A Crisis of Confidence? Parliament and the Demand for Hospital Reform in Early Fifteenth and Early Sixteenth-Century England*

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Abstract: This article examines attempts made by the Commons in the parliaments of April 1414 and 1512 to address the corruption, neglect and poor administrative standards deemed endemic in the nation's hospitals and alms houses, and to remedy a perceived lack of facilities for the care of sick paupers. Despite early (but short-lived) support from the crown, the first initiative failed, partly because of its association with heretical demands for the disestablishment of the English Church. Although the underlying reasons for institutional decline were often more complex than the reformers cared to suggest, their campaign did inspire a number of hospitals and their patrons to rectify abuses. At the same time, individuals and organisations throughout society invested in new foundations, generally under lay management, for the residential accommodation of the elderly and reputable poor. These measures sufficed until the arrival of endemic pox, along with mounting concerns about vagrancy and disorder, prompted another parliamentary petition for the investigation and reform of charitable institutions. Notable for its emphasis upon the sanitary imperative for removing diseased beggars from the streets, and thus eliminating infection, the bill of 1512 also attacked the proliferation of fraudulent indulgences, which raised money under false pretences for houses that were hospitals in name only. This undertaking also failed, almost certainly because the Lords Spiritual had again drawn the line at the prospect of lay intervention in overwhelmingly ecclesiastical foundations. Both bills are reproduced in full in an appendix, that of 1512 appearing in print for the first time.

The medieval House of Commons took a keen, if intermittent, interest in matters of public health, notably with regard to the elimination of sanitary hazards in and around the city of London. Its members sought at various times to regulate the practice of butchery in the capital, to clean up the River Thames and, indeed, to curb the pollution of waterways and public thoroughfares in general.[1] The state of England's many hospitals provoked far less comment, largely because the majority, and certainly the most important, functioned as religious houses, responsibility for whose supervision and control lay variously with the Church, the Crown and a roster of influential lay patrons rather than any single centralised authority. During the early fifteenth century, however, a brief but concerted attempt *was* made to address what appeared to be an unacceptably high level of corruption, negligence and financial malpractice on the part of hospital staff throughout the entire realm. Surprisingly, given the attention paid by historians to the issue of ecclesiastical reform in Lancastrian England, this significant – if ultimately unsuccessful – effort to improve levels of institutional provision for the sick poor has attracted little in the way of systematic study.[2] And the revival of the campaign one century later, in 1512, has prompted even less comment, despite the fact that the complaints then voiced by petitioners to parliament not only reflected a widely acknowledged social problem, but also foreshadowed in many respects the more strident attacks launched by Protestant polemicists, such as Henry Brinklow and Simon Fish.[3]

This article begins by examining the controversial origins of the appeal for a national inquiry into the mismanagement of hospitals voiced by the Commons in the Leicester Parliament of April 1414, with initial, but short lived, support from King

Henry V. It then considers how seriously we should take the allegations of malfeasance made against the clergy who ran most of the country's larger hospitals. As we shall see, the foundation of private or corporately maintained almshouses by so many members of the fifteenth-century laity was in part a reaction against the failure of reform in the face of some notorious abuses, while at the same time constituting an organic response to wider economic and demographic developments. These new endowments tended to favour the reputable or 'shame-faced' pauper, who needed residential care rather than short-term medical treatment. For a while they appeared to suffice; but by the early sixteenth-century the devastating impact of endemic pox, along with rising levels of poverty and underemployment, had again thrown into relief the acute shortage of facilities for the diseased and indigent, prompting a renewed demand for collective action. Printed, for the first time, as an appendix to this essay, the petition of 1512 for an investigation into the misappropriation of hospital resources offers a fascinating insight into a hitherto neglected aspect of both parliamentary and hospital history. The Bill of 1414 has also been reproduced for comparative purposes.

The demand for reform

Concern about declining levels of institutional support for sick and incapacitated paupers had already begun to exercise perceptive observers long before successive plague epidemics took such a heavy toll upon the finances and infrastructure of English hospitals. On the eve of the Black Death, the Dominican, John Bromyard (*d.* by 1352), complained that the Jews' compassion for their poor put his fellow Christians to shame. 'Scarcely is there another land in which so few places of hospitality or God's Houses can be found', he observed, adding for good measure that

'even in these few, when a few enter with not a little pleading and sometimes payment, too, those in charge devour all they have'.[4] This was far from empty rhetoric. The great wave of hospital foundations that characterised the twelfth and early thirteenth century had subsided to a mere trickle by the 1280s, and many had already succumbed during the crisis years of the early fourteenth century.[5] Others abandoned the struggle for survival when plague first arrived in 1348-9. Four decades and five national outbreaks of pestilence later, the ongoing problem was thrown into stark relief by a provision in the Statute of Labourers of 1388 for the care and accommodation of 'impotent' beggars whose age, illness or debility rendered them genuinely incapable of work. In its insistence that indigents who could find no viable means of support in the places where they then happened to be living should return to the towns or cities of their birth, the statute recognised that urban authorities might be unwilling or unable to provide the assistance required.[6]

It is notoriously difficult to obtain reliable statistics concerning the number and type of hospitals established in medieval England, and impossible to determine how many of them may have functioned at any given time. Our uncertainty is chiefly due to the widespread loss of archival and architectural evidence sustained both before and during the Reformation, notably with regard to the smaller, often short-lived houses that proliferated in town and countryside alike.[7] Even in larger foundations, the dating of changes in function, not simply from one kind of care to another, but from *leprosarium* or hospital to school, college, chantry chapel or guild headquarters, poses yet another challenge. Nor, moreover, can we always tell exactly when failing institutions were closed or annexed to more successful ones. For all these reasons, the gazetteer of some 1,300 hospitals compiled by David Knowles and

R.N. Hadcock in their *Medieval Religious Houses: England and Wales* (1971) 'falls short of an accurate census', although, *faute de mieux*, it still constitutes the starting point of all but the most recent surveys of hospital provision.[8] Nicholas Orme, for example, used the list to estimate the number of new and existing houses active during each half-century between 1080 and 1530. On the basis of Knowles' and Hadcock's findings he calculated that during the fourteenth century numbers fell from 541 (1301-50) to 508 (1351-1400), but stressed that levels of attrition were almost certainly far higher.[9] Revised figures presented in 2012 by Marjorie McIntosh confirm this supposition. Focussing upon the better-documented institutions, and thus reflecting 'general trends' rather than laying claim to statistical precision, she discovered that no fewer than 242 (approximately one third) of the 704 hospitals definitely known to have been founded before 1350 did not survive much beyond this date. The decline began in the second decade of the thirteenth century, accelerating sharply between 1310 and 1360 because of economic and demographic pressures.[10]

Such evidence lends ample support to the jeremiads of Bromyard and his contemporaries, although they were more concerned about the availability of beds for the sick and disabled poor than they were about the extent of hospital provision *per se*. For an alarming fall in the number of free places on offer was apparent in almost *all* foundations, irrespective of size, and seemed especially striking in some of the country's best-known houses. This disturbing phenomenon was due to several factors. Some, occasioned by the long-term impact of plague, lay beyond the control of institutions that depended for their survival upon revenues from urban and rural property, augmented by charitable donations. As the profits to be made from the rental market and the sale of agricultural produce fell and wage rates rose, hospitals,

like other landowners, found themselves in an increasingly difficult position.[11] The findings of a royal commission appointed in 1375 to examine the finances of St Leonard's, York, show how hard it had become even for England's largest and potentially richest hospital to remain solvent. The annual deficit between income and expenditure stood at £144, while the backlog of 'dead' rents (which could not be collected) and other sums owing to the house had reached £278. Although the staff and inmates appear to have enjoyed a plentiful and nourishing diet, stock and grain production on the hospital's estates had fallen by half, necessitating the purchase of large quantities of rye and wheat in local markets. Estimated at £1,000 during a previous visitation, the anticipated outlay on essential repairs to buildings in the precinct and on the house's Yorkshire estates had actually risen by a further £116, largely because many properties had been neglected for so long.[12]

Firm measures were clearly needed to balance the books, and in the 1380s the '*discretus vir*' and citizen of York, Thomas Thirkill, was brought in as deputy master to assist with such practical matters as the submission of proper accounts. His dismissal, shortly after the arrival of William Boothby, an entrepreneurial new master in 1391, suggests that he had taken serious - and justifiable - exception to the latter's plans for raising capital by selling residential accommodation to wealthy buyers on an unprecedented scale.[13] As Bromyard recognised, fee-paying patients had long been welcomed by English hospitals, often taking priority over the paupers for whom these institutions had been founded.[14] This practice was, however, the tip of a looming iceberg. Since far larger sums, usually based upon the cost of ten years' full board and lodging, could be charged for a permanent place (known as a corrody), such arrangements proved irresistible to cash-strapped institutions. But unless the proceeds

were carefully invested, corrodies were, at best, an opportunistic solution, and could become a financial liability should the occupant prove litigious or survive for longer than expected.[15] Besides dragging a hospital deeper into a downward spiral of debt, the injudicious sale of places deprived the sick poor of facilities, while alienating potential benefactors. There was little merit to be gained from charity to affluent pensioners, especially as the latter were notoriously reluctant to engage in the ceaseless round of commemorative prayer offered up by grateful paupers. Problems at St Leonard's were further compounded by the extravagant lifestyle of successive masters, who allegedly diverted the money raised in this way to support their own households. Boothby, who was by far the worst offender, stood charged with pocketing the lion's share of over £2,450 generated by the lucrative trade in corrodies, until the crown belatedly intervened in 1399 to prohibit any further sales.[16] It was then that another royal commission, including Thirkill and two other prominent citizens, was set up to investigate and reform 'the defects in the hospital and the houses, buildings, goods, jewels and ornaments, the dissipation of its lands, goods and possessions and the burden of excessive pensions, maintenances and corrodies', which were already costing over £386 a year.[17]

The situation at St Leonard's seemed shocking because of the scale rather than the novelty of these activities, as two further examples will confirm. The hospital of St Bartholomew, Gloucester, had been in financial trouble since at least the 1330s, when it accommodated ninety blind, sick and decrepit individuals of both sexes, and by the following decade was said to have become 'greatly decayed'. The master resigned abruptly in 1356, having granted out so many corrodies that it was no longer possible to support the staff and patients or to perform the various spiritual services

for which the burgesses of Gloucester had paid handsomely in the past.[18] According to the local jury empanelled to investigate these abuses, he and his cronies seem also to have been guilty of embezzlement. Allegations that the crisis had been further exacerbated by their theft of money, plate and other valuables worth £100 given to the house by its benefactors led Edward III, who claimed rights of patronage, to intervene directly. Furnished with a full transcript of the jury's findings, a royal commission of 1358 was empowered to survey and reform the hospital, to confiscate all the corrodies 'granted to its destruction' and to ensure that its resources were devoted solely to charitable and spiritual uses.[19] Not surprisingly, given that little was done to address the underlying problem of St Bartholomew's chronic lack of funding, these measures proved short-lived, and by July 1380 a familiar litany of complaints about the exploitation of the sick poor, asset-stripping and the sale of accommodation once again reached Westminster.[20] No fewer than four royal commissions were issued between then and March 1384, again with only limited success.[21] A more radical solution to this 'improvident governance' finally offered itself in 1421, when the hospital was taken into the king's hands and entrusted to the management of a committee of four experienced administrators, including the Gloucester MP, Thomas Mille, and the bishop of Worcester. They were instructed to focus upon the 'necessary maintenance' of the house and the payment of its debts, while making good the consequences of decades of waste and the misguided trade in corrodies.[22]

A searching visitation of St Thomas's hospital, Southwark, conducted by Bishop Wykeham of Winchester in September 1387 confirms that irresponsible stewardship was sometimes so deeply entrenched as to defy the most assiduous of

reformers.[23] Having identified a number of lapses from the house's Augustinian rule and criticised the lack of effective supervision, he warned the master:

> Because by indiscreet sales and awards of liveries and corrodies your endowment has been dissipated and the church goods put to improper uses, and the poor and the sick defrauded of their portions, and the church itself deprived of the divine service due to it, contrary to the intent of the founders, we therefore order you … on pain of suspension, not to sell or grant any corrodies, liveries, pensions or anything else from the goods and possessions pertaining to the said hospital to anyone in perpetuity or for a fixed term without special licence from us or our successors; and any … that you grant not according to this form shall be null and void.[24]

With only a modest endowment, St Thomas's had always been obliged to cope with financial uncertainty, but from the mid fourteenth century onwards the situation appears to have grown significantly worse. Appeals for public support, both through the sale of indulgences and the soliciting of alms, then increased.[25] It is easy to see why masters continued to raise money from prosperous corrodians, even though their presence within the precincts had prompted criticism for decades. As early as 1323 the then master had been 'gravely admonished' on this score, and subsequently suspended on several occasions, yet the practice continued in flagrant disregard of orders to the contrary.[26]

The intrusion of affluent and sometimes disruptive layfolk into hospital life was not the only problem to exercise contemporary commentators. From the

perspective of the lollard reformers whose influence was increasing throughout this period, hospitals were not simply failing the poor, but actively encouraging investment in idolatrous and doctrinally suspect practices. The seventh of twelve 'conclusionis and treuthis for the reformaciun of holi chirche in Yngelond' addressed to the Lords and Commons in the parliament of 1395 (and posted upon the doors of Westminster Hall) condemned the diversion of much-needed resources into the liturgical display, extravagant building schemes and commemorative rites that proved so attractive to patrons and benefactors.[27] Asserting that 'special preyeris for dede men soulis mad in oure chirche … is the false ground of almesse dede, on the qwiche alle almes houses of Ingelond ben wikkidly igroundid', the authors attacked the pernicious influence of founders who expected their hospitals to function as a superior type of private chantry.[28] Such a conspicuous betrayal of the evangelical ideal clearly demanded a radical solution, which at this point hinged upon the proposed closure of any hospitals deemed beyond help and the reform of others. In this way it would be possible to clear away a veritable forest of dead wood, leaving just 'an hundrid of almes housis', which, if efficiently managed, would meet the country's needs. Since, according to the 'conclusionis', the rationale behind these ideas had already been set out in a book that was either read or presented to Richard II, it would appear that a campaign for the dissolution of at least some religious houses and the redistribution of their possessions for charitable purposes was already taking shape.[29]

The full extent of this audacious programme was made plain some fifteen years later. Emboldened by the resignation of their staunch opponent Archbishop Arundel from the chancellorship in 1409, by Prince Henry's seizure of the political initiative and by the elevation of Sir John Oldcastle to the House of Lords, 'a

detestable gang of lollard knights' petitioned the first session of the parliament of 1410 for the wholesale confiscation of ecclesiastical property. Along with a substantial investment in the education of parish clergy, the reformers planned to use some of these assets to establish one hundred *new* hospitals at an estimated cost of £6,666, 'with londe to feden alle the nedefull pore men'. Urban magistrates were reassured that the scheme would be implemented at 'no coste' to themselves, 'but only of the temperaltes morteysed and wasted amonge provde [proud] worldely clerkes'. Indeed, because of the damage allegedly caused by 'preestes and clerkes that now haue full nyh distroyed alle the houses of almesse withinne the rewme', these institutions were henceforth to be managed 'by oueresiht of goode and trewe sekulers' rather than clergy. In other words, laymen were to assume an administrative and supervisory role hitherto exercised by the Church.[30]

The further stipulation that these new hospitals would receive 'alle pore me[n]ne and beggers which mowe nat travaylle for her sustenaunce' must have attracted support among the parliamentary burgesses, whose communities had been obliged to shoulder the additional burden of poor relief imposed by the 1388 Statute of Labourers.[31] Nonetheless, despite a claim by the monastic chronicler, Thomas Walsingham, that 'only one man in a thousand ... opposed this wickedness', it is hard to tell how much enthusiasm was actually voiced for such a frontal attack upon the ecclesiastical establishment.[32] We do not even know if the Bill was debated by the Commons, let alone who may have spoken on its behalf.[33] It was clearly deemed too provocative to be entered in the parliamentary record, although the strikingly unproductive nature of the seven-week session (when viewed from an official perspective) suggests that it may have prompted a lively and protracted discussion to

the exclusion of other government business.[34] This unprofitable stalemate would alone account for Henry IV's apparent displeasure, which Walsingham describes in characteristically trenchant language. His assertion that the 'minions of Pilate' responsible were categorically forbidden 'from presuming to disseminate or publish such poisonous inventories in the future' is likewise open to question.[35] According to *The New Chronicles* of Robert Fabyan, King Henry opted to 'take delyberacion & aduycement' on the bill, rather than rejecting it out of hand. He evidently hoped to avoid direct confrontation, while ensuring that 'no ferther laboure' would be made in its defence.[36] By then, however, others had been drawn into the debate.

Margaret Aston's contention that historians have underestimated the impact and appeal of some elements of the lollards' political agenda is borne out by the continuing demand for hospital reform, which not only survived the abortive campaign for ecclesiastical disendowment, but emerged unscathed from the devastating fallout of Sir John Oldcastle's rebellion four years later.[37] This was largely because the state of English hospitals provoked as much concern among the ultra-orthodox as it did among religious radicals, and the need for change was acknowledged across the political spectrum. The accession of Henry V opened the way for a more measured and pragmatic parliamentary initiative designed to harness his desire for ecclesiastical reform without exciting undue controversy.[38] As well as considering such pressing issues as the eradication of heresy and the suppression of riots, the Leicester Parliament of April 1414 addressed the lack of institutional provision for the sick, aged and otherwise incapacitated poor. Having tactfully emphasised the generosity of previous generations of royal, aristocratic and other benefactors, a carefully worded appeal from the Commons drew attention to the

collapse of many houses and the diversion of their resources by 'spiritual men as well as temporal ... to the displeasure of God and peril of their souls'. Their request for a national inquiry into the management 'of all such hospitals, of whosoever's patronage or foundation they may be' and the implementation of reforms 'in accordance with the intention and purpose of the donors' duly obtained the royal assent.[39]

Recognising that 'many men and women have died in great misery for default of aid, living and succour', the king agreed to appoint ecclesiastical commissioners (known as ordinaries) with the statutory power to investigate all royal foundations and to 'make correction and reformation' of others 'according to the laws of Holy Church'.[40] At about the same time, an article concerning hospitals and almsgiving was added to a list of forty-five other proposals compiled on Henry's orders at Oxford University as a working agenda for English delegates to the Council of Constance (which met in November). The tone was unambiguous in its denunciation of clerical malfeasance:

> Whereas hospitals were founded and endowed to sustain the poor and debilitated, these [aspirations] have been rejected; the masters and wardens of hospitals divert and consume their goods to their own uses, and the same evil occurs in not a few abbeys, priories and collegiate churches, upon which many possessions and estates have been conferred that from them every year a certain portion might be distributed to the poor and sick.[41]

Despite this auspicious start, no practical steps were taken to implement the new statute. The lack of any discernable progress irritated the MPs who assembled in an

otherwise buoyant mood in early November 1415, just a few days after news of King Henry's victory at Agincourt reached England.[42] Although they responded with predictable generosity to royal appeals for taxation, the Commons refused to abandon the programme for hospital reform, demanding the immediate enforcement of measures approved eighteen months earlier but still not put in train. Clearly blaming the ordinaries for dragging their heels, they urged that stringent penalties should be imposed upon them and any other churchmen who proved obstructive. King Henry's enthusiasm for direct action had, however, cooled perceptibly. He rejected the proposal that all reports on failing institutions should be submitted by 1 March following, under threat of a £100 fine on each individual commissioner, along with the further recommendation that any authorities who failed promptly to effect the desired improvements should forfeit their judicial rights over the hospital in question. Nor was he prepared to allow patrons to remove dishonest or incompetent clergy, or to empower diocesan authorities to intervene in cases where religious houses refused to cooperate. In ruling that the Statute of 1414 should stand, but declining to impose any form of timetable or sanctions for non-compliance, Henry effectively rendered it toothless.[43]

What had caused this striking loss of momentum? Henry's preoccupation with the war effort and his desire to pursue hostilities in France not only diverted his attention from issues at home, but also made him increasingly dependent upon the moral and financial support of the Church. Although it was compiled at the end of the century and is inaccurate in matters of detail, Robert Fabyan's account of the Leicester Parliament of 1414 casts an interesting light upon the deep-seated fear of

disestablishment that continued to haunt members of the ecclesiastical elite. 'Amonge other thynges', he reports:

> the foresayd bylle put vp by the commons of the lande, for the temporalties beynge in the churche, as it is before towchid in the ix yere of the IIII Henry [1410], was agayne mynded. In fere wherof, lest the kynge wolde therunto gyue any comfortable audyence, as testyfye some wryters, certayne bysshoppes and other hede men of the churche, put the kyng in mynde to clayme his ryght in Fraunce; & for the exployte therof, they offrede vnto hym great & notable summes. By reason whereof the sayd byll was agayne put by.[44]

Fabyan clearly confused the radical petition of 1410, which is unlikely to have been resurrected so soon after Oldcastle's uprising, with the more moderate bill for the reform of hospitals that actually secured the royal assent. He is, nevertheless, on surer ground with regard to the anxiety that any implied criticism of the Church would have provoked among senior clergy, who regarded the promised inquiry into abuses as the thin end of a potentially dangerous wedge. At the very least, Henry's reluctance to court controversy at such a sensitive time effectively removed the issue from the parliamentary agenda. It was not revived by the Commons until the early sixteenth century, by which time the pressure upon institutional resources for the diseased and homeless poor had increased dramatically. Can we infer from this long period of inertia that the situation was less desperate than the worst cases of malversation and administrative incompetence might suggest? Or could it be remedied by other means?

The Scale of the Problem

Proponents of reform certainly did not lack powerful ammunition. Setting aside the apparently uncontrollable proliferation of corrodies and other questionable attempts to raise money, too many hospitals seemed dogged by scandal. One did not have to nurse heretical opinions to abhor the conduct of men such as Peter the Taverner, the aptly named warden of the London hospital of St Mary Bethlehem, whose protracted history of embezzlement, immorality, patient abuse, absenteeism, extortion and negligence came to light at the very start of the fifteenth century.[45] This catalogue of chicanery and malfeasance would almost certainly have been cited by supporters of the campaign for ecclesiastical disendowment and took decades to make good. As late as 1437, John Michell, then mayor of London, who had himself served in six parliaments, headed a commission of inquiry:

> … touching wastes, estrepements, drivings forth, dilapidations, trespasses, damages and destructions which have occurred in the chapel, graveyard, houses, gardens, closes and lands of the said hospital, and touching books, jewels, muniments and other goods of the same taken away and sold, such things, as is said, having occurred to such an extent in the times of former masters that the worship of God there, and alms and other works of piety and the succour of demented lunatics and other poor and sick persons resorting thither must be cut down in the absence of speedy remedy.[46]

In light of the sustained criticisms launched by reformers at this time, it is tempting to regard St Mary's as representative of a more widespread and alarming decline in moral as well as managerial standards. Such was the view of W.K. Jordan, who

bemoaned ‘the calamitous decay of mediaeval charitable institutions’ in his 1959 study of early modern English philanthropy.[47] Although they did not pass unchallenged, his caustic remarks have proved enduring. Martha Carlin, for instance, considers that ‘financial mismanagement and outright corruption were endemic among English hospitals of all types in the later medieval period’.[48] From this perspective, ‘the kind of corrupt and crippling maladministration revealed by the inquiry into the dealings of Peter the Taverner’ seems not only to have been common, but also ‘responsible for the decay and disappearance of many [hospitals] and the conversion of many more … into fee-demanding almshouses, secular colleges, or schools’.[49] As we have already seen, cases of venality and incompetence are easy enough to find, but a number of factors suggest that the situation was neither as uniformly dismal nor as uncomplicated as might initially be supposed.

We should, first of all, bear in mind that, although ‘proud worldly clerks’ were singled out for attack, first by the lollards and later by protestant polemicists, members of the laity could hardly escape censure. Far from preventing the diversion of assets away from the sick poor, some lay benefactors actively accelerated this development. The conspicuous expenditure on funerary rites, commemorative masses and ‘praiers and practise for the deade’ that the lollards had found so objectionable continued apace in the larger urban hospitals, with the result that expenditure on buildings, service books, vestments, plate, choirs and clerical staff often took priority over patient care.[50] At the same time, patrons of all ranks expected their hospitals to support elderly and incapacitated kinsmen, retainers and employees, generally without much, if anything, by way of remuneration. The crown was characteristically ruthless in exploiting its rights over houses such as St Mary Ospringe in Kent in order to

furnish retired servants with comfortable lodgings free of charge. The cost of providing hospitality for officials travelling on government business proved a further drain on the tight budgets of institutions situated in ports and on major thoroughfares (where the demand for poor relief was correspondingly greater).[51] Royal and aristocratic patrons, in particular, also fostered a culture of pluralism and neglect by using senior posts in hospitals to reward their clerical employees. The manifold problems that surfaced at St Mary Bethlehem in 1403 were largely the result of absenteeism on the part of the master, Robert Lincoln, a royal clerk whose complete abrogation of authority to an unsuitable deputy for no fewer than thirteen years proved such a recipe for disaster. As one longstanding inmate observed, the house had been far better governed 'in the old time', when the master remained in residence.[52] It might, of course, be argued that an ambitious careerist would be better placed to offer both legal protection and much-needed financial assistance; and some are, indeed, known to have done so.[53] On balance, however, a combination of vested interests meant that hospitals were all too often regarded as useful currency to be bartered in the market of good lordship. [54]

Yet the outlook was not unremittingly bleak. It is easy to forget that some institutions continued to function effectively despite the vagaries of an unpredictable and often harsh economic climate, while others managed to implement much-needed reforms. The unique survival of both archives and fabric at St Giles's hospital, Norwich, reveals a striking level of financial acumen, probity and concern for the urban poor among brethren whose amicable relations with the citizenry were largely untroubled by disputes or scandal.[55] At Holy Trinity, Salisbury, 'the wealth and excellent condition of existing records' likewise testifies to 'a tradition of sound

administration', here overseen by the mayor and lay sub-wardens.[56] Since few other provincial houses are so well documented it is impossible to tell how widespread such instances of good practice may have been. Evidence of sustained attempts by masters, patrons and royal commissioners to impose more stringent controls does, however, suggest that the criticisms voiced by reformers had struck home.

In some cases the initiative was seized by urban communities, for whom hospitals often served an important political and social function. The refoundation of St Mary's, Yarmouth, and St John's, Sherborne, for example, represented far more than a simple investment in corporate poor relief, being designed in the former case to end a long outbreak of factionalism, and in the latter to advertise the community's independence from the neighbouring priory.[57] It was harder, but not impossible, for magistrates to intervene in houses under royal patronage. At least one year before John Michell began his inquiry into the state of St Mary Bethlehem, the rulers of London engineered the appointment of a lay keeper, elected from among their number, to give 'constant attention to the poor mad inmates' and thus ensure that they were being properly treated.[58] Already tried and tested at St Giles's, Holborn, a royal leper house whose previous history of asset stripping and mismanagement almost rivalled that at St Mary's, this tactic proved successful.[59] A list of London religious institutions compiled later in the century notes that 'many men that ben fallyn owte of hyr wytte' were kept 'fulle honestely' at St Mary's and in some cases 'restoryde unto hyr wytte and helthe a-gayne'.[60] Fundraising literature produced in 1519 reiterated these claims, adding that 'the mentally afflicted, the insane, the frenzied' and all other patients were 'lodged and cared for with great diligence and attention, and … treated by the physicians with unceasing solicitude', which, if true, would point to one of the

few cases of professional medical care documented in an English hospital before the Dissolution.[61]

The same list also singles out St Thomas's, Southwark, and the city's two largest hospitals, St Mary's, Bishopsgate, and St Bartholomew's, Smithfield.[62] Each of them had incurred criticism from ecclesiastical visitors in the fourteenth century, but was commended in the fifteenth for the 'grete comforte' offered to paupers and unmarried pregnant women, who were rarely welcome in provincial hospitals. The Elizabethan antiquary, John Stow, was especially fulsome in his praise for St Mary's, noting that it was 'a house of such reliefe to the needie, that there was found standing at the surrender thereof, nine score beds well furnished of receipt of poore people'.[63] Archaeological research confirms that, although patient numbers can rarely have been so high during the fifteenth and early sixteenth century, the hospital was competently managed, well maintained and attractive to benefactors.[64] So too was St Bartholomew's, which experienced a striking revival under the long and distinguished leadership of its charismatic master, John Wakeryng (d. 1466).[65] Operating in a highly competitive market, men of his calibre did their utmost to regain the confidence of a wealthy and discerning urban elite.

At this time, a combination of long-term demographic trends, dissatisfaction with existing provision and changes in fashion led patrons to found institutions that would meet contemporary needs more effectively than the open ward hospitals and leper houses of the twelfth and thirteenth centuries. Members of the English aristocracy, gentry and merchant class nursed few reservations about their ability to supply the deserving poor with a higher standard of care. The proof lies in the bare

minimum of 330 new almshouses and hospitals established in England during the years between the Back Death and the Dissolution of the Monasteries, many of which were run by laymen to their own very exacting specifications.[66] As Michael Hicks has shown in his study of St Katherine's, Heytesbury, the larger, more prestigious foundations were often part of a 'package', that might also include a chantry, college or school.[67] In practice, the relentless round of religious duties incumbent upon paupers as well as priests in places such as the lavishly endowed God's House at Ewelme and Sir Robert Knollys's almshouse in Pontefract meant that any distinctions between collegiate and eleemosynary functions were inevitably blurred.[68] No doubt in response to the scandals described above, the statutes of these and many other similar institutions are also notable for their lengthy strictures regarding absenteeism, pluralism and misbehaviour on the part of wardens.[69]

On the face of things, evidence of this kind would suggest that the concerns voiced by the Commons in 1414 had been laid to rest. Yet provision was far less comprehensive than might at first appear. A significant number of these new foundations were, in fact, small, obscure and short-lived, offering sheltered accommodation for perhaps two or three elderly people for just a few years, while the better known among them generally imposed rigid selection criteria based on such factors as former occupation, place of residence, guild membership, age, gender and status, as well, of course, as personal merit.[70] The fourth earl of Arundel expected the twenty almsmen who sought refuge in his *maison Dieu* to know the Creed, *Ave* and Lord's Prayer in Latin, while illiterate applicants to St Katherine's, Heytesbury, were examined on them and the Psalter before admission and every quarter thereafter to ensure that they were word-perfect. The threat of 'a certayne bodely payne, that is to

say of fastyng' should they prove forgetful undoubtedly sharpened failing memories. In each case priority was accorded to servants and tenants from the founder's estates, best qualified ('meke in spirite, chaste of body, and of good conversation') to undertake an onerous daily round of intercessionary prayer for the salvation of their benefactors.[71] Aristocratic patrons were certainly not alone in making such demands. As the surviving regulations compiled by affluent merchants, craft guilds and municipal authorities make plain, work-shy, cantankerous and inebriated goats had no place among such docile flocks of deserving and obedient sheep.[72] Nor could pregnant women, the very young, victims of infectious diseases, or sick and vagrant paupers expect much in the way of support from the new wave of almshouses and hospitals, which were overwhelmingly reserved for the elderly and disabled.[73]

At the same time, older houses that had once accommodated the sick and needy continued to disappear at a steady rate: according to Marjorie McIntosh, about 180 (just under a quarter) of the institutions documented after 1350 had ceased to perform any charitable role by 1529.[74] A physical presence was sometimes maintained in the form of a chapel, hermitage or chantry, as happened, for example, during the later fifteenth century at Arundel in Sussex, Calne and Devizes in Wiltshire, Nantwich in Cheshire, Preston in Lancashire and Spon, near Coventry.[75] Since the medieval hospital was as much concerned with the spiritual health and commemoration of patrons and benefactors as it was with the care of the living, it might be argued that these attenuated survivals continued to perform an essential function.[76] As we shall see, however, reformers tended to regard such 'ffree chapelles' as little short of a confidence trick for raising money at the expense of the poor.

In principle, the practice of merging whatever resources an impoverished or badly-run hospital might still command with those of a more successful institution ought to have raised fewer objections. Bishop William Smith's annexation in 1495-6 of two moribund houses to his newly-reformed hospital of St John, Lichfield, for example, represented a pragmatic and acceptable solution to a widespread problem. Given that many hospitals, including St John's, ran schools or helped to maintain scholars, the redistribution of assets for educational purposes might also be justified.[77] The transition of St John's, Cambridge, from an open ward hospital for the sick poor into a community of priests commemorating the Christian departed and then a university college provides a classic instance of the prevailing need 'to adapt or perish'.[78] But the process was clearly open to abuse, as William Waynflete's appropriation of St John's, Oxford, and three other hospitals to fund his new foundation at Magdalen Hall reveals.[79] Long before the Dissolution, highly placed predators had few scruples about the closure of potentially viable institutions. In some cases, any pretence at eleemosynary activity was abandoned as lands and rents were annexed by monastic houses, such as Syon Abbey, and revenues diverted into the patron's coffers.[80] An enquiry of 1479 into the fate of the hospital of St Mary Magdalen, Reading, found that there had once been a chapel 'and lyvelod therto for to releve therin syke folks, as lazars [lepers], and an house for them to dwell in besyde with feyr londs perteynyng therto: wherof th'abbot takethe the profytts, and hath taken downe the seyd chapell and all the howsys therto apperteynyng ...'.[81]

Despite the scandal surrounding depredations of this kind, provision for the sick and vagrant poor seems generally to have been deemed adequate, or at least a matter

best tackled through private initiatives, until the arrival of the Great or 'French' Pox during the late 1490s. The disease spread across Europe with alarming rapidity, engendering panic and necessitating emergency measures that in some cases exacerbated social tensions. Late in 1496 the Hôtel Dieu, Paris's largest hospital, made a futile attempt to close its doors to the army of sufferers who invaded the wards, polluting the environment and posing a major hazard to the other patients.[82] The added pressure precipitated such a crisis that 'certain notable citizens' were brought in by the municipality a decade later to manage the house's temporalities and investigate abuses.[83] However much 'relief' they may hitherto have offered to the sick poor, London's three major hospitals - with an optimum *combined* bed capacity far lower than that of the Hôtel Dieu - must also have been overwhelmed by indigents.[84] In his treatise of 1509 on the seven penitential psalms, Bishop John Fisher repeatedly evokes the contemporary spectacle of 'the beggers or poore folkes that be payned & greued with hungre & colde lyenge in the stretes of cytees or good townes full of sores' and 'the waylynges, cryenges & lamentable noyses that they make'.[85] In a moving digression on the divine gift of health, he observes:

> How many lye in stretes & hye wayes full of carbuncles & other vncurable botches, whiche also we dayly perceyue at our eye greuous to beholde, how many be crucyfyed in maner by intollerable aches of bones & Ioyntes ... whiche be vexed with the frensshe pockes, poore, and nedy, lyeng by the hye wayes stynkynge and almoost roten aboue the grounde.[86]

Both the enormity of the problem and the inadequacy of the official response during these early years of rapid transmission and moral panic are clearly apparent

from commentaries produced in various parts of Europe a few decades later. In his celebrated attack of 1530 upon the anticlerical polemicist, Simon Fish, Sir Thomas More took his opponent to task for claiming that greater numbers of diseased beggars were then seeking relief than ever before. On the one hand, he maintained, epidemics in general were no more frequent or destructive than they had been 'in tymes passed', while on the other it seemed that the 'french pokkys' had lost much of its original virulence. Certainly, far fewer of its disfigured victims were soliciting alms in public places than had been the case at the start of the century, when five times as many of them were obliged to beg.[87] As he was the first to admit, such impressions were highly subjective, but they do appear to have been common. Writing at about the same time as More, Lorenz Friese (d. *c*. 1531), the official physician of Strasbourg, noted that 'the ferocity of the disease when it first arrived was such that the very lepers refused to live with those infected', the poorest of whom faced destitution and vagrancy as social outcasts.[88] French and German chroniclers concurred with medical experts, reporting a significant loss of malignancy and a corresponding fall in the number of 'deformed or mutilated' indigents from the second quarter of the sixteenth century onwards.[89] It was against this background that Henry VII drew attention in his will of 1509 to the woeful lack of 'commune hospitallis within this our Reame', without which 'infinite nombre of pouer nedie people miserably dailly die, no man putting hande of helpe or remedie'.[90] He accordingly made plans for the endowment of three new foundations in London, Coventry and York, each providing comfortable accommodation for one hundred 'poer nedie people' who lacked shelter. Only one, the Savoy, was ever built, being still far from completion when parliament at last returned to the unresolved problem of hospital reform three years later.[91]

The bill of 1512

The bill presented to the first session of the 1512 parliament expressed the same desire for radical change that had been voiced a century earlier, but differed in three significant respects from previous attempts to improve institutional provision. First, and of particular interest, is the assumption that hospitals should fulfil a sanitary role in removing from the streets those whose pox-ridden bodies posed a threat to 'cleyne and hole people'.[92] One solution, already taking shape in Italy, was to segregate the sick in special, purpose-built houses, where they could receive proper treatment. There, the Company of Divine Love, a fraternity dedicated to the care of 'incurables' as pox sufferers were known, had already established hospices in Genoa and Bologna for the reception of men and women whose horrific symptoms made it difficult for them to obtain conventional support.[93] No such initiatives had yet been attempted in northern Europe, however, where the more common response was to utilise the facilities already available in existing hospitals and *leprosaria*. In this respect the bill foreshadowed initiatives such as the *Forma subventionus pauperum* implemented in Ypres a decade later, and subsequently advocated by reformers such as William Marshall, who translated it into English. He recommended that 'contagyouse folkes … all roughe and scouruy and ronnynge with matter bothe vgely to loke on and euyll smellynge' should be transported to 'comen hospytalles', where curable individuals could be made fit for work.[94]

Keenly aware that the disruptive presence of so many diseased paupers was as much a matter of public order as it was of health, the authors of the 1512 petition also addressed contemporary anxieties about the perceived problem of vagrancy. The

spectre of idleness, and especially of the 'sturdy beggar', was already beginning to alarm urban authorities when Henry VII intervened at a national level during the 1480s and 1490s. Consciously adopting the medical vocabulary of corruption, infection and pain, he was the moving force behind a legislative programme designed to provide 'convenient remedies' by regulating the lives of working people, as well as those who were no longer well enough to seek employment.[95] To this end, a new Statute of Labourers and an 'acte agaynst vacabounds and beggers' were duly passed by the parliament of 1495, strictly limiting the freedom of the incapacitated as well as the healthy to solicit alms. Those incapable of work were still expected to return to their previous abode or birthplace, being prohibited from begging anywhere else under pain of thirty-six hours in the stocks, although pregnant women and anyone 'in extreme sikenes' might be allowed an appropriate 'dymynucion of punysshment'.[96] The act was revised a decade later, and its provisions rehearsed in a proclamation of 1511 that would have been fresh in the minds of the MPs who assembled in the following year. With its opening reference to the disruptive 'exclamcon ffor almses' that could no longer be avoided in churches and other public places, the Bill of 1512 highlighted a problem currently faced by communities across England as they sought to enforce statute law through the licensing and control of beggars.[97]

Another matter of current debate addressed in the Bill concerned the sale of spurious indulgences and letters of confraternity. Hospitals traditionally offered remission of penance and other spiritual benefits in return for donations, often to boost their income in times of hardship or crisis, such as the famine years of the early fourteenth century or in the aftermath of floods or fires. The award of fraternal status could be used to thank and acknowledge influential patrons, while also eliciting

support from less affluent benefactors with just a few pence to spare.[98] But it was clearly open to abuse by 'gredy & couetous' individuals who exploited the anxieties of devout and fearful people in order to line their own pockets. Far from questioning the doctrinal issues involved, the bill focused upon the extravagant, sometimes fraudulent, claims made by the proctors of so-called 'hospitals' which offered no discernable form of spiritual or physical care to others. Such criticisms had a long history. Chaucer's Pardoner in *The Canterbury Tales* was specifically associated with the London hospital of St Mary Rounceval, which already possessed an unsavoury reputation in this regard, while the satirical poem *The Reply of Friar Daw Topias* referred scathingly to the agents employed by St Mary's and the two other city hospitals of St Anthony and St Thomas Acre.[99] By harnessing the new technology of printing, from the 1490s onwards these houses were able to intensify their fund-raising campaigns and take full advantage of 'the first age of fly-posting'.[100]

Ironically, however, the production of forms and promotional material on what was, by contemporary standards, an industrial scale, made such rampant commercialism appear all the more blatant, especially when the hospitals concerned showed little, if any, concern for the sick and destitute.[101] For example, although some of the printed letters of confraternity issued by the Order of St Lazarus bore the name of its headquarters at the hospital of Burton Lazars, the lepers had long departed, being viewed as 'an embarrassing distraction' that diverted attention from other, more profitable business activities.[102] Nor could institutions which did maintain a token number of elderly dependents necessarily be deemed the most deserving of support. Having been appropriated to St George's chapel, Windsor, in 1475, St Anthony's flourished as a liturgical centre with a school and 'hospital' for

twelve almsmen attached, its income of several hundred pounds a year from indulgences testifying to the entrepreneurship of its many proctors. Yet a significant part of this money was creamed off to fund the opulent lifestyle of 'the already well-endowed members of the college', while the select band of almsmen still enjoyed a standard of living considerably higher than that on offer elsewhere and far beyond the dreams of any vagrant pauper.[103]

In order to protect their bill from the fate that had befallen its predecessor, the petitioners set out a precise timetable for action that would preclude any official inspections or ecclesiastical commissions of inquiry, thereby bypassing the ordinaries altogether. Instead, they proposed that the masters and governors of hospitals and almshouses throughout England should return a certificate to Chancery by 2 February 1513 recording the terms of their original statutes, the names of the founders and their heirs, the value and extent of current assets and, significantly, the number of patients currently in their care. They would then have until Michaelmas [29 September] 'to reforme theym self ... accordyng to the foundacions, stablyshments & ordynaunces therof made', and until the end of October to confirm that they had done so. In the event of non-compliance, founders or their heirs were empowered to seize control over the next six months, expelling any uncooperative officials until the necessary steps had been taken to assist the sick poor and preserve the spiritual health of their benefactors. If necessary, the crown might intervene at this stage as a last resort, a more realistic period of two years being allowed for the implementation of remedial measures, which were again to be certified in Chancery as soon as the final deadline had passed.

Described as a petition 'concerning masters and keepers of hospitals and of other almshouses', the bill reached the Lords on the twenty-seventh day of the first session (which began on 4 February) and was referred to Convocation by the lords spiritual on the thirty-second.[104] The latter were clearly no more enamoured of these proposals than their predecessors had been of the Commons' bill of 1414, being already alarmed by a campaign to curtail benefit of clergy then being waged by members of the Lower House. No doubt regarding the appeal for hospital reform as a further attempt to subject ecclesiastical personnel and institutions to secular authority, they apparently shelved it until the end of the session, when, like other unfinished business, it was deemed to have lapsed. In marked contrast to the proposed legislation over benefit of clergy, it was not revived when parliament reassembled.[105] This may in part have been due to practical considerations, not least being the inevitable disputes and uncertainties likely to have arisen over the issue of patronage, as well as the sheer impossibility of turning back the clock to undo decades, or even centuries, of change. How, one wonders, might an institution such as St Mary's Cripplegate in London, which functioned principally as a liturgical centre for the commemoration of affluent citizens, have been transformed to undertake the role initially envisaged by its founder? This question seems especially pertinent since, as often happened, his original statutes, drawn up in 1331 for the reception of one hundred blind and incapacitated paupers, had never been fully implemented.[106]

It is once again unclear how much support the cause of hospital reform actually commanded in the Commons, or who may have thrown their weight behind it. We know the names of only sixty-three (just under a fifth) of the men returned in

1512, among whom the four London members would presumably have expressed a collective interest in the welfare of those 'poor, blynd, lame, sore, miserable & impotent people' in whose name the bill was presented.[107] Sir William Capell, in particular, was a noted philanthropist, leaving bequests worth over £152 for the benefit of the poor in his will of 1515, albeit through the medium of parochial relief rather than institutional care.[108] Although he did not apparently sit in this parliament, Thomas More, who was then serving as under-sheriff of London and is known to have been engaged in business in the Lords, may also have been involved.[109] Matters of communal health concerned him greatly, both in an official capacity and as a humanist: when composing his *Utopia* three years later, he dwelt at length on the quality of care available in the suburban hospitals established by this model community. Their size, 'so roomy as to be comparable to as many small towns', ensured that patients with infectious diseases could be effectively isolated to reduce the risk to others, in marked contrast to the situation then apparent in the streets of London.[110] We might note, too, that More was far from uncritical of the extravagant claims advanced by the less reputable purveyors of indulgences. In 1519, for example, he recalled an earlier exchange in which his outspoken remarks about 'the misguided devotion' of people who put so much faith in empty promises had come under attack.[111]

Although new to parliament, Robert Harydaunce may likewise have pressed for reform, since he was a university-trained physician, and, indeed, only the second member of his profession ever to sit in the Commons (where he represented Norwich). [112] He would certainly have taken a keen interest in another bill then under consideration, which had, in some respects, a similar history and purpose to that for

the improvement of hospitals. In a further attempt to counteract the unfortunate effects of the pox epidemic, its promoters sought to introduce the compulsory examination and licensing of medical practitioners, while also ensuring that the 'grete multitude of ignoraunt persones' who peddled potentially lethal cures among the unsuspecting public should henceforward face severe fines.[113] Being neither as altruistic nor as spontaneous as it might at first appear, this bill represented the revival of an ill-fated parliamentary petition to restrict the practice of physic to university graduates. It had obtained the royal assent in 1421, but - like the earlier legislation regarding hospitals - had subsequently foundered for lack of government support.[114] By 1512, however, the need for a new and more comprehensive initiative that would augment the status and authority of surgeons as well as physicians had secured some powerful advocates in high places. As a result, measures designed to evaluate the competence of anyone who set up in practice were not simply enacted, but strictly enforced in local courts throughout the country. That the two campaigns should result in such very different outcomes was almost certainly due to the pivotal role assigned to the Church in the licensing process. Indeed, while recognising 'a need to provide adequate medical and surgical services so that the social and economic structure would suffer as little disruption from ill-health as possible', John Guy regards the main impetus behind this bill as religious.[115] Its attack upon the use of 'sorcery and witchcraft' by unauthorised healers and, most notably, its insistence that licenses to practice should be issued by bishops rather than the secular authority, would certainly have won the ecclesiastical support that was so demonstrably lacking for the campaign to improve the nation's hospitals.

Conclusion

In the event, supporters of the 1512 Bill had to endure far longer delays and even greater setbacks because of the devastating, and almost certainly unforeseen, impact of religious change upon care for the sick and aged poor.[116] The dissolution of monastic houses during the 1530s, followed by the two Chantry Acts of 1545 and 1547, led to the closure of almost half the charitable institutions known to have been active during the previous two decades.[117] All but a few of the hospitals that followed a monastic or quasi-monastic rule ceased to function, along with some of the almshouses attached to important liturgical centres. It has been argued that they were 'caught up in events', becoming the accidental casualties of a government policy aimed squarely at the largest and richest monasteries.[118] As we have already seen, however, dissatisfaction with the state of hospitals was already widespread, and the chorus of criticism grew even louder. The 'lollard' manifesto of 1410 appeared as a preface to a parliamentary petition of 1529 for the confiscation of ecclesiastical property,[119] while polemicists continued to agitate for the endowment of designated institutions in 'every good towne or cyty … to lodge and kepe poore men in, such as be not able to labor, syck, sore, blynd and lame'.[120] The problem lay not so much in the decision to remove so many of the country's hospitals from the Church's control, as in the general failure either to place them under lay management or to invest in new foundations when they fell into the hands of asset strippers with scant concern for the destitute and needy.

Even in London, the process of transition was far from smooth, although by 1552 the authorities were able to claim, rather defensively, that 800 individuals had already been healed 'of the pocques, fystules, filthie blaynes and sores' at the re-

founded hospital of St Bartholomew, while a further 92 had died there 'whiche elles might haue … stoncke in the iyes & noses of the Citie'.[121] Here, at least, it was possible to implement some of the measures advocated in 1512, notably through the use of six suburban leper houses, which were allocated to St Bartholomew's for the segregation and care of pox victims. St Thomas's, too, provided facilities for the treatment of such cases in special wards constructed in the grounds.[122] Having moved quickly to acquire St Giles's hospital from the crown, the rulers of Norwich developed a similar system for the integrated support of the diseased and elderly.[123] But in many other parts of England they were obliged to join the growing ranks of the dispossessed. In a petition of 1548 to the crown, the people of Bury St Edmunds, for example, drew attention to the extent of their losses and the current lack of 'eny hospytall or other lyke foundacion for the cumforte or relieffe of the pouer, of whiche theare is an excedinge greate nombre wythin the seide townne'.[124] Only gradually did new houses begin to appear, being almost exclusively intended, as before, for the residential accommodation of reputable and deserving paupers, rather than the care and cure of the sick.[125] Administrative standards may have been higher and levels of financial probity more impressive, but there was clearly little appetite for more radical reforms along the lines that had been proposed in 1414 and 1512.

Key words: almshouses, Church, disease, disorder, hospitals, indulgences, lollards, medieval, poverty, reform

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[1] Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge, 2013), 37, 40, 131-2, 148, 173, 192, 201 n. 152, 221.

[2] Nicholas Orme and Margaret Webster, *The English Hospital 1070-1570* (New Haven and London, 1995), 132-6, summarise 'the first calls for reform'.

[3] The petition is noted briefly in Marjorie Keniston McIntosh, *Poor Relief in England 1350-1600* (Cambridge, 2012), 56; and Rawcliffe, *Urban Bodies*, 350-2.

[4] G.R. Owst, *Literature and Pulpit in Medieval England* (Oxford, 1961), 177. For the dating of this source, see Leonard E. Boyle, 'The Date of the *Summa praedicantium* of John Bromyard', *Speculum*, xliii (1973), 533-7.

[5] A.D. Brown, *Popular Piety in Late Medieval England. The Diocese of Salisbury 1250-1550* (Oxford, 1995), 186, 200; Carole Rawcliffe, *Medicine for the Soul: The Life, Death and Resurrection of an English Medieval Hospital* (Stroud, 1999), 65-6; *eadem*, *Leprosy in Medieval England* (Woodbridge, 2006), 348-50. As the Council of Vienne of 1311 recognised, the problem was of international significance: *Decrees of the Ecumenical Councils*, ed. Norman Tanner (2 vols, Georgetown, 1990), i, 374-6; Jean Imbert, *Histoire des Hôpitaux en France* (Toulouse, 1982), ch. 3.

[6] *Statutes of the Realm*, ii, 12 Ric. II, cap. vii.

[7] Carole Rawcliffe, 'Passports to Paradise: How Medieval Hospitals and Almshouses Kept their Archives', *Archives*, xxvii (2002), 2-22.

[8] As, for example, Martha Carlin, 'Medieval English Hospitals', in *The Hospital in History*, ed. Lindsay Granshaw and Roy Porter (London and New York, 1990), 22-4; and Roberta Gilchrist, *Contemplation and Action: The Other Monasticism* (Leicester,

1995), 9-11, where Carlin's figures and percentages are revised. The quotation is from Orme and Webster, *English Hospital*, 10.

[9] Orme and Webster, *English Hospital*, 10-11.

[10] McIntosh, *Poor Relief in England*, 68-9.

[11] Rawcliffe, *Medicine for the Soul*, ch. 3.

[12] TNA, C270/23/12. Net annual receipts then stood at £825 and outgoings (excluding repairs) at £969.

[13] TNA, C270/21; *VCH York*, iii, 341-2.

[14] At St Mary Bethlehem, London, for example, a standard rate of 6*s*. 8*d*. per quarter, sometimes rising to 1*s*. a week, was levied during the later fourteenth century, even though the statutes required that patients should be admitted without charge: TNA, C270/22, mm. 1, 2. See also, Sheila Sweetinburgh, *The Role of the Hospital in Medieval England* (Dublin, 2004), 84, 85, 100, 137, 172, 191, 226 n. 91; Orme and Webster, *English Hospital*, 99-101; Rawcliffe, *Leprosy***,** 298-9.

[15] Carole Rawcliffe, *The Hospitals of Medieval Norwich* (Studies in East Anglian History, ii, Norwich, 1995), 74-6; *eadem*, *Leprosy*, 296-8.

[16] *VCH York*, iii, 341-2. The type of accommodation on offer is discussed in greater detail in P.H. Cullum, *Cremetts and Corrodies: Care of the Poor and Sick at St Leonard's Hospital, York, in the Middle Ages* (Borthwick Paper, lxxix, York, 1991), who suggests that Boothby may have used some of the money to pay for repairs: *ibid*., 28.

[17] *CPR*, 1399-1401, pp. 131-2. For William Frost and William Selby, the other lay members of the commission, see *HPC, 1386-1421*, ed. J.S. Roskell, Linda Clark and Carole Rawcliffe (4 vols, Stroud,1992), iii, 138-41; iv, 332-4.

[18] *VCH Gloucester*, ii, 120.

[19] *CPR*, 1358-61, pp. 74-5. The commission was reissued in May 1359 to four different recipients: *ibid*., 224.

[20] The claim that hospital staff 'appropriate lands which divers men of Gloucester have given to the said poor and detain their charters and other muniments' suggests particular local animosity towards the hospital, as do unspecific allegations of sexual immorality levelled against the brethren, perhaps without foundation: *CPR*, 1377-81, pp. 577-8; *VCH Gloucester*, ii, 120.

[21] *CPR*, 1377-81, pp. 573, 577-8; *CPR*, 1381-5, pp. 137, 424.

[22] *CPR*, 1416-22, p. 375. For Mille, see *HPC, 1386-1421*, ed. Roskell, Clark and Rawcliffe, iii, 738-9. A similar situation obtained at St John's hospital, Bristol, where, following the failure of ecclesiastical intervention, the mayor and various citizens were commissioned in 1408 and 1411 to make good the 'pleas and oppressions and unprofitable dealings' that had reduced it to poverty and alienated local support: *CPR*, 1401-5, p. 413; 1405-8, p. 419; 1408-13, p. 320. Relations with the citizenry had previously deteriorated so badly that in 1399 the house was attacked by a large crowd and despoiled of property and archives: *CPR*, 1396-9, p. 510.

[23] For Wykeham's reform of the hospital of St Cross, Winchester, see *Wykeham's Register*, ed. T.F. Kirby (2 vols, Hampshire Record Society, xi, 1896; xiii, 1899), i, 130-1; ii, 28-59; *VCH Hampshire*, ii, 195-6.

[24] New College, Oxford, MS 3691, f. 92r-v.

[25] Martha Carlin, *Medieval Southwark* (1996), 79-80; *The Religious Houses of London and Middlesex*, ed. Caroline M. Barron and Matthew Davies (2007), 170-2.

[26] Carlin, *Medieval Southwark*, 80.

[27] See Carole Rawcliffe, '"A Word from our Sponsor": Advertising the Patron in the Medieval Hospital', in *The Impact of Hospitals 300-2000*, ed. John Henderson, Peregrine Horden and Alessandro Pastore (Bern, 2007), 167-93.

[28] *Selections from English Wycliffite Writings*, ed. Anne Hudson (Cambridge, 1978), 26; Orme and Webster, *English Hospital*, 132, 134.

[29] *Selections from English Wycliffite Writings*, ed. Hudson, 26.

[30] *The Chronica Maiora of Thomas Walsingham 1376-1422*, ed. David Preest and J.G. Clark (Woodbridge, 2005), 376-9. The bill in question (and perhaps also the Twelve Conclusions of 1395) may well have been drafted by the '*doctor eximius*' of lollardy, John Purvey, who is known to have owned 'a special tract' setting out the case for ecclesiastical disendowment and to have advocated the measures in it well before this date: Anne Hudson, 'John Purvey: A Reconsideration of the Evidence for his Life and Writings', *Viator*, xii (1981), 355-80, on pp. 361-2, 368-9, 371, 379. See also, Maureen Jurkowski, 'A New Light on John Purvey', *EHR*, xc (1995), 1180-90, on p. 1189.

[31] *Selections from English Wycliffite Writings*, ed. Hudson,135, 136-7.

[32] *Chronica Maiora of Thomas Walsingham*, ed. Preest and Clark, 378.

[33] As Margaret Aston observes, few lollard gentry were 'committed parliamentarians' and there was no identifiable phalanx of support for their beliefs in the Commons. She suggests that Sir Thomas Brooke (who also sat in 1395) and William Stourton may have been 'behind the disendowment scheme': 'Introduction', in *Lollardy and the Gentry in the Later Middle Ages*, ed. Margaret Aston and Colin Richmond (Stroud and New York, 1997), 4. Both men served in 1410, both maintained connections with lollard sympathisers and both are notable for the austere tone of their wills, but neither appears to have been personally unorthodox. Indeed, Stourton was close to

Archbishop Arundel: *HPC, 1386-1421*, ed. Roskell, Clark and Rawcliffe, ii, 377-9; iv, 496-9.

[34] John Roskell, 'Introductory Survey', *HPC, 1386-1421*, ed. *idem*, Clark and Rawcliffe, 94-5. Orme and Webster believe that the petition 'is more likely to have circulated unofficially' as was the case with the Twelve Conclusions of 1395: *English Hospital*, 135.

[35] *Chronica Maiora of Thomas Walsingham*, ed. Preest and Clark, 378.

[36] Robert Fabyan, *The New Chronicles of England and France*, ed. Henry Ellis (1811), 575-6. See also *The Great Chronicle of London*, ed. A.H. Thomas and I.D. Thornley (1938), 88; and for Henry's ambivalent response to lollardy, Anne Hudson, *The Premature Reformation: Wycliffite Texts and Lollard History* (Oxford, 1988), 112-13.

[37] Margaret Aston, '"Caim's Castles": Poverty, Politics and Disendowment', in *The Church, Politics and Patronage in the Fifteenth Century*, ed. R.B. Dobson (Gloucester, 1984), 63; Hudson, *Premature Reformation*, 114-17. Neither author, however, refers to the continuing agitation for hospital reform.

[38] See, for example, Jeremy Catto, 'Religious Change under Henry V', in *Henry V: The Practice of Kingship*, ed. G.L. Harriss (Oxford, 1985), 97-115, which likewise does not mention his short-lived interest in hospitals.

[39] *PROME*, ix, 45-6. For the full text of this petition see the Appendix below.

[40] *PROME*, ix, 45-6; *Statutes of the Realm*, ii, 2 Hen. V, Statute I, cap. 1.

[41] *Concilia Magnae Britanniae et Hiberniae*, ed. David Wilkins (4 vols, London, 1737), iii, no. 42, p. 365.

[42] *PROME*, ix, 112-13.

[43] *Rot. Parl*., iv, 80-1.

[44] Fabyan, *New Chronicles*, 578.

[45] *CPR*, 1401-5, pp. 273, 274; 1405-8, p. 231; TNA, C270/22 (a transcription of which may be found in *The Report of the Commissioners for Inquiring Concerning Charities, XXXII* (June, 1837), part vii, 600-7).

[46] The inquiry was requested by the newly-appointed master: *CPR*, 1436-41, p. 87. See *HPC, 1386-1421*, ed. Roskell, Clark and Rawcliffe, iii, 741-3, for Mitchell's career.

[47] W.K. Jordan, *Philanthropy in England 1480-1660* (1959), 114-15. See also his attack upon 'diversions of trust income to ecclesiastical or private uses on a very wide and wholly shocking scale': *ibid*., 258.

[48] Carlin, *Medieval Southwark*, 80.

[49] Carlin, 'Medieval English Hospitals', 34

[50] The quotation is from Cardinal William Allen, *A Defense and Declaration of the Catholike Chvrchies Doctrine Touching Purgatory* (Antwerp, 1565), ff. 215v-16, in which he argued that 'all charitable woorkes' were undertaken in return for spiritual services.

[51] Sweetinburgh, *Role of the Hospital*, 113-15, 148, 179. At Ospringe there were special quarters for the reception of important visitors: G.H. Smith, 'The Excavation of the Hospital of St Mary of Ospringe, Commonly Called *Maison Dieu*', *Archaeologia Cantiana*, xcv (1979), 81-184, on p. 103-5.

[52] TNA, C270/22, m. 4.

[53] As, for example, the royal clerk and surgeon, Master Thomas Goldyngton, at St Nicholas's hospital, Carlisle, in the mid-fourteenth century: *Calendar of Inquisitions Miscellaneous*, ii, no. 1456; iii, no. 6, p. 2; *CPR*, 1348-50, pp. 175-6.

[54] Although he allowed the campaign for hospital reform to founder, Henry V was characteristically scrupulous with regard to the exercise of his own rights of patronage. In 1419, for example, he wrote from Mantes 'to eschewe the peril in conscience' that might arise from his award of the wardenship of St Anthony's hospital, London, to the royal clerk, William Kynwolmersh, 'on lasse that the title were clere yn lawe and conscience': TNA, C81/1365 no. 6. I am grateful to Professor Malcolm Vale for providing me with a transcript of this document. In the event, Kynwolmersh, who allegedly despoiled the hospital during his brief tenure of office, became treasurer of England and King Henry reinstated his more responsible predecessor. For an account of the affair, which reveals graphically how hospitals might be traded as commercial and political assets, see David K. Maxfield, 'A Fifteenth-Century Lawsuit: The Case of St Anthony's Hospital', *Journal of Ecclesiastical History*, xliv (1993), 199-223.

[55] Rawcliffe, *Medicine for the Soul*, chs 3 and 6.

[56] *VCH Wilts*, iii, 357-8. For the house's archives, see T.H. Baker, 'The Trinity Hospital Salisbury', *Wiltshire Archaeological and Natural History Magazine*, xxxvi (1909-10), 376-412.

[57] Rawcliffe, *Urban Bodies*, 336, 346-7.

[58] His duties were sufficiently onerous to secure his exemption from jury service: *Calendar of Letter-Books of the City of London, Letter-Book K*, ed. Reginald R. Sharpe (1911), 194. As at St Giles's, Holborn, the city had previously attempted to secure rights of patronage over the hospital, but there is no evidence to suggest that it succeeded, or even exercised a supervisory role there until the 1430s: Jonathan Andrews, Asa Briggs, Roy Porter, Penny Tucker and Keir Waddington, *The History of Bethlehem* (1997), 55-9.

[59] Rawcliffe, *Leprosy*, 296-7; David Marcombe, *Leper Knights: The Order of St. Lazarus of Jerusalem in England, c.1150-1544* (Woodbridge, 2003), 161-74.

[60] *The Historical Collections of a Citizen of London*, ed. James Gairdner (Camden Society, new ser., xvii, 1876), p. ix.

[61] E.G. O'Donoghue, *The Story of Bethlehem Hospital* (1914), 100-1. The claim was, however, made in a printed letter of confraternity, on the unreliability of which see below.

[62] *Historical Collections*, ed. Gairdner, pp. viii-ix.

[63] John Stow, *Survey of London*, ed. Charles Lethbridge Kingsford (2 vols, Oxford, 1908), i, 105, 166-7.

[64] Christopher Thomas, Barney Sloane and Christopher Phillpotts, *Excavations at the Priory and Hospital of St Mary Spital, London* (1997), ch. 4.

[65] Euan C. Roger, 'Blakberd's Treasure: A Study in Fifteenth-Century Administration at St Bartholomew's Hospital, London, *The Fifteenth Century*, xiii (2014), 81-104. Wakeryng's contemporary, John Neel, the master of the hospital of St Thomas Acre on Cheapside, was equally successful in improving the reputation and finances of his house, although, it did not by then accommodate the sick: Anne Sutton, 'The Hospital of St Thomas of Acre: The Search for Patronage, Liturgical Improvement and a School, under Master John Neel, 1420-63', in *The Late Medieval English College and its Context*, ed. Clive Burgess and Martin Heale (York, 2008), 199-229.

[66] The figure derives from McIntosh, *Poor Relief in England*, 69-70.

[67] M.A. Hicks, 'St Katherine's Hospital, Heytesbury: Prehistory, Foundation and Refoundation 1408-72', *Wiltshire Archaeological and Natural History Magazine*, lxxviii (1983), 62-9; *idem*, 'Chantries, Obits and Almshouses: The Hungerford Foundations 1325-1478', in *The Church in Pre-Reformation Society: Essays in*

Honour of F.R.H. Du Boulay, ed. C.M. Barron and Christopher Harper-Bill (Woodbridge, 1985), 123-42.

[68] P.H. Cullum, 'Medieval Colleges and Charity', in Burgess and Heale, *Late Medieval English College*, 140-53; John A.A. Goodall, *God's House at Ewelme* (Aldershot, 2001), ch. 7.

[69] The Rev. Canon [J.E.] Jackson, 'Ancient Statutes of Heytesbury Almshouse', *Wiltshire Archaeological and Natural History Magazine*, xi (1869), 289-308, on pp. 291-7; Goodall, *God's House*, Appendix 1. For other striking examples, see the regulations devised by the executors of Richard Whittington in 1424 for his almshouse in London (Jean Imray, *The Charity of Richard Whittington* (1968), Appendix 1) and by William Wynard in 1436 for his foundation in Exeter (Devon RO, ECA, ED/WA/2).

[70] Rawcliffe, *Urban Bodies*, 339-49.

[71] K.J. Evans, 'The *Maison Dieu* Arundel', *Sussex Archaeological Collections*, cvii (1969), 65-78, on p. 66; Jackson, 'Ancient Statutes of Heytesbury Almshouse', 301. The rules at Ewelme were particularly draconian: Goodall, *God's House*, Appendix 1.

[72] McIntosh, *Poor Relief in England*, ch. 3; Carole Rawcliffe, 'Dives Redeemed? The Guild Almshouses of Later Medieval England', *The Fifteenth Century*, vii (2008), 1-27.

[73] From the 1350s onwards the terminology adopted by founders can be misleading, since only one-sixth of the 'hospitals' set up between then and 1359 was specifically intended for the sick poor, most being almshouses in all but name: McIntosh, *Poor Relief in England*, 71. The rules of Archbishop Chichele's foundation at Higham Ferrers are typical in insisting that the twelve residents should be 'cleane men of theire bodies, without botches, biles or blanes': BL, Lansdowne MS 846, f. 78.

[74] McIntosh, *Poor Relief in England*, 70.

[75] *VCH Sussex*, ii, 97; *Wiltshire*, ii, 334-5, 337; *Chester*, iii, 186; *Lancashire*, ii, 163-4; *Warwickshire*, ii, 111.

[76] Sweetinburgh, *Role of the Hospital*, 65.

[77] Carole Rawcliffe, 'The Eighth Comfortable Work: Education and the Medieval English Hospital', in *The Church and Learning in Late Medieval Society*, ed. Caroline Barron and Jenny Stratford (Donington, 2002), 376.

[78] Miri Rubin, 'Development and Change in English Hospitals, 1100-1500', in *The Hospital in History*, ed. Granshaw and Porter, 53.

[79] The accounts surviving from St John's suggest that Waynflete's allegations of neglect and mismanagement were fabricated in order to justify the house's closure. Significantly, the brethren had encountered no previous criticism and were given no opportunity to reform: Rawcliffe, 'Eighth Comfortable Work', 377.

[80] See, for example, the fate of St Bartholomew's, Playden (*VCH Sussex*, ii, 104), and Holy Trinity, Gateshead (*VCH Durham*, ii, 117-19).

[81] A serial offender, he had also confiscated the revenues of an almshouse for the support of 'onest mennys wyvys that had borne office in the towne before, and in age were fall in poverty': BL, Add. MS 6214, f. 14; *VCH Berkshire*, ii, 98-9.

[82] Claude Quétel, *History of Syphilis* (Cambridge, 1992), 12, 64-5.

[83] Christine Jéhanno, 'La réforme de l'Hôtel-Dieu de Paris à la fin du moyen âge: Remise en ordre nécessaire ou réforme monastique imposée à l'hôpital?', in *Les hôpitaux, enjeux de pouvoir. France du Nord et Belgique (IV^{e}-XX^{e} siècle)*, ed. Marie-Claude Dinet-Lecomte, *Revue du Nord*, extra ser., xxii (2008), 67-88, on p. 72 nn. 31, 32. As Jéhanno points out, other aspects of the ongoing reform programme had less

to do with the state of the hospital than with a national campaign for the desecularisation of female religious houses.

[84] In a petition of 1538 addressed to Henry VIII, the rulers of London claimed (or deemed it expedient to claim) that the these hospitals had hitherto ignored 'the myserable people lyeng in the streete, offendyng every clene person passyng by the way with theyre fylthye and nasty savors': *Memoranda, References and Documents Relating to the Royal Hospitals of the City of London* (1863), Appendix no. I, p. 2. There is, however, no reason to assume that such neglect had obtained at the start of the century.

[85] *The English Works of John Fisher*, ed. John E.B. Mayor (EETS, extra ser., xxvii, 1876), 140.

[86] *Ibid*., 240.

[87] *The Supplication of Souls*, ed. Germain Marc'Hadour in *The Complete Works of St. Thomas More, VII* (New Haven and London, 1990), 120-1.

[88] Jon Arrizabalaga, John Henderson and Roger French, *The Great Pox: The French Disease in Renaissance Europe* (New Haven and London, 1997), 253.

[89] Quétel, *History of Syphilis*, 50-1.

[90] *The Will of Henry VII*, ed. Thomas Astle (1785), 15-19; Rawcliffe, *Urban Bodies*, 350.

[91] Priority was given in the statutes of 1523 to the sick and moribund, then to the blind and otherwise disabled and finally to poor beggars: BL, Cotton MS Cleopatra C V, f. 24v.

[92] TNA, E 175/11/65. For the full text, see the Appendix below.

[93] Arrizabalaga, Henderson and French, *The Great Pox*, 147, 150.

[94] *Some Early Tracts on Poor Relief*, ed. F.R. Salter (1926), 69-70.

[95] *Select Cases in the Council of Henry VII*, ed. C.B. Bayne and W.H. Dunham (Selden Society, lxxv, 1956), 28-9; P.R. Cavill, 'The Problem of Labour and the Parliament of 1495', *The Fifteenth Century*, v (2005), 143-55, on p. 144.

[96] *Statutes of the Realm*, ii, 11 Hen. VII, cap. ii.

[97] *Ibid*., 19 Hen. VII, cap. xii; *Tudor Royal Proclamations*, ed. P.L. Hughes and J.F. Larkin (3 vols, New Haven, 1964-9), i, 88-91; McIntosh, *Poor Relief in England*, 43-4.

[98] Carole Rawcliffe, 'Communities of the Living and of the Dead: Hospital Confraternities in the Later Middle Ages', in *Hospitals and Communities, 1100-1960*, ed. Christopher Bonfield, Jonathan Reinarz and Teresa Huguet-Termes (Oxford, 2013), 125-54. Many such indulgences offered additional benefits to those who actually visited the house in question, which would have curbed serious fraud: *eadem*, *Leprosy*, 321-3; R.N. Swanson, *Indulgences in Late Medieval England* (Cambridge, 2007), 130.

[99] Paul Needham, *The Printer & the Pardoner: An Unrecorded Indulgence Printed by William Caxton for the Hospital of St. Mary Rounceval, Charing Cross* (Washington, 1986), p. 39; *Political Poems and Songs Relating to English History*, ed. Thomas Wright (Rolls Series, xiv, 1861) 78-9. Some hospital indulgences are notable for their fictitious claims to antiquity and reliance on forged documents, but these abuses were of less concern to the authors of the Bill than how the proceeds were being spent: Swanson, *Indulgences*, 1, 414, 455; David K. Maxfield, 'St. Mary Rouncivale, Charing Cross: The Hospital of Chaucer's Pardoner', *The Chaucer Review*, xxviii (1993), 148-61.

[100] Swanson, *Indulgences*, 475.

[101] St Mary's Rounceval secured royal approval for a fraternity in 1478, when reference is first made to 'the poor people flocking to the hospital', no doubt as a result of reforms instituted by the leading residents of Westminster who constituted the membership: *CPR*, 1476-85, p. 114; Rawcliffe, 'Communities of the Living', 149. During the late fifteenth and early sixteenth centuries the hospital appears to have 'commissioned the printing of many thousands of such indulgence forms and advertisements': Needham, *The Printer & the Pardoner*, 44-5. In addition, both St Mary's and St Anthony's employed 'a national network of farmers' to act on their behalf: Swanson, *Indulgences*, 89, 137-9, 174, 182-3, 204, 206-10, 212-13, 216-18, 464.

[102] Marcombe, *Leper Knights*, 181-94, and Appendix 2.

[103] *Religious Houses of London and Middlesex*, ed. Barron and Davies, 228-31; McIntosh, *Poor Relief in England*, 55-6, 81; Swanson, *Indulgences*, 78, 166, 369-71. The sale of indulgences earned St Thomas Acre about £50 a year between 1517 and 1520, but, like the equally successful hospital of Holy Trinity at Walsoken, in Norfolk, it did not accommodate any sick or elderly patients: Swanson, *Indulgences*, 78, 90, 110, 372-3, 424.

[104] *LJ, 1509-1577* (1767), 14, 15. I am indebted to Dr Paul Cavill for this reference.

[105] Paul Cavill, 'A Perspective on the Church-State Confrontation of 1515: The Passage of 4 Henry VIII, c. 2', *Journal of Ecclesiastical History*, lxiii (2012), 655-70.

[106] *Religious Houses of London and Middlesex*, ed. Barron and Davies, 166-7; Ann Bowtell, 'A Medieval London Hospital: Elsyngspital 1330-1536', Royal Holloway University of London PhD, 2010, ch. 5.

[107] *HPC, 1509-1558*, ed. S.T. Bindoff (3 vols, 1982), i, 4, 5.

[108] *Ibid*., 569-70; TNA, PROB 11/18/292; W.K. Jordan, *The Charities of London 1480-1660* (1960), 92, 326.

[109] *HPC, 1509-1558*, ed. Bindoff, ii, 620.

[110] *Utopia*, ed. Edward Surtz and J.H. Hexter, *The Complete Works of St. Thomas More, IV* (New Haven and London, 1965), 139-41.

[111] *The Complete Works of St. Thomas More, XV*, ed. Daniel Kinney (New Haven and London, 1982), 285; Swanson, *Indulgences*, 481.

[112] *HPC, 1509-1558*, ed. Bindoff, ii, 313.

[113] *Statutes of the Realm*, iii, 3 Hen. VIII, cap. xi.

[114] *PROME*, ix, 267-8, 310. Given the small number of medical students then graduating in England, the petition was also inherently unworkable: Rawcliffe, *Urban Bodies*, 295.

[115] J.R. Guy, 'The Episcopal Licensing of Physicians, Surgeons and Midwives', *Bulletin of the History of Medicine*, lvi (1982), 528-42, on p. 530. Guy observes that 'we are not here dealing with the provision of hospitals and public infirmaries', being apparently unaware of the bill on this topic then also under consideration by parliament. Nor does he consider the necessity of providing care for victims of the pox.

[116] Failure on this score was not confined to England. A measure of 1489 to improve facilities for the sick poor in Venice by inspecting institutions to see if they complied with the wishes of their founders was not effectively implemented for 72 years: Brian Pullan, *Rich and Poor in Renaissance Venice* (Oxford, 1971), 211.

[117] McIntosh, *Poor Relief in England*, 124-7; Alan Kreider, *English Chantries: The Road to Dissolution* (Cambridge, Mass., and London, 1979), 5, 65-9, 157-8, 160-4, Appendix I.

[118] Orme and Webster, *English Hospital*, 155.

[119] R.W. Hoyle, 'Origins of the Dissolution of the Monasteries', *HJ*, xxxviii (1995), 275-305, on pp. 277-8, 301-5.

[120] *Henry Brinklow's Complaynt of Roderyck Mors*, ed. J.M. Cowper (EETS, extra ser., xxii, 1874), 52. See also Simon Fish, *A Supplicacyon for the Beggars*, ed. F.J. Furnivall (EETS, extra ser., xiii, 1871), 13-14.

[121] *The Anatomie of the Bodie of Man*, ed. F.J. Furnivall and P. Furnivall (EETS, extra ser., liii, 1888), 293.

[122] Kevin Siena, 'The Clean and the Foul: Paupers and the Pox in London Hospitals, c.1550-c.1700', in *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe*, ed. *idem* (Toronto, 2005), 261-84.

[123] Elaine Michelle Phillips, 'Charitable Institutions in Norfolk and Suffolk c. 1350-1600' University of East Anglia PhD, 2001, ch. 6.

[124] TNA, E301/45, f. 7.

[125] McIntosh, *Poor Relief in England*, 187-8, maintains that only 2 per cent of the 210 new institutions set up between 1540 and 1599 were intended for the care and cure of sick paupers.

APPENDIX

A Commons' Petition for the Reform of Hospitals, Presented to the Parliament of April 1414
(*PROME*, ix, 45-6, translated from Norman French)

Also, the commons pray that, whereas the noble kings of England, and the lords and ladies, both spiritual and temporal, as well as others of various estates of the realm, for the pleasure of God and his glorious mother, and for the aid and merit of their souls, have founded and built various hospitals in cities, boroughs and various other places in

your said kingdom, to which they have given generously of their moveable goods for building them, and generously of their lands and tenements for maintaining there old men and women, leprous men and women, those who have lost their senses and memory, poor pregnant women, and men who have lost their goods and have fallen on hard times, in order to nourish, relieve and refresh them there. Now, however, most gracious lord, a great number of the hospitals within your said kingdom have collapsed, and the goods and profits of the same have been taken away and put to other uses by spiritual men as well as temporal, because of which many men and women have died in great misery through lack of help, livelihood and succour, to the displeasure of God, and bringing peril to the souls of those who thus waste and put the goods of the same poor men and women to other uses. May it please our said lord the king, for the relief of those in need in this matter, to ordain, by the assent of the lords spiritual and temporal, that in every part of the kingdom from now on all such hospitals, of whosoever's patronage or foundation they may be, whether of yours, most gracious lord, or of your noble progenitors, as well as of others, might be visited, inspected and administered in the manner and form which seems most appropriate and beneficial to you, in accordance with the intention and purpose of the donors and founders of the same.

[Answer:] The king wills, in connection with the hospitals which are of the king's patronage and foundation, that the ordinaries, by virtue of the royal commissions addressed to them, shall enquire into the manner of the foundation of the said hospitals and the administration and condition of the same, and also into all other necessary and requisite matters in this case; and the inquisitions thus taken shall be certified in the king's chancery. And with regard to other hospitals, those which are of the foundation and under the patronage of others than the king, that the ordinaries shall enquire into

the manner of the foundation, the condition and administration of the same, and into all other relevant aspects and issues in this matter; and thereupon let them bring about correction and reform in this, in accordance with the laws of holy church, as they pertain to them.

A Petition for the Reform of Hospitals, Presented to the Parliament of 1512 (TNA, E175/11/65)

The top of this manuscript, including the address, is now missing, and the words that have been lost are here supplied in **bold** from BL, Add. MS 24459, ff. 157-60, a transcript 'from the original in the Exchequer' made by Joseph Hunter, Assistant Keeper of the Public Records (d. 1861).[125] A pencil note at the top of f. 157 dates this document as 'Henry VIII 1547'; but on the dorse of E175/11/65 is inscribed in another nineteenth-century hand 'Draught of a Bill for ~~relief of the Poor~~ Reformation of Hospitals presented to Parlt. 4 Hen. 8 but which did not pass'.

In the following, abbreviations have been expanded in italic, capitalisation standardised and some punctuation added in the interest of clarity.

To the King our sov*er*aigne Lord and to the lords sper*itu*all & to the welldisposed and discrete comyns at this p*ar*liament assembled

Lamentably shewyng, comp**laynyng unto God & you, your dayly oratours the poor**, blynd, lame, sore, miserable & impotent people of this **land that may nott labo*ur*, which** of nessessite be dryvyn for ther susten*au*nce and lyvyng to begge, to make importiune exclamacon ffor almses in churches & churcheyard in disturb*au*nce of p*ra*yer*es* & dyvyne s*er*uice ther and & [*sic*] in ffayeres & market*es* other wyse, which not only to the greffe of the people of the realme, but also to be cause of infeccon and sekknes to the cleyne and hole people of the same, and, ou*er* & besyd*es*,

that many of [us] ys evyn Cristen, which for lake of longgyng & releyff moste ned*es* ly in the stret*es* & high ways, as well be nygh[t] as be day, wher for hungor & cold we dayly storve & dye, to the high displeasur of God & ayenst all charete, wark*es* of merce & of pitte, and cont*ra*re to justice. For as myche as dyu*er*s & many hospitall*es*, almeshousses & other plac*es* in this realme of Ynglond haue beyn g*ra*ciusly & charitably ffoundyd, ordyned & estabilysched, as well by kyng*es*, princ*es*, as be other nobll*es* & weldysposed men of the same realme, w*ith* gret subst*a*unce of lond*es*, ten*amentes* & ornament*es*, as well for the loggyng, fyndyng & sustinaunce of yo*ur* orato*ur*s, as for p*ri*est*es* & clerk*es* ordeyned ffor dyvyne s*er*uice to be daly seyd in the seid hospitall*es* and almeshousses, & for the mynstracon of the sacramentals to the pore men ther to the lawde & prasyng of all myghty God, which hospitall*es* & almes ~~hoss~~ housses ffor the mere p*ar*tie [m. 2] ben sufford to fall in ruyne & decaye, and so be lyke to faull in ther decaye & ruyne w*ith*out any dyvyne s*er*uise, p*a*eres of almes doyng ther; and yt, neu*er* the lesse, the p*ro*fytt*es* therof be resaued, taken and wasted by certen p*er*sons callyng theym selfe master, rulers, wardens & gou*er*nores of the seid hospitall*es* & almes housses, & some tyme callyng & namyng the seid hospitall*es* & almes housses to be ffree chapell*es*, which wrongfully & peteously exclud & kype yo*ur* seid orato*ur*s from ther right & possessions of the same, & some tyme take gret fynes & somes of money of the frend*es* of such pore men as be admitted to be brothern & systern ther, whereunto the seid Goddessmen, pore & miserable people ben frely entytyled by the foundac*i*ons, estabylysshement*es* & ordenaunce of the same hospitall*es* & almes housses, which be mysvsed, as is afforseid, ayenst right, trouth & good consciens & cont*ra*re to the wyll*es* & good entent*es* of the founders, which founders be onknowne ffor the mere p*ar*tie to the seid p*re*tensyd mast*er*, wardenes & gou*er*no*ur*s, takers of the p*ro*fit*es* of the seid hospitall*es* & almes housses. And, ou*er*

this, some of the seid p*er*sons callyng theym selff mast*eres*, wardenes & gou*er*nores of the seid hospitall*es* and almes housses, not satisfyd ~~to~~ w*ith* the reuenuez of the lond*es* & rent*es* belongyng vnto the same, of ther gredy & couetous mynd*es* cause certen p*er*sones callyng theym selff p*ro*ctours or p*ar*don*er*is of the house to go in & aboute contres w*ith* seales & imayes & p*ro*uoke men to be of ther bretherhed of the seid houss & to be parte takeres of masses and orisons seid & don by the seid p*r*iest*es* & [m. 3] the brother*es* & syster*es* the[r] yn gret nomber, where in dede theyr be no p*r*iest*es* syngyng, nether pore brethern, nor systers, in deludyng & pou*er*ischyng of the kyng*es* truee liege people, to the ill example wherof can not be founde in any Cristen realme. For reformacon & amendment wherof, that it may please you, our sou*er*aign lorde, by the aduise & assent of you, the lord*es* sper*it*uall & temp*er*all & the comynes in this p*re*sent p*ar*liament assembled, and by the auctorite of the same, to orden, stabulshed & enacte that eu*er*yche of the seid mast*eres*, wardens & gou*er*no*ur*s of the seid hospitall*es* & almes hous*es* on the seid the fest of Candelmas[125] next comyng shall c*er*tyfy the kyng, our sou*er*aign lord, into his chaunc*er*e the foundacon, corp*or*acon, stablyshement*es* & ordynaunce of ther seid hospitall*es* & hous*es* made apon the foundac*i*ons, w*ith* true extent and yerely value of the lond & ten*ement*es belongyng to the seid hospitall*es* & almes hous*es*, w*ith* the names of the founders theroff and of the names of theym that ben heryers of the same founders, w*ith* the nombre of p*er*sones susteyned & kept in the same hospitall*es* & almes hous*es*. Aft*er* which feast of Candelmas vnto the fest of Seynt Michell th'arangell then aft*er* next ensuyng, the seid masters, wardens & gou*er*nores shall haue lib*er*tye & auctorite to reforme theym selff & to order the seid hospitall[*es*] & almes hous*es* accordyng to the foundacions, stablyshement*es* & ordynaunc*es* therof made and ordyned, & that to be c*er*tyfed unto kyng*es* chaunc*er*ie by the moys off Michalmas[125] then next aft*er*

ensuyng; and, iff no such c*er*tyficat as is a forseid be made, [m. 4] or yf noo such reformacion be had, ne made, that then it shalbe lawfull to the founders of the seid hospitall*es* & almes hous*es* and ther heir*es* seu*er*ally, accordyng to ther seu*er*all ffoundac*i*ons, w*ith*in the halff yere next folowyng the seid moys to enter into the seid hospitall*es* and almes hous*es*, lond*es* & ten*ementes*. And yf they [prove] nekelygent or remisse of ther seid entres, then that the kyng our sou*er*aigne lord in the default aft*ur* the seid ~~yere~~ halff yere shall enter into the seid hospitall*es*, almes hous*es*, lond*es* & ten*ementes*; and that aft*ur* such entre so made by the seid ffounders & ther heir*es*, or by the kyng, our sou*er*aign lord, as is aforseid, that then the kyng, our sou*er*aigne lorde, & all the seid ffounders & ther heir*es* to haue auctorite & power by vertue of this p*re*sent acte to reforme, sett & ordeyn the same hous*es*, lond*es* & ten*ementes* to the pleasur of God & to the help & socure of vs yo*ur* most wrechid orato*ur*s in this world, as nygh as they co*n*uenyently [can], accordyng to the seid all foundac*i*ons of the same and ffor the welthe of ther sowles & of the sowles of the first ffounders & of ther coadiuto*ur*s & benefacto*ur*s & of ther heir*es* and successo*ur*s, & to exclude the seid mast*eres*, wardens & gou*er*nores frome takyng of any p*r*ofit*es* ther of vnto the seid reformacon, as is aforseid, by the kyng & ffounders ben full had & made c*er*tified in to the seid chaunc*er*ie, so yt be made & done w*ith*in ij yeres next aft*ur* the seid entres in to the seid hospitall*es*, almes hous*es* lond*es* & ten*ementes*, and this yo*ur* g*ra*cious reformac*i*ons lyke to be vndon, and not only of the help & comforte of vs yo*ur* seid orato*ur*s, but also ys lyke to be cause of lesse infeccon & dissesses, which latly haue habunded in this lond of [m. 5] Ynglond, and also encres our p*ra*yers to all myghty God for the good estate of our sou*er*aigne lord & of the lord*es* sp*irit*uall & temp*ar*all & the comynes at this p*re*sent p*ar*liament assembled & of o*ur* ffounders and benyfacto*ur*s