two days at Broomfleet, probably while they were lambing. Simon Johnson was paid for bringing 110 sheep and 17 hoggasters from Lead to the forest of Galtres and thence to Broomfleet.⁵⁶ However Broomfleet was not the only manor on which the hospital kept sheep, though

50. YML, M2(6)c, f.20-20v; I.Kershaw, Bolton Priory, p.83.

51. PRO, C270.21 no.7.

52. Ibid., no.5.

53. E.Power, The Medieval English Wool Trade, (Oxford, 1941), p.35.

54. YML, M2(6)b, f.2v.

55. YML, M2(6)d, f.14v.

56. Ibid., f.25v.

the bulk of its flocks were probably there. In the same year expenses for bread, ale and meat for those tending the sheep at Beningbrough were recorded. As this was apparently for only one day in June this would probably have been for shearing. The flock consisted of 75 sheep and 32 ewes.⁵⁷ The composition of the purchased and Beningbrough flocks suggests a concentration on wool, as wethers produced the best wool.⁵⁸ Sheep were also kept at Lead, and before they were moved from there to Broomfleet they may have been treated for scab, as the account records the purchase of a gallon of bitumen as an unguent for them.⁵⁹

Cattle.

Part of the reason for the decline in the numbers of sheep, apart from the optical illusion caused by the leasing out of many of the manors, may have been an increased concentration on cattle after the mid-fourteenth century. The 1287 Valor indicates very few cattle being raised. At Exelby in Richmondshire there was pasture for ten cows and a bull; at Garthom in Westmorland there was pasture for sixty cows with their issue of three years; at Docker near Kendall there was pasture for forty cows with their issue of three years, as well as twenty-four oxen and forty heifers; at Broomfleet in addition to the sheep there were other animals 'sine numero'.⁶⁰ A similar entry to this last at Bowes probably indicates cattle here as well. It is significant that the two manors where precise figures were given both lay in the pastoral farming area of Westmorland, and Bowes too is an upland area on the Yorkshire-Durham border. It is probable that there were more cattle on the other manors, not least because of the need for plough-beasts, which are nowhere mentioned. As a result it is

57. YML, M2(6)d, f.43.

58. I.Kershaw, Bolton Priory, p.81.

59. YML, M2(6)d, f.45v.

60. LJRO, QQ 1.

impossible to say whether at this date the hospital's bailiff-s preferred oxen or horses for their ploughing, though by the mid-fifteenth century they seem generally to have used horses.⁶¹ At Bolton Priory in the late thirteenth-early fourteenth centuries, the plough teams consisted exclusively of oxen.⁶²

The 1370-71 account indicates the purchase of a number of cattle. Forty-one oxen were bought, mostly at Darlington, for £25. Twenty-seven cows were bought during the year in Richmond, Ripon and Burgh, for £12. The stockman also bought twenty-nine bullocks (boveti) and twenty yearling bullocks (boviculi) and heifers (juvenculi) and another three heifers (juvence) for £23. That most of the cattle were being bought or raised for work or meat rather than milk is indicated by the fact that in the same year the hospital bought 198 stone of cheese, mostly from Holderness.⁶³ In 1399 the hospital apparently grazed most of its cattle in the forest of Galtres where it had various rights granted by the crown. The herd consisted of 5 bulls, 131 cows, 34 bullocks, 49 two and three year old bullocks and heifers, and 500 oxen.⁶⁴ This is clearly a much larger number of cattle than that which the hospital apparently had in 1287 and it seems likely that this was a genuine increase in numbers even though the 1287 account is clearly an underestimate of the total stock of the hospital.

By 1409 the increased market for hides and meat is indicated by the way that the hospital was leasing out some of its land near York for cattle. At Acomb a number of the closes were leased to butchers, and the whole of Heworth grange was leased to Richard Trumpe and Roger Lyndesay,

61. YML, M2(6)d, passim. References to equipment for and shoeing of horses occur on most manors.

62. I. Kershaw, Bolton Priory, p.94.

63. YML, M2(6)c, ff.24v-25v.

64. PRO, C270.21 no.7.

both described as butchers, for £8 13s 4d.⁶⁵ The hospital was still buying cattle on its own account, though in more local markets than in 1370-71. Nine oxen were bought at Stamford Bridge and delivered to John Usburn the stockman, and another twelve were bought in York market of which two were delivered to Usburn and the others sent to Beningbrough. The hospital also sold a cow and seven calves.⁶⁶ As the account covers only part of the year it is unclear whether St Leonard's was supplying the market for meat to any degree itself from the sale of animals. In 1461-2 St Leonard's bought thirty-eight oxen, thirty-three bullocks and eleven cows but there is no indication of sales of animals.⁶⁷ Again the cows were probably bought primarily for increasing the herd, and to a lesser extent for milk, but they were much in the minority compared to the number of oxen and bullocks. While the hospital itself needed a large and continuous supply of meat for the table of its substantial household, a supply which was also sufficient to maintain a tannery utilising the hides which were a by-product of the slaughter, it is perhaps not so surprising that St Leonard's was not supplying the market in any but an occasional fashion.

Pigs.

Evidence for the existence of pigs as part of the hospital's economy is somewhat circumstantial in 1287, consisting only of rights to pannage on various of the manors. As might be expected the hospital paid for rights of pannage at wooded Beningbrough and Sutton, it also received pannage payments at Acomb; at Bramhope two cottars had the right of autumn forage for their six pig-sties (duo cottari qui faciunt vj porcarias in autumpno); and at Docker pannage was worth 12d. Only at Bramhope is there any

65. YML, M2(6)b, f.2.

66. YML, M2(6)b, f.5; f.2v.

67. YML, M2(6)d, f.14.

indication of the numbrs of pigs kept. Later accounts give no more information about the number of pigs being kept, though there are some indications of numbers bought. In 1343-44 over 100 pigs and piglets were bought in small numbers.⁶⁸ In 1409 twelve piglets (porculis) were bought for Beningbrough.⁶⁹ In 1461-62 twenty-four pigs were apparently bought for consumption, as they were listed with purchases of fish, particularly herring, and this may also have been the purpose of some of the 1343-44 purchases.⁷⁰ St Leonard's was probably largely self-sufficient in pigs which is why they appear infrequently in the accounts. There are indications from the Visitation record of the late thirteenth century which suggests that pork was sometimes fed to the poor in the infirmary, so that pigs cannot have been a very small part of the economy, but the records are not such as to reveal how large a part they played in the diet.⁷¹

Other Incomes

Mills.

Other sources of agricultural income were mills, turbaries and woods. Most of the manors had a mill, sometimes two, with windmills being slightly more common than watermills. Where a manor had more than one mill, it had either one of each, or two windmills. None of the estates appears to have had more than one watermill⁷² although they were more valuable than windmills: the 1287 Valor values windmills at 10-20s, and watermills at 20-40s.⁷³ The two windmills at Heworth were used for grinding the brothers' corn but the mills at Garthom, Docker and Bowes were not worth keeping up

68. YML, M2(6)c, f.8-v. The folio is damaged in the upper half so that it is impossible to read all of it.

69. YML, M2(6)b, f.5.

70. YML, M2(6)d, f.14v.

71. See section on diet in chapter 4.

72. Except possibly Garthom.

73. Except at Broomfleet where the one windmill was worth 40s. So close to sea-level a watermill would be useless.

(non potest sustentare se ipsius) and were not valued.⁷⁴ Even without these manors, the mills brought in nearly £15 a year. In the 1343-44 account John Coupar the miller is listed between the clerk of the church and the head carpenter, and received 5s. He would have kept the watermill within the precinct as he was listed among the other stipendiaries. In addition in the same list appears Robert the miller of the Heworth mill who received only 2s 6d.⁷⁵ By 1370-71 Walter the miller received a stipend of 7s.⁷⁶ In 1409 the Heworth windmills brought in only 6s 8d, perhaps because the mills were principally engaged in milling the hospital's own corn.⁷⁷ At Broomfleet the miller John Coll paid out 7s 1d for replacing the mill stones, some cogs and iron bands, but no income is recorded from the mill.⁷⁸ By 1461-62 the mill at Heworth had been joined by one at Heslington, and others at Leeming and Stamford Bridge, but although they were all apparently generating an income, the amount was not entered into the account. At Beningbrough and Newton there were mills which were under repair in this year.⁷⁹ Thus it is impossible to tell how much money the hospital was making from its mills, but there are indications that mills were becoming more common on the hospital's estates. A loose leaf in this account book contains a jotted note of payment to John Skirrowe for milling various amounts of wheat and barley for the infirmary and the leper houses, including a large amount 'pro pankakes' probably on the feast of St Leonard. Skirrowe may have been the miller at the recently acquired Castle mills which did quite a lot of milling for the hospital in this year, as

74. This suggests that the large amount of corn grown on these manors was sold directly, and only enough to supply the manor itself kept to grind.

75. YML, M2(6)c, f.6v.

76. Ibid., f.22v.

77. YML, M2(6)b, f.2.

78. Ibid., f.9.

79. YML, M2(6)d, ff.35, 25v.

the miller at the hospital was apparently William Brigham.⁸⁰

In 1452 the hospital increased its stock of mills when the king granted St Leonard's 'all the watermills by and below the king's castle of York called Castelmylnas' in frankalmoign in compensation for the withdrawal of the rights of husbote and heybote in the forest of Galtres which had been granted to the hospital by Henry III. However the hospital had some difficulty retaining its new property, as in 1460 the king had to revoke Letters Patent to Thomas Eldyrton to keep the mills, by which the hospital had been expelled, and the grant was repeated again in 1464 by the new king.⁸¹

Woods.

The 1287 Valor shows no sign of the woods being managed for the production of timber, although rights such as heybote and husbote and pannage figure regularly as a source of income.⁸² However by 1370-71 the account roll recorded the sale of wood from Lead and Acomb which brought in £17.⁸³ In addition the making of 30,100 faggots for use within the hospital was recorded in this year, though it is not specified which of the manors the wood came from.⁸⁴ By 1387 the hospital had been used to cut down the wood in 'Beningburgh Park' in the forest of Galtres, though this was probably an older custom dating back to the grant of husbote and heybote (the rights of gathering timber for building and hedging) given by Henry III.⁸⁵ However the 1399 Visitation reported that Boothby had sold so much timber from Beningborough that the wood was nearly destroyed and parts

80. YML, M2(6)d, f.39.

81. CPR, 1446-52, p.565; CPR, 1452-61, p.598; CPR,1461-67, p.335.

82. LJRO, QQ 1.

83. YML, M2(6)c, f.19v.

84. Ibid., f.30v.

85. CCR 1385-89, pp.224-5.

of Acomb wood were in an even worse state.⁸⁶ Acomb was clearly the most important of the hospital's sources of wood and timber both for its own consumption and for sale by the mid-fifteenth century and probably earlier. The account of 1409 has only a single entry for the sale of faggots from Acomb which brought in 7s 4d.⁸⁷ The small amount may simply be a reflection of the incompleteness of this account, but it might also indicate the necessity of leaving the wood to recover after the depredations of Boothby.

The 1461-62 account however shows the importance of the Acomb woods. A major activity in that year was the repair of the staithe at Morehamwyke, a piece of work which seems to have been more of a complete rebuilding than anything less. All the timber for it, which consisted of hundreds of long faggots, and thousands of small ones, was brought from Acomb, downriver from Bishopthorpe to Morehamwyke. Timber was also taken from Acomb to Lead grange for repairs to some of the houses.⁸⁸ In addition to this construction work Acomb also provided wood for fuel for domestic consumption, and for sale. The wood produced 40,000 faggots, priced at 5s for sale and 4s for burning, as well as 1000 bundles of kindling (astilwod). Payment was also made for twenty-two man-days spent felling timber.⁸⁹

In addition to Acomb a small amount of wood was produced at Sutton and a rather larger amount at Beningbrough. Beningbrough probably produced most of the wood which was used within the hospital in this year, though

86. PRO, C270.21 no.2.

87. YML, M2(6)b, f.2v.

88. YML, M2(6)d, ff.36, 46, 45.

89. Ibid., f.50v. The account generally calculated labour at the rate of 'x men (and women) working for one day'. As neither the number of individuals nor the number of days is usually recorded this is the only way that the labour can be represented.

more might have come from Acomb if it had not been so much employed providing for Morehamwyke. The advantage of Beningbrough for this purpose was that it was upstream of the hospital whereas Acomb's more usual access to the river was at Bishopthorpe downstream, though it would not have been too difficult to bring the wood to an upstream landing. The Beningbrough wood seems to have been a more mature one than that at Acomb, for twenty-four man-days were spent cutting timber and great oaks there, another eight man-days cutting timber, and seventy man-days sawing up (brutenant) wood for fuel for the kitchen and store. Once the timber was ready for use Thomas Bishop, senior, was paid for rafting it down to York (pro navigat' fletes merem de Beningbrough usque Ebor') where it could be used as fuel or for the hospital's many building and repair works.⁹⁰ As well as this, and probably as a by-product, 3,700 faggots were made to be sold, although elsewhere 4,168 faggots are recorded as having been sold at about 3s per hundred.⁹¹

While the principal use of woods was as sources of timber for building and fuel they could have other purposes. Access to grazing for cattle, and to a lesser extent sheep, in the Forest of Galtres was clearly of importance to the hospital. Practically all the accounts refer to animals being grazed there, and there are regular references to animals being taken from the Forest to be sold or moved to one of the hospital's manors. In addition payments 'for the favour' of various of the foresters are prominent in the account of 1461-62, although also found at earlier dates, and ensured that the hospital was not unduly restricted in its activities. In 1370-71 a geldhird was employed in the forest.⁹² How far the revocation

90. Ibid., f.27v, 42v.

91. Ibid., ff.42v, 54.

92. e.g. *ibid.*, f.22v; YML, M2(6)c, f.23.

of the grant of husbote and heybote in 1452 affected the hospital is difficult to say, but as the hospital had alternative sources of timber it was probably not a major loss. The revocation should not have affected grazing rights, and does not seem to have done so.⁹³

Turbaries.

While wood was one source of fuel, another, and perhaps more important one, at least in earlier years, was turves. Turbaries could be valuable, although only three manors had a turbary. In 1287 Bramhope and Heslington each had a small one, worth 18d and 5s respectively a year, but Morehamwyke had a major industry in turves. It produced 72 boatloads of turves a year worth £18, more than enough to serve the needs of the hospital.⁹⁴ In 1370-71 32,000 turves were brought from Morehamwyke to St Leonard's by river.⁹⁵ In 1461-62 John Hall was paid for the carriage of thirty-two cart-loads of turves from St Leonard's Landing to the turbary house within the hospital, which almost certainly came from Morehamwyke as no payment is made in the account for turves.⁹⁶ By this date Bramhope had been leased and Heslington seems to have ceased producing turves, although it had produced 86 loads of turves in 1409, so that the hospital was entirely dependent upon Morehamwyke.⁹⁷ The increased levels of wood-cutting may however suggest that the hospital was placing less reliance upon turves as a source of fuel by this date.

Rents.

Apart from agricultural revenues St Leonard's also drew an income from rents, some of which were leases of farm land, others from urban

93. CPR 1446-52, p.565.

94. 'Una turbaria que vocatur Inkelmor que respondet per annum de lxxij navatur turbarum pertinet cuiuslibet navem v. s'.

95. YML, M2(6)c, f.31v.

96. YML, M2(6)d, f.25v.

97. YML, M2(6)c, f.3.

properties. The 1287 Valor gives a long list of rents due to the hospital worth £243 11s 7½d including £43 7s 8d due from York itself (of which nearly half was unpaid). In the later fourteenth century, and particularly during the mastership of Richard de Ravenser (1363-84) St Leonard's increased its property holding in the city quite considerably, mainly in the form of messuages and tenements in return for corrodies and obits. Of the older established religious houses St Leonard's was the most successful in building up this type of property in this period.⁹⁸ In 1370-71 rents within the city brought in £84.⁹⁹

However from the early fifteenth century depopulation and economic decline meant that it became increasingly difficult to let properties at the old, or sometimes any, rent, and income from this source started to decline. This picture is a general one among York institutional landowners, though some were worse hit than others.¹⁰⁰ Quite how badly St Leonard's was affected is problematic as only two accounts survive from the period after 1400, and none of the accounts gives a great deal of information about the rental income. The 1409 account gave a figure of £34 13s 4d from rents and farms within the city, but as the account covers only four months of the year it is probable that this represents only about a third of the annual rental income. If this is a safe assumption the hospital would have had an income of around £106 from rents within the city at this date. No indication is made of arrears from this source so we cannot tell how effective the hospital was at collecting the nominal value of its rental properties, though a global figure of arrears for the whole

98. S.R.Rees-Jones, 'Property, Tenure and Rents: Some Aspects of the Topography and Economy of Medieval York', (unpub. York D.Phil thesis, 1987), pp.186-87.

99. YML, M2(6)c, f.19.

100. Rees-Jones, 'Property, Tenure and Rents', pp.202-04.

estate was given.¹⁰¹ In the 1461-62 account no entry was made against the heading for city rents, so that it is impossible to say how much of a decline in income from rents had occurred by this period. However the hospital seems to have been having a campaign to upgrade its properties in York at this date, and also, though to a lesser extent, on its manors. Large quantities of nails and tiles, and other building materials were purchased for repairs to property, especially in Hornpot Lane, but also widely spread throughout the city. Other landlords too seem to have spent a high proportion of their income from rents on repairs, partly as a consequence of the redevelopment of these properties in the late fourteenth century, but perhaps also in order to retain tenants.¹⁰² St Leonard's may have been more effective at maintaining the value of its rents than some other landlords for according to the Minister's Accounts of 1542-43 rents and farms within the city brought in £72 4s 2d, apart from those which supported a small number of spiritual charges such as obits, valued at £4 8s 2d.¹⁰³

No distinction was made between land and urban tenement rents: after York the largest source of rents was the manor of Newton which, in various parcels, produced over £25 in 1287. By 1379 most of the manors were farmed out, as St Leonard's, like most religious houses, came to rely on rents rather than the direct management of its estates for its income. In 1287 only Newton had been mainly farmed out, by 1377 it had been joined by Garthom, Docker and Pickhill. Rents meant a steady income whatever the vagaries of climate or market, and must have appeared attractive when rented manors appeared to maintain their value compared to some of those

101.YML, M2(6)b, f.1-1v.

102.Rees-Jones, 'Property, Tenure and Rents', p.230.

103.PRO, SC6 Henry VIII/4601, ff.1-2.

farmed directly (see table 3.1 above). Rental incomes however could and did decline when there was a lack of demand for rented land or property.

Spiritualities

Besides these incomes St Leonard's also had a number of spiritual ones from various churches. Unfortunately these documents nowhere record the income from the five, later four, churches in York itself.¹⁰⁴ However the value of £16 3s 4d in LJRO QQ 10 C may refer to the York churches. Outside York in 1287 the hospital had another five churches¹⁰⁵ which brought in £104.¹⁰⁶ At the Taxatio of 1291 only St Denys among the York churches was valued, and that at £5 6s 8d.¹⁰⁷ The other Walmgate churches were probably regarded as too poor to be valued, and St Giles was probably regarded as essentially a chapel of the main house of St Leonard's. The small income recorded in QQ 10 C would tend to support this interpretation. In the course of the fourteenth century the hospital also acquired the advowsons of Pickhill, and (after some dispute)¹⁰⁸ Hutton Wandesley, though the decline in the value of Rufforth, Saxton and Bowes meant that in 1377 they brought in little more than £100. In 1291 Pickhill, Saxton and Bowes were all newly valued at £13 6s 8d, although Pickhill had formerly been worth £40 at the old taxation and Bowes £20, Saxton was unchanged.¹⁰⁹ Rufforth was valued at only £5, but Hutton Wandesley was reduced in valuation from

104. St Giles, Gillygate; St Denys, Walmgate; St Margaret, Walmgate; St Mary, Walmgate; St Peter in the Willows. St Mary, Walmgate, originally a separate parish was united as a benefice with St Margaret in 1308. The physical structure of St Mary probably disappeared in the late fourteenth century.

105. Newton-on-Ouse; Rufforth; Saxton; Bowes. Brignall had also been given to the hospital by this date, but does not figure on the 1287 Valor. For Bowes see P.C.Saunders, 'The "Royal Free Chapel" of Bowes', YAJ vol.48, (1976), pp.97-106.

106. LJRO, QQ 9.

107. Taxatio Ecclesiastica of 1291, Record Commission (1802), p.298.

108. CPR 1377-81, p.15.

109. Taxatio Ecclesiastica, pp.327, 299, 309.

£46 13s 4d to £26 13s 4d.¹¹⁰ Comparison of the Taxatio figures with the income which the hospital derived in 1287 indicates that the Taxatio consistently undervalued churches, which suggests that the acquisitions of Pickhill and Hutton Wandesley were particularly valuable. However the value of Hutton Wandesley by 1377 suggests that the hospital was having as much trouble getting the old value as it was with some of its older possessions. Like manors, churches could be farmed out; and both Newton and Pickhill were so farmed which explains the stable income from Newton between 1287 and 1377. In 1409 Richard Clerk was the farmer both of the churches of Saxton and Pickhill, and of Lead grange.¹¹¹ As can be seen from the table below Pickhill increased in value after its acquisition and Bowes remained stable from the late fourteenth century, while all the others declined, Rufforth becoming almost valueless by the mid-sixteenth century.

Values of Churches in 1287, 1377 and 1542

Church	1287	1377	1542
Newton	£26 13 4	£26 13 4	£12 8
Rufforth	£10	£ 2 16 8	16 8
Saxton	£34	£26 13 4	£18
Bowes	£33 13 4	£14 14 4	£16 13 4
Pickhill	-	£26 13 4	£32
Brignall ¹¹²	£10 13 4	£ 2	-
Hutton Wandesley	-	£ 8	-

Table 3.2

A major part of the income from the churches consisted of tithes. Unfortunately these were not always separately recorded but lumped in with other, similar incomes such as garbs and thraves, under the general heading

110. *Taxatio Ecclesiastica*, p.327.

111. YML, M2(6)b, ff.8, 13v.

112. See n.106 above.

of collections, but in 1370-71 the sale of tithes realised £83 6s 8d.¹¹³ Offerings at altars might also bring in sums though usually small ones. In the same year altarage at the various altars in the church of St Leonard's and the chapels of the infirmary, with the church of St Giles brought in just over £7, and another £3 was added by altarage from the churches of Newton and Saxton.¹¹⁴

Conclusion

The total value of St Leonard's in 1287 was £1,262 17s 5d¹¹⁵: of this the largest source of income was thraves and other collections which at £460 was over one third of the total income; next came wool, rents and manors, in descending order valued at between £186-250 each; and finally churches providing £104. With other minor incomes this reached the total figure. By 1399 a move out of demesne management towards farming out of manors meant that a higher proportion of income was coming from rents rather than farm produce of the manors, a change exacerbated by the fall in value of agricultural land and produce while rents remained relatively stable. Thraves had declined slightly in value and churches not at all but only because they had increased in number. The scarcity of information about wool suggests that it was no longer such a major source of income, however it was probably replaced by a greater emphasis on cattle-rearing. Brother John Danyell claimed that the income of the hospital in 1399 was slightly over £1,000; the fall appears to be due to the drop in the value of thraves, manors and wool while the value of rents remained steady. With the relative stability of the value of the thraves, and the high proportion of the total income of the hospital which they made up, it is not

113.YML, M2(6)c, f.17.

114.ibid., f.20v.

115.LJRO, QQ 9.

surprising to find such frequent references in the Close and Patent Rolls to them and the need to enforce their collection. Apart from the thraves St Leonard's was following the usual path of religious houses at this date and slowly going over to a rent economy.

Information about the state of the hospital's economy in the fifteenth century is much more sparse, due to lack of source material. However it is likely that the loss of income from various sources became more acute during the second half of the century. The evidence of rental income from the city of York which the hospital had built up in the later fourteenth century, taken from after the Dissolution may suggest that St Leonard's was losing less than other institutions from this kind of income. Nevertheless the loss of the thraves in 1469 must have been a serious blow, as it had always represented a high proportion of the hospital's income. Evasion and resistance to payment in the earlier fifteenth century may have softened the blow, but only in the sense that the hospital's finances may have gone from a state of lesser underfunding to one of major underfunding. It is probably from around this period that the hospital's ability to support more than the 130 or so inmates of 1461-62 declined to the sixty of the Valor.

The Patronage of the Masters

The patronage of the mastership of the hospital was the subject of much debate between the interested parties in the late twelfth and thirteenth century. By the mid to late twelfth century St Peter's/St Leonard's had become a very wealthy institution, third only to the Minster itself and St Mary's Abbey in value within the city. As such the patronage of the house was valuable, especially as the mastership was not limited to clergy. The interested parties comprised the archbishop, the Dean and Chapter, the Crown and, at least briefly the City of York. Nothing is known of the earliest master(s) of the hospital, if any such position officially existed. It is quite possible that the hospital was administered by the canons in common, as seems to be implied in the Historia Foundationis, or by one particular one of them.¹ The first master of whom we know anything was Robert of the Hospital, who is mentioned in the account of the group of monks who left St Mary's Abbey to found Fountains in 1132.² He was clearly closely associated with Archbishop Thurstan as indeed were the canons at this date. The growth of an independent corporation of the Dean and Chapter which at times found its interests in conflict with those of the Archbishop did not develop until the end of the century. Robert of the Hospital was known as a learned man and was also clearly an efficient administrator, doing much through the soliciting of donations to establish the hospital on the firm financial foundation which it was to enjoy in succeeding years.³ Robert's successor as master was Suane, a man who seems to have been associated with the hospital, as a

1. Historia Foundationis, printed in Dugdale, Monasticon, vi(2), pp.608-09.

2. Nicholl, Thurstan, p.171.

3. Ibid., p.132.

witness to charters, even before his succession as master.⁴ As such he may have been one of very few masters to have been appointed to this post from within the hospital.

In the first years of the thirteenth century there was a dispute between the archbishop and the Dean and Chapter, and possibly the king over the right to appoint the master, which may explain the somewhat confused nature of the evidence for the order of the masters in the years 1201-04. Paulinus de Ledes probably died in 1201 and the Dean and Chapter appointed Ralph de Nottingham, however he was ousted by another man called John, appointed by the archbishop.⁵ According to the Inquisition of 1246 John was the archbishop's chaplain but in the decree deciding the case he was referred to only as a priest of York.⁶ He remained in place for two years but the Dean and Chapter appealed to Rome and the Pope directed that the Dean and Subdean of Lincoln and the Archdeacon of Bedford should enquire into the case and if the Chapter were justified they should see he was removed. The hearers of the case were satisfied and John was ordered to be ejected, and Ralph confirmed in office.⁷ As a result the Dean and Chapter retained the right to appoint the master until 1280.

The right did not, however remain unchallenged, though it was the Crown rather than the Archbishop which sought to gain the patronage. Two Inquisitions, one in 1246, the other in 1280, examined who had the right of presentation, and both concentrated on what had happened during the earlier dispute. The 1246 inquiry told a story essentially the same as that above.⁸ The 1280 Inquisition however thought that John had been appointed

4. EYC, vol.1, no.196, pp.162-63.

5. HCY, vol.3, pp.110-12.

6. Ibid., pp.112, 162-65.

7. Ibid., pp.110-12.

8. Ibid., pp.162-65.

by his royal namesake, but was ejected by the Dean and Chapter while John was at war with his barons.⁹ The first part of this version was clearly a misremembering of events later in John's reign, but the whole may be based upon another case in which the Archbishop and Dean and Chapter were at odds in 1203, and in which John did intervene.¹⁰ The different versions of the story are clearly related to the different decisions which the two Inquisitions came to on who had the right of appointment of the master. That of 1246 correctly saw the dispute as one between the Archbishop and the Dean and Chapter, and awarded the right to the latter. The Inquisition of 1280, which saw the dispute as lying between the Crown and the Dean and Chapter, awarded it to the Crown. Thus in 1280 the Crown gained the right of patronage by means of an inquisition whose findings were at best a misunderstanding of the events of 1203 and at worst a deliberate misrepresentation of them.

There may have been some better grounds for the Crown's claim or at least interest, in that in 1275-6 the king had appointed keepers over the master because the hospital was in debt.¹¹ But a better and older claim existed. The advowson may have been in the hands of the Crown during the later twelfth century when Henry II had taken a close interest in it and Paulinus de Ledes, Henry II's chaplain, had been appointed. It is uncertain whether Henry actually appointed Paulinus or simply asked the Archbishop and Dean and Chapter to do so, a somewhat different matter.¹² This could be used by a Crown anxious to extend its patronage, to bolster its claim

9. CPR 1334-38, p.266. Inspeximus of 1280 Inquisition.

10. R.V.Turner, The King and his Courts: the Role of John and Henry III in the administration of Justice, 1199-1240, (New York, 1968), p.84. See also D.Douie, Archbishop Geoffrey Plantagenet and the Chapter of York, Borthwick Paper no.18 (York, 1960).

11. CPR 1272-81, pp.85, 171.

12. HCY, vol.3, p.163.

that King Stephen had been more than simply a patron of the hospital. According to this claim his building of a church within the hospital dedicated to St Leonard, by which name the hospital was by the late thirteenth century generally known, indicated that he had become patron of the hospital and made it independent of the Minster. As we have seen in chapter two this was not how Stephen saw it. Nevertheless the appointment of Paulinus as master allowed the Crown to claim that it had had the right of presentation and therefore created a precedent for the Crown to have the right of presentation of the mastership. However in the former case Paulinus had many connections at York, being the son of Ralph Noel, the unsuccessful claimant to the See of Orkney.¹³ As such he might therefore not have been objectionable to the Minster. He may also have been the Paulinus surnamed Medicus in witness lists, and to twelfth-century minds that would have made him a specially suitable appointment to the hospital.¹⁴ It is even possible that he gained his medical learning there. Later centuries would not consider such knowledge a necessity, and medical men were appointed as masters to hospitals with such infrequency that it may be regarded as no more than chance when such an appointment occurs.

The assumption of royal presentation came with the appointment of Geoffrey de Aspehale in 1281, a diplomatic choice as he would appear to have been a candidate acceptable to both Crown and Minster.¹⁵ It is ironic however that the Dean and Chapter probably lost the right of patronage

13. R.Holmes, 'Paulinus de Leeds', Publications of the Thoresby Society, vol.4, (1895), p.210.

14. Ibid. p.212. C.H.Talbot and E.A.Hammond, The Medical Practitioners in Medieval England: A Biographical Register, (London, 1965), p.241 follow Holmes but Kealey, Medieval Medicus, pp.138-39 thinks that that there were two men: Paulinus Medicus whose career dates to c.1123-c.1166 and Paulinus of Leeds, master of the hospital c.1185-1201. Both men had some connection with the hospital at some point in their careers.

15. CPR 1272-81, p.443.

because they appealed to the Crown for assistance in a dispute with the burgesses of York who were also claiming the patronage.¹⁶ Quite when the burgesses had become interested in acquiring this right is unknown but a dispute between the city and the archbishop in which the hospital was involved in 1255 might have had something to do with it.¹⁷ It may also be associated with the burgesses' successful bid to obtain the patronage of St Nicholas which was in dispute in 1267, was alleged to have existed since at least 1261, and had certainly been ceded by 1281.¹⁸ The renewal of royal interest in St Leonard's at this date can probably be connected with Edward I's regular presence in York due to his Scottish campaigns. Aspehale was a king's clerk who had experience of dealing with delicate problems of jurisdiction in York and had connections to the Minster through Bogo de Clare, prebendary of Masham and later treasurer, in whose service he was in 1278-9.¹⁹ Significantly his appointment is recorded both in the Patent Rolls and in the archbishop's register, unlike the previous two masters who had been recorded only in the latter.

The next master James de Hispania (1290-93), also had connections with both Crown and Minster, being both a king's clerk and a canon of York, however and more significantly, he had close connections with the queen, being her illegitimate nephew.²⁰ Geoffrey de Aspehale also had connections with Queen Eleanor, having been in her household from 1279, and being

16. PRO, Ancient Correspondence, vol.8, no.143, dated c.1281.

17. CCR 1254-56, p.168.

18. PRO, Ancient Correspondence, vol.8, no.70: Archbishop Giffard appealing for help to the Crown against the Mayor and citizens; Yorkshire Inquisitions, vol.2, p.30; Archbishop Wickwane's Register, pp.32-34.

19. In 1275 he was auditor in Parliament of a cause between the burgesses of York and St Mary's abbey, CPR 1272-81, p.120; in 1278 Bogo de Clare nominated him as his attorney, ibid., p.268.

20. A.B.Emden, A Biographical Register of the University of Oxford to 1500, (Oxford, 1957), pp.1736-38.

appointed keeper of the Queen's Wardrobe in 1281.²¹ However the queen's patronage was generally of minor importance, only two other master's having positions within the household.²² Both of these occurred in the mid-fourteenth century, and Richard de Ravenser may well have owed his advancement to his position as Queen Philippa's Receiver, being more consistently in her service than the king's.²³

Nevertheless, from Geoffrey de Aspehale on until well into the fifteenth century, the masters of St Leonard's were almost wholly drawn from the ranks of the king's clerks.²⁴ Sometimes indeed, from the very highest ranks of the king's servants, as happened during the latter part of the reign of Edward I and the whole of the reign of Edward II when the mastership was allocated to either the Chancellor or the Treasurer. This allocation probably originated with Edward's, and therefore his administration's, regular presence in York. It was convenient to be able to give a valuable local living to one of his most important ministers which brought with it a suitably imposing place of residence. It must have been a relief to both the Franciscans and the garrison of the castle that at least a part of the royal entourage could be housed elsewhere. It is not clear, however, whether any of the business of Treasury or Chancery was conducted from St Leonard's during the residence of these two offices in York, though it seems not unlikely. That the mastership had become a perquisite of one or other of these two offices is indicated by the way in which it continued to be attached to the Chancellor or Treasurership during the reign of Edward II despite his less frequent presence in York.

21. CPR 1272-81, p.469.

22. John Giffard and Richard de Ravenser.

23. Testamenta Eboracensia, vol.3, p.58n.

24. Robert de Clipston and Robert Bays do not appear to have been in royal service but they were both in the patronage of their immediate predecessors as masters, both of whom were in royal service.

It is probably also to be linked to the dominance of royal administration from the middle of the reign of Edward I to the early years of Edward III and in some departments even later, by clerics of York and Yorkshire origins. It is worth noting that even though the masters of the hospital were not consistently also canons of York Minster until the time of John Giffard (1326-49) they were very often members of that group of men who ran much of royal administration, who came from the Howdenshire area, had an interest in Yorkshire, and had often entered royal service from that of the archbishop.²⁵ This in itself was at least in part the result of royal government being based so much in York in the late thirteenth and early fourteenth centuries where promising local men could come to the attention of the king. In fact the link between royal service, local origins, and archiepiscopal patronage probably grew stronger in the later fourteenth century and lasted into the fifteenth, particularly through the patronage of the Archbishops Melton and Thoresby and their affinity.

The rapid succession of masters during the reign of Edward II is a reflection of the unstable state of national politics as Chancellors, Treasurers and favourites responded to the fluctuations in power of different factions. The first such change came at the very beginning of the new reign when Edward dismissed Walter de Langeton, his father's treasurer, and imprisoned him on charges of peculation, replacing him at St Leonard's with one of his own clerks, Gilbert de Stapledon.²⁶ He, however was swiftly followed by Walter Reynolds, a friend of the king's and his new Treasurer.²⁷ Reynolds remained until 1314 when the Lords Ordainers forced

25. See J.L.Grassi, 'Royal Clerks from the Archdiocese of York in the fourteenth century', Northern History, vol.5, (1970), pp.12-33.

26. CPR 1307-12, p.2.

27. The collation of Gilbert was revoked in order to allow Walter to surrender the hospital, CPR 1307-12, p.96.

his removal from the Chancery and he was appointed Archbishop of Canterbury, both grounds for resignation from the mastership.²⁸ At this point Walter de Langeton was reinstated, the king having found that he needed Langeton's experience and support based on opposition to Winchelsey of the Ordainers' party but in 1315 he too was removed from the Council by the Ordainers.²⁹ The mastership then passed to John de Hotham, the Chancellor, a former adherent of Gaveston, but also a member of the Yorkshire clerical association.³⁰ However, while he was away in Rome, Walter de Langeton was again reinstated, remaining in the mastership for two years and being succeeded by Robert de Clipston from his own following, one of only two occasions in the fourteenth century when the mastership was not in the hands of a royal clerk.³¹ Clipston survived only a few months, being displaced on the grounds of inefficiency in favour of a Despenser protege, John Walewayn, the Treasurer, who remained master until his death in 1326.³² His mastership of eight years was the longest of the reign. He was succeeded by Robert de Baldok, the Chancellor, but his capture with the king at Neath Abbey, and subsequent trial brought about his removal from the mastership before the end of the year.³³ He was replaced by John Giffard, a clerk in the service of Queen Isabella, who retained the mastership under Edward III, despite the attempt of Robert de Clipston to be reinstated.³⁴ John Giffard remained master of St Leonard's until his death in 1349.³⁵

28. CPR 1313-17, p.80.

29. DNB, vol.ix, pp.570-73.

30. DNB, vol.ix, p.1301; Grassi, 'Royal Clerks', pp.20-22.

31. CPR 1313-17, p.526; CPR 1282-91, p.235; CPR 1317-21, p.197.

32. CPR 1317-21, pp.75, 197; Emden, Oxford, p.2224; Baildon says that the post was procured for him by Hugh Despenser, junior: W.P.Baildon, Monastic Notes, vol.1, YASRS vol.17, (1895), p.

33. Emden, Oxford, p.96.

34. Giffard received a testimonial to his service of the king and of Queen Isabella: CPR 1334-38, p.87; Baildon, Monastic Notes, p.248.

35. J.Le Neve, Fasti Ecclesiae Anglicanae: Northern Provinces, (London, 1963), p.54.

John Giffard was the first of a new line of masters to have a close connection with York Minster rather than with the great positions of state. Robert de Baldok was the last to hold the position of master with either the Chancellorship or the Treasurership. Until the early years of the next century masters were generally drawn from essential personnel of the royal household who also had other York connections.³⁶ Giffard may also have benefitted from the patronage of Melton, who was well-known for a nepotism which favoured gifted men of his own area, though the two do not appear to have over-lapped in royal service. Of the seven masters who succeeded Giffard, three came from Yorkshire families and five had prebends or other connections with York Minster.

Under Edward III the mastership was given to men whose careers, after initial service in the royal household, gained preferment in York and Lincoln, although they often remained in royal administration. They were local men with local knowledge and a power-base in the area. From being an income for a major official of central government the mastership had become one of a number of local benefices which together went to support a local royal administrator. Edward appointed only two masters to the hospital, leaving in place Giffard who had only recently been appointed at Edward's accession until his death in 1349. Thomas Brembre was a king's clerk with Lincoln rather than York connections according to his benefices. He was probably the brother of Nicholas Brembre who was later Mayor of London.³⁷

Brembre was succeeded in 1363 by Richard de Ravenser.³⁸ Ravenser was keeper of the hanaper from 1357 to 1379, and was also nephew to Archbishop Thoresby, through whom his preferment to St Leonard's may have come. He

36. A number of these were keepers of the Hanaper.

37. Le Neve, *Fasti: Lincoln*, (London, 1962), *passim*.

38. CCR 1360-64, pp.479-80.

also had connections with three generations of royal women: he was the Receiver of Queen Isabella at the time of her death; fulfilled the same post for Queen Philippa; and in 1364 was a clerk in the household of Princess Isabel, and it is perhaps to the second of these we should look for his advancement.³⁹ His main claim to fame however was the leading part that he took in the controversy between Archbishop Alexander Neville and the Chapter of Beverley, having been Provost and retaining a prebend there.⁴⁰ As a result of the dispute he was excommunicated and deprived of his York canonry, despite the York Chapter's attempt to protect him.⁴¹ He was popular not only with the Chapter but also with St Leonard's for which he seems to have had a considerable care. In 1377 the hospital owed him £450 mainly for work he had had done which included reroofing a large part of the claustral buildings and doing repairs to some of the service buildings.⁴² The 1402 Visitation drew pointed comparisons between Ravenser's care to ensure that any corrodies sold were paid for in lands and rents as well as money, and Slacke and Botheby's tendency to simply pocket any cash received.⁴³ He was actively interested in hospitals, founding one in Hull with his brother Robert de Selby, which they placed under the supervision of Guisborough Priory.⁴⁴ He died in 1386 and was buried at Lincoln where he had been archdeacon for many years.⁴⁵

Richard II returned to a similar pattern to Edward II, appointing personal friends based in London, however a number of Edward's appointees

39. A.H.Thompson, 'Registers of the Archdeacons of Richmond', YAJ vol.25, (1920).

40. For this dispute see S.W.Calkin, 'Alexander Neville, Archbishop of York, (1373-1388): A Study of his Career with emphasis on the Crisis at Beverley in 1381', (unpubl. Michigan Ph.D thesis, 1976), chapter 2.

41. A.H.Thompson, 'Registers of the Archdeacons', p.252.

42. PRO, C270.20.

43. PRO, C270.23/12.

44. CPR 1377-81, pp.561-62.

45. Thompson, 'Registers of the Archdeacons', p.252.

did have Yorkshire connections, whereas few of Richard's did. After a long series of masters who were local men, Richard's appointees were unlikely to be popular, and this was made worse by their regular residence in the hospital, often it was said with large households. It was probably this as much as the accusations of corruption which lay behind the hostility that these men encountered from the hospital. His first appointment was of Nicholas Slacke, his chaplain, whose main interests were in the south, and who did not acquire a prebend at York until seven years after he had resigned St Leonard's.⁴⁶ Slacke was also the patron of the next master Robert Bays, who had been his vicar in Yeovil church.⁴⁷ His successor William de Botheby, shows signs of a return to a policy of local connection, as he had held a prebend in the Minster, but was again mainly London based.⁴⁸ After an investigation into his disastrous rule Botheby was replaced by William de Ferriby, a local man. Unfortunately there were contemporaneously two Williams de Ferriby and it is not entirely clear which is which. However it seems most likely that the new master was that William de Ferriby who was chief notary to Richard II and a particularly trusted clerk.⁴⁹ In which case Ferriby's local connections and association with the great Thoresby-Ravenser-Waltham clerical affinity were probably less important than his patronage by the king, so that the apparent change in the pattern of appointments may be less than it appears. Nevertheless consideration for local feeling may have influenced the choice of Ferriby and he was undoubtedly a competent administrator. Sadly for the hospital he showed his Ricardian sympathies too clearly, was deprived of his office, and was later executed by the new regime for his part in the Blount

46. CPR 1385-89, passim; Fasti: Northern Provinces, p.87.

47. Fasti: Coventry and Lichfield, p.13; CPR 1381-85, p.290.

48. Fasti: Northern Provinces, p.81; CPR 1388-92, p.194.

49. Grassi, 'Royal Clerks', p.26.

conspiracy.⁵⁰

William Waltham was a man of very similar background to William de Ferriby, a canon of the Minster, a former and future archdeacon, who had also been a keeper of the hanaper.⁵¹ He also had a family connection with St Leonard's hospital being the nephew of Richard de Ravenser, the former master.⁵² Waltham was replaced by the other William Ferriby who had connections with the Prince of Wales, although he also seems to have had fond memories of his former master Richard II.⁵³ With these two came to an end the dominance of the great Yorkshire clerical affinity. For the rest of the century the hospital would continue to be ruled by clerks but they would not be of the families of the civil service, instead they would be the clerkly members of the great lay Yorkshire families. The fifteenth century was the century of aristocratic and gentry dominance of the hospital.

The first example of this was Robert FitzHugh appointed in 1415.⁵⁴ The FitzHughs were a Yorkshire gentry family, but more importantly Henry FitzHugh had been chamberlain to Henry IV, and continued to serve his son in the same capacity.⁵⁵ For the rest of the century the post of master was held by such familiar Yorkshire noble and gentry names as Scrope, Eure, Constable and Neville. Most of the masters held a canonry in the Minster at the time of their appointment or soon afterwards but they show few signs of being in high royal service, though William Scrope was described as a

50. Grassi, 'Royal Clerks', p.26.

51. Le Neve, Fasti: Northern Provinces, pp.22-23, 43.

52. Testamenta Eboracensia, vol.3, p.56n. Grassi seems to suggest that they were cousins (p.26), but as they died some thirty years apart the former seems more likely.

53. Grassi, 'Royal Clerks', p.27.

54. CPR 1413-16, p.283.

55. Ibid.

king's clerk.⁵⁶ Only two, Robert FitzHugh and George Neville, subsequently became bishops, Neville was unique in becoming archbishop, and most rose no higher than George FitzHugh and John Constable who both became Dean of Lincoln.⁵⁷ Constable indeed must have owed his position to family influence for all his other posts were associated with Lincoln, though he apparently came to reside in the hospital in his last years, if not before.⁵⁸ A number of the masters were related to each other: George FitzHugh was nephew to both Robert FitzHugh and George Neville, and other ties probably existed within the group. The declining value of the mastership is probably indicated by the way in which it was no longer a *perquisite of the great offices of state, and also by the fact that the masters tended to stay for lengthy periods, only one remained for less than a decade, and as king's chaplain William Eure harked back to an older style of patronage.*⁵⁹ The mastership was no longer affected by the sway of faction.

Royal lack of interest in the patronage of the hospital is indicated by a number of grants, from 1459 on, of the presentation at the next voidance, though it is less clear that any of these grants were made effective use of by their recipients. In 1459 John, Bishop of Hereford and Sir Richard Tunstall were granted the next presentation but as George Neville retained the mastership until 1474, and was replaced by the king's chaplain it is unlikely that they made any gain from it.⁶⁰ Similarly in 1525 Henry VIII granted the next presentation to Sir Thomas Semer, citizen of London, John Smythe, Christopher Middilton and Thomas Horwoode, but

56. CPR 1429-36, p.183.

57. J.A.Venn, Alumni Cantabrigensia to 1751, (Cambridge, 1922), vol.2, p.145; ibid., vol.1, p.380.

58. Ibid., vol.1, p.380; L and P Hen VIII, vol.iv(2), no.3043, pp.1634-35.

59. CPR 1467-77, p.421.

60. CPR 1452-61, p.514.

again Wolsey had his candidate appointed.⁶¹ In 1531 Sir Arthur Darcy, Sir Thomas Clifford and John Bolls also successfully petitioned for the next presentation, but there was not to be another master after the then incumbent, Thomas Magnus.⁶² Clearly the post was of value to lesser men, but the Crown seems to have been quite successful at promising favours but not implementing them.

Only three masters held the post during the sixteenth century. For the first twenty-eight years of the century it was held by John Constable, probably the longest serving master the hospital had, and one who was resident in his last years. He does not seem to have been a particularly active master. On his death he was replaced by Thomas Wynter, Dean of Wells and the illegitimate son of Cardinal Wolsey, who however on his father's fall from grace in the following year resigned the office. Despite this he survived to finish his life as Archdeacon of Cornwall.⁶³ His successor Thomas Magnus had connections with the Minster, but more importantly was in the king's service and had been a king's chaplain. He was much involved in diplomatic work in the Borders and served on the Council of the North.⁶⁴ As such he was not a man to oppose the king's policy on religious matters, or to seek to save St Leonard's when its time came.

The length of term served by a master varied enormously from under six months to nearly forty years. However the average length of term was heavily influenced by the political stability of the reign, particularly when the post was attached to an important office of state as it was during the reign of Edward II. At such times the mastership could change rapidly

61. L and P Hen VIII, vol.iv(1), no.1610, p.721.

62. Ibid., vol.v, no.220, p.105.

63. DNB, vol.xxi, p.814.

64. DNB, vol.xii, pp.768-69.

as new ministers were appointed in response to the sway of factions, although the choice always remained with the king and he was never forced to appoint someone from outside his circle. Nevertheless during Edward II's reign, on average the masters lasted little more than two years. Richard II, also prone to the appointment of personal friends, managed a little better with an average of 3.5 years. Edward I managed nearly twice this at 6.25 years, a figure which might have been higher if he had had complete control of the patronage throughout his reign. Edward III and Henry VI had the longest serving masters, on average over fifteen years in the first case and twenty-one years in the second. Indeed both only appointed two masters during their reign, being content to allow masters already appointed to continue in office. This stability is at least partly due to the fact that the mastership was now given to a provincial administrator rather than a great officer of state and so was less likely to be affected by the politicking of the court. It was during the reign of Edward III that the influence of the queen was at its height. John Giffard had been in the service of Queen Isabella, and it may have been due to her influence that he retained the mastership. Richard de Ravenser too had been in the service of Isabella and on her death joined the household of Queen Philippa. During the fifteenth century the mastership became dominated by local gentry families, though still to some degree through their connections with the Crown. The Crown also began to indicate its willingness to grant the next presentation of the mastership from the mid-fifteenth century, although in practice it does not seem to have relinquished its grip at any time.

Masters of St Leonard's Hospital, York

NAME	DATE	PATRONS/RELATIVES	KC	QS	M	Bp	C	T	DIO	LIO
Robert de Hospital	c1132-62	Abp Thurstan			?				*	+30
Suane	1162-85	Robert of the Hospital							?	+13
Paulinus de Ledes	c.1185-01	Henry II/Minster ²							?	?
Ralph	occ.1201									
John	c.1203-4	Abp Geoffrey			a					2
Ralph de Nottingham	1203-	Dean and Chapter			?					+6
Hugh de Gaytington	by1217-45	Dean and Chapter/ Morgan, Provost of Beverley			?				*	+28
William	occ.1246	Dean and Chapter								
Robert	occ.1252	Dean and Chapter								
Robert de Saham	occ.1262	Dean and Chapter								
Thomas de Gaytington	1267-76				?					9
Alexander de Kirketon	1275	Crown apptd as keeper								-1
Thomas de Normanville	1276	Crown apptd as keeper								5
Roger de Malton	1276-80	John le Gras, canon			a					4
Geoffrey de Aspehale	1281-86	Bogo de Clare	a	a	a				*	5
James de Hispania	1290-93	Queen Eleanor	b	a	a					3
Walter de Langeton ¹	1294-1307	Bp Burnell/king	a			b	b			13
	1314-15									2
	1316-18									2
Gilbert de Stapledon	1307-08	Walter Stapledon Thomas, Earl of Lancaster	a							1
Walter Reynolds	1308/9-14		a			b	b	a		5
John de Hotham	1315/16-16	Gaveston	a	b	a	b	a	b		1
Robert Clipston	1318	Walter de Langeton								1
John Walewayn	1318-26	Humphrey de Bohun Hugh Despenser, jr	a				a		*	4
Robert de Baldok	1326		a			b	a			1
John Giffard	1326-49		a	a	a				*	23
Thomas Brembre	1349-61	Nicholas Brembre	a		a					12
Richard de Ravenpser	1363-86	Abp Thoresby	a	a	b				*	22
Nicholas Slacke ²	1386-89		a		b					3
Robert Bays	1390-91	Nicholas Slacke								2
William de Botheby	1390-99		a		a					8
William de Ferriby	1399		a		a					1
William de Waltham	1399-1407	John de Waltham	a		a					8
William de Ferriby	1409-15		a		a				*	6
Robert FitzHugh	1415-31	Henry FitzHugh			b	b				16
William Scrope	1432-56	Scrope family	a		b					24
George Neville	1456-74	Earl of Salisbury			a	b	b			18
Robert Hals	?1458									
William Eure	1474-77	2								3
George FitzHugh	1477-89	FitzHugh/Neville			a					12
John Constable	1489-1528	Constable of Flam- borough							*	39
Thomas Wynter	1528-29	Cardinal Wolsey								1
Thomas Magnus	1529-39	2	a		a					10

Table 3.3

See over for key.

Key

KC - King's Clerk
QS - Queen's Service
M - York Minster
Bp - Bishop
C - Chancellor
T - Treasurer
DIO- Died in Office
LIO- Length in Office
a - at time of presentation to St Leonard's
b - subsequent to presentation

Footnotes:

1. Reinstated after Walter Reynolds and John de Hotham.
2. King's Chaplain.

Chapter Four:

CREMETTS AND CORRODIES: THE INTERNAL PROVISION OF ST LEONARD'S

Introduction

The main purpose of a hospital was to care for the poor, the sick, the old and the infirm.¹ Without these people St Leonard's would have been no more than another house of Augustinian canons: the brothers would have continued their life of prayer, study and administration of the estates: the sisters, without their nursing function, would not have existed. At the beginning of the fourteenth century St Leonard's was the biggest hospital in the north of England, possibly in the country, in terms of the number of people it provided for within its walls. Its staff consisted of thirteen chaplain brothers living by the Augustinian Rule under the master: eight sisters (the number of these seems to have varied a good deal, but this was the number stipulated by the Visitation of 1364) who cared for the poor and sick; a number of lay brothers to assist them; four secular chaplains employed in the church and chapels of the infirmary; and a host of lay servants to perform the menial tasks of the house: cooks, brewers, laundresses, a tanner, a smith, and a ferrywoman among them.²

Of the hospital buildings almost nothing is left, and if Speed's map of the city is anything to go by much had already disappeared by the early seventeenth century. Part of the infirmary building with its chapel still survives, which would originally have extended further to the west, and the remains of the church, now mainly under the Theatre Royal. Excavations in the nineteenth century indicated a building of similar size to the church

1. St Leonard's also had an orphanage, which was rare in England.
2. PRO, C270.20; LJRO, QQ 7.

to the northwest of the infirmary.³ The Rule of 1295 suggests that the hospital was built on a double courtyard plan: in one of which was the church and the buildings pertaining to the brothers, and in the other the hospital buildings.⁴ A similar plan appears to have been in use at Soutra, the Augustinian hospital in Lothian, which is currently under excavation. The hospital of St Mary's Ospringe in Kent also had this arrangement, though with all the main buildings in one courtyard, and the service buildings in another, probably to minimise the risk of fire.⁵ At St Leonard's there were even two gates into the precinct: one by the surviving infirmary building, known as the watergate: the other facing Blake St.⁶ There was little need for the brothers to enter the hospital court: their duties were the Opus Dei and the administration of the hospital's goods and properties. It was the sisters and the lay brothers who took care of those within the hospital court. It was usually the secular chaplains who performed the spiritual function within the the infirmary - saying Mass in the chapels, going round at night comforting the sick and persuading them to confession and penitence, and if necessary, administering extreme unction. The care provided varied from the nursing of the sick and dying, to the provision of sheltered accomodation, and alms at the gate for regular and occasional dependants and beggars. Some indeed merely drew an income from the hospital, staying in the house only rarely, and in order to collect their pension.⁷ All these varied types of provision may be roughly

3. RCHM, York vol.v, The Central Area, (London, 1981), pp.93-95.

4. Dugdale, Monasticon, vol.vi(2), p.610.

5. Sharp Practice, Soutra Hospital Archaeopharmacological Research Project, vol.2 (Edinburgh, 1988), p.11.

6. RCHM, York vol.v, p.94.

7. e.g. Robert Polidot: 'that wherever he may be staying he shall receive from their house....such meat and drink as a chaplain of the hospital receives...also that whenever the said Robert shall come to the hospital he shall have... a chamber suitable to his estate', CPR 1330-1334, p.365.

divided into three groups: liveries, corrodiess and outside relief.

Before going onto discuss these people who lived and died within the hospital court it would be as well to define the two words which appear in the title of this chapter: cremetts and corrodiess. To take the latter first, a corrody was a pension or allowance provided by a religious house permitting the holder or corrodian to retire into the house as a boarder, safe in the knowledge that he or she would be taken care of until the end of their days. A corrody might be purchased for cash or by a donation of land or property; or it might be given free either by way of expressing the house's gratitude for services done; or as a result of the king exercising his right to present to one corrody in every house of royal foundation.

A cremett is a more difficult thing, or rather person, to define. The word itself is rarely used and may be regional or dialectal in use if not in derivation. It has only been found at St Leonard's, St Michael's, Well, and in a mid-sixteenth century reference at St Nicholas, Pontefract. The Oxford English Dictionary places it in its 'List of Spurious Words' and says that it is a seventeenth-century antiquarian's error for 'eremitt' or 'hermit'.⁸ However as the word is clearly used in the 1399 Visitation documents, and can be found in York wills at least as early as 1390, it is obviously the definition rather than the word which is spurious. Another word which the OED does accept as genuine, and which must be related is 'cremetous' defined as meaning 'timid' or 'fearful', derived from the Old French cremir - to fear.⁹ The York wills which use the term 'cremetts' or refer to the 'cremethouse' of St Leonard's do so in a way which indicates that this was an alternative term for the poor, the 'pauperes' or 'pauperes

8. OED, Supplement vol.5, (Oxford, 1933), p.333.

9. OED, vol.2, (Oxford, 1888) p.1162.

de firmaria' of St Leonard's. A cremett was then one who was less timid or fearful than one who might have these characteristics because unable to defend themselves due to weakness or infirmity. These weak or infirm, poor people were the main constituents of the hospital's care and protection.

Besides the corrodians (royal or otherwise), there were also cared for within the hospital orphans and livery-holders or minor corrodians.

Liveries at St Leonard's came in two basic types: cremettal and sacerdotal. As liveries were purchased like corrodies, though for much less money, some at least of the cremetts must have been admitted for money, but these appear to have been a minority. Sacerdotal liveries were originally intended for poor priests. St Leonard's also supported a number of people outside its gates. At the watergate at the end of Footless Lane (fotlauss gayle), alms were distributed to thirty customarii or customary dependents, as well as to occasional beggars. Not all the livery-holders lived within the hospital, but either in their own homes in the city or in St Leonard's own housing, where they received distributions of food from the hospital's kitchen. Food was also distributed to the prisoners in York castle, and to the four unendowed leper-houses outside the gates of the city.

To return to the cremetts or poor of the hospital: who they were, how many they were, and how they were cared for once they entered the hospital are questions which can be answered with varying degrees of success. The numbers varied from 225 in 1287, to the 'customary' number of 206 in 1364, to 199 in 1376-7 (although 180 formerly), and in 1380-1 186.¹⁰ By 1399 it was stated that where there were had been 200 cremettal men and women now there were 232 of whom those with sacerdotal liveries made up ninety-seven where before all but three or four had been cremetts. The master had been

10. LJRO, QQ 7; PRO, C270.20, C270.23/12; YML, M2(6)c, f.61v.

selling liveries and corrodies at a great rate and this had burdened the house beyond its capacity, and in 1399 was having to default on a number of these.¹¹ By 1461-1 the numbers had declined to around 130 and by the time of the Valor there were sixty, with only forty-four left at the Dissolution, though there had been fifty 'of late'.¹² The picture, with some hiccups, is of a steady decline in numbers due to a variety of factors, mostly financial.

However all these figures were necessarily taken on a single occasion and may not be absolutely representative. In 1461-62 it is possible to see the numbers given week by week in the accounts for the amount of ale provided to the infirmary.¹³ From this it is clear that the numbers could fluctuate from week to week. At its highest the numbers were sixty-five men and seventy-two women in the weeks from 14 August to 25 September, but in the following week dropped to fifty-eight men and sixty-five women. In the week of 10 October there were sixty-three men and sixty-five women and in the following week the numbers of women remained the same but the numbers of men dropped by one. During the year the numbers in the infirmary ranged from 123 to 137, a variation nearly as great as that between the figures for 1287 and 1364. It is thus dangerous to generalise too much from these figures, although there is a decline in the later fifteenth century from the earlier period, and an even more pronounced drop by the 1530s, which is probably to be attributed to the economic issues discussed in chapter three.

The high point of 225 in the late thirteenth century may well reflect less a standard from which later provision fell away, than a figure which

11. PRO, C270.21.

12. YML, M2(6)d, f.38-38v; Valor Ecclesiasticus, vol.5, Record Commission (1825), p.17(b); L and P Hen VIII, vol.xiv(2), no.623, p.227.

13. YML, M2(6)d, f.38-38v.

the hospital could not usually support. The financial problems which brought the hospital to the verge of bankruptcy in 1399 when it was supporting 232 cremetts, even if many of these had bought their places, indicates the strain that the hospital was placed under if the numbers rose much above 200, and may suggest that 206 was indeed the customary number of dependents. While the late thirteenth century was a period of high population and consequent land-hunger which may well have increased migration into the bigger towns and swelled the ranks of the needy, seeking succour at the hospital, it cannot have compared with the miseries of the second decade of the fourteenth century when harvest failure, murrain and famine were compounded by Scottish raiding deep into Yorkshire. Sadly no internal documents of the hospital survive from this period, so it is impossible to say whether the hospital was supporting very high numbers of poor in these years, as might be expected. That the hospital was having some difficulties is indicated by the fact that in 1318 it had to petition for three years' grace to pay its debts to the Crown, though this was probably largely because St Leonard's itself was having difficulties collecting its own debts.¹⁴

Admission to the Hospital.

The meticulous noting of every corrody and livery bought in a seven year period ending with the visitation of 1399, even to those costing as little as a mark, and the almost complete absence of reference to the cremetts in this context, indicates that entry to these beds was usually free.¹⁵ If the hospital had stood to gain financially from these beds it would have been noted. The absence of material generally on the admission

14. CPR 1318-23, p.116; ibid. pp.135, 137, 139-40, 142, 561, 565, 675-76, 691.

15. PRO, C270.21 no.4.

to cremetts' beds would support the suggestion that it was free. These beds then, must have been supported by the income from the hospital's manors, and more particularly from the Petercorn or thraves.

Although the hospital must be presumed to have had the presentation to most of the beds, some beds were endowed by individuals, who usually retained the right of presentation to them. Sometimes only one bed might be so endowed as was the one established by the daughter of Ralph Fayrbarn who paid £8 in 1287 for a bed in the infirmary.¹⁶ The wealthy, however, could establish a large number of beds, as did John le Romeyn, senior, treasurer of York Minster, who may also have built the surviving infirmary building. According to his son the archbishop, he had established twelve beds, to two of which he requested admission for a couple of paupers in a letter of 1293. This must have been refused by the deputy-master of the hospital for a further letter to him demanded admission for the two paupers, accompanied by orders to the archbishop's proctors to see this done. As no further letters are recorded, it is likely that at this point the archbishop had his way.¹⁷ As the deputy-master's letters do not survive, the grounds upon which he was apparently refusing admission are not clear, although from the archbishop's letters it appears that it concerned the right of the archbishop to appoint to beds of his father's foundation. Whether the dispute concerned the particular right of the archbishop, as an illegitimate son to inherit the right to appoint; whether there was some general dispute as to whether presentation could be passed down through a family; or whether the issue was clerical succession is not clear. Certainly by 1307 when Jollan de Nevill established three beds in

16. LJRO, QQ 10 E. However this may be the payment for a livery, the Latin is ambiguous.

17. Register of John le Romeyn, Lord Archbishop of York, W.Brown (ed), vol.1, Surt.Soc., vol.123, (1913), pp.135-137.

the hospital, he stated in the charter of foundation that he and his heirs were to retain the right of presentation. These three beds were bought with the advowson of the church of Pickhill and a small parcel of land.¹⁸ The endowment with a spirituality was a cheap way to establish the beds because as a layman Nevill could not exploit the full income of the church whereas the hospital would be able to.

Endowing a bed or beds in a hospital was cheaper than establishing an entirely new religious house yet had the advantage, compared with a general donation to an already established house, of having a specific result which would be permanently associated with the donor. The endowment of hospital beds also produced a complex of spiritual and social benefits to the founder. The establishment of a bed to benefit the needy was an act of charity, one of the Seven Works of Corporal Mercy, comforting the sick, and in itself meritorious. Anyone appointed to the bed could be required to pray for the soul of the founder. The brothers of the house would be bound to pray for the soul of such a benefactor of the house, and the bed could be used to maintain dependant relatives or reward old and loyal servants without them being a drain on the family's finances. Altogether the benefits of establishing a bed in a hospital were considerable and it was a relatively cheap way to spiritual security.

For the hospital, the advantage of these 'private' beds was the increased income that they brought; the continued interest of the patron in the hospital (though this was potentially a mixed blessing); and if the reversion of the presentation was to the hospital, then one which expanded its scope without limiting conditions. Unfortunately, no more is known of the endowment of such beds than the examples cited here, and the percentage

18. Trials of Walter de Langeton, 1307-12, A.Beardwood (ed), Camden Soc. 4th ser., vol.6, (1969), pp.292-93.

of beds established in the hospital by this means is unknown. If the grouping of these foundations in the latter thirteenth and very early fourteenth centuries is not fortuitous, it is possible that what we are seeing here is something to explain the relative dearth of hospital foundations from this period. Although both monastic and hospital foundations in this period are uncommon it is possible that we should be seeing this as a period of consolidation of the work of older hospitals in preference to the foundation of new ones, an expensive business. It is possible that it also owes something to the influence of the newly arrived friars in York, with their ideas about the blessedness of poverty.

Although there is some evidence as to how people were admitted to the private beds of St Leonard's: through the choice of the founder or patron to the first available bed at his or her presentation; the 'admissions policy' of the hospital to its own beds, if anything so formal ever existed, is quite undocumented. St Leonard's was one of the few Yorkshire hospitals, which took in the sick who were capable of recovery, as opposed to the infirm who were chronic and permanent invalids, although it cared for these as well. In this it performed a similar function to St Bartholomew's hospital in Smithfield, a similar sized institution of twelfth century foundation, living by the Augustinian rule. Whether we should see St Leonard's taking in people with infectious illnesses is perhaps more doubtful. Most hospitals specifically barred these kinds of individuals because of the risk to other inhabitants. However some idea of the kinds of people being accepted can be deduced from a variety of sources. The late twelfth century Life of St Godric of Finchale records the miraculous cure of a young man crippled in both arms and legs (contracto tam pedibus quam manibus) who had spent many years in St Peter's

hospital, but was cured when he visited the shrine of the saint. St Peter's hospital is not located but the most likely candidate is the St Peter's hospital of York, which came to be known as St Leonard's. Whether the young man did indeed come from St Leonard's or not, the story is interesting for the type of illness and its link with the hospital. It at least suggests the kind of person who was expected to be cared for at St Leonard's. This text also tells the story of a woman named Wulfrun, from Seamer in Cleveland, who suffered from a serious heart complaint which also affected her stomach. She tried various medical treatments, sent to St Mary of Guisborough, and sought treatment at St Leonard's, but no one there could help her (nec sic liberari potuit). Eventually she approached St Godric who cured her.¹⁹ It is interesting that St Leonard's apparently drew patients from as far away as Seamer, which is near Scarborough. The cases are similar to some of those related in the similarly dated (1174x89) Book of the Foundation of St Bartholomew's.²⁰ A description of a miraculous healing done in 1148 after the obit of Henry I indicates the kind of people who came to St Bartholomew's for help:

'Langwissyng mene greuyd with variant sorys....Sum man ioyed ...that he hadde receyued remedie of his akyngge hede An nothir for reparacioun of his goyng that he lackyd An nothir from ryngyng of his erys thys man was free from corrupcioun of lymmys This man putte a-syde blieriednes of yen....Many other men ioyid to be swagid from the vexacioun of feveryys....a certeyne Damsell deyf and dumm, lackyng sight of boeth yen and with returnyd leggis contract'.²¹

Again the ordinance of the hospital after the 1364 visitation states that those cared for within the hospital were not to be discharged until convalescent and able to work (infirmis introduci non expellantur donec

19. Libellus de Vita et Miraculis S.Godrici, Heremitaie de Finchale, Stephenson (ed), Surt.Soc., vol.20, (1845), pp.432, 451.

20. Book of the Foundation of St Bartholomew's in London, N.Moore (ed), EETS vol.163, (1923), p.xi.

21. Ibid, p.35.

restituti fuerint sanitate set cum convaluerint et sint potentes ad laborandum).²² Those who recovered and wished to stay within the hospital were to be set to work and not be allowed to eat the bread of idleness. Those unable to eat the usual diet were to be provided for from the pittance for the poor (liberacione non possunt comedere provideantur eis de denarijs datis vel legatis pro pietancia pauperum).²³ That is the money given or left to provide occasional special meals for the poor, was to be used to give the sick something they could eat. On the other hand in 1539 the continued presence of the chronically infirm is indicated by one of the cremetts who was given a pension and was named Blind Helen. The cremetts as a group were described at the time as divers 'blind, lame, bedridden and very old bodies'.²⁴

Care of the Sick

An ordinance of the hospital dated 1276 describes one of the sisters as 'Ann, medica' or doctor.²⁵ Quite what skills or techniques she had it is impossible to know, but that she is so described implies considerably more than the simple nursing skills which it is presumed her undifferentiated sisters had. It is also worth noting that she is not indicated to be the most senior of the sisters - it was not a title of preeminence among them. It is relatively rare to find such references though an Agnes is recorded in Huntingdonshire in about 1270; a Christiana at Jarrow in 1313; Matilda and Solicita sisters of a patron of Leominster priory, and Euphemia abbess of Wherwell priory, in the late twelfth and early thirteenth century, as well as a number of later occurrences which

22. PRO, C270.20.

23. Ibid.

24. PRO, SC6 Henry VIII 4644, f.50; L and P Hen VIII, vol.xiv(2), no.623, p.227.

25. HCY, vol.3, p.203.

indicate that such women were not so uncommon as the paucity of records might indicate.²⁶

The evidence of Ann medica, and of the poor who were not to be expelled until they were well enough to work does suggest that some at least of those cared for within the hospital were acute rather than chronic cases and would leave recovered, whereupon their places would be quickly filled (alij infirmi et debiles in locis eorum modo admittantur).²⁷ Indeed the insistence that the poor should not be made to leave until they were convalescent suggests that there was considerable need for these beds and that there was pressure on the hospital to get people in and out as quickly as possible. It may also be significant that Master John Parker, doctoris in medicina who died in 1406, left a bequest to the sisters, rather than the brothers, of St Leonard's.²⁸ Similar bequests can be found which prefer to give to the sisters, and these are usually in order to provide for the poor and sick within the hospital, rather than giving to its sacramental functions. In view of Parker's profession it is possible that this preference is due to his having been called in to give treatment to those in the infirmary, or to advise the sisters, and that his connection with the hospital was thus with the sisters rather than the brothers. Thus his wish to remember them and for them, through knowing him, to pray for him. Lack of any evidence for the calling in of advisers from outside makes this impossible to check, but does not preclude the possibility.

Unfortunately almost nothing can be said of any medical treatment offered in the house. In 1287 the hospital owed Adam the apothecary 3s; in

26. Talbot and Hammond, Medieval Medical Practitioners, pp.10, 28; E.J. Kealey, 'England's Earliest Women Doctors', Journal of the History of Medicine, vol.40, (1985), pp.473-77.

27. PRO, C270.20.

28. Testamenta Eboracensia, vol.1, pp.342-43.

the later fourteenth century pepper and cumin were regularly bought for the infirmary which may have been for the treatment of illness, or for flavouring food, though as it was bought specifically for the infirmary the former is perhaps more likely.²⁹ The Macer Floridus de Viribus Herbarum which was a common herbal in the medieval period says of pepper:

'No man may discriue ne telle alle þe vertues of peper þat is blak, for it wolle be putt in alle medecynes almost, and for-þi I trowe þat þer be seide þus fewe presysynges of þis peper allone, for it is so comone to so many precious medecyns and worþi lowyng in medecynes in-numerable.'³⁰

But a more relevant recipe may be one 'for all þe parties in þe body':

'Tak peper, comyn, and nitrum in even weiȝte and of rue as mokyl as of al þise III, but loke wel þat þe comyn be wel soked in sharp vynegre and eft dried vp-on an hote plate of iren. þan shul al þise be stamped to-gidre smalle and made vp with hony.'³¹

As the heading suggests this was a sort of cure-all, being good for aches in the breast, sides, liver and kidneys, destroying cholera and curing the grievance of the 'nesshe wombe'. It also comforted the stomach and improved digestion. While there is no information on whether St Leonard's had a Macer, it is quite possible that this kind of recipe would have been known and used. Moffat argues that Macer was a sort of general home-doctor and was the standard Augustinian text on medicine.³² The argument is not entirely convincing, and one must in any case wonder to what extent the sisters of the house would have had access to books, even if, like Macer, they were translated into English. Nevertheless the likelihood is that these spices were being used in medicinal preparations.

As the only source for this kind of information is the Receiver's

29. LJRO, QQ 10 C; YML, M2(6)c, f.10v.

30. A Middle English Translation of Macer Floridus de Viribus Hebarum, G.Frisk (ed), (Uppsala, 1949), pp. 177-78.

31. Ibid, pp.75-76.

32. Sharp Practice, vol.1, pp.22-30.

Accounts there is no mention of anything that may have been grown in the hospital's own kitchen or herb garden. In this context it is worth noting the sisters' complaint in 1287 that their garden had been taken away from them by the brothers.³³ If this was somewhere where they grew plants which they used for medicinal purposes their protest is very understandable.

The 1364 visitation record does not seem to have envisaged the sisters doing anything much more than basic nursing duties: ministering to the sick, giving them food and drink as needed, washing them, leading them about as human necessity required, and if any needed the viaticum or sought confession, they were to tell the priests at once:

'infirmorum ministerio suis vicibus deputentur ut eis ministrent solícite cibos et potus necessaris et ipsos infirmos tegant lavent ducant et reducant quo necessitas humana poposcerit ut cum aliquis ipsorum viaticum vel confessione necierit predictae sorores denuncient dictes presbiteris sine mora'³⁴.

Quite what was covered by 'ministering to the sick', is unclear but it seems unlikely that a group of women caring for the sick and infirm on a daily basis, over a considerable length of time would not have developed a considerable collective expertise in dealing with a wide variety of medical problems. When we consider both that the care of the sick was generally regarded as women's work which all women were expected to have some knowledge of, and that by the fourteenth century new sisters would have had access to the accumulated experience literally of centuries, it seems extremely unlikely that their care was limited to nursing the sick, but that it would have included medical treatment. Sister Ann, medica, again suggests someone with skills in diagnosis and treatment. Their skills were probably based on a traditional herbal medicine, perhaps modified by access

33. LJRO, QQ 10 R.

34. PRO, C270.20.

to books in the hospital's library, and quite probably including minor surgery. Evidence that they were indeed in demand as skilled healers outside the hospital is given by the 1364 Visitation which stated that they were not to do work for money but were to concern themselves only with the poor (non faciant sorores aliquas operationes venales sec tantum pauperum necessitatibus sint intente), which suggests that they were indeed doing work for money.³⁵ There are also occasional mentions in wills of bequests to particular sisters in the hospital. Some of these are undoubtedly to relatives, but some perhaps in thanks for help given in the past.

Although some, perhaps most, of those taken into the hospital were suffering from acute illnesses, many must have been accepted because of old age or chronic infirmity, such as John le Hotter assigned a place in the hospital by the king in 1312 on the grounds that 'he is so broken by age that he cannot work for his food'.³⁶ Still others, and an increasingly large number in the late fourteenth century, were being accepted for money and may have been fit but wishing for a comfortable retirement.

Diet

Little can be said of the nature of the treatment given in the infirmary but rather more can be gleaned about the diet of those in the infirmary from their replies to visitation enquiries. It appears that like some of the beds, some, if not all, of the food given to those in the infirmary was provided by individual benefactions, or possibly from individual manors, one for each day. There is a reference in 1287 to Hugh de Myton who had given property to the value of twenty-five marks a year, to provide a 'miche' loaf to each of the poor in the infirmary, every

35. PRO, C270.20.

36. CCR 1307-12, p.453.

Thursday, on which day they had previously had no bread.³⁷ If a miche was valued at $\frac{1}{2}d$, this would be sufficient to give one each to 160 infirm people. It seems to have been a small loaf as fourteen miches could be made from a 'turtella' loaf, so it may have been worth rather less.³⁸

In 1287 the brothers in the infirmary considered that they had of recent years been receiving less than formerly, a belief in which the sisters concurred, though they were not always able to say by how much.³⁹ Their basic food was bread, a lesser amount (or possibly of lesser value) than formerly although this former amount is not specified. In addition to which they had been accustomed to receive eight turtellas a week out of an endowment by Matilda the good queen, half on Wednesday and half on Saturday, but that four of these had been withdrawn.⁴⁰ The basic allowance may perhaps have been equivalent to the extra allowance given on certain feasts which consisted of a half-penny loaf, a half-penny of relish and half a gallon of good beer (they may usually have received beer of the second quality). They had been accustomed to eat beef, pork and mutton, but the last named had been taken away, and the rest was of a worse quality than formerly. They did not state how often they ate meat but the sisters had flesh dishes on three days of the week, and the poor may have been similarly provided, which was probably also the case at St John's Hospital, Cambridge and at Dudston in Gloucestershire.⁴¹ They also claimed that the amount of butter was reduced. Finally they said that whereas in the past they had been able to ask the cellarer at any reasonable hour for such things as honey, beans, flour, oil and mutton fat, now this was no longer

37. PRO, C270.21 no.10.

38. LJRO, QQ 10 R.

39. Ibid.

40. It is not clear which Queen Matilda this was. Edith/Matilda was often known by this title, but Stephen's queen is also a candidate.

41. Rubin, Charity in Medieval Cambridge, pp.160-61 and notes 81-3.

possible because there was no brother in the cellar. The impression gained is that the diet was reasonably varied, but that like most medieval people's diet it was rather lacking in Vitamin C due to the lack of fresh fruit and vegetables.⁴² Nevertheless an attempt was clearly made to customise the diets of the sick unable to eat the usual fare, and to prepare food that they would be tempted by. That the laybrothers who were in charge of food for the infirmary could usually ask the cellarer 'at any reasonable hour' for access to his stocks again suggests that the frailest were fed when they felt like eating, and within reason, could ask for what they liked.

The fourteenth century documents give nothing like as much detail about the diet so that it is not possible to say whether the diet improved during this period. The 1364 visitation stated that the poor should receive the customary amounts of bread, ale and a cooked dish (pane, cervisia et uno ferculo) but did not state these amounts or the nature of the cooked dish.⁴³ The Account Rolls record the purchase of rye and wheaten flour for bread, meat, cheese, butter, dried and fresh fish, and 'other victuals' on a regular basis through the latter fourteenth century, so that the nature and range of the diet appears to have remained much the same.⁴⁴

The 1461-62 account records the amount spent on food and drink for the infirmary each week during the year. There was an allowance of 2d per person a week to provide rye bread and meat. There was also an allowance

42. C.Dyer, 'English Diet in the Later Middle Ages' in T.H.Aston, P.R.Coss, C.Dyer and J.Thirsk (eds), Social Relations and Ideas, (Cambridge, 1983), p.196 characterises the medieval diet as being lacking in vitamins A and C, but the presence of butter and cheese in the hospital diet may have provided sufficient vitamin A.

43. PRO, C270.20.

44. YML, M2(6)c, passim.

for fish, in this case probably dried herring (allec). Although the basic diet seems to have been a standard issue, the women received less fish than the men. The men's allowance (also given to one woman holding a sacerdotal livery) was 4d for eight weeks, or $\frac{1}{2}$ d per week, whereas the women were allowed $3\frac{3}{4}$ d for eight weeks. There was a common allowance of $3\frac{1}{4}$ d each every eight weeks for cheese, and a general allowance of 20s for butter for the whole infirmary and the six maids who looked after the poor every eight weeks. They also received 1d a week each in ale. This was the allowance during the autumn, but it seems to have varied slightly during the year. On the Monday and Shrove Tuesday before Lent the poor received a Carnival portion of meat worth in all $\frac{1}{2}$ d. During Lent they ate no meat but had extra portions of fish and cheese. The men received six and a half herrings and five pieces of cheese a week, plus two and a half herrings and two pieces of cheese for Monday and Tuesday. The women received five herrings and five pieces of cheese a week, and two herrings and two pieces of cheese on Monday and Tuesday. After Easter the allowance of bread and meat was only 1d per week for seven weeks but then returned to the usual sum.⁴⁵ This may perhaps reflect prices in the market place rather than a change in the allowance.

St Leonard's budgetted to spend about 4d per person per week on food in the infirmary, which does not seem to be a very great deal, although economies of scale may have meant that the hospital could provide food more cheaply than if it were bought individually or by a smaller institution.⁴⁶ Unfortunately although the bread is described in terms of the number of miches provided, there is no way to tell how big a miche was. It is

45. YML, M2(6)d, ff.36v-38.

46. Most of the almshouses or maisonsdieu established in the late fourteenth or fifteenth centuries which provided a money income did so at the rate of 1d per day or more.

difficult to believe that 2d a week would be sufficient to cover the standard allowance of 2-3lbs of bread a day, which Dyer claims was the usual portion in secular households, as well as meat.⁴⁷

The diet was augmented by a number of pittances, or extra dishes on special occasions, which may sometimes have been commuted to money payments. These were given on special feast days such as Carnival, Easter Eve, the feast of John the Baptist and St Leonard's feast. On these days they might get extra portions or treats of meat (before Lent), eggs (Easter), milk (Midsummer) and pancakes (St Leonard's). These were increased by obits.⁴⁸ Pious benefactors left money for a pittance in return for being remembered on the anniversary of their death. By 1371-2 there were ten long-term or perpetual obits which benefitted paupers in the infirmary, which together were worth £11 16s 11d each year.⁴⁹ In addition to these would have been occasional gifts and bequests. The poor could thus expect at least one pittance a month, and probably rather more. However the mismanagement of Robert Bays and William Boothby, masters in 1390-91 and 1391-99 respectively, must have left some of the poor in a very precarious position for by 1399 the paupers were owed in arrears of money and victuals almost £100.⁵⁰

Besides food, the infirm said in 1287, the poorest of them had been accustomed to receive the cast-off clothes of the brothers and sisters each year when they were given new ones from the hospital's stores, but now the brothers and sisters were given money to buy their own clothes and the poor received nothing.⁵¹ By 1364 the practice of giving money to the brothers

47. Dyer, 'English Diet', pp.192-93.

48. YML, M2(6)d, f.37-37v, 55 (loose leaf).

49. YML, M2(6)c, f.22.

50. PRO, C270.21 no.10.

51. LJRO, QQ 10 R.

and sisters for clothes had become customary, with the amounts given for various items standardised.⁵² No further mention is made of clothing for the poor and sick; probably the brothers and sisters did still give their old clothes but not at such frequent or regular intervals. There are also occasional bequests in the wills to giving old clothes to the poor and it is not unlikely that the inhabitants of St Leonard's like those of the other York hospitals may have benefitted from this. In 1287 the poor said that they were each entitled to a bedcover lined with sheepskin, but that these had been taken away.⁵³ What happened to them is unknown: there are no other mentions of bedding. Beds and bedding were also occasionally given to the poor of the hospital but it seems unlikely that the hospital ceased to provide these.

Livery-holders.

Slightly better-off than the cremetts were the livery-holders. Not all livery-holders lived within the hospital, some lived in the city and only came to the hospital to receive their liveries in money or food. In 1290 the livery-holders included William the chaplain and his boy, William Moy and his wife, William Hunteneys, William Paynleve and his wife, the wife (probably in fact widow) of Peter de Houden, similarly the wife of William de Lande, the wife of Robert de Craven and a woman who came from the Bishop of Bath and who held livery as a sister.⁵⁴ In 1461-62 the poor outside the house were Margaret Percy, William Cuke, John Mirescough, John Uskelfe and William Sharp. The amounts received were not recorded for Cuke and Mirescough, but Margaret Percy received 13s 4d for the year, and Uskelfe and Sharp were paid every four weeks, the first receiving 10d per

52. PRO, C270.20.

53. LJRO, QQ 10 R.

54. YML, M2(6)d, f.39, 40v.

week, the second only 4d.⁵⁵ Like corrodies, liveries were often purchased, although they might also be given to former servants of the house or their families. In 1290 the livery-holders included Isolda de Cump-ton wife (or widow) of Peter the hospital's reeve at Heslington and the wife (or widow) of Benedict the cook.⁵⁶

St Leonard's liveries were of two types: cremettal and sacerdotal. The cremettal liveries conferred the same benefits as being a cremett, but instead of being free, they were bought. Some cremettal livery-holders seem not to have lived within the hospital but in their own homes, and perhaps most significantly, the allowance of food and drink was sometimes commuted to a money payment. Sacerdotal liveries were originally provided for clerics. The division between these two types was probably already established by 1287 when there is a reference to a number of liveries which are not defined, except for one that of Ennisa Deres, which is described as the 'allowance of a priest' (liberacionem unius presbiteri), which had been withheld so that she no longer received a loaf and a herring on Fridays as formerly.⁵⁷ This can almost certainly be identified as being the same as the fourteenth-century 'liberaciones sacerdotales', and the undefined liveries may be identifiable with the cremettal liveries. It is interesting that even at this date these liveries were open to purchase by women. In the 1399 visitation one of the complaints was that these liveries which should have been reserved for feeble priests, who would be given them freely in return for prayers for the souls of the king and hospital benefactors, had been bought by women but 'gratis dari sacerdotibus impotentibus pro animabus regum et benefactorum dicti

55. YML, M2(6)d, ff.39, 40v.

56. LJRO, QQ 7.

57. LJRO, QQ 10 R.

hospitalis'.⁵⁸ If the 'liberacionem unius presbiteri' can be identified with the 'liberacionem sacerdotalem' this was an abuse which had been going on for over a century: indeed there is no evidence that any of the people listed as holding sacerdotal liveries in 1399 were priests.

The decay of this system of care for feeble priests by the late thirteenth century suggests that it may have been of some antiquity. It would be logical to assume that an institution like York Minster, (to which the hospital was originally tied) served by a large number of clerics, would have needed to make arrangements for the care of some at least of the poorer of these in their old age. Where more likely than in its own hospital? The decay of the priestly liveries would then date from the period after the separation of hospital and Minster from the mid-twelfth century. It is likely that the hospital would have continued to take clerics from the Minster but would presumably also have widened its scope to accept parish and other clergy, but there is no evidence on the subject. The problem may not have arisen until the late thirteenth century because otherwise there would probably have been more pressure on the Minster to make such provision earlier. As it was, it was not until 1318 that Dean Robert Pickering established a new hospital dedicated to St Mary for six aged and infirm chaplains, in the Horsefair, in the buildings which had been vacated by the Carmelite friars when they moved into their new home by the King's Fishpond.⁵⁹ 1318 would have been relatively late for a diocesan clerical hospital as Canterbury had one before 1224, Wyndham in the diocese of Chichester was founded c.1253, and St David's was established 1280x93. Renewed concern for the plight of poor and infirm clergy in the early part of the fourteenth century may however be signalled by Bishop Stapledon of

58. PRO, C270.21 no.2.

59. HCY, vol.3, pp.241-48.

Exeter who in 1309-12 completed his predecessor's plan of a hospital for poor clergy at Clyst Gabriel near Exeter.⁶⁰

Purchase of Liveries and Corrodies.

Crementtal and sacerdotal liveries were relatively cheap to buy: in the late fourteenth century cremettal liveries cost up to £10, and sacerdotal liveries usually from £10-20.⁶¹ The usual price appears to have been 20 marks for a sacerdotal livery and half of this for a cremettal livery. This was considerably cheaper than a corrody, none of which were less than £20 and most over £40. The difference lay partly (although only partly) in that liveries supported only one person whereas corrodies regularly supported a married couple plus one or two servants. That women did begin to purchase sacerdotal liveries (or have such liveries purchased for them) is probably due to the fact that they were less expensive than corrodies; a factor which reflects women's fewer economic resources. The breakdown of figures for the period 1392-1409 shows that women outnumbered men in the holding of cremettal and unidentified minor liveries. It also shows them holding sacerdotal liveries and corrodies in similar proportions: about half the number held by single men. It is also worth noting that in 1461-62 there were always more female cremetts in the infirmary than there were male.⁶²

This breakdown suggests some tendency for women to hold less valuable liveries, and to hold relatively fewer places. However the proportional relationship between the numbers of places held by single women and single men may not in fact be so overwhelmingly in favour of the men, as a number of the apparently single men may actually have been married. This occurs

60. Orme, 'A Medieval Almshouse for the Clergy', p.3.

61. PRO, C270.21 no.3.

62. YML, M2(6)d, ff.36-38v.

in at least one case where an apparently single man holds a corrody, he evidently died during the course of one year, for in the year following that when he is last recorded his widow is found in receipt of the corrody, despite the fact that she had not previously appeared in the record.⁶³ This would tend to emphasise the holding of the cheaper liveries by women, and would also emphasise the prevalence of married couples among those holding the wealthier corrodies. Corrodies were clearly very popular, and particularly popular among married couples, who between them could afford the relatively high cost. More than half, and perhaps as many as two-thirds (if we allow for the 'invisible wife' syndrome), of the corrodies were held by married couples.

Breakdown of holdings of liveries etc. by gender and marital status,
1392-1409, from the 1399 Visitation and 1409 Account

	lib sac	lib cremett	corrody	habit of sister	other	total
women	11	4	10	2	5	32
men	19	2	18	-	3	42
married	2	2	38	-	-	42
total	32	8	66	2	8	116

Table 4.1

The cost of the 'habitum sororis' or 'habit of a sister' was in the same range as a corrody, and presumably supported the woman holder with a servant, on the allowance of a sister. Whether the two women holding these corrodies were actually clothed as sisters is not clear, though the name would suggest that they were. In 1290 at least three women appear to have

63. PRO, C270.21 no.4.

had this kind of livery.⁶⁴ It is possible that these women were enjoying a life like that of the vowesses, women who in widowhood took a vow of chastity and wore some form of habit. A hospital would be an appropriate place to lead this kind of life.

The relatively small number of cremettal liveries shows how unusual it was to purchase these rather than to be given a place as a cremett freely. If the standard rate for payment by the hospital of a sacerdotal livery was about one pound a year, that for a cremettal livery must have been even lower, perhaps around one mark or even less. However as no record is made of payments for these liveries it is likely that these liveries consisted simply of an allowance of food and drink. It may be significant that a figure of about a mark a year was what the hospital budgetted to spend on each pauper in the infirmary in 1461-62. However there is some slight evidence that these liveries had only a limited length and had to be 'topped up' after a while: William Peker bought a cremettal and a sacerdotal livery in 1394 for £20, and the same again in 1396 for £8.⁶⁵ The interval between these purchases is exactly what has been posited above. However it is not certain that Peker was indeed 'renewing' these liveries, rather than purchasing new ones, possibly for relatives or servants.

Corrodies and Royal Appointments.

Corrodies were generally intended to last for the lifetime of the purchaser and could be considerably more expensive than a livery; the most expensive which was recorded at St Leonard's cost £81.⁶⁶ Corrodies could be bought by lay or clerical individuals, or married couples, or the

64. LJRO, QQ 7.

65. PRO, C270.21 no.4.

66. CPR 1396-99, p.383; PRO, C270.21 no.4.

hospital could be required to provide them to aged or infirm royal servants or dependants. As a royal free chapel under the patronage of the Crown, St Leonard's was particularly vulnerable to these impositions, although it did not always accept them without a fight. In 1331 the hospital accepted Robert Polidot but in return was granted a Letter Patent agreeing that 'the master and brethren...shall not be called upon to provide the like for any other in his place after the death of the said Robert.'⁶⁷ And in 1384 the master Richard de Ravenser refused to accept John Franceys, on the grounds that the hospital was founded for the bedridden and that Franceys was perfectly able-bodied.⁶⁸ The contents of the Close and Patent Rolls show a varying use of this form of aid for Crown dependants. Altogether nineteen individuals were appointed to beds in St Leonard's in the period 1267-1400. Until 1331 this was done through letters enrolled on the Close Rolls, later both Patent and Close Rolls were used. The table below shows the chronological spread of the appointments.

Royal Appointments to Corrodies, 1267-1400

1261-70	1271-80	1281-90	1291-1300	1301-10	1311-1320	1321-30
2	-	-	-	1	7	1
1331-40	1341-50	1351-60	1361-70	1371-80	1381-90	1391-1400
3	4	-	-	-	1	-

Table 4.2

As can be seen there was considerable bunching of appointments. Henry III gave to two of his Keepers of the Wardrobe £10 liveries, while Edward I appears never to have placed anyone in the hospital.⁶⁹ This may be due to

67. CPR 1330-34, p.159, 190.

68. CPR 1381-85, p.366.

69. CCR 1264-68, p.402; CCR 1268-72, p.148.

the fact that in the early part of his reign the patronage was more firmly in the hands of the Minster, and it was thus not an institution in which he took much interest. It is also possible that he did not enroll letters of appointment to the hospital and so the records do not survive. This is particularly likely after he appointed his treasurer Walter de Langeton as master. Nevertheless in the Lichfield documents of this period there is no mention of corrodians or Crown pensioners. Edward II, during whose reign the largest number of admissions to St Leonard's were made, was prone to demand that even hospitals of non-royal foundation should take royal servants claiming that 'the hospitals in the realm were founded by the king's progenitors for the admission of poor and weak persons, and especially of those in the king's service who were unable to work'. This demand was somewhat checked by the Statute of 1314-15 which condemned this practice.⁷⁰ That the statute was to some extent effective is shown by the fact that the king made only one demand for the admission of a pensioner to St Leonard's in the six years after 1314, compared with four in the three years before. Edward III too, was theoretically constrained by an enactment that 'There shall be no more grants of Corrodies at the King's Requests', which was introduced in 1327.⁷¹

Although Edward made no requests for admissions to St Leonard's until 1331, in the succeeding seventeen years six royal servants were to be admitted to the hospital. After 1348 Edward made no further recorded provisions to St Leonard's. This may reflect a change in the form of presentation to one which left no records: the effects of the Black Death leaving the hospital unable to support more corrodians; or a policy of the master appointed in 1349, Thomas Brembre. Richard de Ravenser also appears

70. Clay, Medieval Hospitals, pp.213-14.

71. Ibid, p.214.

to have had a strict policy on admissions: the only royal attempt to admit a corrodian during his rule was rebuffed on the grounds that the man was perfectly able-bodied. Nevertheless Ravenser did admit corrodians, for the Visitation of 1402 compares the conduct of Boothby unfavourably with that of Ravenser: showing that the former had sold few corrodies and these mainly for land and rents which would continue to give an income as long as the donor lived and long after; the latter had sold many corrodies for money which, once exhausted, meant that the corrodians became a burden on the house.⁷² There were no further recorded royal appointments during the rest of the century despite (or possibly because of) the presentation of more amenable masters. Indeed the effects of the depredations and mismanagement of the masters appointed by Richard II were such that in 1399 William Waltham had to petition for the cessation of all payments to corrodians and others excepting only cremetts and paupers residing within the hospital, an attempt to protect the most vulnerable while desperately trying to salvage the hospital's finances.⁷³

Those who received royal letters of admission seem generally to have been of two kinds: minor members of the royal household and others with a long history of service to the Crown; and poor people who had some claim on royal charity. In the former category were people like Robert Polidot, the king's minstrel; Isabella de la Helde, damsel of the chamber to Queen Isabella; and William Dautre who had long served the king in the garrison at Berwick-on-Tweed.⁷⁴ In the latter category were those like Matilda de Weston of Wanberge whose husband William 'was captured in Scotland by the rebels, and inhumanly treated and slain by them, so that his wife is

72. PRO, C270.21 no.13.

73. CPR 1399-1401, p.131.

74. CPR 1330-34, p.159; CCR 1307-12, p.454; CCR 1323-27, p.366.

reduced to beggary, being unable to work on account of age.⁷⁵ The type of provision depended upon the status of the recipient: in 1312 William Wygan, who had grown weak and infirm through long service to the king, was to receive 'the necessaries of life in food and clothing from the goods of the hospital, and...a bed...amongst other poor men dwelling in the hospital', and John le Hotter admitted in the same year was to be assigned 'a poor man's bed...and such maintenance for life as befits the estate of a poor man', whereas Isabella de la Helde, who received a corrody at the same time as William Wygan, was to receive the allowance of a brother.⁷⁶ Evelina la Petyte, admitted in 1318, was to be treated 'according to the requirements of her estate.'⁷⁷ *By the 1340s it appears to have been customary for the house to support two royal pensioners at a time.* The objections to Robert Polidot may have been based on the fact that there had previously only been one Crown pensioner entitled to the allowance of a chaplain brother at a time and Isabella de la Helde who had it was still alive. In 1342 Joan Gambon received the place of Isabella de la Helde, deceased, as a reward for her service to Queen Philippa and princess Isabella, and in the next year William le Verderer, yeoman to Queen Philippa replaced Robert Polidot, now dead.⁷⁸ It is worth noting that during this period when the patronage of the mastership was influenced by the queen, a number of her pensioners were also received here. The king also gave permission to the hospital 'to sell for life to the king's serjeant-at-arms, Roderic de Medyne, such a corrody in the hospital as Robert Polidot, deceased, had of the king's grant.'⁷⁹ This may suggest that even in the period before the Black Death

75. CCR 1313-18, p.198.

76. CCR 1307-12, p.453-4.

77. CCR 1318-23, p.92.

78. CCR 1341-43, p.656; CCR 1343-46, p.99.

79. CPR 1348-50, p.207.

there was some attempt to control the numbers of corrodies sold.

Although people like William Wygan and Matilda de Weston undoubtedly entered the hospital and lived there, those of the royal household very often did not as can be seen from the terms of the corrody granted to Robert Polidot:

that wherever he may be staying he shall receive from their house either in person or by his attorney such meat and drink as a chaplain of the hospital receives, namely: a loaf of white bread; a gallon of ale of the better quality; flesh and fish for dinner and supper, also a loaf of the second quality and a gallon of ale of the second quality, and for his clothing 20s a year at Christmas; also that whenever the said Robert shall come to the hospital he shall have 5,000 turves yearly for his firing, sufficient litter for his bed, hay and provender for his horse daily so long as he shall stay at the hospital, namely so much as one of the horses of the master or the cellarer receives, and shall have a chamber suitable to his estate, namely the chamber wherein John, bailiff of the hospital dwells, and two candles for the night at the time when the brethren receive their candles.⁸⁰

Nor does Isabella de la Helde appear to have resided, for though she held a corrody of St Leonard's from 1312, in 1329 she was given another from St Albans and in 1341 she was granted a tun of wine a year to be received in the port of London.⁸¹ For these people a corrody was simply an income to maintain them while they served in the royal household. Some people seem to have been inveterate collectors of corrodies, as witness the peripatetic retirement of William Dautre, who had served in the garrison at Berwick. In May 1317 he was sent to receive 'the necessaries of life' at Durham Priory, but by August he had been back to court and received letters of admission to Bullington Priory; on February 8, 1318 he had letters for Pentney, near Lynn, but by February 24 he had another letter for Louth Park, south of Grimsby - at this he must have been satisfied for a while, for it is not until 1321 that he reappears with a letter for St Benet of Holme, near Norwich. Three years later he had another Letter for Louth

80. CPR 1330-34, p.365.

81. CCR 1327-30, p.535; CCR 1341-43, p.295.

Park. He then turned up at St Leonard's in 1325 but in 1327 had Letters for Peterborough. Five years later in 1332 he went to Beauchief, near Sheffield, where he must have died because there is no further mention of him.⁸² Although it is possible that there was more than one William Dautre 'who had long served the king and his father' both being awarded corrodies at the same time and in much the same part of the country, it seems a little unlikely, and they would both have had to have been moving around quite a bit.

More settled were those independent individuals who bought their own corrodies or were given them by the hospital. Only two instances of the latter group occur, both in the early fourteenth century and both appear to be in recompense for acting on the hospital's behalf in London. The first of these was to Ralph de Montaigniaco, clerk, who in 1307 received a rent of forty marks a year, to be received at Bermondsey for the rest of his life; apparently he did not long survive for in 1313 Peter Galeys, clerk, received a similar grant but now only for forty shillings.⁸³ Records of corrodies purchased by individuals or married couples are concentrated in the late fourteenth century. Confirmations of some of these enrolled in the Patent Rolls give exact details of the contract made between the hospital and the corrodian, while the 1399 visitation gives financial details of the cost to the hospital. Unfortunately the enrolled corrodies are the most expensive (only the wealthiest could afford a royal confirmation) and do not give an indication of what the average corrodian might expect for his or her money.

82. CCR 1313-18, pp.469, 564, 591, 597; CCR, 1318-23, p.376; CCR, 1323-27, pp.177, 366; CCR 1327-30, p.230; CCR, 1330-37, p.548.

83. CPR, 1302-07, p.535; CPR, 1313-18, p.79. Galeys was still receiving a pension from the hospital in 1343-44: YML, M2(6)c, f.5v which suggests that he was in fact receiving forty marks a year.

The most expensive corrody was that purchased by John and Beatrice de Cundall of Huby in 1394 for £81. For this sum they were to receive for the length of John's life, each week:

fourteen white loaves of the better sort, six miches, eight gallons of the better ale and six of the worse, and 12d in money for victuals from the kitchen; each year a bushel of salt, another of oaten flour, a stone of candles: and for fuel, 10,000 turves and three cartloads of wood delivered at his dwelling, as well as the livery suit of a yeoman of the hospital. His wife was to receive half of this if she survived him, but not the livery. As there was at the time no house vacant within the hospital they were to be given 20s rent a year until a house of this value became available, at which time they were to receive it.⁸⁴

This cost the hospital £8 12s a year, only William de Etton received more but the price of his corrody is unknown; as a proportion of the value of the corrody the Cundalls received a fairly average return.⁸⁵ In general the annual return was about ten per cent of the total value, occasionally slightly less, more commonly slightly more. At this rate of payment the average expectation of life (assuming the hospital was attempting to make a profit on the deal) was seven to eleven years after the purchase of a corrody. If the corrodian lived any longer than this the hospital stood to make a loss, unless it had carefully ensured that the corrody was bought with rents or lands which would return an annual sum in perpetuity.

The Cundalls probably had the details of their corrody enrolled in

84. CPR 1396-99, p.383. Comparison may be made with corrodies sold at the Lynn Carmelite friary, one of which, dated 1368, provided daily, four dishes of pottage and one dish of flesh or fish as served to the prior, weekly, eighteen loaves of white and six of brown bread, fifteen gallons of conventual beer, and yearly four stones of good cheese. The corrodians were to have access to the kitchen to prepare food and victuals bought by themselves and prepared by their servants. When the friars had an extra allowance they were to have one dish of the same. They were to build for themselves a chamber with an upper storey within the friary precincts. Unfortunately the cost of all this is not recorded: A.G.Little, 'The Corrodies of the Carmelite Friary of Lynn', JEH vol.9, (1958), pp.11-12.

85. PRO, C270.21 no.4.

order to ensure that the hospital could not renege on it, in the face of the financial worries of the late 1390s, and in order to protect themselves against any decision that the visitors might make. Such a precaution was obviously wise, but some were not able to take such steps. In 1348 Margaret de Mitton had brought a case John Giffard, then master of St Leonard's. She alleged that she and her former husband Alan had given the hospital a messuage in York in return for a corrody among the paupers in the hospital, and that they were seised of this corrody during Alan's life, but that at Whitsun, 1344 the master had ejected Margaret with force and arms, to her damage of twenty pounds and against the peace. Giffard, represented by his attorney, denied the charge. He claimed that the messuage in question belonged to the hospital and was demised to Alan and Margaret for a term of years, for which they rendered two marks a year. However they could not pay the rent and surrendered the messuage to the master. Afterwards, because of Alan's good service to the hospital, the master granted Alan the right to maintenance from the house like one of the paupers lying in their beds, but did not grant any maintenance to Margaret. He did not remove Margaret with force and arms and put himself on the country. A jury appointed with the consent of both parties decided that Margaret had never had a corrody within the hospital and that the master had not ejected her with force and arms as she had claimed. Margaret was put in mercy for her false claim, but the amercement was forgiven because she was a pauper.⁸⁶ It rather looks as though Margaret did not have the right to a corrody, perhaps a cremettal livery, but that she needed one.

The amount of information available on corrodies in the period 1392-1409 does make it possible to get some idea of the life expectancy of

86. Select Cases of Trespass from the King's Courts, 1307-1399, vol.2, M.S.Arnold (ed), Selden Society, vol.103, (1987), pp.287-88.

corrodians. Unfortunately as St Leonard's documents are not very helpful after 1409 it is only relatively rarely possible to discover the date of death of people holding corrodies in that year, so that any figures given have to be regarded as a minimum.⁸⁷ The average minimum life-expectancy for a corrodian was 8.7 years, which was well within the safe limits for the hospital's finances. Interestingly, when the figures were recalculated by gender it became clear that there was a noticeable difference: the average minimum life-expectancy for a man was 8.1 years; the average for women was 10.7 years. This may reflect a true demographic pattern of women living on average 2.5 years longer than men, but it is perhaps more likely that it indicates that the women were on the whole younger than the men when they entered the hospital, probably because they had married men who were slightly older than themselves, and were entering the hospital with their husbands. There was a small group for whom it was possible to find both the date of purchase of a corrody and the date of death thus giving a true average for the period of holding of a corrody. The average length of time for which a corrody was held in this group was 11.4 years, slightly over the period within which the hospital could hope to make a profit. However this was a small sample of only nine individuals, and included Robert Brokett and Beatrice de Selby who held corrodies for longer than anyone else except Isabella de la Helde: Robert Brokett held his corrody for thirty-six years and Beatrice de Selby hers for twenty-nine years. The length of time for which these corrodies were generally held suggests that in most cases they were bought by people who were full of years if not exactly old. By comparison those appointed to places in the Durham

87. This is because there is no way of tracing corrodians who were still living after 1409, unless their wills are registered either by the hospital or the probate courts of either the Minster or the diocese.

hospitals at the gift of the prior were elderly, holding their corrodies for less than five years on average.⁸⁸ On the whole the hospital probably was making some profit on its corrodies.

Or it would have been able to break even if it had not been for the three masters appointed in the period 1386-99: Nicholas Slacke, Robert Bays and William de Boothby. The economic situation of the later fourteenth century, in which agricultural depression and inflation combined with a high demand for labour and manufactured goods meant that St Leonard's income from its manors and the Petercorn was reduced, at the same time as there were quite large sums of money surplus in the hands of York merchants and other urban trades and craftspeople. Thus St Leonard's ability to provide for the poor and to maintain itself was being depressed at exactly the same time as numbers of wealthy urban tradespeople were prepared to spend their surplus income on a comfortable retirement. Thus there was considerable pressure on the hospital to reduce the number of cremetts and to accept increasing numbers of corrodians.

The process seems to have started under Richard de Ravenser, master 1364-86, who sold during his rule sixteen major and minor corrodies. He was aware of the risks of selling corrodies and seems to have sold them mainly for property which would continue to bring in an income after the death of the corrodian, however soon or late that occurred. Slacke, Bays and Boothby between them sold forty-four corrodies and seventy-two liveries in little over fifteen years, Boothby selling most of these. It must have seemed an easy way to raise money for the hospital, and for themselves. The accusations of the community suggested that most of this money had gone directly into the pockets of the three masters or had been spent by them in

88. R.B.Dobson, Durham Priory, 1400-50, (Cambridge, 1973), p.169.

settlement of their private debts. By 1399, according to brother John Danyell, who had been instrumental in attempting to curb Boothby's excesses, the hospital was paying out £1,010 a year for the sustenance of the poor, which was £119 more than all the possessions of the house brought in. In the same year the new master William Waltham claimed that the hospital was paying out 500 marks a year in 'corrodies, payments and prests'.⁸⁹ Brother John appears to have been exaggerating somewhat, nevertheless the hospital was burdened beyond its capacity to pay and the situation was likely to get worse over the next few years as the money paid for the corrodies which had been received by the hospital ran out. Although the 1399 visitation gives no figures for the annual income of the hospital that of 1377 does, and gives £825 5s 10³/₄d for this. By 1399 this had clearly dropped somewhat due to the alienation of certain incomes from thraves, tithes and rents and suggests that about half the hospital's total income was being spent on the support of corrodies and liveries.⁹⁰ As an increasing proportion of the hospital's income was spent on the payment of corrodies the need to increase short-term income grew - and the obvious source was the sale of more corrodies; a vicious circle, which once got into could be very difficult to get out of.

Although Slacke, Bays and Boothby were all probably exploiting the hospital for their own personal profit, there is some excuse at least for Boothby's particularly excessive sale of corrodies. There was a fire in the hospital church during his rule, so that he had to rebuild the bell tower and replace three bells. It was also found that the church roof and a number of other roofs and buildings, both within the hospital and on its

89. PRO, C270.21 no.11; CPR 1399-1401, p.131.

90. PRO, C270.21 no.11.

manors and granges were in need of repair.⁹¹ This was a perennial problem: Ravenser had also spent over £400 of his own money on repairs and rebuilding.⁹² As A.G. Little points out the sale of corrodies was frequently resorted to as a means of raising cash for large scale building programmes.⁹³ It may well be that Boothby was in fact spending much of the money that alledgedly went straight into his pocket, on necessary building and repair work. Taking in corrodians could be a necessary means of keeping a roof over the heads of the hospital's other dependants.

The last group provided for within the hospital was a small one: both in numbers and stature. These were the orphans. St Leonard's was the only Yorkshire hospital to provide for children and had done so from an early date. The two Walmgate churches of St Mary and St Margaret were granted to St Leonard's in 1155x65 by Walter, son of Faganulf, for the support of the 'infirmis et orphanis'.⁹⁴ In 1255 the church of Newton on Ouse was granted to the hospital 'to assist them in ministering to the poor and sick, and to infants exposed there'.⁹⁵ In 1287 there were eighteen children in the 'domus puerorum' both boys and girls.⁹⁶ In the 1364 visitation it was ordered that the 'Barnhous' under the infirmary was to be made ready for the children who were to be cared for by one of the sisters, who was to have one or two cows at her disposal.⁹⁷ The reference to the cows and to the infants being exposed suggests that some at least of these children were quite small. The provision for children was only a small part of St Leonard's work, and provision specifically for children was rare in an

91. PRO, C270.21 no.13.

92. PRO, C270.23/12.

93. A.G.Little, 'Corrodies at the Carmelite Friary of Lynn', p.14.

94. EYC, vol.1, nos.326-27, pp.248-49.

95. CPL 1198-1304, p.340.

96. LJRO, QQ 7.

97. PRO, C270.20.

English context. St Sepulchre's near Lincoln, was practically the only hospital dedicated to the care just of children, though a number of others such as St Thomas's and St Katherine's in London had children among their inmates.⁹⁸ A few hospitals had schools attached, as indeed did St Leonard's, but the provision of a grammar school is a slightly different matter from that of an orphanage. The school at St Leonard's had a grammar master and a singing master, and in 1289 had thirteen scholars and two boys sent by the queen.⁹⁹ In this respect English practice differed markedly from that of Italy where most large towns had their foundling hospitals. This difference in charitable practice should not be seen as a failure on the English part but as due to a profound difference in social practice whereby the need for such institutions was nothing like as great in England as in Italy.

Having discussed at some length the provision for inmates of the hospital it would be as well to mention in brief the external relief provided by the hospital. It was customary for all religious houses to give some alms at the gate but at St Leonard's this had developed into a system of relief which aided a large number of those in York dependent upon charitable giving. Probably the earliest reference to this was the grant by Agnes de Percy in 1182xc.1185 of land to support obits for herself and her late husband singly and jointly, at each of which the hospital was to feed thirty poor people.¹⁰⁰ Not only did the hospital provide at the gate for number of customary dependants and occasional and itinerant beggars, it also supplied the leperhouses and York castle with food and drink for the lepers and prisoners. In 1293 the hospital was distributing in alms at the

98. Clay, Medieval Hospitals, p.26.

99. LJRO, QQ 7; see also J.H.Moran, Education and Learning in the City of York, 1300-1560, Borthwick Paper no.55, (York, 1979).

100. EYC, vol.1, no. 231, pp.189-90.

gate each week: 247 wheaten loaves and 14 miche loaves, 247 herrings, 33 dishes of meat and 13 gallons of ale. To the 'opus leprosorum' went each week: five gallons of ale and eight meat dishes. Each prisoner in the castle received half a loaf on Sunday. Extra distributions were made on the obits of masters and brothers and double feasts. Altogether this cost the hospital £96 6s 7d a year.¹⁰¹ Boothby evidently found all this too much of a burden on the house: he stopped all the alms to the prisoners and a great part of the alms at the gate, to the scandal of the house. The provision should have been: 308 wheaten loaves and 30 miche loaves: on each flesh eating day 30 portions of meat and cheese, but herring once a week in Lent. The 'four houses in the city' (presumably the four leperhouses) should receive 29 wheaten loaves between them a week and outside Lent a pittance of meat every day, but during Lent they should have 16 wheaten loaves.¹⁰² No cost is put upon this but it was probably not dissimilar, although inflation must be taken into account. The hospital appears to have been providing bread at the later date and cheese rather than herring, but had apparently ceased to distribute ale. Clearly the hospital was aiding as many or more outside its gates (there were 300 prisoners in York castle alone) as it was within them.¹⁰³

Conclusion.

St Leonard's supported up to around 225 beds; most of these went to holders of cremettal liveries who were generally admitted to the hospital without payment; some were admitted to sacerdotal liveries which were originally intended for infirm priests, but by the late fourteenth century were held by lay people, often women. Although these were generally in the

101.LJRO, QQ 2.

102.PRO, C270.21 no.6.

103.LJRO, QQ 2.

gift of the hospital, by the fourteenth century they could also be purchased. Benefactors could also endow beds and retain the presentation to them but by the late fourteenth century this appears to have been replaced by the buying of liveries and corrodies for the lifetime of the recipient. After 1400 the numbers supported by the hospital seem to have gone into decline, being around only 130 in 1461-62, and down to sixty by the time of the Valor. This was probably due to economic factors.

Corrodies were a feature of the late fourteenth century, providing a useful immediate income for the hospital but unless carefully controlled laying up problems for the future. The Crown too could require the house to provide for royal pensioners, and a number of these were appointed, mainly in the first half of the fourteenth century. They ceased to occur, or at least to be recorded, after 1400. It appears to have been customary to appoint only two such corrodians at a time and the hospital vigorously resisted attempts at further impositions upon it.

Though the corrodians could become a burden on the house if they had paid for their retirement in cash and lived long, they did make some contribution to their keep. The alms given at the gate were bread cast upon the waters without hope of return, but they were an essential part of the hospital's work, and a vital life-line to many unfortunates in York. The giving of these alms was an expected part of the hospital's duties so that it was considered a scandal when it was much curtailed. It was also a very cheap way to help the poor, providing for more than lived in the hospital at perhaps one third of the cost. For the cremetts and corrodians it was a relatively comfortable and safe place to which to retire, so long as it remained in a stable financial position, when it did not it posed the

threat of the loss of support, though the hospital seems to have tried to protect the most vulnerable of its dependants.

Chapter Five:

CHARITABLE PRACTICE IN THE LATE MEDIEVAL DIOCESE OF YORK

Introduction

Hospitals and maisonsdieu were only one form of charitable provision in medieval society but one that is most easy to detect: these were institutions which more readily left records of their existence than the transient practice of individual piety. Nevertheless without some idea of the charitable context within which these foundations existed one cannot make much sense of the contribution which they made to the social fabric. In order to understand the role which they played it is necessary to look at the wider practice of charity and the ideas which formed and informed it. In the fourteenth century moreover, a kind of document which allows us to examine the charitable practice of increasingly large numbers of fairly ordinary people becomes relatively common. This is the will. From 1326 in the Dean and Chapter, and 1389 in the Exchequer court large numbers of lay and clerical, of high and low degree from the diocese of York saw fit to have their wills registered, recording both their worldly and spiritual bequests. Wills are the only way that we can look at a great variety of issues which engaged the attention of ordinary people, particularly issues such as charitable provision. Despite the the difficulties of interpretation they are the only source in which those other than the gentry and great burgesses leave any indication of their very personal concerns. As a way of looking at their interests and devotions wills are extremely illuminating, though like many documents they have to be treated with a certain circumspection.¹ Because wills are often extremely detailed it is tempting to regard them as being all-encompassing in their

1. See M.M.Sheehan, The Will in Medieval England, Pontifical Institute of Medieval Studies, Studies and Texts, vol.6, (Toronto, 1963).

provisions, whereas wills usually dealt with matters which had not been settled during the life of the testator or which he or she wished to have recorded in the particular form of the will in order that there might be an official record in case of future doubt. Thus a number of individuals who can be shown from other sources to have founded maisons dieu make no, or only very passing, references to them in their wills. John de Rouclif (d.1395), instrumental in the establishment of the Trinity hospital by Foss bridge in York made a reasonable but not excessive donation to the poor there but without evidence from the Patent Rolls and the records of the Merchant Adventurers' guild which took over the hospital it would not be obvious that this man had been closely involved in its development. Similarly, John de Howme (d.1490) makes no mention of his maison dieu in Whitefriargate, York in his will.² Alternatively people might be tempted to make bequests in wills for charitable or pious purposes which they had neglected in life, despite theological strictures that deathbed charity undertaken in an attempt to bribe one's way into heaven were valueless. In view of the problems involved in using wills as a source, Clive Burgess has come to the rather pessimistic conclusion that very little can safely be said about late medieval piety on the basis of analysis of will evidence alone.³ While noting the relevance of the problems which Burgess has raised and which have also been noticed among the York wills, it nevertheless seems that he takes an unduly pessimistic attitude to what wills can tell us. Other will-based studies of London and Norwich, while not concentrating on charitable provision suggest that wills are a valuable

2. Dean and Chapter Reg. 1, f.79 (Rouclif); Prob.Reg. 5, f.389v (de Howme).

3. C.Burgess, "'By Quick and by Dead': wills and pious provision in late medieval Bristol", English Historical Review, vol.102, (1987), p.840.

and informative source for piety and charity.⁴ Part of the problem with Burgess' sample is that it is based very much on the wills of the Bristol elite, a group which is much more likely than the more humble to make other arrangements for the settlement of parts of their estate for secular or pious purposes than might conveniently be made in a will. Such arrangements as trusts or grants in mortmain, not to mention demises and other short term leases which might be entered (as in Bristol) into Churchwardens' Accounts where they have rarely survived, can make the wills of the wealthy less informative, less comprehensive and less representative than those of lower status. Where the wills are those of people of lower status, they are more likely to be comprehensive of the estate and of charitable provision.

While it is impossible to know to what extent individual wills reflect actual practice of charity during life an analysis of a sample of wills does show the kinds of charity which people believed to be important. And, if one wishes to believe that these pious and charitable bequests were merely conventional then it remains true that they would have been given to the forms of charity which were commonly regarded as socially required. Whether such giving was genuinely motivated by charitable concern, by a belief that charity was an essential means to salvation, or whether it was regarded as a necessary aspect of the maintenance of family or personal status, it will reflect the perceived and approved needs of the poorer members of the society. It is not likely that those making merely

4. S.Thrupp, The Merchant Class of Medieval London, (Michigan, 1948), pp.174-80; J.A.F.Thomson, 'Piety and Charity in Late Medieval London,' JEH vol.16, (1965), pp.178-195; N.P.Tanner, The Church in Late Medieval Norwich, Pontifical Institute of Medieval Studies, Studies and Texts, vol.66, (Toronto, 1984), pp.132-37.

'conventional' bequests would make them to non-standard forms of charity. Where charitable bequests are unusual, or particularly detailed or lavish in the context of that particular will, it is usually an indication of a personal interest or concern on the part of the testator. Thus wills although of extremely limited use in discovering the absolute sums spent on particular charitable practices are very useful for looking at the kinds of charity which were generally regarded as important. Moreover by examining a large sample of wills it is possible to make some analysis of the relative frequency with which different forms of charity were practised and thus to see what priorities late medieval people had in their support of the needy. It should therefore be possible to see how medieval people defined 'the needy' and what this group constituted.

How closely provision of particular kinds of charity actually reflected particular needs is rather difficult to say; as today it is possible that some forms of charity were comparatively oversubscribed relative to need whereas others were undersubscribed. Although in a period when life for many was at best not much above subsistence or marginal levels, no form of charity was likely to have to search too hard for recipients. The bottomless pit of need is reflected in testators' frequent injunctions to their executors to give 'ubi maxima necessitas'- where there is most need.⁵ Clearly it was not difficult to find the ordinarily needy, but the donor sought to give where the need was most desperate and thus the benefit greatest, as Thomas de Kent of York said in his will in 1397 'ubi executores mei maiorem elemosinam pro anima mea viderint faciend,' where

5. A frequent phrase, as for example in the will of John Kirkby of York (d.1450), Prob.Reg. 2, f.211.

his executors might do the greater alms.⁶ These instructions surely indicate a genuine interest upon the part of the giver in providing real assistance rather than simply following convention. That practical assistance rather than social display was a serious concern is demonstrated by the will of John de Darthyngton of York (d.1402) who directed that £3 be distributed to the poor 'in locis secretis.' While this will fits within a fashion for austerity and the rejection of pomp in funeral display which was not uncommon in the last quarter of the fourteenth century and early years of the fifteenth, that same fashion put considerable emphasis on provision for the poor. Darthyngton's will shows that for him utility to the poor was the primary concern: if he had wanted a plain funeral and was only interested in giving to the poor as proof of his piety he would not have bothered to give anything.⁷

As today, there were fashions in particular types of charitable provision, but as now this probably reflects reaction to genuine changes in need. Accordingly, the appearance of dowries for poor girls in the mid-fifteenth century is probably a reflection of their increased economic vulnerability and need for this form of assistance, just as Bandid and its successors were triggered by film of the Ethiopian famine, and produced a greater awareness of the long term problems of certain areas of Africa.⁸ Moreover, in a society where most charitable bequests were very local, centred on the parish or town, it is more likely that the donors had some personal knowledge of where the most need lay. Nevertheless social and

6. Prob.Reg. 2, f.4 (de Kent).

7. Prob.Reg. 3, f.73v (Darthyngton); M.G.A.Vale, Piety, Charity and Literacy among the Yorkshire Gentry, Borthwick Papers no.50, (York, 1976), pp.13-14.

8. P.J.P.Goldberg, 'Female Labour, Service and Marriage in the late Medieval Urban North', Northern History, vol.22, (1986), pp.36-37.

theological constructs did have some influence on the way that charitable practice was expressed, as will be shown later.

Methodology

The basis for this study is a close examination of the contents of Probate Registers 1, 2A and 2B with additional material from selected wills in Probate volumes 2C-13, Dean and Chapter Wills volume 1, the Archbishops' Registers and occasional wills entered into the Merchant Adventurers' Cartulary and deed collection. The Probate Registers from the Exchequer court of York contain wills from the whole of the York diocese except in peculiar jurisdictions, and contain a wide variety of individuals of many social backgrounds, lay and clerical, rural and urban. The series begins in 1389 and is then largely complete to 1408, when there is a gap of over nine years, most of 1417 is present but 1418 to 1425 inclusive are missing, thereafter the series has only minor omissions.⁹ Probate Register 1 is in order and covers the period 1389-96, while Registers 2A and 2B contain a few wills from 1397-98 followed by the years 1440-59. This allows a comparison to be made over time between the two periods to see if there were any changes in charitable practice. The Dean and Chapter wills and those in the Merchant Adventurers' collection extend back to the 1320s while those from the later Probate Registers extend into the 1530s. Thus it is possible to examine in detail the practice of charity at the very end of the fourteenth century and in the mid-fifteenth as well as looking briefly for comparison to the early fourteenth and sixteenth centuries. As the Probate Registers cover the whole of the York diocese they are not coterminous with the county of Yorkshire: therefore for the purposes of this study testators describing themselves as being from Nottingham or

9. Index of Wills in the York Registry, 1389-1514, YASRS vol.38, (1907), Appendix II, p.199.

Newark have been excluded. A random sample of 200 wills from Register 1, and 1004 from Registers 2A and 2B have been examined, together with approximately 150 from other sources. A comparison of these two samples shows that by the latter period many more people were registering their wills than in the earlier one. The popularity of will-making was thus diffusing down the social scale, a process which was to continue and to accelerate after 1500. However the greater efficiency in parochial visitation in this period may have contributed to more wills being submitted for probate. The testators of Register 1 tended then to come from a narrower and more wealthy section of society than those of 2A and 2B, a difference which may have been exacerbated by the changing economic climate (particularly in York) which brought economic decline from the middle of the fifteenth century. These two groups are thus not entirely comparable in social terms, so that tendencies rather than direct comparisons should be noted. The impossibility of making any judgements about absolute amounts spent has already been mentioned.

The two samples were analysed to discover the relative proportions of female, lay male, clerical, and urban and rural wills and how far these changed over time. The proportions of each of these groups giving to charity was also discovered in order to investigate which groups were most likely to give charitable bequests. The results are set out in the tables 5.1 and 5.2 below:

Probate Register 1 (1389-96)

	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	45	135	20	154	46	200
Charit content	28	83	14	99	26	125
Charit as %	62.2	61.5	70	64.3	56.5	62.5
Group % of total	22.5	67.5	10	77	23	100

Table 5.1

Probate Registers 2A and 2B (1397/98, 1440-59)

	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	143	700	161	580	424	1004
Charit content	69	271	74	297	177	414
Charit as %	48.25	38.7	46	51.2	27.6	41.2
Group % of total	14.2	69.7	16	57.8	42.2	100

Table 5.2

Each group was counted to find the total number of wills in that group, for example 143 female wills in Register 2. These were then re-counted for the number of wills which contained specific charitable bequests, in this case 69. This was then expressed as a percentage so that groups could be compared: 48.25% of female wills as opposed to 38.7 of lay male wills contained charitable bequests in Register 2. The number of wills in a particular group was then expressed as a percentage of the total sample, thus female testators were 14.2 per cent of the total.

This breakdown reveals some changes between the two samples. The percentage of lay males remains much the same, at 67.5 and 69.7, whereas those of women and clerics change noticeably. Female testators decline

from 22.5% of the total to 14.2%, whereas clerical testators increase from 10% to 16%. This would support two hypotheses. One, that women were becoming less financially independent from the second third of the fifteenth century.¹⁰ And two, that a greater number of men were being admitted into the priesthood, or at least that a higher proportion of priests were making a sufficient living to make a will.¹¹ In the earlier sample lay men and lay women give to charity at the same rate: 61.5% of men and 62.2% of women make such bequests. In the later sample the percentage has declined, but at a different rate: 48.25% of women give to charity but only 38.7% of men. While the general decline can be attributed to the greater social range of the testators in the latter sample, which would include more people not able to make such bequests, this does not explain the gender differential. It is possible that women as the household providers were in life more involved in the giving of charity at the kitchen door and continued this in their testamentary behaviour. However although this possibility explains the evidence from Register 2 it does not explain why male and female rates are the same in Register 1.

Another explanation is that in the later period when women are less likely to make wills, those who do are those who are most financially independent, that is single women and widows. It is also possible that these women more nearly resemble the economic profile of Register 1 than their male contemporaries in Register 2, that is if the number of women making wills is becoming more restricted, it is also more likely that they

10. Goldberg, 'Female Labour, Status and Marriage', p.37.

11. P.Heath, English Parish Clergy on the Eve of the Reformation, (London, 1969), p.187.

will come from the wealthier circles of society. In this case the different provision by men and women may not be due to gender specific behaviour patterns but to different economic levels, that is the men and women in Register 2 are not comparable samples. In such a case attempting to draw comparisons would be meaningless. However, as has been observed before, it is extremely difficult to make an accurate estimate of individual wealth just from testamentary evidence. No attempt has therefore been made to examine the relative levels of wealth in the male and female wills. It nevertheless remains true that the women in register 2 display a relatively high level of charitable giving. As single women and widows these women are less likely to have dependent family than male testators and are thus more able to dispose their property as they wish. It is clear that 'as they wish' is in pious and charitable works. It is a commonplace, though one that has perhaps been inadequately demonstrated for any but the upper classes, that women spent more time and energy on their devotions than men. It would also appear that more of them were also willing to spend financial resources as well.

It is also possible that the difference between the patterns of the two registers is explained by the different economic situations of the two groups of testators. As different marriage patterns can be found between the aristocracy and the commons (particularly the urban commons) so it may be that there is a difference between the charitable patterns of the wealthy (both gentry and bourgeois) and a lower social stratum. In this situation it would be possible for a high proportion of the wealthy of both sexes to give charitably, having sufficient surplus capital to do so. In such a situation where male householders would not have to worry about providing for widows and heirs they would thus be able to imitate female

patterns of charity. In lower socio-economic strata males would have little or no surplus after providing for their families and would have less chance to give charitably.

The group of clerical wills in the first sample is rather small so that the apparently high level of charitable provision of 70% may be treated with some caution, though it is not very significantly higher than that of contemporary lay people. It may also be due to the high proportion of rural clergy in this group. On the whole rural clergy appear to have been more charitably minded than their urban colleagues, although this is at least partly because the urban testators include chantry priests who were generally among the poorer of the clerical ranks. Rural clergy here comprise only rectors and vicars, and although they may themselves refer to chantry priests in their own churches, rural cantarists clearly did not have their wills registered. Rural clergy probably also had greater resources at their disposal as a result of the collection of agricultural tithes. The charitable rate of the fifteenth-century clergy like that of lay people had fallen, and in the former case very considerably, to 46%, rather more than lay men but still somewhat lower than that of lay women.

There was also a difference between urban and rural practice. Register 1 was overwhelmingly urban in composition, 77% of the wills were urban compared to only 23% rural. By the mid-fifteenth century there was more of a balance: 57.8% to 42.2%. This was probably a result of the diffusion of will-making not only down the social scale but also out from the towns into the country, though the extension of effective visitation from urban to rural parishes was probably also influential. Charitable giving is mildly differentiated in the first register, with urban wills somewhat higher at 64.3% than rural wills at 56.5%, but both fairly high. The higher level of

the urban wills is to be expected where a cash economy is the basis of a trading community. However in the later register there is a considerable difference: just over half of urban wills (51.2%) had charitable bequests whereas little more than a quarter (27.6%) of rural ones did. This probably reflects a greater concentration of wealth in the towns by the mid-fifteenth century, possibly including a tendency for gentry to reside or at least make their wills in town.

The Residue of the Will

So far we have only discussed specific charitable bequests but many wills also make an unspecified provision through the residue of the will. The usual way in which this was done was to use a formula like 'residuum ad disponendum et distribuendum pro salute anime mee ad discretionem executorum meorum', 'the residue to be disposed and distributed for the health of my soul at my executors' discretion. Another common form was simply to leave the residue to the executors to dispose 'as they think best' as in the case of William Benyngholme of Haltemprice (d.1443).¹² Although this formula is usually interpreted to mean that the testator wished the residue to be spent upon masses, and in some cases may indeed have meant this, (as in the will of John Harpham of Hull, (d.1451), who directed that the residue be used to celebrate for his soul), where testators were more specific they almost always included provision for charitable work.¹³ After the above formula the most common wording is 'in missis et aliis (piis) operibus caritativis' -- in masses and other (pious) works of charity. This wording can be found in the wills of William de Tykhill (d.1393), John Cardell (d.1440), Katherine Radclyf (d.1458) all of

12. Prob.Reg. 2, f.53v (Benyngholme).

13. Prob.Reg. 2, f.231 (Harpham).

York, and many others.¹⁴ Cecily Giry of York (d.1388) wished that the residue of her goods be sold and the money to be distributed to the poor, spent on masses, and 'in aliis piis elemosinis ubi major necessitas apperebit.'¹⁵ William and Alice Durem made identical and reciprocal wills in 1390 before they set out on a pilgrimage to Rome from which neither of them was to return, in which each left the residue of their goods to the other, and in the event of neither of them surviving, in alms and the use of the poor.¹⁶ John Spanyol chaplain, (d.1440) directed that the residue of his goods be:

'disposui et erogari pauperibus languentibus et maxima egentibus infra civitatem Ebor et suburbis eiusdem ac alibi ubi maior necessitas apperebit et in alios pios usus et caritatis opera converti ad laudem dei pro anima mea'¹⁷

Another form which is regularly met with is that in which it is directed that the residue is to be used in masses and 'elemosinis largicione pauperibus.' This formula is used in the will of Alice Chaffer of York (d.1444). Thomas Bodalgate of Cawood (d.1447) left his residue to be distributed and disposed in 'operibus elemosinariis et caritativis'; and John Barnyngham (d.1457) treasurer of York Minster left his residue in masses, largesse of alms and other works of piety.¹⁸ Thomas Danby of York (d.1458) obviously had a clear distinction in his own mind when he directed that his wife as executor should, at her discretion, give half the residue to works of alms (operibus elemosinis) and the other half to works of charity (operibus caritativis).¹⁹ It seems likely from the use of 'elemosinis' in the will of Barnyngham above, that Danby was thinking in

14. Prob.Reg. 1, f.58v (Tykhill); 2, ff.21v (Cardell), 375 (Radclyf).

15. Prob.Reg. 1, f.5 (Giry).

16. Ibid., ff.20-21v (Durem, both wills).

17. Prob.Reg. 2, f.36v (Spanyell).

18. Ibid., f.91v (Chaffer); f.164v (Bodalgate), f.348 (Barnyngham).

19. Prob.Reg. 2, f.364 (Danby).

terms of half the residue to be used in money doles (operibus elemosinis) and the use of 'alms' in conjunction with 'largesse' would support this; the other half to be used in acts of charity (operibus caritativis) envisioned in terms of the Seven Works of Corporal Mercy such as the feeding of the hungry and clothing of the naked and thus defined as giving in kind.²⁰ Where Bodalgate and others use terms such as 'works of alms and charity' it is thus very likely that they were expressing quite precise requests that part of the sum be used in money doles, the rest given in kind. We should therefore beware of seeing these phrases as simply tautologous, the giving of both money and goods in kind was envisaged.

The coupling of masses and charity to the poor is a clear indication that the testators regarded these two as of equal importance in their provision for their souls. If it is urged that in the basic formula masses are placed ahead of charity as having a superior position there are many cases where this order is reversed, as in Cecily Giry's will above, or in the will of William Duffield of York, chaplain (d.1443) who asked that the residue of his goods be sold and given to the poor and in masses, or where the sacramental element is missing altogether (though usually found in the body of the will).²¹ Some were explicit in their requirements: John Aldwyke of Hull (d.1444) wrote that the 'Residewe of all my gudes...I putt to the disposicion of þe sayde Hugh (Cliderowe, his executor) for to be putt to wark of charitee be his gude Avyse.'²² The use of English in an otherwise Latin will suggests that the very words of the testator were being recorded, so that there can be little possibility here that the notary or parish clerk was putting words into the mouth of the testator.

20. See below for further discussion.

21. Prob.Reg. 2, f.57 (Duffield).

22. Prob.Reg. 2, f.95v (Aldwyke).

Sir John Markynfelde of Markenfeld (d.1448) directed that if all his children died before they came of age all his properties were 'to be gevyn in almouse dede for my soule' at his executors' discretion.²³ In the same year Robert Whitcombe of Newark willed that half the residue of his goods be used 'in dedys of almeysse and werkys of charite among pour peple and othirwyse for my soul.'²⁴ Here again the emphasis is on the efficacy of charity towards the poor as a means of salvation, certainly at least in tandem with, if not even in preference to, masses. These wills are far from the only ones where the residue is devoted exclusively to charity to the poor, as, for example in the will of Elizabeth Bristall of York (d.1442) who left her residue 'in puris operibus caritatis.'²⁵

When people wrote that they wanted the residue of their goods used for the health of their souls, or for pious uses they were clearly not thinking exclusively in terms of sacred or ecclesiastical provision. As far as they were concerned charity was an integral part of their understanding of their devotional lives. It is only because the modern definition of the word 'pious' is so narrow that we fail to fully understand what fourteenth and fifteenth century writers meant when they used this formula. The point is forcibly made by the will of Agnes Constantyne of York (d.1447) who left the residue of her goods for the health of her soul in the repair of roads and other acts of piety.²⁶ She clearly regarded the repair of roads, a common feature of medieval Yorkshire wills, as a charitable act benfitting both the community and her own soul, on a par with masses and money gifts to the poor. Though the mending of roads was valuable to all travellers, from wealthy merchant to beggarly vagrant, the image of the wanderer, the

23. Prob.Reg. 2, f.190v (Markynfelde).

24. Ibid., f.180 (Whitcombe).

25. Ibid., f.52 (Bristall).

26. Prob.Reg. 2, f161v (Constantyne).

pilgrim was of a poor person, and the act of assisting his or her passage charitable. John Stillyngton of Tadcaster (d.1452) wished the residue of his will to be used for the poor and needy living around Tadcaster but also for 'pontibus et vijs publicis pro utilitate christianorum reficiend et reparand'- the mending and repair of public roads and bridges for the use of Christians. Another will which had similar concerns is that of Margaret de Bretwesell of Doncaster (d.1446) who divided the residue of her goods between the parish church of St George, where she was buried, and mending the roads of Doncaster where the greatest need lay.²⁷ Margaret's pious concerns were two branches of a single stream, embracing both the parish church, source of the sacramental religious life of her community, and the roads which bound that community together. In a modern context the repair of roads seems far from a pious act, though possibly a public-spirited one, whereas in a medieval context the two were not differentiated. An act which improved the lot of one's less fortunate neighbour (Biblically defined) was a charitable one. Medieval religion, as opposed to post-Reformation religion, made the relationship between the individual and his or her neighbour an integral part of the relationship with Christ. As the Book of Vices and Virtues asked: how can you live in charity with God if you cannot live in charity with your fellow human? And the true love of God is in works. Or as the epistle of James put it more succinctly, 'faith without works is dead.'²⁸

That this attitude was shared by the testators of these wills is revealed by examining their potential charitable contents. As we have seen, many wills make specific provision for the poor in their residue.

27. Prob.Reg. 2, f.258 (Stillyngton), 134v (de Bretwesell).

28. Book of Vices and Virtues, W.N.Francis (ed), EETS vols.89, 159, (1888, 1921), Of Charite, pp.34-47; James 2:20.

Even more make no specific bequest but simply ask the executors to devote the residue of the will, at their discretion, to the health of the soul of the deceased. This form is a request, an expectation even, that the executors will do the right thing by the deceased, follow the conventions, in so far as the estate will allow them to do so. The fact that so many wills leave so much to the discretion of the executors, and it is not only in the residue that they do this, shows that there was a strongly held common understanding of what was required. After all, if one could not be sure that one's executor would share one's idea of what was desirable in the way of provision for the soul it would have to be spelt out, and the fact that generally it was not is a good indication of cohesive social values. And where the testator did give more detail, as not infrequently, the picture is a very standard one: will after will makes provision for the poor an integral part of provision for the soul. Therefore, where no specific bequest is made but left to the discretion of the executors, it must be assumed that these testators too expected at least part of the residue of their estates to go to charity and the assistance of the poor.

If to those wills which make specific charitable provision, we add those which potentially give to the poor through the residue of the will we can gain some estimate of those testators who expected to make some form of charitable bequest. Samples of Prob. Reg. 1 and Prob. Reg. 2 show that in the earlier volume some 84.8% of wills were potentially charitable, dropping only slightly to 78.6% in the later volume. These figures can only be described as 'potentially charitable' because it is quite possible that the charitable intentions of the testator were not carried out, either because there was no residue to give away, or because the executors chose to interpret their instructions in such a way as to provide only masses, a

perfectly legitimate though probably not common discharge of their duties. Such problems as the adequacy of the estate or of the executors also apply to the body of the will, but on the whole it is assumed that where these problems did not occur then specific bequests were fulfilled. The drop of only 6.2% in the level of provision between the two registers is considerably less than that of the drop in specified bequests, either generally or by particular groups. This is probably again due to the wider social and economic spread of the later register in which there is a higher percentage of people with limited amounts of capital and property for whom provision for the family was the major concern, but who wished to make provision for their souls in the usual way. They did so by using the residue for this purpose, hoping that there would be enough left over for something but unable to make absolutely definite bequests. It is highly significant, and indicative of the importance of the poor in the scheme of salvation that such an overwhelming proportion of the will-making population made bequests to the poor.

A concern which motivated over three-quarters of the testators surely indicates a strong consensus that the relief of the poor was a valuable object and a necessary duty laid on the more fortunate members of society. Peter Heath's conclusion in his article on Hull piety as derived from wills, that if anything can be discerned of Hull piety it is that provision for the poor seems to be a priority, can only be re-emphasised in the strongest terms.²⁹ Certainly this source at least shows a very different attitude to the poor from that which Miri Rubin postulates in her book on Cambridge. She argues that the period after the Black Death shows an increasing antagonism on the part of the wealthy towards the poor, based on

29. P.Heath, 'Urban Piety in the Later Middle Ages: the Evidence of Hull Wills', p.224.

a narrowed gap between their respective levels of prosperity, and a lesser willingness (and perhaps ability) to give charitably.³⁰ Certainly the evidence from wills is overwhelmingly in the other direction. Without having examined a very substantial number of pre-Black Death wills for Yorkshire, nevertheless those which have been looked at from the Dean and Chapter Register of Wills, and from the Merchant Adventurers collection, appear to show very similar patterns of charitable giving to those of the post-Black Death period. There are some differences in emphasis on particular forms of charity but this is within a picture where the poor were, as they remained, an integral concern of pious provision. It is difficult to believe that we should be expecting a higher than 85% charitable provision in pre-Black Death wills. Moreover Rubin's thesis would not expect to find a higher level of provision in the earlier Register, covering the period 1389-1396, when the dislocations of the Black Death were more recent and still being worked through, when Parliamentary legislation attempting to restrict the demands of labourers was being debated, when the Peasants' Revolt was a recent memory, and thus when antagonism to the poor might be expected to be particularly strong. Although we have already seen why there should be higher provision in the earlier period this simply adds weight to the argument that a concern for the poor was an enduring aspect of devotional and social life. It fails utterly to reveal signs of antagonism on the part of the better off towards the truly poor. That there is a diminution in the level of provision by the middle of the fifteenth century is, as we have already seen a result of the wider economic range of the later testators, and perhaps also of developing economic depression. If these are the people most likely to

30. Rubin, Charity in Medieval Cambridge, pp.49-53.

be squeezed in Rubin's thesis, this does not appear to be reflected in their charitable giving. The economic picture of York in particular, and the county in general, is one of expansion and buoyancy in the period after the Black Death, turning into decline and even depression towards the middle of the fifteenth century.³¹ This would appear to reflect the pattern of charitable giving, and as will be seen, bears a close resemblance to the pattern of foundation of new hospitals and maisons dieu. Paul Slack too has pointed to the greater provision for the poor in periods of prosperity.³²

Not all wills devoted the whole of the residue of the will to pious and charitable purposes. It is common to find wills devoting only a part, usually a half or a third to pious and charitable purposes. This is in line with ecclesiastical guide-lines on the provision to be made in wills which usually expected the will to contain three parts: one part for the widow; one part for the children; and the third part for the soul of the testator. Several testators used this one-third rule: Cecily de Yharom of York (d.1396) gave this proportion of her residue in masses, for the poor, and works of charity; Robert de Crosse of Hull (d.1395) left a third for his soul; and Robert Gray of York (d.1438) gave a third in masses and other pious works of charity.³³ All of these had also given significantly to charity in the body of their wills as well as devoting a third of the residue to this purpose. Some gave an even higher proportion: as we have seen above, Robert Whitcombe devoted half the residue of his will to

31. J.N.Bartlett, 'The Expansion and decline of York in the Later Middle Ages', Economic History Review, 2nd ser., vol.12, (1959-60), pp.24-9; P.J.P.Goldberg, 'Mortality and Economic change in the Diocese of York, 1390-1514', Northern History, vol.24, (1988), pp.49-50.

32. P.Slack, Poverty and Policy in Tudor and Stuart England, (Harlow, 1988), pp.5-6.

33. Prob.Reg. 1, ff.92v-93 (Yharom); Prob.Reg. 1, f.83v (Crosse); Prob.Reg. 3, f.523v (Gray).

charitable purposes, and he was not alone; Thomas Wentworth of Doncaster (d.1449) desired all his lands and tenements to be sold and half given to his wife Katherine, the rest to be given and distributed for the health of his soul 'in operibus caritativis'.³⁴ Nicholas Blakburn, junior, of York (d.1448) was probably still in the process of administering his mother's will when he drew up his own: he directed that the dower property of Dame Joan Blakburn, defunct, be sold and half given to Margaret his wife, the other half to be used by his executors in praise of God, the Blessed Virgin and All Saints (All Saints, North St was the family's parish church which they did much to beautify) in pious works of mercy and piety as seems best. The residue of his own will was to be used for masses and other pious works.³⁵ There appears to be a tendency for the earlier wills to give the traditional one third to pious and charitable purposes, whereas in the later wills a half is more common. It would thus appear that the later wills though giving proportionately less as a group, that is a smaller percentage of them give charitably, are individually giving a higher proportion of their goods to charitable purposes. Nevertheless this is not an absolute rule, despite the appearance of the examples used above, some early wills give a half, some late ones only a third.

There is a small group of wills all from Scarborough which use a formula which is presumably based on the one third rule. These date from 1446 to 1457 and add to the usual clause that the residue is to be used for the health of the soul at the discretion of the executors 'prout lex ecclesiastica exigit et requirit'- as far as the law of the Church demands and requires.³⁶ None of these wills contains any charitable bequest, and

34. Prob.Reg. 2, f.207v (Wentworth).

35. Prob.Reg. 2, ff.168v-69 (Blakburn).

36. Prob.Reg. 2, f.137 (Blakburn); also Prob.Reg. 2, ff.160, 239v, 364.

there may be an implication of resistance to giving more than was ecclesiastically required. Any suspicion that this may have been a Lollard expression seems unfounded: the restricted number of wills, the general support by Lollards of charitable activity, and the fact that one, the will of Patrick Blakburn, makes a chantry provision, all militate against it. It is not clear what lies behind this particular formula, it may have simply been a form adopted by one individual notary or scribe, but it may also reflect something in the devotional life of a small group of people in Scarborough at this time. Quite what it might reflect is almost certainly irrecoverable. However it is a reminder that in a county as large as Yorkshire and indeed over such a timespan, we might well expect to find variations in scribal and indeed charitable practice. Quirks such as those of a particular scribe may do something to obscure actual local practice, or indeed emphasise it; with luck we may even be able to guess at why one form of charity might be preferred to another in different places.

Some left the reversion of property or the residue to charitable purposes in the event of the failure of heirs. We have already seen Sir John Markynfelde do this, but it was a course also followed by John de Duffield of York (d.1394) who directed that if his heir died without issue the land was to be sold and the money used in masses, and in almsgiving to the poor and infirm. Thomas de Lynland of York (d.1394) left 40 marks between his children, if either of them died 10 marks was to go poor cousins, if both died then another 10 marks was to go to the poor and needy where most necessity was.³⁷ William Thornton, chaplain, of York (d.1445) left the residue of his estate to his sister but if she died before she married half was to be given old priests and the poor to pray for their

37. Prob.Reg.1 f.68v (Duffield); Prob.Reg.1 f.70 (Lynland).

souls and those of their parents.³⁸ Daughters' dowries not uncommonly had reversionary conditions of this kind: John Bilburgh of Wressle (d.1456) left his daughter a dowry of ten marks but if she died it was to be 'caritative disponentur' to the poor and needy. John Haynson, alderman of Hull (d.1459) directed that if any of his daughters died their portions were to given to the poor in alms and for their souls. John Patryngton of Paullfleet in Holderness left all his tenements and rents to his daughter but if she died it was to go to the parish church of Paull and be divided into three: one third for a chantry, one third for the fabric of the church, and one third to the poor in works of mercy. Here again we can see how sacramental provision for the soul is weighted no more heavily than works of charity.³⁹

Indeed a few of the wills are phrased in such a way as to show that their authors regarded charitable activity as being especially blessed. John Kighlay of Hull (d.1451) asked his wife to dispose of the residue of his goods for the health of his soul in works of charity and 'a diversis bonis actibus deo placabilibus'- in various good works pleasing to God. Robert Belton of York (d.1455) left the residue of his estate in masses, largesse of alms and 'alijs devotis operibus et caritati Deo magis placentibus'. John Carre of York (d.1487) at the end of an already generous will left the residue in masses and 'other deid of charite where in god is moste pleased.'⁴⁰ Thomas Fenton of York (d.1395) who died in Danzig was probably not in a position to make very elaborate disposition for his estate but dealt with the most pressing issues temporal and spiritual,

38. Prob.Reg. 2, f.102v (Thornton).

39. Prob.Reg. 2, ff.340v (Bilburgh), 393 (Haynson), 300v (Patryngton).

40. Prob.Reg. 2, ff.221v (Kighlay), 315v (Belton); Prob.Reg. 5, f.327v (Carre).

leaving all his goods for the remission of his debts, and in alms to the poor. Thomas Brounflett of York (d.1458) left small sums to the poor and leperhouses of York, and £10 to his executors 'in aliis operibus meritoribus.' For all these it would indeed seem that 'though I have all faith, so that I could remove mountains, and have not charity, I am nothing'.⁴¹

For some however charitable gifts were clearly informed by a concept of restitution. Roger de Flayford of Giggleswick (d.1390) left 100 marks to the poor 'et illis quibus feci iniuriam ad distribuendum inter eosdem'.

Robert Colynson of York, alderman (d.1458) directed:

'that thare be deltt and gevyn to xiiij pure folke in ilke parysshyn underwretyn xiiij praying thame hertly þe hole parysshens to for gefe hym if he had ever any gude of thayres be bying or selling or any other wyse and if any of thame had ever any grete losse by hym thay sall have amendis and asseth for þare losse and thay will aske it and if noon aske it he prayes thame for goddes lufe hertly to forgefe hym and pray for hym at þe reverence of god.'⁴²

There then follows a list of twenty-two parishes mostly in the East Riding which probably represent the areas in which Colynson did most of his business. Both Norwich and London reveal a few similar cases of merchants with tender consciences about those with whom they had done business.⁴³ In these cases, as perhaps in that of Thomas Fenton above, the idea of restitution, of clearing the slate or accounting for one's tallies, was an important one and involved not only paying off one's formal business debts but also paying back for those occasions when the testator's sharp business practice might have injured those who were in a weak bargaining position in the marketplace. Of these the poor were particularly vulnerable when their

41. Prob.Reg. 1, f.89 (Fenton); Prob.Reg. 2, f.380 (Brounflett); 1 Corinthians 13:1.

42. Prob.Reg. 1, f.56v (Flayford); Prob.Reg. 2, f.378 (Colynson).

43. Tanner, Medieval Norwich, p.106; Thrupp, Merchant Class of Medieval London, pp.176-77.

produce was small and their dependence on generating even a moderate cash income very great, in order to pay rents and taxes. It is probable that Colynson, like Thomas Clynt (d.1439) who also had business in both York and Tadcaster, and William Crosseby (d.1466) were large scale employers in cloth manufacturing, and all appear to have had qualms about the exploitative nature of their relationships with their employees. The oppression of the poor and weak in this fashion was particularly condemned, not only for itself but also because of the usurious implications of this form of trade. It is significant that all, but particularly Crosseby were aware of the plight of his employees 'pauperibus mulieribus laborantibus et operantibus ex consuetudine nemdo et carpendo lanas meas' though it would appear that Colynson was the one most concerned about the effects on his soul with his promise of restitution, and pleas for forgiveness and prayers.⁴⁴ This relationship was clearly regarded as unfair and unequal by its beneficiaries and they made at least symbolic efforts at restitution.

The situation of the rich attempting to reach heaven was a problematic one. 'It is more difficult for a camel to pass through the eye of a needle than for a rich man to enter the kingdom of heaven' Christ had said, and the Book of Vices and Virtues reminded its readers of the same text as it extolled the value of charity.⁴⁵ Charity was in itself meritorious but it also enlisted the help of the poor, 'pauperes Christi' the faithful of Christ, who by the very nature of their poverty were acceptable in the face of God and could plead on the part of their wealthier neighbours. Moreover by giving so much away the wealthy became poor in their last hour. Richard Wartre of York (d.1458) in a slightly unclear end to his will left the

44. Prob.Reg. 2, f.378 (Colynson); Prob.Reg. 3, f.567 (Clynt); Prob.Reg. 4, f.70 (Crosseby).

45. Book of Vices and Virtues, pp.77-79.

residue (perhaps the residue of the previous bequest for mending roads around York) to be distributed to the last penny in works of charity, that is to say to the blind, lame and bedridden. The residue of his goods to go in masses and other acts of charity.⁴⁶ By the middle of the fifteenth century the Ars Moriendi was reminding the dying of the fatal results of attempting to take their money with them, with its picture of dreadful demons lurking at the bedside of the dying man ready to drag his soul to hell if he failed to make a good death, which included a proper disposition of his worldly goods. The Ars Moriendi portrayed Moriens, the dying man, as an ordinary person of comfortable means, who could represent anyone rather than the more socially elevated Dives of the older Dives and Pauper. Moriens was an Everyman who needed to take his Good Deeds along on his journey to death, having found that his Riches were far too earthbound to be of any use to him.⁴⁷

Although Colynson was concerned to receive the prayers of the poor for the benefit of his own soul, charity could be spiritual as well as practical and devoted to the souls as well as the bodies of the poor and indeed 'all the faithful dead' as so many bequests for masses and chantries had it. Isabella Barry of York (d.1391) left 12 marks 'ad necessitatem pauperum christi' viz six marks to a priest to celebrate for herself and all faithful Christian dead, and six marks to be distributed to the poor where most need was. Among the gentry, in 1429 John Pigot gave to the Ripon altar where paupers' funerals were held, a missal and other ornaments.⁴⁸ Roger Eston (d.1446) was rector of Richmond but chose to be

46. Prob.Reg. 4, f.115v (Wartre).

47. N.L.Beaty, The Craft of Dying, (Yale, 1970), pp.1-4; Everyman and the Medieval Miracle Plays, A.C.Cawley (ed), (London, 1956), pp.205-34, lines 394-462, 485-521, 903-10.

48. Prob.Reg. 1, f.24 (Barry); Vale, Piety, Charity and Literacy among the Yorkshire Gentry, p.16.

buried in York with his parents, he did not however forget his parishioners and made provision for a trental to be said for himself and all his parishioners living and dead in the Grey friars church in Richmond. In addition he left the residue of his goods after his funeral had been paid for, in masses and pious works of mercy among his poor parishioners wherever his executors should see best.⁴⁹ Eston was an exemplary parish priest, but the inclusion of the tag 'and all the faithful dead' or 'and all Christian souls' clearly shows that masses and chantries for the dead generally were not intended to be exclusively concerned with the named people for whom the cantarist was employed to celebrate. Thus although in general one of the main aims of charity was to get the poor to pray for the soul of the charitable donor, it was also true that those who were able to make provision for masses and chantries were also expected to benefit those unable to do so.

The Seven Works of Mercy

Despite this, charity for most people remained essentially temporal in its operation. Practical assistance to the poor was the order of the day. The forms which this took were various but the evidence of a number of wills is that for many the basis upon which they were founded was that of the Seven Works of Corporal Mercy. Six works: feeding the hungry, giving drink to the thirsty, clothing the naked, receiving the stranger, visiting the sick and comforting the prisoners are taken from the gospel of Matthew; the seventh, burial of the dead is taken from Tobit, and was added later in the Middle Ages to conform to the medieval desire to see numerical patterns in all things, particularly patterns of sevens as in the Seven Deadly Sins or the Seven Virtues which opposed them. The Seven Works of Mercy are

49. Prob.Reg.2 ff.132v-33.

mentioned in a number of wills: Richard Litster of Rotherham (d.1442) left the residue of his goods 'ut ipse disponat pro me in distributionem elemosinarum et in septem operibus nomine pro salute anime mee'; Joan Johnson of York (d.1474) similarly asked that the residue of her goods be sold and the money distributed 'in septem operibus nomine.' The relative importance of the Seven Works in medieval devotional life is illustrated by the will of Thomas Karr of York (d.1444) who left money for five trentals of the Holy Spirit and five of the Wounds of Christ plus 30s for seven trentals 'in supplementum septem operibus nomine' and 50s for ten trentals 'in supplementum x preceptorum.' A similar interest in the Ten Commandments and the Seven Works of Mercy may well lie behind the phraseology of Stephen Wilton's (d.1457) will. Wilton was a canon-residentiary of York, though he chose to be buried in Beverley Minster. He left gowns for 33 poor people 'videlicet decem et septem viris de Blankett et xvj mulieribus de panno nigro.' That 'seven and ten' are not explained but may well refer to the Commandments and Works of Mercy. Richard Croull of York (d.1460) left money for five shirts for the poor in honour of the five wounds, ten pairs of shoes in honour of the ten Commandments and seven pairs of russet hose for the Seven Works.⁵⁰ Karr's will shows a joint devotion to two aspects of the Godhead and to two central aspects of Christian teaching: the Ten Commandments and the Seven Works of Mercy, which must suggest that the Seven Works were conceived to lie at the very heart of Christian teaching and practice. Nor was this purely theoretical on Karr's part, his will includes gifts of money for the poor on the occasion of his funeral, which may well have been in the form of bread and ale, and on other occasions, of clothing, and to the prisons of York as well as to the leperhouses whose

50. Prob.Reg. 2, f.64v (Litster); Prob.Reg. 4, f.221 (Johnson); Prob.Reg. 2, ff.79v-80 (Karr), 353v (Wilton), 431v (Croull).

inmates were by definition sick, and to the maisons dieu which sheltered the houseless and the travellers, not forgetting the roads those travellers might use. These are the concerns which we shall see are the usual, almost the invariable, contents of the will of anyone with enough goods or cash to give to a range of charitable purposes. Those with less had to be content to give to the one or two forms of charity closest to their hearts, or which they regarded as most fully encompassing all the Seven Works. That the concept of the Seven Works of Mercy was a deeply rooted one is illustrated by its survival as late as 1542 in the will of Jane Huntingdon of Hull who left the reversion of her house to this purpose.⁵¹

We have already seen that charitable activity was seen as an integral part of religious practice and was enjoined both in didactic spiritual works such as the Book of Vices and Virtues and in more obviously secular treatises such as the thirteenth-century treatise on estate management, Walter of Henley. However much didactic literature, and art, directed at the laity saw this charitable activity specifically in terms of the Seven Works. The Doomsday play from the York mystery cycle assigns salvation or damnation purely on the basis of the individual's fulfillment of the Seven Works, and makes explicit the view that Christ was to be found in the poor. The Lay Folks' Catechism, another York work, which parish priests were supposed to expound weekly, also placed emphasis on the Seven Works as an essential part of the laity's spiritual knowledge and practice.⁵² The more northerly Lyke Wake Dirge also enjoined the departed spirit to use the

51. M.C.Cross, 'Northern Women in the Early Modern Period: the Female Testators of Hull and Leeds, 1520-1650', YAJ vol.59, (1987), p.92.

52. Book of Vices and Virtues, pp.212-16; Walter of Henley, D.Oschinsky (ed), (Oxford, 1971), p.311: 'The poore regard well, not for to gaine the praise of this world but for to gette praise of God which giveth us alle'. English Mystery Plays, P.Happe (ed), (Harmondsworth, 1975), pp.631-45, especially lines 277-364; Lay Folks' Catechism, T.P.Simmons and H.E.Nolloth (eds), EETS vol.118, (1901), pp.70-76.

food, drink, and clothing which it had given in life to protect it from the pains of Purgatory.⁵³ For the illiterate there were also visual representations: Pickering church has a very full cycle of wall paintings which includes the Seven Works; in All Saints, North St, York a window commissioned by Nicholas Blackburn, senior (d.1431) depicts the first six of the Seven Works. All of these but Walter of Henley date to the later fourteenth and fifteenth centuries.

Although the Seven Works of Mercy were clearly an important conceptual framework for charitable giving they were far from being adhered to rigidly. Of the Seven Works not all were equally popular: food and drink were the most common, whereas burial of the dead barely features. Often testators simply left money to be distributed, as being more flexible and therefore more useful to the recipients. In many cases however it might be left to the discretion of the executors whether they indeed gave money doles or whether they converted that cash into food, clothing or other necessities. Nor was charity confined to the Seven Works, if there was a need someone would recognise it. The Seven Works were conceived in the climate of the Mediterranean and so did not bargain for the exigencies of a cold and lengthy Yorkshire winter, or indeed a cold and short Yorkshire summer: fuel in the form of sea-coal or turves is a not unusual bequest in these wills. The oppression of taxation was a concern of a very few, usually rural gentry wills; only the wealthy could hope to have enough property or cash to be able to make an adequate donation to the relief of taxation of the poor. The specific vulnerabilities of women, particularly aged widows or poor young women on the threshold of marriage was an issue

53. Medieval and Renaissance Poets, W.H.Auden and N.H.Pearson (eds), (London, 1952), pp.428-29. The Dirge was not collected until the seventeenth century, but probably dates to the late Middle Ages. I am indebted to Mrs F.Riddy for this information.

which tended to appear at particular periods rather than continuously through time. The plight of poor, particularly aged, infirm or blind priests was again a concern of certain periods more than others.

We must now proceed to an investigation of the specific forms of charitable provision. These will be examined in order, beginning with gifts of money, being the commonest form of provision and one which might be converted to any of them others, then the Seven Works in order, and finally to other forms of charity which do not fit easily within the above categories.

Bequests of money were the most common form of gift to charity and were largely, but far from exclusively, associated with money doles at funerals. The pattern of giving can be seen in the table below.

Money Doles

Prob. Reg. 1	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	16	54	9	59	20	79
Group % of total	20.3	68.4	11.4	74.7	25.3	100
Prob. Reg. 2						
No. of wills	12	99	29	93	47	140
Group % of total	8.6	70.7	20.7	66.4	33.6	100

Table 5.3

As can be seen money doles are more common in the earlier Register, occurring in nearly 40% of wills, in the later Register this falls to about 14%. This may however be deceptive as it is more common to find lump sums left to cover funeral expenses without further directions in the later wills and it is likely that the testator assumed that one of the expenses

would be a distribution to the poor. Distributions to the poor appear in a higher proportion of urban than rural wills suggesting that they were more of an urban phenomenon but there is not a great difference between the two. The amounts given were extremely variable and clearly depended on the wealth of the testator. It was nevertheless a popular form of charity with a great range of social backgrounds. The smallest amount left for this purpose, where a total as opposed to an amount per pauper was given, was 15d by John Leyk of Wakefield in 1453. The only occasion on which the deserving nature of the poor was mentioned was by William Smyth of Wilberfoss in 1446 who left 3s 4d 'where most merit was.' As might be expected the smallest sum in Prob. Reg. 1 was higher at 5s, left by John Hoperton of York, a chantry priest in 1394.⁵⁴ The largest amount was left by a cleric, Master William Felter, Dean of York, (d.1449) who bequeathed £20 to the poor on the day of his obit, and a further 100 marks to the poor parishioners of the deanery of Beverley and at Almondbury where he was rector. A similarly large sum bequeathed by laymen was the 100 marks left by two men: Robert Holme of Hull in 1449, to be distributed on his funeral and the octave; and Robert de Flayford of Giggleswick in 1390, whom we have already seen was stricken with a guilty conscience not only for the poor but for those whom he might have injured. The next largest amount, and solely for distribution to the poor, was £40 left by John de Gysburne, a prominent citizen and former mayor of York, in 1385.⁵⁵ Thomas de Howom of York (d.1406) left 100s to be distributed on the day of his funeral, and 100s to the poor, infirm, lame, blind, prisoners and other needy where his executors saw most need and most health for his soul within forty weeks

54. Prob.Reg. 2, ff.261v (Leyk), 146 (Smith); Prob.Reg. 1, f.72v (Hoperton).

55. Prob.Reg. 2, ff.218v (Felter), 211v (Holme); Prob.Reg. 1, ff.56v (Flayford), 15v (Gysburne).

after his death or as soon as might be. His brother Robert (d.1396), even wealthier had left £40 to be distributed as a dole, half at the funeral and half on the octave; to the poor and needy of 'Howm', probably Holme-on-the-Wolds, 100s; £10 to the poor and feeble or otherwise burdened of the parish of Holy Trinity, Goodramgate, York who were continuously residing; and £10 to the poor of Pontefract. Both also gave lavishly to other forms of charity, and both had founded maisons dieu in York. None of these matched the bequest of Philip Malpas of London who left 2,500 marks to be given as half mark doles to poor householders of that city, but as he was apparently cordially and generally disliked he probably needed to be generous to have any hope of prayers for his soul.⁵⁶ In Prob. Reg. 1 the modal amount given was 20s and the mean 100s. In Prob. Reg. 2 the mode was 40s and the mean 89s 9d. The general tendency was thus to give more in the later period, but fewer people gave very large sums of money. Fully half of testators in Prob. Reg. 2 gave between 20s and 100s. In Prob. Reg. 1 the distribution is more diffuse with substantial numbers giving sums both larger and smaller than this range. It is likely that social expectation led to a standard figure of 20s for the poor in the later fourteenth century, 40s being left for this purpose when it could be afforded by the middle of the fifteenth century, with the wealthier or more pious leaving larger sums.

The amounts given per recipient were quite regularly indicated and ranged from $\frac{1}{2}$ d to 3s 4d or even 6s 8d. In Prob. Reg. 1 the commonest amount was indeed the traditional 'penny dole' but this had increased to 4d by the mid-fifteenth century, and the average given, where the amount was specified, was nearly 8d. In the early sixteenth century the standard amount appears to have returned to the traditional penny dole. This was

56. Prob.Reg. 3, f.254v (Howom); Prob.Reg. 1, ff.100v-101 (Holme); Thrupp, Merchant Class of Medieval London, p.178.

probably at least partly due to the onset of economic depression, at least in York, where the only option when disposable income was reduced and the number of needy increased, was to spread the money available more thinly. In 1506 Richard Thornton, alderman of York, left 100s in 'le halfe penny dole.' The wealthy Dame Joan Thurscrosse of Hull (d.1524) directed that on the day of her burial, its octave, and on the twelve-month day 'ther be delte for my saull and al Cristen saulles peny dole to the poore people.' Henry Carnebull (d.1512), Archdeacon of York, buried in Rotherham parish church near his friend and mentor, Archbishop Rotherham, seems to have been worried by hardening attitudes to the poor at this date, and to have sought to mitigate their possible effects: 'and every poore man, woman, and childe asking almes be gyven for godds sake a peny wyth out any conterrey, chalange or obiection maid ayens any of them.'⁵⁷

Although as we have seen the amounts given for money doles were modally larger in the fifteenth century than in the fourteenth or sixteenth the way that such large amounts could be given to individuals was by restricting the numbers who would benefit. Robert de Rillyngton (d.1394) of Scarborough's direction that each pauper coming to the distribution on the day of his burial and on the octave should receive 1d is typical of Prob. Reg. 1 in the way that John Wetelay (d.1445) of York's that 40s should be given to the poor of the city where most need of alms was, each pauper to receive 4d, is of Prob. Reg. 2. Those who gave doles on funeral and octave clearly expected and provided for very large numbers of beggars. William Wyllyngham of Hull (d.1391) left 20s at 2d per person or 120 recipients.⁵⁸ John Maltster of York (d.1448) gave 4d each to 300 poor in

57. Prob.Reg. 6, f.170v (Thornton); Prob.Reg. 9, f.272 (Thurscrosse); Prob.Reg. 8, f.123 (Carnebull).

58. Prob.Reg. 1, ff.67v-68 (Rillyngton); Prob.Reg. 2, ff.116v (Wetelay), 34 (Wyllyngham).

or not in the maisonsdieu. Marion Marton of York (d.1441) left 30s to be distributed at the rate of $\frac{1}{2}$ d per person which gives 720 people. In her case this represented about five per cent of the York population at this date. Rural doles could be even larger and must have drawn people from a considerable distance. Richard de Hothwayt in Cleveland (d.1389), buried at Kirkham bequeathed £4, each pauper to receive 1d 'in die sepulture mee qui pro elemosina capienda ibidem tunc advenerit' at which rate 960 people would get a dole. Nor was this the largest dole: Robert de Acaster of Riccall (d.1389) gave 1d to every pauper 'mendicantibus' to a total of 100s, which means 1200 recipients. The numbers which might gather for a dole are indicated by the case in the London Coroner's Rolls, of the fifty-two people crushed to death at the gate of the Dominicans while waiting for a dole commemorating the obit of a former sheriff of the city in 1322. 1322 was a year of hunger, so the crowds may have been unusually large, but for so many to have died suggests the total numbers present must have been huge. In York Richard II distributed 4d to each of 12,040 people on Good Friday, 1396.⁵⁹

Whether the testators in these cases seriously had these numbers in mind is unclear. That medieval basic arithmetic could be distinctly wobbly is illustrated by the bequest of John del Hay, of Spaldington (d.1393) who left 40s to the poor viz. to the poor and needy of Bubwith 13s 4d, each to have 6d; to the poor of Spaldington 13s 4d, each to have 6d; to the poor of Drighton 6s 8d, each to have 6d; the poor of Willitoft and Gribthorpe' 6s 8d, each to have 6d.⁶⁰ The task of dividing a mark or a half mark into

59. Prob.Reg. 2, ff.175v (Maltster), 27-28 (Marton); Prob.Reg. 1, ff.39v (Hothwayt), 56 (Acaster); Calendar of Coroners' Rolls of the City of London, 1300-78, R.R.Sharpe (ed), (London, 1913), p.61; J.Harvey, 'Richard II and York' in The Reign of Richard II, C.Barron and R.Du Boulay (eds), (London, 1971), p.210.

60. Prob.Reg. 1, f.60v (del Hay).

complete six pences would have taxed the most capable of executors; no doubt this was an occasion for the use of the executors' discretion. The testators' concerns were simply that a very large number should be assisted, and that there should be no dearth, as Sir Marmaduke Constable of Flamborough (d.1377) of the old gentry family, instructed: 10 marks were to be distributed to the poor 'si possint sufficere alioquium suppleatur per executores meos ita quod nullus indigent recedat vacuus'.⁶¹ Nevertheless these doles do reflect an understanding on the part of the donors of the very large numbers of people living in poverty, and that this was true of both urban and rural areas.

Summoned by the bellman who was employed to go through the streets announcing the death and giving the time of the funeral, many would gather in the churchyard or street in the hope of receiving a few pennies. Crowd control in these circumstances was obviously important if all was to go smoothly with no unseemly pushing and shoving, or even worse danger to life and limb, particularly when there might be elderly and crippled people present less able to move than the more sturdy. Richard Wartre of York (d.1458) had clearly given thought to this problem, and may well be making explicit what was usual practice:

'provideatur et ordinetur...executores meis locus inclusus pro pauperibus ad exequias meas in die specialis obitus mee venientibus et voluntas mea penitus est quod omnes pauper homo et omnes pauper mulier qui vel que manum vult imponere capeat seu habeat caritative jd'

on the first day, and on the second or octave were to receive a white loaf.⁶² For those truly destitute such occasions were important sources of income, and even for those with an uncertain or low income they were a valuable way to eke out a marginal living. For the price of an hour or

61. Abp.Reg. 12 (A.Neville), f.59 (Constable).

62. Prob.Reg. 2, f.115v (Wartre).

so's time and a prayer for the deceased, one could hope to get anything up to the equivalent of a day's labour. Doles which were of higher value usually went to a limited number of people who were probably chosen with the assistance of the parish priest as being in particular need.

Parish priests were clearly important in deciding who should be the recipients of charity: William Bedale, alderman of York (d.1438) left 3s 4d to be distributed by Dom Gygarde, the chaplain of his parish, St Martin, Coney St, and John Preston, sr, a bucklemaker of York (d.1400), left 20d to be divided amongst the indigent of his parish of St Michael le Belfrey, by the good counsel of the parish chaplain.⁶³

Parish priests themselves, whether resident or absent (if wealthy) had a concern for their parishioners. We have already encountered Roger Eston, who took such care of the material and spiritual needs of his Richmond parishioners. William Sybthorp (d.1393), rector of Hawton, may have been continuing in death a parochial cure which he had maintained in life, leaving to thirteen poor 'que assumuntur de timitibus et bundit parochie mee' 12d each. This would seem to be even more true of John Aclane (d.1449), vicar of Darfeld, who left to 'xiiiij pauperibus meis cuilibet ' xijd.' These two at least do seem to have been fulfilling their cure, and the evidence of the bequests of Bedale and Preston above, suggests that the parish chaplain was expected to know who and where the most needy in his parish were. John Barnyngham (d.1457), Treasurer of York Minster, apparently had fond memories of a former parish as he left 20s to the 'antiquos pauperes parochianos de Frekenham iuxta Mildenhale' in the diocese of Norwich, of which he had once been rector.⁶⁴ Robert Broune

63. Prob.Reg. 2, f.123v (Bedale); D/C Prob.Reg. 1, f.122v (Preston).

64. Prob.Reg. 1, f.60 (Sybthorp); Prob.Reg. 2, ff.217 (Aclane), 348 (Barnyngham).

(d.1446), rector of Keighley, remitted to William Brone, chaplain the £10 he was owed provided that two parts of it should be used for masses for him and the third part be given to the poor.⁶⁵

Most of these clergy had in death a greater care for their flocks' temporal rather than spiritual well-being. Dean William Felter, who was presumably non-resident, did not forget his parishioners of Almondbury, as we have seen. Thomas Morton (d.1449), *canon-residentiary of York Minster* and pluralist, nevertheless remembered all the parishes nominally under his care, leaving 40s to his poor parishioners of Settrington; 40s to 'my poor parishioners' of Newbald; 20s to his parishioners at Aldbrough; 13s 4d to those at Barmby and Asselby; and 13s 4d to those at Kirkby Blyth. Michael Keld (d.1445), *canon of St Mary's and All Angels, a collegiate chapel of York Minster*, perhaps was usually resident, for he wished to be buried in the church of Goldborough where he was rector, and directed that £6 13s 4d be given in alms to the poor around his body on the day of his funeral. Thomas Skelton (d.1442), Keld's colleague at the Minster, left 40s to be distributed to the poor on the day of his funeral or before. Patrick de Barton, (d.1391) rector of Catwick in Holderness gave 100s for the poor 'and my poor parishioners.' John Estrington (d.1444), chaplain of Sheriff Hutton left 10s to the poor, and Robert att Hall (d.1392) also a chaplain, of Hedon, left the same amount.⁶⁶ The difference between the sums that these two could afford and those disbursed by even ordinary rectors shows the economic gap that could yawn between beneficed and unbeneficed clergy. Not that all beneficed clergy were as wealthy (or perhaps as generous) as those above: John Arnall (d.1446), rector of St Saviour's, York, a formerly

65. Prob.Reg. 2, f.141v (Broune).
66. Prob.Reg. 2, ff.197 (Morton), 121v (Keld), 118v (Skelton); Prob.Reg. 1, f.32v (Barton); Prob.Reg. 2, f.125 (Estrington); Prob.Reg. 1, f.50v (Hall).

wealthy parish at this point becoming something of a backwater, left only one mark to the poor staying (manentes) in his parish, and Nicholas Nawton (d.1444), rector of Lockington, left the same. On the whole the clergy do appear to have taken an interest in their parishioners, on a day to day basis if they were resident, but not forgetting them if they were absent.⁶⁷

The parish was often the focus for lay as well as clerical giving, although in urban wills it was as likely to be the town which was the social unit. The parish was partly a convenient unit of administration, but more importantly, for most people it defined the community of which they were a part, and where they would know people and be known. In a town with a number of parishes, other factors such as trade would mean that social contact extended beyond the parish and might indeed be stronger outside the parish than within it. Consciousness of belonging to the community of the town could render it a more important unit than the parish. Where possible people tended to prefer to be remembered amongst those with whom they had lived. About 12% of testators in Prob. Reg. 2 specified their own parish as the recipient of doles. Parish centred provision benefitted the community in which the testator had lived, and where his or her affections might be expected to lie. It also had the advantage that the beneficiaries would be likely to have known the testator in life and would thus be more likely to have personal reasons for rendering up prayers on their behalf and to have them more generally in mind. Those who had formerly known the deceased might then be expected to be more effective intercessors than those who had not. This, together with a tendency to be more precise, and more demanding, in stipulating prayers to be said for the testator, probably lies in part behind the tendency to

67. Prob.Reg. 2, ff.144v (Arnall), 85v (Nawton).

restrict the number of beneficiaries in the later wills. A number of the wills do indeed band together a bequest for the poor with calling together the deceased's friends for (although this may not be explicitly stated) a funeral meal. Nicola de Irby (d.1395) of York left 10 marks for distribution to the poor 'et convocationem amicorum.'⁶⁸ As these types of bequest often involved the giving of food and drink to the poor they will be discussed under that heading.

Richard Russell of York (d.1436), left a 20 mark funeral dole, plus 10 marks to the poor householders of the parishes of St John, Hungate, St Saviour and All Saints in the Marsh (Peaseholme). These are adjacent parishes all of which were, or were becoming, impoverished. St John, Hungate was Russell's place of burial, alongside his wife who had predeceased him. He also left £20 to the poor elsewhere in York. Richard Manchestre, gentleman, of York (d.1490), buried in York Minster but of the parish of St Edward, left £10 to the poor i.e. in the prisons, maisonsdieu, and spittlehouses of the city, and the poor of the parishes of St Edward, St Nicholas and St Laurence. These three are again adjacent parishes outside Walmgate, none of them particularly well-off, though not noted for their poverty. Thomas Kirke of York (d.1442), buried in Holy Trinity, King's Court left to 'cullibet pauperi persona utriusque sexus infra parochiam meam manenti' 4d. William Conesby of York (d.1441) left 'inter sex maxime pauperes et egenos ijs per discretionem uxoris meis' each thus to receive 4d.⁶⁹ William Knapton of York (d.1445), left a bare 3s 4d to the poor of his parish of St Wilfrid's, and Richard Killingholme of York (d.1449), gave just 6s 8d to the poor of his parish of All Saints, North

68. Prob.Reg. 1, f.89-89v (Irby).

69. Prob.Reg. 3, f.439 (Russell); Prob.Reg. 5, f.381v (Manchestre);

Prob.Reg. 2, ff.34 (Kirke), 24 (Conesby).

St. Thomas Wartre (d.1449) of Sywardby, left 12d to each pauper of the parish, a particularly generous donation. That he could give so much to each pauper suggests either that he was reasonably wealthy or that it was not a poor parish. Joan Erscot (d.1395) of York was also very generous, leaving 10 marks of which all but 40s should go to the priests and poor of her parish of All Saints, Pavement. Richard Wartre of York (d.1458) was concerned to discriminate between the most and the less needy. For him it would seem that poor women with children came top of the list:

'cuilibet pauperi mulieri vel vidue prolem vel proles infra paroch' Sancti Salvatoris predicti habenti xijd. Item lego cuilibet alio pauperi infra dictam parochiam manenti iijjd.'

Such gifts could be paralleled for many of the York parishes but it tells us more about where the will-making groups lived than it does about levels of poverty in any particular parish.⁷⁰

Not that the parish was the necessary unit: in 1328 Nicholas Gaudyn of York was buried in St Edward's church outside Walmgate and left 20s to be distributed to the poor 'manentes inter duas portas in Walmgate.' This is an interesting description as although Walmgate still has its medieval bar at its south-east end there is no known other gate or door on this street. Dr S.R. Rees-Jones has suggested that there may have been a form of forward defence some way outside Walmgate Bar. This could have been similar to the "Tree-barr" which A. Raine claims sat on the top of the Mount in the fourteenth century and was a defensive work for Micklegate Bar.⁷¹ Both B. Geremek and P.J.P.Goldberg have pointed to the suburbs and margins of the city or vill as the habitations of the poor, the homeless, the vagrants and

70. Prob.Reg. 2, ff.122v (Knapton), 223v (Killingholme), 198v (T.Wartre); Prob.Reg. 1, f.83 (Erscot); Prob.Reg. 4, f.115v (R.Wartre).

71. BIHR, D19 Merchant Adventurers' Cartulary, f.118; S.R.Rees-Jones, personal communication; A.Raine, Medieval York: A Topographical Survey, (London, 1955), p.5.

the criminous.⁷² Gaudyn may have been assisting those near whom he had lived, but he could probably have found few areas of York more likely to have need of charitable doles. That he was exercising some degree of discrimination is revealed by his other donation to the poor: the smaller sum of 13s 4d left to the poor of the relatively wealthy parish of St Crux.

Those who were successful immigrants to the city, or were buried other than where they had lived frequently remembered both their place of origin and their new home. Edmund Wynter (d.1445), of Drypool was buried in the parish church which was at Sutton, he left 40s for the poor of both the townships of Drypool and Sutton Stoneferry. John Brompton of Beverley (d.1444) left £18 to the poor of Beverley and 12d to each pauper of either sex in the villages of Langtoft and Cottam.⁷³

While most people left specified sums to be distributed others left property, both movable and immovable, to be sold and the receipts to be distributed. It is impossible to know how much would have been raised from this, in some cases very little, as in the case of Thomas Fulthorp of York (d.1457) who left certain of his goods and chattels to be disposed in works of mercy.⁷⁴ Others left quite valuable property: Richard Couper of Scarborough (d.1442) left his staithe 'which is not yet built' for the most needy; Gilbert Kyllyngholm of Hull (d.1446) left his messuage in Denton Lane, Hull for masses and other works of charity; Thomas York of York (d.1449) left a cottage in Oldlyn to be sold for the most money which could be had and this to be distributed to the poor and needy to pray for his

72. B.Geremek, The Margins of Society in Late Medieval Paris, trans. J.Birrell, (Cambridge, 1987), pp.77-78; P.J.P.Goldberg, 'Women in Fifteenth-Century Town Life' in J.A.F.Thomson (ed), Towns and Townspeople in the Fifteenth Century, (Gloucester, 1988), p.107.

73. Prob.Reg. 2, ff.110 (Wynter), 86-90v (Brompton).

74. Prob.Reg. 2, f.346v (Fulthorp).

soul; William de Ireby of York (d.1393) left 'naves mee cum batell' et apperatis suis' to be sold for masses, a subvention for the poor and other pious works of charity.⁷⁵

Not all wished to sell their goods but gave them directly to the poor, such as Marion Barnard of Hull (d.1458), who directed that her best household utensils be sold to pay her debts but the rest to be distributed to the poor. Isabella Barry of York (d.1391) gave 26lb of wool to the poor 'pro nomine christi.' It is likely that Isabella was a spinster or otherwise involved in the woollen business and that this constituted her stock in trade. The choice of particular forms of charity were probably frequently decided by the trade of the testator and hence their goods so that we might expect to find a high proportion of gifts involving clothing from those in the cloth trade, a high proportion of bakers among givers of bread or grain, and brewsters among those giving ale or malt. Isabella's gift is interesting also in that it was not just a simple bequest of consumables but a way for the recipient to make more money than the straight value of the wool because by carding or spinning value would be added. The poor who received this gift might have to work for the full value of the bequest to be won but it would be worth it. It might even be a way of setting someone to a trade in a small way. Isabella may have intended that the bequest particularly benefit young single women who made up the bulk of spinsters. A rural example of the desire to give a gift which would be of continuing use is Alexander Weste of Cawood's (d.1444) bequest of a cow among the poor, probably not to be killed and eaten but to be milked and if necessary used to pull the plough.⁷⁶

75. Prob.Reg. 2, ff.51 (Couper), 136 (Kyllyngholm), f.205 (York); Prob.Reg. 1, f.55 (Ireby).

76. Prob.Reg. 2, f.385v (Barnard); Prob.Reg. 1, f.24 (Barry); Prob.Reg. 2, f.95v (Weste).

Almost all the bequests discussed above were single payments made at the funeral or octave. The enormous preponderance of doles made at, or in close connection with the funeral has led Rubin to criticise 'the excesses of funerary provision' presumably on the grounds that although they provided an occasional windfall for the poor this made no adequate regular form of assistance for the poor.⁷⁷ This is true, but wills of their nature tell us only about peri-mortem provision, not about life-time charity, for which we have much didactic, but relatively little pragmatic evidence. Nevertheless, there are three points to be considered in relation to testamentary provision: one is that the only certainty of life is death, and that at least in towns funerals were a frequent occurrence. As we have seen, the dole to the poor was generally considered to be a standard feature of any burial, where it could be afforded, therefore the dying could rely on a continuing, if not perhaps very regular, source of provision for the poor, and need not worry too much about making a perpetual provision. The cohesive nature of social and religious values meant that what an individual could not do, could be achieved by the community, even though it did not act in any organised fashion. This is not to suggest that urban communities made adequate provision for the poor through the funeral dole, no community could do that, but it is possible that this was a more regular source of support than has generally been considered. It must also be remembered that quite a number of the doles made provision for very large numbers of people, and especially in the countryside the poor must have travelled considerable distances to attend funerals. The dole also assisted whole families, for it is clear that all, men, women and children, who attended would receive a portion.

77. Rubin, Charity in Medieval Cambridge, p.297.

The second point to be made from testamentary provision is that a few individuals did make provision for longer periods. Thomas de Howom, merchant of York (d.1406), left 100s to the poor on the day of his burial, and another 100s to be distributed to the poor, infirm, blind, lame, prisoners and other needy within forty weeks of his death. William de Leven, rector of Lockington (d.1369), bequeathed 50s to the poor on the day of his funeral, £10 8s 4d to be distributed during the fifty days after his death, 21s on the octave, 30s on the fifteenth day and 50s on the fiftieth day, and from that day to his anniversary day £10, that is 8d per day, and on the day of his year's mind 5 marks. Thomas Neleson, merchant of York (d.1478), directed that his sons should give every Friday 6d to the poor for the sake of his and his wife's souls, as long as either might sustain it. Thomas Bracebrig, former mayor of York, (d.1436), left to five poor widows 1d each weekly so long as they lived.⁷⁸

Three wills show provision for the poor as an integral part of obits. Katherine Radclyf, a merchant's widow of York, (d.1458) directed that 40s should be distributed to thirteen paupers each year for ten years as part of a chantry provision for herself, her husband and her daughter. Richard Thornton, alderman and grocer of York (d.1506), left money for an annual obit in his parish church of St John, Ousebridge, on the feast of St Wilfrid, with the parish priest and six other priests singing exequies and a requiem mass and with thirteen paupers of both sexes praying there, after which each of the paupers was to receive 1d, and in 1532 Leonard Shaw, merchant of York, made a similar arrangement with twelve poor bedesmen and women.⁷⁹ Here we can see how the prayers of, and provision for, the poor

78. Prob.Reg. 3, f.254v (Howom); Abp.Reg. 10 (Zouche), f.220v (Leven); Prob.Reg. 5, f.212v (Neleson); Prob.Reg. 3, f.487v (Bracebrig).

79. Prob.Reg. 2, f.375 (Radclyf); Prob.Reg. 6, f.170v (Thornton); Prob.Reg. 11, f.10v (Shaw).

were an integral part of provision for the soul of the deceased.

The most generous provision was made by John Gregg, merchant of Hull, (d.1437), and with his wife founder of a maison dieu in the town. He left to the indigent poor of Hull £43 6s 8d, to be distributed over ten years, his wife Joan giving weekly 20d, and John Harpham, another executor, the same. He also left £21 13s 4d to be distributed in Beverley; 20d weekly for five years. In addition he left four crofts to his executors to provide a specified annual income for the friaries of Hull and Beverley, the residue to go to the most needy poor of Hull. This may have later been used as part of the endowment of Gregg's maison dieu. By comparison in London Thomas Betson left two marks a year for fifteen years to be distributed at Christmas in the parish of All Hallows, Barking, and in Norwich Robert Jannys, a former mayor, left a pennydole to each of eighty poor to be dealt every Friday for twenty years.⁸⁰

The third point is that some of the evidence gives tangential evidence of life-time charitable support of particular individuals. A number of individuals left small bequests to certain named or unnamed paupers, such as Avise de Pontefract (d.1404), wife of William, a draper, of York, who left 4d to a poor woman living in the cemetery of her parish church of All Saints, Pavement, 12d to Anabella living in the Holy Trinity Hospital, Fossgate, and 4d to the intriguingly named Isabel Charyte. Alice Rawdon, widow, of York (d.1444) left 6d to a certain poor woman, Agnes Askham, and to a certain pauper called Henry. In London Joan Bradbury in 1530 left a bequest to each of the beadsmen and women 'to whom I geve every Sunday.'⁸¹

80. Prob.Reg. 3, f.507v (Gregg); Thomson, 'Piety and Charity in Late Medieval London', p.183; Tanner, Medieval Norwich, p.135.

81. Prob.Reg.3 f.111-12 (Pontefract): Prob.Reg.2 f.93-v (Rawdon); Thomson, 'Piety and Charity in Late Medieval London', p.181.

Bequests to named individuals living in hospitals and maisonsdieu are not uncommon and will be discussed in the next chapter. Churchyards were also not an unusual place for poor individuals, particularly women to live, probably because it was a good place to beg from the pious as they came and went from church, but also because it gave them some nominal protection from the parish priest, and possibly first call on his charity. Such individuals would thus be familiar to the church-going testator, who might very well have given to them in the past. Isabel Charyte's name suggests someone whose chief fame was as a recipient of assistance, and therefore not someone who was assisted only by this particular donor at this particular time, but more generally, both by Avice and by others. The wills of John Preston sr, bucklemaker, and of John Burdon, both of St Michael le Belfrey parish, York, both dying in 1400, both left small bequests to Matilda Gudchyld and also to Marjory Heslington. Preston's will also reveals that Marjory was an inhabitant of the Thomas Howom hospital in Hertergate. What these two wills show is that certain poor people might receive assistance from a number of sources. That and the fact that they might not be identified as poor suggests that they were sufficiently well-known to the testators and the executors for this to be unnecessary because they already had received support from the testator. Thus Alice Rawdon describes two recipients as poor but does not qualify the next legatee in her will, Ellen Morpath, who received only 4d. Was she also a pauper? It is impossible to tell.⁸² That particular individuals might be 'adopted' by the better-off was certainly true at a much later date in York: Anne Lister in her diary for 13 April 1823 mentions that she went 'to see Jameson, the poor invalid woman Miss Marsh & many other ladies

83. D/C Prob.Reg. 1, ff.122v (Preston), 127v (Burdon); Prob.Reg. 3, ff.111-112 (Pontefract).

patronize so much.⁸⁴ That so often the recipients of charity were not identified as such in the wills means that this form of assistance to particular individuals must be seriously under-estimated, and it is quite possible that many of the small bequests to people who cannot be identified as friends or relatives may well have been of this kind. Certainly both the wills of Preston and Burdon contain a number of gifts of small sums to female legatees who are not obviously related to the testators.

Food and Drink

The distribution of food and drink constituted the first and second of the Seven Acts of Corporal Mercy. They occur only in a minority of wills: 7.5% of all wills in Prob. Reg. 1, and 5% of wills in Prob. Reg. 2, or about 12% of charitable wills in both Registers. This food was either distributed at the funeral itself or at the wake afterwards, depending largely on the form in which the food was to be given. In practice it is probable that 12% is an understatement of the number of charitable individuals who made this form of provision, in that the executors might choose to use money left for the poor to provide bread and ale, as Roger de Burton of York (d.1393) expressly permitted: 20s to the poor in bread or money at his executors' discretion. John Rodes of York (d.1457) specified alms to be given to the poor viz. in bread, ale and food, 26s 8d.⁸⁵ Also the poor might benefit by being included in, or given the left-overs from, the funeral feast. Richard Stanley of Kirkby Overblow (d.1442) left 40s for food and drink on the day of his burial and if it were not all spent the residue was to go to the poor, and John Yhole of York (d.1390) directed

84. I Know My Own Heart: The Diaries of Anne Litster, 1791-1840, H.Whitbread (ed), (London, 1988), p.248.

85. Prob.Reg. 1, f.55v (Burton); Prob.Reg. 2, f.357A (Rodes).

that on the day of the burial the fragments 'post prandum' be distributed to the poor, as well as leaving 40s for the making of bread.⁸⁶

Although when we discuss food doles we tend to think in terms of distributions of bread and ale, the evidence, particularly in the earlier Register is that it was as, or even more, common to give doles of grain, though this may be misleading due to the testator leaving his or her stocks in its raw form which it might be expected would be made up into bread and ale. This was certainly the case with John Hoperton of York (d.1398) who left a $\frac{1}{2}$ quarter of wheat from a field in Pighill which was to be made up into bread and distributed to the poor by the recipient of the field, and John Philipson of Doncaster (d.1444) left four quarters of wheat for bread and five quarters of malt to be made into ale to be drunk by those nearest him and the poor. However William de Killington, vicar of Bubwith (d.1389) left to each pauper a 'manum porrigenti', as did Walter de Newton (d.1391), vicar of Kirby Moorside who also stipulated that it be worth 1d, and Richard Cundall, rector of Hutton Bushell (d.1458) left to the poor of his parish 12 quarters of 'mixtilionis'- a mixture of wheat and rye. Thomas Aleby (d.1457), rector of Kirby in Cleveland left eight quarters to be distributed to the poor in either wheat or rye. Where a grain was specified it was usually wheat, though rye does occur, as in the will of Nicholas Trobrugge of Bossall (d.1394), who left 20 quarters of rye to the poor of Bossall.⁸⁷ The choice of wheat or rye was probably dependent in rural areas on the prevailing local crop and in urban areas on what was in stock or on the market. The regular occurrence of wheat does not suggest that the cheapest grain was always or indeed usually used. However

86. Prob.Reg. 2, f.41v (Stanley); Prob.Reg. 1, f.43 (Yhole).

87. Prob.Reg. 2, ff.11v (Hoperton), 83 (Philipson); Prob.Reg. 1, f.5 (Killington); Prob.Reg. 1, f.31v (Newton); Prob.Reg. 2, ff.389, 359 (Aleby); Prob.Reg. 1, f.72 (Trobrugge).

the Londoner William Dere specified black bread for his funeral dole, though he did spend £300 on it. Barley was used only for brewing. On the whole this was subsidiary to the bread but Agnes Elvelay of York (d.1395) left four quarters of brewing malt to be distributed to the most needy on the octave of her funeral with only one quarter of wheat made into bread, which rather suggests that she was herself a brewster. The time of year might also have an effect upon the nature of a donation: John Hoperton's bequest above was still in the field when he made his will and Henry Nottingham of Marston (d.1451) left two quarters of rye to the needy poor of his parish at his funeral 'si ita contingat circa festum S. Petri ad Vincula'-the first of August. St Peter ad Vincula was also Lammas day, or loaf mass day, when loaves were offered in the parish church, and might presumably then be distributed by the priest to the sick or otherwise needy unable to work even at this time of year when there was most demand for labour. Alice Shirwod of York (d.1452), dying in midwinter, left all her salted meat to the poor.⁸⁸

Besides bread and ale other foodstuffs might also be distributed, though more commonly by the mid-fifteenth century than earlier. William Pikworth of Cawood (d.1449), left one mark to cover the expenses of his exequies which were to include candles, bread, ale and cheese, and William Kidson of York (d.1456) left 46s 8d for the same foods. John Stodley (d.1452), rector of a mediety of Hutton Bushell, left a mark for bread, ale and other foods (ceteris victualibus) amongst the poor.⁸⁹ Thomas Yody of Hedon (d.1397) left for every needy person coming to the funeral a loaf

88. Thrupp, Merchant Class of Medieval London, p.178; Prob.Reg. 1, f.79v (Elvelay); Prob.Reg. 2, ff.11v (Hoperton), 237 (Nottingham), 238 (Shirwod).

89. Prob.Reg. 2, ff.203 (Pikworth), 332 (Kidson), 257 (Stodley).

worth a half-penny and a red herring. Richard Sotheby of Shipton (d.1458) left 40s for his funeral and if any money was left over it was to be given to the poor in meat, beef and mutton, on the octave.⁹⁰

Bequests of Food and Drink

Prob. Reg. 1	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	3	5	7	6	9	15
Group % of total	20	33	47	40	60	100
Prob. Reg. 2						
No. of wills	6	38	7	36	15	51
Group % of total	11.8	74.5	13.7	70.5	29.5	100

Table 5.4

The table above shows that there was quite a change between the two registers in the types of people who were giving food. In the earlier register the provision is overwhelmingly clerical and rural: 47% of the bequests are by clergy, though they made up only 10% of the will-making group; and 60% of the bequests were rural, though only 23% of those making wills lived in the country. By the later period the donors were mostly lay male and urban, more heavily so than in the sample group as a whole. The donors in Register 1 are largely rural clergy, often giving grain rather than bread, probably disbursing part of their income of tithes. The expenditure of a part, usually a quarter, of tithes on the support of the poor was a canonical requirement. It is possible that the decline in the proportion of rural clergy wills giving food in the later register was a result of commutation of tithes in this period, however with such a small

90. Prob.Reg. 2, ff.2 (Yody), 382 (Sotheby).

sample in the earlier register one must be cautious of drawing too definite conclusions. If however, this is a genuine observation, we must wonder what were the effects of commutation on the rural poor. Another possible explanation may lie in an increasingly cash-based economy in the countryside catching up with that in the towns. In the later register donors were more likely to be urban laymen giving food and drink. Made food was both more accessible (though as we have seen urban donors might leave the grain with directions that it be made up) and more necessary in the urban rather than rural context. The rural poor were, on the whole, a permanent part of the local community who could be expected to have their own hearths and homes where they could prepare their doles of grain, probably using it to make pottage. In the towns, with a potentially more transient population of poor, where there was no certainty that they would have access to a hearth, food ready to be eaten would be more useful.

About 20% of those giving food did so by inviting the poor either along with the friends and neighbours, or separately, to a 'convocation' or wake. The more common form was to have one large wake: Patrick de Barton (d.1391), rector of Catwick in Holderness, left 100s for a wake for his friends and parishioners; William de Stokeslay of Whitby (d.1393), left 53s 4d for a wake for his friends and the poor; and Isabella Barry of York (d.1391) left 20s for her poor neighbours to be so entertained. Roger Rolleston of Beverley (d.1457) left 20 marks to be spent on the day of the funeral and an obit on the fourteenth day, partly for a convocation of his friends and in the clothing of the poor, but also in 'refectio[n]e debilum et inopium'- the feeble and destitute.⁹¹ Isabel Wele of York (d.1398) left

91. Prob.Reg. 1, ff.32v (Barton), 55 (Stokeslay), f.23v (Barry); Prob.Reg. 2, f.370 (Rolleston).

two marks for a wake for poor men and women at which they were to be served bread, meat or fish and drink.⁹²

Inevitably it was usually only the relatively well-off, and in the countryside the gentry, who could afford to make such lavish provision, though William Conesby of York (d.1441) left 10s for a 'jantaculum' or breakfast for the poor. Edmund Pole of Crambe (d.1446) left four mosces of wheat and a quarter of brewing malt and one animal to be killed and divided among the poor so that each 'pauperculo tenenti domo' should receive a farthing loaf, a quart of ale and meat from the animal. In the following year Richard Claybroke, sr, of York, left an ox with bread, ale and other things (alijs pertinent) to be given to the husbandmen (yconomos) of Acomb whom he held (quibus teneo).⁹³

The most detailed provision was that made by John Castell (d.1457), precentor of York Minster who directed that 100 paupers be fed with bread, ale and potage, and if it were a meat day they were to have two kinds of meat from a choice of beef, mutton, or pork, and if a fish day to have two kinds of fish after their potage, and if anything were left in front of them they might take it away. They were to be served sufficiently and well, and after they had eaten to receive 4d each. With the possible exception of Castell's bequest the wake was very much a communal affair, it was the resident poor, the testator's poor neighbours who were invited; the transient beggars might receive a dole but were generally not invited to the feast. John Preston of York (d.1400), by contrast rather meanly left two shillingworth of bread to the poor 'cum fragmentis prandij'.⁹⁴

Alan de Alnewyk of York, goldsmith, (d.1374), directed that each

92. Prob.Reg. 2, f.13v (Wele).

93. Prob.Reg. 2, ff.24 (Conesby), 151 (Pole), 162 (Claybroke).

94. Prob.Reg.2 f.344 (Castell); D and C 1 f.122v (Preston).

pauper coming should receive a halfpenny loaf to be distributed after the meal. This may mean that the poor were to arrive after the meal for their dole, when they would presumably also be given anything that remained from the feast, but it may alternatively mean that the poor were invited to the meal and were then given a 'doggy-bag' to take home. The pauper's scraps from the table of Dives were not merely figurative. Alnewyk also provided a pittance for the brothers and sisters of St Leonard's Hospital, York, who were dedicated to the service of the institutionalised poor and sick, and were themselves religious. PITTANCES for various monastic houses are not uncommon in the wills, the religious being the professional poor.⁹⁵

The convocation served to bring the community together in remembrance of the testator, both his or her friends and relations, and those who might have cause to be grateful to the deceased, all of whom would (hopefully) have their good reasons for offering up a prayer for the departed. The convocation was both a 'calling together' of friends and neighbours, and also for those so called to 'call together' on behalf of the deceased. Although the provision of a meal was in some senses simply the elaboration of the more common distribution of food and drink, it may also have had another root in the parable of the king who gave a great feast but when those he had invited refused to come he sent his servants to collect the people in the streets, both bad and good and bring them to his feast. This parable is explicitly referred to in the Lay Folks' Catechism, and may lie behind the bequest of Cecily, wife of John de Knaresburgh, cordwainer, (d.1403) who left six shillings for 24 poor 'ad comedendum mecum.'⁹⁶

The great majority of food doles were specifically attached to the funeral or its octave, but a few were intended to last over a year or

95. D/C Prob.Reg. 1, f.59-59v (Alnewyk).

96. Book of Vices and Virtues, p.204; Prob.Reg. 3, f.96 (Knaresburgh).

longer. Robert Davy, (d.1395) vicar of Birstall, directed that the chantry chaplain was to distribute to the poor and most needy of the parish all the honey which his bees produced each year, a bequest which would last as long as his hives did. James Cayrns, vicar of Otley, (d.1452), left brother William Dryfffield a bed and every week 2s with his table. Alice Brereton of York (d.1441), wished her sister Cecily Steatour to have sufficient victuals for the rest of her life. Richard Shirwod, alderman of York, (d.1444), wished fourpence worth of bread to be distributed to the poor each week for a year, and John Marton, cordwainer, also of York, dying in the same year left 12d a week for the same purpose. A London testator left an annual dole of fruit to the value of a shilling to young children able to say a blessing for him. In Bristol in 1412 Richard Spaldyng required a penny loaf to be given every Friday for ninety years, and annually on All Saints' 12d was to be given to the poor.⁹⁷

The most elaborate provision of this kind was that made by John Stokdale, alderman of York (d.1506), who left his wife Ellen his new house in Petergate so long as she remained unmarried, on condition that:

'yerely whiles she hath the said house on Candilmas day
 make a dyner to xiij pore men and a woman in the honour
 of Crist and his xij apposteles and þe woman in þe wurshipe
 of our lady, and to kepe our lady mese wokely on þe Saturday'.⁹⁸

If she married or died the house was to go to Stokdale's daughter Isabel Diconson and her heirs under the same conditions, and if she died without heirs the house was to go to four of the most honest and discreet parishioners of the parish of St Michael le Belfrey. They were to keep it and not to sell it, but to farm it out and use the receipts to repair the

97. Prob.Reg. 1, f.79v (Davy); Prob.Reg. 2, ff.254 (Cayrns), 35v-36 (Brereton), 80v (Shirwod), 93v (Marton); Thrupp, Merchant Class of Medieval London, p.178; Burgess, "'By Quick and By Dead'", p.845.
 98. Prob.Reg. 6, f.185v (Stokdale).

house and to provide the annual dinner for the poor men and the woman, and to maintain a weekly mass of our lady. If there were any money left over from these expenses it was to be distributed to poor folk 'as it cometh and goeth'. The meaning of this last is obscure, perhaps it means as the income and disbursements were made rather than at any set time during the year.

What is not obscure is the concept of the poor which is here displayed. The poor are explicitly identified with Christ, the Virgin and the apostles; and are to be fed on Candlemas (2 February), a feast particularly in honour of the Virgin, the Purification, when she presented Christ in the temple. It was also a hard time of year, particularly for the poor who could lay in few stocks against the winter; Christmas was a month gone and spring weeks or more likely months away, and at this time of year, with cold and lack of decent food, malnutrition would begin to take effect. Candlemas was also safely outside the reach of even the earliest Lent, so that the poor could be fed properly festive fare.

The way in which this bequest was made, with conditions attached to the inheritance of the house by the wife, perhaps suggests that Stokdale was here trying to perpetuate a custom which had been his in life. Although there are a number of wills leaving food to be given to the poor at intervals over a year, this is the only one which I am aware of which provides this perpetual annual provision. In form, with its entail, and provision for the failure of heirs, it is more like an obit bequest, than most charitable provision; this simply illustrates the way in which medieval people failed to make a distinction which we tend to draw for them. There was no reason why a person should not choose to be remembered by a charitable rather than a sacramental obit, that we have not noticed

them is perhaps because we have not been looking rather than because they are not there. By the relatively late date of this will, entrusting lay people with the administration of chantries and obits was well-established practice, there was no need to involve priests. There was also the advantage that a meal for the poor would provide fourteen grateful bedesfolk, to an obit's one or two. Even the value of a mass in addition, in the latter was balanced by the knowledge of having fed Christ himself in the poor. The idea that we should be seeing provision for the poor which lasts over a number of years, in whatever form, (though particularly in *maisonsdieu*) as being much more akin to chantry provision, in its varied forms, will be further explored in the next chapter.

Receiving the Stranger

A small number of bequests which are closely related to the above, but which emphasise that the provision be made in the home of the testator were conceived at least in part as fulfilling the work of Receiving the Stranger. William Byngeley of Brimpton (d.1391) wished that all needy and poor people coming to his house (*hospicio*) on the day of his burial should have competent food and drink. Thomas York, vintner of that city, (d.1449), left 40s for bread, ale, beef and mutton for the same. Richard Parke (d.1461), a mason who had worked on York Minster, left 4s 4d for bread to be distributed to the poor at the door of his house to the value of 1d every Friday for a year after his death. John Kirketon (d.1466), a bookbinder of York, made exactly the same bequest. Alice Rawdon, widow of York (d.1444), was presumably making the same provision when she directed that 12d worth of food be distributed to the poor weekly for a year after her death.⁹⁹ Thomas Kokson of Wakefield (d.1500), directed 'that my

99. Prob.Reg. 1, f.45v (Byngeley); Prob.Reg. 2, f.205 (York); D/C Prob.Reg. 1, ff.304v (Parke), 312v (Kirketon); Prob.Reg. 2, f.93-93v (Rawdon).

servant Margaret Poll kepe my hous iij weiks after my buriall and to gyff and distribut evere Sondag and every Fryday xiiij penyworth of whit bred to pore folks duryng iij weiks.' Richard Carlell, butcher, of York, (d.1453), directed that his wife Agnes was to take into his house every Sunday from the time of his death for a year, five poor men or women, where they were to be given good food and drink, in return for which they were to pray for the souls of himself, his parents, his benefactors and all the faithful dead.¹⁰⁰ This particular form of charitable activity seems to have been much more common from c.1450, and was a lay, male and urban phenomenon. Paradoxically however, this is likely less to show a particularly male interest than the fact that these men all left wives or female servants behind them to do this work. In this kind of activity we approach most closely the kind of day to day giving which was enjoined by the preachers but of which we have so little record. The daily giving to beggars at the door was the responsibility of the woman of the house as provision of food, drink and other household needs was a part of her role. Both the Good Wife Taught her Daughter and Gower's Mirour de l'omme show that it was the housewife's responsibility to give alms. Female testators had no surviving wife to ask to perform this function, and it would not have been part of the male role to do it.¹⁰¹

The one case which contradicts this pattern shows just how literally 'receiving the stranger' was taken: in 1388 Cecily Giry of York, a widow and therefore complete mistress of her household, left three feather beds with their bedclothes 'in le Gestchaumbre remaneant ibidem ad deserviendum pauperibus indigentibus hospitalitatis.' No time limit was set on the

100.Prob.Reg. 6, f.96 (Kokson); Prob.Reg. 2, f.284v (Carlell).

101.How the Good Wife Taught her Daughter, T.Mustanoja (ed), (Uppsala, 1953), p.159; Gower, quoted in E.Rickert, Chaucer's World, (London, 1948), pp.373-74.

bequest.¹⁰² Here was no escaping from close contact with the needs of the poor. One wonders whether Cecily's household had been used during her lifetime to her taking in beggars off the street, and one rather suspects that they had. It is but a short step from provision of this kind to the establishment of a maisonndieu, and indeed it is not impossible that this was the form which some maisonsdieu might take. John de Craven's maisonndieu, near Layerthorpe in York may well have been in his own home, and Agnes Brome of Scarborough (d.1400), built one at the bottom of her garden.¹⁰³ Lawrence Boles also of Scarborough, (d.1457) reveals one of those rare cases where we can see lifetime charitable activity by leaving 6s 8d to 'Patrick Little whom I have raised out of charity.'¹⁰⁴ There was no clear dividing line between personal charity and institutional care, the one elided into the other. For most, of course, the receiving of the stranger was done at one remove by giving to the hospitals and maisonsdieu which took in the poor, the sick and the homeless, but there is no escaping the conclusion that for some it was an intensely personal responsibility.

Clothing the Naked

Clothing and cloth was regularly provided, often but not exclusively in connection with funerary processions. About a third of the wills in the earlier Register which bequeathed clothing did so in connection with the appearance of the poor in the burial procession, this increased to a half in the later Register. It was a common custom, especially among the wealthier, to have a number of poor men at the funeral to accompany the bier from the deceased's house to the church, and to maintain a vigil overnight if necessary, to stand around it during the requiem mass saying

102.Prob.Reg. 1, f.5 (Giry).

103.Prob.Reg. 3, f.606 (Craven); Abp.Reg. 16 (Scrope), f.173-73v (Brome).

104.Prob.Reg. 2, f.352 (Boles): 'quem ob elemosinam nutrim'.

prayers, and then to accompany it to the grave if this was not in the church itself, the while carrying torches. Only men performed this function, so they benefitted disproportionately from this form of charity, however women were not forgotten in more general doles of clothing. (Moreover women, particularly widows, had another place in the funerary preparations, having watched and prayed over the body the first night, a custom which may have gone into decline after c.1400) As can be seen from the table below this practice seems not to have been more characteristic of any one group or period but to have maintained its popularity throughout.

Clothing the Naked

Prob. Reg. 1	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	2	10	2	11	3	14
Group % of total	14	72	14	79	21	100
Prob. Reg. 2						
No. of wills	6	21	2	26	3	29
Group % of total	20.5	72.5	7	90	10	100

Table 5.5

Clothing provided for the poor taking part in the funeral as torchbearers will be discussed before more general doles and gifts. The number of poor men employed varied according to the wealth and status of the deceased, from a minimum of two, to the very common six or sometimes thirteen, to the twenty-four demanded by John, Lord Scrope (d.1455).¹⁰⁵ The purpose of providing clothing was to ensure that the poor men should be uniformly and decently dressed, so as to be a worthy part of the funeral

105.Prob.Reg. 2, f.321v (Scrope).

display. The clothing would then be retained by the poor men and would act as a continual reminder of their benefactor whom they might then continue to remember in their prayers. It would also act as a reminder to those around the wearer, being a sort of livery of the dead. Dr Rubin has suggested that these garments would be of particularly good value and would thus be sold by the recipient for more useful money, but this seems inherently unlikely; apart from the fact that to the destitute gifts of clothing would be very welcome as being something difficult to afford, there seems little point to the deceased giving clothing in the expectation that it would immediately be sold.¹⁰⁶ The point was in the giving of clothing which would continue to be worn as a constant reminder of the deceased. In any event the evidence of the wills is that the cloth provided was of the cheap but adequate variety, with some testators specifying the amount of cloth to be used in each gown to avoid the executor or the tailor skimping the work. William Fysche, merchant of York (d.1392), left a gown of russet to each of the six torchbearers at his funeral. Robert de Crosse of Hull (d.1395), who traded up and down the east coast, left for fifteen poor men and fifteen poor women to be dressed 'in panno vocatur northerynrussett ut alio panno eis decent' £4, for which they were to watch around his body praying earnestly day and night, and fourteen of the men were to carry torches in his funeral procession.¹⁰⁷ As well as providing for thirteen poor men dressed in russet, John Brompton of Beverley, merchant (d.1444), left ten pounds for sixty paupers of both

106. Rubin, Charity in Medieval Cambridge, p.262. She is erroneous in thinking that the Irish cloth specified in one will was of fine quality. Irish, like Welsh wool was coarser than English and prohibited in the making of some cloths: E.Power, The Medieval English Wool Trade, (Oxford, 1941), p.15.

107. Prob.Reg. 1, f.47 (Fysche); Prob.Reg. 2, f.85v (Crosse).

sexes to be dressed in 'Coventry russet cloth Walshefresed'. Nicholas Gaudyn, goldsmith, of York (d.1328) left fifty shillings to make twenty 'warmamenta de cornubia' or garments of Cornish cloth, for the poor. Cornish burel cloth was a particularly cheap, coarse cloth which was bought in the twelfth and thirteenth centuries by the royal almoner and by the sheriff of London to give to the poor. John Yhole of York, (d.1390), buried at St Leonard's hospital, left sixty shillings for clothing for seven poor men and women, each gown to have five ells of russet. Thomas Bracebrigg, former mayor of York, (d.1436), was less generous, stipulating only three and a half ells, and in 1497 Robert Johnson of York, alderman and grocer, left twelve gowns and hoods, 'beynge in every gowne and hode iij yerdes of clothe'. Wealthier testators, such as John Castell, precentor of York Minster, (d.1457), stipulated that the garments be lined (duplicatis), but this was not usual. Castell, indeed insisted that not only the gown but the hood, which was also usually provided, should be so lined.¹⁰⁸

Where colour other than russet was specified it was almost invariably black, though there appears to have been a fashion in the 1450s for white gowns: Richard Penreth of York (d.1451), Thomas Wilton of Beverley (d.1455), John, Lord Scrope (d.1455) and Thomas White of Beverley (d.1456) all specified white, and in 1458 Katherine Radclyff of York allowed either russet or white. In 1524 Joan Thurscrosse, a wealthy vowess of Hull, wanted thirteen beadsmen each to have a white gown and thirteen poor women to have cloth to make a white kirtle each.¹⁰⁹ The change is likely to

108.Prob.Reg. 2, ff.86-90v (Brompton); D19, f.119 (Gaudyn); L.F.Salzman, Medieval English Industries, (Oxford, 1923), pp.197-98; Prob.Reg. 1, f.43 (Yhole); Prob.Reg. 3, f.487v (Bracebrigg); Prob.Reg. 5, f.510v (Johnson); Prob.Reg. 2, f.344 (Castell).

109.Prob.Reg. 2, ff.232v (Penreth), 309 (Wilton), 321v (Scrope), 375 (Radclyff); Prob.Reg. 9, f.272 (Thurscrosse).

reflect a contemporary fashion for emphasising penitence (symbolised by white) rather than mourning (symbolised by black).

Sometimes the testator would specify a particular individual who was to be one of the torch bearers: John Marton of York (d.1444) wanted six, one of whom was to be William Beverley; Agnes Staneburn of York, widow, (d.1462), wanted two men to carry torches at her funeral, one of whom was to be her cousin Barry, both would receive gowns and Barry would also have 3s 4d; Richard Thornton of York, alderman and grocer, (d.1506) mentioned no names but specified that they be old men (senior) and Thomas de Howom, merchant of York, (d.1406) wanted thirteen poor men of his hospital in Hertergate to carry the torches at his funeral. Thus this work which would often be remunerated with food and money as well as clothes could be directed at particular people known to the testator as being in need.¹¹⁰

As well as giving funerary clothes to the poor bearing torches most testators who left clothing also left it to other poor, sometimes relatives but often not. These garments or just cloth would be distributed at the funeral like the food and money doles. John de Gysburne, former mayor of York (d.1385) left a cloth of russet to be distributed to the poor for them to make tunics; John Fayrfax, rector of Prescot, Gloucestershire (d.1393) left a russet cloth to be put on his bier and then distributed to the poor, sufficient for each to have a tunic; in 1448 Joan More of Pontefract left thirty-six ells of russet to be divided among the poor. Isabella Barry of York (d.1391) left half her clothes for masses and the needs of the poor. William Fox of York (d.1393) directed his wife to give his three gowns and hoods to the indigent poor.¹¹¹ Agnes Clif of York (d.1442) left all her

110.Prob.Reg. 2, ff.93v (Marton), 465v (Staneburn); Prob.Reg. 6, f.170v (Thornton); Prob.Reg. 3, f.254v (Howom).

111.Prob.Reg. 1, ff.15v (Gysburne), 61v (Fayrfax); Prob.Reg.2 f.169v (More); Prob.Reg. 1, ff.24 (Barry), 54v (Fox).

garments after her mortuary gown to her poor and needy relatives. Occasionally testators directed that particular garments be sold and the money given to the poor as in the will of Richard Bukden, alderman and merchant, of York (d.1450), who directed that all his furred clothes be sold and the money given to the poor; John Newton of York (d.1443) instructed that all his gowns, hoods and silver belts be sold and the money used to buy cloth for the poor.¹¹² This was done for two reasons: firstly, the sale of these few rich clothes would provide money to buy a larger number of cheap clothes; but secondly, and at least as importantly, the clothes of the wealthy would be unsuitable for the poor as indicating the wrong status. Sumptuary legislation, however little followed in practice, gave guidance for the suitability of particular fabrics and styles to different statuses; Bukden's furs would be most unsuitable for the poor.

Besides gowns and hoods testators occasionally provided shoes, hose linen. Agnes de Sutton, living in Bootham, just outside the walls of York, (d.1333) left all her jewelry to be sold to buy shoes for the poor. Richard Croull, merchant of York (d.1460), left five shirts in honour of the five wounds of Christ, ten pairs of shoes for the ten commandments, and seven pairs of russet hose for the seven works of mercy. William Girlyngton, former mayor of York (d.1444), left 100 pairs of stockings and hose, at 14d the pair. This was in addition to 100 beds with 100 coverlets, 100 pairs of sheets and 100 pairs of blankets.¹¹³

112.Prob.Reg. 2, ff.33v (Clif), 209 (Bukden), 71v-72v (Newton).

113.D/C Prob.Reg. 1, f.15-v (Sutton); Prob.Reg. 2, ff.431v (Croull); 83v (Girlyngton).

Visiting the Sick

Prob. Reg. 1	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	3	13	0	15	1	16
Group % of total	19	81	0	94	6	100
Prob. Reg. 2						
No. of wills	2	12	3	14	3	17
Group % of total	12	70	18	82	18	100

Table 5.6

The figures for female donors here are slightly misleading in that the two in Prob.Reg.2 both date from the 1390s, which means that there were in fact five female donors in the earlier period giving a percentage of twenty-eight, suggesting that this was a particularly female concern, especially in the earlier period. Gifts to the sick were both symbolic and practical, and were generally distributed among all the sick of the town or parish, though occasionally restricted to a few individuals, such as that of William Byngleby of Brimpton who left two poor languid men of Swainton, 18d between them, and 12d to two poor languid men of Salton. Symbolic gifts consisted of gifts of torches to be carried before the sacrament when it was taken to the sick, as in the gift of John Bouche of York, apothecary, (d.1420); or as in the case of the gift of Agnes de Harwood of Blyth, in Nottinghamshire, one mark to Le Torchgild, who were probably responsible for carrying these torches.¹¹⁴ The sick were defined in various ways, which all suggest that they were understood to be bedridden or permanently precluded from work. Robert de Howme of York, the great merchant, (d.1396), left to poor, feeble, blind and needy people in their beds, and other men who by bad luck had lost their goods and were led to

114.Prob.Reg. 1, f.45v (Byngleby); D/C Prob.Reg. 1, f.200v (Bouche); Prob.Reg. 1, f.26v (Harwood).

misfortune, £40. He also left £10 to the feeble needy poor of Pontefract. None of the Yorkshire testators did as one London mercer did provide for a doctor to treat the poor for free. In 1390 Cecily de Swynford left one mark to the decrepit, leprous and infirm. Lepers were 'the sick' par excellence, and bequests to the leperhouses of York, Beverley and other larger and older towns are frequent; because these are institutions, they have been excluded from this analysis, along with hospitals and maisonsdieu.¹¹⁵

In 1390 John Carlele left 11s 4d to the blind and paralysed of York. Apart from St Mary in the Horsefair, which catered solely for the clergy, York, like other Yorkshire towns made no specific provision for the blind, unlike London's Elsing Spital or Paris with its hospital of the QuinzeVingts. However the will of John Lamley of York, butcher, (d.1442), which left 4d to each blind man and woman not in the maisonsdieu, certainly implies that some of them were accepted into the hospitals, as they were at St Bartholomew's, Smithfield, and the hospital of the same dedication in Gloucester, among the other infirm. Richard Lord Scrope of Bolton left a mark to every blind beggar in Richmondshire. William de Neuton, a burgess of Hull, (d.1346) willed to be distributed to the 'gilbosis' (perhaps hunchbacked) and needy old of Hull five quarters of wheat and a thousand herring. In 1442 John Grymmesby of York, chaplain, left the residue of his goods to the poor, blind, lame and infirm lying in their beds.¹¹⁶

A few testators were concerned for priests who had become too feeble

- 115.Prob.Reg. 1, f.101v (Holme); Thrupp, Merchant Class of Medieval London, p.179; Prob.Reg. 1, f.18 (Swynford).
116.Prob.Reg. 1, f.40 (Carlele); Thrupp, Merchant Class of Medieval London, p.179; Geremek, The Margins of Society in Late Medieval Paris, pp.172-73; Prob.Reg. 2, f.37; Clay, Medieval Hospitals, p.31, p.156; J.Hughes, Pastors and Visionaries, (Woodbridge, 1988), p.56; Prob.Reg. 2, f.103 (Grymmesby).

to work, and who were not received into a hospital. Richard Basy de Bilbrough, dying in York in 1394 left 40s to blind or leprous priests or who were otherwise too ill to celebrate Mass, and to other sick poor. William Thornton of York (d.1445), himself a chaplain, left the residue of his goods to his sister but if she died unmarried it was to go to old priests and the poor able to pray for their souls. John Preston of York (d.1449) left 12d to Roger the impotent chaplain of All Saints' North St, a parish just across the river from his own.¹¹⁷

The bedridden were a particularly needy group among the sick, because they could neither sustain themselves, nor go out, as many wills pointed out. William de Ireby, of York (d.1393), left 40s to the poor lying in their beds and most needy and unable to go out. He also left the residue from a forty year obit to the sick poor lying in their houses, and 12d to each paralysed man and woman in the parish of St Mary Bishophill, senior, in York. In 1396 John de Stillyngton of York, left 20s to the poor lying in their houses and not able to sustain themselves. Robert de Cotyngham, merchant of Beverley, (d.1392), left 20s to the poor languishing there, each to have 4d or 6d, presumably according to their need. In 1445 John Hipper of York, left £4 to be distributed to the poor in their beds and not able to go out. Guy Bridekirke, of Beverley, (d.1457), left 100s to the poor lying in bed, in money, clothes and bedding. Richard Wartre, alderman of York (d.1458), left 4d to each man lying in bed and not able to go out provided they say five psalters of the Blessed Virgin within five days of receipt of the money.¹¹⁸ Sir John Stapilton of Wighill (d.1455), left 40s

117. Prob.Reg. 1, f.68v (Basy); Prob.Reg. 2, ff.102v (Thornton), 192 (Preston).

118. Prob.Reg. 1, ff.55 (Ireby), 99 (Stillyngton), 62 (Cotyngham); Prob.Reg. 2, ff.114v (Hipper), 342v (Bridekirke); Prob.Reg. 4, f.115v (Wartre).

to poor men and women lying in their beds, as well as a larger sum to the poor blind, lame and impotent who attended his funeral and octave. The bedridden were particularly needy, because unlike others of the infirm they were not even able to go out and beg, either from door to door, or at funerals. Roger de Burton of York (d.1393) left 40s to the poor and widows continually lying in their beds and not able to go out 'ad querendum sibi vite victualia'. In 1350 Thomas Sampson, canon of York Minster, left £10 to 'mille indigentibus cecis, claudis, contractis, infirmis in lectulis, seu grabatis et nonvalidis aut potentibus mendicantibus, cuilibet ijd'.¹¹⁹

Stow writing of London in the early sixteenth century, mentions a group of cottages for the bedridden poor in Houndsditch, where:

'devout people as well men as women of this Citie, were accustomed oftentimes, especially on Frydayes weekely to walke that way purposely there to bestow their charitable almes, euerie poore man or woman lying in their bed within their window, which was towards the streete open so low that euery man might see them, a clean linnen cloth lying in their window, and a payre of Beades to shew that there lay a bedred body, vnable but to pray onely'.¹²⁰

This shows that the practice of visiting the sick, so much preached was actually carried out on a widespread scale, and presumably also operated in Yorkshire. A similar scene is shown in a woodcut by Brueghel the elder called Caritas, which illustrates the Seven Works of mercy. Stow's phrase 'as well men as women' suggests that this activity was generally conceived of as a female one. This is supported by the evidence that all bequests as thanks for nursing care went to women.¹²¹ The emphasis on Friday here as in the bequests of weekly doles of food, as the day of performance, again

119.Prob.Reg. 2, f.313 (Stapilton); Prob.Reg. 1, f.58 (Burton); Abp.Reg. 10 (Zouche), f.335 (Sampson).

120.J.Stow, A Survey of London, (Oxford, 1908), p.128.

121.Prob.Reg. 2, ff.159v (Hunter), 183v (Heryng).

suggests a general identification of the poor with Christ. As a fast day it was also particularly suitable for charitable or penitential activity.

Prisoners

Prob. Reg. 1	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	5	9	1	15	0	15
Group % of total	33	60	7	100	0	100
Prob. Reg. 2						
No. of wills	4	21	7	32	0	32
Group % of total	12.5	65.5	22	100	0	100

Table 5.7

Although in the earlier period women seem to be disproportionately interested in giving to the prisons, by the later period it was in line with the number of female testators. This may reflect an extension of female interest from the visiting of the sick, to the comforting of prisoners, a similar kind of activity. Concern for prisoners was an exclusively urban one, not surprisingly in that that was where the prisons were. Most gave to the York prisons, though there were also a few bequests to the gaol in Hull. Most gave 1s to 3s 4d to each prison, though some specified only certain prisons, and some preferred to give to each prisoner, usually 2-4d each. William Girlyngton, alderman of York, (d.1444), left 10s in victuals to the prisoners in the Kidcotes, and a mark in victuals to those in the archbishop's prison. Margaret de Knaresburgh gave food to the prisoners in the Castle, St Peter's Prison and the archbishop's prison.¹²² John Hag, merchant of York (d.1498) left 12d worth of bread and ale to the prisoners in the castle provided they sang Our

122.Prob.Reg. 2, ff.83v (Girlyngton), 14 (Knaresburgh).

Lady's psalter for his soul, and 8d worth to the prisoners in the archbishop's prison provided they sang De Profundis for him. None of the female testators singled out the woman kidcote, part of the civic prison on Ousebridge, but John Newton (d.1443) did - leaving 3d to each woman there, and 3s between the prisoners in each of the Castle and archbishop's prisons. Perhaps this suggests a rather small number of prisoners in the woman kidcote. Bequests to the Hull gaol occur only in Prob.Reg.2 as in Thomas Proktour's gift of 20s in 1446. Most bequests were of small sums or food to ease the plight of those in prison, but John Newton also left 100s to those imprisoned for debt if they did not have sufficient goods to pay, and thus to help them to freedom. Bequests to prisoners were often part of a ragbag of miscellaneous deserving causes, such as Alice Tubbac's (d.1454) 20s to the maisonsdieu, prisoners and lepers.¹²³

Prisoners without family or friends to assist them relied on charitable gifts to survive, as the London Coroners' Rolls show, with their several inquests on prisoners who were found to have starved to death. It is thus perhaps surprising to find such a relatively low priority for bequests to this end in York, considering that over twenty-five per cent of Thompson's sample of London wills gave to prisoners, and in Norwich sixteen percent of the laity and eleven per cent of the clergy did, whereas in York in the earlier sample it was less than eight per cent, and well under five per cent in the latter. This may be at least partly because it was part of the function of St Leonard's Hospital in York to make a weekly dole to the prisoners in the Castle, and it was felt that this need was catered for.¹²⁴

123.Prob.Reg. 3, f.307v (Hag); Prob.Reg. 2, ff.71v (Newton), ff.150v-51 (Proktour), ff.296v-97 (Tubbac).

124.Calendar of Coroners' Rolls of London, pp.53-54; Thomson, 'Piety and Charity in London', p.185; Tanner, Medieval Norwich, p.134; for St Leonard's contributions to prisoners see Chapter Four.

Burial of the Dead

None of the wills in either of the two samples, or any of the other wills read, made any provision for the burial of anyone but the deceased. Nor does this appear to have been a concern in any of the other towns for which similar studies have been done, though the Corpus Christi Guild of Walden in Essex paid for the burial of poor strangers. However some concern was shown to make provision for paupers' funerals in general. Marion Marton of York, (d.1444), left a banquer to her parish church of St Crux to stand before poor widows and others at the funerals of their husbands, and to be used at the weddings of the poor. In 1429 John Pigot, esquire left a missal and ornaments to the altar where paupers' funerals *were celebrated*.¹²⁵

We have so far covered money doles and the Seven Works of Mercy, however charitable provision extended well beyond these basic forms and attempted to meet a variety of other needs, including fuel for the poor, remission of debts and taxation, poor maids' dowries and provision for other vulnerable or needy groups, education and the upkeep of roads and bridges.

Fuel

The provision of fuel for the poor was a particular concern of wealthier urban women. Only one will makes this provision in Register 1, that of Joan Stalby of Scarborough (d.1393), who left ten cauldrons of coal for the poor.¹²⁶ In two of the cases in Register 2 the fuel to be distributed was clearly the woman's household stock: Alice Chaffer of York

125.Rickert, Chaucer's World, (London, 1948), p.351; Prob.Reg. 2, f.93v (Marton); Vale, Piety, Charity and Literacy among the Yorkshire Gentry, p.16.

126.Prob.Reg. 1, f.59v (Stalby).

(d.1444), widow, left 'all my fuel to be distributed to the poor for my soul where most need is'; and in 1452 Alice Shirwod directed that all the fuel which remained after payment of her funeral expenses was to go to the poor. And Joan Johnson (d.1474) left 'omnes fasticulos ad distribuendum inter pauperes christi cum le Astilwod et terre sodijs', that is, all her kindling, firewood and turves. Katherine Radclyf of York (d.1458) was even more generous leaving 40s to buy a boatload of turves for the poor in the time of winter next after her decease. Agnes Brome endowed her maison dieu with six quarters of sea-coal annually. On the whole these women were making provision from their household stock, and showing a concern for the household needs of the poor.¹²⁷

Fuel

Prob. Reg. 1	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	1	0	0	1	0	1
Group % of total	100	0	0	100	0	100
Prob. Reg. 2						
No. of wills	3	4	1	7	1	8
Group % of total	37.5	50	12.5	87.5	12.5	100

Table 5.8

Of the men only one came from York, and the others from Beverley, Scarborough, Hull and Kirby in Cleveland. The predominance of the east coast ports is noteworthy, and with the exception of the rector in Cleveland all were probably involved in the shipping of sea-coal along the coast.¹²⁸ Most specified amounts of coal to be distributed to the poor,

127. Prob. Reg. 2, ff.92 (Chaffer), 238 (Shirwod); Prob. Reg. 4 f.221 (Johnson); Prob. Reg. 2, f.375 (Radclyf); Abp. Reg. 16 (Scrope), f.173 (Brome).

128. Prob. Reg. 2, ff.272 (Spencer), 283 (Cokerham), 286 (Goldyng), 359 (Aleby), 370v (Wharrome).

but Roger Cokerham of Beverley (d.1453) left five cauldrons of coal to the bedridden and others most needy. Although not discussed here gifts of fuel to hospitals and maisonsdieu were not uncommon, though found more often, as with Agnes Brome's bequest, in the east coast ports.

Remission of Debts

Prob. Reg. 1	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	1	3	-	4	-	4
Group % of total	25	75	-	100	-	100
Prob. Reg. 2	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	4	10	1	13	2	15
Group % of total	27	66	7	87	13	100

Table 5.9

This was a relatively uncommon concern of testators. In both registers the concern was more for debts owed by particular individuals, than by poor debtors generally, though they were nearly half the cases in Register 2. In a number of cases the debts were owed by former servants or apprentices, as with *John de Santon of York (d.1394)*, who remitted all the debt of his former servant Richard de Holme. There was increasing concern by the mid-fifteenth century over poor debtors who could not pay, and both Richard Claybroke, sr, of York (d.1447), and Robert Colynson of York (d.1458), instructed their executors that they were not to harass or imprison poor debtors.¹²⁹ Two of the testators in the later register may have been acting as moneylenders in a small way: John Harpham of Hull (d.1451) freed Alice Kipax of her pledge; Alice Rawdon of York, widow, (d.1444) remitted eight debts, six to men and two to women, all were for

129.Prob.Reg. 1, f.71 (Santon); Prob.Reg. 2, ff.162 (Claybroke), f.318 (Colynson).

sums under a mark. R.H.Hilton has pointed to widows acting as moneylenders in rural communities. There was only one case of remission of debt to a community in the sample and that was by John Preston of York, ironmonger, (d.1449), who remitted to St Clement's nunnery near York all their debts to him for 'olvo' provided that they prayed for him. However the will of Philip Appleby of York, (d.1435) also released St Nicholas hospital, York of the debt for the 'meremos de ove' (perhaps a sheepfold) which they had bought from him, in return for burial in a chapel in their church. Both these institutions survived on very slender endowments.¹³⁰

Relief of Taxation

The relief of taxation by subsidising those assessed in a particular community was available only to those who were very wealthy, if it was not to be simply a token gift. Only four bequests to this end were made, all in Register 2. Apart from their wealth the four testators were extremely varied. Joan Rolleston of York, (d.1440), left 3s 4d at the next royal taxation to her natal home of Rolleston, and 20d each to the villis of Rackhow and Hutton. In 1442 Sir John Constable of Halsham, a knight of *the shire*, left money to pay the first half of the twentieth which he had owed to the king the previous Martinmas, which would fall on his tenants at Halsham, Constable Burton, Newton, Marton, Tharlesthorpe, Duddington, Swinby, Thirnlloft and Kirby Knowle. In 1453 John Elyote of Wakefield left tenement and a croft to the churchwardens of All Saints, Wakefield, to relieve the poor and needy of the town in times of tenths and fifteenths.¹³¹ Even if the poor were not themselves burdened with

¹³⁰Prob.Reg. 2, ff.231 (Harpham), f.93-v (Rawdon); R.H.Hilton, 'Women in the Village', in The English Peasantry in the Later Middle Ages, (Oxford, 1975), pp.103-04; Prob.Reg. 2, f.192 (Preston); Prob.Reg. 3, ff.425v-26 (Appylby).

¹³¹Prob.Reg. 2, ff.43 (Rolleston), 242v (Constable), 256 (Elyote).

taxation, a tax would mean that the better off in the community would not have the spare money to assist them in their necessity, and therefore they would suffer at such times. If they were assessed their need would be very great. Stephen Wilton, canon-residentiary of York Minster, but buried in Beverley Minster, (d.1457) left the residue of his estate to various causes which included relief of fifteenths.¹³²

Poor Maids' Dowries

The mid-fifteenth century also saw the development of provision of dowries for poor young women, which reflected an increasing perception of them as vulnerable to the perils of prostitution, probably as a result of decreasing opportunities for them to be able to support themselves in honest employment, or in that state to be able to save towards a marriage. Only four bequests to this end were made in the sample group, all in the 1450s, all by men, and three of the four testators coming from Hull. This last may reflect in particular a downturn in female job opportunities in a port, whereas in a more diversified economy, like that of York, such problems did not arise until later. Both Francis Buke of Hull, (d.1453) and Robert Belton of York, (d.1455) left their bequests as part of a group of other good causes such as prisoners and poor scholars. Robert Goldyng, (d.1453) and John Garton (d.1455), both of Hull, left specifically to this purpose. Goldyng left five nobles to five poor virgins to buy five cows to furnish their weddings in honour of the Blessed Virgin; Garton left £20 to poor girls' marriages.¹³³ A dowry which does not quite fit this category is one given by Juetta de Burton in 1395 to 'a young woman, Isabella, £20

132.Prob.Reg. 2, f.353v (Wilton).

133.Goldberg, 'Female Labour, Service and Marriage', pp.36-37; Prob.Reg. 2, ff.276 (Buke), 315v (Belton), 286 (Goldyng), 327v (Garton).

for her marriage or what she wants, provided it is honest', but this is clearly a very personal bequest. In 1437 Thomas Kyrkeham of York left £20 to the marriage of poor maids and virgins in the city of York. John Carre of York (d.1487) left 'to xv pore madyns well disposed to mariage' £26, at forty shillings each, a curious piece of accountancy which must have left two of the poor maidens well disappointed. Like Margaret Bramhowe (d.1471) who left her household utensils to be distributed among newly-married men and women in need, he was also concerned that the new marriages of the poor should not be put under an added burden of poverty and also left £20 to 'pore men and pure women wedded keepyng housold togeder where most nede is'.¹³⁴

Poor Householders

Poor householders were an occasional concern, with one bequest to this purpose in the first register, and four in the second. In most cases, as in that of Sir John Constable above, the concern was principally for tenants or those employed by the testator, but John Newton of York (d.1443) left £10 to, among others, the poor householders and cottagers of York and its suburbs, and Katherine Radclyf (d.1458) left a mark to the poor householders of her parish of St Crux in York. Poor householders who were so because of misfortune or because their work provided an insufficient income, were particularly deserving being the 'respectable' poor, who tried to make their own way but failed through no fault of their own.¹³⁵

Alongside the poor householders but rather more popular, unsurprisingly, were poor relatives of the deceased.

134.Prob.Reg. 1, f.88 (Burton); Prob.Reg. 3, ff.486v-87v (Kyrkeham);

Prob.Reg. 5, f.327v (Carre); Prob.Reg. 4, f.34v (Bramhowe).

135.Prob.Reg. 2, ff.71v-72v (Newton), 375 (Radclyf).

Poor Relatives

Prob. Reg. 1	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	-	3	-	3	-	3
Group % of total	-	100	-	100	-	100
Prob. Reg. 2						
No. of wills	3	6	1	9	1	10
Group % of total	30	60	10	90	10	100

Table 5.10

Provision for poor relatives varied considerably, with greater care being expended over closer relations. Richard de Daunton of York, (d.1394), left £20 to his poor cousins and other indigents, and in the same year Thomas de Lynland, also of York left ten marks to his poor cousins if either of his children should die. Agnes Clif of York (d.1442) left all her clothes to her poor and needy relatives. By contrast a number of testators seem to have been concerned to provide for dependent relatives. Elena Milys of York (d.1387) directed that two tenements in Monkgate be sold for the support of her husband Adam, and the settlement of her debts. Robert White of Seaton in Spaldingmoor (d.1456) left all his crops to William Colson provided he supported White's mother and sister for a year and then gave them bread and ale for life. Stephen Wilton, canon of York, (d.1457) provided 12d a week for his sister Margaret Wells during her life, and 6d a week for her husband William. Cecily de Yharom left 20s to her servant Margaret Akum and, if her goods sufficed, 4d a week for life.¹³⁶

Poor Priests and Widows

Two other groups which occur as suffering particular vulnerabilities

136. Prob. Reg. 1, ff.63v-64 (Daunton), f.70 (Lynland); Prob. Reg. 2, f.33v (Clif); D19 f.122 (Milys); Prob. Reg. 2, ff.332v (White), 353v (Wilton); Prob. Reg. 1, ff.92v-93 (Yharom).

were poor priests and poor widows. Sometimes these two were linked together as in the will of Thomas de Bedale, vicar of Rudston (d.1397) who left two shillings to clerks saying the psalter and poor widows praying round his body. This linkage was thus made by their related funerary activities. Widows may well have been called in as much to lay out the dead, as to pray. In 1332 Joan de Lepyngton left 3s 4d to poor clerks and widows, and in the following year Agnes de Sutton of Bootham left 20s for the same. John de Popelton (d.1362), left two shillings to poor clerks and widows saying psalters and prayers.¹³⁷

But widows might also receive bequests independently of this function. In 1392 Nicholas de Sherburn left three shillings to be divided amongst six widows. Roger de Burton (d.1392), left 40s to the poor and widows bedridden in York. Thomas Bracebrig (d.1436), left to five poor widows 1d each per week so long as they should live. In 1346 Emma, wife of William Paynot of Easingwold, left 3d to each widow of Easingwold, by estimation 10s 9d - which equals forty-three widows in a not particularly large community. In 1453 Thomas Wombewell of Derfeld gave to each of five poor widows living by the chapel, 6s 8d. Other wills suggest that these widows were in fact living in a small hospital. Thomas Tong, rector of Terrington, (d.1455), left 5d to each widow in the parish.¹³⁸

137.Prob.Reg. 2, f.9v (Bedale); D/C Prob.Reg. 1, ff.11 (Lepyngton), f.15-15v (Sutton), 37 (Popelton).

138.Prob.Reg. 1, ff.49v (Sherburn), 55v (Burton); Prob.Reg. 3, f.487v (Bracebrig); Abp.Reg. 10 (Zouche), f.305 (Paynot); Prob.Reg. 2, ff.266 (Wombewell), 309 (Tong).

Schooling

Prob. Reg. 1	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	1	3	-	4	-	4
Group % of total	25	75	-	100	-	100
Prob. Reg. 2						
No. of wills	1	3	2	4	2	6
Group % of total	17	50	33	67	33	100

Table 5.11

Most of those who donated to education did so for a particular individual, such as Richard Usflete of York's (d.1443) bequest of 20s to his godson Nicholas Fredlyngton to send him to school, which if he did not want to go was to be kept for him until he was of age. However Lady Elena Portyngton of Estrington, (d.1457), left £6 'ad exhibendum ad scholas' with no individual named as recipient. Robert Belton of York, (d.1455) left money for poor scholars unspecified as part of a portmanteau bequest.¹³⁹

Repair of Roads and Bridges

Prob. Reg. 1	Female	Lay Male	Clerical	Urban	Rural	Total
No. of wills	2	11	-	12	1	13
Group % of total	15	85	-	92	8	100
Prob. Reg. 2						
No. of wills	6	29	3	23	15	38
Group % of total	16	76	8	60	40	100

Table 5.12

The repair of roads and bridges was a popular activity and one which had the widest geographical spread. Although York was overwhelmingly

139.Prob.Reg. 2, ff.58v (Usflete), 362v (Portyngton), f.315v (Belton).

dominant in Register 1 with ten out of thirteen bequests, by the mid-fifteenth century it accounted for only a quarter of such gifts. Other towns more than equalled York: Hull had five bequests, Doncaster three, Ripon two, and Pontefract, Rotherham and Wakefield one apiece. The presence of such a number of West Riding towns probably reflects the economic growth of this area in the fifteenth century. Roads which received donations were usually main routes such as John Garton of Hull's (d.1455) gifts to the Hull-Beverley road, the Hull-Anlaby road, and the Drypool-Bilton road. In larger towns it was roads in the suburbs rather than the town proper which were favoured such as Robert de Howme's (d.1396) gift to mending Gillygate and Monkgate outside York. However in smaller towns the community depended upon individual initiative rather than local taxation to provide for paving within the town. Isabella Barry of York (d.1391) left 3s 4d for the pavement of Kexby. In 1394 John Weste of Roundhay near Leeds, left money for paving in Tadcaster and Ferrybridge.¹⁴⁰

By the fifteenth century bridges were rather less popular than roads as subjects of charity whereas earlier they had been of equal importance, which may reflect a greater solidity in those which had by then been constructed. As well as roads and bridges Hull also produced two contributors to the watersystem. In 1449 Robert Holme of Hull left £100 to make a lead watermain between Hull and Anlaby provided it be done by the succeeding Martinmas. It may not have been because in 1457 John Northeby left half a fother of lead to the making of the aqueduct. Equivalent activity in both the making and repair of roads and the provision of a watersupply can be found in London.¹⁴¹

140. Prob. Reg. 2, f.327v (Garton); Prob. Reg. 1, ff.102 (Howme), 24 (Barry), 64 (Weste).

141. Prob. Reg. 2, ff.211v-12v (Holme), 362 (Northeby); Thrupp, Merchant Class of Medieval London, pp.178-79.

So far we have discussed only post-mortem charitable activity as it is revealed in wills, and the few glimpses of life-time provision which this affords. Before ending this chapter it would be as well to look briefly at those who were put in a position where they needed to ask alms. For the majority we can only look at these through the eyes of those who gave to them, but there is a small group who acquired official licences to beg which were recorded in the Archbishops' Registers. Those who were able to get these licences were not entirely representative of the poor generally, they needed influence or influential friends to be able to receive them. They were generally representative of those who had fallen into poverty through misfortune of one kind or another. The most common cause was fire which could entirely wipe out a family's property. John Pirton was given a licence to beg after a fire destroyed all his goods in 1442. John Potkyn of Maidstone in Kent was given a licence in the same year when he lost everything in a shipwreck, and would have needed money just to get home where he might begin to rebuild his life. In 1448 William Hostilier of York, fisherman, was given a licence to beg for two years to make up the twenty marks which he had been forced to pay as a ransom when he had been seized by pirates. In the Ely registers too fire was the most common cause of the granting of indulgences, followed by poverty, sickness and robbery, a picture similar to that of Yorkshire, while allowing for Yorkshire's liability to marine accidents.¹⁴² These licences offered an indulgence, usually of 100 days, to anyone who gave to the holder and thus gave an assured spiritual return to the charitable. The licences were usually addressed to parish clergy and it is likely that the priest would arrange a collection for the holder at the Sunday mass. This would be more

142. Abp. Reg. 19 (Kempe), ff. 81v (Potkyn, Pirton), 123v (Hostilier); Rubin, Charity in Medieval Cambridge, pp. 264-69.

respectable, and probably more lucrative, than the ordinary beggar's progress from door to door, or begging in the street or churchyard.

Conclusion

What picture of charitable provision can we draw from the evidence presented above? Charitable provision was found in the vast majority of wills and was regarded as a normal part of will-making, as probably, of life. It was not separated from pious activity, the two were regarded as part and parcel of each other. Charitable activity was particularly spiritually valuable because the giving was in itself meritorious and could expect to be further rewarded by the prayers of the recipients who, being poor, were of their nature pleasing to God. Thus charity was doubly blessed both for the giver and the recipient. There is no evidence of a falling off charitable activity towards the poor after the Black Death, and any decline in the amounts being given in the mid-fifteenth is explicable by the wider socio-economic range of the testators in this period, and the beginning of economic decline. There is no evidence for hostility towards the poor, any such evidence is of hostility towards the false poor who try to solicit alms at the expense of the true poor. This suggests considerable concern for the genuine poor and their plight. On the whole there is no attempt to judge between the two groups, though this may have been done by executors. There is evidence for considerable social cohesiveness of views about charitable activity. Charitable giving was largely organised around the concept of the Seven Works of Mercy, but was by no means limited to these, and other needs such as those for fuel were answered. Comparison with other studies shows that Yorkshire wills are in no way unusual in the forms that they take, as far as can be judged from the sometimes limited comparative material.

There is some evidence that within their generally more limited resources women were more charitably inclined than men, and analysis of different forms of bequests suggests that they are relatively over represented in donations to food and drink, clothing, visiting the sick and prisoners, and giving fuel and that they were more likely to have performed the work of receiving the stranger in their lifetime, whereas men had to leave instructions to have it done on their behalf after death. These interests probably reflect lifetime activity, as it was part of the housewife's role to dispense charity in kind through her responsibility for providing the household with food and clothes, and also to give to beggars at the kitchen door, and to care for the sick. It is possible that in Register 1 men were emulating female patterns of charity, which was not generally possible in the less economically buoyant wills of Register 2.

Charitable activity was intended to reach a great number of people, and it is clear that at least some testators expected hundreds, if not a thousand or more, to appear at their funerals. Most wills made provision only for one-off doles of money, food, clothes etc., however this indicates less that they were uninterested in attempting to make permanent provision for the mass of the poor, a task which was in any case clearly beyond the capacities of an individual, than that they relied on others to make similar arrangements to their own, and through a continuing series of obits and funerals to make a contribution to the poor. The social cohesiveness of views on provision for the poor made this a reliable expectation. A testator could rely on those following him or her on the road to death to make similar arrangements, and thus to provide a continuous, if no doubt uneven, stream of funerary doles.

Who were the poor who were cared for? For the most part no attempt

was made to discriminate among those seeking alms. There is some evidence that some people took a lifetime interest in particular paupers, either living within a maison dieu or independently. A few bequests can be shown to be of such a kind and it is likely that a quite a large number of small gifts to people not clearly connected with the testator were of this nature. The funeral allowed the testator or executors to discriminate between the mass of the poor who might receive a money or food dole, and more favoured poor, sometimes known to the testator and specified by him or her, who would if female watch over the body before the funeral, and if male bear torches in the procession. These poor might expect an additional dole of money, and food, and in the case of men, clothing. However this discrimination was not based upon grounds of moral approbation, but on those of personal ties and, or particular need.

In addition to these who were provided for at the funeral were other bequests to more specific groups, among these the infirm and bedridden took pride of place, and gifts to hospitals, discussed elsewhere, were also of this kind. The poor were principally regarded as those who could not work to support themselves, either through age, infirmity or other cause. Other groups who were also favoured were widows and women with children, and poor householders. Poor maids unable to marry without a dowry became a concern from the mid-fifteenth, showing how charitable practice could change and develop in response to new needs. These too were people who were disadvantaged in the economy and might have difficulty in adequately supporting themselves.

Chapter Six:

YORKSHIRE HOSPITALS 1300-1530

This chapter investigates the history of the Yorkshire hospitals after 1300, first by looking at the later history of the hospitals founded before 1300, then by examining the different types of new hospital founded after this date.

a) The Old Foundations:1300-1500

In the later middle ages the older foundations had varying problems to contend with. For all there were the problems of falling incomes from land and rents, particularly after the later fourteenth century, bringing in smaller incomes. Like the monastic houses many hospitals had to survive on a lower revenue, and maintain fewer poor. The days of the great hospital feeding and sheltering a hundred poor were, with a few exceptions, over. Now well established as part of the local scene these older hospitals could not expect to generate the same degree of commitment and largesse from patrons, as that which had seen their foundation, in order to restore their fortunes. Few patrons could now afford the large endowments which had often characterised the early foundations.

But if the hospitals tended to follow the monasteries in declining size and income, in another way they did not follow. If, with noble exceptions, the monasteries were becoming something of an irrelevance to the laity, as they began to live the religious life within their own daily activities, and no longer to see the religious life as one led by the heroic 'athletes of Christ', who alone could hope to be saved, this was not true of the hospitals. A byproduct of the teaching of the friars on the humanity of Christ, had been the increasing emphasis on seeing Christ in

the poor, something which was to be further pointed by the weight being laid in pastoral teaching on the importance of the seven works of Corporal Mercy. Moreover as Christ himself had also said 'the poor are always with you'. So long as it was not totally moribund, a hospital had both a potential clientele, and a potential patronage. But whether the needs of the day were the same as those for which the hospital had been established were another matter. And whether the old forms could be adapted to the new problems were yet another. In the following pages some general issues will be laid out which will receive more detailed analysis subsequently.

The most obvious situation in which this mismatch occurred was in the provision of leperhouses. While leprosy was far from extinct in 1300, or even 1400, it had entered a steep decline. There was no longer the need for so many places for lepers. Could the leperhouses adjust to this new state of affairs and provide for other groups among the needy? Or would they wither away until all that was left were their chapels?

In some towns increasing population put a greater pressure on more limited resources, sometimes with the result that new hospitals were created which could be rivals for the alms and offerings of the charitable. In some cases the new hospitals simply spread the load so that old and new coexisted happily, and there is evidence for older hospitals performing an important function into the fifteenth century. In others the new hospitals effectively replaced the older ones. In these cases the older hospital might disappear completely, but more usually it retained its spiritual function, becoming a sinecure for the master. In this situation the hospital's chapel might continue to offer a service to the local population, but shorn of its former charitable function. It is not clear to what extent the replacement of older hospitals by newer ones happened

because local inhabitants transferred their loyalties to more recent foundations with which they felt a greater personal involvement, or because the older hospitals had already vacated the field, subsiding into a clerical freehold and nothing more.

There is some evidence however that in certain cases the existence of the chapel helped to buttress the hospital, as donors established obits and chantries in the one, and then did not forget the other. Moreover the chapel might win papal or episcopal indulgences which could persuade the devout to charity. Some of the older hospitals also seem to have had another spiritual function, acting as homes for recluses and anchorites. This does not seem to have been a replacement of the charitable by a spiritual function, for the recluses were more likely to be found in hospitals that retained an active charitable function than ones that did not. Indeed a hospital might be an apt place for a recluse: it was a religious place, often with some sort of rule, but not a monastery; it was a place of resort for the poor, for whom the recluse could give both practical help, through for example, sewing, within the privacy of his or her cell, but more importantly, spiritual assistance, partly through the sanctity of his or her presence, but also through counsel and advice. It is unlikely that recluses in hospitals were a completely new phenomenon in this period, but improving records and the greater popularity of the life made them both apparently and actually more common. Moreover the presence of the anchorite lent lustre to the house and brought in donations.

This period, particularly the fifteenth century, also saw the appropriation of a number of hospitals by monasteries. Although generally presented as being an act for the saving of an otherwise dying hospital, it is unlikely that the monastic community which took the ailing hospital

under its wing felt that it was taking on a completely lame duck. There was usually something in it for the monastery. Unfortunately very little material exists to indicate the state of hospitals maintained by monasteries since the period before 1300. Often indeed it is uncertain whether the hospital was still in existence.

The picture of the older hospitals during this period is then, not a completely homogenous one. Within a framework of a general reduction in resources which can be found as much in the monastic as in the hospital community, there is a diversity of responses: some hospitals decayed away to nothing, others survived to provide a more limited service to their local communities. While the general picture is one of contraction, we should not see the older hospitals in isolation. We must remember that as older hospitals were unable to continue to provide their former levels of charity, local inhabitants frequently chose to augment them by other means, either through the occasional form of daily or post-mortem alms, or through new foundations. We can see from chapter five what a massive amount of charitable activity was going on simply through the medium of testamentary charity. So though the picture for the older houses was often one of decline, that does not mean that that was the general picture. The preference for founding new institutions rather than reinvigorating older ones is a phenomenon not confined to the world of hospitals. It was also true of the monastic world that patrons in this period tended to prefer to make new foundations, rather than to make major donations to established houses. The reasons are apparent: the spiritual benefits and social status to be obtained from a new foundation were greater than from patronage of an old one; older establishments might be associated with a particular patron, a family or a monastery, which might lead local inhabitants to feel

disenclined to patronise it, preferring to establish their own; finally a feeling (possibly erroneous) that an older hospital was adequately endowed might lead to its neglect in favour of a newer foundation.

The leperhouses were the hospitals which most directly felt the problems of the later middle ages: the problem of declining income being preceded by the decline of leprosy itself, so that even the purpose of these hospitals seemed to be being lost. As Richards says 'in the first half of the fourteenth century many hospitals already housed fewer lepers than their endowments could support'.¹ Although a few leperhouses did not receive mention until later it seems unlikely that any were founded in Yorkshire after the early years of the fourteenth century, and probably not as late as that. Foundations of leperhouses did still occur elsewhere in the fourteenth, and even fifteenth centuries, but the references to previously unmentioned leperhouses in Yorkshire, as for example to that at Doncaster in 1490, seem to be to long-established leprosaria, certainly not to new ones.²

We have already seen that medieval diagnosis of leprosy was generally better than has traditionally been accepted, and it seems likely that such accurate diagnoses were still being made in the late fourteenth, and even fifteenth centuries.³ In 1342 John de Burgh, chaplain, had a Letter Close to admit him to the hospital of St Nicholas, Scarborough, on account of the sudden onset of leprosy.⁴ In Beverley in 1394 Margaret Taylor petitioned the city governors to be allowed a bed within the leperhouse outside Keldgate Bar on account of leprosy.⁵ Here we can see the continuing

1. Richards, The Medieval Leper, p.83.

2. Ibid, pp.83-84; BIHR, Abp. Reg. 23 (Rotherham), pt.1, f.247.

3. See Chapter One, section c.

4. CCR 1341-43, p.650.

5. G.Poulson, Beverlac, (Beverley, 1829), p.773.

interest of city governors in the provision for lepers. In York, William Mannyng, presumably a leper, died in the lazarus by Monkbridge in 1428, leaving the residue of his goods to his wife. If he had not been a leper, but had been residing there as a pauper, it is unlikely that he would have had any reason to make a will.⁶ His will was witnessed by two women, Agnes Butler and Isabel Mattheuwe, who were presumably also resident in the leperhouse. John de Norton, advocate of the court of York, (d.1378), left half a mark to William Candler, in St Mary Magdalene's hospital in the suburbs of York.⁷ This was the only bequest to a named individual in the York leperhouses, other than at St Nicholas', which even by the late thirteenth century was no longer primarily a leperhouse. Interestingly, Norton also left a bequest of a mark to Alice Candeler in St Nicholas' hospital. Had William Candeler contracted leprosy and entered a leperhouse, and his wife also sought retirement in a hospital once associated with leprosy but now apparently a place of retirement for older women with some small income?

In these larger towns it was not surprising that there should continue to be a demand for places in leperhouses but in the smaller towns like Ripon that demand was already drying up by the middle of the fourteenth century.⁸ A visitation in 1341 of St Mary Magdalene hospital in Ripon was told that 'nullus leprosus est ibidem'.⁹ Moreover another visitation four years later reported that the house where the lepers should stay had not been repaired but had for a long time been taken away, and that the alms

6. Prob. Reg. 2, f.539v.

7. D/C Prob. Reg. 1, f.69v.

8. Sizes of towns in 1377 (adults over fourteen years only): York 7248, Beverley 2663, Scarborough 1480, Ripon 482: B.J.D.Harris, 'The 1377 Poll Tax Returns for the North Riding', The Cleveland and Teesside Local History Bulletin, vol.10, (1970); R.B.Dobson (ed), The Peasants' Revolt of 1381, (London, 2nd ed. 1983), p.57.

9. Memorials of Ripon, vol.1, p.225.

had not that day nor for a long time been given to lepers.¹⁰ While this may have been in part due to the non-residence of the master, and a neglect of alms in the early years of the century, it is likely that if there had been a great demand for places for lepers which was being denied by the master that this would have figured in the visitation reports.¹¹ In 1352 it was said that if there were any lepers (si esset aliquis leperosus) in the liberty of Ripon, the keeper should receive them with their goods, if they asked, and find them a house according to custom, and give them weekly a 'pek' of wheat and 1d.¹² In 1341 they had been owed daily a loaf sufficient to sustain a man, and half a gallon of ale, on meat days they received a piece of meat and three herrings on fish days. They should also receive annually a garment called a 'bak' and two pairs of shoes.¹³ However in 1352 no lepers had been received for a long time; the house provided for them by the banks of the River Ure was ruinous; and stone from the ruin had been used to build a chamber within the hospital.¹⁴

St Mary Magdalene was no longer providing for lepers, probably in large part because there was little or no demand, however this did not mean that it was without purpose. In the 1345 visitation, it is stated that in addition to the lepers the hospital was also to support blind priests born within the liberty of Ripon, who should receive a chamber and 7d a week for

10. Memorials of Ripon, vol.1, p.229.

11. Ibid., pp.212, 229.

12. Ibid., pp.237-38.

13. Ibid., p.224. The difference may indicate that there had been lepers received at intervals during this period, and that as they were so rare it was easier to give them grain and money than to bake for them. Alternatively it may mean that it was so long since a leper had been received that no one could remember what they ought to receive.

14. It may be that the lepers' house was situated beside the river not only for reasons of isolation, but also so that they could bathe. Leper-houses were often situated near supposedly healing springs. A seventeenth-century plan of Kronoby hospital in Denmark shows the lepers having access to a river from their sauna: Richards, Medieval Leper, pp.74, 85.

their sustenance.¹⁵ In 1342 the hospital had been supporting blind priests though it was not stated how many.¹⁶ This was a function which was not likely to become moribund. In addition the hospital was already becoming something of a chantry college, with in 1352, the return that there ought to be two priests in the hospital, one of them being the master, and three chaplains supported by the rents of Studlay Roger, though there were at that time only four chaplains altogether in the hospital.¹⁷ In 1355 archbishop Thoresby gave assistance for bringing stone and cement from houses at Studlay to help repair the hospital.¹⁸ Moreover the hospital was still receiving patronage in the fifteenth century, for in 1450 Nicholas Bowet quitclaimed to the hospital land in Mulwath.¹⁹ However the hospital's chief function by this time seems to have been to provide incomes for clergy, particularly the master.

There are regular and frequent entries in all the Archbishops' Registers from the later fourteenth century showing that the mastership seems to have been a part of the trade in clerical benefices which is a feature of the higher levels of the church, particularly in the fifteenth century. While usually accruing to men who held canonries at Ripon, and occasionally held in conjunction with the mastership of the other older Ripon hospital, St John the Baptist, it sometimes fell into the hands of non-Ripon clergy. As such it seems unlikely in the extreme that the master ever resided or took much interest in the hospital, other than in the income it generated. It may be significant that when St John the Baptist hospital in Ripon, with which St Mary Magdalene was usually paired in the

15. Memorials of Ripon, vol.1, p.228.

16. Ibid., p.229.

17. Ibid., p.237.

18. Abp. Reg. 11 (Thoresby), f.38v.

19. Memorials of Ripon, vol. 1, pp.244-45.

Archbishops' Registers by this date, received an indulgence in 1454 from the archbishop and suffragan bishop, St Mary Magdalene's did not.²⁰ If it had still been acting as a hospital, rather than a small chantry college, it might have received such an indulgence. It is unfortunate that though a commission for a visitation of both these hospitals was issued in 1479 no record of the visit is entered in the Register.²¹ By 1507 the abbot of Fountains, Marmaduke Huby had received the mastership, while promising to pay the former master a pension of 20 marks a year, after which there cannot have been much of an income left.²² While St Mary Magdalene's thus continued to support retired, if hardly impoverished, clerics, it was also by the time of the Chantry Survey supporting five poor people, so that despite an apparent collapse in its charitable function in the fifteenth century it had recovered to find an alternative purpose in the sixteenth.

This picture of declining provision for lepers, combined with a change of function can be found elsewhere. At St Nicholas, York, the process seems to have been going on since at least the late thirteenth century, when only a minority of the inhabitants were lepers, the rest being women who had paid for admission.²³ While early fourteenth century documents indicate the presence of both brothers and sisters in the hospital, by the late fourteenth century there seem to have been only sisters in the hospital.²⁴ Although even as late as 1451 wills can be found referring to the brothers and sisters of the hospital, the majority refer only to the sisters, and by the brothers it seems that the priests serving the hospital should be understood, as in the will of John Yhole (d.1390), who left one

20. Abp. Reg. 20 (W.Booth) ff.160v-61.

21. Abp. Reg. 22 (G.Neville and L.Booth) f.323.

22. Abp. Reg. 25 (Savage) f.30-30v.

23. Yorkshire Inquisitions, vol.2, p.30.

24. Dugdale, Monasticon, vol.vi(2), p.710; Prob. Reg. 1, f.43 (Yhole).

mark to the priests and sisters of St Nicholas to pray for him and all the faithful dead.²⁵ In 1391 three blood sisters were among the inhabitants: Cecily Warton, her sister Alice, and her sister Emmota each received 6s 8d in the will of Alice de Durram, and the other three sisters, unnamed, received 40d each.²⁶ The number of six sisters thus seems to have been fixed by 1391 and remained at that level throughout its subsequent history: in 1490 Richard Manchester left 20s to be divided among the six sisters and there were six sisters at the Dissolution.²⁷ In Prob.Reg.1 seven out of thirteen testators who left bequests to the hospital were female, showing a high degree of female support at this date, however by Prob.Reg.2 none of the six testators were female despite the fact that the sisters were still resident. John Langton, squire, (d.1453) left 3s to Marjory, a sister of the hospital, and in 1455, John Alott, vicar of Bossall, left 2s to Joan Marshall, sister of St Nicholas.²⁸ In 1436 Richard Russell, merchant, and former mayor of York, left all his estates to his daughter, with the proviso that if the the master of St Nicholas received her and made her a sister under the seal of the Chancellor of England the said estates and terms should remain with the hospital.²⁹

John Midelton, the master appointed in 1398, seems to have been a man who used the hospital's property for his own gain, or was at the very least negligent of the hospital's interests. He was a rare example of physician appointed as master to a hospital, though it seems unlikely that he was regularly resident as he was Richard II's doctor. He is another example of

25. Prob. Reg. 2, f.237v (Penreth); fifteen wills referred only to sisters, five referred to brothers and sisters.

26. Prob. Reg. 1, f.20v.

27. Prob. Reg. 5, f.381v.

28. Prob. Reg. 2, ff.262v (Langton), 310v (Alott).

29. Prob. Reg. 3, f.439, one of Russell's executors was Master Thomas Clyveland, master of Holy Trinity hospital. The 'seal of the Chancellor' is probably a reference to mortmain legislation.

Richard using the York hospitals as a convenient source of patronage, with less than entirely happy results for the hospital concerned. He was expelled in 1399, but reappointed sometime after 1409 and continued until his death in 1429. From about 1411 the Patent Rolls regularly contain appointments of commissions to inquire into the state of the hospital and into accusations that the property and ornaments of the hospital had been taken away. It was only in the commission of inquiry appointed sometime after his death however, that he was specifically named as the negligent party.³⁰ How badly the hospital's finances were affected by this episode is unknowable, but may well have led directly to its subsequent loss of independence.

There is some suggestion that there may have been plans to convert St Nicholas into a Bridgettine house during Henry IV's reign. A letter at Vadstena records a proposal to turn a hospital for the poor near York into a monastery.³¹ It is not clear that St Nicholas was intended, but it is perhaps the most likely candidate. It is possible that some of the commissions of inquiry into St Nicholas were connected with this plan. The plan clearly came to nothing but St Nicholas was not to remain independent. Sometime in the reign of Henry VI, probably around 1455, when the prior, William Pykton, was appointed master, St Nicholas was annexed to Holy Trinity Priory in Micklegate, York. At a slightly later date St Leonard's hospital seems to have had an interest in St Nicholas for in 1462 Thomas Usburn, a brother of the house was appointed master but remained only five years.³² All the evidence would suggest that having ceased to serve as a

30. Talbot and Hammond, Medieval Medical Practitioners, p.172; CPR 1436-41 p.267.

31. J.R.Fletcher, The Poor Souls' Friend, (London, 1958), p.46.

32. J.D.Solloway, The Alien Benedictines of York, (Leeds, 1910), pp.270-71; Baildon, Monastic Notes, vol.1, p.242; CPR 1461-67, p.109; CPR 1467-77, p.15.

leperhouse at a fairly early stage St Nicholas settled down to a stable, quiet but useful life as a house where a small number of women, who perhaps were unable to enter the York nunnery of St Clement's, were able to lead a religious life. As such whether it could have continued to support even its small population in the face of the depression of the mid to late fifteenth century, and the inflation of the early sixteenth without the buttress of Holy Trinity, is unclear.

While St Nicholas had ceased to cater for lepers fairly early on, and may thereby have encouraged the other leperhouses into existence, the other leprosaria remained collectively the most popular of York's houses, receiving more bequests than any other. To what extent they were still catering for lepers is another problem. While the universal form of the bequests was to leave money to the leperhouses or to each leper, it is less clear how many lepers there were being supported by the leperhouses, and how many inhabitants were other desperately poor and destitute people. It is likely that even as late as the mid-fifteenth century at least some of the inhabitants were leprous but whether they all were is another matter. Tanner writing of the leperhouses in Norwich, said 'By the late Middle Ages they were probably alms-houses for old and sick men (they were sometimes called sick-houses) and no longer leperhouses (which they had been founded as and which they continued to be usually called).'³³ A similar situation was probably largely true of York, at least in the fifteenth century. While there were probably not enough lepers to fill places in the four leperhouses, others may have moved in to take their places. Unlike the endowed leperhouses where a regular dole and even clothing were provided

33. Tanner, Medieval Norwich, p.133. Tanner also points to the popularity of the Norwich leperhouses which received bequests from nearly 40% of testators, probably not dissimilar to the York figures.

the York leperhouses could only provide a roof, and the proximity of such lepers as remained. Under the circumstances it is unlikely that any but the most desperate and destitute would be willing to enter them. The Cambridge leperhouse was supporting a mad woman in the later sixteenth century.³⁴ And at the same period in York St Katherine's supported a dumb woman and a sorely diseased child among others, while St Helen's inhabitants included a blind man and his family and an old man. This last despite the fact that St Helen's had received an indulgence in 1442 because of its ruinous state.³⁵

Among the leperhouses of York St Katherine and St Mary Magdalene were most likely to be picked out, the former perhaps because it was on a particularly frequented road, the latter because of its chapel which seems to have been particularly finely furnished.³⁶ In 1451 John Clerk the chaplain at St Mary Magdalene's left a long list of books, relics and images to the chapel including hair of the patron saint in a wooden pyx, a wooden statue of her, gilded, a Trinity in alabaster, and Our Lady of Pity in alabaster, as well as much else.³⁷ The image of St Mary Magdalene was probably lifesize and the object of a small cult: in 1332 Emma Tincter left her veil to it; in 1438 Thomas Harrold, vicar of Overton, left a 5lb candle to burn before the image, as well as 5s to the chaplain Sir John Mawdelane and 20d to another chaplain Sir William Burgh, and 12d to the house of lepers; in 1443 Master Robert Esyngwald, proctor of the court of York, left a bed with a tapestry of ruby worsted to serve in the chapel during the

34. Rubin, Charity in Medieval Cambridge, p.120.

35. Raine, Medieval York, pp.301, 310; Abp. Reg. 19 (Kempe), f.88v.

36. E.g. the will of John de Popelton, dyer (d.1362), who left 12d to each of them, D/C Prob. Reg. 1, f.37.

37. Prob. Reg. 2, f.226v.

fifteen days of the feast of the Blessed Mary Magdalene.³⁸

In Beverley declining need led to the reduction of the numbers of leperhouses from two to one. The hospital outside the North Bar survived through the medieval period but the more shadowy, and probably smaller one outside Keldgate Bar fell into disuse in the early fifteenth century. In 1416 it was described as 'a common tenement...once the lepers house' and by 1451 even the building had disappeared leaving an empty place where the lepers had once lived.³⁹

Beverley and Scarborough had rather different attitudes to their leperhouses. Beverley was even more supportive of its lepers than York or Norwich with eighty per cent of testators in both sample groups leaving money or coal to this purpose, though the sums were small, rarely more than 3s 4d. By contrast in Scarborough, the percentage of all wills leaving to the lepers was much lower, though still respectable at forty percent. Of these bequests one consisted of a bed in the hospital and another of a chantry. In the latter case Agnes Brome who had built her own maison Dieu in her garden also left money for William Wartre, chaplain, to celebrate for four years for her in the chapel of the hospital at 100s a year.⁴⁰ Agnes had clearly not built her own maison Dieu in the belief that St Nicholas was redundant, though it is possible that like St Mary Magdalene at Ripon, its function was increasingly seen as providing obit services. This is perhaps less likely in view of the bequests to the lepers there in 1395, and to the poor (perhaps no longer lepers?) in 1468.⁴¹

All in all the picture of the leperhouses is one of some decline and unofficial alteration to other functions which were regarded as useful. In

38. Raine, Medieval York, p.259; Prob. Reg. 3, f.538v; Prob. Reg. 2 f.149v.

39. RCHM, Beverley, p.54.

40. Abp. Reg. 16 (Scrope), f.173. Dated to 1400.

41. Prob. Reg. 1, f.83v (Crosse); Prob. Reg. 4, f.143.

none of the Yorkshire leperhouses does there seem to have been the same wholesale reorganisation of the purpose of the institution in the face of a drop in the number of lepers as happened at the great leperhospital of Sherburn, near Durham, where the original foundation for sixty-five lepers was changed in 1434 to care for thirteen poor men unable to support themselves, and two lepers 'if they can be found'.⁴² The change in the numbers supported indicates the scale of the reduction of resources with which the older houses had to contend. Instead this change came piecemeal and unplanned. Despite the decline in leprosy itself the evidence of the wills is of a continued high level of support for the institutions themselves, both as hospitals and as providers of spiritual offices.

A number of the older hospitals, notably excluding leperhouses, provided homes not only for their poor and infirm inhabitants, but also for anchorites and recluses. At least two York, two Beverley, and two other hospitals, either had a recluse within their walls, or helped to support one elsewhere. As was the case with such recluses more generally the majority of them were women. The two hospitals which seem to have been most consistently associated with anchorites were St Giles, Beverley, and St Edmund, Sprotbrough, near Doncaster.

At Sprotbrough, indeed, the hospital seems to have been almost converted into an anchorage. About 1270 Thomas Fitzwilliam and his son William founded an anchorage for two female recluses which was attached to the hospital of St Edmund, the master acting as keeper of the lands which endowed the anchorhold. The first two anchoresses were sisters, Anabel and Helen de Lisle, and another anchoress with the same surname entered in 1294, perhaps replacing one of the sisters. In 1300 Beatrice de Hodesack

42. Clay, Medieval Hospitals, p.44.

was admitted, whom later investigation showed to have been a fugitive nun from the Scottish priory of Coldstream, who had fled at the approach of war in which her nunnery had been destroyed. By 1315 however her position had been regularised by archbishop Greenfield, and she remained in her cell until her death in or after 1328.⁴³ She had a companion whose name is unrecorded. The Fitzwilliams continued to support the anchoresses: in 1348 Isabel Fitzwilliam, left to the Lady Joan, anchoress, a robe of her order. Another anchoress was Margaret Tatersal who died in 1458 and whose tomb is in the parish church.⁴⁴ In 1481 Elizabeth Eltoft, widow, sought to be enclosed in the chapel of St Edmund. She was to be enclosed as a postulant for one year and then to make her profession. She did this being of good conversation and honest life, and without a man, and not because of poverty or other illegitimate reason.⁴⁵ It is probable that anchoresses, or at least an anchoress, was still there at the Dissolution.⁴⁶

Some time in the mid-fifteenth century John Fitzwilliam organised the duties of the master, whom he was appointing, Sir William Sprotburgh, and of another chaplain Sir Hugh Hakenson. Sprotburgh was to perform his priestly duties and to make suitable provision for the anchoresses and other inmates; and they were to celebrate masses and the canonical hours for his soul, those of his ancestors and all the faithful dead. Hakenson was also to perform his priestly duty, which included serving an altar in the parish church and also annually two masses in the hospital chapel, one on the patronal feast and the other an obit. Hakenson was also to erect a house for one poor person within his messuage and to maintain it, providing

43. A.K.Warren, Anchorites and their Patrons in Medieval England, (London, 1985), p.209, pp.83-84.

44. Ibid., p.210; N.Smedley, 'An Incised Stone from the Free Chapel of Ancres, near Doncaster', YAJ vol.37, (1948-51), p.505.

45. Abp. Reg. 23 (Rotherham), pt.1, f.218v.

46. Smedley, 'Free Chapel of Ancres', p.511.

one cartload of firewood annually, while John Fitzwilliam provided one dish of food from his kitchen every Sunday, to sustain this poor person and his successors.⁴⁷ Quite what the relationship between the master and the chaplain was intended to be is not very clear, though it would appear that the master was responsible for the anchoresses and the chaplain for the poor, while both had chantry functions. While the 'other inmates' for whom the master was responsible may have been poor within the hospital, it is also possible that the charitable function of the hospital had by now dwindled to nothing and that the house for the single pauper was a re-establishment of it. As the hospital as a whole was of the patronage of the Fitzwilliam's it seems a little unlikely that this one pauper should be picked out as a particular dependent of the family. However it is to be understood it seems that the anchorage had come to take up most of the effort of the hospital.

At St Giles, Beverley this seems to have been less true. While there was often though not always in residence an anchorite, this does not seem to have been to the detriment of the charitable work of the hospital, rather it was probably to St Giles' benefit, for the recluse seems to have encouraged almsgiving to the hospital. In 1394 John Brotelby, potter, of Beverley, left 3s 4d to the anchorite of St Giles, and 6d to each of the sisters there to pray for his soul.⁴⁸ Robert de Crosse of Hull (d.1395), left 6s 8d to Robert the inclusus of St Giles, and 20s between the poor in the house. Robert was clearly widely-known for not only did this Hull merchant, though admittedly one who knew Beverley well, remember him, but so did Stephen le Scrope, second Lord Scrope of Masham, a man interested in

47. Smedley, 'Free Chapel of Ancres', pp.509-10.

48. Prob. Reg. 1, f.73v.

anchorites, who left him 20s in 1406.⁴⁹ Robert may have died soon after this for no recluse was mentioned in the will of John Mayer, merchant, in 1408, though each sister received 6d.⁵⁰ In another three wills from the succeeding twelve years, the hospital received only two bequests, one to an individual sister, another of 3s 4d to the poor.⁵¹ The presence of an anchorite tended to encourage giving, even if the anchorite did not give some of his or her income to help the hospital, which he or she may have done. By 1442 a recluse had been re-established in the hospital when John Coldebek, merchant left 20d to St Giles and 20d to the female recluse there.⁵² Two years later John Brompton, merchant left each sister 6d and half a cauldron of coal between them, and 3s 4d to the recluse. In 1448 John Sleaford left the anchorite two quarters of coal and the poor twenty (unspecified, perhaps shillings) and two quarters of coal.⁵³ In 1449 John Bawn, merchant, gave 12d to the recluse, but nothing to the poor.⁵⁴ In 1456 Thomas White, clothier, gave 20d to the anchoress, and 12d to the hospital. Both John Barnyngham, Treasurer of York Minster, (d.1457) and Thomas Mayne of Beverley, (d.1458) left bequests only to the anchorite, 20s from the former, and 1d a week for five years after his decease, from the latter. Mayne also identified the recluse as living in the cemetery.⁵⁵ Similarly Stephen Tilson (d.1469) left 20d to cuidam mulieri recluse in St Giles, but nothing to the hospital.⁵⁶

While having a recluse at St Giles probably stimulated gifts,

49. Prob. Reg. 1, f.83v; Warren Anchorites and their Patrons, p.200.

50. Abp. Reg. 18 (Bowett), f.344.

51. Abp. Reg. 18 (Bowett), ff.349 (Melburn d.1411), 360 (Speton d.1415, no bequest), 375 (Ryse d.1420).

52. Prob. Reg. 2, f.76v.

53. Prob. Reg. 2, ff.86-90v (Brompton), 184v (Sleaford).

54. Prob. Reg. 2, f.193v.

55. Prob. Reg. 2, ff.348 (Barnyngham), 368 (Mayne).

56. Prob. Reg. 4, f.137v.

necessary to a hospital that was otherwise one of the least favoured of Beverley's houses, it also had a rival in the recluse at St Nicholas hospital, also known as the Friary, because of its location near the Blackfriars.⁵⁷ In 1376 Margaret de Walshawe of Beverley was enclosed as an anchorite in a chapel of St Nicholas.⁵⁸ In 1415 Hugh de Speton gave 3s 4d to the recluse in fraria of St Nicholas, and in 1420 Nicholas de Ryse left 3s 4d each to the hospital and to the recluse.⁵⁹ In 1444 John Brompton who had left 3s 4d to the recluse at St Giles left only 18d to the anchorite at St Nicholas.⁶⁰ This was probably Dame Isabella Cause who had sought enclosure there in 1441.⁶¹ John Sleaford (d.1448) gave exactly the same amount to St Nicholas as he had to the anchorite and hospital at St Giles.⁶² But Thomas White gave 6s 8d to the poor at St Nicholas whereas he gave only 2s 8d to the anchorite and house of St Giles.⁶³

In York the two hospitals which were associated with recluses were St Leonard's and St Giles, though in neither case was the association so pronounced or so continuous as in the hospitals discussed above. Indeed by this period it seems likely that St Leonard's had absorbed St Giles, in so far as the latter had ever been independent, and the advowson of St Giles belonged to the larger hospital. Certainly St Giles never received any bequests as a hospital. The chaplain of the church in c.1385-1400, however was a recluse, and did receive some bequests: in 1385 William de Ravenser left a bequest to John the recluse of St Giles, and in 1389 John de

57. The lack of bequests to St Giles may perhaps have been due to a perception that it was adequately supported by its parent house, Warter.

58. Abp. Reg. 12 (A.Neville), pt.1, f.55.

59. Abp. Reg. 18 (Bowett), ff.360 (Speton), 375 (Ryse).

60. Prob. Reg. 2, ff.86-90v.

61. Abp. Reg. 19 (Kempe), f.24v.

62. Prob. Reg. 2, f.184v.

63. Prob. Reg. 2, ff.539v-40v.

Gysburne, the former mayor of York, left to Sir John de Stokeslay, chaplain in Gillygate, 6s 8d.⁶⁴ John de Stokeslay himself left a will in 1400, in which he shows himself to have had close connections both with St Leonard's and with St Mary in the Horsefair, the clerical hospital. He left bequests to the altar of St Mary in the church of St Leonard's, to the altars of St Michael and St Katherine in the Infirmary. He gave a book of the Lives of the Fathers to be placed where the brothers thought most useful, and a chained book called Breton to be kept in the church as a perpetual memorial of him. He left money for the brothers and the poor to pray for him. He also asked that the hospital maintain the image of the Virgin in St Giles to which he was devoted, and which he described as nobiliter et formose apparatam et depictam. He left clothes to Sir Thomas Ebreton and after his death to other poor in the hospital of the Horsefair.⁶⁵

John de Stokeslay was not the only recluse associated with St Leonard's. In 1343 one of the sisters, Alice the recluse, was an anchorite receiving her meals through a window.⁶⁶ There may have been another in 1442, for in that year Elizabeth Bristall, widow, left a red coverlet to mulieri ferebunde incluse in domo ex opposito strate de Blakstrete.⁶⁷ Opposite one end of Blake St in York was the gateway to St Leonard's hospital. As well as these anchorites on its site, St Leonard's may have taken an interest in the anchorites at the churches of St Mary and St Margaret in Walmgate, which both belonged to the hospital. In 1314 Alice de Angrum was granted the right to be enclosed at St Mary provided the incumbent anchoress Alice le Cordwaner, who had been there for twenty

64. Raine, Medieval York, p.269; Prob. Reg. 1, f.15v.

65. Prob. Reg. 3, f.47v.

66. YML, M2(6)c, f.9v.

67. Prob. Reg. 2, f.52.

years, did not object.⁶⁸ From 1429 to 1439 there was an anchoress at St Margaret called Margaret Heslington, who was succeeded by another anchoress who received her last known bequest in 1455 from John, Lord Scrope of Masham.⁶⁹ It seems unlikely that St Leonard's gained much financially from these recluses, more likely that as an old-established religious house within the city, which had both male and female religious it was thought a suitable house to look after them.

Two other hospitals which had a very tenuous connection with anchorites were St Helen's in Fishergate, York, and the hospital of St Nicholas in Richmond. Richard Russell in 1436 left 5 marks to the recluse in the cemetery of St Helen in Fishergate, which was probably the church of the leperhouse of that name, so that she was presumably associated in some way with the hospital.⁷⁰ At Richmond at the time of the Valor the hospital of St Nicholas was paying 12s a year to the anchoress of the town. In this case the anchoress was not resident at the hospital, indeed she was resident beside the chapel of St Edmund in the middle of town, whereas the hospital lay some way outside. It is not clear at what date the hospital became responsible for paying the anchoress this pension, though it seems to have been after 1439, when the king in his capacity as Lord of Richmond was paying it.⁷¹

The association of hospitals with hermits and recluses was not a new one, the hospital at Goathland had originally been run by a hermit, and that at St Mary Magdalene, Sherburn-in-Elmet apparently continued to be

68. Warren, Anchorites and their Patrons, pp.34-35.

69. Raine, Medieval York, p.108; Warren, Anchorites and their Patrons, p.201.

70. Prob. Reg. 3, f.439.

71. P.Wenham, 'The Anchoress of Richmond', A Richmond Miscellany, North Yorkshire County Record Office, vol.25, (1980), p.48.

into this period.⁷² What was new was that these hospitals were now supporting (or even being subsidised by) recluses, rather than being run by them.

In a few cases it is possible to know something of those who were being supported by the hospitals as inmates rather than as religious or recluses. One somewhat unclear bequest is that of John Rotcese of Scarborough (d.1390), who left a feather bed lying in a chamber of the hospital of St Nicholas in Scarborough to his nephew Robert.⁷³ The phrasing suggests that he was simply leaving the bed itself rather than the right of admission to the bed, as happened elsewhere. Was the nephew to be admitted to the bed, or was he to be allowed to take it away to do with as he liked? If the latter Rotcese made no provision in his will to compensate St Nicholas. In either case it implies a lifetime benefaction to the hospital by John Rotcese, unless Rotcese had himself been a resident of this bed and was passing it to his nephew, unlikely in that although patrons other than the master of a hospital sometimes had the right to appoint to a bed they were usually of sufficient status not to need it themselves.

St Leonard's, York, was not the only hospital to be selling corrodies, though information about these is extremely limited, and usually only came to light when there was some complaint that the terms of the corrody had not been fulfilled. Nor does it seem likely that any hospital sold corrodies with quite the recklessness of St Leonard's. In 1334-5 Richard and Alice Choldel recovered a corrody of a chamber in the hospital close of St Mary Magdalene, Newton Garth, and presumably by that date the hospital

72. Abp. Reg. 10 (Zouche), f.12; Abp. Reg. 11 (Thoresby), f.157.

73. Prob. Reg. 1, f.13.

was no longer supporting lepers.⁷⁴ In the late fifteenth century too, St Giles, Beverley was supporting Roger and Joan Lunde in a corrody which gave them the south part of the infirmary and a garden.⁷⁵

While corrodians were taken voluntarily, even if the hospital then found that they were inconveniently long-lived and expensive, St Leonard's again was not the only hospital to have Crown pensioners foisted on it by Letters Patent or Close. We have already met John de Burgh, the chaplain admitted to St Nicholas, Scarborough because of leprosy, in 1342 by this method. In the same year St Mary's, Bridlington received a letter to admit Maud, the widow of Master John de Brimham, physician, as a sister.⁷⁶ Here a dependent of someone who may have been in royal service was being taken care of. Ten years later, St Mary Magdalene, Killingwoldgraves, near Beverley, was ordered to receive Maud de Beverley.⁷⁷ She too, was probably a dependent of someone in royal service, though their identity is uncertain. While few hospitals were expected to support more than one Crown pensioner at a time, St Mary Magdalene, Newton Garth seems to have been given over entirely to this purpose in the early sixteenth century, having five almspeople at the time of the Valor, all appointed by Letters Patent.⁷⁸

For most hospitals which survived to that date there are figures for numbers of inhabitants at the Valor, which will be discussed in Chapter seven, but in a few hospitals it is possible to find some indication of the numbers being supported during the fourteenth and fifteenth centuries. In 1457 Robert Wardale of Scarborough left 4d each to the poor in the

74. Boyle, Early History of Hedon, p.163.

75. Early Chancery proceedings quoted in VCH Yorks, vol.3, p.302.

76. Talbot and Hammond, Medieval Medical Practitioners, p.127.

77. CPL, vol.3, p.464.

78. Boyle, Early History of Hedon, pp.164-65.

almshouse of St Thomas, a total of 6s 8d, which gives us a figure of twenty for the number of inhabitants.⁷⁹ Unfortunately there is no indication in the earliest reference to St Thomas, the inquisition of 1297, as to the numbers which were expected to be supported by the hospital, but under any circumstances twenty inmates in the mid-fifteenth century looks to be a very healthy number, comparing favourably with some of the newer foundations discussed below.⁸⁰

In 1341 it was said that St John the Baptist's hospital in Ripon should support four or five poor clerks keeping their schools at Ripon, giving them pottage every day and a bed at night, and twice a week a loaf (of which twenty six could be made from a bushel of wheat), and giving to every pauper who sought alms, twice a week pottage, once of peas and once of vegetables. However there were no brothers or sisters in the hospital. The master ought to give to every pauper coming on the feast of St John the Baptist a portion of bread or flour, but this had not been done during the time of the current master, that was to say three years.⁸¹ In 1368 Archbishop Thoresby recorded an indenture of all the things which ought to be in the hospital, and which his predecessor Archbishop Thomas (perhaps Corbridge, 1300-1304) had instructed should be there. It was clear that the former master, David Wollour, a canon of York, who had been instituted in 1341, had found the hospital in a run-down state, with the goods of the hospital worn-out and the rents collapsed, so that the income was not sufficient to support the poor and infirm, or the burden of the incubents. Sadly the very detailed list of the hospital's property, including 400 sheep, kitchen utensils, including a dinner service for six,

79. Prob. Reg. 2, f.356.

80. Yorkshire Inquisitions, vol.3, pp.88-89.

81. Memorials of Ripon, vol.1, p.218.

and the chapel goods, fails to indicate how many the hospital was then supporting, though it suggests that it was providing for the poor boy scholars it was designed for.⁸²

In the 1370s the hospital was trying to reduce its outgoings by a papal exemption from tithes copied into the archbishop's register.⁸³ This is interesting because it is not a contemporary papal exemption, but one given by Pope Honorius in the seventh year of his pontificate. There is no fourteenth century Pope Honorius, nor can it be the last previous Pope Honorius (IV) as he lasted only two years. It must date from the pontificate of Honorius III (1216-27) and 1222-23. By copying the exemption into the register the hospital hoped to get archiepiscopal support if it got into any tithe disputes. Further evidence of the hospital's continued functioning comes in 1454 with an indulgence of forty days from the archbishop and another of the same from the suffragan Bishop of Phillipopolis.⁸⁴ St John the Baptist's survived the Dissolution.

The hospital of St James, Northallerton was an early twelfth-century foundation of the bishops of Durham. In 1244 it was supposed to have had a staff of a master, two chaplains, two clerks, five brothers and three sisters, caring for thirteen sick poor, and receiving another thirteen at night who were given food and drink, and if too feeble to leave were to stay in the hospice at the gate.⁸⁵

In 1379 the hospital was again visited.⁸⁶ The master, George de Coupemanthorp, claimed to have set the hospital back on its feet, having spent all his income from the hospital, except 2s on building new houses

82. Abp. Reg. 11 (Thoresby), f.72-v.

83. Abp. Reg. 12 (A.Neville), f.105.

84. Abp. Reg. 20 (W.Booth), ff.160v-61.

85. Archbishop Gray's Register, pp.180-81.

86. Abp. Reg. 12 (A.Neville), ff.92v-93.

and repairing the old, both of the hospital itself and of its tenants and mills because of the lack of care and defects of the previous master, by whom it had been ruined. Coupemanthorp had built seven new houses within the hospital and without and covered a large part of the great house with shingles. He showed a copy of the ordinances which it said there should be two priests but there was only one. There should be three sisters but there was only one professed but there was another Constance de Fencotes in a secular habit and the master agreed to admit her as a sister. There ought to be three brothers, clerk or lay, working in the offices but there were none. Of the thirteen infirm sustained in their beds by the goods of the house there were only three. When asked why the numbers of all these were less than they should be, the master said that the hospital both without and within and especially the house called le Frerehall was decrepit and repairs would cost more than £100 and the incumbent was burdened with many outside dependents (forinseca) but as soon as possible the house would be repaired and the master intended to restore the old numbers wholly.

Asked about the outside dependents of the hospital he said that Alice de Dighton received 5 marks annually under the seal of the hospital from the time of John de Stokys; the wife (probably widow) of Richard Brikenhall received 50s from the same time; Alice de Bugthorp had a corrody in the hospital from the same as a sister; John Perotson and John Whithone both had corrodies from Stokys. It is unfortunate that values for the corrodies are not given, but the two pensions were not ungenerous: widow Brikenhall was receiving nearly a shilling a week, and Alice de Dighton about 15d a week, which compared with the doles being given by some of the newer hospitals which rarely exceeded 8d a week, would have been quite

comfortable. It is interesting that at this date the hospital was supporting more outside dependents than internal. Whatever the causes of Stokys' selling or giving so many corrodies, and the apparently dilapidated state of the hospital at the time of Coupemanthorp's arrival suggests that it was a desperate need of money, the hospital was nevertheless still supporting eight permanent dependents, within and without its walls. It is interesting that, apparently as at St Leonard's, York and also in the hospitals maintained by Durham Priory, a system of supporting at least some dependents in their own homes was being practised, indeed with both the Infirmary and the Domus Dei at Durham there were more external than internal dependents.⁸⁷ No doubt it was cheaper, and considering the state of the buildings of St James, according to Coupemanthorp, probably more congenial for the dependents to live at home. No mention is made of the thirteen poor who were supposed to be fed every night. The two groups had perhaps become one.

Sister Joan was questioned about the state of the hospital and said that they had received their liveries in their chambers but now ate in the hall. She also said that she had been in the hospital for thirty years and it had never been so well ordered both for care and rule, and for the sustenance of the inhabitants as it was now.⁸⁸ Joan's fulsome praise and the protestations of the master of his good intentions and his refusal to take any money from the hospital are such as to raise concern that he had something to hide, and that Joan had been persuaded to tell a favourable story to the Visitors. Nevertheless the evident neglect into which the hospital had fallen and the uncontradicted evidence that Coupemanthorp was trying to do something about it suggests that Joan may well have been

87. Dobson, Durham Priory, 1400-50, pp.167-68.

88. Abp. Reg. 12 (A.Neville), f.93.

telling the truth in saying that in her time in the hospital it had never been so well cared for. Sadly there are no records to indicate how successful Coupemanthorp was in his efforts to revitalise the hospital. It is possible that the establishment of a maison dieu in the town in the mid-fifteenth century suggests that any success was short-lived.⁸⁹

While most hospitals were supporting fewer, sometimes many fewer, inmates on their income, some were supplementing their income from chantries and obits. Though these indicated the support and interest of the local community in the hospital and could bolster its income, they were also potentially problematic, in that if the endowment that came with them failed they could end up being a drain on the hospital's resources. We have already seen that hospitals like St Mary Magdalene, Ripon became predominantly chantry colleges, while others like St Nicholas, Scarborough benefitted from them while continuing to support the poor. They were far from alone. In 1379 Richard de Ravenser, master of St Leonard's, York, and co-founder of a hospital in Hull, established a chantry in St John Lairgate, in Beverley.⁹⁰ His commitment to hospitals is emphasised by this, for as a canon of Beverley it might have been more obvious for him to have founded a chantry in the Minster. St Giles, Beverley too had a perpetual chantry, founded by Daniel de Kylyngton or Kylyngwik, to which the Hotham family had the presentation, and to which they presented in 1391 and 1408.⁹¹

Other hospitals had fund-raising drives by acquiring indulgences from the Archbishop. We have seen that St John the Baptist, Ripon did so, and also St Helen's, Fishergate, in York. St Giles, Beverley also had an

89. C.J.D.Ingledeu, The History of Northallerton, (London, 1858), pp.260-8.

90. Abp. Reg. 12 (A.Neville), f.8.

91. Abp. Reg. 18 (Bowett), pt.1, f.13v; Abp. Reg. 14 (Arundel), f.30.

indulgence in 1444. The hospital either was, or was presenting itself as being, in a state of dire necessity at this time, for it was described as being vetustate, cansante, ruinosa et collapsa and while the reward for those helping to rebuild it was a pardon of 100 days, a common figure, the hospital was to have the indulgence for five years rather than the more usual one.⁹² It is possible that not all licences to seek alms and indulgences for Yorkshire hospitals were recorded in the archbishops' registers for they are far outnumbered by the licences to beg for the proctors and questors of hospitals from outside the diocese, particularly for the great London hospitals of St Mary, Bedlam, St Thomas, Acon and St Anthony of Vienne, and the English hospitals in Rome.

While St Mary Magdalene, Killingwoldgraves, apparently did not have any chantries, it did receive a pension from Archbishop Alexander Neville of 30s a year, during his pleasure, starting in 1376, plus £3 for arrears for fuel received.⁹³ He must have thought that the sisters (and by then the brothers) were poverty-stricken, for this grant comes within a group of others to a poor woman and to poor scholars. Alexander Neville has generally received a rather negative press from historians, but his charity, as recorded in the archbishops' registers, outshines that of many others.

Very occasionally hospitals acquired relatively large and permanent sources of income as St Nicholas, Pontefract did when it was given the church of Wath-upon-Dearne in 1410 by Robert Waterton for the increase of the poor and relief of the hospital. In the same year Thomas Toueton, who had freely resigned the church into the hands of the hospital, and the master of St Nicholas, were described as patrons of the vicarage. As with

92. Abp. Reg. 19 (Kempe), f.90.

93. Abp. Reg. 12 (A.Neville), f.112.

the appropriation of Christ Church, King's Court in York to St Michael, Well, the master was to make a distribution to the poor of the parish each year, in this case of 6s 8d.⁹⁴

It is impossible to tell to what extent these activities served to keep these hospitals alive. While chantries would not have been established in hospitals which were likely to disappear they may not have been terribly useful in bringing in an income beyond that which supported the chaplain who served them. Nor were chantries necessarily established in hospitals which were actively supporting poor, as the example of St Mary Magdalene, Ripon shows. Nevertheless such a correlation may have more generally existed. The impression given by indulgences must also be treated with care, for people would have been more inclined to give to a hospital which was presented as being in desperate need, than to one which simply made an appeal for alms. Despite its apparent state of near total collapse in the mid-fifteenth century St Giles, Beverley survived until the Dissolution, and St Helen's, Fishergate lasted into the seventeenth century. Despite the impression of poverty given all these houses survived until the Dissolution supporting at least some poor, and a number were considered so useful that they were saved from that fate.

Hospitals which were dependent upon monasteries were rarely so lucky, but it is particularly difficult to discover much about the hospitals which were dependent upon monasteries at this time. Least information is available for those hospitals which were dependent upon monasteries from the period before 1300. The last reference to St Leonard's, Lowcross, a dependent of Guisborough Priory was in 1339, and the last to St Mary Magdalene, Broughton, a dependent of Malton Priory was in 1399, though

94. Abp. Reg. 18 (Bowett), pt.1, ff.18, 95v.

there may be a reference to the latter in a will of 1497.⁹⁵ As the first of these was definitely, and the second probably, a leperhouse it would not be altogether surprising to discover that they had disappeared before the Dissolution, but the tenacity with which so many leper hospitals did hang on, transforming their function as the old one became obsolete, should warn us against making such assumptions. It was not only in leperhouses that this tendency for dependent hospitals to disappear from view occurred. In many cases where the monastery held the hospital all its income, administration and staffing were managed from within the mother house so that no independent records were made. Moreover where hospitals were dependent upon monasteries which were sited within close proximity (that is within the same town, or a short distance) they were probably less likely to receive bequests from local inhabitants for the same reasons that the monasteries were less likely to receive them, that they were perceived to be adequately provided for. Where a hospital was dependent upon a monastery in another town, as St Nicholas, Scarborough was on Holy Trinity, York, this attitude was less common, as the regular bequests to St Nicholas show.

While in most cases the lack of documentation probably does not indicate that the monastery failed to carry out its duties towards its dependent, in at least one case it clearly did. Ellerton Priory was a house of Augustinian canons which had been founded in conjunction with a hospital for thirteen poor which the nunnery was to support. However by the late fourteenth century the priory was not maintaining the hospital, despite the repeated admonitions of Archbishop Alexander Neville that it

95. Guisborough Chartulary, vol.1, p.xxi; CPR 1399-1401, p.177; Abp. Reg. 23 (Rotherham), ff.362-63, John Somerby of Bridlington left 20d to the leperhouse of Malton.

should do so.⁹⁶ It is likely that the poverty of the house was preventing it from doing so.

The relationship between Wartre Priory and St Giles, Beverley also appears to have been somewhat problematic at times. St Giles had been made dependent upon the Augustinian house in 1279 by the archbishop, in order to increase the numbers of poor in the house from ten to twenty-five. The canons usually also served the hospital as masters.⁹⁷ During the archiepiscopate of Alexander Neville (1374-88) there was a dispute between Wartre and the master, Thomas Rooland, a canon whom the monastic house wished to move. He appealed to the archbishop and was confirmed in office for life, which confirmation was repeated by Archbishop Arundel. In the concord made between the priory and the hospital it was agreed that the hospital should have the rents and emoluments in Beverley, the croft of St Giles and the manor or grange of Bentley for the repair of the hospital and its tenements, but that the wood of St Giles and two closes in the district where the wood of the priory was should go to the priory. The spiritualities were reserved.⁹⁸ By 1412 however the priory had acquired the croft of St Giles, which had been reserved to the hospital in the previous agreement, and had permission to alienate it to the governors of Beverley for £60, which it did in the following year.⁹⁹ There is no indication that by this act the priory was transferring some of the responsibility for the hospital with its endowment, on the contrary it seems to have been a business matter to the benefit of the priory alone. The sale of this major part of St Giles' endowment may well have led to the ruinous state of the hospital described in the indulgence of 1444. On the

96. Abp. Reg. 12 (A.Neville), f.110.

97. Archbishop Giffard's Register, pp.259-60.

98. Abp. Reg. 14 (Arundel), ff.13v-14.

99. Abp. Reg. 18 (Bowett), pt.1, ff.180v-81.

evidence available the monastery does not seem to have been acting in the best interests of the hospital, but to have been exploiting its assets.

Some monasteries acquired newly-dependent hospitals during this period. After its acquisition of St Nicholas, York in the mid-fifteenth century, Holy Trinity, York was also granted St Nicholas, Scarborough as a part of its denization and re-endowment in 1466.¹⁰⁰ In 1409 Richard Roby, canon of that order confirmed to the Augustinian priory of Healaugh Park, the hospital of St Nicholas, Yarm, along with all its property, retaining for the repair of the hospital a wood, and also the houses of the hospital which had been sustained and repaired by Brother Richard, which he was to keep.¹⁰¹ It would appear that here the hospital which had been served by the canons was turned over to them completely, with reservation of some property for the maintenance of the hospital. St Nicholas, Pontefract which had been made dependent upon Pontefract Priory in the twelfth century seems not to have been so when the patronage was given to Nostell Priory, by a Letter Patent confirmed by the seal of the Duchy of Lancaster in 1441. Not that this was a free gift, for the priory had given in exchange land and rents in the honour of Pontefract to the value of 20 marks.¹⁰²

Of the three monastic houses which acquired hospitals or some influence in their patronage, one was alien Benedictine which became denized, and two were Augustinian. The predominance of Augustinian houses in connection with hospitals has been noted before. While Healaugh was serving Yarm, the motive for Nostell's acquisition of St Nicholas, Pontefract looks to have been more of a business deal; probably the hospital's lands helped make the priory's holdings a more compact and

100.CPR 1461-67, p.534.

101.Abp. Reg. 18 (Bowett), f.89.

102.Abp. Reg. 19 (Kempe), ff.23v-24.

efficient unit. Two of these were patrons or appropriators of other hospitals: Holy Trinity, Micklegate had hospitals in York and Scarborough; Nostell had St Nicholas and Knollys Almshouse, both in Pontefract. There does not seem to be much of a chronological pattern to these acquisitions; with one in the 1330s, one in the early fifteenth century, and two in the middle of the century. It is perhaps likely that by acquiring the hospital the monastic house hoped to be able to exploit its endowment more effectively than the hospital was currently doing, and so gain an income, while the hospital hoped to gain the protection and stability offered by the larger house. However the evidence of St Giles, Beverley suggests that this was something of a risk for the hospital.

The picture for older hospitals elsewhere in the country reflects that in Yorkshire. In the leper hospitals there is a similar pattern of change and decline: though the Stourbridge hospital which served Cambridge had ceased to take lepers by the mid-thirteenth century, being converted into a free chapel, it was not simply for lack of need, for another leperhouse was founded in the town in about 1361.¹⁰³ At Ely the hospital of St Mary Magdalene was united with that of St John the Baptist in 1225, and thereafter the combined hospital mainly supported clerical dependents in a similar situation to that at Ripon.¹⁰⁴ At Royston the hospital of St Nicholas was no longer supporting lepers by 1359 but continued to provide a liturgical function and commemorative services for the founders and survived at least until the mid-fifteenth century.¹⁰⁵ In Norwich the leperhouses continued to receive a high level of support in wills throughout the later Middle Ages, though Tanner doubted whether they were

103. Rubin, Charity in Medieval Cambridge, pp.117-19.

104. Ibid., pp.129-34.

105. Ibid., pp.140-42.

indeed supporting many lepers as opposed to the sick poor by this period.¹⁰⁶ In London the leper hospitals continued to be among the most popular beneficiaries of wills.¹⁰⁷

In Norwich St Paul's or Norman's hospital had supported men and women until the late fourteenth or early fifteenth century, after which it held only sisters, twenty-four in the mid-fifteenth century, but only half that by the early sixteenth. The sisters were divided into 'whole sisters' and 'half sisters', although it is not clear whether that meant that the latter lived out, as at St James, Northallerton. As at St Nicholas, York the women had to pay for entrance, a sum of ten marks.¹⁰⁸ As the women had to pay such a large sum to enter the hospital it would be dangerous to argue that the change from mixed to female-only inhabitants necessarily represents a feminisation of poverty. At Stow, in Cambridgeshire a hospital of poor women founded by the mid-thirteenth century disappeared sometime after 1338, probably because its tiny endowment was no longer sufficient to support the sisters.¹⁰⁹ The state of provision for women in Winchester is somewhat obscure but the Cathedral was supporting a hospital by 1148 which can be identified with the Sustren Spital of the later Middle Ages, by this period however it was also supporting some brothers, in a similar pattern to that which developed at St Mary Magdalene, Killingwoldgrave.¹¹⁰

St Giles's Hospital, Norwich had been founded in the mid-thirteenth century 'for aged priests and poor scholars of Norwich, receiving daily thirteen poor men and sick persons, with a master, brethren and minister'.

106.Tanner, Medieval Norwich, p.133.

107.Thrupp, Merchant Class of Medieval London, p.178.

108.Tanner, Medieval Norwich, pp.133-34.

109.Rubin, Charity in Medieval Cambridge, pp.135-6.

110.Keene, Medieval Winchester, vol.2, p.979.

Tanner states that by the late Middle Ages it was principally a college of secular priests with attached stipendiary priests, but it was far from having lost its charitable function as it continued to support a hospital, which in 1382 had three sisters to look after the poor and had incorporated St Helen's parish church.¹¹¹ While, like St James, Northallerton, it was not supporting as many poor as formerly, it was still functioning effectively, rather more so than the Northallerton hospital, and continues to be a home for the aged to this day.

In London Sir John Tate rebuilt St Anthony's Hospital around 1500, even taking down a brewhouse which he owned in order to extend the church.¹¹² In the early fifteenth century Richard Whittington chose to enlarge St Thomas' Hospital by adding to it a ward where unmarried women could bear their children in secret so that they would not be permanently shamed. He also built the south gate of St Bartholomew's Hospital, in generous over-repayment of a debt owed. These were in addition to a new almshouse which he established.¹¹³ London's citizens were clearly not reluctant to support the older hospitals of the city even, or possibly especially, when they were in need.

The older hospitals generally show a picture of decline in this period but this is only to be expected in a time when their sources of income were also reduced in value. Moreover some, especially those catering for lepers, were also facing the disappearance of their dependants. In general they seem to have adapted to this change and begun to support others in need, though this does not seem to have occurred in any organised or statutory fashion. Others sought to augment their incomes from obits and

111. Tanner, Medieval Norwich, pp.121-22.

112. Thomson, 'Piety and Charity in London', p.193.

113. J. Imray, The Charity of Richard Whittington, (London, 1968), pp.2, 6, 8.

chantries, indulgences, and the presence of anchorites. A number of hospitals were already, or became, dependent on monastic houses. While this may have buttressed some of them against total decline, in other cases the monastic house seems to have exploited or neglected the hospital to its detriment, possibly exacerbated by a lack of donations by the laity who assumed that such hospitals would be supported by the monastic house on which they were dependent. On the whole one is impressed more by the number of such hospitals which survived through this period, providing some kind of charitable care, than by the numbers which either disappeared or ceased to have any form of eleemosynary function. In no case were any of the Yorkshire hospitals converted to other purposes as happened to St John's Hospital, Cambridge which became an academic college. Moreover it should be remembered that at this time the older hospitals were only one part of the picture and that there was a continued tradition of alms-giving often channelled through newer foundations.

b) The New Foundations; 1300-1540

After a period of quiescence from around 1250 to about 1350 there was a great new burst of hospital building. While the early signs of this can be seen just before the outbreak of the Black Death, the majority of the foundations are placed after the Black Death, commencing about a generation after 1350. While few of these hospitals were as large as those of the twelfth century, and few generated the same kinds of records, being largely secular foundations and not subject to monastic or episcopal supervision, there were a great many of them. After 1300, and especially after 1350, most new foundations can be divided into three groups based on the type of founder. The first were aristocratic foundations. There were relatively few of these, and they were more often created by the nouveau-riche seeking to establish themselves than by older noble and gentry families. The second type were guild foundations, created by both religious and trade guilds (where these two functions did not overlap in one organisation). These became increasingly common with the wider extension of corporate status. They were more a feature of larger and wealthier towns, and catered primarily, though often not exclusively for members of the guild. Thirdly were the individual foundations of merchants, mercers and a few other wealthy tradesmen, their wives and widows; and these were probably the most common type of foundation in this period. Both of the first two types were usually endowed and both were still usually called hospitals, whereas the third group were usually, though not exclusively, known as maisonsdieu, or masendewes in Yorkshire, whereas elsewhere they might be called almshouses. As this was the most usual contemporary terminology it has been continued here. Maisonsdieu might or might not be endowed,

depending on the wealth or intentions of the founder. Whereas aristocratic and guild founders could individually or corporately afford, and might think worthwhile, a licence in mortmain, this was rarely true of the founders of maisonsdieu. Despite the restrictions of the Statute of Mortmain, the first two types of foundations were often like the traditional type of hospital, albeit generally smaller, making comprehensive provision for their inmates. Maisonsdieu with their limited or non-existent resources could not do this.

1. Maisonsdieu

It is proposed to deal here firstly with the maisonsdieu. They are found mainly in the later fourteenth and fifteenth centuries, though a few are to be found in the twenty years preceding the Black Death. They are an exclusively urban phenomenon, being found in York, Hull, Beverley, Scarborough, Ripon, Northallerton and Wakefield, and possibly in a few other larger towns. Maisonsdieu are often obscure, undocumented except for chance references, lacking foundation documents, internal records, and because secular institutions, any kind of episcopal supervision. At best they are referred to in some detail in the founder's will, provided these arrangements had not been made in life, and in bequests in other wills. It is possible that such establishments might be found referred to in property deeds, and occasionally in the civic records, where the mayor and corporation had been made trustees of the maisonndieu. This last was more common in the case of endowed maisonsdieu, and seems to have been particularly popular in Hull, where a number of such foundations coincided with the incorporation of the civic government. As most references are in wills, there is a bias towards seeing them as primarily post-mortem foundations, however this is no more true of maisonsdieu than it is of

chantries which were regularly established during the founder's lifetime.

Most maisonsdieu were shadowy, because often unendowed they were poor, and relatively short-lived. Nevertheless they were common. They provide little material for the historian to work on. As a result they have largely been ignored, or where considered usually dismissed as failures because of their lack of permanency. However this attitude is one which fails to perceive the importance of these institutions, partly because of the lack of material, evidence so exiguous is not given full attention; partly because the model which has been used to look at them is inappropriate. Maisonsdieu have generally been considered as part of the hospital tradition, which had a monastic model and sought to provide totally for the inmate for the duration of his or her stay. While the maisonsdieu undoubtedly are a development of that tradition, they are also a step away from it. Only a few of the maisonsdieu made any attempt to make total provision for their inmates; for the majority a roof and possibly a regular dole were as much as could be provided. For many founders the concern was the fulfilling of one of the seven works of mercy: receiving the stranger. Although this might be a permanent and all-encompassing activity in the home, it was generally regarded as being only a temporary, and partial one: after a few days the stranger moved on.

A better model for understanding maisonsdieu is the chantry. Chantry foundations were familiar to the people who established maisonsdieu. Many of them founded both, sometimes in conjunction. Chantries were established to pray for the living and for the souls of their dead; they might last for a year, or a few years or in perpetuity, if the founder had the resources for such a foundation. Perpetual chantries were only a small minority of all the chantries founded, though disproportionately well-recorded, because

of the records generated by such foundations.¹ Perpetual chantries were only ever a minority of such foundations because only a very small number of people had the resources available for such an arrangement.² This is recognised, and nobody would consider a chantry which was established for a lesser period than eternity to be a failure. People established chantries to the extent of their abilities and resources. The same is true of maisonsdieu. The wealthiest might establish a permanent and endowed house, but those less well-off could not afford that, however much they might wish, and so they made a lesser provision, within their capacity: a room in their house to be reserved to the poor; the house itself to be inhabited by the poor, the house left with an endowment for a certain number of years to house the poor. The part of the house, the unendowed house, the limited period, do not indicate failure but ingenious efforts to assist the poor with limited resources. Moreover they exist in a context in which it was not expected that any one individual or group could make an adequate and comprehensive provision for the poor. Each individual made their contribution in the expectation that there would be others able and willing to take up the burden. Rubin has suggested that 'few charitable foundations ever offered more than short-term alleviation of need'.³ While this is in itself a debatable statement, it also misses the point that often provision was not expected to be long-term, either because the need was not such or because others would take up the burden. It has been suggested that the regular lack of provision for children and more distant

1. C.Burgess, '"By Quick and By Dead": Wills and Pious Provision in late Medieval Bristol', English Historical Review, vol.102, (1987), p.846 points out that William Canynge's almshouses are far less well documented than his chantries -- despite the fact that the latter were cheaper to establish.
2. R.B.Dobson, 'The Foundation of Perpetual Chantries by the Citizens of Medieval York', Studies in Church History, vol.4, (1967), pp.35-36.
3. Rubin, Charity in Medieval Cambridge, p.293.

relatives in chantry foundations indicated a lack of concern for these, at the expense of spouses, parents and patrons, but the latter were less likely than the former to be in a position to make further provision for themselves through death, whereas younger relatives were in such a position. In the same way founders could expect others to follow in their footsteps.⁴ We have already seen that social values relating to charitable provision were very cohesive, which provided reassurance in this area.⁵ We should not expect to find very much evidence for this attitude in didactic works of the period which were concerned to emphasise individual responsibility, but this does not mean it was not there.

Despite the paucity of information about individual maisonsdieu, and the difficulty of knowing how many there were, so many being known only from a single and sometimes ambiguous reference that it is difficult to know whether the same institution was being called by different names, it is clear that they were very common. In York there were at least a dozen, including a civic maisonndieu, which is an absolute minimum; the numbers were almost certainly not less than eighteen, as well as five guild hospitals. In Hull there were fifteen maisonsdieu, perhaps more; Beverley, already well-provided with hospitals by 1300, had another half dozen or so; Scarborough had not less than four and probably more.⁶ Nor was it only in Yorkshire that this phenomenon could be found: in Cambridge four almshouses and a leper-hospital were all established despite the relatively small size of the town as opposed to gown elements of the population.⁷ In London Stow recorded at least twelve, not counting guild hospitals, and this was

4. J.T.Rosenthal, The Purchase of Paradise, (London, 1972), p.18.

5. See previous chapter.

6. See appendix. Maisonsdieu were sometimes referred to by the name of the founder, sometimes by location: it is almost impossible to be sure whether different forms relate to the same maisonndieu.

7. Rubin, Charity in Medieval Cambridge, pp.119-29.

probably biased towards remembering the better endowed and more permanent houses than the transitory ones.⁸ If Norwich could only manage one almshouse post-1370, that was at least partly a result of its already very comprehensive provision.⁹ Winchester produced none, but Winchester like Norwich had had a number of hospitals from an early date, and was throughout this period going through a steady and inexorable decline.¹⁰ All these figures are minima. If the Yorkshire towns appear to be producing a greater number of maisonsdieu than towns elsewhere, that is likely less to be a reflection of what was actually happening than that writers on other towns either did not notice or failed to appreciate the significance of this kind of provision. Almshouses and maisonsdieu were established in many larger, and some smaller, towns. Although in themselves often not very substantial, as a movement, as an indication of the priority placed on care for the poor, they clearly show that the poor were important. Foundations of monasteries, and even friaries, were rare after 1350, but the establishment of almshouses was common. If the change was at least partly due to the saturation of the market for monasteries, and partly to the exigencies of the Statute of Mortmain, it was also at least partly the result of a growing importance placed on the care of the poor, an importance which had not seemed so great since the twelfth century.

At the most basic level if one could not afford to found a maisonndieu, it might be possible to support one or more through donations in life or in the will, after death. It is clear from a survey of wills that this was very popular. The most popular group of hospitals were the leperhouses of

8. J.Stowe, A Survey of London, passim.

9. Tanner, Medieval Norwich, p.134.

10. D.Keene, Survey of Medieval Winchester, (Oxford, 1985), vol.i, p.248.

York: in Prob.Reg.1 (1389-96) 34 of 125 wills with any kind of charitable content, or 27 per cent of such wills, gave to this end; in Prob.Reg.2 (1397-8, 1440-59), 91 of 414 charitable wills, or 22 per cent, did so. These were all wills within the sample, not just York wills; as a proportion of York wills it was much higher. The York leperhouses were clearly regarded as the paradigm of the hospital, receiving the stranger, the pauper, and the sick, but the maisonsdieu were also frequent recipients of gifts. In Prob.Reg.1 testators clearly preferred to name individually each maisonsdieu which they wished to receive a donation, but by the 1440s it had become usual to make a single bequest to 'all the maisonsdieu of York', although it was still not uncommon to pick out particularly houses for special attention. In Prob.Reg.2 fourteen per cent of all bequests were of this comprehensive nature. This change was a local one, and suggests something of the relative sophistication of the system of probate administration in York, as this change did not occur in Beverley, Hull or Scarborough. This was fortunate, for the all-encompassing bequest, though easy to record, is less informative than the individualised one.

Comparison of the two Probate Registers shows that there was also something of a chronological divide between York and the other towns. York had acquired the majority of its maisonsdieu by 1400, and already had two by 1353, whereas Hull had only three by 1410, and another dozen or so would be founded in the succeeding 120 years. Clearly in the early 1390s the habit of giving to maisonsdieu was not yet established in Hull for in 1396 Peter Steller gave a large endowment to the hospital of St James in Whitefriargate but mentioned neither of the other maisonsdieu in the town, and in the previous year Robert de Crosse of Hull gave bequests to St Giles in Beverley, and two hospitals in Scarborough, but nothing to the

maisonsdieu in Hull.¹¹ Beverley, and perhaps Scarborough, probably partook more of the York than the Hull pattern.

Amounts varied tremendously and could be directed either to the maisonsdieu separately or collectively, or to their individual inhabitants. In York bequests varied from as much as two marks to each maisonndieu to as little as 4d.¹² Bequests to individuals within the maisonsdieu usually ranged between one and four pennies. In Beverley it was usual to give to the maisonndieu rather than the individuals within it, and sums were generally in the region of 3s 4d. Much the same is true of Hull. While most gave money some gave in kind: gifts of coal were common in Hull and Beverley, particularly in the mid-fifteenth century, but rare in York.¹³ In York however it was more common to make gifts of food and drink.¹⁴

For those who could manage more than a bequest to an existing maisonndieu but were still of limited means there were various possibilities: these ranged from supporting a particular individual within a maisonndieu to taking the poor into one's own house, to making part or all of that house available to the use of the poor. Alice de Bridford of York, widow, (d.1390) left a tunic to Magota de la maisonndieu; Richard Ledys of York (d.1390) left a gown, hose and shoes to Grogson de masyndieu; and in

11. Prob.Reg. 1, ff.98 (Steller), 83v (Crosse).

12. Prob.Reg. 1, f.43 (Yhole); Prob.Reg. 2, f.103 (Grymmesby).

13. e.g. in 1451, John Harpham of Hull left 20s. of coal to be distributed to six maisonsdieu in Hull: Prob.Reg. 2, f.231. In 1444, John Brompton of Beverley left bequests of coal to various hospitals: Prob.Reg. 2, ff.86-90v. In 1460, Richard Croull left 100 bundles of firewood annually for three years to the Castlehill maisonndieu in York: Prob.Reg. 2, f.431v. The relative commonness of these bequests in these towns was because coal was being shipped from Newcastle to the east coast ports, especially Hull, perhaps as ballast.

14. e.g. Prob.Reg. 2, f.369, 1458, John Selby, tapster, left eight gallons of good ale to each maisonndieu. D/C Prob. Reg. 1, f.312v, 1466, John Kirketon, bookbinder, left each maisonndieu 4d or its value in bread. Prob.Reg.2 f.14, 1398, Margaret de Knaresburgh, seamster, left 8d in food to each of eight maisonsdieu.

1459 Joan Cotyngham left to Joan Day, a poor little woman in a certain maisonndieu, a lined russet gown and a linen chemise.¹⁵ The lack of specificity about the location of these maisonndieu suggests that the individuals concerned were so well-known to testator and executors that further identification was unnecessary. This in turn suggests that these individuals had also been supported during the life-time of the testator.

A few were able to establish a bed within a maisonndieu, to which the testator's heirs might retain the right of presentation. Roger de Rilleston of York (d.1402) left his brother eight marks to establish a bed in a hospital. As Rilleston's executors included William de Ottelay, master of Holy Trinity Hospital in Fossgate, and Warmabald van Harlham, patron of the maisonndieu in Peter Lane Little, it is likely that it was in one of these that the bed was placed.¹⁶ Richard Kirketon of York, chaplain, (d.1486), left a garden in Blossomgate to sustain the poor in the maisonndieu of John Bedford, gentleman, in Little St Andrewgate on condition that his heirs have the right to present a pauper chosen by them to a bed in the maisonndieu.¹⁷ More basically, John Garton of Hull (d.1455), left ten shillings and two beds with bedlinen to the Beverleygates maisonndieu. In 1447 Margaret Hansforde of Hull, widow, had been able to give only 12d and an ancient featherbed and two old covers. In 1524 Dame Joan Thurscrosse, vowess, similarly gave a bed and bedding to the same maisonndieu.¹⁸ John de Scheffeld of York, skinner (d.1395), left a set of bedding to St Thomas Hospital.¹⁹

15. Prob.Reg. 1, ff.13v-14 (Bridford), 17v (Ledys); D/C Prob. Reg. 1, f.290v (Cotyngham).

16. Prob.Reg. 3, f.225 (Rilleston).

17. Prob.Reg. 5, f.270 (Kirketon).

18. Prob.Reg. 2, ff.327v (Garton), 158v (Hansforde); Prob.Reg.6 f.272 (Thurscrosse).

19. Prob.Reg. 1, f.87 (Scheffeld).

Bequests to receiving the poor and feeding them on certain days over a period of a year or more, probably also reflect life-time practice and are part of this continuum of care for the poor.²⁰ Cecily Giry's request that three beds in her guestchamber be used for receiving the poor is another stage in this process.²¹ Agnes Brome of Scarborough (d.1400) had a little more space, but not a spare tenement, so built a maisonndieu at the bottom of her garden. She required her heir to endow it with six quarters of coal annually, but did not apparently require him to maintain or repair the building.²² Unless her maisonndieu can be identified with one of the otherwise unknown maisonsdieu in John Stokdale's will of 1468 it is unlikely that it could have survived longer than the building stayed up.²³ Agnes de Whitflete of Hedon in 1396 left a tenement to a couple for their lives which was afterwards to be demised to the poor.²⁴ In fact it seems to have been vested in the mayor and corporation as so many Hull maisonsdieu later were, for the poor inhabiting the house were to return an annual rent of 15d to them. This may indicate that Agnes was concerned less for the absolutely destitute than for those too poor otherwise to be able to afford housing. The rental may also have been used to maintain the tenement which may mean that it was kept up for some time, but the dearth of wills from Hedon makes this impossible to check. A similar bequest may lie behind the gift of Thomas de Kent, mercer, (d.1397), to the poor women lying in the house of Cecily Plater in St Andrewgate in York.²⁵ Although anything up to three different maisonsdieu may have existed in St

20. see n.5. D/C Prob. Reg. 1, f.304v, 1461, Richard Parke, mason, left 4s 4d to distribute one pennyworth of bread each Friday at the door of his house for one year after his death.

21. Prob.Reg. 1, f.5v (Giry).

22. Abp.Reg. 16 (Scrope), f.173 (Brome).

23. Prob.Reg. 4, f.143 (Stokdale).

24. Prob.Reg. 2, f.2v (Whitflete).

25. Prob.Reg. 2, f.4 (Kent).

Andrewgate and Little St Andrewgate from the late fourteenth to early sixteenth centuries, it seems likely that this house survived throughout the period.²⁶ In 1428 John Spoo of Beverley, tanner, left to his wife two tenements in Fleminggate, to be inhabited for free by the poor, for the sake of charity.²⁷

The prominence of female founders or donors of this type of provision for the poor is no accident. As was seen in the previous chapter women were more likely to be charitable than men, even with the more generally limited means at their disposal. In the same way these more basic forms of housing for the poor were provided by women who did not have the same resources as the wealthier men like the merchant brothers, the Holmes. This is not to say that women did not provide more substantial housing for the poor when they could. Both Ysolda de Acaster in York and Joan Gregg in Hull were clearly the founders of the *maisonsdieu* which at the time generally bore their names, though later generations have sometimes credited their husbands with these foundations.²⁸ Where women were widows or single their part in founding such houses is not too ambiguous, but in the case of married women no such certainty is possible. Nevertheless it

26. The varying nomenclature here indicates the problems of knowing how many *maisonsdieu* are being described. Amongst the varying descriptions are: the house of Thomas (sometimes Richard) Duffield; the *maisonndieu* in St Andrewgate; the *maisonndieu* in Little St Andrewgate; the house of Cecily Plater in St Andrewgate; the *maisonndieu* of John Bedford in Little St Andrewgate. It is probable that there was a house for women in St Andrewgate founded by Cecily Plater; another in Little St Andrewgate founded by 1353 by Thomas Duffield; John Bedford may have founded a new *maisonndieu* in Little St Andrewgate by 1486, or may have taken over the patronage of Duffield's *maisonndieu*.

27. Prob.Reg. 2, f.432 (Spoo).

28. Although Ysolda Acaster (Prob.Reg. 1, f.81v, 1385) refers to it as her husband's, other testators seem to have regarded it as hers: Prob.Reg. 1, ff.96v (Crome), 101v (Holme). Joan Gregg refers to the *maisonndieu* in her will (Prob.Reg.3 ff.555v-556v) as being of her recent foundation. VCH Yorks. vol.3, p.312 refers to Gregg's *maisonndieu* as being of John Gregg's foundation. A.Raine, Medieval York, (London, 1955), p.251 has John de Acaster as founder.

seems unlikely that women would only develop this interest in widowhood, and it is probable that at least some of the maisonsdieu regarded as founded by men, were at least as much the interests of their wives. An example of this may lie in the higher social circle inhabited by Robert and Constance Knollys who founded Knollys Almshouse in Pontefract. Both are named in all the documents relating to the house, but the location of the almshouse in Pontefract suggests that it may have been more Constance's concern than her husband's. Robert's home was in Cheshire, and he had acquired property in London, but he had no obvious connections with Pontefract, while there was a tradition recorded by Leland that it was Constance's home.²⁹ As Constance predeceased her husband there is no evidence of her independent interest in the hospital, but the choice of location is probably significant. Other, more tangential evidence, may be the evidence of wives being left the supervision of hospitals, as in the case of John Armstrong of Beverley, who left the supervision of his maisonndieu to his wife Juliana and others, or Katherine de Holme of York left the supervision of the Castlehill maisonndieu by her husband Thomas.³⁰ Richard Bedford of Hull (d.1451), left the almshouse next to Holy Trinity chapel to his wife Agnes, and only after her death to their son, Richard.³¹

Some maisonsdieu appear to have been established in particularly poor areas of a town, and would thus have benefitted the most needy. The concentration of maisonsdieu in and around St Andrewgate in York has already been noted. This was a poor part of the city not far from the 'red-light' district, and seems to have had a relatively high proportion of

29. J.Leland, The Itinerary, vol.i, (London, 1964), p.39.

30. Prob.Reg. 6, f.117, (Armstrong, 1502); Prob.Reg. 3, f.254v, (Holme, 1406).

31. Prob.Reg.2 ff.220-221v, (Bedford, 1451).

female inhabitants.³² It is noteworthy that the only maison Dieu dedicated throughout its life to the housing of women was here. At least one testator seems to have made no distinction between the inhabitants of the maison Dieu and other poor people in the street: Lady Joan Spenser, widow, (d.1407), left to 'the poor widows and my tenants in St Andrewgate, 13s 4d divided among them'.³³ In Scarborough in 1468 John Stokdale left 3s 4d to the poor living around the castle ditch with the poor living in the hospice of St Mary Magdalene.³⁴ Wodlane may have been a similar area in Beverley.³⁵ It is unclear if there was such a place in Hull, though the apparent concentration of maisons Dieu in Whitefriargate may be significant. In Bristol the Chestres left doles to prisoners, lepers, almspeople and the poor in 'Long Rewe'.³⁶ While Winchester had no maisons Dieu, it is fairly clear that the hospital of St John the Baptist did provide cheap rented accommodation both on its own site and in some of its property in poorer areas of the town.³⁷ In London the almshouses provided for the sick poor in Houndsditch drew charitably-minded visitors to the area, and a similar effect may have been experienced in St Andrewgate in York and the poor parts of other towns.³⁸

The more substantial citizen could afford to set up a maison Dieu in a separate building during his lifetime. Although the greater part of information about a particular maison Dieu may come in the will of the founder, it is clear that the majority of these foundations, like

32. P.J.P.Goldberg, 'Women in Fifteenth-Century Town Life', in J.A.F. Thomson (ed), Towns and Townspeople in the Fifteenth Century, (Gloucester, 1988), p.119.

33. Prob.Reg. 3, f.275 (Spenser).

34. Prob.Reg. 4, f.143 (Stokdale).

35. Prob.Reg. 4, f.96v (Midilton, 1475).

36. Burgess, '"By Quick and by Dead"', p.848.

37. Keene, Medieval Winchester, vol.i, pp.236-237.

38. J.Stowe, Survey of London, p.128.

chantries, were established during life. The most extreme example of this is the hospital founded by Robert de Holme, one of the wealthiest of the merchants of York, in Monkgate, just outside the city. Robert made quite detailed provision for his maisonndieu in his will of 1396, but it is clear from the will of Adam de Hibernia that it was under construction in 1353.³⁹ Similarly, John de Craven also of York, merchant and former mayor, died in 1416, but his maisonndieu near Layerthorpe bridge had received a bequest in 1407.⁴⁰ Thomas de Holme, brother of Robert above, had also established a maisonndieu, this one in Castlehill, also known as Hertergate, by 1389, but did not die until 1406.⁴¹ Likewise, John de Darthyngton, made arrangements for his maisonndieu in St Peter Lane little, in his will of 1402, but it had been receiving bequests since at least 1390.⁴²

The apparent sudden appearance of a large number of maisonsndieu in York in the 1390s is probably more to do with the survival of the Probate Registers of the Exchequer court from 1389, than with the actual distribution of foundations. It is only the chance recording of Adam de Hibernia's will of 1353 in an act book of the Dean and Chapter that indicates the surprisingly early foundation of Robert de Holme's maisonndieu in Monkgate, and the possibly even older maisonndieu of Thomas de Duffield (unlike Holme's it was already built) which may be identified with the maisonndieu of Richard Duffield in Little St Andrewgate, existing in 1398.⁴³ Nevertheless a brief survey of the Dean and Chapter Probate Register which covers this period and extends backwards to the earlier fourteenth century

39. Prob.Reg. 1, f.100v (Holme); D/C Act Book, H1/3, f.10 (Hibernia).

40. Prob.Reg. 3, ff.606v (Craven), 268v (Vescy).

41. Prob.Reg. 1, f.15v (Gysburne); Prob.Reg. 3, f.254v (Holme).

42. Prob.Reg. 3, f.73v (Darthyngton); Prob.Reg. 1, ff.14v-15 (Moreton).

43. D/C Act Book, H1/3, f.10 (Hibernia); Prob.Reg. 2, f.14 (Knaresburgh).
But compare the even earlier foundation in 1344 by James de Kingston, king's clerk, of a maisonndieu in Hull.

does not disturb this picture. It is possible that a more detailed study might serve to fix more precisely the foundations of some of these maisonsdieu, but it seems likely that the majority of York's almshouses were founded in the two decades before, and one after, 1400. This would fit the period of York's economic boom after the Black Death. Ironically most provision was made at a time when there was relatively little need for it, though most of these would survive into more needy times.

This pattern serves to refute Miri Rubin's suggestion that there was a falling away in charitable giving and hospital foundations after the Black Death. It was precisely in the sixty years or so after the Black Death that a great wave of foundations of small almshouses and maisonsdieu took place. Indeed Dr Rubin's own book provides evidence that Cambridge itself saw an expansion of hospital provision in the post-Black Death period. From a pre-Black Death situation of one hospital supporting between three and twelve poor, and a leperhouse, there was an expansion to a post-Black Death position, of an additional leperhouse (replacing the earlier one), and at least four almshouses (one of which was a refoundation of a fifth) supporting at least fourteen almsfolk. This alone must cast some doubt on the Rubin thesis.⁴⁴

While there is no denying that some literary and legislative sources indicate a hostility towards the rural and urban wage labourer who was seeking to improve his or her lot in a period of increasing labour scarcity during the thirty-odd years after the Black Death, that is a quite separate matter from attitudes towards the poor. The poor were understood to be those who through sickness, accident, infirmity or age were not in a position to support themselves by their own labour. In these circumstances

44. Rubin, Charity in Cambridge, pp.52, 175-76, 119, 127-29.

the improving status of the peasant or wage labourer was irrelevant, and understood to be irrelevant, to the situation of the poor, because they were by their nature debarred from participating in it. The only way in which it was relevant was that it threw into even starker relief the plight of those who were not in a position to benefit from the opportunities around them. Here Paul Slack's observation, derived from de Tocqueville, on the early nineteenth century, is a more useful interpretation of the picture, than that provided by Rubin:

As material circumstances improved, changing definitions of what was a minimum acceptable standard of living led to an expansion in the number of people classed as 'poor'....the comfortably off now recognised new needs among the lower orders and had the wealth and moral inclination to try to meet them.⁴⁵

While Langland might rail against those who would not work for their living, and the Statute of Labourers, try to restrict its subjects' earnings, these were the temporary results of the immediate aftermath of the Black Death, and the fear and hostility to the 'sturdy beggar' did not appear in any coherent fashion until the late fifteenth century, and in a rather different economic climate.

Another reason for the high proportion of foundations in this period, particularly before c.1390 may lie in concern about St Leonard's Hospital. Visitations in 1364 and 1377 had revealed that the hospital's finances were not holding up in the face of the economic changes of the times. These problems were exacerbated by the appointment of a series of unsuitable masters who wasted the substance of the hospital and caused dissension within the community, by blocking the attempts of the more responsible of its members to attack practices which were leading the hospital to the verge of bankruptcy. Knowledge that St Leonard's was suffering financial

45. Slack, Poverty and Policy in Tudor and Stuart England, p.5.

problems, and that it was increasingly selling rather than giving freely places within the infirmary may well have prompted the wealthier citizens and their wives to found maisonsdieu which would continue or replace in some measure the care which St Leonard's had formerly given.⁴⁶

There seems to have been another small 'boom' in York foundations in the late 1430s and 1440s, with the establishment of St Christopher's maisonndieu in Fishergate, later moved to the Guildhall; of the Tanners' maisonndieu; St Anthony's, Peaseholme Green; John Marton's maisonndieu, later supported by the Cordwainers guild of which he was a member; and the Whitefriars or Stonebow maisonndieu.⁴⁷ It is perhaps significant that these later maisonsdieu were mostly founded by guilds, perhaps anxious to protect their more vulnerable members from the effects of developing recession. However a similar pattern of a high number of foundations in the 1430s and especially 1440s can be found in Hull, where it may have something to do with incorporation of the city in 1440, and subsequent decisions by founders to vest their institutions in the mayor and corporation.

Those who founded the more substantial maisonsdieu, did sometimes endow them with property, but even when they did rarely managed to make the income extend to paying any kind of pension to the poor inhabitants. As these almshouses were usually set up during the lifetime of the founder it

46. See Chapter Three.

47. St Christopher's: first ref. in 1436, Prob.Reg. 3, f. 487v (Bracebrig); Raine, Medieval York, p.135. Tanners': 1446, Prob.Reg. 2, f.134 (Tessedale). St Anthony's, Peaseholme Green: John Wyman's will of 1432 (Prob.Reg. 3, f.350) leaves a bequest to the poor brothers and sisters in the hall of this guild, but otherwise it is only known to have had a hospital after it united with the Paternoster guild and received a royal licence in 1446 (CPR 1441-46, p.442.). However Leland preserves a tradition that the hospital had been founded by John de Langton, who had been mayor on a number of occasions in the early and mid fourteenth century: Leland, The Itinerary, vol.1, p.55. Marton's: 1436, Prob.Reg. 3, f.487v Bracebrig). Stonebow: 1442, Prob.Reg. 2, f.45 (Close). It is possible that this clustering is an illusion caused by the loss of the Probate series covering 1409-25, but this is unlikely.

is perhaps possible that arrangements for endowments went unmentioned as already made. It is not clear whether either of the maisonsdieu in North St in York were endowed. Certainly such endowments were rarely discussed in much detail. The will of John Armstrong of Beverley, tailor, (d.1502) was unusually precise in describing the five cottages in Awmond Lane, two tenements in Eastgate, the horsemill, and five other tenements which were the endowment of his maisonsdieu dedicated to St John the Baptist.⁴⁸

John de Darthyngton made no provision in his will to endow his maisonsdieu in St Peter Lane little, though he left a tenement in the same street to be sold to provide masses and other works of charity.⁴⁹ The two Holme brothers and John de Craven, however all specifically mention endowments for their hospitals, but are unspecific about their nature or extent. Robert de Holme directed that his son, also called Robert, should have all his tenements and buildings which belonged to the hospital to repair and conserve it. These included his capital messuage in Goodramgate, a rent of 3s 4d from a tenement or messuage in Goodramgate which he held of St Leonard's hospital, and all his other lands and tenements in York. It is unclear whether the property of the hospital was clearly differentiated from that descending to the family. As the maisonsdieu was to revert to the family after 100 years, and the family was in the meantime responsible for its upkeep, such a differentiation may not have been considered necessary. His brother Thomas had already enfeoffed property to the trustees of the hospital, which apparently consisted in part at least of rental income, for the chantry chaplain had a responsibility to collect the farm.⁵⁰ John de Craven bequeathed all his

48. Prob.Reg. 6, f.117 (Armstrong).

49. Prob.Reg. 3, f.73v (Darthynghon).

50. Prob.Reg. 1, f.100v (R. de Holme); Prob.Reg. 3, f.254v. (T. de Howom).

lands and tenements to his son William from which he was to pay an annual forty days the mayor and corporation were empowered to take all the lands and tenements and to pay the poor in perpetuity.⁵¹ Thomas de Holme, like Darthyngton does not appear to have paid a pension to the poor in the hospital, but both Craven and Robert de Holme did. Robert paid at the rate of 1d per day, which would probably have been just enough to support the pauper entirely, whereas Craven paid 3d a week to twelve of the poor, and 4d to the last in return for morning and evening prayers. In Hull, in the hospital founded by Robert de Selby, his wife, and Richard de Ravenser in 1375, each of the twelve poor men was to receive ½d per day.⁵²

Craven was unusual in expecting that his maisonndieu should exist in perpetuity; most founders expressed no term of existence, but both Robert de Holme, founder of the Monkgate maisonndieu, and Thomas Preston of Hull, merchant (d.1451), gave limits to their foundations. Holme directed that his should last for 100 years after his death. The maisonndieu was still receiving bequests in the 1440s, and presumably continued to function as such for its full term, and then reverted to the family. In 1562, a descendant, Thomas Holme of Elvington, gentleman, sold some land in Monkgate which included 'one cottage called le Meason Dieu'. Raine suggests that Duffield's maisonndieu in Little St Andrewgate may have had a similar limit and that this would explain why it bore the name of a different founder from c.1485. While this is possible it is not certain that Duffield's and Bedford's maisonsndieu were the same building.⁵³ Thomas Preston of Hull had established a tenement in St Nicholas St in Hedon for three poor people, who were to remain there for ten years after his

51. Prob.Reg. 3, f.606v (Craven).

52. CPR 1374-77, pp.167, 258.

53. Bequest to Monkgate maisonndieu D/C Prob.Reg. 1, f.255v, (Kirkeby, 1444); A.Raine, Medieval York, p.283, p.57.

decease, receiving 1d each per week.⁵⁴ It is not clear what was to happen after that period but presumably Preston's executors, who were to supervise the maisonndieu, would receive it back for the estate. These examples and the unendowed maisonsdieu mentioned above all tend towards the conclusion that most of the maisonsdieu were not permanent institutions because they were never intended to be such.

Except in the case of Robert de Holme, even in the rare cases where some kind of dole or pension was provided to the inhabitants, it was never enough to be the whole support of the poor recipient. How then did the paupers within the maisonsdieu support themselves? While they received some donations in money and food from bequests, and more from those who gave during their lifetime, it is likely that their main source of income was begging from door to door. Alice de Bridford of York, widow, (d.1390) left 1d to each infirm pauper in each maisonndieu who was not able to beg. Bernard de Everton of York, chaplain, (d.1407) left 6s 8d to the poor in the domus dei of Thomas Howom and 4d to each bedridden pauper unable to go out and beg within the parish of St Mary (within which Howom's maisonndieu lay), and 2d to each pauper who was able to go out and beg daily from door to door within the parish.⁵⁵ While Everton appears to be drawing a distinction between the poor within the maisonndieu and those without it, it is clear from Bridford's will that she envisaged begging as the usual form of maintenance of the inhabitants of the maisonsdieu if they were able to perform it. Both wills give preferential treatment to the bedridden poor, who are not only precluded from working but even from begging because of the state of their health. Thus even where some dole was attached to a place within a maisonndieu, it was usually intended to supplement an income

54. Prob.Reg. 2, f.225 (Preston).

55. Prob.Reg. 1, ff.13v-14 (Bridford), 262v (Everton).

from begging, rather than to replace it. It was never intended to provide total support for the recipient.

There is some evidence to suggest that testators may have discriminated between maisonsdieu where the inhabitants received a dole and those where they did not. Neither Craven's, nor Robert de Holme's maisonsdieu received much in the way of bequests: Holme's received four in Prob.Reg.1 (one of those being from the founder), and one in Prob.Reg.2 dated 1398; Craven's (not in existence in the 1390s) received two in Prob. Reg.2. By contrast Thomas de Howom's maisonndieu received nine bequests in Prob.Reg.1 and seven in Prob. Reg.2; while Acaster's maisonndieu received seven in each of these Probate Registers. Part of the reason may lie in the location of Robert de Holme's and Craven's maisonsdieu; the one outside the city at the far end of Monkgate, the other in a relatively poor and underpopulated area in Layerthorpe, but it seems unlikely that this is the sole reason for the difference. It may also be significant that of donations to the maisonsdieu in the two St Andrewgates sixty per cent in Prob.Reg.1 and fifty percent in Prob.Reg.2 were from women, suggesting that as women were never more than twenty-five per cent of the total number of testators, they were disproportionately interested in giving to houses which had wholly or principally female inhabitants.⁵⁶

A few maisonsdieu may have had gardens or small bits of land upon which the inhabitants could grow vegetables for food. Tickell quotes from what he alleges to be the founders' rules of Gregg's maisonndieu in Hull which includes the provision of a garden:

'common to alle the brothyrs and systers...in herbs...and
in dewe tyme pay to manour and garto set and sow the same

56. Female testators were a higher proportion of York-only testators, but by no means approached fifty per cent.

garden by þair best avyle for þe welefare of þem alle'.⁵⁷
And in 1486 Richard Kirketon of York, chaplain left a garden in Whitefriarlane to the use of the poor in the maisonndieu of John Holme, gentleman. While Kirketon had erected latrines in this garden, perhaps for the use of the poor, during his lifetime, it is unlikely that the land was entirely taken up by this purpose.⁵⁸

Who were the people who were being supported in the maisonsndieu? Mostly they were described as 'the poor' - pauperes, as in John Craven's description of the personia pauperibus who were to be received into his maisonndieu, but the majority were poor because they were unable to work.⁵⁹ They were those who for reasons of health or age, were unable to support themselves. Robert de Holme's maisonndieu was to hospitandum pauperes impotentes, to support the impotent poor.⁶⁰ In Hull James de Kyngeston, king's clerk, received a license in mortmain in 1344 to establish a habitation for thirteen poor men and women, broken by age, misfortune or labour, who could not gain their own livelihood.⁶¹ As Alice de Bridford's bequest indicates, a significant proportion were bedridden and unable even to beg. John Close of York, goldsmith (d.1442), left 12d to the poor men and women lying and existing in the maisonndieu in North St. Thomas de Rigton of York, (d.1394), left money to the poor and languid in the hospitals and elsewhere. John Lamley of York, butcher (d.1442), left 2d to each man and woman in the maisonsndieu of York, and 4d to each blind man and

57. J.Tickell, A History of Hull, (Hull, 1796), p.756.

58. Prob.Reg. 5, f.269v (Kirketon).

59. Prob.Reg. 3, f.606v (Craven).

60. Prob.Reg. 1, f.100v (Holme).

61. CPR 1343-45, p.239.

62. Prob.Reg. 2, f.45 (Close). When testators refer to the poor lying (iacenti) as opposed to living (existenti, moranti), or where they use both terms as here, they are distinguishing the bedridden from the other poor inhabitants.

woman in the city except those in the maisonsdieu and 2d to each bedridden man and woman in the city except those in the maisonsdieu.⁶³ Clearly Lamley was trying to ensure that the blind and bedridden within the maisonsdieu did not get two handouts, but he also clearly thought that these two groups comprised at least a part, perhaps a large part, of the population of the maisonsdieu.

That population comprised both men and women, and although a few maisonsdieu, such as that in St Andrewgate, were specifically for women, it is less clear how many were limited to men. Even when a maisonndieu was described as for 'homines' this did not necessarily mean that its inmates were exclusively male. It is probable that the numbers of women in the maisonsdieu was increasing from the mid-fifteenth century, as a result of economic depression reducing the number of jobs for women.⁶⁴ Somewhere between 1433 and 1445, the dates of the two nearest surviving Chamberlains' Accounts, the Ousebridge maisonndieu ceased to take both sexes and thereafter referred only to the pauperes mulieres for which it provided.⁶⁵ Sometime probably in the 1380s, St Nicholas which had formerly been a leperhospital ceased to have male brothers and held only sisters thereafter. By 1545 the maisonndieu of Northallerton was housing thirteen widows, although when it was founded sometime in the mid-fifteenth century there is no evidence that it was intended to be specifically for women.⁶⁶ And in 1506 Alice Neville of Leeds reminded her son that he had sworn that he would:

63. Prob.Reg. 1, f.74v (Rigton); Prob.Reg.2 f.37 (Lamley).

64. Goldberg, 'Female Labour, Service and Marriage', p.35.

65. York City Chamberlains' Account Rolls, 1396-1500, R.B.Dobson (ed), Surt.Soc., vol. 192, (1979), pp.14, 30. This may have happened at the same time as the kidcotes - the City prison on Ousebridge, which possibly lay under the maisonndieu, was divided into a male and a female side.

66. Prob.Reg. 13, f.60v (Cape).

'trewly whilst he lives gyff those ij howses in Holbek
that I bygged to ij pore women in his primary gyfft to
charge thame that they pray duly for me and all my good
doars and when on Woman dyes to put in an othr Woman
but put in no man.'

Each woman was to receive 13s 4d annually, like most such doles it would not have been enough to entirely support the recipient. Alice clearly believed that there was a specific female need for housing.⁶⁷

Some were elderly relatives or servants of those who provided them with a place. Isabella Burgh (d.1451), left a russet gown to Katherine Burgh living in the maisonndieu in Little St Andrewgate. William Melburn of Beverley, merchant (d.1411) left 3s 4d to Agnes formerly the servant of William Fulthorp, now a sister in St Giles.⁶⁸ Some maisonndieu were founded specifically for the elderly: Adryanson's hospital in Hull was established c.1485 for four elderly men.⁶⁹

In some cases the inmates were travellers or immigrants to York. In 1392 Richard Bridesall of York left to William Candeler and his son of Doncaster, staying in Ousebridge maisonndieu, 6s 8d.⁷⁰ Both St Anne's maisonndieu, Ripon, and St Thomas, York, specifically reserved some beds for pilgrims. Richard Kirketon of York, chaplain, (d.1486), had established a bed in the Whitefriar Lane maisonndieu, which was for poor people coming to the city from outside.⁷¹ John Carre, a former mayor of York, (d.1487), bequeathed fifty beds to poor men and women of the city, one of which 'I bewitte...to pore people harberles to be harberd in the maisonndewe at the White Freers Lane'.⁷²

67. Prob.Reg. 5, f.106 (Neville).

68. Prob.Reg. 2, f.230v (Burgh); Abp.Reg. 18 (Bowett), f.349 (Melburn).

69. Prob.Reg. 6, f.64v-65.

70. Prob.Reg. 1, f.50 (Bridesall).

71. Prob.Reg. 5, f.269v (Kirketon).

72. Prob.Reg. 5, f.327v (Carre).

In 1455 when it was described as being newly-built, a married couple were placed in the hospital established by the will of John Aldwick of Hull (d.1444) for two people.⁷³ It is also likely that two married couples were the four poor inhabitants of the two little almshouses next to the Friars Preachers in Scarborough established by John Storig, to whom Robert Wardale bequeathed 16d in 1457 in perpetuity, to be paid from rents by his heirs.⁷⁴

While most maisonsdieu were not as small as Aldwick's or Alice Neville's which each supported only two people, few were very large. In most cases numbers were not specified, but where they were twenty-four seems to have been the largest. Craven's maisonsdieu provided for twenty, Robert de Holme's for thirteen, and in Hull Gregg's for thirteen and Selby and Ravenser's for twelve. John de Ake, merchant of Beverley, (d.1398) founded a maisonsdieu known as Holy Trinity on Crossbridge for twenty-four.⁷⁵ Thomas de Holme of York wanted thirteen men from his maisonsdieu to carry torches at his funeral, but as the house clearly had female inmates as well, it may have held as many as twenty-six. In 1443 Richard Usflete of York, alderman, left to each maisonsdieu which had more than twelve inhabitants 12d and each maisonsdieu which had less than twelve, 6d.⁷⁶ For most maisonsdieu, however, the lower rather than the upper figures were probably more likely.

While most founders left their maisonsdieu in the hands of wives or sons, this was not always possible. Many, indeed most, of the founders came from the aldermanic circle of their respective towns, or its equivalent, and looked to these, either formally or informally to supervise

73. VCH Yorks. East Riding, City of Hull, (1969), pp.334-35.

74. Prob.Reg. 2, f.356 (Storig).

75. CPR 1396-99, p.162.

76. Prob.Reg. 2, f.58v (Usflete).

their creations. In Hull Aldwick's, Bedforth's, Gregg's and Holy Trinity maisonndieu were all supervised by the corporation after 1444, which appointed the poor to vacancies as they arose. In Beverley the Akes also left their maisonndieu of Holy Trinity on the Crossbridge to the governors of the town, and the governors seem also to have had some responsibility for the hospital of St Mary.⁷⁷ In Hedon Agnes de Whitfleete seems to have vested her house for the poor in the mayor and council.⁷⁸ In York Craven directed that the mayor and corporation should take over his maisonndieu if his son failed to pay the poor their dues.⁷⁹ John de Darthyngton made no formal assignment of his maisonndieu to the corporation but one of the witnesses to his will was William de Selby, a former mayor, and another Henry de Preston, a future mayor.⁸⁰ Selby may have taken more than a passing interest in the maisonndieu, for his daughter Laurentia van Harlam left 4d to each bed within it, and described it as belonging to her husband Warmabald, who had presumably taken over the patronage at some time after Darthington's death.⁸¹ In 1495 the maisonndieu of Ysolda Acaster, widow of a mayor of York and MP, was recorded as being farmed to the Weavers' Guild by the City.⁸²

In a number of cases, however, although the city had ultimate responsibility for the maisonndieu, its day to day running lay in the hands of someone else - a chantry chaplain. Here the analogy of the maisonndieu with the chantry reappears only to turn into something more like a fusion. In several cases founders made a close association between their chantry

77. See n.73 for Hull; Report on the MSS of the Corporation of Beverley, Historical Manuscripts Commission vol.54, (1900), pp.146, 168.

78. Prob.Reg. 2, f.2v (Whitfleete).

79. Prob.Reg. 3, f.606v (Craven).

80. Prob.Reg. 3, f.73v (Darthyngton).

81. Prob.Reg. 2, f.583v (van Harlam).

82. York Civic Records, A.Raine (ed), vol.2, YASRS vol.103, (1941), pp.120-21.

and their maisonndieu. This in some ways not surprising, a chantry chaplain was frequently the same person as the family chaplain, particularly where, as so often, the chantry was established during the lifetime of the beneficiary. As such the chaplain might well be involved in administering his employer's estates, and helping to run his business. He might write, or at least witness, his will, and could act as an executor, or assist the executors. He might be expected to take a wider responsibility for his employer's soul than simply saying his daily mass, and direct other work for his spiritual benefit. He might indeed have had a hand in suggesting the most suitable forms of spiritual and charitable activity which his patron could perform. And once his only responsibility was to his chantry he would have time on his hands. Who more suitable to supervise a maisonndieu?

Robert de Holme, while not giving his chaplain such a job explicitly did make him an executor; John de Darthyngton made John Hertford, chaplain, the first of his two executors.⁸³ Thomas de Howom had enfeoffed property to his executors Robert Yneflete, chaplain, Robert Gamell, chaplain, and Peter de Appilton, clerk, part of which was to be sold for ministering to the poor. His chantry priest, probably one of these, was to have his ease in his chantry in hall, chamber and garden and 100s p.a.⁸⁴ As the last building which had been mentioned was the maisonndieu it is likely that it was located there. This assumption is strengthened by the fact that he was also to be responsible for collecting the rents and repairs to the house. John Craven too, seems to have housed his chantry in his oratory in his tenement by Layerthorpe Bridge which was the location of his maisonndieu.⁸⁵

83. Prob.Reg. 1, f.103 (Holme); Prob.Reg. 3, f.73v (Darthyngton).

84. Prob.Reg. 3, f.254v (Howom).

85. Prob.Reg. 3, f.606v (Craven).

In Beverley John de Ake housed his chantry and his maison dieu in the same house on Crossbridge.⁸⁶ Aldwick's hospital in Hull consisted of a house in which the chaplain had the room on the first floor and the poor people had the ground floor.⁸⁷

In some cases it may even have been that the chantry chaplain had been left the sole charge of a maison dieu, to dispose of as he saw fit. Richard Kirketon of York, chaplain (d.1486), was closely associated with two maisons dieu: John Bedford's in Little St Andrewgate and John Holme's in Whitefriar Lane. To both he left plots of land on condition that his executors have supervision of the maison dieu and the poor, and explicitly stated that this was at the mandate of Bedford. In both cases on the death of his executors the governance was to go to one of the chaplains (apparently two different ones) of the nearby parish church of St Saviour.⁸⁸ In 1481 John York, canon of North Ferriby was appointed to a chantry in St Mary, Castlegate, York by the death of Henry Medunsell, last incumbent and custodian of the hospital in the same street. The hospital can only have been that of Thomas de Howom, which lay on the corner of Hertergate and Castlegate. Seventy-five years after Howom's death the custody of the hospital and service of his chantry were still being associated, and it was not because the family were still appointing to both, the patron of both was now the earl of Northumberland.⁸⁹

The reason for this association of chantry and maison dieu was not simply one of administrative convenience. Both establishments benefitted the soul of the founder: the chantry through the efficacy of the mass; the maison dieu because its charitable work was inherently beneficial, but also

86. See n.75.

87. See n.73.

88. Prob.Reg. 5, f.327v (Kirketon).

89. Abp.Reg. 23 (Rotherham). pt.1, f.14.

because the prayers of the grateful poor were particularly pleasing to God. It was not usually made explicit that the poor inhabitants should pray for their benefactor, at least not in the form of the lengthy daily prayers sometimes required by aristocratic founders, but the expectation of spiritual thanks was implicit. Craven made a distinction between the majority of the inmates of his maisonndieu who received 3d per week and the thirteenth who received an extra penny for saying prayers daily, morning and evening. Thomas de Howom asked that the poor in his maisonndieu should pray specially for the souls of William Johnson and John Dedrikson. Presumably he assumed that they would in any case pray for himself.⁹⁰ Chantry and maisonndieu made a coherent spiritual unit.

90. Prob.Reg. 3, ff.606v (Craven), 254v (Howom).

2. Aristocratic and Gentry Foundations

There were four major aristocratic foundations in this period, and an uncertain number of obscure gentry hospitals. The four major establishments were Ralph Neville's hospital of St Michael at Well, Richard Scrope's hospital at Easby abbey, the de la Poles' Charterhouse hospital at Hull, and the Knollys' almshouse at Pontefract. The latter two of these were 'new' families, seeking to establish themselves by the traditional aristocratic activity of establishing a religious house. The Knollys' foundation would probably not have been so large if they had had, as they appear not to have had, any heirs, so that the college and almshouse acted as memorial and chantry, as much as status symbol. For the de la Poles, however, perhaps the most successful new aristocratic family of late medieval England, the founding and patronage of hospitals and monasteries was an important way of showing that they had arrived. Both hospitals can also be seen in the context of the fashion for the establishment of religious houses in the reign of Richard II. This is especially true of Michael de la Pole's redesigning of his father's intentions in order to found a Carthusian house as well as a hospital. The Carthusians, exemplars of the eremitic life, were particularly popular at this time among founders. While the Scrope foundation at Easby was at a long-established house, the Premonstratensians also had a reputation for a reclusive life.

However both the Hull hospital and the Neville foundation at Well, north of Ripon, have their origins rather earlier in the century. In 1342, Ralph Neville, Lord of Middleham, obtained a licence to found a hospital in Well dedicated to St Michael. Well lies some nine miles further down the Ure valley from Middleham, and was perhaps a more clement location for the 'twenty-four sick or infirm poor persons' dwelling in it. In addition to

the poor people were a master and two other chaplains who were to maintain divine service daily for Ralph during his life, and for his soul after his death. Each priest was to say a daily mass, and the three were to say and sing the canonical hours together. They were to be dressed identically in closed upper tunics of black, brown or blue, with black mantles. It is not clear whether the poor were expected to attend the hours or to wear the uniform. The hospital was endowed with land in Well and Snape, and the advowson of the church of Well, to the value of £20 per year.¹ Neville made a further endowment in 1363 for the increase of divine service.² There is no indication from the licence or foundation charter that the poor were to be paid a dole, but as the hospital was 'for the purpose of providing and maintaining in the same hospital certain entertainment for poor and sick persons and other deeds of charity' it seems likely that all their needs were met directly rather than by giving them money.³

This may not have been true in 1386 when John, Lord Neville, Ralph's son, made a bequest to the inmates, that his executors should purchase the advowson of a church to the value of £40 or 80 marks a year, in order to increase the corrodies of the brothers and sisters by 2d or 3d a day.⁴ This would have given them a comfortable living, and it is a feature of the aristocratic foundations that, unlike the maisons dieu, they expected to make a comprehensive provision for their dependants. In any case a place the size of Well could not have expected to have supported so many poor through begging, besides which it would have an affront to the noble lord's status if his dependants had had to beg to support themselves. At Knollys'

1. Abp.Reg. 10 (Zouche), f.65v. Relevant documents are extracted in T.Horsfall, The Manor of Well and Snape, (Leeds, 1912), pp.180-89.
2. Patent Letter of 1363 quoted in Horsfall, The Manor of Well, p.180.
3. See n.1.
4. Wills and Inventories of the Northern Counties, vol.1, Surt.Soc. vol.2, (1835), p.41.

Almshouse, as at Lord Mountjoy's hospital of St Leonard at Alkmonton, Derby the inmates were specifically banned from begging upon pain of eviction. As at the former they received all their food and clothing and 1s 8d a year, and at the latter 2s 4d a week and a new gown every three years, they cannot have been under any great necessity to beg.⁵

At Well the poor inmates had to wait some years for their augmented corrodies for it was not until 1411 that John's son, Ralph, first Earl of Westmorland, got around to obtaining a licence in mortmain, and not until 1414 that the appropriation was registered by the archbishop. The church which was appropriated was Holy Trinity, or Christchurch, King's Court in York, and it is clear that an attempt was made to protect the poor parishioners in York as well as the beneficiaries of the hospital, for it was stipulated that 'a competent sum of money (be) distributed yearly among the poor parishioners'.⁶

The next Neville patron was not Westmoreland's first son but the oldest son of his second marriage, Richard Neville, Earl of Salisbury. He too took an interest in the hospital and in his will directed that 'my old and poor servants and labourers may be admitted, in their old age infirmity, and poverty, into the hospital of Welle, before any others'.⁷ This use of hospitals to support former servants no longer able to work seems to have been common. The Alkmonton hospital was for old servants of the Lordship of Barton which belonged to the founder, or tenants of his in Derby and Staffordshire. The Heytesbury hospital in Wiltshire was to give preference to 'old and meritorious servants of the house of Hungerford' who

5. Abp.Reg. 12 (A.Neville), pt.1, f.98; J.T.Rosenthal, The Purchase of Paradise, (London, 1972), p.72.

6. CPR 1408-13, pp.246-47; Horsfall, Manor of Well, p.181.

7. Testamenta Eboracensia, vol.2, p.245.

were the patrons.⁸ The earl of Arundel established a hospital in Arundel for twenty infirm or aged who 'had been attached to the manors of his father'.⁹ The Nevilles were also responsible for the foundation of Staindrop College near Durham which also seems to have been designed to care for elderly and infirm servants of the family.¹⁰ Well continued to attract Neville concern and in 1470 Lady Jane Neville left a bequest of two gowns.¹¹ Nevertheless the hospital suffered a decline in income, principally from the church of Well and at the time of the Dissolution was supporting only fourteen inmates, each receiving only £2 1s 2d per year, however it survived and continued into the present century.¹²

The Charterhouse hospital at Hull had an uncertain start to life: in 1354 William de la Pole obtained a licence to establish a hospital in Hull with priests and poor people, and this seems to have taken place, though possibly not until about 1365.¹³ He may have been inspired by, or at least known of, Ralph Neville's foundation at Well. Neville was one of two men who stood surety for de la Pole when he was imprisoned by the king in 1342, and Ralph, Alice his wife, and John their son were afterwards remembered in the foundation charter of the Charterhouse established by William's son Michael.¹⁴ The hospital or maison Dieu as it was at that time apparently called, was endowed with lands and rents in Hull and Myton. The licence allowed for a further endowment of £133, and the maison Dieu was also given

8. Rosenthal, Purchase of Paradise, p.72.

9. Ibid., p.70.

10. Ibid., pp.76-77.

11. Ibid., p.69.

12. Valor Ecclesiasticus, vol.5, Record Commission, (1825), p.244; Horsfall, Manor of Well, pp.181-82.

13. CPR 1354-58, p.158; J.Cook, History of the Charterhouse, Hull, (Hull, 1882), p.11. Many of the documents relating to this hospital are published here in an English translation.

14. R.Horrox, The De La Poles of Hull, East Yorkshire Local History Society, vol.38, (1983), pp.26-27.

the advowson of Medbourne in Leicestershire by Richard Scrope, who was married to William's daughter Blanche, and was the founder of the Easby hospital.¹⁵ However in 1365 William conceived a grander plan than that originally intended and obtained a licence to convert his hospital to a house of Poor Clares, while retaining its charitable function.¹⁶ He was perhaps impressed by Marie de St Pol's foundation at Denney.¹⁷ Or perhaps, the Franciscan nuns being noted for their seclusion and strictness of life, they were favoured as partaking of the eremitic life, which it was already becoming popular for the nobility to support. However William died shortly afterwards and the plan lapsed. Twelve years later his son Michael returned to the subject and the desire for a foundation befitting the family's new dignity, he then being high in the favour of John of Gaunt, and chose to establish one of the then fashionable Charterhouses, alleging that monks would be more devout and vigilant than nuns. He perhaps also enlarged the hospital, stating that it was to hold thirteen poor women and thirteen poor men.¹⁸ In 1384 he separated the hospital from the Charterhouse giving it its own endowment and its own dedication, to the Holy Trinity.¹⁹ The two establishments lay together outside the walls of Hull, but were to a large extent from 1384, independent.

The hospital was to have a master who was to be in priest's orders and over the age of thirty.²⁰ He was to be continually resident in his own

15. R.Horrox, De La Poles, p.28.

16. Exchequer Roll 1365 quoted in Cook, Charterhouse, p.11.

17. Rosenthal, Purchase of Paradise, pp.67-68. Michael de la Pole married an East Anglian heiress, Katharine Wingfield, in the late 1350s which may have brought Denney to William's attention.

18. CPR 1377-81, p.318.

19. CPR 1381-84, pp.305-06.

20. This and the following are taken from from the foundation document printed in Cook, Charterhouse, pp.29-39. Michael may also have been founder of a hospital at Donnington, Berkshire: Rosenthal, Purchase of Paradise, pp.72-73.

house either in or near the hospital and to direct everything in the house. He was to receive £10 a year for his food and clothing and to say a daily mass in one of the chapels of the hospital. If he had to be absent on the business of the house he would be allowed reasonable expenses but must make provision for another chaplain to say the daily mass at the expense of the house. The brothers and sisters, thirteen of each sex, were to be feeble or old, and reside so long as they were in need, which suggests that there was an assumption that they might leave. They were to give obedience to the master. The poor were expected to attend the church daily before dinner, and to pray; after dinner they were to enjoy some honest occupation. Their prayers were to cover a wide range of individuals, including King Richard, Michael de la Pole, his children, his brother and sister, John de Waltham, clerk, and others, who were alive. They were to pray for the souls when deceased of King Richard, Michael, his parents, his wife, his two dead brothers and two dead sisters, and all the faithful departed. For their spiritual labours the poor were to receive 8d each per week, and a further 1s 4d quarterly, which made £2 per year, to cover food and clothing.

Appointments of the master and the poor were to lie with de la Pole or his heirs as lords of Myton, and if they failed to appoint within one month of a vacancy it was to fall to the prior of the Charterhouse, if he failed within fifteen days it was to go to the mayor of Hull, and if he failed in the same space to the Archdeacon of the East Riding. The master was to account annually to four of the maturer persons of the house to be chosen by all the inmates, in the presence of de la Pole, or his heir, or in their absence the prior or the mayor. If the master was absent more than fifteen days or failed to pay the poor, or otherwise failed in his duty, he might

be removed by de la Pole or one of those mentioned above. If the poor transgressed the rules they might be punished or expelled by the master, or by one of the above. The hospital was given £100 to be kept in a chest in the priory, to be used in an emergency. In the meantime it might be lent out at the discretion of the prior and mayor and any income added to it, as should be any surpluses which the master accounted for.

The foundation charter was witnessed by Alexander Neville, the archbishop, Henry Percy, earl of Northumberland, various local knights and the mayor and leading burgesses of Hull. One of these last, Robert de Selby, was himself part founder of a hospital within the city. With his wife and his brother Richard de Ravenser, a cleric with whom Alexander Neville had clashed at Beverley, he had established a hospital for twelve poor men with a chantry in 1375.²¹ The archbishop was himself son of the founder of the Well hospital.

Michael's son by the same name, the second earl of Suffolk, was also a patron. In 1394 he acquired a papal bull allowing the celebration of masses and other services in the hospital's two chapels, reserving only the rights of the parish church.²² This seems a little curious as the 1384 charter had clearly assumed that this was part of the hospital's function; but perhaps the establishment of the chapels had been delayed for some reason, or perhaps the bull was regularising some omission in the process for establishing the chapels. In 1408 Michael, his uncle Sir Edmund de la Pole, and Robert de Bolton, clerk, gave the hospital a further endowment of lands and rents in Hessle, West Ella, Myton, Willerby, Ferriby and Tranby.²³ In 1462 Alice, the dowager duchess of Suffolk, made an agreement

21. CPR 1374-77, pp.167, 258; for this dispute see S.W.Calkin, 'Alexander Neville, Archbishop of York', (Michigan Ph.D, 1984), *passim*.

22. Cook, Charterhouse, pp.41-42.

23. Ibid., pp.47-48.

with the Charterhouse for an obit for her late husband and a weekly mass for herself and her son during her life. In addition the house would make stone images of herself and her husband each carrying a jug and a dish before which the prior and his successors would distribute food to two of the almspeople daily.²⁴ The images would stand as reminders of those who were ultimately responsible for this charity and stimulate the prayers of the recipients. As the chosen almspeople would change daily, each inmate of the house would be reminded to pray every two weeks. Alice, however chose to be buried at her own foundation, the hospital of Ewelme, and there were no further major benefactions to the hospital.²⁵

On the attainder of Edmund, earl of Suffolk in 1513 the advowson of the hospital was forfeit to the king who then granted it to Sir William Sidney. A rental of the hospital drawn up for Sidney shows that at that date (1514) the hospital was supporting only four brethren and three sisters, though it was capable of sustaining another five inmates.²⁶ The decline may have been due to the uncertainty over who had the right to appoint poor to vacancies and by 1535 the hospital's complement had increased to ten, which was as many as it could then support.²⁷ In 1553 the hospital passed to the mayor and corporation and has so remained.²⁸

The evidence of the Hull wills of the fourteenth and fifteenth centuries is of a complete neglect or disregard of the Charterhouse hospital. The citizens were more than willing to give to the hospitals and maisonsdieu within the town but ignored the de la Pole foundation. There are two likely reasons for this: the first was that it was regarded as more

24. Horrox, De la Poles, p.41.

25. Ibid.

26. Cook, Charterhouse, pp.57-60.

27. Valor Ecclesiasticus quoted in J.Cook, Charterhouse, p.61.

28. Ibid., p.67.

than adequately endowed and not in need; the other was that it was associated with the Charterhouse with which the citizens had a long-running dispute over a piece of land called Trippett, which led at best, to coolness between the two parties.²⁹ It is likely that as at Well the hospital was chiefly used to support former de la Pole servants and was of little benefit or concern to the city.

In 1385 Sir Robert and Constance Knollys established their college of Holy Trinity in Pontefract. Sir Robert, like the de la Poles, had done well out of the Hundred Years' War, though from soldiery rather than usury. He had come from an obscure, very minor gentry family in Cheshire, to make his fortune as one of the new breed of professional soldiers, to the extent that he was the leader of the English chevauchee of 1370. He enjoyed the confidence of Edward III and was close to Richard II, being present with him at Smithfield in 1381. He had acquired property in London, mainly in the Gracechurch St area, as well as landed estates in Norfolk, Wiltshire and Kent out of the profits of these ventures.³⁰ As such he probably knew both Michael de la Pole and John Neville, if not his father, who had all campaigned in France, though there is no definite evidence that he was influenced by either family to found an almshouse. His reputation in France was such that he probably more than any of the others needed the intercession of a perpetual chantry and the grateful poor.³¹ It is possible that the choice of Pontefract rather than London for the site of the foundation may have lain more with Constance than Robert for there is a

29. Heath, 'Urban Piety in the Later Middle Ages: the evidence of Hull Wills', p.222.

30. DNB, vol.11, p.281ff.

31. Ibid., p.282: in 1358 at Ancenis people were said to have thrown themselves in the river at the terror of his name, and the 'Knollys Mitre' was the nickname for the gable beams, the only remains of the burned houses he left in his wake.

tradition recorded by Leland that it was her home. Moreover Robert's other property interests were not in this part of the country and the hospital's cartulary suggests that land in Pontefract had to be specially bought for the site of the college and almshouse.³² Certainly it was not Robert's only charitable interest for he was also a co-founder of the English hospital in Rome with those other two notorious English leaders of the 'Companies' Sir John Hawkwood and Sir Hugh Calveley.³³ Constance and Robert's extensive endowment of the almshouse with most of their estate reflects the probability that they were childless.

The Ordinance for the almshouse recorded in the register of Archbishop Neville is lengthy and detailed.³⁴ The chantry of Holy Trinity vulgarly called 'Knollesalmeshous' at Pontefract was for the souls of Robert and Constance, and for the healths of King Richard and John of Gaunt. It was to contain perpetually a master, six chaplains, two clerks, thirteen feeble poor who had been brought to destitution by misfortune, and two servants of the poor. The house was to receive £102 10s 7½d to support the establishment each year. The master was to receive twenty marks, each chaplain ten marks, and each clerk five marks to cover food, clothing and all necessaries. The thirteen poor and two servants were to receive £34 4s 3½d for food and drink which was to be ministered to them in common by the master at the rate of 1½d per pauper per day. In addition the poor and servants should each receive 2d for a pittance on each of the ten principal feasts: Holy Trinity, Christmas, Easter, Pentecost and All Saints, and the

32. Leland, The Itinerary, vol.1, p.39: 'Syr Robert Knolles was ons myndid to have made this college at his manor of Skouthorp 3. miles from Walsingham: but at the desier of Constance his wife, a woman of mene birth and sumtyme of a dissolute lyving afore mariage, he turnid his purpose, and made it yn the very place of Pontfract, wher his wife was borne'. Bodleian MS Barlow 49.

33. DNB, vol.11, p.285.

34. Abp.Reg. 12 (A.Neville), pt.1 f.97ff.

five feasts of the Virgin. They were also to have ten marks between them for clothes and other necessities, and the two servants were to have two marks for their service and salary.

After the death of the founders the hospital was to receive £100 50s 7½d annually from rents, tenements and lands in London in perpetuity. The residue of the income from these was to be used to to repair the hospital, its properties, and for improving the rents in London, and for alms. The prior of St Oswald of Nostell was to supervise the house and to decide what to do if the income decreased so that it could not support all the inhabitants, or it increased so that they could have more.

All the books, vestments, chalices, beds and all the ornaments given to the house were to be limited to use within the house and the two clerks to be responsible under the master for keeping them. Each year there was to be an audit of everything in the house and the master to decide what was to be kept, what repaired, and what new made.

The master, chaplains and clerks were to say daily on feast days nine lessons and sing the morning mass, vespers and compline, and on Saturdays to sing the mass of the Virgin at the altar of the Virgin. On ferial days they were to sing a solemn mass and each day say between them a private mass of the Virgin and another of Requiem for the dead. Each day after compline they were to say Salve Regina before the image of the Virgin in the said chapel and another antiphon with psalms, De Profundo, Commendation of founders and a special collect and the collect 'deus qui caritatis'. They were also to say daily the office of the dead without note in company, in the choir of the chapel of the house, and Commendation, the seven Penitential Psalms, and fifteen Joyful Psalms for the good estate of the founders and their benefactors and for the health of all souls. Also that

after the death of both of the founders on each of their funeral anniversary days and the anniversary where both their names were joined together they were to celebrate perpetually exequies and solemn mass in their principal vestments with note. On each anniversary obit all were to share a pittance worth 6s 8d.

Each pauper in the house was to say daily the Lord's Prayer, five Paternosters in honour of the Holy Trinity, to whose praise the house was especially founded, and afterwards say a psalter of the Virgin for the health of the founders and their souls every day. None of the poor were to beg outside the house or to seek alms but to be content with the stipend from the house.

The master and each chaplain, in so far as human frailty permitted, were to say mass daily with a special collect for the lives of the founders singly and jointly, and for both their souls after death and for their benefactors.

After the deaths of both the founders the prior of St Oswald was to replace the master when the post became vacant and to choose an honest chaplain of good and worthy conversation within fifteen days, and if he was negligent the archbishop was to do it. The master was to replace any priest within fifteen days and if he did not he was to be fined 6s 8d and this given to the fabric of St Oswald's, and the same sum for each further fifteen days, of which three parts of the whole sum were to be divided among the poor and the fourth part given to the prior and sacrist of St Oswald's for their labour (in collecting it).

The chaplains and clerks were to eat at the table of the master in the common hall and the master was to spend ten marks on each chaplain per year on food and drink, but retain 60s and a limited sum from both clerks, and

might spend a sum of 40s annually on the common table. The residue was to be distributed four times a year to the chaplains and clerks. All the chaplains and clerks without wives or concubines were to sleep in a common chamber deputed by the master and to do so without making a noise.

There was to be a chest bound with two iron bands in which the wealth of the house was to be securely kept under two keys of which the prior of St Oswald was to have one and the master the other. The chest was not to be opened without the consent of the prior. The master was to have a seal of office on which was to be a rose and the image of the Holy Trinity, and this was to be kept in the chest or elsewhere chosen at the time, under two keys, so that it was kept covered and locked, in which as above the prior has one key in his custody and the master the other. The prior and master were not to alienate the goods or immovables of the hospital or lease them or otherwise dispose of them for a period of more than fifty years, or to make any other contract prejudicial to the house, nor to concede any corrody.

The master and each chaplain while celebrating were to wear suitable, honest and uniform clothes and while following the divine service together in the choir were to have an amice of white colour which they were to wear in memory of the founders, having on it a red rose containing a figure of the Holy Trinity, in whose honour the house was built.

After the deaths of both the founders each new master was to take an oath on the gospel within eight days before the prior to obey all the ordinances and statutes and to render a faithful account. He was also to give a faithful inventory of the house before a notary public.

After the deaths of both the founders no one was to be professed as master unless he was in priestly orders. He was not to be absent or to do

any office or service or be of any household outside the hospital. The master was to be continually resident in the house unless the prior gave him leave for good reason, or he had dispensation of benefice from the apostolic see, or for some other grave and imperative reason.

The prior of St Oswald's was to have sufficient power to supervise the house, to correct faults, to punish or reform. Or he might appoint one of the canons as his deputy. Supervision was to be made four times a year, and if the prior visited himself he was to receive 40s a year.

The mayor of London was to be protector and defender of the rents, lands, etc of the hospital in London, and to keep, collect and conserve them, and for his labour he would receive 40s a year, and the collector of the rents to receive 40s a year.

In 1403 Robert alone attested a document expanding slightly on the ordinances above.³⁵ After the deaths of both founders the chaplain (presumably the master) was to decide what other poor or servants were to be admitted. If the hospital were without a master for whatever reason the prior of St Oswald's was to be in charge of replacing him with a suitable person within fifteen days and if he did not then the archbishop was to do it. The chest bound with iron which the master kept, to which he and the prior each had a key, was only to be opened with the prior's permission and in the presence of the chaplains or the majority of them. The chaplains were also to be present when a new master made his oath and gave an inventory and rendered account. They were to celebrate a daily Requiem mass which did not exempt them from celebrating all other festivals of the York use. The master was to have a seal of office to be kept in a chest and it was not said in the old ordinances that the chaplains were to have a

35. Abp.Reg. 16 (Scrope), f.46.

third key. Any chaplain, clerk, pauper or servant was to be replaced within fifteen days of their death or departure on pain of the indignation of the Almighty on the master and chaplains. The master and chaplains or the majority of them were to replace them. The poor were to be those who through misfortune or the chance of fortune had come to destitution. Such poor of the said town and adjacent park were to be daily admitted to the college by three or four of the most legal and sufficient men of the town. On a vacancy (of the master) the most suitable of the chaplains was to succeed, if it was agreeable to the prior and other chaplains and not otherwise. The chaplains should have the third key. The chaplains should hear and see the annual audit. At the Requiem they were to have the Use of York. The master was not to seal anything unless the chaplains or the majority of them had read or seen it and it was universally approved. The master was not to violate or defraud the college.

The Knollys foundation was probably the most substantial of the three aristocratic hospitals and certainly the most detailed in form. Provision for the poor who were admitted was on a fairly lavish scale and the Knollys were concerned to ensure that their dependants did not cast a slur on their munificence by begging outside the house. The poor also had more explicit requirements made of them in the form of prayers than in either of the other houses. The poor were clearly not expected to be particularly sophisticated in the nature of the prayers that they were to say although the requirement that they be those who had been brought down by misfortune suggests that their original social status was not of the very poorest. As the Knollys left no heirs, and in any case had no major estate in Pontefract the provision for the poor did benefit the town rather than supporting infirm Knollys servants. This is to some extent reflected in

two wills which left bequests to the college: William de Baylay of Pontefract (d.1391) left one mark to the master and chaplains and half a mark to the poor; John Friston, rector of Folkton (d.1450), left 10s to the college. William Danby of Pontefract (d.1454) also left 2s for his exequies.³⁶ This is in contrast to the total lack of interest in the Charterhouse hospital amongst people in Hull. Nevertheless these wills, like the ordinances of the almshouse show that the principal concern of the house was in its function as a chantry, to which in some senses the almshouse was an adjunct. While the Knollys regarded the prayers of the poor as important, it was on the activities of the chaplains that they focussed most attention. In this respect their foundation was unlike those at Hull and Well which placed most emphasis on the poor, but perhaps like the Scrope hospital at Easby.

One of the masters, James Clapeham (d.1494) left an extensive bequest to the college. He was buried within the chapel of the almshouse and left £20 for a five year chantry and to support two scholarships for boys in the chapel and choir. He left another £20 to the college for repairs, and to the chapel vestments and a chalice, and a candelabrum to hang before the crucifix. He left 6s 8d for an annual obit, 6s to the chaplains, 10d to each clerk, 4d to each pauper, and 6d to the servants and a gallon of ale for the table. Each chaplain received a mark for a gown and hood, each pauper half a mark, and the poor also received 40s in bread and ale. The college also received eight dishes of pottage in the hall, and four dishes in the house of the sisters.³⁷ This last suggests something of the domestic arrangements of the poor which were left a blank in the

36. Prob.Reg. 1, f.42 (Baylay); Prob.Reg. 2, ff.215v (Friston), 297v (Danby).

37. Prob.Reg. 5, f.446 (Clapeham).

ordinances. It indicates that only four of the thirteen poor were female and that they were accommodated and lived separately from the men. The bequest for the choirboys may not have been a new augmentation of divine service but something established by Clapeham's time, it certainly lasted for there were still boys residing in the house at the time of the Chantry Commission. Like the other two foundations the almshouse survived the Dissolution and still exists as a town charity.³⁸

Of the last of the four aristocratic foundations very little is known. This was the foundation by Richard, Lord Scrope of a hospital at the abbey of Easby, near Richmond in 1393. Like the Knollys foundation this was associated with a chantry. Scrope obtained two licences in mortmain in this year, giving slightly different directions as to the nature of the foundation. In the first there were to be six canons chaplains, in addition to the current number of canons at the abbey, who were to celebrate divine service in the abbey, and to support twenty-two poor men therein, and rents to the value of £106 13s 4d a year were to be given to Easby to support this. The second license increased the number of canons chaplains to ten, added two secular chaplains, but left the numbers of poor at twenty-two, describing them as 'poor inmates of the abbey' and stated that they were to be found and sustained in order to pray for the founder.³⁹ Nothing more is known of this hospital until its entry in the Valor Ecclesiasticus when its numbers were rather lower. It was noted in relation to many of the early hospitals that their association with monastic houses tended to militate against the survival of independent records, and this may also be true here. However that situation is exacerbated by the isolation of Easby and the subsequent lack of will

38. Chantry Survey, vol.2, p.327.

39. CPR 1391-96, pp.224, 271.

evidence for it. It is likely, but unproveable that this hospital like that at Well, and probably Hull, existed principally to care for elderly and infirm dependents of the founder's family, though at Easby there seems also to have been some scope for the support of the abbey's dependants.

Clear links can be drawn between three of the four aristocratic founders, and it is likely that they can also be drawn with Knollys, the fourth. While they may have influenced each other, (Neville as the earliest, is the most likely source of this idea), they probably also had differing motivations. For Knollys and Scrope the main concern seems to have been intercession on a comprehensive scale, but Knollys and De La Pole were also concerned to demonstrate that they had achieved the status for which they sought by establishing major religious foundations. Only Neville may have been genuinely and simply concerned for the local populace and his dependants. All, except Neville, whose foundation was too early for this, were influenced by the religious enthusiasms of Richard II's court which focussed upon the eremitic ideal.

As well as these major foundations there were a number of others which can be associated with gentry families, though most are rather obscure. As these were mainly rural or in small towns it is only by chance that wills survive which may refer to them. It is probable that local gentry provided a good deal of charitable assistance both informally and through almshouses. Only where they were in towns of sufficient size to generate surviving records is there likely to be much, or any, information about them. Information about rural hospitals founded in this period is fairly limited. One which does appear through wills is that founded, or at least maintained by the Wombwell family, in the village of that name south-east of Barnsley. In 1453 Thomas Wombewell left to each of five poor widows in

his almshouse by the chapel, 6s 8d. In the following year his widow Lady Joan left to the house 'vocat le Beydhous' five marks.⁴⁰ While these two were clearly good patrons to the almshouse it seems likely that it had been in existence by this time for at least seventy years for the 1379 Poll Tax return mentions a 'spitiluoman' in the village.⁴¹ As paupers were exempt from the tax it is probable that she was a servant employed to care for the poor inmates. As paupers were exempt the Poll Tax is unlikely to be a good source for locating rural hospitals. Lady Beatrice Roos may also have had a hospital in which she maintained seven feeble servants to whom she left bequests in 1414, or she may simply have been supporting them within her household in the traditional fashion.⁴²

Sir James Strangways, Speaker of the House of Commons, took over the patronage of an almshouse in Northallerton in 1476 which had been established earlier in the century by Richard Moore, a draper for thirteen resident poor and two destitute and distressed travellers staying only one night.⁴³ A similar provision though for only eight resident poor was made by the St Anne maison Dieu at Ripon which was in existence by 1452.⁴⁴ The founder is unknown, and although the maison Dieu later claimed to have been founded by Seth Snawsell, a citizen of York who acquired property in the Ripon area, he is more likely to have been a later patron than the original founder.⁴⁵ In 1479 the maison Dieu had an indulgence from the archbishop of forty days for anyone who left or assigned anything to the poor and infirm

40. Prob.Reg. 2, ff.266 (Wombewell), f.304 (Wombewell).

41. 'Rolls of the Collectors in the West Riding of the Lay-Subsidy (Poll Tax) 2 Richard II', YAJ vol.4 (1879), p.4.

42. Abp.Reg. 18 (Bowett), f.357v (Roos).

43. The document of this transfer is printed in C.J.D.Ingledeu, The History and Antiquities of North Allerton, (London, 1858), pp.260-68.

44. Prob.Reg. 2, f.262 (Wrampayn); Clay, Medieval Hospitals, p.334, says the hospital was founded in 1418 by the Nevilles, but gives no source.

45. For Seth Snawsell see R.H.Skaife, 'Civic Officials and parliamentary Representatives of York', pp.697-98.

within the house, and another two years later.⁴⁶ The Percys had a hospital at Seamer near Scarborough, probably attached to their chapel of St Mary, which was in existence by 1401 but was clearly not a new foundation at that date. As the family had property in Seamer from at least the mid-twelfth century the hospital could have been founded at any date after that, and probably principally served the Percys' dependants.⁴⁷ Edmund Mauleverer in a draft of his will from the 1470s established two almsbeds in the almshouse of Bramham, with fuel, for the support of the aged, and bequeathed the appointment to these beds to his wife and son.⁴⁸ Nothing beyond its existence in 1451 can be said of the almshouse at Penistone near Halifax.⁴⁹

The pattern of the great aristocratic foundations is rather earlier than that of the urban maisonsdieu; the pattern of the smaller gentry foundations is too obscure to be clear but seems to spread further into the fifteenth century. In many cases the almshouses and hospitals provided principally, though probably not exclusively, for the dependants of their founders. However, as at Wombwell, they seem to have served a wider circle of need. As the origins and foundations of many of the rural hospitals are so obscure, it can not be said with any certainty that all these almshouses were gentry foundations, though they received gentry patronage, nevertheless they were an important source of charitable provision for the rural poor.

46. Abp.Reg. 22 (G.Neville and L.Booth), f.313; Abp.Reg. 23 (Rotherham), pt.1, f.202.

47. Prob.Reg. 3, f.70 (Wayte). I am grateful to Simon Glass for this reference; Rosenthal, Purchase of Paradise, p.15.

48. W.Brown, Ingleby Arncliffe and its Owners, (Leeds, 1901), pp.105-07. I am indebted to Dr A.J.Pollard for this reference.

49. Prob.Reg. 2, f.227v (Bridged).

3. Guild Hospitals and Maisonsdieu

As part of their mutual assistance function many of the more established guilds provided alms to members who were too sick or aged to support themselves, on an out-relief system. Some of the more substantial guilds were able to provide institutional care through their own hospital. Only a minority of guilds could do this, and in most cases they provided only for their own members. It was only the very largest guilds which could offer care to those who were not members. Not all guilds established their own hospitals; in some cases they acquired hospitals which were already in existence, but which needed the security that a guild might provide. Guilds which were large enough to establish hospitals were usually also able to employ a priest as guild chaplain cum master of the hospital, and might sometimes have more than one stipendiary priest. As chaplain to a guild the master of a hospital was in a position to influence members of the guild to take a particular interest in the needs of the poor. As guilds with hospitals usually also had a chapel within the building they were often able to provide other spiritual services such as obits and chantries which might encourage not only members of the guilds but others to leave bequests to the guild chapel and hospital. Thus guild hospitals might come to perform a number of functions which nevertheless all related to the guild's original purpose.

Guild hospitals are known to have existed in York, Beverley, Hull, Hedon, and probably in Scarborough, although it is only for those in York that very much information survives. The evidence for Scarborough is only conjectural: in 1464 in addition to the old hospitals there were hospitals dedicated to St James, St Stephen, the Virgin, and St Mary Magdalene.¹

1. Prob.Reg. 4, f.143 (Stokdale).

Unless these are to be identified with the foundations of Agnes Brome (by 1400), Robert de Rillington (by 1394) and John Storiour (by 1457) the likelihood is that they were guild foundations.² As these three founders could not account for all of these hospitals it is probable that at least one was a guild hospital. Without further information it is impossible to make or disprove any such identification. In Beverley there was a St Mary guild attached to the parish church which had a hospital, which seems to have been distinct from the hospital of the Blessed Virgin Mary outside the North Bar, which was maintained by the town governors having been founded by a couple of Beverley merchants.³ In Hedon the guild of the Holy Cross maintained a hospital from at least 1392.⁴ In Hull the guild of Corpus Christi maintained a maison dieu in Whitefriargate in the 1450s. Both religious and trade guilds had hospitals: Richard Pountfrette's maison dieu was known as Glover maison dieu, probably because that guild maintained it.⁵ More pertinently for a sea-faring community the guild of Holy Trinity, which had been in existence since 1369 became incorporated in 1442, and in 1457 founded 'an house of alms...for mariners that be impotent and of no power of goods, in the said house to be sustained and charitably relieved'. The house was to be maintained by a tax on every ship in the port. This guild developed as the the Trinity House responsible for training pilots. A similar development may be found at Bristol where a merchant guild provided for poor mariners within the older St Bartholomew

2. Abp.Reg. 16 (Scrope), f.173 (Brome); Prob.Reg. 1, f.67v (Rillington); Prob.Reg. 2, f.356 (Wardale).

3. Poulson, Beverlac, p.773; Report on the MSS of Beverley, p.168; Leland, The Itinerary vol.1, p.47.

4. CPR 1391-96, p.113.

5. Prob.Reg. 2, ff.327v (Garton), 334v (Newark) bequests to Corpus Christi and Glover maisons dieu.

hospital from 1445.⁶

York had a considerable variety of guilds which supported maisonsdieu and hospitals, some more successfully than others. The most fleeting reference to the existence of a guild hospital is that to the Tanners'. Only two wills mention this maisonndieu, both of tanners, both in 1446. William Tesedale left 12d to it and William Bellamy left 5s to sustain the maisonndieu and 1s to the poor in 'le masyndewe artus nostre'. Neither locates the hospital, but as the Tanners mostly worked in the North St area of York, which was indeed where Tanner Row lay, and that appears to have been where their hall was, it was probably in that area.⁷ As both wills are in the same year one is led to wonder whether the maisonndieu ever existed in fact as opposed to on paper (or parchment); perhaps it was being mooted in 1446 but the plans were later shelved. Alternatively there may have been a plan, perhaps achieved, to adopt the North St maisonndieu founded by Ysolda de Acaster as a guild hospital, for it must have lain very close to the Tanners' Hall.⁸ Equally obscure is the single bequest to the Little Shambles maisonndieu made by Elizabeth Dugdale in 1470. As the Butchers' Hall lay here, it is possible that this was the butcher's guild hospital.⁹

A more successful, though small, hospital was that which was founded by John Marton, cordwainer (d.1444), by 1436, which was taken over by his guild. In 1442 John Newton left 2s to each maisonndieu except Marton's and St Andrewgate which each received 1s, rather suggesting that it was smaller

6. Order Book of Trinity House, Hull, F.W.Brooks (ed), YASRS vol.105, (1942), p.iv; Tickell, History of Hull, p.704; Clay, Medieval Hospitals, p.19.

7. Prob.Reg. 2, ff.134 (Tsedale), 148v (Bellamy); Raine, Medieval York, p.28.

8. Though if this did happen it cannot have lasted beyond 1495 when the house was leased by the City to the Weavers.

9. Prob.Reg. 3, f.165 (Dugdale).

than average. In the same year John Close, goldsmith left 8d to the men and women in the maisonndieu, and in 1548 it was supporting five old men.¹⁰

In the same part of York, in Fishergate, the St Christopher guild had a maisonndieu by 1436 until about 1456. As the guild had been in existence since at least 1394 it is possible that the maisonndieu was rather older than these bequests might suggest.¹¹ It is also possible that this maisonndieu was the same as that belonging to Nicholas de Skelton mentioned in his will of 1399, which was described as being adjacent to Fishergate with half a garden by the river Foss.¹² St Christopher's guild made an agreement with the city council to jointly finance the building of a new Guildhall in 1445, and as part of the agreement between the guild and the city, the guild received a parcel of land on Coney St in front of the guildhall, upon which it built a chapel and maisonndieu.¹³ In 1498 John Hag, merchant of York, left to the poor folk of St Christopher house and St George 6d each among the poor provided that they say Our Lady's Psalter, and in 1532 Leonard Shaw, merchant and former master of the guild, left 3s 4d to be divided among the poor 'beadsmen and beadswomen abidyng in the beadhouse of St Christopher chapel' and 20d to John Usburn, bedesman of the chapel there.¹⁴ Raine suggests that the chapel lay to the south of Common Hall Gates and the maisonndieu to the north, but the phraseology of Shaw's

10. Prob.Reg. 3, f.487v (Bracebrig); Prob.Reg. 2, ff.71v (Newton), 45 (Close); Yorkshire Chantry Survey, vol.2, p.468.

11. It is mentioned in wills at both these dates, the latter implying that the maisonndieu was still in Fishergate at that time: Prob.Reg. 3, f.487v (Bracebrig), Prob.Reg. 2, f.330v (Kirketon); Prob.Reg. 1, f.66 (Byrd).

12. Prob.Reg. 3, f.76 (Skelton). Already in existence by 1391: Prob.Reg. 1, f.33 (Turnour).

13. E.White, The St Christopher and St George of York, Borthwick Paper no.72, (York, 1987), p.3. The chapel was built by 1448 when it received a papal licence but the maisonndieu may not have been moved until later. White, St Christopher and St George Guild, p.3 and see n.11 above.

14. Prob.Reg. 3, f.307v (Hag); Prob.Reg. 11A (Shaw), f.10v.

will suggests that, as was more common, they occupied the same building, perhaps with the chapel above and the poor below, and this is confirmed by evidence that the other tenement was regularly leased out by the guild. In its last rental before the dissolution of the guild in 1549 it was supporting six poor people, all female.¹⁵ Despite its location and association with civic authority and status the maisonndieu does not appear to have received a great many bequests or to have supplanted the City maisonndieu on Ousebridge.

It is interesting to note that when the City Council decided to build the new Guildhall it sought to recreate the same range of institutions as then comprised its administrative centre on Ousebridge. Not only a meeting chamber, but also a chapel and maisonndieu. While the first two are hardly surprising, the maisonndieu is not obviously an essential attribute of civic authority. However the presence of the maisonndieu may have been more than an administrative convenience for the St Christopher guild. By its presence the maisonndieu reminded the civic elite of their duty to rule for, as well as over, the poor, no less than the rich. Moreover the poor, dependent upon the city fathers for charity, were thereby bound to pray for them and for their successful government. The placing of Council, chapel and maisonndieu in close and deliberate proximity produced a microcosm of the city in which all parts (theoretically) worked together in a harmonious fashion, each supporting each, in a model of the ideal of the Christian community.

Another religious guild which supported a hospital was that of St Anthony. The guild was in existence by 1418 and by 1432 it had a hall in

15. Raine, Medieval York, p.140; White, St Christopher and St George Guild, p.10. Raine claims that the chapel was to the south and the other tenement to the north. White reverses this.

which lived a number of brothers and sisters, which suggests that the hospital was established by the latter date.¹⁶ In, or soon before 1444, the guild united with the Paternoster guild.¹⁷ This was a principally clerical guild which, since before 1378, had been responsible for presenting a play of the Lord's Prayer. The Paternoster guild did not have its own hall or hospital, but in 1399 was paying sickness benefit to members at the rate of 7d a week.¹⁸ The conjoined guild received a royal charter which stated that it was to be known as the guild of St Martin, from the name of the chapel which occupied or had occupied the land where the guild now proposed to build a chapel and other buildings.¹⁹ However the guild retained the name of St Anthony and the fine guildhall which the confraternity subsequently erected upon the site is now the home of the Borthwick Institute. The hospital maintained seven poor men. The building is similar in form to the Merchant Adventurers' Hall in Fossgate with a chapel on the ground floor and a meeting hall above. It is probable that as at the Merchant Adventurers' the poor lived on the ground floor with easy access to the chapel. In 1450 Archbishop Kempe gave a letter to the house or hospital of St Mary and St Martin newly built, permitting the use of a chapel where the chaplain or chaplains might celebrate mass. In 1459 John Helme, fisherman, left to the poor in the maisonndieu bread to the value of 4d. In 1506, Richard Thornton, grocer, left 3s 4d to be divided among the poor, 6s 8d for repairs, and 20d to the master.²⁰ At the Dissolution it fell into the hands of the Corporation which maintained its

16. Prob.Reg. 3, ff.613 (K.Craven), 350 (Wyman); see also section one on maisonndieu, n.45.

17. Prob.Reg. 2, f.79v (Karr).

18. Raine, *Medieval York*, p.91.

19. CPR 1441-46, p.442; Raine, *Medieval York*, pp.90-94.

20. Abp.Reg. 19 (Kempe), f.430v; Prob.Reg. 2, f.399v (Helme); Prob.Reg. 6, f.170v (Thornton).

charitable function while putting it to other uses in addition.

Another guild which had its home in nearby Aldwark may have been establishing its own hospital at a very similar date. The Merchant Taylors, also known as the guild of St John the Baptist, had been in existence since at least 1387 and in the 1389 Guild Returns one of their aims was stated to be the relief of members in need at the rate of 7d a week, but as they seem not at that date to have had a hall it is probable that this was in the form of a pension.²¹ The guild had a hall by 1415, but the first mention of a maison Dieu belonging to it came in 1446 when William Gyselay left 1s to the poor in the maison Dieu of St John the Baptist near the church of St Helen on the Walls.²² This location indicates that the maison Dieu was on or close to the site of the almshouses still maintained by the Merchant Taylors. The evidence of other wills suggests that those most concerned with the maison Dieu were tailors and drapers, members of the guild, and those living close by, and that it had a limited appeal beyond these.²³ This would not be surprising as the guild was a relatively wealthy one and could be expected to be able to care for its dependents. In 1453 the guild was incorporated with a licence which made the unlikely claim that the guild had been in existence for three hundred years. More reasonably it claimed to support a chaplain and poor members of the guild who prayed for the king's progenitors, and in order that this might continue and the chaplain and poor brothers and sisters pray also for the king and queen, the licence granted the right to acquire

21. B. Taylor, The Merchant Taylors of York, (York, 1949), pp.7, 22.

22. The guild probably did not acquire a hall or at least a chapel until after 1389 when it agreed to maintain a perpetual chantry in Holy Trinity, Fossgate Hospital: ibid., pp.22-23; Prob.Reg. 2, f.128v (Gyselay).

23. Prob.Reg. 2, ff.152v (Crete), 168 (Lede), both tailors.

land to the value of 100s yearly.²⁴

It is not clear why so many of these guild hospitals should appear in the 1430s and 1440s, particularly, apparently, around the year 1446. This appears to be a genuine phenomenon, rather than a freak of the survival of evidence. Perhaps the plans by the City corporation and the St Christopher guild for the building of the city Guildhall with its adjoining maisonndieu provided an example for other guilds to emulate. The above were among the smaller of the guild hospitals but York also had a number of more substantial such institutions. The three largest such hospitals were all fourteenth century foundations, and only one was consistently associated with a guild throughout its history, although all three had some guild involvement at one time or other. Their success lay largely with association with powerful elements of the city.

The Ousebridge maisonndieu was established by a guild in 1302 which had close links with civic government. The guild claimed that the maisonndieu was simply the refoundation of an earlier civic hospital for the support of the poor and lepers which had fallen into disuse, and that it now supported citizens fallen into misfortune.²⁵ This claim is not inherently impossible, for we have seen that early civic governments did take an interest in the provision for lepers and others, but there is no definite evidence for it. The guild might have had reason to claim that what they were doing was no more than restoration of a former state of affairs rather than innovation.²⁶ The location of the maisonndieu on Ousebridge, probably adjoining the chapel of St William, and close to the Council Chamber, ensured that it remained the concern of the civic

24. Printed in Johnson, The Merchant Taylors, pp.121-22.

25. Assize Roll 1107, m.19 quoted in VCH Yorks, vol.3, p.352.

26. See section on leperhouses in Chapter One.

authorities even after its guild associations faded. It was endowed with rents and lands which were administered by the Bridgemasters who provided bread to the poor weekly on Friday. In 1377 the rents brought in £4 12s 2d, or about 1s 9d per week, to which might be added alms of passers-by and bequests. The maison dieu was still in existence in 1552 and perhaps disappeared when the central portion of Ousebridge was washed away in 1564.²⁷

The origins of St Thomas' hospital outside Micklegate Bar are obscure despite the fact that it was apparently founded in or soon before 1388 when it received its first bequest - to the building work.²⁸ It was always known as St Thomas', and the name of no individual founder was ever attached to it. This suggests that it was a guild foundation. A guild with this dedication existed in St Michael le Belfrey church by 1398, when it had a chaplain and altar in the church, but there is no direct evidence of a link between the two.²⁹ The suggestion of a guild foundation is supported by the bequest of William Fox, goldsmith, in 1393 to the 'gilde sive fraternitatis hospitali'.³⁰ The hospital supported a number of infirm or elderly poor of both sexes and pilgrims. From 1428 the Corpus Christi guild had buildings on the same site, and in 1478 the hospital was transferred to the guild, when the guild promised to maintain seven almsbeds there, as well as to sustain the existing inmates. The takeover was probably because a declining income from rents jeopardised the hospital's survival.³¹ The Corpus Christi guild was probably the largest and most prestigious of the York guilds, responsible for the annual Corpus

27. York Memorandum Book, vol.1, p.26; Raine, Medieval York, pp.213, 218.

28. Prob.Reg. 1, f.5v (Giry).

29. Raine, Medieval York, p.36.

30. Prob.Reg. 1, f.54v (Fox).

31. Register of the Corpus Christi Guild, York, R.H.Skaife (ed), Surt.Soc., vol.57, (1871), pp.270-73.

Christi procession, but the hospital's popularity clearly predated, and was independent of, that of the guild.

The last of these three guild hospitals was that of Holy Trinity, Fossgate. It was originally founded by the guild of the Blessed Virgin and Jesus Christ and the hospital was functioning by 1365 when it received bequests.³² The guild received a royal licence in 1372 to found a hospital in which would be maintained thirteen poor and feeble people and two scholars residing there, who would each receive 4d a week, all to be under the direction of a master continuously residing.³³ Even from its earliest days the guild's membership consisted principally of merchants and mercers, and hence of the wealthiest and most powerful of York's citizens. As a result the hall is still known as that of the Merchant Adventurers. By 1411 the hospital had been enlarged to support thirty poor, and the master was now aided by two chaplains and two clerks. Although to large degree independent in the day to day running of the hospital, the master of the hospital had to have the agreement of the master and constables of the guild of *Mercers* to admit poor inmates.³⁴

All of these hospitals were popular among will-makers. The Ousebridge maisonndieu received the most bequests in Prob.Reg.1 (twenty-three), with the other two hospitals receiving twenty bequests each. In Prob.Reg.2 St Thomas retained its level of support with nineteen bequests, whereas Ousebridge dropped to eleven and Holy Trinity to only eight. The fall-off in bequests to Holy Trinity can probably be attributed more to a public perception that it was very adequately endowed and supported, than to any

32. The York Mercers and Merchant Adventurers, M.Sellers (ed), Surt.Soc., vol.129, (1917), pp.1-3; A.Raine, Medieval York, p.75.

33. York Merchant Adventurers, pp.27-30.

34. Ibid., pp.30-31, 80-81, though John Warthill, perhaps a former master of the hospital was allowed to make alternate appointments to beds by an indenture of 1430, p.32.

hostility. As has been suggested for the maisonsdieu there seems to have been a preference for giving to almshouses that were not endowed or were seen to be in need. In this context the absolute preference given to St Thomas' by the 1440s is worth noting; it received more bequests than any other hospital. While the hospital may, by this date have been benefitting from its association with the Corpus Christi guild, this was not true in Prob.Reg.1 when it received as many gifts as Holy Trinity. The decline of bequests to the Ousebridge maisonndieu may indicate that the people of York were tending to transfer their interest in it to St Thomas'. Reasons for this might include the fact that the Ousebridge maisonndieu was supported by the City while St Thomas' was not, and perhaps more pertinently that St Thomas had a chapel, which could perform obits, while Ousebridge did not.

Analysis of the modal amounts given to the hospitals may be indicative of the wealth of the donors. In the 1390s Holy Trinity and St Thomas' were each receiving a modal sum of 3s 4d, whereas Ousebridge was receiving only 2s; by the middle of the fifteenth century Holy Trinity was still receiving 3s 4d, while both St Thomas and Ousebridge had dropped to 12d. It would appear that donors to Ousebridge in the 1390s were poorer than donors to the other two hospitals, though the higher level of donations to St Thomas at that date may reflect support for the building and establishment of a popular new hospital. By Prob.Reg.2 the wealthier patronage of the Holy Trinity hospital is being revealed.

While both Holy Trinity and St Thomas catered principally, though not exclusively, for members of the guild who were no longer able to support themselves, nothing is known of the criteria for selection to enter the Ousebridge maisonndieu. A little is known of individuals in each of these hospitals, and it is clear that at Holy Trinity at least, on some occasions

arrangements very like corrodies were made. In 1365 Henry de Blida, painter, left 3d to each poor man and 2d to each poor woman in Ousebridge maisonndieu. In 1374 Alan de Alnewyk, goldsmith, left 1s to Dulcia Setter there, and in 1392 Richard Bridesall gave 6s 8d to a man and his son from Doncaster staying there.³⁵ William Revetour (d.1446), chaplain of the Blackburn family and of their chantry in St Anne's, Fossbridge, who was buried in St John's, Ousebridgend, left three ells of linen cloth to Emma de Masendieu, who may have been in this maisonndieu, and similar amounts to three other women, probably also in the same.³⁶ Alice Beverlay, widow, (d.1482) left 20d to Elena in this maisonndieu.³⁷ Beyond the predominance of female inmates little can be said of the social background of the inhabitants.

There are no such specific gifts for St Thomas, though two testators made bequests to have relatives entered into the hospital. Joan Randolph (d.1391), left 20s provided her husband be received into the hospital.³⁸ In 1393 William Fox, goldsmith left 40s so that his daughter Agnes, and Thomas de Hesyll, her husband be received.³⁹ These two bequests suggest that there was an entry charge of 20s for admission, and act as a reminder that for guild hospitals entry was generally restricted to members of the guild and their families, who might be able to pay for the privilege, though of course payment of guild dues made the individual eligible for this assistance.

Only one bequest was made to an individual within the Holy Trinity

35. D/C Prob.Reg. 1, ff.40v (Blida), 59 (Alnewyk); Prob.Reg. 1, f.50 (Bridesall).

36. Prob.Reg.2 f.137v (Revetour). It is possible that these women were in the North St Maisondieu, but the fact that they were all women, at that date tends to suggest the Ousebridge maisonndieu.

37. Prob.Reg. 5, f.28v (Beverlay).

38. Prob.Reg. 1, f.26v (Randolph).

39. Prob.Reg. 1, f.54v (Fox).

hospital. In 1404 Avice de Pontefract left 1s to Anabella, staying in that hospital.⁴⁰ One of the masters left a bequest provided it admitted a dependant of his: in 1439 Richard Saunderson left a portiforium and 6 marks to the hospital provided the masters of the hospital and fraternity admitted his sister Isolda as one of the poor and paid her 4d a week for her life.⁴¹ In the same year the new master, John Fox, made an agreement with Joan Coutecliff, widow, by which she would rent a tenement and garden within the hospital for 3s 4d a year in return for which she would receive a bed within the hospital and 4d a week for life. She agreed not to waste the tenement nor to sell or alienate the bed and 4d a week.⁴² In 1476 John Fox, the master of the Mercers and the constables, confirmed to Elizabeth Newton an honest house for habitation within the gates of the hospital and an annual pension of 17s 4d, or 4d a week.⁴³ Clearly this hospital was able and willing to do more than just support the poor within its doors. It was also able to support others in a more independent fashion. It is in such cases that we can see the patronage which the master of such a hospital could wield, sometimes for the advantage of his own family rather than that of the institution.

It was not only in this way that masters of hospitals could exert their influence. It is not uncommon to find them acting as witnesses or executors to wills. William Ottelay, master of Holy Trinity from 1394 to 1429, was particularly active in this area. He was executor to Margaret de Rouclif, widow of the man who had acquired the hospital's royal licence, in 1394, also to Roger de Rilleston in 1402, and to Laurencia van Harlam in

40. Prob.Reg. 3, f.111 (Pontefract).

41. Prob.Reg. 3, f.560 (Saunderson).

42. D45/21, deed from the Merchant Adventurers' collection on deposit at BIHR.

43. D69/9/4.

1408 from all of whose wills the hospital received bequests.⁴⁴ In the last of these cases the other executor was William Burton, a brother of St Leonard's hospital. Laurencia was the wife of Warmabald van Harlam, who had taken over the patronage of John Darthyngton's maison Dieu, and he had been another of Rilleston's executors and these two could well have influenced the location of the bed which Rilleston wished to found in a York maison Dieu. While not master of the hospital, Thomas Thurkill was being paid a salary by Holy Trinity in 1368, and in 1398 received a number of its charters into his custody.⁴⁵ Perhaps his experience at Holy Trinity had been behind his being appointed deputy master of St Leonard's in 1390. Certainly the reports of him by the brethren afterwards were favourable, but they were contrasting him with the much disliked William de Boothby, who had expelled him in the following year.⁴⁶ The trust which was placed in him by Holy Trinity in 1398 indicates a man regarded as of the highest probity. Oddly, considering his experiences, he left bequests in 1408 to St Leonard's, but not to Holy Trinity; perhaps it indicates where he thought the most need lay.⁴⁷ Patrons and masters of hospitals occupied the same social and religious circles and it is probable that the latter influenced the forms and extent of hospital and maison Dieu patronage and even foundation.

As well as the usual facilities of a guild, and influential masters, two of these hospitals also had chapels, so that they could provide chantries and obits. Holy Trinity appears to have been slightly less popular for this purpose than St Thomas'. In 1400 John Preston, senior,

44. Prob.Reg. 1, f.73v (Rouclyf); Prob.Reg. 3, f.225 (Rilleston); Prob.Reg. 2, f.583v (van Harlam).

45. York Merchant Adventurers, p.22; D49/14.

46. PRO, C270.23/12; Thurkill had also been retained by St Leonard's as a lawyer in 1370-71: YML, M2(6)c, f.22v.

47. Prob.Reg. 2, f.578 (Thurkill).

bucklermaker, left 4s for as many priests to celebrate for him in the hospital.⁴⁸ In 1436 Thomas Bracebrigg, a former mayor, left 18d for three chaplains to celebrate for him.⁴⁹ Nearly a century later Leonard Shawe, merchant, (d.1532), left money to buy altarcloths for the Holy Trinity altar.⁵⁰ As well as Preston three others also left bequests to the fabric of the chapel between 1400 and 1407, but did not ask for masses, although all left gifts to the poor.⁵¹

Not surprisingly there were a good number of bequests to the fabric of St Thomas' in the 1390s. In 1395 John de Scheffeld, skinner, left half the proceeds from the sale of a tenemental lease to support a chaplain in the chapel for two years. In addition he left a bed and two marks for repairs.⁵² In 1454 Adam Skelton left four pounds for a chaplain for one year, and in the following year Alice Claybruk, widow, left fourteen marks for a chaplain to celebrate for two years for herself and her husband.⁵³ The main difference between the two hospitals was that testators left bequests for single masses to Holy Trinity, whereas they established short-term chantries at St Thomas', thus making much more of an investment in the latter. This may have been enhanced by archiepiscopal interest: in 1397 the poor infirm received a licence for an oratory for suitable chaplains for three years.⁵⁴ Skelton's and Claybruk's chantries may have been stimulated by an indulgence granted to St Thomas' in 1453, to the effect that anyone contributing to the sustenance, subsidy or relief of the poor

48. D/C Prob.Reg. 1, f.122v (Preston).

49. Prob.Reg. 3, f.487v (Bracebrigg).

50. Prob.Reg. 11A, f.10v (Shaw).

51. Prob.Reg. 3, ff.225 (Rilleston), 265 (Louthe), 266v (Vescy).

52. Prob.Reg. 1, f.87 (Scheffeld).

53. Prob.Reg. 2, ff.292v (Skelton), 328v (Claybruk).

54. Abp.Reg. 15 (Waldby), f.5.

would have a pardon of forty days.⁵⁵ The hospital also received an indulgence from archbishop George Neville in 1475, and another from archbishop Rotherham in 1489.⁵⁶

The guild hospitals made varying contributions to the relief of the poor. Some were themselves small and fleeting of appearance, others were large and made a contribution to the community in terms wider than simply that of provision for the poor. While most were the concern principally of those who were members of the guild, others, notably St Thomas' made an appeal to a wide section of the population.

4. Ecclesiastical Foundations

During this period there were a few foundations made by individual ecclesiastics and by institutions. We have already encountered two such foundations in Hull: James de Kingston, the king's clerk, founded a maison dieu in 1344, the earliest hospital foundation in the town, and one of the earliest by this name in the county.¹ A generation later Richard de Ravenser, also a king's clerk, but also the master of St Leonard's, York and a canon of Beverley as well as Lincoln, co-founded a hospital with his brother Robert de Selby and his wife, which was to be administered by Guisborough Priory.² Hull also had a late clerical foundation in the hospital for twenty poor people founded in 1517 by John Riplingham, son of a Hull merchant, who died as rector of St Martin's Vintry in London.³

Probably the most substantial clerical foundation of the period was

55. Abp.Reg. 20 (W.Booth), f.154.

56. Guild of Corpus Christi, pp.258-59, 276.

1. CPR 1343-45, p.239..

2. CPR 1374-77, p.167, 258.

3. Tickell, History of Hull, p.146; Testamenta Eboracensia, vol.3, p.225.

that of St Mary in the Horsefair, York.⁴ Unlike the foundations above it was established by a cleric, Robert de Pikeryng, dean of York, for clergy, namely six aged and infirm, or blind chaplains. The hospital was established in the vacated buildings of the Carmelite friars in 1318 and was endowed with the church of Stillingfleet. There were a master and two chaplains who were to say mass daily and to pray for Edward I, Edward II and his heirs, Walter de Langeton the former bishop of Lichfield, the archbishops and canons of York, Dean Robert and Master William, his brother german, and Thomas de Fischeburn. The chaplains were to receive food and clothing, or 24s a year instead of clothes. The infirm had a shilling a week, and half a mark a year for clothing, and were to say daily Commendation and the Office of the Dead. There was to be a clerk to act as servant and to be paid 40s a year. More chaplains were to be received when the income increased, though this does not seem to have happened. It received a number of bequests during the period, largely, though not exclusively from chaplains and married clerks.

Probably the only institutional foundation in this period was the establishment by the order of St Anthony of Vienne of a hospital in Gillygate. The order had a chapel on the site by 1401 when it received a papal indulgence, and had established a hospital by 1420 which then held the matron, a married couple and two others.⁵ In 1428 John Arkenden, tiler, left 1s to every bed in the hospital and in 1436 John Holgill, cooper, left 20d to the poor and the same to the pavement outside the house.⁶ The few other bequests are all of modest sums.

4. HCY, vol.3, pp.241-48. For other clerical hospitals see Orme, 'A Medieval Almshouse for the Clergy: Clyst Gabriel Hospital near Exeter', pp.1-17.

5. CPL, vol.5, p.398; Raine, Medieval York, p.274.

6. Prob.Reg. 2, f.530v (Arkenden); Prob.Reg. 3, f.477 (Holgill).

Chapter Seven:

THE EVE OF THE DISSOLUTION

The Early Sixteenth Century

By the late fifteenth century attitudes to the poor were beginning to harden in York. In 1482 the City Council made the first of what was to prove to be many attempts to prevent poor vagrants from coming to, and settling in the city.¹ This attitude did not grow out of nowhere; it came as a response to the growing impoverishment of the city, and the fear that it would be unable to support the numbers coming into the city from outside as well as its own poor. The same records which begin to be concerned with the problem of vagrancy were even more concerned about the poverty of the city, both as community and corporation. Attempts were made to reduce the city's fee-farm on the plea of poverty and depopulation. Some tried to avoid civic office on the grounds that they could not recoup the cost of holding it, and others had to volunteer to bail the Corporation out of debt. Elsewhere declining rent rolls indicate a falling population, the near abandonment of certain areas of the city, and the impoverishment of individuals and corporations dependent upon rental incomes. Moreover the city's cloth trade was also in decline, challenged by the new cloth towns of the West Riding. York was not the only town so suffering, nor was it the worst hit, as the case of Coventry shows, but it was facing problems.

At first punishments of vagrants were mild, only imprisonment, and there is no use of perjorative language towards these poor. In 1492, again there were pleas that 'al vacabunds and vagaraunts or mysygided persons' should leave the city.² York was not unwilling to support its domestic

1. YCR, vol.1 YASRS vol.98, (1938), pp.55-56.

2. Ibid., vol.2 YASRS vol.103, (1941), p.88.

poor, but fear of being swamped by poor 'comen out of the contre' led to a rejection of the latter. The city fathers were recognising, but not understanding, a new phenomenon. For a hundred years or so after the Black Death there had been a labour shortage. Eventually the economy had contracted to accomodate to the reduced size of the population. From the middle of the fifteenth century economic buoyancy turned into stagnation and depression. Now the population was growing again, and there was not the work for all. For the first time in 150 years there was widespread unemployment of those both able and willing to work, and for many there was no option but to go on the roads seeking employment, and begging where they could not find work. Unsurprisingly civic leaders across the country failed to realise that in many cases the poor were idle through lack of opportunity to work, not through inherent indolence. Their perception of increasing numbers of 'mighty and valiant beggars' as the York records put it, or sturdy beggars as they were more commonly called, led to an increasingly discriminatory attitude towards the poor.³ While every beggar 'that is mighty of body and not seke nor impotent' was to be sought out and punished by the warden of each ward in 1515, at the same time efforts were made to protect the genuinely poor: 'every beggar that is not able to labour (is to) have a token upon his shoulder of his overmost garment that he may be knowen'.⁴

Old ideas about the poor, that they were those unable to labour because of age or infirmity, or who were burdened by children, and were thereby deserving of charity, were being disrupted by the appearance of

3. It was not until 1503 that beggars were described as 'idle': YCR, vol.2, p.182. They were commonly described as 'mighty and valiant' from 1529 (YCR, vol.3, p.118) but not as 'sturdy beggars' until 1543 (YCR, vol.4, p.93).

4. YCR, vol.3, p.46.

numbers of people who, though manifestly able-bodied, were also begging. The concept that they were begging because they were unable to work and were therefore equally deserving was one which was slow to take hold. For a long time there was a feeling that the idle beggars were cheating the charitable, and taking alms from the genuinely impotent and needy poor. It is no wonder they were regarded with increasing suspicion and treated with increasing harshness. Moreover the growth in the numbers of the poor, impotent or otherwise, was growing at a period when there was least ability, individually or collectively, to do much about it. The requirement to give charitably was one which was firmly implanted in the minds of at least the better-off of the community, and probably farther down the social scale as we have seen in chapter six. To deny charity to those who sought it, because one could not, or would not give, or because although one gave, it was never enough for all, would have set up major conflicts in the mind of the potential donor. Susan Brigden has pointed to the over-riding importance of remaining 'in charity' with one's fellows in this period.⁵

In such a situation the easiest way to resolve the guilt was to deny that the beggar was needy or deserving of alms, and was indeed by the act of begging showing him or herself undeserving. In such circumstances increasing emphasis would be put on the relief of the respectable poor, those who though needy, were ashamed to beg. In the same way accusations of witchcraft in England in the sixteenth and seventeenth centuries have been explained as a way of resolving the tensions engendered by refusing charity to poor old women and widows, who had been accustomed to beg in their communities. Such women who were the main targets of witchcraft

5. S. Brigden, 'Religion and Social Obligation in Early Sixteenth Century London', Past and Present, vol.103, (1984), passim.

accusations, often led a marginal existence, dependant in part upon begging, and when refused alms might be heard to mutter, not unnaturally, at this dismissal. The guilty householder might then interpret this as cursing, and the labelling of the supplicant as a witch, and even her prosecution could wipe out the need to feel guilt.⁶ In a similar way blaming the beggar for his or her predicament assuaged the guilt of failing to help.

Nevertheless although there were repeated civic attempts to remove from the city able-bodied beggars, there was also care that this should not be to the detriment of the acceptable beggars. In 1518 the wardens of the four wards of the city were ordered to distribute tokens to accredited beggars in the city, and that all others be prevented from begging.⁷ Ten years later the parish constables were to present all beggars to the wardmote court, so that the names of those allowed to beg could be recorded and they be given tokens, all other beggars to be commanded to 'avoid this city'.⁸

By 1530, as the civic authorities became more and more concerned about the problem, master beggars had been appointed who were to supervise all other beggars, and attitudes had become more punitive. The master beggars were instructed to see that all strange beggars were to leave the city within twenty-four hours, upon pain of scourging, to be performed by the master beggars, common officers and constables. However

'provided always that this act shall in no wise be hurtful and prejudicial to such poore folks and beggars as be admitted by my lord mayor and his brethren here to dwell and beg'.⁹

6. K.Thomas, Religion and the Decline of Magic, (Harmondsworth, 1971), pp.660-66.

7. YCR, vol.3, p.66.

8. Ibid., p.111.

9. Ibid., p.133.

At the same time a curfew had been placed upon poor labourers because of their propensity to frequent alehouses and play at dice. The curfew was to run from eight at night on working days and nine on holy days.¹⁰

The next attempt to clear the city of beggars seems to have been occasioned by the appearance of plague in the city in 1538, the record of the former following immediately on the latter in the House Book.¹¹ The association of the poor with plague was one which had been developing through the fifteenth century, as the rich learnt to flee its approach, and the poor in their stews left to suffer it.

'Plague was most fatal in overcrowded unhygienic tenements in the suburbs of towns....To an extent, therefore, plague epidemics were a symptom of poverty'.¹²

The fear of plague was another reason for the fear of, and desire to control, the poor. If they could be forced to get work, live better, and stop moving around the countryside, then too, the plague might be controlled.

Moreover by this date the city was attempting to prevent anyone begging in the streets, not just the able-bodied poor. Not that this meant that the City Council wished to stop people being dependent upon charitable donations but it did want to control who received such alms. It must have been very difficult to police beggars on the street and ensure that only licensed beggars were permitted to solicit alms. If the city collected alms on their behalf, and distributed alms to those who were recognised as needy, its job was made easier. Again the constables were instructed to record the names of beggars within their parishes and order them to appear before the wardens. None was to be admitted as a beggar except by the

10. YCR, vol.3, p.134.

11. *Ibid.*, vol.4, p.30.

12. Slack, Poverty and Policy in Tudor and Stuart England, p.51.

master warden, and

'no begger shall go abrod to begg neither within the mynster garth nor in noon other place within this Citie but kepe ther howses and the maister of the beggers with other assignyde to them by maister wardens shall goo about in their wards to gydder the charitie of well disposyd people and bryng it to the saide poore folk in every parishe in the wards.'¹³

However the city seems not to have been able to enforce this for in 1541 it was ordered that no beggar should go begging unless having a badge and accompanied by a master beggar, and in any case to beg only on Fridays and Sundays.¹⁴ The attempt to restrict the poor to their homes, where they would receive alms collected on their behalf seems not to have been successful. However by 1543 the collecting of alms was restricted to the master beggar and three poor folk in every ward.¹⁵

By 1546 the City Council had drawn up articles for the removal of strange beggars. By these the constables were instructed to draw up lists of all common beggars who had arrived in the city within the previous three years, and to present the lists to the next wardmote court. Each week the constables had to notify the wardens in writing of all evil rule and unlawful games. All limited (licensed) beggars were to beg only in their own wards. They were not to take into their houses strange children to take them around begging as had lately happened, and were to put them away within eight days. The constables should take all strange vagabonds and beggars, put them in the stocks and give them only bread and water for three days and nights, and inform the warden. Any negligent or delinquent constable would be imprisoned.¹⁶ By this date the city was trying to impose a stringent limit on who might beg, how they might beg, and where,

13. YCR, vol.4, p.30.

14. Ibid., p.62.

15. Ibid., p.93.

16. Ibid., p.145.

as well as providing harsh punishment both for those who infringed the articles, and those who failed to enforce them.

Although the developments of limitations on begging in York and other regional cities have been seen as a provincial response to the problem of vagrancy which was only later taken up by parliamentary legislation, the civic authorities of York from 1505 clearly saw themselves as simply implementing the statute of 1495 on vagabondage. They referred repeatedly, in addressing the issue of beggars, to 'the Act of Parliament', to the 'statute for this made', to the 'King's statut of beggars'.¹⁷ Although the actions which the City Council took to limit and licence begging went far beyond the statutory requirements that was not how the Council saw it. York was not the only city which issued its approved beggars with badges, nor was it the first, Gloucester did so in 1504, London in the 1520s.¹⁸ The flurry of activity in York in the period 1528-30 probably reflects a reaction to a problem worsened by the poor harvests of 1527-29.¹⁹ The statute of 1531 seems to have met with no response in York, unsurprisingly as its main provision of licencing of beggars was already in existence in York. It is unclear whether it was the example of York or the statute which led both Hull and Beverley to implement similar licencing schemes by 1547.²⁰

After 1530 no further mention of the problem of beggars and vagrants was made by the civic authorities until 1538. This gap may indicate that a return to reasonable harvests and the regulations had contained the problem for a while. The 1538 expulsion of beggars was closely connected with the appearance of plague, but the series of entries from 1541-46, concerned

17. YCR, vol.3, pp.10-11, 46; YCR, vol.4, p.30.

18. Slack, Poverty and Policy in Tudor and Stuart England, p.117.

19. Ibid., p.118.

20. Ibid., p.119.

particularly with the removal of valiant beggars, may well be linked to the final disappearance of the monastic houses and St Leonard's, most of which were dissolved in 1539. While the guild hospitals largely survived, the provision made by the religious houses did not, and though this cannot be quantified, it is likely that such provision was substantial, though inadequate to the greater needs of the early sixteenth century.

The state of York hospitals, particularly of St Leonard's in this period is uncertain. The numbers being supported in St Leonard's at the time of the Valor, apparently show a considerable drop from those of the mid-fifteenth century. Henry VIII granted an exemption from payments of tenths and subsidies in 1515 on the grounds of the ruined state of the church and other buildings.²¹ Cardinal Wolsey too, seems to have considered the hospital as a candidate for suppression in the 1520s, along with a number of other decayed religious houses, in order to divert the incomes to his own new educational foundations at Ipswich and Oxford.²² All of these would tend to support the traditional assumption that the hospital was in a bad state of decay by the time of the Dissolution, and that it was providing little effective charitable care. However other evidence might suggest that it was still a rather more viable institution than has hitherto been supposed. Moreover the interpretation of evidence cited above may be less obvious than at first appears.

The numbers of poor supported by the hospital are given as sixty in the Valor, and 'of late fifty and now about forty-four' in the Surrender document, the last number all receiving annual pensions of 26s 8d.²³ Though sixty or even forty-four was only a small number compared to that

21. L & P Hen VIII, vol.ii(1), no.1143, p.302.

22. Ibid., vol.iv(2), nos.3043, 3998, pp.1634-35, 1776; G.W.O.Woodward, The Dissolution of the Monasteries, (London, 1966), p.49.

23. L & P Hen VIII, vol.xiv(2) no.623, p.227.

which St Leonard's had supported in its hey-day, it was still a substantial figure; no other Yorkshire hospital reached much more than half the lower sum, and only in London did any equal it. While it may well be that these were all the numbers that the hospital was supporting by the 1530s, it is also possible that it is an underestimate. Those who received pensions were described as *cremetts*, and had probably not paid for their places, but they would have been permanent residents of the hospital, and as such owed pensions by the Crown.²⁴ They were described in the surrender document as 'blind, lame, bedridden and very old bodies'.²⁵ However it is likely that in addition to these permanent residents St Leonard's also had a transient population of poor who stayed for a night, or a few nights and then moved on. The 1364 ordinances clearly made provision for people who were admitted when sick, and who were to be discharged only when convalescent and able to work. In addition to these would be poor travellers who might seek a bed for the night and move on in the morning. Such people were a regular feature of the greater hospitals. Moreover a number of testators leaving bequests to the hospital may well have been discriminating between the permanent residents of the hospital, and those who stayed only one night. In 1473 John Shirwod wished to be buried in St Leonard's beside his wife. He left one penny to each man and woman in the infirmary of the hospital 'cotidie inhabitant' *noctant et iacent*'.²⁶ These occasional and transitory residents would not have been eligible for pensions, and would therefore certainly have been eliminated from the Surrender list, and probably also from the Valor, as not being a mandatory charge on the hospital and therefore not an allowable charge upon the house. Moreover,

24. In the pension list in PRO, SC6/4644, the *cremetts* are clearly distinguished from the one person who held a *corrody*.

25. L & P Hen VIII, vol.xiv(2) no.623, p.227.

26. Prob.Reg. 4, f.118 (Shirwod).

if the numbers of poor was so decreased, and the state of the hospital so decayed, why was it that in 1506 William Wright, brother of St Leonard's, appeared before the City Council and was given respite to search by what authority the hospital 'bilde their fermery upon the Citie Wal'?²⁷ It would appear that at this date St Leonard's was enlarging, or at the very least, altering its infirmary.

The exemption from tenths and subsidies, ostensibly because of the ruinous condition of the buildings, may well reflect no more than the form in which the petition for exemption was phrased. While the hospital may have been in a dilapidated state, that may also have been only the excuse for trying to avoid taxation, and emphasis on the parlous state of the buildings could do no harm in bolstering their petition. Moreover an exemption in identical terms to this had been granted by Henry VI in 1441, which was in itself simply a restatement in clearer form of an exemption granted by Edward III.²⁸

Emphasis on the dilapidated state of the house was placed by Thomas Donnyngton in writing to Wolsey in 1527.²⁹ He wrote that 'the house is out of virtuous religion, and their possessions in decay', and suggested that it be visited. Donnyngton wrote again a year later to the effect that the master John Constable was willing to surrender provided that he received the equivalent value of £43 in other benefices.³⁰ Constable's willingness to surrender may have been no more than the attempt of an old and perhaps sick man to gain some peace, for in 1528 he died. Donnyngton wrote again to Wolsey saying that he would do his best to prevent anyone else gaining possession until he had heard Wolsey's pleasure. It was not suppressed,

27. YCR, vol.3, p.19.

28. CPR 1436-41, p.507.

29. L & P Hen VIII, vol.iv(2), no.3043, pp.1634-35.

30. Ibid., no.3998, p.1776.

for in the same year it was granted to Thomas Wynter, Dean of Wells, and Wolsey's illegitimate son.³¹ Paternal concern seems to have prompted Wolsey to stay his hand, but it may also have been the realisation that the hospital was not so decayed as Donnynton had suggested and that it might be put to better use by continuing than by dissolving it. Donnynton's other comment that the hospital was 'out of virtuous religion' also seems to have been an exaggeration for at the Visitation in 1536 when the Visitors were seeking any possible evil, all they could find were one sodomite and two seeking release of their vows.³² By comparison with other reports it was a clean bill of health.

Most indicative however of the continuing value of the house, is the fact that at the time of the surrender of St Leonard's in 1539, it was not intended that the hospital should be suppressed. In a letter to Cromwell the commissioners wrote that they had altered Burton-upon-Trent, suppressed St Mary's, York and various other houses, and 'altered the howse of Sancte Leonerdes in Yourke, after such fassion as we trust shall appeir to your lordship to be to the kinges honour and contentacion'.³³ The commissioners were making a very clear distinction between suppression and alteration. A suppressed house ceased to exist but an altered house did not. In most cases, the altered houses became the secular cathedrals of new sees, as at Chester and Bristol, in other cases as at Burton-upon-Trent, they became secular colleges. Burton had originally been intended to become a new cathedral but its location was finally decided to be unsuitable. Like Thornton in Lincolnshire, Burton did not survive the 1540s.³⁴ Quite what

31. L & P Hen VIII, vol.iv(3), no.6082, p.2717.

32. Ibid., vol.x, no.364, p.141.

33. Suppression of the Monasteries, Camden Society, 1st ser., vol.26, (1843), p.166; L & P Hen VIII, vol.xiv(2), no.653, p.240.

34. J.Youings, The Dissolution of the Monasteries, (London, 1971), p.85.

was intended at St Leonard's is not clear, though it is most likely that the intention was to replace the religious by seculars but otherwise to leave the hospital unchanged. The act of Parliament by which the king had been authorised to set up new sees had also envisaged 'almshouses for poor folk to be sustained in' but made no explicit provision for them.³⁵ It is possible that the commissioners themselves were uncertain as to what was to happen, for having taken the surrender of the house, and noted who was to receive pensions, they wrote of the crenets that they should receive their pensions for life 'but no new to be chosen till the king's further pleasure.'³⁶

It seems unlikely that the king ever expressed his further pleasure. No mention of the hospital occurs in the Ministers' Accounts for 1540, nor were any of the lands leased or sold in that year. It may be that the hospital had a year of grace in which it continued in a sort of limbo. However from 1541 accounts were being rendered to the Court of Augmentations, and leases of some of the properties being made, with grants commencing in the following year.³⁷ By this date the hospital had presumably been dissolved. A similar course seems to have been followed at St Mary without Bishopsgate in London, where though the house was dissolved in 1538, the sick were allowed to remain in the infirmary until 1540.³⁸ It was perhaps the king's desperate need of money for his foreign wars which led to the prospect of gain from the hospitals over-riding the interest in their continuation.

In 1541 Henry came to York. The civic records give no indication of

35. Youngs, The Dissolution of the Monasteries, p.85.

36. L & P Hen VIII, vol.xiv(2), no.623, p.227.

37. PRO, SC/4601-05, SC/4644; L & P Hen VIII, vol.xvi, pp.724, 730; vol.xvii, no.283, p.158.

38. Knowles and Hadcock, Medieval Religious Houses: England and Wales, p.286.

whether the city made a plea for the restoration of St Leonard's. Perhaps the citizens felt it was a difficult enough visit without raising potentially controversial questions. The city was at pains to emphasise its loyalty after the Pilgrimage of Grace, and to regain the king's favour. While St Leonard's had taken no part in the Pilgrimage, its master, Thomas Magnus being a member of the Council of the North, others connected with the house, such as its steward George Lawson, had been, and to remind the king might not have been tactful. Other issues too might have weighed with the City Council. In London the plea of the citizens in 1538 to have the hospitals restored had been met with a stony silence. In the event it was not until 1544 that the king agreed to the restoration of St Bartholomew's and then only with an endowment of 500 marks a year. It was left to the citizens to enlarge this to an adequate sum, and also to purchase St Mary of Bethlehem and St Thomas's, Southwark and re-endow them.³⁹ Although all this was in the future in 1541, the city of York was in no state in either year to purchase the hospital for the city.

In a bid to clean the city up against the king's coming, the Council had again decreed that all valiant beggars should be removed from the city.⁴⁰ If it had seriously been trying to save St Leonard's the Council might have been better served by leaving them alone and demonstrating to the king the desperate need for such a house. In 1556 the City Council decided to make a plea to Queen Mary for the restoration of St Leonard's, but by then it was far too late.⁴¹

Along with St Leonard's, York lost St Nicholas, St Mary in the Horsefair, St Anthony in the Horsefair, St Mary Magdalene, and St

39. Clay, Medieval Hospitals, pp.236-39.

40. YCR, vol.4, p.54.

41. YCR, vol.5, p.137.

Christopher's maisonndieu at the Common Hall gates. In addition went any provision made by the monastic houses, which had often consisted of more than the scraps from the table - St Mary's Abbey had had a room where the poor could warm themselves by the fire while they ate their dole.⁴² The City maisonndieu on Ousebridge may also have been lost in 1565 when the bridge was swept away. Already Robert de Holme's maisonndieu would, by the terms of his will, have ceased to exist in 1496, 100 years after his death, and the nearby leperhouse may also have disappeared about this period. And according to Leland on his visit to York, John de Craven's hospital had passed to the Bigod family who had left it to fall into ruin.⁴³ What happened to the other maisonsndieu in this period is uncertain, but only a rather shadowy, and probably late, house in Fetter Lane, off Skeldergate seems to have survived after the middle of the century.⁴⁴ A number of the guild hospitals did survive such as those of the Merchant Adventurers (Holy Trinity, Fossgate), the Merchant Taylors, and the Cordwainers. St Anthony's, Peaseholme Green was taken over by the city and used for a number of purposes, including that of a hospital. St Thomas, shorn of the Corpus Christi guild also survived, and again came under civic control, leasing all its lands to the Corporation in return for maintenance.⁴⁵ The two surviving leperhouses of St Katherine's and St Helen's also continued under civic direction, though more as poor houses than as leprosaria.⁴⁶ To describe York's hospital provision as having been decimated by the effects of economic recession and Tudor Reformation would be to underestimate the results. Fewer than half York's pre-Reformation hospitals survived, and

42. C.Wilson and J.E.Burton, St Mary's Abbey, York, (York, 1988), p.11.

43. Leland, The Itinerary, vol.1, p.55.

44. YCR, vol.4, p.136 reference in 1546 to the three 'spytell houses'. They were still in existence in 1552: A.Raine, Medieval York, p.242.

45. Corpus Christ Guild, pp.298-300.

46. Raine, Medieval York, pp.301, 310-311.

while some of the smaller and weaker houses may have disappeared so did the largest, St Leonard's. Those that continued were either guild hospitals which provided principally for their own members, or hospitals which had come under civic control, and provided only for those whom the City was willing to support. The City emerged from the Reformation with a much stronger grip on charitable provision within its bounds.

The degree to which the Reformation affected hospital provision varied from town to town. Beverley, like York, had had a large number of hospitals of ecclesiastical foundation, and if St Nicholas or the Friary was in already in decay when Leland saw it, others were not.⁴⁷ St Giles passed to the Earl of Rutland at the dissolution of Wartre and he closed it.⁴⁸ Both St John in Lairgate and the St John the Baptist maisonndieu fell to the Crown, but were maintained as charitable institutions and eventually regranted to the town during the reign of Elizabeth I, though in terms which are ambiguous as to whether any poor were still being supported by them.⁴⁹ The Trinity hospital founded by John de Ake was also taken into the king's hand, and in 1545 the town was paying a £4 rent for it though whether it survived much longer after this is uncertain.⁵⁰ The hospital of St Mary outside the North Bar survived.⁵¹ The leperhouse seems to have disappeared. As in York many of the smaller maisonsdieu disappeared at around this period.

In Hull where many of the hospitals had been under the administration of the City since the mid-fifteenth century, the Dissolution and the Chantry Acts only served to strengthen the Corporation's grip. Those

47. Leland, The Itinerary, p.47.

48. Ibid.

49. Report on the MSS of Beverley, pp.176-80.

50. Ibid., p.178.

51. Ibid., p.180.

hospitals which were already in civic hands survived untouched and the Corporation also bought the Charterhouse hospital when the monastery was suppressed.⁵² As a result Hull's hospital provision continued almost untouched, and early civic involvement in hospital administration probably led to the later interventionist attitude of Hull's Protestant leadership on issues relating to the poor.

Elsewhere the situation varied. In Ripon all three hospitals survived: St Mary Magdalene and St John the Baptist because they were attached to a secular religious house which was not suppressed; St Anne's probably because it was a lay hospital. In Well Neville influence lay behind St Michael's survival. At Pontefract Knollys Almshouse was also retained, as was the St Nicholas hospital despite its annexation to Nostell Priory.⁵³ Here again it is likely that the attitude of the civic authorities was crucial. In Northallerton St James was dissolved, probably because the town had not yet developed a sufficiently sophisticated or wealthy civic government. While York was worse hit than anywhere else, and both Hull and Ripon escaped relatively unscathed, few towns escaped without some diminution of their hospital provision in the first half of the sixteenth century, either from recession or reformation. The great amount of building of almshouses and hospitals in the late sixteenth and early seventeenth century has often been pointed to as the result of an upsurge in Protestant charity, but it is at least as much the result of the need to fill the gap left by the events of the first half of the century.

52. Cook, Charterhouse, p.67.

53. Clay, Medieval Hospitals, pp.234-45.

The Eve of the Dissolution

Introduction

In this section an analysis will be made of the state of the hospitals in the 1530s and 1540s as recorded in the Valor Ecclesiasticus and the Chantry Surveys. Not all hospitals fell within the remit of these two surveys, though all the larger ones did. Only the maisonsdieu, and not always these escaped. As the maisonsdieu were often unendowed and did not usually have a chapel they were generally ignored. However the fate of many of these smaller houses is obscure and, particularly in York, they may already have been disappearing. The Valor Ecclesiasticus and the Chantry Surveys were compiled in 1536, and 1546 and 1548 respectively. Neither set of documents is entire although their deficiencies do not usually cover the same area. The Valor is missing for the deaneries of Craven and Ryedale although an abstract of information from these is to be found in the Liber Valorum. Of the West Riding chantry returns the 1548 ones are poor, and those of the East Riding have largely disappeared for both dates.¹

Where the Valor does survive it gives a total of the value of all the property belonging to the hospital in each town, village or manor. Having added together the value of all the properties, spiritual and temporal, it makes various allowances against this of: payments to chaplains, payments of compulsory alms and obits; and payments to lay officials. The remainder of the money, after these have been allowed, is the net value of the hospital which is liable to taxation. The Valor returns are useful for giving an outline of the properties and sources of income of the hospital, and of its expenses. The Chantry Surveys give a much more detailed

1. A.Krieder, English Chantries: the Road to Dissolution, (London, 1973), p.12.

impression of the properties of land, often listing each tenement or tenancy. Where both surveys describe a hospital they rarely agree on a valuation. This is partly due to the change in circumstances of certain hospitals which had formerly been dependent on monastic houses, and partly due to the fact that the Valor had probably been conducted in haste by overworked officials who were not as detailed in their commission as the Chantry Commissioners.

On the whole the surveys are fairly accurate though the Valor is considerably less detailed than the the Chantry Surveys. In general both surveys probably underestimated the value of the hospitals. Savine suggested that the underestimate of the Valor might have been as much as fifteen per cent.² While the degree of undervaluation is uncertain, but clearly existed, there is also the problem of the omission of certain sources of income. In particular there is the problem of the missing spiritualities. Parish churches appropriated to both St Leonard's, York and St Michael's, Well were omitted. The latter is easily explicable in that Christ Church, King's Court, York was the only one of Well's possessions which did not lie close at hand to the hospital. It was indeed recorded by the commissioners for York, but not by those for Well. The failure to record St Denys in York as a dependency of St Leonard's is far less explicable. Though one might expect more distant holdings of a hospital to be less well recorded it is clear that quite local properties were also missed on occasion. Other forms of income, such as from woods may also have been consistently omitted, despite the fact that on occasion they were clearly valuable. It is also likely that apart from major spiritual incomes from churches being omitted, other such incomes as from

2. A.Savine, English Monasteries on the Eve of the Dissolution, Oxford Studies in Social and Legal History, vol.1, (Oxford, 1909), pp.55-56.

glebe land may have been recorded under secular incomes, giving an income from spiritual sources which was particularly depressed. Kitching also suggested that the recorded incomes from the Chantry Surveys were an underestimate, though not to the same degree as those of the Valor, and that the records of 1548 were more accurate than those of 1546, especially where there were certificates for the same institution in both years.³ Between them the two surveys record about twenty-two hospitals which is probably about a third of those in existence during the 1530s and 1540s. Originally many more were surveyed but a loss of a good part of the records has left a rather patchy effect. Some hospitals, protected by patrons, or without ecclesiastical involvement, or otherwise not falling within the surveyors' terms of reference, were not covered. This is a pity as despite their deficiencies these records are often the most detailed that survive for a house, and together they give a general picture of all the hospitals at one time.

Geographical Distribution of the Hospitals

As may be seen from Map 1 the hospitals recorded by the Valor and the Chantry Surveys are mostly located within the major centres of population where they would do most good by being accessible to the greatest number. As such they provide a good indication of the major centres of medieval population although the numbers of hospitals within a town is more likely to be indicative of its relative wealth than its size. A few hospitals such as Well were established away from large centres of population by individuals or noble families principally to provide for their own servants and dependants, and so were located on family lands. The Neville founders

3. C.J.Kitching, 'Redistribution of Collegiate and Chantry Property', (unpub. Durham D.Phil thesis, 1970), pp.38-46.

of Well were still patrons and masters of the hospitals at the Dissolution.⁴

To map the locations of the various hospitals is one thing, to map each hospital's property with accuracy is somewhat more problematical. Chief of the problems is that of identification: even if all the names of the properties belonging to the hospital are known it is not always possible to identify these with modern place-names. Where this has happened the property has, perforce to be omitted, so that in a number of cases a hospital appears to own less property than it actually did. However this is usually proportionate to the size of the hospital, the larger hospitals having more unidentified properties, so that all are reduced by a roughly equal proportion. Occasionally the opposite problem has occurred in that there is a plethora of possible identifications, as in the case of the Knolles' Almshouse property in Norfolk.⁵ The Almshouse owned property in Burnham, but there are several modern Burnhams within a few miles of each other and it is impossible to know with which one the medieval property should be identified. On the map one has been chosen to represent the general pattern of the hospital's holdings in the area. As all the Burnhams lie close together and other property belonging to the hospital was located close by this has been regarded as a useful indication and no more. In other cases this solution has not been possible and the choice has been made on the grounds of proximity to the hospital or association with other properties. Where this has not been possible the property has been omitted. Even where it is easy to identify the modern with the sixteenth century place-name this still begs questions of change of

4. John Neville, Lord Latimer was patron and his brother George, master, at the Valor and Chantry Survey: Testamenta Eboracensia, vol.6, p.159; Yorkshire Chantry Certificates, vol.1, p.110.

5. Valor Ecclesiasticus, vol.5, Record Commission, (1825), p.67.

settlement site and transfer of name from one settlement to another, nor may a grange or manor of a particular name necessarily be more than peripheral to that place or the modern settlement which bears its name. This last would only be significant on a large scale map. However what the small scale fails to do is to differentiate between the large manor worth thirty pounds and the small plot valued at only two shillings. Nevertheless what these maps can do is demonstrate the spread (or lack of it) of the property holdings of the various hospitals.

As maps 2 and 3 show only St Leonard's, York and Knolles' Almshouse, Pontefract had holdings outside Yorkshire. Significantly these are the two wealthiest Yorkshire hospitals, the only ones valued at over £100 per year.⁶ However the sources of these more distant properties have different origins in the two hospitals: St Leonard's had acquired its properties from a variety of sources, and over a number of years; Knolles' Almshouse, however was the single creation of Robert and Constance Knolles who gave it their entire property in London and Norfolk.⁷ The Knolles' possessions transferred to the hospital as itemised in the Chantry Survey reveal a pattern of small properties: in London individual tenements; in Norfolk small parcels of land. Together they are indicative of the way that the Knolles had had to build up their estate piecemeal from scratch. Partly by the nature of the original endowments, partly by a deliberate policy of exchange of properties, hospitals, like other institutions, attempted to contain their properties within a restricted area so that they might be the more easily administered. It is also worth noting that although two of the Knolles' properties, Sculthorpe and Denton, are themselves isolated, they make useful staging posts between Pontefract and both Norfolk and London.

6. Valor, vol.5, pp.18, 67.

7. Bodleian MS Barlow 49.

Sculthorpe in particular may have been used for this purpose as it was described in the Valor as a 'mancione'.⁸

The effects of piecemeal acquisition of land by a variety of means over a long period, compared to the careful endowment of a single founder can be seen by comparing the Yorkshire holdings of St Leonard's and Knolles' Almshouse. St Leonard's had by far the largest number of properties of any of the hospitals, and although they are clearly organised into manageable geographical units, with a useful line of staging posts leading towards the Westmorland holdings they were nothing like as consolidated as the the Knolles' properties. The latter were centred very closely on Pontefract, which together with the other holdings would make for an efficient administration.

Smaller hospitals also attempted to keep their property in easily administrable units, as did St James', Northallerton and St Mary's in the Horsefair in York. However this is at least partly due to the fact that being small they rarely attracted benefactions from distant donors. Where hospitals owned land in a particular area they were likely to rent land or property in the same area to make for more efficient management of the land. St James', Northallerton owned land in Osmotherley to the value of 15s 6d and rented another 10s worth from the Bishop of Durham.⁹ Very small hospitals however, such as St Sepulchre's, Hedon, were not large enough to be able to muster the capital to exercise these economies of scale and must have spent a good deal of the little money that they had on administering land scattered over a wide area. Nor could this particular hospital afford to pay a lay bailiff to do this work for it, so that the master must have

8. Valor, p.67.

9. Ibid., p.85.

done this as well as all his other work.¹⁰

Sources of Hospital Income

In general the Valor accounts give a very summary view of the properties held by each hospital, simply listing the value of properties in each manor, grange or town. The Chantry Certificates, where they list property, give an extremely detailed list of each piece of property, often with the size of the property (if in land) and the tenant's name, as well as the rent paid, or the value if rented. As the Valor is limited in value by its lack of detail, so the Chantry Certificates can be overwhelming in their minutiae. The true value of the Chantry Certificates for giving a detailed picture of the shape, size, and distribution of a medieval monastic estate could only be shown by the use of a large scale map and the exact placing of each piece of land, a project difficult or impossible to complete and beyond the scope of this work. However a more limited use of the returns gives a good indication of the type of land and property held, its value, and the size of units in which it was generally let out. It is also occasionally possible to get glimpses of other sorts of income, such as mills, and other types such as rent in kind, which may give an indication of the sort of agriculture practised. Besides these properties both surveys also record income from spiritualities. In the Valor these are usually recorded separately, however at St Nicholas, Pontefract income from glebe land in Wath, where the hospital held the church, is listed under temporal properties leading to the suspicion that at times this kind of source may be concealed within the lists of temporal land holdings.¹¹

Income derived from spiritual as opposed to temporal sources varied

10. Valor, p.110.

11. Ibid., p.63.

considerably between the hospitals, and was largely dependant upon the origins of the foundation or its patronage. The table below shows the proportions of income from each source for the hospitals as a whole.

Income from Temporal and Spiritual Sources

	Gross income Total	Temporal income Total ¹²	Spiritual income Total	Temporal as %age	Spiritual as %age
Valor	£1095 16s 9d	£850 10s 8d	£226 7s 11d	77.8	20.7
Chantry	£440 4s ¼d	£351 17s 4¼d	£60 14s 8d	80	17.3

Table 7.1

As can be seen, on average about a fifth of the hospitals' income was in spiritualities, with only a minimal difference between the Valor and the Chantry Certificates. However the range of sources of income was very wide. Of fourteen hospitals whose sources of income could be analysed, (see Table 7.2) eight had incomes purely from non-spiritual sources, the remaining six had varying proportions of income from the two sources. Of the eight, two were guild hospitals and four founded by lay individuals, the remaining two archiepiscopal foundations where the founder may not have been willing to part with spiritualities. Those with spiritual incomes all had ecclesiastical founders or close ecclesiastical connections. St Nicholas, York, which had been founded by an abbot of St Mary's, and had in the fifteenth century become a dependant of Holy Trinity, Micklegate, had the lowest proportion of spiritual income at 10.3 per cent. St Mary's, Bootham, founded by a Dean of York Minster, had the highest proportion at 91 per cent, which was derived from the benefice of Stillingfleet with the tithes of three other parishes.¹³ St Leonard's, surprisingly received only 18.7 per cent of its income from spiritualities according to the Valor,

12. This does not include income from woods and mills as can be seen from Table 7.2.

13. See Chapter Six, section a; Valor, p.31.

which however has at least one error: the omission of the church of St Denys, Walmgate in York, which had been appropriated to the hospital in the twelfth century. At the Chantry Survey the parsonage was still being served by a former brother of St Leonard's.¹⁴ The absence of such a substantial, though not major, source of income so close to the hospital suggests that if it was not being concealed (which seems unlikely as it would have been rather difficult), that the Valor may not only have lowered the value of the hospital by undervaluing of property, but also by omission, possibly on a large scale.

14. VCH City of York, p.379; Chantry Certificates, vol.2, p.442.

Sources of Income

Hospital Name	Survey Name	Temporal Property	Spiritual Property	Woods	Mills (water)	Total
St Leonard's	Valor	£388 2s	£93 16s	£6 13s 4d	£12	£500 11s
Knolles' Almshouse	Valor	£196 10s				£196 10s
	Chantry	£200 9s			£ 2	£202 9s
St Nicholas, Pontefract	Valor	£ 47 4s	£47 3s 4d		£3 6s 8d	£ 97 14s
St James, Northallerton	Valor	£ 34 14s	£23 17s		1	£ 58 11s
Charterhouse Hosp, Hull	Valor	£ 33				£ 33
	Chantry	£45 9s ²		5s 4d ³		£ 45 14s
St Michael, Well	Valor	£22	£20 12s			£ 42 12s
	Chantry	£38 15s	£26 10s	£27 6s8d ⁴		£ 92 12s
St Mary Magda Newton Garth	Valor	£40				£ 40
St Mary, Bootham, York	Valor	£3 6s 8d	£37 13s			£ 41
	Chantry	£4 15s	£34 5s			£ 39
St Mary Magda Ripon	Valor	£27 6s				£ 27 6s
	Chantry	£31 4s				£ 31 4s
St Nicholas, York	Valor	£26 12s	£ 3 6s 8d			£ 29 19s
St Sepulchre, Hedon	Valor	£13 19s				£ 13 19s
St Thomas, York	Chantry	£12 15s				£12 15s
St John the Baptist, Ripon	Valor	£10 14s				£10 14s
	Chantry	£12 0 4d				£12 0 4d
Holy Trinity, Fossgate, York	Valor	£6 13s 4d				£6 13s 4d
	Chantry	£6 13s 4d				£6 13s 4d

Table 7.2

Hospitals with all their income derived from other institutions are not included.

In some cases figures have been rounded to the nearest shilling.

Notes.

1. Watermill with vill of Ellerbeck: £16 13s 4d.
2. Includes a kiln-house which, with a 'stacke garth' with a lea, worth 4s 8d.
3. Value of faggots taken in 31 Henry VIII.
4. In a memorandum added to the Certificate, and not included in the original valuation.

It is impossible to work out with any degree of accuracy the proportion of agricultural to tenemental sources of income using the Valor as it simply summarises the income from each geographical unit without differentiating between income from tenements and from land. It is however possible to do this with certain of the Chantry Certificates: those of Knolles' Almshouse, St Mary's, Bootham, St Michael, Well, and the Charterhouse hospital, Hull.¹⁵ (See Table 7.3) Knolles' and the Charterhouse were both aristocratic foundations, and both had a good mixture of tenements and land; although Knolles' is unusual in that the bulk of its property was not held locally. Well and St Mary's Bootham both had a high proportion of their income from a specific spirituality: the cures of Well and Stillingfleet respectively. Though here again Well's income from this source must have been rather higher than indicated because the Valor omitted its income from Christ Church, King's Court in York.

Knolles' Almshouse seems to have derived its income almost equally from urban and rural rents, the former being slightly larger. Over 80 per cent of the urban rents came from twenty tenements in London, worth on average, £4 8s 6d each, whereas the tenements in Pontefract were worth on average only 9s 5d. This is a more than nine-fold difference. The difference may in part be due to the greater size or quality of the London tenements, but may also indicate that even by the earlier sixteenth century it was possible to charge higher rents for London property. The rural income was from parcels of land varying considerably in size from half an acre to a hundred acres, with a correspondingly wide fluctuation in the value of the land from 1d per acre to over 3s per acre. While this to some extent reflects the different values placed on different kinds of land,

15. Chantry Certificates, vol.2, pp. 42-43, 110-13, 327-332, 338-40.

Table 7.3
Agricultural and Tenemental Property in the Chantry Surveys

Name	Place	Tenements	Total Value	Average Value	Acres	Total Value	Average Value	Average Size
Knolles' Almshouse	London	20	£88 9s 10d	£4 8s 6d	406	£9 7s 2d	6.7d	13.8 acre
	Pontefract unspecified land	30	£14 2s	9s 5d				
Charterhse Hull Well	Pasture	9	£12 10s	7s 11d	208	£4 8s 6d	5.1d	52 acre
	Meadow				19.5	£2 4s 10d	2s 4d	1.95 acre
St Mary's Bootham	Meadow Arable Pasture	cottages 33	£7 18s	4s 9d	8.5	£10 7s	24s 4d	1 oxgang
					28	£3 12s	2s 7d	7 acre
					169	£6 6s	9d	169 acre
St Mary's Bootham		+appurts. 2	£3 6s 8d	£1 13s 6d	25	£1 13s 4d	1s 4d	12,5 acre

this is not the whole explanation. Pasture or meadow was not always valued more highly than arable land. Pasture land appears to have been rented in large blocks 'lij acre of lande in the Pasture, xvjs vjd...c acre of ground in the Pasture, lxs', suggesting that it was for commercial grazing.¹⁶

The Charterhouse Hospital's tenements in Hull seem generally to have been 'good' properties, with four being worth 40s or more a year, and the average value being 27s 10d, perhaps reflecting the demand for rented property in this large port, and constituting a little more than a quarter of the hospital's total income. Landed property also came in larger, and standard size units, of oxgangs. The 8.5 oxgangs were worth on average 24s 4d each.

Well's recorded temporal and spiritual property was divided roughly 70-30, with about 40 per cent of the former coming from woods, and of the remainder about 9 per cent of the total was comprised of rents from cottages worth on average 4s 9d a year. It is not possible to adequately compare the prices of cottages and tenements, but from the prices of tenements in Pontefract it would that urban rents were higher than than rural dwelling rents, as the former were on average twice the value of the latter. Landed property belonging to the hospital was carefully defined as arable, pasture or meadow: 75 per cent of this was in one large block of arable land valued at 9d per acre; the rest was almost equally divided into pasture and meadow, the first valued at 1s 4d an acre, the second at 2s 7d. Well is the only hospital where it is possible to clearly differentiate between the types of land and give relative values for them. Knolles' Almshouse's meadow land was clearly more valuable than any of its other land, but the survey made no distinction between the pasture and the

16. Chantry Certificates, vol.2, p.329.

unspecified land. The valuations of the Well land are in line with Savine's averages, although at a slightly higher price-level.¹⁷ Unlike the other hospitals St Mary's, Bootham had no temporal landed property. As 91 per cent of its income came from spiritualities, its temporalities were very meagre, consisting only of three tenements, two with appurtenances, which were valued at £1 13s 4d each.

It was possible to differentiate between demesne and rental property for fourteen of the hospitals, of which seven held none of their property in demesne. These last were generally hospitals with most of their income from urban rents or from spiritualities. Not one of the hospitals derived all their income from demesne: St Sepulchre's, Hedon and St Mary Magdalene, Ripon had the highest proportions of income from this source at 71.4 and 34.1 per cent respectively. A large part of this in either case was the actual hospital site. In general, as at St Leonard's, more distant property was rented out while that close at hand was kept in demesne.

Most of the leased property provided cash rents but some revenues were still paid in kind, though there was no trace of labour dues, however these may simply not have been recorded. Payments in kind all occur in the Norfolk properties of Knolles' Almshouse, where a number of rents were paid in combs of barley.¹⁸ On the Sculthorpe manor some of the rents appear to have originally been paid in kind, specifically in pepper, but had been commuted to money payments: 'of theires of Walter Hubbert, knight, for one pounce of pepper, iijs'.¹⁹ Without a comparably detailed survey for St Leonard's it is impossible to say whether this was a widespread custom, but it seems more likely that it was a local phenomenon.

17. Savine, English Monasteries on the Eve of the Dissolution, p.173:
arable 7d/acre; pasture 13³/₄d/acre; meadow 20¹/₄d/acre.

18. Chantry Certificates, vol.2, p.331.

19. Ibid., p.328.

Demesne and Rents from the Valor

Name	Demesne	Rents and Farm	Demesne as % of Total gross income
St Leonard's	£40	£348 2s 1½d	8%
Knolles' A/h		£200 10s 3½d	0
St Nicholas, Pontefract		£ 47 3s 10 d	0
St James, Northallerton	£ 9 8s 8d	£ 25 5s 6 d	16.2%
Charterhouse Hull		£ 32 19s 9 d	0
Well	£ 7	£ 15	16.5%
St Mary Magda Newton Garth		£ 40	0
St Mary, Bootham		£ 3 6s 8 d	0
St Mary Magda Ripon	£ 9 6s 8d	£ 17 18s 4 d	34.1%
St Nicholas, York		£ 26 11s 10 d	0
St Sepulchre, Hedon	£ 4	£ 9 18s 10 d	28.7%
St John the Baptist, Ripon	10s	£ 10 4s 4 d	4.9%
St Nicholas, Richmond	£ 8	£ 5 12s	58%
Holy Trinity, Fossgate, York		£ 6 13s 4 d	0

Table 7.4

The other source of rent in kind, is spiritualities, through income in tithes. Oblations and services such as baptism and burial were paid for in money. The cure of Well brought in tithes: 5s worth of hens, 20d worth of geese, 2s from bees, 40s from cows' milk and 7d from sheep's milk, 4s from calves, 20s from wool, 12d from lambs, 5s from linen and hemp, 2s from fruit, 2s from pasture and 11d from poultry.²⁰ In this parish amongst domestic agriculture, dairying was clearly of primary importance, with the wool trade also important, followed by the keeping of hens and production of linen and hemp. All of these except perhaps the last are what one might expect in a principally pastoral area.

20. Valor, p.244.

Other sources of income also occasionally appear in the surveys, such as mills, woods and orchards. However these are almost certainly much under-reported as they were rarely differentiated in the Valor accounts from the main bulk of an estate, being included as part of a total valuation. Only four of the wealthiest houses owned mills and these were valued at between £12 and £2, constituting in each case less than 3.5 per cent of the total income of the hospital, a fairly insignificant proportion. As it is unlikely that St Leonard's did not have mills on its Westmorland manors the actual proportion was likely to have been higher.

Woods as a source of income are only reported once in the Valor, for St Leonard's, where the sale of wood from Beningborough and Acomb was reckoned to be worth on average each year £6 13s 4d, again a very small portion of the total income, but also indicating that the Acomb woods had recovered from the extensive felling which had been complained of at the 1399 visitation.²¹ The hospital also leased from the Crown property in the forest of Galtres called 'les Methames' to the value of £2 8s 6d.²² This may be the source of the sixty loads of wood and three 'bokes' of turf given to the last master Thomas Magnus as part of his pension at the Surrender.²³ The case of the Well woods in the Chantry survey suggests that the failure to inventory this source of income is a major reason for the underestimation of the value of the hospitals. A valuation of these woods was appended to the Chantry Certificate account of Well but the value was not added to that in the account despite the fact that it increased the value of the hospital by nearly 50 per cent, from £65 5s 7d to £92 11s 10d. It seems very unlikely that woods constituted such a large proportion of

21. See Chapter Three for St Leonard's economy.

22. Valor, p.17.

23. L & P Hen VIII, vol.xiv(2), no.623, p.227.

the income of all the hospitals, but it could nevertheless be an important one.

Other sources of income are known to have existed but were not recorded in the surveys. Of these fishgarths and ponds must have provided both an income and an important supply to the kitchens, especially in those houses which lived under some sort of rule. St Leonard's had at least one large fishgarth, which was at 'Brownefletgarth' presumably part of the manor of Broomfleet.²⁴ This garth was certified by the York city council in 1539, but unfortunately they did not give it a value.²⁵ There was also a 'piscary' at Newton on Ouse which was another part of the pension assigned to Thomas Magnus.²⁶

Finally, it has been shown that there are good reasons for suspecting that the incomes of some or all of the hospitals may have been seriously underestimated. But had they declined in absolute terms? The Charterhouse Hospital by the terms of its foundation was required to pay out £62 a year to the master and poor people, and even if the terms of the first endowment which gave the hospital 200 marks a year were probably not completely fulfilled, the hospital did receive several considerable bequests of land from the de la Pole family.²⁷ Yet by the time of the Valor the hospital was worth only £32 192 9d.²⁸ Knolles' Almshouse had been endowed with property in London to the value of £100 a year, but by the time of the Valor had lost 10 per cent of its value.²⁹ In a period when income from rents of all kinds, rural and urban, were in decline it would be remarkable if the hospitals had not lost some of their income. It is perhaps

24. Valor, p.17.

25. YCR, vol.4, p.40.

26. L & P Hen VIII, vol.xiv(2) no.623, p.227.

27. J.Cook, Charterhouse, pp.29-39; CPR 1377-81, p.8; CPR 1395-99, p.464.

28. Valor, p.130.

29. CPR 1396-99, p.148; Valor, p.67.

surprising that in the case of Knolles' Almshouse the decline had been so small. The hospitals were generally suffering from a decline in income, in almost all cases they were no longer supporting the numbers they had been founded for, but in most cases they were still supporting some poor. In a few cases such as that of the two older Ripon hospitals, they may actually have been seeing something of a recovery in this period, as there are indications that in the late fifteenth century they were having problems supporting any poor. The hospitals had suffered a drop in income, though perhaps not as great as the surveys might indicate, but then so had every other institution, family or individual dependent upon a rental income. While a number of the hospitals had decayed to the point where they were no longer able to perform their intended function, and must sooner or later have disappeared, if they had not been dissolved, this was not a new thing. Throughout the medieval period can be found traces of hospitals which had disappeared to the failure of their endowment or purpose. What is more surprising is the number that were still surviving.

Provision for the Poor

Traditionally the religious houses were supposed to spend a tenth part of their income on charity, although the figures in the Valor tend to suggest that they did not live up to this.³⁰ However as Scarisbrick has pointed out, this does not mean that what was provided, was not at least in some places, a munificent supply of doles.³¹ The hospitals by their nature should have devoted more of their resources to the poor, although no specific amount was laid down by canon or customary law. As Table 7.5

30. D.Knowles, The Religious Orders in England, vol.3, (Cambridge, 1950), p.266.

31. J.J.Scarisbrick, The Reformation and the English People, (Oxford, 1984), pp.51-52.

Table 7.5
Provision for Poor (residents or weekly pensioners)

Name	Survey	Gross Total of income	Amount of poor provis	%age of grs tot	Number of poor	Number of orig foun	Amount paid / pauper pa
St Leonard's	Valor	£500 11s 3½d	£83	16.6	60	-	£1 7s 8d
Knolles' A/h	Valor	£198 10s 3½d	£38 18s 8d	19.5	6 men 6 women	13 poor 2 servant	£2 14s 8d £2 13s 4d
	Chantry	£200 5s 8¾d	£41 13s 8d	20.7	3 servant 13 poor	-	£3 5s 4d £2 13s 4d
Easby ¹	Valor	£187 16s 2d	£3 15s 11d ²	2.4	2 servant 5 poor	22 poor	£3 6s 8d 15s 2½d
St Giles, Beverley	Valor (dep Wartre)	£143 7s 8d	£10 16s 4d	7.5	1 servant 5 poor	10 poor	15s 1½d £2 3s 3d
St Nicholas, Pontefract	Valor (dep Nostell) Chantry	£ 97 13s 10d £ 16 13s 4d	- £12 13s 4d	- 76.9	- 9 poor	13 poor 13 poor	- 1.£2 8.£1 6s 8d
Yarm	Valor (dep Healaugh) Chantry	£ 86 6s 6d £ 5 6s 8d ³	- -	- -	0 0	- -	- -
St James, Northallertn	Valor	£ 58 10s 10d	£ 9	15.4	6 poor	13 poor	£1 10s
Charterhouse Hull	Valor Chantry	£ 32 19s 9d £ 45 13s 11½d	£17 6s 8d £24	52.6 52.6	10 poor 6 men 6 women	13 men 13 women 13 men 13 women	£1 14s 10d £1 14s 10d £2 £2
St Michael, Well	Valor Chantry	£ 42 12s 3d £ 65 5s 7d	£15 18s 6d £18 13s 4d	37.3 28.6	14 poor 14 poor	24 poor 24 poor	£1 2s 9d £1 6s 8d
St Mary Magd Newton Garth	Valor	£ 40	£ 8 13s 4d	21.7	5 poor	-	£1 14s 8d

continued

Name	Survey	Gross Total of income	Amount of poor provis	%age of grs tot	Number of poor	Number of orig foun	Amount paid / pauper pa
St Mary's, Bootham	Valor Chantry	£ 37 £ 39	- -	- -	- 0	6 chapls 6 chapls	- -
St Mary Magd Ripon	Valor Chantry	£ 27 5s 6d £ 30 3s 6d	£ 1 13s 4d £ 1 13s 4d	6.1 5.5	5 poor 5 poor	- -	6s 8d 6s 8d
St Nicholas York	Valor (dep Holy Trinity)	£ 29 18s 6d	£18 16s	62.9	6 poor	-	£3 2s 8d
Rerecross	Valor (dep Marrick)	£ 21	-	-	-	-	-
St Sepulchre Hedon	Valor	£ 13 18s 10d	-	-	-	-	-
St Nicholas Richmond	Valor Chantry	£ 13 12s £ 10 13s	12s -	4.4 -	- -	- -	- -
St John md Beverley	Chantry	£ 12 18s 7d	-	-	-	-	-
Holy Trinity Fossgate, York	Valor (dep Mercers' guild) Chantry	£ 6 13s 4d £ 12 16s 8d	- £11 16s 8d	- 92.6	- 13 poor 2 scholar	13 poor 2 scholar	17s 4d 17s 4d
St Thomas York	Chantry (dep Corpus Christi guild)	£ 12 15s 4d	£ 2 5s 8d	25.9	10 poor 1 servant	10 poor	6s 8d 13s 4d
St John Bapt Ripon	Valor Chantry	£ 10 14s 4d £ 12 0s 4d	- -	- -	0 0	4-5 poor 4-5 poor	- -
St Nicholas Beverley	Valor	£ 5 0s 8d	-	-	-	-	-

Notes

1. Value of whole monastery. The same should be understood for all other dependencies.
2. Not including annual occasional provision total of which is £14 5s 2½d. (7.6 % of total value).
3. Stipend of master.

shows, the actual percentage of income spent on the poor varied enormously from nothing to over 90 per cent. As with the Valor figures for monastic charity the returns did not necessarily tell the whole story. The table excludes occasional alms derived from obits, and the Valor does not record such customs as giving the remains of the community's meals to beggars at the door. In these cases the figures for provision of alms were calculated at too low a level, but the figures at the upper end of the range are also artificially high. This occurred in hospitals which were dependant upon other religious houses, so that the income was simply the pensions of the inmates and the master's stipend, which was paid out by a supervisor rather than deriving from property independently owned by the hospital, and did not cover such expenditure as the upkeep of hospital buildings which would have been paid from other parts of the mother house's budget. This situation is often found in the Chantry Survey accounts when the mother house had been dissolved but the hospital had been allowed to continue as a useful institution with its income being paid out of lands formerly belonging to the mother house by a Crown agent or a farmer of the monastic lands. This had already occurred at St Nicholas, York, a dependency of Holy Trinity, Micklegate, by the time of the Valor when the pensions to the sisters made up 63 per cent of the total income.³² The two York guild hospitals were clearly no longer able to survive on their original endowments and were being subsidised by their respective guilds:

'and so yt aperethe that the charges yerly of the sayd gylde doth extende above the revenewes of ther certentes, lvs xd over and above all reparacions and other charges, which ys yerly borne by the charytye of the bretherne and systers of the sayd gylde'.³³

32. Valor, p.21.

33. St Thomas' Hospital, York: Chantry Certificates, vol.1, p.54.

Any hospital that was paying more than 60 per cent of its income directly to the inmates was not, and probably could not be, an independent self-supporting institution.

Of those hospitals which were paying less than 10 per cent of their income to their inmates (excluding those which had no inmates, or no recorded inmates), two were attached to or dependencies of monasteries, so that the figures of gross income refer to the mother house rather than the hospital itself. Here the hospital would have been regarded as one of the departments of the house to be treated no more favourably than the cellary or the sacristy. The monastery would usually also provide other forms of alms. The third of this group is St Mary Magdalene, Ripon, an ancient foundation of the twelfth century, whose expenditure on its inmates had failed to keep pace with inflation, though as we have seen its situation may have improved since the mid-fifteenth century. Only St Thomas', York paid so little to its inmates (6s 8d), and as we have seen that had financial problems of its own. While the surveys recorded money pensions paid to the poor it is not clear whether this included doles of food, if it did not these pensions may not have been as small as they appear. At St Mary Magdalene's 6 per cent of the income went on the poor, 29.4 per cent on the pay of the two chaplains, and the residue (after the payment of certain rents) of more than £16 or 58 per cent of the total went to the master Marmaduke Bradley.³⁴ Clearly the lack of money spent on inmates did not cease to make a hospital a hospital although it might make for a comfortable sinecure for an absentee master or a pluralist like Master Bradley.

Taken as a whole the average amount spent by the hospitals on their
34. Valor, p.252.

inmates was 31.4 per cent, and when the anomalous high and low figures were excluded the average was 26.6 per cent. The hospitals were spending well over the expected tenth part of their income on their inhabitants and certainly more than the 3 per cent spent by the monasteries as analysed by Savine from the Valor.³⁵ An average of between a quarter and a third of the total income being spent directly on the inmates suggests a group of institutions whose original purpose was still much to the fore, even if the numbers which they could support were reduced.³⁶

As Table 7.5 shows, the wealth of a hospital bore very little relation to the proportion of its income which it spent on the inmates, or indeed to the absolute amount spent on each pauper. St Mary Magdalene, Ripon and St Nicholas, York had very similar incomes and similar numbers of inmates, yet the former paid to each pauper 6s 8d per year, and the latter 62s 8d, ten times as much.³⁶ These two hospitals show the greatest range of allowances to inmates: St Mary Magdalene and St Thomas paying the lowest rate and none paying more than St Nicholas, although Knolles' Almshouse paid more to its women servants.³⁷ The average payment to each inmate was about £1 11s 5d per year. As Table 7.6 below shows, most hospitals paid between 11s and 30s a year, and almost two-thirds of inmates were paid at this rate. Only 22 per cent of all the inmates were paid less than 10s or more than 40s a year. These figures are heavily weighted by the large numbers supported by St Leonard's on 27s 8d each per year, but even if St Leonard's is removed from the computation the range 11-40s still comprises 67 per cent of the total.

35. Savine, English Monasteries on the Eve of the Dissolution, pp.238-39.

36. See Table 7.5.

37. St Mary Magdalene £27 5s 6d: Valor, p.252; £30 3s 6d: Chantry Certificates, p.367; St Nicholas £29 18s 6d: Valor, p.21; St Mary Magdalene five inmates, St Nicholas six.

Distribution of Pensions Paid by Hospitals

	0-10s	11-20s	21-30s	31-40s	41-50s	51-60s	60s+
Nos. of Hosps giving each rate	2	5	4	2	1	2	1
Nos. of inmates at each rate	15	22	88	28	5	13	6

Table 7.6

What these figures actually meant in the way of a standard of living is problematic, as it is difficult to say what these sums were actually supposed to cover. At St James, Northallerton, it specifically covered food and clothing 'in victualis et vestibus', whereas at Easby it was food and drink 'cibis et potibus'.³⁸ In still other hospitals the monetary allowance may have been in addition to a food dole as had once been the case at St Mary Magdalene, Ripon, where in 1342 it was said that each leper living there should receive a quarter bushel of wheat, 1d a week for drink and soup daily.³⁹ Much however had changed in two centuries, not least the replacement of the lepers by the sick and aged 'senio et morbo'.⁴⁰ The low level of monetary payment at St Mary Magdalene's may well, however, be a sign that this system still operated there.

In addition to the annual pension, many inmates might expect to receive occasional doles of food or money on feast days or obits, as happened at Knolles' Almshouse where the poor and the servants received 'every of them at x several feasts...ijd a pece...and also lxxvjs viijd yerly to be devyded amongst the same', which gave them an extra 6s 8d each a year.⁴¹ Although the almsfolk of other hospitals were unlikely to do as well as this, they might receive from these, and other sources such as bequests and free alms from outside the hospital an extra shilling or two a

38. Valor, p.85, p.236.

39. Memorials of Ripon, vol.1, p.228.

40. Valor, p.252.

41. Chantry Certificates, vol.2, p.327.

year, which must have been very welcome when the average pension worked out at 7d or 8d a week. At this level an almsperson could probably live adequately, if simply, though it was becoming more of a struggle in the face of the inflation of the early sixteenth century. By the end of the century the York civic authorities were forced to admit that they had to pay each pauper 1½d per day, as 1d no longer sufficed.⁴² It may be noted that by comparison hospital clerks received 40s and 65s 8d a year, which in the former case should have been livable on and in the latter, considering the relatively high standard of living at Knolles' Almshouse, reasonably comfortable.⁴³

Some hospitals also maintained, or partially maintained, non-resident poor through alms at the gate. At St Leonard's these were specifically described: 'in porcione pane et allec' rubeum in elemosina pauperibus extraneis ad magnas portas ejusdem hospitalis' valued at 40s a year, and 'in die Cene Domini videlicet pauperibus infirmariis et pauperibus extraneis' bread, ale and money to the value of 20s.⁴⁴ Easby Abbey also gave periodic doles of food, drink and money, partly to the inmates and partly to extranei.⁴⁵ The recorded amount spent on extramural alms was a very small proportion of that spent on the resident almsfolk: at St Leonard's it was 3½ per cent, which is very close to the average provided by the Valor for monastic charity as a whole. Nevertheless it is likely that these figures represent an under-evaluation of the extramural alms actually given as only those alms which the hospital could show were required of it by its foundation, or by an obit or similar, were accepted

42. In 1588 the dole was raised to 1½d 'under whiche some no poor creatour may live': YCR, vol.8, pp.157-58.

43. St Mary's, Bootham, York: Chantry Certificates, vol.1, p.42; Knolles' Almshouse, Pontefract: Chantry Certificates, vol.2, p.324.

44. Valor, p.18.

45. Valor, p.236.

by the commissioners. Where they were voluntary or no title could be shown authorising them, they were disallowed.

As well as supporting almsfolk of various types at least two of the hospitals also supported children. In both cases these seem to have been choirboys, who enhanced divine service, and in one, possibly both cases, received an education. St Leonard's had been supporting children, some or all of whom were orphans, since the twelfth century. Originally these may have been distinct from the choirboys, but this distinction seems to have disappeared by the sixteenth century. The choir consisted of twelve boys and clerks who were each given 50s a year and taught 'tam in cantu quam in sciencia gramaticali'.⁴⁶ Knolles' Almshouse supported four children each at £2 6s 8d a year, although it is not stated whether they were receiving an education.⁴⁷ The addition of the boys was subsequent to the original foundation and may have taken place at least in part during the mastership of James Clapeham (d.1494) who left money for two scholarships for choirboys.⁴⁸ It is probable that only these two hospitals were sufficiently large and well-endowed to have the elaborate church services which required choirboys, and only these which were well enough endowed to be able to support them.

There were also some hospitals which no longer supported any inmates at all. In some cases it is unclear whether or not there were any inmates of the hospital as the surveys do not mention them, for example the Valor does not indicate any figures for the number of poor at Holy Trinity hospital, Fossgate, York, yet the Chantry Survey indicates that it had its

46. Valor, p.18.

47. Chantry Certificates, vol.2, p.327. The support of the children was not mentioned in the Valor, possibly because educational expenses were not allowable: Savine, English Monasteries on the Eve of the Dissolution, pp.230-31.

48. Prob.Reg. 5, f.446 (Clapeham).

full foundation complement. However it appears that four (Yarm; St Mary's, Bootham; St Sepulchre, Hedon; and St John the Baptist, Ripon) definitely had no resident almspeople; and another four (Rerecross⁴⁹; St Nicholas, Richmond; St John, Beverley; and St Nicholas, Beverley) may not have done so. This means that between 20 and 40 per cent of hospitals may not have been performing any useful function in the relief of the resident poor. All the hospitals, except Yarm which was a dependency of Healaugh, occur in the second (poorer) half of Table 7.5, and even Yarm was only valued at £5 6s 8d in the Chantry Certificate.⁵⁰ None of these institutions except St Mary's, Bootham could afford to support inmates or do more than pay a reasonable stipend to the master, as happened at St Sepulchre's, Hedon, where after the payment of a few rents, the annual income was just £11 18s 4d.⁵¹ Some could not even manage this. At St Mary's, Bootham the income would have been sufficient to support a number of poor but these were only to be maintained 'yf the revenues therof wold extend therunto...and the vj lame prystes be not founde, for the possessions will not extend therunto'.⁵²

The reduced value of the majority of the hospitals is revealed by the shrunken numbers of poor that most of them supported, compared to those stipulated in foundation deeds or reported in earlier records. Nine of the hospitals had foundation documents which stated the number that were to be supported, and two more have earlier numbers of inhabitants. Of the nine only three (Knolles' Almshouse, St Thomas, York and Holy Trinity, Fossgate, York) were supporting the same numbers as in their original foundation

49. Rerecross was a travellers' hospital and would have had an irregular and transient population.

50. Chantry Certificates, vol.1, p.119.

51. Valor, p.110.

52. Chantry Certificates, vol.1, p.42.

documents.⁵³ Of the remainder St Nicholas, Pontefract could provide for nine of its original thirteen places; St Michael, Well for fourteen out of twenty-four; St James, Northallerton for six out of thirteen; Easby for only five and a servant from its original twenty-two; and St Mary's, Bootham for none out of six.

The worst decline was that of St Leonard's, which had been progressive but uneven for the previous 250 years. While it is likely that St Leonard's had a more than usually fluctuating population, and thus numbers at particular dates may not be absolutely representative of the period from which they were taken, it does seem to show a gradual decline from a height in the late thirteenth century. The hospital had never had a fixed number of inmates: in 1287 the numbers were 229;⁵⁴ by 1364 the customary number was 206;⁵⁵ and by the middle of the fifteenth century the numbers were around 130.⁵⁶ At the Valor it had decreased to 60 and at the surrender was only 44, although 'of late, 50'.⁵⁷ While this decline seems acute it must be remembered that in a period of high population and widespread poverty St Leonard's may have been supporting an unusually high population in the late thirteenth century, while financial problems were contributing to decreased numbers in the late fourteenth. If the figures for the late thirteenth century were unusually high, then the figure of 206 claimed to be customary in 1364 may indeed have been more usual. The rapid decline in numbers between the Valor and the Suppression in 1539 may have been as a result of

53. It is interesting to note that at the Valor Knolles' had six men, six women, and three women servants, but at the Chantry Survey had thirteen poor people and two servants, presumably to adhere strictly to the terms of the foundation document. No doubt achieved by metamorphosing one of the servants into a pauper.

54. LJRO, QQ 10 K.

55. PRO, C270.20.

56. YML, M2(6)c, f.38v.

57. L & P Hen VIII, vol.xiv(2), no.623, p.227.

uncertainty about the future of the hospital, and therefore a reluctance to take in more dependants. Moreover as we have seen it may not have reflected the transient population of the hospital. The Charterhouse Hospital which had originally been founded for twenty-six poor, was actually increasing its numbers, although these were still below those of the original foundation, due to a drop in numbers in the late fifteenth century. The hospital had clearly not supported more than sixteen people for a long time as at the Chantry Survey it was described as having 'howses for xvj poore people under one ruffe', while actually supporting twelve.⁵⁸ This was an improvement upon the situation recorded in the Valor when the hospital had only had ten inmates, and they had also been given an increase in allowance from £1 14s 8d in 1536 to £2.⁵⁹ The improvement can be measured from the fact that in 1514 the house had supported only seven poor inmates.⁶⁰ As the Charterhouse hospital shows, not all hospitals were in a state of decline, and it may well be that the worst period for the hospitals had been the mid to late fifteenth century, and that most were now recovering. However of the 147 places specifically founded to support poor people only 83 were filled at the Valor and Chantry Surveys. The effects of depression, reduced income and inflation had reduced the numbers of places the hospitals were able to support by nearly a half.

Personnel of the Hospitals

The Valor and the Chantry Surveys contain the names of some ninety seven individuals closely connected with the hospitals, and more can be gleaned from other documents such as surrenders and pension lists. As the two surveys were conducted ten to twelve years apart a number of hospitals

58. Chantry Certificates, vol.1, p.338.

59. Valor, p.130.

60. Cook, Charterhouse, p.60.

reveal changes in personnel, with new masters, different inmates and occasionally changes in the chaplains and cantarists. Unfortunately the Chantry Surveys do not reveal the names of lay officials as the Valor does. More generally both the Valor and the Chantry Surveys were selective about the names that they did record so that a somewhat distorted impression is given from the evidence. For example inmates were generally recorded collectively while lay officials were noted individually. It is thus much easier to derive information about the latter than the former. The reason for this is that fees of various amounts paid to lay officials had to be individually recorded as they could be set against income, whereas payments to inmates were usually at a single rate and could be recorded collectively as in the St Leonard's Valor entry 'pro sustentacione sexaginta pauperum infra firmarium'.⁶¹

The social status of these lay officials was considerably greater than that of those for whom the hospitals catered and it is in only a few cases that anything of the social origins of the inmates of the hospitals can be discovered. The 'poor bedefolk called "cremetes"' received pensions and it is through these pension lists, where they survive, that the names and possibly something of the backgrounds of the poor, can be elicited.⁶² Occasionally the names of the almspeople are given in the Valor, as at Knolles' Almshouse where, however, there are reasons for believing that the inmates here were not typical of hospital inhabitants generally.⁶³ Another group with 'high visibility' are the chaplains and chantry priests. This is again due to the nature of the material: the Chantry Surveys were specifically designed to record chantries and their clerks; the Valor

61. Valor, p.17.

62. L & P Hen VIII, vol.xiv(2), no.623, p.227.

63. Valor, p.68.

recorded chantries which the houses in which they were situated were obliged to support, and the priests who formed part of the staff of the hospitals were recorded because of the salaries which they were paid. Not all who were employed within the hospitals, however were recorded by the Valor. In a few cases the Chantry Surveys record men serving chantries unconnected with hospitals who are unmentioned in the Valor but described in the surveys as having formerly been staff in such institutions.

Most important, however, of the hospital's staff, and the name recorded most frequently, is that of the master. Twenty-eight men are recorded as masters in the period 1535-48 (though some of these are from sources other than the Valor and the Chantry Surveys), and of these something more can be discovered of eighteen of them. Of these eight were definitely graduates⁶⁴, and another two may have been.⁶⁵ Their careers varied widely, from that of John Barnard, master of St Thomas, York, who remained there until his death in 1551, to Richard Moryson, royal ambassador to Denmark, the Hanse and the court of Charles V.⁶⁶ These two illustrate the great range of men who served as masters of hospitals: Barnard, a local man, who spent his life at his post and rose no higher; Moryson, the graduate, almost certainly absentee, for whom the mastership was no more than an income. Two of the masters, Marmaduke Bradley, master of St Mary Magdalene, Ripon, formerly abbot of Fountains, who spent his last years comfortably as a canon of Ripon, and Thomas Magnus, archdeacon of the East Riding, member of the Privy council, and last master of St

64. John Conyers (Emden, vol.1, p.480); George Nevvill (Emden, 1501-40, pp.414-15); Silvanus Clifton (Emden, vol.1, p.442); Thomas Hutchon (Abp.Reg. 27 (Lee), f.4); Robert Warde (Emden, 1501-40, p.605); Thomas Magnus (DNE, vol.12, pp.768-69); Richard Moryson (Emden 1501-40, pp.405-06); Thomas Huet (Venn vol.2, p.362).

65. Robert Jacson (Emden, vol.2, p.1011); John Rogers (Venn, vol.3, p.478).

66. Corpus Christi Guild, p.225; Emden, 1501-40, pp.405-06.

Leonard's, conveniently bent their religion to best accomodate their temporal futures.⁶⁷ Three however, were personally affected by the new religion. Robert Warde was a supporter of the old faith, granted a pardon in 1545 for treasonable utterances on the subject of the king's supremacy, he gave evidence at the trial of Crammer in 1555, and died in Rome three years later.⁶⁸ Richard Moryson and Thomas Huet were both learned exponents of Protestantism. The former, deeply interested in humanist learning, ended his days in exile in Strasbourg in 1556.⁶⁹ The latter, returning to his native Wales, became precentor of St David's in 1562, and translated part of the New Testament into Welsh.⁷⁰ In few of these cases, except that of John Barnard, do the masters appear to have had very much to do with their hospitals.

Twenty-nine men are recorded as cantarists in the Yorkshire hospitals at one or other of the surveys. Of few can anything more be determined than the comments in the Chantry Surveys, which if they described them at all, considered them all to be well-behaved ('of honest conversation'). Comments on their learning were rather more disparate: two had degrees; others such as William Shutt, first of St Leonard's, later cantarist in the Innocents' chapel of York Minster, were 'meanly learned'.⁷¹ Most fell between these two groups.

Of the eleven brethren recorded at the surrender of St Leonard's, four subsequently occur as cantarists in the Chantry Surveys; one indeed also held the parsonage of St Denys, Walmgate, a parish church formerly

67. Chantry Certificates, vol.2, p.366; Memorials of Ripon, vol.2, p.224; DNB, vol.12, pp.768-69.

68. Emden, 1501-40, p.605.

69. Ibid., pp.405-06.

70. Venn, vol.2, p.362; DNB, vol.10, pp.156-57.

71. Thomas Burton: Emden, 1501-40, p.88, Venn, vol.1, p.268; Edward Holme: Venn, vol.2, p.397; Chantry Certificates, vol.2, p.446.

belonging to the hospital.⁷² It is interesting to note that two of the brethren were canons who had been transferred to St Leonard's when their own houses of Haltemprice and Drax had been dissolved. When John Grayson and William Doughty came to St Leonard's in 1536 they must have expected to stay longer than three years when they were professed into the house.⁷³ This tends to reinforce the idea that originally there was no intention that St Leonard's should be suppressed. Unfortunately the subsequent careers of these two cannot be traced with any certainty, although they may possibly be identified with entries in the Index of York Wills. There are three entries under the name of William Doughty: one who died in Campsall in 1540; one in Ovenden near Halifax in 1552; another in Selby in 1550 but none can be positively identified with the former cleric.⁷⁴ A John Grayson, yeoman, died in 1556 in New Malton, and is probably to be identified with a John Grayson renting chantry land in Old Malton in 1548, but again identification is less than certain.⁷⁵ Further evidence that the decision to suppress St Leonard's was not made until a late date, is that the hospital admitted three 'conductes' in 1537, the year after the arrival of the canons.⁷⁶

Of the inmates of the hospitals and their careers after they left almost nothing can be said. A pension list for St Mary Magdalene, Newton Garth, Hedon of 1552-3 shows two sisters: Joan Nanby, aged 54, receiving a pension of £1 14s and Alice Thornton, who had been in receipt of an equal pension, but had died in 1552.⁷⁷ If Joan Nanby's age is accurately recorded she must have been about 38 years old at the time of the Valor,

72. Chantry Certificates, vol.2, p.442.

73. L & P Hen VIII, vol.xiv(2), no.623, p.227.

74. Index of Wills: 1514-53, p.54.

75. Index of Wills: 1554-68, p.66; Chantry Certificates, vol.2, p.511.

76. L & P Hen VIII, vol.xiv(2), no.623, p.227.

77. Ministers' Accounts quoted in VCH Yorks, vol.3, p.309.

and therefore probably an infirm rather than aged dependent. However two wills exist from this period, one definitely, and one probably, written by sisters of two hospitals, which illustrate their lifestyle. The first is that of Isabella Swales who died in May 1536, unsuspecting of the events that were to occur over the next few years, leaving a maser to be an heirloom of St Mary Magdalene, Killingwoldgraves, near Beverley, and gifts to four other sisters of the house.⁷⁸ The second will is that of Margerie Conyers who died in 1547. She did not specifically describe herself as a sister of Knolles' Almshouse, nor did she appear in the Valor list (possibly having entered since its compilation), yet she was intimately concerned with the hospital. Most of her bequests were to members of the house, including 'to everyone of the susters in the susterhouse 12d and to everyone of the brether in the bretherhouse 12d' and the will was witnessed by the master and one of the chaplains.⁷⁹ Both of these women were comfortably off: Margerie had her own servant and left several bequests of silver. They are, however perhaps more representative of the houses in which they lived than of the general run of hospital inmates. Knolles' Almshouse had always been for the better sort who had fallen into poverty and St Mary Magdalene may have had a development similar to that of St Nicholas, York.

Four hospitals retained lay officials to administer their estates: two, St James, Northallerton and the Charterhouse Hospital, Hull each had a bailiff and a seneschal; while St Leonard's and Knolles' almshouse were each able to employ an individual to look after each group of estates. Knolles' employed four men: a receiver of rents for London; a seneschal and a bailiff for the Norfolk estate and another seneschal for Pontefract.

78. Testamenta Eboracensia, vol.6, p.53; Prob.Reg. 11, f.205.

79. Testamenta Eboracensia, vol.6, pp.256-57; Prob.Reg. 13, f.335.

William Salmon, the Pontefract seneschal, was a graduate of Oxford and his fellow in Norfolk was certainly a person of some standing, though which of the Roger Townsends, father and son, he was is not certain.⁸⁰ The father was Sir Roger, knight, of Raynham, Norfolk; the son was Doctor of Canon Law in 1532-3, admitted advocate in the York ecclesiastical court in 1533, and ended as Chancellor of Salisbury for a few months before his death in 1538.⁸¹

St Leonard's had five bailiffs: for the West Riding; for the North Riding and Cleveland; Beningborough and Newton-on-Ouse; Acomb; and one for the liberty of St Leonard's and Escrick. The house also had a collector of city rents for York, and over these six a head seneschal and also an auditor. Several of these were local gentry such as Robert Metham, who witnessed the will of Seth Snawsell of Bilton in 1537 when he was described as 'gentleman', and who entered the York Corpus Christi guild in 1527. He appears to have bought Acomb grange at the Dissolution.⁸² The 'William Menett' bailiff of the North Riding and Cleveland, of the Valor is presumably to be identified with William Menell, gentleman, of Heslington, who died in 1539.⁸³ The two chief officials of St Leonard's were both men of considerable standing: the auditor was Sir George Lawson, former Lord Mayor of York and member of the Council of the North;⁸⁴ while Sir Marmaduke Constable was the second son of Sir Marmaduke Constable of Flamborough. He had been knighted after the battle of Flodden, attended the Field of the Cloth of Gold, and was an M.P. for Yorkshire.⁸⁵ Both these men could exert considerable influence on behalf of the hospital and this was no doubt why

80. Emden, 1501-40, p.502.

81. Venn, vol.4, p.259.

82. Testamenta Eboracensia, vol.6, pp.62-63; Corpus Christi Guild, p.210.

83. Valor, p.18; Corpus Christi Guild, p.229.

84. D.M.Palliser, Tudor York, (Oxford, (1979), p.235.

85. DNB, vol.4, p.969.

they were retained.

The potential for the use of influence within a hospital is revealed by the Valor of Knolles' Almshouse, which lists all the dependants of the house.⁸⁶ Comparison of the names of the master and six chaplains with those of inmates of the hospital is revealing: for the master Thomas Hutchon there is among the 'mulieribus pauperibus' an Elizabeth Huchton; for the chaplain Randolph Dixson, another John Dixson; for Thomas Burton, an Elizabeth Burton; for William Watson a Thomas Wason (sic) among the poor men; for Roger Marshall, similarly a George Marshall. Only Edward Gibson of the chaplains appears to have had no relative within the hospital, and even this may be deceptive if he had a married or widowed sister. Nor was the practice confined to the chaplains, for the Norfolk seneschal Roger Townsend was more than likely related to the Thonie Townesend in the sister-house. The temptation to settle dependant or potentially dependant relatives in the hospital must have been considerable for the chaplains and officials, especially when they lived as well as they did at Knolles' Almshouse. A similar pattern of surname relationships between the inmates and the officials of St Leonard's can be discerned, though the degree of correlation is nothing like as marked. Moreover the presence of names like 'Blind Helen' indicates that St Leonard's was far from dominated by the relatives of its staff and lay officials.⁸⁷

Expenditure on Hospital Officials

The major expense allowed in the surveys to the hospitals, other than compulsory alms and synods and procurations, was payment to their officials. The Valor and the Chantry Surveys take slightly different

86. Valor, p.85.

87. PRO, SC.4644, ff.49v-50v.

notice of the various officials: the Valor notes chaplains and cantarists, brothers and sisters, and lay officials such as bailiffs; the Chantry Surveys ignore the lay officials but do record payment to the master.

Only six hospitals paid a fixed stipend to the master, although the 'vicar' of Well probably fulfilled this function. The masters seem to fall into two categories: one of quite highly paid stipendiaries; the other of lowly paid cantarists. The former group was paid on average £10 15s 6d a year; the latter £5 6s 10d, less than half as much. The average stipend for the group as a whole was £7 5s 8d, about four and a half times as much as the average almsperson. Where no fixed stipend is recorded the master took whatever was left after all the other expenses had been paid.

Chaplains and cantarists attached to the hospitals were paid between £3 and £8 18s 7d, although most were paid between £4 and £6. The average pay was £5 7s 3d, almost exactly the same as the average stipend of some of the poorer masters, showing that they were essentially of the same background and function. Any cantarist being paid at this rate was receiving about the minimum recommended pay for a beneficed clerk with cure of souls, it being considered that 8 marks or £5 13s 4d, was not enough to maintain a vicar's household.⁸⁸ According to Krieder the median wage of a chantry priest in 1535 was between £3 13s 4d and £4 15s 4d, depending upon where he lived, with the city of York having the lowest rates of pay.⁸⁹ By comparison the hospital cantarists and chaplains were more comfortably placed: only one was paid less than the lower of these figures and half were paid more than the higher figure. On the whole the post of a hospital chaplain or cantarist would probably have had more appeal than that of a cantarist in a parish church.

88. Krieder, English Chantries: The Road to dissolution, p.21.

89. Ibid., p.22.

Table 7.7
Expenditure on Hospital Officials

Hospital Name	Master	Chap'lains	Seneschal	Bailiffs	Others	Total Cost	%age of gross income
St Leonard's		1.£4 1.£5 6s 8d	1.£2	1.£4 6s 8d 1.£4 4s 1.£2 4s 4d 3.£2	Auditor £2		
Knolles' A/h Pontefract	£13 6s 8d	6.£6 13s 4d	1.£1 1.£2	1. 18s	Receiver £2 13s 4d Sacrist £3 6s 8d	£31 14s £65 4s 8d £ 4	6.3% 32.9% 4.1%
St Nicholas, Pontefract	£4						
Yarm	£5 13s 4d					£5 13s 4d £19 13s 4d	6.5% 33.6%
St James, Northallerton			1. 6s 8d	1.£1 6s 8d	6 bros + sis £18		
Charterhouse	£10		1.£1	1.£1	Vicar + cantarist £9	£12 £ 9	36.3% 4.7%
Well							
St Mary Magda Newton Garth		2.£5				£10	25%
St Mary' Bootham		2.£5 2.£4 13s 4d			1 clerk £2	£21 6s 8d	57.8%
St Mary Magda Ripon		2.£4				£ 8	29.4%
St Nicholas, York		1.£4 16s 8d 1. 6s 8d			Receiver 13s 4d	£ 5 16s 8d	19.5%
St Sepulchre, Hedon				1. 19s 6d	Receiver £1	£ 1 19s 6d	14.3%
St Nicholas, Richmond		1.£3				£ 3	22%

Hospital Name	Master	Chaplains	Seneschal	Bailiffs	Others	Total Cost	%age of gross income
St John Bapt Beverley		1.£4 1.£8 18s 7d				£12 18s 7d	100%
Holy Trinity Fossgate	£6 13s 4d					£ 6 13s 4d	100%
St Nicholas, Beverley	£5 0s 8d					£ 5 0s 8d	37%

The last group of any size which was paid by the hospitals was that of the lay officials, such as seneschals and bailiffs, who collected rents and supervised work on the demesne properties. These positions were sometimes simply honorary, designed to interest the local gentry in the welfare of the house with a notional payment, but often a bailiff had an important though not necessarily full-time job. Seneschalcies were clearly of the honorary type of post: three hospitals had one who was paid either 20s or 40s, a fourth paid a meagre half mark.⁹⁰ Bailiffs did most of the practical work of administration of estates and five hospitals had them. Most hospitals appear to have managed without one, but this may simply be because they were recompensed in a way which did not show on the returns to the surveys. St Leonard's had seven bailiffs, although some of these may have been honorary posts.⁹¹ The average pay of all the bailiffs was £1 18s 7½d, certainly not enough to live on. It is possible that they took the bulk of their remuneration directly from the estates they were managing, and the payment recorded was merely a retaining fee. In other cases it may be that they were spending only a portion of their time on the administration of the hospital's estates in their locality, and their fee was correspondingly only a proportion of what would be paid to a full-time employee. Four of the hospitals also employed an auditor or receiver who was paid on average £1 11s 8d, again this probably reflects partly an honorary post, partly a post with only limited demands made on it.

The percentage of its income which a hospital spent on its officers varied from less than 5 per cent to 100 per cent (in which case it was effectively less a hospital than a chantry). On average the hospitals

90. Knolles' Almshouse had two seneschals: one for Pontefract, one for Norfolk; St James, Northallerton.

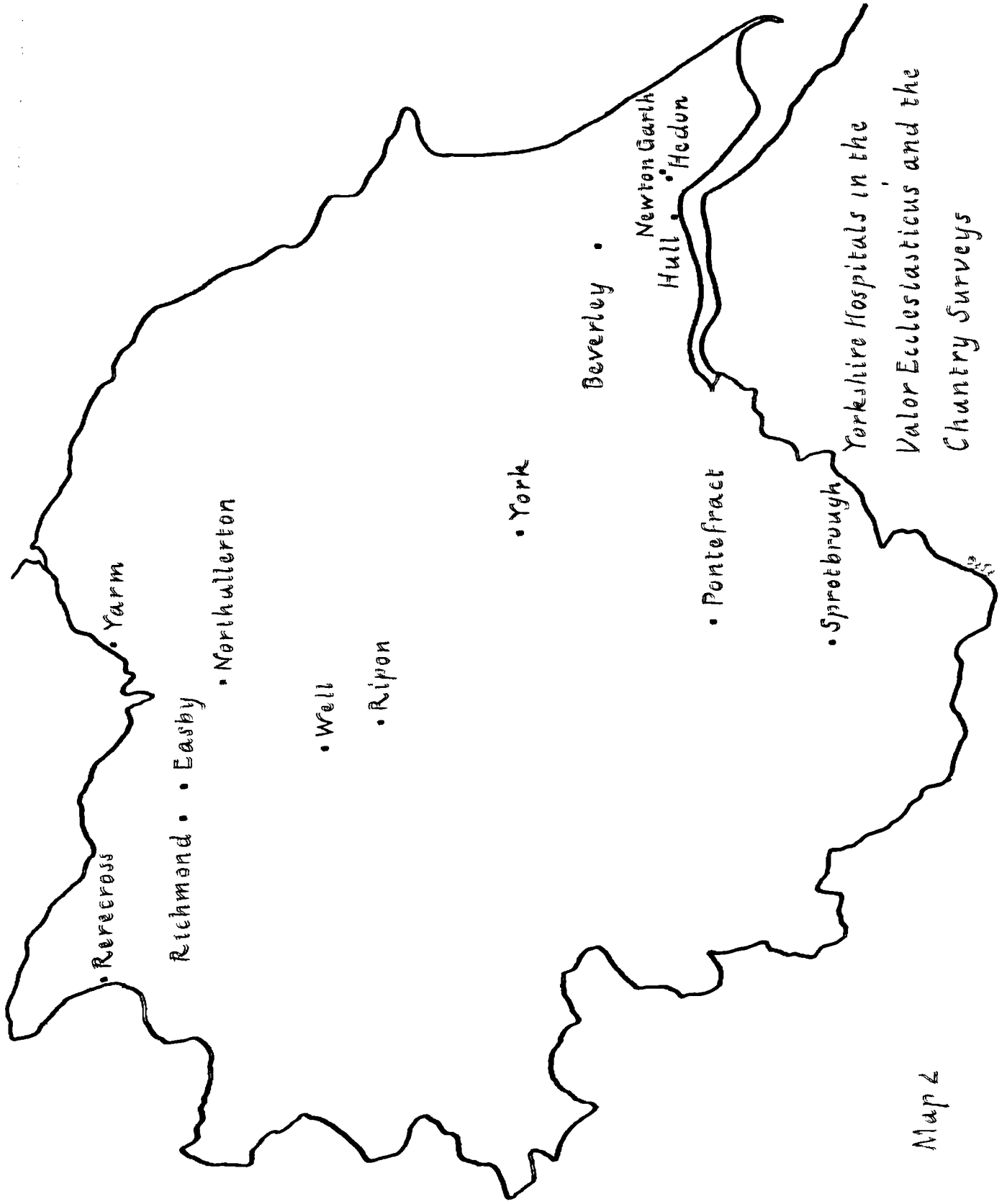
91. As Robert Dyneley, bailiff of Bramhope, paid 6s 8d: Valor, p.18.

spent around 33 per cent of their income on staff. The highest proportion was spent by those hospitals which concentrated on their intercessory rather than charitable functions, keeping few or no inmates. As these were frequently the poorest hospitals they were rarely able to support almspeople.

Conclusion

It has long been known that the Valor underestimated the real value of the monastic houses especially in Yorkshire, possibly by as much as fifteen per cent. The same appears to be true of the hospitals, although the degree of undervaluation is not clear. When a general undervaluation of property is combined with the failure to record some sources of income, the recorded income may be underestimated by more than fifteen per cent. The Chantry Surveys to some extent rectify this situation, but even when they recorded the same hospitals as the Valor the space of ten or twelve years means that the properties held were rarely exactly the same. In those cases where a hospital was recorded with much the same property the Chantry valuation could be between ten and fifty per cent higher than the Valor. Nevertheless most of the hospitals were in a state of decline, due to a reduced income, and few were able to support the numbers prescribed in their foundation documents. Of the hospitals which had numbers of almspeople specified in their foundation deeds only three had their full complement by the 1530s and between them they could only support two-thirds of the places originally endowed. However in some cases the hospitals were making a recovery from a situation which had been even worse in the late fifteenth or very early sixteenth century. It is also possible that in some cases the numbers of poor being supported was underestimated. The

hospitals generally gave between 25 and 33 per cent of their income directly to their almsfolk. As an amount to live on the allowances varied from totally inadequate sums at around 6s 8d a year, to relatively comfortable ones at over 50s. The masters of the hospitals were usually educated, about half of them were graduates and two at least were interested in humanist learning. Of only three can it definitely be said whether their preference was for the new or the old religion, and both the humanists were for the new. It must be said however that their masterships were incidental to their theological interests. In most cases it seems unlikely that the masters were actually resident, especially if they were graduates. The cantarists and chaplains who staffed the hospital chapels seem to have been comparatively undistinguished: a very few were graduates but most were 'indifferently learned' and as far as can be seen of 'honest conversation'. They may have been of a slightly higher standard of education than the average chantry priest for they were usually paid a little more. Together with the lay officials the staff of the hospitals cost on average about a third of the total gross income of the house. The lay officials supervised the management of the hospital properties from which they derived their income, though in some cases it seems likely that these posts were only part-time or honorary. Most of the properties were concentrated by the hospitals to facilitate management and then rented out, usually in quite small units. It was this dependency upon rental incomes in a period when such incomes were low which led to the state of decline of many of the hospitals. Nevertheless many of them were performing a useful function and the loss of so many of them during the Reformation was a real loss to the poor and acted as a spur to civic government to become more involved in the problem of dealing with the poor.



Map 2



St Leonard's Hospital, York:

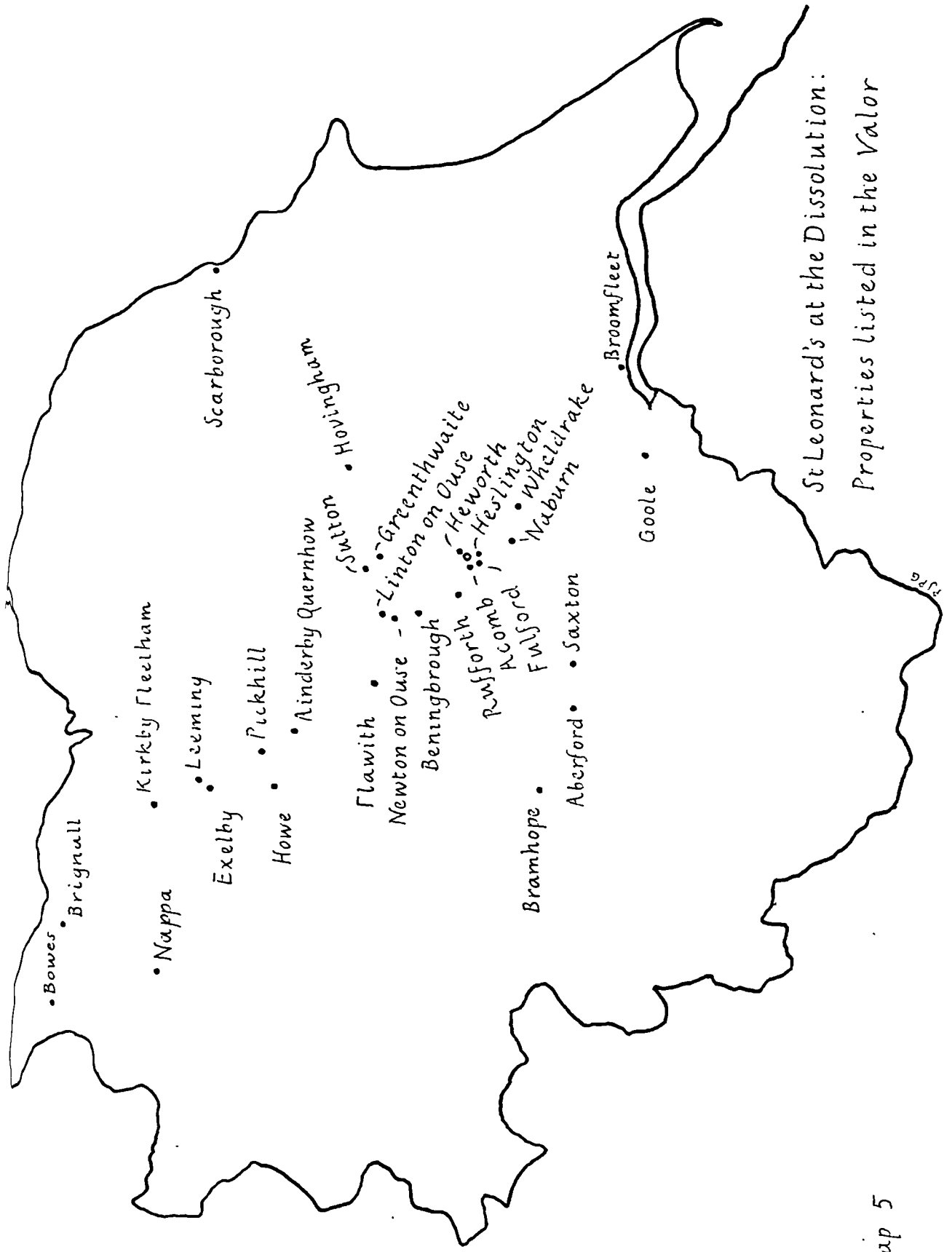
Property outside Yorkshire

Map 3



Knolles' Almshouse, Pontefract:
Property outside Yorkshire

Map 4



St Leonards at the Dissolution:
 Properties listed in the Valor

Map 5

CONCLUSION

Institutional charity as provided by hospitals, almshouses and maisonsdieu should be seen in the context of a wider spectrum of charitable activity. Hospitals themselves often supported as many or more people outside their walls as they did within them. The charitable activity of the later Middle Ages as evidenced by wills clearly shows hospital support as only one part of a wider activity often of a very personal nature. While wills provide only evidence of post-mortem charitable activity some of this indicates life-time charity as well, and it is likely that post-mortem activity was not as important as that during life-time. It is clear from some of the evidence that an important source of support for the inhabitants of some of the maisonsdieu, and for many of those not institutionally provided for, was begging from door to door. Moreover didactic material such as the Ars Moriendi made it clear that life-time charity was more beneficial to the soul than the most munificent post-mortem bequests. In almost all cases where the evidence is available it is clear that the foundation of hospitals and maisonsdieu was a life-time activity. While most of the evidence for this kind of behaviour has to be drawn from the later Middle Ages there is no reason to believe that it was not applicable to the earlier period.

There is some limited evidence for the foundation of hospitals in some Yorkshire towns in the pre-Conquest period, though only in York does it seem likely that this was a recognisable hospital rather than simply a source of food or income. The foundation of the York hospital is associated with Athelstan but even if he can be credited with the endowment of St Leonard's with thraves, which seems not unlikely, it is more likely that the actual foundation and running of the hospital was the

responsibility of York Minster. To the extent which it can be trusted the twelfth century *Historia Foundationis* of St Leonard's also suggests that the hospital was already in operation when Athelstan endowed it. Certainly the early history of St Leonard's shows that it was then closely dependent upon York Minster.

The period after the Conquest shows a considerable growth in the establishment of hospitals. The twelfth century was also the period of the greatest number of foundations of monasteries and many of the same people founded both. Many of the hospitals were associated with monasteries, either because they were founded by monasteries or because lay founders put them under the direction of monasteries. A significant number of the monasteries were those living by the Augustinian rule, or by a variant of it, the Gilbertine, however this was far from universal and most orders could show a monastery with responsibility for a hospital. Hospitals which were associated with a monastery are usually better documented than independent ones, unless they were of some size so this group may be over-represented in the record.

From the late twelfth or early thirteenth century civic communities began to take an interest in the the foundation and patronage of hospitals, especially leper houses. Leper houses probably constituted the single largest group of hospitals devoted to a single purpose in this period, and are, particularly in their early years singularly badly-documented. This may in part be because many of them were not formally founded but grew from informal beginnings over the years, as some other kinds of hospitals also did. Civic interest in leper hospitals may lie at least partially in the fact that it was the only way in which a civic government could exert its authority over individuals who were in most senses legally dead.

The presence of hospitals and especially leper houses in this period is a useful indicator of a substantial community and can, particularly in the latter case, usually be correlated with borough status. Leper houses are probably a better indicator of a sizable community, or of the probability of a larger community than might be indicated by an ordinary hospital, because of the larger population which would need to be drawn upon to make a hospital of viable size. The presence of hospitals particularly leper-hospitals can thus be used as a test for size of community in the same way that friaries can but at a period up to a century earlier than is possible for friaries. It is unlikely that it will be possible to suggest any actual size for these towns, but simply a postulation of substantial size should be made. This is especially true of towns like York and Beverley which had more than one leper house.

During the latter thirteenth century hospital foundations dried up in much the same way that monastic ones did although it is from this period that material about the internal life of the hospitals begins to survive. The mid to later thirteenth century was the period when the friars began to appear in Yorkshire and it is possible that the tremendous enthusiasm which they generated directed attention away from the founding of hospitals. The early fourteenth century with its agrarian crisis and raiding by the Scots was also uncongenial to foundation of hospitals, and it was not until the decade or so before the Black Death that hospitals again began to be founded. While the friars may temporarily have diverted attention away from hospitals as foundations still possible on a small-scale after the heroic age of monastic foundation was over, they did provide a tremendous education to the laity at a level below that of the nobility on the importance of charity to one's neighbour and to the poor, and on the image

of Christ as the poor man. It was probably this teaching disseminated in many kinds of didactic literature and art, both by the friars and increasingly by the secular clergy which provided the basis for the emphasis on charitable activity which is such a pronounced aspect of the wills of the later Middle Ages.

Recent writing, particularly that of Miri Rubin, has tended to argue that the period after the Black Death sees a decline in charitable activity and increasing hostility towards the poor based on the narrowed economic gap between rich and poor. This view cannot in any way be substantiated from the evidence from Yorkshire, indeed all the evidence points in exactly the opposite direction. The majority of wills left some kind of charitable bequest, and charity was clearly regarded as an indispensable part of religious provision for the soul. Where testators directed only that the residue of their goods be used for the 'health of my soul' they expected this to include charitable acts. Though most of the wills were taken from the post-Black Death period no distinction could be found in attitudes to the poor, or types or amounts of charity, between these and wills from before the Black Death. The majority of will-makers were willing and able to give to charitable ends, and the wealthier they were the more likely to give to a wider range of eleemosynary activities. In only two wills of rather more than 1500 read was any reference made to discrimination between worthy and unworthy recipients: one stated that a small bequest should go to the 'most meritorious'; another, a gentry will from the later fifteenth century, insisted that admission to a bed in his almshouse should go to the aged, weather-stayed, or sick but not to vagabonds.¹ By this measure a tiny proportion of one per cent of testators were concerned about this

1. Edmund Mauleverer: W. Brown, Ingleby Arncliffe and Its Owners, (Leeds, 1901), pp.105-07.

issue.

The century after the Black Death saw an upsurge in the foundation of hospitals comparable with that of the twelfth century. A great variety of usually small hospitals were established by individuals both lay and cleric, noble and burgess, and by guilds. The majority of this activity took place in the years around 1380-1410 in York but with slightly varying chronology in other Yorkshire towns. This, the period of the Peasant's Revolt and London-based legislation against vagrants would, according to Rubin's thesis, be the period of greatest hostility to the poor but this is patently not the case.

Part of the problem lies in the difference between medieval and modern understandings of poverty. For the majority of modern writers the poor consisted of all those who supported themselves wholly or mainly from wage labour, or could not always expect their land to provide a living. For medieval people the poor were essentially those who could not support themselves: they were the aged, the sick, the leprous, the bedridden, the crippled, the blind, the insane. Others were temporarily included among the poor: pilgrims and travellers, who were either performing a holy work, or between work. There was also a developing awareness of those who though they worked, or wished to work, were not able to support themselves either because wages were too low or they were burdened with children. Among these groups were included single working women, and householders and widows with children. In the latter fifteenth century there was also a tendency to give money towards helping young couples to set up household, either through poor maids dowries or through donations to poor newly weds.

In the years after the Black Death the decline in population meant that there was a labour shortage, and there was work available for anybody

who was able to do it. The labour shortage also meant that those who earned their living by wage labour could demand and get higher wages than they had done formerly. By medieval standards then these people were not poor and charity was not directed towards them. Nor was hostility directed towards the poor, though it may have been towards peasants and wage labourers now able to acquire a higher standard of living for less work than formerly.

The model of the economic situation of the late fourteenth century which is adopted is clearly important in interpreting charitable activities and attitudes to the poor in this period. Rubin's theory seems to be based on the model of a cake where if one section of the community takes a larger slice than before (wage labourers) then the rest (the wealthy) must take a smaller slice. As a result the wealthy will be resentful of the wage labourers and will be less willing to give them charity. Moreover because they have a smaller slice of the cake than before they will not be able to give as much charity even if they want to. However there is no reason to believe that the economy is a cake of fixed size. Indeed the evidence for towns such as York in the last years of the fourteenth century and the early years of the fifteenth is that its economy was booming. Wage labourers paid higher wages could afford to buy goods they had never before been able to, and their buying power stimulated the economy. In this period the cake was getting bigger, and nobody was losing out. Except perhaps the poor.

By contrast with those now relatively better off the 'true poor' could be seen to be suffering. They were not able, by the nature of their handicaps to work and so to partake of the new prosperity. The gap between them and the newly, even if sometimes only relatively, prosperous, widened.

The great rash of foundations of hospitals, often only small, and not always expected to be perpetual can be found in York, Hull, Scarborough, Beverley, Hedon, and Ripon, as well as aristocratic foundations at Easby, Hull, Well, and Pontefract. Smaller gentry foundations can be found in a number of rural sites such as Wombwell, though their dating provides considerable problems. The best model for this process is that adopted by Paul Slack from de Tocqueville in which he argues (for the seventeenth century) that the growth in provision for the poor is the result of the better circumstances of the wealthy rather than the worse conditions of the poor:

'As material circumstances improved, changing definitions of what was a minimum acceptable standard of living led to an expansion of the number of people classed as 'poor'. This expansion was the result of pressure from both directions: the poor themselves had a heightened sense of what we would now call relative deprivation; the comfortably off recognised new needs among the lower orders and had the wealth and moral inclination to try to meet them....New structures of poor relief would then be the result, not of deteriorating circumstances for the mass of the population, but of new assumptions about adequate standards of living and a sharper sense of benevolence (or perhaps guilt) on the part of the comfortably off.'²

Thus the new foundations were a product of the economic prosperity of the period and an enhanced concern for the poor. While many of the new hospitals were the product of individual or family initiative, there were also increasing numbers of hospitals being founded by guilds. For those guilds which had a primarily economic function support was directed mainly to guild members, but a number of guilds had a principally religious function, such as St Thomas, York later associated with the Corpus Christi guild, and these had a more open approach to admissions to their hospitals.

2. P.Slack, Poverty and Policy in Tudor and Stuart England, (Harlow, 1988), pp.5-6.

Much has been made of the 'discriminatory' nature of late medieval charity, most recently by Dyer, drawing upon recent work in the field. While recognising that there was increased concern to aid the 'genuinely indigent' he is nevertheless at pains to emphasise the strict discipline endured by inmates of such establishments, a feature which is not much in evidence in such statutes as survive for Yorkshire hospitals.³ Dyer also quotes a Bristol will to illustrate the discrimination and social control exercised by the testator. The will makes wholly standard bequests of doles of bread and ale at his funeral and month's mind, and a money dole on his year's mind, as well as clothing for a number of poor. According to Dyer:

'These show a primary interest in attracting large crowds and in making a public show, yet Shipward expressed some concern for the effects of his hand-outs by specifying that most of them should be in kind, thus preventing the poor from misusing any cash.'⁴

While display was undoubtedly an aspect of the funeral activities of the wealthy citizen, at least as important was the need to speed his soul with charity, and by displaying charity to gather the poor who were pleasing to God to pray for him. It has clearly also not occurred to Dyer that food and clothing might be exactly what the poor needed, nor does it explain why the poor who turned up at his year's mind were more to be trusted with money than those who turned up to his funeral or month's mind. A further bequest for bedding for poor householders to be distributed according to the discretion of the executors and the advice of the vicar is interpreted by Dyer as a precaution to prevent idle beggars getting money to spend on ale. Executors were given wide latitude in their dealings, and the inclusion of the vicar was surely an attempt to ensure that the bedding

3. C.Dyer, Standards of Living in the later Middle Ages, (Cambridge, 1989), p.244.

4. Ibid., pp.249-50.

went to the most needy not to the most respectable. Finally Dyer interprets a bequest to help debtors in Newgate prison as being because they would include 'sober citizens who had suffered misfortune'.⁵ Again bequests to prisoners are common, and although debtors are often the intended recipients not all were so specific in their directions, prison was a dreadful experience for anyone without influence, friends or family. Moreover it was not 'sober citizens' who most commonly ended in prison for debt, they were generally creditworthy, it was the poor without capital or collateral who were most likely to end there, and other bequests often specify debtors with quite small sums as those to be aided. Lastly I am unconvinced by Dyer's implicit contrast between the 'social solidarity among the rich that left many poor people out in the cold' and 'a spirit of neighbourliness that blurred social distinctions and alleviated some poverty' which is to be found in medieval villages.⁶ What is sauce for the goose is sauce for the gander.

What most commentators have failed to see is that in a time when poverty was endemic, and there was no expectation that poverty could be abolished, the necessity was to see that the most needy were assisted. The use of people like vicars and chaplains was not some sinister attempt to ensure that only godly paupers received alms but to ensure that the people who were most likely to know the parish well were able to give advice on the most needy cases. If food and cloth or clothing rather than money were given, and often both were combined, that was a matter of those being the most convenient forms for both recipient and donor.

Rubin has pointed to the decline of older established hospitals in the period after the Black Death and in this she is undoubtedly correct. Many

6. Dyer, Standards of Living, pp.246, 257.

of these hospitals did go into decline, some disappearing completely, others supporting few or no poor. However one has only to look at the monasteries to see that this was a pattern shared by all institutions of this type (and many of the hospitals founded in the twelfth century were based on monastic models). It was not that their interest in charitable provision, or patrons' interest in them had completely vanished but that like all the older houses they were suffering from declining income, and the neglect bred by familiarity. For some, such as the leper houses their *raison d'etre* had gone, or was going, and not all were able to find a new purpose. Most were comfortably established, if not especially wealthy, and so to potential new benefactors they were neither as exciting nor as needy, as the new foundations. However many did survive to the Reformation and, some even beyond; they did perform a function even if it was not always what they had been founded for. If they had not received a degree of support they would probably not have survived. They provided obits and chantries, homes for anchoresses, and for the better-off seeking a retired life but not a monastic one, and some still supported a number of poor. To look only at these older hospitals, and say that because they were declining interest in charitable activity generally was declining, without noting the great number of hospitals which sprang up around them, to supplement and replace them, is a travesty of the truth.

Like many of the older hospitals St Leonard's suffered in the later Middle Ages from declining income and was able to support fewer poor. From the rather patchy evidence it would appear that its greatest number of inmates was in the late thirteenth century, but this may have been a high produced by the difficult economic period. The scandal the hospital went through in the late fourteenth century was precipitated by imminent

bankruptcy caused by the sale of many corrodies which the hospital could not sustain. However the sales themselves may have been an attempt to get out of other financial difficulties, and the accusations against the masters of the time, while indicating that their financial probity was not all it might be, were probably not entirely justified. Certainly there are signs of a complete breakdown in relations between the community and the master which cannot have assisted the efficient management of the hospital. Nevertheless it was probably the loss of the Petercorn in 1470, without recompense, which was the cause of the hospital's late and considerable drop in income and inmates. The hospital continued to attract bequests to the end, and the city's failure to plead for its retention at the Dissolution probably had more to do with York's dire economic situation and fears of reminding the king of the city's part in the Pilgrimage of Grace than anything else. In the event the hospital does seem to have lingered on for a while in the king's hand before it was finally suppressed.

It was not until the last decade of the fifteenth century that attitudes to the poor began to harden, evidenced by civic regulation in York about the presence of beggars in the city. By this period York, like most of the country, was suffering from economic depression, which produced recession and unemployment. For the first time in over a century there were people who though able and willing were unable to find work, not surprisingly it was not a phenomenon which was at first recognised. Able-bodied people begging because they could not work were unfamiliar and regarded with suspicion as taking alms from the true poor who could not work. Moreover suspicion of these people led to self-exculpating blaming of them for their own predicament. Attitudes continued to harden in the sixteenth century, though care was taken to protect the true poor from the

effects of the legislation.

The Dissolution brought the loss of many hospitals, and other providers of charity such as monastic almonries and some guilds. Nevertheless a surprising number did survive, though not sufficient to care for the increased numbers of needy. Later Protestant philanthropic activity was in large part necessary simply to replace what had been lost.

Yorkshire Hospitals, 936-1547

<u>Location</u>	<u>Dedication</u>	<u>Date</u>	<u>Founder</u>	<u>Patron</u>	<u>Dissolved</u>	<u>Purpose</u>	<u>Reference</u>
Aberford	-	occ.1230	-	-	occ.1454	-	K & H p.251
Allerthorpe (near Wakefield)	-	occ.1233x40	-	-	occ.1315	-	<u>Wakefield C.R.</u>
Bagby	-	occ.1290	St Leonard's, York	-	-	-	? c.1160 See Ch.2
Beeston	-	occ.c.1233	-	-	-	-	<u>WYAS</u> , p.649.
<u>Beverley</u>							
Lairgate	St Giles	?pre-conquest	?Wuse	Warter Priory	1536	Sick, poor	<u>VCH</u> p.301; <u>Beverley</u> p.53
Butcher Row	St John Baptist	occ.1440	-	-	?1547	Poor	<u>Beverley</u> p.53.
	St John Baptist	occ.1502	John Armstrong	-	-	Poor	Prob.Reg.6 f.117. Relationship to above uncertain.
Lairgate	St John Beverley	occ.1442	-	-	?1547	Poor	<u>Beverley</u> p.53; Prob.Reg.2 f.76v.
North Bar without	St Mary	c.1425	Akeborow & Corporation Hogekin Overshal	-	Not Diss.	Poor	<u>Beverley</u> p.53.
near Dominicans	St Nicholas	occ.c.1120	-	?Dominicans	c.1540	Poor	<u>Beverley</u> p.54.

Crossbridge	Holy Trinity	c.1397	John de Ake Corporation	c.1540	Poor	<u>Beverley</u> p.54.
Kelldgate Bar without	-	occ.1332	-	Corporation c.1416	Lepers	<u>Beverley</u> p.54.
North Bar without	-	occ.1402	-	Corporation	Lepers	<u>Beverely</u> p.54.
Flemingate		1428	John Torre Family	-	Poor	Prob.Reg.2 f.631v.
Helgarthes	-	1444	John Brompton Family	occ.1448	Poor	Prob.Reg.2 f.86v.
Dead Lane	-	occ.1411	-	occ.1475	Poor	<u>Beverley</u> p.54; Abp.Reg.1 f.349.
Wood Lane	-	occ.1475	-	-	Poor	<u>Beverley</u> p.54.
Walkergate	Goddislofhouses	1430s	-	?Corporation	Poor	<u>VCH Beverley</u>
Bolton	St Thomas	occ.1280	-	-	-	<u>Chartul.Rievaulx</u> , p.213.
Bordelby	St Thomas	occ.1150	Richmond Priory	1535	Lepers	K & H p.304.
Boroughbridge	St Thomas	post 1150	-	by 1297	Lepers	<u>VCH</u> p.304; K & H p.256.
Bowes	-	occ.1148	St Leonard's, York	-	Poor	<u>ECY</u> vol.1, p.150.
Braceford	St Helen	occ.1291	-	Griffith family	-	<u>VCH</u> p.304

Bramham	-	occ.c.1476	-	Edmund Mauleverer-	Almshouse	<u>Test.Ebor.</u> , 4, p.39.
Brandsby	St Mary	1265	-	-	-	K & H p.257.
Bridlington	St Mary	occ.1153	Bridlington	Priory	Poor	K & H p.258; <u>VCH</u> p.305.
Brompton Bridge	St Giles	occ.c.1220	-	?Easby Abbey	Poor	<u>VCH</u> p.305.
Broughton	St Mary Magdalene	1154	Eustace FitzJohn	Malton priory	?Lepers	K & H p.259; <u>VCH</u> p.314.
<u>Doncaster</u>						
	St James	occ.1222-3	-	Later St Thomas of Acon	Lepers, sick	K & H p.268.
	St Nicholas	1089-99	Robert de Turnham	Bayham Abbey	-	<u>VCH</u> p.306.
Easby	-	1393	Richard, Lord Scrope	Easby Abbey	Poor	K & H p.269.
Ellerton in Spalding	St Mary and St Laurence	c.1209		Ellerton Priory	Poor	K & H p.173, p.270.
Fangfoss		occ.1267	-	-	?Travellers	<u>VCH</u> p.308; K & H p.271.
Flixton	St Mary and St Andrew (also known as Carman Spittle)	by 1180x1200	-	-	Poor, travellers	<u>VCH</u> p.307; <u>FYC</u> II, p494.

Foulsnape	St Michael	occ.1220	?Burton Lazars	-	Lepers	<u>VCH</u> p.321.
Fountains	-	occ.1247	Fountains Abbey	1539	Poor, travellers	K & H p.271.
Goathland	-	1109x14	-	-	Poor	K & H p.273.
			?later Whitby Abbey	-		
<u>Hedon</u>						
	Holy Cross	occ.1392	Guild of Holy Cross	-	-	<u>VCH</u> p.310.
	-	1396	Agnes de Whitfleete	-	Poor	Prob.Reg.2 f.2v.
Newton Garth	St Mary Magdalene	1155x62	William le Gros, Earl of Aumale	1536	Lepers, sick	<u>VCH</u> p.308.
	St Sepulchre	by 1205	Alan FitzHubert	1536	Lepers	<u>VCH</u> p.308.
	-	by 1450	Robert Holme Family	-	Poor	Prob.Reg.2 f.212v.
St Nicholas St	-	by 1451	Thomas Preston	-	Poor	Prob.Reg.2 f.225.

Helmsley	-	occ.1441	-	?Roos family	-	-	Prob.Reg.2 f.25.
Hessle	St James	occ.1300	-	-	-	-	K & H p.277; <u>VCH</u> p.306.
Hopperton	-	1500	-	-	-	Bedehouse	RMC p.332.
Kilham	-	c.1119-29	?Henry I	Dean of York	occ.1338	Poor	<u>VCH ER</u> vol.2, p260, 263.
Killingwoldgraves	St Mary Magdalene	occ.1169	-	Archbishop	1547	Poor women to 1300, then mixed.	<u>VCH</u> pp.306-07
<u>Kingston-upon-Hull</u>							
Marketgate	Aldwick's	1448	John Aldwick	Municipal	?Not Diss	Poor	<u>Hull Rentals</u> p.174.
	Adriansons's	occ.1486	Brand	Adrianson	?Not Diss	Aged Men	<u>VCH Hull</u> p.334.
	Bedforth's	1412	John	Bedforth Family	?Not Diss	Almshouse	<u>VCH Hull</u> p.334.
Charterhouse	St Michael	1383	Michael	de la Pole	Not Diss	Poor	<u>VCH</u> p.310.
Kirk Lane	Gregg's	by 1438	Joan & John	Municipal	Not Diss	Poor	<u>VCH Hull</u> p.342.
			Gregg				
Vicar Lane	Riplingham's	c.1517	John	Municipal	Not Diss	Poor	<u>VCH</u> p.313.
			Riplingham				

Marketgate	Selby's	1375	Richard de Guisborough Ravenser & Priory Robert de Selby	?Not Diss	Poor	<u>VCH</u> p.313.
Beverleygates	Trinity House	1441-2	Holy Trinity guild	Not Diss	Poor, sailors	<u>VCH</u> p.313.
	Trinity	occ.1455	- -	occ.1523	Poor	<u>VCH</u> p.313.
	God's House/ St James	1344	James de Kyngeston	c.1540	Poor, aged	K & H p.282. Perhaps different.
Holy Trinity Churchyard	Holy Trinity	occ.1455	- Mayor	occ.1460	Poor	<u>VCH Hull</u> p.342.
Whitefriar Lane	Holy Trinity	1455	Corpus Christi Guild	Not Diss	Poor	<u>Hull Rentals</u> p.183.
Skayne/Scale Lane	-	occ.1455	- -	-	Poor	Prob.Reg.2 f.327v.
	Pountfrette/ Glover	occ.1455	Richard ?Glovers' Pountfrette Guild	-	Poor	Prob.Reg.2 f.327v; f.33
Leeds (Holbeck)	-	by 1513	Richard Carmelite Doughty Friars	-	Bedehouse	<u>VCH Hull</u> p.342.
Lowcross	St Leonard	1218x34	Alice Neville Family Hutton family Guisborough Priory	-	Poor women	Prob.Reg.5 f.106. K & H p.289; <u>VCH</u> p.314.

Malton	(in Wheelgate)	c.1150	?Eustace FitzJohn	Malton Priory	?1539	Poor, sick, aged, travellers.	VCH p.314.
Middleham	Jesus	by 1535	?Neville	-	-	-	VCH p.315.
Myton			Granted to Charterhouse, Hull, 1379				VCH p.315.
<u>Northallerton</u>							
	St James	1197x1208	Philip de Poitou, Bp of Durham	Bp of Durham	1540	Poor, sick	VCH pp.315-6.
	Maisonndieu	by 1476	Richard Moore	Sir James Strangways and family	Not Diss	Poor	VCH pp.317-8.
North Ferriby	-	occ.1270	-	North Ferriby Priory	1536	Poor and boys	K & H p.295.
Norton	St Nicholas	1189	William de Flamville	Malton Priory	?1539	Poor, travellers	VCH p.315.
Nostell?	St Oswald	occ.1394	-	-	-	Almshouse	Prob.Reg.1 f.64(Weste) from Roundhay, Leeds.
Otley	-	occ.1310	Abp Thurstan	Archbishop	-	Lepers	K & H p.298; RMC p.334.
Penistone	-	occ.1451	-	-	-	Almshouse	Prob.Reg.2 f.227v.

Pickering

-	c.1119x29	?Henry I	Dean of York	-	Poor	See Kilham.
St Nicholas	occ.1325	-	Perh. Pickering - Castle chapel	-		VCH p.318. These two m be the same.
-	c.1119x29	?Henry I	Dean of York		Poor	See Kilham

Pocklington

Pontefract

Knolles/ Holy Trinity	1385	Robert and Constance Knolles	Robert and Nostell Priory	Not Diss	Poor	VCH p.318.
St Mary Magdalene	1286	Henry de Lacy	-	Not Diss	Lepers	VCH p.321.
St Mary the Virgin	1334	William le Tabourere	-	-	Poor	VCH p.321.
St Nicholas	pre-Conquest	-	Pontefract Priory later Nostell	Not Diss	Poor	VCH p.320.

Richmond

St Nicholas	occ.1172	?Earls of Richmond	Crown	1536	Poor, infirm	VCH p.322.
Maisondieu						Survives as street name but nothing more known.

Ripon

St Anne	occ.1438	?Neville	-	Not Diss Poor	<u>VCH</u> pp.329-30.
St John the Baptist	1109x14	Archbishop Thomas II of York	Archbishop of York	Not Diss Poor, scholars	<u>VCH</u> p.327-28.
St Mary Magdalene	1114x40	Archbishop Thurstan of York	Archbishop of York	Not Diss Lepers, later aged, infirm	<u>VCH</u> p.323-24.
-	occ.c.1528	Thomas Ryther		- Poor	WKJ p.256.
<u>Scarborough</u>					
St Nicholas	occ.1297-8	Burgesses	Burgesses, later Holy Trinity,	- Lepers, York poor.	<u>VCH</u> p.330.
St Thomas the Martyr	occ.1297-8	Hugh de Bulmer & Burgesses	Burgesses	- Poor	<u>VCH</u> p.330. Probably late C12/early C13 - C
BVM	occ.1468	?Burgesses	?Burgesses	- Poor	
St James	occ.1468	-	-	occ.1477 Poor	Prob.Reg.4 f.143; Prob.Reg.5 f.198.
St Stephen	by 1394	Robert de Rillyngton	-	occ.1468 Poor	Prob.Reg.1 f.67v; Prob.Reg.4 f.143.
St Mary Magdalene	?1391	?Adam Clerk/ Richard Askham	BVM chantry	occ.1468 Poor	White Veillum Bk (NYCRO f.30-30v.

On 'dimpull'

-	-	by 1400	Agnes Brome John Carter	-	Poor	Abp.Reg.16 f.173.
Paradise	Godelofhous	occ.1432	-	?occ.1468	Poor	Prob.Reg.2 f.616.
Near Friars Preachers	-	occ.1457	John Storior	-	Almshouses	Prob.Reg.2 f.356.
Seamer	St Lawrence	occ.1401	?Percy Percy family	occ.1490	-	<u>VCH</u> p.330;Prob.Reg.3 f.7
Sheffield	St Leonard	temp. Henry II	William de Lovetot	occ.1522	Sick, ?lepers	<u>VCH</u> pp.330-31.
Sherburn in Elmet	St Mary Magdalene	occ.1261	-	occ.1369	?Lepers	<u>VCH</u> p.331.
Skipton	St Mary Magdalene	by 1306	Lord and freemen of Skipton	occ.1351	Lepers	<u>VCH</u> p.331
Snaith	-	temp. Edward I	-	-	-	<u>VCH</u> p.332.
Sprotbrough	St Edmund	by c.1270	-	1547	Poor	<u>VCH</u> p.332.
Stairmoor	Rerecross	by 1171	Ralph de Malton	1536	Travellers	<u>VCH</u> p.321-22.
Staxton	St Mary	by 1180x1200	-	-	Poor	<u>EYC</u> II, p.494; <u>VCH</u> p.332.
Sutton in Holderness	?St James	? by 1347	-	?c.1540	Lepers	Prob.Reg.2 f.110; Prob.R f.387v <u>VCH Hull</u> p.342.

Tadcaster	-	occ.1174	?Maud de Percy	Sallay Abbey	-	Lepers	<u>VCH</u> p.332.
Terrington	-	occ.1288	-	-	-	-	K & H p.312.
<u>Tickhill</u>							
Marketplace	St Leonard	occ.c.1225	-	Humberston Abbey-	Lepers		K & H p.314.
Church Lane	Maisondieu	occ.c.1199	-	-	Not Diss Almshouse		<u>VCH</u> pp.332-33.
In the Marsh	-	occ.1325	-	Humberston Abbey-	-		<u>VCH</u> p.332.
Upsall in Cleveland	St Lawrence	occ.1150x70	-	Various	1213x34 Lepers, sick		<u>VCH</u> p.333. Transferred Lowcross.
Well	St Michael	1342	Ralph Neville	Neville family	Not Diss Poor		<u>VCH</u> p.333.
Wentbridge	St Mary	occ.1389	-	-	Lepers		Prob.Reg.1 f.15v.
West Tanfield	St Mary Magdalene	-	-	-	Not Diss		K & H p.317.
<u>Whitby</u>							
Whitkirk	-	c.1520	Thomas, lord Darcy	-	-		WKJ pp.255-56.
	St John the Baptist	occ.1320	-	-	by 1408		K & H p.317; <u>VCH</u> pp.334-

Wilton	-	c.1528	Sir Thomas Bulmer	-	-	WKJ p.256.
Wombwell	-	by 1379	- Wombwell family	occ.1454	Poor women/ widows	1379 Poll Tax YAJ vol.4, p.4; Prob.Reg.2 f.266, f.304.
Yarm	St Nicholas	by 1222	Wilton/ Brus family Park Priory	1547	-	<u>VCH</u> p.335.
<u>York</u>						
	St Peter/ St Leonard	?936	Athelstan/ York Minster Crown	1539	Poor, sick	See Chs 2-4, 7.
	St Nicholas	c.1108-18	St Mary's City	1536	Lepers	See Chs 1, 6.
Gillygate	St Giles	occ.1274	-	-	-	Raine p.269.
Between Bootham and Clifton	St Mary Magdalene	occ.1334	-	1547	Lepers	MS D43/3
Ousebridge	-	?refounded 1302	City	-	Poor, later women	Raine p.213.
Bootham/in the Horsefair	St Mary	1318	Robert Pickering, Dean	1556	Chaplains, infirm & blind	HCY vol.3, pp.241- 48.
Monkbridge	St Leonard/St Loy	occ.1350	-	-	Lepers	<u>VCH</u> p.352.
Extra Micklegate	St Katherine	occ.1333	-	-	Not Diss Lepers	Raine p.310.

Fishergate	St Helen	by 1364	-	-	Not Diss Lepers	Raine p.301.
St Marygate	Le Frerehouse	occ.1436	St Mary's Abbey	1539	Poor	Prob.Reg.3 f.470v.
St Andrewgate		by 1397	Cecily Plater	occ.1532	Poor women	Prob.Reg.2 f.4; Prob.Reg.11A f.10v
Little St Andrewgate	-	by 1353	Thomas Duffeld-	-	Poor	D/C Act Bk HI/3 f.10.
Little St Andrewgate	-	by 1486	John Bedford	-	Poor	Prob.Reg.5 f.270.
Layertorpe	-	by 1407	John de Craven	by 1520	Poor	Raine p.99; Prob.Reg.3 f.606.
St Peter Lane Little	-	by 1390	John Dernyngton	occ.1474	Poor	Prob.Reg.1 f.14v;4 f.1.
Alley off North St	-	by 1408	William Sallay	-	Poor	Prob.Reg.3 f.65v.
North St by All SS Church	-	by 1390	John/Isolda de Acaster	by 1495	Poor	Prob.Reg.1 f.81v.
Monkbridge	-	c.1352	Robert de Holme	-	Poor	D/C Act Bk HI/3 f.10.
Hertergate/ Castle Hill	-	by 1390	Thomas de Howom	-	Poor	Prob.Reg.1 f.14v; Prob.Reg.3 f.254v.
Fishergate within	-	occ.1436	John Marton	Not Diss	Guild	Prob.Reg.3 f.487v.
Fishergate	-	occ.1391	Nicholas de Skelton	-	Poor	Prob.Reg.1 f.33.
Stonebow	-	occ.1442	-	occ.1467	Poor, sick	Prob.Reg.2 f.45;4 f.4.

Whitefriars Lane	-	occ.1471	John Holme gentleman	St Saviour chantry chaplain	occ.1487	Poor, migrants	Prob.Reg.4 f.162; f.269v f.327v.
Extra Micklegate Bar	St Thomas	1389	Guild	Guild. later Corpus Christi	Not Diss	Poor, pilgrims	Prob.Reg.1 f.7; <u>Corpus Christi Guild, York.</u>
Aldwark	St John Baptist	post 1389	Merchant Taylors		Not Diss	Guild	<u>Merchant Taylors</u>
Peaseholme Green	St Anthony	by 1418?	St Anthony Guild		Not Diss	Guild	Prob.Reg.3 f.350.
Horsefair	St Anthony	1403-20	St Anthony of Vienne		1547	Poor, sick	Raine p.273.
Fossgate	Jesus Christ & BVM/Trinity	occ.1365	Guild	Merchant Adventurers	Not Diss	Poor, scholars	<u>Mercers and Merchant Adventurers</u>
Fishergate within/ Common Hall gates	St Christopher	occ.1442 c.1456	Guild	Guild and City	1547	Poor	White, <u>St Christopher</u>
?Tanner Row	-	occ.1446	Tanners	Tanners	-	Guild	Prob.Reg.2 f.134.
Little Shambles	-	occ.1470	-	?Butchers	-	Poor	Prob.Reg.3 f.165.
Fetter Lane	-	occ.1448	-	-	occ.1552	-	Raine p.242.
St Helen's, Aldwark	Holy Trinity	occ.1439	-	-	-	Poor	Magilton p.10.

Spurious Identifications

Crayke	St Mary	occ.1228	actually	St Mary du Pre, Creake, Norfolk
Hertford	St Mary	occ.1389	see	Flixton

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