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The Liminality of Care:

Caring for the Sick and Needy on the Boundaries of Monasteries

Harriet Mahood, The University of Reading[1]

Spiritual and bodily care of the laity, by religious, is an image that has persisted throughout the centuries and the location and nature of this care, when it is associated with medieval monastic institutions in England, forms the focus of this paper. Many historians have written about the 'arm's length' nature of the relationship between institutions associated with the laity such as hospitals, almshouses and guesthouses;[2] which kept these institutions at a distance both physically and administratively. This paper will challenge this view, arguing that there was more to this positioning than the act of removing the lay presence from the religious community. Beginning with a discussion of the range of hospital types, the motives behind care of the laity by religious will follow before analysing a series of case studies in turn through the use of documentary and topographical evidence.

To begin this discussion of boundary care of the laity by religious, it is necessary to discuss the nature and identity of the ecclesiastical hospital, a term that appears to have been first used in 1112.[3] The term hospital originates from the Latin word *hospes*, meaning 'guest' and 'host' and the circumstances of foundation, their purpose and operation varied massively.[4] Carole Rawcliffe identifies three main types of hospital (leper, short term care, and long term care) however these divisions are subjective, as will be seen, and Gilchrist subdivides the second category into those for 'sick poor' and those for pilgrims.[5]

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[1] Harriet Mahood is an AHRC funded PhD student in her third year at the University of Reading.

[2] See: Rowell, R. *The Archaeology of Late Monastic Hospitality*, unpublished PhD Thesis. (University of York, 2000); Watson, S. 'The Origins of the English Hospital' in *Transactions of the Royal Historical Soceity*, vol.16. (2006) pp.75-94; Kerr, J. *Monastic Hospitality, the Benedictines in England, c. 1070-c. 1250.* (Woodbridge. 2007); Cassidy-Welch, M. *Monastic Spaces and Their Meanings.* (Turnhout. 2001)

[3] Watson. 'The Origins of the English Hospital'. p.79.

[4] Magilton, J. 'Leprosy, Lepers and their Hospitals' in Magilton, J., Lees, F., and Boylston, A. (eds.) *Lepers Outside the Gate: Excavations at the Cemetery of the Hospital of St James and St Mary Magdalene, Chichester, 1986-87 and 1993.* (York. 2008) pp.9-26; Sweetinburgh, S. *The Role of the Hospital in Medieval England: Gift-giving and the Spiritual Economy.* (Dublin. 2004) pp.19-67.

[5] Rawcliffe, C. *Urban Bodies: Communal Health in Late Medieval English Town and Cities.* (Woodbridge. 2013) p.317; Gilchrist, R. *Contemplation and Action, the Other Monasticism.* (London. 1995) p.9.

Following Rawcliffe's example, the first, leper hospitals, are fairly self-explanatory. Catering for the leprous and infirm, these institutions focused on care for the long run and their location reflected, in part, social attitudes towards this disease.[6] The second, are those hospitals that catered for those near death, pilgrims requiring a single night's stay and a solid meal, as well as those with acute diseases. Magilton argues that many of these institutions soon found themselves gaining a reputation for caring for the sick as their pilgrim guests were often sick themselves, with illness frequently being the motivation for pilgrimage.[7] The final category of hospital, or almshouse as these form are often called, catered for long term care. These institutions are superficially similar to leprosaria in regards to long term care, but with inmates who were not necessarily diseased – merely requiring care, such as the elderly or disabled.

A hospital's duties could be as narrow as simply providing bread and ale (i.e. the hospitality that their name denotes) to travellers, to catering to the long term resident as demonstrated above. Staffed largely by religious men and women due to the ability of the inmates to pray for their benefactors, hospitals were supported in a variety of ways depending on the institution.[8] In many cases, the staffs of hospitals were frequently Augustinians canons; a religious order following the fourth century rule of St Augustine without ascribing to the same retreat from society as the Benedictine orders did. Described as 'a middle kind of creature between the monks and those termed secular canons' by Erasmus on pilgrimage to St Mary of Walsingham in the early sixteenth century, regular canons gained popularity and structure in the eleventh century.[9] Even today, their identity is difficult to generalise. During the Middle Ages however, they certainly did become closely associated with the running of hospitals as a result of their religious identity, but also their integration in society through their role as priests.[10] Augustinian canons did not run every institution however and this will be discussed with specific examples later as in some cases the laity took over the daily running despite the religious undertones of day to day life.[11] Cathedral priories, those priories where the

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[6] See: Richards, P. *The Medieval Leper and His Northern Heirs*. (Cambridge. 1977) pp.48-61; Magilton. 'Leprosy, Lepers and their Hospitals'. pp.15-16; Rawcliffe. *Urban Bodies*. p.326.

[7] Magilton. 'Leprosy, Lepers and their Hospitals'. p.18.

[8] Prescott, E. *The English Medieval Hospital c. 1050-1640*. (Melksham. 1992) p.2.

[9] Dickinson, J. *The Origins of the Austin Canons and Their Introduction Into England* (London.1950) p.56.

[10] Burton, J. 'The Augustinians in England and Wales' at The Augustinian Canons in Britain: Architecture, Archaeology, Art, and Liturgy Conference. (Oxford. 2014); Franklin, J. 'The Aisleless Cruciform Church and the First Augustinian Canons in Britain' at 'The Augustinian Canons in Britain: Architecture, Archaeology, Art, and Liturgy Conference'. (Oxford. 2014).

[11] Rawcliffe. *Urban Bodies*. p.332.

monastic life overlapped with the duties of a secular cathedral, will unfortunately not be discussed specifically here due to the scope of this article. Although an important part of the religious landscape, the discussion here focuses upon hospitals run by Benedictine monasteries.

The distinction between the three types of hospital is sometimes hard to discern and is not helped by the poor survival of these buildings and the nature of their records which although rich in some cases, can be 'perplexing' due to its diverse nature.[12] From the late eleventh century until the mid-sixteenth Sweetinburgh estimates in England that there were 310 leper hospitals, 310 short term care hospitals and 225 long term care almshouses.[13] Talbot meanwhile states there were 750 hospitals in England by the fifteenth century.[14] Gilchrist in turn argues for at least 800 pre-dissolution houses.[15] These numbers however incorporate both ecclesiastical and lay foundations and the discrepancy between Sweetinburgh's, Talbot's, and Gilchrist's figures serves to illustrate the problematic nature of the evidence which Sweetinburgh has attempted to explain.[16] Watson indeed emphasises the need for each historian to often set their own definitions in order to sub-divide the large body of houses and their varying functions.[17] Rawcliffe's definitions (leper hospital, hospital, and almshouse) will be used here due to her extensive and recent work on the topic and the requirement within this article to simply acknowledge a variety of function amongst English hospitals. Detailed definitions are not required here as it is simply the provision of care, rather than the specific nature of it, that forms the focus here.

The issue of who founded and ran these institutions is an equally difficult topic and in 1981, Kealey stated that almost half of all hospitals 'were directly affiliated with monasteries, priories, and churches'.[18] In theory, there were no restraints as to who could found a hospital although finances are an obvious one. Amongst the body of hospital founders, the monarchy, the church, the nobility, urban corporations and guilds can be found. Magilton argues that while foundation may have been part of a public

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[12] Watson. 'The Origins of the English Hospital'. p.77; Rawcliffe, C. *Medicine for the Soul: The Life, Death and Resurrection of an English Medieval Hospital*. (Stroud. 1999) p.xiv; Orme, N. and Webster, M. *The English Hospital 1070-1570*. (London. 1995) p.35-41; Sweetinburgh. *The Role of the Hospital in Medieval England*. pp.20-5.
[13] Sweetinburgh. *The Role of the Hospital in Medieval England*. p.22.
[14] Talbot, C. *Medicine in Medieval England*. (London. 1967) p.171.
[15] Gilchrist. *Contemplation and Action, the Other Monasticism*. p.9.
[16] Sweetinburgh. *The Role of the Hospital in Medieval England*. pp.21-47.
[17] Ibid. p.22; Watson, 'The Origins of the English Hospital'. p.78.
[18]Kealey, E. *Medieval Medicus, A Social History of Anglo-Norman Medicine*. (London. 1981) p.83.

display of charity, many 'were a result of piety of charitable impulses' as well as a deep seated concern for the experience of the soul in purgatory which could be alleviated by the prayers of those resident in such a facility.[19] This explains the motivation but again, discerning the actual founder can be very difficult and Sweetinburgh has discussed the issue of identifying the founder when multiple benefactors are involved in the foundation.[20]

The tie between these institutions and the church lies in the Christian ideals discussed below and is evident from the start with the first English hospitals founded by Archbishop Lanfranc, according to his biographer Eadmer, outside the gates of the city c. 1085 to care for infirm men and women.[21] The tradition of involvement from the clergy continued and Sweetinburgh states that even though many hospitals were founded by the laity, they often 'wished to see their institution governed by a local religious house'.[22] This was in part to ensure the legacy of the hospital, however later it became a means of boosting the reputation of a monastery through assuming patronage.[23]

Care of the soul was as important as care of the body and all three types of hospital attempted to provide for both.[24] Saving the soul, rather than the body, has been argued to have been of greater import to hospitals at this time and the sick themselves were expected to pray for those who supported them and the concept of purgatory, as already discussed, is responsible for a large number of hospital foundations.[25] From the very beginnings of Christianity, there was a strong association between religion and the provision of charity and of acts of charity. The following biblical quotes demonstrate the roots of charity and its consequences in both the Old and New Testaments:

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[19] Magilton, 'Leprosy, Lepers and their Hospitals'. p.20.
[20] Sweetinburgh. *The Role of the Hospital in Medieval* England. pp.35-6.
[21] Eadmer of Canterbury. *Historia Novorum in Anglia*. Rule, M. (ed.) (London. 1884) pp.15-16; this is translated in Watson. 'The Origins of the English Hospital'. p.75.
[22] Sweetinburgh. *The Role of the Hospital in Medieval England.* p.36.
[23] Ibid. p.36.
[24] Kerr. *Monastic Hospitality*. pp.121-61.
[25] Prescott. *The English Medieval Hospital*. p.3; Kerr. *Monastic* Hospitality. pp.24-5; Rawcliffe, C. 'On the Threshold of Eternity: Care for the Sick in East Anglian Monasteries' in Harper-Bill, C., Rawcliffe, C., and Wilson, R. (eds.) *East Anglia's History: Studies in Honour of Norman Scarfe*. (Woodbridge. 2002) p.41; Carlin, M. 'Medieval English Hospitals' in Granshaw, L. and Porter, R. (eds.) *The Hospital in History*. (London. 1989) pp.21-39.

If one of thy brethren that dwelleth within thy gates of thy city in the land which the Lord thy God will give thee, come to poverty: thou shalt not harden thy heart, nor close thy hand. But shalt open it to the poor man, thou shalt lend him, that which thou perceivest he hath need of. Beware lest perhaps a wicked thought steal in upon thee, and thou say in thy heart: The seventh year of remission draweth nigh; and thou turn away thy eyes from thy poor brother, denying to lend him that which he asketh: lest he cry against thee to the Lord, and it become a sin unto thee. But thou shalt give to him: neither shalt thou do any thing craftily in relieving his necessities: that the Lord thy God may bless thee at all times, and in all things to which thou shalt put thy hand. There will not be wanting poor in the land of thy habitation: therefore I command thee to open thy hand to thy needy and poor brother, that liveth in the land[26]

For I was hungry, and you gave me to eat: I was thirsty, and you gave me to drink: I was a stranger, and you took me in: Naked, and you covered me: sick, and you visited me: I was in prison, and you came to me.[27]

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[26] Deuteronomy. 15:7-11 in *The Holy Bible Douay-Rheims Version, Challoner Revision*, Challoner, R. (ed.) <www.gutenberg.org> August 2014, it should be noted that all further Biblical references are also taken from this edition.
[27] Matthew. 25:35-36.

The fate of those who are uncharitable is also detailed in the New Testament:

> And the king answering shall say to them: Amen I say to
> you, as long as you did it to one of these my least brethren,
> you did it to me. Then he shall say to them also that shall be
> on his left hand: Depart from me, you cursed, into
> everlasting fire, which was prepared for the devil and his
> angels. For I was hungry and you gave me not to eat: I was
> thirsty and you gave me not to drink. I was a stranger and
> you took me not in: naked and you covered me not: sick and
> in prison and you did not visit me. Then they also shall
> answer him, saying: Lord, when did we see thee hungry or
> thirsty or a stranger or naked or sick or in prison and did not
> minister to thee? Then he shall answer them, saying: Amen:
> I say to you, as long as you did it not to one of these least,
> neither did you do it to me. And these shall go into
> everlasting punishment: but the just, into life everlasting.[28]

Charity then has a very clear foundation in the Bible and St Benedict himself incorporated it into his monastic rule when discussing guests and the importance of hosting them as though they were Christ himself.[29] Even amongst the 'instruments of good works' listed in the rule is the duty of visiting the sick and relieving the poor and in the former, it is unclear whether his instruction regarding their care only applies to sick brethren.[30] Despite this duty of charity, the dichotomy between helping the needful whilst following a monastic way of life proved problematic and in 1124, Canon 16 of the first Lateran council decreed:

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[28] Matthew. 25:40-46.
[29] *The Rule of St. Benedict* [*Rule*] 31, 42, 53, 56 in *The Rule of St. Benedict in English*. Fry, T. (ed) (Minnesota. 1982).
[30] *Rule*.4.

Following in the footsteps of the holy fathers, we order by

general decree, that monks be subject to their own bishops

with all humility, and show due obedience and devoted

submission to them in all things, as if to masters and

shepherds of the church of God. They may not celebrate

masses in public anywhere. Moreover, let them completely

abstain from public visitations of the sick, from anointings

and even from hearing confessions, for these things in no

way pertain to their calling. Indeed, in the churches where

their ministry is recognized, they may only have priests who

were ordained by their own bishop, to whom they will

answer for the care of souls which they have assumed[31]

This canon was decreed within the environment of reform which characterised the twelfth century. This topic has been discussed in detail by the academic community and of interest here is the focus upon lay-monastic interaction which formed one aspect of the European-wide religious reforms.[32] To briefly summarise, the twelfth century was host to a variety of debates from contemporaries such as Hugh of Cluny, Gilbert of Sempringham, Bernard of Clairvaux and Peter the Venerable on topics including clerical celibacy; freedom of the church from secular control; the nature and importance of monasticism and finally even the lives of everyday Christians.[33] The issue for monastics during this reform included their interaction with society and the nature of their labour.

The intended purpose of the reforms generally and of this specific canon was to 're-direct' monks back to their vocation. That is, the retreat from society. Despite this decree, the desire to aid the needy was apparently still tempting to regular religious and it is their association with hospitals that will now be considered, looking specifically at the motives behind siting them on the boundary of the monastery. Whether the reasons for this location are connected to the requirements of the institution (both hospital and

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[31] *Canons of the First Lateran Council* in Schroeder, H. (ed). *Disciplinary Decrees of the General Councils: Text, Translation and Commentary*. (St. Louis. 1937) p.193, via Fordham Medieval Sourcebook <http://www.fordham.edu/halsall/basis/lateran1.asp> August 2014.

[32] Constable, G. *The Reformation of the Twelfth Century*. (Cambridge. 1996). See also: Hunt, N. *Cluniac Monasticism in the Central Middle Ages*. (London. 1971); Williams, S. (ed.) *The Gregorian Epoch: Reformation, Revolution, Reaction?* (Boston. 1964); Williams, D. *The Cistercians in the Early Middle Ages* (Leominster. 1998); Peter the Venerable. *Letters of Peter the Venerable*. Constable, G. (ed. & trans.) (Cambridge: Harvard University Press, 1967); Bernard of Clairvaux. *The Letters of St Bernard of Clairvaux*. James, B. (ed. & trans) (London. 1953).

[33] Constable. *The Reformation of the Twelfth Century*. p.4.

monastery) shall in particular be addressed. It should also be noted here that this discussion concerns hospitals for lay people, not hospitals or infirmaries specifically for monastic patients.

Doctoral work being produced by Martin Huggon analysing 1146 hospital sites in England has so far produced a minimum of 69 hospitals sites attached or very close to monasteries. Amongst this number are included 15 Benedictine houses (including cathedral priories and two nunneries), 2 Trinitarian houses, 2 Carthusian, 6 Cistercian, 6 Cluniac (including one example that became a canonry later), 5 friaries, 4 of the Order of the Holy Sepulchre, 24 canonries (including Gilbertine, Augustinian, Premonstratensian canons, and Augustinian canonesses), 2 priory hospitals, 1 of the Order of St Thomas of Acon, and finally 1 of the Order of St Lazarus of Jerusalem. Others supported by the militant orders have not been included by Huggon at the time of writing.[34]

The two case studies selected here are amongst the Benedictine and Cistercian examples that form part of my thesis and are the houses of Reading and Abingdon due to their standing and documentary evidence which includes cartularies and chronicles. Discussion of this larger body of examples of hospitals as well as gatehouse chapels is unfortunately not possible here, but is however a major concern of my thesis and is key to fully understanding the spatial relationship between monasteries and their care of the laity.

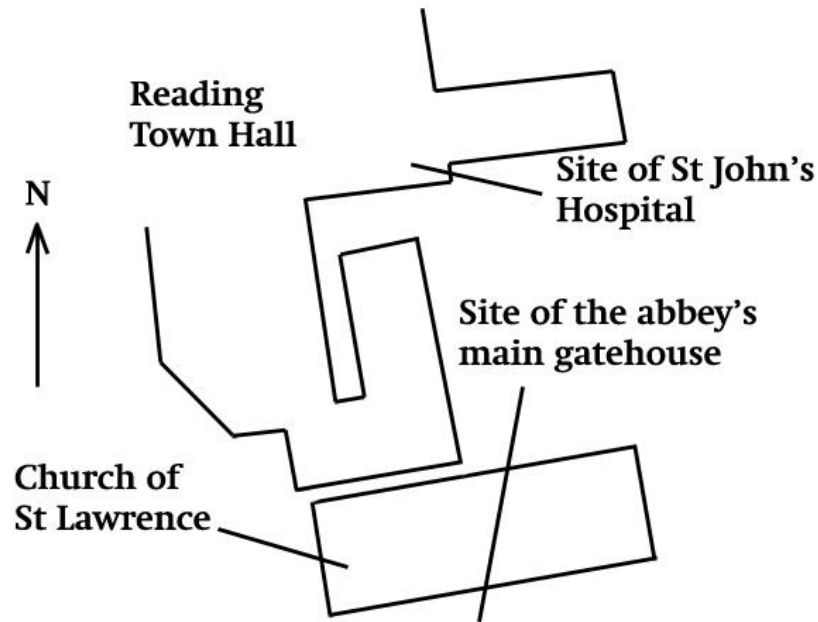[34] Huggon, M. *pers. comm.*, 5th January 2015.

Figure 1. Reading Abbey - Simplified plan of the gatehouse complex (2014)[35]

Beginning with Reading, the hospital for St John was founded in 1190 by Abbot Hugh II and in part fulfilled a section of the foundation charter which stated that the abbot should distribute the monastery's alms wisely and honestly, and use them for supporting the poor, pilgrims and guests.[36] Interestingly, this portion of the charter is highlighted by means of a small pointed hand in the margin with one finger extended towards the passage concerning the hospital; implying that this section was important, and identified in this way to enable easy consultation.

c. 1191, Abbot Hugh II confirmed the hospital's foundation along with the grant of free alms to St Laurence for 'the maintenance of thirteen poor persons, the abbey providing daily distribution of food for thirteen other poor brothers, and for the use of pilgrims'.[37] This hospital was located north of the church of St Laurence whose north chancel aisle

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[35] The west end of the abbey lay west of the gatehouse complex, in line with the main gate. Figure by Harriet Mahood.

[36] '*Qui autem deo annuente canonica electione abbas substitutus fuerit non cum suis secularibus consanguineis sei quibuslibet aliis elemosinas monasterii male utendo disperdat, sed pauperibus et peregrinis et hospitibus suscipiendis curam great*' in 'Cartulary of the Almoner of Reading Abbey', British Library [BL] Cotton Vespasian MS. E.v. f.17ʳ.

[37] *Reading Abbey Cartularies: Berkshire Documents, Scottish Charters and Miscellaneous Documents*, vol.2. Kemp, B. (ed. & trans.) (London. 1987) p.185.

served as the hospital's chapel.[38] The church in turn was adjacent to the abbey's main gate and the hospital is described as 'without th[e] abbey gate' during the reign of Edward IV who, when visiting Reading, was beset with complaints regarding the maintenance of bridges and hospitals within the town.[39]

The church of St Laurence provided the hospital and thirteen inmates with spiritual care through a priest granted the perpetual vicarage of the church and described by Abbot Elias as 'the chaplain, our clerk'.[40] The monks of the abbey in turn were expected to provide the priest with a horse should he need to travel and the abbey's almoner was responsible for maintaining the chapel and hospital buildings and providing oil for lamps.[41] An indult from Celestine III states that the tithes from the abbey's demesne were to be assigned to maintain 'the poor, the infirm and pilgrims'; this is re-confirmed a number of times including one instance where Celestine orders that no one is 'to molest the abbey' in regard to the use of the tithes of St Laurence, Buckleberry and Thatcham to support 'the poor of the hospital before the gate', belying the important role the hospital was viewed to have.[42] The hospital was intended to support 13 poor people resident in the hospital with an additional 13 given daily alms and food.[43]

In 1240, the bishop of Salisbury confirmed to the vicar of St Laurence whose church was 'appropriated to the use of the poor of the hospital built next to it' that the abbey was to provide him with: 20s for clothing, 7d for a food a week, a monk's share of bread and ale, lodging, bequests up to the value of 6d, as well as a daily loaf of bread and food for one servant.[44] Later, in the fifteenth century, general financial support of the hospital

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[38]'Hospitals: Reading' in Ditchfield, P. and Page, W. (eds.) *A History of the County of Berkshire*, vol. 2. pp.97-9 via British History Online <http://www.british-history.ac.uk/report.aspx?compid=40075#n10> November 2014.

[39] 'Memorial Respecting the Suppression of Saint John's Hospital and Other Houses of Alms in the Patronage of Reading Abbey', BL Additional MS.6214, f.21ʳ, printed in *Original Letters and Other Documents Relating to the Benefactions of William Laud: Archbishop of Canterbury, to the county of Berkshire*. Bruce, J. (ed.) (London. 1741) pp.60-1.

[40] '*Iohanni capellano clerico nostro*' *Reading Abbey Cartularies*. pp.124-5.

[41]'Hospitals: Reading' pp.97-9; 'Cartulary of the Almoner of Reading Abbey', BL Cotton Vespasian MS E.v, f.80ᵛ.

[42] *Reading Abbey Cartularies*. p.135-6.

[43]'*Cui rei causa, ad relevandum inopiam pauperum, et subsidium peregrinorum, hospitale quoddam extra portam construximus, ut qui admissus non fuerit in hospicio superiori, ibi saltem, quam reverenter poterit, suscipiatur; unde, assensu et consensu dyocesis episcopi, domini H. Walterii, ut carta ipsius super eodem negotio apud nos habita testatur, ecclesiam beati Laurentii prefato hospitali in perpetuam elemosinam concessimus, ad sustentationem xiii. Pauperum in victu et vestitu et in aliis necessariis, aliis xiii pauperibus fratribus consimilia alimenta ex cotidiana et consueta elemosina nostra subministrantes.*' in 'Cartulary of the Almoner of Reading Abbey', BL Cotton Vespasian MS E.v, f.19ʳ.

[44] *Reading Abbey Cartularies*. p.170-1.

appears to have fallen to the almoner of the abbey and his cartulary contains many references to the admission of inmates to the hospital and the provision of shoes and necessities.[45]

The hospital of St John was not the only one connected with the abbey and the register of the abbey's almoner states: 'The Lord Abbot Anscher, out of his devotion, built the house of the lepers that is called the hospital of Saint Mary Magdalene, in the (boundary / neighbourhood / proximity) of the church of Reading'.[46] Although its location is unknown, it has been hazarded recently following archaeological excavation that the hospital lay near the modern 'cemetery junction' southeast of the abbey precinct.[47] 'Entirely dependent upon the abbey' the leper hospital was subsidised with alms and endowments, and the abbey's almoner was responsible for the maintenance of their buildings.[48]
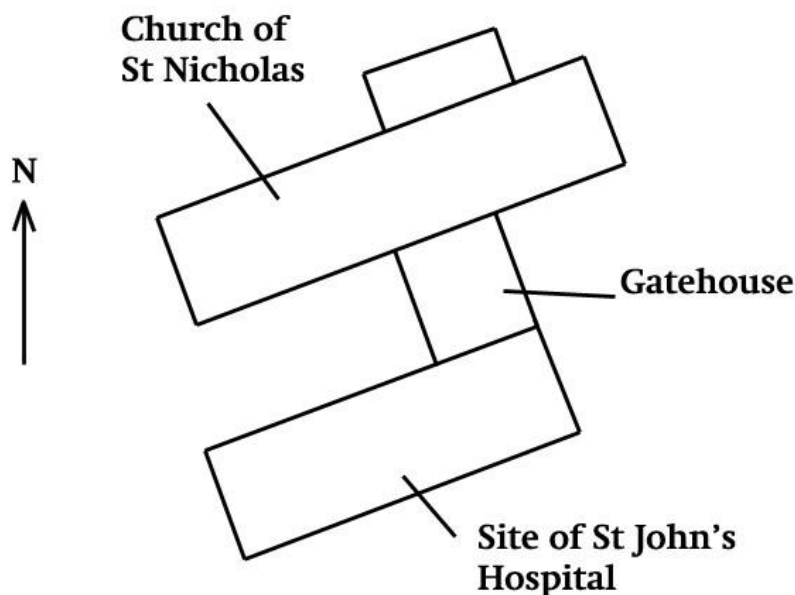

Figure 2. Abingdon Abbey - Simplified plan of the gatehouse complex (2014)[49]

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[45] 'Cartulary of the almoner of Reading Abbey' BL Cotton Vespasian MS E.v, f.6ʳ, f.90ʳ.
[46] *Dominus abbas Ancherius constituit domum leprosorum ex deuocione sua in confinio Radyng' ecclesie que dicitur hospitale sancte Marie Magdalene'* 'Thirteenth Century Additions to the Cartulary of Reading Abbey' BL Egerton MS.303, ff.38ʳ-39ʳ; Phillips, C. 'The Hospital of St Mary Magdalene: The Leper-house at Reading Abbey' *Berkshire Archaeological* Journal, vol.81 (2013) p.94.
[47] Ibid. pp.87-8.
[48] Ibid. p.88.
[49] The abbot's house and west end of the abbey lay east of the gatehouse complex. Figure by Harriet Mahood.

At Abingdon, the abbey's reputation for medical care appears to have been set by Abbot Faritus (1100-1117). Originally from Italy, and with a medical education, Faritus had been cellarer at Malmesbury Abbey prior to his appointment to Abingdon.[50] Faritus improved the abbey's financial affairs considerably and also initiated the rebuilding of the cloister amongst other projects. However it is his medical skill that is of interest and the abbey's chronicle remarks upon Queen Matilda's, and others, faith in him.[51] This reputation may have led his successor, Vincent c. 1130, to build (or rebuild) the hospital that lies south of the gatehouse during the great rebuilding of the abbey in the twelfth century.[52] The evidence that the hospital was actually rebuilt by Abbot Vincent lies in the chronicle which implies that Lady Adeline D'Ivrey was tended to at the monastery, and later donated land in gratitude.[53] Cox infers from this incident that as the lady could not have been accommodated in the monk's infirmary, the hospital known to be in existence soon after may have already existed and is likely to have accommodated her.[54] Finally, the abbey's chronicle details Abbot Vincent's building works saying 'He built the main tower of the church….the hall of the hospitum with chamber…almoner's hall, with three great towers….[and] he gave two bells to ring at special days and hours'.[55] What is of interest here is that the almonry and the hospital were clearly separate structures and presumably run as such, although it is unclear whether this reference is to St John's or the monastic hospital.

Initially founded to care for six poor people, the abbot was responsible for appointing the head of the hospital as well as expelling inmates of the hospital and it is said to have

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[50] Cox, M. *The Story of Abingdon*, Parts I and II. (Abingdon. 1986, 1989) p.177.

[51] '*Verum regina Mathildis prae caeteris hunc impetrandi facultatem assecuta est, nec multo post regia eam primo contigit prole gravari. Mandatur mox medicis ei curam impendere, prognostica edicere, ne in aliquo perclitetur. Qorum primus abbas Faritius, secundus Grimbaldus, uterque gentis et linguae unius, ac per hoc plurimo inter se devincti amore fuere*' in *Chronicon Monasterii de Abingdon*, vol.2. Stevenson, J. (ed.) (London.1858) pp.49-52; Cox. *The Story of Abingdon*, Part I. p.180.

[52] Barnes, R., Cox, M., Drury E. and Matin, P., *Abingdon Abbey: Its Buildings and History* (Abingdon. 1993) p.14; Cox. *The Story of Abingdon*, Part I. p.209.

[53] '*Nobilis quaedam matrona, Athelina de Hiuerio vocata, Abbendonensi in villa, lecto aegritudinis diu irremediabiliter decubans, apud locum, qui Faincote dicitur, hidam unam, pro sui remedio perpetuo, ea per omnia libertate et usu, quibus et ipsa ad illud tempus potita ibidem est, ad monasterii utilitatem ubi decubabat, perpetualiter contulit.*' *Chronicon Monasterii de Abingdon*, vol.2. p.72.

[54] Cox. *The Story of Abingdon*, Part I. p.181.

[55] Cox. *The Story of Abingdon*, Part I. p.252; '*In diebus adventus sui ad abbatiam dedit casulam purpuream, quam Robertus sacrista, sicut adhuc patet, auro obtexuit obrizo. Deinde majorem turrem ecclesise Abbot Vincent. construi lecit, curiam lorinsecis domibus varus, et necessariis, videlicet, aula hospitum cum camera, gernario, bracino, pistrino, duplici stabulo, eleemosynaria, cum tribus magnis turribus, decenter ornavit ; campanas quoque duas dedit, quae privatis diebus ad horas pulsantur.*' *Chronicon Monasterii de Abingdon*. p.171.

been staffed by lay brothers and sisters from the abbey.[56] The reference to the use of *lay sisters* is made in 1241 in a charter to the abbot and is unusual in its terminology.[57] The majority of charters concerning the hospital refer to the monks of the abbey, or 'the hospital of St John'. In 1284, the abbey granted the hospital land in order to expand its courtyard and by 1291, rents from Oxford and a church in Chilton helped support the hospital while in later years other incomes, previously held by the abbey, were acquired by the hospital.[58]

Concerning the relationship between abbey and hospital, the abbey's cartulary records that in the thirteenth century powers were assigned 'to the master and brethren' such as the right of mortmain, while the master of the hospital was appointed by the abbot of the abbey.[59] In 1258, a letter from Pope Alexander enforced this right that only the abbot was permitted, and had always held the right, to institute the rector and minister of the hospital of St John.[60] This letter reinforces the connection between abbey and hospital further by 'strictly' prohibiting others to interfere in the abbey's right in this matter. The wrath of 'God and of the apostles Peter and Paul' is invoked against those who would try.[61] In the first half of the thirteenth century, a charter granting alms to the monastery refers to them as 'the monks of Abingdon there serving God and the Hospital of St John in the same vill' underlining once again the link between both

As one last point of evidence, in 1241 the cartulary of the abbey records the Abbot confirming that the brethren staffing the hospital were allowed to 'remain for life save for grave and manifest fault' and that all 'goods and property' given to the hospital were theirs 'in perpetuity' to maintain the poor and sick resident at the hospital.[62] Clearly both abbey and hospital were closely tied although the hospital itself does not appear to have

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[56] Referenced in Barnes. *Abingdon Abbey*. p.14; Cox. *The Story of Abingdon,* Part II. p.30.
[57] Cox. *The Story of Abingdon,* Part II, p.30; *Two Cartularies of Abingdon Abbey*, 2 volumes. Slade, C. and Lambrick, G. (eds.) (Oxford. 1988) vol.I, p.221; 'Cartulary of Abingdon Abbey' Bodleian Lyell MS. 15, f.104^r.
[58] *Two Cartularies of Abingdon Abbey*, vol. I. p.334; 'Hospitals: Abingdon' in Ditchfield, P. and Page, W. (eds.) *A History of the County of Berkshire*, vol. 2. (1907) pp.92-3, via British History Online <http://www.british-history.ac.uk/report.aspx?compid=40068> April 2014; 'Edward II, A.D. 1324-1327' in *Calendar of the Patent Rolls preserved in the Public Record Office*, vol.5. (London. 1904); 'Cartulary of Abingdon Abbey', Bodleian MS. Lyell 15, f.93^r.
[59] *Two Cartularies of Abingdon Abbey,* vol.I, p.334.
[60] Ibid. vol.II, p.133.
[61] Ibid. vol.II, p.134.
[62] Ibid. vol.I, p.221.

been directly associated with the giving of alms as the hospital of St John in Reading was, and indeed is frequently in receipt of them.[63]

Having discussed the context and foundation of the two case studies, boundaries themselves will now be discussed more generally before considering the placement of the two hospitals on the monastic boundary.

Although the case studies are hospitals, but not specifically leper hospitals, it is useful to begin by examining leper hospitals due to the ideas associated with the disease. In the late thirteenth century lepers were forbidden by ordinance to 'pass through the city or stay there'; Bristol banned any lepers from living within the town; while at Norwich, there were eventually five leper hospitals, each outside a city gate.[64] This location on the urban boundary is the result of contemporary views of the disease, summed up by the French jurist Philippe de Beaumanoir in his thirteenth century treaty which states that it is 'a dangerous thing to mix lepers with healthy people, because the healthy might become lepers'.[65] It too has biblical roots however and in Leviticus it is stated that the leprous should live outside of the camp and undergo an extensive cleansing ritual before re-entering the camp.[66]

This view in part stems from an understanding that foul odours accompanied the spread of disease and that distancing oneself from the sick decreased the chance of infection.[67] This prohibition was shared by prostitutes and these 'suburbs', according to Orme, were 'poorly policed and haunted by prostitutes and beggars'.[68] Land outside of towns was however cheap and there was space to expand which would have been of interest particularly to all hospitals (not just leprosaria) with long term inmates.[69]

Along with the ability to expand, being sited outside the walls allowed visitors to arrive at any time and not be reliant upon the gates of the town being open.[70] Equally, Orme suggests that these locations of high traffic allowed the hospital greater interaction with

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[63] Ibid. vol.I, p.195, p.206, p.209
[64] Orme and Webster. *The English Hospital*. p.45.
[65] 'car perilleuse chose seroit en pueent devenir mesel, et pour ce furent les maladeries festes hors des viles' in *Philippe de Beaumanoir; Texte Critique Publié avec une Introduction, un Glossaire et une Table Analytique*, vol. 2. (Paris.1899-1900) p.320, this is translated into English in *The Coutumes de Beauvaisis of Philippe de Beaumanoir*. Akehurst, F. (ed. & trans.) (Philadelphia.1992) p.591.
[66] Rawcliffe. *Urban* Bodies. p.333; Leviticus. 14:1-57.
[67] Rawcliffe. *Urban Bodies*. pp.123-4.
[68] Orme and Webster. *The English* Hospital. p.27, p.45.
[69] Rawcliffe. *Urban Bodies*. p.326.
[70] Orme and Webster. *The English Hospital*. p.45.

the public and consequently, possible donors and sources of income.[71] Road junctions and bridges were also popular hospital sites and it could be postulated that these too are social boundaries of sorts. Bridges were particularly good as they afforded the inmates an opportunity to accost travellers for alms similarly to the opportunity afforded by a position at the main gate of a town.[72]

The issue of visitors' buildings being used to create thresholds between the secular and lay parts of an ecclesiastical precinct is topic upon which much ink has been spent.[73] Rowell, amongst others, has argued that placing domestic buildings for secular and sick people on the boundary allowed them to be kept at 'arm's length'.[74] This is indeed plausible and she offers the examples of St Augustine's almonry established 'before the abbey gate' and Evesham's almonry southeast of the monastery's great gate as evidence of buildings established in this zone.[75] There are other motivations behind this siting however. These institutions supported by the abbey could have been placed elsewhere within the locality, especially if the brethren had wanted to distance themselves from the day to day care. This distancing is evident in the support of these institutions most often financially and administratively by the monastery as seen in the examples discussed.[76]

What is argued here is that yes, this was a practical place to locate these buildings as it did ensure the lay sick were kept separate from the cloistered community. However, these buildings were integral to creating a statement within the entrance zone; being located either just outside the precinct, within it as at Reading, or crossing the boundary itself as at Abingdon. It is certainly no coincidence that both Abingdon and Reading's gatehouses would have had a direct line of sight from their gatehall to the west front of the abbey church. Upon crossing this threshold of the secular and religious worlds, flanked by a hospital supported in one way or another by the abbey, you entered the

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[71] Ibid. p.45; Rawcliffe. *Urban Bodies*. p.327.
[72] Orme and Webster. *The English Hospital*. p.45; Rawcliffe. *Urban Bodies*. p.327.
[73] Most recently in: Rowell. *The Archaeology of Late Monastic Hospitality*; Cassidy-Welch. *Monastic Spaces and Their Meanings*; Hicks, L. *Religious Life in Normandy, 1050-1300, Space, Gender and Social Pressure* (Woodbridge. 2007); and Bonde, S. and Maines, C. 'A room with a View: the Cellarer and His Office at the Augustinian Abbey of Saint-Jean-des-Vignes, Soissons' in Joubert, F. and Sandron, D. (eds.) *Pierre, lumière, couleur: études d'histoire de l'art du Moyen Âge en l'honneur d'Anne Prache*. (Paris. 1999).
[74] Rowell, *The Archaeology of Late Monastic Hospitality*. p.73; Knowles, D. *The Monastic Order in England: A History of its Development from the Times of St. Dunstan to the Fourth Lateran Council, 940-1216*. (Cambridge. 1963) p.483; Lanfranc. *The Monastic Constitutions of Lanfranc*. Knowles, D. (ed. & trans.) (London. 1951) p.89.
[75] Rowell. *The Archaeology of Late Monastic* Hospitality. p.74.
[76] Sweetinburgh. *The Role of the Hospital in Medieval* England. p.41.

monastic domain and the architecture and layout of the entrance made this abundantly clear. By placing these buildings of lay interaction on the boundary of the monastic realm and at the entrance to it; this boundary and the presence of the abbey was made all the more clear, far more so than if these hospitals and almshouses had been located further within the town and therefore more at 'arm's length'. Whether or not the hospitals of Abingdon and Reading ever permitted access directly to the precinct via windows or doors is unclear, but this is again a concern of my thesis. By placing these hospitals on the limits of the monastic precinct their presence not only reminded visitors that they were on the edge of the secular world, but also that they were about to enter the realm of God through the religious connotations of care and charity and the presence of the monastery administratively behind these institutions.

As to the 'whys' of founding at all, monks desired to fulfil their charitable duty as laid out in the Bible. By supporting these institutions financially and administratively they were able to avoid care on a 'hands on', day-to-day basis which would have put them in contravention of Lateran I. The locating of them on the boundary allowed these monasteries to appropriate the connotations of charity and associate it with themselves without actually having to 'dirty' their metaphorical hands. If these institutions had truly wished to fulfil their charitable duty while keeping the lay poor and sick away, they could have founded these institutions elsewhere in the town or even on the town's boundary as other institutions did such as Bury St Edmunds.[77] In support of this desire to wear the mantle of Christian charity, secular comparison can be drawn with the Earl of Oxford, Hugh de Vere, who sited a hospital outside of the gates of Hedingham Castle which demonstrated to all who entered the castle that the poor were not left to starve at the gate.[78]

There is still so much that can be said on the topic of liminal, monastic care of which this article merely scratches the surface. Here, it has been argued that hospitals and institutions, relating to lay care, were not placed on the boundary solely as a matter of

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[77] 'Houses of Benedictine Monks: Abbey of Bury St Edmunds' in Page, W. *A History of the County of Suffolk*, vol. 2. (1975) pp.56-72, via British History Online < http://www.british-history.ac.uk/vch/suff/vol2/pp56-72> March 2015; 'Hospitals: St Peter, Bury St Edmunds' in Page, W. *A History of the County of Suffolk*, vol. 2. (1975) pp.134-5, via British History Online <http://www.british-history.ac.uk/report.aspx?compid=37927> April 2014; 'Hospitals: St Saviour, Bury St Edmunds' in Page, W. *A History of the County of Suffolk*, vol. 2. (1975) pp.135-6, via British History Online <http://www.british-history.ac.uk/report.aspx?compid=37929> April 2014.
[78] Dugdale, W. *Monasticon Anglicanum: A History of the Abbies and other Monasteries, Hospitals, Frieries, and Cathedral and Collegiate Churches, with their Dependencies, in England and Wales*, vol. 4. (London. 1817-1830) p.438; Sweetinburgh. *The Role of the Hospital in Medieval England*. p.39.

convenience and a means of keeping the sick away from the healthy enclosed community; it was also a tool for establishing the identity and transitional nature of this periphery zone of the precinct. The seclusion of the cloister at the heart was protected through a series of barriers and the positioning of these buildings contributed to the 'armour' of the monastery. Further work into the operation and finances of these liminal buildings, along with the collation and quantification of the number of hospitals upon monastic boundaries, will only deepen our knowledge of the contemporary perception and manipulation of this unique boundary.

Bibliography

Primary Sources

<u>Manuscript Sources</u>

British Library MS. Additional 6214 f.14r.

British Library MS. Egerton 3031.

British Library MS. Cotton Vespasian E. V.

Bodleian MS. Lyell 15.

<u>Printed Editions</u>

Bernard of Clairvaux. *The Letters of St Bernard of Clairvaux*. James, B. (ed. & trans.) (London. 1953).

Calendar of the patent rolls preserved in the public record office, Edward II, A.D. 1324-1327, vol. 5. (London. 1904).

Chronicon Monasterii de Abingdon, vol.2. Stevenson, J. (ed) (London. 1858).

The Coutumes de Beauvaisis of Philippe de Beaumanoir. Akehurst, F. (ed. & trans.) (Philadelphia. 1992).

Decrees of the Ecumenical Councils. Tanner, N. (ed.) (Washington, DC. 1990).

Eadmer of Canterbury. *Eadmeri Historia Novorum in Anglia*. Rule, M. (ed.) (London. 1884).

Lanfranc. *The Monastic Constitutions of Lanfranc*. Knowles, D. (ed. & trans.) (London. 1951).

Original Letters and Other Documents Relating to the Benefactions of William Laud: Archbishop of Canterbury, to the County of Berkshire. Bruce, J. (ed.) (London. 1741).

Peter the Venerable. *Letters of Peter the Venerable*. Constable, G. (ed. & trans.) (Cambridge, MA. 1967).

Reading Abbey Cartularies: Berkshire Documents, Scottish Charters and Miscellaneous Documents, vol.2. Kemp, B. (ed. & trans.) (London. 1987).

The Rule of St. Benedict in English. Fry, T. (ed.) (Minnesota. 1982).

Two Cartularies of Abingdon Abbey. Slade, C. and Lambrick, G. (eds.) (Oxford. 1988).

Internet Resources

The Holy Bible Douay-Rheims Version, Challoner Revision, Challoner, R. (ed.), via Project Guttenberg <http://www.gutenberg.org/files/8300/8300-h/8300-01h.htm> August 2014.

Canons of the First Lateran Council in Schroeder, H. (ed.) *Disciplinary Decrees of the General Councils: Text, Translation and Commentary*. (St. Louis. 1937), pp.177-94, via Fordham Medieval Sourcebook <http://www.fordham.edu/halsall/basis/lateran1.asp> August 2014.

Secondary Literature

Printed Editions

Barnes, R., Cox, M., Drury E. and Matin, P. *Abingdon Abbey, Its Buildings and History* (Abingdon. 1993).

Bonde, S. and Maines, C. 'A Room with a View: the Cellarer and His Office at the Augustinian Abbey of Saint-Jean-des-Vignes, Soissons' in Joubert, F. and Sandron, D. (eds.) *Pierre, lumière, couleur: études d'histoire de l'art du Moyen Âge en l'honneur d'Anne Prache*. (Paris. 1999).

Burton, J. 'The Augustinians in England and Wales' at 'The Augustinian Canons in Britain: Architecture, Archaeology, Art, and Liturgy Conference'. (Oxford. 2014).

Carlin, M. 'Medieval English Hospitals' in Granshaw, L. and Porter, R. (eds.) *The Hospital in History*. (London. 1989) pp.21-39.

Cassidy-Welch, M. *Monastic Spaces and Their Meanings*. (Turnhout. 2001).

Constable, G. *The Reformation of the Twelfth Century*. (Cambridge. 1996).

Cox, M. *The Story of Abingdon*, Parts I and II. (Abingdon. 1986, 1989).

Dickinson, J. *The Origins of the Austin Canons and Their Introduction Into England*. (London. 1950).

Dugdale, W. *Monasticon Anglicanum: a History of the Abbies and other Monasteries, Hospitals, Frieries and Cathedral and Collegiate Churches, with their Dependencies, in England and Wales*. (London. 1817-1830).

Franklin, J. 'The Aisleless Cruciform Church and the First Augustinian Canons in Britain' at 'The Augustinian Canons in Britain: Architecture, Archaeology, Art, and Liturgy Conference'. (Oxford. 2014).

Gilchrist, R. *Contemplation and Action, the Other Monasticism*. (London. 1995).

Hicks, L. *Religious Life in Normandy, 1050-1300: Space, Gender and Social Pressure*. (Woodbridge. 2007).

Hunt, N. (ed.) *Cluniac Monasticism in the Central Middle Ages*. (London. 1971).

Kealey, E. *Medieval Medicus: A Social History of Anglo-Norman Medicine*. (London. 1981).

Kerr, J. *Monastic Hospitality: The Benedictines in England, c. 1070-c. 1250*. (Woodbridge. 2007).

Knowles, D. *The Monastic Order in England: A History of its Development from the Times of St. Dunstan to the Fourth Lateran Council, 940-1216*. (Cambridge. 1963).

Magilton, J. 'Leprosy, Lepers and their Hospitals' in Magilton, J., Lees, F., and Boylston, A. (eds.) *Lepers Outside the Gate: Excavations at the Cemetery of the Hospital of St James and St Mary Magdalene, Chichester, 1986-87 and 1993*. (York. 2008) pp.9-26.

Orme, N. and Webster, M. *The English Hospital 1070-1570*. (London. 1995).

Prescott, E. *The English Medieval Hospital c. 1050-1640*. (Melksham. 1992).

Rawcliffe, C. *Medicine for the Soul: The Life, Death and Resurrection of an English Medieval Hospital*. (Stroud. 1999).

Rawcliffe, C. 'On the Threshold of Eternity: Care for the Sick in East Anglian Monasteries' in Harper-Bill, C., Rawcliffe, C., and Wilson, R. (eds.) *East Anglia's History: Studies in honour of Norman Scarfe*. (Woodbridge. 2002) pp.41-72.

Rawcliffe, C. *Urban Bodies: Communal Health in Late Medieval English Town and* Cities. (Woodbridge. 2013).

Richards, P. *The Medieval Leper and His Northern Heirs*. (Cambridge. 1977).

Rowell, R. *The Archaeology of Late Monastic Hospitality*, unpublished PhD Thesis. (University of York. 2000).

Sweetinburgh, S. *The Role of the Hospital in Medieval England: Gift-giving and the Spiritual Economy* (Dublin. 2004).

Talbot, C. *Medicine in Medieval England*. (London. 1967).

Watson, S. 'The Origins of the English Hospital' in *Transactions of the Royal Historical Society*, vol.16. (2006) pp.75-94.

Williams, D. *The Cistercians in the Early Middle Ages*. (Leominster. 1998).

Williams, S. (ed.) *The Gregorian Epoch: Reformation, Revolution, Reaction?* (Boston. 1964).

Internet Resources

'Houses of Benedictine Monks: Abbey of Bury St Edmunds' in Page, W. *A History of the County of Suffolk*, vol. 2. (1975) pp.56-72, via British History Online < http://www.british-history.ac.uk/vch/suff/vol2/pp56-72> March 2015.

'Hospitals: Abingdon' in Ditchfield, P. and Page, W. (eds.) *A History of the County of Berkshire,* vol. 2. (1907) pp.92-3, via British History Online <http://www.british-history.ac.uk/report.aspx?compid=40068> April 2014.

'Hospitals: Reading' in Ditchfield, P. and Page, W. (eds.) *A History of the County of Berkshire,* vol. 2. (1970) pp.97-9, via British History Online <http://www.british-history.ac.uk/report.aspx?compid=40075#n10> November 2014.

'Hospitals: St Peter, Bury St Edmunds' in Page, W. *A History of the County of Suffolk*, vol. 2. (1975) pp.134-5, via British History Online <http://www.british-history.ac.uk/report.aspx?compid=37927> April 2014.

'Hospitals: St Saviour, Bury St Edmunds' in Page, W. *A History of the County of Suffolk,* vol. 2. (1975) pp.135-6, via British History Online <http://www.british-history.ac.uk/report.aspx?compid=37929> April 2014.